

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

Department of Health Professions – Perimeter Center  
9960 Mayland Drive, Conference Center 201 – **Board Room 4**  
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, November 15, 2022 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**

- ❖ DHP new Director is **Arne W. Owens** effective November 1, 2022

**Board Member Update:**

- **Paul Hogan**, from Reston, VA, was appointed to the Board of Nursing on November 4, 2022 as Citizen Member to serve from July 1, 2022 to June 30, 2022. Mr. Hogan replaced Mark Monson.

**Staff Update:**

- **Regina Parson** accepted the P-14 Licensing Specialist, Nurse Practitioner, and started on October 17, 2022
- **Elva Washington** accepted the Licensing Support Specialist position, after 5 years working as a wage staff for the Board of Nursing. She started on November 10, 2022

**A. UPCOMING MEETINGS:**

- The NCSBN BOD is scheduled for December 6-7, 2022 in Chicago, IL. Ms. Douglas will attend as the President of NCSBN BOD.

**REVIEW OF THE AGENDA:**

- Additions, Modifications
- Adoption of a Consent Agenda
- **CONSENT AGENDA**
  - \*B1 September 12, 2022 Formal Hearings
  - \*B2 September 13, 2022 Business Meeting
  - \*B3 September 14, 2022 Nominating Committee Meeting
  - \*B4 September 14, 2022 Discipline Committee Meeting
  - \*B5 September 14, 2022 Officer Meeting
  - \*B6 September 14, 2022 Panel A – Formal Hearings
  - \*B7 September 14, 2022 Panel B – Formal Hearings

*B8	September 15, 2022	Formal Hearings
*B9	October 6, 2022	Telephone Conference Call
*B10	October 11, 2022	Telephone Conference Call
**B11	November 1, 2022	Telephone Conference Call
***B12	November 7, 2022	Telephone Conference Call

- \*\*\*C1 Board of Nursing Monthly Tracking Log as of October 31, 2022
- \*C2 Agency Subordination Recommendation Tracking Log
- \*C3 HPMP Quarterly Report as of September 30, 2022
- \*C4 Financial Reports as of June 30, 2022
- \*\*\*C5 Executive Director Report – **Ms. Douglas**

## DIALOGUE WITH DHP DIRECTOR

### B. DISPOSITION OF MINUTES – None

### C. REPORTS

- \*C6 - 03 29 2022 Board of Health Professions (BHP) Meeting – **Dr. Gleason**
- \*C7 - 10 12 2022 Committee of Joint Boards of Nursing and Medicine Business Meeting and Formal Hearing DRAFT Minutes – **Mr. Jones**
  - ❖ \*\*Virginia Nurse Practitioner Side-by-Side Comparison (**REVISED VERSION**) – **FYI**
  - ❖ \*Licensed Nurse Practitioner (LNP) Overview PowerPoint – **FYI**
- November 9, 2022 Massage Therapy Advisory Board Meeting (**verbal report**) – **Ms. Douglas/Ms. Bargdill**
- NCSBN Presidents Call – **Mr. Jones**

### D. OTHER MATTERS:

- Board Counsel Update (**verbal report**)
- **Election of Officers** – Ms. Friedenber, Nominating Committee Chair
  - ❖ \*D1 - Memo regarding Slate of Candidates for Officer Positions for 2023
  - ❖ \*D2 - Board of Nursing Bylaws (Guidance Document 90-57)
  - ❖ \*D3 - Duties and Functions of Board of Nursing Officers
- Update on Digital Case Management Project (**verbal report**) – **Ms. Morris/Ms. Bargdill**
- \*\*\*D5 - Informal Conference (IFC) Schedule for the first half of 2023 – **Ms. Morris**
- DHP Reports available on the website – **Ms. Douglas**

### E. EDUCATION:

- Education Update – **Ms. Wilmoth (verbal report)**
  - Nursing, Nurse Aide and Medication Aide Education Program Updates
  - E2 - NCSBN 2021 Nursing Education Program Annual Report

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

- \*F1 – Chart of Regulatory Actions

**F2 - Guidance Document 90-22** – *Requests for Accommodations for NCLEX and NNAAP Testing and Medication Aide Examination for Registration*

**\*F3 - Guidance Document 90-54** – *Guidance for Conduct an Informal Conference by an Agency Subordinate of a Health Regulatory Board at the Department of Health Professions*

**\*\*\*F4 - Guidance Document 90-56** - *Practice Agreement Requirements for Licensed Nurse Practitioners (Advanced Practice Registered Nurses)*

**10:00 A.M. – PUBLIC COMMENT**

**12:00 P.M. – LUNCH** – Recognition of the following Board Members for their service to the Board:

**Mark Monson, Citizen Member**  
**Jennifer Phelps, BS, LPN, QMHP-A, CSAC**

**1:30 P.M. – \*\*\*E1** November 1, 2022 Education Informal Conference Committee DRAFT minutes

**\*September 1, 2022 Education Informal Conference Committee Recommendations regarding:**

- Loudoun County, Leesburg, Practical Nursing, US28104600
- First Career Center, Medication Aide, 0030000215
- Alete Home Health Services, Medication Aide, 0030000146
- Golden Age Retirement, Medication Aide, 0030000040
- Madison Home, Inc., Medication Aide, 0030000083
- MicAnd, LLC, Medication Aide, 0030000144
- Oak Grove Residential Care Center, Medication Aide, 0030000114

#### **CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS**

1	*Stephen William Cullers, RN	2	*Dawn Marie Bernard Pereira, RN
3	*Stephanie Lynne Vogel Harris, RN	4	*Tracie H. Flynn, LPN
5	*Alexis Paige Moore, LPN	6	*Deloris Lileth Swaby Johnson, RN
7	*Victorial Ann Cueto, LPN	8	*Krystal G. Kyle, CNA
9	*Nicholas Irianni, RMA	10	*Chantel Sade Ferguson, CNA
11	*Emily Laabs, CNA	12	*Theresa Marie Brewer Thompson, CNA
13	*Erika Bolton, RN	14	*April Ingrid Gibson, CNA
15	*Nicholas Irianni, CNA	16	*Julia Grace Johnson, RN
17	*Summer Lee Bumgardner, RN	18	*Michaelann Caffrey, RN
19	*Tatianna La'sha Canady, LPN	20	*Melissa Irene Snead, RN

#### **CONSIDERATION OF CONSENT ORDERS**

- \*G1** – Mary Jennifer Toole, RN Reinstatement Applicant
- \*G2** - Ashley Ray Lynch Pelton, LPN
- \*G3** – Kimberly Wilson Frank, RN

**\*\*G4** – Christine Michelle Spiller, LMT  
**G5** – Genevieve Gilfford Lambert, RN

## **ADJOURNMENT OF BUSINESS AGENDA**

### **2:30 P.M. - BOARD MEMBER DEVELOPMENT**

- \*Review of the new Sanctioning Reference Points (SRP) Manual – **Dr. Hills**
- Requests to Board Members from Media and External Stakeholders – **Ms. Douglas**
  - ❖ **\*\*D4** – DHP Policy 76-20-01 – *Communication with the media*
  - ❖ **\*\*\*2014** General Guidelines from Conduct of DHP Board Member

### **MEETING DEBRIEF**

- ❖ What went well
- ❖ What needs improvement

**3:30 P.M.**

### **DISCIPLINARY COMMITTEE MEETING –in Board Room 4**

#### **Committee Members:**

James Hermansen-Parker, MSN, RN, PCCN-K – **Chair**  
Brandon Jones, MSN, RN, CEN, NEA-BC  
Jennifer Phelps, BS, LPN, QMHP-A, CSAC

#### **Staff Members:**

Claire Morris, RN, LNHA; Deputy Executive Director  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director

### **REGULATORY REVIEW COMMITTEE MEETING – in Board Room 3**

#### **Committee Members:**

Cynthia Swineford, RN, MSN, CNE - **Chair**  
Laurie Buchwald, MSN, WHNP, FNP  
Margaret Friedenberg, Citizen Member  
Felisa Smith, PhD, MSA, RN, CNE

#### **Staff Members:**

Jay Douglas, RN, MSM, CSAC; Executive Director  
Robin Hills, RN, DNP, WHNP; Deputy Executive Director for Advanced Practice  
Jacquelyn Wilmoth, RN, MSN; Deputy Executive Director for Education  
Stephanie Willinger; Deputy Executive Director for Licensing and CBC Unit  
Erin Barrett; DHP Policy Analyst

(\* mailed 10/26) (\*\* mailed 11/2) (\*\*\*)mailed 11/9)

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
September 12, 2022**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 10:00 A.M., on September 12, 2022 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  
Yvette L. Dorsey, DNP, RN  
Margaret J. Friedenberg, Citizen Member  
James L. Hermansen-Parker, MSN, RN, PCCN-K  
Mark D. Monson, Citizen Member  
Jennifer Phelps, BS, LPN, QMHP-A, CSAC  
Meenakshi Shah, BA, RN

**STAFF PRESENT:**

Lelia Claire Morris, RN, LNHA; Deputy Executive Director  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for  
Advanced Practice  
Francesca Iyengar, MSN, RN, Discipline Case Manager  
Jacquelyn Wilmoth, MSN, RN, Deputy Executive Director- **Joined at  
2:00 p.m.**  
Tamika Claiborne, Senior Licensing/Discipline Specialist  
Lakisha Goode, Discipline Team Coordinator

**OTHERS PRESENT:**

Charis Mitchell, Assistant Attorney General, Board Counsel  
M. Brent Saunders, Assistant Attorney General

**ESTABLISHMENT OF  
A PANEL:**

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

**FORMAL HEARINGS:**

**Wendy Elaine Asuban Wigger, RN Reinstatement Applicant**  
**0001-207291**

Ms. Wigger did not appear.

Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell were legal counsel for the Board. Kim Taylor, court reporter, Farnsworth and Taylor Recording, recorded the proceedings.

Katie Land, Senior Investigator, Enforcement Division, was present and testified.

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 10:36 A.M., for the purpose of deliberation to reach a decision in the matter of **Wendy Elaine Asuban Wigger**. Additionally, Ms. Shah moved that Dr. Hills, Ms. Claiborne, Ms. Goode, Ms. Mitchell, Board Counsel, 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 Mr. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:11 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 Mr. Monson and carried unanimously.

ACTION: Dr. Dorsey moved that the Board of Nursing deny the application of **Wendy Elaine Asuban Wigger** for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Mr. Monson 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 11:12 A.M.

RECONVENTION: The Board reconvened at 1:00 P.M.

FORMAL HEARINGS: **Aliceanna Marie Smith, LPN Reinstatement Applicant 0001-256517**

Ms. Smith appeared.

Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Kim Taylor, court reporter, Farnsworth and Taylor Recording, recorded the proceedings.

Cortney Merkel, Senior Investigator, Enforcement Division, was present and testified.

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 1:23 P.M., for the purpose of deliberation to reach a decision in the matter of **Aliceanna Marie Smith**. Additionally, Ms. Shah moved that Ms. Morris, Dr. Hills, Ms. Claiborne, Ms. Goode, Mr. Saunders and Ms. Mitchell, 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. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:32 P.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 Mr. Monson and carried unanimously.

ACTION: Dr. Dorsey moved that the Board of Nursing approve the application of **Aliceanna Marie Smith** for reinstatement of her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Mr. Monson 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 1:33 P.M.

RECONVENTION: The Board reconvened at 2:00 P.M.

FORMAL HEARINGS: **Sheena E. Norman, LPN** **0002-098718**

Ms. Norman did not appear.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell were legal counsel for the Board. Kim Taylor, court reporter, Farnsworth and Taylor Recording, recorded the proceedings.

Brian Horowitz, Senior Investigator, Enforcement Division, Debbie Holt, Business Manager at Martha Jefferson House, and Shana Kirby,

Bookkeeping specialist, were present and testified. Michael Semones testified via telephone.

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 2:38 P.M., for the purpose of deliberation to reach a decision in the matter of **Sheena E. Norman**. Additionally, Ms. Shah moved that Ms. Morris, Dr. Hills, Ms. Wilmoth, Ms. Claiborne, Ms. Goode, Ms. Mitchell, Board Counsel 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 Mr. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:48 P.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 Mr. Monson and carried unanimously.

ACTION: Dr. Dorsey moved that the Board of Nursing revoke the license of **Sheena E. Norman** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Mr. Monson 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 2:50 P.M.

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



**VIRGINIA BOARD OF NURSING  
BUSINESS MEETING MINUTES  
September 13, 2022**

**TIME AND PLACE:** The business meeting of the Board of Nursing was called to order at 9:00 A.M. on September 13, 2022, 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  
Laurie Buchwald, MSN, WHNP, FNP  
Yvette L. Dorsey, DNP, RN  
Margaret J. Friedenberg, Citizen Member  
Ann Tucker Gleason, PhD, Citizen Member  
James L. Hermansen-Parker, MSN, RN, PCCN-K  
Dixie L. McElfresh, LPN  
Mark D. Monson, Citizen Member  
Helen Parke, DNP, FNP-BC  
Jennifer Phelps, BS, LPN, QMHP-A, CSAC  
Meenakshi Shah, BA, RN

**MEMBERS ABSENT:** Carol Cartte, RN, BSN

**STAFF PRESENT:** Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director  
Lelia Claire Morris, RN, LNHA; Deputy Executive Director  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director  
Jacquelyn Wilmoth; Deputy Executive Director for Education  
Stephanie Willinger; Deputy Executive Director for Licensing  
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  
Tamika Claiborne, BS, Senior Licensing/Discipline Specialist

**OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General, Board Counsel  
David Brown, DC, DHP Director – **joined at 9:04 A.M.**  
Erin Barrett, JD, DHP Policy Analyst  
Kaitlynn Ward, NCSBN Director of Federal Affairs

**IN THE AUDIENCE:** Janet Wall, MS, Chief Executive Officer (CEO) Virginia Nurses Association (VNA)/Virginia Nurses Foundation (VNF)  
Brittany Anderson Whitley, VNA  
Christopher Fleury, Medical Society of Virginia (MSV)  
Michelle Duesberry-Woody, Nurse Aide Education Program Inspector

**ESTABLISHMENT OF A QUORUM:**

Mr. Jones asked Board Members and Staff to introduce themselves. With 13 members present, a quorum was established.

Mr. Jones welcomed Dr. Parke to the Board. Ms. Douglas noted that Ms. Cartte was not available to attend today due to planned commitment but she will be attending in November. Ms. Douglas added that no additional information is available regarding the replacement for Mr. Monson, Citizen Member.

Ms. Douglas stated that Ms. Ward, NCSBN Director of Federal Affairs, will present an overview of federal legislation impacting the regulation of nursing and to observe formal hearings tomorrow.

**ANNOUNCEMENTS:**

Mr. Jones acknowledged the following:

**Board Member Update:**

- **Carol Cartte, RN, BSN, of Glen Allen** was appointed by the Governor on August 1, 2022 to replace Teri Crawford Brown, RNC, MSN to serve from July 1, 2022 to June 30, 2026
- **Helen M. Parke, DNP, FNP-BC of Lynchburg** was appointed by the Governor on August 2, 2022 to replace Marie Gerardo, MS, RN, ANP-PC to serve from July 1, 2022 to June 30, 2026

**Staff Update:**

- **Rebecca Coffin** accepted the Nursing Education Program Inspector position and started on May 23, 2022
- **Michelle Duesberry-Woody** accepted the Nurse Aide Education Program Inspector position and started on May 23, 2022
- **Sherry Allen** accepted the Nurse Aide Education Program Inspector position and started on June 21, 2022
- **Tamika Claiborne** accepted the Senior Licensing Discipline Specialist position for the License Certified Midwife and started on August 10, 2022.

**UPCOMING MEETINGS:** The upcoming meetings listed on the agenda:

- The NCSBN Board of Directors (BOD) is scheduled for September 27-28, 2022 in Chicago, IL. Ms. Douglas will attend as the President of

NCSBN BOD.

- The NCSBN Tri-Regulator Symposium is scheduled for October 13-14, 2022 in Washington, DC. Ms. Douglas will attend as the President of NCSBN BOD.
- The Committee of Joint Boards of Nursing and Medicine meeting is scheduled for October 12, 2022, at 9 am in Board Room 2.
- The NCSBN BOD Strategic Planning is scheduled for October 24-25, 2022 in Boston, MA. Ms. Douglas will attend as the President of NCSBN BOD.
- The Education Informal Conference Committee is scheduled for Tuesday, November 1, 2022 at 9:00 am in Board Room 3.
- The NCSBN Leadership & Public Policy Conference is scheduled for November 2-4, 2022 in St. Augustine, FL.
- The Massage Therapy Advisory Board meeting is scheduled for November 9, 2022, at 10 am in Board Room 3.
- The NCSBN BOD is scheduled for December 6-7, 2022 in Chicago, IL. Ms. Douglas will attend as the President of NCSBN BOD.

Dr. Brown joined the meeting at 9:04 A.M.

ORDERING OF AGENDA: Mr. Jones asked staff if there were additional updates to the Agenda.

Ms. Morris noted the following:

- ❖ The formal hearing of Stacey Lynn Roux, LPN on Wednesday, 9/14, Panel B, at 1 pm was continued

Mr. Jones moved the Appointment of Regulatory Review Committee item under Other Matters to the Regulations/Legislation discussion.

CONSENT AGENDA: Ms. Douglas removed C3 Executive Director Report from the consent agenda.

Mr. Jones removed the NCSBN Annual Meeting Reports from the consent agenda

- **C8a** - Dr. Smith's report
- **C8b** - Ms. Willinger's report
- **C8c** - Dr. Mangrum's report

Mr. Monson 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> May 16, 2022     | Formal Hearings  |
| <b>B2</b> May 17, 2022     | Business Meeting   |
| <b>B3</b> May 17, 2022     | Consideration of Modification of Board Order                       |
| <b>B4</b> May 17, 2022     | Discipline Committee Meeting                                       |
| <b>B5</b> May 18, 2022     | Panel A – Formal Hearings  |
| <b>B6</b> May 18, 2022     | Panel B – Formal Hearings  |
| <b>B7</b> May 19, 2022     | Formal Hearings  |
| <b>B8</b> May 25, 2022     | Telephone Conference Call  |
| <b>B9</b> June 2, 2022     | Telephone Conference Call  |
| <b>B10</b> June 7, 2022    | Telephone Conference Call  |
| <b>B11</b> July 19, 2022   | Business Meeting   |
| <b>B12</b> July 19, 2022   | Panel A – Formal Hearings  |
| <b>B13</b> July 19, 2022   | Panel B – Formal Hearings  |
| <b>B14</b> July 20, 2022   | Disciplinary Committee Meeting                                     |
| <b>B15</b> July 20, 2022   | Panel A - Agency Subordinate<br>Recommendations and Consent Orders |
| <b>B16</b> July 20, 2022   | Panel A – Formal Hearings  |
| <b>B17</b> July 20, 2022   | Panel B – Agency Subordinate<br>Recommendations                    |
| <b>B18</b> July 20, 2022   | Panel B – Formal Hearings  |
| <b>B19</b> July 21, 2022   | Business Meeting   |
| <b>B20</b> July 21, 2022   | Telephone Conference Call  |
| <b>B21</b> July 21, 2022   | Formal Hearings  |
| <b>B22</b> August 10, 2022 | Telephone Conference Call  |
| <b>B23</b> August 22, 2022 | Telephone Conference Call  |
| <b>C1</b>                  | Board of Nursing Monthly Tracking Log as of August 31, 2022        |
| <b>C2</b>                  | Agency Subordinate Recommendations Tracking Log                    |
| <b>C5</b>                  | Dates for 2023 Board Meetings and Formal Hearings                  |
| <b>C6</b>                  | Dates for 2023 Education Informal Conference Committee             |
| <b>C7</b>                  | NCLEX Item Review Subcommittee (NIRSC) July 2022 Meeting Report    |

**Discussion of item pulled from Consent Agenda**

**C4 – Executive Director Report**

Ms. Douglas added the following information to her report:

- Ms. Douglas and Ms. Mitchell, Board Counsel, participated in national meetings regarding the fraudulent transcript issue across the

country. Ms. Douglas reminded Board Members that if they are contacted by Media regarding this issue, please refer the Media to Ms. Douglas.

- Tri-Regulator Collaborative Leadership meeting – Ms. Douglas participated as President of the NCSBN Board of Directors, Caroline Juran, BSPHarm, DPh, Executive Director for the Board of Pharmacy, as President of the National Association of Boards of Pharmacy and also participated was the Federation of State Medical Boards (FSMB). Topics of discussion were:
  - Opioid Epidemic;
  - Prescriber Compounding and Dispensing; and
  - IV Hydration Clinics – The Food and Drug Administration (FDA) has received a number of inquiries from practitioners and individual state regulatory boards about product quality concerns and risk of adverse events of the IV hydration clinics. FDA is convening a group to determine the extent of the problem regarding clinics compliance with the federal regulations.
- Digital Case Management – Ms. Bargdill and Ms. Morris are the lead staff for the Board of Nursing on this project. As of May 1, 2022, Enforcement started digitalizing discipline cases.
- Nurse Aide transition – As of February 2022, Credentia is the new testing vendor for nurse aides. Nurse Aides apply to an external source not through the Board. Nurse aides have to complete both written and skills portions of the national exam.
- TNA2CNA process – there are still issues with accessing to test which impacts the workforce. Ms. Bargdill and Ms. Wilmoth are in constant communication with Credentia to resolve this issue.

### **NCSBN Annual Meeting on August 17-19, 2022 Reports**

#### **C8a – Dr. Smith’s report**

Dr. Smith noted that it was a wonderful experience. Dr. Smith became the voting Delegate and got to meet with Candidates prior to voting. Dr. Smith stated that from the Keynote Speakers, it is critical that the Board asks the right questions because perspective is important. Dr. Smith stated that she has a better understanding of the role of board staff and encouraged Board Members and staff to get involved with NCSBN.

Ms. Wall joined that meeting at 9:20 A.M.

Mr. Jones thanked Dr. Smith for her participation.

**C8b – Ms. Willinger’s report**

Ms. Willinger noted that there were dynamic speakers and appreciated closer interaction with the NCSBN staff. Ms. Willinger added that it was obvious to her that Virginia is at the helm of nursing regulation

**C8c – Dr. Mangrum’s report**

Dr. Mangrum appreciated the opportunity to attend and reported that there were many excellent presentations. Dr. Mangrum added that the number of nurses retiring is greater the number entering the workforce and Virginia is not alone in experiencing this crisis.

Ms. Buchwald thanked attendees for the written reports and additional comments.

Mr. Monson moved to accept the **C4, C8a, C8b** and **C8c** reports as presented and amended. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

**DIALOGUE WITH DHP  
DIRECTOR OFFICE:**

Dr. Brown welcomed Dr. Parke to the Board of Nursing and reported the following:

- The NCSBN organization has the deserved reputation as being thorough and innovative. National involvement is critical for bigger picture and shared sense of purpose.
- DHP has been involved in the Day 1 Initiative from Governor Youngkin to decrease the number of regulations by 25%. All Boards have started the process toward achieving this goal.
- Conference Center update – supply chain limitations are still the issue in obtaining audio visual equipment.

Ms. Buchwald commented that 25% in the number of regulations is significant. Dr. Brown replied that the reduction is toward non-mandated regulations only and DHP is starting with Board of Medicine’s regulations.

Ms. Douglas added that DHP is also taking into consideration the opportunity to examine issues that arose during COVID.

Dr. Brown noted that DHP reviews regulations every four years as required by the Code of Virginia.

Mr. Jones thanked Dr. Brown for his leadership and support.

**DISPOSITION OF  
MINUTES:**

None

REPORTS:

**The VNA Fall Conference and VNF Gala on September 9-10, 2022**

Ms. Douglas stated that the conference was innovative, positive and evidenced the breadth of contemporary practice across Virginia. Ms. Douglas added that one take-away was the 5 minute rapid fire presentations in lieu of poster presentations was effective.

The Virginia Board of Nursing RN Deputies were awarded the Leadership Excellence Award in the category of State/Public Government Service. Ms. Morris, Ms. Wilmoth, Dr. Hills, and Ms. Bargdill publicly shared the award with Ms. Willinger, Deputy for Licensing, for all of her hard work.

Mr. Jones thanked VNA for the award.

OTHER MATTERS:

**Board Counsel Update:**

Ms. Mitchell reported that M. Brent Saunders is a new Assistant Attorney General who will be Board Counsel to Board of Medicine, Board of Pharmacy, and Boards of Funeral Directors and Embalmers, Physical Therapy and Long-Term Care Administrators. Ms. Mitchell added that Mr. Saunders will be attending nursing formal hearings this week for training purposes.

**D1 – HPMP Quarterly Report and Update**

Ms. Douglas reported the following:

- Dr. Brown and Christina Buisset, HPMP Manager for DHP, met with VCU to review internal processes on improvements.
- The daily “test line” is now being referred to as the “check-in” for all participants.
- The daily check-in for mental health cases (without a secondary substance abuse diagnosis) has been reduced in duration from 12 months to a minimum of 6 months, as long as the participant is compliant and there is no concern from the mental health treatment provider.
- Mental health case contracts will now be issued on a 1-year, 2-year or 3-year cycle (no longer going up to 5 years).
- Contracts are now being issued electronically to allow for electronic signatures which will shorten the time of the records release process and in turn reduce the out of practice/work time for the initial assessment period.
- All reports have been reformatted for content and style to provide for a better informational report for ease of reading
- The stay/vacate stay process is also currently under review

Dr. Brown noted that HPMP is now fully staffed.

**PUBLIC COMMENT:** Janet Wall, MS, Chief Executive Officer (CEO) for Virginia Nurses Association (VNA) and Virginia Nurses Foundation (VNF) provided the following:

- Positive feedback received from VNA Fall Conference and Gala attendees
- Public Policy Summit planning is being finalized to include APRN policy development
- Nurse Leadership Academy (NLA) begins a new cohort on January 2023. This year there are 38 fellows who will graduate
- SafeHaven program for nurses in participating hospitals – legislation was introduced by the Medical Society of Virginia (MSV) and passed to ensure practitioners (physicians, PAs, nurses and pharmacists) can seek support such as peer coaching and counseling wellbeing program.
- Augusta University in GA is collecting data regarding new grant funding for pathway from LPN to RN by asking “Does diversity in nursing really improve health outcomes?” or “How are pathways to BSN utilized?”

Ms. Swineford stated that the nursing education programs in NC have a similar pathway where students complete the practical nurse program first, take a break then complete 2 semesters of the registered nurse program. Ms. Swineford added that students are better prepared to sit for the NCLEX.

Mr. Monson commented that a devaluation of the LPN role may occur due to the emphasis of RN pathway. Mr. Monson added that it is important to remember that PN is the most common pathway chosen by marginalized populations.

Mr. Hermansen-Parker stated that LPNs are utilized more in hospitals. Dr. Dorsey added that hospitals are recognizing the LPN scope of practice. Ms. Douglas suggested that public inquiries provide a forum for educating the public regarding the LPN scope of practice.

**RECESS:** The Board recessed at 10:17 A.M.

**RECONVENTION:** The Board reconvened at 10:30 A.M.

**OTHER MATTER (cont.):** **Special Conference Committee (SCC) Composition**  
**D2a – January – June 2023 SCC Composition**

Mr. Jones stated that the SCC composition is provided in D2a and effective from January through June 2023.



Mr. Jones added that Ms. Swineford is the mentor for Dr. Parke and Mr. Hermansen-Parker is the mentor for Ms. Cartte.

**Scheduling of Informal Conferences (IFC) for the first half of 2023**  
**D2b – Memo for SCC February, April and June 2023 Dates**  
**D2c – Planning sheet for SCC February, April and June 2023**

Ms. Morris thanked the Board Members for volunteering to fill the current SCCs for the remaining of 2022.

Ms. Morris stated that SCC Members should get together to provide her with dates of availability for the first half of 2023, which includes February, April and June. For the SCC Committee that does not have a partner yet, go ahead and provide Ms. Morris with your available dates.

**Student Attendance at Board Meetings**

Ms. Wilmoth stated that prior to COVID, students were allowed to attend nursing formal hearings. Ms. Wilmoth noted that she has received an increasing number of inquiries from education programs asking when students can resume attending formal hearings.

Dr. Dorsey stated that she is open to the idea of letting students attend hearings because it is a great teaching opportunity for nursing students. The rest of the Board members are in support of the idea. The Board asked that the setup for hearings are still spaced and a reasonable number of students can resume attending hearings starting with November 2022 hearings.

Ms. Vu reminded the Board that she needed to make sure there is a waiting room available for students during the closed sessions. Ms. Vu will inform Ms. Wilmoth if there is waiting room available for November prior to authorizing student attendance.

**Status of Revised Sanctioning Reference Points (SRP) Manual**

Dr. Hills noted that the SRP Manual is still in the public comment period and will be available for initial use on October 13, 2022 provided there are no public comments to consider.

**EDUCATION:**

**Education Update:**

Ms. Wilmoth reported the following:

**Nursing Education Program Updates**

- ❖ Aggregate data from the 2020 NCSBN Annual Survey is anticipated to be distributed in June
- ❖ 2021 NSCBN Annual Survey data for Virginia will be provided soon.

- ❖ Mary Marshall Scholarship application period is open May 1 – June 30. VHD has met to select recipients for this year
- ❖ NCSBN Virtual NCLEX conference will be on September 22<sup>nd</sup>
- ❖ 2<sup>nd</sup> quarter NCLEX update:
  - PN: There were 49 program codes that have had first time test takers – 16 with first time pass rates below 80%. 5 of the 16 are associated with closed programs.
  - RN: There were 74 program codes with first time test takers - 23 with first time pass rates below 80%.
- ❖ Many of the Virginia Community College System (VCCS) programs have changed names effective July 1.
- ❖ VASSA UPDATE: Ms. Wilmoth attended the VASSA conference in early August. While attendance was down overall, the content was refreshing. Presentations included innovative approaches programs are taking to utilize simulation as clinical hours as well as for additional learning opportunities. Some of the topics included: the opportunity for students to participate in simulation and experience “telehealth” when home sick/quarantine, use of simulation in the classroom as a teaching modality, and the use of QR codes in simulation to increase interaction and assist with providing students additional information. There was also a presentation regarding the counting of simulation 2:1 for clinical hours for high intensity simulations only. As a reminder, regulations are silent regarding to how simulation hours are counted.
- ❖ The Board regulatory required annual report is on track to go out mid-October to all RN/PN programs for completion.

#### **Nurse Aide Education Programs Update**

- ❖ NNAAP: Credentia - Due to concerns primarily regarding the high school program population, paper/pencil testing was resumed September 1. In addition, there will be one paper/pencil test offered each month at each RTS. The skills portion of the exam will occur in the morning and the written test in the afternoon. Cancelled test dates continue to be a concern of programs. Credentia is onboarding new evaluators to increase testing availability. Credentia TownHall meetings with programs will be held after September 15, 2022.

#### **Medication Aide Program Updates**

- ❖ A workgroup was created to review the test to ensure alignment with the revised curriculum. Current questions were reviewed and updated/deleted as necessary. A new committee will be created to write additional items for the test. Board staff continue to work closely with the testing

company to evaluate test difficulty and integrity. The revised curriculum was sent to all programs for immediate implementation late July.

Mr. Monson asked if there is a minimum grade students must have in order to receive Mary Marshall Scholarship. Ms. Wilmoth replied that she is not certain but will check and provide at the November meeting.

Dr. Smith raised concerns about what is considered simulation versus role play as there needs to be consistency in simulation.

Ms. Wilmoth noted that that RMA Curriculum was approved by the Board in May 2022 and programs have 90 days to revise their curriculum. Ms. Wilmoth added that the tests for repeat test takers are in process.

Ms. Wilmoth reminded Board members to let her know about their availability to serve on the Education Informal Conference in 2023 and the revised dates are provided in C6 on the Agenda.

LEGISLATION/  
REGULATION:

Ms. Barrett reported the following:

**F1 Chart of Regulatory Actions**

Ms. Barrett provided an overview of the regulatory actions found in the chart.

**F2 Consideration of Periodic Reviews of Chapter 19 & 21 and Recommendation to refer Amendments to a Committee**

Ms. Barrett reviewed the information provided and asked for actions.

Mr. Monson moved to retain and amend Chapters 19 & 21. The motion was seconded by Ms. Shah and carried unanimously.

Mr. Monson moved to send Chapters 19 & 21 to committee for review and recommendation of amendments to the full Board. The motion was seconded by Dr. Smith and carried unanimously.

**F3 Consideration of Fast-Track Regulatory Action related to Clinical Nurse Specialists (CNSs)**

Ms. Barrett reviewed the action needed from the Board regarding CNSs.

Mr. Hermansen-Parker moved to adopt the fast-track regulatory changes regarding the practice agreement requirement for CNSs. The motion was seconded by Dr. Smith and carried unanimously.

**F4 Guidance Document (GD) 90-62 Medication Administration Training Curriculum**

Ms. Barrett reviewed the revised GD 90-62 with inclusion of the newly approved-program and asked for action by the Board.

Ms. Douglas added that the intension is for all programs to be in the same GD.

Dr. Smith moved to revise GD 90-62 as presented. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

**F5 – GD Library Review and Recommendation to Refer Review to a Committee**

Ms. Barrett noted that Initiative from Governor Youngkin to reduce regulations by 25% will also include GDs

Dr. Smith moved to have a committee review all GDs for the Board and recommend changes to the full Board. The motion was seconded by Mr. Monson and carried unanimously.

**Appointment of Regulatory Review Committee**

Ms. Douglas advised that the committee, will consist of 2-3 Board members, will meet in person with staff support.

Mr. Jones asked Board Members to inform him if they are interest in serving on the Committee.

**OVERVIEW OF FEDERAL LEGISLATION IMPACTING THE REGULATION OF NURSING –  
Kaitlyn Ward, NCSBN Director of Federal Affairs**

Ms. Ward thanked the Board for the opportunity to speak and provided the following:

- ❖ NCSBN works on a variety of issues at the federal level while developing strong relations with various federal agencies, and members of both chambers of Congress
- ❖ Ms. Ward serves on the steering committee for the Nursing Community Coalition, a coalition of 63 national nursing organizations who work together to advance various nursing policies
- ❖ Currently, NCSBN is workings with Centers for Medicare & Medicaid Services (CMS) on support workers as well as working with members of the House and Senate Veterans Affairs Committees to pass the Department of Veterans Affairs Provider Accountability Act. While the Federal Code establishes the minimum standards for nurse aides, states have the opportunity to expand the standards in their state. The role of regulating support workers varies among states with some Boards of Nursing regulating support workers while other states

regulate support workers through the Department of Health or Department of State. States also range in the number of hours required to complete their training, with the average number of hours being 100.

