

VIRGINIA BOARD OF NURSING
BUSINESS MEETING
AGENDA (THIRD MAILING)

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

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

Tuesday, July 23, 2024 at 9:00 A.M. – Quorum of the Board

CALL TO ORDER: Cynthia Swineford, RN, MSN, CNE; President

ESTABLISHMENT OF A QUORUM

ANNOUNCEMENT

• **Board Member Update:**

- **Delia Acuna, FNP-C**, has been appointed by Ms. Swineford, Board President, to serve on the Committee of the Joint Boards of Nursing and Medicine effective April 1, 2024. Ms. Acuna replaces Ms. Buchwald.
- **Lila Peake, RN**, from Lynchburg, has been appointed by Governor Youngkin on April 26, 2024 to serve the unexpired term to June 30, 2024. Ms. Peake replaces Ms. Meenakshi Shah, BA, RN. Ms. Peake was re-appointed on July 3, 2024 to serve the first term from July 1, 2024 to June 30, 2028.
- **Shelly Smith, PhD, DNP, ANP-BC**, from Powhatan, has been appointed by Governor Youngkin on July 12, 2024 to serve the unexpired term to June 30, 2025. Dr. Smith replaces Laurie Buchwald, MSN, WHNP, FNP.
- **Jodi Zehr, RN**, from Rustburg, has been appointed by Governor Youngkin on July 12, 2024 to serve the first term from July 1, 2024 to June 30, 2028. Ms. Zehr replaces Yvette Dorsey, DNP, RN.

• **BON Staff Recognized for Years of State Services**

- 5 Years of Services – Eric Berthiaume
- 10 Years of Services – Joseph Corley
- 15 Years of Services – Robin Hills and Huong Vu
- 20 Years of Services – Arlene Johnson
- 25 Years of Services – Stephanie Willinger

- **Jay Douglas, MSM, RN, CSAC, FRE**, Executive Director for the Virginia Board of Nursing, will be honored with the prestigious **R. Louise McManus Award** for her sustained and significant contributions through the highest commitment and dedication to the mission and vision of NCSBN at the NCSBN Annual Meeting held in Chicago, August 28-30, 2024.

- **Cynthia Swineford, RN, MSN, CNE, Board President**, has been appointed to the FY2025 Awards Committee by the NCSBN Board of Directors.

- **Randall Mangrum, DNP, RN, Nursing Education Program Manager**, has been selected to serve

as a Member of the NCSBN NCLEX Item Review Subcommittee

- **Staff Update:**

- **Ofelia Solomon** has accepted the Licensing Supervisor for the LMT, RMA and CNA programs and started on May 10, 2024.
- **Claire Morris, RN, LNHA**, has accepted the Executive Director position to replace Jay Douglas RN, MSM, CSAC, FRE. Ms. Douglas' retirement is effective September 2024.
- **Toni Parks, RN**, has accepted the Probable Cause Reviewer position with a start date of July 15, 2024.
- **Ann Hardy, MSN, RN**, has accepted the Deputy Executive Director/Nursing Discipline position and will start on July 25, 2024. Ms. Hardy is to replace Ms. Morris.
- **Felisa Smith, PhD, MSA, RN, CNE**, former Board Member, has accepted the Probable Cause Review position with a start date of July 29, 2024.
- **Tuesday, September 10, 2024** – Recognition of Service for Jay Douglas – **Staff and External Stakeholders**

A. UPCOMING MEETINGS and HEARINGS:

- Nurse Licensure Compact (NLC) Annual Meeting is scheduled for August 27, 2024 in Chicago, IL. Ms. Douglas will attend as Commissioner to represent Virginia Board of Nursing. Ms. Morris will attend as well.
- NCSBN Annual Meeting is scheduled for August 28-30, 2024 in Chicago, IL. Ms. Douglas will attend as President of the NCSBN Board of Directors. Ms. Swineford, Board President, and Ms. Morris will attend as Delegates. Ms. Kinchen, Board Member, and Ms. Bargdill will attend to represent the Virginia Board of Nursing.
- The Education Informal Conference Committee is scheduled for August 13, 2024, at 10 AM in Board Room 3.
- The Committee of the Joint Boards of Nursing and Medicine Business Meeting is scheduled for October 23, 2024, at 9 am in Board Room 2.

REMINDER of Additional Formal Hearings in 2024:

- **Wednesday, August 14, 2024** → Ms. Swineford, Ms. Davis, Dr. Dorsey, Ms. Freidenberg, Dr. Gleason and Mr. Hogan
- **Tuesday, October 29, 2024** → Ms. Swineford, Dr. Gleason, Ms. Acuna, Dr. Cox, Ms. Freidenberg, Mr. Hogan, Ms. Kinchen and Mr. Scott
- **Monday, December 2, 2024** → Ms. Swineford, Dr. Gleason, Ms. Acuna, Ms. Cartte, Dr. Cox, Ms. Freidenberg, Ms. Kinchen and Dr. Parke

REMINDER of Additional Special Conference Committee (SCC) to hear reinstatement cases in:

August 2024:

- SCC-A – Thursday, August 1, 2024 → Parke and Scott
- SCC-D – Tuesday, August 6, 2024 → Dorsey and Hogan
- SCC-C – Tuesday, August 20, 2024 → Gleason and LMT Advisory Board Member
- SCC- B – Thursday, August 22, 2024 → Cartte and Friedenber

October 2024:

- SCC-D – Wednesday, October 2, 2024 → Dorsey and Hogan
- SCC-B – Tuesday, October 8, 2024 → Cartte and Friedenber
- SCC-C – Tuesday, October 22, 2024 → Gleason and LMT Advisory Board Member
- SCC-A – Thursday, October 24, 2024 → Parke and Scott

December 2024:

- SCC-C – Tuesday, December 3, 2024 → Gleason and LMT Advisory Board Member
- SCC-D – Wednesday, December 11, 2024 → Dorsey and Hogan
- SCC-B – Monday, December 16, 2024 → Cartte and Friedenber
- SCC-A – Monday, December 16, 2024 → Parke and Scott

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

- Orientation to Establish a Nurse Aide Education Program is scheduled **VIRTUALLY** on **October 3, 2024** from 1 pm to 3 pm.
- Orientation on Establishment of a PN or RN Pre-Licensure Nursing Program is scheduled on **October 15, 2024** at DHP – Conference Center 201, from 9 am to 12 pm.
- Preparation and Regulation Review for Coordinators and Instructors of Nurse Aide Education Programs is scheduled on **October 23, 2024** at Danville Community College, Foundation Hall- 1st Floor, Silverman Auditorium, from 9 am to 12 pm.
- Preparation and Regulation Review for Program Directors and Faculty of PN and RN Pre-Licensure Nursing Programs is scheduled on **October 23, 2024** at Danville Community College, Foundation Hall- 1st Floor, Silverman Auditorium, from 1 pm to 4 pm.
- Preparation and Regulation Review for Administrators and Instructors of Medication Aide Training Programs is scheduled **VIRTUALLY** on **November 14, 2024** from 1 pm to 3 pm.

REVIEW OF THE AGENDA:

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

*B1	March 18, 2024	Formal Hearings
*B2	March 19, 2024	Business Meeting
*B3	March 20, 2024	Panel A - Formal Hearings
*B4	March 20, 2024	Panel B - Formal Hearings
*B5	March 21, 2024	Formal Hearings
*B6	April 10, 2024	Telephone Conference Call
*B7	April 16, 2024	Telephone Conference Call
*B8	April 18, 2024	Formal Hearings

- *B9 April 29, 2024 Telephone Conference Call
- *B10 May 9, 2024 Telephone Conference Call
- *B11 May 20, 2024 Consideration Meeting & Formal Hearings
- *B12 May 20, 2024 Telephone Conference Call
- *B13 May 21, 2024 Panel A – Consideration Meeting & Formal Hearings
- *B14 May 21, 2024 Panel B – Consideration Meeting & Formal Hearings
- *B15 May 22, 2024 Formal Hearings
- **B16 June 25, 2024 Telephone Conference Call

- **C1 - Board of Nursing Monthly Tracking Log
- **C2 - Agency Subordinate Recommendation Tracking Log
- **C3 - Executive Director Report

*C4 – HPMP Quarterly Report – January to March 2024

*C5 - NCSBN Governance and Bylaws Review Committee on March 25-26, 2024, in Chicago, IL – **Ms. Glazier**

*C6 - NCSBN International Center for Regulatory Scholarship (ICRS) Advanced Leadership Institute Graduation on April 3-4, 2024 in Washinton, DC – **Dr. Mangrum and Ms. Lucy Smith**

C7 - Federation of State of Massage Therapy Boards (FSMTB) Massage Board Executive (MBE) Summit on April 3-5, 2024 in Savannah. GA - **Ms. Bargdill

*C8 - NCSBN Model Act and Rules Committee Meeting on April 15-16, 2024, in Chicago, IL - **Ms. Wilmoth**

C9 - NCSBN IT-Operation Conference on May 22-27, 2024 in Salt Lake City, Utah – **Ms. Willinger

C10 - NCSBN Discipline Case Manager Conference on May 30-31, 2024 in Annapolis, MD – **Ms. Iyengar

*C11 - Regulatory Review Committee April 26, 2024 Meeting minutes

*C12 - Committee of the Joint Boards of Nursing and Medicine April 24, 2024 Discipline Meeting minutes

**C13 - Committee of the Joint Boards of Nursing and Medicine June 26, 2024 Discipline Meeting minutes

***2025 Dates for Board Meetings and Hearings – **UPDATED VERSION**

*2025 Dates for Education Special Conference Committee

DIALOGUE WITH DHP DIRECTOR – Mr. Owens

B. DISPOSITION OF MINUTES – None

C. REPORTS - None

D. OTHER MATTERS:

- Board Counsel Update (**verbal report**)
- ***D1 – Credentia/CNA Written Exam Process Change – Ms. Bargdill

- Board Member Scheduling and Time Commitment – **Ms. Swineford**
- Operation Nightingale Update – **Ms. Morris**
- Volunteers needed to serve on the Nominating Committee – **Ms. Swineford**
 - Slate to be voted on November 19, 2024
 - Officer terms begin on January 1, 2025

E. EDUCATION:

- Nurse Aide, Medication Aide and Nursing Education Program Updates – **Ms. Wilmoth (verbal report)**
- Registration is open for Nursing Regulatory Body Review of NCLEX Items. The Review will take place from Monday, October 28 – Friday, November 15, 2024

F. REGULATIONS/LEGISLATION– Ms. Barrett/Mr. Novak

- ***F1** – Chart of Regulatory Actions
- ***F2** - Adoption of Exempt Regulatory Action regarding Counseling for Opioid Prescriptions, changes to 18VAC90-40-12, pursuant to HB699
- ***F3** – Adoption of Exempt Regulatory Action regarding APRN Clinical Practice prior to Autonomous Practice, changes to 18VAC90-30-86, pursuant to HB971
- ***F4** – Adoption of Fast-Track Regulatory Amendment regarding Out-of-State Clinical Experience pursuant to SB553
- ***F5** – Adoption of Notice of Intended Regulatory Action (NOIRA) for Changes to Chapter 27, the Regulations Governing Nurse Education Programs, following Periodic Review and Review of Regulatory Committee
- *****F6** - Proposed Action for Fee Increase
- ***F7** – Action needed for Marcella Williams’ Petition for Rulemaking regarding Requirement for Self-Care Training, 18VAC90-27-90 and 18VAC90-27-100
- ***F8** – Revision of Guidance Document 90-62 – Medication Administration Training Curriculum Approved by the Board of Nursing for Various Settings
- ***F9** - Draft Exempt Regulatory Changes regarding Nursing Education Faculty pursuant to HB1499 – **PROVIDED FOR INFORMATION ONLY**

10:00 A.M. – PUBLIC COMMENT

10:30 A.M. - POLICY FORUM – Healthcare Workforce Data Center (HWDC) Report – Yetty Shobo, PhD, Executive Director, and Barbara Hodgdon, PhD, Deputy Director

- ***Virginia’s Nursing Education Programs: 2022 – 2023 Academic Year**

CONSIDERATION OF CONSENT ORDERS

- ***G1** – Carole D. Pearson, LPN Reinstatement Applicant
- ***G2** – Ping Zhang, LMT

- ***G3 - Jessica Vera Lee Swartout, LPN

12:00 P.M. – 1:30 P.M – LUNCH - Recognition of Service

1:30 P.M.

****E1 – June 18, 2024 Education Special Conference Committee DRAFT Minutes**

June 18, 2024 Education Special Conference Committee Recommendations regarding:

- ****E1a** - J. Sargeant Reynolds Community College, Richmond, Practical Nursing Program, US28105500
- ****E1b** - Mountain Gateway Community College, Clifton Forge, Registered Nursing Education Program, US28406700
- ****E1c** – New River Community College Associate Degree Nursing Education Program, US28406100
- ****E1d** – Liberty University, Traditional and Accelerated Baccalaureate Nursing Education Program, US28500000 and US28511300
- ****E1e** – George Mason University, Traditional and Accelerated Baccalaureate Nursing Education Program, US28508400 and US28500000
- ****E1f** – Marymount University Baccalaureate Nursing Education Program, US28505500 and US28501600
- ****E1g** – Rappahannock Community College Associate Degree Nursing Education Program, US28408800
- ****E1h** – Bon Secours Memorial College of Nursing Baccalaureate Nursing Education Program, US28502500
- ****E1i** – George Washington University Baccalaureate Nursing Education Program, US28504500
- ****E1j** - University of Virginia Baccalaureate Nursing Education Program, US28505700

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS – Full Board

1	*Sydney Paige Youther, RN	2	*Nicole Lynn Faison, RN
3	*Stephanie Tennille Martin, RN	4	*Jennifer L. Pruitt, CNA
5	*Mayte Sanchez, RN	6	*Rhonda Sayre, CNA
7	*Elisha Victoria Bowman, LPN	8	*Charlene Maria Gilbridge-Klik, RN
9	*Crystal Morris Jack, RN	10	*Alicia Nicole Paschall, RN
11	*Jennifer Lynn Morais, LPN	12	*Yvettrise Marquitta Hoskie, CNA
13	*Abigail Morton, RN	14	*Aleshia Williams, CNA
15	*Hannah Marie Carey, RN	16	*Rita Scott Warren, LPN
17	*Deborah Ruth Spainhour, RN	18	*Katelyn Elizabeth Stagardt, RN
19	*Takia Carter Tinsley, LPN	20	*Amanda Michelle Kingori, LPN
21	*Sarah S. Durham, LPN	22	*Neeka Deneen Barrow, RN
23	*Robyn Carrier, LPN	24	*Tessa Marie Palser Damon, RN
25	*Sinnah Koroma, CNA	26	*Hawanatu S. Kalokoh, CNA
27	*Jasmine Nikecia Bray, CNA	28	*Jasmine Nikecia Bray, RMA
29	*Delores Ann Hardy Cook, RMA	30	**Rozlyne A. Holmes, CNA
31	*Jeanne Townsend, CNA	32	*Sheila L. Coates, CNA
33	*Quashaunda Voncile Haynes, CNA	34	*Ashley Jaelyn Graham, CNA
35	*Audrea Lynn Hicks Slemple, LPN Applicant	36	*Brittani Elizabeth Breeden, RMA Applicant
37	*Travis Dickenson, LPN	38	*Casey E. Swift, RN
39	**Kelsey Johnson, CNA	40	**Shauntae Riva Knight, LPN
41	**David Kerzner, RN	42	**Miata Tashia Reed, RMA

43	**Chavelle Denita Dickens, LPN	44	**Catalina Zand, LPN
45	**Misti Spring Wise, CNA		

ADJOURNMENT OF BUSINESS AGENDA

(*1st mailing – 7/2) (**2nd mailing – 7/10) (**3rd mailing – 7/18)

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
March 18, 2024**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:03 A.M., on March 8, 2024, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT: A. Tucker Gleason, PhD, Citizen Member; First Vice-President
Carol Cartte, RN, BSN
Victoria Cox, DNP, RN
Yvette Dorsey, DNP, RN
Margaret J. Friedenberg, Citizen Member
Shantell Kinchen

STAFF PRESENT: Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Sylvia Tamayo-Suijk, Senior Nursing Discipline Specialist

OTHERS PRESENT: Laura Booberg, Assistant Attorney General
BSN program students from ECPI University- **left at 12:54 p.m.**

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

FORMAL HEARING: **Laura Michelle Jolly, RN** **0001-232138**
Ms. Jolly did not appear.
Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Cheryl Lane, court reporter with Veteran Court Reporters, recorded the proceedings.
Lieutenant Kevin Pultz was present and testified.

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

RECONVENTION: The Board reconvened in open session at 9:49 A.M.

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

ACTION: Ms. Cartte moved that the Board of Nursing issue an order to indefinitely suspend the license of **Laura Michelle Jolly** to practice as a professional nurse in the Commonwealth of Virginia and stay the suspension contingent upon entry into and compliance with Health Practitioners' Monitoring Program (HPMP). The motion was seconded by Ms. Kinchen 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 9:50 A.M.

RECONVENTION: The Board reconvened at 10:08 A.M.

FORMAL HEARING: **Tamara Sherry Bryson-Diggs, LPN** **0002-102147**

Ms. Bryson-Diggs appeared.

Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Cheryl Lane, court reporter with Veteran Court Reporters, recorded the proceedings.

Ashley Hester, Senior Investigator, Enforcement Division, Michelle Epps, LPN, former employee of Westport Nursing and Rehabilitation Center, Special Agent Kelly Connors, former employee of Department of Corrections, Sussex State Prison, and Lieutenant Sebastian Boyer, were present and testified.

CLOSED MEETING: Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:04 P.M., for the purpose of deliberation to reach a decision in the matter of **Tamara**

Sherry Bryson-Diggs. Additionally, Ms. Cartte moved that Dr. Hills, Ms. Bargdill, Ms. Tamayo-Suijk and Ms. Booberg, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:53 P.M.

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

ACTION: Ms. Kinchen moved that the Board of Nursing indefinitely suspend the right to renew the license of **Tamara Sherry Bryson-Diggs** to practice practical nursing in the Commonwealth of Virginia for a period of not less than one year. The motion was seconded by Dr. Cox 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 12:54 P.M.

RECONVENTION: The Board reconvened at 1:34 P.M.

FORMAL HEARING: **Baratu G. Jalloh, LPN** **0002-092888**

Ms. Jalloh appeared.

David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Cheryl Lane, court reporter with Veteran Court Reporters, recorded the proceedings.

Rehana Majeed, former Executive Director of Harmony at Spring Hill, was present and testified. Theresa Morrow, Daughter of Patient "A" testified via telephone.

CLOSED MEETING: Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:11 P.M., for the purpose of deliberation to reach a decision in the matter of **Baratu G. Jalloh**. Additionally, Ms. Cartte moved that Dr. Hills, Ms. Bargdill, Ms. Tamayo-Suijk and Mr. Booberg, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:34 P.M.

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

ACTION: Ms. Kinchen moved that the Board of Nursing dismiss the case of **Baratu G. Jalloh**. The motion was seconded by Dr. Cox and carried unanimously.

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

FORMAL HEARING: **Donna Swan, RN** **Maine License #RN46524 with Multistate privileges**

Ms. Swan did not appear.

Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Cheryl Lane, court reporter with Veteran Court Reporters, recorded the proceedings.

Wanda Scott, RN, Director of Nursing (DON) at Clarksville Health and Rehabilitation present and testified.

CLOSED MEETING: Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:58 P.M., for the purpose of deliberation in the matter of **Donna Swan**. Additionally, Ms. Cartte moved that Dr. Hills, Ms. Bargdill, Ms. Tamayo-Suijk and Ms. Booberg, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

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

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

ACTION: Ms. Kinchen moved that the Board of Nursing indefinitely suspend the privilege to practice as a registered nurse for **Donna Swan** in the Commonwealth of Virginia for a period of no less than two years. The motion was seconded by Dr. Cox 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 4:30 P.M.

RECONVENTION: The Board reconvened at 4:43 P.M.

FORMAL HEARING: **Kizzy Renea Fowlkes, LPN** **0002-087569**

Ms. Fowlkes appeared.

David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Cheryl Lane, court reporter with Veteran Court Reporters, recorded the proceedings.

Meghan Wingate, Senior Investigator, Enforcement Division, Shawn Ledger, Senior Investigator, Enforcement Division, Cindy DeBusk, Virginia Department of Health, Piedmont Health District, were present and testified. Tina Armstrong, RN, Charlotte County Health Department, testified via telephone.

CLOSED MEETING: Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 5:02 P.M., for the purpose to review the medical records of **Kizzy Rena Fowlkes**. Additionally, Ms. Cartte moved that Dr. Hills, Ms. Bargdill, Ms. Tamayo-Suijk, Ms. Booberg, board counsel, Ms. Wingate, Mr. Kazzie and Ms. Fowlkes attend the closed meeting because their presence in the closed

meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

RECONVENTION: The Board reconvened in open session at 5:18 P.M.

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

RECESS: The Board recessed at 6:02 P.M.

