

**VIRGINIA BOARD OF NURSING**  
**BUSINESS MEETING**  
**Final Agenda**

Department of Health Professions – Perimeter Center  
9960 Mayland Drive, Conference Center 201 – **Board Room 2**  
Henrico, Virginia 23233

***DHP Mission** – the mission of the Department of Health Professions is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.*

**Tuesday, March 21, 2023 at 9:00 A.M. – Quorum of the Board**

**CALL TO ORDER:** Brandon A. Jones, MSN, RN, CEN, NEA-BC; President

**ESTABLISHMENT OF A QUORUM**

**ANNOUNCEMENT**

- **Laura A. Booberg** has joined the Office of the Attorney General as of February 10, 2023 as Senior Assistant Attorney General. She will be representing DHP and its Boards of Nursing, Optometry, Veterinary Medicine, and Audiology and Speech-Language Pathology. She will also represent the Health Practitioners' Monitoring Program.
- **Erin Barrett's** title has been changed from Senior Policy Analyst to **Director of Legislative Affairs and Policy**

**Staff Update:**

- **Megan Podboy, MSN, RN**, accepted the Nursing Education Program Inspector position and started on March 13, 2023.
- **Marie Gerardo, MS, ANP** accepted the Agency Subordinate/Probable Cause Reviewer position with a start date of March 27, 2023.

**A. UPCOMING MEETINGS:**

- The International Nurse Regulator Collaborative (INRC) Meeting is scheduled for March 23-24, 2023 in Chicago, IL. Ms. Douglas will facilitate the meeting as the President of NCSBN Board of Directors (BOD).
- The Nurse Licensure Compact Midyear Meeting is scheduled for March 27, 2023 in Seattle, WA. Ms. Douglas will attend as Commissioner.
- The NCSBN Midyear Meeting is scheduled for March 28-30, 2023 in Seattle, WA. Mr. Jones, Dr. Parke, Ms. Morris and Ms. Vu will attend. Ms. Douglas will attend as NCSBN President.
- **VIRTUAL** 2023 APRN Roundtable is scheduled for April 11, 2023. Dr. Hills will attend.
- The 2023 Massage Board Executive Summit is scheduled for April 27-28, 2023 in Denver, CO. Ms. Bargdill will attend.

- NCSBN BOD is scheduled for May 9-11, 2023 in Chicago, IL. Ms. Douglas will attend as the President of NCSBN BOD.
- The Education Informal Conference Committee is scheduled for April 18, 2023 at 9 AM in Hearing Room 5.
- The Committee of the Joint Boards of Nursing and Medicine business meeting & proceedings are scheduled for April 26, 2023 at 9 AM in Board Room 2.
- Board of Health Professions business meeting is scheduled for April 6, 2023 at 10 AM in Board Room 2. Dr. Gleason will attend.

**Nursing and Nurse Aide Education Program Training Sessions:**

- Preparation and Regulation Review for Program Directors and Faculty of PN & RN Pre-Licensure Nursing Programs is scheduled on Monday, March 27, 2023, at Germanna Community College – Fredericksburg Campus from 9 am to 12 noon.
- Preparation and Regulation Review for Program Directors and Faculty of PN & RN Pre-Licensure Nursing Programs is scheduled on Wednesday, May 10, 2023, at Radford University Carillion from 9 am to 12 noon.
- Preparation and Regulation Review for Coordinators and Instructors of Nurse Aide Education Programs is scheduled on Monday, March 27, 2023, at Germanna Community College – Fredericksburg Campus from 1 pm to 4 pm.

**REVIEW OF THE AGENDA:**

- Additions, Modifications
- Adoption of a Consent Agenda
- **CONSENT AGENDA**

- |     |                  |                           |
|-----|------------------|---------------------------|
| *B1 | January 23, 2023 | Formal Hearings           |
| *B2 | January 24, 2023 | Business Meeting          |
| *B3 | January 25, 2023 | Panel A – Formal Hearings |
| *B4 | January 25, 2023 | Panel B – Formal Hearings |
| *B5 | January 26, 2023 | Formal Hearings           |
| *B6 | February 7, 2023 | Telephone Conference Call |

\*\*C1 - Board of Nursing Monthly Tracking Log as of February 28, 2023

\*C2 - Agency Subordination Recommendation Tracking Log

C3 - Executive Director Report

\*C4 - Board of Nursing Criminal Background Check (CBC) Report for CY2022 – **Ms. Willinger**

\*C5 - Board of Nursing Licensure and Discipline Statistics for CY2022 – **Dr. Hills/Ms. Vu**

\*\*C6 - NNAAP (nurse aide) pass rates for CY2022 – **Ms. Wilmoth**

\*\*C7 - PSI (medication aide) pass rates for CY2022 – **Ms. Wilmoth**

\*\*C8 - NCLEX pass rates for CY2022 – **Ms. Wilmoth**

\*\*C9 - Initial Faculty Exceptions Approved for CY2022 - **REVISED**– **Dr. Mangrum**

\*\*C10 -The Committee of the Joint Boards of Nursing and Medicine DRAFT February 22, 2023 Business Meeting Minutes.

\*\*C11 - The Committee of the Joint Boards of Nursing and Medicine DRAFT February 22, 2023 Formal Hearing Minutes.

\*C12 - January 24, 2023, Disciplinary Committee Meeting Minutes

## **DIALOGUE WITH DHP DIRECTOR – Mr. Owens**

### **B. DISPOSITION OF MINUTES – None**

### **C. REPORTS**

- January 24, 2023 NCSBN President Networking Call – **Mr. Jones (verbal report)**

### **D. OTHER MATTERS:**

- Board Counsel Update (**verbal report**)
- Revised 2023 Formal Hearing Schedule - **Staff**
- Special Conference Committee (SCC) Assignments and Scheduling Informal Conferences (IFC) for the second half of 2023 – **Staff**
  - **\*D1** - Memo for SCC IFC Date Availability
  - **\*D2** - IFC Planning Sheet for SCC's – August, October and December 2023
- **\*\*D3** - Consideration of Alternate International Credential Review Agency – **Ms. Willinger**

### **E. EDUCATION:**

- Nurse Aide, Medication Aide and Nursing Education Program Updates – **Ms. Wilmoth (verbal report)**

### **F. REGULATIONS/LEGISLATION– Ms. Barrett**

**\*\*F1** – Chart of Regulatory Actions

**\*\*F2** - General Assembly 2023 Report

**\*\*C13** - January 24, 2023 Regulatory Review Committee Meeting Minutes

**\*\*F3** – Consideration of Notice of Intended Regulatory Action for revisions to Chapter 19 following periodic review

**\*\*F4** - Consideration of Notice of Intended Regulatory Action for revisions to Chapter 21 following periodic review

**\*\*F5** – Initiation of Periodic Reviews of Chapter 25, 27 and 50

## **10:00 A.M. – PUBLIC COMMENT**

**10:15 A.M. - POLICY FORUM:** Dr. Yetty Shobo, Healthcare Workforce Data Center (HWDC) Executive Director, and Dr. Barbara Hodgdon, HWDC Deputy Executive Director

- **\*Virginia's Licensed Nurse Practitioner Workforce: 2022**
- **\*Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty**

## **CONSIDERATION OF CONSENT ORDERS**

**\*G1** – Katie Allison Wilt, RN

**\*\*G2** - Shelly Rose Thorpe, RN

**\*\*\*G3** – Miok Yun Mardis, LMT

**\*\*\*G4** – Jessica McLaughlin, LPN

**\*\*\*G5** – Jennifer Apple, LPN

**G6** – Tracie H. Flynn LPN

**12:00 P.M. – LUNCH**

**1:00 P.M. – CONSIDERATION OF POSSIBLE SUMMARY SUSPENSIONS**

- \*\*\*Case 219506/225204
- Case 2180414/218376

**1:30 P.M.**

\*E1 - February 22, 2023 Education Informal Conference Committee DRAFT Minutes

February 22, 2023 Education Informal Conference Committee Recommendations regarding:

- \*\*Legacy Consultant Pharmacy, Medication Aide Training Program, Winston-Salem, NC, 0030000030
- \*\*M&M Education Nursing Staff Services, Medication Aide Training Program, Virginia Beach, 0030000190
- \*\*Madonna Home, Inc. Medication Aide Training Program, Norfolk, 0030000131
- \*\*Renhearts Training Services, LLC, Medication Aide Training Program, Henrico, 0030000310
- \*\*RMA Training by Angel, Medication Aide Training Program, Abingdon, 0030000322
- \*\*Roselawn Rest Home, Inc., Medication Aide Training Program, Castlewood, 0030000148
- \*\*T&L Learning Center, Medication Aide Training Program, Norfolk, 0030000265
- \*\*The Landmark Group, Medication Aide Training Program, Hillsville, 0030000206
- \*\*Trinity Assisted Living, Medication Aide Training Program, Williamsburg, 0030000239
- \*\*Visions Family Services, Medication Aide Training Program, Petersburg, 0030000250
  
- \*\*\*Medical Learning Center, Practical Nursing Program, Alexandria, US28110500
  
- \*\*Salvation Academy, Alexandria, Nurse Aide Education Program, 1414100689

**CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS**

1	*Christina Pacileo Blottner, RN	2	*Debra Lynn Cox, RN
3	*Kelley Michele Southard, RN	4	*Donna Christine Arthur, LPN
5	*Joyce Gammon Faye Weatherford, RN	6	*Julie Gill Seymor, RN
7	*Viveca De La Pena, RN	8	*Renee Danielle Massey, CNA
9	*Dyhiana Sharday Morgan Wallace, CNA	10	*Yolanda Edmonds Saunders, CNA
11	*Stephanie Campbell Ogden, RN	12	*Michelle Nicole McClelland, RN
13	*Constance Anne Bailey, LPN	14	*Kristin S. Campell, RN
15	*William Dean Blevins, II, RN	16	*Shirley Darlene Abouhassoun-Semlali, RN
17	*Megan Rigney Ortiz, RN	18	*Anna Marie Day, CNA
19	*Dimon Solomon, CNA	20	*Tina Maria Haskins, LPN
21	*Kizzy Renea Fowlkes, LPN	22	**Laura Leigh Lantz, RMA
23	**Sheila N. White, CNA	24	**Jessica Lorraine Sears, RMA
25	***Christine Kaye Meadows, LPN		

**ADJOURNMENT OF BUSINESS AGENDA**

## **MEETING DEBRIEF**

- ❖ What went well
- ❖ What needs improvement

### **3:00 P.M. DISCIPLINARY COMMITTEE MEETING –in Board Room 2**

#### **Committee Members:**

James Hermansen-Parker, MSN, RN, PCCN-K - **Chair**  
Meenakshi Shah, BA, RN

#### **Staff Members:**

Claire Morris, RN, LNHA; Deputy Executive Director  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director  
Robin Hills, DNP, WHNP-BC, RN; Deputy Executive Director for Advanced Practice

(\* 1<sup>st</sup> mailing - 3/2) (\*\* 2<sup>nd</sup> mailing - 3/8) (\*\*\*)3<sup>rd</sup> mailing - 3/15)

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*Our mission is to assure safe and competent practice of nursing to protect the health, safety and we*

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
Monday January 23, 2023**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 1:05 P.M., on January 23, 2023 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS  
PRESENT:**

Brandon Jones, MSN, RN, CEN, NEA-BC; President  
Felisa Smith, PhD, MSA, RN, CNE; Second Vice-President  
Carol Cartte, RN, BSN  
Margaret Friedenberg, Citizen Member  
Ann T. Gleason, PhD, Citizen Member  
Meenakshi Shah, BA, RN

**STAFF PRESENT:**

Lelia Clarie Morris, RN, LNHA; Deputy Executive Director  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director – **1 pm case only**  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice – **2 pm case only**  
Lakisha Goode, Discipline Team Coordinator

**OTHERS PRESENT:**

James Rutkowski, Assistant Attorney General  
Students from Longwood University

**ESTABLISHMENT OF  
A PANEL:**

With six members of the Board present, a panel was established.

**FORMAL HEARINGS:**

**Diana C. Askew-Parker, LPN** **0002-031982**

Ms. Askew-Parker appeared, accompanied by Celest Davis, her sister.

Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Colleen Gregory-Gettel, court reporter, County Court Reporters, Inc., recorded the proceedings.

Maria Joson, Senior Investigator, Enforcement Division, was present and testified.

Ms. Morris left the meeting at 2:16 P.M.

**CLOSED MEETING:** Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:17 P.M., for the purpose of deliberation to reach a decision in the matter of **Diana C. Askew-Parker, LPN**. Additionally, Ms. Cartte moved that Ms. Bargdill, Ms. Goode and Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Shah and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 2:41 P.M.

Ms. Cartte moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Smith and carried unanimously.

**ACTION:** Dr. Smith moved that the Board of Nursing indefinitely suspend the license of **Diana C. Askew-Parker** to practice practical nursing in the Commonwealth of Virginia for a period of not less than two years. The motion was seconded by Ms. Cartte and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

**RECESS:** The Board recessed at 2:42 P.M.

**RECONVENTION:** The Board reconvened at 2:59 P.M.

Ms. Morris re-joined the meeting at 2:59 P.M.

Ms. Bargdill left the meeting at 2:59 P.M.

Dr. Hills joined the meeting at 2:59 P.M.

**FORMAL HEARINGS:** **Amy Dawn Morrison Woolard, LPN** **0002-073317**

Ms. Woolard did not appear.

Amanda Wilson, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal

counsel for the Board. Colleen Gregory-Gettel, court reporter, County Court Reporters, Inc., recorded the proceedings.

Alan Burton, Senior Investigator, Enforcement Division, was present and testified.

Ms. Morris left the meeting at 3:12 P.M.

CLOSED MEETING:

Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:21 P.M., for the purpose of deliberation to reach a decision in the matter of **Amy Dawn Morrison Woolard**. Additionally, Ms. Cartte moved that Dr. Hills, Ms. Goode, and Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Jones and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 3:38 P.M.

Ms. Cartte moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Jones and carried unanimously.

ACTION:

Ms. Shah moved that the Board of Nursing revoke the right of **Amy Dawn Morrison Woolard** to renew her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Friedenbergl and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT:

The Board adjourned at 3:39 P.M.

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Lelia Clarie Morris, RN, LNHA  
Deputy Executive Director



**VIRGINIA BOARD OF NURSING  
BUSINESS MEETING MINUTES  
January 24, 2023**

**TIME AND PLACE:** The business meeting of the Board of Nursing was called to order at 9:00 A.M. on January 24, 2023, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**PRESIDING:** Brandon A. Jones, MSN, RN, CEN, NEA-BC; President

**BOARD MEMBERS PRESENT:** Cynthia M. Swineford, RN, MSN, CNE; First Vice-President  
Felisa A. Smith, PhD, MSA, RN, CNE; Second Vice-President  
Carol Cartte, RN, BSN  
Yvette L. Dorsey, DNP, RN  
Margaret J. Friedenberg, Citizen Member  
Ann Tucker Gleason, PhD, Citizen Member  
James L. Hermansen-Parker, MSN, RN, PCCN-K  
Paul Hogan, Citizen Member  
Dixie L. McElfresh, LPN  
Helen Parke, DNP, FNP-BC  
Meenakshi Shah, BA, RN

**MEMBERS ABSENT:** Laurie Buchwald, MSN, WHNP, FNP  
Jennifer Phelps, BS, LPN, QMHP-A, CSAC

**STAFF PRESENT:** Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Claire Morris, RN, LNHA; Deputy Executive Director  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director  
Jacquelyn Wilmoth; Deputy Executive Director for Education  
Christine Smith, RN, MSN; Nurse Aide/RMA Education Program Manager  
Randall Mangrum, DNP, RN; Nursing Education Program Manager  
Patricia Dewey, RN, BSN, Discipline Case Manager  
Francesca Iyengar, MSN, RN, Discipline Case Manager  
Huong Vu, Operations Manager  
Ann Hardy, MSN, RN, Compliance and Case Adjudication Manager

**OTHERS PRESENT:** James Rutkowski, Assistant Attorney General, Board Counsel  
Matthew Novak, Assistant to DHP Policy Analyst

**IN THE AUDIENCE:** Janet Wall, MS, CEO for Virginia Nurses Association (VNA) and Virginia Nurses Foundation (VNF) – **joined the meeting at 9:10 A.M.**  
Nora Sacra, BSN, RN, Board of Nursing staff

**ESTABLISHMENT OF A QUORUM:** Mr. Jones asked Board Members and Staff to introduce themselves. With 12 members present, a quorum was established.

ANNOUNCEMENTS: Mr. Jones acknowledged the following:

**Staff Update:**

- **Adisa Vehah** accepted the full-time Exam Licensing Specialist position, moved from P-14 Licensing position, and started on November 25, 2022.
- **Nora Sacra, BSN, RN** accepted the P-14 Probable Cause Reviewer position and started on December 19, 2022
- **Margie Blevins, RN, BSN, Med,** accepted the Nurse Aide Program Inspector position and started on January 3, 2023.
- **Cathy Hanchey**, formally a Senior Licensing/Discipline Specialist, accepted the Compact Resource Specialist position and started on January 25, 2023

Ms. Douglas announced that Mr. Jones was selected for 40 under 40 Class of 2023 by the *Roanoker*.

Ms. Vu reminded Board Members to complete their Financial Disclosure Statement by February 1, 2023. Ms. Douglas added that it is a requirement and monetary fine can be imposed if it is not fulfilled.

UPCOMING MEETINGS: The upcoming meetings listed on the agenda:

- The Tri-Regulator Meeting is scheduled for February 1, 2023 in Washington, DC. Ms. Douglas will attend as the President of NCSBN BOD
- The NCSBN BOD Meeting is scheduled for February 7-8, 2023 in Chicago, IL. Ms. Douglas will attend as the President of NCSBN BOD.
- The Committee of the Joint Boards of Nursing and Medicine Business meeting and proceedings are scheduled for February 22, 2023 at 9 AM in Board Room 4.
- The Education Informal Conference Committee is scheduled for February 22, 2023 at 9 AM in Board Room 3.
- The Nurse Licensure Compact (NLC) Midyear Meeting is scheduled for March 27, 2023 in Seattle, WA. Ms. Douglas will attend as Commissioner
- The NCSBN Midyear Meeting is scheduled for March 28-30, 2023 in Seattle, WA. **Interested Board Members please inform Mr. Jones or Ms. Douglas**

**Training Sessions for Nursing and Nurse Aide Education Programs:**

- Orientation on Establishing a PN or RN Pre-Licensure Nursing Program is

scheduled on Tuesday, February 7, 2023, 9a-12noon in Board Room 3.

- Preparation and Regulation Review for Program Directors and Faculty of PN & RN Pre-Licensure Nursing Programs is scheduled for Tuesday, February 7, 2023, 1-4p in Board Room 3.
- Preparation and Regulation Review for Coordinators and Instructors of Nurse Aide Education Programs is scheduled on Thursday, 2/16/2023, in Board Room 3 from 9 am to 12 pm.
- Orientation on Establishing a Nurse Aide Education Program is scheduled **VIRTUALLY** on Thursday, March 9, 2023, from 9a-12noon.

**ORDERING OF  
AGENDA:**

Mr. Jones asked staff if there are modifications to the Agenda.

Ms. Douglas noted the following:

- ❖ Mr. Owens, Mr. Jenkins and Ms. Barrett are downtown at the General Assembly so will not attend this meeting
- ❖ **G5** – Consent Order for Jessica Graf, LMT has been added under Consideration of Consent Orders
- ❖ There are no cases for consideration of possible summary suspension at 1 pm

**CONSENT AGENDA:**

The Board removed the following items from the consent agenda:

- Mr. Jones removed **C1** – Board of Nursing Monthly Tracking Log as of December 31, 2022
- Ms. Douglas removed **C4** – Executive Director Report

Ms. Shah moved to accept the items on consent agenda listed below as presented. The motion was seconded by Dr. Smith and carried unanimously.

**Consent Agenda**

<b>B1</b> November 14, 2022	Formal Hearings
<b>B2</b> November 15, 2022	Business Meeting
<b>B3</b> November 16, 2022	Officer Meeting
<b>B4</b> November 16, 2022	Panel A – Formal Hearings
<b>B5</b> November 16, 2022	Panel B – Formal Hearings
<b>B6</b> November 17 2022	Formal Hearings
<b>B7</b> December 5, 2022	Formal Hearing
<b>B8</b> December 13, 2022	Telephone Conference Call

- C2** Agency Subordination Recommendation Tracking Log
- C3** HPMP Quarterly Report as of December 31, 2022
- C5** Mary Marshall Scholarship

**Discussion of pulled Consent Agenda items:**

**C1** – Board of Nursing Monthly Tracking Log as of December 31, 2022.

Mr. Jones asked for clarification of the open cases count that are fluctuated throughout the year.

Ms. Douglas explained that the open case count includes all cases that are somewhere in the adjudication process. Cases enter the open case count when they are docketed by the Enforcement Division. Open cases include discipline and application cases that may not result in a proceeding. Ms. Douglas added that the Enforcement division is currently experiencing workforce issues which increases the length of time for cases to come to the board. Despite this, the BON closed more cases than it received.

Ms. Morris noted that the Enforcement Division is now digitally processing 100% of cases. Because the BON is in the process of moving fully to digital processing, it takes about 10 days for the board to receive hard copies of the cases.

Ms. Douglas reminded Board members that the best source for official counts is the biennial report posted to DHP website.

Mr. Jones requested the breakdown of the open case count in the future. Ms. Douglas replied that board staff will request a breakdown from the Healthcare Workforce Data Center (HWDC) but there may be some limitations in the DHP reporting program.

Dr. Smith moved to accept the C1 (Board of Nursing Monthly Tracking Log as of December 31, 2022) as presented. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

**C4** – Executive Director Report

Ms. Douglas added the following to the report:

- Stephanie Willinger, Deputy Executive Director for Licensing and Criminal Background Check (CBC) Unit, has been identified by NCSBN as a subject matter expert and was invited to attend the NCSBN Nursing Regulatory Bodies (NRB) Focus Group on January 25, 2023. The focus of this group is on enhancing and streamlining the licensure processes.
- Ms. Douglas encouraged Board Members and staff to review an article regarding the International Nurse Regulator Collaborative (INRC) Mobility Project and Environmental Scan in the *January 2023 NCSBN Journal of Nursing Regulation (JNR)* issue. This project is looking at international mobility and the differences and similarities between licensure eligibility criteria for INCR countries, which include Canada, New Zealand, Australia, United Kingdom, Spain, Ireland, Singapore and USA.

- NCSBN Research Update – study results upon completion are reported in the NCSBN JNR including Advanced Practice Registered Nurses (APRNs), global effects, pandemic regulatory change impact, guidelines for monitoring substance abuse, and pre-licensure program analysis.

Mr. Jones commended Dr. Randall Mangrum and Ms. Christine Smith on conducting successful education program seminars.

Dr. Smith moved to accept the C4 (Executive Director Report) as presented and further amended. The motion was seconded by Ms. Shah and carried unanimously.

DIALOGUE WITH DHP  
DIRECTOR OFFICE:

Mr. Owens and Mr. Jenkins are both at the General Assembly today.

Ms. Walls jointed the meeting at 9:10 A.M.

DISPOSITION OF  
MINUTES:

None

REPORTS:

None

OTHER MATTERS:

**Board Counsel Update:**

Mr. Rutkowski reported that the replacement for Ms. Mitchell as Board Counsel at the Office of the Attorney General has been hired with a start date of February 10, 2023. The BON has no appeals in process at the circuit court.

**D1 – NCSBN President December 9, 2022 Letter:**

Mr. Jones stated that this is provided for information only.

**NCSBN Research Update:**

Mr. Jones noted that Ms. Douglas provided this information in her C4 report.

**Scheduling of Additional Formal Hearing Dates:**

Ms. Douglas stated that the Board currently has 47 cases awaiting scheduling for formal hearings. To remedy this, BON staff recommends converting some Special Conference Committee (SCC) IFC dates into formal hearing days. June 1 and June 5, 2023 were selected because these dates have 2 SCC IFCs already scheduled. In addition, replacing some SCC IFCs dates in August and October yet to be determined.

Ms. Douglas added that a polling sheet will be distributed and requests that Board Members please respond to all available dates listed on the polling sheet by tomorrow, Wednesday, January 25.

Additional Agency Subordinate IFCs will be scheduled during August and October to address the decrease in SCC IFCs. Along these lines, Ms. Douglas noted that there is a bill being considered by the General Assembly which would permit Agency Subordinates to hear Applicant cases.

EDUCATION:

**Education Update:**

Ms. Wilmoth reported the following:

**Nurse Aide Education Programs Update**

- ❖ Last year the Board began offering Nurse Aide education program seminars which were a huge success in 2022 and will continue in 2023. New/pilot – Orientation Sessions for Establishing a Nurse Aide Education program will also be offered this year. Nursing and Nurse Aide seminars will go “on the road” again this year to Radford University and Germanna Community College.
- ❖ NNAAP: Credentia®—RTS testing facilities will transition to 2-bed events in areas where there are sufficient evaluators to staff the events. This will permit up to 24 students being tested at each event. Right now, 2-bed events are scheduled for Henrico and Chesterfield County. Efforts to improve evaluator training are also in process.

**Medication Aide Program Updates**

- ❖ New/pilot - Christine Smith, RN, MSN; Nurse Aide/RMA Education Program Manager, will be offering virtual education seminars (review of regulatory compliance 1.5 hours) to medication aide programs. The first one is scheduled for May 18, 2023. Board staff are starting with scheduling 2 and will assess success to determine how to best continue.
- ❖ The testing contract with PSI was renewed. PSI is currently conducting a job analysis of medication aides. Once that is complete, a committee of stakeholders will begin writing additional items for the exam. A review of the exam was completed last year confirming that the exam is consistent with the revised curriculum. Programs were informed that implementation of the revised curriculum should occur by January 1, 2023.

**Nursing Education Program Updates**

- Mary Marshall scholarship awards have been distributed. Over \$90,000 in scholarship funds were provided to nursing education students.
- 2022 NCLEX update:
  - Official results are expected this week and more information will be provided at the March business meeting.

- Annual Report has been completed by all programs and has been provided to Healthcare Workforce Data Center (HWDC) for analysis. They will provide the results in a report to the Board once complete.
- Next Generation NCLEX (NGN) Preview Exam is available on [www.nclex.com](http://www.nclex.com). The NGN will launch on April 1, 2023 for registered nurses and practical nurses. The recording of the 1/10/23 NGN webinar has been posted on the BON website.
- NCSBN Annual Report will be sent out next week. The Board did add additional questions to the survey to learn more about what programs are doing to build resiliency, promote NCLEX success after initial failure, and virtual simulation use. NCSBN also made some minor changes to the survey to include adding questions on 5-year NCLEX pass rates and certification for simulation educators.
- A discussion ensued regarding the barriers to quality education particularly nurse educator recruitment and retention.

PUBLIC COMMENT:

Janet Wall, MS, CEO for VNA and VNF made the following comments:  
Newly-elected board member terms began January 1, 2023:

- Dr. Sherri Wilson is the new board president. Sherri is Director of Health Career Programs at Stride, which creates clear pathways for learners of all ages to expand their skills and explore their options.
- Dr. Sarah Birch assumed the new board position of Director-at-Large, APRN. Sarah is Director of Advanced Practice Providers at Children's National Hospital.

Two lobby days:

- VNA Lobby Day was on January 12
- VNA & VHHA Healthcare Workforce Lobby Day was on January 18

Ms. Wall expressed VNA's appreciation for the Governor's and the legislature's support of nursing.

Two new Councils were added: LPNs & Hispanic Nurses

VNA suggests conducting a student night that includes multiple chapters in preparation for the NGN NCLEX.

Spring Conference (virtual) - April 26-27, 2023 – the theme is *Healing the Divides*, including:

- Patient safety and medication errors
- Moral exhaustion and job dissatisfaction fueled by inadequate staffing
- Racism and diversity within nursing
- Turning the tables on bullying and violence

- What the not-too-distant future of healthcare looks like and ensuring nursing's voice at the design table
- Escaping the quagmire of data entry in pursuit of full scope nursing

VNF is currently:

- Identifying grant opportunities
- Seeking new board members: nurses and community members

RECESS:

The Board recessed at 10:19 A.M.

RECONVENTION:

The Board reconvened at 10:30 A.M.

LEGISLATION/  
REGULATION:

Mr. Novak reported the following on behalf of Ms. Barrett:

**F1 Chart of Regulatory Actions**

Mr. Novak provided an overview of the regulatory actions found in the chart.

**F2 General Assembly 2023 Update**

Mr. Novak noted that DHP is monitoring over 100 bills and reviewed the updates regarding bills listed on F2.

Ms. Douglas noted that if the HB1573 -- Mental health conditions and impairment; DHP to amend its licensure, etc., applications -- is passed, it will be a huge undertaking for the Board to come into compliance.

Ms. Douglas added the following information regarding Governor's budget proposals:

- Increase in funding for RN, PN and NP preceptors
- \$30 million proposed for the Earn to Learn program – students, including nurse aides, can earn a wage while attending nursing/nurse aide education programs. VDH will manage the fund.

POLICY FORUM:

Dr. Yetty Shobo, Healthcare Workforce Data Center (HWDC) Executive Director, and Dr. Barbara Hodgdon, HWDC Deputy Executive Director

- \*Virginia's Certified Nurse Aide Workforce: 2022
- \*Virginia's Licensed Practical Nurse Workforce: 2022
- \*Virginia's Registered Nurse Workforce: 2022

Drs. Shobo and Hodgdon provided the following key findings:

**Certified Nurse Aide Workforce Report:**

- ❖ Decreases in total licensees and workforce; increase in Full-Time



Equivalency Unit (FTEs)

- ❖ Slight younger age distribution
- ❖ High racial and ethnic diversity continues to increase
- ❖ Increasing importance of high school training
- ❖ Northern VA has high total FTEs but low FTEs per capita (1000 residents)

**Licensed Practical Nurse Workforce Report:**

- ❖ Decreases in total licensees, workforce, and FTEs
- ❖ Age distribution stable over the past two years
- ❖ Racial and ethnic diversity high in increasing
- ❖ Educational attainment stable; debt increasing
- ❖ Retirement expectations were decreasing; increase in 2022

**Registered Nurse Workforce Report:**

Increases in total licensees, workforce, and FTEs

- ❖ Younger age distribution
- ❖ Racial and ethnic diversity increasing
- ❖ Educational attainment increasing; debt increasing
- ❖ Few concerns surrounding retirement

**CONSIDERATION OF CONSENT ORDERS:**

**G1 – Emily Davis, RN**

**0001-273710**

Dr. Parke moved that the Board of Nursing accept the consent order for voluntary surrender for indefinitely suspension of the right to renew the license of **Emily Davis** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

**G2 – Genevieve Gifford Lambert, RN**

**0001-143472**

Dr. Parke moved that the Board of Nursing accept the consent order to indefinitely suspend the license of **Genevieve Gifford Lambert** to practice professional nursing in the Commonwealth of Virginia with suspension stayed contingent upon Ms. Lambert's entry into and compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded by Ms. Shah and carried unanimously.

**G3 – Sherri Dalton Carico, LPN**

**0002-043533**

Dr. Parke moved that the Board of Nursing accept the consent order to indefinitely suspend the license of **Sherri Dalton Carico** to practice practical nursing in the Commonwealth of Virginia with suspension stayed contingent

upon Ms. Carico's entry into and compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded by Ms. Shah and carried unanimously.

**G4 – Emily Lorraine Hill, RN**

**0001-250762**

Dr. Parke moved that the Board of Nursing accept the consent order to indefinitely suspend the license of **Emily Lorraine Hill** to practice professional nursing in the Commonwealth of Virginia with suspension stayed contingent upon Ms. Hill's entry into and compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded by Ms. Shah and carried unanimously.

**G5 – Jessica Graf, LMT**

**0019-016717**

Dr. Parke moved that the Board of Nursing accept the consent order for voluntary surrender for indefinite suspension of the license of **Jessica Graf** to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

RECESS: The Board recessed at 11:40 A.M.

RECONVENTION: The Board reconvened at 1:30 P.M.

**CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:**

**#20 – Carmen Andrea Wekony, RN**

**0001-134327**

Ms. Wekony appeared and addressed the Board. Ms. Wekony also submitted a written response.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 1:38 P.M. for the purpose of considering the agency subordinate recommendation regarding **Carmen Andrea Wekony**. Additionally, Dr. Gleason moved that Dr. Hills, Ms. Bargdill, Ms. Wilmoth, Ms. Morris, Ms. Vu, and Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Dr. Parke and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:43 P.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed and considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Ms. Shah and carried unanimously.

Ms. McElfresh moved that the Board of Nursing accept the recommendation of the agency subordinate to indefinitely suspend the license of **Carmen Andrea Wekony** to practice professional nursing in the Commonwealth with suspension stayed upon proof of Ms. Wekony's entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Dr. Smith and carried unanimously.

**#1 – Bethanie Delayne Fielder, LPN**

**0002-082314**

Mr. Fielder did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to require **Bethanie Delayne Fielder** to

- Undergo mental health and chemical dependency evaluation conducted by a Board-approved specialist who holds an unrestricted license
- Undergo a comprehensive physical health evaluation conducted by a Board-approved licensee who holds an unrestricted license
- Submit a written report of the evaluations, including diagnosis recommended course of therapy, prognosis, and any other recommendations sent to the Board, within 90 days of the entry of the Order

The motion was seconded by Ms. Shah and carried unanimously.

**#2 – Stacie Hart Taylor, RN**

**0001-208397**

Ms. Taylor did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Stacie Hart Taylor** and to indefinitely suspend her right to renew her license to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years from date of entry of the Order. The motion was seconded by Ms. Shah and carried unanimously.

**#5 – Joshua Daniel Parks, LPN**

**0002-068681**

Mr. Parks did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Joshua Daniel Parks** and require

Mr. Parks, within 60 days from the date of entry of the Order, to submit written proof satisfactory to the Board of successful completion of Board-approved courses of at least 3 credit hours in each of the following subjects:

- Proper Documentation;
- Medication Errors/Proper Handling & Documentation of Medications;
- Ethics and Professionalism in Nursing, and
- Professional Accountability and Legal Liability for Nurses

The motion was seconded by Ms. Shah and carried unanimously.

**#7 – Sally Ann Evans, RN**

**0001-280580**

Ms. Evans did not appear.

Mr. Hermansen-Parker disclosed that he and Ms. Evans are employed by the same health system and that he can remain objective in his decision. There was no objection from the Board.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no further action at this time contingent upon Sally Ann Evans compliance with all terms and conditions of her contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and any subsequent contracts for the period specified therein. The motion was seconded by Ms. Shah and carried unanimously.

**#8 – Vanessa Renee Boutchyrd, LPN**

**0002-084619**

Ms. Boutchyrd did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Vanessa Renee Boutchyrd** to practice practical nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Boutchyrd's entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and maintain compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Shah and carried unanimously.

**#9 – Ellen Reid Freels, RN**

**0001-225802**

Ms. Freels did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Ellen Reid Freels** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Freels' entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and maintain compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Shah and carried unanimously.

**#10 – Tonya Michelle Shackleford, RMA**

**0031-004291**

Ms. Shackleford did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right to renew the registration of **Tonya Michelle Shackleford** to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

**#11 – Debra B. Boswell Richardson, CNA**

**1401-094538**

Ms. Richardson did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Debra B. Boswell Richardson** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Shah and carried unanimously.

**#12 – Rachael Lynn Marie Jones, RMA**

**0031-011298**

Ms. Jones did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the registration of **Rachael Lynn Marie Jones** to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

**#13 – Kathryn Therese Putt, RMA**

**0031-009867**

Ms. Putt did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the registration of **Kathryn Therese Putt** to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

**#14 – Kathryn Therese Putt, CNA**

**1401-159164**

Ms. Putt did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Kathryn Therese Putt** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Shah and carried unanimously.

**#15 – Gwendolyn Givens, CNA**

**1401-144690**

Ms. Givens did not appear but submitted a written response.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Gwendolyn Givens** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Shah and carried unanimously.

**#16 – Lindsey Nichole Poff, LPN**

**0002-069183**

Ms. Poff did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to place **Lindsey Nichole Poff** on indefinite probation with terms and conditions. The motion was seconded by Ms. Shah and carried unanimously.

**#19 – Liza Pence Wisman, RN**

**0001-259385**

Ms. Wisman did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of **Liza Pence Wisman** to renew her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

**#21 – Kristina L. Mullins, LPN**

**0002-093072**

Ms. Mullins did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Kristina L. Mullins** and to indefinitely suspend her license to practice practical nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Mullins' entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Shah and carried unanimously.

**#23 – Branden Anthony Jackson, RMA**

**0031-007751**

Mr. Jackson did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the registration of **Branden**

**Anthony Jackson** to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

**#28 – Shenisha Preston, CNA**

**1401-207076**

Ms. Preston did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of **Shenisha Preston** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Shah and carried unanimously.

**#29 – Carmen Corin Walton, RN**

**0001-282341**

Ms. Walton did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Carmen Corin Walton** and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

**CLOSED MEETING:**

Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 1:52 P.M. for the purpose of considering the agency subordinate recommendation regarding **#3, 4, 6, 17, 18, 22, 24, 25, 26 and 27**. Additionally, Dr. Gleason moved that Ms. Morris, Dr. Hills, Ms. Bargdill, Ms. Wilmoth, Ms. Vu, and Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Mr. Hermansen-Parker and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 2:50 P.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Mr. Hermansen-Parker and carried unanimously.

**#3 – Sharon Ann Bazemore, LPN**

**0002-031133**

Ms. Bazemore did not appear.

Dr. Gleason moved that the Board of Nursing amend the recommended decision of the agency subordinate to reprimand **Sharon Ann Bazemore** and to indefinitely suspend her right to renew her license to practice practical

nursing in the Commonwealth of Virginia. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

**#4 – Avril Hall-Andujar, LPN**

**0002-083190**

Ms. Hall-Andujar did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Avril Hall-Andujar**, to assess a monetary penalty of \$500.00 to be paid to the Board within 60 days from the date of entry of the Order, and to provide written proof satisfactory to the Board of successful completion of a Board-approved course of at least three credit hours in the subject of ethics and professionalism in nursing within 60 days from the date of entry of the Order. The motion was seconded by Dr. Smith and carried unanimously.

**#6 – Susan Conway Moncure, RN**

**0001-146716**

Ms. Moncure did not appear but submitted a written response.

Dr. Parke moved that the Board of Nursing amend the recommended decision of the agency subordinate to delete the word “police” in Finding of Fact #3, to reprimand **Susan Conway Moncure**, and to require her to provide written proof satisfactory to the Board of successful completion of a Board-approved course of at least three credit hours in the subject of professional boundaries in nursing and ethics and professionalism in nursing within 60 days from the date of entry of the Order. The motion was seconded by Dr. Dorsey and carried unanimously.

**#17 – Heather Marie Cassell, RN**

**0001-237723**

Ms. Cassell did not appear.

Dr. Gleason moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspend the license of **Heather Marie Cassell** to practice professional nursing in the Commonwealth of Virginia for a period of not less than one year. The motion was seconded by Dr. Smith and carried unanimously.

**#18 – Harold K. Alcorn, LPN**

**0002-066838**

Mr. Alcorn did not appear.

Dr. Parke moved that the Board of Nursing reject the recommended decision of the agency subordinate and refer the matter of **Harold K. Alcorn** to a formal administrative proceeding. The motion was seconded by Ms. Shah and carried unanimously.

**#22 – Roncs Ese-Etame, RN**

**0001-217553**

Mr. Ese-Etame did not appear.



Ms. Shah moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspend the license of **Roncs Ese-Etame** to practice professional nursing in the Commonwealth of Virginia for not less than one year. The motion was seconded by Ms. Swineford and carried unanimously.

**#24 – Bronya R. Lucas, LPN**

**0002-081241**

Ms. Lucas did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to place Bronya R. Lucas on indefinite probation for a period of not less than 24 months subject to terms and conditions. The motion was seconded by Ms. Shah and carried unanimously.

**#25 – Donna Lynn Henry Randolph, CNA**

**1401-080036**

Ms. Randolph did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing to reject the recommended decision of the agency subordinate and refer the matter of Donna Lynn Henry Randolph to a formal administrative proceeding. The motion was seconded by Ms. Swineford and carried with 9 votes in favor of the motion. Dr. Dorsey, Ms. McElfresh and Dr. Smith opposed the motion.

**#26 – Mary Opoku Asomah, CNA**

**1401-205891**

Ms. Asomah did not appear but submitted a written response.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Mary Opoku Asomah** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Shah and carried unanimously.

**#27 – Lauren Carmen Anderson, LPN**

**TN License # 89632  
With Multistate Privileges**

Ms. Anderson did not appear.

Dr. Gleason moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspended the privilege of **Lauren Carmen Anderson** to practice practical nursing in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Order. The motion was seconded by Dr. Smith and carried unanimously.

**CONSIDERATION OF NOVEMBER 1, 2022 EDUCATION INFORMAL CONFERENCE  
COMMITTEE RECOMMENDATIONS:**

Dr. Smith and Ms. Swineford left the meeting at 2:55 P.M.