- ❖ NCSBN has long encouraged the Veterans Health Administration (VHA), in consultation with SLBs, to revise and update the *VHA Handbook 1100.18 – Reporting and Responding to SLBs*, which outlines procedures that VHA facilities must follow when reporting providers to and interacting with SLBs. This section of the Handbook was originally drafted in 2005 and was scheduled for recertification in 2010. On January 28, 2021, a new VHA directive “Reporting and Responding to State Licensing Boards” updated the procedures for VHA facilities while reporting licensed healthcare providers to the respective SLBs and NPDB.
- ❖ NCSBN is also monitoring other issues related to telehealth, opioids, scope of practice issues and education issues.

Ms. Ward noted that NCSBN is always happy to look into a bill or issue that the Board is hearing about at the state level and looks forward to the opportunity to work with the Board.

Mr. Jones asked if there has been discussion with Senators about self-reporting and how the Department of Veterans Affairs Provider Accountability Act will impact the self-reporting culture already in place.

Ms. Ward replied that she was not aware but will bring it to the Senators’ attention.

Mr. Jones thanked Ms. Ward for the information provided.

RECESS: The Board recessed at 11:47 A.M.

RECONVENTION: The Board reconvened at 2:00 P.M.

**E1 September 1, 2022 Education Informal Conference Committee DRAFT minutes**

Mr. Monson moved to accept the September 1, 2022 Education Informal Conference Committee DRAFT minutes and the continued faculty exception recommendation regarding Radford University as presented. The motion was seconded by Dr. Smith and carried unanimously.

Mr. Jones reminded Board Members to keep C5 – Dates for 2023 Board Meetings and Formal Hearings.

MEETING DEBRIEF:

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

- Thanked all staff who contribute to the success of the Board
- Changing the Education Informal Conference dates is helpful and will increase participation
- Board Staff are friendly to interact with and the Board website is easy to navigate
- Appreciated the perspective of the federal level provided by Ms. Ward
- Impressed with how robust in-person meetings are

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

- Consideration of Agency Subordinate and Education Informal Conference Recommendations should be moved to an earlier time
- A conversation is needed regarding appropriate Media engagement for Board members
- Sharing what Board members do outside of the Board
- Current Board member contact information is needed

RECESS:

The Board recessed at 2:22 P.M.

RECONVENTION:

The Board reconvened at 2:30 P.M.

**CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:**

**#12 – Cheryl Getties, CNA**

**0014-142878**

Ms. Getties appeared and addressed the Board.

CLOSED MEETING:

Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:36 P.M. for the purpose of considering the agency subordinate recommendation regarding **Cheryl Getties**. Additionally, Dr. Smith moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Bargdill, Ms. Claiborne, Ms. Vu, and Ms. Mitchell 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. Monson and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:47 P.M.

Dr. Smith 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 Ms. Shah and carried unanimously.

Mr. Monson moved that the Board of Nursing accept the recommendation of the agency subordinate to revoke the certificate of **Cheryl Getties** 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. McElfresh and carried unanimously.

**#24 – Jennifer Ann Apple, LPN**

**0002-082255**

Ms. Apple appeared and addressed the Board.

CLOSED MEETING:

Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:55 P.M. for the purpose of considering the agency subordinate recommendation regarding **Jennifer Ann Apple**. Additionally, Dr. Smith moved that Ms. Douglas, Dr. Hills, Ms. Bargdill, Ms. Claiborne, Ms. Vu, and Ms. Mitchell 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. Monson and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 3:05 P.M.

Dr. Smith 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 Ms. Shah and carried unanimously.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Jennifer Ann Apple** and to suspend her license practice practical nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Apple'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 Ms. McElfresh and carried unanimously.

RECESS:

The Board recessed at 2:44 P.M.

RECONVENTION:

The Board reconvened at 2:50 P.M.

**#2 – Ashley Hansford, LPN**

**0002-087154**

Ms. Handford did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Ashley Hansford** and to indefinitely suspend her license 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 Ms. Shah and carried unanimously.

**#4 – Keisha Nakesha Manning, RN**

**0001-279741**

Ms. Manning did not appear.

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

**#9 – Kyzah M. Harris, CNA**

**1401-210344**

Ms. Harris did not appear.

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

**#13 – Crystal Dawn Stocks Kasper, CNA**

**1401-105393**

Ms. Kasper 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 **Crystal Dawn Stocks Kasper** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Misappropriation of Patient Property against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Shah and carried unanimously.

**#14 – Jane Griffin, CNA**

**1401-102208**

Ms. Griffin did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Jane Griffin**. The motion was seconded by Ms. Shah and carried unanimously.



**#17 – Christy Rice Southall, RN**

**0001-187440**

Mr. Southall 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 indefinitely suspend the license of **Christy Rice Southall** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Southall'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 Ms. Shah and carried unanimously.

**#19 – Wendy Harrison Waugh, LPN**

**0002-060074**

Mr. Waugh did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Wendy Harrison Waugh** and within 60 days from the entry of the Board Order, Ms. Waugh shall provide proof satisfactory to the Board of successful completion of a Board-approved nursing refresher course. The motion was seconded by Ms. Shah and carried unanimously.

**#22 – Betty Elizabeth Fisher, CNA**

**1401-104886**

Ms. Fisher did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Betty Elizabeth Fisher** and within 60 days from the date of entry of the Order, Ms. Fisher shall provide written proof of satisfactory to the Board of successful completion of Board-approved course of at least 3 credit hours in the subject of ethics and professionalism. The motion was seconded by Ms. Shah and carried unanimously.

**#26 – Jason L. Howard, LPN**

**0002-096290**

Mr. Howard 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 **Jason L. Howard** to practice practical nursing in the Commonwealth of Virginia with suspension stayed upon proof of Mr. Howard's entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) within 90 days of the date of entry of the Order and remain in 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.

**#27 – Sherrine Kay Swan, RN**

**0001-229878**

Ms. Swan 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 reprimand **Sherrine Kay Swan** 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.

**#29 – Letitia A. Bradbury, RN**

**0001-213749**

Ms. Bradbury 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 reprimand **Letitia A. Bradbury** and indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

**#31 – Danielle France Cote, RN**

**0001-212311**

Ms. Cote did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Danielle France Cote**. The motion was seconded by Ms. Shah and carried unanimously.

**#32 – Sheri Robyn Doggett, RN**

**0001-219680**

Ms. Doggett 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 **Sheri Robyn Doggett** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Doggett's entry into a contract 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 Ms. Shah and carried unanimously.

**CLOSED MEETING:**

Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 3:31 P.M. for the purpose of considering agency subordinate recommendations number 1, 3, 5, 6, 7, 8, 10, 11, 15, 16, 18, 20, 21, 23, 25, 28 and 30. Additionally, Mr. Monson moved that Ms. Douglas, Ms. Morris, Dr. Hills, Ms. Bargdill, Ms. Claiborne, Ms. Vu and Ms. Mitchell, 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 Ms. Shah and carried unanimously.

Ms. Claiborne left the meeting at 4:30 P.M.

RECONVENTION:

The Board reconvened in open session at 4:55 P.M.

Dr. Smith 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. Monson and carried unanimously.

**#1 – Nathellia Elizabeth Gordon, LPN**

**0002-083654**

Ms. Gordon did not appear.

Mr. Monson moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspend the license of **Nathellia Elizabeth Gordon** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Smith and carried unanimously.

**#3 – Sarah Elizabeth Radford, RN**

**0001-220448**

Ms. Radford did not appear.

Mr. Monson moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspend the license of **Sarah Elizabeth Radford** to practice practical nursing in the Commonwealth of Virginia with suspension stayed contingent upon Ms. Radford's entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) within 60 days of the date of the Order and remain in 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 with seven votes in favor of the motion. Ms. Buchwald, Dr. Gleason, Mr. Hermansen-Parker, Dr. Park, Ms. Phelps and Dr. Smith opposed the motion.

**#5 – Rachel Marie-Louise Bratsveen, LPN**

**0002-097831**

Ms. Bratsveen did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the license of **Rachel Marie-Louise Bratsveen** to practice practical nursing in the Commonwealth with suspension stayed upon proof of Ms. Bratsveen'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 Ms. Shah and carried unanimously.

**#6 – Susan Carolyn Simon, CNA**

**1401-135499**

Ms. Simon did not appear.

Ms. Phelps moved that the Board of Nursing modify the recommended decision of the agency subordinate to add §54.1-3007(8) in Findings of Fact and Conclusion of Law # 2, to revoke the certificate of **Susan Carolyn Simon** 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. Swineford and carried with 12 votes in favor. Mr. Monson opposed the motion.

**#7 – Octovia S. Carter, CNA**

**1401-167430**

Ms. Carter did not appear.

Ms. Buchwald moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Octovia S. Carter** 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 Mr. Hermansen-Parker and carried unanimously.

**#8 – Carolyn D. Mills, CNA**

**1401-208672**

Ms. Mills did not appear.

Ms. Buchwald moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Carolyn D. Mills** 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 Mr. Hermansen-Parker and carried unanimously.

**#10 – Anthony Dwight Little, CNA**

**1401-204022**

Mr. Little did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing modify the recommended decision of the agency subordinate to add §54.1-3007(8) in Findings of Fact and Conclusion of Law # 2, to revoke the certificate of **Anthony Dwight Little** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against him in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Buchwald and carried with 12 votes in favor. Mr. Monson opposed the motion.

**#11 – Celestia Louise Blagmon, RMA**

**0031-002483**

Ms. Blagmon did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the right of **Celestia Louise**

**Blagmon** to renew her registration to practice as a medication aide in the Commonwealth of Virginia and to amend Findings of Fact and Conclusion of Law # 2 by placing colon (:) after “*physical illness*” and delete the remainder through “*Specifically:*”. The motion was seconded by Dr. Smith and carried unanimously.

**#15 – Tammie Lasharn Puryear, CNA**

**1401-155930**

Ms. Puryear did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Tammie Lasharn Puryear** to practice as a nurse aide in the Commonwealth of Virginia, enter a Finding of Abuse against her in the Virginia Nurse Aide Registry and to correct the numbering in the Findings of Fact and Conclusion of Law. The motion was seconded by Dr. Smith and carried unanimously.

**#16 – Jennifer Perry, CNA**

**1401-176929**

Ms. Perry did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing modify the recommended decision of the agency subordinate to delete Findings of Fact and Conclusion of Law #3 to revoke the certificate of **Jennifer Perry** 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 Mr. Monson and carried unanimously.

**#18 – Kimberly Ann Anderson, RN**

**0001-242376**

Ms. Anderson did not appear.

Dr. Gleason moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Kimberly Ann Anderson** and grant her petition for release from probation. The motion was seconded by Ms. Swineford and carried unanimously.

**#20 – Brooke Juliette Reamer, RN**

**0001-265076**

Ms. Reamer did not appear.

Dr. Dorsey moved that the Board of Nursing reject the recommended decision of the agency subordinate regarding **Brooke Juliette Reamer** and refer Ms. Reamer’s matter to a formal hearing. The motion was seconded by Dr. Smith and carried unanimously.

Ms. McElfresh left the meeting.

**#21 – Ashley Marie Cool, RN**

**0001-245919**

Ms. Cool did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the license of **Ashley Marie Cool** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Cool's entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Mr. Monson and carried unanimously.

**#23 – Heather Seva Jungbluth Lewis, RMA** **0031-005844**  
Ms. Lewis did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Heather Seva Jungbluth Lewis** and to indefinitely suspend her right to renew her registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Buchwald and carried unanimously.

**#25 – Carla Murphy Showalter, LPN** **0002-044584**  
Ms. Showalter did not appear.

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

**#28 – Anna Christine Gemerek, RN** **0001-221755**  
Ms. Gemerek did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Anna Christine Gemerek** to practice professional nursing in the Commonwealth of Virginia, and delete "*and attending Alcoholics Anonymous meetings*" in Findings of Fact and Conclusion of Law # 4. The motion was seconded by Mr. Monson and carried unanimously.

**#30 – Kathy Sue Luttrell, RN** **0001-129454**  
Ms. Luttrell did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Kathy Sue Luttrell** and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Luttrell's entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Dr. Smith and carried unanimously.

Mr. Hermansen-Parker and Ms. Phelps left the meeting at 4:56 P.M.

Ms. McElfresh re-joined the meeting at 4:56 P.M.

**September 1, 2022 Education Informal Conference Committee Recommendation regarding:**

Career Nursing Academy, Locust Grove, Nurse Aide, 1414100813

Mr. Monson moved that the Board of Nursing accept the recommended decision of the September 1, 2022 Education Informal Conference Committee to place Career Nursing Academy Nurse Aide Education Program on conditional approval with terms and conditions. The motion was seconded by Dr. Smith and carried unanimously.

Mr. Hermansen-Parker and Ms. Phelps rejoined the meeting at 4:58 P.M.

**CONSIDERATION OF CONSENT ORDERS:**

**G1 Qun Shen, LMT**

**0019-017413**

Mr. Monson moved that the Board of Nursing accept the consent order to reprimand **Qun Shen** and to indefinitely suspend the right of Ms. Shen to renew her license to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Shah and carried unanimously.

**G2 Basil Robert Asay, RN**

**0001-225368**

Mr. Monson moved that the Board of Nursing accept the consent order to indefinitely suspend the license of **Basil Robert Asay** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Mr. Asay's entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Shah and carried unanimously.

**G3 Emily F. Marshman, RN**

**0001-194744**

Mr. Monson moved that the Board of Nursing accept the consent order to reprimand **Emily F. Marshman** and indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia with suspension stayed contingent upon Ms. Marshman's continued 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 Shah and carried unanimously.

ADJOURNMENT:

The Board adjourned at 3:49 P.M.

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



**Virginia Board of Nursing  
Nominating Committee  
September 14, 2022  
Minutes**

**Time and Place:** The Board of Nursing Officer meeting was convened at 2:13 P.M. on September 14, 2022 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**Board Members Present:** Margaret Friedenberg, Citizen Member- Chairperson  
Laurie Buchwald, MSN, WHNP, FNP  
Felisa Smith, PhD, MSA, RN, CNE

**Staff Members Present:** Jay P. Douglas, RN, MSM, CSAC, FRE

Ms. Friedenberg shared with the committee a historical perspective of the nominating process to date and made reference to requirements in the Bylaws.

Ms. Douglas shared that the nomination form shared with the committee was modified by one used by other boards at DHP. The Board President has reviewed the form and provided some input for the final draft.

The officer roles and responsibilities document was shared with the Committee followed by a discussion regarding the commitment and skill set necessary particularly in regards to Presiding over formal hearings.

The Committee decided on the following process to ascertain in officer positions:

- Ms. Douglas will send a message to all board members on Ms. Friedenberg's behalf. The message will invite Board Members to express interest in a position. Documents will include: Bylaws, Officer Roles and Responsibilities and the nomination form.
- The deadline for nomination form submission will be two weeks from date message is sent to board members.
- Ms. Friedenberg will review forms, contact board members individually as necessary and consult with other members of the committee individually regarding the final slate.
- Ms. Friedenberg will consult with Ms. Douglas and ask her

to prepare the final slate.

- The final slate will be distributed approximately thirty days in advance of the November Board Meeting.

The meeting was adjourned at 3:15 P.M.

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Jay P. Douglas, MSM, RN, CSAC, FRE  
Executive Director

DRAFT

**Virginia Board of Nursing  
DISCIPLINE COMMITTEE MEETING**

**September 14, 2022 Minutes**

- Time and Place:** The Board of Nursing Discipline Committee meeting was convened at 12:42 P.M. on September 14, 2022 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
- Board Members Present:** James L. Hermansen-Parker, MSN, RN, PCCN-K, Chairperson  
Cynthia Swineford, RN, MSN, SNE; First Vice-President  
Helen M. Parke, DNP, RN, FNP-BC
- Staff Members Present:** Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Claire Morris, RN, LNHA; Deputy Executive Director for RN and LPN Discipline  
Ann Hardy, Compliance and Case Adjudication Manager  
Tonya James, Compliance Case Manager  
Melvina Baylor, Compliance Specialist

Guidance Document 90-12 revised version was reviewed. The Committee recommends sending to the full Board for final approval during the November 2022 business meeting.

Probation order process was discussed utilizing examples of past probation orders.

With the goals of decreasing unnecessary burden on Compliance staff and increasing the likelihood of successful compliance by the Board's licensees, the following recommendations regarding terms of probationary orders were made:

- Ensure probation orders contain measurable terms utilizing the SMART method – Specific, Measurable, Attainable, Realistic, Time-bound
- Order proof of supervised practice in employment setting for X amount of time in lieu of ordering a refresher course with a clinical component
- Cease ordering a refresher course prior to active practice. Instead, when ordering probation for a reinstatement applicant, either:
  - utilize the indefinite suspension stayed option making the stay contingent upon completion of the refresher course OR
  - utilize approval of reinstatement contingent upon providing proof of completion of refresher course in “x” amount of time
- Change maximum duration of probationary period to complete a nursing refresher course from 5 years to 2 years
- When reinstating a respondent who is dually licensed as both an RMA and CNA, reframe the term to require practice as an RMA and/or a CNA as a requiring practice as both creates an unnecessary obstacle to compliance.
- When continuing a licensee on probation, avoid including due dates for initial reports. Compliance

Virginia Board of Nursing  
Discipline Committee Meeting  
September 14, 2022

already has a schedule in place for the individual based on the initial Order, so including due dates creates a gap in report submission.

Mr. Hermansen-Parker suggested that Compliance with Board Orders be considered as a topic for Board member education and training.

Topic for November Discipline Committee agenda:

- Review Probation Crosswalk and Suggested Changes

The next meeting will be scheduled during November 2022 Board week – November 14-17, 2022. Date/time TBD.

The meeting was adjourned at 1:45 P.M.

**Virginia Board of Nursing  
OFFICER MEETING**

**September 14, 2022 Minutes**

**Time and Place:** The Board of Nursing Officer meeting was convened at 8:00 A.M. on September 14, 2022 at Department of Health Professions Perimeter Center, 9960 Mayland Drive, Conference Center 201 – Hearing Room 5, Henrico, Virginia.

**Board Members Present:** Brandon Jones, MSN, RN, CNE, NEA-BC; President, Chairperson  
Cynthia Swineford, RN, MSN, SNE; First Vice-President  
Felisa Smith, PhD, MSA, RN, CNE; Second Vice-President

**Staff Members Present:** Jay P. Douglas, RN, MSM, CSAC, FRE

**1. Meeting Debrief:**

- The meeting went well Ms. Swineford and Dr. Smith complimented Mr. Jones on his meeting facilitation skills observed as organized, calm, inclusive and efficient.
- Mr. Jones reflected on the public comment period indicating there was more “dialogue” type interaction with the VNA representative that what is usual for public comment period. Mr. Jones will adjust his approach for future meetings and ensure that the public comment introductory script will be read in the future in order to establish guidelines for the public and the Board Members.
- The officers also reflected on a suggestion from a Board member to incorporate comments from Board Members during business meetings that might include sharing information about outside activities and discussion of guidelines regarding Board Members providing presentations.
- The officers also reflected on the importance of the informal time before and after meetings as conducive to team building.

**2. Board Member Development:**

- At the next meeting of the Board, the following topics will be addressed as it relates to Board Members: How to handle requests from Media, Inquires from the public about scope of practice or disciplinary cases, how to respond to requests for presentations.
- There is a need to provide information to the new Board Members regarding the Summary Suspension Process and Board Members role in those proceedings.
- A request to add a review of the new SRP Manual to the November Board Meeting agenda as the Guidance document will become effective October 14, 2022, if there are not any negative public comments received.

**3. Assignment of Mentors:**

- Discussion ensued regarding resulting gap with Ms. Gerardo departing the Board. Board President, will ensure that the Board members appointed in 2021 are assigned a mentor.
- Board President has assigned mentors to the Board Members appointed in 2022. Cynthia Swineford will mentor Helen Parke and James Hermansen-Parker will mentor Carol Cartte.

**4. New Board Member orientation:**

- There is a need to provide information to the new Board Members regarding the Summary Suspension process and Board Members role in those proceedings.
- Orientation will be ongoing during meetings and discussions.

**5. Recognition of Service for Board Members:**

- At the November meeting, the Board will recognize Board Members whose terms ended in 2021 (Ms. Gerardo and Ms. Crawford-Brown) as well as those Board Members whose terms expired June 2022 and are continuing to serve (Mr. Monson and Ms. Phelps) have indicated that they will not be able to serve after the November 2022 meeting. The officers requested that staff pursue the responsibility of a recognition service and dinner to be held at a local restaurant versus during lunch at the November business meeting as the Board is so often pressed for time.

The meeting was adjourned at 8:55 A.M.

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
September 14, 2022  
Panel A**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:04 A.M., on September 14, 2022 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS  
PRESENT:**

Brandon Jones, MSN, RN, CEN, NEA-BC; President  
Felisa A. Smith, PhD, MSA, RN, CNE; Second Vice-President  
Laurie Buchwald, MSN, WHNP, FNP  
Margaret J. Friedenberg, Citizen Member  
Jennifer Phelps, BS, LPN, QMHP-A, CSAC  
Meenakshi Shah, BA, RN

**STAFF PRESENT:**

Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director  
Breana Renick, Administrative Support Specialist

**OTHERS PRESENT:**

James Rutkowski, Assistant Attorney General, Board Counsel  
M. Brent Saunders, Assistant Attorney General, Board Counsel- **Joined at 1:15 P.M.**

**ESTABLISHMENT OF  
A PANEL:**

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

**FORMAL HEARINGS:**

**Jason Robert Harris, RN Reinstatement Applicant      0001-294133**

Mr. Harris appeared and was accompanied by his father, William Harris.

Amanda Wilson, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Kim Taylor, court reporter, Farnsworth and Taylor Recording, recorded the proceedings.

Kimberly Hyler, Senior Investigator, Enforcement Division, Alan Burton, Senior Investigator, Enforcement Division, Amy Ressler, Case Manager, Health Practitioners' Monitoring Program (HPMP) and William Harris, were present and testified.

RECESS: The board recessed at 9:05 A.M.

RECONVENTION: The board reconvened at 9:25 A.M.

RECESS: The board recessed at 9:32 A.M.

RECONVENTION: The board reconvened at 9:49 A.M.

RECESS: The board recessed at 11:11 A.M.

RECONVENTION: The board reconvened at 11:25 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 11:56 A.M., for the purpose of deliberation to reach a decision in the matter of **Jason Robert Harris**. Additionally, Ms. Shah moved that Ms. Douglas, Ms. Bargdill, Ms. Renick 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 Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:31 P.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 Dr. Smith and carried unanimously.

ACTION: Ms. Phelps moved that the Board of Nursing reinstate the license of **Jason Robert Harris** to practice professional nursing in the Commonwealth of Virginia, indefinitely suspend his license with suspension stayed contingent upon continued compliance with the Health Practitioners' Monitoring Program (HPMP). 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.



RECESS: The board recessed at 12:33 P.M.

RECONVENTION: The board reconvened at 1:15 P.M.

Mr. Saunders joined at 1:15 P.M.

FORMAL HEARINGS: **Karmara Drea Kabba, RMA** **0031-011089**

Ms. Kabba did not appear.

Erin Weaver, Assistant Attorney General, Administrative Proceedings Division, and Rebecca Ribley, Adjudication Specialist, Enforcement Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Kim Taylor, court reporter, Farnsworth and Taylor Recording, recorded the proceedings.

Jessica Wilkerson, Senior Investigator, Enforcement Division, Jacqueline Holton, LPN, ALFA, Administrator at Our Lady of the Valley, and Andy Huynh, Detective, Roanoke Police Department were present and testified.

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 1:43 P.M., for the purpose of deliberation to reach a decision in the matter of **Karmara Drea Kabba**. Additionally, Ms. Shah moved that Ms. Douglas, Ms. Bargdill, Ms. Renick, Mr. Saunders, 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 1:57 P.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. Friedenber and carried unanimously.

ACTION: Dr. Smith moved that the Board of Nursing revoke the right of **Karmara Drea Kabba** to renew her registration to practice medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Friedenber 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 1:58 P.M.

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Christinia Bargdill, BSN, MHS, RN  
Deputy Executive Director

DRAFT

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
September 14, 2022  
Panel B**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:14 A.M., on July 20, 2022 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:** Cynthia M. Swineford, MSN, RN, CNE; First Vice-President  
Ann T. Gleason, PhD, Citizen Member  
James L. Hermansen-Parker, MSN, RN, PCCN-K  
Dixie McElfresh, LPN  
Mark D. Monson, Citizen Member  
Helen Parke, DNP, FNP-BC

**STAFF PRESENT:** Lelia Claire Morris, RN, LNHA; Deputy Executive Director  
Robin L. Hills, DNP, WHNP; Deputy Executive Director for Advance Practice  
Jacquelyn Wilmoth, RN, MSN; Deputy Executive Director for Education  
Patricia Dewey, RN, BSN, Discipline Case Manager  
Tamika Claiborne, Senior Licensing/Discipline Specialist  
Lakisha Goode, Discipline Team Coordinator

**OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General, Board Counsel  
M. Brent Saunders, Assistant Attorney General, Board Counsel

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

**FORMAL HEARINGS:** **Lisa Carter Reagan, RN Reinstatement** **0001-225398**  
  
Ms. Reagan appeared.  
  
Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Christopher Reho, court reporter, Halasz Reporting and Video, recorded the proceedings.  
  
Katie Land, Senior Investigator, Enforcement Division, was present and testified.

**RECESS:** The Board recessed at 10:15 A.M.  
**RECONVENTION:** The Board reconvened at 10:27 A.M.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:52 A.M., for the purpose of deliberation to reach a decision in the matter of **Lisa Carter Reagan**. Additionally, Dr. Gleason moved that Dr. Hills, Ms. Morris, Ms. Claiborne, Ms. Goode, Ms. Wilmoth, Mr. Saunders and Ms. Mitchell, 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. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:20 A.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 seconded by Mr. Monson and carried unanimously.

ACTION: Ms. McElfresh moved that the Board of Nursing deny the application of **Lisa Carter Reagan** for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Mr. Hermansen-Parker 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 11:25 A.M.

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Lelia Claire Morris, RN, LNHA  
Deputy Executive Director

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
September 15, 2022**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 10:01 A.M., on September 15, 2022 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:** Cynthia M. Swineford, MSN, RN, CNE; First Vice-President  
Laurie Buchwald, MSN, WHNP, FNP  
Yvette L. Dorsey, DNP, RN  
Ann T. Gleason, PhD, Citizen Member  
Dixie L. McElfresh, LPN  
Helen Parke, DNP-FNP-BC

**STAFF PRESENT:** Jay. P Douglas, MSM, RN, CSAC, FRE; Executive Director  
Christina Bargdill, BSN, MSH, RN; Deputy Executive Director  
Breana Renick, Administrative Support Specialist  
Tamika Claiborne, Senior Licensing/Discipline Specialist

**OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General, Board Counsel  
M. Brent Saunders, Assistant Attorney General

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

**FORMAL HEARINGS:** **Ashley Vest, CNA** **1401-146774**  
Ms. Vest appeared.  
Lori Pound, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Kim Taylor, court reporter, Farnsworth and Taylor Recording, recorded the proceedings.  
Parke Slater, Senior Investigator, Enforcement Division, was present and testified.

**CLOSED MEETING:** Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:33 A.M., for the purpose of deliberation to reach a decision in the matter of **Ashley Vest**. Additionally, Dr. Gleason moved that Ms. Douglas, Ms. Bargdill, Ms. Renick, Ms. Claiborne, Ms. Mitchell, Board Counsel, 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 Ms. Buchwald and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:59 A.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 seconded by Dr. Dorsey and carried unanimously.

ACTION: Ms. McElfresh moved that the Board of Nursing revoke the certification of **Ashley Vest** to practice as 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. 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.

RECESS: The board recessed at 11:00 A.M.

RECONVENTION: The board reconvened at 11:12 A.M.

FORMAL HEARINGS: **Latrice Catina Valentine, CNA** **1401-106237**

Ms. Valentine appeared.

Lori Pound, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Kim Taylor, court reporter, Farnsworth and Taylor Recording, recorded the proceedings.

Meghan Wingate Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:54 A.M., for the purpose of deliberation to reach a decision in the matter of **Latrice Catina Valentine**. Additionally, Dr. Gleason moved that Ms. Douglas,

Ms. Bargdill, Ms. Renick, Ms. Claiborne, Ms. Mitchell, Board Counsel, 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 Ms. Buchwald and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:23 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 seconded by Ms. Buchwald and carried unanimously.

ACTION: Ms. McElfresh moved that the Board of Nursing indefinitely suspend the certificate of **Latrice Catina Valentine** to practice as a nurse aide in the Commonwealth of Virginia for a period of not less than one year and enter a Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Buchwald and carried with four votes in favor of the motion. Ms. Swineford and Dr. Gleason 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 12:28 P.M.

RECONVENTION: The board reconvened at 1:18 P.M.

FORMAL HEARINGS: **Janae Lolita Graham-Bright, LPN Reinstatement Applicant**  
**0002-095996**

Ms. Graham-Bright appeared.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Kim Taylor, court reporter, Farnsworth and Taylor Recording, recorded the proceedings.

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

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:54 P.M., for the purpose of deliberation to reach a decision in the matter of **Janae Lolita Graham-Bright**. Additionally, Dr. Gleason moved that Ms. Douglas, Ms. Bargdill, Ms. Renick, Ms. Claiborne, Ms. Mitchell, board counsel, 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 Ms. Buchwald and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:16 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 seconded by Ms. Buchwald and carried unanimously.

ACTION: Dr. Doresy moved that the Board of Nursing approve the application of **Janae Lolita Graham-Bright** for reinstatement of her license to practice practical nursing Commonwealth of Virginia without terms and conditions with a single state license. 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 2:17 P.M.

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Christina Bargdill, BSN, MHS, RN  
Deputy Executive Director



**VIRGINIA BOARD OF NURSING**  
**POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL**  
**October 6, 2022**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held October 6, 2022 at 4:30 P.M.

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

Brandon Jones, MSN, RN, CEN, NEA-BC; **Chair**  
Laurie Buchwald, MSN, WHNP, FNP  
Margaret Friedenber, Citizen Member  
James Hermansen-Parker, MSN, RN, PCCN-K  
Dixie L. McElfresh, LPN  
Mark Monson, Citizen Member  
Helen Parke, DNP, FNP-BC  
Felisa A. Smith, PhD, MSA, RN, CNE  
Cynthia Swineford, RN, MSN, CEN, NEA-BC

**Others participating in the meeting were:**

Charis Mitchell, Assistant Attorney General, Board Counsel  
Sean Murphy, Assistant Attorney General  
Grace Stuart, Adjudication Specialist, Administrative Proceedings Division  
David Kazzie, Adjudication Specialist, Administrative Proceedings Division  
Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division  
Christina Bargdill BSN, MHS; Deputy Executive Director  
Claire Morris, RN, LNHA; Deputy Executive Director  
Francesca Iyengar, MSN, RN, Discipline Case Manager  
Huong Vu, Operations Manager  
Lakisha Goode, Discipline Team Coordinator

The meeting was called to order by Mr. Jones. With 9 members of the Board of Nursing participating, a quorum was established.

Sean Murphy, Assistant Attorney General, presented evidence that the continue practice of massage therapy by **Hunter Tory Smith (0019-016790)** may present a substantial danger to the health and safety of the public.

Mr. Monson moved to summarily suspend the license of **Hunter Tory Smith** to practice massage therapy pending a formal administrative hearing and to offer a consent order for indefinite suspension of his license in lieu of a formal hearing. The motion was seconded by Ms. Buchwald and carried unanimously.

Virginia Board of Nursing  
Possible Summary Suspension Telephone Conference Call  
October 6, 2022

Sean Murphy, Assistant Attorney General, presented evidence that the continue practice of professional nursing by **Samantha Denise Wilson (0001-213008)** may present a substantial danger to the health and safety of the public.

Mr. Hermansen-Parker moved to summarily suspend the license of **Samantha Denise Wilson** to practice professional nursing pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license in lieu of a formal hearing. The motion was seconded by Ms. Swineford and carried unanimously.

The meeting was adjourned at 4:55 P.M.

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Claire Morris, RN, LNHA  
Deputy Executive Director

**VIRGINIA BOARD OF NURSING**  
**POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL**  
**October 11, 2022**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held October 11, 2022 at 4:32 P.M.

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

Brandon Jones, MSN, RN, CEN, NEA-BC; **Chair**  
Laurie Buchwald, MSN, WHNP, FNP  
Carol A. Cartte, RN, BSN  
Yvette L. Dorsey, DNP, RN  
Margaret Friedenberg, Citizen Member  
Ann Tucker Gleason, PhD, Citizen Member  
Dixie L. McElfresh, LPN  
Jennifer Phelps, BS, LPN, QMHP-A, CSAC  
Meenakshi Shah, BA, RN

**Others participating in the meeting were:**

Charis Mitchell, Assistant Attorney General, Board Counsel  
Brent Saunders, Assistant Attorney General, Board Counsel  
Sean Murphy, Assistant Attorney General  
Erin Weaver, Assistant Attorney General  
Amanda Wilson, Adjudication Specialist, Administrative Proceedings Division  
Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division  
David Kazzie, Adjudication Specialist, Administrative Proceedings Division  
Lisa Armstrong, Adjudication Specialist, Administrative Proceedings Division  
Claire Foley, Adjudication Specialist, Administrative Proceedings Division  
Jay Douglas, MSM, RN, CSAC, FRE; Deputy Executive Director  
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Christina Bargdill BSN, MHS; Deputy Executive Director  
Claire Morris, RN, LNHA; Deputy Executive Director  
Patricia Dewey, RN, BSN, Discipline Case Manager  
Francesca Iyengar, MSN, RN, Discipline Case Manager  
Huong Vu, Operations Manager  
Breana Renick, Administrative Support Specialist  
Lakisha Goode, Discipline Team Corrdinator

The meeting was called to order by Mr. Jones. With 9 members of the Board of Nursing participating, a quorum was established.

Sean Murphy, Assistant Attorney General, presented evidence that the continued practice of massage therapy by **Eric Nightengale (0019-012810)** may present a substantial danger to the health and safety of the public.