RECONVENTION: The Board reconvened at 6:10 P.M.

CLOSED MEETING: Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 7:12 P.M., for the purpose of deliberation to reach a decision in the matter of **Kizzy Renea Fowlkes**. Additionally, Ms. Cartte moved that Dr. Hills, Ms. Bardgill, Ms. Tamayo-Suijk and Ms. Booberg, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

RECONVENTION: The Board reconvened in open session at 7:32 P.M.

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

ACTION: Ms. Kinchen moved that the Board of Nursing reprimand **Kizzy Renea Fowlkes** and issue an order to provide documentation of 3 hours of ethics and professionalism, 3 hours of professional accountability and 3 hours of documentation education. The motion was seconded by Dr. Cox 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 7:33 P.M.

Christina Bargdill; BSN, MHS, RN
Deputy Executive Director

DRAFT

**VIRGINIA BOARD OF NURSING
BUSINESS MEETING MINUTES
March 19, 2024**

B2

TIME AND PLACE: The business meeting of the Board of Nursing was called to order at 9:00 A.M. on March 19, 2024, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Cynthia M. Swineford, RN, MSN, CNE; President

BOARD MEMBERS PRESENT: Delia Acuna, FNP-C
Laurie Buchwald, MSN, WHNP, FNP
Carol Cartte, RN, BSN
Victoria Cox, DNP, RN
Pamela Davis, LPN
Yvette L. Dorsey, DNP, RN
Margaret J. Friedenberg, Citizen Member
Ann Tucker Gleason, PhD, Citizen Member
Paul Hogan, Citizen Member
Helen Parke, DNP, FNP-BC
Robert Scott, RN

MEMBERS ABSENT: Shantell Kinchen, LPN
Meenakshi Shah, BA, RN

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

OTHERS PRESENT: Laura Booberg, Senior Assistant Attorney General, Board Counsel
Arne Owens, DHP Director
James Jenkins, Jr., RN, DHP Chief Deputy
Erin Barrett, JD, Director of Legislative and Regulatory Affairs
Matthew Novak, DHP Policy Analyst

IN THE AUDIENCE: Richard Grossman, Virginia Council of Nurse Practitioners (VCNP)
Andrew Densmore, Medical Society of Virginia (MSV)

ESTABLISHMENT OF A QUORUM: With 11 members present, Ms. Swineford indicated that a quorum was established.

ANNOUNCEMENTS: Ms. Swineford announced the following:

Staff Update:

- **Anthony Morales** has accepted a reassignment to serve as Administrative Coordinator for all matters related to digital processes, board technology uses and to act as a Liaison to DHP Technology and Business Services (TBS) Unit.

UPCOMING MEETINGS: The upcoming meetings listed on the agenda:

REMINDER – The **DHP Board Member Training** is scheduled for March 26, 2024. Ms. Acuna, Ms. Cartte, Dr. Cox, Ms. Davis, Ms. Friedenber and Dr. Parke will attend.

- The Tri-Regulatory Collaborative Meeting is scheduled for March 21, 2024 in Chicago. Ms. Douglas will attend as President of the NCSBN Board of Directors (BOD).
- American Association of Colleges of Nursing (AACN) Deans Annual Meeting is scheduled for March 23-25, 2024, in Washington, DC. Ms. Douglas will attend as President of the NCSBN Board of Directors (BOD).
- NCSBN Governance and Bylaws Review Committee is scheduled for March 25-26, 2024, in Chicago, IL – Ms. Glazier will attend as Chair of the Committee.
- NCSBN International Center for Regulatory Scholarship (ICRS) Advanced Leadership Institute Graduation is scheduled for April 3-4, 2024 in Washington, DC. Dr. Mangrum and Ms. Lucy Smith will attend as graduates of the ICRS Certificate Program. Ms. Douglas will also attend and provide the graduation address.
- Federation of State of Massage Therapy Boards (FSMTB) Massage Board Executive (MBE) Summit is scheduled for April 3-5, 2024 in Savannah. GA. Ms. Bargdill will attend as representative for Virginia Board of Nursing.
- American Organization for Nursing Leadership (AONL) Inspiring Leaders Conference is scheduled for April 8-11, 2024, in New Orleans, LA. Ms. Douglas will attend as President of the NCSBN BOD and will also provide a presentation on the Nurse Licensure Compact and NGN-NCLEX.
- NCSBN Model Act and Rules Committee Meeting is scheduled for April 15-16, 2024, in Chicago, IL. Ms. Wilmoth will attend as Committee Member.

- Federation of State Medical Boards (FSMB) Annual Meeting is scheduled for April 17-20, 2024, in Nashville, TN. Ms. Douglas will attend as President of the NCSBN BOD. Board of Pharmacy and Board of Medicine will be represented.
- Virginia Organization for Nurse Leaders (VONL) Spring Conference is scheduled for April 26, 2024 in Glen Allen, VA. Ms. Douglas and Ms. Morris will attend.
- NCSBN Board of Directors (BOD) is scheduled for May 7-9, 2024, in Chicago, IL. Ms. Douglas will attend as President of the NCSBN BOD.
- National Association of Boards of Pharmacy (NABP) Annual Meeting is scheduled for May 16-17, 2024, in Fort Worth, TX. Ms. Douglas will attend as President of the NCSBN BOD.
- The Education Informal Conference Committee is scheduled for April 16, 2024, at 10 AM in Board Room 3.
- The Committee of the Joint Boards of Nursing and Medicine Business Meeting is scheduled for April 24, 2024, at 9 am in Board Room 2.
- The Nursing Education Regulatory Review Committee Meeting is scheduled for April 26, 2024, at 9:30 AM in Board Room 4

REMINDER of Additional Formal Hearings in 2024:

- **Thursday, 4/18/2024** – Board Members are Ms. Swineford (**Chair**), Ms. Acuna, Dr. Cox, Ms. Davis, Ms. Friedenber and Dr. Gleason
- **Tuesday, 6/11/2024** – Board Members are Ms. Swineford (**Chair**), Ms. Acuna, Ms. Cartte, Ms. Friedenber, Dr. Gleason and Ms. Kinchen.

REMINDER of Additional Special Conference Committee (SCC) to hear reinstatement cases in April and June 2024:

- **Thursday, 4/4/2024** – Board Members are Ms. Cartte (**Chair**) and Mr. Scott
- **Wednesday, 4/17/2024** – Board Members are Dr. Dorsey (**Chair**) and Mr. Hogan
- **Monday, 4/22/2024** – Board Members are Dr. Gleason (**Chair**) and Ms. Cartte

- **Wednesday, 6/5/2024** – Board Members are Dr. Dorsey (**Chair**) and Ms. Davis
- **Monday, 6/24/2024** – Board Members are Dr. Gleason (**Chair**) and Mr. Scott
- **Nursing and Nurse Aide Education Program Training Sessions:**
 - Preparation and Regulation Review for Program Directors and Faculty of PN & RN Pre-Licensure Nursing Programs is scheduled on **Wednesday, March 27, 2024**, at Hampton University (200 William R. Harvey Way, Hampton, VA 23668) – Student Center Ball Room from 9 am to 12 pm.
 - Preparation and Regulation Review for Coordinators and Instructors of Nurse Aide Education Programs is scheduled on **Wednesday, March 27, 2024**, at Hampton University (200 William R. Harvey Way, Hampton, VA 23668) – Student Center Ball Room from 1 pm to 4 pm.

Ms. Douglas noted that Ms. Wilmoth has completed the required courses of NCSBN ICRS Advanced Leadership Institute also. However, Ms. Wilmoth is not able to attend the final conference so she will graduate at a later date.

Ms. Swineford congratulated Dr. Mangrum and Ms. Lucy Smith on their graduation.

Ms. Douglas added that the Board of Nursing Officers will meet on Wednesday, March 20, at 8:15 am.

Ms. Douglas said that Board Members should receive calendar invites from Ms. Vu for upcoming formal hearing and special conference committee dates.

**ORDERING OF
AGENDA:**

Ms. Swineford asked staff if there are modifications to the agenda.

Ms. Douglas noted that the Board has another case for consideration for possible summary suspension.

CONSENT AGENDA: Ms. Douglas noted that the APRN Workforce Reports and Key Findings have been presented to the Committee of the Joint Boards of Nursing and Medicine and they are presented as the recommendations from the Committee of the Joint Boards to the Board of Nursing for approval to be posted to DHP website.

The Board did not remove any items from the consent agenda.

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

Consent Agenda

B1 January 22, 2024	Formal Hearings
B2 January 23, 2024	Business Meeting
B3 January 24, 2024	Panel A - Formal Hearings
B4 January 24, 2024	Panel B - Formal Hearings
B5 January 25, 2024	Formal Hearings
B6 January 30, 2024	Telephone Conference Call
B7 February 13, 2024	Telephone Conference Call
B8 February 28, 2024	Telephone Conference Call
B9 February 29, 2024	Formal Hearings
B10 March 13, 2024	Telephone Conference Call

- C1** - Board of Nursing Monthly Tracking Log
- C2** - Agency Subordinate Recommendation Tracking Log
- C3** - Executive Director Report
- C4** – Board of Nursing Criminal Background Check (CBC) Report

C5 - Regulatory Review Committee January 23, 2024 Meeting minutes - **FINAL**

C6 - Committee of the Joint Boards of Nursing and Medicine February 28, 2024 Business Meeting and Discipline Meeting minutes

DHP Key Performance Measures Report – Q2 2020 – Q2 2024

- ❖ Virginia’s Advanced Practice Registered Nurse (APRN) Workforce: 2023
- ❖ Virginia’s Advanced Practice Registered Nurse (APRN) Workforce: Comparison by Specialty
- ❖ 2023 APRN Workforce Survey – Key Findings

**DIALOGUE WITH DHP
DIRECTOR OFFICE:**

Mr. Owens provided the following information:

- The General Assembly – busy session with some improvements regarding APRN’s and Behavioral Health bills.
- Healthcare Workforce Development Authority – the RAND study has been completed. The next step of strategic planning has begun.
- DHP business process reengineering has begun. Impact Makers® are reviewing the licensing processes of all Boards. The review has started with the Board of Medicine, Boards of Counseling and Social Work. Board of Nursing will be in April. DHP is looking for

- recommendations regarding improving licensing processes from Impact Makers specifically from the perspective of the applicant.
- Senior Leadership changes are in process over the next few months. Sarah Rogers is the new Executive Director for Enforcement. Recruitment is currently in process for the Director of Communications position.

Ms. Buchwald asked if the Impact Makers projects are included in the budget since it will take months to complete. Mr. Owens confirmed that the projects are budgeted.

Ms. Douglas commented that measurement of various stages of the application process is not possible with the current systems..

Ms. Swineford thanked Mr. Owens for his report.

DISPOSITION OF
MINUTES:

None

REPORTS:

Verbal Reports:

Nurse Licensure Compact (NLC) Midyear Meeting – March 11, 2024 in Atlanta, GA.

Ms. Douglas reported the following:

- It was not a heavy meeting on action items but huge on training due to turnover in Commissioners. 36% Executive Officers in position are less than two years.
- NLC has two meetings per year.
- Each state appoints a representative/Commissioner to the NLC. West Virginia has RN Board and LPN Board and LPN Board represents West Virginia at the NLC.
- 2025 is the NLC's 25th anniversary

NCSBN Leadership Day – March 12, 2024 in Atlanta, GA.

Ms. Swineford reported the following:

- Presentation regarding disciplinary actions such as substance abuse and boundary abuse. At the proceeding, the Board should consider background issues of the Respondents who come to the Board.
- Met with different states and discussed the variability in states laws and processes.

Ms. Swineford noted that she is proud of Virginia for the work that the Board does and encouraged other Board members to attend the NCSBN meetings if they can.

NCSBN Midyear Meeting – March 13-14, 2024 in Atlanta, GA

Ms Davis reported the following:

- All states are different in regard to laws and regulations
- More cases are coming regarding Operation Nightingale
- Great presentation by Mr. Dickinson “The Moment” regarding when the nurse meets the patient where the trust begins.

Ms. Hardy reported the following:

Appreciation of the fellowship with Board Members and Colleagues
Legislative update – appreciate the depth and the work NCSBN is doing

Ms. C. Smith reported the following:

- Collaboration with the NCSBN is beneficial to the Board
- The cohesiveness of NCSBN staff is seamless
- Consider volunteering for NCSBN

Ms. Douglas reported the following:

- Remote proctoring for NCLEX exam in the future – greater access to licensing exam and faster results

Mr. Hogan asked if there is a way to catch the applicant, like the ones of the Operation Nightengale, before licenses are issued. Ms. Douglas stated that NCSBN is revising its fraud detection toolkit and is providing notifications through NURSYS.

RECESS:

The Board recessed at 9:50 A.M.

Mr. Owen left the meeting at 9:50 A.M.

RECONVENED:

The Board reconvened at 10:00 A.M.

PUBLIC COMMENT:

None was received

REPORTS:

Verbal Reports (cont.):

Virginia Council of nurse Practitioners (VCNP) Annual Conference – March 13-14, 2024 in Williamsburg, VA.

Dr. Hills reported the following:

- VCNP’s 50th Anniversary was celebrated
- The highlight of the conference was the panel of Nurse Practitioners who provided the history of VCNP from 1974 to present emphasizing the milestones regarding prescriptive authority and movement toward full practice authority.

Dr. Parke noted that there were many on the VCNP Panel who were members of the Board of Nursing previously.

Annual Reports for 2024:

C7 – Board of Nursing Licensure and Discipline Statistics

Dr. Dorsey moved to accept the report as presented. The motion was seconded by Ms. Davis and carried unanimously.

C8 – NNAAP Pass Rates

Dr. Dorsey moved to accept the report as presented. The motion was seconded by Dr. Cox and carried unanimously.

C9 – PSI Pass Rates (Medication Aide)

Dr. Dorsey moved to accept the report as presented. The motion was seconded by Dr, Cox and carried unanimously.

C10 – NCLEX Pass Rates

Dr. Dorsey moved to accept the report as presented. The motion was seconded by Ms. Acuna and carried unanimously.

C11 – Approved Initial Faculty Exceptions

Dr. Dorsey moved to accept the report as presented. The motion was seconded by Ms. Acuna and carried unanimously.

OTHER MATTERS:

Board Counsel Update:

Ms. Booberg stated that she has nothing to report.

Composition of the Special Conference Committees (SCC), Assignments and scheduling Informal Conference (IFC) from July to December 2024:

Ms. Douglas stated that Ms. Swineford has appointed the following Board Members to the SCCs to hear reinstatement and LMT cases for the second half of 2024:

Dr. Dorsey & Mr. Hogan
Ms. Cartte & Ms. Friedenberg
Dr. Parke & Mr. Scott
Dr. Gleason & LMT Member

Ms. Douglas added that all other Board Members will be polled for formal hearing dates in the even months. Ms. Douglas stated the IFC schedule sheets are provided to the SCC members. Ms. Douglas asked SCC Members to return the schedule sheets to Ms. Vu by the end of the day.

Changes in May Board Week:

Ms. Douglas stated that the Board will not have a full business meeting in May due to Board Member availability and other factors. Ms. Douglas added that there may be short agenda items for any business items that arise.

Ms. Douglas provided the following May Board Week schedule:

Monday, 5/20/2024 – one panel of formal hearings

Tuesday, 5/21/2024 – two panels of formal hearings

Wednesday, 5/22/2024 – one panel of formal hearings

Ms. Douglas noted that once the Assignments are completed, Ms. Vu will send out calendar invites to Board Members.

Additional Formal Hearing Dates for August, October and December 2024:

Ms. Douglas stated that separate sheets for additional formal hearing sign up are provided. Ms. Douglas asked Board Members to provide all their availabilities for August, October and December. Ms. Douglas noted that the Board will only conduct one extra formal hearing for the months identified.

Special Notification

Ms. Douglas stated that staff was informed of the passing of Dr. Elnora D. Daniel, RN, EdD recently.

Ms. Douglas noted that Dr. Daniel was the first African American President on the Board and served from July 1981 to June 1990.

EDUCATION:

Education Update:

Ms. Wilmoth reported the following:

Nurse Aide Education Program Updates

- Education Seminars:
 - There was 36% increase in onsite education regulatory review seminar attendance from 2022 to 2023 (41 compared to 30).
 - There was ~21% increase in offsite education regulatory review seminar attendance from 2022 to 2023 (35 compared to 29)
 - Virtual education seminars for those who desire to establish a nurse aide program were implemented in 2023 with 15-20 potential programs who attended.

Medication Aide Program Updates

- Virtual regulatory review Education Seminars began in 2023 with 74 programs in attendance.
- In Mid-December, newly developed questions were added to the medication aide exam and the 1% increase in passing standard was implemented. A meeting was held with PSI to review testing scores year-to-date; through the end of February there is a 68% first time pass-rate. Will meet with PSI after a full quarter has occurred to review pass rates

along with item differential information. We will work with PSI to form a workgroup to review items that are poor performers and write additional questions.

Nursing Education Programs Updates

- Education Seminars:
 - There was 54% increase in onsite education regulatory review seminar attendance from 2022 to 2023 (37 compared to 24).
 - There was 7% increase in program attendance for offsite regulatory review with a 66% increase in administration/faculty reached from 2022 to 2023 (2023-15 programs 48 people compared to 2022-14 programs and 29 people).
 - There was 44% increase in attendance for the onsite education seminars for those who desire to establish a nursing education program from 2022 to 2023 (13 compared to 9).
- Regulatory review continues – next meeting April 26.
- NCSBN Annual Report → has been closed. Once results are available, they will be shared with the Board.

Ms. Wilmoth noted that the Education IFC Committee members have been assigned for the remainder of 2024 with calendar invites and emails to those participating board members.

LEGISLATION/ REGULATION:

Ms. Barrett reported the following:

F1 - Chart of Regulatory Actions

Ms. Barrett reviewed the regulatory actions found in the chart noting that the Fee Increase item is now at the Governor's Office.

F2 – Report of the 2024 General Assembly (GA)

Ms. Barrett reviewed the handout report of bills considered at the GA noting that bills with no action means an automatic approval.

Mr. Owens re-joined the meeting at 10:41 A.M.

F3 – Review of Guidance Document (GD) 90-9 – Guidelines for Prescription Drug Administration Training Program for Child Day Programs

Ms. Barrett stated that if there are no substantive changes to GD 90-9, the Board can reaffirm the document as is. The Board is no longer required to submit simple reaffirmations of GDs to the Registrar's office and open a 30-day public comment forum for such reaffirmation.

Dr. Dorsey moved to reaffirm GD 90-9 as presented. The motion was seconded by Dr. Cox and carried unanimously.

Ms. Barrett, Mr. Novak and Mr. Jenkins left the meeting at 11:18 A.M.

E1 – February 14, 2024 Education Special Conference Committee DRAFT minutes

Ms. Cartte moved that the Board of Nursing accept the February 14, 2024 Education Special Conference Committee minutes as presented. The motion was seconded by Mr. Scott and carried unanimously.

CONSIDERATION OF CONSENT ORDER:

G1 – Elizabeth Ann Donald, RN

0001-290441

Ms. Cartte moved that the Board of Nursing accept the consent order to reprimand **Elizabeth Ann Donald** and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia with suspension stayed contingent upon Ms. Donald'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 Ms. Davis and carried unanimously.

Ms. Swineford announced that Ms. Buchwald will resign from the Board after March Board Week and lunch today is in Recognition of her service.

RECESS: The Board recessed at 11:45 A.M.

RECONVENTION: The Board reconvened at 12:58 P.M.

POSSIBLE SUMMARY SUSPENSION CONSIDERATION

Case number 227237:

Amanda Padula-Wilson, Assistant Attorney General, and Melissa Gray, Adjudication Specialist, Administrative Proceedings Division, joined the meeting at 12:58 PM.

Amanda Padula-Wilson, Assistant Attorney General, presented evidence that the continued practice of practical nursing by **Gloria Igho Arajulu, LPN**

(0002-103259) may present a substantial danger to the health and safety of the public.

CLOSED MEETING:

Dr. Dorsey moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:05 P.M., for the purpose of deliberation to reach a decision in the matter of **Gloria Igho Arajulu**. Additionally, Dr. Dorsey moved that Ms. Douglas, Ms. Morris, Dr. Hills, Ms. Bargdill, Ms. Vu and Ms. Booberg 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. Cox and carried unanimously.

Ms. Padula-Wilson, Ms. Gray, Ms. Wilmoth, Dr. Mangrum, and Ms. Smith left the meeting at 1:05 PM.

RECONVENTION:

The Board reconvened in open session at 1:09 PM.

Ms. Padula-Wilson, Ms. Gray, Ms. Wilmoth, Dr. Mangrum, and Ms. Smith re-joined the meeting at 1:09 PM.

Dr. Dorsey 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. Cox and carried unanimously.

Dr. Gleason moved to summarily suspend the license of **Gloria Igho Arajulu** to practice practical nursing in the Commonwealth of Virginia and to offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Ms. Buchwald and carried unanimously.