Ms. Shah moved that the Board of Nursing accept the recommendation of the Education Informal Conference Committee to withdraw the approval to operate a nurse aide education program of Superior Healthcare Services, Inc., Woodbridge, Nurse Aide Education Program 1414100753. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

Ms. Shah moved that the Board of Nursing accept the recommendation of the Education Informal Conference Committee to withdraw the approval of the following programs to operate a medication aide training program:

- Park Street Senior Living, Charlottesville, Medication Aide Training Program, 0030000289
- Park View Pharmacy, Harrisonburg, Medication Aide Training Program, 0030000019
- Pineview Estates, Spout Spring, Medication Aide Training Program, 0030000059
- Portside Pharmacy, Newport News, Medication Aide Training Program, 0030000008
- Progress Pharmacy, Chantilly, Medication Aide Training Program, 0030000065
- Providers Plus, Chesapeake, Medication Aide Training Program, 0030000141
- Rolling Hills Adult Home, Meadowview, Medication Aide Training Program, 0030000058
- Royal Career Institute, Goochland, Medication Aide Training Program, 0030000210
- Shelton-on-The Bay, Hampton, Medication Aide Training Program, 0030000128
- South Central Area Health, Altavista, Medication Aide Training Program, 0030000078
- Tidewater Nursing Institute, Norfolk, Medication Aide Training Program, 0030000203
- Wanda Folden, Roanoke, Medication Aide Training Program, 0030000127

The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

Dr. Smith and Ms. Swineford re-joined the meeting at 3:00 P.M.

**BOARD MEMBER  
DEVELOPMENT:**

The Board deferred the HPMP Presentation by Christina Buisset, DHP Services Manager and HPMP Manager, and Amy Davis, Executive Assistant to Lisa Hahn, COO to a future date.

Virginia Board of Nursing  
Business Meeting  
January 24, 2023  
MEETING DEBRIEF:

**Board Members listed the following positive aspects of the meeting:**

- Wonderful celebration of former board members
- Attention paid to workforce issues
- Great discussion on Education matters
- Appreciative of the General Assembly report

**Board Members made the following suggestions for improvement:**

- Add page number to HWDC presentation

ADJOURNMENT:

The Board adjourned at 3:16 P.M.

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Brandon A. Jones, MSN, RN, CEN, NEA-BC  
President

DRAFT

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
PANEL A  
January 25, 2023**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:06 A.M., on January 25, 2022 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:** Cynthia M. Swineford, MSN, RN, CNE; First Vice President  
Felisa A. Smith, PhD, MSA, RN, CNE; Second Vice-President  
Carol Cartte, RN, BSN  
Ann T. Gleason, PhD, Citizen Member  
James L. Hermansen-Parker, MSN, RN, PCCN-K  
Dixie L. McElfresh, LPN  
Paul Hogan, Citizen Member

**STAFF PRESENT:** Jay Douglas, MSM, RN, CSAC, FRE, Executive Director  
Lelia Claire Morris, RN, LHNA; Deputy Executive Director  
Breana Wilkins, Administrative Support Specialist

**OTHERS PRESENT:** M. Brent Saunders, Assistant Attorney General, Board Counsel  
Longwood University Nursing Students

**ESTABLISHMENT OF A PANEL:** With seven members of the Board present, a panel was established.

**FORMAL HEARING:** **Lauren Wells King, RN** **0001-223536**  
Ms. King appeared.  
Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Colleen Gregory-Gettel, court reporter with County Court Reporters Inc., recorded the proceedings.  
Jennifer Challis, Senior investigator, Enforcement Division, Nakea Callender, RN and Jeanette Groome, were present and testified. Tammy Levy testified via telephone.

**RECESS:** The Board recessed at 10:40 A.M.

**RECONVENITION:** The Board reconvened at 10:54 A.M.

Ms. Morris left the meeting at 12:00 P.M.

CLOSED MEETING: Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:00 P.M., for the purpose of deliberation to reach a decision in the matter of **Lauren Wells King**. Additionally, Ms. Cartte moved that Ms. Douglas, Ms. Wilkins and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Hogan and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:43 P.M.

Ms. Cartte moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Smith and carried unanimously.

ACTION: Mr. Hermansen-Parker moved that the Board of Nursing suspend the license of **Lauren King Wells** to practice professional nursing in the Commonwealth of Virginia for not less than one year. The motion was seconded by Dr. Smith and was carried with four votes in favor of the motion. Ms. Cartte, Dr. Gleason and Mr. Hogan opposed the motion.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS: The Board recessed at 12:44 P.M.

RECONVENTION: The Board reconvened at 1:21 P.M.

Ms. Morris re-joined the meeting at 1:21 P.M.

FORMAL HEARING: **Charmin Hinton-France, LPN Reinstatement Applicant  
0002-072836**

Ms. Hinton-France did not appear.

David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel

for the Board. Colleen Gregory-Gettel, court reporter with County Court Reporters Inc., recorded the proceedings.

Gary Bailey, Senior Investigator, Enforcement Division, was present and testified.

**CLOSED MEETING:** Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 1:41 P.M., for the purpose of deliberation to review the medical records of **Charmin Hinton-France**. Additionally, Ms. Cartte moved that Ms. Douglas, Ms. Morris, Ms. Wilkins and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Smith and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 2:06 P.M.

Ms. Cartte moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

**ACTION:** Dr. Smith moved that the Board of Nursing deny the application of **Charmin Hinton-France** for reinstatement of her license to practice practical nursing in the Commonwealth of Virginia and continue her license on indefinite suspension. The motion was seconded by Mr. Hermansen-Parker and carried with six votes in favor of the motion. Mr. Hogan opposed the motion.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

**ADJOURNMENT:** The Board adjourned at 2:07 P.M.

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Claire Morris, RN, LNHA  
Deputy Executive Director

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
PANEL B  
January 25, 2023**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:09 A.M., on January 25, 2023 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:** Brandon A. Jones, MSN, RN, CEN, NEA-BC; President  
Laurie Buchwald, MSN, WHNP, FNP  
Margaret Friedenberg, Citizen Member  
Helen Parke, DNP, FNP-BC  
Meenakshi Shah, BA, RN

**STAFF PRESENT:** Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director  
Lakisha Goode, Discipline Team Coordinator  
Ann Hardy, MSN, RN, Compliance and Case Adjudication Manager – **joined the meeting at 1:34 P.M.**

**OTHERS PRESENT:** James Rutkowski, Assistant Attorney General, Board Counsel

**ESTABLISHMENT OF A PANEL:** With five members of the Board present, a panel was established.

**FORMAL HEARING:** **Ugo Azuewah, RN** **Maryland License #R221426 with multistate privilege**

Ms. Azuewah appeared, represented by Jonathan Joseph, her legal Counsel, and accompanied by Angelina Manigyamti and Emanuel Owusu

Tammie Jones, Adjudication Consultant, and Melissa Armstrong, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Joshua Delauter, court reporter, County Court Reporters Inc., recorded the proceedings.

Kenny Amanze and Kelly Eckberg testified via telephone.

**RECESS:** The Board recessed at 11:03 A.M.

**RECONVENTION:** The Board reconvened at 11:15 A.M.

- CLOSED MEETING:** Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:36 A.M., for the purpose of deliberation to reach a decision in the matter of **Ugo Azuewah**. Additionally, Ms. Shah moved that Dr. Hills, Ms. Bargdill, Ms. Goode and Mr. Rutkowski, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Buchwald and carried unanimously.
- RECONVENTION:** The Board reconvened in open session at 12:43 A.M.
- Ms. Shah moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Buchwald and carried unanimously.
- ACTION:** Buchwald moved that the Board of Nursing reprimand **Ugo Azuewah** and require nine total hours of continued education courses in the subjects of ethnic/professionalism, documentation, and professional accountability/legal liability within 90 days from the date of entry of the Order. The motion was seconded by Dr. Parke and carried unanimously.
- This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.
- RECESS:** The Board recessed at 12:45 P.M.
- RECONVENTION:** The Board reconvened at 1:34 P.M.
- Ms. Hardy joined the meeting at 1:34 P.M.
- FORMAL HEARING:** **Anna Therese McCary, RN Reinstatement Applicant 0001-197683**
- Ms. McCary appeared and was represented by Alan Schacter, her legal counsel.
- Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Joshua Delauter, court reporter with County Court Reporters Inc., recorded the proceedings.



Gayle Miller, Senior Investigator, Enforcement Division, Dr. Randolph Merrick, Chris Mitchell and Bonita Batton were present and testified.

RECESS: The Board recessed at 3:06 P.M.

RECONVENTION: The Board reconvened at 3:17 P.M.

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 3:55 P.M., for the purpose of deliberation to reach a decision in the matter of **Anna Therese McCary**. Additionally, Ms. Shah moved that Dr. Hills, Ms. Bargdill, Ms. Goode, Ms. Hardy and Mr. Rutkowski, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:29 P.M.

Mr. Hermansen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Buchwald and carried unanimously.

ACTION: Ms. Shah moved that the Board of Nursing approve the application of **Anna Therese McCary** for reinstatement of her license to practice professional nursing in the Commonwealth, indefinitely suspend her license with suspension stayed contingent upon her entry into the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with all terms and conditions of the HPMP for the period specified by the HPMP, and to submit proof of completion of a Board-approved refresher course. The motion was seconded by Ms. Buchwald and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT:           The Board adjourned at 4:31 P.M.

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Robin L. Hills, DNP, RN, WHNP  
Deputy Executive Director for Advanced Practice

DRAFT

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
January 26, 2023**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:12 A.M., on November 16, 2022 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:** Cynthia M. Swineford, MSN, RN, CNE; First Vice-President  
Yvette Dorsey, DNP, RN  
James L. Hermansen-Parker, MSN, RN, PCCN-K  
Dixie L. McElfresh, LPN  
Helen Parke, DNP, FNP-BC

**STAFF PRESENT:** Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director  
Huong Vu, Operations Manager

**OTHERS PRESENT:** M. Brent Saunders, Assistant Attorney General, Board Counsel  
Students from Southside Virginia Community College

**ESTABLISHMENT OF A PANEL:** With five members of the Board present, a panel was established.

**FORMAL HEARING:** **Jennifer Schuder, RN Reinstatement Applicant 0001-246804**  
Ms. Schuder appeared.  
Melissa Armstrong, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Joshua Delauter, court reporter with County Court Reporters Inc., recorded the proceedings.  
Kimberly Hyler, Senior Investigator, Enforcement Division, was present and testified.

**CLOSED MEETING:** Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:42 A.M., for the purpose of deliberation to reach a decision in the matter of **Jennifer Schuder**. Additionally, Mr. Hermansen-Parker moved that Dr. Hills, Ms. Bargdill, Ms. Vu and Mr. Saunders, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:58 A.M.

Mr. Hermansen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Dorsey and carried unanimously.

ACTION: Ms. McElfresh moved that the Board of Nursing approve the application of **Jennifer Schuder** for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

FORMAL HEARING: **Mary Katherine Kelsch Brumeloe, RN Reinstatement Applicant**  
**0001-228801**

Ms. Brumeloe appeared.

Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Joshua Delauter, court reporter with County Court Reporters Inc., recorded the proceedings.

Joyce Johnson, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 10:29 A.M., for the purpose of deliberation to reach a decision in the matter of **Mary Katherine Kelsch Brumeloe**. Additionally, Mr. Hermansen-Parker moved that Dr. Hills, Ms. Bargdill, Ms. Vu and Mr. Saunders, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:03 A.M.

Mr. Hermansen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of

Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. McElfresh and carried unanimously.

**ACTION:**

Dr. Smith moved that the Board of Nursing approve the application of **Mary Katherine Kelsch Brumbeloe** for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia only. The motion was seconded by Dr. Parke and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

**FORMAL HEARING:**

**Tracey Ann Hernandez, LPN Reinstatement Applicant 0002-084396**

Ms. Hernandez appeared.

Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Joshua Delauter, court reporter with County Court Reporters Inc., recorded the proceedings.

Kimberly Hyler, Senior investigator, Enforcement Division, was present and testified.

**CLOSED MEETING:**

Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 11:41 A.M., for the purpose of deliberation to reach a decision in the matter of **Tracy Ann Hernandez**. Additionally, Mr. Hermansen-Parker moved that Dr. Hills, Ms. Bargdill, Ms. Vu and Mr. Saunders, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 12:13 P.M.

Mr. Hermansen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Parke and carried unanimously.

**ACTION:**

Dr. Dorsey moved that the Board of Nursing approve the application of **Tracey Ann Hernandez** for reinstatement of her license to practice

practical nursing in the Commonwealth of Virginia only, contingent upon completion of three hours of a Board-approved continuing education course on maintaining professional boundaries. The motion was seconded by Ms. McElfresh and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS: The Board recesses at 12:15 P.M.

RECONVENTION: The Board reconvened at 1:08 P.M.

FORMAL HEARING: **Curtis Pugh, III, LPN Reinstatement Applicant 0002-087938**

Mr. Pugh appeared.

Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Joshua Delauter, court reporter with County Court Reporters Inc., recorded the proceedings.

Gary Bailey, Senior Investigator, was present and testified.

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 1:49 P.M., for the purpose of deliberation to reach a decision in the matter of **Curtis Pugh, III**. Additionally, Mr. Hermansen-Parker moved that Dr. Hills, Ms. Bargdill, Ms. Vu and Mr. Saunders, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:15 P.M.

Mr. Hermansen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Parke and carried unanimously.

**ACTION:** Ms. McElfresh moved that the Board of Nursing deny the application of **Curtis Pugh, III** for reinstatement of his license to practice practical nursing in the Commonwealth of Virginia and continue his license on indefinite suspension. The motion was seconded by Dr. Dorsey and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

**FORMAL HEARING:** **Ashley Catrice Liggins, RN Reinstatement Applicant 0001-299142**

Mr. Liggins appeared, represented by Cassandra Williams, her counsel.

David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Joshua Delauter, court reporter with County Court Reporters Inc., recorded the proceedings.

Joyce Johnson, Senior Investigator, was present and testified.

**CLOSED MEETING:** Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 3:43 P.M., for the purpose of deliberation to reach a decision in the matter of **Ashley Catrice Liggins**. Additionally, Mr. Hermansen-Parker moved that Dr. Hills, Ms. Bargdill, Ms. Vu and Mr. Saunders, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 4:10 P.M.

Mr. Hermansen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Dorsey and carried unanimously.

**ACTION:** Dr. Parke moved that the Board of Nursing approve the application of **Ashley Catrice Liggins** for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia only, contingent upon completion of all terms and conditions of her probation by Oregon Board of Nursing. The motion was seconded by Ms. McElfresh and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT:                   The Board adjourned at 4:11 P.M.

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Robin L. Hills, DNP, RN, WHNP  
Deputy Executive Director for Advanced Practice

DRAFT



**VIRGINIA BOARD OF NURSING**  
**POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL**  
**February 7, 2023**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held February 7, 2023, at 4:31 P.M.

**The Board of Nursing members participating in the call were:**

Brandon Jones, MSN, RN, CEN, NEA-BC; **Chair**  
Margaret Friedenberg, Citizen Member  
A. Tucker Gleason, PhD, Citizen Member  
James Hermansen-Parker, MSN, RN, PCCN-K  
Paul Hogan, Citizen Member  
Dixie L. McElfresh, LPN  
Helen Parke, DNP, FNP-BC  
Meenakshi Shah, BA, RN  
Cynthia Swineford, RN, MSN, CEN

**Others participating in the meeting were:**

M. Brent Saunders, Assistant Attorney General, Board Counsel  
David Kazzie, Adjudication Specialist, Administrative Proceedings Division  
Wayne Halbleib, Senior Assistant Attorney General/Section Chief  
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Claire Morris, RN, LNHA; Deputy Executive Director  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director  
Huong Vu, Operations Manager  
Breana Wilkins, Administrative Support Specialist  
Lakisha Goode, Discipline Team Coordinator

The meeting was called to order by Mr. Jones. With nine members of the Board of Nursing participating, a quorum was established.

Wayne Halbleib, Senior Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Wilfred Nave, RN (0001-272315)** may present a substantial danger to the health and safety of the public.

**CLOSED MEETING:** Ms. Swineford moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:57 P.M., for the purpose of deliberation to reach a decision in the matter of **Wilfred Nave, RN**. Additionally, Ms. Swineford moved that Dr. Hills, Ms. Morris, Ms. Bargdill, Ms. Wilkins, Ms. Goode and Mr. Saunders attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Gleason and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 5:12 P.M.

Virginia Board of Nursing  
Possible Summary Suspension Telephone Conference Call  
February 7, 2023

Ms. Swineford moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Shah and carried unanimously.

Ms. McElfresh moved to summarily suspend the license of **Wilfred Nave** to practice professional nursing pending a formal administrative hearing and to offer a consent order for revocation of his license in lieu of a formal hearing. The motion was seconded by Dr. Parke and carried unanimously.

The meeting was adjourned at 5:14 P.M.

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Claire Morris, RN, LHNA  
Deputy Executive Director





# Agency Subordinate Recommendation Tracking Trend Log - 2010 to Present – Board of Nursing

C2

Considered		Accepted		Modified*					Rejected					Final Outcome:** Difference from Recommendation				
Date	Total	Total	Total %	Total	Total %	# present	# ↑	# ↓	Total	Total %	# present	# Ref to FH	# Dismissed	↑	↓	Same	Pending	N/A
<b>Total to Date:</b>	881	794	90%	72	8%	11	45	14	16	2%	2	14	2	14	18	15	0	
<b>CY 2023 to Date:</b>	29	24	83%	3	10%	0	3	0	2	7%	0	2	0	0	0	0	0	
Jan-23	29	24	83%	3	10%	0	3	0	2	7%	0	2	0	0	0	0	0	
<b>Annual Totals:</b>																		
Total 2022	151	132	87%	14	9%	2	2	2	4	3%	0	4	0	1	0	0	0	
Total 2021	51	48	94%	5	10%	0	2	0	0	0%	0	0	0	3	4	1	0	
Total 2020	77	69	90%	6	8%	5	6	0	2	3%	0	2	0	4	0	0	N/A	
Total 2019	143	129	90%	12	8%	0	10	2	2	1%	2	0	2	0	0	1	N/A	
Total 2018	200	172	86%	24	12%	4	17	7	4	2%	0	4	0	4	10	7	N/A	
Total 2017	230	220	96%	8	3%	0	5	3	2	1%	0	2	0	2	4	6	N/A	

\* Modified = Sanction changed in some way (does not include editorial changes to Findings of Fact or Conclusions of Law). ↑ = additional terms or more severe sanction. ↓ = lesser sanction or impose no sanction.

\*\* Final Outcome Difference = Final Board action/ sanction after FH compared to original Agency Subordinate Recommendation that was modified (then appealed by respondent to FH) or was Rejected by Board (↔ referred to FH).

# Virginia Board of Nursing Executive Director Report

March 21, 2023

## 1 Presentations

- 1/24/2023 – Board of Nursing hosted the second NCSBN virtual workshop, *Next Generation NCLEX Case Study Workshop*. NCSBN shared resources and methods designed to assist educators in the development of clinical judgment case studies in the style of Next Generation NCLEX.
- 2/1/2023 and 2/3/2023- Board of Nursing hosted the NCSBN Nurse Licensure Compact (NLC) training to BON staff at DHP. James Puente, Director of the NLC, and Fred Knight, Counsel, provided an overview and updates related to The Administration of the NLC.
- 2/4/2023 - Robin Hills, Deputy Executive Director for Advanced Practice, presented to the Virginia Association of Nurse Anesthetists (VANA) on "DHP Case Adjudication: What's Next?" during the 2023 Winter Workshop in Richmond, Virginia.
- 2/7/2023 - Randall Mangrum, Program Manager, hosted education seminars for program directors and faculty of nursing education programs at the Board office.
- 2/15/2023 - Jacquelyn Wilmoth, Deputy Executive Director for Education, hosted a meeting for Enforcement staff to review Education program cases and evidence requests.
- 2/16/2023 - Christine Smith, Nurse Aide/RMA Education Program Manager held a meeting at Perimeter Center to provide a regulatory review for nurse aide education programs.
- 3/9/2023 - Christine Smith, Program Manager Nurse Aide/Medication Aide Programs, hosted a virtual education seminar on Establishing a Nurse Aide Education program.

## 2 Meetings attended

- 1/25/2023 – Stephanie Willinger, Deputy Executive Director for Licensing, attended the National Council of State Boards of Nursing (NCSBN) Nursing Regulatory Bodies (NRBs) Focus Group. The focus is on prioritizing to include enhancing and streamlining the Licensure Reform processes. Ms. Willinger's expertise in licensing and system development has been noted by NCSBN and as a result, she was invited as a subject matter expert.
- 1/27/2023 - Jay Douglas, Executive Director and Jacquelyn Wilmoth, Deputy Executive Director virtually attended a meeting regarding Innovative Clinical Experiences. During the meeting, there was discussion among the partners regarding the Governor's budget items related to preceptors and Earn While you Learn. Information was also shared regarding Alabama's nurse apprenticeship program as there may be lessons learned that could be applied to the LEARN collaborative. An update as provided to this group regarding the academic practice partners who are involved in the LEARN collaborative.

Virginia Board of Nursing  
Executive Director Report  
March 21, 2023

- 2/1/2023 - Jay Douglas, Executive Director of the BON attended a meeting of the Tri- Regulator collaborative in Washington DC. The leadership of NCSBN, Federation of State Medical Boards (FSMB) and the National Association of the Boards of Pharmacies (NAPB) also were in attendance. Agenda items will include:
  - Compacts
  - IV Hydration Clinics
  - Opioid Regulatory Collaborative
  
- 2/6/2023 - Clair Morris, Deputy Executive Director, attended the monthly Virginia Nurses Association (VNA) Board of Director meeting and gave a status report on topics to include but not limited to the BON's involvement in:
  - Monitoring of legislation that may affect the Board,
  - Providing technical assistance to the VDH and Secretary's office regarding Earn to Learn,
  - Hosting NCSBN NGN workshops, and
  - Reviewing 2022 HWDC reports
  
- 2/6/2023 - Jacquelyn Wilmoth, Deputy Executive Director for Education, attended a virtual meeting with the Virginia Nursing Workgroup/Consortium which is hosted by VDH. Participants included those from practice, academics, and regulation. The meeting provided an opportunity for participants to collaborate and discuss workforce priorities to include recruitment/retention of nurses; qualified faculty; clinical education shortage; and Education/Training/Clinical Practice Opportunities. This group will meet on the 6<sup>th</sup> of each month.
  
- 2/7-8/2023 - Jay Douglas, President of NCSBN Board of Directors, attended a meeting in Chicago. Topics of discussion included:
  - Fraudulent Education Documents
  - 2022 National Nursing Workforce Survey Findings
  - International Testing
  - NCLEX Quarterly Report
  
- 2/9/2023 and 3/6/2023 - Jacquelyn Wilmoth, Deputy Executive Director for Education, attended the Virginia Community College System (VCCS) RN Curriculum Review Committee Meeting. The VCCS Committee reviewed course objectives.
  
- 2/16/2023 - Jacquelyn Wilmoth, Deputy Executive Director for Education, and Christine Smith, Nurse Aide/RMA Education Program Manager, attended a virtual meeting with PSI (Testing company for RMA) to review job analysis results and discuss next steps on exam item writing.
  
- 3/7/2023 - Jacquelyn Wilmoth, Deputy Executive Director for Education, and Christine Smith, Program Manager Nurse Aide/Medication Aide Programs, attended a virtual meeting with PSI regarding item writing for the Medication Aide registration exam.
  
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- 2/16/2023 - Jacquelyn Wilmoth, Deputy Executive Director for Education, met with DOMA for the kickoff meeting for the Education program file scanning project.
- 2/17/2023 - Jacquelyn Wilmoth, Deputy Executive Director for Education, virtually attended the LEARN collaborative meeting where an update was provided on the nursing education items in the governor's proposed budget and Earn While You Learn dyads discussed ways in which the program can increase the number of graduates.
- 2/27/2023 - Jacquelyn Wilmoth, Deputy Executive Director for Education, virtually attended a meeting with the Institute for Healthcare Improvement (IHI) where the Earn While you Learn model was shared. IHI is currently researching innovative care models to select a model to be part of their 22-month care project looking at acute care employee well-being/joy and retention.
- 3/6/2023 - Jacquelyn Wilmoth, Deputy Executive Director for Education, attended a virtual meeting for the Virginia Stakeholder consortium hosted by VDH where the Governor's budget was discussed by Andrew Lamar, lobbyist, and breakout sessions were developed to further discuss strategies regarding recruitment and retention to ensure availability of qualified faculty, address the clinical educator shortage and nursing education training opportunities.

### 3 **Media Contacts:**

The Board of Nursing provided Norfolk *Radio Station WHRO/WHRV* January 27, 2023 with [State Statute 54.1-2400.2](#) and the January 25 2023 summary suspension of Dwede M. Williams-Salawe, RN (a public document) in response to an inquiry regarding the ongoing federal investigation of a fraudulent nursing diploma scheme

### 4 **Other**

**Digital Case Processing:** Christina Bargdill, Deputy Executive Director, has been meeting routinely with DHP and BON staff to operationalize processes for digital case management.



## Criminal Background Check (CBC) Report for CY2022

<b>2022 RN Applicants</b>					
	<b>RN-ENDORSEMENT</b>	<b>RN-EXAM</b>	<b>RN-REINSTATEMENT</b>	<b>Grand Total</b>	
CBC Record Not Disclosed	32	69	10	111	
Disposition Unknown	7	3		10	
No CBC Conviction Record	134	181	21	336	
Self-Disclosed	43	136	20	199	
No Record	4387	4812	394	9593	
<b>Grand Total</b>	<b>4603</b>	<b>5201</b>	<b>445</b>	<b>10249</b>	

<b>2022 LPN Applicants</b>					
	<b>LPN-ENDORSEMENT</b>	<b>LPN-EXAM</b>	<b>LPN-REINSTATEMENT</b>	<b>Grand Total</b>	
CBC Record Not Disclosed	18	52	16	86	
Disposition Unknown		2		2	
No CBC Conviction Record	26	120	10	156	
Self-Disclosed	6	62	10	78	
No Record	270	1091	71	1432	
<b>Grand Total</b>	<b>320</b>	<b>1327</b>	<b>107</b>	<b>1754</b>	

<b>2022 LMT Applicants</b>					
	<b>LMT-APP</b>	<b>LMT-ENDORSEMENT</b>	<b>LMT-REINSTATEMENT</b>	<b>Grand Total</b>	
CBC Record Not Disclosed	22	6	3	31	
Disposition Unknown	2	3		5	
No CBC Conviction Record	31	15	5	51	
Self-Disclosed	12	3	2	17	
No Record	333	143	36	512	
<b>Grand Total</b>	<b>400</b>	<b>170</b>	<b>46</b>	<b>616</b>	

### Criminal Background Check (CBC) Report for CY2022

	RN		LPN		LMT		Total convictions	
<b>Total Applicants</b>	<b>10249</b>		<b>1754</b>		<b>616</b>		<b>12619</b>	
<b>CBC Record Not Disclosed</b>	111	1.08%	86	4.90%	31	5.03%	228	1.81%
<b>Self Disclosed</b>	199	1.94%	78	4.45%	17	2.76%	294	2.33%
<b>Total convictions</b>	310	3.02%	164	9.35%	48	7.79%	522	4.14%



**VA Board of Nursing**

**Licensure Statistics**

**January 1 - December 31, 2022**

License/Certification/Registration	Application Count <sup>1</sup> :				Issued Count :			
	INITIAL / EXAM	ENDORSED	REINSTATED <sup>2</sup>	COMBINED	INITIAL / EXAM	ENDORSED	REINSTATED <sup>2</sup>	COMBINED
Massage Therapy	418	173	52	643	347	156	44	547
Medication Aide	1,302	113	46	1,461	637	14	22	673
Nurse Practitioner	1,244	1,695	75	3,014	1,135	1,604	75	2,814
Practical Nurse	1,328	370	115	1,813	1,068	320	91	1,479
Registered Nurse	5,288	4,885	459	10,632	4,516	4,401	444	9,361
<b>Total</b>	<b>9,580</b>	<b>7,236</b>	<b>747</b>	<b>17,563</b>	<b>7,703</b>	<b>6,495</b>	<b>676</b>	<b>14,874</b>
Nurse Aide	3,534	4,489	2016	10,039	3,520	3,191	1,670	8,381
Advanced Certified Nurse Aide	175		4	179	13	-	3	
<b>Total</b>	<b>3,709</b>	<b>4,489</b>	<b>2,020</b>	<b>10,218</b>	<b>3,533</b>	<b>3,198</b>	<b>1,673</b>	<b>8,381</b>
<b>Grand Total</b>	<b>13,289</b>	<b>11,725</b>	<b>2,767</b>	<b>27,781</b>	<b>11,236</b>	<b>9,693</b>	<b>2,349</b>	<b>23,255</b>

<sup>1</sup> : Includes all applications received, but not necessarily completed or withdrawn in CY2022

<sup>2</sup> : Includes reinstatement after discipline

**Total License Count as of December 31, 2022 --> 227,678**

<b>LNP Autonomous Practice - Issued CY2021</b>	
Autonomous - Adult/Geriatric Acute	49
Autonomous - Adult/Geriatric Primary	75
Autonomous - Family	631
Autonomous - Neonatal	3
Autonomous - Pediatric Acute	4
Autonomous - Pediatric Primary	34
Autonomous - Psychiatric/Mental	145
Autonomous - Women's Health	18
<b>Total</b>	<b>959</b>

Cases	Case Counts:		PHCOs Offered	Cases Resolved by:	
	RECEIVED	CLOSED		"Mail PHCO to Resp/Atty"	IFC
Occupation					
Massage Therapy	44	73	2	17	7
Medication Aide	108	145	1	29	6
Nurse Aide	583	593	9	86	18
Nurse Practitioner	342	321	1	12	3
Practical Nurse	492	468	35	97	11
Registered Nurse	819	837	39	123	21
<b>Total</b>	<b>2,388</b>	<b>2,437</b>	<b>87</b>	<b>364</b>	<b>66</b>
Nurse Education Program***	25	22	0	44	2
Nurse Aide Education Program	6	5	0	3	0
<b>Total</b>	<b>31</b>	<b>27</b>	<b>0</b>	<b>47</b>	<b>2</b>
<b>Grand Total</b>	<b>2,419</b>	<b>2,464</b>	<b>87</b>	<b>411</b>	<b>68</b>
<i>Closure rate:</i>		102%	4%	17%	3%
<i>...of case closures</i>					

\*\*\* Included Medication Aide Training Programs



COMMONWEALTH of VIRGINIA

Arne W. Owens  
Director

Department of Health Professions  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463

[www.dhp.virginia.gov](http://www.dhp.virginia.gov)  
PHONE (804) 367-4400

Virginia Board of Nursing  
Jay P. Douglas, MSM, RN, CSAC, FRE  
Executive Director

Board of Nursing (804) 367-4515  
[www.dhp.virginia.gov/Boards/Nursing](http://www.dhp.virginia.gov/Boards/Nursing)

MEMORANDUM

To: Board Members  
From: Christine Smith, RN, MSN  
Nurse Aide/RMA Program Manager  
Date: February 23, 2023  
Subject: 2022 NNAAP Pass Rates

2022 NNAAP Results			
	No testers in 2022	Skills <80%	Written <80%
High School Programs	11.7% (11/94)	17% (16/94)	0% (0/94)
Nursing Home Programs	16.7% (6/36)	16.7% (6/36)	0% (0/36)
Hospital Programs	16.7% (1/6)	0% (0/6)	0% (0/6)
Community College Programs	7% (3/44)	18.2% (8/44)	0% (0/44)
Other Programs	19.7% (14/71)	19.7% (14/71)	6% (4/71)
<b>ALL Programs</b>	<b>13.9% (35/251)</b>	<b>17.5% (44/251)</b>	<b>2% (26/251)</b>



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MEMORANDUM

To: Board Members  
From: Christine Smith, RN, MSN  
Nurse Aide/RMA Education Program Manager  
Date: February 24, 2023  
Subject: 2022 Medication Aide Testing Pass Rates

2022 Medication Aide Testing Pass Rates		
	No testers in 2022	Test Results <80%
All Programs	71.4% (242/339)	73.2% (71/97)*

\*97 programs had testers in 2022

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**MEMORANDUM**

To: Board Members  
Virginia Board of Nursing

From: Jacquelyn Wilmoth, RN, MSN  
Deputy Executive Director

Date: February 24, 2023

Subject: 2022 NCLEX Pass Rates

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**Practical Nursing Summary:**

- There are five (5) active practical nursing programs with NCLEX-PN pass rates less than 80% for one year.
- There is four (4) active practical nursing program with NCLEX-PN pass rates less than 80% for two years.
- There is five (5) active practical nursing program with NCLEX-PN pass rates less than 80% for three years.
- There is one (1) active practical nursing program with NCLEX-PN pass rates less than 80% for five years.
- Virginia's NCLEX-PN pass rates are above national average for the first time in over 5 years.

**Registered Nursing Summary:**

- There are six (6) active registered nursing programs with NCLEX-RN pass rates less than 80% for one year.

- There are nine (9) active registered nursing program with NCLEX-RN pass rates less than 80% for two years.
- There are three (3) active registered nursing program with NCLEX-RN pass rates less than 80% for three years.
- There is one (1) active registered nursing program with NCLEX-RN pass rates less than 80% for six years.
- Virginia's NCLEX-RN pass rates continue to trend higher than the national average.



Nursing Programs **one year of NCLEX**  
First-time test taker pass rates below 80% (2022)

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**Practical Nursing Programs:**

Program Name	Program code	NCLEX Pass rate %
<b>High School or Technical Center</b>		
Bedford County School of Practical Nursing	US28107300	70.59% (12/17)
Chesapeake Center for Science and Technology	US28106200	66.67% (4/6)
Fairfax County School of Practical Nursing	US28108600	50% (2/4)
<b>Private/Proprietary Program</b>		
ECPI University – Roanoke	US28110300	68.12% (47/69)
Riverside College of Health Careers School of Practical Nursing	US28108300	75% (18/24)

**Registered Nursing Programs:**

Program Name	Program Code	NCLEX Pass rate %
<b>Associate Degree</b>		
<b>Private/Proprietary Program</b>		
ECPI University – Manassas	US28402100	77.5% (69/89)
<b>Community College</b>		
Danville Community College	US28400300	76.92% (30/39)
<b>Baccalaureate Degree</b>		
<b>Private/Proprietary Program</b>		
Averett University (Danville)	US28501100	75% (6/8)
Ferrum College	US28511100	40% (2/5)
George Mason University	US28508400	64.29% (72/112)
Marymount University	US28505500	75% (42/56)

*Letters were sent to the program directors requesting the submission of a plan of correction as required in 18VAC90-27-210(B).*

Nursing Programs with **two years of NCLEX**  
First-time test taker pass rates below 80% (2021 and 2022)

**Practical Nursing Programs:**

Program Name	Program Code	NCLEX Pass Rate 2021	NCLEX Pass Rate 2022
<b>High School or Technical Center</b>			
Lee County Career and Technical Center	US28100700	58.33% (7/12)	77.78% (7/9)
<b>Private/Proprietary</b>			
America School of Nursing and Allied Health	US28110100	53.66% (22/41)	60% (45/75)
<b>Community College</b>			
J. Sargeant Reynolds Community College	US28105500	66.67% (2/3)	33.33% (4/12)
Mountain Empire Community College	US28103600	78.26% (18/23)	73.68% (14/19)

**Registered Nursing Programs:**

Program Name	Program Code	NCLEX Pass Rate 2021	NCLEX Pass Rate 2022
<b>Private/Proprietary</b>			
Centra College	US28400900	64.74% (66/102)	70.10% (68/97)
<b>Community College</b>			
Laurel Ridge Community College	US28407500	77.88% (88/113)	75.58% (65/86)
Mountain Empire Community College	US28410000	73.68 (42/57)	78.18% (43/55)
Mountain Gateway Community College	US28406700	71.05% (27/38)	74% (37/50)
Southside Virginia Community College – Keysville	US28401900	76.92% (10/13)	76.47% (13/17)
Southside Virginia Community College – South Boston	US28404100	75% (12/16)	76.19% (16/21)
<b>Baccalaureate</b>			
Chamberlain University	US28500600	79.87 (127/159)	66.89% (99/148)
South University – Glen Allen	US28500700	78.38% (29/37)	72.73% (24/33)
University of Lynchburg	US28508200	75.51% (37/49)	74.42% (32/43)

Pursuant to 18 VAC 90-27-210(B), the above programs will be:

1. Placed on conditional approval with terms and conditions;
2. Requested to submit an updated NCLEX plan of correction;
3. Scheduled for an NCLEX Focused Site Visit to include required documents; and
4. Required to submit the fees for a NCLEX site visit.

Nursing Programs with **three or more years of NCLEX**  
 First-time test taker pass rates below 80% (2017, 2018, 2019, 2020, 2021 and 2022)

**Practical Nursing Program:**

Program Name	Program Code	NCLEX Pass Rate 2018	NCLEX Pass Rate 2019	NCLEX Pass Rate 2020	NCLEX Pass Rate 2021	NCLEX Pass Rate 2022
<b>High School</b>						
Chesterfield County Public Schools	US28104300			46.15% (6/13)	0% (0/2)	27.27% (3/11)
Petersburg Public Schools	US28109400	75% (3/4)	50% (3/6)	33.33% (1/3)	66.67% (2/3)	57.14% (4/7)
<b>Community College</b>						
Germanna Community College	US28104000			78.57% (11/14)	76.19% (16/21)	50% (7/14)
Virginia Highlands Community College	US2810800			65% (13/20)	66.67% (10/15)	77.27% (17/22)
<b>Private/Proprietary</b>						
Fortis College – Norfolk	US28200500			54.55% (18/33)	72.41% (21/29)	64.29% (27/42)
Medical Solutions Academy	US28110700			40% (2/5)	75% (3/4)	33.33% (1/3)

**Registered Nursing Program:**

Program Name	Program Code	NCLEX Pass Rate 2017	NCLEX Pass Rate 2018	NCLEX Pass Rate 2019	NCLEX Pass Rate 2020	NCLEX Pass Rate 2021	NCLEX Pass Rate 2022
<b>Proprietary</b>							
Fortis College – Norfolk	US28409500				52.17% (12/23)	47.62% (20/42)	55.10% (27/49)
Fortis College – Richmond	US28408900	50% (1/2)	68.42% (13/19)	72.22% (13/18)	52.17% (12/23)	51.52% (17/33)	70% (14/20)
<b>Community College</b>							
J. Sargeant Reynolds Community College	US28406300				69.84% (88/126)	73.1% (79/108)	76.57% (85/111)
Patrick & Henry Community College	US28406900			71.11% (32/45)	76.09% (35/46)	65.52% (19/29)	70% (21/30)

Pursuant to 18VAC90-27-210 (B), the board may withdraw program approval.



Thomas Nelson Community College – Historic Triangle <i>Closed 12/19/2021</i>	US28403100		75% (18/24)
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Five-year NCLEX Pass Rates  
2018-2022

NCLEX-PN Pass Rates for 2018-2022		
Year	Virginia	National
2022	82.16%	79.93%
2021	74.77%	79.6%
2020	79.68%	82.74%
2019	84.28%	85.63%
2018	84.15%	85.93%
*Source: NCSBN NCLEX Year End Report		

NCLEX-RN Pass Rates for 2018-2022 (All Types of RN Programs Combined)		
Year	Virginia	National
2022	82.32%	79.90%
2021	83.06%	82.48%
2020	87.01%	83.73%
2019	89.47%	83.51%
2018	91.37%	88.30%
*Source: NCSBN NCLEX Year End Report		

NCLEX-RN Pass Rates for 2018-2022 (by program type)						
Year	Associates		National	Bachelors		National
2022	Tested	Passed	77.93	Tested	Passed	82.33%
	2434	1994		2499	2067	
	81.92%			82.71%		
2021	Tested	Passed	78.78%	Tested	Passed	86.06%
	2463	1849		2484	2160	
	79.123%			86.96%		
2020	Tested	Passed	82.82%	Tested	Passed	90.28%
	2429	2025		2274	2069	
	83.37%			90.99%		
2019	Tested	Passed	85.17%	Tested	Passed	92.22%
	2358	2031		2295	2132	
	86.13%			92.9%		
2018	Tested	Passed	85.14%	Tested	Passed	91.58%
	2130	1911		2065	1923	
	89.72%			93.12%		
Source: NCSBN NCLEX Year End Report						



## COMMONWEALTH of VIRGINIA

C9 - Revised

Arne W. Owens  
Director

Department of Health Professions  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463

[www.dhp.virginia.gov](http://www.dhp.virginia.gov)  
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### MEMORANDUM

To: Board Members  
Virginia Board of Nursing

From: Randall S. Mangrum, DNP, RN  
Nursing Education Program Manager

Christine Smith, RN, MSN  
Nurse Aide/RMA Education Program Manager

Date: February 16, 2023

Subject: Initial Faculty Exceptions Approved in 2022

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Per *Regulations for Nursing Education Programs* [18VAC 90-27-170], a nursing education program, after full approval has been granted, may request board approval for exceptions to requirements of 18VAC 90-27-60 for faculty. Listed below, by program type, please find a summary of initial faculty exceptions that were approved in 2022.

Baccalaureate Nursing Education Programs – 47  
Associate Degree Nursing Education Programs – 1  
Practical Nursing Programs - 3

The majority of these positions were requested by the nursing education program for clinical faculty.

Per Regulations for *Nurse Aide Education Programs* [18VAC 90-26 et seq.], a nurse aide education program may request board approval for exceptions to requirements of 18VAC 90-26-30 for primary instructors.

No new exceptions were requested in 2022.



**VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
BUSINESS MEETING MINUTES  
February 22, 2023**

- TIME AND PLACE:** The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:00 A.M., February 22, 2023 in Board Room 4, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
- MEMBERS PRESENT:** Brandon A. Jones, MSN, RN, CEN, NEA-BC; Board of Nursing - **Chair**  
Laurie Buchwald, MSN, WHNP, FNP; Board of Nursing  
Helen M. Parke, DNP, FNP; Board of Nursing  
Blanton Marchese; Board of Medicine  
Joel Silverman, MD; Board of Medicine  
Ryan Williams, MD; Board of Medicine
- MEMBERS ABSENT:** None
- ADVISORY COMMITTEE MEMBERS PRESENT:** Kevin E. Brigle, PhD, RN, ANP  
David A. Ellington, MD  
Stuart Mackler, MD  
Olivia Mansilla, MD  
Jean Snyder DNaP, CRNA – **joined at 9:29 A.M.**
- STAFF PRESENT:** Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for  
Advanced Practice  
Huong Vu, Operations Manager  
Claire Morris, RN, LNHA; Deputy Executive Director – **joined at 11 A.M.**
- OTHERS PRESENT:** James Rutkowski, Assistant Attorney General; Board Counsel  
Laura Booberg, Assistant Attorney General  
Arne Owens, DHP Director  
James Jenkins, Jr., RN, DHP Chief Deputy  
Erin Barrett, DHP Director of Legislative Affairs and Policy  
William L. Harp, MD, Executive Director; Board of Medicine – **joined at 9:06 A.M.**
- IN THE AUDIENCE:** Scott Castro, Medical Society of Virginia (MSV)  
Matthew Novak, Assistant to the DHP Director of Legislative Affairs and Policy  
Patricia Selig, Board of Nursing staff
- INTRODUCTIONS:** Committee members, Advisory Committee members, and staff members introduced themselves.

Virginia Committee of the Joint Boards of Nursing and Medicine – Business Meeting  
February 22, 2023

ESTABLISHMENT OF  
A QUORUM:

Mr. Jones called the meeting to order and established that a quorum was present.

ANNOUNCEMENT:

Mr. Jones noted that there are no announcements on the Agenda.

REVIEW OF MINUTES:

The minutes of the October 12, 2022 Business Meeting (A1), and October 12, 2022 Formal Hearing (A2) were reviewed.

Ms. Buchwald alerted staff to a typographical error that the word “**remind**” on the second page of the October 12, 2022 Formal Hearing minutes under Action, should read “**remain.**” All agreed.

Dr. Williams moved to accept the minutes as presented and further amended. The motion was seconded by Ms. Buchwald and passed unanimously.

Mr. Jones noted that A3 was removed from the Agenda.

Mr. Jones added that A4 and A5 are provided for information only.

DIALOGUE WITH  
AGENCY DIRECTOR:

Mr. Owens reported the following:

- The transition from Dr. Brown to him went well.
- **Healthcare Workforce** – Virginia leadership is looking broadly across the workforce requesting recommendations for solutions from stakeholders across the state. Many stakeholders are already taking actions to remedy the shortage of workers.
- **Behavioral Health redesign** – Project BRAVO (Behavioral Health Redesign for Access, Value & Outcomes) is being operationalized
- **General Assembly** – will adjourn on February 27 and some DHP bills have moved forward
- **Data X-Waiver** – In late December of 2022, U.S. Congress removed the special SAMSHA registration requirement for prescribing buprenorphine to treat opioid use disorder (OUD). The intent of the removal of this barrier is to increase the prescribing of Medication-Assisted Treatment (MAT) in the primary care setting. DHP has already sent a blast email to licensees (MD/DO/NP/PA/ Pharmacists/ Pharmacy Tech) regarding the change.

Mr. Jones asked if audio visual equipment will be updated in the Conference Center soon. Mr. Owens said it is scheduled to be updated in April.

Mr. Jones thanks Mr. Owens for the report.

PUBLIC COMMENT: No public comments were received.

LEGISLATION/  
REGULATIONS:

**B1 Chart of Regulatory Actions:**

Ms. Barrett reviewed the Chart provided in the agenda. The Licensed Certified Midwife regulations are at the Secretary's office. She explained that the Fast-Track action regarding CNS practice agreement requirement only goes through the approval once and when it is approved by the Governor, it can be effective in 45 days.

**B2 Report of the 2023 General Assembly (GA):**

Ms. Barrett reviewed the 2023 GA report provided in the agenda and noted that the report included dead bills also.

Ms. Barrett noted that the GA passed one nurse practitioner (NP) bill:

**SB 975** – Changed applicable references to licensed nurse practitioners in the Code to advanced practice registered nurses (APRNs) in order to align the Code with the professional designations established by the Consensus Model for APRN Regulation supported by the National Council of State Boards of Nursing (NCSBN).

The GA did not pass the following NP bills:

- **HB 2183** – would grant full practice authority to NPs upon licensure
- **HB 2287** – would replace CRNA supervision with collaboration
- **SB 1105** – would change regulation of APRNs and Licensed Certified Midwives from being jointly regulated by the Boards of Nursing and Medicine to the Board of Nursing only in preparation to adopt the APRN Compact. Bill pulled by the patron with intention of reintroducing next session having addressed several aspects of the Code not addressed in the current bill.

The GA passed the following 4 DHP bills:

- **HB 1573** – removes 2 existing mental health and impairment questions from all DHP applications
- **HB 1622** – removes the requirement that Boards receive information that a licensee is subject to disciplinary action in order for Boards to delegate to a qualified Agency Subordinate. Enables Agency Subordinates to conduct informal conference regarding application cases.
- **HB 1638** – instead of having to appear in-person, permits subject individual to receive application files via mail or email upon request
- **SB 1054** – The Central Criminal Records Exchange to the FBI will be involved when compacts are adopted in Virginia that require criminal background checks.

Ms. Buchwald commented that it was a disappointment that the NP bills were not passed. Dr. Snyder agreed.

Dr. Silverman noted that removal of the 2 mental health/impairment questions across DHP is a step forward toward healthcare professionals seeking mental health care.

Mr. Jones thanked Ms. Barrett for the report.

Mr. Jenkins left the meeting at 9:31 A.M.

Drs. Shobo and Hodgdon joined the meeting at 9:31 A.M.

**NEW BUSINESS:**

**Healthcare Workforce Data Center (HWDC) Reports:**

- ❖ Virginia's Licensed Nurse Practitioner Workforce: 2022
- ❖ Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty

Dr. Shobo provided key findings of the 2022 reports:

Virginia's Licensed Nurse Practitioner (NP) Workforce: 2022

- Trends in the NP Workforce – increase in Full Time Equivalency Unit (FTE) and number of licenses
- Demographic Trends – percent female is stable and younger workforce
- NP Population Pyramid – numerical gain in all age groups and proportional gain in younger age group
- Educational Debt and Diversity – educational attainment stable, slight increase in % of debt, and significant increase in diversity
- Retirement Intentions – percent retiring in the next decade increased and those retiring by age 65 declined
- Northern Virginia has high concentration of NPs

Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty – data from the 2021 and 2022 NP surveys

- NP Workforce by Specialty – Certified Registered Nurse Anesthetists (CRNA), Certified Nurse Midwives (CNM) and Certified Nurse Practitioners (CNP)
- Age and Gender Distribution
- Education and Debt
- Median Income
- Primary Employment Sector
- Top Establishments
- Future Plans
- Conclusion – the three groups have good employment prospects. However, significant differences by specialty exist on some measures.

Virginia Committee of the Joint Boards of Nursing and Medicine – Business Meeting  
February 22, 2023

Ms. Barrett and Mr. Novak left the meeting at 9:58 A.M.

Ms. Buchwald asked how metro status is defined. Dr. Shobo stated that she utilized the USDA Codes for county. Dr. Shobo added that non metro includes rural areas that have populations size of 25K.

Dr. Williams asked why there was a decrease in debt? Was SES data considered? Dr. Shobo stated that there is no data but thought it may be influenced by fellowships and grants.

Mr. Marchese asked if there is a breakdown of NPs with the autonomous practice designation by practice location. Dr. Shobo replied that this data are not collected and there is no breakdown of the “other” practice setting category.

Dr. Ellington noted that Virginia Performs maps per 1,000 are used by the General Assembly for funding.

Mr. Owens asked if there are shortages of primary care physicians in rural areas. Dr. Shobo stated that there is a shortage of primary care physicians in rural areas. This gap has been filled by NPs in many rural areas.

Mr. Jones noted that it would be beneficial to have the data regarding autonomous practice locations per 1,000.

Mr. Jones thanked Drs. Shobo and Hodgdon for the reports.

Mr. Owens left the meeting at 10:36 A.M.

RECESS: The Committee recessed at 10:36 A.M.

RECONVENTION: The Committee reconvened at 10:47 A.M.

Advisory Committee MD Appointment:

Mr. Jones invited Dr. Hills to proceed with the recommendations for filling the MD position vacancy due to the ending of Dr. Hobgood’s term in December 2022. Mr. Jones thanked Dr. Hobgood for her service on the Advisory Committee.

- CV – Rizwan Ali, MD for consideration
- CV – Adam T. Kaul, MD for consideration

Dr. Hills stated that both of the physicians nominated are in psychiatry. Dr. Hills added that she heard back from Dr. Kaul and he is interested in serving but did not receive an update from Dr. Ali.

Mr. Jones asked if there were any additional nominations from the floor. None was received.

Mr. Jones asked for a vote by show of hands regarding the nominations:  
Dr. Ali received one vote.  
Dr. Kaul received five votes.

Mr. Jones announced that Dr. Kaul has been appointed to the Advisory Committee.

#### ENVIRONMENTAL SCAN – ADVISORY COMMITTEE MEMBERS

Mr. Jones asked for updates from the Advisory Committee Members.

Dr. Snyder noted that there is CRNA workforce shortage and disappointed that the CRNA bill was not passed which would have helped address this shortage.

Dr. Ellington reported that Dr. Sterling Ransone, Jr., MD, a Virginia Physician, has been elected as Board Chair of the American Academy of Family Physicians (AAFP). Dr. Ellington added that it is great to have VA physicians in the national organization leadership.

Dr. Brigle reported that VCNP is disappointed at the outcome of the bill that would have allowed all eligible NPs to obtain autonomous practice.

Mr. Jones thanked Advisory Committee Members for their participation.

Members of the Advisory Committee, Dr. Harp, and the public left the meeting at 10:55 A.M.

RECESS: The Committee recessed at 10:55 A.M.

RECONVENTION: The Committee reconvened at 11:00 A.M.

Ms. Morris joined the meeting at 11:00 A.M.

#### AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION

**Donna Marie Greenfield, LNP**  
Ms. Greenfield did not appear.

**0024-166424**

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand **Donna Marie Greenfield, LNP**. The motion was seconded by Dr. Williams and carried unanimously.

**Kimberly Butler Vivaldi, LNP**

**0024-119875**

Ms. Vivaldi appeared and addressed the Committee.

CLOSED MEETING: Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:06 A.M., for the purpose of consideration of the agency subordinate recommendation regarding **Kimberly Butler Vivaldi, LNP**. Additionally, Ms. Buchwald moved that Ms. Morris, Ms. Vu, Ms. Booberg, and Mr. Rutkowski, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded by Dr. Williams and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:15 A.M.

Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Marchese and carried unanimously.

Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine modify the recommended decision of the agency subordinate regarding **Kimberly Butler Vivaldi, LNP** removing the monetary penalty of \$1,000, and requiring Ms. Vivaldi, within 90 days from date of entry of the Order, to provide written proof of successful completion of a Committee of the Joint Boards-approved course of at least three contact hours in the subject of medical ethics and professionalism. The motion was seconded by Mr. Marchese and carried unanimously.

**Winter Marie McFarland, LNP**

**0024-176125**

Ms. McFarland did not appear. Ms. McFarland's legal counsel, Nora T. Ciancio, Esq., appeared on her behalf and addressed the Committee.

CLOSED MEETING: Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:21 A.M., for the purpose of consideration of the agency subordinate recommendation regarding **Winter Marie McFarland, LNP**. Additionally, Ms. Buchwald moved that Ms. Morris, Ms. Vu, Ms. Booberg, and Mr. Rutkowski, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded by Mr. Marchese and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:24 A.M.

Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Marchese and carried unanimously.

Dr. Parke moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Winter Marie McFarland** to practice as a nurse practitioner in the Commonwealth of Virginia. The motion was seconded by Dr. Silverman and carried unanimously.

**Christina Pacileo Blottner, LNP**

**0024-167023**

Ms. Blottner did not appear. Ms. Blottner's legal counsel, Nora T. Ciancio, Esq., appeared on her behalf and addressed the Committee.

CLOSED MEETING:

Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:27 A.M., for the purpose of consideration of the agency subordinate recommendation regarding **Christina Pacileo Blottner, LNP**. Additionally, Ms. Buchwald moved that Ms. Morris, Ms. Vu, Ms. Booberg, and Mr. Rutkowski, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded by Mr. Marchese and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 11:28 A.M.

Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Marchese and carried unanimously.

Dr. Williams moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to require **Christina Pacileo Blottner**, within 90 days from date of entry of the Order, to provide written proof of successful completion of a Committee of the Joint Boards-approved course of at least three contact hours in the subject of professional boundaries, and a review of the NP regulations. The Order will also include a statement that Ms. Blottner will comply with the laws and regulations governing the practice of licensed



Virginia Committee of the Joint Boards of Nursing and Medicine – Business Meeting  
February 22, 2023

nurse practitioners. The motion was seconded by Ms. Buchwald and carried unanimously.

ADJOURNMENT:

As there was no additional business, the meeting was adjourned at 11:29 A.M.

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Robin L. Hills, DNP, RN, WHNP  
Deputy Executive Director for Advanced Practice

DRAFT

**VIRGINIA BOARD OF NURSING  
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
FORMAL HEARING  
MINUTES  
February 22, 2023**

- TIME AND PLACE:** The hearing of the Committee of the Joint Boards of Nursing and Medicine was called to order at 12:42 P.M., on February 22, 2023.
- COMMITTEE MEMBERS PRESENT:**
- Brandon A. Jones, MSN, RN, CEN, NEA-BC; **Chair**  
Laurie Buchwald, MSN, WHNP, FNP  
Helen M. Parke, DNP, FNP  
Joel Silverman, MD  
L. Blanton Marchese  
Ryan P. Williams, MD
- STAFF PRESENT:**
- Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Claire Morris, RN, LNHA; Deputy Executive Director  
Lakisha Goode, Discipline Team Coordinator
- OTHERS PRESENT:**
- Jim Rutkowski, Assistant Attorney General, Board Counsel  
Laura Booberg, Assistant Attorney General, Board Counsel  
Kim Taylor, Court Reporter
- ESTABLISHMENT OF A QUORUM:**
- Mr. Jones called the meeting to order and established that a quorum consisting of 6 members was present.
- FORMAL HEARING:**
- Melanie Dorion, LNP** **0024-047673**  
Ms. Dorion appeared and was represented by Nathan Kottkamp and Troy Johnson.
- Tammie Jones, Adjudication Consultant, DHP Administrative Proceedings Division, and Sean Murphy, Office of the Attorney General, represented the Commonwealth. Mr. Rutkowski and Laura Booberg were legal counsel for the Committee. Kim Taylor, court reporter with Farnsworth & Taylor Reporting, recorded the proceedings.
- WITNESSES PRESENT:**
- Megan Braverman, PT, DPT, provided telephone testimony. Kim Lynch, Senior Investigator, Enforcement Division, was present and testified.
- CLOSED MEETING:**
- Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2- 3711(A)(28) of the *Code of Virginia* at 3:25 P.M. for the purpose of deliberation to reach a decision in the matter of **Melanie Dorion**. Additionally, Ms. Buchwald moved that Ms. Morris, Ms. Goode, and Mr. Rutkowski and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the

closed meeting is deemed necessary, and their presence will aid the Committee in its deliberations. The motion was properly seconded by Dr. Williams and the motion carried unanimously.

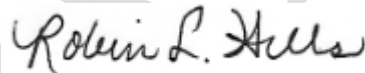
RECONVENTION: The Committee reconvened in open session at 4:14 P.M.

Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Mr. Marchese. The motion carried unanimously.

ACTION: Dr. Williams moved to reprimand **Melanie Dorion, LNP** and to place her on probation for not less than one year subject to terms and conditions. The motion was seconded by Dr. Parke and carried unanimously.

This decision shall be effective upon entry of a written Order stating the findings, conclusions, and decision of this formal hearing committee.

ADJOURNMENT: The meeting was adjourned at 4:16 P.M.



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Robin Hills, DNP, RN, WHNP  
Deputy Executive Director for Advanced Practice

**Virginia Board of Nursing**  
**DISCIPLINE COMMITTEE MEETING**

**January 24, 2023 Minutes**

- Time and Place:** The Board of Nursing Discipline Committee meeting was convened at 3:00pm. on January 24, 2023 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
- Board Members Present:** James L. Hermansen-Parker, MSN, RN, PCCN-K, Chairperson  
Meenakshi Shah, BA, RN; RN Board Member
- Staff Members Present:** Claire Morris, RN, LNHA; Deputy Executive Director for RN and LPN Discipline  
Christina Bargdill, BSN, MHS, RN Deputy Executive Director for LMT, RMA and CNA  
Ann Hardy, RN Compliance and Case Adjudication Manager  
Tonya James, Compliance Case Manager

The Probation Crosswalk was reviewed.

With the goal for improved efficiency, the following recommendations regarding the probation crosswalk were made:

- #1 and #2 recommend max probation be up to 2 years
- #3 delete bullet 3 under box 2 “works on the same level of the building”
- #3 add option to restrict individual from working in the home health setting
- #4 delete box 1 “the Board has considered and acted upon the results of the evaluation ordered in Term \_\_\_\_\_”
- #4 bullet 2 – add under courses “other \_\_\_\_\_”
- #4 delete bullets 5 and 6 as these are standard. Inform APD to include in all orders as applicable.
  - The course(s) shall be approved in advance of registration by the Executive Director of the Board. Requests for approval must be received within 15 business days prior to the course date.
  - All continuing education hours/courses shall be completed *either virtually, in person, or via a simulated experience and shall include successful completion of a knowledge assessment completed through face-to-face, interactive sessions (i.e., no home study, journal, or Internet courses).*
- #4 delete bullet 6 – “A review of, and a statement that *he / she* will comply with the laws and regulations governing the practice of *professional nursing / practical nursing / nurse aide / massage therapy / medication aide / advanced practice nursing*”
- #4 place bullet 4 at the beginning of the course list – “Written evidence is provided of successful completion of courses of at least \_\_\_\_\_ *credit/contact* hours each in the subjects of \_\_\_\_\_”
- #5 remove bullet 1 – “in addition to the Schedule VI controlled substance nalbuphine (formerly known as Nubain)”
- #5 bullet 2 – replace “respondent” with “prescriber”
- #6 – mirror changes made in #4
- #7 and #8 – educate Board Members/Agency Subordinates regarding the ordering of evaluations

- #10 – educate Board Members/Agency Subordinates that if individual has an existing criminal probation order in which urine drug screens are ordered, may order term for individual to provide Board with copies of UDS results
- #12 – delete. If individual has proven a need to enter HPMP within a certain time frame, the Board typically orders “suspend, stay contingent upon entry into and compliance with HPMP”.
- #21 – delete check boxes, maintain terms. Board would typically include these items in the order

The committee also reviewed a sample reinstatement order to promote discussion regarding orders related to reinstatement. The following recommendations were made.

- When the goal is to reinstate with terms, make the reinstatement contingent upon those terms so that the terms are measurable. Further, if ordering contingent upon entry into HPMP, place a time frame of not less than 2 years for entry. Some individuals may wait several years to enter HPMP.

The next meeting will be scheduled during March 2023 Board week – March 20-23, 2023.  
Date/time TBD.

The meeting was adjourned at 5:30pm.

**TO: BOARD MEMBERS**

**FROM: Claire Morris**

**DATE: March 1, 2023**

**RE: IFC - SCC DATE AVAILABILITY  
FOR August, October, December 2023**

It is that time again - we need to look at dates for IFCs in the SECOND half of 2023. It may seem early to be planning, but we need adequate time to obtain rooms and ensure APD coverage, staffing etc.

As you know, we ask you serve on a SCC to conduct informal conferences (IFC) once every other month, during the EVEN months of the year.

Please plan to bring your calendars to the Board Meeting and get with your SCC committee partner to come up with dates that will work for you both to schedule your IFC dates. We have attached a worksheet that you can work with to put your first and second choice of dates. It is important that you include a first and a second choice. We have to consider several variables (more than one committee on same day; room availability, etc.), so it is important to have a first and second choice. We always try to honor the first choice for everyone, but we need the option in case.

You or your SCC partner can give your completed sheet containing your mutually agreed to dates to one of the Deputies and we will develop a schedule that works for everyone.

**Please remember that we are working on holding some formal hearing dates in August and October. Some of you have given availability. Your hearing formal hearing cases is in lieu of hearing informal conference cases.**

Thanks very much for doing this and for all that you do as a member of the Board of Nursing.

**INFORMAL CONFERENCE SCHEDULE  
 PLANNING SHEET for SCCs  
 August, October, December  
 2023**

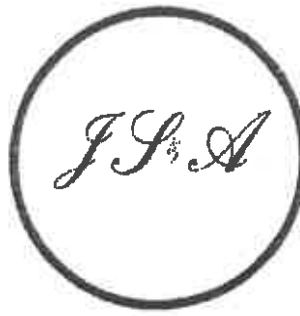
D2

Please include 1<sup>st</sup> and 2<sup>nd</sup> choice of dates each month

SCC-A: *Swineford/Parke		SCC-B *Smith /Friedenberg	
<b>AUGUST</b>	1	_____	1
	2	_____	2
<b>OCTOBER</b>	1	_____	1
	2	_____	2
<b>DECEMBER</b>	1	_____	1
	2	_____	2

SCC-C : *Gleason/Buchwald		SCC-D: *Shah/McElfresh	
<b>AUGUST</b>	1	_____	1
	2	_____	2
<b>OCTOBER</b>	1	_____	1
	2	_____	2
<b>DECEMBER</b>	1	_____	1
	2	_____	2

SCC-E: *Dorsey/Hogan		SCC-F: *Hermansen- Parker/Cartte	
<b>AUGUST</b>	1	_____	1
	2	_____	2
<b>OCTOBER</b>	1	_____	1
	2	_____	2
<b>DECEMBER</b>	1	_____	1
	2	_____	2



D3

March 2, 2023

Dear Ms. Willinger:

Josef Silny & Associates, Inc., International Education Consultants (JS&A) was founded in 1987 in order to provide the highest quality of foreign credential evaluations and translations. I personally have over 40 years of professional experience in the field, including 16 years as the Director of International Admissions at the City University of New York and the University of Miami. At both universities I was responsible for evaluating foreign academic credentials and admission into undergraduate and graduate programs, including nursing. Our company has been a member of the National Association of Credential Evaluation Services (NACES) since 1989. NACES is essentially an accreditation body for foreign credential evaluation companies.

Our staff of over 70 includes 33 highly qualified foreign credential evaluators who speak many different foreign languages. We have been evaluating foreign academic credentials for Boards of Nursing since 2008. Attached is the list of 27 boards of nursing which accept our evaluations.

Enclosed is a letter from the U.S. Department of Homeland Security of the USCIS approving our company to issue the Certification for Health Care Workers for Registered and Licensed Practical Nurses. Only CGFNS and our company have been approved for this process.

I have also attached a sample evaluation.

This is to request that the Virginia Board of Nursing adds our company as an approved foreign credential evaluation service. I will be glad to provide any information you may need.

We look forward to hearing from you.

Sincerely yours,

  
Josef Silny  
President

Josef Silny & Associates, Inc.  
International Education Consultants  
7101 SW 102 Avenue  
Miami, FL 33173  
Tel: (305) 273-1616 Fax: (305) 273-1338  
E-Mail: info@jsilny.org  
www.jsilny.org





**U.S. Citizenship  
and Immigration  
Services**

July 22, 2021

Refer to File Number:  
LIN1922470002

JOSEF SILNY ASSOCIATES INC  
C/O JOSEF SILNY  
7101 SW 102 AVENUE  
MIAMI FL 33173

Dear Sir or Madam:

Case Type: I 140, Application for Authorization to Issue Certification for Health Care Workers  
Applicant: Josef Silny & Associates, Inc. (JS&A)

**DECISION**

This is in reference to the Form I-905, Application for Authorization to Issue Certification for Health Care Workers, you filed on or around July 17, 2019. USCIS is pleased to inform you that your Form I-905 requesting authorization to issue certification for Licensed Practical Nurses, Licensed Vocational Nurses and Registered Nurses is approved. This authorization will be valid for a period of five years from the date of this letter.

Sincerely,

A handwritten signature in black ink, appearing to read "Loren K. Miller".

Loren K. Miller  
Director

NSC/MGS/EX0083

cc: Director, Office of Global Health Affairs, Health Resources and Services Administration, U.S.  
Department of Health and Human Services

(SSI),<sup>2</sup> or Protected Critical Infrastructure Information (PCII)<sup>3</sup> should not be submitted to the public docket. Comments containing protected information should be appropriately marked and packaged in accordance with all applicable requirements and submission must be coordinated with the point of contact for this notice provided in **FOR FURTHER INFORMATION CONTACT** section. CISA will forward all comments containing protected information that are received before the submission deadline to the OMB Desk Officer.

Authority: 6 U.S.C. 621–629.

Samuel Vasquez,

Acting Chief Information Officer, Department of Homeland Security, Cybersecurity and Infrastructure Security Agency.

[FR Doc. 2021-16215 Filed 7-27-21; 4:15 pm]

BILLING CODE 9110-02-P

## DEPARTMENT OF HOMELAND SECURITY

### U.S. Citizenship and Immigration Services

[CIS No. 2694-21; DHS Docket No. USCIS-2021-0009]

#### Notice of Approval of New Credentialing Organization for Certain Healthcare Workers for Certain Immigration Purposes

AGENCY: Department of Homeland Security, U.S. Citizenship and Immigration Services.

ACTION: Notice.

**SUMMARY:** The Department of Homeland Security ("DHS" or "the Department"), U.S. Citizenship and Immigration Services (USCIS), is issuing this document to inform the public of the approval of a new credentialing organization for certain health care workers for certain immigration purposes.

**DATES:** USCIS approved the application from Josef Silny Associates, Inc. on July 22, 2021.

**FOR FURTHER INFORMATION CONTACT:** Charles L. Nimick, Chief, Business and Foreign Workers Division, Office of Policy and Strategy, U.S. Citizenship and Immigration Services, Department of Homeland Security, 5900 Capital Gateway Drive, Camp Springs, MD 20746; or by phone at 240-721-3000

<sup>1</sup> For more information about SSI see 49 CFR part 1520 and the SSI Program web page at [www.isa.gov/for-industry/sensitive-security-information](http://www.isa.gov/for-industry/sensitive-security-information).

<sup>2</sup> For more information about PCII see 6 CFR part 29 and the PCII Program web page at [www.dhs.gov/pcii-program](http://www.dhs.gov/pcii-program).

(this is not a toll-free number). Individuals with hearing or speech impairments may access the telephone number above via TTY by calling the toll-free Federal Information Relay Service at 1-877-889-5627 (TTY/TDD).

**SUPPLEMENTARY INFORMATION:** Sections 212(a)(5)(C) and 212(r) of the Immigration and Nationality Act (the Act), 8 U.S.C. 1182(a)(5)(C) and (r), as well as the DHS regulations at 8 CFR 214.1(i) and (j) and 212.15(a) and (n)(3) require that an individual who seeks admission to the United States as a nonimmigrant or immigrant, or who is the beneficiary of a change of status petition, or who is applying for adjustment of status, in the United States for the purpose of performing labor in certain health care occupations is inadmissible unless he or she presents a certificate from an authorized credentialing organization. DHS regulations at 8 CFR 212.15(e)(1) through (3) expressly authorize the Commission on Graduates of Foreign Nursing Schools (CGFNS), the National Board for Certification in Occupational Therapy (NBCOT), and the Foreign Credentialing Commission on Physical Therapy (FCCPT) to issue such certificates. DHS regulations also establish detailed standards for the approval of additional credentialing organizations after consultation with the Secretary of Health and Human Services, and USCIS has created an adjudicatory framework for the filing and adjudication of those applications, using Form I-903, *Application for Authorization to Issue Certification for Health Care Workers*, 8 CFR 212.15(j) and (k). The regulations also provide for periodic review and, if necessary, termination of credentialing organizations. 8 CFR 212.15(l) and (m). Finally, the regulations direct DHS to notify the public of the approval of additional credentialing organizations by publishing notices in the Federal Register. 8 CFR 212.15(e) and (h).

On July 22, 2021, USCIS, following consultation with the Secretary of Health and Human Services, approved the application from Josef Silny Associates, Inc., as an organization authorized to issue certificates and certified statements under sections 212(a)(5)(C) and 212(r) of the Act, 8 U.S.C. 1182(a)(5)(C) and (r), for individuals seeking to enter the United States for the primary purpose of working as a nurse. This notice is being provided in accordance with 8 CFR 212.15(e) and (h). Further guidance on certificates for health care workers is available at <https://www.uscis.gov/working-in-the-united-states/temporary->

*workers/health-care-worker-certification*.

Tracy L. Renaud,

Acting Director.

[FR Doc. 2021-16181 Filed 7-26-21; 8:45 am]

BILLING CODE 9111-07-P

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-7036-N-07]

### 60-Day Notice of Proposed Information Collection: Closeout Instructions for Community Development Block Grant Programs (CDBG); OMB Control No: 2506-0193

AGENCY: Office of Community Planning and Development, Housing and Urban Development (HUD).

ACTION: Notice.

**SUMMARY:** HUD is seeking approval from the Office of Management and Budget (OMB) for the information collection described below. In accordance with the Paperwork Reduction Act, HUD is requesting comment from all interested parties on the proposed collection of information. The purpose of this notice is to allow for 60 days of public comment.

**DATES:** Comments Due Date: September 27, 2021.

**ADDRESSES:** Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Anna Guido, Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street SW, Room 4176, Washington, DC 20410-5000; telephone 202-402-5535 (this is not a toll-free number) or email at [Anna.p.Guido@hud.gov](mailto:Anna.p.Guido@hud.gov) for a copy of the proposed forms or other available information. Persons with hearing or speech impairments may access this number through TTY by calling the toll-free Federal Relay Service at (800) 877-8339.

**FOR FURTHER INFORMATION CONTACT:** Robert Peterson, Director of State and Small Cities Division, Office of Block Grant Assistance, Department of Housing and Urban Development, email Robert Peterson at [Robert.C.Peterson@hud.gov](mailto:Robert.C.Peterson@hud.gov) or telephone 202-402-4211. This is not a toll-free number. Persons with hearing or speech impairments may access this number through TTY by calling the toll-free Federal Relay Service at (800) 877-8339.

ORGANIZATIONS WHICH ACCEPT EVALUATIONS DONE BY JS&A

JS&A is a Member of the National Association of Credential Evaluation Services, Inc. (NACES). Evaluations prepared by JS&A are accepted and recognized by the organizations listed below:

1. **U.S. Federal Government**
  - USCIS - The United States Citizenship and Immigration Services
  - The United States Department of Agriculture
  - The United States Department of Defense
  - The United States Labor Department
  - The United States Office of Personnel Management
  - Federal Bureau of Prisons
  - Health Care Financing Administration
2. **U.S. Armed Forces**
  - Air Force
  - Army
  - Marines
3. **Licensing Boards**
  - Accounting:** Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Indiana, Kentucky, Michigan, Nebraska, Nevada, New Mexico, Ohio, Pennsylvania, South Dakota, Tennessee, Utah, Vermont, Virginia, Wisconsin, Wyoming
  - Architecture:** Alaska, California
  - Barbers:** Florida, Minnesota, South Dakota
  - Cosmetology:** Georgia, Louisiana, North Carolina, South Carolina, Tennessee, Utah, Vermont
  - Engineering:** Alaska, Florida, Louisiana, Maryland, New Jersey, Puerto Rico, Texas, Virginia
  - Law:** California, Florida, Texas
  - Marriage and Family Therapy, Mental Health:** Florida
  - Massage Therapy:** Florida, Michigan, Nevada, Utah, Virginia
  - Medical Laboratory:** American Medical Technologists, American Society of Clinical Pathologists, Health Care Financing Administration, California, Connecticut, Florida, Georgia, Nevada, North Dakota, Tennessee
  - Nursing:** Alabama, Arizona, Arkansas, California (vocational nursing only), Colorado, District of Columbia, Florida, Hawaii, Idaho, Illinois, Kentucky, Louisiana, Michigan, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, Oregon, Pennsylvania, Puerto Rico, South Carolina, Texas, Washington, Wyoming
  - Opticianry:** Florida
  - Psychology:** California, Delaware, District of Columbia, Florida, Maryland, Ohio, Oregon, Virginia
  - Respiratory Care:** National Board for Respiratory Care, California, Florida
  - Social Work:** Florida
  - Speech-Language Pathology and Audiology:** American Speech-Language-Hearing Association, Florida, Georgia
  - Texas Medical and Dental Schools Application Service**
4. **State Departments of Education**
  - Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming
5. **Other Governmental and Private Agencies**
  - American Association for Clinical Chemistry
  - Association of Colleges of Osteopathic Medicine
  - American Association of Colleges of Podiatric Medicine
  - Association of American Veterinary Medical Colleges
  - Broward County Sheriff's Office
  - CASPA - Central Application Service for Physician Assistants
  - Florida Department of Health and Rehabilitative Services
  - National Career Development Association
  - NCAA
  - Office of Personnel of: City of Miami, Ft. Lauderdale, Miami Beach, New York City, State of New York
6. **Hundreds of Colleges and Universities**

Many other organizations which do not appear on this list may also accept evaluations done by JS&A. Applicants are advised to check with the agency, institution, or organization to which they intend to submit the evaluation to make certain that the evaluation will be recognized.



## REPORT OF EVALUATION OF EDUCATIONAL CREDENTIALS

**NAME:** Ms. Sample  
**DOB:** 2/17/19XX  
**COUNTRY:** Philippines

**PURPOSE OF EVALUATION:** Montana Board of Nursing

March 2, 2023

In response to Ms. Sample's request, the following is an evaluation of her academic credentials from the Philippines for consideration by the Montana Board of Nursing. This evaluation was prepared based on official original academic credentials received directly and verified as authentic by Centro Escolar University in the Philippines.

Ms. Sample attended Centro Escolar University (Pamantasan Centro Escolar) in the Philippines from 2013 to 2017. Founded in 1907, Centro Escolar University is a private institution of higher education accredited by the Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU), the Philippines Association of Colleges and Universities Commission on Accreditation (PACUCOA) and the Commission on Higher Education (CHED) in the Philippines. In order to be accepted into Centro Escolar University, applicants must have graduated from a high school in the Philippines and passed an entrance examination. This is the equivalent of graduation from a college preparatory program at an accredited high school in the United States.

Ms. Sample completed the undergraduate program in Nursing and was awarded the degree of Bachelor of Science in Nursing by Centro Escolar University on March 31, 2017. This is the equivalent of the U.S. degree of Bachelor of Science in Nursing earned at a regionally accredited institution of higher education in the United States.

Josef Silny & Associates, Inc.  
International Education Consultants  
7101 SW 102 Avenue  
Miami, FL 33173  
Tel: (305) 273-1616 Fax: (305) 273-1338  
E-Mail: info@jsilny.org  
www.jsilny.org

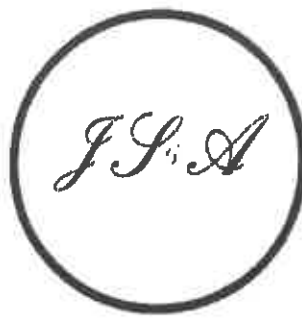


Ms. Sample has been licensed as Registered Professional Nurse with the Philippines Professional Regulation Commission in the Philippines since July 12, 2017 with expiration on September 17, 2022. Ms. Sample's nursing license has been verified as authentic by the Philippines Professional Regulation Commission in the Philippines. Ms. Sample's license is in good standing and has never been suspended or revoked.

Below is the course-by-course evaluation of Ms. Sample's study at Centro Escolar University in terms of U.S. courses, semester credit hours and grades:

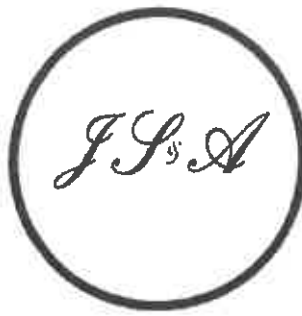
<u>COURSES</u>		<u>CREDITS</u>	<u>GRADES</u>
<b>First Semester 2013-2014:</b>			
CHEM1	General Chemistry	4.00	B
COMSKILLS11	Integrated English Skills for College Freshman	3.00	B
FIL11	Filipino: Komunikasyon sa Akademikong Filipino	3.00	B
MATH11	College Algebra	3.00	C
NSTP11	Civic Welfare Training Service I @*	(3.00)	B
NURTFN120	Theoretical Foundations in Nursing	3.00	B
PE11	Physical Education: Physical Fitness and Wellness	1.00	A
SOCARTS11	Empowering the Self	2.00	A
SOCSCI14	General Psychology	3.00	A
ZOO10	Foundations of Zoology	3.00	B
<b>Second Semester 2013-2014:</b>			
BIOSCI104	General Anatomy and Physiology	4.00	C
CHEM122	Organic and Biochemistry	4.00	C
COMSKILLS12	English for Improved Academic Performance	3.00	C-
FIL12	Filipino: Pagbasa at Pagsulat Tungo sa Pananaliksik	3.00	B

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www.jjsilny.org



NCM100	Fundamentals of Nursing Practice (102 Hours Related Learning Experience)	4.00	C
NSTP12	Civic Welfare Training Service 2 (C-13-089113-14) @*	(3.00)	A
PE12	Physical Education: Rhythmic Activities	1.00	A
THEO11	Man and Religion	3.00	B
<b>Summer 2014:</b>			
HUM101	Principles of Logic	3.00	A
NURHA121	Health Assessment (51 Hours Related Learning Experience)	3.00	C
PHYSICS11	Foundations of Physics	3.00	B
<b>First Semester 2014-2015:</b>			
BIOSCI101	Fundamentals of Microbiology and Parasitology	3.00	C
COMSKILLS13	Speaking Skills for Effective Communication and Oral Presentation	3.00	A
FORLANG11	Foreign Language I (Unspecified) @	(3.00)	F
HUM11	Introduction to Arts	3.00	B
HUM12	Foundations of Philosophy and Ethics	3.00	B
NCM101	Care of Mother, Child and Family (204 Hours Related Learning Experience)	6.00	C
<b>First Semester 2014-2015:</b>			
NURCHN130	Community Health Nursing (102 Hours Related Learning Experience)	4.00	C
PE13	Physical Education: Individual/Dual Sports	1.00	A
<b>Second Semester 2014-2015:</b>			
COMSKILLS14	Writing Skills for Specific Purposes	3.00	B

Josef Silny & Associates, Inc.  
International Education Consultants  
7101 SW 102 Avenue  
Miami, FL 33173  
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E-Mail: info@jsilny.org  
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COMP11	Information Technology Essentials	3.00	C
MATH102	Biostatistics	3.00	C
NCM102	Care of Mother, Child, Family and Population Group at-risk or with Problems (306 Hours Related Learning Experience)	6.00	C
NURPH144	Pharmacology I	3.00	C
PE14	Physical Education: Team Sports	1.00	A
THEO12	Man and Morality	3.00	C
<b>Summer 2015:</b>			
COMP22	Nursing Informatics	3.00	C-
NURHE150	Health Education	3.00	B
NURND152	Nutrition and Diet Therapy	3.00	C
<b>First Semester 2015-2016:</b>			
HUM13	World Classics	3.00	C
NCM103	Care of Clients with Problems in the Oxygenation, Fluid and Electrolyte Balance, Metabolism and Endocrine (306 Hours Related Learning Experience)	6.00	C
NURBE151	Bioethics	3.00	C-
NURPH145	Pharmacology II	3.00	C-
SOCSCI11	Philippine History and Governance with Philippine Constitution	3.00	B
SOCSCI12	Principles of Economics, Taxation and Land Reform with Cooperatives	3.00	C
<b>Second Semester 2015-2016:</b>			
NCM104	Care of Clients with Problems in Inflammatory and Immunologic Response, Perception and Coordination (204 Hours Related Learning Experience)	6.00	C

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NCM105	Care of Clients with Maladaptive Patterns of Behaviour (153 Hours Related Learning Experience)	6.00	C
NURE160	Elective Course I: Parent Child Nursing/Spiritual Care Nursing/Hospice Palliative Care	2.00	C
NURR191	Nursing Research 1 (51 Hours Related Learning Experience)	3.00	C-
SOCSCI13	Rizal's life, Works and Writings	3.00	B
SOCSCI15	Society and Culture	3.00	C
<b>First Semester 2016-2017:</b>			
FORLANG11	Foreign Language I (Unspecified) #	3.00	B
NCM106	Care of Clients with Problems in Cellular Aberrations, Acute Biologic Crisis including Emergency and Disaster Nursing (255 Hours Related Learning Experience)	6.00	C
NCM107	Nursing Leadership and Management	3.00	C
NURCA170	Competency Appraisal I	3.00	C-
NURE163	Elective Course II: Acute Critical Care Nursing	2.00	C
NURR192	Nursing Research II (102 Hours Related Learning Experience)	2.00	B
<b>Second Semester 2016-2017:</b>			
FORLANG12	Foreign II (Unspecified)	3.00	C
NCM108	Nursing Leadership and Management (153 Hours Related Learning Experience)	3.00	C
NURCA171	Competency Appraisal II	3.00	C
NURINP184	Intensive Nursing Practicum (408 Hours Related Learning Experience)	6.00	C

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@\* These courses were required for graduation by Centro Escolar University, but not counted toward graduation by the Commission on Higher Education in the Philippines.