Dr. Dorsey moved to summarily suspend the license of **Eric Nightengale** to practice massage therapy pending a formal administrative hearing and to offer a consent order for indefinite suspension of his license in lieu of a formal hearing. The motion was seconded by Ms. Buchwald and carried unanimously.

Mr. Murphy and Mr. Kazzie left the call at 4:49 P.M.

Erin Weaver, Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Logan Truslow (0001-295074)** may present a substantial danger to the health and safety of the public.

Dr. Gleason moved to summarily suspend the license of **Logan Truslow** to practice professional nursing pending a formal administrative hearing and to offer a consent order for indefinite suspension of his license in lieu of a formal hearing. The motion was seconded by Dr. Dorsey and carried unanimously.

Erin Weaver, Assistant Attorney General, presented evidence that the continued practice as a nurse aide by **Tab Waller Chapman (1401-190379)** may present a substantial danger to the health and safety of the public.

**CLOSED MEETING:** Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 5:14 P.M., for the purpose of deliberation to reach a decision in the matter of **Tab Waller Chapman**. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Bargdill, Ms. Vu, Mr. Saunders and Ms. Mitchell 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 5:24 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 seconded by Ms. Shah and carried unanimously.

Dr. Gleason moved to summarily suspend the certificate of **Tab Waller Chapman** to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Buchwald and carried unanimously.

The meeting was adjourned at 5:26 P.M.

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Jay Douglas, RN, MSM, CSAC, FRE  
Executive Director

**VIRGINIA BOARD OF NURSING**  
**CONSIDERATION OF CONSENT ORDER TELEPHONE CONFERENCE CALL**  
**November 1, 2022**

The Virginia Board of Nursing convened pursuant to §54.1-2400 (13) for consideration of a consent order via telephone conference call on November 1, 2022 at 4:36 P.M.

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

Cynthia Swineford, RN, MSN, CNE **Chair**  
Yvette L. Dorsey, DNP, RN  
Margaret Friedenberg, Citizen Member  
Ann Tucker Gleason, PhD, Citizen Member  
Dixie L. McElfresh, LPN  
Mark Monson, Citizen Member  
Felisa Smith, PhD, MSA, RN, CNE

**Others participating in the meeting were:**

Charis Mitchell, Assistant Attorney General, Board Counsel  
Jay Douglas, MSM, RN, CSAC, FRE; Deputy Executive Director  
Jacquelyn Wilmoth, RN, MSN; Deputy Executive Director for Education  
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Huong Vu, Operations Manager  
Breana Renick, Administrative Support Specialist  
Lakisha Goode, Discipline Team Coordinator

The meeting was called to order by Ms. Swineford. With 7 members of the Board of Nursing participating, a panel was established.

Dr. Gleason moved to accept the consent order of **Stratford University, Woodbridge Campus – Baccalaureate Degree Education Program (US28502000)** to close the approved nursing education program. The motion was seconded by Mr. Monson and carried unanimously.

The meeting was adjourned at 4:41 P.M.

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Jay Douglas, RN, MSM, CSAC, FRE  
Executive Director

**VIRGINIA BOARD OF NURSING**  
**POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL**  
**November 7, 2022**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held November 7, 2022 at 4:30 P.M.

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

Brandon Jones, MSN, RN, CEN, NEA-BC; **Chair**  
Carol Cartte, RN, BSN  
Yvette Dorsey, DNP, RN  
Margaret Friedenberg, Citizen Member  
Tucker Gleason, PhD, Citizen Member  
James Hermansen-Parker, MSN, RN, PCCN-K  
Dixie L. McElfresh, LPN  
Jennifer Phelps, BS, LPN, QMHP-A, CSAC  
Cynthia Swineford, RN, MSN, CNE

**Others participating in the meeting were:**

Charis Mitchell, Assistant Attorney General, Board Counsel  
Erin Weaver, Assistant Attorney General  
Jay Douglas, MSM, RN, CSAC, FRE; Executive Director  
Christina Bargdill BSN, MHS; Deputy Executive Director  
Claire Morris, RN, LNHA; Deputy Executive Director  
Huong Vu, Operations Manager  
Breana Renick, Administrative Support Specialist  
Lakisha Goode, Discipline Team Coordinator  
Sylvia Tamayo-Syujk, Senior Nursing Discipline Specialist

The meeting was called to order by Mr. Jones. With 9 members of the Board of Nursing participating, a quorum was established.

Erin Weaver, Assistant Attorney General, presented evidence that the continue practice of professional nursing by **Benjamin Clark (Georgia license No. RN288020 with multistate privilege)** 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 4:53 P.M., for the purpose of deliberation to reach a decision in the matter of **Benjamin Clark, RN**. Additionally, Ms. Swineford moved that Ms. Douglas, Ms. Morris, Ms. Bargdill, Ms. Vu, and Ms. Mitchell 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 5:18 P.M.

Virginia Board of Nursing  
Possible Summary Suspension Telephone Conference Call  
November 7, 2022

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 Mr. Hermansen-Parker and carried unanimously.

Ms. Weaver re-joined the meeting at 5:18 P.M.

Mr. Chair asked for a motion regarding the summary suspension consideration.

The Board made no motion.

The meeting was adjourned at 5:19 P.M.

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Jay Douglas, MSM, RN, CSAC, FRE  
Executive Director

<i>License Count</i>	22-Jan	22-Feb	22-Mar	22-Apr	22-May	22-Jun	22-Jul	22-Aug	22-Sep	22-Oct	22-Nov	22-Dec
<b>Nursing</b>												
Practical Nurse	27,854	27,836	27,828	27,785	27,773	27,690	27,679	27,635	27,661	27,560		
Registered Nurse	115,278	115,835	116,082	116,225	116,263	116,800	117,812	118,027	118,346	118,392		
Massage Therapy	8,264	8,227	8,265	8,181	8,207	8,221	8,212	8,217	8,189	8,163		
Medication Aide	6,679	6,672	6,713	6,715	6,719	6,758	6,754	6,715	6,770	6,743		
Nurse Practitioner Total	15,921	16,129	16,304	16,423	16,529	16,668	16,790	16,961	17,284	17,434		
Autonomous Practice - NP	1,931	2,039	2,179	2,283	2,388	2,476	2,593	2,648	2,707	2,654		
Clinical Nurse Specialist - NP	395	397	399	402	402	399	399	401	400	396		
Certified Nurse Midwife - NP	421	428	431	436	435	439	440	439	443	445		
Certified Registered Nurse Anesthetist - NP	2,259	2,267	2,274	2,278	2,283	2,290	2,293	2,289	2,290	2,288		
Other Nurse Practitioners	10915	10998	11021	11024	11021	11064	11065	11184	11444	11651		
<b>Total for Nursing</b>	<b>173996</b>	<b>174699</b>	<b>175192</b>	<b>175329</b>	<b>175491</b>	<b>176137</b>	<b>177247</b>	<b>177555</b>	<b>178250</b>	<b>178292</b>	<b>0</b>	<b>0</b>

<b>Nurse Aide</b>	<b>49,042</b>	<b>48,937</b>	<b>49,244</b>	<b>49,116</b>	<b>49,046</b>	<b>48,893</b>	<b>49,259</b>	<b>49,040</b>	<b>49,271</b>	49,073		
Advanced Nurse Aide	29	26	29	28	30	30	34	36	34	35		
<b>Total for Nurse Aide</b>	<b>49071</b>	<b>48963</b>	<b>49273</b>	<b>49144</b>	<b>49076</b>	<b>48923</b>	<b>49293</b>	<b>49076</b>	<b>49305</b>	<b>49108</b>	<b>0</b>	<b>0</b>
<b>License Count Grand Total</b>	<b>223067</b>	<b>223662</b>	<b>224465</b>	<b>224473</b>	<b>224567</b>	<b>225060</b>	<b>226540</b>	<b>226631</b>	<b>227555</b>	<b>227400</b>	<b>0</b>	<b>0</b>
<b>Open Cases Count</b>	<b>22-Jan</b>	<b>22-Feb</b>	<b>22-Mar</b>	<b>22-Apr</b>	<b>22-May</b>	<b>22-Jun</b>	<b>22-Jul</b>	<b>22-Aug</b>	<b>22-Sep</b>	<b>22-Oct</b>	<b>22-Nov</b>	<b>22-Dec</b>
Nursing	1337	1260	1187	1211	1236	1257	1299	1297	1265	1281		
Nurse Aide	473	435	401	415	421	408	407	393	420	420		
<b>Open Cases Total</b>	<b>1810</b>	<b>1695</b>	<b>1588</b>	<b>1626</b>	<b>1657</b>	<b>1665</b>	<b>1706</b>	<b>1690</b>	<b>1685</b>	<b>1701</b>	<b>0</b>	<b>0</b>



<b>Case Count by Occupation</b>												<b>Total</b>	
Rec'd RN	62	64	44	73	77	58	81	64	36	47			<b>606</b>
Rec'd PN	25	40	36	27	45	48	48	34	24	33			<b>360</b>
Rec'd NP, AP, CNS	17	23	30	24	24	22	36	29	11	11			<b>227</b>
Rec'd LMT	2	5	3	3	8	6	5	0	2	1			<b>35</b>
Rec'd RMA	9	9	3	8	8	6	3	7	7	8			<b>68</b>
Rec'd Edu Program	5	0	0	3	2	3	2	6	0	1			<b>22</b>
<b>Total Received Nursing</b>	<b>120</b>	<b>141</b>	<b>116</b>	<b>138</b>	<b>164</b>	<b>143</b>	<b>175</b>	<b>140</b>	<b>80</b>	<b>101</b>	<b>0</b>	<b>0</b>	<b>1,318</b>
Closed RN	62	123	79	70	52	58	52	77	70	39			<b>682</b>
Closed PN	25	85	35	40	34	39	20	50	45	23			<b>396</b>
Closed NP, AP, CNS	21	52	44	22	11	12	18	25	29	29			<b>263</b>
Closed LMT	1	14	14	8	3	1	3	11	3	2			<b>60</b>
Closed RMA	6	18	25	8	11	3	12	17	11	10			<b>121</b>
Closed Edu Program	1	0	5	0	1	0	2	2	1	1			<b>13</b>
<b>Total Closed Nursing</b>	<b>116</b>	<b>292</b>	<b>202</b>	<b>148</b>	<b>112</b>	<b>113</b>	<b>107</b>	<b>182</b>	<b>159</b>	<b>104</b>	<b>0</b>	<b>0</b>	<b>1,535</b>

<b>Case Count - Nurse Aides</b>												<b>Total</b>	
Received	34	50	69	43	45	42	27	33	29	47			<b>419</b>
Rec'd Edu Program	0	2	0	0	0	0	3	0	0	0			<b>5</b>
<b>Total Received CNA</b>	<b>34</b>	<b>52</b>	<b>69</b>	<b>43</b>	<b>45</b>	<b>42</b>	<b>30</b>	<b>33</b>	<b>29</b>	<b>47</b>	<b>0</b>	<b>0</b>	<b>424</b>
Closed	9	116	96	37	34	40	39	63	48	45			<b>527</b>
Closed Edu Program	0	0	0	0	0	0	0	1	0	1			<b>2</b>
<b>Total Closed CNA</b>	<b>9</b>	<b>116</b>	<b>96</b>	<b>37</b>	<b>34</b>	<b>40</b>	<b>39</b>	<b>64</b>	<b>48</b>	<b>46</b>	<b>0</b>	<b>0</b>	<b>529</b>

<b>All Cases <u>Closed</u></b>	<b>125</b>	<b>408</b>	<b>298</b>	<b>185</b>	<b>146</b>	<b>153</b>	<b>146</b>	<b>246</b>	<b>207</b>	<b>150</b>	<b>0</b>	<b>0</b>	<b>2,064</b>
<b>All Cases <u>Received</u></b>	<b>154</b>	<b>193</b>	<b>185</b>	<b>181</b>	<b>209</b>	<b>185</b>	<b>205</b>	<b>173</b>	<b>109</b>	<b>148</b>	<b>0</b>	<b>0</b>	<b>1,742</b>

# 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	# Dis-missed	↑	↓	Same	Pend-ing	N/A
<b>Total to Date:</b>	832	755	90.7%	64	7.7%	10	40	14	14	1.7%	2	12	2	14	18	15	0	
<b>CY2022 to Date:</b>	131	117	89.3%	9	6.9%	1	0	2	4	3.1%	0	4	0	1	0	0	0	
Sep-22	32	24	75.0%	7	21.9%	0	0	0	1	3.1%	0	1	0	1	0	0	0	
Jul-22	31	30	96.8%	0	0.0%	0	0	0	1	3.2%	0	1	0	0	0	0	0	
May-22	29	28	96.6%	0	0.0%	0	0	0	0	0.0%	0	0	0	0	0	0	0	
Mar-22	22	20	90.9%	1	4.5%	1	0	1	1	4.5%	0	1	0	0	0	0	0	
Jan-22	17	15	88.2%	1	5.9%	0	0	1	1	5.9%	0	1	0	0	0	0	0	
<b>Annual Totals:</b>																		
Total 2021	51	48	94.1%	5	9.8%	0	2	0	0	0.0%	0	0	0	3	4	1	0	
Total 2020	77	69	89.6%	6	7.8%	5	6	0	2	2.6%	0	2	0	4	0	0	N/A	
Total 2019	143	129	90.2%	12	8.4%	0	10	2	2	1.4%	2	0	2	0	0	1	N/A	
Total 2018	200	172	86.0%	24	12.0%	4	17	7	4	2.0%	0	4	0	4	10	7	N/A	
Total 2017	230	220	95.7%	8	3.5%	0	5	3	2	0.9%	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).

HPMP Quarterly Report ( July 1, 2022 - September 30, 2022)

Board	License	Admissions <sup>1</sup>		Stays <sup>2</sup>	Comp <sup>3</sup>	Vacated Stays <sup>4</sup>		Dismissals <sup>5</sup>				
		Req.	Vol.			Vac. Only	Vac. & Dism.	N/C	Inel.	Dism. Resig.	Resig.	Death
	` LNP	1		1								
	` LPN	4		1	4			2		1	1	
	` RN	12	1	2	16	1	1	5		3		
	` Massage Ther		1									
	` CNS											
<b>Nursing Total</b>		<b>17</b>	<b>2</b>	<b>4</b>	<b>20</b>	<b>1</b>	<b>1</b>	<b>7</b>		<b>4</b>	<b>1</b>	
	` CNA	1						1				
	` RMA								1			
<b>CNA Total</b>		<b>1</b>						<b>1</b>	<b>1</b>			
	` DC											
	` DO		1		1							
	` DPM								1			
	` Intern/Resident		1		1				1		1	
	` LAT											
	` LBA											
	` Lic Rad Tech											
	` MD	2	1		6			1		1		
	` OT				1							
	` PA	1										
	` RT							1				
	` LM											
	` OTA											
	` SA											
<b>Medicine Total</b>		<b>3</b>	<b>3</b>		<b>9</b>			<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	
	` Pharmacist	2	1					1				
	` Pharm Tech											
	` Intern											
<b>Pharmacy Total</b>		<b>2</b>	<b>1</b>					<b>1</b>				
	` DDS											
	` DMD											
	` RDH	1			1							
<b>Dentistry Total</b>		<b>1</b>			<b>1</b>							
	` PT											
	` PTA		1									
<b>Physical Therapy Total</b>			<b>1</b>									
	` NHA	1										
<b>Long Term Care Total</b>		<b>1</b>										
	` FSL	1										
	` FSP											
<b>Funeral Directors and Embalmers Total</b>		<b>1</b>										
<b>TOTALS</b>		<b>26</b>	<b>7</b>	<b>4</b>	<b>30</b>	<b>1</b>	<b>1</b>	<b>11</b>	<b>3</b>	<b>5</b>	<b>2</b>	<b>0</b>

Admissions<sup>1</sup>: Req=Required (Board Referred, Board Ordered, Investigation); Vol=Voluntary (No known DHP involvement at time of intake)

Stays<sup>2</sup>: Stays of Disciplinary Action Granted

Comp<sup>3</sup>: Successful Completions

Vacated Stays<sup>4</sup>: Vac Only=Vacated Stay Only; Vac & Dism=Vacated Stay & Dismissal

Dismissals<sup>5</sup>: N/C=Dismissed Non-Compliant; Inel=Dismissed Ineligible; Dism Resig=Dismissed due to Resignation; Resig=Resignation

**DHP**  
**Board Cash Balance Report for Nursing**

	<u><b>Nursing</b></u>
Cash Balance as of June 30, 2021	9,675,626
YTD FY 2022 Revenue	13,963,888
Less: YTD FY 2022 Direct and Allocated Expenditures	15,277,833 *
Cash Balance as of June 30, 2022	<u><u>8,361,681</u></u>

\* Includes \$66,913 deduction for Nurse Scholarship Fund

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10100 - Nursing  
For the Period Beginning July 1, 2021 and Ending June 30, 2022

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over) Budget	% of Budget
<b>4002400</b>	<b>Fee Revenue</b>				
4002401	Application Fee	2,815,943.00	2,488,425.00	(327,518.00)	113.16%
4002406	License & Renewal Fee	9,603,070.00	10,333,755.00	730,685.00	92.93%
4002407	Dup. License Certificate Fee	32,535.00	23,750.00	(8,785.00)	136.99%
4002408	Board Endorsement - In	58,310.00	64,790.00	6,480.00	90.00%
4002409	Board Endorsement - Out	140.00	18,270.00	18,130.00	0.77%
4002421	Monetary Penalty & Late Fees	275,370.00	231,415.00	(43,955.00)	118.99%
4002432	Misc. Fee (Bad Check Fee)	1,135.00	1,750.00	615.00	64.86%
	<b>Total Fee Revenue</b>	<b>12,786,503.00</b>	<b>13,162,155.00</b>	<b>375,652.00</b>	<b>97.15%</b>
<b>4003000</b>	<b>Sales of Prop. &amp; Commodities</b>				
4003020	Misc. Sales-Dishonored Payments	1,280.00	-	(1,280.00)	0.00%
	<b>Total Sales of Prop. &amp; Commodities</b>	<b>1,280.00</b>	<b>-</b>	<b>(1,280.00)</b>	<b>0.00%</b>
<b>4009000</b>	<b>Other Revenue</b>				
4009060	Miscellaneous Revenue	65,700.00	26,500.00	(39,200.00)	247.92%
	<b>Total Other Revenue</b>	<b>65,700.00</b>	<b>26,500.00</b>	<b>(39,200.00)</b>	<b>247.92%</b>
	<b>Total Revenue</b>	<b>12,853,483.00</b>	<b>13,188,655.00</b>	<b>335,172.00</b>	<b>97.46%</b>
<b>5011110</b>	<b>Employer Retirement Contrib.</b>				
5011120	Fed Old-Age Ins- Sal St Emp	193,802.91	217,791.00	23,988.09	88.99%
5011140	Group Insurance	27,056.26	30,354.00	3,297.74	89.14%
5011150	Medical/Hospitalization Ins.	385,648.89	425,039.00	39,390.11	90.73%
5011160	Retiree Medical/Hospitalizatr	22,614.17	25,543.00	2,928.83	88.53%
5011170	Long term Disability Ins	12,317.02	13,729.00	1,411.98	89.72%
	<b>Total Employee Benefits</b>	<b>914,256.14</b>	<b>1,021,590.00</b>	<b>107,333.86</b>	<b>89.49%</b>
<b>5011200</b>	<b>Salaries</b>				
5011230	Salaries, Classified	2,017,015.51	2,273,976.00	256,960.49	88.70%
5011250	Salaries, Overtime	59,809.67	-	(59,809.67)	0.00%
	<b>Total Salaries</b>	<b>2,076,825.18</b>	<b>2,273,976.00</b>	<b>197,150.82</b>	<b>91.33%</b>
<b>5011300</b>	<b>Special Payments</b>				
5011310	Bonuses and Incentives	2,455.60	-	(2,455.60)	0.00%
5011340	Specified Per Diem Payment	50.00	-	(50.00)	0.00%
5011380	Deferred Compnstrn Match Pmts	8,115.00	18,600.00	10,485.00	43.63%
	<b>Total Special Payments</b>	<b>10,620.60</b>	<b>18,600.00</b>	<b>7,979.40</b>	<b>57.10%</b>
<b>5011400</b>	<b>Wages</b>				
5011410	Wages, General	477,576.55	305,461.80	(172,114.75)	156.35%
5011430	Wages, Overtime	926.09	-	(926.09)	0.00%
	<b>Total Wages</b>	<b>478,502.64</b>	<b>305,461.80</b>	<b>(173,040.84)</b>	<b>156.65%</b>
<b>5011530</b>	<b>Short-trm Disability Benefits</b>				
	<b>Total Disability Benefits</b>	<b>35,384.80</b>	<b>-</b>	<b>(35,384.80)</b>	<b>0.00%</b>

<b>5011600 Terminatn Personal Svce Costs</b>				
5011620 Salaries, Annual Leave Balanc	16,208.00	-	(16,208.00)	0.00%
5011660 Defined Contribution Match - Hy	18,729.20	-	(18,729.20)	0.00%
<b>Total Terminatn Personal Svce Costs</b>	<u>34,937.20</u>	<u>-</u>	<u>(34,937.20)</u>	<u>0.00%</u>
5011930 Turnover/Vacancy Benefits		-	-	0.00%
<b>Total Personal Services</b>	<u>3,550,526.56</u>	<u>3,619,627.80</u>	<u>69,101.24</u>	<u>98.09%</u>
<b>5012000 Contractual Svcs</b>				
<b>5012100 Communication Services</b>				
5012110 Express Services	2,800.00	4,395.00	1,595.00	63.71%
5012120 Outbound Freight Services	14,925.60	10.00	(14,915.60)	149256.00%
5012130 Messenger Services	111.00	-	(111.00)	0.00%
5012140 Postal Services	141,352.32	148,000.00	6,647.68	95.51%
5012150 Printing Services	35.25	1,322.00	1,286.75	2.67%
5012160 Telecommunications Svcs (VITA)	17,919.00	21,910.00	3,991.00	81.78%
5012170 Telecomm. Svcs (Non-State)	511.90	575.00	63.10	89.03%
5012190 Inbound Freight Services	91.34	17.00	(74.34)	537.29%
<b>Total Communication Services</b>	<u>177,746.41</u>	<u>176,229.00</u>	<u>(1,517.41)</u>	<u>100.86%</u>
<b>5012200 Employee Development Services</b>				
5012210 Organization Memberships	6,250.00	8,764.00	2,514.00	71.31%
5012220 Publication Subscriptions	-	120.00	120.00	0.00%
5012240 Employee Trainng/Workshop/Conf	2,753.95	482.00	(2,271.95)	571.36%
<b>Total Employee Development Services</b>	<u>9,003.95</u>	<u>9,366.00</u>	<u>362.05</u>	<u>96.13%</u>
<b>5012300 Health Services</b>				
5012360 X-ray and Laboratory Services	-	4,232.00	4,232.00	0.00%
<b>Total Health Services</b>	<u>-</u>	<u>4,232.00</u>	<u>4,232.00</u>	<u>0.00%</u>
<b>5012400 Mgmnt and Informational Svcs</b>				
5012420 Fiscal Services	229,767.24	197,340.00	(32,427.24)	116.43%
5012440 Management Services	1,887.15	370.00	(1,517.15)	510.04%
5012460 Public Infrmtnl & Relatn Svcs	558.22	49.00	(509.22)	1139.22%
5012470 Legal Services	7,114.75	5,616.00	(1,498.75)	126.69%
5012490 Recruitment Services	18.50	-	(18.50)	0.00%
<b>Total Mgmnt and Informational Svcs</b>	<u>239,345.86</u>	<u>203,375.00</u>	<u>(35,970.86)</u>	<u>117.69%</u>
<b>5012500 Repair and Maintenance Svcs</b>				
5012510 Custodial Services	4,529.78	-	(4,529.78)	0.00%
5012530 Equipment Repair & Maint Srvc	2,151.14	3,001.00	849.86	71.68%
5012560 Mechanical Repair & Maint Srvc	-	369.00	369.00	0.00%
<b>Total Repair and Maintenance Svcs</b>	<u>6,680.92</u>	<u>3,370.00</u>	<u>(3,310.92)</u>	<u>198.25%</u>
<b>5012600 Support Services</b>				
5012630 Clerical Services	128,481.24	317,088.00	188,606.76	40.52%
5012640 Food & Dietary Services	19,968.03	-	(19,968.03)	0.00%
5012660 Manual Labor Services	35,129.89	38,508.00	3,378.11	91.23%
5012670 Production Services	259,592.81	214,000.00	(45,592.81)	121.31%
5012680 Skilled Services	749,413.62	1,164,774.00	415,360.38	64.34%
<b>Total Support Services</b>	<u>1,192,585.59</u>	<u>1,734,370.00</u>	<u>541,784.41</u>	<u>68.76%</u>
<b>5012700 Technical Services</b>				
5012760 C.Operating Svcs (By VITA)	37.80	-	(37.80)	0.00%
5012780 VITA InT Int Cost Goods&Svs	-	4,280.00	4,280.00	0.00%

<b>Total Technical Services</b>	<u>37.80</u>	<u>4,280.00</u>	<u>4,242.20</u>	<u>0.88%</u>
<b>5012800 Transportation Services</b>				
<b>5012820 Travel, Personal Vehicle</b>	6,415.85	5,260.00	(1,155.85)	121.97%
<b>5012830 Travel, Public Carriers</b>	358.20	1.00	(357.20)	35820.00%
<b>5012840 Travel, State Vehicles</b>	-	2,454.00	2,454.00	0.00%
<b>5012850 Travel, Subsistence &amp; Lodging</b>	4,984.93	6,635.00	1,650.07	75.13%
<b>5012880 Trvl, Meal Reimb- Not Rprtble</b>	<u>2,662.00</u>	<u>3,597.00</u>	<u>935.00</u>	<u>74.01%</u>
<b>Total Transportation Services</b>	<u>14,420.98</u>	<u>17,947.00</u>	<u>3,526.02</u>	<u>80.35%</u>
<b>Total Contractual Svs</b>	1,639,821.51	2,153,169.00	513,347.49	76.16%
<b>5013000 Supplies And Materials</b>				
<b>5013100 Administrative Supplies</b>				
<b>5013120 Office Supplies</b>	29,802.69	11,696.00	(18,106.69)	254.81%
<b>5013130 Stationery and Forms</b>	-	3,790.00	3,790.00	0.00%
<b>Total Administrative Supplies</b>	<u>29,802.69</u>	<u>15,486.00</u>	<u>(14,316.69)</u>	<u>192.45%</u>
<b>5013300 Manufctrng and Merch Supplies</b>				
<b>5013350 Packaging &amp; Shipping Supplies</b>	-	99.00	99.00	0.00%
<b>Total Manufctrng and Merch Supplies</b>	-	99.00	99.00	0.00%
<b>5013400 Medical and Laboratory Supp.</b>				
<b>5013420 Medical and Dental Supplies</b>	<u>18.08</u>	-	<u>(18.08)</u>	<u>0.00%</u>
<b>Total Medical and Laboratory Supp.</b>	18.08	-	(18.08)	0.00%
<b>5013500 Repair and Maint. Supplies</b>				
<b>5013510 Building Repair &amp; Maint Materl</b>	30.00	-	(30.00)	0.00%
<b>5013520 Custodial Repair &amp; Maint Matrl</b>	-	29.00	29.00	0.00%
<b>5013540 Mechancial Repair &amp; Maint Matrl</b>	<u>66.00</u>	-	<u>(66.00)</u>	<u>0.00%</u>
<b>Total Repair and Maint. Supplies</b>	96.00	29.00	(67.00)	331.03%
<b>5013600 Residential Supplies</b>				
<b>5013620 Food and Dietary Supplies</b>	-	408.00	408.00	0.00%
<b>5013630 Food Service Supplies</b>	-	1,108.00	1,108.00	0.00%
<b>5013640 Laundry and Linen Supplies</b>	-	22.00	22.00	0.00%
<b>Total Residential Supplies</b>	-	1,538.00	1,538.00	0.00%
<b>5013700 Specific Use Supplies</b>				
<b>5013730 Computer Operating Supplies</b>	-	182.00	182.00	0.00%
<b>Total Specific Use Supplies</b>	-	182.00	182.00	0.00%
<b>Total Supplies And Materials</b>	<u>29,916.77</u>	<u>17,334.00</u>	<u>(12,582.77)</u>	<u>172.59%</u>
<b>5015000 Continuous Charges</b>				
<b>5015100 Insurance-Fixed Assets</b>				
<b>5015120 Automobile Liability</b>	-	163.00	163.00	0.00%
<b>5015160 Property Insurance</b>	<u>567.50</u>	<u>504.00</u>	<u>(63.50)</u>	<u>112.60%</u>
<b>Total Insurance-Fixed Assets</b>	567.50	667.00	99.50	85.08%
<b>5015300 Operating Lease Payments</b>				
<b>5015340 Equipment Rentals</b>	9,733.89	9,014.00	(719.89)	107.99%
<b>5015350 Building Rentals</b>	738.60	-	(738.60)	0.00%
<b>5015360 Land Rentals</b>	-	275.00	275.00	0.00%
<b>5015390 Building Rentals - Non State</b>	<u>216,153.97</u>	<u>207,619.00</u>	<u>(8,534.97)</u>	<u>104.11%</u>
<b>Total Operating Lease Payments</b>	226,626.46	216,908.00	(9,718.46)	104.48%
<b>5015400 Service Charges</b>				

5015450 DGS Parking Charges	-	5.00	5.00	0.00%
5015460 SPCC And EEI Check Fees	-	5.00	5.00	0.00%
5015470 Private Vendor Service Charges:	(53.19)	-	53.19	0.00%
<b>Total Service Charges</b>	<b>(53.19)</b>	<b>10.00</b>	<b>63.19</b>	<b>531.90%</b>
5015500 Insurance-Operations				
5015510 General Liability Insurance	3,554.68	1,897.00	(1,657.68)	187.38%
5015540 Surety Bonds	120.19	112.00	(8.19)	107.31%
<b>Total Insurance-Operations</b>	<b>3,674.87</b>	<b>2,009.00</b>	<b>(1,665.87)</b>	<b>182.92%</b>
<b>Total Continuous Charges</b>	<b>230,815.64</b>	<b>219,594.00</b>	<b>(11,221.64)</b>	<b>105.11%</b>
5022000 Equipment				
5022100 Computer Hrdware & Sftware				
5022170 Other Computer Equipment	1,114.45	-	(1,114.45)	0.00%
5022180 Computer Software Purchases	216,949.96	214,816.00	(2,133.96)	100.99%
5022190 Development Tools Purchases	832.85	-	(832.85)	0.00%
<b>Total Computer Hrdware &amp; Sftware</b>	<b>218,897.26</b>	<b>214,816.00</b>	<b>(4,081.26)</b>	<b>101.90%</b>
5022200 Educational & Cultural Equip				
5022240 Reference Equipment	-	1,123.00	1,123.00	0.00%
<b>Total Educational &amp; Cultural Equip</b>	<b>-</b>	<b>1,123.00</b>	<b>1,123.00</b>	<b>0.00%</b>
5022300 Electrnc & Photographic Equip				
5022380 Electronic & Photo Equip Impr	-	1,666.00	1,666.00	0.00%
<b>Total Electrnc &amp; Photographic Equip</b>	<b>-</b>	<b>1,666.00</b>	<b>1,666.00</b>	<b>0.00%</b>
5022600 Office Equipment				
5022610 Office Appurtenances	-	202.00	202.00	0.00%
5022620 Office Furniture	9,123.47	4,500.00	(4,623.47)	202.74%
5022630 Office Incidentals	-	75.00	75.00	0.00%
<b>Total Office Equipment</b>	<b>9,123.47</b>	<b>4,777.00</b>	<b>(4,346.47)</b>	<b>190.99%</b>
5022700 Specific Use Equipment				
5022710 Household Equipment	-	133.00	133.00	0.00%
<b>Total Specific Use Equipment</b>	<b>-</b>	<b>133.00</b>	<b>133.00</b>	<b>0.00%</b>
<b>Total Equipment</b>	<b>228,020.73</b>	<b>222,515.00</b>	<b>(5,505.73)</b>	<b>102.47%</b>
<b>Total Expenditures</b>	<b>5,679,101.21</b>	<b>6,232,239.80</b>	<b>553,138.59</b>	<b>91.12%</b>
<b>Allocated Expenditures</b>				
20400 Nursing / Nurse Aid	86,051.81	135,386.52	49,334.70	63.56%
30100 Data Center	1,867,182.05	1,925,837.60	58,655.56	96.95%
30200 Human Resources	235,964.72	355,532.23	119,567.51	66.37%
30300 Finance	807,113.69	879,793.83	72,680.14	91.74%
30400 Director's Office	280,258.30	335,452.55	55,194.25	83.55%
30500 Enforcement	2,398,994.43	2,677,248.54	278,254.11	89.61%
30600 Administrative Proceedings	965,166.09	869,557.41	(95,608.68)	111.00%
30700 Impaired Practitioners	40,980.89	53,066.31	12,085.42	77.23%
30800 Attorney General	244,363.27	246,881.76	2,518.49	98.98%
30900 Board of Health Professions	34,161.07	42,151.47	7,990.40	81.04%
31100 Maintenance and Repairs	1,087.68	14,427.76	13,340.08	7.54%
31300 Emp. Recognition Program	16,581.57	32,230.85	15,649.29	51.45%
31400 Conference Center	19,343.84	36,340.53	16,996.69	53.23%
31500 Pgm Devlpmnt & Implmentn	89,544.66	148,975.20	59,430.54	60.11%



<b>31600 Healthcare Work Force</b>	167,252.95	242,235.29	74,982.33	69.05%
<b>31800 CBC (Criminal Background Checks)</b>	<u>262,792.38</u>	<u>270,482.88</u>	<u>7,690.51</u>	<u>97.16%</u>
<b>Total Allocated Expenditures</b>	<u>7,516,839.39</u>	<u>8,265,600.73</u>	<u>748,761.34</u>	<u>90.94%</u>
<b>Net Revenue in Excess (Shortfall) of Expenditures</b>	<u>(342,457.60)</u>	<u>(1,309,185.53)</u>	<u>(966,727.93)</u>	<u>26.16%</u>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11200 - Certified Nurse Aides  
For the Period Beginning July 1, 2021 and Ending June 30, 2022