Ms. Padula-Wilson and Ms. Gray left the meeting at 1:11 P.M.

Case numbers 223944, 226649, 232117 and 233865:

David Robinson, Assistant Attorney General, and Avi Efroem, Adjudication Specialist, Administrative Proceedings Division, joined the meeting at 1:11 PM.

Mr. Robinson, Assistant Attorney General, presented evidence that the continued practice practical nursing by **Johnelle Marie Montero, LPN (0002-078742)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING:

Dr. Dorsey moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:22 P.M., for the

purpose of deliberation to reach a decision in the matter of **Johnelle Marie Montero**. Additionally, Dr. Dorsey moved that Ms. Douglas, Ms. Morris, Dr. Hills, Ms. Bargdill, Ms. Vu and Ms. Booberg 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. Cox and carried unanimously.

Mr. Robinson, Mr. Efroem, Ms. Wilmoth, Dr. Mangrum, and Ms. Smith left the meeting at 1:22 PM.

RECONVENTION:

The Board reconvened in open session at 1:35 PM.

Mr. Robinson, Mr. Efroem, Ms. Wilmoth, Dr. Mangrum, and Ms. Smith re-joined the meeting at 1:35 PM.

Dr. Dorsey 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. Scott and carried unanimously.

Dr. Dorsey moved to summarily suspend the license of **Johnelle Marie Montero** to practice practical nursing in the Commonwealth of Virginia and to offer a consent order for indefinite suspension of her license for a period of not less than two (2) years in lieu of a formal hearing. The motion was seconded by Ms. Buchwald and carried unanimously.

CONSIDERATION OF December 4, 2023, EDUCATION SPECIAL CONFERENCE COMMITTEE RECOMMENDATIONS:

E1a – Medical Career Academy, LLC Medication Aide Training Program 0030000340

Ms. Cartte moved that the Board of Nursing accept the recommendations of the Education Special Conference Committee to withdraw the approval of **Medical Career Academy, LLC Medication Aide Training Program** to operate a medication aide training program. The motion was seconded by Ms. Davis and carried unanimously.

E1b – Kissito Healthcare – Brian Center Fincastle Nurse Aide Education Program 1414100842

Ms. Cartte moved that the Board of Nursing accept the recommendations of the Education Special Conference Committee to withdraw the approval of

Kissito Healthcare – Brian Center Fincastle Nurse Aide Education Program to operate a nurse aide education program. The motion was seconded by Ms. Davis and carried unanimously.

E1c – Florence Nightingale College of Virginia Nurse Aide Education Program 1414100945

Ms. Cartte moved that the Board of Nursing accept the recommendations of the Education Special Conference Committee to withdraw the approval of **Florence Nightingale College of Virginia Nurse Aide Education Program** to operate a nurse aide education program. The motion was seconded by Ms. Davis and carried unanimously.

E1d – Marymount University Baccalaureate Nursing Education Program US28505500 and US28501600

Ms. Cartte moved that the Board of Nursing accept the recommendations of the Education Special Conference Committee to approve the continuing faculty exception request for one faculty member. The motion was seconded by Ms. Davis and carried unanimously.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

ODD Number Panel Board Members in BOARD ROOM 2:

Presiding: Cynthia Swineford, RN, MSN, CNE; **President**
Delia Acuna, FNP-C
Victoria Cox, DNP, RN
Paul Hogan, Citizen Member
Helen Parke, DNP, FNP-BC
Robert Scott, RN

#27 – Jessie Milisa Rogers-Green, RN **0001-250784**
Ms. Rogers-Green appeared and addressed the Board.

CLOSED MEETING: Mr. Scott moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 1:52 P.M. for the purpose of considering the agency subordinate recommendations regarding **Jessie Milisa Rogers-Green, RN**. Additionally, Mr. Scott moved that Dr. Hills, Ms. Bargdill, Ms. Vu and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. Acuna and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:58 P.M.

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

Dr. Cox moved that the Board of Nursing accept the recommended decision of the agency subordinate to require **Jessie Milisa Rogers-Green**, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of a Board-approved courses of at least three (3) contact hours in each of the subjects of (i) critical thinking, and (ii) ethics and professionalism. The motion was seconded by Dr. Parke and carried unanimously.

#1 – Paula Price, CNA

1401-192252

Ms. Price did not appear.

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

#3 – Amanda Rachael Jocken, RN

0001-310158

Ms. Jocken did not appear.

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

#9 – Kimberly Richard, RN

**Florida License Number 9516505
With Multistate Privileges**

Ms. Richard did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no further action at this time contingent upon **Kimberly Richard's** enter into the Virginia Health Practitioners' Monitoring Program (HPMP) or similar program, shall provide to the Board proof of entry into a contract with the HPMP or similar program within 90 days of the date the Order is entered, and remain in compliance with all terms

and conditions of the HPMP or similar alternative program for the period specified by the HPMP or similar program. The motion was seconded by Dr. Cox and carried unanimously.

#11 – Franki Alyssa Skeens, LPN

0002-096864

Ms. Skeens did not appear.

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

#13 – Michael Alan King, RN

0001-168506

Mr. King did not appear.

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

#17 – Brittany J. Cadd, RMA

0031-013741

Ms. Cadd did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the right of **Brittany J. Cadd** to renew her registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#19 – Hannah West, CNA

1401-180200

Ms. West did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of **Hannah West** to practice as a nurse aide in the Commonwealth of Virginia for a period of not less than one (1) year from the date of entry of the Order. The motion was seconded by Dr. Cox and carried unanimously.

#25 – Victoria Gregory, CNA

1401-149457

Ms. Gregory did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Victoria Gregory** and to require Ms. Gregory, within 60 days from the date of entry of the Order, to provide written proof of successfully completion of Board-approved courses of at least three (3) contact hours in each of the subjects of (i) ethics and professionalism in nursing as it relates to practice as a certified nurse aide and (ii) professional accountability and legal liability for certified nurse aides. The motion was seconded by Dr. Cox and carried unanimously.

CLOSED MEETING:

Mr. Scott moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:04 P.M. for the purpose of considering the remaining agency subordinate recommendations regarding **#5, #7, #15, #21, #23 and #29**. Additionally, Mr. Scott moved that Dr. Hills, Ms. Bargdill, Ms. Vu and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Dr. Cox and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:40 P.M.

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

#5 – Jennifer Ann Corbin, RN

0001-279258

Ms. Corbin did not appear.

Dr. Cox moved that the Board of Nursing accept the recommended decision of the agency subordinate to require **Jennifer Ann Corbin**, within 90 days from the date of entry of the Order, to provide written proof of successful completion of Board-approved course of at least three (3) contact hours in the subjects of (i) professional accountability and legal liability for nurses and (ii) ethics and professionalism in nursing. The motion was seconded by Ms. Acuna and carried unanimously.

#7 – Wynette Lacole O’Neal, LPN

0002-099577

Ms. O’Neal did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Wynette Lacole O’Neal** and to require her, within 90 days from the date of entry of the Order, to provide

written proof satisfactory to the Board of successful completion of no less than three (3) contact hours of continuing education in each of the following courses (i) proper handling and documentation of medication, and (ii) professional accountability and legal liability for nurses. The motion was seconded by Mr. Scott and carried unanimously.

#15 – Melissa Black, RN

0001-242114

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

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Melissa Black** and to require her, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of no less than three (3) contact hours of continuing education in each of the subjects of professional accountability and legal liability for nurses and ethics in nursing. The motion was seconded by Ms. Acuna and carried unanimously.

21 – Tabitha Renee Cook Kennard, RMA

0031-007499

Ms. Kennard did not appear.

Mr. Scott moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Tabith Renee Cook Kennard** and to require her, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of no less than three (3) contact hours of continuing education in each of the subjects of ethics and professionalism; professional accountability and legal liability; and a medication aide refresher course. The motion was seconded by Ms. Acuna and carried unanimously.

#23 – Anna Jean Flowers Holland, RN

0001-177169

Ms. Holland did not appear.

Dr. Cox moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Anna Jean Flowers Holland** and to require her, within 90 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of no less than three (3) contact hours of continuing education in each of the subjects of (i) ethics and professionalism in nursing and (ii) professional accountability and legal liability for nurses. The motion was seconded by Mr. Hogan and carried unanimously.

#29 – Angela Lewis Trotter, RN

0001-160934

Ms. Trotter did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to place the license of **Angela Lewis Trotter** to

practice professional nursing in the Commonwealth of Virginia on probation with terms and conditions. The motion was seconded by Mr. Scott and carried unanimously.

EVEN Number Panel Board Members in BOARD ROOM 4:

Presiding: A Tucker Gleason, PhD, Citizen Member; **First Vice-President**
Laurie Buchwald, MSN, WHNP, FNP Pamela Davis LPN
Carol Cartte, RN, BSN Margaret Friedenberg, Citizen Member
Yvette Dorsey, DNP, RN

#2 – Wendy Harrison Waugh, LPN **0002-060074**
Ms. Waugh appeared and addressed the Board.

CLOSED MEETING: Dr. Dorsey moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:00 P.M. for the purpose of considering the agency subordinate recommendation regarding **Wendy Harrison Waugh**. Additionally, Dr. Dorsey moved that Ms. Douglas, Ms. Morris, and Ms. Wilkins 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. Buchwald and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:06 P.M.
Dr. Dorsey moved that the Board of Nursing certify that it heard, discussed and considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Ms. Buchwald and carried unanimously.

Dr, Dorsey moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Wendy Harrison Waugh** and to indefinitely suspend her license to practice practical nursing in the Commonwealth of Virginia for a period of not less than two (2) years from the date of entry of the Order. The motion was seconded by Ms. Davis and carried unanimously.

#14 – Tova Alicisha Tinsley, LPN **0002-092294**
Ms. Tinsley appeared and addressed the Board.

CLOSED MEETING: Dr. Dorsey moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:13 P.M. for

the purpose of considering the agency subordinate recommendation regarding **Tova Alicisha Tinsley**. Additionally, Dr. Dorsey moved that Ms. Douglas, Ms. Morris, and Ms. Wilkins 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. Buchwald and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:27 P.M.

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

Ms. Buchwald moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the license of **Tova Alicisha Tinsley** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Dorsey and carried unanimously.

#22 – Ronald Brockington, CNA

1401-087409

Mr. Brockington appeared and addressed the Board.

CLOSED MEETING:

Dr. Dorsey moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:38 P.M. for the purpose of considering the agency subordinate recommendation regarding **Ronald Brockington**. Additionally, Dr. Dorsey moved that Ms. Douglas, Ms. Morris, and Ms. Wilkins 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. Buchwald and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:45 P.M.

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

Ms. David moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Ronald Brockington** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against Mr. Brockingham in the Virginia Nurse

Aide Registry. The motion was seconded by Dr. Dorsey and carried unanimously.

#4 – Hayat Ahmed Mohamed, LPN **0002-092379**

Ms. Mohamed did not appear.

Ms. Buchwald moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of **Hayat Ahmed Mohamed** to renew her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Cartte and carried unanimously.

#12 – Parris Diondra Langhorne, RN **0001-243265**

Ms. Langhorne did not appear.

Ms. Buchwald moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the license of **Parris Diondra Langhorne** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Langhorne'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. Cartte and carried unanimously.

#18 – Freeda Brown, LPN, Multistate Licensure Applicant **0002-103723**

Ms. Brown did not appear.

Ms. Buchwald moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Freeda Brown** for a multi-state license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Cartte and carried unanimously.

#20 – Katrina Jeannette Cannon, CNA **1401-140261**

Ms. Cannon did not appear.

Ms. Buchwald moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Katrina Jeannette Cannon** to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against Ms. Cannon in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Cartte and carried unanimously.

#28 – Diane Lee Burns, RN **0001-105727**

Ms. Burns did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the license of **Diane Lee Burns** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Cartte and carried unanimously.

CLOSED MEETING:

Dr. Dorsey moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:53 P.M. for the purpose of considering the remaining agency subordinate recommendation regarding **#6, #8, #10, #16, #26 and # 30**. Additionally, Dr. Dorsey moved that Ms. Douglas, Ms. Morris, and Ms. Wilkins 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. Cartte and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 3:24 P.M.

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

#6 – Melissa Anne Hall Harper, LPN

0002-099431

Ms. Harper did not appear.

Ms. Buchwald moved that the Board of Nursing accept the recommended decision of the agency subordinate to place the license of **Melissa Anne Hall Harper** to practice practical nursing in the Commonwealth of Virginia on probation with terms and conditions. The motion was seconded by Ms. Cartte and carried unanimously.

#8 – Courtney Faye Williams, RN

0001-216400

Ms. Williams did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Courtney Faye Williams** and to require Ms. Williams, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three (3) contact hours in each of the subject of professional boundaries in nursing and ethics and professionalism in nursing. The motion was seconded by Ms. Davis and carried with four (4) votes in favor of the motion. Ms. Buchwald and Dr. Dorsey opposed the motion.

#10 – Megan Renee Flint, LPN

0002-098216

Ms. Flint did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the license of **Megan Renee Flint** to practice practical nursing in the Commonwealth of Virginia for a period of not less than two (2) years from the date of entry of the Order. The motion was seconded by Ms. Cartte and carried unanimously.

#16 – Dallas Raines Dean Crouse, RN **NC License # 306633**
With Multistate Privileges

Mr. Crouse did not appear.

Dr. Dorsey moved that the Board of Nursing modify the recommended decision of the agency subordinate to delete Findings of Fact and Conclusions of Law number 3, to indefinitely suspend the privilege of **Dallas Raines Dean Crouse** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Cartte and carried unanimously.

#26 – Jamie Leann Showers, RN **0001-298274**

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

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Jamie Leann Showers** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Showers' entry into a contract with the Virginia Health Practitioners' Monitoring Program and remain in compliance with all terms and condition of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Davis and carried unanimously.

#30 – Shoneterria Jaslyn Fulton, LPN **0002-089784**

Ms. Fulton did not appear.

Ms. Cartte moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Shoneterria Jaslyn Fulton** and to require Ms. Fulton, within 90 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three (3) contact hours in each of the subject of (i) ethics and professionalism in nursing and (ii) professional accountability and legal liability for nurses. The motion was seconded by Ms. buchwald and carried unanimously.

(iii) sharpening critical thinking skills. The motion was seconded by Dr. Parke and carried unanimously.

Virginia Board of Nursing
Business Meeting
March 19, 2024

ADJOURNMENT: ODD Number Panel adjourned at 2:45 P.M.

 EVEN Number Panel adjourned at 3:24 P.M.

Cynthia M. Swineford, RN, MSN, CNE
President

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
Panel A
March 20, 2024

B3

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:12 A.M., on March 20, 2023, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS

PRESENT:

Cynthia M. Swineford, MSN, RN, CNE; **President**
Delia Acuna, FNP-C
Laurie Buchwald, MSN, WHNP, FNP
Victoria Cox, DNP, RN
Margaret Friedenberg, Citizen Member
Paul Hogan, Citizen Member

STAFF PRESENT:

Jay P. Douglas, MSM, RN, CSAC, FRE; Deputy Executive Director
Lelia Claire Morris, RN, LNHA; Deputy Executive Director
Sylvia Tamayo-Suijk, Senior Discipline Specialist

OTHERS PRESENT:

Laura A. Booberg, Assistant Attorney General
Randolph Macon College, BSN Program students

ESTABLISHMENT
OF A PANEL:

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

FORMAL HEARINGS:

Carine Leconte Lazarre, RN Reinstatement Applicant 0001-285516
Ms. Lazarre appeared.

Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Tamara Adams, court reporter with County Court Reporters, recorded the proceedings.

Beatrice Shaw, Senior Investigator, Enforcement Division, was present and testified.

RECESS:

The Board recessed at 9:39 A.M.

RECONVENTION:

The Board reconvened at 9:50 A.M.

CLOSED MEETING:

Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:05 A.M., for

the purpose of deliberation to reach a decision in the matter of **Carine Leconte Lazarre**. Additionally, Dr. Cox moved that Ms. Douglas, Ms. Morris, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Acuna and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 11:54 A.M.

Dr. Cox 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. Acuna and carried unanimously.

ACTION:

Ms. Buchwald moved that the Board of Nursing deny the application for reinstatement of the license of **Carine Leconte Lazarre** to practice as a professional nurse in the Commonwealth of Virginia and continue indefinite suspension. The motion was seconded by Dr. Cox 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 11:55 A.M.

RECONVENTION:

The Board reconvened at 12:33 P.M.

FORMAL HEARINGS:

Hannah Osei-Agyeman, RN

0001-284281

Ms. Osei-Agyeman did not appear.

Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Tamara Adams, court reporter with County Court Reporters, recorded the proceedings.

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

CLOSED MEETING: Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:47 P.M., for the purpose of deliberation to reach a decision in the matter of **Hannah Osei-Agyeman**. Additionally, Dr. Cox moved that Ms. Douglas, Ms. Morris, Ms. Ms. Tamayo-Suijk and Ms. Booberg 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 12:58 P.M.

Dr. Cox 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. Acuna and carried unanimously.

ACTION: Ms. Buchwald moved that the Board of Nursing revoke the license of **Hannah Osei-Agyeman** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Mr. Hogan 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.

Randolph Macon College, BSN Program students left the meeting at 12:49 P.M.

FORMAL HEARINGS: **Charity Collins-Umunnah, LPN** **0002-102420**

Ms. Collins-Umunnah did not appear.

David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Tamara Adams, court reporter with County Court Reports, recorded the proceedings.

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

CLOSED MEETING: Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:33 P.M., for the purpose of deliberation to reach a decision in the matter of **Charity Collins-Umannah**. Additionally, Dr. Cox moved that, Ms. Douglas, Ms. Morris, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Acuna and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:40 P.M.

Dr. Cox 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. Acuna and carried unanimously.

ACTION: Ms. Buchwald moved that the Board of Nursing revoke the license **Charity Collins-Umannah** to practice as a practical nurse in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

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

FORMAL HEARINGS: **Diane Black, RN** **0001-299859**

Ms. Black did not appear.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Tamara Adams, court reporter with County Court Reports, recorded the proceedings.

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

CLOSED MEETING: Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:00 P.M., for the purpose of deliberation to reach a decision in the matter of **Diane**

Black. Additionally, Dr. Cox moved that, Ms. Douglas, Ms. Morris, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Acuna and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:07 P.M.

Dr. Cox 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. Acuna and carried unanimously.

ACTION:

Ms. Buchwald moved that the Board of Nursing revoke the right to renew the license of **Diane Black** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

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

FORMAL HEARINGS:

Bobbie Spruill Lacks, LPN

0002-074579

Ms. Lacks appeared, accompanied by Lester Lacks, her husband.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Tamara Adams, court reporter with County Court Reports, recorded the proceedings.

Shawn Ledger, Senior Investigator, Enforcement Division, and Emma Coronada, CNA, Clarksville Health and Rehabilitation, were present and testified. Ravin Townes, CNA, Clarksville Health and Rehabilitation testified via telephone.

CLOSED MEETING:

Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:25 P.M., for the purpose of deliberation to reach a decision in the matter of **Bobbie Spruill Lacks**. Additionally, Dr. Cox moved that, Ms. Douglas, Ms. Morris, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the

closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Acuna and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:21 P.M.

Dr. Cox 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. Acuna and carried unanimously.

ACTION: Ms. Buchwald moved that the Board of Nursing place the practical nursing license of **Bobbie Spruill Lacks** on probation with terms of a period of not less than one year. The motion was seconded by Lieutenant Colonel Acuna 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.

CONSIDERATION OF CONSENT ORDERS:

G2 – Amanda June Morgan, RN

0001-191494

Ms. Buchwald moved that the Board of Nursing accept the consent order for voluntary surrender for indefinite suspension of the license of **Amanda June Morgan** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

ADJOURNMENT: The Board adjourned at 4:28 P.M.

Lelia Claire Morris, RN, LNHA;
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
Panel B
March 20, 2024**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:05 A.M., on March, 20 2024, in Board Room 1, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT: A. Tucker Gleason, PhD, Citizen Member; **First Vice President**
Pamela Davis, LPN
Yvette L. Dorsey, DNP, RN
Shantell Kinchen, LPN
Helen Parke, DNP, FNP-BC
Robert Scott, RN

STAFF PRESENT: Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Breana Wilkins, Administrative Support Specialist

OTHERS PRESENT: M. Brent Saunders, Assistant Attorney General

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

FORMAL HEARINGS: **Hollyanne Yager, LPN Reinstatement Applicant 0002-099078**

Ms. Yager appeared.

Melissa Gray, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Virginia Mack, court reporter with County Court Reporters, recorded the proceedings.

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

CLOSED MEETING: Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:42 A.M., for the purpose of deliberation to reach a decision in the matter of **Hollyanne Yager**. Additionally, Dr. Parke moved that Dr. Hills, Ms. Bargdill, Ms. Wilkins and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed

necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:34 A.M.