While the language of instruction and textbooks was English, there is no evidence, that all students and faculty were native speakers of English.

This evaluation was prepared exclusively for the Montana Board of Nursing and may not be used for any other board of nursing or for educational purposes.

This evaluation is a statement solely of educational equivalence; only the qualified authorities can determine whether an individual educated abroad can be licensed in the United States.

In summary, it is the judgment of Josef Silny & Associates, Inc., International Education Consultants, that Ms. Sample has equivalent of the U.S. degree of Bachelor of Science in Nursing earned at a regionally accredited institution of higher education in the United States.

Sincerely,

Kenneth Li  
Senior International Education Consultant  
KL:010

Palina Lippman  
Senior International Education Consultant

Josef Silny & Associates, Inc.  
International Education Consultants  
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Miami, FL 33173  
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[www.jsilny.org](http://www.jsilny.org)



**Attachment of Nursing Theory and Clinical Clock Hours and  
Required Coursework for Registered Nursing**

Client's Name: Ms. Sample

Institution: Centro Escolar University

Address: 9 Mendiola Sqtreet, San Miguel, Manila, 1005  
Philippines

Date of Graduation: March 31, 2017

Language of Nursing Instruction: English

Language of Nursing Textbooks: English

<u>Nursing Education Categories</u>	<u>Completed by Applicant Theory Clock Hours</u>	<u>Completed by Applicant Clinical Clock Hours</u>	<u>List Courses in which these topics are integrated:</u>
<u>Medical:</u>	253	663	NCM 103, NCM 104, NCM 106, NLURE 163, CA 1, CA 2
<u>Surgical:</u>	253	663	NCM 103, NCM 104, NCM 106, NLURE 163, CA 1, CA 2
<u>Obstetric:</u>	63	170	NCM 101, NCM 102
<u>Pediatric:</u>	93	272	NCM 101, NCM 102
<u>Psychiatric:</u>	90	153	NCM 105

**Total number of Theory Clock hours completed: 752 hours.**

**Total number of Clinical Clock hours completed: 1921 hours.**

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[www.jsilny.org](http://www.jsilny.org)



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Josef Silny & Associates, Inc.  
International Education Consultants  
7101 SW 102 Avenue  
Miami, FL 33173

Tel: (305) 273-1616 Fax: (305) 273-1338

E-Mail: [info@jsilny.org](mailto:info@jsilny.org)

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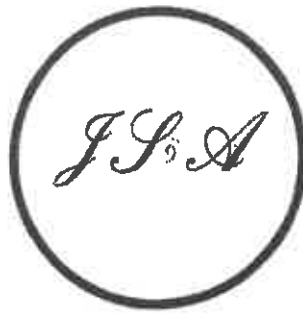
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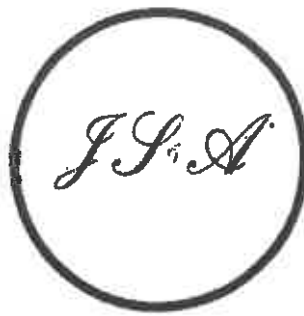
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**Board of Nursing**  
**Current Regulatory Actions**  
**As of March 1, 2023**

**Regulations at the Secretary’s office**

VAC	Stage	Subject Matter	Date submitted*	Office; time in office	Notes
18VAC90-70	Proposed	New regulations for licensed certified midwives	10/4/2022	HHR; 148 days	Boards of Nursing and Medicine will only be able to license this category of practitioner once final regulations are published and become effective.
18VAC90-26	Fast-Track	Amendments to regulations governing nurse aide education programs	1/5/2023	Set for publication: 1/30/23. Effective date: 3/16/2023	Implements changes that will increase workforce by reducing training barriers.
18VAC90-30	Fast-Track	Implementation of clinical nurse specialist practice agreement changes from 2022 General Assembly	12/16/2022	HHR; 75 days	Implements changes to existing regulations regarding CNS practice agreements.

\*Date submitted to current location

**Regulations becoming effective:**

VAC	Stage	Subject Matter	Publication Date	Effective Date
18VAC90-26	Fast-Track	Amendments to regulations governing nurse aide education programs	1/30/2023	3/16/2023

**Legislative Report**  
**Board of Nursing**  
**March 21, 2023**

**HB 1622 Health regulatory boards; delegation of authority to conduct informal fact-finding proceedings.**

*Chief patron:* Wright

**AGENCY BILL**

**Health regulatory boards; delegation of authority to conduct informal fact-finding proceedings.** Removes the requirement that a health regulatory board receive information that a practitioner may be subject to a disciplinary action in order for the board to delegate to an appropriately qualified agency subordinate the authority to conduct informal fact-finding proceedings.

02/23/23 House: Signed by Speaker

02/25/23 Senate: Signed by President

**HB 1754 Telemedicine; practitioner-patient relationship, continuity of care.**

*Chief patron:* Head

**Telemedicine; continuity of care.** Allows for continuity of care through telemedicine when a practitioner with whom a patient has previously established a practitioner-patient relationship is unavailable at the time in which the patient seeks continuity of care. The bill allows another practitioner of the same subspecialty at the same practice group with access to the patient's treatment history to provide continuity of care using telemedicine services until the practitioner with whom the patient has a previously established practitioner-patient relationship becomes available. This bill is identical to SB 1119.

02/23/23 House: Signed by Speaker

02/25/23 Senate: Signed by President



**HB 1787 Schedule VI controlled substance; practitioner-patient relationship.**

*Chief patron:* Robinson

**\*\* DEAD BILL \*\***

**Prescription for controlled substance; practitioner-patient relationship.** Allows a practitioner to establish a bona fide practitioner-patient relationship for the purpose of prescribing a Schedule VI controlled substance if the patient chooses not to seek reimbursement by a health plan or carrier for the prescribing and if such prescribing complies with federal requirements for the practice of telemedicine.

01/26/23 House: Subcommittee recommends striking from docket (10-Y 0-N)

02/07/23 House: Left in Health, Welfare and Institutions

**HB 2183 Nurse practitioners; practice authority upon licensure.**

*Chief patron:* Robinson

**\*\* DEAD BILL \*\***

**Nurse practitioners; practice authority upon licensure.** Removes the requirement that nurse practitioners, other than a nurse practitioner licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife, certified registered nurse anesthetist, or clinical nurse specialist, who meet certain conditions may practice without a practice agreement only if they have completed the equivalent of at least five years of full-time clinical experience as a licensed nurse practitioner. The bill also removes patient care team requirements for nurse practitioners. The bill removes the existing provision allowing a physician to serve as a patient care team physician on a patient care team with up to 10 nurse practitioners licensed in the category of psychiatric-mental health nurse practitioner, thus limiting any patient care team physician to a patient care team with no more than six nurse practitioners.

01/19/23 House: Subcommittee failed to recommend reporting (3-Y 3-N)

01/26/23 House: House subcommittee amendments and substitutes offered

02/07/23 House: Left in Health, Welfare and Institutions

**HB 2211 Graduates of foreign nursing education programs; licensure requirements.**

*Chief patron:* Tran

**Graduates of foreign nursing education programs; licensure requirements.** Requires that applicants for licensure to practice professional nursing who are graduates of a nursing education program in a foreign country have (i) graduated or be eligible to graduate from a licensing board-approved RN or LPN/VN prelicensure education program or have graduated from an approved foreign RN or LPN/VN prelicensure education program and (ii) if a graduate of a foreign RN or LPN/VN prelicensure education program not taught in English or if English is not the applicant's native language, successfully passed an English proficiency examination. The bill requires the Board of Nursing to (a) identify multiple approved entities to provide language examinations and multiple approved entities to evaluate and verify credentials earned from a nursing education program in a foreign country and (b) make the list of approved entities publicly available on the Board of Nursing website.

02/23/23 House: Signed by Speaker

02/25/23 Senate: Signed by President

**HB 2287 Certified registered nurse anesthetists; practice.**

*Chief patron:* Wampler

**\*\* DEAD BILL \*\***

**Practice of certified registered nurse anesthetists.** Allows certified registered nurse anesthetists to practice in consultation with a doctor of medicine, osteopathy, podiatry, or dentistry. Currently, certified registered nurse anesthetists are required to practice under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry.

01/26/23 House: Subcommittee recommends striking from docket (5-Y 0-N)

02/07/23 House: Left in Health, Welfare and Institutions

**SB 930 Health care; decision making, end of life, penalties.**

*Chief patron:* Hashmi

**\*\* DEAD BILL \*\***

**Health care; decision making; end of life; penalties.** Allows an adult diagnosed with a terminal condition to request and an attending health care provider to prescribe a self-administered controlled substance for the purpose of ending the patient's life in a humane and dignified manner. The bill requires that a patient's request for a self-administered controlled substance to end his life must be given orally on two occasions and in writing, signed by the patient and one witness, and that the patient be given an express opportunity to rescind his request at any time. The bill makes it a Class 2 felony (i) to willfully and deliberately alter, forge, conceal, or destroy a patient's request, or rescission of request, for a self-administered controlled substance to end his life with the intent and effect of causing the patient's death; (ii) to coerce, intimidate, or exert undue influence on a patient to request a self-administered controlled substance for the purpose of ending his life or to destroy the patient's rescission of such request with the intent and effect of causing the patient's death; or (iii) to coerce, intimidate, or exert undue influence on a patient to forgo a self-administered controlled substance for the purpose of ending the patient's life. The bill also grants immunity from civil or criminal liability and professional disciplinary action to any person who complies with the provisions of the bill and allows health care providers to refuse to participate in the provision of a self-administered controlled substance to a patient for the purpose of ending the patient's life.

01/20/23 Senate: Senate subcommittee amendments and substitutes offered

01/26/23 Senate: Passed by indefinitely in Education and Health (9-Y 5-N)

**SB 975 Certified nurse midwives, etc.; designation as advanced practice registered nurses.**

*Chief patron:* Peake

**Certified nurse midwives, certified registered nurse anesthetists, clinical nurse specialists, and nurse practitioners; designation as advanced practice registered nurses.** Changes references to certain practitioners in the Code to advanced practice registered nurse in order to align the Code with the professional designations established by the Consensus Model for Advanced Practice Registered Nurses Regulation established by the National Council of State Boards of Nursing.

02/17/23 House: Passed House BLOCK VOTE (99-Y 0-N)

02/17/23 House: VOTE: Block Vote Passage (99-Y 0-N)

**SB 1105 Nurse practitioners and licensed certified midwives; licensed by the Board of Nursing only.**

*Chief patron:* Boysko

**\*\* DEAD BILL \*\***

**Board of Medicine; Board of Nursing; joint licensing of nurse practitioners and licensed certified midwives.** Moves the professions of nurse practitioners and licensed certified midwives from being licensed jointly by the Board of Medicine and the Board of Nursing to being licensed by the Board of Nursing only.

01/11/23 Senate: Assigned Education sub: Health Professions

01/19/23 Senate: Passed by indefinitely in Education and Health (13-Y 1-N)

**HB 1447 Controlled substances; administration by emergency medical providers.**

*Chief patron:* Orrock

**Administration of controlled substances; emergency medical services providers.** Allows persons who are employed or engaged at a medical care facility who have a valid emergency medical services provider certification issued by the Board of Health as a requirement of being employed or engaged at the medical care facility to administer drugs and devices at the medical care facility pursuant to an oral or written order or standing protocol.

02/20/23 House: Bill text as passed House and Senate (HB1447ER)

**HB 1573 Mental health conditions & impairment; health regulatory board w/in DHP to amend its applications.**

*Chief patron:* Walker

**Department of Health Professions; applications for licensure, certification, and registration; mental health conditions and impairment; emergency.** Directs each health regulatory board within the Department of Health Professions to amend its licensure, certification, and registration applications to remove any existing questions pertaining to mental health conditions and impairment and to include the following questions: (i) Do you have any

reason to believe that you would pose a risk to the safety or well-being of your patients or clients? and (ii) Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? The bill contains an emergency clause. This bill is identical to SB 970.

EMERGENCY

02/16/23 House: Signed by Speaker

02/16/23 Senate: Signed by President

**HB 1638 DPOR, et al.; disclosure of certain information.**

*Chief patron:* Walker

**AGENCY BILL**

**Department of Professional and Occupational Regulation, Department of Health Professions, and related regulatory boards; disclosure of information regarding examinations, licensure, certification, registration, or permitting.** Allows the Department of Professional and Occupational Regulation, the Department of Health Professions, and professional, occupational, and health regulatory boards to mail or email upon request records regarding applications for admission to examinations or for licensure, certification, registration, or permitting and the related scoring records to the individual to whom such records pertain. Under current law, such records may be made available for copying by the subject individual at the office of the Department or board that possesses the material during normal working hours. This bill is identical to SB 1060.

02/16/23 House: Signed by Speaker

02/16/23 Senate: Signed by President

**HB 1658 Health professions; proposed scope of practice changes, health regulatory board assessment required.**

*Chief patron:* Price

**\*\* DEAD BILL \*\***

**Proposed scope of practice changes; health regulatory board assessment required; report.** Directs the General Assembly to submit bills proposing scope of practice changes related to the health professions to the relevant health regulatory board for assessment. The bill

provides that the relevant health regulatory board has 24 months to complete its assessment and directs the board to forward a report summarizing its assessment and recommendations to the chairman of the standing committee that requested the assessment.

01/26/23 House: Subcommittee recommends striking from docket (6-Y 0-N)

02/07/23 House: Left in Health, Welfare and Institutions

**SB 932 Virginia Psilocybin Advisory Board; established, report.**

*Chief patron:* Hashmi

**\*\* DEAD BILL \*\***

**Virginia Psilocybin Advisory Board established; report; Drug Control Act reclassification of psilocybin.** Establishes the Virginia Psilocybin Advisory Board to develop a long-term strategic plan for establishing therapeutic access to psilocybin services and monitor and study federal laws, regulations, and policies regarding psilocybin. The bill requires the Board to report annually by December 1 to the Governor and the General Assembly regarding its activities and recommendations. The bill reclassifies psilocybin under the Drug Control Act from a Schedule I to a Schedule III controlled substance.

02/07/23 Senate: Read third time and passed Senate (25-Y 15-N)

02/10/23 House: Referred to Committee on Rules

02/14/23 House: Tabled in Rules (13-Y 5-N)

**SB 1054 Interjurisdictional compacts; criminal history record checks.**

*Chief patron:* Peake

**AGENCY BILL**

**Interjurisdictional compacts; criminal history record checks.** Provides that when an interjurisdictional compact requires criminal history record checks as a condition of participation, the applicable health regulatory board shall require each applicant to submit to fingerprinting and provide personal descriptive information to be forwarded along with his fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining criminal history record information. This bill is identical to HB 2157.

02/22/23 House: Signed by Speaker

02/23/23 Senate: Signed by President

**SB 1458 Assisted living facilities; Sec. of Labor, et al., to study regulating staffing agencies.**

*Chief patron:* Ebbin

**\*\* DEAD BILL \*\***

**Secretary of Labor; Department of Health Professions; work group to study regulation of temporary staffing agencies; temporary health care staff; report.** Directs the Secretary of Labor, in collaboration with the Department of Health Professions, to convene a work group to study the use of and potential to regulate temporary staffing agencies providing temporary health care staff in assisted living facilities, adult day care centers, nursing homes, and hospices.

02/16/23 House: House committee, floor amendments and substitutes offered

02/16/23 House: Tabled in Health, Welfare and Institutions (12-Y 10-N)

**Agenda Item: Consideration of Notice of Intended Regulatory Action for revisions to Chapter 19 following periodic review**

**Included in your agenda package:**

- A copy of 18VAC90-19

**Staff Note:** The Regulatory Committee recommends that the Board adopt a NOIRA to:

- Remove outdated provisions that conflict with Code or are redundant of requirements in Code
- Add clarifying language and terms regarding authorization letters, mode of Board communication, and nursing refresher courses
- Remove fees and references to CNS registrations
- Expand the time applicants may practice while their application for licensure is being processed
- Review and revise provisional licensure requirements
- Review and revise requirements for inactive licensure and reinstatement of such inactive licenses
- Review requirements for restricted volunteer licenses and registration for voluntary practice to ensure regulations are necessary and comport with the Code
- Review and revise disciplinary provisions to clarify receiving unauthorized assistance is unprofessional conduct and to add a requirement for proper documentation
- Make other general clean up and edits of language for ease of reading and clarity

**Action needed:**

- Motion to accept the recommendation of the regulatory committee to issue a NOIRA covering the stated review areas for Chapter 19.



*Commonwealth of Virginia*



**REGULATIONS**  
**GOVERNING THE PRACTICE OF NURSING**  
**VIRGINIA BOARD OF NURSING**

**Title of Regulations: 18 VAC 90-19-10 et seq.**

**Statutory Authority: §§ 54.1-2400 and Chapter 30 of Title 54.1  
of the *Code of Virginia***

**Revised Date: February 2, 2022**

9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463

(804) 367-4515 (TEL)  
(804) 527-4455 (FAX)  
email: [nursebd@dhp.virginia.gov](mailto:nursebd@dhp.virginia.gov)

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**CHAPTER 19  
REGULATIONS GOVERNING THE PRACTICE OF NURSING**

**Part I  
General Provisions**

**18VAC90-19-10. Definitions.**

In addition to words and terms defined in §§ 54.1-3000 and 54.1-3030 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means activities performed, whether or not for compensation, for which an active license to practice nursing is required.

"Board" means the Board of Nursing.

"CGFNS" means the Commission on Graduates of Foreign Nursing Schools.

"Contact hour" means 50 minutes of continuing education coursework or activity.

"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 A of the Code of Virginia.

"National certifying organization" means an organization that has as one of its purposes the certification of a specialty in nursing based on an examination attesting to the knowledge of the nurse for practice in the specialty area.

"NCLEX" means the National Council Licensure Examination.

"NCSBN" means the National Council of State Boards of Nursing.

"Primary state of residence" means the state of a person's declared fixed, permanent, and principal home or domicile for legal purposes.

**18VAC90-19-20. Delegation of authority.**

The executive director shall be delegated the authority to issue licenses and certificates and execute all notices, orders, and official documents of the board unless the board directs otherwise.

**18VAC90-19-30. Fees.**

A. Fees required by the board are:

1. Application for licensure by examination - RN	\$190
2. Application for licensure by endorsement - RN	\$190

3. Application for licensure by examination - LPN	\$170
4. Application for licensure by endorsement - LPN	\$170
5. Reapplication for licensure by examination	\$50
6. Biennial licensure renewal - RN	\$140
7. Biennial inactive licensure renewal - RN	\$70
8. Biennial licensure renewal - LPN	\$120
9. Biennial inactive licensure renewal - LPN	\$60
10. Late renewal - RN	\$50
11. Late renewal - RN inactive	\$25
12. Late renewal - LPN	\$40
13. Late renewal - LPN inactive	\$20
14. Reinstatement of lapsed license - RN	\$225
15. Reinstatement of lapsed license - LPN	\$200
16. Reinstatement of suspended or revoked license or registration	\$300
17. Duplicate license	\$15
18. Replacement wall certificate	\$25
19. Verification of license	\$35
20. Transcript of all or part of applicant or licensee records	\$35
21. Handling fee for returned check or dishonored credit card or debit card	\$50
22. Application for CNS registration	\$130
23. Biennial renewal of CNS registration	\$80
24. Reinstatement of lapsed CNS registration	\$125
25. Verification of CNS registration to another jurisdiction	\$35
26. Late renewal of CNS registration	\$35

B. For renewal of licensure or registration from July 1, 2017, through June 30, 2019, the following fees shall be in effect:

1. Biennial licensure renewal - RN	\$105
2. Biennial inactive licensure renewal - RN	\$52
3. Biennial licensure renewal - LPN	\$90
4. Biennial inactive licensure renewal - LPN	\$45
5. Biennial renewal of CNS registration	\$60

**18VAC90-19-40. Duplicate license.**

A duplicate license for the current renewal period shall be issued by the board upon receipt of the required information and fee.

**18VAC90-19-50. Identification; accuracy of records.**

A. Any person regulated by this chapter who provides direct client care shall, while on duty, wear identification that is clearly visible and indicates the appropriate title for the license, registration, or student status under which he is practicing in that setting. Name identification on a badge for identification of health care practitioners shall follow the policy of the health care setting in which the nurse is employed. Any person practicing in hospital emergency departments, psychiatric and mental health units and programs, or in health care facilities units offering treatment for clients in custody of state or local law-enforcement agencies may use identification badges with first name and first letter only of last name and appropriate title.

B. A licensee who has changed his name shall submit as legal proof to the board a copy of the marriage certificate, a certificate of naturalization, or court order evidencing the change. A duplicate license shall be issued by the board upon receipt of such evidence and the required fee.

C. Each licensee shall maintain an address of record with the board. Any change in the address of record or in the public address, if different from the address of record, shall be submitted by a licensee electronically or in writing to the board within 30 days of such change. All notices required by law and by this chapter to be mailed by the board to any licensee shall be validly given when mailed to the latest address of record on file with the board.

**18VAC90-19-60. Data collection of nursing workforce information.**

A. With such funds as are appropriated for the purpose of data collection and consistent with the provisions of § 54.1-2506.1 of the Code of Virginia, the board shall collect workforce information biennially from a representative sample of registered nurses, licensed practical nurses, and certified nurse aides and shall make such information available to the public. Data collected shall be compiled, stored, and released in compliance with § 54.1-3012.1 of the Code of Virginia.

B. The information to be collected on nurses shall include (i) demographic data to include age, sex, and ethnicity; (ii) level of education; (iii) employment status; (iv) employment setting or settings such as in a hospital, physician's office, or nursing home; (v) geographic location of employment; (vi) type of nursing position or area of specialty; and (vii) number of hours worked per week in each setting. In addition, the board may determine other data to be collected as necessary.

**18VAC90-19-70. Supervision of licensed practical nurses.**

Licensed practical nursing shall be performed under the direction or supervision of a licensed medical practitioner, a registered nurse, or a licensed dentist.

**Part II  
Multistate Licensure Privilege**

**18VAC90-19-80. Issuance of a license with a multistate licensure privilege.**

To be issued a license with a multistate licensure privilege by the board or to change the primary state of residency, a nurse shall comply with the regulations adopted by the Interstate Commission of Nurse Licensure Compact Administrators (<https://www.ncsbn.org/enlcrules.htm>) and provisions of Article 6.1 (§ 54.1-3040.1 et seq.) of Chapter 30 of Title 54.1 of the Code of Virginia in effect at the time of the application.

**18VAC90-19-90. (Repealed.)**

**18VAC90-19-100. (Repealed.)**

**Part III  
Licensure and Renewal; Reinstatement**

**18VAC90-19-110. Licensure by examination.**

A. The board shall authorize the administration of the NCLEX for registered nurse licensure and practical nurse licensure.

B. A candidate shall be eligible to take the NCLEX examination (i) upon receipt by the board of the completed application, the fee, and an official transcript or attestation of graduation from the nursing education program and (ii) when a determination has been made that no grounds exist upon which the board may deny licensure pursuant to § 54.1-3007 of the Code of Virginia.

C. To establish eligibility for licensure by examination, an applicant for the licensing examination shall:

1. File the required application, any necessary documentation and fee, including a criminal history background check as required by § 54.1-3005.1 of the Code of Virginia.

2. Arrange for the board to receive an official transcript from the nursing education program that shows either:

- a. That the degree or diploma has been awarded and the date of graduation or conferral; or
  - b. That all requirements for awarding the degree or diploma have been met and that specifies the date of conferral.
3. File a new application and reapplication fee if:
- a. The examination is not taken within 12 months of the date that the board determines the applicant to be eligible; or
  - b. Eligibility is not established within 12 months of the original filing date.
- D. The minimum passing standard on the examination for registered nurse licensure and practical nurse licensure shall be determined by the board.
- E. Any applicant suspected of giving or receiving unauthorized assistance during the examination may be noticed for a hearing pursuant to the provisions of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) to determine eligibility for licensure or reexamination.
- F. Practice of nursing pending receipt of examination results.
1. A graduate who has filed a completed application for licensure in Virginia and has received an authorization letter issued by the board may practice nursing in Virginia from the date of the authorization letter. The period of practice shall not exceed 90 days between the date of successful completion of the nursing education program, as documented on the applicant's transcript, and the publication of the results of the candidate's first licensing examination.
  2. Candidates who practice nursing as provided in subdivision 1 of this subsection shall use the designation "R.N. Applicant" or "L.P.N. Applicant" on a nametag or when signing official records.
  3. The designations "R.N. Applicant" and "L.P.N. Applicant" shall not be used by applicants beyond the 90-day period of authorized practice or by applicants who have failed the examination.
- G. Applicants who fail the examination.
1. An applicant who fails the licensing examination shall not be licensed or be authorized to practice nursing in Virginia.
  2. An applicant for licensure by reexamination shall file the required board application and reapplication fee in order to establish eligibility for reexamination.
  3. Applicants who have failed the examination for licensure in another United States jurisdiction but satisfy the qualifications for licensure in this jurisdiction may apply for licensure by examination in Virginia. Such applicants shall submit the required application and fee. Such applicants shall not, however, be permitted to practice nursing in Virginia until the requisite license has been issued.

**18VAC90-19-120. Licensure by endorsement.**



A. A graduate of an approved nursing education program who has been licensed by examination in another United States jurisdiction and whose license is in good standing, or is eligible for reinstatement if lapsed, shall be eligible for licensure by endorsement in Virginia provided the applicant satisfies the same requirements for registered nurse or practical nurse licensure as those seeking initial licensure in Virginia.

1. Applicants who have graduated from approved nursing education programs that did not require a sufficient number of clinical hours as specified in 18VAC90-27-100 may qualify for licensure if they can provide evidence of at least 960 hours of clinical practice with an active, unencumbered license in another United States jurisdiction.

2. Applicants whose basic nursing education was received in another country shall meet the requirements of 18VAC90-19-130 for a CGFNS credentials review and examination of English proficiency. However, those requirements may be satisfied if the applicant can provide evidence from another United States jurisdiction of:

a. A CGFNS credentials evaluation for educational comparability; and

b. Passage of an English language proficiency examination approved by the CGFNS, unless the applicant met the CGFNS criteria for an exemption from the requirement.

3. A graduate of a nursing school in Canada where English was the primary language shall be eligible for licensure by endorsement provided the applicant has passed the Canadian Registered Nurses Examination and holds an unrestricted license in Canada.

B. An applicant for licensure by endorsement who has submitted a criminal history background check as required by § 54.1-3005.1 of the Code of Virginia and the required application and fee and has submitted the required form to the appropriate credentialing agency for verification of licensure may practice for 30 days upon receipt of an authorization letter from the board. If an applicant has not received a Virginia license within 30 days and wishes to continue practice, he shall seek an extension of authorization to practice by submitting a request and evidence that he has requested verification of licensure.

C. If the application is not completed within one year of the initial filing date, the applicant shall submit a new application and fee.

**18VAC90-19-130. Licensure of applicants from other countries.**

A. With the exception of applicants from Canada who are eligible to be licensed by endorsement, applicants whose basic nursing education was received in another country shall be scheduled to take the licensing examination provided they meet the statutory qualifications for licensure. Verification of qualification shall be based on documents submitted as required in subsection B or C of this section.

B. Such applicants for registered nurse licensure shall:

1. Submit evidence from the CGFNS that the secondary education and nursing education are comparable to those required for registered nurses in the Commonwealth;

2. Submit evidence of passage of an English language proficiency examination approved by the CGFNS, unless the applicant meets the CGFNS criteria for an exemption from the requirement; and
3. Submit the required application and fee for licensure by examination.

C. Such applicants for practical nurse licensure shall:

1. Submit evidence from the CGFNS that the secondary education and nursing education are comparable to those required for practical nurses in the Commonwealth;
2. Submit evidence of passage of an English language proficiency examination approved by the CGFNS, unless the applicant meets the CGFNS criteria for an exemption from the requirement; and
3. Submit the required application and fee for licensure by examination.

D. An applicant for licensure as a registered nurse who has met the requirements of subsections A and B of this section may practice for a period not to exceed 90 days from the date of approval of an application submitted to the board when he is working as a nonsupervisory staff nurse in a licensed nursing home or certified nursing facility.

1. Applicants who practice nursing as provided in this subsection shall use the designation "RN applicant" on nametags or when signing official records.
2. During the 90-day period, the applicant shall take and pass the licensing examination in order to remain eligible to practice nursing in Virginia.
3. Any person practicing nursing under this exemption who fails to pass the licensure examination within the 90-day period may not thereafter practice nursing until he passes the licensing examination.

E. In addition to CGFNS, the board may accept credentials from other recognized agencies that review credentials of foreign-educated nurses if such agencies have been approved by the board.

**18VAC90-19-140. Provisional licensure of applicants for licensure as registered nurses.**

A. Pursuant to § 54.1-3017.1 of the Code of Virginia, the board may issue a provisional license to an applicant for the purpose of meeting the 500 hours of supervised, direct, hands-on client care required of an approved registered nurse education program.

B. Such applicants for provisional licensure shall submit:

1. A completed application for licensure by examination and fee, including a criminal history background check as required by § 54.1-3005.1 of the Code of Virginia;
2. Documentation that the applicant has successfully completed a nursing education program; and
3. Documentation of passage of the NCLEX in accordance with 18VAC90-19-110.

C. Requirements for hours of supervised clinical experience in direct client care with a provisional license.

1. To qualify for licensure as a registered nurse, direct, hands-on hours of supervised clinical experience shall include the areas of adult medical/surgical nursing, geriatric nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, nursing fundamentals, and pediatric nursing. Supervised clinical hours may be obtained in employment in the role of a registered nurse or without compensation for the purpose of meeting these requirements.

2. Hours of direct, hands-on clinical experience obtained as part of the applicant's nursing education program and noted on the official transcript shall be counted towards the minimum of 500 hours and in the applicable areas of clinical practice.

3. For applicants with a current, active license as an LPN, 150 hours of credit shall be counted towards the 500-hour requirement.

4. 100 hours of credit may be applied towards the 500-hour requirement for applicants who have successfully completed a nursing education program that:

a. Requires students to pass competency-based assessments of nursing knowledge as well as a summative performance assessment of clinical competency that has been evaluated by the American Council on Education or any other board-approved organization; and

b. Has a passage rate for first-time test takers on the NCLEX that is not less than 80%, calculated on the cumulative results of the past four quarters of all graduates in each calendar year regardless of where the graduate is seeking licensure.

5. An applicant for licensure shall submit verification from a supervisor of the number of hours of direct client care and the areas in which clinical experiences in the role of a registered nurse were obtained.

D. Requirements for supervision of a provisional licensee.

1. The supervisor shall be on site and physically present in the unit where the provisional licensee is providing clinical care of clients.

2. In the supervision of provisional licensees in the clinical setting, the ratio shall not exceed two provisional licensees to one supervisor at any given time.

3. Licensed registered nurses providing supervision for a provisional licensee shall:

a. Notify the board of the intent to provide supervision for a provisional licensee on a form provided by the board;

b. Hold an active, unrestricted license or multistate licensure privilege and have at least two years of active clinical practice as a registered nurse prior to acting as a supervisor;

c. Be responsible and accountable for the assignment of clients and tasks based on their assessment and evaluation of the supervisee's clinical knowledge and skills;

d. Be required to monitor clinical performance and intervene if necessary for the safety and protection of the clients; and

e. Document on a form provided by the board the frequency and nature of the supervision of provisional licensees to verify completion of hours of clinical experience.

E. The provisional status of the licensee shall be disclosed to the client prior to treatment and shall be indicated on identification worn by the provisional licensee.

F. All provisional licenses shall expire six months from the date of issuance and may be renewed for an additional six months. Renewal of a provisional license beyond the limit of 12 months may be granted and shall be for good cause shown. A request for extension of a provisional license beyond 12 months shall be made at least 30 days prior to its expiration.

**18VAC90-19-150. Renewal of licenses.**

A. Licensees born in even-numbered years shall renew their licenses by the last day of the birth month in even-numbered years. Licensees born in odd-numbered years shall renew their licenses by the last day of the birth month in odd-numbered years.

B. A nurse shall be required to meet the requirements for continued competency set forth in 18VAC90-19-160 to renew an active license.

C. A notice for renewal of license shall be sent by the board to the last known address of the licensee. The licensee shall complete the renewal form and submit it with the required fee.

D. Failure to receive the renewal form shall not relieve the licensee of the responsibility for renewing the license by the expiration date.

E. The license shall automatically lapse if the licensee fails to renew by the expiration date.

F. Any person practicing nursing during the time a license has lapsed shall be considered an illegal practitioner and shall be subject to prosecution under the provisions of § 54.1-3008 of the Code of Virginia.

G. Upon renewal, all licensees shall declare their primary state of residence. If the declared state of residence is another compact state, the licensee is not eligible for renewal.

**18VAC90-19-160. Continued competency requirements for renewal of an active license.**

A. To renew an active nursing license, a licensee shall complete at least one of the following learning activities or courses:

1. Current specialty certification by a national certifying organization, as defined in 18VAC90-19-10;

2. Completion of a minimum of three credit hours of post-licensure academic education relevant to nursing practice, offered by a regionally accredited college or university;
3. A board-approved refresher course in nursing;
4. Completion of nursing-related, evidence-based practice project or research study;
5. Completion of publication as the author or co-author during a renewal cycle;
6. Teaching or developing a nursing-related course resulting in no less than three semester hours of college credit, a 15-week course, or specialty certification;
7. Teaching or developing nursing-related continuing education courses for up to 30 contact hours;
8. Fifteen contact hours of workshops, seminars, conferences, or courses relevant to the practice of nursing and 640 hours of active practice as a nurse; or
9. Thirty contact hours of workshops, seminars, conferences, or courses relevant to the practice of nursing.

B. To meet requirements of subdivision A 8 or A 9 of this section, workshops, seminars, conferences, or courses shall be offered by a provider recognized or approved by one of the following:

1. American Nurses Credentialing Center American Nurses Association;
2. National Council of State Boards of Nursing;
3. Area Health Education Centers (AHEC) in any state in which the AHEC is a member of the National AHEC Organization;
4. Any state nurses association;
5. National League for Nursing;
6. National Association for Practical Nurse Education and Service;
7. National Federation of Licensed Practical Nurses;
8. A licensed health care facility, agency, or hospital;
9. A health care provider association;
10. Regionally or nationally accredited colleges or universities;
11. A state or federal government agency;

12. The American Heart Association, the American Health and Safety Institute, or the American Red Cross for courses in advanced resuscitation; or

13. The Virginia Board of Nursing or any state board of nursing.

C. Dual licensed persons.

1. Those persons dually licensed by this board as a registered nurse and a licensed practical nurse shall only meet one of the continued competency requirements as set forth in subsection A of this section.

2. Registered nurses who also hold an active license as a nurse practitioner shall only meet the requirements of 18VAC90-30-105 and, for those with prescriptive authority, 18VAC90-40-55.

D. A licensee is exempt from the continued competency requirement for the first renewal following initial licensure by examination or endorsement.

E. The board may grant an extension for good cause of up to one year for the completion of continuing competency requirements upon written request from the licensee 60 days prior to the renewal date. Such extension shall not relieve the licensee of the continuing competency requirement.

F. The board may grant an exemption for all or part of the continuing competency requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters.

G. Continued competency activities or courses required by board order in a disciplinary proceeding shall not be counted as meeting the requirements for licensure renewal.

**18VAC90-19-170. Documenting compliance with continued competency requirements.**

A. All licensees are required to maintain original documentation of completion for a period of two years following renewal and to provide such documentation within 30 days of a request from the board for proof of compliance.

B. Documentation of compliance shall be as follows:

1. Evidence of national certification shall include a copy of a certificate that includes name of licensee, name of certifying body, date of certification, and date of certification expiration. Certification shall be initially attained during the licensure period, have been in effect during the entire licensure period, or have been recertified during the licensure period.

2. Evidence of post-licensure academic education shall include a copy of transcript with the name of the licensee, name of educational institution, date of attendance, name of course with grade, and number of credit hours received.

3. Evidence of completion of a board-approved refresher course shall include written correspondence from the provider with the name of the licensee, name of the provider, and verification of successful completion of the course.

4. Evidence of completion of a nursing research study or project shall include an abstract or summary, the name of the licensee, role of the licensee as principal or coprincipal investigator, date of completion, statement of the problem, research or project objectives, methods used, and summary of findings.

5. Evidence of authoring or co-authoring a published nursing-related article, paper, book, or book chapter shall include a copy of the publication that includes the name of the licensee and publication date.

6. Evidence of teaching a course for college credit shall include documentation of the course offering, indicating instructor, course title, course syllabus, and the number of credit hours. Teaching a particular course may only be used once to satisfy the continued competency requirement unless the course offering and syllabus has changed.

7. Evidence of teaching a course for continuing education credit shall include a written attestation from the director of the program or authorizing entity including the date or dates of the course or courses and the number of contact hours awarded. If the total number of contact hours totals less than 30, the licensee shall obtain additional hours in continuing learning activities or courses.

8. Evidence of contact hours of continuing learning activities or courses shall include the name of the licensee, title of educational activity, name of the provider, number of contact hours, and date of activity.

9. Evidence of 640 hours of active practice in nursing shall include documentation satisfactory to the board of the name of the licensee, number of hours worked in calendar or fiscal year, name and address of employer, and signature of supervisor. If self-employed, hours worked may be validated through other methods such as tax records or other business records. If active practice is of a volunteer or gratuitous nature, hours worked may be validated by the recipient agency.

#### **18VAC90-19-180. Inactive licensure.**

A. A registered nurse or licensed practical nurse who holds a current, unrestricted license in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be entitled to practice nursing in Virginia or practice on a multistate licensure privilege but may use the title "registered nurse" or "licensed practical nurse."

B. Reactivation of an inactive license.

1. A nurse whose license is inactive may reactivate within one renewal period by:

a. Payment of the difference between the inactive renewal and the active renewal fee; and

b. Providing attestation of completion of at least one of the learning activities or courses specified in 18VAC90-19-160 during the two years immediately preceding reactivation.

2. A nurse whose license has been inactive for more than one renewal period may reactivate by:

a. Submitting an application;

b. Paying the difference between the inactive renewal and the active renewal fee; and

c. Providing evidence of completion of at least one of the learning activities or courses specified in 18VAC90-19-160 during the two years immediately preceding application for reactivation.

3. The board may waive all or part of the continuing education requirement for a nurse who holds a current, unrestricted license in another state and who has engaged in active practice during the period the Virginia license was inactive.

4. The board may request additional evidence that the nurse is prepared to resume practice in a competent manner.

5. The board may deny a request for reactivation to any licensee who has been determined to have committed an act in violation of § 54.1-3007 of the Code of Virginia or any provision of this chapter.

**18VAC90-19-190. Reinstatement of lapsed licenses or license suspended or revoked.**

A. A nurse whose license has lapsed may be reinstated within one renewal period by:

1. Payment of the current renewal fee and the late renewal fee; and

2. Providing attestation of completion of at least one of the learning activities or courses specified in 18VAC90-19-160 during the two years immediately preceding reinstatement.

B. A nurse whose license has lapsed for more than one renewal period shall:

1. File a reinstatement application and pay the reinstatement fee;

2. Provide evidence of completing at least one of the learning activities or courses specified in 18VAC90-19-160 during the two years immediately preceding application for reinstatement; and

3. Submit a criminal history background check as required by § 54.1-3005.1 of the Code of Virginia.

C. The board may waive all or part of the continuing education requirement for a nurse who holds a current, unrestricted license in another state and who has engaged in active practice during the period the Virginia license was lapsed.

D. A nurse whose license has been suspended or revoked by the board may apply for reinstatement by filing a reinstatement application, fulfilling requirements for continuing competency as required



in subsection B of this section, and paying the fee for reinstatement after suspension or revocation. A nurse whose license has been revoked may not apply for reinstatement sooner than three years from entry of the order of revocation.

E. The board may request additional evidence that the nurse is prepared to resume practice in a competent manner.

**18VAC90-19-200. Restricted volunteer license and registration for voluntary practice by out-of-state licensees.**

A. A registered or practical nurse may be issued a restricted volunteer license and may practice in accordance with provisions of § 54.1-3011.01 of the Code of Virginia.

B. Any licensed nurse who does not hold a license to practice in Virginia and who seeks registration to practice on a voluntary basis under the auspices of a publicly supported, all volunteer nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least five business days prior to engaging in such practice. An incomplete application will not be considered;
2. Provide evidence of current, unrestricted licensure in a United States jurisdiction;
3. Provide the name of the nonprofit organization and the dates and location of the voluntary provision of services;
4. Pay a registration fee of \$10; and
5. Provide an attestation from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 11 of § 54.1-3001 of the Code of Virginia.