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
<b>4002400 Fee Revenue</b>					
4002401	Application Fee	9,625.00	300.00	(9,325.00)	3208.33%
4002406	License & Renewal Fee	1,099,940.00	1,061,630.00	(38,310.00)	103.61%
4002408	Board Endorsement - In	330.00	-	(330.00)	0.00%
4002421	Monetary Penalty & Late Fees	-	330.00	330.00	0.00%
4002432	Misc. Fee (Bad Check Fee)	420.00	700.00	280.00	60.00%
	<b>Total Fee Revenue</b>	<b>1,110,315.00</b>	<b>1,062,960.00</b>	<b>(47,355.00)</b>	<b>104.46%</b>
<b>4003000 Sales of Prop. &amp; Commodities</b>					
4003020	Misc. Sales-Dishonored Payments	90.00	-	(90.00)	0.00%
	<b>Total Sales of Prop. &amp; Commodities</b>	<b>90.00</b>	<b>-</b>	<b>(90.00)</b>	<b>0.00%</b>
	<b>Total Revenue</b>	<b>1,110,405.00</b>	<b>1,062,960.00</b>	<b>(47,445.00)</b>	<b>104.46%</b>
<b>5011110 Employer Retirement Contrib.</b>					
5011110	Employer Retirement Contrib.	35,756.42	35,199.00	(557.42)	101.58%
<b>5011120 Fed Old-Age Ins- Sal St Emp</b>					
5011120	Fed Old-Age Ins- Sal St Emp	29,964.35	29,686.00	(278.35)	100.94%
<b>5011140 Group Insurance</b>					
5011140	Group Insurance	3,723.53	4,038.00	314.47	92.21%
<b>5011150 Medical/Hospitalization Ins.</b>					
5011150	Medical/Hospitalization Ins.	45,191.35	42,016.00	(3,175.35)	107.56%
<b>5011160 Retiree Medical/Hospitalizatn</b>					
5011160	Retiree Medical/Hospitalizatn	3,112.27	3,368.00	255.73	92.41%
<b>5011170 Long term Disability Ins</b>					
5011170	Long term Disability Ins	1,695.24	1,773.00	77.76	95.61%
	<b>Total Employee Benefits</b>	<b>119,443.16</b>	<b>116,080.00</b>	<b>(3,363.16)</b>	<b>102.90%</b>
<b>5011200 Salaries</b>					
5011230	Salaries, Classified	279,990.72	277,643.00	(2,347.72)	100.85%
5011250	Salaries, Overtime	10,737.57	-	(10,737.57)	0.00%
	<b>Total Salaries</b>	<b>290,728.29</b>	<b>277,643.00</b>	<b>(13,085.29)</b>	<b>104.71%</b>
<b>5011300 Special Payments</b>					
5011310	Bonuses and Incentives	812.20	-	(812.20)	0.00%
5011380	Deferred Compnstrn Match Pmts	675.00	960.00	285.00	70.31%
	<b>Total Special Payments</b>	<b>1,487.20</b>	<b>960.00</b>	<b>(527.20)</b>	<b>154.92%</b>
<b>5011400 Wages</b>					
5011410	Wages, General	104,618.16	127,601.25	22,983.09	81.99%
5011430	Wages, Overtime	776.25	-	(776.25)	0.00%
	<b>Total Wages</b>	<b>105,394.41</b>	<b>127,601.25</b>	<b>22,206.84</b>	<b>82.60%</b>
<b>5011600 Terminatn Personal Svce Costs</b>					
5011660	Defined Contribution Match - Hy	4,426.64	-	(4,426.64)	0.00%
	<b>Total Terminatn Personal Svce Costs</b>	<b>4,426.64</b>	<b>-</b>	<b>(4,426.64)</b>	<b>0.00%</b>
<b>5011930 Turnover/Vacancy Benefits</b>					
	<b>Total Personal Services</b>	<b>521,479.70</b>	<b>522,284.25</b>	<b>804.55</b>	<b>99.85%</b>
<b>5012000 Contractual Svs</b>					
<b>5012100 Communication Services</b>					
5012120	Outbound Freight Services	24.92	-	(24.92)	0.00%

5012130 Messenger Services	14.69	-	(14.69)	0.00%
5012140 Postal Services	37,731.02	44,000.00	6,268.98	85.75%
5012150 Printing Services	-	276.00	276.00	0.00%
5012160 Telecommunications Svcs (VITA)	1,217.45	2,500.00	1,282.55	48.70%
5012170 Telecomm. Svcs (Non-State)	28.10	-	(28.10)	0.00%
<b>Total Communication Services</b>	<b>39,016.18</b>	<b>46,776.00</b>	<b>7,759.82</b>	<b>83.41%</b>
5012300 Health Services				
5012360 X-ray and Laboratory Services	-	125.00	125.00	0.00%
<b>Total Health Services</b>	<b>-</b>	<b>125.00</b>	<b>125.00</b>	<b>0.00%</b>
5012400 Mgmnt and Informational Svcs	-			
5012420 Fiscal Services	48,664.40	24,920.00	(23,744.40)	195.28%
5012440 Management Services	292.23	530.00	237.77	55.14%
5012460 Public Infrmtnl & Relatn Svcs	3.02	10.00	6.98	30.20%
<b>Total Mgmnt and Informational Svcs</b>	<b>48,959.65</b>	<b>25,460.00</b>	<b>(23,499.65)</b>	<b>192.30%</b>
5012500 Repair and Maintenance Svcs				
5012510 Custodial Services	590.52	-	(590.52)	0.00%
5012530 Equipment Repair & Maint Srvc	14.88	-	(14.88)	0.00%
5012560 Mechanical Repair & Maint Srvc	-	72.00	72.00	0.00%
<b>Total Repair and Maintenance Svcs</b>	<b>605.40</b>	<b>72.00</b>	<b>(533.40)</b>	<b>840.83%</b>
5012600 Support Services				
5012660 Manual Labor Services	2,076.33	2,454.00	377.67	84.61%
5012670 Production Services	13,026.34	10,300.00	(2,726.34)	126.47%
5012680 Skilled Services	3,350.92	48,303.00	44,952.08	6.94%
<b>Total Support Services</b>	<b>18,453.59</b>	<b>61,057.00</b>	<b>42,603.41</b>	<b>30.22%</b>
5012800 Transportation Services				
5012820 Travel, Personal Vehicle	4,675.35	6,893.00	2,217.65	67.83%
5012840 Travel, State Vehicles	-	310.00	310.00	0.00%
5012850 Travel, Subsistence & Lodging	1,322.71	912.00	(410.71)	145.03%
5012880 Trvl, Meal Reimb- Not Rprtble	583.50	528.00	(55.50)	110.51%
<b>Total Transportation Services</b>	<b>6,581.56</b>	<b>8,643.00</b>	<b>2,061.44</b>	<b>76.15%</b>
<b>Total Contractual Svcs</b>	<b>113,616.38</b>	<b>142,133.00</b>	<b>28,516.62</b>	<b>79.94%</b>
5013000 Supplies And Materials				
5013100 Administrative Supplies				
5013120 Office Supplies	2,317.93	1,092.00	(1,225.93)	212.26%
5013130 Stationery and Forms	-	1,203.00	1,203.00	0.00%
<b>Total Administrative Supplies</b>	<b>2,317.93</b>	<b>2,295.00</b>	<b>(22.93)</b>	<b>101.00%</b>
5013300 Manufctrng and Merch Supplies				
5013350 Packaging & Shipping Supplies	-	20.00	20.00	0.00%
<b>Total Manufctrng and Merch Supplies</b>	<b>-</b>	<b>20.00</b>	<b>20.00</b>	<b>0.00%</b>
5013400 Medical and Laboratory Supp.				
5013420 Medical and Dental Supplies	2.39	-	(2.39)	0.00%
<b>Total Medical and Laboratory Supp.</b>	<b>2.39</b>	<b>-</b>	<b>(2.39)</b>	<b>0.00%</b>
5013600 Residential Supplies				
5013620 Food and Dietary Supplies	-	80.00	80.00	0.00%
5013630 Food Service Supplies	-	226.00	226.00	0.00%
<b>Total Residential Supplies</b>	<b>-</b>	<b>306.00</b>	<b>306.00</b>	<b>0.00%</b>
<b>Total Supplies And Materials</b>	<b>2,320.32</b>	<b>2,621.00</b>	<b>300.68</b>	<b>88.53%</b>

<b>5015000 Continuous Charges</b>				
<b>5015100 Insurance-Fixed Assets</b>				
5015160 Property Insurance	88.44	106.00	17.56	83.43%
<b>Total Insurance-Fixed Assets</b>	<u>88.44</u>	<u>106.00</u>	<u>17.56</u>	<u>83.43%</u>
<b>5015300 Operating Lease Payments</b>				
5015340 Equipment Rentals	21.04	-	(21.04)	0.00%
5015350 Building Rentals	67.20	-	(67.20)	0.00%
5015360 Land Rentals	-	50.00	50.00	0.00%
5015390 Building Rentals - Non State	31,898.33	30,923.00	(975.33)	103.15%
<b>Total Operating Lease Payments</b>	<u>31,986.57</u>	<u>30,973.00</u>	<u>(1,013.57)</u>	<u>103.27%</u>
<b>5015400 Service Charges</b>				
5015470 Private Vendor Service Charges:	0.23	-	(0.23)	0.00%
<b>Total Service Charges</b>	<u>0.23</u>	<u>-</u>	<u>(0.23)</u>	<u>0.00%</u>
<b>5015500 Insurance-Operations</b>				
5015510 General Liability Insurance	553.98	399.00	(154.98)	138.84%
5015540 Surety Bonds	18.73	24.00	5.27	78.04%
<b>Total Insurance-Operations</b>	<u>572.71</u>	<u>423.00</u>	<u>(149.71)</u>	<u>135.39%</u>
<b>Total Continuous Charges</b>	<u>32,647.95</u>	<u>31,502.00</u>	<u>(1,145.95)</u>	<u>103.64%</u>
<b>5022000 Equipment</b>				
<b>5022100 Computer Hrdware &amp; Sftware</b>				
5022170 Other Computer Equipment	9.23	-	(9.23)	0.00%
<b>Total Computer Hrdware &amp; Sftware</b>	<u>9.23</u>	<u>-</u>	<u>(9.23)</u>	<u>0.00%</u>
<b>5022200 Educational &amp; Cultural Equip</b>				
5022240 Reference Equipment	-	162.00	162.00	0.00%
<b>Total Educational &amp; Cultural Equip</b>	<u>-</u>	<u>162.00</u>	<u>162.00</u>	<u>0.00%</u>
<b>5022600 Office Equipment</b>				
5022680 Office Equipment Improvements	-	4.00	4.00	0.00%
<b>Total Office Equipment</b>	<u>-</u>	<u>4.00</u>	<u>4.00</u>	<u>0.00%</u>
<b>Total Equipment</b>	<u>9.23</u>	<u>166.00</u>	<u>156.77</u>	<u>5.56%</u>
<b>Total Expenditures</b>	<u>670,073.58</u>	<u>698,706.25</u>	<u>28,632.67</u>	<u>95.90%</u>
<b>Allocated Expenditures</b>				
20400 Nursing / Nurse Aid	19,002.98	20,678.63	1,675.66	91.90%
30100 Data Center	115,585.94	120,091.39	4,505.45	96.25%
30200 Human Resources	36,852.98	27,470.73	(9,382.25)	134.15%
30300 Finance	190,635.23	185,092.67	(5,542.57)	102.99%
30400 Director's Office	65,981.49	70,573.13	4,591.64	93.49%
30500 Enforcement	663,391.65	784,577.69	121,186.04	84.55%
30600 Administrative Proceedings	161,344.51	122,576.30	(38,768.21)	131.63%
30700 Impaired Practitioners	292.88	414.27	121.40	70.70%
30800 Attorney General	17,030.88	13,417.17	(3,613.72)	126.93%
30900 Board of Health Professions	8,105.16	8,867.91	762.75	91.40%
31100 Maintenance and Repairs	162.00	2,148.85	1,986.85	7.54%
31300 Emp. Recognition Program	2,953.91	2,490.37	(463.55)	118.61%
31400 Conference Center	2,881.04	5,412.50	2,531.46	53.23%
31500 Pgm Devlpmnt & Implmentn	21,260.80	31,341.68	10,080.88	67.84%

<b>31600 Healthcare Work Force</b>	<u>39,424.41</u>	<u>50,961.91</u>	<u>11,537.50</u>	<u>77.36%</u>
<b>Total Allocated Expenditures</b>	<u>1,344,905.85</u>	<u>1,446,115.19</u>	<u>101,209.34</u>	<u>93.00%</u>
<b>Net Revenue in Excess (Shortfall) of Expend</b>	<u>(904,574.43)</u>	<u>(1,081,861.44)</u>	<u>(177,287.01)</u>	<u>83.61%</u>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 20400 - Nursing / Nurse Aide  
For the Period Beginning July 1, 2021 and Ending June 30, 2022

Account		Amount			
Number	Account Description	Amount	Budget	Under/(Over)	% of Budget
5011120	Fed Old-Age Ins- Sal St Emp	3,014.53	5,979.00	2,964.47	50.42%
	Total Employee Benefits	3,014.53	5,979.00	2,964.47	50.42%
5011300	Special Payments				
5011310	Bonuses and Incentives	786.84	-	(786.84)	0.00%
5011340	Specified Per Diem Payment	15,150.00	10,050.00	(5,100.00)	150.75%
	Total Special Payments	15,936.84	10,050.00	(5,886.84)	158.58%
5011400	Wages				
5011410	Wages, General	38,618.85	78,144.15	39,525.30	49.42%
	Total Wages	38,618.85	78,144.15	39,525.30	49.42%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	57,570.22	94,173.15	36,602.93	61.13%
5012000	Contractual Svcs				
5012400	Mgmnt and Informational Svcs				
5012470	Legal Services	20.00	4,110.00	4,090.00	0.49%
	Total Mgmnt and Informational Svcs	20.00	4,110.00	4,090.00	0.49%
5012600	Support Services				
5012640	Food & Dietary Services	-	10,598.00	10,598.00	0.00%
5012680	Skilled Services	-	10,000.00	10,000.00	0.00%
	Total Support Services	-	20,598.00	20,598.00	0.00%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	18,814.27	16,757.00	(2,057.27)	112.28%
5012830	Travel, Public Carriers	1,735.36	39.00	(1,696.36)	4449.64%
5012850	Travel, Subsistence & Lodging	18,145.69	13,828.00	(4,317.69)	131.22%
5012880	Trvl, Meal Reimb- Not Rprtble	8,769.25	6,546.00	(2,223.25)	133.96%
	Total Transportation Services	47,464.57	37,170.00	(10,294.57)	127.70%
	Total Contractual Svcs	47,484.57	61,878.00	14,393.43	76.74%
5013000	Supplies And Materials				
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	14.00	14.00	0.00%
	Total Residential Supplies	-	14.00	14.00	0.00%
	Total Supplies And Materials	-	14.00	14.00	0.00%
5022800	Stationary Equipment				
	Total Expenditures	105,054.79	156,065.15	51,010.36	67.31%
	Allocated Expenditures				
10100	Nursing	86,051.81	135,386.52	49,334.70	63.56%
11200	Certified Nurse Aides	19,002.98	20,678.63	1,675.66	91.90%
	Total Allocated Expenditures	105,054.79	156,065.15	51,010.36	67.31%

**Net Revenue in Excess (Shortfall) of Expenditures**

<u>\$</u>	<u>-</u>	<u>\$</u>	<u>-</u>	<u>\$</u>	<u>-</u>	<u>0.00%</u>
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**Virginia Board of Nursing**  
**Executive Director Report**  
**November 15, 2022**

**1 Presentations**

- On September 7, 2022, Randall Mangrum, Nursing Education Program Manager, presented on the Role of the Virginia Board of Nursing to the 10<sup>th</sup> Cohort of the Riverside Nurse Residency Program.
- On September 20, 2022- Jay Douglas, Executive Director and Claire Morris, Deputy Executive Director, attended the School Nurse Leaders/Coordinators & Emerging Leaders in Newport News. Jay Douglas presented on the topics of Scope of Practice and Delegation.
- On October 20, 2022 – Randall Mangrum, Nursing Education Program Manager conducted two education seminars. Preparation and Regulation Review for Program Directors and Faculty of PN and RN Pre-Licensure Nursing Programs and Orientation on Establishment of a PN or RN Pre-Licensure Nursing Program.
- On October 27, 2022 – Christine Smith, Nurse Aide/RMA Education Program Manager, hosted an education seminar for Program Coordinators and staff of nurse aide education programs providing a review of regulations for nurse aide education programs.

**2 Meetings attended**

- September 16, 2022- Jacquelyn Wilmoth, Deputy Executive Director for Education, participated in a meeting with the LEARN (Leaders in Practice and Education Aspiring to create practice-ready Nurses) Collaborative workgroup and answered regulatory questions.
- September 26, 2022—Jay Douglas, Executive Director, Jacquelyn Wilmoth, Deputy Executive Director for Education, and Christina Bargdill, Deputy Executive Director, met with Scott Johnson, Dana Parsons, Leading Age Virginia, April Paybe, Long Term Care Association regarding the expiration of the waiver for TNA2CNA.

The PHE waiver extension allowing for the training of TNA2CNA candidates expired on October 6, 2022. However, individuals that have been deemed eligible to test may do so for up to 2 years.

- September 27-28 – Jay Douglas, Executive Director attended the NCSBN Board of Directors (BOD) in Chicago as the President of NCSBN BOD
- September 30, 2022 —Jay Douglas, Executive Director, and Jacquelyn Wilmoth, Deputy Executive Director for Education, participated in an Innovative Clinical Workgroup meeting where representatives from practice, education, and regulation were present along with Andrew Lamar, lobbyist. Mr. Lamar was present as a representative of the Virginia Nurses Association. Discussion



occurred regarding the proposed ideas for Virginia to invest in nursing workforce development to include initiatives to recruit and retain qualified nursing professionals; educate, recruit and retain nursing faculty; increase the supply and preparation of academic and practice clinical and academic educators; and support innovation to meet the developing needs of the future nursing workforce. The collaborative represents a variety of nursing organizations and is not housed within one organization. Dr. Terri Gaffney from Marymount University is the lead. BON staff participation is based on providing a regulatory perspective. The committee plans to develop a proposal to seek funding during the next legislative session.

- October 4, 2022 - Christine Smith, Nurse Aide and Medication Aide Education Program Manager, and Jacquelyn Wilmoth, Deputy Executive Director for Education, attended a Townhall meeting hosted by Credentia who administers the national nurse aide exam for programs. In this meeting Credentia provided programs with information on testing and the most missed skills, how to become test site, and how to become an evaluator. Additionally, the Credentia team present answered questions from the program attendees.

The contract for Medication Aide Examination was awarded on October 4, 2022 to PSI.

- October 4, 2022 — A scheduled FBI audit of the DHP Criminal Background Check Unit was successfully conducted with a positive outcome. Specifically, it was noted as significant by the Special Agent (auditor) that our DHP CBC Unit has for almost three years now been receiving criminal history record information (CHRI) electronically via the Virginia State Police (VSP). For background, VDP made this electronic service available to state agencies during the declared state of emergency regarding the COVID-19 pandemic. Once the emergency declaration and associated waivers expired, we requested permission and it was granted by the VSP Division Commander for CJIS for our agency to continue receiving CHRI by secure electronic means, as staffing the healthcare workforce remained critical. Moreover, with VSP assistance, our CBC process is almost totally electronic which allows for quicker turnaround times. This is a matter that they plan on following up with on the VSP to see if it can be expanded.
- October 5, 2022 - Jacquelyn Wilmoth, Deputy Executive Director for Education, attended the Richmond Market Advisory Board for Academic Partners hosted by HCA as a guest. Nursing Education Programs present had the opportunity to provide HCA leadership input regarding clinical experiences.
- October 13, 20 and 21 2022 - Jacquelyn Wilmoth, Deputy Executive Director for Education, attended a meeting with Virginia Community College Nursing Taskforce where discussion occurred and a timeline was provided for the revision of the associate degree curriculum.
- October 13-14, 2022 - Jay Douglas Executive Director of the Board of Nursing, along with representatives of the Virginia Board of Pharmacy and BOM attended the Tri-Regulator Symposium in Alexandria Virginia . This meeting held every two years allows representatives from the National Council State Boards of Nursing (NCSBN), Federation of State Medical Boards (FSMB) and National Association of Boards of Pharmacy (NABP) to discuss challenges that state pharmacy, nursing and medical boards face as well as interprofessional cooperation opportunities. Ms. Douglas, as President of NCSBN, provided opening remarks. The theme for this meeting was " Sustaining Regulation in

Uncertain Times”. Topics covered by nationally renowned speakers and members of state boards included:

- ❖ Leveraging technology
  - ❖ Expediting licensure
  - ❖ The value of interstate compacts
  - ❖ Regulatory approaches to the opioid epidemic to include Medication Assisted Treatment, Alternative Monitoring programs and available resources
  - ❖ Practitioner mental health and wellness issues
  - ❖ Health misinformation and disinformation and
  - ❖ Education of Board Members.
- October 21, 2022 – Jacquelyn Wilmoth, Deputy Executive Director for Education, participated in a meeting with the Chancellor of Virginia Community College Systems (VCCS), Sharon Morrissey and Van Wilson, VP of VCCS, Patti Lisk, Dean, Germanna College, and Dan Lewis, VCCS Director of Academic Program and Policies where VCCS inquired regarding the regulation that permits programs to have 20% of total clinical hours out of state. VCCS representatives inquired if there was an exception to the regulation for programs that are close to the state border. Ms. Wilmoth shared that process for which programs could request and exception to the regulatory requirement through the Board.
  - October 20, 2022 - Jay Douglas in her role as President of NCSBN attended the Tri-Council for Nursing in Northern Virginia.

*The **Tri-Council for Nursing** is an alliance between the American Association of Colleges of Nursing, the American Nurses Association, the American Organization for Nursing Leadership, the National Council of State Boards of Nursing, and the National League for Nursing. While each organization has its own constituent membership and unique mission, they are united by common values and convene regularly for the purpose of dialogue and consensus building, to provide stewardship within the profession of nursing.*

*These organizations represent nurses in practice, regulation, nurse executives and nursing educators. The Tri-Council’s diverse interests encompass the nursing work environment, health care legislation, and policy, quality of health care, nursing education, practice, research and leadership across all segments of the health delivery system.*

Key agenda Items included:

- ❖ An update from Government affairs staff on matters affecting nursing at the federal level including a bipartisan interest in Mental Health Issues and the CMS Public Health Emergency waivers as it relates to long term care and nurse aides
- ❖ a presentation by the ANA Commission to address inequities in health care and nursing education
- ❖ safe workplace environments for nurses

- ❖ the Disciplinary process for nursing professions
- ❖ nurse aide and support worker trends
- October 28, 2022 — Jay Douglas, Executive Director, and Jacquelyn Wilmoth, Deputy Executive Director for Education, participated in the Clinical Innovation Workgroup meeting regarding nursing education experiences and partnerships. There was discussion regarding alternative clinical models to enhance student learning and lessen the academic practice gap as well as proposed requests for state funding as permitted in §23.1-105 to increase in faculty salary for state and private, non-profit academic entities.
- November 1, 2022 – Christina Bargdill, Deputy Executive Director, attended the LTC Cross Collaboration Assembly. This was a one-day conference organized by the VDH to include central and regional teams aiming to bring awareness to key stakeholder activities, build connections, aid in identifying themes for action, and strengthen collaborative infection prevention and control work.

**New Issues/Developments/Projects/Updates:**

Christina Bargdill, Deputy Executive Director, met with select members of the BON digital case processing team to detail workflow for the processing of offline cases. The team is beginning to process offline cases. The plan is to reconvene in 2 weeks to discuss and revise the process as necessary.



## Draft Meeting Minutes

### Call to Order

The March 29, 2022, Virginia Board of Health Professions meeting was called to order at 10:03 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 4, Henrico, Virginia 23233.

### Presiding Officer

James Wells, RPh

### Members Present

Sahil Chaudhary, 1<sup>st</sup> Vice Chair, Citizen Member  
Brenda L. Stokes, MD, 2<sup>nd</sup> Vice Chair, Board of Medicine  
Barry Alvarez, LMFT, Board of Counseling  
Sheila E. Battle, MHS, Citizen Member  
A. Tucker Gleason, PhD, Board of Nursing  
Michael Hayter, LCSW, CSAC, SAP, Board of Social Work  
Kenneth Hickey, MD, Board of Funeral Directors & Embalmers  
Allen R. Jones, Jr., DPT, PT, Board of Physical Therapy  
Steve Karras, DVM, Board of Veterinary Medicine  
Alison R. King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology  
Sarah Melton, PHARM.D, Board of Pharmacy  
Martha S. Rackets, PhD, Citizen Member  
Susan Wallace, PhD, Board of Psychology

### Members Absent

Carmina Bautista, MSN, FNP-BC, BC-ADM, Citizen Member  
Helene D. Clayton-Jeter, OD, Board Chair, Board of Optometry  
Mitchel Davis, NHA, Board of Long-Term Care Administrators  
Margaret Lemaster, RDH, Board of Dentistry

### Staff Present

Leslie L. Knachel, Executive Director  
David E. Brown, D.C., Agency Director  
Elaine Yeatts, Senior Policy Analyst DHP  
Erin Barrett, Senior Policy Analyst DHP  
Charis Mitchell, Assistant Attorney General, Board Counsel  
Laura Jackson, Board Administrator  
Laura Paasch, Licensing & Operations Administrative Specialist

## **Public Present**

W. Scott Johnson  
Ben Trayham

## **Establishment of Quorum**

With fourteen board members out of eighteen present, a quorum was established.

## **Mission Statement**

Mr. Wells read the Department of Health Professions' mission statement.

## **Ordering of Agenda**

Mr. Wells opened the floor to any changes to the agenda. Hearing none, the agenda was accepted as presented.

## **Public Comment**

There were no requests to provide public comment.

## **Approval of Minutes**

Mr. Wells opened the floor to any additions or corrections regarding the draft minutes from the Full Board Meeting on December 2, 2021. Hearing none, the minutes were approved as presented.

## **Agency Director's Report**

Dr. Brown advised the Board that Dr. Allison-Bryan retired on March 1st. He spoke about the decline in COVID-19 numbers; therefore, the agency will start its "new normal" on April 4, 2022. He indicated that conference center and additional security upgrades will be occurring in the near future.

Ms. Knachel recognized Ms. Yeatts' pending retirement and her service to DHP and the Commonwealth. Erin Barrett will replace Ms. Yeatts as of April 1, 2022.

## **Policy Analyst's Report**

Ms. Yeatts' provided updates on the 2022 General Assembly & Regulatory Actions.

Ms. Knachel presented the amendments to Guidance Document 75-4 Bylaws that were presented at the December 2, 2021, board meeting.

Dr. Jones made a motion to accept the changes to Guidance Document 75-4 Bylaws as presented. The motion was seconded by Dr. Stokes. The motion carried unanimously.

## **Discussion Items**

### Format for Individual Board Reports

Ms. Knachel gave an update on the format for the individual board reports at Board of Health Professions' meetings. The consensus of the board members is that the Board Executives will provide a brief summary of board actions to be reported. Information on

board statistics will not be included in the reports. The minutes will reflect the information provided in each report.

### **Board Counsel Report**

Ms. Mitchell had no information to report to the Board.

### **Board Chair Report**

Mr. Wells thanked Dr. Jones and Dr. Rackets for their years of service on the Board of Health Professions and to the Commonwealth.

### **Staff Reports**

Ms. Knachel reported that the next meeting is scheduled for September 27, 2022. The meeting will include reports from the Enforcement and Finance Divisions and officer elections.

### **New Business**

No new business was reported.

### **Next Meeting**

The next full board meeting is scheduled for Tuesday, September 27, 2022.

### **Adjournment**

Hearing no objections, Mr. Wells adjourned the meeting at 11:07 a.m.

**VIRGINIA BOARD OF NURSING  
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
BUSINESS MEETING MINUTES  
October 12, 2022**

**TIME AND PLACE:** The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:02 A.M., October 12, 2022 in Board Room 2, 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-BC; Board of Nursing  
David Archer, MD; Board of Medicine  
Blanton Marchese; Board of Medicine  
Ryan Williams, MD; Board of Medicine

**MEMBERS ABSENT:** None

**ADVISORY COMMITTEE MEMBERS PRESENT:** Kevin E. Brigle, PhD, RN, ANP  
Mark Coles, MSN, BA, RN, NP-C  
Komkwuan P. Parachabutr, DNP, FNP-BC, WHNP-BC, CNM  
David A. Ellington, MD  
Stuart Mackler, MD  
Olivia Mansilla, MD

**STAFF PRESENT:** Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for  
Advanced Practice  
Tamika Claiborne, BS, Senior Licensing/Discipline Specialist  
Huong Vu, Operations Manager; Board of Nursing

**OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General; Board Counsel  
David Brown, DC, DHP Director  
William L. Harp, MD, Executive Director; Board of Medicine

**IN THE AUDIENCE:** Ben Traynham, Medical Society of Virginia (MSV)  
Becky Bowers-Lanier, Lobbyist for Virginia Association of Clinical Nurse  
Specialists (VACNS)  
Patricia Selig, Board of Nursing staff

**INTRODUCTIONS:** Committee members, Advisory Committee members and staff members introduced themselves.

**ESTABLISHMENT OF A QUORUM:** Mr. Jones called the meeting to order and established that a quorum was present.

ANNOUNCEMENT: Mr. Jones noted the announcements as presented on the Agenda.

**New Committee Members:**

- **Brandon Jones, MSN, RN, CEN, NEA-BC; Chair**  
Unexpired Term ends June 2023  
Roanoke
- **Helen M. Parke, DNP, FNP-BC**  
1<sup>st</sup> Term Expires June 2026  
Lynchburg
- **Joel Silverman, MD**  
1st Term Expires June 2023  
Richmond

**New Staff Members:**

- **Tamika Claiborne, BS**  
Senior Licensing Discipline Specialist for Licensed Certified  
Midwives profession

Mr. Jones, Dr. Parke, Dr. Silverman, and Ms. Claiborne shared their background information.

REVIEW OF MINUTES: The minutes of the April 20, 2022 Business Meeting, April 20, 2022 Formal Hearing, and July 20, 2022 Formal Hearing were reviewed. Dr. Williams moved to accept the minutes as presented. The motion was seconded by Ms. Buchwald and passed unanimously.

PUBLIC COMMENT: No public comments were received.

DIALOGUE WITH AGENCY DIRECTOR: Dr. Brown reviewed the following Reports to the General Assembly:

- **APRN Report** – recommendations included 1) update nomenclature from LNP to APRN, and 2) regulate APRNs solely by the BON
- **Hb 793-NP Autonomous Practice Report** focused on the geographic location and discipline of NPs who have been issued the autonomous practice designation
- **Midwifery Regulatory Entity Report** - no change in regulatory structure recommended at this time

LEGISLATION/



REGULATIONS:

**B1 Chart of Regulatory Actions:**

In Ms. Barrett’s absence, Dr. Hills reported that the only update on the Chart is that the proposed regulations for Licensed Certified Midwives have moved to Secretary’s Office.

NEW BUSINESS:

E-Prescribing Workgroup report - Dr. Brown reported:

- pharmacies are entirely compliant with utilizing SureScripts, software for compliance and security of E-prescriptions, esp for opioids
- Virginia falls in the middle on implementation
- there was some discussion whether to expand mandate of E-prescribing to all controlled substances (prior authorization included) but final decision was to not recommend an expansion since prescribing is already moving in that direction

2023 Committee of the Joint Boards dates

PRESENTATION:

Dr. Hills presented an overview of the Committee of Joint Boards

ENVIRONMENTAL SCAN – ADVISORY COMMITTEE MEMBERS

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

Dr. Brigle reported that VCNP is preparing for new legislation.

Dr. Parachabutr advised that Virginia CNMs are anticipating the 2023 legislative session.

Mr. Jones thanked Advisory Committee Members for their participation.

Members of the Advisory Committee, Dr. Brown, Dr. Harp and the public left the meeting at 9:54 A.M.

RECESS:

The Committee recessed at 9:54 A.M.

RECONVENTION:

The Committee reconvened at 10:18 A.M.

**AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION**

**Melanie Dorion, LNP**

**0024-171240**

Ms. Dorion did not appear.

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 10:19 A.M., for the purpose of consideration of the agency subordinate recommendation. Additionally, Ms. Buchwald moved that Ms. Douglas, Dr. Hills, Ms. Claiborne, Mr. Saunders, Ms. Vu, and Ms. Mitchell, 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 10:25 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 reject the recommended decision of the agency subordinate regarding **Melanie Dorion L.N.P** and refer the matter to a formal hearing. The motion was seconded by Ms. Buchwald and carried unanimously.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 10:26 A.M.

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

**VIRGINIA BOARD OF NURSING  
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
FORMAL HEARING  
MINUTES  
October 12, 2022**

**TIME AND PLACE:** The hearing of the Committee of the Joint Boards of Nursing and Medicine was called to order at 10:38 A.M., on October 12, 2022.

**COMMITTEE MEMBERS  
PRESENT:**

Brandon A. Jones, MSN, RN, CEN, NEA-BC; **Chair**  
Laurie Buchwald, MSN, WHNP, FNP  
Helen M. Parke, DNP, FNP-BC;  
Joel Silverman, MD  
L. Blanton Marchese  
Ryan P. Williams, MD

**STAFF PRESENT:**

Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Tamika Claiborne, BS, Senior Licensing Discipline Specialist  
Lakisha Goode, Discipline Team Coordinator

**OTHERS PRESENT:**

Charis Mitchell, Assistant Attorney General, Board Counsel  
Brent Saunders, Assistant Attorney General

**ESTABLISHMENT OF  
A QUORUM:**

Mr. Jones called the meeting to order and established that a quorum consisting of 6 members was present.

**FORMAL HEARING:**

**Amy Austin Dickenson, LNP (0024-172952)**

Ms. Dickenson appeared.

David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Kim Taylor, court reporter with Farnsworth & Taylor Reporting recorded the proceedings

Parke Slater, 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 11:26 A.M. for the purpose of deliberation to reach a decision in the matter of **Amy Austin Dickenson**. Additionally, Ms. Buchwald moved that Ms. Douglas, Ms. Claiborne, Ms.