Dr. Parke 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. Davis moved that the Board of Nursing approve the application of **Hollyanne Yager** for reinstatement of her license to practice as a practical nurse in the Commonwealth of Virginia only and issue an order of reprimand. The motion was seconded by Mr. Scott and passed with 5 votes in favor. Ms. Kinchen 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.

FORMAL HEARINGS: **Aina Olubadewa, LPN** **0002-068314**

Ms. Olubadewa appeared.

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

Lisanne Boddye, Sarah Rogers, Enforcement Director and Katie Land, Senior Investigator, Enforcement Division were present and testified. Rasha Al Deeb, testified via telephone.

RECESS: The Board recessed at 12:00 P.M.

RECONVENTION: The Board reconvened at 12:07 P.M.

CLOSED MEETING: Ms. Kinchen moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:49 P.M., for the purpose of deliberation to reach a decision in the matter of **Aina**

Olubadewa. Additionally, Ms. Kinchen moved that Dr. Hills, Ms. Bargdill, Ms. Wilkins, and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

RECONVENTION:

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

Ms. Kinchen 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. Davis and carried unanimously.

ACTION:

Dr. Dorsey moved that the Board of Nursing revoke the license of **Aine Olubadewa** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Kinchen and carried unanimously.

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

RECESS:

The Board recessed at 2:07 P.M.

RECONVENTION:

The Board reconvened at 2:42 P.M.

FORMAL HEARINGS:

Lisa Clements Lucas, RN

0001-164450

Ms. Lucas appeared accompanied by Linda Wallace, her Mother.

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

Amy Ressler, Health Practitioners' Monitoring Program (HPMP), Shawn Ledger, Senior Investigator, Enforcement Division, and Linda Wallace, respondents Mother, were present and testified.

CLOSED MEETING: Ms. Kinchen moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:41 P.M., for the purpose of deliberation to reach a decision in the matter of **Lisa Clements Lucas**. Additionally, Ms. Kinchen moved that, Dr. Hills, Ms. Bargdill, Ms. Wilkins and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

RECONVENTION: The Board reconvened in open session at 5:11 P.M.

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

ACTION: Dr. Parke moved that the Board of Nursing continue the registered nursing license of **Lisa Clements Lucas** on indefinite suspension for a period of not less than one year. The motion was seconded by Ms. Davis and carried unanimously.

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

FORMAL HEARINGS: **Alicia Lynn Lack, LPN** **0002-098001**

Ms. Lack did not appear.

Anne Joseph, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Virginia Mack, court reporter with County Court Reporters, recorded the proceedings.

Brittany Kitchen, Senior Investigator, Enforcement Division, and Rysinna Bowens, RN were present and testified.

CLOSED MEETING: Ms. Kinchen moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 5:52 P.M., for the purpose of deliberation to reach a decision in the matter of **Alicia Lynn Lack**. Additionally, Ms. Kinchen moved that, Dr. Hills, Ms. Bargdill, Ms. Wilkins and Mr. Saunders, Board Counsel, attend the

closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

RECONVENTION: The Board reconvened in open session at 6:06 P.M.

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

ACTION: Dr. Dorsey moved that the Board of Nursing revoke the license of **Alicia Lynn Lack** to practice as a practical nurse in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 6:07 P.M.

Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
Thursday March 21, 2024

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:26 A.M., on March 21, 2024, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT: Cynthia M. Swineford, MSN, Rn, CNE; **President**
Laurie Buchwald, MSN, WHNP, FNP
Pamela Davis, LPN
Helen Parke, DNP, FNP-BC
Robert Scott, RN

STAFF PRESENT: 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- **joined at 4:00 P.M.**
Sylvia Tamayo-Suijk, Senior Discipline Specialist

OTHERS PRESENT: Laura A. Booberg, Assistant Attorney General

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

FORMAL HEARINGS: **Ashley Richardson, LPN** **0002-071382**

Ms. Richardson appeared.

Avi Efreom, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Virginia Mack, court reporter with County Court Reporters, recorded the proceedings.

Ashley Hester, Senior Investigator, Enforcement Division, Taquanna Lane, LPN, Parham Healthcare and Rehabilitation Center, and Breanna Jacobs, LPN, Parham Healthcare and Rehabilitation Center, were present and testified.

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

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

CLOSED MEETING: Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:20 A.M., for the purpose of deliberation to reach a decision in the matter of **Ashley Richardson**. Additionally, Dr. Parke moved that Dr. Hills, Ms. Morris, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Buchwald and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:08 P.M.

Dr. Parke 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. Davis and carried unanimously.

ACTION: Ms. Davis moved that the Board of Nursing revoke the license of **Ashley Richardson** to practice as a practical nurse in the Commonwealth of Virginia. 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 12:09 P.M.

RECONVENTION: The Board reconvened at 12:50 P.M.

FORMAL HEARINGS: **Tara Dawn Hammock, RN** **0001-170022**

Ms. Hammock appeared, accompanied by Woody Hammock, her son.

Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Virginia Mack, court reporter with County Court Reporters, recorded the proceedings.

David Cowras, Senior Investigator, Enforcement Division, and Woody Hammock, respondent's son, were present and testified.

RECESS: The Board recessed at 2:16 P.M.

RECONVENTION: The Board reconvened at 2:29 A.M.

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

RECONVENTION: The Board reconvened at 3:14 P.M.

CLOSED MEETING: Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:34 P.M., for the purpose of deliberation to reach a decision in the matter of **Tara Dawn Hammock**. Additionally, Dr. Parke moved that Dr. Hills, Ms. Morris, Ms. Tamayo-Suijk and Ms. Booberg 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 3:59 P.M.

Dr. Parke 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. Parke moved that the Board of Nursing revoke the license of **Tara Dawn Hammock** to practice as a professional nurse in the Commonwealth of Virginia. The motion was seconded by Mr. Scott 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.

Dr. Hills left the meeting at 4:00 P.M.

Ms. Bargdill joined the meeting at 4:00 P.M.

RECESS: The Board recessed at 4:00 P.M.

RECONVENTION: The Board reconvened at 4:10 P.M.

FORMAL HEARINGS: **Jennifer Sherrell Bell, LPN Reinstatement Applicant**
0002-083320

Ms. Bell appeared accompanied by Faye Moton, her mother.

Melissa Gray, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Virginia Mack, court reporter with County Court Reporters, recorded the proceedings.

Gayle Miller, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 5:07 P.M., for the purpose of deliberation to reach a decision in the matter of **Jennifer Sherrell Bell**. Additionally, Dr. Parke moved that Ms. Bargdill, Ms. Morris, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the 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. Parke 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. Davis moved that the Board of Nursing approve the application for reinstatement of the license of **Jennifer Sherrell Bell** to practice as a practical nurse in the Commonwealth of Virginia, indefinitely suspend the practical nursing license of **Jennifer Sherrell Bell** and stay the suspension contingent upon entry into and compliance with Health Practitioners' Monitoring Program (HPMP) providing proof of completion of an approved nursing refresher course. The motion was seconded by Ms. Buchwald and carried unanimously.

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

FORMAL HEARINGS: **Janice Vernetta Gay, LPN Applicant**

Ms. Gay appeared.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Virginia Mack, court reporter with County Court Reporters, recorded the proceedings.

Stephen Shirley, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING:

Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 6:11 P.M., for the purpose of deliberation to reach a decision in the matter of **Janice Vernetta Gay**. Additionally, Dr. Parke moved that Ms. Bargdill, Ms. Morris, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Scott and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 6:20 P.M.

Ms. Buchwald 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. Davis and carried unanimously.

ACTION:

Mr. Scott moved that the Board of Nursing deny the application of **Janice Vernetta Gay** to practice as a practical nurse in the Commonwealth of Virginia. 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 6:21 P.M.

Lelia Claire Morris, RN, LNHA
Deputy Executive Director

DRAFT

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
April 10, 2024

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held April 10, 2024, at 4:31 P.M.

The Board of Nursing members participating in the call were:

Tucker Gleason, PhD, Citizen Member; **Chair**
Delia Acuna, FNP-C
Victoria Cox, DNP, RN
Pamela Davis, LPN
Yvette Dorsey, DNP, RN
Margaret Friedenberg, Citizen Member
Paul Hogan, Citizen Member
Shantell Kinchen, LPN- **joined at 4:55 p.m.**
Helen Parke, DNP, FNP-BC- **joined at 4:55 p.m.**
Robert Scott, RN

Others participating in the meeting were:

Laura Booberg, Assistant Attorney General, Board Counsel
Melissa Gray, Adjudication Specialist, Administrative Proceedings Division
Sean Murphy, Assistant Attorney General
David Kazzie, Adjudication Specialist, Administrative Proceedings Division
Amanda Padula-Wilson, Assistant Attorney General
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Lelia Claire Morris, RN, LNHA; Deputy Executive Director
Huong Vu, Operations Manager

The meeting was called to order by Dr. Gleason. With 8 members of the Board of Nursing participating, a quorum was established.

Sean Murphy, Assistant Attorney General, presented evidence that the continued practice of Professional Nursing by **Mohammed Saidu Nabie (0001-178229)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Dorsey moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:38 P.M., for the purpose of deliberation to reach a decision in the matter of **Mohammed Saidu Nabie**. Additionally, Dr. Dorsey moved that Dr. Hills, Ms. Bargdill, Ms. Morris, Ms. Vu, and Ms. Booberg 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. Cox and carried unanimously.

Mr. Murphy, Mr. Kazzie, Ms. Padula-Wilson and Ms. Gray left the meeting at 4:38 P.M.

RECONVENTION: The Board reconvened in open session at 4:51 P.M.

Mr. Murphy, Mr. Kazzie, Ms. Padula-Wilson and Ms. Gray re-joined the meeting at 4:51 P.M.

Dr. Dorsey 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. Cox and carried unanimously.

Dr. Cox moved to summarily suspend the license of **Mohammed Saidu Nabie** to practice as a professional nurse in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of his license in lieu of a formal hearing. The motion was seconded by Ms. Davis and carried unanimously.

Mr. Murphy and Mr. Kazzie left the meeting at 4:53 P.M.

Ms. Kinchen and Dr. Parke joined the meeting at 4:55 P.M.

Amanda Padula-Wilson, Assistant Attorney General, presented evidence that the continued practice as a nurse aide by **Lamar A. Young, CNA (1401-139738)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Dorsey moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 5:04 P.M., for the purpose of deliberation to reach a decision in the matter of **Lamar A. Young**. Additionally, Dr. Dorsey moved that Dr. Hills, Ms. Bargdill, Ms. Morris, Ms. Vu, and Ms. Booberg 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. Cox and carried unanimously.

Ms. Padula-Wilson and Ms. Gray left the meeting at 5:04 P.M.

RECONVENTION: The Board reconvened in open session at 5:08 P.M.

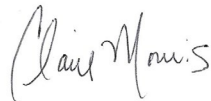
Ms. Padula Wilson and Ms. Gray re-joined the meeting at 5:08 P.M.

Dr. Dorsey 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. Cox and carried unanimously.

Virginia Board of Nursing
Possible Summary Suspension Telephone Conference Call
April 10, 2024

Dr. Dorsey moved to summarily suspend the certificate of **Lamar A. Young** to practice as a nurse aide in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of his certificate and enter a Finding of Abuse against him in the Virginia Nurse Aide Registration in lieu of a formal hearing. The motion was seconded by Dr. Cox and carried unanimously.

The meeting was adjourned at 5:11 P.M.



Claire Morris, RN, LNHA;
Deputy Executive Director

DRAFT

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
April 16, 2024

B7

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held April 16, 2024, at 4:30 P.M.

The Board of Nursing members participating in the call were:

Cynthia Swineford, RN, MSN, CNE; **Chair**
Carol Cartte, RN, BSN
Victoria Cox, DNP, RN
Pamela Davis, LPN
Yvette Dorsey, DNP, RN
Margaret Friedenberg, Citizen Member
Ann Tucker Gleason, PhD, Citizen Member
Paul Hogan, Citizen Member
Shantell Kinchen, LPN
Robert Scott, RN

Others participating in the meeting were:

Laura Booberg, Assistant Attorney General, Board Counsel
Claire Foley, Adjudication Specialist, Administrative Proceedings Division
Grace Stewart, Adjudication Specialist, Administrative Proceedings Division
David Kazzie, Adjudication Specialist, Administrative Proceedings Division
Amanda Padula-Wilson, Assistant Attorney General
Wayne Halbleib, Assistant Attorney General
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Lelia Claire Morris, RN, LNHA; Deputy Executive Director
Huong Vu, Operations Manager

The meeting was called to order by Ms. Swineford. With 10 members of the Board of Nursing participating, a quorum was established.

Wayne Halbleib, Assistant Attorney General, presented evidence that the continued practice of practical nursing by **Fatmata Kamara, LPN (0002-100504)** 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 4:49 P.M., for the purpose of deliberation to reach a decision in the matter of **Fatmata Kamara**. Additionally, Dr. Dorsey moved that Ms. Morris, Dr. Hills, Ms. Vu, and Ms. Booberg 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. Cox and carried unanimously.

Mr. Halbleib, Mr. Kazzie, Ms. Wilson, Ms. Stewart and Ms. Foley left the meeting at 4:49 P.M.

RECONVENTION: The Board reconvened in open session at 4:51 P.M.

Mr. Halbleib, Mr. Kazzie, Ms. Wilson, Ms. Stewart and Ms. Foley re-joined the meeting at 4:51 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 Dr. Dorsey and carried unanimously.

Dr. Gleason moved to summarily suspend the license of **Fatama Kamara** to practice as a practical nurse in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Dr. Dorsey and carried unanimously.

Mr. Halbleib and Mr. Kazzie left the meeting at 4:56 P.M.

Amanda Wilson, Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Mojisola Majekodunmi, RN (0001-298183)** 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 5:02 P.M., for the purpose of deliberation to reach a decision in the matter of **Mojisola Majekodunmi**. Additionally, Dr. Gleason moved that Ms. Morris, Dr. Hills, Ms. Vu, and Ms. Booberg attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

Ms. Wilson, Ms. Foley, and Ms. Stewart left the meeting at 5:02 P.M.

RECONVENTION: The Board reconvened in open session at 5:07 P.M.

Ms. Wilson, Ms. Foley, and Ms. Stewart re-joined the meeting at 5:07 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 Dr. Dorsey and carried unanimously.

Dr. Cox moved to summarily suspend the license of **Mojisola Majekodunmi** pending a formal administrative hearing and to offer a consent order for revocation of her license to practice professional nursing in the Commonwealth of Virginia in lieu of a formal hearing. The motion was seconded by Ms. Davis and carried unanimously.

Virginia Board of Nursing
Possible Summary Suspension Telephone Conference Call
April 16, 2024

Ms. Foley left the meeting at 5:08 P.M.

Amanda Wilson, Assistant Attorney General, presented evidence that the continued practice as a massage therapist by **Andrew Preston Rainey, LMT (0019-015296)** 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 5:17 P.M., for the purpose of deliberation to reach a decision in the matter of **Andrew Preston Rainey**. Additionally, Dr. Dorsey moved that Ms. Morris, Dr. Hills, Ms. Vu, and Ms. Booberg attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

Ms. Wilson and Ms. Stewart left the meeting at 5:17 P.M.

RECONVENTION: The Board reconvened in open session at 5:22 P.M.

Ms. Wilson and Ms. Stewart re-joined the meeting at 5:22 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 Dr. Cox and carried unanimously.

Dr. Cox moved to summarily suspend the license of **Andrew Preston Rainey** to practice as a massage therapist in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of his license in lieu of a formal hearing. The motion was seconded by Dr. Gleason and carried unanimously.

The meeting was adjourned at 5:25 P.M.

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

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
Thursday April 18, 2024

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 8:36 A.M., on April 18, 2024, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS
PRESENT:

Cynthia M. Swineford, MSN, Rn, CNE; **President**
Delia Acuna, FNP-C
Pamela Davis, LPN
Margaret Friedeberg, Citizen Member
A Tucker Gleason, PhD, Citizen Member

STAFF PRESENT:

Lelia Claire Morris, RN, LNHA; Deputy Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Huong Vu, Operations Manager
Sylvia Tamayo-Suijk, Senior Licensing/Discipline Specialist – **joined the meeting at 9 A.M.**

OTHERS PRESENT:

Laura A. Booberg, Assistant Attorney General

ESTABLISHMENT
OF A PANEL:

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

CONSIDERATION OF CONSENT ORDERS

G1 – Guilian Wang, LMT

0019-018175

Dr. Gleason moved that the Board of Nursing accept the consent order for voluntary surrender for indefinite suspension of the license of **Guilian Wang** to practice as a massage therapist in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

G2 – Gui Qiu Lu, LMT

0019-015793

Dr. Gleason moved that the Board of Nursing accept the consent order for voluntary surrender for indefinite suspension of the license of **Gui Qiu Lu** to practice as a massage therapist in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

G3 – Zhemei Liao, LMT

0019-018995

Dr. Gleason moved that the Board of Nursing accept the consent order for voluntary surrender for indefinite suspension of the license of **Zhemei Liao** to practice as a massage therapist in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

G4 – Muriel H. Helvestine, RN

0001-086330

Dr. Gleason moved that the Board of Nursing accept the consent order for voluntary surrender for indefinite suspension of the license of **Muriel H. Helvestine** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

G5 – Suiying Wu, LMT

0019-016845

Dr. Gleason moved that the Board of Nursing accept the consent order for voluntary surrender for indefinite suspension of the license of **Suiying Wu** to practice as a massage therapist in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

Ms. Vu left the meeting at 9 A.M.

Ms. Tamayo-Suijk joined the meeting at 9 A.M.

FORMAL HEARINGS:

Shantavia Patterson, RMA Reinstatement Applicant

0002-071382

Ms. Patterson appeared.

David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Virginia Mack, court reporter with County Court Reporters, recorded the proceedings.

Renee White, 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 9:38 A.M., for

the purpose of deliberation to reach a decision in the matter of **Shantavia Patterson**. Additionally, Dr. Gleason moved that Ms. Morris, Ms. Bargdill, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Acuna and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 9:49 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 Ms. Acuna and carried unanimously.

ACTION:

Ms. Davis moved that the Board of Nursing approve the reinstatement application of **Shantavia Patterson** for her registration to practice as a medication aide the Commonwealth of Virginia. The motion was seconded by Ms. Acuna 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 9:50 A.M.

RECONVENTION:

The Board reconvened at 10:02 A.M.

FORMAL HEARINGS:

Tara Danita Kelley, CNA Reinstatement Applicant

1401-069523

Ms. Kelley appeared, accompanied by Elain Kelley and Trish Holm.

Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Virginia Mack, court reporter with County Court Reporters, recorded the proceedings.

RECESS: The Board recessed at 10:22 A.M.

RECONVENTION: The Board reconvened at 10:58 A.M.

RECESS: The Board recessed at 11:23 A.M.

RECONVENTION: The Board reconvened at 11:31 A.M.

The case regarding **Tara Danita Kelley, CNA** was continued.

FORMAL HEARINGS: **Kimberly Renee Nybeck, CNA Reinstatement Applicant**
1401-113804

Ms. Nybeck did not appear.

Avi Efreom, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Virginia Mack, court reporter with County Court Reporters, recorded the proceedings.

William Gorwood, 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 11:58 A.M., for the purpose of deliberation to reach a decision in the matter of **Kimberly Renee Nybeck**. Additionally, Dr. Gleason moved that Ms. Bargdill, Ms. Morris, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Acuna and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:02 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. Acuna and carried unanimously.

ACTION: Ms. Acuna moved that the Board of Nursing deny the application for reinstatement of the license of **Kimberly Renee Nybeck** to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Friedenberg and carried unanimously. This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

FORMAL HEARINGS: **Starr Nevaughn Pettus-Smith, CNA Reinstatement Applicant**
1401-151366

Ms. Pettus-Smith appeared.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Virginia Mack, court reporter with County Court Reporters, recorded the proceedings.

Katie Land, 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 1:40 P.M., for the purpose of deliberation to reach a decision in the matter of **Starr Nevaughn Pettus-Smith**. Additionally, Dr. Gleason moved that Ms. Bargdill, Ms. Morris, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Acuna and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:48 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. Acuna and carried unanimously.

ACTION: Ms. Acuna moved that the Board of Nursing approve the reinstatement application of **Starr Nevaughn Pettus-Smith** to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Friedenberg and carried unanimously.

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

FORMAL HEARINGS: **Gregory Williams, RN** **0001-289540**

Ms. Williams appeared.

Anne Joseph, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Virginia Mack, court reporter with County Court Reporters, recorded the proceedings.

Amy Tanner, 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 3:58 P.M., for the purpose of deliberation to reach a decision in the matter of **Gregory Williams**. Additionally, Dr. Gleason moved that Ms. Morris, Ms. Bargdill, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Acuna and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:40 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. Davis and carried unanimously.

ACTION: Ms. Acuna moved that the Board of Nursing continue the registered nursing license of **Gregory Williams** on indefinite suspension for a period of not less than two years. The motion was seconded by Ms. Acuna and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 4:41 P.M.