**18VAC90-19-210. (Repealed.)**

**18VAC90-19-220. (Repealed.)**

**Part IV  
Disciplinary Provisions**

**18VAC90-19-230. Disciplinary provisions.**

The board has the authority to deny, revoke, or suspend a license or multistate licensure privilege issued, or to otherwise discipline a licensee or holder of a multistate licensure privilege upon proof that the licensee or holder of a multistate licensure privilege has violated any of the provisions of § 54.1-3007 of the Code of Virginia. For the purpose of establishing allegations to be included in the notice of hearing, the board has adopted the following definitions:

1. Fraud or deceit in procuring or maintaining a license means, but shall not be limited to:
  - a. Filing false credentials;

- b. Falsely representing facts on an application for initial license, reinstatement, or renewal of a license; or
- c. Giving or receiving assistance in the taking of the licensing examination.

2. Unprofessional conduct means, but shall not be limited to:

- a. Performing acts beyond the limits of the practice of professional or practical nursing as defined in Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 of the Code of Virginia, or as provided by §§ 54.1-2901 and 54.1-2957 of the Code of Virginia;
- b. Assuming duties and responsibilities within the practice of nursing without adequate training or when competency has not been maintained;
- c. Obtaining supplies, equipment, or drugs for personal or other unauthorized use;
- d. Employing or assigning unqualified persons to perform functions that require a licensed practitioner of nursing;
- e. Falsifying or otherwise altering patient, employer, student, or educational program records, including falsely representing facts on a job application or other employment-related documents;
- f. Abusing, neglecting, or abandoning patients or clients;
- g. Delegating nursing tasks to an unlicensed person in violation of the provisions of this part;
- h. Giving to or accepting from a patient or client property or money for any reason other than fee for service or a nominal token of appreciation;
- i. Obtaining money or property of a patient or client by fraud, misrepresentation, or duress;
- j. Entering into a relationship with a patient or client that constitutes a professional boundary violation in which the nurse uses his professional position to take advantage of the vulnerability of a patient, a client, or his family, to include actions that result in personal gain at the expense of the patient or client, or a nontherapeutic personal involvement or sexual conduct with a patient or client;
- k. Violating state laws relating to the privacy of patient information, including § 32.1-127.1:03 the Code of Virginia;
- l. Providing false information to staff or board members in the course of an investigation or proceeding;
- m. Failing to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia or elder abuse or neglect as required in § 63.2-1606 of the Code of Virginia;
- n. Engaging in conversion therapy with a person younger than 18 years of age; or
- o. Violating any provision of this chapter.

**Part V**  
**Delegation of Nursing Tasks and Procedures**

**18VAC90-19-240. Definitions for delegation of nursing tasks and procedures.**

The following words and terms when used in this part shall have the following meanings unless the content clearly indicates otherwise:

"Delegation" means the authorization by a registered nurse to an unlicensed person to perform selected nursing tasks and procedures in accordance with this part.

"Supervision" means guidance or direction of a delegated nursing task or procedure by a qualified, registered nurse who provides periodic observation and evaluation of the performance of the task and who is accessible to the unlicensed person.

"Unlicensed person" means an appropriately trained individual, regardless of title, who receives compensation, who functions in a complementary or assistive role to the registered nurse in providing direct patient care or carrying out common nursing tasks and procedures, and who is responsible and accountable for the performance of such tasks and procedures. With the exception of certified nurse aides, this shall not include anyone licensed or certified by a health regulatory board who is practicing within his recognized scope of practice.

**18VAC90-19-250. Criteria for delegation.**

A. Delegation of nursing tasks and procedures shall only occur in accordance with the plan for delegation adopted by the entity responsible for client care. The delegation plan shall comply with provisions of this chapter and shall provide:

1. An assessment of the client population to be served;
2. Analysis and identification of nursing care needs and priorities;
3. Establishment of organizational standards to provide for sufficient supervision that assures safe nursing care to meet the needs of the clients in their specific settings;
4. Communication of the delegation plan to the staff;
5. Identification of the educational and training requirements for unlicensed persons and documentation of their competencies; and
6. Provision of resources for appropriate delegation in accordance with this part.

B. Delegation shall be made only if all of the following criteria are met:

1. In the judgment of the delegating nurse, the task or procedure can be properly and safely performed by the unlicensed person and the delegation does not jeopardize the health, safety, and welfare of the client.
2. The delegating nurse retains responsibility and accountability for nursing care of the client, including nursing assessment, planning, evaluation, documentation, and supervision.
3. Delegated tasks and procedures are within the knowledge, area of responsibility, and skills of the delegating nurse.
4. Delegated tasks and procedures are communicated on a client-specific basis to an unlicensed person with clear, specific instructions for performance of activities, potential complications, and expected results.

5. The person to whom a nursing task has been delegated is clearly identified to the client as an unlicensed person by a name tag worn while giving client care and by personal communication by the delegating nurse when necessary.

C. Delegated tasks and procedures shall not be reassigned by unlicensed personnel.

D. Nursing tasks shall only be delegated after an assessment is performed according to the provisions of 18VAC90-19-260.

**18VAC90-19-260. Assessment required prior to delegation.**

Prior to delegation of nursing tasks and procedures, the delegating nurse shall make an assessment of the client and unlicensed person as follows:

1. The delegating nurse shall assess the clinical status and stability of the client's condition; determine the type, complexity, and frequency of the nursing care needed; and delegate only those tasks that:

a. Do not require the exercise of independent nursing judgment;

b. Do not require complex observations or critical decisions with respect to the nursing task or procedure;

c. Frequently recur in the routine care of the client or group of clients;

d. Do not require repeated performance of nursing assessments;

e. Utilize a standard procedure in which the tasks or procedures can be performed according to exact, unchanging directions; and

f. Have predictable results and for which the consequences of performing the task or procedures improperly are minimal and not life threatening.

2. The delegating nurse shall also assess the training, skills, and experience of the unlicensed person and shall verify the competency of the unlicensed person to determine which tasks are appropriate for that unlicensed person and the method of supervision required.

**18VAC90-19-270. Supervision of delegated tasks.**

A. The delegating nurse shall determine the method and frequency of supervision based on factors that include:

1. The stability and condition of the client;

2. The experience and competency of the unlicensed person;

3. The nature of the tasks or procedures being delegated; and

4. The proximity and availability of the registered nurse to the unlicensed person when the nursing tasks will be performed.

B. In the event that the delegating nurse is not available, the delegation shall either be terminated or delegation authority shall be transferred by the delegating nurse to another registered nurse who shall supervise all nursing tasks delegated to the unlicensed person, provided the registered nurse meets the requirements of 18VAC90-19-250 B 3.

C. Supervision shall include:

1. Monitoring the performance of delegated tasks;
2. Evaluating the outcome for the client;
3. Ensuring appropriate documentation; and
4. Being accessible for consultation and intervention.

D. Based on an ongoing assessment as described in 18VAC90-19-260, the delegating nurse may determine that delegation of some or all of the tasks and procedures is no longer appropriate.

**18VAC90-19-280. Nursing tasks that shall not be delegated.**

A. Nursing tasks that shall not be delegated are those that are inappropriate for a specific, unlicensed person to perform on a specific patient after an assessment is conducted as provided in 18VAC90-19-260.

B. Nursing tasks that shall not be delegated to any unlicensed person are:

1. Activities involving nursing assessment, problem identification, and outcome evaluation that require independent nursing judgment;
2. Counseling or teaching except for activities related to promoting independence in personal care and daily living;
3. Coordination and management of care involving collaboration, consultation, and referral;
4. Emergency and nonemergency triage;
5. Administration of medications except as specifically permitted by the Virginia Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia); and
6. Circulating duties in an operating room.

**Agenda Item: Consideration of Notice of Intended Regulatory Action for revisions to Chapter 21 following periodic review**

**Included in your agenda package:**

- A copy of 18VAC90-21

**Staff Note:** The Regulatory Committee recommends that the Board adopt a NOIRA to:

- Review and revise requirements to establish medication administration training programs
- Review and revise the minimum hours of classroom instruction required by 18VAC90-21-30
- Review and revise requirements for training regarding diabetes medication
- Review and revise references to requirements compliant with VDH protocol
- Remove redundant language
- Reorganize portions of the Chapter for readability

**Action needed:**

- Motion to accept the recommendation of the regulatory committee to issue a NOIRA covering the stated review areas for Chapter 21.

*Commonwealth of Virginia*



# **REGULATIONS**

**FOR**

## **Training Programs for Medication Administration by Unlicensed Persons and Immunization Protocol**

**VIRGINIA BOARD OF NURSING**

**Title of Regulations: 18 VAC 90-21-10 et seq.**

**Statutory Authority: §§ 54.1-2400 and Chapter 30 of Title 54.1  
of the *Code of Virginia***

**Date: February 21, 2019**

9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463

(804) 367-4515 (TEL)  
(804) 527-4455 (FAX)

email: [nursebd@dhp.virginia.gov](mailto:nursebd@dhp.virginia.gov)

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## **Part I. Medication Administration Training Program.**

### **18VAC90-21-10. Establishing a medication administration training program.**

A. A program provider wishing to establish a medication administration training program pursuant to §54.1-3408 of the Code of Virginia shall submit an application to the board at least 90 days in advance of the expected beginning date.

B. The application shall be considered at a meeting of the board. The board shall, after review and consideration, either grant or deny approval.

C. If approval is denied, the program provider may request a hearing before the board, and the provisions of the Administrative Process Act shall apply (§2.2-4000 et seq. of the Code of Virginia).

### **18VAC90-21-20. Qualifications of instructional personnel.**

Instructors shall be licensed health care professionals who, consistent with provisions of the Drug Control Act (§54.1-3400 et seq. of the Code of Virginia), are authorized to administer, prescribe or dispense drugs and who have completed a program designed to prepare the instructor to teach the course as it applies to the clients in the specific setting in which those completing the course will administer medications.

### **18VAC90-21-30. Content of medication administration training.**

A. The curriculum shall include a minimum of 32 hours of classroom instruction and practice in the following:

1. Preparing for safe administration of medications to clients in specific settings by:
  - a. Demonstrating an understanding of the client's rights regarding medications, treatment decisions and confidentiality.
  - b. Recognizing emergencies and other health-threatening conditions and responding accordingly.
  - c. Identifying medication terminology and abbreviations.
2. Maintaining aseptic conditions by:
  - a. Implementing universal precautions.
  - b. Insuring cleanliness and disinfection.
  - c. Disposing of infectious or hazardous waste.
3. Facilitating client self-administration or assisting with medication administration by:
  - a. Reviewing administration records and prescriber's orders.
  - b. Facilitating client's awareness of the purpose and effects of medication.
  - c. Assisting the client to interpret prescription labels.
  - d. Observing the five rights of medication administration and security requirements appropriate to the setting.
  - e. Following proper procedure for preparing medications.
  - f. Measuring and recording vital signs to assist the client in making medication administration decisions.
  - g. Assisting the client to administer oral medications.

h. Assisting the client with administration of prepared instillations and treatments of:

(1) Eye drops and ointments.

(2) Ear drops.

(3) Nasal drops and sprays.

(4) Topical preparations.

(5) Compresses and dressings.

(6) Vaginal and rectal products.

(7) Soaks and sitz baths.

(8) Inhalation therapy.

(9) Oral hygiene products.

i. Reporting and recording the client's refusal to take medication.

j. Documenting medication administration.

k. Documenting and reporting medication errors.

l. Maintaining client records according to facility policy.

m. Sharing information with other staff orally and by using documents.

n. Storing and securing medications.

o. Maintaining an inventory of medications.

p. Disposing of medications.

4. Facilitating client self-administration or assisting with the administration of insulin. Instruction and practice in the administration of insulin shall be included only in those settings where required by client needs and shall include:

a. Cause and treatment of diabetes.

b. The side effects of insulin.

c. Preparation and administration of insulin.

B. Pursuant to subsection L of § 54.1-3408 of the Code of Virginia, the board requires successful completion of the curriculum approved by the Department of Behavioral Health and Developmental Services (DBHDS) for unlicensed persons to administer medication via a gastrostomy tube to a person receiving services from a program licensed by the DBHDS.

#### **18VAC90-21-40. Post-course examination.**

The program provider shall require that each student shall pass a written and practical examination at the conclusion of the training which measures minimum competency in medication administration.

## **Part II. Protocol for Adult Immunization.**

#### **18VAC90-21-50. Requirements for protocol for administration of adult immunization.**

Pursuant to provisions of §54.1-3408 of the Code of Virginia, a protocol shall be submitted to the board prior to the administration of an adult immunization program that includes the following:

1. Purpose and objectives of immunization program.

2. Target population.

3. Name and address of medical director.
  4. A signed and dated medical directive.
  5. Screening criteria for inclusion and exclusion.
  6. Informed consent form.
  7. Immunization procedures.
    - a. Dosage.
    - b. Single or multiple dose administration.
    - c. Injection site.
    - d. Vaccine storage.
    - e. Biohazardous waste disposal.
    - f. Standard precautions.
  8. Post-immunization instructions.
  9. Emergency guidelines, including a signed medical directive for emergency treatment.
  10. Qualification of immunization providers.
    - a. Virginia licensure as a registered nurse, licensed practical nurse, or pharmacist.
    - b. Supervision of LPN provider.
    - c. Current cardiopulmonary resuscitation training.
  11. Resource personnel and supervision.
  12. Sample of patient record with date, vaccine, dose, site, expiration date, lot number, and administering person's signature.
- .

**Agenda Item: Initiation of Periodic Reviews, Chapters 25, 27, and 50**

**Action needed:**

- Motion to initiate periodic review for 18VAC90-25, Regulations Governing Certified Nurse Aides;
- Motion to initiate periodic review for 18VAC90-27, Regulations for Nursing Education Programs; and
- Motion to initiate periodic review for 18VAC90-50, Regulations Governing the Licensure of Massage Therapists.

**DRAFT**

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# *Virginia's Licensed Nurse Practitioner Workforce: 2022*

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Healthcare Workforce Data Center

October 2022

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-597-4213, 804-527-4466(fax)  
E-mail: [HWDC@dhp.virginia.gov](mailto:HWDC@dhp.virginia.gov)

Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*5,789 Licensed Nurse Practitioners voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for their ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**David E. Brown, DC**  
*Director*

*Healthcare Workforce Data Center Staff:*

Yetty Shobo, PhD  
*Director*

Barbara Hodgdon, PhD  
*Deputy Director*

Rajana Siva, MBA  
*Data Analyst*

Christopher Coyle, BA  
*Research Assistant*

# **The Committee of the Joint Boards of Nursing and Medicine**

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## ***Executive Director of Board of Medicine***

William L. Harp, MD

## ***Executive Director of Board of Nursing***

Jay P. Douglas, MSM, RN, CSAC, FRE

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# The Licensed Nurse Practitioner Workforce: At a Glance:

## The Workforce

Licenses:	17,057
Virginia's Workforce:	13,178
FTEs:	11,655

## Background

Rural Childhood:	34%
HS Degree in VA:	44%
Prof. Degree in VA:	50%

## Current Employment

Employed in Prof.:	96%
Hold 1 Full-time Job:	64%
Satisfied?:	93%

## Survey Response Rate

All Licensees:	34%
Renewing Practitioners:	86%

## Education

Master's Degree:	76%
Post-Masters Cert.:	8%

## Job Turnover

Switched Jobs:	9%
Employed over 2 yrs:	53%

## Demographics

Female:	90%
Diversity Index:	43%
Median Age:	44

## Finances

Median Income:	\$100k-\$110k
Health Benefits:	64%
Under 40 w/ Ed debt:	63%

## Time Allocation

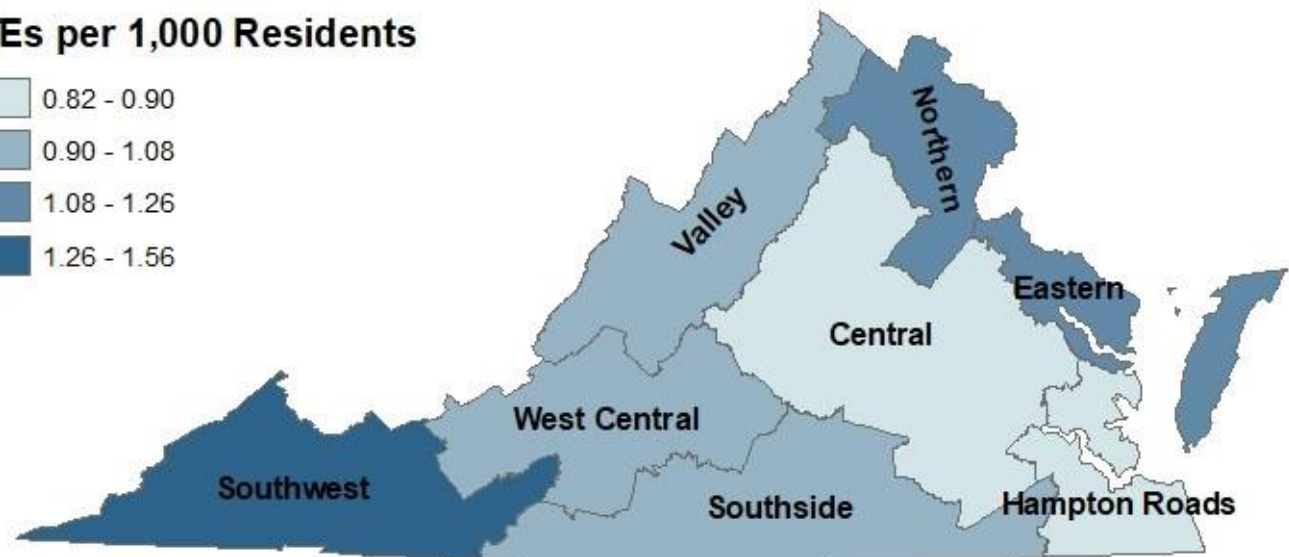
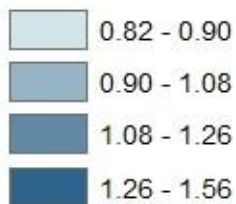
Patient Care:	90%-99%
Patient Care Role:	87%
Admin. Role:	3%

Source: Va. Healthcare Workforce Data Center

## Full Time Equivalency Units Provided by Nurse Practitioners per 1,000 Residents by Virginia Performs Areas

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2021  
Source: U.S. Census Bureau, Population Division



Over 5,700 Licensed Nurse Practitioners (NPs) voluntarily took part in the 2022 Licensed Nurse Practitioner Workforce Survey<sup>1</sup>. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during license renewal, which takes place during a two-year renewal cycle in the birth month of each respondent. About half of all NPs have access to the survey every year. The 2022 survey respondents represent 34% of the 17,057 NPs who are licensed in the state and 86% of renewing practitioners. This report includes any advanced practice registered nurse. Detailed information on NPs, nurse anesthetists, and/or certified nurse midwives is available as a separate report.

The HWDC estimates that 13,178 NPs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an NP at some point in the future. Between October 2021 and September 2022, Virginia's NP workforce provided 11,655 "full-time equivalency units" (FTEs), which the HWDC defines simply as working 2,000 hours a year.

Nine out of 10 NPs are female, and the median age of all NPs is 44. In a random encounter between two NPs, there is a 43% chance that they would be of different races or ethnicities; this measure is known as the diversity index. This makes Virginia's NP workforce less diverse than the state's overall population which has a diversity index of 58%. The diversity index is 46% among NPs under age 40. Over one-third of NPs grew up in a rural area, and 23% of these professionals currently work in non-Metro areas of the state. Overall, 14% of NPs work in rural areas. Meanwhile, 44% of Virginia's NPs graduated from high school in Virginia, and 50% of NPs earned their initial professional degree in the state. In total, 55% of Virginia's NP workforce have some educational background in the state.

Over three quarters of all NPs hold a Master's degree as their highest professional degree and over 20% have at least a Master's degree. Half of all NPs currently carry educational debt, including 63% of those under the age of 40. The median debt burden for those NPs with educational debt is between \$60,000 and \$70,000.

## Summary of Trends

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Several significant changes have occurred in the NP workforce in the past six years. In 2018, the General Assembly authorized the Committee of the Joint Boards of Nursing and Medicine (the Joint Boards) to promulgate regulations that permit qualified nurse practitioners to practice autonomously after the completion of five years of clinical experience as a nurse practitioner. A separate report on this policy was submitted to the General Assembly<sup>2</sup>. In 2020, the General Assembly reduced the required clinical experience to two years before autonomous practice. This change sunsets July 1, 2022; if not reenacted, the prerequisite years of clinical experience will again be 5 years. The number of licensed NPs in the state has more than doubled since 2014; the number in the state's workforce also has more than doubled, and the FTEs provided increased by 102%. Compared to 2020, the response rate of renewing NPs increased from 77% to 86%. The percent of NPs working in non-metro areas also reached a high of 14% compared to 11% in 2020.

The percent female has stayed consistently around 90%. The diversity index continues to increase from 28% in 2014 to a high of 43% in 2022, though the diversity index is still lower than the statewide diversity index (58%). Median age declined from 48 years in 2014 to 44 years in 2020 and stayed at 44 through 2022. NPs educational attainment has increased since 2014. In 2022, the percent of NPs with a doctorate NP increased to an all-time high of 11%, this level is considerably higher than the 2014 level of 4%. Not surprisingly, the percent carrying debt also has increased across the years; 50% of all NPs now carry debt compared to 40% in 2014. Median debt is now \$60,000-\$70,000, up from \$40,000-\$50,000 in 2014. Median income has stayed at \$100,000-\$110,000 since 2017. Involuntary unemployment increased from less than 1% in previous years to 4% in 2020 and then decreased to 1% in 2022. Retirement expectations have declined over time; and 20% of NPs intend to retire within a decade of the survey, as compared to 24% in 2014.

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<sup>1</sup> To reduce respondents' burden, HWDC changed its procedure in 2019 so that nurses now complete a survey for the highest profession in which they are practicing. This may have resulted in more NPs responding. This distinction should be kept in mind when comparing this year's survey to previous years.

<sup>2</sup> <https://rga.lis.virginia.gov/Published/2021/RD625/PDF>

**A Closer Look:**

Licensees		
License Status	#	%
<b>Renewing Practitioners</b>	6,280	37%
<b>New Licensees</b>	2,124	12%
<b>Non-Renewals</b>	822	5%
<b>Renewal date not in survey period</b>	7,831	46%
<b>All Licensees</b>	<b>17,057</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Our surveys tend to achieve very high response rates. More than eight of every ten renewing NPs submitted a survey. These represent 34% of NPs who held a license at some point during the licensing period.*

**Definitions**

- 1. The Survey Period:** The survey was conducted between October 2021 and September 2022 in the birth month of each renewing practitioner.
- 2. Target Population:** All NPs who held a Virginia license at some point during the survey period.
- 3. Survey Population:** The survey was available to NPs who renewed their licenses online. It was not available to those who did not renew, including NPs newly licensed during the survey time.

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
<b>By Age</b>			
<b>Under 30</b>	394	78	17%
<b>30 to 34</b>	1,437	792	36%
<b>35 to 39</b>	2,234	854	28%
<b>40 to 44</b>	1,663	1,004	38%
<b>45 to 49</b>	1,563	680	30%
<b>50 to 54</b>	1,194	829	41%
<b>55 to 59</b>	1,017	471	32%
<b>60 and Over</b>	1,766	1,081	38%
<b>Total</b>	<b>11,268</b>	<b>5,789</b>	<b>34%</b>
<b>New Licenses</b>			
<b>Issued After Sept. 2021</b>	1,986	138	6%
<b>Metro Status</b>			
<b>Non-Metro</b>	862	519	38%
<b>Metro</b>	6,248	3,963	39%
<b>Not in Virginia</b>	4,157	1,307	24%

Source: Va. Healthcare Workforce Data Center

Response Rates	
<b>Completed Surveys</b>	5,789
<b>Response Rate, all licensees</b>	34%
<b>Response Rate, Renewals</b>	86%

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licensed NPs**

Number: 17,057  
 New: 12%  
 Not Renewed: 5%

**Response Rates**

All Licensees: 34%  
 Renewing Practitioners: 86%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

Virginia's NP Workforce: 13,178  
 FTEs: 11,655

### Utilization Ratios

Licenses in VA Workforce: 77%  
 Licenses per FTE: 1.46  
 Workers per FTE: 1.13

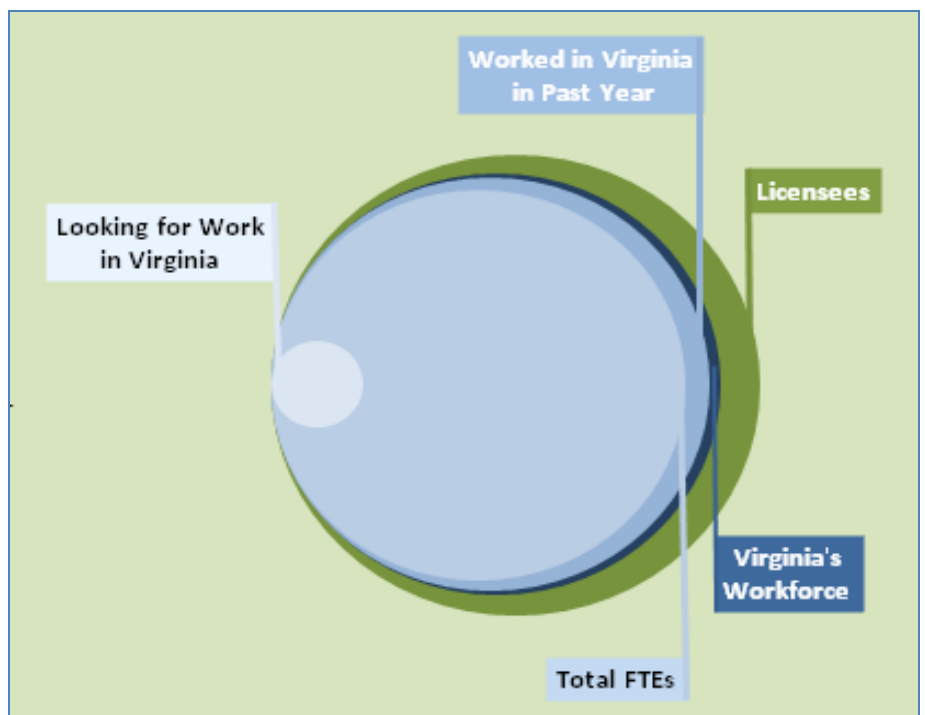
Source: Va. Healthcare Workforce Data Center

## Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey timeframe or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's NP Workforce		
Status	#	%
Worked in Virginia in Past Year	12,944	98%
Looking for Work in Virginia	235	2%
Virginia's Workforce	13,178	100%
Total FTEs	11,655	
Licenses	17,057	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit:*

[www.dhp.virginia.gov/hwdc](http://www.dhp.virginia.gov/hwdc)

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	44	12%	334	88%	378	3%
30 to 34	137	8%	1,475	92%	1,612	14%
35 to 39	153	7%	1,918	93%	2,071	18%
40 to 44	191	11%	1,569	89%	1,760	15%
45 to 49	191	13%	1,300	87%	1,490	13%
50 to 54	139	11%	1,157	89%	1,296	11%
55 to 59	123	12%	881	88%	1,005	9%
60 +	202	11%	1,590	89%	1,792	16%
<b>Total</b>	<b>1,180</b>	<b>10%</b>	<b>10,223</b>	<b>90%</b>	<b>11,403</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Gender**  
 % Female: 90%  
 % Under 40 Female: 92%

**Age**  
 Median Age: 44  
 % Under 40: 36%  
 % 55+: 25%

**Diversity**  
 Diversity Index: 43%  
 Under 40 Div. Index: 46%

Source: Va. Healthcare Workforce Data Center

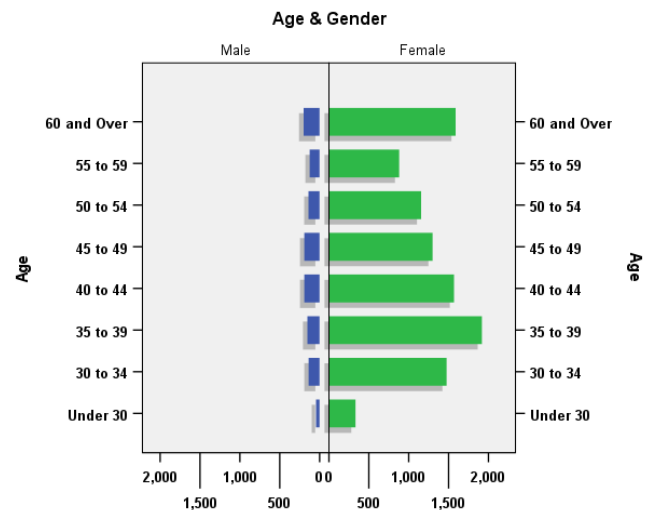
Race & Ethnicity					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	61%	8,385	74%	2,870	72%
Black	19%	1,565	14%	534	13%
Asian	7%	691	6%	314	8%
Other Race	0%	128	1%	31	1%
Two or more races	3%	244	2%	97	2%
Hispanic	10%	363	3%	168	4%
<b>Total</b>	<b>100%</b>	<b>11,376</b>	<b>100%</b>	<b>4,014</b>	<b>100%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: Va. Healthcare Workforce Data Center

*In a chance encounter between two NPs, there is a 43% chance they would be of a different race/ethnicity (a measure known as the Diversity Index), compared to a 58% chance for Virginia's population as a whole.*

*36% of NPs are under the age of 40. 92% of these professionals are female. In addition, the diversity index among NPs under the age of 40 is 46%, which is slightly higher than the diversity index among Virginia's overall NP workforce.*



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 14%  
 Rural Childhood: 34%

### Virginia Background

HS in Virginia: 44%  
 Prof. Ed. in VA: 50%  
 HS or Prof. Ed. in VA: 55%  
 Initial NP Degree in VA: 49%

### Location Choice

% Rural to Non-Metro: 23%  
 % Urban/Suburban to Non-Metro: 5%

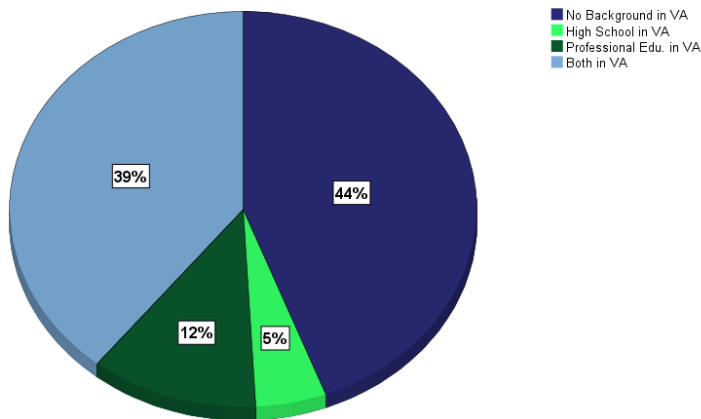
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 million+	23.0%	60.8%	16.2%
2	Metro, 250,000 to 1 million	51.8%	36.6%	11.5%
3	Metro, 250,000 or less	44.6%	45.1%	10.2%
<b>Non-Metro Counties</b>				
4	Urban pop 20,000+, Metro adjacent	67.6%	25.7%	6.7%
6	Urban pop, 2,500-19,999, Metro adjacent	66.2%	29.4%	4.5%
7	Urban pop, 2,500-19,999, non adjacent	78.5%	12.8%	8.8%
8	Rural, Metro adjacent	61.1%	34.3%	4.6%
9	Rural, non adjacent	62.5%	26.3%	11.3%
<b>Overall</b>		<b>34%</b>	<b>52%</b>	<b>14%</b>

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

34% of all NPs grew up in self-described rural areas, and 23% of these professionals currently work in non-metro counties. Overall, 11% of all NPs currently work in non-metro counties.

## Top Ten States for Licensed Nurse Practitioner Recruitment

Rank	All NPs					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	4,941	Virginia	5,638	Virginia	5,487
2	Outside of U.S./Canada	853	Pennsylvania	500	Washington, D.C.	746
3	New York	539	New York	491	Tennessee	570
4	Pennsylvania	500	North Carolina	429	Pennsylvania	400
5	Maryland	426	Tennessee	412	North Carolina	390
6	North Carolina	377	Maryland	364	Minnesota	309
7	Florida	324	Florida	321	Maryland	299
8	Ohio	257	West Virginia	264	New York	272
9	West Virginia	247	Washington, D.C.	243	Illinois	266
10	New Jersey	245	Outside of U.S./Canada	217	Florida	233

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in the Past 5 Years					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	2,381	Virginia	2,770	Virginia	2,465
2	Outside of U.S./Canada	558	North Carolina	238	Tennessee	326
3	New York	233	Pennsylvania	237	Washington, D.C.	299
4	Maryland	232	New York	226	Illinois	235
5	Florida	206	Maryland	213	Minnesota	235
6	North Carolina	198	Tennessee	200	Pennsylvania	224
7	Pennsylvania	197	Florida	189	North Carolina	185
8	New Jersey	149	Outside of U.S./Canada	130	Florida	154
9	Ohio	131	Texas	124	Maryland	138
10	Tennessee	120	South Carolina	114	Georgia	133

Source: Va. Healthcare Workforce Data Center

*23% of Virginia's licensees did not participate in Virginia's NP workforce during the past year. Ninety-four percent of these licensees worked at some point in the past year, including 91% who worked in a nursing-related capacity.*

### At a Glance:

#### Not in VA Workforce

Total:	3,871
% of Licensees:	23%
Federal/Military:	13%
Va. Border State/DC:	20%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

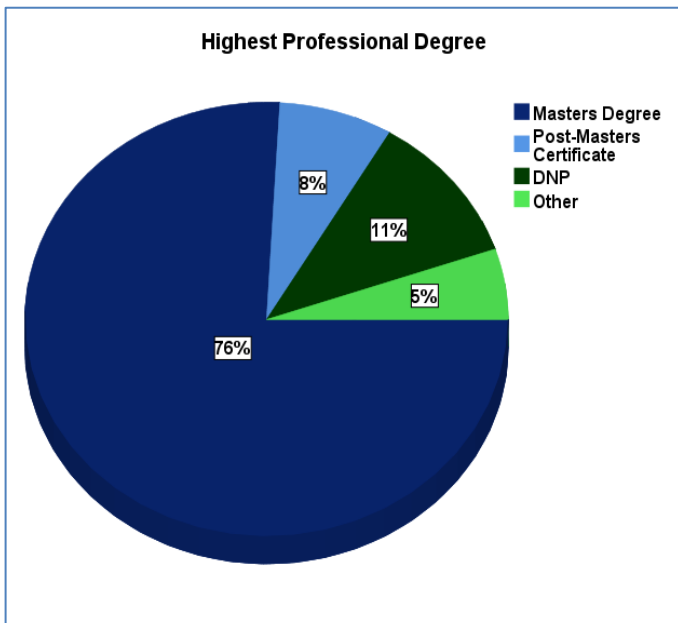
Highest Degree		
Degree	#	%
NP Certificate	205	2%
Master's Degree	8,477	76%
Post-Masters Cert.	851	8%
Doctorate of NP	1,256	11%
Other Doctorate	381	3%
Post-Ph.D. Cert.	2	0%
<b>Total</b>	<b>11,172</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Education**  
 Master's Degree: 76%  
 Post-Masters Cert.: 8%

**Educational Debt**  
 Carry debt: 50%  
 Under age 40 w/ debt: 63%  
 Median debt: \$60k-\$70k



Source: Va. Healthcare Workforce Data Center

*More than three-quarters of all NPs hold a Master's degree as their highest professional degree. Half of NPs carry education debt, including 63% of those under the age of 40. The median debt burden among NPs with educational debt is between \$60,000 and \$70,000.*

Amount Carried	All NPs		NPs under 40	
	#	%	#	%
None	5,052	50%	1,298	37%
\$10,000 or less	313	3%	117	3%
\$10,000-\$19,999	331	3%	121	3%
\$20,000-\$29,999	373	4%	158	4%
\$30,000-\$39,999	337	3%	162	5%
\$40,000-\$49,999	425	4%	208	6%
\$50,000-\$59,999	358	4%	137	4%
\$60,000-\$69,999	397	4%	224	6%
\$70,000-\$79,999	350	3%	212	6%
\$80,000-\$89,999	370	4%	170	5%
\$90,000-\$99,999	255	3%	112	3%
\$100,000-\$109,999	355	4%	139	4%
\$110,000-\$119,999	190	2%	106	3%
\$120,000 or more	961	10%	371	10%
<b>Total</b>	<b>10,067</b>	<b>100%</b>	<b>3,535</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



## At a Glance:

### Primary Specialty

Family Health:	28%
RN Anesthetist:	14%
Acute Care/ER:	8%

### Credentials

AANPCP – Family NP:	23%
ANCC – Family NP:	19%
ANCC – Adult-Gerontology	
Acute Care NP:	4%

Source: Va. Healthcare Workforce Data Center

Specialty	Primary	
	#	%
Family Health	3,125	28%
Certified Registered Nurse Anesthetist	1,556	14%
Acute Care/Emergency Room	907	8%
Psychiatric/Mental Health	839	8%
Adult Health	707	6%
Pediatrics	634	6%
OB/GYN - Women's Health	468	4%
Surgical	364	3%
Geriatrics/Gerontology	342	3%
Medical Specialties (Not Listed)	320	3%
Certified Nurse Midwife	219	2%
Neonatal Care	162	1%
Gastroenterology	122	1%
Pain Management	72	1%
Other	19,425	11%
<b>Total</b>	<b>12,111</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## Credentials

Credential	#	%
AANPCP: Family NP	3,081	23%
ANCC: Family NP	2,566	19%
ANCC: Adult-Gerontology Acute Care NP	538	4%
ANCC: Family Psychiatric-Mental Health NP	473	4%
ANCC: Adult Psychiatric-Mental Health NP	382	3%
NCC: Women's Health Care NP	355	3%
ANCC: Acute Care NP	326	2%
ANCC: Adult NP	318	2%
ANCC: Adult-Gerontology Primary Care NP	247	2%
AANPCP: Adult-Gerontology Primary Care NP (A-GNP-C)	241	2%
ANCC: Pediatric NP	159	1%
NCC: Neonatal NP	157	1%
AANPCP: Adult NP	89	1%
All Other Credentials	20	0%
<b>At Least One Credential</b>	<b>8,409</b>	<b>64%</b>

Source: Va. Healthcare Workforce Data Center

Over a quarter of all NPs had a primary specialty in family health, while another 14% had a primary specialty as a Certified RN Anesthetist. 64% of all NPs also held at least one credential. AANPCP: Family NP was the most reported credential held by Virginia's NP workforce.

## At a Glance:

### Employment

Employed in Profession: 96%  
 Involuntarily Unemployed: <1%

### Positions Held

1 Full-time: 64%  
 2 or More Positions: 20%

### Weekly Hours:

40 to 49: 49%  
 60 or more: 7%  
 Less than 30: 11%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	2	0%
Employed in a nursing- related capacity	10,774	96%
Employed, NOT in a nursing-related capacity	60	1%
Not working, reason unknown	0	0%
Involuntarily unemployed	29	<1%
Voluntarily unemployed	268	2%
Retired	115	1%
<b>Total</b>	<b>11,248</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*96% of NPs are currently employed in their profession. 64% of NPs hold one full-time job, while 20% currently have multiple jobs. Nearly half of all NPs work between 40 and 49 hours per week, while 7% work at least 60 hours per week.*

Current Weekly Hours		
Hours	#	%
0 hours	297	3%
1 to 9 hours	119	1%
10 to 19 hours	316	3%
20 to 29 hours	749	7%
30 to 39 hours	2,142	20%
40 to 49 hours	5,334	49%
50 to 59 hours	1,172	11%
60 to 69 hours	430	4%
70 to 79 hours	104	1%
80 or more hours	197	2%
<b>Total</b>	<b>10,860</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	297	3%
One Part-Time Position	1,397	13%
Two Part-Time Positions	460	4%
One Full-Time Position	7,041	64%
One Full-Time Position & One Part-Time Position	1,410	13%
Two Full-Time Positions	51	0%
More than Two Positions	284	3%
<b>Total</b>	<b>10,940</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	74	1%
Less than \$40,000	352	4%
\$40,000-\$49,999	127	1%
\$50,000-\$59,999	195	2%
\$60,000-\$69,999	298	3%
\$70,000-\$79,999	403	5%
\$80,000-\$89,999	554	6%
\$90,000-\$99,999	850	10%
\$100,000-\$109,999	1466	17%
\$110,000-\$119,999	1188	13%
\$120,000 or more	3,298	37%
<b>Total</b>	<b>8,805</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$100k-\$110k

**Benefits**  
Retirement: 71%  
Health Insurance: 64%

**Satisfaction**  
Satisfied: 93%  
Very Satisfied: 59%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	6,529	59%
Somewhat Satisfied	3,712	34%
Somewhat Dissatisfied	599	5%
Very Dissatisfied	153	1%
<b>Total</b>	<b>10,993</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

The typical NP had an annual income of between \$100,000 and \$110,000. Among NPs who received either a wage or salary as compensation at the primary work location, 71% also had access to a retirement plan and 64% received health insurance.