Goode, Mr. Saunders, and Ms. Mitchell, 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 12:01 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. A roll call was taken and the motion carried unanimously.

ACTION: Dr. Parke moved to indefinitely suspend the license of **Amy Austin Dickenson** to practice as a nurse practitioner in the Commonwealth of Virginia with suspension stayed contingent upon entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remind in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Dr. Williams 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 12:02 P.M.

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Robin Hills, DNP, RN, WHNP  
Deputy Executive Director

## Virginia APRN/LNP Side-by-Side Comparison

November 2022

	NP	CRNA	CNM	CNS
Joint licensure by BON & BOM § 54.1-2900	Yes	Yes	Yes	Yes
Collaboration/ Consultation/ Supervision requirement § 54.1-2957(C), (H), (J)	Collaboration and consultation with at least one licensed patient care team physician	Under supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry.	< 1,000 hours - Consultation with a CNM with 2+ years of practice <b>or</b> a licensed physician	Consultation with licensed physician only if granted Rx authority
Practice Agreement § 54.1-2957(C), (H), (J)	Yes, if no autonomous practice designation	No	Yes, prior to completion of 1,000 hours and receipt of attestation of completion from CNM or physician	Only if granted Rx authority
Practice Agreement Criteria § 54.1-2957(D), (H), (J) § 54.1-2957.01(G) See <a href="#">GD 90-56</a>	<ul style="list-style-type: none"> <li>-Periodic chart review</li> <li>-Consultation &amp; referrals</li> <li>-Drug categories &amp; devices</li> <li>-PCT physician availability &amp; define consultation</li> <li>-Periodic joint evaluation of services provided</li> <li>-Periodic review &amp; revision of practice agreement</li> <li>-Signature/name of PCT physician clearly stated</li> </ul>	N/A	<ul style="list-style-type: none"> <li>-Shall address the availability of the consulting CNM or the licensed physician for routine and urgent consultation on patient care</li> <li>-Prescribing shall also be in accordance with any prescriptive authority included in a such practice agreement</li> </ul>	<ul style="list-style-type: none"> <li>-Shall address the availability of the physician for routine and urgent consultation on patient care.</li> <li>-Medications if prescribing Schedule II-V</li> </ul>
Practice without a Practice Agreement § 54.1-2957(C), (H)	Yes, if granted <u>autonomous practice</u> designation after 5 years of clinical experience	Yes	Yes, if CNM receives attestation from CNM or physician at completion of 1,000 hours	Yes, if CNS does not prescribe
Rx authority § 54.1-295701(A)	Schedule II – VI	Schedule II – VI*	Schedule II – VI	Schedule II – VI
<p>* May prescribe to a patient requiring anesthesia, as part of the periprocedural care of such patient. "Periprocedural" means the period beginning prior to a procedure and ending at the time the patient is discharged (§ 54.1-2957.01(H))</p>				

Revised as of 11/1/2022



Virginia Department of  
**Health Professions**

## **Committee of the Joint Boards of Nursing and Medicine**

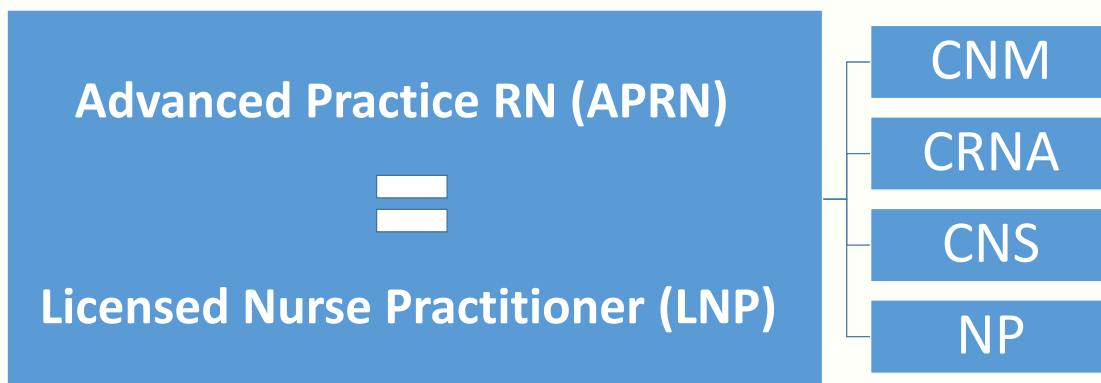
**October 12, 2022 Business Meeting**

**Robin L. Hills, DNP, WHNP-BC, RN**

Deputy Executive Director for Advanced Practice  
Virginia Board of Nursing



### **4 Roles**



**2008 APRN Consensus Model** - provides guidance for states to adopt uniformity in the regulation of APRN roles for improved license portability.

	<u>ROLE</u>	<u>POPULATION FOCUS</u> (AKA category in statute)	<u>License Count</u> (as of 9/30/22)	
LNPs/APRNs	CNM	Certified Nurse Midwife	446	
	CRNA	Certified Registered Nurse Anesthetist	2,306	
	CNS	Clinical Nurse Specialist	404	
	NP		Adult/Geriatric Acute Care NP	1,165
			Adult/Geriatric Primary Care NP	1,237
			Family NP	7,479
			Women's Health NP	421
			Pediatric/Primary Care NP	660
			Pediatric/Acute Care NP	75
			Psychiatric/Mental Health NP	994
		Neonatal NP	205	
		<hr/>	15,392	

## Licensed Certified Midwives (LCM)

BOM                      BON                      BON  
LM(CPM) + CNM + LCM

### 54.1-2957.04 – new profession

- Education – graduate degree in midwifery but no nursing degree
- Fall into Advanced Practice category but not APRN
- National certification as certified midwife (same certification exam as CNM)
- Regulations are moving through the Regulatory Process

## **Committee of the Joint Boards of Nursing and Medicine**

### **18VAC90-30-30(A)**

#### **Board of Nursing**

- Brandon Jones, Chair
  - BON President & RN Board member
- Laurie Buchwald, WHNP, FNP
  - NP/RN Board member
- Helen Parke, DNP, FNP-BC
  - NP/RN Board member

#### **Board of Medicine**

- Blanton Marchese
  - Citizen Board Member & BOM President
- Ryan Williams, MD
  - MD Board member
- Joel Silverman, MD
  - MD Board member

*Appointed by the respective Boards*

## **Advisory Committee to the CJB**

### **18VAC90-30-30(B)**

Composition: Eight (8) members:

- 4 Licensed physicians
- 4 LNPs – 1 CNM, 1 CRNA, 2 NPs from other categories

Role:

- Advise on matters related to the current NP practice environment
- Provide a specialty perspective
- Weigh in on regulatory matters
- Inform on state and national professional trends



## Licensure of LNPs – 18VAC90-30-80

A. An applicant for initial licensure as a nurse practitioner shall:

1. **Hold a current, active license as a registered nurse in Virginia or MSP**
2. Submit evidence of a **graduate degree in nursing or in the appropriate nurse practitioner specialty** from an approved program
3. Submit evidence of **professional certification** that is consistent with the specialty area of the applicant’s educational preparation issued by an agency accepted by the boards as identified in 18VAC90-30-90;
4. File the required **application**; and
5. Pay the application **fee** prescribed in 18VAC90-30-50.

**B. Provisional licensure may be granted for 6 months**

## Collaboration/Consultation/Supervision

	NP	CRNA	CNM	CNS
Collaboration/ Consultation/ Supervision requirement § 54.1-2957(C), (H), (J)	Collaboration and consultation with at least one licensed patient care team physician	Under supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry.	< 1,000 hours - Consultation with a CNM with 2+ years of practice <b>or</b> a licensed physician	Consultation with licensed physician only if granted Rx authority
Practice Agreement § 54.1-2957(C), (H), (J)	Yes, if no autonomous practice designation	No	Yes, prior to completion of 1,000 hours and receipt of attestation of completion from CNM or physician	Only if granted Rx authority
Practice Agreement Criteria § 54.1-2957(D), (H), (J) § 54.1-2957.01(G) See <a href="#">GD 90-56</a>	<ul style="list-style-type: none"> <li>-Periodic chart review</li> <li>-Consultation &amp; referrals</li> <li>-Drug categories &amp; devices</li> <li>-PCT physician availability &amp; define consultation</li> <li>-Periodic joint evaluation of services provided</li> <li>-Periodic review &amp; revision of practice agreement</li> <li>-Signature/name of PCT physician clearly stated</li> </ul>	N/A	<ul style="list-style-type: none"> <li>-Shall address the availability of the consulting CNM or the licensed physician for routine and urgent consultation on patient care</li> <li>-Prescribing shall also be in accordance with any prescriptive authority included in a such practice agreement</li> </ul>	<ul style="list-style-type: none"> <li>-Shall address the availability of the physician for routine and urgent consultation on patient care.</li> <li>-Medications if prescribing Schedule II-V</li> </ul>

## Practicing without a Practice Agreement

	NP	CRNA	CNM	CNS
Practice without a Practice Agreement § 54.1-2957(C), (H)	Yes, if granted autonomous practice designation after 5 years of clinical experience	No	Yes, if CNM receives attestation from CNM or physician at completion of 1,000 hours	No

Specialty	Count
Autonomous - Adult/Geriatric Acute	184
Autonomous - Adult/Geriatric Primary	273
Autonomous - Family	1,654
Autonomous - Neonatal	11
Autonomous - Pediatric Acute	7
Autonomous - Pediatric Primary	102
Autonomous - Psychiatric/Mental	382
Autonomous - Women's Health	60
<b>Total Count for all Specialties:</b>	<b>2,673</b>

## Prescriptive Authority

	NP	CRNA	CNM	CNS
Rx authority § 54.1-2957.01(A)	Schedule II - VI	Schedule II - VI*	Schedule II - VI	Schedule II - VI

\* May prescribe to a patient requiring anesthesia, as part of the periprocedural care of such patient. "Periprocedural" means the period beginning prior to a procedure and ending at the time the patient is discharged (§ 54.1-2957.01(H))

If Practice Agreement required:

MD/NP ratio: 1/6

**Exception:**

MD/PMHNP ratio: 1/10

# License Lookup



## Virginia Department of Health Professions License Lookup

Current as of 02/10/2022 16:35

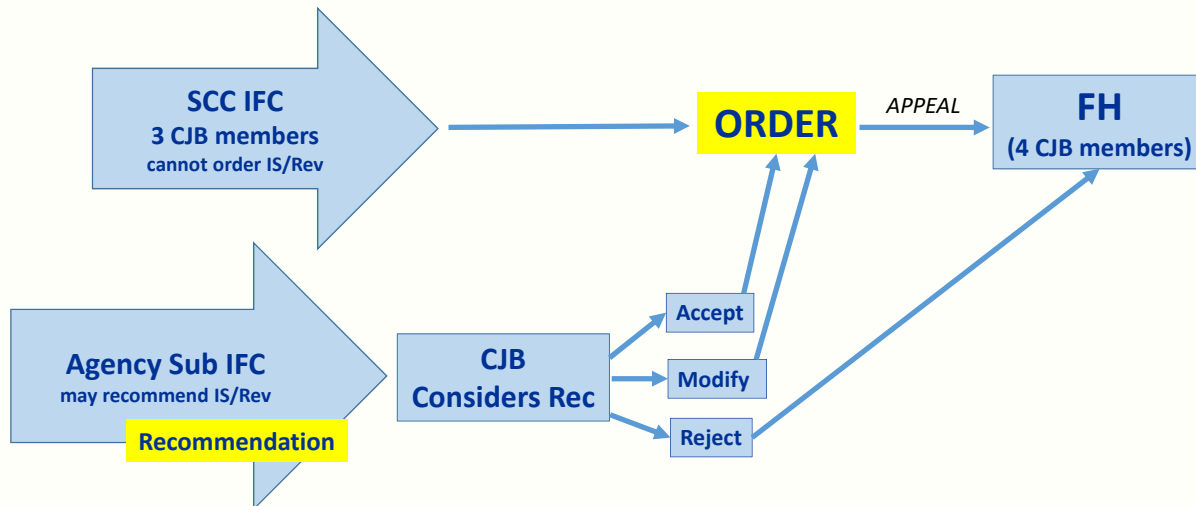
### License Information

License Number	[REDACTED]
Occupation	Licensed Nurse Practitioner
Specialization	Family - Autonomous Practice Neonatal Psychiatric Nurse/Mental Health Pract RX Authority
Name	[REDACTED]

## CJB Administrative Functions

- Lead Staff – Board of Nursing (BON)
  - Executive Director
  - Deputy Executive Director for Advanced Practice
- BON Staff:
  - Receives and processes applications and fees
  - Convenes CJB
  - Discipline processes delegated to BON staff:
    - Probable cause review
    - Secure expert witnesses
    - Set discipline agenda
    - Consult with Committee members

## CJB Proceedings



## Common Inquiries

### Can I perform \_\_\_\_\_?

Scope of practice:

1. educational preparation
2. certifying body standards
3. practice agreement  
(unless autonomous)

Consider if the procedure falls within the scope of other regulated health professions

- acupuncture – BOM
- XR/fluoroscopy – radiology/rad tech

### Can an NP serve as “Medical Director”?

- “Medical Director” is an employment title and is not prohibited by statute or regulation

### Does the PCT physician have to have the same specialty as the NP?

- Per 54.1-2900: "Patient care team physician" means a physician who is actively licensed to practice medicine in the Commonwealth, who regularly practices medicine in the Commonwealth, and who provides management and leadership in the care of patients as part of a patient care team.

## Guidance Documents

- **Licensed Nurse Practitioners/Joint Board:**
- **[90-11](#) Continuing Competency Violations for Nurse Practitioners, effective February 4, 2021**
- **[90-33](#) Authority of Licensed Nurse Practitioners to write Do Not Resuscitate Orders (DNR Orders), effective May 16, 2019**
- **[90-56](#) Practice Agreement Requirements for Licensed Nurse Practitioners, effective September 30, 2021**
- **[90-64](#) Telemedicine for Nurse Practitioners, revised by the Board of Medicine June 22, 2017, revised by the Board of Nursing July 18, 2017, edited August 11, 2021**
- **[110-8](#) Information on prescriptive authority in Virginia, effective August 6, 2020**

## Continued Competency Requirements

### NP Competency - 18VAC90-30-105

- > 2002 – national certification required
- < 2002 – national certification or 40 CE hours in specialty area

### Prescriptive Authority Competency – 18VAC90-40-55

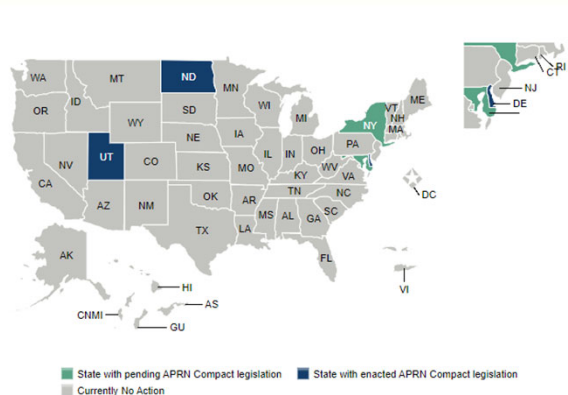
- 8 CE pharm hours in each biennium

### ~~Mandatory Opioid Prescribing Competency~~



## Unlocking Access to APRN Care Across the Nation

- Adopted by NCSBN membership on August 12, 2020
- Allows an APRN to hold one multistate license with a privilege to practice in other compact states
- Enactment by 7 states required to implement



<https://www.ncsbn.org/aprn-compact.htm>

## APRN Compact - Benefits

- Access to Care
- Telehealth
- Disaster/Pandemic Relief
- Military Families
- Cost Effective
- Flexible Licensure

**APRN COMPACT UNIFORM LICENSURE REQUIREMENTS  
FOR MULTI-STATE LICENSURE**

**At least 2,080 hours  
of APRN Practice**

**Practice in the same  
role and population as  
home state**

1. Conduct criminal background checks for applicants for initial APRN licensure or APRN licensure by endorsement
2. Meet home state's requirements for obtaining and retaining a single state license, in addition to meeting the following Uniform Licensure Requirements (ULRs):
  - Graduates from a graduate-level accredited education program or an approved foreign APRN education program
  - Passes an English proficiency examination (applies to graduates of an international education program not taught in English or if English is not the individual's native language)
  - Passes a national certification examination that measures APRN, role and population-focused competencies and maintains continued competence as evidenced by recertification in the role and population focus through the national certification program
  - Holds an active, unencumbered license as a registered nurse and an active, unencumbered authorization to practice as an APRN
  - Has successfully passed an NCLEX-RN® examination or recognized predecessor, as applicable
  - **Has practiced for at least 2,080 hours as an APRN in a role and population focus congruent with the applicant's education and training**
  - Has submitted to state and federal fingerprint-based criminal background checks
  - Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state, federal, or foreign criminal law
  - Has no misdemeanor convictions related to the practice of nursing (determined on a case-by-case basis)
  - Is not currently a participant in an alternative program (i.e., *Virginia Health Practitioners' Monitoring Program*)
  - Is required to self-disclose current participation in an alternative program
  - Has a valid United States Social Security number
3. An APRN multistate license is recognized as authorizing the APRN to practice in each party state, under a multistate licensure privilege, **in the same role and population focus as in the home state.**
4. An individual may apply for a single-state license, instead of a multistate license, even if otherwise qualified for the multistate license.

<https://www.ncsbn.org/aprn-compact.htm>

**2021 Reports to the Governor and  
the General Assembly – submitted 11/1/2021**

- |   |                       |
|---|-----------------------|
| <ol style="list-style-type: none"> <li>1. REPORT ON THE IMPLEMENTATION OF 2018 HOUSE BILL 793: NURSE PRACTITIONERS; PRACTICE AGREEMENTS</li> <li>• <a href="https://rga.lis.virginia.gov/Published/2021/RD625/PDF">https://rga.lis.virginia.gov/Published/2021/RD625/PDF</a></li> </ol> | <p><b>BON/BOM</b></p> |
| <ol style="list-style-type: none"> <li>2. REPORT ON ADVANCED PRACTICE REGISTERED NURSES</li> <li>• <a href="https://rga.lis.virginia.gov/Published/2021/HD18/PDF">https://rga.lis.virginia.gov/Published/2021/HD18/PDF</a></li> </ol>   | <p><b>DHP</b></p>     |
| <ol style="list-style-type: none"> <li>3. REPORT ON MIDWIFERY REGULATORY ENTITY</li> <li>• <a href="https://rga.lis.virginia.gov/Published/2021/SD12/PDF">https://rga.lis.virginia.gov/Published/2021/SD12/PDF</a></li> </ol>   | <p><b>DHP</b></p>     |



D1

*COMMONWEALTH of VIRGINIA*

David E. Brown, D.C.  
Director

*Department of Health Professions*  
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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)

MEMO

To: Board Members

From: BON Nominating Committee  
Margaret Friedenberg, Citizen Member, Chair  
Laurie Buchwald, MSN, WHNP, FNP  
Felisa Smith, PhD, MSA, RN, CNE

Re: Slate of Candidates for 2023 Officers

Date: October 17, 2022

The Nominating Committee offers the following slate of candidates for Board of Nursing Officer positions for 2023:

**President:** Brandon Jones, MSN, RN, CEN, NEA-BC  
(1<sup>st</sup> term expires 2023)

**First Vice-President:** Cynthia Swineford, RN, MSN, CNE  
(2<sup>nd</sup> term expires 2025)

**Second Vice-President:** Felisa Smith, PhD, MSA, RN, CNE  
(2<sup>nd</sup> term expires 2025)

Pursuant to the Bylaws, Guidance Document 90-57, nominations will be accepted from the floor at the Board November 15, 2022 meeting.



**VIRGINIA BOARD OF NURSING**  
**BY LAWS**

Adopted: May 23, 1988  
Last amended: January 28, 2020  
Effective: March 18, 2020

**Guidance Document: 90-57**

BYLAWS  
OF THE  
VIRGINIA BOARD OF NURSING

**Article I – Name.**

This body shall be known as the Virginia Board of Nursing as set forth in § 54.1-3002 of the *Code of Virginia* and hereinafter referred to as the Board.

**Article II – Powers and Duties.**

The general powers and duties of the Board shall be those set forth in § 54.1-2400 of the *Code of Virginia* and the specific powers and duties shall be those set forth in § 54.1-3005 of the *Code of Virginia*.

**Article III - Mission Statement.**

To assure safe and competent practice of nursing to protect the health, safety and welfare of the citizens of the Commonwealth.

**Article IV – Membership.**

A. The Board shall consist of 14 members as follows: eight registered nurses, at least two of whom are licensed nurse practitioners; two licensed practical nurses; three citizen members; and one member who shall be a registered nurse or a licensed practical nurse. The terms of office of the Board shall be four years.

B. All members shall be appointed by the Governor for terms of four years. No member shall be eligible to serve more than two successive terms in addition to the portion of any unexpired term for which he may have been appointed.

C. Each member shall participate in all matters before the Board.

D. Members shall attend all regular, discipline and special meetings of the Board unless prevented from doing so by unavoidable cause.

E. The Governor may remove any Board member for cause, and the Governor shall be sole judge of the sufficiency of the cause for removal pursuant to § 2.2-108.

**Article V – Nominations and Elections.**

A. The officers of the Board shall be a President, First Vice-President and Second Vice-President elected by the members.

B. The Nominating Committee shall:

1. Be comprised of three members of the Board to be elected at a meeting preceding the annual meeting;
2. Elect its chair;
3. Prepare a slate of at least one candidate for each office to be filled;
4. Distribute the slate of candidates to all members in advance of the annual meeting;
5. Present the slate of nominees to the Board for election at the annual meeting;  
and
6. Be governed by *Robert's Rules of Order* (current edition) on nominations by a committee in all cases not provided for in this section.

C. Election

1. The President shall ask for nominations from the floor by office.
2. The election shall be by voice vote with the results recorded in the minutes. In the event of only one nominee for an office, election may be by acclamation.
3. The election shall occur in the following order: President, First Vice President, Second Vice President.
4. The election shall be final when the President announces the official results.

D. Terms of office

1. All terms will commence January 1.
2. The term of office shall be for the succeeding twelve months or until the successor shall be elected. No officer shall serve more than two consecutive twelve-month terms in the same office unless serving an unexpired term.
3. A vacancy in the office of President shall be filled by the First Vice-President. The Board shall fill a vacancy in the office of First Vice-President or Second Vice-President by election at the next meeting after which the vacancy occurred.

**Article VI – Duties of Officers.**

A. The President shall:

1. Preserve order and conduct of Board meetings according to these bylaws, Robert’s Rules, the Administrative Process Act and other applicable laws and regulations;
2. Preside at Formal Hearings
3. Call special meetings;
4. Appoint all committees, except the nominating committee;
5. Appoint annually three members of the Board of Nursing to the Committee of the Joint Boards of Nursing and Medicine; and
6. Review and approve non-routine applications for licensure, certification or registration as referred by Board staff.

B. The First Vice-President shall:

1. Preside in the absence of the President;
2. Succeed to the office of President for the unexpired term in the event of a vacancy in the office of President;
3. Assume such functions or responsibilities as may be delegated by the President or the Board; and
4. Preside at Formal Hearings.

C. The Second Vice-President shall:

1. Perform all other duties pertaining to this office and not otherwise delegated to staff; and
2. Assume such functions or responsibilities as may be delegated by the President or the Board.

**Article VII – Committees.**

A. Executive Committee:

The Officers of the Board shall constitute the Executive Committee, which shall represent the interests of the Board in meetings within the Department of Health Professions, with other agencies of the Commonwealth or other organizations as directed by the Board. The Executive Committee may review matters pending before the Board and make recommendations to the Board for action.

#### B. Standing Committees

1. Members of the standing committees shall be appointed by the President following the election of the officers for a term of twelve months.
2. Standing Committees shall include:
  - Committee of the Joint Boards of Nursing and Medicine
  - Education Committee

C. Special Conference Committees shall be comprised of at least two members of the Board and shall:

1. Review investigative reports resulting from complaints against licensees.
2. Recommend appropriate proceedings for complaint resolution.
3. Conduct informal proceedings pursuant to §§ 2.2-4019, 2.2-4021, and 54.1-2400 of the *Code of Virginia*.

#### D. Advisory Committees

1. Advisory Committees shall consist of three or more persons appointed by the President who are knowledgeable in a particular area of practice or education under consideration by the Board.
2. Such committees shall review matters as requested by the Board and advise the Board relative to the matters or make recommendations for consideration by the Board.

#### E. Ad-Hoc Committees

1. Ad-Hoc Committees comprised of Board members and/or staff may be appointed by the President to assist in fulfilling the powers and duties of the Board.
2. Such committees shall be advisory to the Board and shall make recommendations to the Board for action.

3. A Committee shall be appointed by the Board every three years to review Board of Nursing guidance documents and make recommendations for revisions and/or deletions.

### **Article VIII – Meetings.**

A. The Board shall meet in regular session for its annual meeting and at such other times as the Board may determine.

B. Special meetings shall be called by the president or by written request to the President from any three members, provided there is at least seven days' notice given to all members.

C. A telephone conference call meeting may be held to consider suspension of a license pursuant to § 54.1-2408.1 pending a hearing when the danger to the public health or safety warrants such action and when a good faith effort to convene a regular meeting has failed.

D. An affirmative vote of a majority of those serving on the Board who are qualified to vote or those serving on a panel of the Board convened pursuant to § 54.1-2400 shall be required for any action to suspend or revoke a license, certificate, or registration or to impose a sanction, except an affirmative vote of a majority of a quorum of the Board shall be sufficient for the summary suspension of a license. An affirmative vote of three-fourths of the members of the Board at the hearing shall be required to reinstate an applicant's license or certificate suspended by the Director of the Department of Health Professions pursuant to § 54.1-2409. An affirmative vote of a quorum of the Board shall determine all other matters at any regular or special meeting.

### **Article IX – Quorum.**

A. A quorum for any Board or committee meeting shall consist of a majority of the members.

B. No member shall vote by proxy.

### **Article X – Parliamentary Authority.**

Roberts' Rules of Order (current edition) shall govern the proceedings of the Board in all cases not provided for in these bylaws, the *Code of Virginia* and the Regulations of the Board.

### **Article XI – Amendment of Bylaws.**

These bylaws may be amended at any meeting of the Board by a two-thirds vote of the members present and voting provided copies of the proposed amendments shall have

been presented in writing to all members at least 30 days prior to the meeting at which time such amendments are considered.

**Article XII –Discipline.**

When the Board of Nursing receives an investigative report from the Enforcement Division, a preliminary review of the case is made to determine whether probable cause exists to proceed with an administrative proceeding on charges that one or more of the Board’s statutes or regulations may have been violated. The Board of Nursing staff has delegated authority for certain disciplinary activities pursuant to Guidance Document # 90-12.

**Article XIII – Nurse Licensure Compact.**

A. Pursuant to § 54.1-3040.7 of the *Code of Virginia* the Executive Director of the Board of Nursing shall be the Virginia Administrator of the Interstate Commission of the Nurse Licensure Compact and shall perform the duties of the Administrator according to the requirements of the Commission.

B. The Board of Nursing shall comply with the Rules of the Interstate Commission of the Nurse Licensure Compact as outlined in the current manual.

## Officers of the Virginia Board of Nursing serve in both leadership and administrative roles.

### **Leadership Roles**

The President of the Virginia Board of Nursing leads the Board in its functions in full cooperation with the Executive Director of the Board.

Positive leadership requires that officers serve as role models for all Board members by being respectful of time and responsibilities each holds as a Board member, as well as in their other roles in the larger community, and expecting that same respect from each member in regard to their service on the Board. It further requires modeling positive and respectful relationships with Board staff, as well as with members of the public. Establishing strong working relationships with the Executive Director and staff, the officers, and all Board members is essential to the work of the Board.

The leadership activities required of the President of the Board of Nursing (preferably in collaboration with the First and Second Vice-Presidents) include developing a vision to support the mission of the Board as well as to strengthen Board members and the Board as a whole. This requires identification of Board members' strengths and needs and provision of training activities that move the Board – members and staff together – forward. Leadership development is an important component of assuring Board effectiveness in the longer term.

### **Administrative Roles**

The administrative functions of Board leaders require understanding of the functions of the Board, which include licensure functions, approval of educational programs and discipline/ enforcement.

The **Virginia Board of Nursing By Laws** (Guidance Document 90-57) delineate the Duties of Officers and of the Executive Committee as follows:

#### **Article VI – Duties of Officers.**

A. The President shall:

1. Preserve order and conduct of Board meetings according to these bylaws, Robert's Rules, the Administrative Process Act and other applicable laws and regulations;
2. Preside at Formal Hearings
3. Call special meetings;
4. Appoint all committees, except the nominating committee;
5. Appoint annually three members of the Board of Nursing to the Committee of the Joint Boards of Nursing and Medicine; and



6. Review and approve non-routine applications for licensure, certification or registration as referred by Board staff.

B. The First Vice-President shall:

1. Preside in the absence of the President;
2. Succeed to the office of President for the unexpired term in the event of a vacancy in the office of President;
3. Assume such functions or responsibilities as may be delegated by the President or the Board; and
4. Preside at Formal Hearings.

C. The Second Vice-President shall:

1. Perform all other duties pertaining to this office and not otherwise delegated to staff; and
2. Assume such functions or responsibilities as may be delegated by the President or the Board.

A. Executive Committee:

The Officers of the Board shall constitute the Executive Committee, which shall represent the interests of the Board in meetings within the Department of Health Professions, with other agencies of the Commonwealth or other organizations as directed by the Board. The Executive Committee may review matters pending before the Board and make recommendations to the Board for action.

### **Additional Requirements**

Not included in the By Laws, but important to the function of the Board, are skills that may be outside of the officer's prior experience. In order to fulfill the requirements of the By Laws, all Officers should develop confidence in their preparation to lead formal hearings, following the **Administrative Process Act** and all guidelines set forth in DHP Guidance Document 76-20 (**The Adjudication Process**). The role of the Chair of a formal hearing may entail several challenging actions, including:

- Ruling on objections to evidence before and during the hearing in consultation with Counsel;
- Participating in the negotiation of Consent Orders;
- Intervening in questioning, as needed, to avoid repetition or inappropriate questions;
- Weighing the advice given by Counsel while remaining cognizant of the public nature of the proceeding;
- Assuring that all Board members and the Respondent are provided with appropriate opportunity to participate in the proceedings.
- In the course of deliberations, the Chair must be able to facilitate discussion among Board members, playing a particularly important role in helping to resolve conflicts during those discussions.

Additionally, the President (and Vice-Presidents in addition, or in the President's absence), fulfills a number of other roles which include but are not limited to:

- Preserve Order and Conduct all business meetings according to parliamentary rules, Administrative Process Act and other applicable law and regulations
- Utilize board meeting script and follow advice of Board Counsel regarding procedural matters.
- Ensure availability for Board Week on the odd months of the year, presiding at Formal Hearings on Tuesdays or Thursdays and every Wednesday.
- Interact collaboratively with Executive Director
- Refer Public inquiries regarding regulatory matters and request for speaking engagements to Executive Director.
- Call Special Meetings
- Appoint all Committees to include SCC's, Standing Committees, and Ad Hoc Committees. ( exception is Nominating Committee)
- Appoint Annually Members of Joint Boards of Nursing and Medicine
- Preside over Formal Hearings
- Assign Mentors for New Board Members
- Determine Board member attendance at NCSBN meetings
- Determine in conjunction with Executive Director Board member attendance at Interagency and Professional Association meetings as necessary.
- Represent the Board in meetings with the Director of the Agency, outside entities and the Secretary's office as made aware by Executive Director.
- Seek Advice of Board Counsel
- Review and act upon non routine licensure, certification and registration applications weekly.
- Enter Consent Orders for Suspension and Revocation following action by the full Board
- Review and approve drafts of Prehearing Consent Orders related to Formal hearings
- Consider and act upon requests for continuances related to Formal Hearings
- Consider and rule upon respondent, APD and Attorney objections and request for telephone testimony prior to Formal Hearings, following advice from legal counsel.
- Consult with Executive Director regarding content and ordering of Business meeting agenda.
- Communicate with Executive Director regarding any staff concerns for the Executive Director to act upon.
- Communicate directly with Board Members individually or as a group regarding any issues related to Board Member Conduct.