Christina Bargdill, BSN, MHS, RN;
Deputy Executive Director

DRAFT

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
April 29, 2024

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held April 29, 2024, at 4:30 P.M.

The Board of Nursing members participating in the call were:

Cynthia Swineford, RN, MSN, CNE; **Chair**
Carol Cartte, RN, BSN
Victoria Cox, DNP, RN
Pamela Davis, LPN
Yvette Dorsey, DNP, RN
Margaret Friedenberg, Citizen Member
Ann Tucker Gleason, PhD, Citizen Member
Shantell Kinchen, LPN
Helen Parke, DNP, FNP-BC
Robert Scott, RN

Others participating in the meeting were:

Laura Booberg, Assistant Attorney General, Board Counsel
Melissa Gray, Adjudication Specialist, Administrative Proceedings Division
Grace Stewart, Adjudication Specialist, Administrative Proceedings Division
Jovonni Armstead, Adjudication Specialist, Administrative Proceedings Division
Sean Murphy, Assistant Attorney General
David Robinson, Assistant Attorney General
William Scott Daisley, III, legal counsel for Ms. Johnson
Dekara Johnson, RN
Jay Douglas, MSM, RN, CSAC, FRE; Executive Director
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Lelia Claire Morris, RN, LNHA; Deputy Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Huong Vu, Operations Manager

The meeting was called to order by Ms. Swineford. With 10 members of the Board of Nursing participating, a quorum was established.

Sean Murphy, Assistant Attorney General, presented evidence that the continued practice of practical nursing by **Dekara Johnson, RN (0001-316039)** 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 4:37 P.M., for the purpose of deliberation to reach a decision in the matter of **Dekara Johnson**. Additionally, Dr. Gleason moved that Ms. Douglas, Ms. Bargdill, Ms. Morris, Dr. Hills, Ms. Vu, and Ms. Booberg attend the closed meeting because their presence

Virginia Board of Nursing
Possible Summary Suspension Telephone Conference Call
April 29, 2024

in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

Mr. Murphy, Mr. Robinson, Ms. Stewart, Ms. Gray, Mr. Armstead, Mr. Daisley III, and Ms. Johnson left the meeting at 4:37 P.M.

RECONVENTION: The Board reconvened in open session at 4:51 P.M.

Mr. Murphy, Mr. Robinson, Ms. Stewart, Ms. Gray, Mr. Armstead, and Mr. Daisley III re-joined the meeting at 4:51 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 Dr. Cox and carried unanimously.

Dr. Dorsey moved to summarily suspend the license of **Dekara Johnson** to practice as a professional nurse in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Mr. Scott and carried unanimously.

Mr. Murphy and William Scott Daisley, III left the meeting at 4:51 P.M.

David Robinson, Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Amie Sankoh, RN (0001-303051)** 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 5:01 P.M., for the purpose of deliberation to reach a decision in the matter of **Amie Sankoh**. Additionally, Dr. Gleason moved that Ms. Douglas, Ms. Bargdill, Ms. Morris, Dr. Hills, Ms. Vu, and Ms. Booberg attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

Mr. Robinson, Ms. Stewart and Ms. Gray left the meeting at 5:01 P.M.

RECONVENTION: The Board reconvened in open session at 5:05 P.M.

Mr. Robinson, Ms. Stewart, Ms. Gray re-joined the meeting at 5:05 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 Dr. Parke and carried unanimously.

Dr. Dorsey moved to summarily suspend the license of **Amie Sankoh** pending a formal administrative hearing and to offer a consent order for revocation of her license to practice professional nursing in the Commonwealth of Virginia in lieu of a formal hearing. The motion was seconded by Dr. Cox and carried unanimously.

Ms. Stewart left the meeting at 5:05 P.M.

David Robison, Assistant Attorney General, presented evidence that the continued practice as a massage therapist by **Cecelia Bangura, RN (0001-288440)** 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 5:13 P.M., for the purpose of deliberation to reach a decision in the matter of **Cecelia Bangura**. Additionally, Dr. Gleason moved that Ms. Douglas, Ms. Bargdill, Ms. Morris, Dr. Hills, Ms. Vu, and Ms. Booberg 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. Parke and carried unanimously.

Mr. Robinson and Ms. Gray left the meeting at 5:13 P.M.

RECONVENTION: The Board reconvened in open session at 5:17 P.M.

Mr. Robinson and Ms. Gray re-joined the meeting at 5:17 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 Dr. Parke and carried unanimously.

Dr. Dorsey moved to summarily suspend the license of **Cecelia Bangura** to practice as a professional nurse in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Dr. Cox and carried unanimously.

The meeting was adjourned at 5:18 P.M.

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

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
May 9, 2024

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held May 9, 2024, at 4:28 P.M.

The Board of Nursing members participating in the call were:

Cynthia Swineford, RN, MSN, CNE; **Chair**
Carol Cartte, RN, BSN
Victoria Cox, DNP, RN
Pamela Davis, LPN
Margaret Friedenberg, Citizen Member
Ann Tucker Gleason, PhD, Citizen Member
Paul Hogan, Citizen Member
Shantell Kinchen, LPN
Helen Parke, DNP, FNP-BC
Robert Scott, RN

Others participating in the meeting were:

Laura Booberg, Assistant Attorney General, Board Counsel
Claire Foley, Adjudication Specialist, Administrative Proceedings Division
Grace Stewart, Adjudication Specialist, Administrative Proceedings Division
David Kazzie, Adjudication Specialist, Administrative Proceedings Division
Sean Murphy, Assistant Attorney General
Amanda Padula-Wilson, Assistant Attorney General
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Huong Vu, Operations Manager

The meeting was called to order by Ms. Swineford. With 10 members of the Board of Nursing participating, a quorum was established.

Sean Murphy, Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Esther A. Ohemng, RN (0001-301448)** 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 4:35 P.M., for the purpose of deliberation to reach a decision in the matter of **Esther A. Ohemng**. Additionally, Dr. Gleason moved that Ms. Bargdill, Ms. Dr. Hills, Ms. Vu, and Ms. Booberg 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. Cox and carried unanimously.

Mr. Murphy, Ms. Foley, Ms. Stewart, and Ms. Padula-Wilson left the meeting at 4:35 P.M.

RECONVENTION: The Board reconvened in open session at 4:39 P.M.

Mr. Murphy, Ms. Foley, and Ms. Padula-Wilson re-joined the meeting at 4:39 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. Davis and carried unanimously.

Dr. Gleason moved to summarily suspend the license of **Esther A. Ohemeng** to practice professional nursing in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Ms. Davis and carried unanimously.

Ms. Foley left the meeting at 4:41 P.M.

Sean Murphy, Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Malvis Esua, RN (0001-306675)** 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 4:43 P.M., for the purpose of deliberation to reach a decision in the matter of **Malvis Esua**. Additionally, Dr. Gleason moved that Ms. Bargdill, Dr. Hills, Ms. Vu, and Ms. Booberg 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. Cox and carried unanimously.

Mr. Murphy, Ms. Stewart, Ms. Padula-Wilson and Mr. Kazzie left the meeting at 4:43 P.M.

RECONVENTION: The Board reconvened in open session at 4:47 P.M.

Mr. Murphy, Ms. Stewart, Ms. Padula-Wilson and Mr. Kazzie re-joined the meeting at 4:47 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 Dr. Cox and carried unanimously.

Ms. Davis moved to summarily suspend the license of **Malvis Esua** to practice professional nursing in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Dr. Cox and carried unanimously.

Mr. Murphy and Ms. Stewart left the meeting at 4:50 P.M.

Amanda Padula-Wilson, Assistant Attorney General, presented evidence that the continued practice professional nursing by **Gaganpreet Kaur Pannu, RN (0001-292848)** 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 4:54 P.M., for the purpose of deliberation to reach a decision in the matter of **Gaganpreet Kaur Pannu**. Additionally, Dr. Gleason moved that Ms. Bargdill, Dr. Hills, Ms. Vu, and Ms. Booberg 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. Kinchen and carried unanimously.

Ms. Padula-Wilson and Mr. Kazzie left the meeting at 4:54 P.M.

RECONVENTION: The Board reconvened in open session at 4:58 P.M.

Ms. Padula-Wilson and Mr. Kazzie re-joined the meeting at 4:58 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. Kinchen and carried unanimously.

Ms. Davis moved to summarily suspend the license of **Gaganpreet Kaur Pannu** to practice professional nursing in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Dr. Cox and carried unanimously.

The meeting was adjourned at 5:00 P.M.

Christina Bargdill, BSN, MHS, RN;
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
May 20, 2024

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:01 A.M., on May 20, 2024, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT: Cynthia M. Swineford, MSN, RN, CNE; **President**
Delia Acuna, FNP-C
Carol Cartte, RN, BSN
Margaret Friedenberg, Citizen Member
A Tucker Gleason, PhD, Citizen Member
Shantell Kinchen, LPN
Robert Scott, RN

STAFF PRESENT: Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Sylvia Tamayo-Suijk, Senior Nursing Discipline Specialist

OTHERS PRESENT: Laura Booberg, Assistant Attorney General
Nursing students from Riverside College of Health Careers

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

FORMAL HEARINGS: **Barbara Wilcutt-Gamblain, LPN Reinstatement Applicant**
0002-103733

Ms. Wilcutt-Gamblain appeared, accompanied by Christina Herring and Mackenzie Gamblain.

Melissa Gray, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Julissa Jackson, court reporter with County Court Reporters, recorded the proceedings.

William Gorwood, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Mr. Scott moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:49 A.M., for the purpose of deliberation to reach a decision in the matter of **Barbara**

Wilcutt-Gamblain. Additionally, Mr. Scott moved that Dr. Hills, Ms. Bargdill, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Acuna and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:17 A.M.

Mr. Scott 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. Acuna and carried unanimously.

ACTION: Ms. Kinchen moved that the Board approve the application of **Barbara Wilcutt-Gamblain** for reinstatement of her license to practice practical nursing in the Commonwealth of Virginia contingent upon completion of terms. The motion was seconded by Mr. Scott 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 10:18 A.M.

RECONVENTION: The Board reconvened at 1:02 P.M.

FORMAL HEARINGS: **Keith Allen Henry, RN** **North Carolina License#175846 with Multistate privileges**

Mr. Henry appeared.

Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Julissa Jackson, court reporter with County Court Reporters, recorded the proceedings.

Monique Davis, Senior Investigator, Enforcement Division, was present and testified.

Virginia Board of Nursing
Monday Formal Hearings
May 20, 2024

RECESS: The Board recessed at 1:40 P.M.

RECONVENTION: The Board reconvened at 1:53 P.M.

RECESS: The Board recessed at 1:54 P.M.

RECONVENTION: The Board reconvened at 2:15 P.M.

RECESS: The Board recessed at 2:16 P.M.

RECONVENTION: The Board reconvened at 2:21 P.M.

The case regarding **Keith Allen Henry, RN** was continued.

ADJOURNMENT: The Board adjourned at 2:21 P.M.

Cynthia M. Swineford, MSN, RN, CNE
President

**VIRGINIA BOARD OF NURSING
CONSIDERATION MEETING MINUTES
May 20, 2024**

TIME AND PLACE: The consideration meeting of the Board of Nursing was called to order at 12:00 P.M. on May 20, 2024, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Cynthia M. Swineford, RN, MSN, CNE; President

BOARD MEMBERS

PRESENT: Delia Acuna, FNP-C
Carol Cartte, RN, BSN
Margaret J. Friedenberg, Citizen Member
Ann Tucker Gleason, PhD, Citizen Member
Shantell Kinchen, LPN
Robert Scott, RN

STAFF PRESENT: Jay P. Douglas, RN, MSM, CSAC, FRE
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Huong Vu, Operations Manager

OTHERS PRESENT: Laura Booberg, Senior Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A QUORUM:
With 7 members present, Ms. Swineford indicated that a quorum was established.

DISCUSSION REGARDING BOARD STAFF DELEGATION:

Ms. Douglas presented for discussion an alternative to moving fully investigated Operation Nightingale cases directly to the Board for consideration as possible summary suspensions. Specifically, delegating to Board staff the authority to offer a consent order for voluntary surrender and/or revocation. This alternative is consistent with the actions by the Board to date and will aid in streamlining the resolution of these cases. Should the licensee reject the consent order, the case would then proceed as a possible summary suspension.

Dr. Gleason moved to delegate the authority to Board staff to offer consent orders for certain Operation Nightingale cases. The motion was seconded by Ms. Cartte and carried unanimously.

ADJOURNMENT: the meeting was adjourned at 12:08 P.M.

Cynthia M. Swineford, RN, MSN, CNE
President

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
May 20, 2024

A possible summary suspension meeting of the Virginia Board of Nursing was held May, 2024, at 11:29 A.M.

The Board of Nursing members participating in the call were:

Cynthia Swineford, RN, MSN, CNE; **Chair**
Delia Acuna, FNP-C
Carol Cartte, RN, BSN
Pamela Davis, LPN- **via telephone**
Margaret Friedenberg, Citizen Member
Ann Tucker Gleason, PhD, Citizen Member
Paul Hogan, Citizen Member- **via telephone**
Shantell Kinchen, LPN
Helen Parke, DNP, FNP-BC- **via telephone**
Robert Scott, RN

Others participating in the meeting were:

Laura Booberg, Assistant Attorney General, Board Counsel
Claire Foley, Adjudication Specialist, Administrative Proceedings Division
Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division
Sean Murphy, Assistant Attorney General
Amanda Padula-Wilson, Assistant Attorney General
David Robinson, Assistant Attorney General
Jay Douglas, MSM, RN, CSAC, FRE; Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Pat Dewey, RN, BSN, Discipline Case Manager
Francesca Iyengar, Discipline Case Manager
Huong Vu, Operations Manager

The meeting was called to order by Ms. Swineford. With 10 members of the Board of Nursing participating, a quorum was established.

Sean Murphy, Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Netsanet Medonnen Asres, RN (0001-298388)** may present a substantial danger to the health and safety of the public.

David Robinson, Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Helina Adusei, RN (0001-298884)** may present a substantial danger to the health and safety of the public.

Amanda Padula-Wilson, Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Petty Nyanchama Onchonga, RN (0001-297040)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Ms. Kinchen moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:41 A.M., for the purpose of deliberation to reach a decision in the matter of **Netsanet Medonnen Asres, Helina Adusei and Petty Nyanchama Onchonga**. Additionally, Ms. Kinchen moved that Ms. Douglas, Dr. Hills, Ms. Bargdill, Ms. Vu, and Ms. Booberg 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. Scott and carried unanimously.

Mr. Murphy, Mr. Robinson, Ms. Padula Wilson, Ms. Foley, Ms. Andreoli, Ms. Dewey and Ms. Iyengar left the meeting at 11:41 A.M.

RECONVENTION: The Board reconvened in open session at 11:54 A.M.

Ms. Kinchen 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. Acuna and carried unanimously.

Mr. Murphy, Mr. Robinson, Ms. Padula Wilson, Ms. Foley, Ms. Andreoli, Ms. Dewey and Ms. Iyengar re-joined the meeting at 11:54 A.M.

Mr. Scott moved to summarily suspend the license of **Netsanet Medonnen Asres** to practice as a registered nurse in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Ms. Cartte and carried unanimously.

Dr. Gleason moved to summarily suspend the right to renew the license of **Helina Adusei** to practice as a registered nurse in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order to revoke her right to renew her license in lieu of a formal hearing. The motion was seconded by Ms. Cartte and carried unanimously.

Ms. Cartte moved to summarily suspend the right to renew the license of **Petty Nyanchama Onchonga** to practice as a professional nurse in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order to revoke her right to renew her license in lieu of a formal hearing. The motion was seconded by Ms. Acuna and carried unanimously.

The meeting was adjourned at 11:58 A.M.

Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
CONSIDERATION MEETING
Panel A
May 21, 2024**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 8:33 A.M., on May 21, 2024, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS

PRESENT:

Cynthia M. Swineford, MSN, RN, CNE; **President**
Delia Acuna, FNP-C
Margaret Friedenberg, Citizen Member
Shantell Kinchen, LPN
Helen Parke, DNP, FNP-BC

STAFF PRESENT:

Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for
Advanced Practice
Jacquelyn Wilmoth, RN, MSN; Deputy Executive Director
Breana Wilkins, Administrative Support Specialist

OTHERS PRESENT:

M. Brent Saunders, Assistant Attorney General

ESTABLISHMENT
OF A PANEL:

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

**April 16, 2024 Education Special Conference Committee DRAFT
Minutes**

Dr. Parke moved that the Board of Nursing accept the April 16, 2024 Education Special Conference Committee minutes as presented. The motion was seconded by Ms. Acuna and carried unanimously.

**CONSIDERATION OF April 16, 2024, EDUCATION SPECIAL CONFERENCE COMMITTEE
RECOMMENDATIONS:**

**America School of Nursing and Allied Health, Woodbridge, Practical
Nursing Education Program – US28110100**

Dr. Parke moved that the Board of Nursing accept the recommendations of the Education Special Conference Committee to continue **America School of Nursing and Allied Health, Woodbridge, Practical Nursing Education Program** on conditional approval contingent upon its 2024 and

2025 passage rates meeting or exceeding 80%. The motion was seconded by Ms. Acuna and carried unanimously.

**Norfolk Allied Health Training Center Nurse Aide Education Program
– 1414100848**

Dr. Parke moved that the Board of Nursing accept the recommendations of the Education Special Conference Committee to withdraw the approval of **Norfolk Allied Health Training Center Nurse Aide Education Program** to operate a nurse aide education program effective upon entry of the Order. The motion was seconded by Ms. Acuna and carried unanimously.

CONSIDERATION OF CONSENT ORDER:

G1 – Erin E. Beck, RN **0001-217887**

Dr. Parke moved that the Board of Nursing accept the consent order to suspend the license of **Erin E. Beck** to practice as a professional nurse in the Commonwealth of Virginia with suspension stayed contingent upon Ms. Beck'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 Ms. Acuna and carried unanimously.

G2 – Fanny Babeh Eyong, LPN **0002-103298**

Dr. Parke moved that the Board of Nursing accept the consent order to accept the voluntary surrender for indefinite suspension of **Fanny Babeh Eyong's** license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

G3 – Xuling Ou, LMT **0019-015369**

Dr. Parke moved that the Board of Nursing accept the consent order to indefinitely suspend the license of **Xuling Ou** to practice as a massage therapist in the Commonwealth of Virginia until such time as she submits documentation satisfactory to the Board of completion of the continuing education units required for the November 2020 to November 2022 renewal cycle. The motion was seconded by Ms. Acuna and carried unanimously.

G4 – Johnelle Maire Hughes Montero, LPN

0002-078742

Dr. Parke moved that the Board of Nursing accept the consent order to indefinitely suspend the license of **Johnelle Maire Hughes Montero** to practice practical nursing in the Commonwealth of Virginia for a period of not less than one year from the date of entry of the Order. The motion was seconded by Ms. Acuna and carried unanimously.

The meeting adjourned at 8:37 A.M.

Jacquelyn Wilmouth, RN, MSN;
Deputy Executive Director

CLOSED MEETING: Ms. Kinchen moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:06 A.M., for the purpose of deliberation to reach a decision in the matter of **Lamar A. Young**. Additionally, Ms. Kinchen moved that Dr. Hills, Ms. Wilmoth, Ms. Wilkins and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Acuna and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:26 A.M.

Ms. Kinchen 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. Acuna and carried unanimously.

ACTION: Ms. Acuna moved that the Board of Nursing revoke the certificate of **Lamar A. Young** to practice as a nurse aide in the Commonwealth of Virginia with a finding of abuse. The motion was seconded by Ms. Kinchen 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 10:27 A.M.

RECONVENTION: The Board reconvened at 10:53 A.M.

FORMAL HEARINGS: **Lori Pate Rhodes, RN Reinstatement Applicant**

0001-098407

Ms. Rhodes appeared.

Avi Efreom, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Cheryl Renee Lane, court reporter with County Court Reporters, recorded the proceedings.

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

CLOSED MEETING: Ms. Kinchen moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:10 P.M., for the purpose of deliberation to reach a decision in the matter of **Lori Pate Rhodes**. Additionally, Ms. Kinchen moved that Dr. Hills, Ms. Wilmoth, Ms. Wilkins, 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. Acuna and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:48 P.M.

Ms. Kinchen 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. Acuna and carried unanimously.

ACTION: Ms. Acuna moved that the Board of Nursing deny the application for reinstatement and revoke the license of **Lori Pate Rhodes** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried with four votes in favor. Ms. Kinchen opposed the motion.

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

ADJOURNMENT: The Board adjourned at 12:49 P.M.