Employer-Sponsored Benefits*			
Benefit	#	%	% of Wage/Salary Employees
Paid Leave	7,014	85%	71%
Retirement	7,040	85%	71%
Health Insurance	6,285	76%	64%
Dental Insurance	6,100	74%	62%
Group Life Insurance	4,971	60%	51%
Signing/Retention Bonus	1,678	20%	17%
<b>Receive at least one benefit</b>	<b>8,257</b>	<b>77%</b>	<b>83%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	166	1%
Experience Voluntary Unemployment?	599	5%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	338	3%
Work two or more positions at the same time?	2,597	20%
Switch employers or practices?	1,172	9%
<b>Experienced at least 1</b>	<b>4,037</b>	<b>31%</b>

Source: Va. Healthcare Workforce Data Center

*Only 1% of Virginia’s NPs experienced involuntary unemployment at some point in the prior year. By comparison, Virginia’s average monthly unemployment rate was 2.9% during the same period.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
<b>Not Currently Working at this Location</b>	240	2%	179	6%
<b>Less than 6 Months</b>	1,090	10%	458	16%
<b>6 Months to 1 Year</b>	1,258	12%	394	14%
<b>1 to 2 Years</b>	2,429	23%	588	20%
<b>3 to 5 Years</b>	2,575	24%	654	23%
<b>6 to 10 Years</b>	1,448	14%	320	11%
<b>More than 10 Years</b>	1,679	16%	277	10%
<b>Subtotal</b>	<b>10,719</b>	<b>100%</b>	<b>2,871</b>	<b>100%</b>
<b>Did not have location</b>	252		10,268	
<b>Item Missing</b>	2,207		39	
<b>Total</b>	<b>13,178</b>		<b>13,178</b>	

Source: Va. Healthcare Workforce Data Center

*67% of NPs receive a salary at their primary work location, while 27% receive an hourly wage.*

## At a Glance:

### Unemployment Experience

Involuntarily Unemployed: 1%  
Underemployed: 5%

### Turnover & Tenure

Switched Jobs: 9%  
New Location: 30%  
Over 2 years: 53%  
Over 2 yrs, 2<sup>nd</sup> location: 44%

### Employment Type

Salary: 67%  
Hourly Wage: 27%

Source: Va. Healthcare Workforce Data Center

*53% of NPs have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.*

Employment Type		
Primary Work Site	#	%
<b>Salary/ Commission</b>	5,642	67%
<b>Hourly Wage</b>	2,239	27%
<b>By Contract</b>	521	6%
<b>Business/ Practice Income</b>	0	0%
<b>Unpaid</b>	46	1%
<b>Subtotal</b>	<b>8,448</b>	
<b>Missing location</b>	252	
<b>Item missing</b>	4,226	

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 3.2% and a high of 5.7%. At the time of publication, the unemployment rate for September 2022 was still preliminary.

## At a Glance:

### Concentration

Top Region:	26%
Top 3 Regions:	70%
Lowest Region:	2%

### Locations

2 or more (Past Year):	27%
2 or more (Now*):	25%

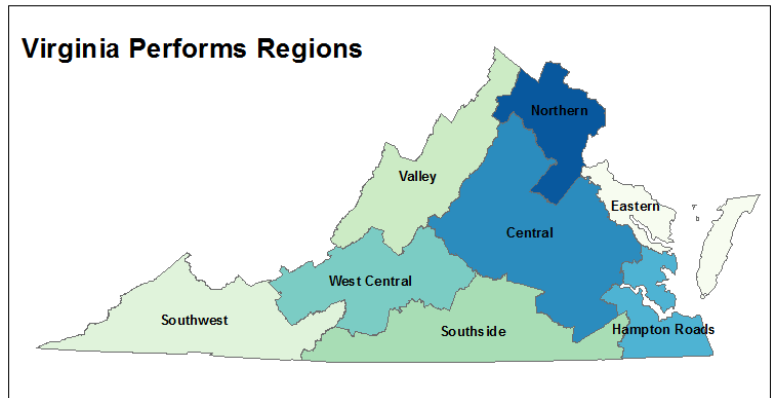
Source: Va. Healthcare Workforce Data Center

Northern Virginia has the highest number of NPs in the state, while Eastern Virginia has the fewest number of NPs in Virginia.

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	2,743	26%	572	20%
Eastern	186	2%	36	1%
Hampton Roads	1,911	18%	499	17%
Northern	2,799	26%	739	26%
Southside	372	3%	58	2%
Southwest	716	7%	168	6%
Valley	536	5%	141	5%
West Central	1,054	10%	257	9%
Virginia Border State/DC	127	1%	100	3%
Other US State	230	2%	317	11%
Outside of the US	10	0%	2	0%
<b>Total</b>	<b>10,685</b>	<b>100%</b>	<b>2,889</b>	<b>100%</b>
Item Missing	2,241		21	

Source: Va. Healthcare Workforce Data Center



71% of all NPs had just one work location during the past year, while 27% of NPs had multiple work locations.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	235	2%	391	4%
1	7,784	71%	7,800	71%
2	1,680	15%	1,738	16%
3	871	8%	756	7%
4	154	1%	101	1%
5	67	1%	58	1%
6 or More	126	1%	73	1%
<b>Total</b>	<b>10,917</b>	<b>100%</b>	<b>10,917</b>	<b>100%</b>

\*At the time of survey completion (Oct. 2021 - Sept. 2022, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	5,395	53%	1,730	62%
Non-Profit	3,475	34%	773	28%
State/Local Government	757	7%	196	7%
Veterans Administration	220	2%	17	1%
U.S. Military	223	2%	17	1%
Other Federal Government	87	1%	39	1%
<b>Total</b>	<b>10,157</b>	<b>100%</b>	<b>2,772</b>	<b>100%</b>
Did not have location	252		10,268	
Item Missing	2,769		139	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

For Profit:	53%
Federal:	5%

**Top Establishments**

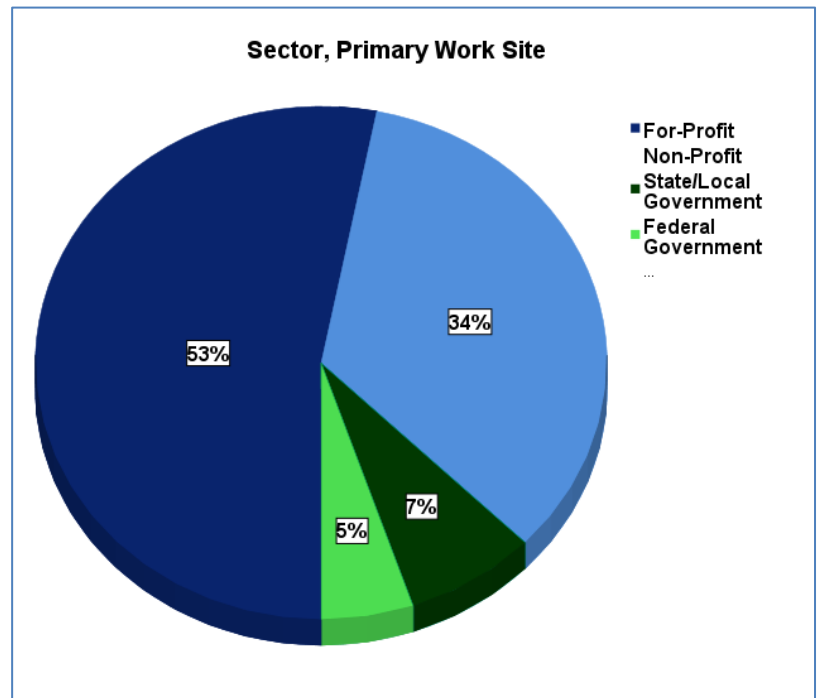
Clinic, Primary Care:	19%
Hospital, Inpatient:	19%
Physician Office:	7%

Source: Va. Healthcare Workforce Data Center

More than 85% of all NPs work in the private sector, including 53% in for-profit establishments. Meanwhile, 7% of NPs work for state or local governments, and 5% work for the federal government.

Electronic Health Records (EHRs) and Telehealth		
	#	%
Meaningful use of EHRs	3,561	27%
Remote Health, Caring for Patients in Virginia	3,144	24%
Remote Health, Caring for Patients Outside of Virginia	692	5%
<b>Use at least one</b>	<b>4,985</b>	<b>38%</b>

Source: Va. Healthcare Workforce Data Center



Over a quarter of the state's NP workforce use EHRs. 24% also provide remote health care for Virginia patients.

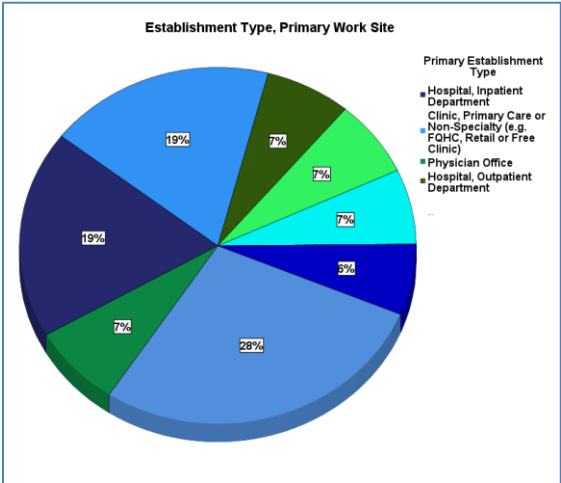
Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Hospital, Inpatient Department	1,831	19%	466	18%
Clinic, Primary Care or Non-Specialty	1,804	19%	360	14%
Physician Office	721	7%	106	4%
Hospital, Outpatient Department	682	7%	117	4%
Academic Institution (Teaching or Research)	673	7%	196	7%
Private practice, group	660	7%	139	5%
Ambulatory/Outpatient Surgical Unit	396	4%	171	6%
Clinic, Non-Surgical Specialty	385	4%	93	4%
Mental Health, or Substance Abuse, Outpatient Center	382	4%	78	3%
Long Term Care Facility, Nursing Home	313	3%	108	4%
Hospital, Emergency Department	232	2%	98	4%
Private practice, solo	217	2%	71	3%
Home Health Care	119	1%	54	2%
Other Practice Setting	1,296	13%	600	23%
<b>Total</b>	<b>9,711</b>	<b>100%</b>	<b>2,657</b>	<b>100%</b>
Did Not Have a Location	252		10,268	

Source: Va. Healthcare Workforce Data Center

*The single largest employer of Virginia's NPs is inpatient departments of hospitals, where 19% of all NPs have their primary work location. Primary care or non-specialty clinics, physicians' offices, academic institutions, and group private practices were also common primary establishment types for Virginia's NP workforce.*

*Among those NPs who also have a secondary work location, 18% work at the inpatient department of a hospital and 14% work in a primary care/non-specialty clinic.*

*92% of NPs who responded to the question about forms of payment reported accepting private insurance as a form of payment for services rendered.*



Source: Va. Healthcare Workforce Data Center

Accepted Forms of Payment		
Payment	#	% of Workforce
Private Insurance	7,885	92%
Medicaid	7,198	84%
Medicare	7,195	84%
Cash/Self-Pay	6,835	80%

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Time Allocation

Patient Care: 90%-99%  
Administration: 1%-9%  
Education: 1%-9%

### Roles

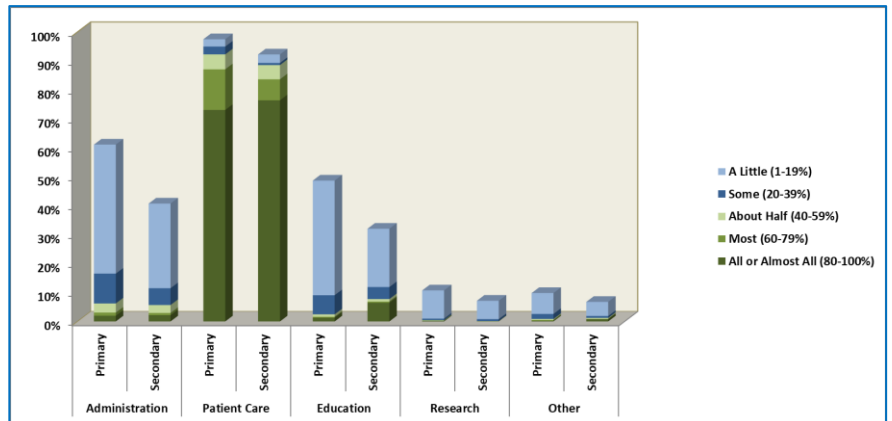
Patient Care: 87%  
Administration: 3%  
Education: 2%

### Patient Care NPs

Median Admin Time: 1%-9%  
Ave. Admin Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*A typical NP spends most of her time on patient care activities, with most of the remaining time split between administrative and educational tasks. 87% of all NPs fill a patient care role, defined as spending 60% or more of their time on patient care activities.*

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	2%	2%	73%	76%	1%	6%	0%	0%	0%	1%
<b>Most (60-79%)</b>	1%	1%	14%	7%	0%	0%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	3%	3%	5%	5%	1%	1%	0%	0%	0%	0%
<b>Some (20-39%)</b>	10%	6%	3%	1%	7%	4%	1%	1%	2%	1%
<b>A Little (1-20%)</b>	45%	29%	3%	3%	40%	20%	10%	6%	7%	5%
<b>None (0%)</b>	39%	59%	3%	8%	51%	68%	89%	93%	90%	93%

Source: Va. Healthcare Workforce Data Center



**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All NPs		NPs over 50	
	#	%	#	%
<b>Under age 50</b>	182	2%	0	0%
<b>50 to 54</b>	332	4%	19	1%
<b>55 to 59</b>	795	8%	141	4%
<b>60 to 64</b>	2,402	26%	782	23%
<b>65 to 69</b>	3,522	37%	1,376	40%
<b>70 to 74</b>	1,195	13%	627	18%
<b>75 to 79</b>	343	4%	214	6%
<b>80 or over</b>	76	1%	33	1%
<b>I do not intend to retire</b>	564	6%	248	7%
<b>Total</b>	<b>9,411</b>	<b>100%</b>	<b>3,440</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All NPs**

Under 65: 39%  
Under 60: 14%

**NPs 50 and over**

Under 65: 27%  
Under 60: 5%

**Time until Retirement**

Within 2 years: 5%  
Within 10 years: 20%  
Half the workforce: By 2047

Source: Va. Healthcare Workforce Data Center

*39% of NPs expect to retire by the age of 65, while 27% of NPs who are age 50 or over expect to retire by the same age. Meanwhile, 37% of all NPs expect to retire in their late 60s, and 24% of all NPs expect to work until at least age 70, including 6% who do not expect to retire at all.*

*Within the next two years, only 3% of Virginia's NPs plan on leaving either the profession or the state. Meanwhile, 11% of NPs plan on increasing patient care hours, and 12% plan on pursuing additional educational opportunities.*

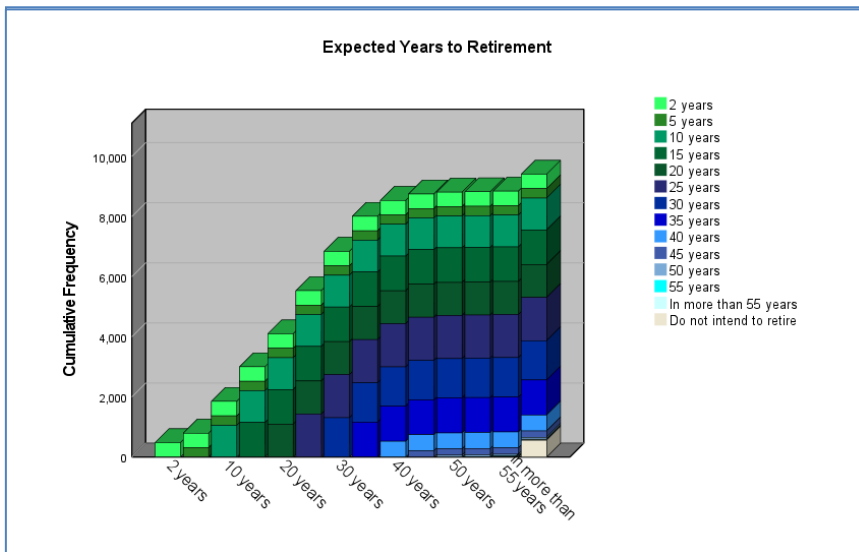
Future Plans		
2 Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	124	1%
<b>Leave Virginia</b>	317	2%
<b>Decrease Patient Care Hours</b>	1,399	11%
<b>Decrease Teaching Hours</b>	106	1%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	1,388	11%
<b>Increase Teaching Hours</b>	1,368	10%
<b>Pursue Additional Education</b>	1,547	12%
<b>Return to Virginia's Workforce</b>	73	1%

Source: Va. Healthcare Workforce Data Center

*By comparing retirement expectation to age, we can estimate the maximum years to retirement for NPs. 5% of NPs expect to retire in the next two years, while 20% expect to retire in the next 10 years. More than half of the current NP workforce expect to retire by 2047.*

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
<b>2 years</b>	482	5%	5%
<b>5 years</b>	313	3%	8%
<b>10 years</b>	1,059	11%	20%
<b>15 years</b>	1,152	12%	32%
<b>20 years</b>	1,095	12%	44%
<b>25 years</b>	1,438	15%	59%
<b>30 years</b>	1,309	14%	73%
<b>35 years</b>	1,165	12%	85%
<b>40 years</b>	530	6%	91%
<b>45 years</b>	212	2%	93%
<b>50 years</b>	62	1%	94%
<b>55 years</b>	12	0%	94%
<b>In more than 55 years</b>	20	0%	94%
<b>Do not intend to retire</b>	564	6%	100%
<b>Total</b>	<b>9,412</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*Using these estimates, retirement will begin to reach over 10% of the current workforce every 5 years by 2032. Retirement will peak at 15% of the current workforce around 2047 before declining to under 10% of the current workforce again around 2062.*

## At a Glance:

### FTEs

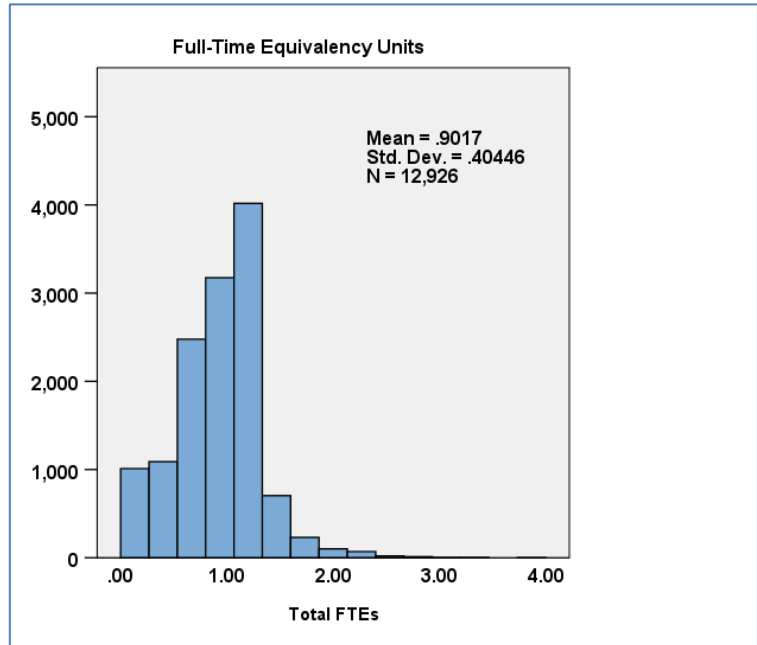
Total: 11,655  
 FTEs/1,000 Residents: 1.37  
 Average: 0.90

### Age & Gender Effect

Age, Partial Eta<sup>2</sup>: Negligible  
 Gender, Partial Eta<sup>2</sup>: Negligible

*Partial Eta<sup>2</sup> Explained:*  
 Partial Eta<sup>2</sup> is a statistical measure of effect size.

## A Closer Look:

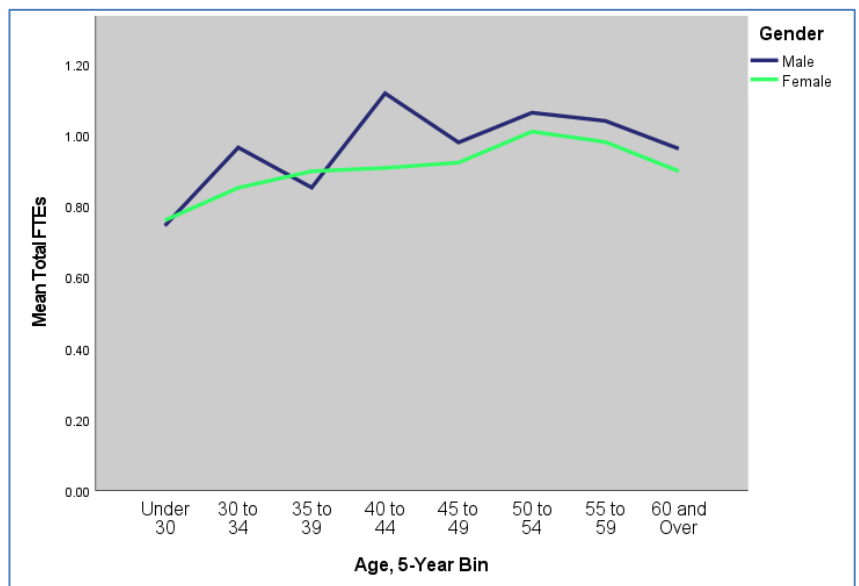


Source: Va. Healthcare Workforce Data Center

*The typical (median) NP provided 0.91 FTEs, or approximately 36 hours per week for 52 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists<sup>2</sup>.*

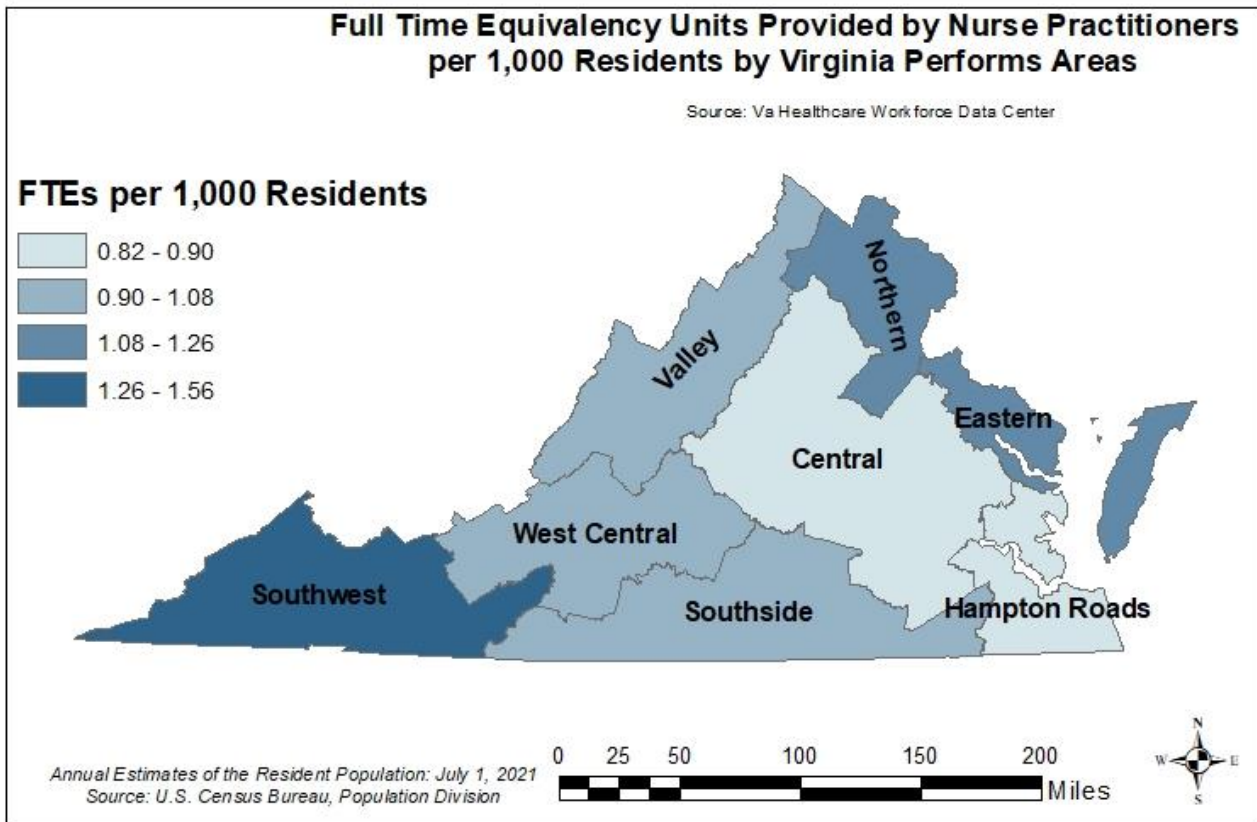
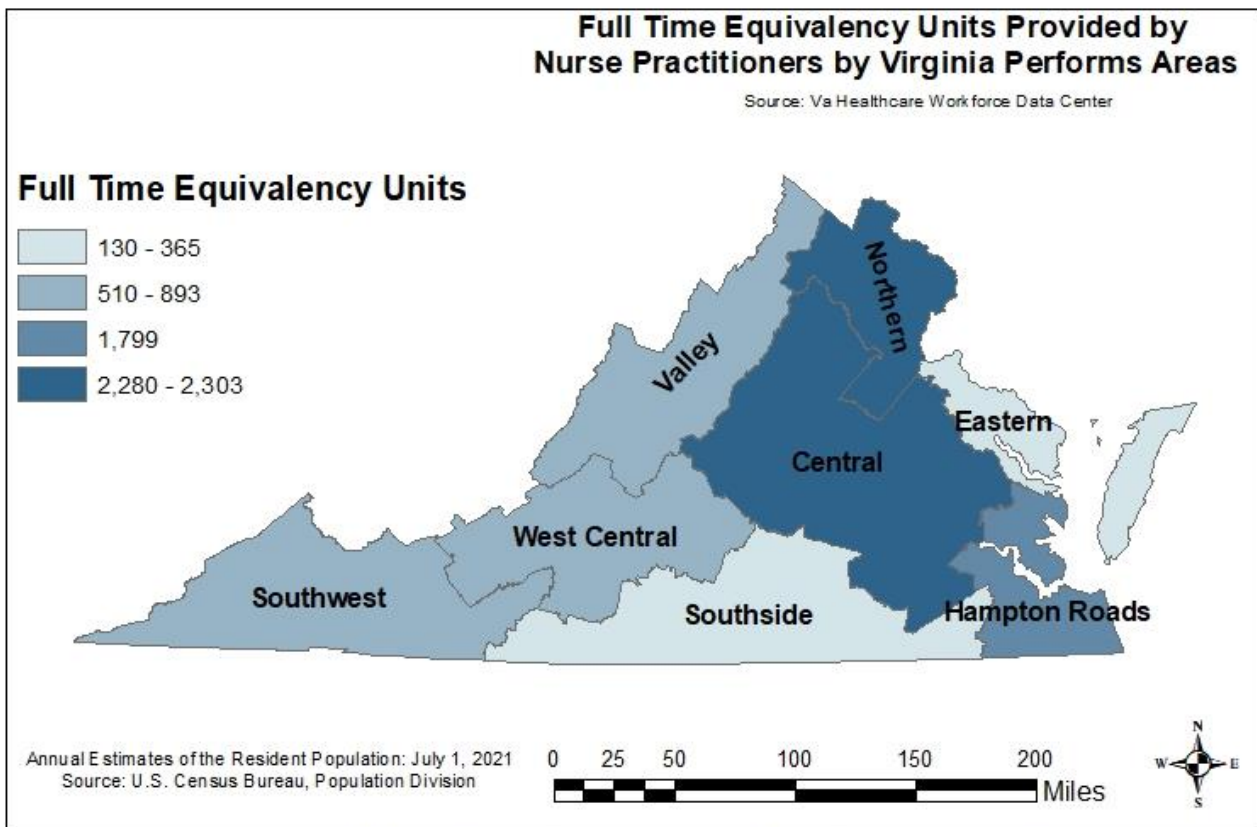
Full-Time Equivalency Units		
Age	Average Age	Median
<b>Under 30</b>	0.87	0.90
<b>30 to 34</b>	0.88	0.96
<b>35 to 39</b>	0.85	0.86
<b>40 to 44</b>	0.86	0.88
<b>45 to 49</b>	0.93	0.90
<b>50 to 54</b>	1.00	1.06
<b>55 to 59</b>	0.91	0.91
<b>60 and Over</b>	0.93	1.08
Gender		
<b>Male</b>	0.94	1.02
<b>Female</b>	0.90	0.91

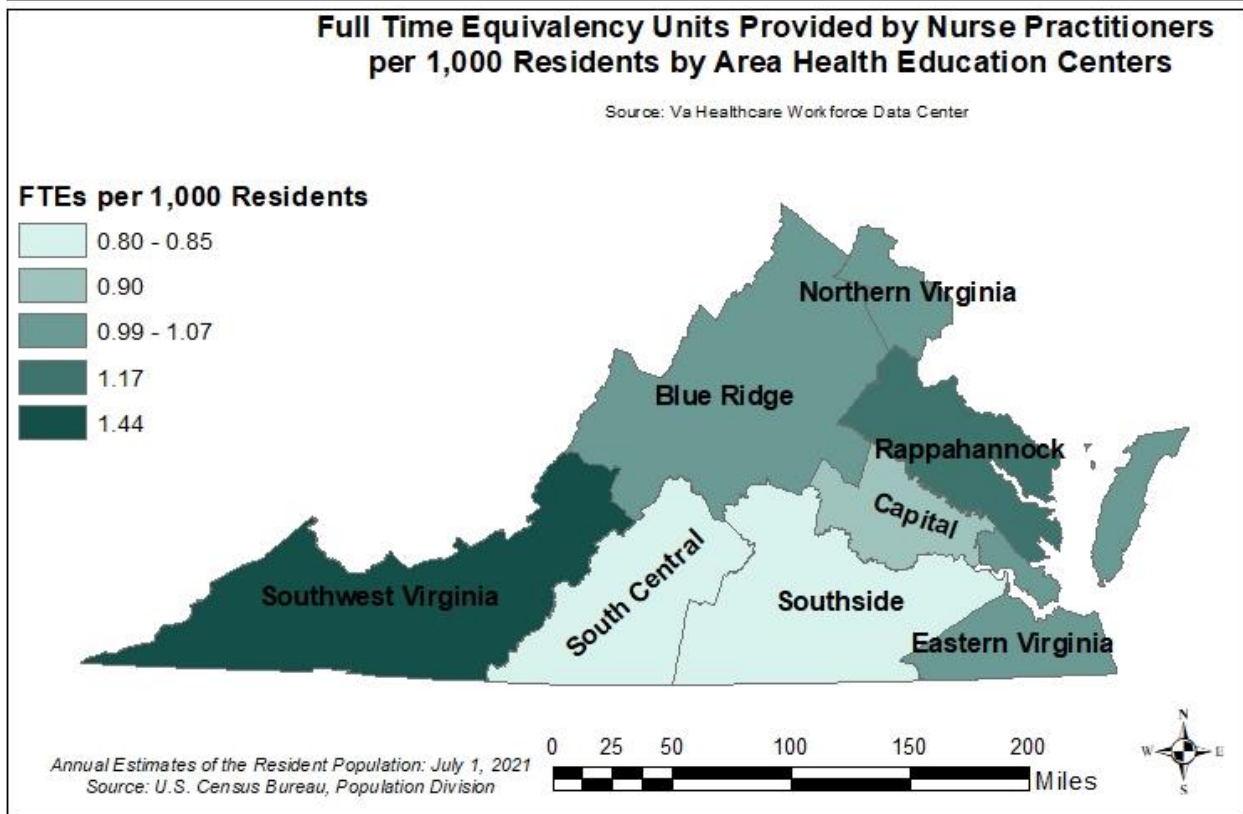
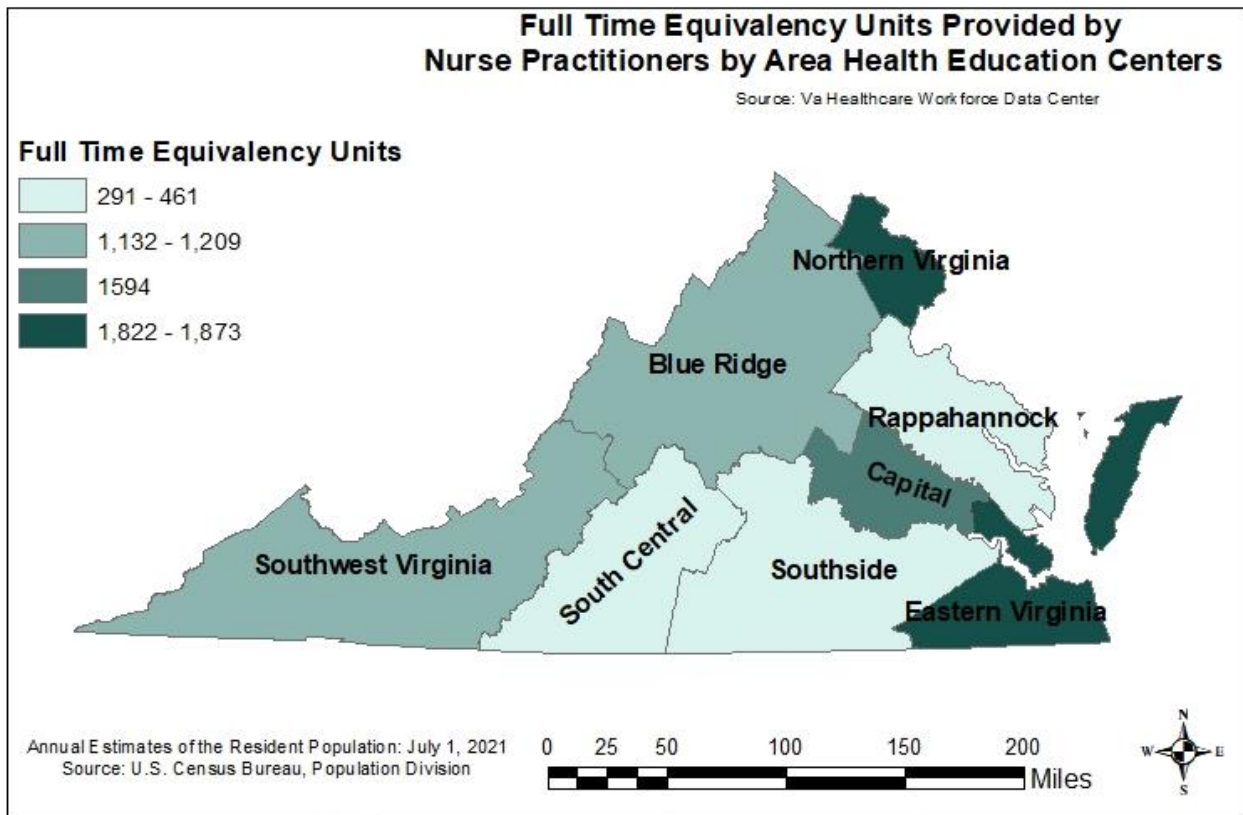
Source: Va. Healthcare Workforce Data Center

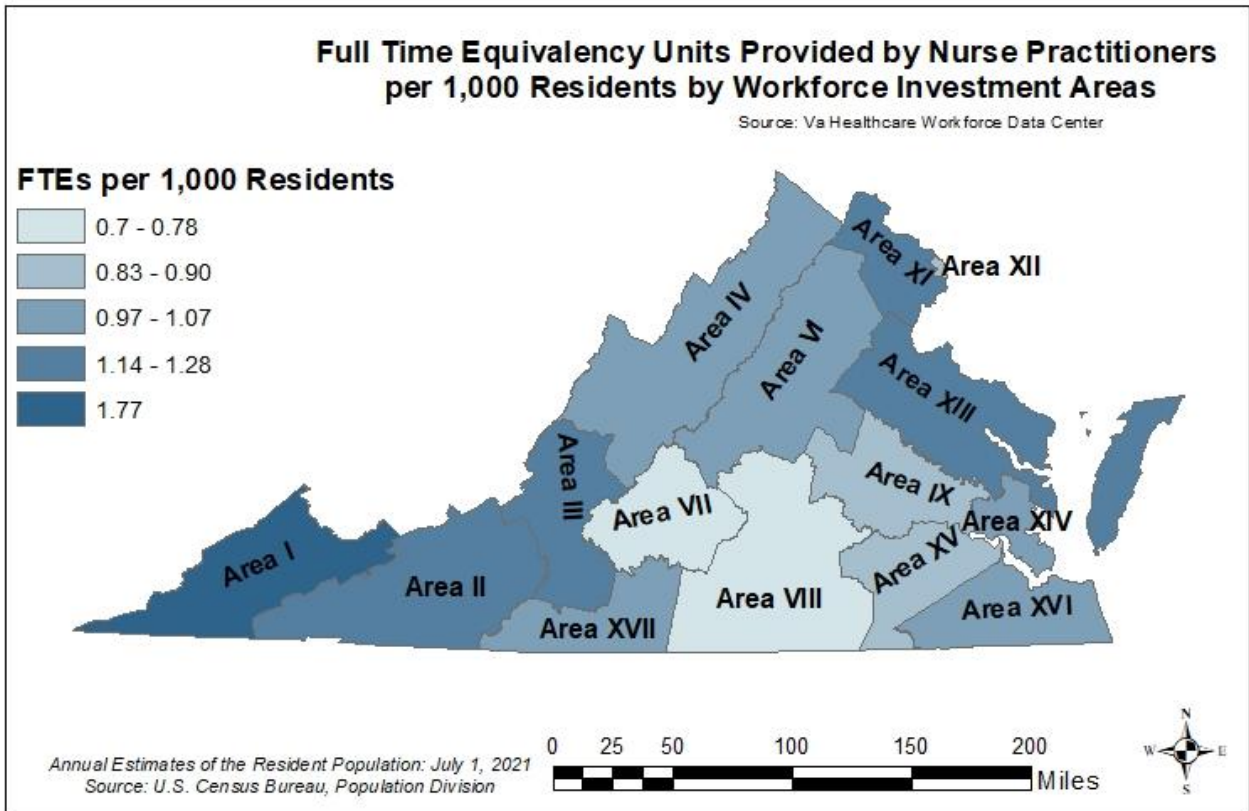
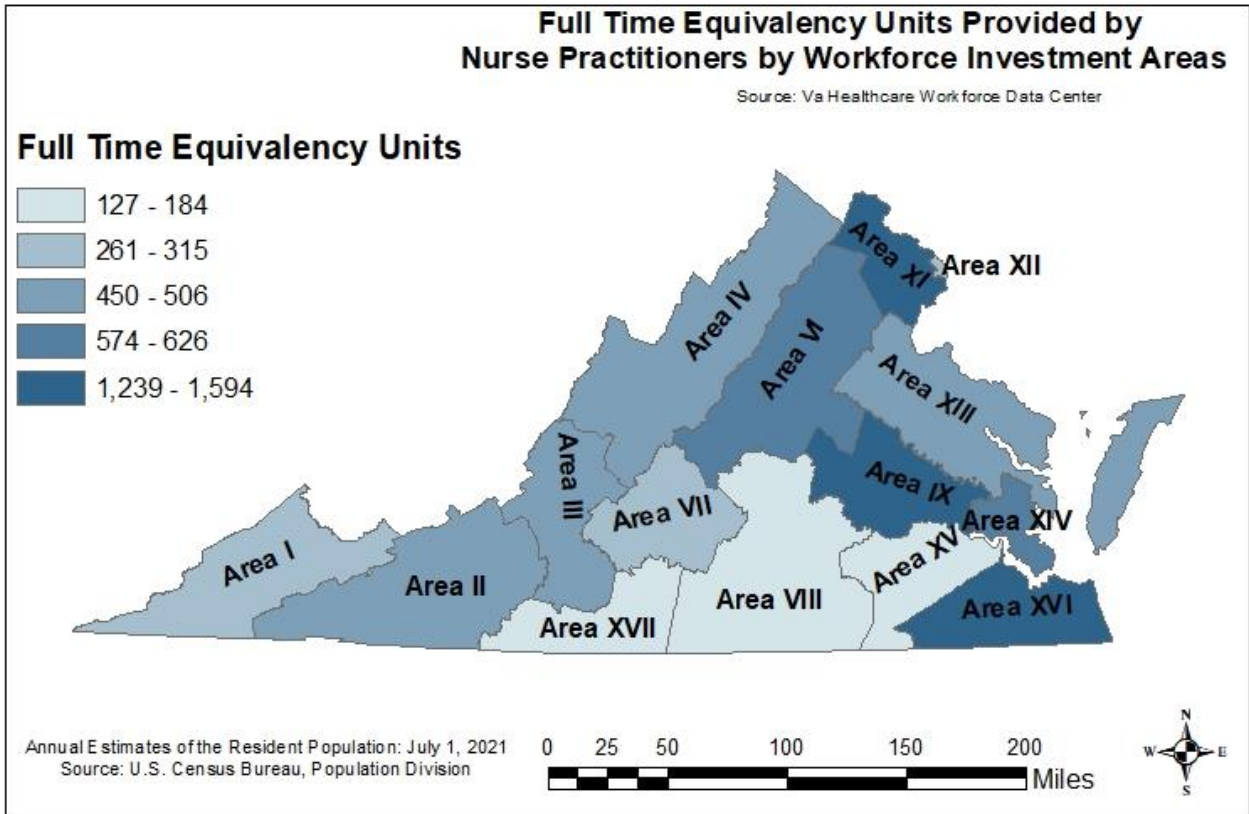