**Virginia Board of Nursing -- Informal Conference Schedule**

*January-June 2023*

\*Chairperson

**D5**

Special Conference Committee A Cynthia Swineford, RN, MSN, CNE * Helen M. Parke, NP, DNP			Special Conference Committee B Felisa Smith, RN, MSA, MSN / Ed, CNE, PhD * Margaret Friedenberg, Citizen Member			Special Conference Committee C Tucker Gleason, PhD, Citizen Member* Laurie Buchwald, MSN, WHNP, FNP													
Special Conference Committee D Meenakshi Shah, BA, RN* Dixie McElfresh, LPN			Special Conference Committee E Yvette Dorsey, DNP, RN *			Special Conference Committee F James Hermansen-Parker, MSN, RN, PCCN-K* Carol A. Cartte, RN													
DATE			SCC / AG SUB	STAFF	CASES	MEETING ROOM	WAITING ROOM	BON STAFF	LMT ABM										
Thursday	Jan 5	2023	AgSub-LH	CR	NSG/RMA/CNA	TR1	HR5	CS											
Monday	Jan 9	2023	AgSub-PS	RH	LNP/NSG	TR1	HR5	TC											
Tuesday	Jan 10	2023	AgSub-TM	FI	NSG/RMA/CNA	TR1	HR5	FV											
Monday	Jan 30	2023	AgSub-KM	PD	NSG/RMA/CNA	TR1	HR5	SC											
Thursday	Feb 2	2023	SCC-A	CR	NSG/RMA/CNA	TR1	HR5	LG											
Monday	Feb 6	2023	SCC-D	CB	LMT	TR1	HR5	CH	DH										
Tuesday	Feb 7	2023	AgSub-TM	FI	NSG/RMA/CNA	TR1	HR5	CS											
Wednesday	Feb 8	2023	AgSub-PS	RH	LNP/NSG	TR1	HR5	TC											
Monday	Feb 13	2023	SCC-F	CR	NSG/RMA/CNA	TR1	HR5	CH											
Wednesday	Feb 15	2023	SCC-B	CR	NSG/RMA/CNA	TR1	HR5	FS											
Thursday	Feb 16	2023	AgSub-LH	CM	NSG/RMA/CNA	TR2	HR6	SC											
Wednesday	Feb 22	2023	EDUC IFC	JW				BY											
Wednesday	Feb 22	2023	JB MTG	RH	LNP	BR4		TC											
Thursday	Feb 23	2023	SCC-C	CR	Applicant	BR1	HR1	LG											
Monday	Feb 27	2023	AgSub-KM	PD	NSG/RMA/CNA	TR1	HR5	CS											
Tuesday	March 7	2023	AgSub-TM	FI	NSG/RMA/CNA	TR1	HR5	SC											
Thursday	March 9	2023	AgSub-LH	CR	NSG/RMA/CNA	TR1	HR5	FV											
Monday	March 27	2023	AgSub-KM	PD	NSG/RMA/CNA	TR1	HR5	LG											
Thursday	March 30	2023	AgSub-PS	RH	LNP/NSG	TR1	HR5	TC											
Tuesday	April 4	2023	AgSub-PS	RH	LNP/NSG	TR1	HR5	TC											
Monday	April 10	2023	SCC-D	CM	Applicant	BR1	HR1	CH											
Tuesday	April 11	2023	AgSub-TM	FI	NSG/RMA/CNA	TR1	HR5	SC											
Wednesday	April 12	2023	AgSub-LH	CR	NSG/RMA/CNA	TR1	HR5	CS											
Monday	April 17	2023	SCC-F	CB	LMT	TR1	HR5	CH	EO										
Tuesday	April 18	2023	EDUC IFC	JW				BY											
Wednesday	April 19	2023	SCC-B	CR	NSG/RMA/CNA	TR1	HR5	SC											
Thursday	April 20	2023	SCC-A	CR	NSG/RMA/CNA	BR1	HR1	FV											
Wednesday	April 26	2023	JB MTG	RH	LNP	BR2		TC											
Thursday	April 27	2023	SCC-C	CR	NSG/RMA/CNA	BR1	HR1	LG											
Wednesday	May 3	2023	AgSub-PS	RH	LNP/NSG	TR1	HR5	TC											
Tuesday	May 9	2023	AgSub-TM	FI	NSG/RMA/CNA	TR1	HR5	CS											
Thursday	May 11	2023	AgSub-LH	CR	NSG/RMA/CNA	TR1	HR5	FV											
Tuesday	May 30	2023	AgSub-KM	PD	NSG/RMA/CNA	TR1	HR5	SC											
Thursday	June 1	2023	SCC-A	CM	Applicant	TR1	HR5	CH											
Monday	June 5	2023	SCC-D	CR	NSG/RMA/CNA	TR1	HR5	LG											
Monday	June 5	2023	SCC-F	CM	NSG/RMA/CNA	BR3	HR6	CS											
Tuesday	June 6	2023	AgSub-TM	FI	NSG/RMA/CNA	TR1	HR5	FV											
Wednesday	June 7	2023	AgSub-PS	RH	LNP/NSG	TR1	HR5	TC											
Thursday	June 8	2023	AgSub-LH	CR	NSG/RMA/CNA	TR2	HR6	SC											
Wednesday	June 14	2023	JB MTG	RH	LNP	BR2		TC											
Thursday	June 15	2023	SCC-C	CB	LMT	TR1	HR5	CH	SP										
Wednesday	June 21	2023	SCC-B	CR	NSG/RMA/CNA	TR1	HR5	CS											
Tuesday	June 20	2023	EDUC IFC	JW				BY											
Monday	June 26	2023	AgSub-KM	PD	NSG/RMA/CNA	TR1	HR5	LG											
<b>BON AGENCY SUBs</b>			TM – Trula Minton	KM - Kelly McDonough	PS-Pat Selig	LH-Louise Hershkowitz													
<b>BON STAFF</b>			JD – Jay Douglas	PD – Pat Dewey	RH – Robin Hills	JW – Jacquelyn Wilmoth	CM – Claire Morris	FI – Francesca Iyengar	CB-Christina Bargdill	CR – Charlette Ridout									
<b>BON SUPPORT STAFF</b>			LG – Lakisha Goode	BY – Beth Yates	TC-Tamika Claiborne	CH – Cathy Hanchey	FV – Florence Venable	CS-Candis Stoll	HV – Huong Vu	SC – Sierra Cummings									
<b>APD STAFF</b>			JB-Julia Bennett	GS – Grace Stewart	MP – Michael Parsons	CA-Christine Andreoli	LA-Lisa Armstrong	CC – Christine Corey	AJ-Anne Joseph	RS-Rebecca Smith	CM-Carolann McNicol	DK – David Kazzie	TJ – Tammie Jones	CF-Claire Foley	SP-Scott Pearl	MW- Mandy Wilson	DR-David Robinson	RR-Rebecca Ribley	LP-Lori Pound
<b>OTHERS – MT Adv Bd</b>			DH – Dawn Hogue		EO- Erin Osiol		SP- Shawnte Peterson		MO-Maria Olivieri										



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## COMMONWEALTH of VIRGINIA

Arne W. Owens  
Director

Department of Health Professions  
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9960 Mayland Drive, Suite 300  
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[www.dhp.virginia.gov](http://www.dhp.virginia.gov)  
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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: Jacquelyn Wilmoth, RN, MSN  
Deputy Executive Director

Date: November 9, 2022

Subject: 2021 NCSBN Nursing Education Annual Report Data Summary

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Virginia Board of Nursing has participated in the NCSBN Annual Report since its inception in 2020.

Attached is a summary of the results that includes responses to the questions provided by board members.

The Board continues to have the opportunity to recommend additional questions for the NCSBN survey to obtain data that is not collected in the regulatory required annual report.

### Programs Completion Rates

**87 (61.3%) programs in the Commonwealth completed the optional report**

**27 Practical Nursing Programs**

**26 Associate's Programs**

**23 Baccalaureate Programs**

**2 Masters Entry**

**11 Accelerated Bachelor's Programs**

**\*some programs identified and completed survey for multiple program types**

### ESL Services

**31 (36%) programs offer resources for ESL students to practice reading, listening, speaking and writing**

### Errors/Near Misses in Clinical

**72 (83%) programs have formal remediation in place for students who commit errors/near misses in their clinical experiences**

### NCSBN Quality Indicators

- 1. Accreditation**
- 2. Younger than 7 years**
- 3. Less than 50% direct client care**
- 4. Director Turnover**
- 5. Percentage of FTE Faculty ( $\geq 35\%$ )**

**\*Programs younger than 7 years may need additional oversight**

### ACCREDITATION

**28 programs do not hold national nursing accreditation**

### PROGRAM AGE

**10 of the programs are younger than 7 years**

### PROGRAM LEADERSHIP

**25 programs have a new program director in the last year**

**11 programs have a new assistant/associate director in the last year**

**12 programs have had 4 or more program directors in the past 5 years**

**19 programs have had 3 program directors in the past 5 years**

**10 programs have program directors who have administrative responsibilities over allied health programs in addition to nursing.**

**32 nursing programs have an assistant/associate director**

**21 programs do not have dedicated administrative support**

### DIRECT CLIENT CARE

**All programs have >50% direct client care**

### FACULTY

**22 programs have less than 35% full-time (37.5 hours) faculty**

**11 programs do not offer formal orientation for adjunct faculty**  
**15 programs do not offer formal orientation for part-time faculty**  
**2 programs do not offer formal orientation for full time faculty**  
**7 programs do not offer formal mentoring for new full-time faculty**

#### SUMMARY OF QUALITY INDICATORS

**3 programs do not meet 3 of the quality indicators**  
**14 programs do not meet 2 of the quality indicators**

### AGGREGATE DATA 2020-2021

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**\*Not directly comparable to above data as for different time period\***

**843 programs participated in the survey (VA=12%)**

**Most programs do not provide ESL support services**

**A majority of the nursing program directors do not have administrative authority over allied health**

**Most programs provide orientation and mentoring to new faculty**

**Direct care clinical hours have been decreasing since 2010. There has been greater than 100 hour decrease since 2010 in all program types.**

**Fewer than 80% of programs offer formal remediation for near misses in clinical experiences**

# Board of Nursing Questions

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## Care of COVID-19 patients

33 (38%) of programs had students who were not permitted to care for COVID-19 patients

9 (10%) of programs had students who were not permitted to care for post COVID syndrome patients

\*clinical site policy prevented

## VETERANS

11 programs offer advanced standing for veterans

19 programs offer incentives to veterans for enrolling

Including: scholarships, waived application fee, tuition reduction

## REMEDIAL SERVICES

39 (45%) of programs offer remedial services to graduates who are unsuccessful on NCLEX

## SIMULATION

53 (61%) of programs increased simulation in 2021 in response to the pandemic

50 programs had 1-25% virtual simulated experiences in 2021

16 programs had 26-50% virtual simulated experiences in 2021

64 programs have 1-25% of their total clinical hours as simulation (post pandemic)

49 programs have 1-25% virtual simulated clinical experiences (post pandemic)

## WORKFORCE

12 (14%) programs increased admissions to enhance workforces in the last 2 years

## FACULTY RESIGNATION

66 programs had no faculty resignations due to COVID since March 2020

**Board of Nursing**  
**Current Regulatory Actions**  
**As of October 20, 2022**

VAC	Stage	Subject Matter	Date submitted*	Office; time in office**	Notes
18VAC90-70	Proposed	New regulations for licensed certified midwives	8/18/2022	HHR; 16 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	3/24/2022	DPB; 15 days	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	9/15/2022	OAG; 35 days	Implements changes to existing regulations regarding CNS practice agreements.



**Agenda Item: Guidance Document 90-22 – *Requests for Accommodations for Nurse, Nurse Aide and Medication Aide Testing***

**Included in your agenda package:**

- Version of changes requested by staff for 90-22
- Clean version of revised 90-22

**Action needed:**

- Motion to revise Guidance Document 90-22 as presented

## Virginia Board of Nursing

### Requests for Accommodations for ~~NCLEX, and NNAAP Nurse, Nurse Aide and Medication Aide~~ Testing ~~and~~ ~~Medication Aide Examination for Registration~~

~~Only~~ Physical or mental impairments that substantially limit one or more major life activities are considered disabilities subject to protection ~~of~~ under the Americans with Disabilities Act (ADA).

“Major life activities” include walking, standing, sitting, seeing, hearing, speaking, breathing, eating, sleeping, reaching, lifting, bending, learning, reading, concentrating, thinking, writing, communication, interacting with others, working, caring for oneself, and performing manual tasks.

~~An individual with a disability may~~ Requests request for accommodations for testing. ~~In order to request accommodations, the individual with a disability should submit the following -should be directed to the Virginia Board of Nursing:; Nursing Education Consultant or Deputy Executive Director, and must include the following:~~

1. A letter of request from the candidate that specifies the testing accommodations being requested;

#### AND AT LEAST ONE OF THE FOLLOWING:

2. A written statement from the Program Director (or designee) of the nursing, nurse aide, or medication aide education program which describes any testing accommodations made while the student was enrolled in the program; or
3. Proof of previous testing accommodations under an Individualized Education Program or a Section 504 Plan; or
4. Proof of private school testing accommodations received under a formal policy; or
5. Proof of previous testing accommodations in similar test settings on a similar standardized exam or high-stakes test; or
- A written report of an individualized assessment of the candidate from a qualified professional evaluation (educational, psychological, or physical) within the preceding two years from a qualified professional which that states a diagnosis of the
  6. disability, describes the disability, and recommends specific accommodations;
    - This evaluation report from a qualified professional should include an individualized assessment of the candidate, a professionally recognized diagnosis of the disability, and, if the qualified professional deems it necessary, identification of the standardized and professionally recognized tests/assessments given ~~(e.g. Woodcock-Johnson, Wechsler Adult Intelligence Scale, Audiology Assessment, Comprehensive Eye Exam);~~
    - If testing was completed more than two years prior to this request, the qualified professional should a physician or psychologist must provide a summary stating

why current testing is not needed (e.g. the disability does not change over time and new testing would not reveal new information);

- ~~The scores resulting from testing, interpretation of the scores, and evaluations; and~~
- The Specific recommendations for testing accommodations with a stated rationale as to why the requested accommodation is necessary and appropriate for the diagnosed disability;

The Board delegates to board staff the authority to approve requests for accommodation.

If the request for accommodation is granted, the information will be forwarded to ~~either the National Council of State Boards of Nursing (NCLEX) or to Pearson VUE (NNAAP) or PSI Exam (for Registered Medication Aides)~~ the testing company for their review and approval.

Candidates will be notified ~~in writing~~ whether the accommodation is granted or denied.

Originally adopted: July 21, 2009

## Virginia Board of Nursing

### Requests for Accommodations for Nurse, Nurse Aide and Medication Aide Testing

Physical or mental impairments that substantially limit one or more major life activities are considered disabilities subject to protection under the Americans with Disabilities Act (ADA).

“Major life activities” include walking, standing, sitting, seeing, hearing, speaking, breathing, eating, sleeping, reaching, lifting, bending, learning, reading, concentrating, thinking, writing, communication, interacting with others, working, caring for oneself, and performing manual tasks.

An individual with a disability may request accommodations for testing. In order to request accommodations, the individual with a disability should submit the following to the Virginia Board of Nursing:

1. A letter of request from the candidate that specifies the testing accommodations being requested;

AND AT LEAST ONE OF THE FOLLOWING:

2. A written statement from the Program Director (or designee) of the nursing, nurse aide, or medication aide education program which describes any testing accommodations made while the student was enrolled in the program; *or*
3. Proof of previous testing accommodations under an Individualized Education Program or a Section 504 Plan; *or*
4. Proof of private school testing accommodations received under a formal policy; *or*
5. Proof of previous testing accommodations in similar test settings on a similar standardized exam or high-stakes test; *or*
6. A written report of an individualized assessment of the candidate from a qualified professional that states a diagnosis of the disability, describes the disability, and recommends specific accommodations.
  - This report from a qualified professional should include an individualized assessment of the candidate, a professionally recognized diagnosis of the disability, and, if the qualified professional deems it necessary, identification of the standardized and professionally recognized tests/assessments given;
  - If testing was completed more than two years prior to this request, the qualified professional should provide a summary stating why current testing is not needed (e.g. the disability does not change over time and new testing would not reveal new information); and
  - Specific recommendations for testing accommodations with a stated rationale as to why the requested accommodation is necessary and appropriate for the diagnosed disability.

Guidance document: 90-22

Revised: \_\_\_\_\_, 2022  
May 21, 2013

The Board delegates to board staff the authority to approve requests for accommodation.

If the request for accommodation is granted, the information will be forwarded to the testing company for their review and approval.

Candidates will be notified whether the accommodation is granted or denied.

Originally adopted: July 21, 2009

**Agenda Item: Guidance Document 90-54: Agency subordinates****Included in your agenda package:**

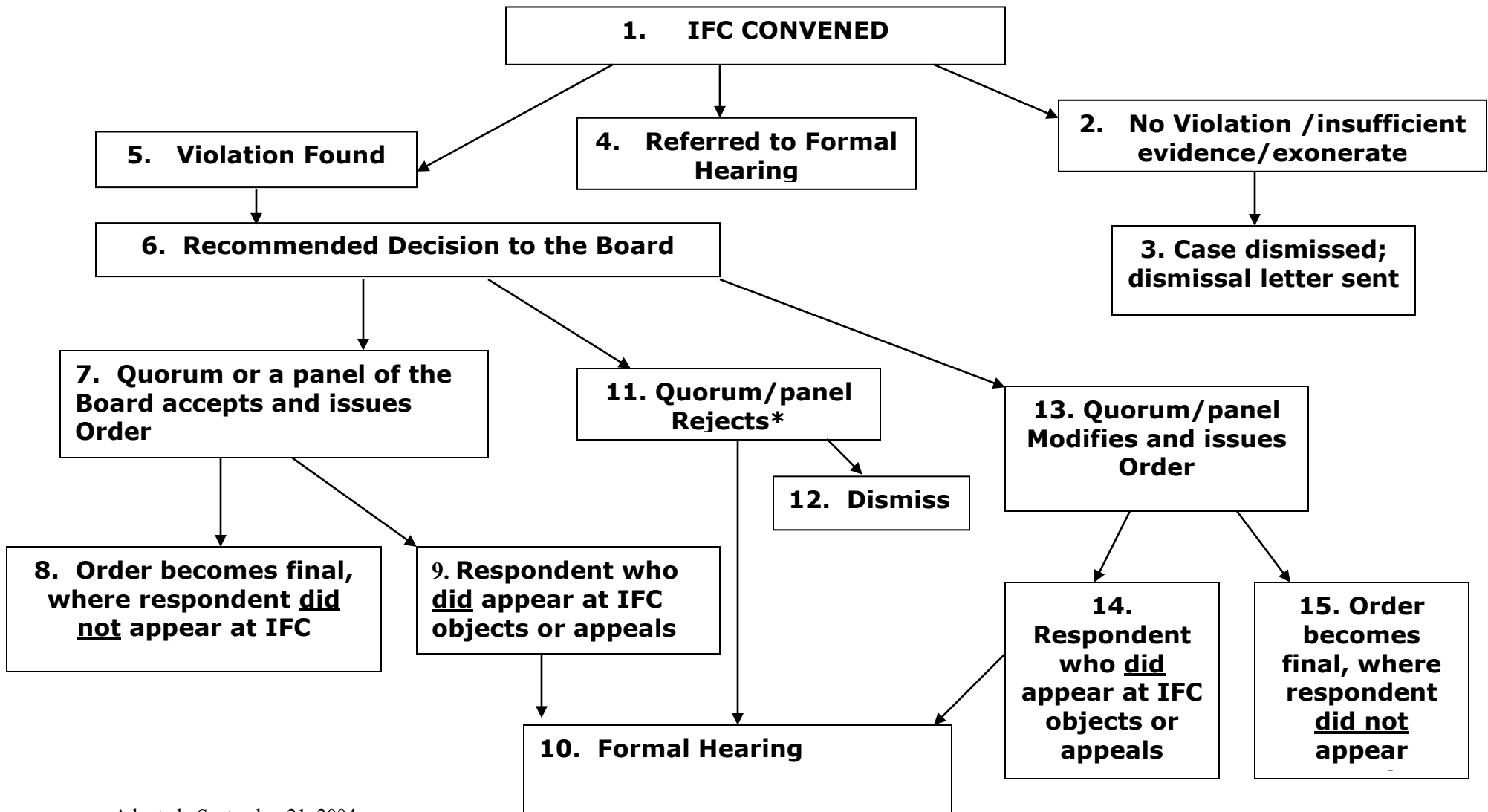
- Guidance Document 90-54

**Staff Note:** DHP adopted guidance document 76-10.01 which applies to the whole agency. Individual board guidance documents are not needed.

**Action needed:**

- Motion to repeal Guidance Document 90-54.

## Guidance for Conduct of an Informal Conference by an Agency Subordinate of a Health Regulatory Board at the Department of Health Professions



## **Narrative explanation of Flow Chart on Delegation to an Agency Subordinate**

*This describes the process in which an Agency Subordinate (“subordinate”) hears a case at an informal conference up to a case that may be referred to a formal hearing.*

1. Pursuant to a notice, the designated subordinate will convene the informal conference (“IFC”). An IFC before a subordinate is conducted in the same manner as an IFC before a committee of the board. Following the presentation of information by the parties, the subordinate will consider the evidence presented and render a recommended decision within 90 days regarding the findings of fact, conclusions of law, and if appropriate, the sanction to be imposed.
2. The subordinate may recommend that the respondent be exonerated, that there be a finding of no violation, or that insufficient evidence exists to determine that a statutory and/or regulatory violation has occurred.
  3. If the subordinate makes such a finding, the case is dismissed and a dismissal letter is issued to the respondent notifying him of the determination.
4. The subordinate may decide that the case should be referred to a formal hearing. A hearing before the board would then be scheduled and notice sent to the respondent.
5. The subordinate may determine that a violation has occurred and recommend the findings of fact and conclusions of law along with an appropriate sanction.
  6. With the assistance of APD, the subordinate drafts a recommended decision, which includes the findings of fact, conclusions of law and sanction. The recommendation is provided to the respondent and to the board and must be ratified by a quorum of the board or a panel consisting of at least five members of the board.
    - If the respondent appeared at the IFC, a copy of the Sanction Reference Point Worksheet completed pursuant to Guidance Document #90-7 will be provided to the respondent along with the recommended decision of the subordinate. The respondent has the opportunity to appear and respond in person to the recommended findings of fact, conclusions of law, and recommended sanction when considered by the board, or the respondent may respond in writing.”



- If the respondent did not appear at the IFC, a copy of the Sanction Reference Point Worksheet completed pursuant to Guidance Document #90-7 will not be provided to the respondent. The respondent will not be afforded the opportunity to appear, but may respond only in writing to the recommended findings of fact, conclusions of law, and recommended sanction when considered by the board.
- No new or additional information will be accepted during agency subordinate recommendation consideration by the board. If responding to the recommended decision in person or in writing, the respondent is limited to providing a response to the recommended findings of fact, the recommended conclusions of law, and recommended sanction, if any. If appearing in person, the respondent is allotted five minutes to respond.

7. If the quorum or panel of the board accepts the recommended decision and:

**8.** If the respondent did not appear at the IFC, the board's decision becomes a final order that can only be appealed to a circuit court; or

**9-10.** If the respondent did appear at the IFC and objects to and appeals the order, he may request a formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.

**11.** A quorum or panel of the board may reject the recommended decision of the subordinate, in which case:

The quorum/panel may decide to refer the case for a formal hearing **(10)**; or the quorum/panel may decide to dismiss the case and a dismissal letter is issued to the respondent notifying him of the decision of the board **(12)**.\*

\* However, upon exception and advice of counsel, the Board may refer a case back to an IFC when there is a concern regarding the Board having provided adequate notice to the respondent prior to the IFC.

**13.** A quorum or panel of the board may modify the subordinate's recommended decision and issue an order reflecting the modified decision to the respondent.

**15.** If the respondent did not appear at the informal conference, then the board's decision becomes a final order that can only be appealed to a circuit court.

**14-10.** If the respondent did appear at the informal conference and objects to and appeals the order, he may request a formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.

**Agenda Item: Guidance Document 90-56 – *Licensed Nurse Practitioner Practice Agreement***

**Included in your agenda package:**

- Tracking version of changes requested by staff for 90-56
- Clean version of revised 90-56

**Action needed:**

- Motion to revise Guidance Document 90-56 as presented

## Practice Agreement Requirements for Licensed Nurse Practitioners (Advanced Practice Registered Nurses)

~~Revised by the Board of Nursing—July 20, 2021~~

~~Adopted by the Board of Medicine—~~

### KEY POINTS:

- Certified Registered Nurse Anesthetist (“CRNA”) – A practice agreement is *not* required for nurse practitioners licensed in the category of CRNA. The CRNA practices under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry.
- Certified Nurse Midwife (“CNM”) – **Prior to completion of 1,000 practice hours, a nurse practitioner licensed in the category of CNM must enter into a** practice agreement is ~~required~~ with either a CNM who has practiced for at least two years or a licensed physician for nurse practitioners licensed in the category of CNM prior to completion of 1,000 practice hours.
- Clinical Nurse Specialist (“CNS”) – A **nurse practitioner licensed in the category of CNS and who prescribes controlled substances must enter into a** practice agreement with a licensed physician. ~~is required for nurse practitioners licensed in the category of CNS~~
- Nurse Practitioner (“NP”) – A **nurse practitioner with less than 5 years of clinical experience must enter into** a practice agreement with a patient care team physician ~~is required for nurse practitioners with less than 2 years of clinical experience; **this requirement** does not apply to NPs in the categories of CNM, CRNA, or CNS.~~
- Nurse practitioners who are required to have a practice agreement are responsible for maintaining the practice agreement and making it available for review by the Board of Nursing upon request.
- Practice agreements do *not* need to be submitted to the Board of Nursing to obtain or renew the professional license.

### ~~FURTHER STATUTORY DETAILS:~~ **Applicable statutes by category:**

#### ~~CNM – §§54.1-2957(H) and 54.1-2957.01(G)~~

~~A CNM who has practiced fewer than 1,000 hours shall practice in consultation through a practice agreement with a CNM who has practiced for at least two years prior to entering into the practice agreement or a licensed physician.~~

- ~~The~~ **A practice agreement entered into between a CNM and a CNM with more than 2 years of experience or a licensed physician must** ~~practice agreement shall~~ address the availability of the consulting CNM or the licensed physician for routine and urgent consultation on patient care. **(Va. Code § 54.1-2957(H).)**
- If the CNM will prescribe, the practice agreement ~~shall~~ **must** include the parameters of such prescribing of Schedules II through VI controlled substances. **(Va. Code § 54.1-2957.01(G).)**
- **Virginia Code § 54.1-2957(H) describes the requirements for CNMs to practice without a practice agreement.**

Requirements for CNM autonomous practice can be found in ~~§ 54.1-2957(H)~~

CNS ~~—§§ 54.1-2957(J) and 54.1-2957.01(GB)~~

A CNS who **prescribes controlled substances** shall practice in consultation with a licensed physician in accordance with a practice agreement

- **A practice agreement entered into between a CNS and a licensed physician must** ~~The practice agreement shall~~ address the availability of the physician for routine and urgent consultation on patient care. **(Va. Code §§ 54.1-2957(J).)**
- If the CNS will prescribe, the practice agreement shall **must** include the parameters of such prescribing of Schedules II through V controlled substances. **(Va. Code § 54.1-2957.01(B).)**
- ~~Inclusion of the prescribing of Schedule VI controlled substances is not required in the practice agreement.~~

NOTE: ~~There are no conditions in Virginia Code under which a CNS may practice without a practice agreement~~

NP ~~—§§ 54.1-2957(C) & (D) and 54.1-2957.01(B)~~

~~An NP not qualified for autonomous practice shall maintain appropriate collaboration and consultation with at least one patient care team physician, as evidenced in a written or electronic practice agreement which is periodically reviewed and revised. The practice agreement shall~~ **A nurse practitioner with less than 5 years of clinical experience must enter into a practice agreement with a patient care team physician as defined in Va. Code § 54.1-2900. Pursuant to Virginia Code §§ 54.1-2957(C), (D) and 54.1-2957.01(B), when a practice agreement is required for NP practice, it must** include:

- Provisions for the periodic review of health records by the patient care team physician and may include provisions for visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team;
  - Provisions for appropriate input from health care providers in complex clinical cases and patient emergencies and for referrals;
  - Categories of drugs and devices that may be prescribed;
  - Guidelines for availability and ongoing communications that provide for and define consultation among the collaborating parties and the patient;
  - Provisions for periodic joint evaluation of services provided;
  - Provisions for periodic review and revision of the practice agreement; and
  - The signature of the patient care team physician or the name of the patient care team physician clearly stated.
  - **Virginia Code § 54.1-2957(I) describes the requirements for NP autonomous practice.**
- Requirements for NP autonomous practice can be found in ~~§ 54.1-2957(I)~~

## **Practice Agreement Requirements for Licensed Nurse Practitioners (Advanced Practice Registered Nurses)**

### **KEY POINTS:**

- Certified Registered Nurse Anesthetist (“CRNA”) – A practice agreement is *not* required for nurse practitioners licensed in the category of CRNA. The CRNA practices under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry.
- Certified Nurse Midwife (“CNM”) – Prior to completion of 1,000 practice hours, a nurse practitioner licensed in the category of CNM must enter into a practice agreement with either a CNM who has practiced for at least two years or a licensed physician.
- Clinical Nurse Specialist (“CNS”) – A nurse practitioner licensed in the category of CNS and who prescribes controlled substances must enter into a practice agreement with a licensed physician.
- Nurse Practitioner (“NP”) – A nurse practitioner with less than 5 years of clinical experience must enter into a practice agreement with a patient care team physician; this requirement does not apply to NPs in the categories of CNM, CRNA, or CNS.
- Nurse practitioners who are required to have a practice agreement are responsible for maintaining the practice agreement and making it available for review by the Board of Nursing upon request.
- Practice agreements do *not* need to be submitted to the Board of Nursing to obtain or renew the professional license.

### **Applicable statutes by category:**

#### **CNM**

- A practice agreement entered into between a CNM and a CNM with more than 2 years of experience or a licensed physician must address the availability of the consulting CNM or the licensed physician for routine and urgent consultation on patient care. (Va. Code § 54.1-2957(H).)
- If the CNM will prescribe, the practice agreement must include the parameters of such prescribing of Schedules II through VI controlled substances. (Va. Code § 54.1-2957.01(G).)
- Virginia Code § 54.1-2957(H) describes the requirements for CNMs to practice without a practice agreement.

## CNS

A CNS who prescribes controlled substances shall practice in consultation with a licensed physician in accordance with a practice agreement.

- A practice agreement entered into between a CNS and a licensed physician must address the availability of the physician for routine and urgent consultation on patient care. (Va. Code §§ 54.1-2957(J).)
- If the CNS will prescribe, the practice agreement must include the parameters of such prescribing of Schedules II through V controlled substances. (Va. Code § 54.1-2957.01(B).)

## NP

A nurse practitioner with less than 5 years of clinical experience must enter into a practice agreement with a patient care team physician as defined in Va. Code § 54.1-2900. Pursuant to Virginia Code §§ 54.1-2957(C), (D) and 54.1-2957.01(B), when a practice agreement is required for NP practice, it must include:

- Provisions for the periodic review of health records by the patient care team physician and may include provisions for visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team;
  - Provisions for appropriate input from health care providers in complex clinical cases and patient emergencies and for referrals;
  - Categories of drugs and devices that may be prescribed;
  - Guidelines for availability and ongoing communications that provide for and define consultation among the collaborating parties and the patient;
  - Provisions for periodic joint evaluation of services provided;
  - Provisions for periodic review and revision of the practice agreement; and
  - The signature of the patient care team physician or the name of the patient care team physician clearly stated.
- Virginia Code § 54.1-2957(I) describes the requirements for NP autonomous practice.

**VIRGINIA BOARD OF NURSING  
EDUCATION SPECIAL CONFERENCE COMMITTEE  
Tuesday, November 1, 2022**

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  
Felisa A. Smith, PhD, MSA, RN, CNE
- STAFF PRESENT:** Jay Douglas, MSM, RN, CSAC, FRE, Executive Director  
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  
Grace Stewart, Adjudication Specialist  
Beth Yates, Education Program Specialist
- PUBLIC COMMENT:** There was no public comment.
- CLINICAL EXCEPTION REQUESTS**
- ACTION:** Ms. Wilmoth presented on behalf of Bluefield College, registered nursing program, a request to conduct more than 20% of their total clinical hours out of state.
- Dr. Smith moved to recommend approval of Bluefield College, registered nursing program, exception request to conduct more than 20% of their clinical out of state and require the program to submit reports to the Board regarding out of state clinical experiences.
- The motion was seconded and carried unanimously.
- This recommendation will be presented to the full Board on November 15, 2022.
- ACTION:** Ms. Wilmoth presented on behalf of Mountain Empire Community College, registered nursing program, a request to conduct more than 20% of clinical hours out of state.
- Dr. Smith moved to recommend approval of Mountain Empire Community College, registered nursing program, exception request to conduct more than 20% of their clinical out of state and require the program to submit reports to the Board regarding out of state clinical experiences.
- The motion was seconded and carried unanimously.
- This recommendation will be presented to the full Board on November 15, 2022.



Ms. Wilmoth presented on behalf of Southwest Virginia Community College, registered nursing program, a request to conduct more than 20% of clinical hours out of state.

**ACTION:**

Dr. Smith moved to recommend approval of Southwest Virginia Community College, registered nursing program, exception request to conduct more than 20% of their clinical out of state and require the program to submit reports to the Board regarding out of state clinical experiences.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on November 15, 2022.

Ms. Wilmoth presented on behalf of Virginia Highland Community College, practical nursing program, a request to conduct more than 20% of clinical hours out of state.

**ACTION:**

Dr. Smith moved to recommend approval of Virginia Highland Community College, practical nursing program, exception request to conduct more than 20% of their clinical out of state and require the program to submit reports to the Board regarding out of state clinical experiences.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on November 15, 2022.

Ms. Wilmoth presented on behalf of Virginia Highland Community College, registered nursing program a request to conduct more than 20% of clinical hours out of state.

**ACTION:**

Dr. Smith moved to recommend approval of Virginia Highland Community College, registered nursing program, exception request to conduct more than 20% of their clinical out of state and require the program to submit reports to the Board regarding out of state clinical experiences.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on November 15, 2022.

**ADDITIONAL INFORMATION CONSIDERED:**

Dr. Smith 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 10:15 a.m. for the purpose of consideration of a compliance case regarding a practical nursing program. Additionally, Dr. Smith moved that, Ms. Douglas, Dr. Mangrum, 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 consideration.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 10:25 a.m.

Dr. Smith 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.

Ms. Stewart joined the meeting at 10:26 a.m.

**INFORMAL CONFERENCES:**

**Superior Healthcare Services, Inc. Woodbridge, Nurse Aide Education Program, 1414100753**

Musa Bangura, RN, program coordinator, was present to represent the program.

Dr. Smith 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 12:14 p.m. for the purpose of deliberation to reach a decision in the matter of Superior Healthcare Services, Inc., Nurse Aide Education Program. Additionally, Dr. Smith moved that, Ms. Douglas, Dr. Mangrum, Ms. Stewart 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 12:42 p.m.

Dr. Smith 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. Smith moved to recommend that the approval to operate a nurse aide education program at Superior Healthcare Services, Inc. be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 24, 2023.

**Park Street Senior Living, Charlottesville, Medication Aide Training Program, 0030000289**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Ms. Swineford ruled that adequate notice was provided to Park Street Senior Living.

**ACTION:**

Dr. Smith moved to recommend that approval to operate a medication aide program at Park Street Senior Living be withdrawn.  
The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 24, 2023.

**Park View Pharmacy, Harrisonburg, Medication Aide Training Program, 0030000019**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Ms. Swineford ruled that adequate notice was provided to Park View Pharmacy.

**ACTION:**

Dr. Smith moved to recommend that approval to operate a medication aide program at Park View Pharmacy be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 24, 2023.

**Pineview Estates, Medication Aide Training Program, 0030000059**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Ms. Swineford ruled that adequate notice was provided to Pineview Estates.

**ACTION:**

Dr. Smith moved to recommend that approval to operate a medication aide program at Pineview Estates be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 24, 2023.

**Portside Pharmacy, Newport News, Medication Aide Training Program, 0030000008**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Ms. Swineford ruled that adequate notice was provided to Portside Pharmacy.