Jacquelyn Wilmoth, RN, MSN;
Deputy Executive Director

VIRGINIA BOARD OF NURSING
AGENCY SUBORDINATE RECOMMENDATIONS CONSIDERATION MEETING
PANEL B
May 21, 2024

TIME AND PLACE: The business meeting of the Board of Nursing was called to order at 9:00 A.M. on May 21, 2024, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Ann Tucker Gleason, PhD; First Vice-President

BOARD MEMBERS PRESENT: Carol Cartte, RN, BSN
Pamela Davis, LPN
Paul Hogan, Citizen Member
Robert Scott, RN

STAFF PRESENT: Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Patricia Dewey, RN, BSN; Discipline Case Manager
Sylvia Tamayo-Suijk, Senior Nursing Discipline Specialist

OTHERS PRESENT: Laura Booberg, Senior Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL: With five members present, Dr. Gleason indicated that a panel was established.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

#3 – Precious Knight, RN

0001-286067

Ms. Knight appeared and address the Board.

CLOSED MEETING: Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 9:17 A.M. for the purpose of considering the remaining agency subordinate recommendation regarding **Precious Knight, RN**. Additionally, Ms. Davis moved that Ms. Bargdill, Ms. Dewey, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. Cartte and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:28 P.M.

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

Mr. Hogan moved that the Board of Nursing accept the recommended decision of the agency subordinate to require **Precious Knight**, within 90 days from the date of entry of the Order, to provide written statement satisfactory to the Board summarizing the laws and regulations governing the practice of nursing located at Chapter 30 of Title 54.1 of the Code of Virginia and 18VAC90-19-10 et seq., and Virginia Drug Laws for Practitioners, with an emphasis on the requirements of Virginia Code §§54.1-3303 and 54.1-3401. Also, within 90 days from the date of entry of the Order, Ms. Knight shall provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three (3) contact hours in each of the subjects of professional accountability and legal liability for nurses and critical thinking. The motion was seconded by Ms. Cartte and carried unanimously.

#1 – Napoleon Alston, Jr., LPN

0002-066187

Mr. Alston did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Napoleon Alston, Jr.** and to require Mr. Alston, Jr., within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three (3) contact hours in each of the subjects of (i) ethics and professionalism in nursing and (ii) professional accountability and legal liability for nurses. The motion was seconded by Mr. Scott and carried unanimously.

#6 – Fawn Lee Avery, RN

0001-119639

Ms. Avery did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the license of **Fawn Lee Avery** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Avery'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 Mr. Scott and carried unanimously.

#7 – Jessica Lauren Van Auken, RN

0001-208908

Ms. Van Auken did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the license of **Jessica Lauren Van Auken** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Van Auken'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 Mr. Scott and carried unanimously.

#8 – Avril Hall-Andujar, LPN **0002-083190**
Ms. Hall-Andujar did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of **Avril Hall-Andujar** to renew her license to practice practical nursing in the Commonwealth of Virginia until such time as Ms. Hall-Andujar present to the Board satisfactory evidence she has complied with the Board's Order entered February 1, 2023. The motion was seconded by Mr. Scott and carried unanimously.

#9 – Makeasha Lasha Johnson, RMA Applicant **Case # 224899**
Ms. Johnson did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Makeasha Lasha Johnson** for registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Mr. Scott and carried unanimously.

#12 – Bronya R. Lucas, LPN **0002-081241**
Ms. Lucas did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Bronya R. Lucas** and to indefinitely suspend her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Mr. Scott and carried unanimously.

#13 – Temidola Obinomen, RN **Maryland License # R226199 with Multistate Privileges**
Ms. Obinomen did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Temidola Obinomen** and to require Ms. Obinomen, within 90 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of a course of three (3) contact hours in the subject of professional accountability and legal liability for nurses. The motion was seconded by Mr. Scott and carried unanimously.

#15 – Jewel Foster, RN

0001-269912

Ms. Foster did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Jewel Foster** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Foster'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 Mr. Scott and carried unanimously.

#16 – Khloe Shamblin, CNA

1401-212518

Ms. Shamblin did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Khloe Shamblin** and enter a Finding of Abuse against Ms. Shamblin in the Virginia Nurse Aide Registry. The motion was seconded by Mr. Scott and carried unanimously.

#18 – Jennifer Dawn Morrison, RN

0001-187737

Ms. Morrison did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the license of **Jennifer Dawn Morrison** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Morrison'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 Mr. Scott and carried unanimously.

#19 – Katheryn Chris Fox, RN

0001-193921

Ms. Fox did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Katheryn Chris Fox** and to require Ms. Fox, within 90 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of a course of three (3) contact hours in the subject of scope of practice in professional nursing and two (2) contact hours in the subject of the Virginia Nurse Practice Act. The motion was seconded by Mr. Scott and carried unanimously.

#20 – Lane Allen Zetty, RN

0001-290752

Mr. Zetty did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Lane Allen Zetty** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Mr. Zetty'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 Mr. Scott and carried unanimously.

#21 – Mamie B. Adams, CNA

0014-162742

Ms. Adams did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the certificate of **Mamie B. Adams** to practice as a nurse aide in the Commonwealth of Virginia for a period of not less than two (2) years. The motion was seconded by Mr. Scott and carried unanimously.

#22 – Jennifer D. Combs, CNA

0014-191746

Ms. Combs did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the certificate of **Jennifer D. Combs** to practice as a nurse aide in the Commonwealth of Virginia for a period of not less than two (2) years. The motion was seconded by Mr. Scott and carried unanimously.

#24 – Helen Rezina Webster, RMA

0031-011680

Ms. Webster did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Helen Rezina Webster**. The motion was seconded by Mr. Scott and carried unanimously.

#25 – Stephanie Campbell Ogden, RN

0001-156793

Ms. Ogden did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Stephanie Campbell Ogden** to practice professional nursing in the Commonwealth of Virginia for a period of not less than one (1) year from the date of entry of the Order. The motion was seconded by Mr. Scott and carried unanimously.

#30 – Regina Vernee Scott Shelton, CNA

1401-010495

Ms. Shelton did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Regina Vernee Scott Shelton**. The motion was seconded by Mr. Scott and carried unanimously.

#33 – Rebekah Martin Morley, RN

0001-147265

Ms. Morley did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the license of **Rebekah Martin Morley** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Morley'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 Mr. Scott and carried unanimously.

#34 – Vashti E. Harding, CNA

1401-175776

Ms. Harding did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Vashti E. Harding** and enter a Finding of Abuse against Ms. Harding in the Virginia Nurse Aide Registry. The motion was seconded by Mr. Scott and carried unanimously.

#35 – Heriet G. Tarazo, LPN

0002-068089

Ms. Tarazo did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Heriet G. Tarazo** and indefinitely suspend Ms. Tarazo's right to renew her license to practice practical nursing in the Commonwealth of Virginia until such time that Ms. Tarazo provides evidence satisfactory to the Board of her completion of the continued competency requirements necessary for the renewal of her license to practice practical nursing for the 2019-2021 time period. The motion was seconded by Mr. Scott and carried unanimously.

CLOSED MEETING:

Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 9:30 A.M. for the purpose of considering the remaining agency subordinate recommendation

regarding **#2, #4, #5, #10, #11, #14, #17, #23, #26, #27, #28, #29, #31, #32 and # 36**. Additionally, Ms. Davis moved that Ms. Bargdill, Ms. Dewey, Ms. Tamayo-Suijk, and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Mr. Scott and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 11:10 A.M.

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

#2 – Gwendolyn Wilson Tucker, LPN

0002-040932

Ms. Tucker did not appear.

Mr. Scott moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Gwendolyn Wilson Tucker** to practice practical nursing in the Commonwealth of Virginia until such time as Ms. Tucker provides written proof satisfactory to the Board of completion of the requirements for renewal of her license for the period June 30, 2020, to June 30, 2022, which may not be used toward fulfillment of other licensure requirements and/or for other licensure period. The motion was seconded by Ms. Cartte and carried unanimously.

#4 – Mercy Sawyerr, CNA

1401-126293

Ms. Sawyer did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of **Mercy Sawyerr** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Neglect against Ms. Sawyerr in the Virginia Nurse Aide Registry. The motion was seconded by Mr. Scott and carried unanimously.

#5 – Mercy Sawyerr, RMA

0031-013397

Ms. Sawyer did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to require **Megan Renee Flint**, within 90 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three (3) contact hours in each of the subjects of critical thinking and

professional and legal responsibilities of a registered medication aide. The motion was seconded by Mr. Scott and carried unanimously.

#10 – Latarsha Brown, RN

0001-292920

Ms. Brown did not appear.

Ms. Davis moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Latarsha Brown** and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Davis and carried unanimously.

#11 – Sara Jo Hollrah, RN

0001-244871

Ms. Hollrah did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to require **Sara Jo Hollrah**, within 90 days from the date of entry of the Order, to provide written proof of successful completion of Board-approved courses of at least three (3) contact hours in each of the subjects of (i) critical thinking, (ii) professional accountability and legal liability for nurses, and (iii) proper documentation. The motion was seconded by Mr. Scott and carried unanimously.

#14 – Kedisha Davis, CNA

1401-214675

Ms. Davis did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Kedisha Davis to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against Ms. Davis in the Virginia Nurse Aide Registry. The motion was seconded by Mr. Scott and carried with four (4) votes in favor of the motion. Mr. Hogan opposed the motion.

RECESS:

The Board recessed at 10:33 A.M.

RECONVENE:

The Board reconvened at 10:45 A.M.

#17 – Meseret D. Asfaw, RN

0001-277265

Ms. Asfaw did not appear.

Mr. Scott moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Meseret D. Asfaw** to practice professional nursing in the Commonwealth of Virginia with suspension stayed contingent upon Ms. Asfaw providing the Board satisfactory proof, within 60 days of entry of the Order, that she has met the continued competency requirements outlined in 18VAC90-19-160 of the Regulations Governing the Practice of Nursing. The motion was seconded by Ms. Cartte and carried unanimously.

#23 – Sandra Denese Key, CNA **1401-005700**
Ms. Key did not appear.

Ms. Davis moved that the Board of Nursing reject the recommended decision of the agency subordinate regarding **Sandra Denese Key** and refer this matter to a formal hearing. The motion was seconded by Ms. Cartte and carried unanimously.

#26 – Rachael Melody Eisenhart, RN **0001-314904**
Ms. Eisenhart 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 **Rachael Melody Eisenhart** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Eisenhart'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. Davis and carried unanimously.

#27 – Stephanie Wicker, RN **0001-289973**
Ms. Wicker did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Stephanie Wicker** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Mr. Scott and carried unanimously.

#28 – Cassey Ann Craig Smith Vyas, LPN **0002-083383**
Ms. Vyas did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to place the license of **Cassey Ann Craig Smith Vyas** on indefinite probation with terms and conditions. The motion was seconded by Ms. Cartte and carried unanimously.

#29 – Monique Joelette Muse, CNA

1401-077967

Ms. Muse did not appear.

Dr. Gleason moved that the Board of Nursing modify the recommended decision of the agency subordinate to remove the following:

In the Findings of Fact (FOF) and Conclusion of Law:

- FOF #2 – 54.1-3007 (2), (8) and 18VAC90-25-100(2)(e)
- FOF #6 entirely

In the Recommended Order:

- Recommended Order # 4 and #5 entirely

The accepted Order is to indefinitely suspend the certificate of **Monique Joelette Muse** to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Cartte and carried unanimously.

#31 – Tina Franchelle Ross Johnson, CNA

1401-155771

Ms. Johnson did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Tina Franchelle Ross Johnson** and to require Ms. Johnson, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved courses of three (3) contact hours in ethics and professionalism related to certified nurse aide practice. The motion was seconded by Mr. Scott and carried unanimously.

#32 - Tina Franchelle Ross Johnson, RMA

0031-009048

Ms. Johnson did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Tina Franchelle Ross Johnson** and to require Ms. Johnson, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved courses of three (3) contact hours in ethics and professionalism related to registered medication aide practice. The motion was seconded by Ms. Davis and carried unanimously.

#36 – Jennifer Crews Chappell, RN

0001-165504

Ms. Chappell did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Jennifer Crews Chappell** and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Chappell'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. Davis and carried unanimously.

ADJOURNMENT: The Panel adjourned at 11:15 A.M.

A Tucker Gleason, PhD
First Vice-President

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
Panel B
May 21, 2024

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 11:31 A.M., on May 21, 2024, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS
PRESENT: A Tucker Gleason, PhD, Citizen Member; **First Vice-President**
Carol Cartte, RN, BSN
Pamela Davis, LPN
Paul Hogan, Citizen Member
Robert Scott, RN

STAFF PRESENT: Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Pat Dewey, RN, BSN; Discipline Case Manager
Sylvia Tamayo-Suijk, Senior Nursing Discipline Specialist

OTHERS PRESENT: Laura Booberg, Assistant Attorney General

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

FORMAL HEARINGS: **Promise U. Ukachu, RN Reinstatement Applicant**
0001-299617

Ms. Ukachu did not appear.

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

Renee White, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:06 P.M., for the purpose of deliberation to reach a decision in the matter of **Promise U. Ukachu**. Additionally, Ms. Davis moved that Ms. Bargdill, Ms. Dewey, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Cartte and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:31 P.M.

Ms. Davis 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. Scott and carried unanimously.

ACTION: Ms. Cartte moved that the Board of Nursing deny the application of **Promise U. Ukachu** for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Davis 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 12:32 P.M.

RECONVENTION: The Board reconvened at 1:13 P.M.

FORMAL HEARINGS: **Christina Glowacki, CNA** **1401-22399**

Ms. Glowacki appeared.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Joshua Delauter, court reporter with County Court Reporters, Inc., recorded the proceedings.

LaSharia Pork, CNA, Autum Care of Madison County, Steven Keene, Senior Investigator, Enforcement Division, were present and testified.

CLOSED MEETING: Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:53 P.M., for the purpose of deliberation to reach a decision in the matter of **Christina Glowacki**. Additionally, Ms. Davis moved that Ms. Bargdill, Ms. Dewey, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed

necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Cartte and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:23 P.M.

Ms. Davis 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. Scott and carried unanimously.

ACTION: Ms. Cartte moved that the Board of Nursing revoke the certificate of **Christina Glowacki** 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. Davis and carried with four votes in favor of the motion. Mr. Hogan opposed the motion.

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

FORMAL HEARINGS: **Wanda Faye Brooks, RN** **0001-308247**

Ms. Brooks appeared.

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

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

CLOSED MEETING: Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:27 P.M., for the purpose of deliberation to reach a decision in the matter of **Wanda Faye Brooks**. Additionally, Ms. Davis moved that Ms. Bargdill, Ms. Dewey, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Cartte and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:58 P.M.

Ms. Davis 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. Scott and carried unanimously.

ACTION:

Ms. Cartte moved that the Board of Nursing revoke the license of **Wanda Faye Brooks** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Davis and carried unanimously.

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

ADJOURNMENT:

The Board adjourned at 4:49 P.M

Christina Bargdill; BSN, MHS, RN;
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
May 22, 2024

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:15 A.M., on May 22, 2024, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT: A Tucker Gleason, PhD, Citizen Member; **First Vice-President**
Carol Cartte, RN, BSN
Pamela Davis, LPN
Paul Hogan, Citizen Member
Helen Parke, DNP, FNP-BC
Robert Scott, RN

STAFF PRESENT: Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Ann Hardy, MSN, RN, Compliance and Case Adjudication Specialist
Huong Vu, Operations Manager

OTHERS PRESENT: Laura Booberg, Assistant Attorney General

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

FORMAL HEARINGS: **Antonette Sherice Carter Reed, RN Reinstatement Applicant**
0001-272908

Ms. Reed appeared, accompanied by Raphew Reed, her Husband.

Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Julissa Jackson, court reporter with County Court Reporters, recorded the proceedings.

Beatrice Shaw, Senior Investigator, Enforcement Division, was present and testified.

RECESS: The Board recessed at 10:02 A.M.

RECONVENTION: The Board reconvened at 10:11 A.M.

CLOSED MEETING: Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:30 A.M., for the purpose of deliberation to reach a decision in the matter of **Antonette Sherice Carter Reed**. Additionally, Dr. Parke moved that Dr. Hills, Ms. Hardy, Ms. Vu and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Cartte and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:47 A.M.

Dr. Parke 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. Scott and carried unanimously.

ACTION: Dr. Parke moved that the Board approve the application of **Antonette Sherice Carter Reed** for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Davis 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 10:48 A.M.

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

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
June 25, 2024

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held June 25, 2024, at 4:40 P.M.

The Board of Nursing members participating in the call were:

Ann Tucker Gleason, PhD; **Chair**
Carol Cartte, RN, BSN
Victoria Cox, DNP, RN
Pamela Davis, LPN
Yvette Dorsey, DNP, RN
Margaret Friedenberg, Citizen Member
Paul Hogan, Citizen Member
Lila Peake, RN
Robert Scott, RN

Others participating in the meeting were:

Laura Booberg, Assistant Attorney General, Board Counsel
Melissa Gray, Adjudication Specialist, Administrative Proceedings Division
David Robinson, Assistant Attorney General
Jay Douglas, RN, MSM, CSAC, FRE; Executive Director
Claire Morris, RN, LHNA; Deputy Executive Director
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Francesca Iyengar, MSN, RN; Discipline Case Manager

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

David Robinson, Assistant Attorney General, presented evidence that the continued practice practical nursing by **Jessica Vera Lee Swartout, LPN (0002-098878)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Dorsey moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:45 P.M., for the purpose of deliberation to reach a decision in the matter of **Jessica Vera Lee Swartout**. Additionally, Dr. Dorsey moved that Ms. Douglas, Ms. Morris, Ms. Bargdill, Dr. Hills, and Ms. Booberg 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. Cartte and carried unanimously.

Mr. Robinson, Ms. Gray, and Ms. Iyengar left the meeting at 4:45 P.M.

RECONVENTION: The Board reconvened in open session at 5:04 P.M.

Virginia Board of Nursing
Possible Summary Suspension Telephone Conference Call
June 25, 2024

Mr. Robinson and Ms. Gray re-joined the meeting at 5:04 P.M.

Dr. Dorsey 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. Cartte and carried unanimously.

Dr. Dorsey moved to summarily suspend the license of **Jessica Vera Lee Swartout** to practice practical nursing in the Commonwealth of Virginia 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 Dr. Cox and carried unanimously.

The meeting was adjourned at 5:06 P.M.