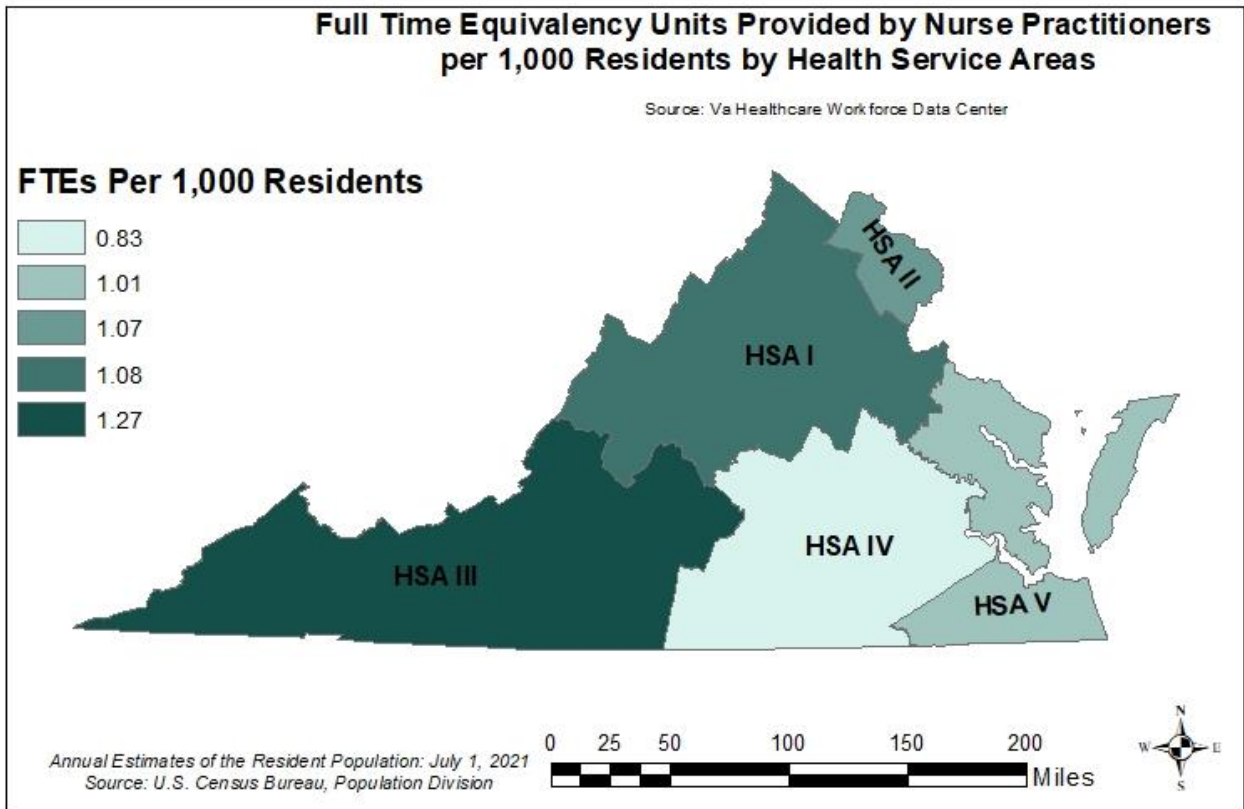
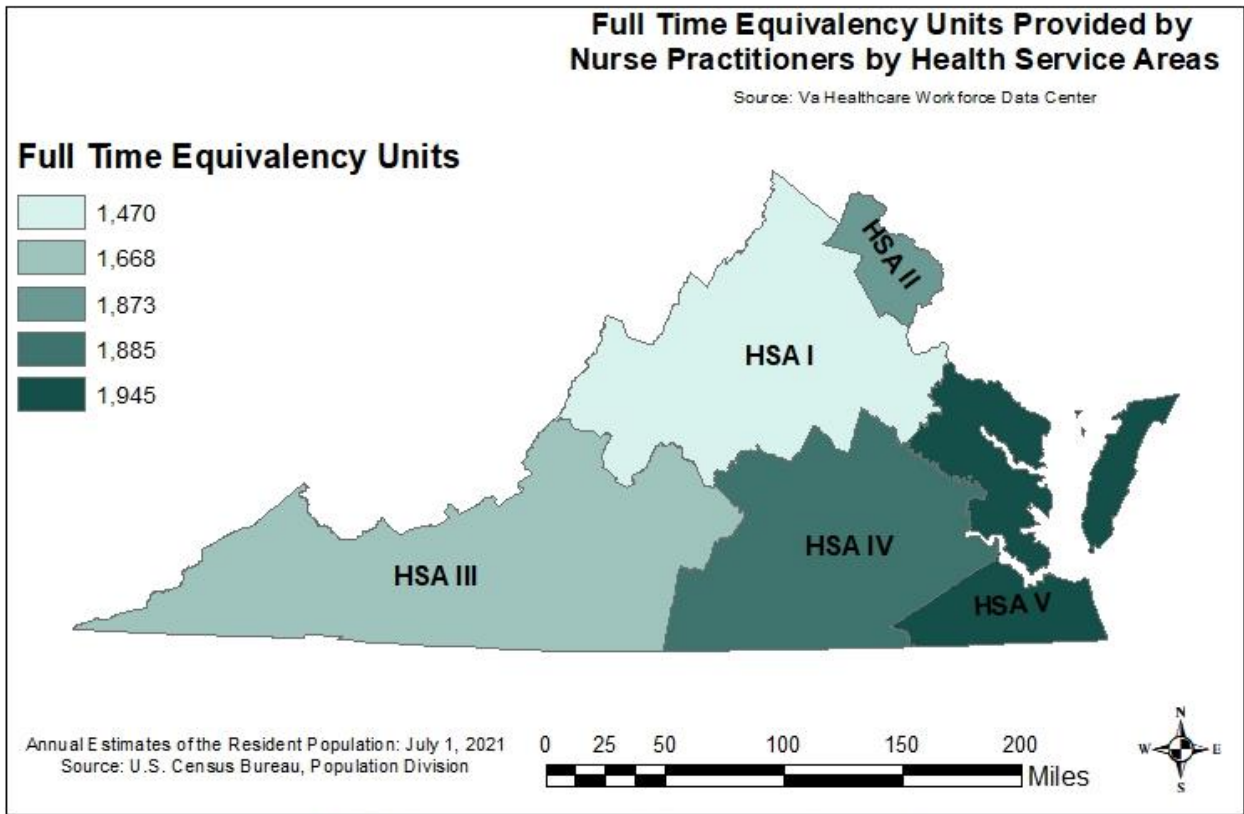
Source: Va. Healthcare Workforce Data Center

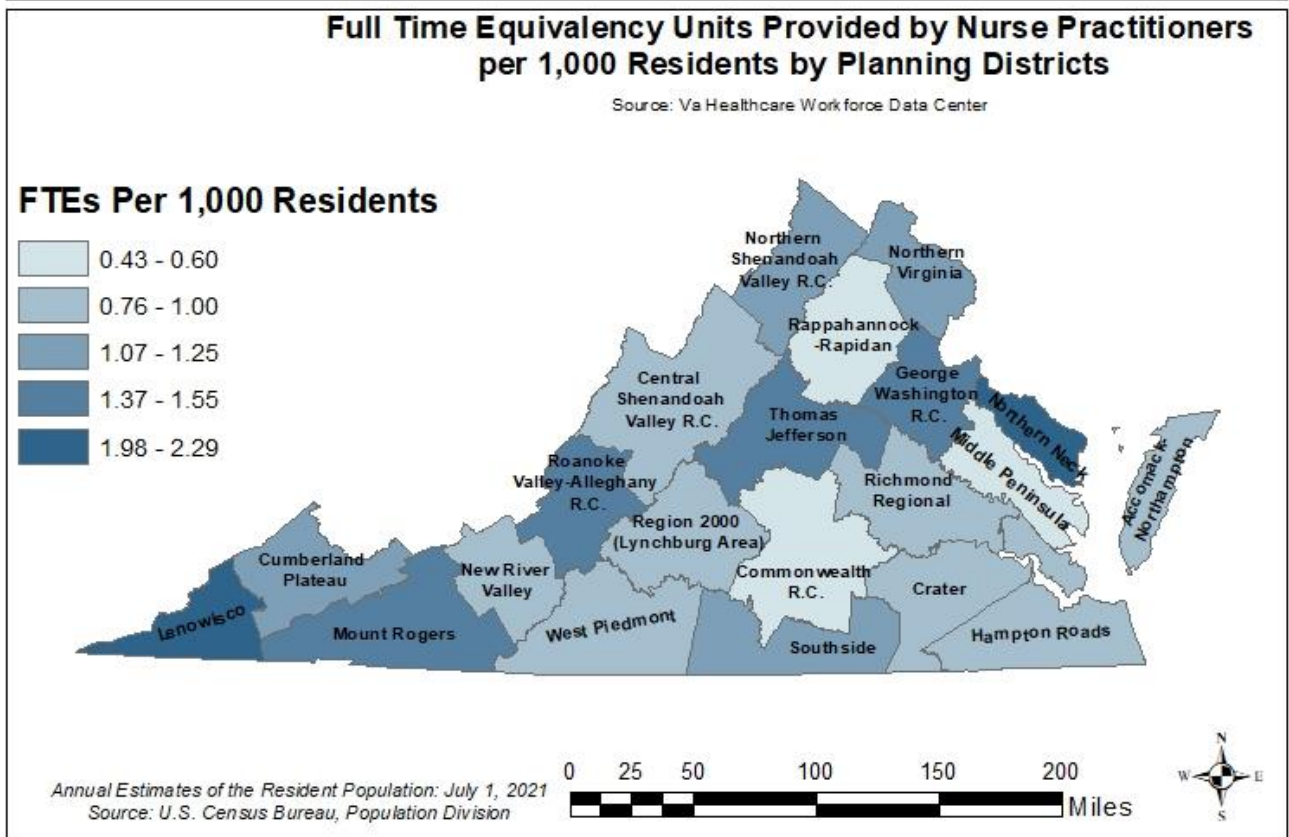
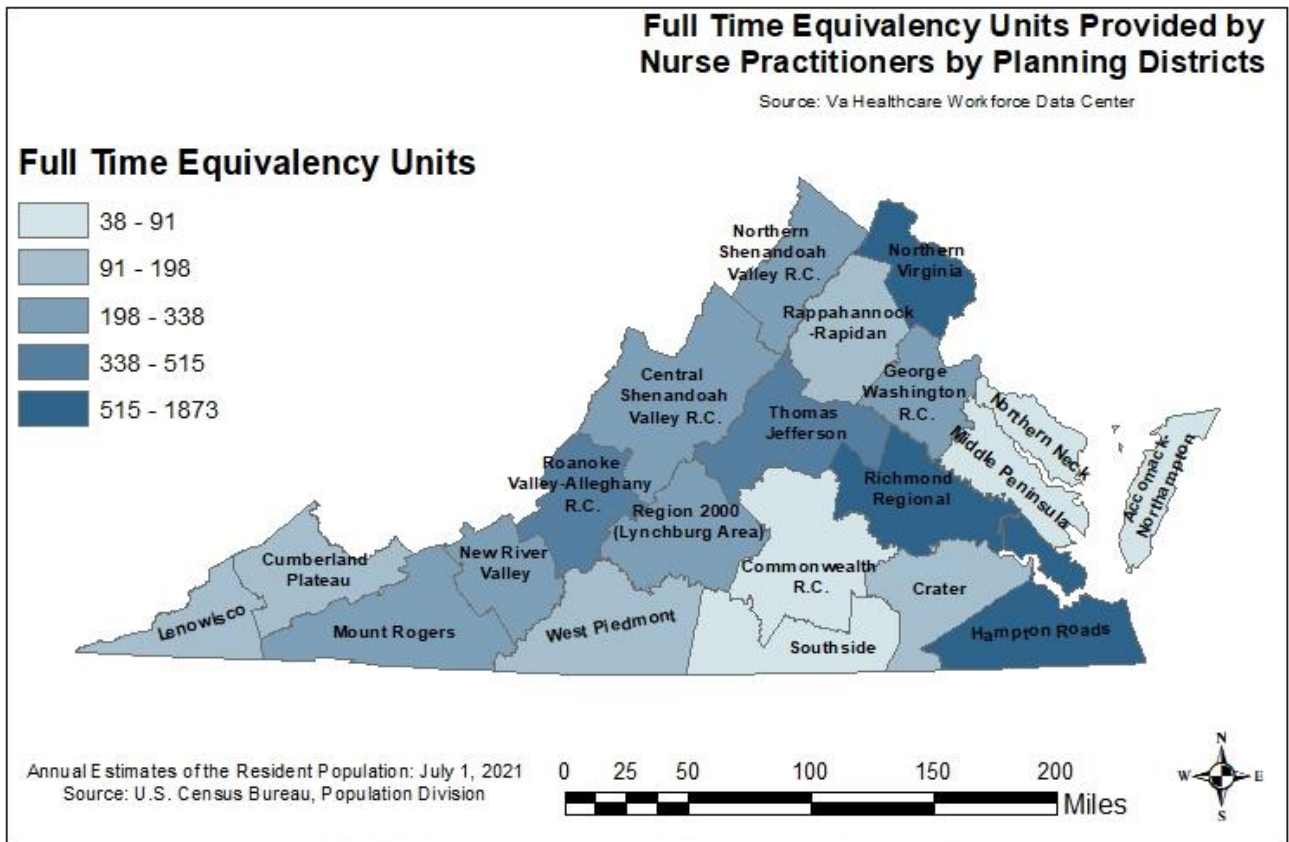
<sup>2</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant)













## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	7,930	38.90%	2.5705	2.1289	5.2792
Metro, 250,000 to 1 million	1,008	36.31%	2.7541	2.2810	5.6562
Metro, 250,000 or less	1,273	40.22%	2.4863	2.0592	5.1063
Urban pop 20,000+, Metro adj	201	38.31%	2.6104	2.1620	3.2035
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	398	32.66%	3.0615	2.5356	6.2876
Urban pop, 2,500-19,999, nonadj	355	40.85%	2.4483	2.0277	5.0282
Rural, Metro adj	310	35.48%	2.8182	2.3341	5.7879
Rural, nonadj	117	48.72%	2.0526	1.7000	4.2156
Virginia border state/DC	2,494	24.82%	4.0291	3.3369	8.2747
Other US State	2,970	23.16%	4.3169	3.5753	8.8658

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	472	16.53%	6.0513	4.2156	8.8658
30 to 34	2,229	35.53%	2.8144	1.9606	4.1234
35 to 39	3,088	27.66%	3.6159	2.5190	5.2977
40 to 44	2,667	37.65%	2.6564	1.8506	3.8919
45 to 49	2,243	30.32%	3.2985	2.2979	4.8327
50 to 54	2,023	40.98%	2.4403	1.7000	3.5753
55 to 59	1,488	31.65%	3.1592	2.2009	4.6286
60 and Over	2,847	37.97%	2.6337	1.8347	3.8586

Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC

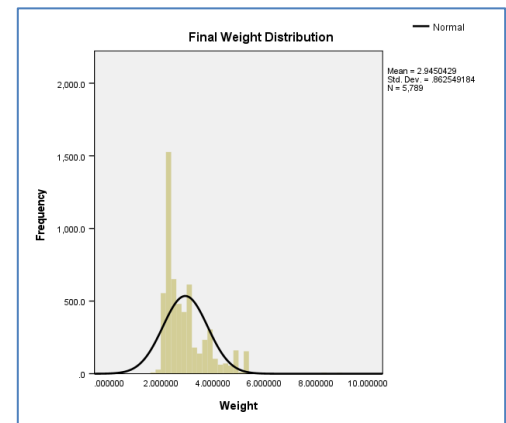
Methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

**Overall Response Rate: 0.30319**



Source: Va. Healthcare Workforce Data Center

**DRAFT**

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# *Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty*

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Healthcare Workforce Data Center

December 2022

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-597-4213, 804-527-4466(fax)  
E-mail: [HWDC@dhp.virginia.gov](mailto:HWDC@dhp.virginia.gov)

Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*Over 10,000 Licensed Nurse Practitioners voluntarily participated in the 2021 and 2022 surveys. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Joint Boards of Nursing and Medicine express our sincerest appreciation for their ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**Arne Owens, MS**  
*Director*

**James Jenkins, BS/N, RN, SCRNP**  
*Chief Deputy Director*

*Healthcare Workforce Data Center Staff:*

**Yetty Shobo, PhD**  
*Executive Director*

**Barbara Hodgdon, PhD**  
*Deputy Director*

**Rajana Siva, MBA**  
*Data Analyst*

**Christopher Coyle, BA**  
*Research Assistant*

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Jay P. Douglas, MSM, RN, CSAC, FRE

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## Results in Brief

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This is a special report created for the Committee of the Joint Boards of Nursing and Medicine. The report uses data from the 2021 and 2022 Nurse Practitioner Surveys. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of all NPs have access to the survey in any given year. Two years' worth of data, therefore, will allow all eligible Nurse Practitioners (NPs) the opportunity to complete the survey. The 2021 survey occurred between October 2020 and September 2021; the 2022 survey occurred between October 2021 and September 2022. The survey was available to all renewing NPs who held a Virginia license during the survey period and who renewed their licenses online. It was not available to those who did not renew, including NPs who were newly licensed during the survey period.

This report breaks down survey findings for certified registered nurse anesthetists (CRNA), certified nurse midwives (CNM), and certified nurse practitioners (CNP). CNPs make up the highest proportion of NPs. Over 80% of NPs are CNPs and CNMs constitute only 3% of NPs. The full time equivalency units are also similarly distributed by specialty.

Nine of ten NPs are female; CNMs are nearly all female whereas slightly less than three-quarters of CRNAs are female; 93% of CNPs are female. The median age of all NPs is 44. The median age of CRNAs is 46 and the median age for CNMs and CNPs is 44. In a random encounter between two NPs, there is a 41% chance that they would be of different races or ethnicities, a measure known as the diversity index. CNMs were the least diverse with 36% diversity index; CRNAs and CNPs had 37% and 42% diversity indices, respectively. Overall, 12% of NPs work in rural areas. CNPs had the highest rural workforce participation; 13% of CNPs work in rural areas compared to 6% and 3% of CRNAs and CNMs, respectively.

CRNAs had the highest educational attainment with 17% reporting a doctorate of NP degree; only 12% of CNMs and 10% of CNPs did. However, CNMs reported the highest median education debt of \$95k and more than half of CNMs had education debt. Over half of CNPs also reported education debt although they had the lowest median at \$60k-\$70k. CRNAs had \$70-\$80k in education debt but only 42% of all CRNAs carried education debt.

CRNAs reported the highest median annual income, \$120k or more per year, which reflected the average for all other NPs. Further, 87% of CRNAs reported \$120,000 or more in annual income compared to 31% of CNMs and 28% of CNPs. However, only 71% of CRNAs received at least one employer-sponsored benefit compared to 80% of CNMs and 79% of CNPs. Overall, 93% of NPs are satisfied with their current employment situation. However, only 89% of CNMs were satisfied compared to 97% of CRNAs and 93% of CNPs. Almost a third of all NPs reported employment instability in the year prior to the survey, with CNMs being most likely to report employment instability.

CRNAs had the highest participation in the private sector, 91% of them worked in the sector compared to 87% of CNMs and 86% of CNPs. Meanwhile, CRNAs had the lowest percent working in federal, state, or local government. CRNAs and CNMs were most likely to be working in the inpatient department of hospitals whereas CNPs were most likely to work in primary care clinics. Only 12% of CRNAs used at least one form of electronic health record or telehealth compared to 44% of CNMs and 46% of CNPs. More than one in four CRNAs plan to retire within the next decade compared to 21% of CNMs and 18% of CNPs. About 48%, 35% and 38% of CRNAs, CNMs, and CNPs, respectively, plan to retire by the age of 65. Meanwhile, 2%, 5%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not intend to retire.

In 2018, the General Assembly authorized the Joint Boards of Nursing and Medicine to promulgate regulations that would permit qualified nurse practitioners to practice autonomously after the completion of five years of clinical experience as a nurse practitioner under a practice agreement. The bill required that the Boards provide information regarding the practice of autonomously practicing NPs to committees of the General Assembly by November 2021. That report, which includes demographic, complaint, and disciplinary data, and suggested modifications to the provisions of the law, is now available<sup>1</sup>.

---

<sup>1</sup> <https://rga.lis.virginia.gov/Published/2021/RD625/PDF>

**A Closer Look:**

**At a Glance:**

**Licensed NPs**

Total:	18,264
CRNA:	2,318
CNM:	492
CNP:	14,295

**Response Rates**

All Licensees: (2021 & 2022)	61%
---------------------------------	-----

Source: Va. Healthcare Workforce Data Center

This report uses data from the 2021 and 2022 Nurse Practitioner Surveys, and licensure data retrieved in October 2022. Two years of survey data were used to get a complete portrait of the NP workforce since NPs are surveyed every two years in their birth month. Thus, every NP would have been eligible to complete a survey in only one of the two years. Newly licensed NPs do not complete the survey, so they are excluded from the survey. From the licensure data, 2,318 of NPs reported their first specialty as CRNA; 492 had a first specialty of CNM, and 15,454 had other first specialties. However, 7 CNMs reported one additional specialty. 35 CRNAs also reported one other specialty. “At a Glance” shows the break down by specialty. Over 75% are CNPs, 13% are CRNAs, and about 3% are CNMs.

Response Rates				
	CRNA	CNM	CNP	Total
<b>Completed Surveys 2021</b>	718	132	3,714	<b>4,564</b>
<b>Completed Surveys 2022</b>	831	160	4,793	<b>5,784</b>
<b>Response Rate, all licensees</b>	<b>67%</b>	<b>59%</b>	<b>60%</b>	<b>61%</b>

Source: Va. Healthcare Workforce Data Center

*Our surveys tend to achieve very high response rates. An average of 61% of NPs submitted a survey in both 2021 and 2022. As shown above, the response rate was highest for CRNAs and lowest for CNMs.*

Not in Workforce in Past Year				
	CRNA	CNM	CNP	All 2022
<b>% of Licensees not in VA Workforce</b>	26%	19%	24%	<b>22%</b>
<b>% in Federal Employee or Military:</b>	8%	30%	14%	<b>13%</b>
<b>% Working in Virginia Border State or DC</b>	16%	22%	23%	<b>20%</b>

Source: Va. Healthcare Workforce Data Center

*CRNAs were most likely to not be working in the state workforce whereas CNPs were most likely to be working in border states.*

**Definitions**

- 1. The Survey Period:** The survey was conducted between October 2021 and September 2022, and between October 2021 and September 2022, on the birth month of each renewing practitioner.
- 2. Target Population:** All NPs who held a Virginia license at some point during the survey period.
- 3. Survey Population:** The survey was available to NPs who renewed their licenses online. It was not available to those who did not renew, including NPs newly licensed during the survey time frame.

A Closer Look:

**At a Glance:**

**2021 and 2022 Workforce**

Virginia’s NP Workforce: 14,181  
 FTEs: 12,508

**Workforce by Specialty**

CRNA: 1,922  
 CNM: 398  
 CNP: 11,837

**FTE by Specialty**

CRNA: 1,660  
 CNM: 359  
 CNP: 10,507

Source: Va. Healthcare Workforce Data Center  
Source: Va. Healthcare Workforce Data Center

**Definitions**

- 1. Virginia’s Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey timeframe or who indicated intent to return to Virginia’s workforce at any point in the future.
- 2. Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia’s Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia’s workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's NP Workforce								
Status	CRNA		CNM		CNP		All (2022)	
	#	%	#	%	#	%	#	%
<b>Worked in Virginia in Past Year</b>	1,922	99%	378	95%	11,573	98%	13,886	98%
<b>Looking for Work in Virginia</b>	14	1%	20	5%	264	2%	295	2%
<b>Virginia's Workforce</b>	<b>1,937</b>	<b>100%</b>	<b>398</b>	<b>100%</b>	<b>11,837</b>	<b>100%</b>	<b>14,181</b>	<b>100%</b>
<b>Total FTEs</b>	<b>1,660</b>		<b>359</b>		<b>10,507</b>		<b>12,508</b>	
<b>Licensees</b>	<b>2318</b>		<b>429</b>		<b>14,925</b>		<b>18,260</b>	

Source: Va. Healthcare Workforce Data Center

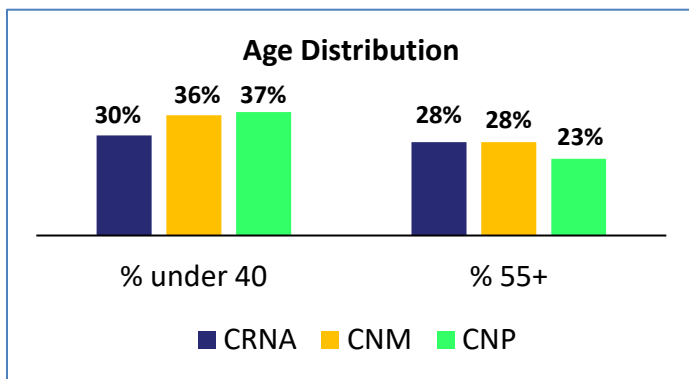
*CNPs provided 84% of the nurse practitioner FTEs in the state. CRNAs provided 13% whereas CNMs provided 3% of the FTEs. 5% of CNMs in the state’s workforce were looking for work compared to 2% or less of the other NPs.*



**A Closer Look (All Nurse Practitioners in 2022):**

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
<b>Under 30</b>	33	8%	381	92%	414	3%
<b>30 to 34</b>	163	9%	1,766	92%	1,929	16%
<b>35 to 39</b>	187	9%	1,939	91%	2,125	17%
<b>40 to 44</b>	216	11%	1,816	89%	2,032	16%
<b>45 to 49</b>	181	13%	1,269	88%	1,450	12%
<b>50 to 54</b>	161	11%	1,326	89%	1,486	12%
<b>55 to 59</b>	107	11%	879	89%	986	8%
<b>60 +</b>	220	11%	1,767	89%	1,987	16%
<b>Total</b>	<b>1,269</b>	<b>10%</b>	<b>11,142</b>	<b>90%</b>	<b>12,411</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Gender**

- % Female: 90%
- % Under 40 Female: 91%

**% Female by Specialty**

- CRNA: 71%
- CNM: 98%
- CNP: 93%

**% Female <40 by Specialty**

- CRNA: 76%
- CNM: 97%
- CNP: 94%

Source: Va. Healthcare Workforce Data Center

CNMs have and CNPs have the median age of 44.  
The median age of CRNAs is 46.

Age & Gender by Specialty												
Age	CRNA				CNM				CNP			
	Female		Total		Female		Total		Female		Total	
	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group
<b>Under 30</b>	25	100%	25	1%	12	100%	12	3%	350	92%	383	4%
<b>30 to 34</b>	314	76%	411	13%	57	100%	57	16%	1,538	94%	1,643	16%
<b>35 to 39</b>	390	74%	529	16%	54	93%	58	17%	1,705	94%	1,816	17%
<b>40 to 44</b>	396	76%	523	16%	65	98%	66	19%	1,549	92%	1,690	16%
<b>45 to 49</b>	329	69%	476	15%	26	100%	26	7%	1,113	91%	1,222	12%
<b>50 to 54</b>	253	68%	374	11%	34	100%	34	10%	1,159	93%	1,250	12%
<b>55 to 59</b>	240	69%	351	11%	16	100%	16	5%	762	94%	815	8%
<b>60 +</b>	370	65%	566	17%	81	100%	81	23%	1,457	93%	1,561	15%
<b>Total</b>	<b>2,316</b>	<b>71%</b>	<b>3,255</b>	<b>100%</b>	<b>344</b>	<b>98%</b>	<b>350</b>	<b>100%</b>	<b>9,633</b>	<b>93%</b>	<b>10,380</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look (All Nurse Practitioners in 2022):**

Race & Ethnicity (2022)					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	61%	9,335	75%	3,273	74%
Black	19%	1,577	13%	542	12%
Asian	7%	736	6%	309	7%
Other Race	0%	132	1%	36	1%
Two or more races	3%	247	2%	94	2%
Hispanic	10%	397	3%	192	4%
<b>Total</b>	<b>100%</b>	<b>12,424</b>	<b>100%</b>	<b>4,446</b>	<b>100%</b>

\* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2020.

Source: Va. Healthcare Workforce Data Center

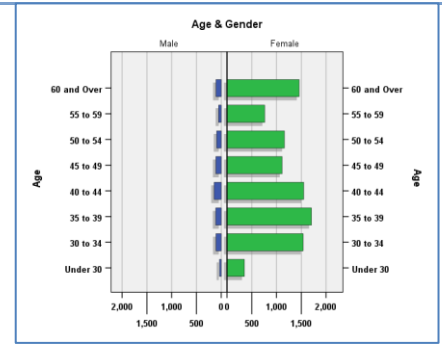
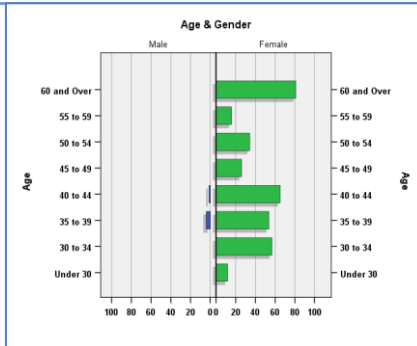
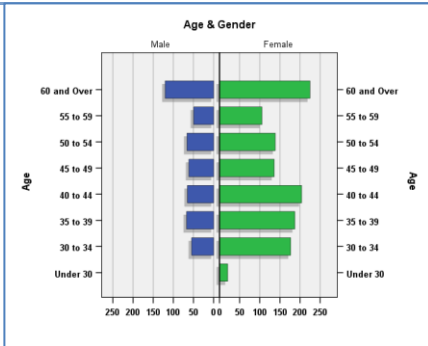
## At a Glance:

**2022 Diversity**  
 Diversity Index: 41%  
 Under 40 Div. Index: 44%

**Diversity by Specialty**  
 CRNA: 37%  
 CNM: 36%  
 CNP: 42%

Source: Va. Healthcare Workforce Data Center

Age, Race, Ethnicity & Gender												
Race/ Ethnicity	CRNA				CNM				CNP			
	NPs		NPs under 40		NPs		NPs under 40		NPs		NPs under 40	
	#	%	#	%	#	%	#	%	#	%	#	%
<b>White</b>	1,327	79%	392	77%	289	83%	109	85%	7,711	74%	2,777	73%
<b>Black</b>	120	7%	32	6%	35	10%	14	11%	1,434	14%	500	13%
<b>Asian</b>	113	7%	35	7%	1	0%	0	0%	619	6%	275	7%
<b>Other Race</b>	18	1%	4	1%	4	1%	0	0%	109	1%	33	1%
<b>Two or more races</b>	41	2%	18	4%	5	1%	2	2%	204	2%	77	2%
<b>Hispanic</b>	66	4%	29	6%	15	4%	3	2%	308	3%	156	4%
<b>Total</b>	<b>1,685</b>	<b>100%</b>	<b>510</b>	<b>100%</b>	<b>349</b>	<b>100%</b>	<b>128</b>	<b>100%</b>	<b>10,385</b>	<b>100%</b>	<b>3,818</b>	<b>100%</b>



Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

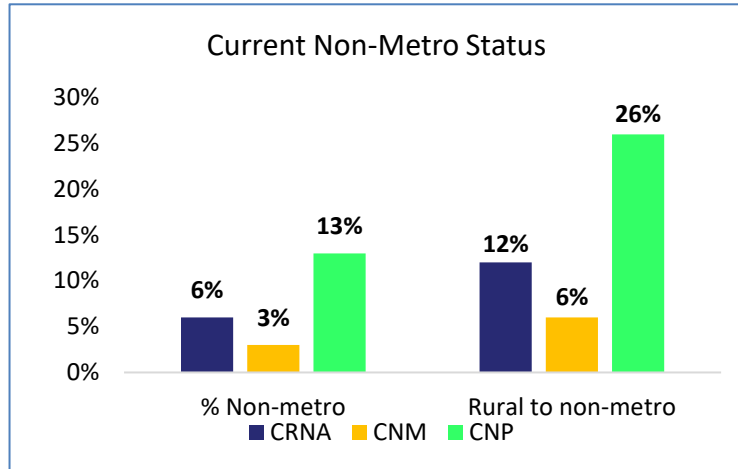
Rural Childhood

CRNA:	29%
CNM:	20%
CNP:	36%
All:	34%

Non-Metro Location

CRNA:	6%
CNM:	3%
CNP:	13%
All:	12%

Source: Va. Healthcare Workforce Data Center

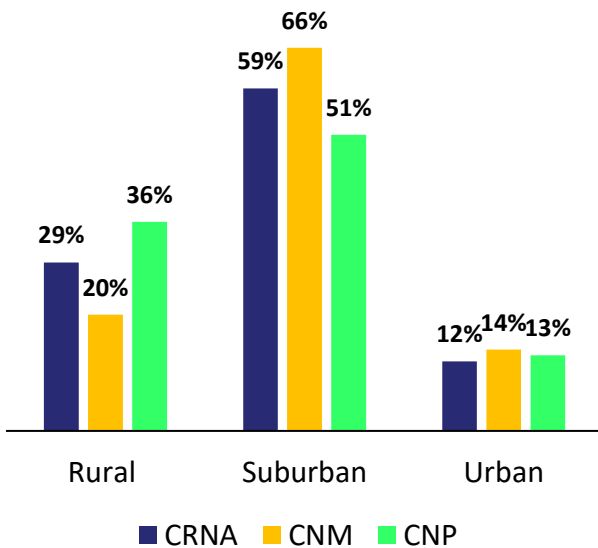


Source: Va. Healthcare Workforce Data Center

	HS in VA	Prof. Ed. in VA	HS or Prof in VA	NP Degree in VA
CRNA	29%	32%	36%	38%
CNM	31%	33%	39%	21%
CNP	47%	54%	59%	53%
<b>All (2022)</b>	<b>44%</b>	<b>50%</b>	<b>55%</b>	<b>50%</b>

Source: Va. Healthcare Workforce Data Center

Metro Status During Youth



Source: Va. Healthcare Workforce Data Center

*CNPs were most likely to have been educated in the state. CNMs were least likely to have obtained their NP education in the state. Also, CNPs had the highest percent reporting a non-metro work location.*

## Education

### A Closer Look:

#### At a Glance:

##### Median Educational Debt

CRNA:	\$80k-\$90k
CNM:	\$90k-\$100k
CNP:	\$60k-\$70k

Source: Va. Healthcare Workforce Data Center

CNPs were most likely to carry education debt; 52% of all CNPs and 63% of CNPs under age 40 had education debt. However, CNPs had the lowest median education debt. CNMs had the highest median debt at \$90k-\$100K. Additionally, 42% of all CNMs, and 66% of CNMs under 40 reported education debt.

Degree	Highest Degree							
	CRNA		CNM		CNP		All (2022)	
	#	%	#	%	#	%	#	%
NP Certificate	127	8%	11	3%	109	1%	242	2%
Master's Degree	1,121	68%	253	74%	7,979	78%	9,363	77%
Post-Masters Cert.	14	1%	34	10%	864	8%	901	7%
Doctorate of NP	275	17%	42	12%	982	10%	1,301	11%
Other Doctorate	113	7%	5	1%	253	2%	379	3%
Post-Ph.D. Cert.	0	0%	0	0%	3	0%	3	0%
<b>Total</b>	<b>1,650</b>	<b>100%</b>	<b>345</b>	<b>100%</b>	<b>10,190</b>	<b>100%</b>	<b>12,189</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Amount Carried	Educational Debt							
	CRNA		CNM		CNP		All (2022)	
	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40
None	58%	34%	54%	38%	48%	37%	49%	37%
\$20,000 or less	6%	5%	5%	2%	7%	7%	7%	7%
\$20,000-\$29,999	2%	1%	4%	3%	4%	5%	4%	5%
\$30,000-\$39,999	2%	3%	2%	2%	4%	6%	4%	5%
\$40,000-\$49,999	3%	7%	4%	6%	4%	5%	4%	6%
\$50,000-\$59,999	2%	1%	3%	3%	4%	4%	3%	4%
\$60,000-\$69,999	1%	2%	3%	5%	4%	6%	4%	6%
\$70,000-\$79,999	2%	3%	3%	4%	4%	6%	4%	6%
\$80,000-\$89,999	2%	5%	0%	0%	4%	4%	3%	4%
\$90,000-\$99,999	2%	2%	1%	0%	3%	4%	3%	3%
\$100,000-\$109,999	2%	4%	5%	11%	4%	3%	3%	4%
\$110,000-\$119,999	1%	3%	1%	0%	2%	3%	2%	3%
\$120,000 or more	15%	29%	17%	27%	9%	9%	10%	12%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employed in Profession

CRNA:	98%
CNM:	92%
CNP:	95%

### Involuntary Unemployment

CRNA:	0%
CNM:	1%
CNP:	0%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Hours	Current Weekly Hours			
	CRNA	CNM	CNP	All (2022)
<b>0 hours</b>	1%	5%	3%	3%
<b>1 to 9 hours</b>	1%	3%	1%	1%
<b>10 to 19 hours</b>	3%	4%	3%	3%
<b>20 to 29 hours</b>	8%	5%	7%	7%
<b>30 to 39 hours</b>	23%	20%	20%	20%
<b>40 to 49 hours</b>	52%	36%	48%	48%
<b>50 to 59 hours</b>	10%	13%	11%	11%
<b>60 to 69 hours</b>	2%	8%	4%	4%
<b>70 to 79 hours</b>	0%	2%	1%	1%
<b>80 or more hours</b>	1%	3%	2%	2%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Over half of CRNAs work 40-49 hours and 10% work more than 50 hours whereas about 36% of CNMs work 40-49 hours and 13% work more than 50 hours. Close to half of CNPs work 40-49 hours and 11% work more than 50 hours.*

## Current Positions

Positions	CRNA		CNM		CNP		All (2022)	
	#	%	#	%	#	%	#	%
<b>No Positions</b>	22	1%	18	5%	317	3%	353	3%
<b>One Part-Time Position</b>	248	15%	54	16%	1,323	13%	1,624	14%
<b>Two Part-Time Positions</b>	67	4%	17	5%	372	4%	458	4%
<b>One Full-Time Position</b>	976	60%	208	62%	6,518	65%	7,686	64%
<b>One Full-Time Position &amp; One Part-Time Position</b>	232	14%	29	9%	1,197	12%	1,473	12%
<b>Two Full-Time Positions</b>	4	0%	3	1%	50	1%	55	0%
<b>More than Two Positions</b>	87	5%	5	1%	176	2%	277	2%
<b>Total</b>	<b>1,636</b>	<b>100%</b>	<b>334</b>	<b>100%</b>	<b>9,953</b>	<b>100%</b>	<b>11,926</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Benefit	Employer-Sponsored Benefits*			
	CRNA	CNM	CNP	All (2022)
<b>Signing/Retention Bonus</b>	28%	20%	13%	15%
<b>Dental Insurance</b>	53%	52%	58%	57%
<b>Health Insurance</b>	54%	58%	60%	59%
<b>Paid Leave</b>	60%	68%	67%	66%
<b>Group Life Insurance</b>	48%	41%	46%	47%
<b>Retirement</b>	65%	66%	67%	66%
<b>Receive at least one benefit</b>	<b>71%</b>	<b>80%</b>	<b>79%</b>	<b>78%</b>

\*Wage and salaried employees receiving from any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Median Income**

CRNA: \$120k or more  
 CNM: \$100k-\$110k  
 CNP: \$90k-\$100K  
 All (2022): \$110k-\$120K

**Percent Satisfied**

CRNA: 97%  
 CNM: 89%  
 CNP: 93%

Source: Va. Healthcare Workforce Data Center

*CRNAs reported \$120k or more in median income. All other NPs, including CNMs, reported \$90k-\$110k in median income. CNMs were the least satisfied with their current employment situation whereas CRNAs were the most satisfied. Less than 1% of CRNAs reported being very dissatisfied; however, approximately 2% of other NPs reported being very dissatisfied.*

Annual Income	Income			
	CRNA	CNM	CNP	All (2022)
<b>Volunteer Work Only</b>	0%	1%	1%	1%
<b>Less than \$40,000</b>	2%	7%	5%	4%
<b>\$40,000-\$49,999</b>	0%	3%	2%	2%
<b>\$50,000-\$59,999</b>	1%	3%	3%	2%
<b>\$60,000-\$69,999</b>	1%	3%	4%	4%
<b>\$70,000-\$79,999</b>	1%	6%	6%	5%
<b>\$80,000-\$89,999</b>	2%	10%	8%	7%
<b>\$90,000-\$99,999</b>	2%	9%	12%	10%
<b>\$100,000-\$109,999</b>	3%	17%	19%	17%
<b>\$110,000-\$119,999</b>	3%	10%	15%	13%
<b>\$120,000 or more</b>	87%	31%	28%	37%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## Labor Market

### A Closer Look:

Employment Instability in Past Year				
In the past year did you . . . ?	CRNA	CNM	CNP	All (2022)
Experience Involuntary Unemployment?	4%	4%	2%	3%
Experience Voluntary Unemployment?	5%	8%	5%	5%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	1%	5%	3%	3%
Work two or more positions at the same time?	21%	16%	18%	19%
Switch employers or practices?	6%	13%	9%	9%
<b>Experienced at least 1</b>	<b>31%</b>	<b>35%</b>	<b>30%</b>	<b>31%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Involuntarily Unemployed

CRNA:	4%
CNM:	4%
CNP:	2%

#### Underemployed

CRNA:	1%
CNM:	5%
CNP:	3%

#### Over 2 Years Job Tenure

CRNA:	64%
CNM:	50%
CNP:	53%

Source: Va. Healthcare Workforce Data Center

Tenure	Job Tenure at Location					
	CRNA		CNM		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
<b>Not Currently Working at this Location</b>	2%	6%	2%	5%	3%	6%
<b>&lt; 6 Months</b>	6%	11%	10%	13%	10%	16%
<b>6 Months-1 yr</b>	8%	11%	14%	11%	12%	14%
<b>1 to 2 Years</b>	21%	23%	24%	21%	23%	21%
<b>3 to 5 Years</b>	24%	21%	25%	29%	24%	24%
<b>6 to 10 Years</b>	16%	14%	13%	10%	14%	11%
<b>&gt; 10 Years</b>	24%	14%	11%	13%	15%	8%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Over 75% of CNMs were be paid by salary or commission, as compared to 54% of CRNAs and 68% of CNPs. This makes CNMs the most likely to be paid in this way.*

Primary Work Site	Forms of Payment			
	CRNA	CNM	CNP	All (2022)
<b>Salary/ Commission</b>	54%	76%	68%	66%
<b>Hourly Wage</b>	35%	16%	26%	27%
<b>By Contract</b>	12%	6%	5%	6%
<b>Unpaid</b>	0%	0%	0%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look

At a Glance:

% in Top 3 Regions

CRNA: 77%  
 CNM: 74%  
 CNP: 69%

2 or More Locations Now

CRNA: 31%  
 CNM: 23%  
 CNP: 23%

Source: Va. Healthcare Workforce Data Center

For primary work locations, Northern Virginia has the highest proportion of CNMs and CNPs whereas CRNAs were most concentrated in both the Central and Northern Virginia regions.