**ACTION:**

Dr. Smith moved to recommend that approval to operate a medication aide program at Portside Pharmacy be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 24, 2023.

**Progress Pharmacy, Chantilly, Medication Aide Training Program, 0030000065**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Ms. Swineford ruled that adequate notice was provided to Progress Pharmacy.

**ACTION:**

Dr. Smith moved to recommend that approval to operate a Medication Aide Training Program at Progress Pharmacy be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 24, 2023.

**Providers Plus, Chesapeake, Medication Aide Training Program, 0030000141**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Ms. Swineford ruled that adequate notice was provided to Providers Plus.

**ACTION:**

Dr. Smith moved to recommend that approval to operate a Medication Aide Training Program at Providers Plus be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 24, 2023.

**Rolling Hills Adult Home, Medication Aide Training Program, 0030000058**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Ms. Swineford ruled that adequate notice was provided to Rolling Hills Adult Home.

**ACTION:**

Dr. Smith moved to recommend that approval to operate a Medication Aide Training Program at Rolling Hills Adult Home be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 24, 2023.

**Royal Career Institute, Goochland, Medication Aide Training Program, 0030000210**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Ms. Swineford ruled that adequate notice was provided to Royal Career Institute.

**ACTION:**

Dr. Smith moved to recommend that approval to operate a Medication Aide Training Program at Royal Career Institute be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 24, 2023.

**Shelton-on-The Bay, Hampton, Medication Aide Training Program, 0030000128**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Ms. Swineford ruled that adequate notice was provided to Shelton-on-The Bay.

**ACTION:**

Dr. Smith moved to recommend that approval to operate a Medication Aide Training Program at Shelton-on-The Bay be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 24, 2023.

**South Central Area Health, Altavista, Medication Aide Training Program, 0030000078**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Ms. Swineford ruled that adequate notice was provided to South Central Area Health.

**ACTION:** Dr. Smith moved to recommend that approval to operate a Medication Aide Training Program at South Central Area Health be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 24, 2023.

**Tidewater Nursing Institute, Norfolk, Medication Aide Training Program, 0030000203**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Ms. Swineford ruled that adequate notice was provided to Royal Career Institute.

**ACTION:** Dr. Smith moved to recommend that approval to operate a Medication Aide Training Program at Royal Career Institute be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 24, 2023.

**Wanda Folden, Roanoke, Medication Aide Training Program, 0030000127**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Ms. Swineford ruled that adequate notice was provided to Wanda Folden.

**ACTION:** Dr. Smith moved to recommend that approval to operate a Medication Aide Training Program by Wanda Folden be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 24, 2023.

**Salvation Academy, Alexandria, Nurse Aide Education Program, 1414100689**

Brima Deen, program owner, and Sade Paul, office manager were present to represent the program.

Mr. Deen stated he has been out of the country and had not seen the material. He requested a continuance.

**ACTION:** Dr. Smith moved to recommend the request for a continuance be granted.

The motion was seconded and carried unanimously.

Meeting adjourned at 1:43 p.m.

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Jacquelyn Wilmoth, MSN, RN  
Deputy Executive Director

DRAFT

# Board Member Development

Review of the new SRP  
Manual

**D4** – DHP Policy 76-20-01 –  
*Communication with the  
media*

2014 General Guideline for  
Conduct of DHP Board  
Members



# **Sanctioning Reference Points Instruction Manual**

**Board of Nursing**

Adopted March 2006  
Revised March 2011  
Revised June 2013  
Revised January 2017  
Revised July 2022  
Guidance Document 90-7

Prepared for  
Virginia Department of Health Professions  
Perimeter Center  
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# Foreword

Roughly two decades ago, the Virginia Department of Health Professions approved a workplan to study sanctioning in disciplinary cases for Virginia's 13 health regulatory boards. The purpose of the study was to "...provide an empirical, systematic analysis of board sanctions for offenses and, based on this analysis, to derive reference points for board members..." The purposes and goals of the study were consistent with state statutes which specify that the Board of Health Professions (BHP) periodically review the investigatory and disciplinary processes to ensure the protection of the public and the fair and equitable treatment of health professionals.

For the Board of Nursing, VisualResearch, Inc. (VRI) collected and analyzed over 100 factors on recently sanctioned cases. The factors measured case seriousness, respondent characteristics, and prior disciplinary history. Those factors identified as consistently associated with sanctioning provided the foundation for the creation of Sanctioning Reference Points (SRPs). Using both the data and collective input from the Board of Nursing and staff, VRI analysts developed a usable set of sanction worksheets to implement the reference system.

Over the years, the SRP system has been modified to continually reflect current board practice. To make modifications, VRI relies on completed SRP worksheets, coversheets and hard copy files. The Department of Health Professions established an agency directive (76-3.2) to ensure that all respondents were scored on the worksheet in all eligible cases. These completed worksheets are the foundation for modifications made to the SRP manual. The boards receive periodic feedback on SRP agreement rates and reasons for departure from worksheet recommendations.

This most recent BON SRP manual contains updated worksheets for all professions regulated by the Board of Nursing. In addition, Licensed Massage Therapists now have a worksheet separate from other BON professions. Consequently, this new SRP manual contains various changes to the Board of Nursing's Sanctioning Reference Points system.

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# General Information

## Overview

The Virginia Board of Health Professions has spent the last 18 years studying sanctioning in disciplinary cases. This ongoing effort examines all 13 health regulatory boards. Focusing on the Board of Nursing (BON), this manual contains background on the project, the goals and purposes of the Sanctioning Reference Points (SRP) system, and revised worksheets with offense and respondent factors that are scored in order to help Board members determine how similarly situated respondents have been treated in the past.

This SRP system is based on a specific sample of cases, and thus only applies to those persons sanctioned by the Virginia Board of Nursing. Moreover, the worksheet and sanctioning thresholds have not been tested or validated on any other groups of persons. Therefore, they should not be used to sanction respondents coming before other health regulatory boards, other states, or other disciplinary bodies.

The current SRP system is comprised of a series of worksheets which score several offense and respondent factors identified using statistical analysis and built upon the Department's effort to maintain standards of practice over time.

The original BON SRP Manual was developed for the Board of Nursing by studying and evaluating respondents as two separate groups, Nurses (RN and LPN) and Certified Nurse Aides (CNA). This manual reflects the study and evaluation of four separate professions within the BON: Nurses, CNAs, Registered Medication Aides (RMA) and Licensed Massage Therapists (LMT). Several reasons for this delineation include:

- The Board of Nursing has additional adverse “Findings” available to them for sanctioning a CNA, including Findings of Abuse, Neglect, or Misappropriation of Property. When such a “Finding” is made by the Board, federal laws and regulations state that a CNA can no longer work in a federally funded long-term care facility. The functional effect is similar to losing one’s certificate, since these facilities are the primary employers of CNAs.
- It became clear, both through the interview process and through data gathering, that the profession of Massage Therapist should be on a separate worksheet from nursing professions due to differences in the functional skills required, types of cases heard, and criteria considered when making sanctioning decisions.
- RMAs continue to have a separate worksheet due to the specific case types that result from the unique RMA scope of practice.

Because of the differences in case types, variability in sanctioning, and case volume, the SRP worksheets contained in this manual are unique to each profession analyzed. Worksheets make use of different factors for scoring resulting in variability in points allocated for similar factors.

Worksheet structure across professions is consistent. Nurse, CNA, RMA and LMT worksheets all score a single case type as well as offense and respondent factors with sanctioning thresholds found at the bottom of each worksheet. Nursing SRPs are comprised of a series of three broader, case-specific worksheets where the other professions make use of a single SRP worksheet. Greater detail on use of each profession’s worksheet is included herein.

Additionally, each profession has a separate coversheet available to record the case type, recommended sanction, actual sanction, and reasons for departure (if applicable). The completed coversheets and worksheets will be evaluated as part of an on-going effort to monitor and refine the SRPs.

These instructions and the use of the SRP system fall within current DHP and BON policies and procedures. Furthermore, all sanctioning recommendations are those currently available to and used by the Board of Nursing and are specified within

existing Virginia statute. If an SRP worksheet recommendation is more or less severe than a Virginia statute or DHP regulation, the existing laws or regulations supersede the worksheet recommendation.

## **Background**

When the Board of Nursing adopted the first SRP manual in 2006, it was understood that a sanctioning system of this type was not intended to be a static document. The culture of the professions regulated by the BON changes over time as do the case types, factors related to sanctioning, and the sanctioning decisions themselves. The BON recognizes that ongoing monitoring and updating of the SRP worksheets and manual will be an inherent part of the process of consistency and fairness in sanctioning its licensees with the goal of protecting the public.

This current evaluation of the practices of the BON relied heavily on the coversheets and worksheets from recent cases that ended in violation and a great deal of Board member and staff input. The analysis resulted in changes to the manual for the BON.

## **Goals**

In 2001, the Board of Health Professions and the Board of Nursing cited the following purposes and goals for establishing SRPs:

- Making sanctioning decisions more predictable
- Providing an education tool for new Board members
- Adding an empirical element to a process/system that is inherently subjective
- Providing a resource for the BON and those involved in proceedings
- Neutralizing sanctioning inconsistencies
- Validating Board member or staff recall of past cases
- Reducing the influence of undesirable factors e.g., overall Board makeup, race, ethnic origin, etc.
- Predicting future caseloads and need for probation services and terms

## **Methodology**

The fundamental question when developing a sanctioning reference system is deciding whether the supporting analysis should be grounded in historical data (a descriptive approach) or whether it should be developed normatively (a prescriptive approach). A normative approach reflects what policymakers feel sanction recommendations should be as opposed to what they have been. SRPs can also be developed using historical data analysis with normative adjustments. This approach combines information from past practice with policy adjustments in order to achieve a more balanced outcome. Each adopted SRP manual has been based on a descriptive approach with a limited number of normative adjustments.

## **Qualitative Analysis**

Researchers conducted in-depth interviews with BON members, LMT committee members, and Board staff. Researchers also had informal conversations with representatives from the Attorney General's office and the Executive Director of the Board of Health Professions. The interview results were used to build consensus regarding the purpose and utility of SRPs and to further guide the study's analysis. Additionally, interviews helped ensure the factors that board members consider when sanctioning continued to be included during the quantitative phase of the study. Previous scoring factors, in addition to newly recognized factors, were examined for their continued relevance and sanctioning influence.

## **Quantitative Analysis**

Over 100 different factors were collected on each case to describe the case attributes Board members identified as potentially impacting sanctioning decisions. Researchers used data available through DHP's case management system combined with primary data collected from hard copy files. The hard copy files contained investigative reports, Board notices, Board orders, and all other documentation made available to Board members when deciding a case sanction.

Researchers used 202 Nurse, 78 CNA, 39 RMA and 42 LMT cases previously adjudicated by Board members to create a comprehensive database to analyze the offense and respondent factors which were identified by interviewees as potentially influencing sanctioning decisions. That database was then merged with DHP's data system L2K, making more variables eligible for analysis. The resulting database was analyzed to determine any changes in Board sanctioning that may have had an effect on the worksheet recommendations. Using statistical analysis to construct a "historical portrait" of past sanctioning decisions, the significant factors along with their relative weights were derived. Those factors and weights were formulated into sanctioning worksheets, which became the SRPs.

Offense factors such as patient harm, patient vulnerability and case severity (priority level) were analyzed, as well as respondent factors such as existence of substance abuse, impairment at the time of offense, initiation of self-corrective action, and prior history of the respondent. Although, a myriad of factors can help explain sanction variation, only those "legal" factors the Board felt should consistently play a role in sanctioning decisions continued to be included on the worksheets. By using this method, the goal was to achieve more neutrality in sanctioning by ensuring the Board considers the same set of "legal" factors in disciplinary cases that warrant sanctioning decisions.

## **Characteristics of the SRP System**

### **Sanctioning Ranges**

The SRPs consider and weigh the circumstances of an offense and the relevant characteristics of the respondent, providing the Board with a sanctioning model that encompasses roughly 80% of historical practice. Recognizing that aggravating and mitigating factors play a legitimate role in sanctioning decisions, approximately 20% of past cases receive sanctions either higher or lower than what the reference points indicate. The wide sanctioning ranges allow the Board to customize a particular sanction within the broader SRP recommended range.

### **Discretionary Nature**

The SRP system should be viewed strictly as a decision-making tool giving the Board of Nursing complete discretion at any time to choose a sanction outside the SRP range. The importance of appropriate coversheet and worksheet completion on every case eligible for scoring cannot be overstated. This includes cases resolved at an informal conference by special conference committees and agency subordinates, and by prehearing consent order offers delegated to and authorized by Board staff. The coversheet and worksheets will be used only after it is determined that a violation has occurred.

### **Sanctioning Thresholds**

The Board indicated early in the SRP study that sanctioning is not only influenced by circumstances directly associated with the case, but also by the respondent's past history. The empirical analysis supports the notion that both offense and respondent factors impact sanctioning decisions. Subsequently, the SRPs combine case type, offense and respondent factor scores to arrive at a "Total Worksheet Score" which is then used to determine the statistically driven sanctioning recommendation. For example, a respondent before the Board for a standard of care case may also receive points for having a history of disciplinary violations.

# General Instructions for Using the SRP System

## Completing the Coversheet and Worksheet

Ultimately, it is the responsibility of the BON to complete the SRP coversheet and worksheet in all applicable cases. The information relied upon to complete a coversheet and worksheet is derived from the case packet provided to the Board and the respondent. It is also possible that information discovered at the time of the informal conference may impact worksheet scoring. The SRP coversheet and worksheet, once completed, are confidential under the Code of Virginia. Additionally, the manual, including blank coversheets and worksheets, can be found on the Department of Health Professions web site: [www.dhp.state.va.us](http://www.dhp.state.va.us) (paper copy also available on request).

## Worksheets

The worksheets along with scoring instructions are included in subsequent sections of this manual. Detailed instructions are provided for each factor on a worksheet and should be referenced to ensure accurate scoring. The scoring weights assigned to a factor on the worksheet cannot be adjusted and can only be applied as ‘yes or no’ with all or none of the points applied. In instances when a scoring factor is difficult to interpret, the Board has final authority in how a case is scored.

## Worksheets Not Used in Certain Cases

The SRPs are not applied in any of the following circumstances:

- Action by Another Board – When a case which has already been adjudicated by a Board from another state appears before the Virginia Board of Nursing, the Board often attempts to mirror the sanction handed down by the other Board. The Virginia Board of Nursing usually requires that all conditions set by the other Board are completed or complied with in Virginia. The SRPs do not apply to cases previously heard and adjudicated by another Board.
- Compliance/Reinstatement – The SRPs should be applied to new cases only. This included vacated stays of suspension due to HPMP noncompliance.
- Confidential Consent Agreements (CCA) – SRPs will not be used in cases settled by CCA.
- Mandatory Suspensions – Virginia law requires that under certain circumstances (conviction of a felony, declaration of legal incompetence or incapacitation, license revocation in another jurisdiction) the license must be suspended. The sanction is defined by law and is therefore excluded from the Sanctioning Reference Point system.
- Licensed nurse practitioners (LNPs) – SRPs will not be used in LNP cases.

# **Sanctioning Reference Points for Nurses (RN and LPN)**



# Using the SRP System for Nurses

The SRP System for Nurses should be utilized for Licensed Practical Nurses and Registered Nurses.

## Case Types Covered by the SRP System

There are three SRP worksheet options for Nurses. The worksheets are grouped by offense type: Inability to Safely Practice, Patient Care, and Fraud. This organization is based on the most recent historical analysis of Board sanctioning. The SRP factors found on each worksheet are those which proved important in determining sanctioning outcomes.

When multiple cases have been combined for disposition by the Board into one order, only one coversheet and worksheet is completed that encompasses the entire event. In these instances, the worksheet completed is selected according to the case type group which appears furthest to the left on the following table. For example, a Nurse found in violation of both practicing on an expired license and patient deprivation would have their case scored on an Inability to Safely Practice worksheet, since Inability to Safely Practice is to the left of Fraud on the table. If an offense type is not listed, find the most analogous offense type and use the appropriate scoring worksheet.

## Case Types Covered on the Nursing Worksheets

Inability to Safely Practice	Patient Care	Fraud
<p>Impairment due to use of alcohol, illegal substances, or prescription drugs or incapacitation due to mental, physical, or medical conditions.</p> <p>Violation of the Drug Control Act (DCA) (to include dispensing for non-medicinal purposes, not in accordance with dosage, or dispensing without a relationship), prescription forgery, drug adulteration, patient deprivation, stealing drugs from patients, or personal use.</p> <p>Theft or diversion of drugs when a patient is not involved (e.g., pharmacies, hospitals, or facilities).</p>	<p>Diagnosis/Treatment: Instances in which the diagnosis/treatment was improper, delayed, or unsatisfactory. Also includes failure to diagnose/treat &amp; other diagnosis/treatment issues.</p> <p>Medication/Prescription: Dispensing, and administration errors. Also includes improper management of patient regimen and failure to provide counseling as well as other medication/prescription related issues.</p> <p>Exceeding Scope: practicing outside the permitted functions of license granted.</p> <p>Inappropriate Relationship: Dual, sexual or other boundary issue. Includes inappropriate touching and written or oral communications.</p> <p>Abuse/Abandonment/Neglect: Any sexual assault, mistreatment of a patient, inappropriate termination of provider/patient relationship, leaving a patient unattended in a health-care environment, failure to do what a reasonable person would do in a similar situation. Leaving patients, walking off an assigned shift without notifying a supervisor.</p>	<p>Unlicensed Activity: Practicing a profession or occupation without holding a valid license as required by statute or regulation to include: practicing on a revoked, suspended, lapsed, non-existent or expired license, as well as aiding and abetting the practice of unlicensed activity.</p> <p>Misappropriation of Patient Property: stealing or use of patient property without authorization.</p> <p>Fraud – Patient Care: Performing unwarranted/unjust services or the falsification/alteration of patient records.</p> <p>Fraud – Non-Patient Care: Improper patient billing and falsification of initial/renewal licensure or employment documents.</p> <p>Business Practice Issues: Advertising, solicitation, records, inspections, self-referral of patients, required report not filed, prescription blanks, or disclosure. Using a VA protected title without the corresponding license.</p> <p>Drug Related – Security: Failure to maintain security of controlled substances</p>

## Determining a Specific Sanction

The sanctioning reference points worksheet for Nurses allows a respondent to be assessed in two ways: by the specific nature of the case and by the number of offense and respondent factors that are present. First, the Board chooses a worksheet based on the type of case (e.g., inability to safely practice vs. fraud). Then, a specific case type can be scored on the chosen worksheet. For example, if a respondent is before the Board for drug adulteration, an Inability to Safely Practice worksheet is chosen for completion. If this drug adulteration involved a patient, Case Type “B” (Drug Related with Patient Care) would be scored for a value of 20 points. The Board scores only one case type from the case type list (the most serious that occurred) and as many offense and respondent factors that are founded during case deliberations.

The sanctioning table on each of the worksheets contains point thresholds for determining which sanction is recommended. After considering the sanction grid recommendation, the Board then fashions a more detailed sanction based on the individual case circumstances. The sanctioning grids on the worksheets contain four general outcomes:

- No Sanction/Monetary Penalty
- Reprimand
- Probation/Stayed Suspension/Terms
- Refer to Formal Hearing/Revocation/Suspension/Surrender

## Sanctioning Terms

For reference, the table below identifies a list of possible “Terms” for Nurses that may be part of the sanctioning decision.

- |   |   |
|---|---|
| ▪ Continuing education  | ▪ Written notification to employer/employees/associates     |
| ▪ HPMP (enter/continue)   | ▪ Impairment/incapacitation - evaluation                    |
| ▪ Quarterly self reports  | ▪ Impairment - supervised unannounced drug screens          |
| ▪ Quarterly job performance evaluations                               | ▪ Drug administration restrictions                          |
| ▪ License shall be visible online with wording “Probation with Terms” | ▪ Impairment/incapacitation - therapy with progress reports |
| ▪ Inform Board of beginning or changing employment (10 days)          | ▪ Practice restriction - setting                            |
| ▪ Practice restriction - oversight by a provider or, if LPN, by an RN | ▪ Impairment - Shall be active in AA/NA                     |
| ▪ Provide current/future treating providers with copy of order        |   |

## Completing the Coversheet

Upon selection and completion of the appropriate worksheet, a coversheet is prepared to ensure a uniform record of each case and to facilitate recordation of other pertinent information critical for continued system monitoring, evaluation and improvement.

If the Board feels the sanctioning grid does not recommend an appropriate sanction, the Board should depart either high or low when determining the sanction. If the Board disagrees with the sanction recommendation and imposes a sanction greater or less than the recommended sanction, “Yes” should be checked and a short explanation should be recorded on the coversheet. The explanation should identify the factors and reasons for departure (see examples below). This process ensures worksheets are revised to reflect current Board practice and to maintain the dynamic nature of the system. For example, if a particular reason is frequently cited, the Board will examine the issue more closely to determine if the worksheets should be modified to better reflect Board practice.

Aggravating and mitigating circumstances that may influence Board decisions can include, but should not be limited to, such things as: severity of the incident, age of prior record, dishonesty/obstruction, motivation, remorse, multiple offenses/isolated incident.

# SRP Coversheet for Nurses

Case Number(s): 

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--

Respondent Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Case Resolution Method:   
 IFC-Agency Subordinate   
 IFC-Special Conference Committee   
 Pre-Hearing Consent Order

Worksheet Used:   
 Inability to Safely Practice   
 Patient Care   
 Fraud

Sanctioning Result:   
 No Sanction/Monetary Penalty   
 Reprimand   
 Probation/Stayed Suspension/Terms   
 Formal Hearing/Loss of License

Imposed Sanction(s):   
 No Sanction   
 Terms   
      Courses \_\_\_\_\_   
      Take No Action   
      HPMP entry/compliance  Other: \_\_\_\_\_   
 Probation with Terms: \_\_\_\_\_   
 Reprimand   
 Monetary Penalty for \$ \_\_\_\_\_   
 Suspension (*check all that apply*)   
      not < 1 year   
      not < 2 years   
      Stay contingent upon \_\_\_\_\_   
      Offer CO   
      Surrender   
 Revocation   
 Recommend Formal   
 Other Sanction: \_\_\_\_\_

Was imposed sanction a departure from the recommendation?  No  Yes, give reason below

Reasons for Departure from Sanction Grid Result: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Worksheet Preparer's Name: \_\_\_\_\_ Date Worksheet Completed: \_\_\_\_\_

Board Member or Agency Subordinate Name: \_\_\_\_\_

# SRP Inability to Safely Practice Worksheet for Nurses

Case Type Score (score only one)	Points	Score
a. Inability to Safely Practice	40	_____
b. Drug Related with Patient Care	20	_____
c. Drug Related without Patient Care	10	_____
<b>Case Type Score</b>		<input style="width: 50px; height: 20px;" type="text"/>

Offense/Respondent Score (score all that apply)	Points	Score
a. License ever taken away	50	_____
b. Case involved a mental health admission	40	_____
c. Act of commission	30	_____
d. Any prior Virginia Board violations	20	_____
e. Past difficulties (substances, mental/physical)	15	_____
f. Evidence of drug diversion	10	_____
g. Respondent failed to initiate corrective action	10	_____
h. Any action against the respondent (employer, criminal, civil)	10	_____
<b>Offense/Respondent Score</b>		<input style="width: 50px; height: 20px;" type="text"/>

**Total Worksheet Score**  
(Case Type + Offense/Respondent)

Score	Sanctioning Recommendations
0-20	No Sanction Monetary Penalty
21-60	Reprimand
61-140	Probation Stayed Suspension Terms
141 and up	Refer to Formal Hearing Revocation Suspension Surrender

Confidential pursuant to § 54.1-2400.2 of the Code of Virginia.

# SRP Inability to Safely Practice Worksheet Instructions for Nurses

## Case Type Score

**Step 1:** (score only one)

Enter the point value that corresponds to the case type. If a case has multiple aspects, enter the point value for the one most serious case type that is highest on the list. (See page 7 for an expanded list)

- |                                      |    |
|--------------------------------------|----|
| a. Inability to Safely Practice      | 40 |
| b. Drug Related Patient Care         | 20 |
| c. Drug Related Without Patient Care | 10 |

**Step 2:** Enter Case Type Score

## Offense/Respondent Score

**Step 3:** (score all that apply)

- Enter “50” if the respondent’s license was previously revoked, suspended, or summarily suspended in any state.
- Enter “40” if the case involved a mental health admission. The admission can be either voluntary or a temporary detention order (TDO).
- Enter “30” if this was an act of commission. An act of commission is interpreted as purposeful or with knowledge.
- Enter “20” if the respondent has any prior orders issued by the Virginia Board of Nursing finding them in violation.
- Enter “15” if the respondent has had any past difficulties in the following areas: drugs, alcohol, mental capabilities or physical capabilities. Scored here would be prior convictions for DUI/DWI, inpatient/outpatient treatment, and bona fide mental health care for a condition affecting his/her abilities to function safely or properly.
- Enter “10” if there was evidence of drug diversion. This evidence can include but is not limited to taking too long to waste controlled substances, suspicious amounts of controlled substances being pulled, pulling medication for patients assigned to coworkers, outside of the medical directive, without pain assessments, excessive/inappropriate wastage, suspicious pharmacy logs.
- Enter “10” if the respondent failed to take corrective action prior to the time at which the SRP worksheet is being considered.
- Enter “10” if any action was taken against the respondent. This action may include action by the employer, civil action, or a criminal conviction related to this offense. This factor includes respondents pleading guilty with first offender status.

**Step 4:** Combine all for Total Offense/Respondent Score

**Step 5:** Combine Case Type Score and Offense/Respondent Score for Total Worksheet Score

## Sanctioning Grid

**Step 6: Sanction Recommendation** – The Total Worksheet Score corresponds to the sanctioning recommendation(s) located at the bottom of the worksheet. To determine the appropriate recommended sanction, find the range on the left that contains the Total Worksheet Score. These points correspond to the recommended sanction in the right column. For instance, a Total Worksheet Score of 100 is recommended for “Probation/Stayed Suspension/Terms.”

**Step 7:** Coversheet

Complete the coversheet, including the grid sanction, the imposed sanction and the reason(s) for departure, if applicable.

# SRP Patient Care Worksheet for Nurses

## Case Type Score (score only one)

	Points	Score
a. Inappropriate Relationship	50	_____
b. Standard of Care	45	_____
c. Abuse/Abandonment/Neglect	30	_____
Case Type Score		<input type="text"/>

## Offense and Respondent Score (score all that apply)

a. License ever taken away	40	_____
b. Act of commission	35	_____
c. Past difficulties (substances, mental/physical)	30	_____
d. Patient injury	25	_____
e. Evidence of drug diversion	20	_____
f. Any action against the respondent (employer, criminal, civil)	20	_____
g. Any prior Virginia Board violations	5	_____
h. Respondent failed to initiate corrective action	5	_____
Offense and Respondent Score		<input type="text"/>

**Total Worksheet Score**  
(Case Type + Offense and Respondent)

Score	Sanctioning Recommendations
0-40	No Sanction Monetary Penalty
41-70	Reprimand
71-140	Probation Stayed Suspension Terms
141 and up	Refer to Formal Hearing Revocation Suspension Surrender

Confidential pursuant to § 54.1-2400.2 of the Code of Virginia.

# SRP Patient Care Worksheet Instructions for Nurses

## Case Type Score

**Step 1:** (score only one)

Enter the point value that corresponds to the case type. If a case has multiple aspects, enter the point value for the one most serious case type that is highest on the list. (See page 7 for an expanded list)

- |                               |    |
|-------------------------------|----|
| a. Inappropriate Relationship | 50 |
| b. Standard of Care           | 45 |
| c. Abuse/Abandonment/Neglect  | 30 |

**Step 2:** Enter Case Type Score

## Offense/Respondent Score

**Step 3:** (score all that apply)

- Enter “40” if the respondent’s license was previously revoked, suspended, or summarily suspended in any state.
- Enter “35” if this was an act of commission. An act of commission is interpreted as purposeful or with knowledge.
- Enter “30” if the respondent has had any past difficulties in the following areas: drugs, alcohol, mental capabilities or physical capabilities. Scored here would be prior convictions for DUI/DWI, inpatient/outpatient treatment, and bona fide mental health care for a condition affecting his/her abilities to function safely or properly.
- Enter “25” if a patient was intentionally or unintentionally injured. Injury includes any physical injury, physical abuse and death.
- Enter “20” if there was evidence of drug diversion. This evidence can include, but is not limited to taking too long to waste controlled substances, suspicious amounts of controlled substances being pulled, pulling medication for patients assigned to coworkers, outside of the medical directive, without pain assessments, excessive/inappropriate wastage, suspicious pharmacy logs.
- Enter “20” if any action was taken against the respondent. This action may include action by the employer, civil action or a criminal conviction related to this offense. This factor includes respondents pleading guilty with first offender status.
- Enter “5” if the respondent has any prior orders issued by the Virginia Board of Nursing finding them in violation.
- Enter “5” if the respondent failed to take corrective action prior to the time at which the SRP worksheet is being considered.

**Step 4:** Combine all for Total Offense/Respondent Score

**Step 5:** Combine Case Type Score and Offense/Respondent Score for Total Worksheet Score

## Sanctioning Grid

**Step 6: Sanction Recommendation** – The Total Worksheet Score corresponds to the sanctioning recommendation(s) located at the bottom of the worksheet. To determine the appropriate recommended sanction, find the range on the left that contains the Total Worksheet Score. These points correspond to the recommended sanction in the right column. For instance, a Total Worksheet Score of 100 is recommended for “Probation/Stayed Suspension/Terms.”

**Step 7:** Coversheet

Complete the coversheet, including the grid sanction, the imposed sanction and the reason(s) for departure, if applicable.

# SRP Fraud Worksheet for Nurses

## Case Type Score (score only one)

	Points	Score
a. Misappropriation of Patient Property	30	_____
b. Other Fraud	20	_____
<b>Case Type Score</b>		<input type="text"/>

## Offense and Respondent Score (score all that apply)

a. Act of commission	40	_____
b. License ever taken away	35	_____
c. Any patient involvement	30	_____
d. Respondent failed to initiate corrective action	30	_____
e. Any action against the respondent (employer, criminal, civil)	25	_____
f. Any prior Virginia Board violations	25	_____
g. Patient especially vulnerable	10	_____
h. Evidence of drug diversion	10	_____
<b>Offense and Respondent Score</b>		<input type="text"/>

**Total Worksheet Score**  
(Case Type + Offense and Respondent)

Score	Sanctioning Recommendations
0-50	No Sanction Monetary Penalty
51-85	Reprimand
86-135	Probation Stayed Suspension Terms
136 and up	Refer to Formal Hearing Revocation Suspension Surrender

Confidential pursuant to § 54.1-2400.2 of the Code of Virginia.



# SRP Fraud Worksheet Instructions for Nurses

## Case Type Score

**Step 1:** (score only one)

Enter the point value that corresponds to the case type. If a case has multiple aspects, enter the point value for the one most serious case type that is highest on the list. (See page 7 for an expanded list.)

- a. Misappropriation of Patient Property      30
- b. Other Fraud                                      20

**Step 2:** Enter Case Type Score

## Offense/Respondent Score

**Step 3:** (score all that apply)

- a. Enter “40” if this was an act of commission. An act of commission is interpreted as purposeful or with knowledge.
- b. Enter “35” if the respondent’s license was previously revoked, suspended, or summarily suspended in any state.
- c. Enter “30” if the offense involves a patient. Patient involvement is direct contact with a patient.
- d. Enter “30” if the respondent failed to take corrective action prior to the time at which the SRP worksheet is being considered.
- e. Enter “25” if any action was taken against the respondent. This action may include action by the employer, civil action or a criminal conviction related to this offense. This factor includes respondents pleading guilty with first offender status.
- f. Enter “25” if the respondent has any prior orders issued by the Virginia Board of Nursing finding them in violation.
- g. Enter “10” if the patient is especially vulnerable. Patients in this category must be at least one of the following: under age 18, over age 65, or mentally/physically handicapped.
- h. Enter “10” if there was evidence of drug diversion. This evidence can include, but is not limited to taking too long to waste controlled substances, suspicious amounts of controlled substances being pulled, pulling medication for patients assigned to coworkers, outside of the medical directive, without pain assessments, excessive/inappropriate wastage, suspicious pharmacy logs.

**Step 4:** Combine all for Total Offense/Respondent Score

**Step 5:** Combine Case Type Score and Offense/Respondent Score for Total Worksheet Score

## Sanctioning Grid

**Step 6: Sanction Recommendation** – The Total Worksheet Score corresponds to the sanctioning recommendation(s) located at the bottom of the worksheet. To determine the appropriate recommended sanction, find the range on the left that contains the Total Worksheet Score. These points correspond to the recommended sanction in the right column. For instance, a Total Worksheet Score of 100 is recommended for “Probation/Stayed Suspension/Terms.”

**Step 7:** Coversheet

Complete the coversheet, including the grid sanction, the imposed sanction and the reasons for departure if applicable.

# Sanctioning Reference Points for CNAs

## Using the SRP System for CNAs

### Case Types Covered by the SRP System

A single sanctioning reference points worksheet is used to score all CNA disciplinary cases (unlike Nursing cases, which are scored on one of three different worksheets). When multiple cases have been combined for disposition by the Board into one order, enter the point value for the case type group which appears highest on the following table. One coversheet and worksheet are completed that encompasses the entire event. For instance, if a respondent is before the Board for both a Standard of Care and an Inability to Safely Practice violation, the Case Type selected would be Inability to Safely Practice. This table is used for CNAs only.