Claire Morris, RN, LNHA
Deputy Executive Director

Agency Subordinate Recommendation Tracking Trend Log - 2018 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
Total to Date:	1125	1030	92%	74	7%	18	53	18	22	2%	4	19	3	22	23	20	0	
CY 2024 to Date:	107	99	93%	8	7%	2	5	0	1	1%	1	1	0	3	1	1	0	
May-24	36	34	94%	2	6%	2	0	0	1	3%	1	1	0	0	0	0	0	
Mar-24	30	29	97%	1	3%	0	0	0	0	0%	0	0	0	1	3	1	0	
Jan-24	41	36	88%	5	12%	0	5	0	0	0%	0	0	0	2	3	0	0	
Annual Totals:																		
Total 2023	178	161	90%	10	6%	5	6	4	7	4%	1	6	1	5	4	4	0	
Total 2022	140	132	94%	4	3%	2	2	2	4	3%	0	4	0	1	0	0	0	
Total 2021	50	48	96%	2	4%	0	2	0	0	0%	0	0	0	3	4	1	0	
Total 2020	77	69	90%	6	8%	5	6	0	2	3%	0	2	0	4	0	0	N/A	
Total 2019	143	129	90%	12	8%	0	10	2	2	1%	2	0	2	0	0	1	N/A	
Total 2018	200	172	86%	24	12%	4	17	7	4	2%	0	4	0	4	10	7	N/A	
	1018	931		66		16	48	18	21		3	18	3	19	22	19		

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

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

Virginia Board of Nursing

Executive Director Report

July 23, 2024

1 Presentation

- **3/27/2024** – Randall Mangrum, DNP, RN, Nursing Education Program Manager, presented the education seminar Preparation and Regulation Review for Program Directors and Faculty of PN and RN Pre-Licensure Nursing Programs at Hampton University. About 50 people were in attendance.
- **3/27/2024** – Christine Smith, RN, MSN, Nurse Aide/RMA Education Program Manager, presented the education seminar Preparation and Regulation Review for Coordinators and Instructors of Nurse Aide Education Programs at Hampton University. About 50 people were in attendance.
- **4/4/2024** - Christine Smith, RN, MSN, Nurse Aide/RMA Education Program Manager virtually presented *Orientation to Establish a Nurse Aide Education Program*, an information session to parties interested in establishing a program.
- **4/27/2024** - Jacquelyn Wilmoth RN, MSN, Deputy Executive Director virtually presented at the Virginia League for Nurses Annual Meeting providing Board updates. 30 faculty and leader members were in attendance.
- **5/3/2024** – Randall Mangrum, DNP, RN, Nursing Education Program Manager presented the Preparation and Regulation Review for Program Directors and Faculty of PN and RN Pre-Licensure Nursing Programs education seminar at the University of Virginia. Faculty and administration from UVA, Piedmont Virginia Community College and George Washington University attended the session.
- **6/27/2024** – Christine Smith, Nurse Aide/RMA Education Program Manager hosted an in-person regulatory seminar at the Board of Nursing for Survey Visit Preparation and Review of Regulations for Approved Nurse Aide Education Programs

2 Meetings attended

- **3/21/2024** - Jay Douglas, Executive Director, attended the Tri-Regulatory Collaborative meeting in Chicago that consists of the Federation of State Medical Boards and National Association Boards of Pharmacy and Nursing. Agenda included:
 - International regulatory issues
 - Pharmaceutical products coming to the US via non standard means
 - Team Based Regulation
 - Licensing Examinations
 - Implications of AI

- **3/23 - 25/2024** – Jay Douglas, Executive Director, attended the American Association of Colleges of Nursing (AACN) Deans Annual Meeting in Washington, DC. Education redesign, work force issues and the implications of legislation on measuring education programs were discussed.
- **3/25 – 26/2024** – Kimberly Glazier, Nurse Aide Program Inspector, attended the NCSBN Governance and Bylaws Review Committee in Chicago as Chair of the Committee. Ms. Glazier is chairing the committee.
- **4/3-5/2024** - Randall Mangrum, Nursing Education Program Manager along with Lucy Smith, Education Program Inspector attended the NCSBN International Center for Regulatory Scholarship (ICRS) Advanced Leadership Institute Graduation as graduates of the ICRS Certificate Program. Ms. Douglas also attended and provided the graduation address.
- **4/3-5/2024** – Christina Bargdill, Deputy Executive Director, attended the Federation of State of Massage Therapy Boards (FSMTB) Massage Board Executive (MBE) Summit in Savannah, GA. Ms. Bargdill facilitated a panel discussion on regarding the benefits of standardization and uniformity of licensing requirements for Massage Therapists at a national level. The remainder of the summit was targeted at reducing the potential for fraud in massage therapy education and competency testing.
- **4/4/2024** - Stephanie Willinger, Deputy Executive Director, met with representatives from Michigan Language Assessment to finalize details regarding their Board approved English Language Proficiency exam services ('MET') now offered for VA RN & LPN licensure applicants. As a result, this information is now posted on the Board's International Applicants webpage.
- **4/5/2024** - Claire Morris, Deputy Executive Director, attended the HCA Richmond Market Spring Academic Advisory Board Meeting.
- **4/8-11/2024** – Jay Douglas, Executive Director, attended the American Organization for Nursing Leadership (AONL) Annual Meeting in New Orleans, LA. Ms. Douglas will attend as the NCSBN Board of Directors President and will provide a presentation on the Nurse Licensure Compact (NLC) and NGN-NCLEX. Topics of discussion will include:
 - Sustaining the Workforce
 - Achieving Health Equity
 - Addressing the Mental Health Crisis
 - Demonstrating Expert and Influential Nursing Leadership
 - Advancing value-informed health care
- **4/9/2024** – Robin Hills, Deputy Executive Director for Advanced Practice virtually attended the NCSBN Roundtable. The NCSBN APRN Roundtable is an opportunity for APRN stakeholders to discuss matters of common interest which impact APRN regulation.
- **4/12/2024** - Jay Douglas, Executive Director, participated in the Virginia Nurses Foundation Leadership Academy meeting. Ms. Douglas provided the presentation titled "An Overview of Nursing Regulations in Virginia: Tools for Leaders".

- **4/12/2024** – Jay Douglas, Executive Director, participated in the Virginia Nurses Association (VNA) Board of Directors meeting and provided a Board of Nursing update.
- **4/15-16/2024** – Jacquelyn Wilmoth, RN, MSN attended and participated in the NCSBN Model Act and Rules Committee Meeting in Chicago.
- **4/17-19/2024** – Jay Douglas, Executive Director, attended the Federation of State Medical Boards (FSMB) Annual Meeting in Nashville, TN, be representing NCSBN. The focus was to foster collaboration and dialogue on pivotal issues facing the medical regulatory community.
- **4/17/2024** – Jacquelyn Wilmoth, Deputy Executive Director and Randall Mangrum, DNP, RN, Nursing Education Program Manager virtually met with representatives from the Virginia Nurses Association and provided information on high school nursing education programs.
- **4/17/2024** - Jacquelyn Wilmoth, Deputy Executive Director and Christine Smith, RN, MSN, Nurse Aide/Medication Aide Education Program Manager virtually met with PSI (Medication Aide testing company) to review 2024 quarter 1 testing results.
- **4/19/2024** – Jacquelyn Wilmoth, Deputy Executive Director, virtually attended the LEARN Collaborative meeting. During this meeting it was shared the Earn to Learn grant funded by the Governor’s prior approved budget should be released in the coming week.
- **4/22/2024** - Christina Bargdill, Deputy Executive Director, conducted a meeting with the probable cause review staff to discuss the digital case processing of cases. PC reviewers provided feedback regarding their experience with the digital case file folders and made recommendations about improving content of evidence folders and forms. They will continue to revise processes to continually improve efficiency and ensure accuracy.
- **4/26/2024** – Jay Douglas, Executive Director, and Claire Morris, Deputy Executive Director, attended the Virginia Organization for Nurse Leaders (VONL) Spring Conference title “*Nursing Evolution: Seeds for Success*”. The topics of discussion include:
 - Behind the Screens: Lessons Learned from the Implementation and Sustainment of Virtual Sitter Program
 - Social Determinates of Health
 - Exploring Nurse’s Perceptions of Caring: A Mixed Methods Study
 - Conway Nursing Pathway Program
- **4/26/2024** - Jacquelyn Wilmoth RN, MSN, Deputy Executive Director and Randall Mangrum, DNP, RN, Nursing Education Program Manager participated in the Nursing Education Regulatory Review Committee Meeting. External stakeholders also attend the meeting to include a representative from the Healthcare Workforce Data Authority as a public attendee.
- **4/29/2024** - Jay Douglas, Executive Director, Stephanie Willinger, Deputy Executive Director, Robin Hills, Deputy Executive Director, Jacquelyn Wilmoth, Deputy Executive Director, Claire Morris,

Deputy Executive Director, and Christina Bargdill, Deputy Executive Director, met with Erin Barrett to review post general assembly legislative actions related to nursing.

- **5/2/2024** - Jay Douglas, Executive Director and Jacquelyn Wilmoth, Deputy Executive Director participated in a meeting with the Department of Planning and Budget (DPB) regarding Nurse Clinical Opportunities and Nurse Preceptors. Representatives from DPB shared they were researching to increase understanding of undergraduate nursing programs inability to expand admissions due to lack of available preceptor led clinical experiences.
- **5/7-9/2024** - Jay Douglas, Executive Director, attended the NCSBN Board of Directors (BOD) as President of BOD in Chicago.
- **5/9/2024** – Christine Smith, Nurse Aide/Medication Aide Program Manager, hosted a virtual Orientation to Establish a Medication Aide Training Program with 39 participants in attendance.
- **5/9/2024**- Nurse Aide Testing Issues- Christina Bargdill, Deputy Executive Director, Jacquelyn Wilmoth, Deputy Executive Director, and Ofelia Solomon, Licensing Supervisor met with Credentia leadership on Thursday, May 9, 2024, to discuss ongoing issues with Nurse Aide exam applications and testing. Due to the erroneous routing of exam applications on the part of Credentia, there has been a delay in approving some routine applications. The technical errors identified with application processing have reportedly been resolved by Credentia and we do not expect to receive any more exam applications in error. The Board will be processing the misdirected exam applications already received as soon as possible to minimize any negative impact on the workforce.

Nurse Aide Education programs have notified the Board of Nursing of an increase in skills testing cancellations in various areas of the state. Credentia, nurse aide testing company, is aware and is seeking a root cause to better determine a solution.

- **5/14-15/2024** – Stephanie Willinger, Deputy Executive Director, attended the NCSBN IT-Operation Conference in Salt Lake City, Utah. Topics of discussion include:
 - Innovation, Technology, & the Future Opening Minds to What’s Next
 - Digital Verifiable Credentials and Services
 - Generative AI and Operations
 - Implementing the Amended 60-Day Residency Rule and Managing the Duplicate Multistate License Report
 - NURSUS: Supporting Regulatory Excellence in Every Moment
- **5/23-27-2024** - Jay Douglas, Executive Director, attended the Global Partners Meeting on Nursing and Midwifery, hosted by the World Health Organization (WHO), the International Confederation of Midwives, and the International Council of Nurses, in Geneva Switzerland. The meeting objectives were:
 - Enhance nursing and midwifery leadership at national, regional and international levels in the context of broader health workforce, health systems and global health priorities

- Take stock of progress and accelerate implementation of the *Global Strategic Directions for Nursing and Midwifery 2021-2025* in advance of the reporting requirements to the 78th World Health Assembly (May 2025)
- Strengthen the engagement in and data reporting capacity for the *State of the World's Nursing2025* and future *State of the World's Midwifery reports*
- ❖ Ms. Douglas also attended a meeting of The International Nurse Regulatory Collaborative with Regulatory representatives from Canada, New Zealand, The United Kingdom, Spain, Australia and Singapore.
- ❖ Ms. Douglas attended both meetings as the NCSBN President of the Board of Directors.
- **5/29/2024** – Jacquelyn Wilmoth, RN, MSN, Deputy Executive Director and Christine Smith, Nurse Aide/Medication Aide Program Manager virtually attended a meeting with VDSS to discuss 32 hour medication aide training programs. BON staff provided information regarding the Boards role in approving the curriculum.
- **5/30-31/2024** - Patricia Dewey, Discipline Case Manager, and Francesca Iyengar, Discipline Case Manager, attended the NCSBN Discipline Case Manager Conference in Annapolis, MD. The objectives are:
 - Determine impediments discouraging licensees from entering alternative to discipline programs in attendees' home jurisdictions
 - Break down "She Said, He Said" disciplinary complaints to determine action viability by board of nursing
 - Evaluate the proper balancing test for investigating a licensee's social media within a disciplinary complaint or initial application for licensure
 - Analyze applicable disciplinary case studies utilizing contemporary legal and investigative strategies
- **5/31/2024** -Jacquelyn Wilmoth, Deputy Executive Director will virtually attend the Innovation Steering Committee. Discussion regarding nursing workforce shortage and reporting of the second year of the Earn While You Learn (EWL) funded by VHHA. It was noted that Mary Washington hospital is no longer hosting students for EWL as they transitioned to Dedicated Education Units for certain semester students.
- **6/4/2024** - Stephanie Willinger, Deputy Executive Director, met with representatives from International Education Evaluators to finalize details regarding their Board approved credential evaluation services which will soon be offered for VA RN & LPN licensure applicants and posted on the Board's website.
- **6/12/2024** – Jacquelyn Wilmoth, Deputy Executive Director and Randall Mangrum, Nursing Education Program Manager attended the Simulation lab ribbon cutting ceremony at Southside College Health Sciences.
- **6/11/2024** - Claire Morris, Deputy Executive Director, attended the NLC Commission meeting.

- **6/13/2024** - Claire Morris, Deputy Executive Director, attended the virtual NLC Legal Forum seminar session two: What They Didn't Teach You in Law School: Interstate Compacts 101
- **6/17-18/2024** – Jay Douglas, Executive Director, will attend the Tri-Council Meeting hosted by the American Nurses Association (ANA) in Washington, DC. Ms. Douglas attended as President of the NCSBN Board of Directors. Ms. Douglas provided an update on Operation Nightingale.
- **6/19-21/2024** - Jay Douglas, Executive Director, will attend the NCSBN Executive Officer (EO) Summit in Park City, UT. Objectives were:
 - Discuss national and global trends impacting nursing regulation
 - Analyze best practices for licensure of foreign educated nurses
 - Analyze disciplinary cases using contemporary methods
- **6/27/2024** – Christine Smith, Nurse Aide/RMA Education Program Manager hosted an in-person regulatory seminar at the Board of Nursing for Survey Visit Preparation and Review of Regulations for Approved Nurse Aide Education Programs.

OTHER:

The Board of Nursing began accepting reinstatement applications for nurse aide certification online beginning on May 3, 2024. Board staff is in the process of working through technical issues with IT staff to improve the efficiency and timeliness related to the processing of routine applications for reinstatement of a nurse aide certification.

Stephanie Willinger, Deputy Executive Director, revised application checklists for all professions within the Board of Nursing for the purpose of streamlining the Board requirements visible to applicants seeking licensure/registration/certification as nurses, advanced practice nurses, massage therapists, certified nurse aides and registered medication aides.

A blast email was sent out to inform all APRNs about the changes in statute affecting APRN practice effective July 1, 2024, specifically:

- 1) autonomous APRNs may enter into a practice agreement with non-autonomous APRNs and provide management and leadership under certain circumstances, and
- 2) clinical practice requirement to practice without a practice agreement to be reduced from 5 to 3 years

Loudoun County Public Schools has notified the Board that the practical nursing education program has been closed on June 14, 2024.

Board of Nursing has been made aware the Earn To Learn Grant review process remains underway. It is anticipated grant recipients will be notified mid July 2024.

HPMP QUARTERLY REPORT JANUARY 1, 2024 - MARCH 31, 2024

Board	License Type	Intake Interviews	Enrollments			Discharges						Stays Processed	Participant Census as of 3/31/2024
			Board Order	Voluntary w/ Invest	Voluntary	Resignation	Ineligible	Dismissal	Urgent Dismissal	Completion	Successful Completion		
Audiology/Speech Pathology	SLP												3
TOTAL		0	0	0	0	0	0	0	0	0	0	0	3
Counseling	LPC	1			1								2
	QMHP												1
	Resident in Counseling												1
	RPRS (Reg Peer Recovery Support)												1
	Trainee for QMHP												1
TOTAL		1	0	0	1	0	0	0	0	0	0	0	6
Dentistry	DDS												1
	DMD										1		1
	RDH	1		1									4
TOTAL		1	0	1	0	0	0	0	0	0	1	0	6
Funeral/Emblamers	FSL												1
TOTAL		0	0	0	0	0	0	0	0	0	0	0	1
Long Term Care	NHA												2
TOTAL		0	0	0	0	0	0	0	0	0	0	0	2
Medicine	DC	1			1								2
	DO	1		1					1			2	13
	DPM												1
	Intern/Resident										1	2	7
	LRT (Licensed Rad Tech)												3
	MD	7	1	1	3						3	1	65
	OT												1
	PA											1	10
	RT (Resp Therapist)	1											2
SurgTech	1		1									2	
TOTAL		11	1	3	4	0	0	0	1	0	4	6	106
Nursing	APRN	1		2					1		2		15
	CNA					1							
	LPN	5	1	4			1	3	1		4		15
	RN	14	4	5	3	4		4	1		9	3	117
TOTAL		20	5	11	3	5	1	7	3	0	15	3	147

Optometry	OD													1
	TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy	PharmTech					1				1				1
	RPh									1			1	15
	TOTAL	0	0	0	0	1	0	0	2	0	0	0	1	16
Physical Therapy	PTA													2
	PT													3
	TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	5
Social Work	LCSW	1												
	TOTAL	1	0	0	0	0	0	0	0	0	0	0	0	0
Veterinary Medicine	DVM	1												4
	Vet Tech													1
	TOTAL	1	0	0	0	0	0	0	0	0	0	0	0	5
	TOTAL	35	6	15	8	6	1	7	6	0	20	10	298	

****NOTE - there are 2 individuals with dual orders from 2 boards - one is listed under trainee for QMHP to show representation, but is also an APRN, nursing first ordered then counseling ordered; one is listed under NHA for representation purposes and ordered first, but also has an RN license with order.**



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COMMONWEALTH of VIRGINIA

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Director

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

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TO: Virginia Board of Nursing Members

FROM: Kim Glazier, RN, M.Ed.
Education Program Inspector

DATE: May 14, 2024

RE: NCSBN Governance and Bylaws Committee Review Meeting

I had the privilege of chairing the NCSBN Governance and Bylaws Review Committee initial meeting March 25-26, 2024 in Chicago, Illinois. Gayle Irvin, Vice President, Client Services, AMC Institute provided an overview of contemporary governance practices. Tom Wilde, NCSBN legal counsel, reviewed the NCSBN Articles of Incorporation and Bylaws, and committee members examined feedback from the 2023 and 2024 Midyear meetings. The committee members started the initial review of the NCSBN Articles of Incorporation and began an initial discussion of the bylaws.

**COMMONWEALTH of VIRGINIA**

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MEMORANDUM

TO: Board Members

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

Lucy Smith, RN, MS, CNS, PMHCNS-BC
Nursing Education Program Inspector

Date: May 6, 2024

Subject: 2024 International Center for Regulatory Scholarship Advanced Leadership Institute

Individuals completing the ICRS certificate program were invited to Washington, D.C. on April 2-4, 2024 for the National Council of State Board of Nursing Advanced Leadership Institute. The theme for the event was *Leadership & Legacy*. The three-day event featured world-renowned speakers, small group work and a graduation ceremony.

The sessions centered on the following topics:

- Leading Transformational Change – Secrets of Successful Leaders
- Mapping Your Future
- Career Cartography
- Leaving a Legacy
- Principles of Successful Decision Making
- Global Leadership in Nursing
- Challenges, Success and the Path to Successful Leadership
- Nursing Regulation – Reflections on the Past and Present
- The Future of Regulation

Several key talking points/take-a-ways/conversation starters to consider were:

- Growing as a leader:
 - Stay focused on your North Star
 - If you don't have a seat at the table, you might be on the menu
 - Protect your space

- Build effective alliances
 - Lead by example
 - Planning for succession
- Effective leaders are:
 - Intentional and purpose driven
 - Inclusive and collaborative
 - Informed and confident
- Post-Covid Workforce – We are testing more nurses now than yesterday
 - Where are they going?
 - What is behind the number?
 - Where are they practicing?
 - How much are they practicing?
 - Does regulation play a part?
- Student success is related to the quality of the educator
- Regulation
 - Right touch regulation: You don't regulate technology, you regulate the people using the technology
 - Impact of History: History informing the present and impact on future

We would encourage anyone who has not yet taken advantage of this certificate program opportunity to visit the ICRS website (<https://www.icrsncsbn.org/>) and begin exploring the course opportunities available to you.



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COMMONWEALTH of VIRGINIA

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MEMO

To: Board Members

From: Christina Bargdill, RN, BSN, MHS
Deputy Executive Director

Re: Federation of State Massage Therapy Boards Executive Summit

Date: July 2, 2024

I attended the 2024 Federation of State Massage Therapy Boards (FSMTB) Executive Summit which was held April 3 – April 5, 2024 in Savannah, Georgia. The focus of the Executive Summit this year was on engagement and interaction between member Boards. Sessions included both panel discussions and presentations to foster movement towards uniformity and standardization of licensure activities across member Boards. Topics and takeaways from the meeting are detailed below.

Panel Discussion: Importance of and Need for Licensing Standardization and Uniformity facilitated by Christina Bargdill (VA) focused on exploring the feasibility and value of identifying common regulatory requirements and practices that cause variability in licensure processes and what elements of licensure and practice could be more uniform across jurisdictions. The group used the 2011 NCSBN Uniform Licensure Requirements document as an example of a process used by member organizations to consolidate thoughts and identify areas of agreement.

Presentation: Interstate Massage Compact (IMpact) Industry Panel and Myth Busting facilitated by Patty Glenn (FSMTB) included presentations by Industry Representative; Samantha Nance, Esq., Embry Merritt Womack Nance, PLLC to discuss the Interstate Massage Therapy Compact. Focus was on the benefits of participating in the licensing compact and to correct

misconceptions about the compact. To date only Nevada has passed legislation to join the compact. Seven states must pass legislation to join the compact to establish the compact.

Presentation: FSMTB Programs, Services and Resources Overview provided by FSMTB Board Members Liz Barnard (NV), Keith Warren (AL), Adrienne Price (GA) targeted a review of the resources available to FSMTB member organizations.

Presentation: Future of Regulation- Part 1: Cultural and Societal Context Professor W. Keith Campbell, University of Georgia provided a review of his research on generational differences and discussed the impact of covid, and how other recent events are shaping today's workforce and the regulatory environment.

Presentation: Future of Regulation- Part 2: Developing Strategies provided by Debra Persinger (FSMTB) highlighted FSMTB strategic initiatives, FSMTB's core values and the most pressing regulatory issues facing the profession.

Presentation: Operation Nightingale and Fraud in Education Eddie Calienes, Special Agent with the United States Department of Health and Human Services, OIG provided an overview of the investigations that identified the fraudulent nursing educational programs operating in Florida which grew into the multi-jurisdictional effort known as Operational Nightingale. Mr. Calienes provided examples of fraudulent transcripts and other documentation and practices that are relevant to the evaluation of educational documents for massage therapist applicants.

Presentation: The State of Massage Education – Identifying the Issues provided by Kevin Snedden (FSMTB) highlighted several emerging issues in massage therapy education, in addition to the concern about fraudulent programs and transcripts, to include program approvals without onsite visits, the recent DoE final rulemaking revoking the 150% rule impacting eligibility for financial aid, and a general increase in requests for offering testing in other languages and for accommodation for testing.

A Brainstorming session pertaining to The State of Massage Education was facilitated by Patty Glenn (FSMTB) and Mai Lin Petrine (FSMTB) to identify potential solutions to ensure the security and accessibility of the MBLEX exam.