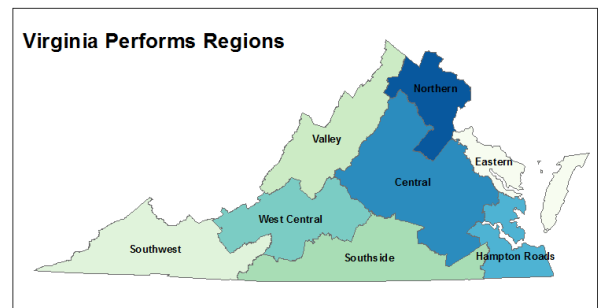
Regional Distribution of Work Locations						
Virginia Performs Region	CRNA		CNM		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Central	27%	21%	20%	23%	25%	19%
Eastern	1%	1%	2%	5%	2%	1%
Hampton Roads	23%	26%	20%	17%	18%	17%
Northern	27%	28%	34%	24%	26%	24%
Southside	2%	2%	1%	2%	4%	2%
Southwest	2%	3%	1%	1%	8%	7%
Valley	3%	3%	10%	15%	5%	4%
West Central	9%	7%	9%	5%	10%	9%
Virginia Border State/DC	1%	3%	1%	1%	1%	3%
Other US State	3%	8%	2%	6%	2%	12%
Outside of the US	0%	0%	0%	0%	0%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Locations	Number of Work Locations Now*					
	CRNA		CNM		CNP	
	#	%	#	%	#	%
0	32	2%	4	8%	414	4%
1	1,104	68%	337	70%	7,280	73%
2	243	15%	26	14%	1,399	14%
3	187	11%	235	7%	675	7%
4	36	2%	47	1%	75	1%
5	15	1%	23	0%	31	0%
6 +	19	1%	3	1%	55	1%
<b>Total</b>	<b>1,635</b>	<b>100%</b>	<b>337</b>	<b>100%</b>	<b>9,928</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

\*At survey completion (birth month of respondents)





A Closer Look:

Sector	Location Sector							
	CRNA		CNM		CNP		All (2022)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
<b>For-Profit</b>	54%	68%	57%	46%	52%	62%	53%	63%
<b>Non-Profit</b>	37%	27%	30%	36%	34%	26%	34%	27%
<b>State/Local Government</b>	5%	3%	8%	14%	8%	8%	8%	7%
<b>Veterans Administration</b>	2%	0%	0%	0%	3%	1%	2%	0%
<b>U.S. Military</b>	3%	3%	4%	4%	2%	1%	2%	2%
<b>Other Federal Government</b>	0%	0%	1%	0%	1%	2%	1%	1%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*CRNAs had the highest participation in the private sector, 91% of them worked in the sector compared to 87% of CNMs and 86% of CNPs. Meanwhile, CRNAs had the lowest percent working in state, local or federal government.*

**At a Glance:  
(Primary Locations)**

**For-Profit Primary Sector**

CRNA: 54%  
CNM: 57%  
CNP: 52%

**Top Establishments**

CRNA: Inpatient Department  
CNM: Private Practice, Group  
CNP: Clinic, Primary Care

Source: Va. Healthcare Workforce Data Center

Electronic Health Records (EHRs) and Telehealth				
	CRNA	CNM	CNP	All (2022)
<b>Meaningful use of EHRs</b>	11%	27%	32%	24%
<b>Remote Health, Caring for Patients in Virginia</b>	1%	26%	30%	6%
<b>Remote Health, Caring for Patients Outside of Virginia</b>	0%	6%	7%	2%
<b>Use at least one</b>	<b>12%</b>	<b>44%</b>	<b>46%</b>	<b>28%</b>

Source: Va. Healthcare Workforce Data Center

*More than a quarter of the state NP workforce used at least one EHR. 6% also provided remote health care for Virginia patients. CNPs were most likely to report using at least one EHR or telehealth whereas CRNAs were least likely to report doing so, likely because of the nature of their job.*

Establishment Type	Location Type							
	CRNA		CNM		CNP		All (2022)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
<b>Clinic, Primary Care or Non-Specialty</b>	1%	3%	5%	0%	22%	15%	19%	13%
<b>Hospital, Inpatient Department</b>	39%	31%	16%	31%	15%	14%	19%	18%
<b>Physician Office</b>	1%	4%	11%	4%	9%	5%	8%	5%
<b>Academic Institution (Teaching or Research)</b>	11%	4%	10%	4%	6%	9%	7%	8%
<b>Private practice, group</b>	3%	3%	17%	9%	7%	5%	7%	5%
<b>Hospital, Outpatient Department</b>	13%	11%	1%	0%	6%	3%	7%	4%
<b>Clinic, Non-Surgical Specialty</b>	1%	1%	5%	0%	5%	4%	4%	4%
<b>Ambulatory/Outpatient Surgical Unit</b>	20%	29%	3%	1%	1%	1%	4%	6%
<b>Long Term Care Facility, Nursing Home</b>	0%	0%	0%	0%	4%	6%	3%	5%
<b>Hospital, Emergency Department</b>	2%	3%	0%	0%	3%	5%	3%	4%
<b>Mental Health, or Substance Abuse, Outpatient Center</b>	0%	1%	0%	0%	4%	3%	1%	2%
<b>Private practice, solo</b>	0%	0%	3%	5%	2%	2%	2%	2%
<b>Hospice</b>	0%	0%	0%	0%	1%	3%	1%	3%
<b>Other Practice Setting</b>	9%	10%	29%	46%	15%	25%	15%	21%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The inpatient department of a hospital was the most mentioned primary work establishment for NPs on average. This result was driven primarily by CRNAs and CNMs. For CNPs, primary care clinic was the most mentioned primary work establishment.*

## At a Glance: (Primary Locations)

### Patient Care Role

CRNA:	95%
CNM:	83%
CNP:	86%

### Education Role

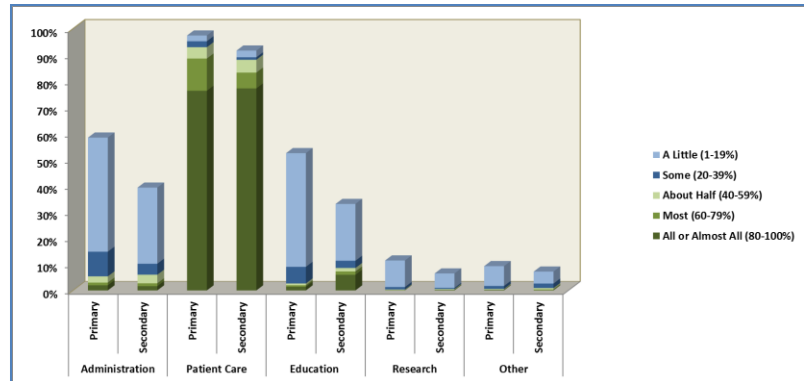
CRNA:	1%
CNM:	5%
CNP:	2%

### Admin Role

CRNA:	1%
CNM:	5%
CNP:	3%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*On average, 87% of all NPs fill a patient care role, defined as spending 60% or more of their time on patient care activities. CRNAs were most likely to fill a patient care role; 95% of CRNAs filled such role compared to 83% of CNMs and 86% CNPs.*

Time Spent	Patient Care Time Allocation							
	CRNA		CNM		CNP		All (2022)	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	89%	92%	64%	78%	71%	73%	74%	77%
<b>Most (60-79%)</b>	5%	2%	19%	5%	15%	8%	14%	7%
<b>About Half (40-59%)</b>	2%	1%	5%	5%	5%	5%	5%	4%
<b>Some (20-39%)</b>	1%	0%	5%	3%	3%	1%	3%	1%
<b>A Little (1-20%)</b>	1%	0%	2%	4%	2%	3%	2%	3%
<b>None (0%)</b>	2%	4%	5%	5%	3%	9%	3%	8%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

	Future Plans					
	CRNA		CNM		CNP	
2 Year Plans:	#	%	#	%	#	%
<b>Decrease Participation</b>						
Leave Profession	19	1%	6	2%	110	1%
Leave Virginia	43	2%	13	3%	325	3%
Decrease Patient Care Hours	247	13%	71	18%	1,165	10%
Decrease Teaching Hours	11	1%	1	0%	109	1%
<b>Increase Participation</b>						
Increase Patient Care Hours	102	5%	28	7%	1,323	11%
Increase Teaching Hours	79	4%	71	18%	1,365	12%
Pursue Additional Education	59	3%	56	14%	1,671	14%
Return to Virginia's Workforce	10	1%	7	2%	74	1%

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement within 2 Years**

CRNA:	9%
CNM:	8%
CNP:	4%

**Retirement within 10 Years**

CRNA:	27%
CNM:	21%
CNP:	18%

Source: Va. Healthcare Workforce Data Center

*48%, 35% and 38% of CRNAs, CNMs, and CNPs, respectively, expect to retire by the age of 65. Further, 34%, 24%, and 25% of CRNAs, CNMs, and CNPs, respectively, aged 50 or over expect to retire by the same age. Meanwhile, 2%, 5%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not plan to retire at all.*

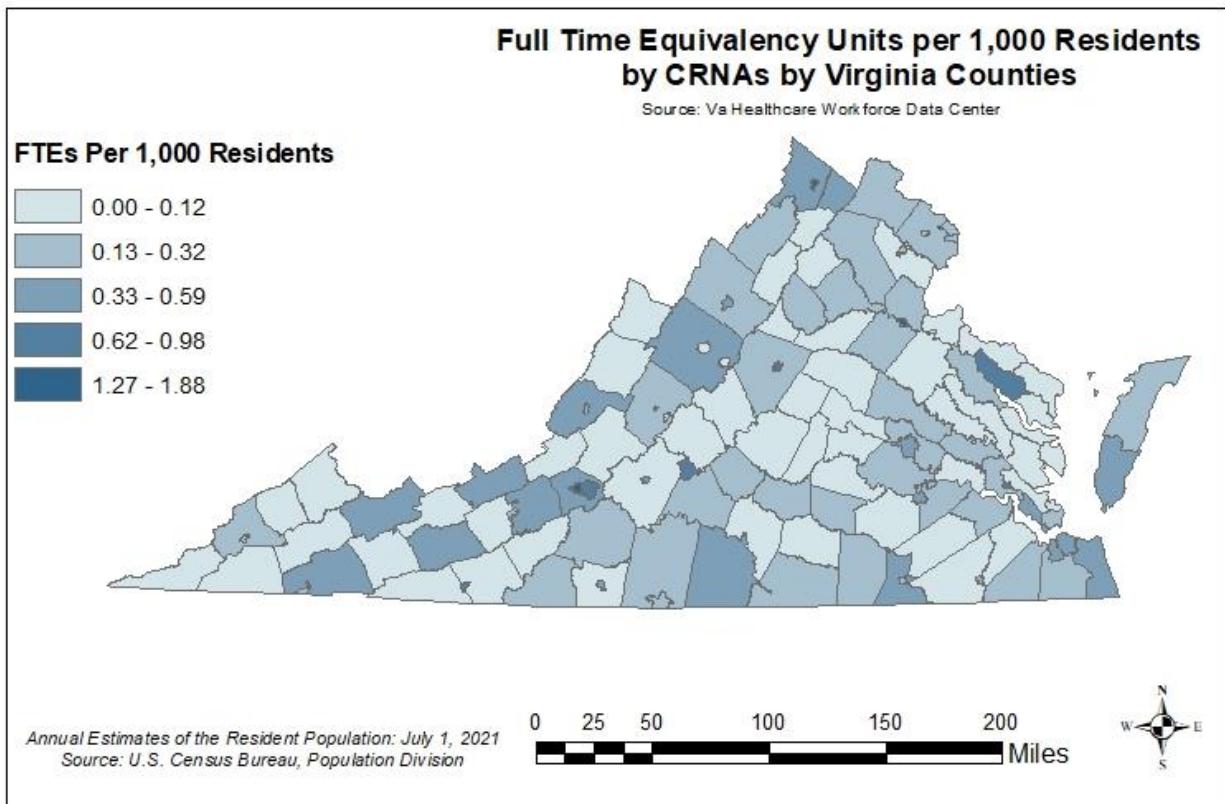
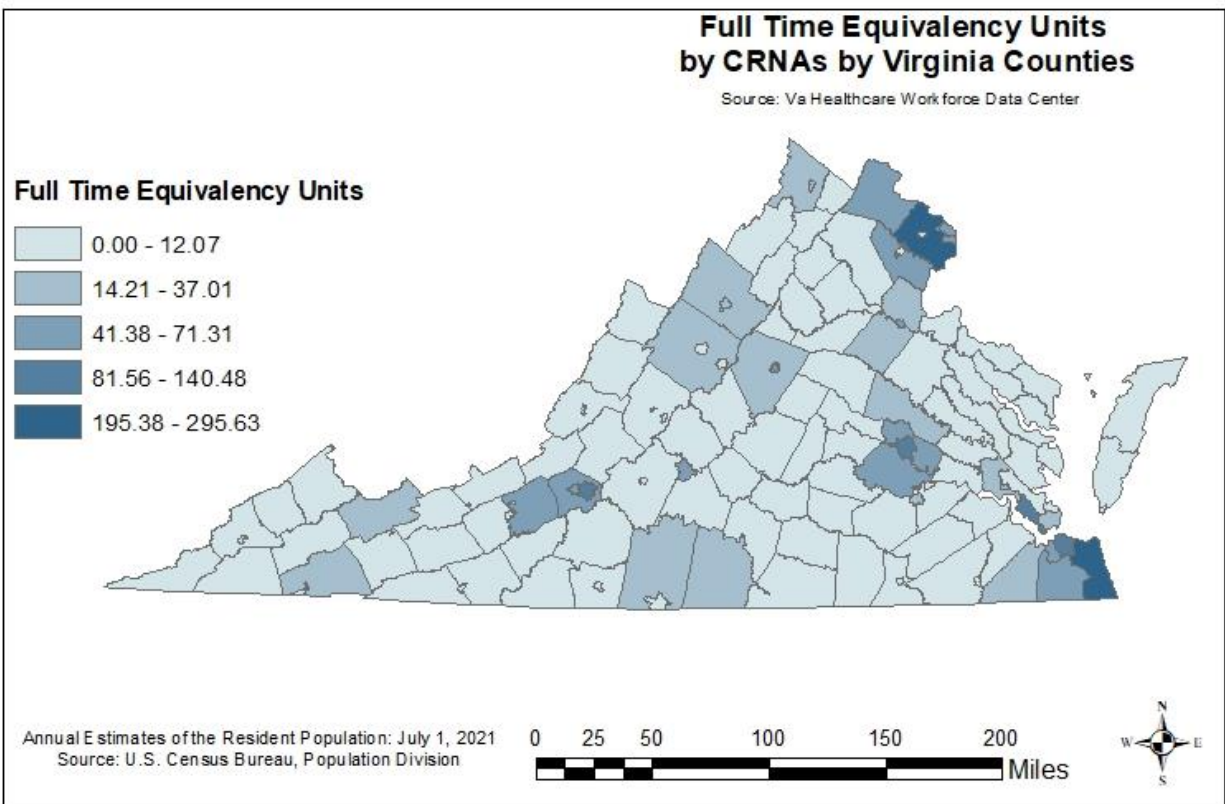
Expected Retirement Age	CRNA		CNM		CNP		All (2022)	
	All NPs	NP >50 yrs	All NPs	NP >50 yrs	All NPs	NP >50 yrs	All NPs	NP >50 yrs
<b>Under age 50</b>	2%	-	5%	-	2%	-	2%	-
<b>50 to 54</b>	3%	1%	3%	0%	3%	0%	3%	1%
<b>55 to 59</b>	10%	5%	10%	5%	8%	4%	9%	4%
<b>60 to 64</b>	33%	29%	17%	19%	25%	21%	26%	22%
<b>65 to 69</b>	36%	41%	38%	44%	38%	40%	37%	40%
<b>70 to 74</b>	11%	17%	19%	26%	13%	20%	13%	19%
<b>75 to 79</b>	2%	5%	3%	6%	3%	6%	3%	6%
<b>80 or over</b>	0%	0%	0%	0%	1%	1%	1%	1%
<b>I do not intend to retire</b>	2%	3%	5%	1%	6%	8%	6%	7%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

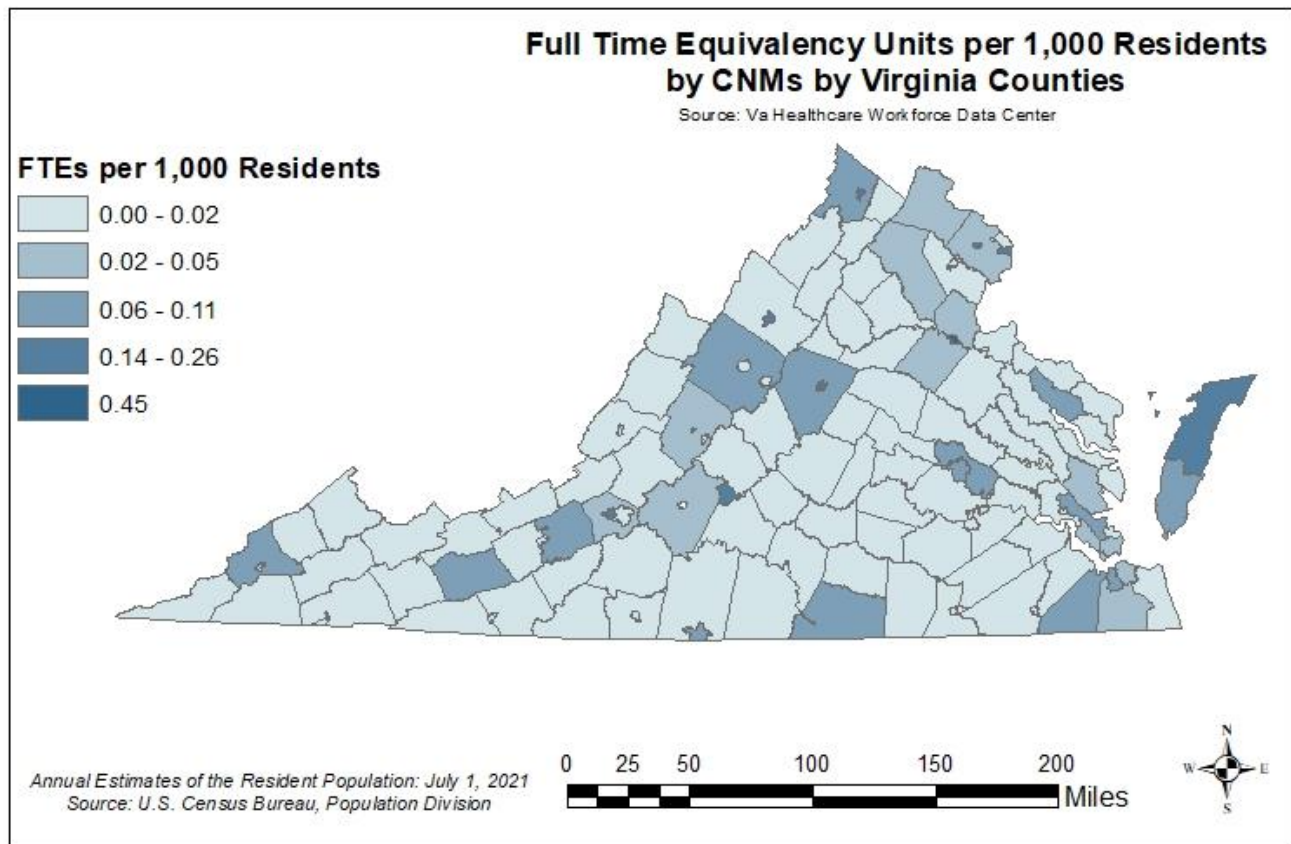
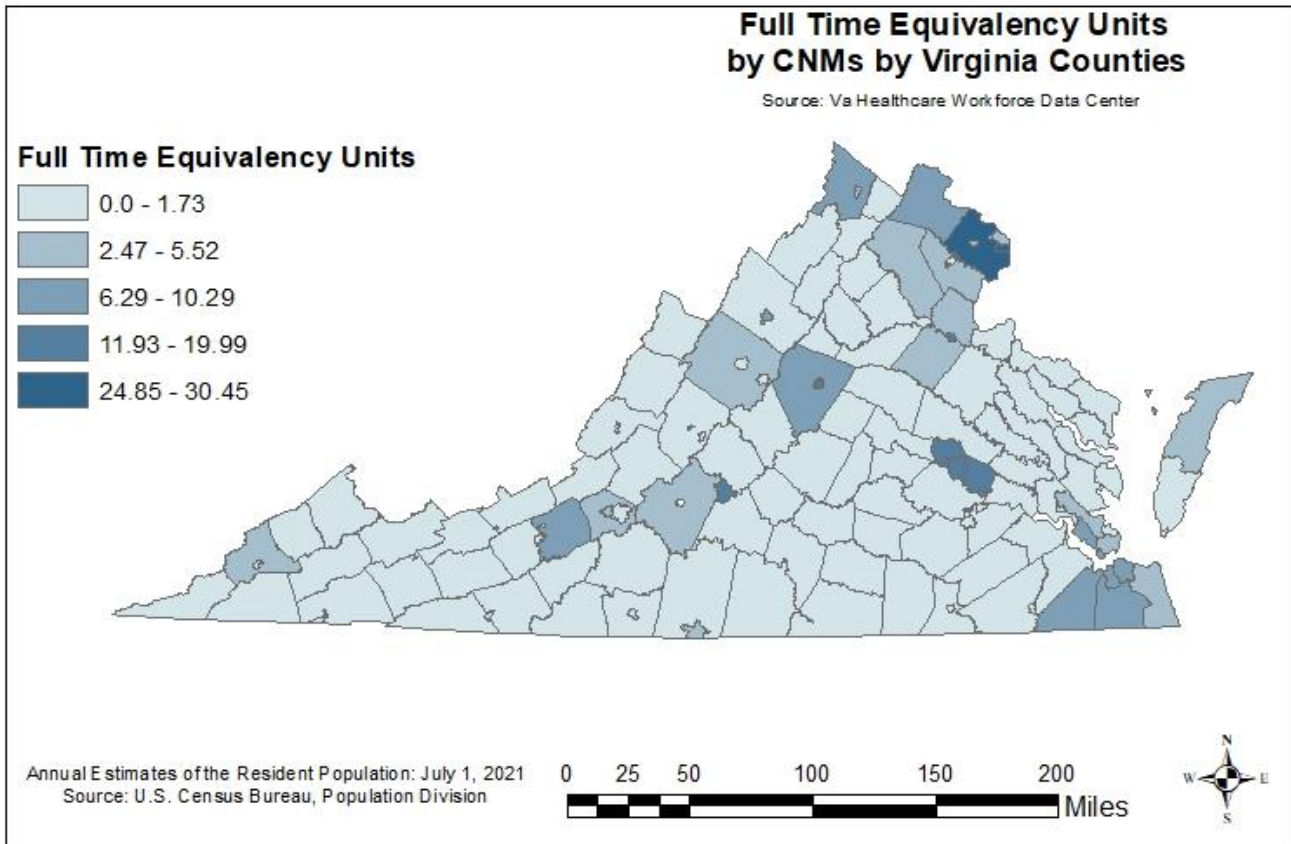
Expect to retire within. . .	Time to Retirement							
	CRNA		CNM		CNP		All (2022)	
	#	%	#	%	#	%	#	%
<b>2 years</b>	125	9%	26	8%	381	4%	530	5%
<b>5 years</b>	61	4%	9	3%	284	3%	355	3%
<b>10 years</b>	201	14%	29	9%	838	10%	1,072	10%
<b>15 years</b>	170	12%	42	14%	976	11%	1,187	12%
<b>20 years</b>	216	15%	31	10%	1,004	12%	1,262	12%
<b>25 years</b>	208	15%	33	11%	1,274	15%	1,519	15%
<b>30 years</b>	180	13%	57	19%	1,256	15%	1,493	15%
<b>35 years</b>	162	11%	40	13%	1,091	13%	1,293	13%
<b>40 years</b>	51	4%	11	4%	559	7%	620	6%
<b>45 years</b>	15	1%	5	2%	224	3%	242	2%
<b>50 years</b>	0	0%	5	2%	78	1%	81	1%
<b>55 years</b>	0	0%	0	0%	12	0%	11	0%
<b>In more than 55 years</b>	0	0%	4	1%	15	0%	19	0%
<b>Do not intend to retire</b>	30	2%	15	5%	531	6%	572	6%
<b>Total</b>	<b>1,419</b>	<b>100%</b>	<b>306</b>	<b>100%</b>	<b>8,523</b>	<b>100%</b>	<b>10,256</b>	<b>100%</b>

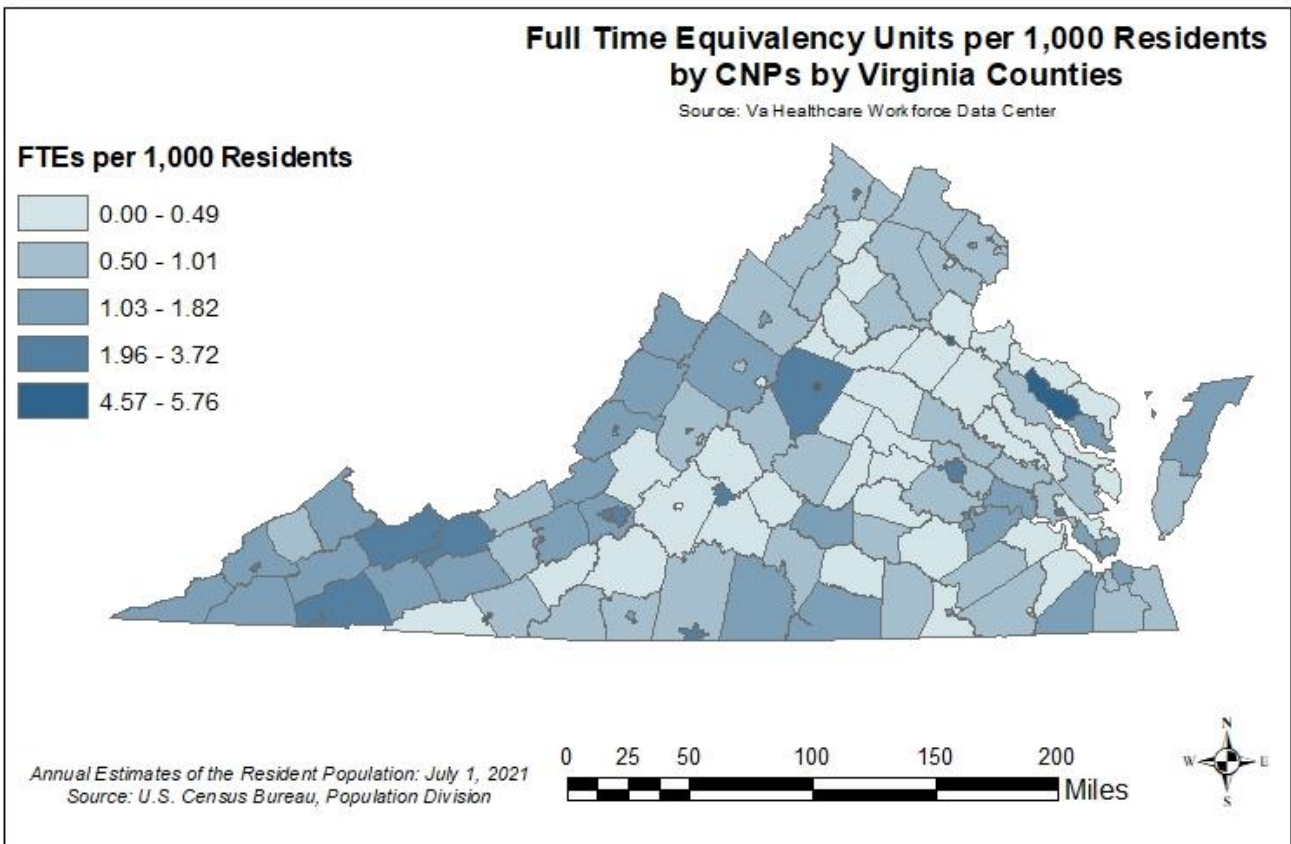
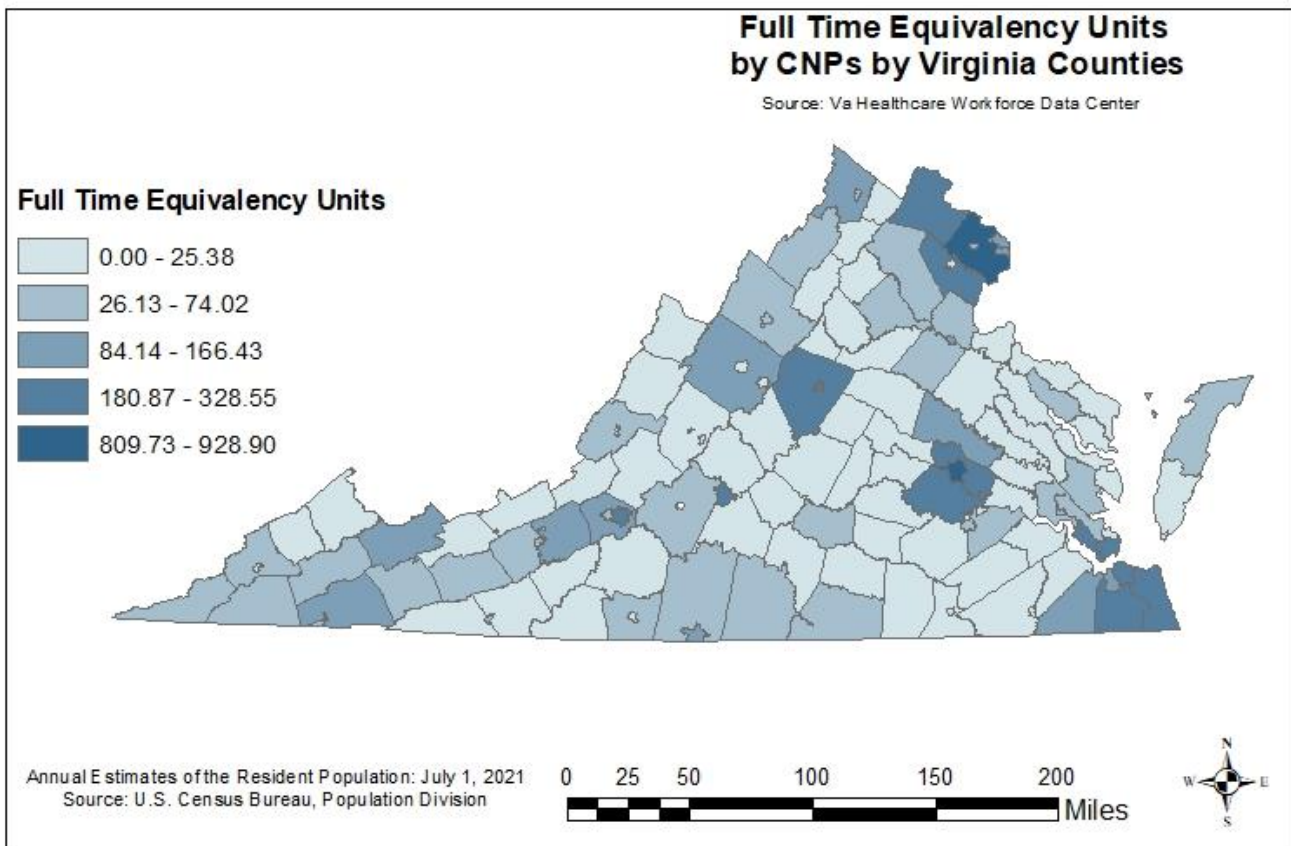
Source: Va. Healthcare Workforce Data Center

*Using these estimates, retirement will begin to reach over 10% of the current workforce every 5 years by 2037. Retirement will peak at 15% of the current workforce around 2047 before declining to under 10% of the current workforce again around 2062.*



Note: Maps show reported work hours in primary and secondary locations of respondents who provided a response to the relevant question. Map may not reflect hours worked by all nurse practitioners licensed in the state since response rate was less than 100%.







**VIRGINIA BOARD OF NURSING  
EDUCATION SPECIAL CONFERENCE COMMITTEE  
Tuesday, February 22, 2022**

E1

Department of Health Professions – Perimeter Center  
9960 Mayland Drive, Conference Center 201 – Boardroom 3  
Henrico, Virginia 23233

**TIME AND PLACE:** The meeting of the Education Special Conference Committee was convened at 9:00 a.m. in Suite 201, Department of Health Professions, 9960 Mayland Drive, Second Floor, Boardroom 3, Henrico, Virginia.

**MEMBERS PRESENT:** Cynthia Swineford, RN, MSN, CNE, Chair  
Ann Tucker Gleason, PhD, Citizen Member

**STAFF PRESENT:** Jacquelyn Wilmoth, MSN, RN, Deputy Executive Director  
Randall Mangrum, DNP, RN, Nursing Education Program Manager  
Christine Smith, MSN, RN, Nurse Aide/RMA Education Program Manager  
Melissa Armstrong, Adjudication Specialist  
Beth Yates, Education Program Specialist

**PUBLIC COMMENT:** There was no public comment.

**PUBLIC HEARING:** There was no public comment regarding the Fast-Track Amendments to Regulations Governing Nurse Aide Education Programs.

**INFORMAL CONFERENCES:**

**Galen College, Associate Degree Program, Richmond, US28408900**

Galen College requested to increase enrollment by 200 students per calendar year.

Edith Ouellet, EdD, RN, Dean, Lisa Peak DNP, RN, CNE, Regional Dean, Kimberly Brown, DNP, RN, Associate Dean, Jennifer McCrickard, Instructor and Molly Lewis, Director of Operations were in attendance to represent the program.

**ACTION:** Dr. Gleason moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 9:32 a.m. for the purpose of deliberation to reach a decision in the matter of Galen College Associate Degree Education Program. Additionally, Dr. Gleason moved that Ms. Wilmoth, Ms. Smith and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 9:59 a.m.

Dr. Gleason moved that the Education Informal Conference Committee of the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as

were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

**ACTION:**

Dr. Gleason moved to recommend that the request from Galen College ADN Program, Richmond Campus, for an increase in enrollment be denied.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 21, 2023.

**Legacy Consultant Pharmacy, Medication Aide Training Program, Winston-Salem, NC, 0030000030**

No representatives for the program were present.

Ms. Armstrong provided information regarding mailing of the Board notice. Based upon information provided by Ms. Armstrong, Ms. Swineford ruled that adequate notice was provided to Legacy Consultant Pharmacy.

**ACTION:**

Dr. Gleason moved to recommend that approval to operate a medication aide program at Legacy Consultant Pharmacy be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 21, 2023.

**M&M Education Nursing Staff Services, Medication Aide Training Program, Virginia Beach, 0030000190**

No representatives for the program were present.

Ms. Armstrong provided information regarding mailing of the Board notice. Based upon information provided by Ms. Armstrong, Ms. Swineford ruled that adequate notice was provided to M&M Education Nursing Staff Services.

**ACTION:**

Dr. Gleason moved to recommend that approval to operate a medication aide program at M&M Education Nursing Staff Services be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 21, 2023.

**Madonna Home, Inc. Medication Aide Training Program, Norfolk, 0030000131**

No representatives for the program were present.

Ms. Armstrong provided information regarding mailing of the Board notice. Based upon information provided by Ms. Armstrong, Ms. Swineford ruled that adequate notice was provided to Madonna Home, Inc.

**ACTION:** Dr. Gleason moved to recommend that approval to operate a medication aide program at Madonna Home, Inc. be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 21, 2023.

**Renhearts Training Services, LLC, Medication Aide Training Program, Henrico, 0030000310**

No representatives for the program were present.

Ms. Armstrong provided information regarding mailing of the Board notice. Based upon information provided by Ms. Armstrong, Ms. Swineford ruled that adequate notice was provided to Renhearts Training Services, LLC.

**ACTION:** Dr. Gleason moved to recommend that approval to operate a medication aide program at Renhearts Training Services, LLC be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 21, 2023.

**RMA Training by Angel, Medication Aide Training Program, Abingdon, 0030000322**

No representatives for the program were present.

Ms. Armstrong provided information regarding mailing of the Board notice. Based upon information provided by Ms. Armstrong, Ms. Swineford ruled that adequate notice was provided to RMA Training by Angel.

**ACTION:** Dr. Gleason moved to recommend that approval to operate a Medication Aide Training Program at RMA Training by Angel be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 21, 2023..

**Roselawn Rest Home, Inc., Medication Aide Training Program, Castlewood, 0030000148**

No representatives for the program were present.

Ms. Armstrong provided information regarding mailing of the Board notice. Based upon information provided by Ms. Armstrong, Ms. Swineford ruled that adequate notice was provided to Roselawn Rest Home, Inc.

**ACTION:** Dr. Gleason moved to recommend that approval to operate a Medication Aide Training Program at Roselawn Rest Home, Inc. be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 21, 2023.

**T&L Learning Center, LLC Medication Aide Training Program,  
Norfolk, 0030000265**

No representatives for the program were present.

Ms. Armstrong provided information regarding mailing of the Board notice. Based upon information provided by Ms. Armstrong, Ms. Swineford ruled that adequate notice was provided to T&L Learning Center, LLC.

**ACTION:**

Dr. Gleason moved to recommend that approval to operate a Medication Aide Training Program at T&L Learning Center, LLC be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 21, 2023.

**The Landmark Group, Medication Aide Training Program, Hillsville,  
0030000206**

No representatives for the program were present.

Ms. Armstrong provided information regarding mailing of the Board notice. Based upon information provided by Ms. Armstrong, Ms. Swineford ruled that adequate notice was provided to The Landmark Group.

**ACTION:**

Dr. Gleason moved to recommend that approval to operate a Medication Aide Training Program at The Landmark Group be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 21, 2023.

**Trinity Assisted Living, Medication Aide Training Program,  
Williamsburg, 0030000239**

No representatives for the program were present.

Ms. Armstrong provided information regarding mailing of the Board notice. Based upon information provided by Ms. Armstrong, Ms. Swineford ruled that adequate notice was provided to Trinity Assisted Living.

**ACTION:**

Dr. Gleason moved to recommend that approval to operate a Medication Aide Training Program at Trinity Assisted Living be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 21, 2023..

**Visions Family Services, Medication Aide Training Program,  
Petersburg, 0030000250**

No representatives for the program were present.

Ms. Armstrong provided information regarding mailing of the Board notice. Based upon information provided by Ms. Armstrong, Ms. Swineford ruled that adequate notice was provided to Visions Family Services.

Dr. Gleason moved to recommend that approval to operate a Medication Aide Training Program at Visions Family Services be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 21, 2023.

**Medical Learning Center, Practical Nursing Program, Alexandria, US28110500**

No representatives for the program were present.

Dr. Gleason moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 10:48 a.m. for the purpose of deliberation to reach a decision in the matter of Medical Learning Center, Practical Nursing Education Program. Additionally, Dr. Gleason moved that Dr. Mangrum, Ms. Smith, Ms. Armstrong and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 11:03 a.m.

Dr. Gleason moved that the Education Informal Conference Committee of the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

**ACTION:**

Dr. Gleason moved to recommend that approval of Medical Learning Center to operate a practical nursing program be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 21, 2023.

**Salvation Academy, Alexandria, Nurse Aide Education Program, 1414100689**

Brima Deen, program administrator, was present to represent the program.

Mr. Deen presented additional information, marked as Exhibit 1 and Exhibit 2, to the committee.

Dr. Gleason moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 2:48 p.m. for the purpose of deliberation to reach a decision in the matter of Salvation Academy Nurse Aide Education Program. Additionally, Dr. Gleason moved that Ms. Wilmoth, Dr Randall, Ms. Armstrong and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 3:36 p.m.

Dr. Gleason moved that the Education Informal Conference Committee of the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened.

The motion was seconded and carried unanimously.

**ACTION:**

Dr. Gleason moved to recommend that approval to operate a nurse aide education program be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 21, 2023.

Meeting adjourned at 3:38 p.m.

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Jacquelyn Wilmoth, MSN, RN  
Deputy Executive Director