### Case Types Covered on the CNA Worksheet

Case Types	
Abuse/Inappropriate Relationship	Any sexual assault/abuse, mistreatment of a patient, or physical abuse Dual, sexual or other boundary issue. Includes inappropriate touching and written or oral communications
Misappropriation of Patient Property	Stealing or use of patient property without authorization
Inability to Safely Practice	Impairment due to use of alcohol, illegal substances, or prescription drugs or incapacitation due to mental, physical or medical conditions. Prescription forgery, drug adulteration, patient deprivation, stealing drugs from patients  Theft or diversion of drugs when a patient is not involved (e.g., pharmacies, hospitals, or facilities).
Neglect	Leaving a patient unattended in a health-care environment. Failure to provide assistance to a patient(s) in need.
Verbal Violation	Verbal Abuse  Speaking to a patient in a rude manner, name calling
Abandonment/Standard of Care/Fraud	Leaving patients, walking off an assigned shift without notifying a supervisor.  Instances in which the diagnosis/treatment was improper, delayed, or unsatisfactory. Also includes failure to diagnose/treat & other diagnosis/treatment issues  Practicing without holding a valid certificate as required by statute or regulation to include: practicing on a revoked, suspended, lapsed, non-existent or expired certificate, as well as aiding and abetting the practice of unlicensed activity  Improper patient billing or falsification of initial/renewal licensure or employment documents  Disclosing unauthorized client information without permission or necessity

### Determining a Specific Sanction

The sanctioning reference points worksheet for CNAs allows a respondent to be assessed in two ways: by the nature of the case (e.g., inability to safely practice vs. abuse) and by the number of offense and respondent factors that are present. The Board scores only one case type from the case type list (the most serious that occurred) and as many offense and respondent factors that are founded during case deliberations.

The CNA worksheet has three thresholds with increasing point values and respectively increasing sanction severities. The table below shows threshold scores leading to the available sanctions. After considering the sanction grid recommendation, the Board should fashion a more detailed sanction(s) based on the individual case circumstances.

### Sanctioning Recommendations

Sanctioning Thresholds for CNAs	
Score	Sanctioning Recommendation
0-100	No Sanction Monetary Penalty Probation Take no Action Stayed Suspension Terms: <ul style="list-style-type: none"> <li>▪ continuing education</li> <li>▪ HPMP (enter/continue)</li> <li>▪ quarterly self reports</li> <li>▪ quarterly job performance evaluations</li> <li>▪ Certificate shall be visible online with wording “Probation with Terms”</li> <li>▪ inform Board of beginning or changing employment (10 days)</li> <li>▪ provide current/future treating practitioners with copy of order</li> <li>▪ written notification to employer/employees/associates</li> <li>▪ impairment/incapacitation - evaluation</li> <li>▪ impairment - supervised unannounced drug screens</li> <li>▪ drug administration restrictions</li> <li>▪ impairment/incapacitation - therapy with progress reports</li> <li>▪ practice restriction - setting</li> <li>▪ impairment - Shall be active in AA/NA</li> </ul>
101-149	Reprimand
150 and up	Refer to Formal Revocation Suspension Surrender Finding of Abuse Finding of Neglect Finding of Misappropriation of Patient Property

### Completing the Coversheet

The coversheet is completed to ensure a uniform record of each case and to facilitate recordation of other pertinent information critical for system monitoring and evaluation.

If the Board feels the sanctioning grid does not recommend an appropriate sanction, the Board may depart either high or low when determining the sanction. If the Board disagrees with the sanction recommendation and imposes a sanction greater or less than the recommended sanction, “Yes” should be checked and a short explanation should be recorded on the coversheet. The explanation should identify the factors and reasons for departure (see examples below). This process ensures worksheets are revised to reflect current Board practice and to maintain the dynamic nature of the system. For example, if a particular reason is frequently cited, the Board will examine the issue more closely to determine if the worksheets should be modified to better reflect Board practice.

Aggravating and mitigating circumstances that may influence Board decisions can include, but should not be limited to, such things as:

- Severity of the incident
- Age of prior record
- Dishonesty/Obstruction
- Remorse
- Cause for the action
- Multiple offenses/Isolated incident

# SRP Coversheet for CNAs

Case Number(s): 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

Respondent Name: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Case Resolution Method:   
 IFC-Agency Subordinate   
 IFC-Special Conference Committee   
 Pre-Hearing Consent Order

Case Type:   
 Abuse/Inappropriate Relationship   
 Misappropriation of Patient Property   
 Inability to Safely Practice   
 Neglect   
 Verbal Violations   
 Abandonment/Standard of Care/Fraud

Sanction Threshold Level:   
 0-100   
 101-149   
 150 and up

Imposed Sanction(s):   
 No Sanction   
 Terms   
 Courses \_\_\_\_\_   
 Take No Action   
 HPMP entry/compliance  Other: \_\_\_\_\_   
 Probation with Terms: \_\_\_\_\_   
 Reprimand   
 Monetary Penalty for \$ \_\_\_\_\_   
 Suspension (*check all that apply*)   
 not < 1 year   
 not < 2 years   
 Stay contingent upon \_\_\_\_\_   
 Offer CO   
 Surrender   
 Revocation   
 Recommend Formal   
 Finding of Abuse   
 Finding of Neglect   
 Finding of Misappropriation   
 Other Sanction: \_\_\_\_\_

Was imposed sanction a departure from the recommendation?  No  Yes, give reason below

Reasons for Departure from Sanction Grid Result: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Worksheet Preparer's Name: \_\_\_\_\_ Date Worksheet Completed: \_\_\_\_\_

Board Member or Agency Subordinate Name: \_\_\_\_\_

# SRP Worksheet for CNAs

Case Type Score (score only one)	Points	Score
a. Abuse/Inappropriate Relationship	70	_____
b. Misappropriation of Patient Property	60	_____
c. Inability to Safely Practice	50	_____
d. Neglect	40	_____
e. Verbal Violation	30	_____
f. Abandonment/Standard of Care/Fraud	10	_____
Case Type Score		<input style="width: 80px; height: 20px;" type="text"/>

Offense/Respondent Score (score all that apply)	Points	Score
a. Act of commission	60	_____
b. Patient injury	50	_____
c. Impaired while practicing	45	_____
d. Respondent failed to initiate corrective action	40	_____
e. Any patient involvement	30	_____
Offense and Respondent Score		<input style="width: 80px; height: 20px;" type="text"/>
<b>Total Worksheet Score</b> (Case Type + Offense and Respondent)		<input style="width: 80px; height: 20px;" type="text"/>

Score	Sanctioning Recommendations
0-100	No Sanction Monetary Penalty Probation Take No Action Stayed Suspension Terms
101-149	Reprimand
150 and up	Refer to Formal Hearing Revocation Suspension Surrender Finding of Abuse Finding of Neglect Finding of Misappropriation

Confidential pursuant to § 54.1-2400.2 of the Code of Virginia.

## SRP Worksheet Instructions for CNAs

### Step 1: (score only one)

Enter the point value that corresponds to the case type. If a case has multiple aspects, enter the point value for the one most serious case type that is highest on the list. (See page 17 for an expanded list.)

- |   |    |
|---|----|
| a. Abuse/Inappropriate Relationship     | 70 |
| b. Misappropriation of Patient Property | 60 |
| c. Inability to Safely Practice         | 50 |
| d. Neglect                              | 40 |
| e. Verbal Violation                     | 30 |
| f. Abandonment/Standard of Care/Fraud   | 10 |

### Step 2: Enter Case Type Score

### Offense/Respondent Score

### Step 3: (score all that apply)

- Enter "60" if this was an act of commission. An act of commission is interpreted as purposeful or with knowledge.
- Enter "50" if a patient was intentionally or unintentionally injured. Injury includes any physical injury, physical abuse and death.
- Enter "45" if the respondent was impaired while practicing. Score this factor only if the respondent was at work during the time of impairment. Impairment includes substance abuse (alcohol or drugs) or mental/physical incapacitation.
- Enter "40" if the respondent failed to take corrective action prior to the time at which the SRP worksheet is being considered.
- Enter "30" if the offense involved a patient. Examples of patient involvement may include direct contact with a patient, misappropriation of patient property, falsifying patient records, etc.

### Step 4: Combine all for Total Offense and Respondent Score

### Step 5: Combine Case Type Score and Offense and Respondent Score for Total Worksheet Score

### Sanctioning Grid

**Step 6: Sanction Recommendation** – The Total Worksheet Score corresponds to the sanctioning recommendations located at the bottom of the worksheet. To determine the appropriate recommended sanction, find the range on the left that contains the Total Worksheet Score. These points correspond to the recommended sanction in the right column. For instance, a Total Worksheet Score of 120 is recommended for "Reprimand."

### Step 7: Coversheet

Complete the coversheet, including the grid sanction, the imposed sanction and the reason(s) for departure, if applicable.

# **Sanctioning Reference Points for Registered Medication Aides**



# Using the SRP System for RMAs

## Case Types Covered by the SRP System

A single sanctioning reference points worksheet is used to score all Registered Medication Aide (RMA) disciplinary cases (unlike Nursing cases, which are scored on one of three different worksheets). When one respondent's multiple cases have been combined for disposition by the Board into one order, enter the point value for the case type group which appears highest on the following table. Only one coversheet and worksheet are completed that encompasses the entire event. For instance, if a respondent is before the Board for both a Standard of Care and an Inability to Safely Practice violation, the Case Type selected would be Inability to Safely Practice. This table is used for RMAs only.

## Case Types Covered on the RMA Worksheet

Case Types	
Inability to Safely Practice	<p>Impairment due to use of alcohol, illegal substances, or prescription drugs or incapacitation due to mental, physical, or medical conditions.</p> <p>Prescription forgery, drug adulteration, patient deprivation, stealing drugs from patients, or personal use</p> <p>Theft or diversion of drugs when a patient is not involved (e.g., pharmacies, hospitals, or facilities).</p>
Physical Abuse	Any sexual assault/abuse, mistreatment of a patient, or physical abuse
Verbal Violation/Neglect	<p>Verbal Abuse</p> <p>Speaking to a patient in a rude manner, name calling</p> <p>Leaving a patient unattended in a health-care environment. Failure to provide assistance to patient(s) in need.</p>
Standard of Care/Abandonment	<p>Instances in which the medication administration or diagnosis/treatment was improper, delayed, or unsatisfactory. Also includes failure to diagnose/treat &amp; other diagnosis/treatment issues</p> <p>Medication dispensing and/or administration errors. Also includes improper management of patient medication regimen as well as other medication/prescription-related issues.</p> <p>Performing unwarranted/unjust services or the falsification/alteration of patient records.</p> <p>Leaving patients, walking off an assigned shift without informing a supervisor.</p>
Misappropriation of Patient Property/Fraud	<p>Stealing or use of patient property without authorization</p> <p>Improper patient billing or falsification of initial/renewal licensure or employment documents</p>
Unlicensed Activity	<p>Practicing a profession or occupation without holding a valid registration as required by statute or regulation to include: practicing on a revoked, suspended, lapsed, non-existent or expired registration, as well as aiding and abetting the practice of unlicensed activity.</p> <p>Disclosing unauthorized client information without permission or necessity.</p>

## Determining a Specific Sanction

The sanctioning reference points worksheet for RMAs allows a respondent to be assessed in two ways: by the nature of the case (e.g., inability to safely practice vs. standard of care) and by the number of offense/respondent factors that are present. The board scores only one case type from the case type list (the most serious that occurred) and as many offense and respondent factors that are founded during case deliberations.

The RMA worksheet has four thresholds with increasing point values and correspondingly increasing sanction severities. The table below shows threshold scores leading to the available sanctions. After considering the sanction grid recommendation, the Board should fashion a more detailed sanction(s) based on the individual case circumstances.

## Sanctioning Thresholds

Sanctioning Thresholds for RMAs	
Score	Sanctioning Recommendation
0-15	No Sanction Monetary Penalty
16-50	Reprimand
51-70	Probation Stayed Suspension Terms <ul style="list-style-type: none"> <li>▪ continuing education</li> <li>▪ HPMP (enter/continue)</li> <li>▪ quarterly self reports</li> <li>▪ quarterly job performance evaluations</li> <li>▪ Registration shall be visible online with wording “Probation with Terms”</li> <li>▪ inform Board of beginning or changing employment (10 days)</li> <li>▪ provide current/future treating practitioners with copy of order</li> <li>▪ written notification to employer/employees/associates</li> <li>▪ impairment/incapacitation - evaluation</li> <li>▪ impairment - supervised unannounced drug screens</li> <li>▪ drug administration restrictions</li> <li>▪ impairment/incapacitation - therapy with progress reports</li> <li>▪ practice restriction - setting</li> <li>▪ Shall be active in AA/NA</li> </ul>
71 and up	Refer to Formal Hearing Revocation Suspension Surrender

## Completing the Coversheet

The coversheet is completed to ensure a uniform record of each case and to facilitate recordation of other pertinent information critical for system monitoring and evaluation.

If the Board feels the sanctioning grid does not recommend an appropriate sanction, the Board may depart either high or low when determining the sanction. If the Board disagrees with the sanction recommendation and imposes a sanction greater or less than the recommended sanction, “Yes” should be checked and a short explanation should be recorded on the coversheet. The explanation should identify the factors and reasons for departure (see examples below). This process ensures worksheets are revised to reflect current Board practice and to maintain the dynamic nature of the system. For example, if a particular reason is frequently cited, the Board will examine the issue more closely to determine if the worksheets should be modified to better reflect Board practice.

Aggravating and mitigating circumstances that may influence Board decisions can include, but should not be limited to, such things as:

- Severity of the incident
- Age of prior record
- Dishonesty/Obstruction
- Motivation
- Remorse
- Cause for the action
- Multiple offenses/Isolated incident

# SRP Coversheet for RMAs

Case Number(s): 

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--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

Respondent Name: \_\_\_\_\_

Certificate or Registration Number: \_\_\_\_\_

Case Resolution Method:   
 IFC-Agency Subordinate   
 IFC-Special Conference Committee   
 Pre-Hearing Consent Order

Case Type:   
 Inability to Safely Practice   
 Physical Abuse   
 Verbal Violations/Neglect   
 Standard of Care/Abandonment   
 Misappropriation of Property/Fraud   
 Unlicensed Activity

Sanction Threshold Level:   
 0-15   
 16-50   
 51-70   
 71 and up

Imposed Sanction(s):   
 No Sanction   
 Terms   
 Courses \_\_\_\_\_   
 Take No Action   
 HPMP entry/compliance  Other: \_\_\_\_\_   
 Probation with Terms: \_\_\_\_\_   
 Reprimand   
 Monetary Penalty for \$ \_\_\_\_\_   
 Suspension (*check all that apply*)   
 not < 1 year   
 not < 2 years   
 Stay contingent upon \_\_\_\_\_   
 Offer CO   
 Surrender   
 Revocation   
 Recommend Formal   
 Other Sanction: \_\_\_\_\_

Was imposed sanction a departure from the recommendation?  No  Yes, give reason below

Reasons for Departure from Sanction Grid Result: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Worksheet Preparer's Name: \_\_\_\_\_ Date Worksheet Completed: \_\_\_\_\_

Board Member or Agency Subordinate Name: \_\_\_\_\_

# SRP Worksheet for RMAs

<b>Case Type Score</b> (score only one)	Points	Score
a. Inability to Safely Practice	50	_____
b. Physical Abuse	40	_____
c. Verbal Violation/Neglect	25	_____
d. Standard of Care/Abandonment	15	_____
e. Misappropriation of Patient Property/Fraud	10	_____
f. Unlicensed Activity	5	_____
	<b>Case Type Score</b>	<input style="width: 50px; height: 20px;" type="text"/>

<b>Offense and Respondent Score</b> (score all that apply)	Points	Score
a. Patient injury	40	_____
b. Evidence of drug diversion	25	_____
c. Any action against the respondent (employer, criminal, civil)	10	_____
d. Act of commission	10	_____
e. Any patient involvement	10	_____
f. Past difficulties (substances, mental/physical)	5	_____
g. Financial or material gain	5	_____
h. Respondent failed to initiate corrective action	5	_____
	<b>Offense and Respondent Score</b>	<input style="width: 50px; height: 20px;" type="text"/>

**Total Worksheet Score**  
(Case Type + Offense and Respondent)

Score	Sanctioning Recommendations
0-15	No Sanction Monetary Penalty
16-50	Reprimand
51-70	Probation Stayed Suspension Terms
71 and up	Refer to Formal Hearing Revocation Suspension Surrender

Confidential pursuant to § 54.1-2400.2 of the Code of Virginia.

# SRP Worksheet Instructions for RMAs

## Case Type Score

**Step 1:** (score only one)

Enter the point value that corresponds to the case type. If a case has multiple aspects, enter the point value for the one most serious case type that is highest on the list. (See page 23 for an expanded list.)

- |   |    |
|---|----|
| a. Inability to Safely Practice               | 50 |
| b. Physical Abuse                             | 40 |
| c. Verbal Violations/Neglect                  | 25 |
| d. Standard of Care/Abandonment               | 15 |
| e. Misappropriation of Patient Property/Fraud | 10 |
| f. Unlicensed Activity                        | 5  |

**Step 2:** Enter Case Type Score

## Offense and Respondent Score

**Step 3:** (score all that apply)

- Enter “40” if a patient was intentionally or unintentionally injured. Injury includes any physical injury, physical abuse and death.
- Enter “25” if there was evidence of drug diversion. This evidence can include, but is not limited to taking too long to waste controlled substances, suspicious amounts of controlled substances being pulled, pulling medication for patients other than your own, outside of the medical directive, without pain assessments, excessive wastage, suspicious pharmacy logs.
- Enter “10” if any action was taken against the respondent. This action may include action by the employer, civil action, or a criminal conviction related to this offense. This factor includes respondents pleading guilty with first offender status.
- Enter “10” if this was an act of commission. An act of commission is interpreted as purposeful or with knowledge.
- Enter “10” if the offense involves a patient. Examples of patient involvement may include direct contact with a patient, misappropriation of patient property, falsifying patient records, etc.
- Enter “5” if the respondent has had any past difficulties in the following areas: drugs, alcohol, mental capabilities or physical capabilities. Scored here would be prior convictions for DUI/DWI, inpatient/outpatient treatment, and bona fide mental health care for a condition affecting his/her abilities to function safely or properly.
- Enter “5” if the respondent's motivation for the violation was financial or material gain.
- Enter “5” if the respondent failed to take corrective action prior to the time at which the SRP worksheet is being considered.

**Step 4:** Combine all for Total Offense and Respondent Score

**Step 5:** Combine Case Type Score and Offense and Respondent Score for Total Worksheet Score

## Sanctioning Grid

**Step 6: Sanction Recommendation** – The Total Worksheet Score corresponds to the sanctioning recommendations located at the bottom of the worksheet. To determine the appropriate recommended sanction, find the range on the left that contains the Total Worksheet Score. These points correspond to the recommended sanction in the right column. For instance, a Total Worksheet Score of 20 is recommended for “Reprimand.”

**Step 7:** Coversheet

Complete the coversheet, including the grid sanction, the imposed sanction, and the reasons for departure if applicable.

# **Sanctioning Reference Points for Licensed Massage Therapists**

## Using the SRP System for LMTs

### Case Types Covered by the SRP System

A single sanctioning reference points worksheet is used to score all Licensed Massage Therapists (LMT) disciplinary cases (unlike Nursing cases, which are scored on one of three different worksheets). When one respondent's multiple cases have been combined for disposition by the Board into one order, enter the point value for the case type group which appears highest on the following table. One coversheet and worksheet comprise the entire event. For instance, if a respondent is before the Board for both a Standard of Care and an Inability to Safely Practice violation, the Case Type selected would be Inability to Safely Practice. This table is used for LMTs only.

### Case Types Covered on the LMT Worksheet

Case Types	
Abuse/Inappropriate Relationship	Any sexual assault/abuse, mistreatment of a patient, or physical abuse  Verbal Abuse Speaking to a patient in a rude manner, name calling  Dual, sexual or other boundary issue. Includes inappropriate touching and/or communication, written or oral
Inability to Safely Practice	Impairment due to use of alcohol, illegal substances, or prescription drugs or incapacitation due to mental, physical or medical conditions.  Prescription forgery, stealing drugs from patients, or personal use  Theft or diversion of drugs when a patient is not involved (e.g., pharmacies, hospitals, or facilities).
Fraud/Continuing Education	Improper patient billing or falsification of initial/renewal licensure or employment documents.  Failure to obtain or document CE requirements.
Standard of Care	Instances in which the diagnosis/treatment was improper, delayed, or unsatisfactory. Also includes failure to diagnose/treat & other diagnosis/treatment issues. This includes, but is not limited to: failure to consider medical history, inappropriate technique, lack of informed consent, and practicing beyond the scope
Unlicensed Activity	Practicing a profession or occupation without holding a valid license as required by statute or regulation to include: practicing on a revoked, suspended, lapsed, non-existent or expired license, as well as aiding and abetting the practice of unlicensed activity.

### Determining a Specific Sanction

The sanctioning reference points worksheet for LMTs allows a respondent to be assessed in two ways: by the nature of the case (e.g., inability to safely practice vs. standard of care) and by the number of offense and respondent factors that are present. The Board scores only one case type from the case type list (the most serious that occurred) and as many offense and respondent factors that are founded during case deliberations.

The LMT worksheet has three thresholds with increasing point values and correspondingly increasing sanction severities. The table below shows threshold scores leading to the available sanctions. After considering the sanction grid recommendation, the Board should fashion a more detailed sanction(s) based on the individual case circumstances.

## Sanctioning Thresholds

Sanctioning Thresholds for LMTs	
0-50	No Sanction Reprimand Monetary Penalty
51-85	Probation Stayed Suspension Terms <ul style="list-style-type: none"> <li>▪ continuing education</li> <li>▪ HPMP (enter/continue)</li> <li>▪ quarterly self reports</li> <li>▪ quarterly job performance evaluations</li> <li>▪ License shall be visible online with wording “Probation with Terms”</li> <li>▪ inform Board of beginning or changing employment (10 days)</li> <li>▪ provide current/future treating practitioners with copy of order</li> <li>▪ written notification to employer/employees/associates</li> <li>▪ impairment/incapacitation – evaluation</li> <li>▪ impairment – supervised unannounced drug screens</li> <li>▪ impairment/incapacitation – therapy with progress reports</li> <li>▪ practice restriction – setting</li> <li>▪ Shall be active in AA/NA</li> </ul>
86 and up	Refer to Formal Hearing Revocation Suspension Surrender

## Completing the Coversheet

The coversheet is completed to ensure a uniform record of each case and to facilitate recordation of other pertinent information critical for system monitoring and evaluation.

If the Board feels the sanction recommendation is not appropriate, the Board may depart either high or low when handing down a sanction. If the Board disagrees with the sanction recommendation and imposes a sanction greater or less than the recommended sanction, “Yes” should be checked and a short explanation should be recorded on the coversheet. The explanation could identify the factors and the reasons for departure. This process will ensure the worksheet is revised appropriately to reflect current Board practice. If a particular reason is continually cited, the Board can examine the issue more closely to determine if the worksheet should be modified to better reflect Board practice.

Aggravating and mitigating circumstances that may influence Board decisions can include, but should not be limited to, such things as:

- Severity of the incident
- Age of prior record
- Dishonesty/Obstruction
- Motivation
- Remorse
- Cause for the action
- Multiple offenses/Isolated incident

A space is provided on the coversheet to record the reason(s) for departure. Due to the uniqueness of each case, the reason(s) for departure may be wide-ranging.



# SRP Coversheet for LMTs

Case Number(s): 

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--	--	--	--	--	--	--	--

Respondent Name: \_\_\_\_\_

Certificate or Registration Number: \_\_\_\_\_

Case Resolution Method:   
 IFC-Agency Subordinate   
 IFC-Special Conference Committee   
 Pre-Hearing Consent Order

Case Type:   
 Abuse/Inappropriate Relationship   
 Inability to Safely Practice   
 Fraud/Continuing Education   
 Standard of Care   
 Unlicensed Activity

Sanction Threshold Level:   
 0-50   
 51-85   
 86 and up

Imposed Sanction(s):   
 No Sanction   
 Terms   
 Courses \_\_\_\_\_   
 Take No Action   
 HPMP entry/compliance  Other: \_\_\_\_\_   
 Probation with Terms: \_\_\_\_\_   
 Reprimand   
 Monetary Penalty for \$ \_\_\_\_\_   
 Suspension (*check all that apply*)   
 not < 1 year   
 not < 2 years   
 Stay contingent upon \_\_\_\_\_   
 Offer CO   
 Surrender   
 Revocation   
 Recommend Formal   
 Other Sanction: \_\_\_\_\_

Was imposed sanction a departure from the recommendation?  No  Yes, give reason below

Reasons for Departure from Sanction Grid Result: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Worksheet Preparer's Name: \_\_\_\_\_ Date Worksheet Completed: \_\_\_\_\_

Board Member or Agency Subordinate Name: \_\_\_\_\_

# SRP Worksheet for LMTs

Case Type Score (score only one)	Points	Score
a. Abuse/Inappropriate Relationship	50	_____
b. Inability to Safely Practice	35	_____
c. Fraud/Continuing Education	25	_____
d. Standard of Care	15	_____
e. Unlicensed Activity	10	_____
	Case Type Score	<input style="width: 50px; height: 20px;" type="text"/>

Offense and Respondent Score (score all that apply)	Points	Score
a. Concurrent criminal conviction	40	_____
b. Past difficulties (substances, mental/physical)	30	_____
c. Case involved a mental health admission	25	_____
d. Concurrent action by employer	20	_____
e. Act of commission	15	_____
f. Respondent failed to initiate corrective action	15	_____
g. License ever taken away by any state	10	_____
h. Financial or material gain	10	_____
i. Any prior Virginia Board violations	10	_____
j. Patient physical injury	10	_____
	Offense and Respondent Score	<input style="width: 50px; height: 20px;" type="text"/>

**Total Worksheet Score**  
(Case Type + Offense and Respondent)

Score	Sanctioning Recommendations
0-50	No Sanction Reprimand Monetary Penalty
51-85	Probation Stayed Suspension Terms
86 and up	Refer to Formal Hearing Revocation Suspension Surrender

Confidential pursuant to § 54.1-2400.2 of the Code of Virginia.

# SRP Worksheet Instructions for LMTs

## Case Type Score

**Step 1:** (score only one)

Enter the point value that corresponds to the case type. If a case has multiple aspects, enter the point value for the one most serious case type that is highest on the list. (See page 29 for an expanded list.)

- |                                     |    |
|-------------------------------------|----|
| a. Abuse/Inappropriate Relationship | 50 |
| b. Inability to Safely Practice     | 35 |
| c. Fraud/Continuing Education       | 25 |
| d. Standard of Care                 | 15 |
| e. Unlicensed Activity              | 10 |

**Step 2:** Enter Case Type Score

## Offense/Respondent Score

**Step 3:** (score all that apply)

- Enter "40" if the respondent received a criminal conviction related to this offense. This factor includes respondents pleading guilty with first offender status.
- Enter "30" if the respondent has had any past difficulties in the following areas: drugs, alcohol, mental capabilities or physical capabilities. Scored here would be prior convictions for DUI/DWI, inpatient/outpatient treatment, and bona fide mental health care for a condition affecting his/her abilities to function safely or properly.
- Enter "25" if the case involved a mental health admission. The admission can be either voluntary or a temporary detention order (TDO).
- Enter "20" if the respondent received any action from his/her employer in response to the current incident. This may include, but is not limited to: suspension, termination, or disciplinary counseling notice.
- Enter "15" if this was an act of commission. An act of commission is interpreted as purposeful or with knowledge.
- Enter "15" if the respondent failed to take corrective action prior to the time at which the SRP worksheet is being considered.
- Enter "10" if the respondent's LMT license was previously revoked, suspended, or summarily suspended in any state or if any license type was previously revoked by the Virginia Department of Health Professions.
- Enter "10" if the respondent's motivation for the violation was financial or material gain.
- Enter "10" if the respondent has any prior orders issued by the Virginia Board of Nursing finding them in violation.
- Enter "10" if a patient was intentionally or unintentionally injured. Injury includes, but is not limited to, any physical injury that requires first aid, subsequent treatment, and emergency care.

**Step 4:** Combine all for Total Offense and Respondent Score

**Step 5:** Combine Case Type Score and Offense and Respondent Score for Total Worksheet Score

## Sanctioning Grid

**Step 6: Sanction Recommendation** – The Total Worksheet Score corresponds to the sanctioning recommendations located at the bottom of the worksheet. To determine the appropriate recommended sanction, find the range on the left that contains the Total Worksheet Score. These points correspond to the recommended sanction in the right column. For instance, a Total Worksheet Score of 70 is recommended for "Probation/Stayed Suspension/Terms."

**Step 7:** Coversheet

Complete the coversheet, including the grid sanction, the imposed sanction, and the reasons for departure if applicable.

Policy Name	Communication with the media		Policy Number	76-20.01	
Section Title	Communications and Disclosure of Information	Section Number	76-20	Former Policy No.	76-7.1
Approval Authority	Agency Director		Effective Date	5/22/2020	
Responsible Executive	Communications Director		Revised Date	5/4/2018	
Responsible Office	Director's Office		Last Reviewed	6/1/2021	
Responsible Reviewer	Barrett, Erin				

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**Purpose:**

To ensure consistent messages and to provide support to boards and programs, the Department of Health Professions (DHP) media relations are centralized in Communications (inclusive of the Communications Director and an associate) as part of the Office of the Director.

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**Policy:**

Press requests for public information are protected by the Freedom of Information Act (FOIA) and are recognized as verbal FOIA's under §2.2-3704 of the Code of Virginia. As such, DHP is required to be both transparent and timely in response to requests for information not protected under law. FOIA requests must be answered verbally or in writing within five (5) working days though news media often have hourly or daily deadlines. Communications serves as the initial point of contact between the news media, health regulatory boards and DHP programs. Queries are routed by Communications to the appropriate board(s) or program(s). Similarly, media calls and email messages received by boards and programs are directed to Communications, which either prepares responses for review or assists content experts with replies.

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**Procedures:**

1. All media requests for health regulatory boards and DHP programs are routed to Communications.
2. Communications determines which content experts are appropriate to respond to the request and collaborates with or convenes board(s) and program(s) for input as needed.
3. In the event neither the agency communications director nor the communications associate are available, the appropriate DHP spokesperson should determine whether to defer the request or provide a response. If a response is provided it will be the responsibility of the content expert to complete and submit an electronic copy of the Media Alert to Communications and a hard copy to the agency chief deputy director before close of business.

4. Communications will gather additional details from the reporter to inform the board and programmatic decision making process regarding the request. This includes:
- a. Determining whether the reporter is on deadline;
  - b. Seeking additional details about the information requested and whether it available on a board, program or the DHP website;
  - c. Identifying the story angle;
  - d. Referring a reporter to another source ;
  - e. Researching communications records in the event the reporter has contacted other boards or programs at DHP regarding the same story;
  - f. Reviewing background information on both the reporter making the request and their news organization;
  - g. Informing other state agency communications staff when a news story is likely to impact them;
  - h. Providing content in writing, via telephone or in person as appropriate; and
  - i. Escorting press at all times when they are on-site.
5. Communications will make recommendations regarding how best to manage media requests and may develop a draft written response for review by agency content experts before it is release.
6. Once there is agreement on an electronic response, it is sent by communications to the reporter with a blind carbon copy to the staff leadership of the board or program engaged.
7. Communications completes an internal document called a “DHP Media Alert” for review by content experts and submits at the conclusion of a press interview to the Director and Chief Deputy before the close of business that day or as soon as possible.
8. DHP’s Media Alert serves as a final record of information provided to the press and may be advanced by the Office of the Director to the Office of the Secretary and/or Governor.
9. When on-camera, live tape sync or other onsite interview is sought, Communications will manage the following aspects of preparation to include:
- a. Identify and reserve a room for the interview, preferably on the second floor in the Conference Center;

- b. Alert first floor guard station and DHP's third floor receptionist that a member of the press will be in the building;
- c. Meet the reporter and camera crew downstairs in the first floor lobby to escort them to the interview;
- d. Confirm with the reporter the topic to be discussed, parameters for the interview and manage press expectations;
- e. Assist DHP's content expert with preparations for the interview such as defining key message points to convey;
- f. Support DHP's content expert throughout the interview process and take notes;
- g. A member of the communications staff must accompany the reporter and camera crew at all times;
- h. At the conclusion of the interview communications staff will escort the news team to the lobby; and
- i. Communication will encourage camera crews that elect to tape or broadcast in the Perimeter Center Building to coordinate that activity with its Office.

## **General Guidelines for Conduct of DHP Board Members**

Appointment by the Governor to serve the public as a member of a Board in the Department of Health Professions (DHP) is a privilege. These General Guidelines for Conduct are a set of expectations intended to assure the public that DHP and individual members of its respective regulatory Boards uphold the highest level of integrity and ethical standards.

The following guidelines for Board member conduct provide the foundation for supporting public trust in professional regulation. DHP Board members:

- Conduct themselves in a manner that is respectful of the process and all participants, including other Board members, staff, licensees and the members of the public during conferences, hearings, and general meetings;
- Fulfill the oath taken to uphold and familiarize themselves with the laws of the Commonwealth of Virginia, Board regulations, policies, guidance documents and procedures for the protection of the public that govern their service;
- Avoid any appearance of a conflict of interest, including relationships, activity or position that may influence, directly or indirectly, the performance of his or her official duties;
- Disclose any actual or perceived conflict of interest and recuse themselves from those decisions, if deemed appropriate;
- Seek appropriate advice and guidance from DHP when faced with unresolved ethical dilemmas;
- Represent their Boards without impairment from substance abuse;
- Always act in the best interest of their Board by conducting oneself with honesty and integrity at all times;
- Respect the legal and personal rights, dignity and privacy of all members of the profession, Board, and individuals who are subject to investigation;
- Report illegal or unethical acts of others whether inside or outside the respective professions that would endanger the public;
- Maintain confidentiality in handling of documents, information and general Board matters;
- Do not discuss with other Board members matters of confidentiality, or conduct business pertaining to the Board, outside of Board regular meetings without a proper quorum or authority to conduct such matters;

- Do not claim to represent, speak, or write opinions on behalf of their Board without prior permission from the Executive Director in concert with the President/Chair of the Board;
- Do not interfere with reporting, investigation, or adjudication of alleged violations of the statutes or regulations governing practice;
- Refrain from actions that expose their Board to legal, ethical, or financial risks;
- Refrain from any contact with respondents, witnesses and their legal counsel before or after a notice or order has been issued, even if they know them personally;
- Additionally, Board members should:
  - o Be on time for all sessions;
  - o Present a professional appearance and ensure that their demeanor and body language remains professional and respectful at all times;
  - o Inspect all mailed agenda materials and inform the president/chair prior to the opening of the session of any concerns;
  - o Address respondent, board, staff and members of the public by their last name and/or title and stay focused during the hearings or meetings in a fair, equitable, impartial and just manner;
  - o Refrain from speeches during hearings and avoid repeating questions, unless a clear answer was not given;
  - o Accept responsibility and accountability, and respect the decisions made by the Board.