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MEMORANDUM

To: Board Members

From: Jacquelyn Wilmoth, RN, MSN
Deputy Executive Director

Date: May 6, 2024

Subject: NCSBN Model Acts and Rules Committee

I have been appointed to the NCSBN Model Acts and Rules Committee. The committees charge is to review and revise NCSBNs Model Acts and Rules and present the suggested revisions to the Board of Directors and the membership.

At the first meeting, April 15-16, 2024, the committee was divided into smaller groups and placed in their area of expertise. I was placed on the Education subcommittee. I had the honor of leading the Education subcommittee in their review during the meeting. The review of the Model Acts and Rules is to take place over the course of the next several months, with a tentative plan to present to the Board of Directors prior to the midyear 2025 meeting also allowing time for member comment. Future committee meetings will take place both virtually and in person (Chicago).

I appreciate the agencies support of this important mission.



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COMMONWEALTH of VIRGINIA

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TO: Board Members

FROM: Stephanie H. Willinger 
Deputy Executive Director

DATE: July 5, 2024

RE: Report: NCSBN IT/Operations Meeting (May 14-15, 2024)

The target audience for this annual meeting is Board staff positioned in licensing, operations and/or information technology. Discussion topics included:

- Artificial Intelligence (AI) used by Boards for managing licensure processes (e.g. applicant notifications for all steps in the process, work queues to improve flow for Board staff, document management, etc.).
- Digital Credentials 'wallet' concept to be used and managed by nurses, as all information would be available in one space (e.g. license, education, employment clearance, NCSBN ID # etc.).
- Innovation via technology resources providing some long-term solutions to assist in minimizing or eliminating licensure application fraud (e.g. identifying gaps in processes or services, providing additional layers of identity verification via third-party hosts, etc.).
- NCSBN's efforts to innovate through partnerships surrounding portability of electronic nursing credentials, expanding access to NCLEX testing centers, anticipating future needs by looking at secure online exams, and improving exam/licensure/discipline systems to benefit all Boards for better collaboration and reducing tedious manual steps.

The above topics highlighted common issues that Boards and NCSBN are working towards so that nursing regulation continues to be innovative instead of reactive. The main themes were evident in our discussions that all Boards are experiencing similar trends, affecting nursing and health care practitioners in general (e.g. workforce shortages, work complexity, legislative changes, AI, mitigation of exam security risks, integrity of data, application fraud etc.). Lastly, one dynamic presenter spoke about improving our digital wellness. Even with the changing landscape of nursing regulation, more complex workloads, increased stress exacerbated by having technology at the ready, he said that we needed to get out of our minds and into our bodies. The important message conveyed was to give yourself permission to disconnect from technology, take a step away from work, phones, or computers to be sure that your own tank is full. Take time to be in your sacred space.

Meeting Notes from Francesca Iyengar, MSN, RN, Discipline Case Manager

NCSBN Discipline Case Manager Conference in Annapolis MD

Keynote Speaker: Mike Abrashoff- author of *It's Your Ship*, a leadership book that shares the author's experiences in turning around a struggling Navy ship through empowering the crew and fostering a culture of ownership and accountability

Pepin Tuma, JD covered 1st Amendment Protections for Health Care Professionals with regards to compelled speech and professional speech. He noted how certain politically motivated groups use the 1st Amendment to try and advance their agenda of 'elimination of restrictions' such as licensing requirements, (except perhaps for surgeons).

Attorney Kirsten Daughdril and Marc Spector, LLB covered topics such as 'he said, she said', "licensing laws' and social media use in registration investigations and professional misconduct prosecutions, respectively.

Amanda Chofflet covered access and financial barriers to alternative discipline programs such as HPMP- NCSBN is active in this, calling for monitoring for at least 3 years, bimonthly random substance testing, and daily check-ins. Some barriers to success include cost, unclear eligibility requirements and disparate information availability.

Amigo Wade spoke on 'better discipline' and due process

Overall, the Conference was very dynamic, engaging and informative.

**VIRGINIA BOARD OF NURSING
REGULATORY REVIEW COMMITTEE MEETING
Friday, April 26, 2024
Minutes**

Time and Place	The Board of Nursing Regulatory Review Committee meeting was convened at 9:32 A.M. on April 26, 2024 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
Committee Members Present	<p>Cynthia Swineford, RN, MSN, CNE, Chair Yvette Dorsey, DNP, RN, Board Member Robert Scott, RN, Board Member Shantell Kinchen, LPN, Board Member Shanna W. Akers, EdD, MSN/MBA-HC, RN, CNE, NEA-BC, Virginia Nurses Association (VNA) Andrea Reed, DNP, MSN, RN, Virginia League for Nursing (VLN) Cynthia Rubenstein, PhD, Virginia Association of Colleges of Nursing (VACN) Kelly Davis, M. Ed. CTE, Virginia Department of Education (VDOE) Art Wells, State Council Higher Education for Virginia (SCHEV)</p>
Staff Present Members	<p>Jacquelyn Wilmoth, RN, MSN, Deputy Executive Director Randall Mangrum, DNP, RN, Nursing Education Program Manager Erin Barrett, Director of Legislative and Regulatory Affairs, DHP Matt Novak, Policy and Economic Analyst, DHP</p>
Public Comment	No Public Comment
Review of Regulatory Process	Ms. Barrett reviewed the committee charge.
Review of proposed changes to Chapter 27 – Regulations Governing the Nursing Education Programs	<p>The committee completed the review of Chapter 27 beginning at 18VAC90-27-60 (E). The committee had robust discussion regarding 18VAC90-27-60(F), 18VAC90-27-80 (A), 18VAC90-27-90, 18VAC90-27-100(A), and 18VAC90-27-110.</p> <p>During the discussion regarding 18VAC90-27-90 (B)(9), the committee provided feedback on the petition for rulemaking to require self-care training be incorporated into nursing didactic and clinical curricula. The committee agreed inclusion of required self-care in clinical hours was not warranted. Committee feedback will be shared with the full board at a future meeting.</p>
Next Steps	Mr. Novak provided the committee information on the regulatory process and the timeline of such. Further he shared that the full board would need

to note on a NOIRA as the suggested changes would not be able to go through the Fast Track Regulatory process.

Meeting Adjourned 3:01 p.m.

DRAFT

**VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
DISCIPLINE MEETING MINUTES
April 24, 2024**

TIME AND PLACE: The discipline meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:02 A.M., April 24, 2024 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT: Cynthia M. Swineford, RN, MSN, CNE; Board of Nursing - **Chair**
Helen M. Parke, DNP, FNP; Board of Nursing
Delia Acuna, FNP-C; Board of Nursing
Blanton Marchese; Board of Medicine
Randy Clements, DPM; Board of Medicine
Karen Ransone, MD; Board of Medicine

STAFF PRESENT: Jay P. Douglas, RN, MSM, CSAC, FRE; Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for
Advanced Practice
Lakisha Goode, Discipline Team Coordinator

OTHERS PRESENT: Laura Booberg, Senior Assistant Attorney General; Board Counsel

INTRODUCTIONS: Committee members and staff members introduced themselves.

ESTABLISHMENT OF A QUORUM: Ms. Swineford called the meeting to order and established that a quorum was present.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS

Parris Diondra Langhorne, APRN **0024-177766**
Ms. Langhorne did not appear.

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to suspend the license of **Parris Diondra Langhorne, APRN** and the suspension shall be stayed upon proof of entry into a contract with the Virginia Health Practitioners' Monitoring Program ("HPMP"). The motion was seconded by Dr. Clements and carried unanimously.

Anna Jean Flowers Holland, APRN **0024-166047**
Ms. Holland did not appear.

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand the license of **Anna Jean Flowers Holland, APRN** and require Ms. Holland to review the American Association of Nurse

Virginia Committee of the Joint Boards of Nursing and Medicine
Consideration Meeting
April 24, 2024

Anesthesiology (“AANA”)’s Code of Ethics for the Certified Registered Nurse Anesthetist, Scope of Nurse Anesthesia Practice, and Standards for Nurse Anesthesia Practice, write a summary acceptable to the Committee of the Joint Boards, of how the AANA code of ethics, scope of practice guidelines, and standards of conduct relate to her conduct on March 21, 2022, submit this summary to the Committee of the Joint Boards within 30 days from the date of entry of this Order, and to provide written proof of successful completion of course(s) approved by the Committee of the Joint Boards of at least 3 contact hours in the subject of critical thinking within 90 days from the date of entry of the Order. The motion was seconded by Dr. Clements and carried unanimously.

Amanda Renee Welch, APRN

0024-177677

Ms. Welch did not appear.

CLOSED MEETING:

Dr. Parke 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 9:06 A.M., for the purpose of consideration of the agency subordinate recommendations for Amanda Renee Welch. Additionally, Dr. Parke moved that Ms. Douglas, Dr. Hills, Ms. Goode, and Ms. Booberg, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded by Mr. Marchese and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 9:10 A.M.

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

Dr. Parke moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to place the license of **Amanda Renee Welch, APRN** on Probation with terms and conditions. The motion was seconded by Mr. Marchese and carried unanimously.

ADJOURNMENT:

The meeting was adjourned at 9:11 A.M.

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

**VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
DISCIPLINE MEETING MINUTES
June 26, 2024**

TIME AND PLACE: The discipline meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:01 A.M., June 26, 2024, in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT: Ann Tucker Gleason, PhD, Citizen Member, Board of Nursing, **Chair**
Helen M. Parke, DNP, FNP; Board of Nursing
Delia Acuna, FNP-C; Board of Nursing
Karen Ransone, MD; Board of Medicine

STAFF PRESENT: Jay P. Douglas, RN, MSM, CSAC, FRE; Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Tamika Claiborne, Senior Licensing & Discipline Specialist

OTHERS PRESENT: Laura Booberg, Senior Assistant Attorney General; Board Counsel

INTRODUCTIONS: Committee members and staff members introduced themselves.

ESTABLISHMENT OF A QUORUM: Dr. Gleason called the meeting to order and, with 4 members present, established that a quorum was present.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS

Jessica Scalzo, APRN

0024-166203

Ms. Scalzo appeared.

CLOSED MEETING: Ms. Acuna 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 9:12 A.M., for the purpose of consideration of the agency subordinate recommendations for Jessica Scalzo. Additionally, Ms. Acuna moved that Ms. Douglas, Dr. Hills, Ms. Claiborne, and Ms. Booberg, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded by Dr. Parke and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:14 A.M.

Ms. Acuna 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

Virginia Committee of the Joint Boards of Nursing and Medicine
Consideration Meeting
June 26, 2024

meeting was convened. The motion was seconded by Dr. Parke and carried unanimously.

Dr. Ransone moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to place the license of **Jessica Scalzo, APRN** on Probation with terms and conditions. The motion was seconded by Dr. Parke and carried unanimously.

CLOSED MEETING:

Ms. Acuna 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 9:19 A.M., for the purpose of consideration of the agency subordinate recommendations for Charlene Bell, Fawn Avery, and Jessica VanAuken. Additionally, Ms. Acuna moved that Ms. Douglas, Dr. Hills, Ms. Claiborne, and Ms. Booberg, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded by Dr. Parke and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 9:29 A.M.

Ms. Acuna 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 Dr. Parke and carried unanimously.

Charlene Bell, APRN

0024-173892

Ms. Bell did not appear.

Ms. Acuna moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand **Charlene Bell, APRN**. The motion was seconded by Dr. Parke and carried unanimously.

Fawn Avery, APRN

0024-181769

Ms. Avery did not appear.

Dr. Parke moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to suspend the license of **Fawn Avery, APRN** and the suspension shall be stayed upon proof of entry into a contract with the Virginia Health Practitioners' Monitoring Program ("HPMP"). The motion was seconded by Dr. Ransone and carried unanimously.

Virginia Committee of the Joint Boards of Nursing and Medicine
Consideration Meeting
June 26, 2024

Jessica Van Auken, APRN

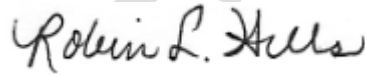
0024-172972

Ms. Avery did not appear.

Dr. Ransone moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to suspend the license of **Jessica Van Auken, APRN** and the suspension shall be stayed upon proof of entry into a contract with the Virginia Health Practitioners' Monitoring Program ("HPMP"). The motion was seconded by Dr. Parke and carried unanimously.

ADJOURNMENT:

The meeting was adjourned at 9:31 A.M.



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

UPDATED
VERSION



COMMONWEALTH of VIRGINIA

Arne W. Owens
Director

Department of Health Professions
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Executive Director

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Memo

To: Board Members
From: Jay P. Douglas, MSM, RN, CSAC, FRE
Date: 5/13/2024
Re: Dates for 2025 Board Meetings and Formal Hearings

The following dates are for the 2025 Board Meetings and Formal Hearings:

January 27 – 30, 2025

March 17 – 20, 2025

May 19 – 22, 2025

July 21 – 24, 2025

September 8 – 11, 2025

November 17 – 20, 2025



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MEMORANDUM

To: Members of the Board of Nursing

From: Jacquelyn Wilmoth, RN, MSN
Deputy Executive Director

Date: February 22, 2024

Subject: 2025 Dates for Education Informal Conference Meetings

Scheduled dates of the Education Informal Conference Committee meetings for the calendar year 2025:

Wednesday, February 19, 2025

Wednesday, April 9, 2025

Wednesday, June 11, 2025

Thursday, August 14, 2025

Wednesday, October 8, 2025

Wednesday, December 3, 2025

All meetings are currently scheduled to begin at 9:00 am.



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MEMORANDUM

To: Members of the Board of Nursing

From: Jacquelyn Wilmoth, RN, MSN and Christina Bargdill RN, MHS
Deputy Executive Directors

Date: July 18, 2024

Subject: Credentia CNA Written Exam Process Change

Credentia is contracted by the Board to manage the administration of the National Nurse Aide Assessment Program (NNAAP) competency examination to applicants for nurse aide certification in the Commonwealth of Virginia. Credentia is working to improve access to testing, efficiency of test administration and satisfaction for test-takers and Boards.

In addition to software changes, based on feedback Credentia has received from evaluators, training programs and test sites across the states in which they operate, Credentia is requesting to change to a proctor model for the in-person paper pencil written exams instead of utilizing an evaluator to administer these exams. The proctor model would mean that the test site would provide a proctor to administer the exam instead of Credentia providing an evaluator as is the current process. The model will provide the following benefits:

- The test sites ability to hold written only exams at a convenient time for the program, since they have their own proctor on location
- If the test site is also a training program, then the instructor could be a proctor. This would be the same principle as a teacher administering any other standardized test to their students.
- The program can test as many or as few candidates as long as the number doesn't exceed the approved number for the testing siting site.

- Evaluators will be more likely to pick up events as they will be skill only and will not take as long to complete. Currently it could take an evaluator 8-12 hours to complete a combined written and skill event.

Currently for written examinations, candidates have the option to complete exams either in-person or online. Candidates across Virginia continue to utilize both methods for testing. For candidates who currently test in-person, Credentia provides an evaluator to monitor the exam. While onsite the Credentia evaluator also conducts the skills portion of the exam for candidates. Evaluators are RNs with at least 1 year of experience and 1 year of experience in caring for the elderly. Proctors would not have to meet the same eligibility criteria as an evaluator. Credentia suggests that the program provide the proctor for in-person testing. However, if the program is unable to provide a proctor, Credentia would provide one for in-person written exam testing.

Credentia conducted a survey regarding the program's ability to provide a proctor for written testing. The results of the survey will be provided for discussion.

The Board may either decide to accept Credentia's proposal for the use of proctors for in-person written testing across the state or decide to reject the proposal.

Board of Nursing
Current Regulatory Actions
As of June 14, 2024

Regulations at the Governor's office

None.

Regulations at the Secretary's office

VAC	Stage	Subject Matter	Date submitted	Office; time in office	Notes
18VAC90-30	Fast-Track	Implementation of clinical nurse specialist practice agreement changes from 2022 General Assembly	9/15/2022	Secretary 546 days	Implements changes to existing regulations regarding CNS practice agreements.
18VAC90-19	NOIRA	Implementation of 2022 periodic review	3/22/2023	Secretary 437 days	Implementation of amendments of Chapter 19 resulting from the 2022 periodic review of regulations
18VAC90-21	NOIRA	Implementation of 2022 periodic review	3/22/2023	Secretary 437 days	Implementation of amendments of Chapter 21 resulting from the 2022 periodic review of regulations

Nothing at DPB or OAG.

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC90-19 18VAC90-25 18VAC90-27 18VAC90-30 18VAC90-50 18VAC90-60 18VAC90-70	NOIRA	Fee increase	5/20/2024	Public comment period 5/20/2024 – 6/19/2024. Board will vote on proposed action at July meeting.

Agenda Item: Adoption of exempt regulatory action pursuant to HB699**Included in your agenda package:**

- Draft changes to 18VAC90-40-21 setting forth certain patient counseling and recordkeeping requirements related to opioid prescriptions, consistent with changes in the 2024 GA; and
- HB699, which requires these changes.

Staff Note: Exempt action was voted on by the Board of Medicine at its June 13, 2024 meeting.

Action needed:

- Adoption of exempt regulatory change to amend 18VAC90-40-21 as presented.

Project 7889 - Exempt Final

Board of Nursing

Changes to patient counseling regarding opioid prescriptions pursuant to HB699

18VAC90-40-21. Patient counseling for opioids.

A. Prior to issuing a prescription for an opioid to treat acute or chronic pain, practitioners must provide patient counseling on the following:

1. The risks of addiction and overdose associated with opioid drugs and the dangers of taking opioid drugs with alcohol, benzodiazepines, and other central nervous system depressants;
2. The reasons why the prescription is necessary;
3. Alternative treatments that may be available; and
4. Risks associated with the use of the drugs being prescribed, specifically that opioids are highly addictive, even when taken as prescribed, that there is a risk of developing a physical or psychological dependence on the controlled dangerous substance, and that the risks of taking more opioids than prescribed, or mixing sedatives, benzodiazepines, or alcohol with opioids can result in fatal respiratory depression.

Such patient counseling shall be documented in the patient's medical record.

B. Patient counseling as described in subsection A shall not be a requirement for patients who are (i) in active treatment for cancer, (ii) receiving hospice care from a licensed hospice or palliative care, (iii) residents of a long-term care facility, (iv) being prescribed an opioid in the course of treatment for substance abuse or opioid dependence, or (v) receiving treatment for sickle cell disease.

CHAPTER 448

An Act to direct the Board of Medicine, the Board of Dentistry, the Board of Optometry, and the Boards of Medicine and Nursing to amend their regulations related to patient counseling for the prescription of opioids to treat acute or chronic pain.

[H 699]

Approved April 4, 2024

Be it enacted by the General Assembly of Virginia:

1. *§ 1. That the Board of Medicine, the Board of Dentistry, the Board of Optometry, and the Boards of Medicine and Nursing shall amend their regulations to require that, prior to issuing a prescription for any opioid to treat acute or chronic pain, practitioners provide patient counseling. Such patient counseling shall include providing the patient with information regarding (i) the risks of addiction and overdose associated with opioid drugs and the dangers of taking opioid drugs with alcohol, benzodiazepines, and other central nervous system depressants; (ii) the reasons why the prescription is necessary; (iii) alternative treatments that may be available; and (iv) risks associated with the use of the drugs being prescribed, specifically that opioids are highly addictive, even when taken as prescribed, that there is a risk of developing a physical or psychological dependence on the controlled dangerous substance, and that the risks of taking more opioids than prescribed, or mixing sedatives, benzodiazepines, or alcohol with opioids, can result in fatal respiratory depression. The regulations shall require that the practitioner document in the patient's medical record that the patient has discussed with the practitioner the risks of developing a physical or psychological dependence on the controlled dangerous substance and alternative treatments that may be available. The regulations shall include an exception to the patient counseling requirement for patients who are (a) in active treatment for cancer, (b) receiving hospice care from a licensed hospice or palliative care, (c) residents of a long-term care facility, (d) being prescribed an opioid in the course of treatment for substance abuse or opioid dependence, or (e) receiving treatment for sickle cell disease.*

2. *That the Board of Medicine, the Board of Dentistry, the Board of Optometry, and the Boards of Medicine and Nursing shall promulgate regulations to implement the provisions of this act to be effective within 280 days of its enactment.*

Agenda Item: Adoption of exempt regulatory action pursuant to HB971**Included in your agenda package:**

- Draft changes to 18VAC90-30-86 reducing required practice prior to autonomous practice designation for APRNs from five years to three years, consistent with changes in the 2024 GA; and
- HB971, which changed required practice from five years to three prior to autonomous practice designation for APRNs.

Staff Note: This exempt action was approved by the Board of Medicine at its June 13, 2024 meeting.

Action needed:

- Adoption of exempt regulatory change to amend 18VAC90-30-86 as presented.

Project 7924 - Exempt Final

Board of Nursing

Reduction of required practice for APRNs prior to practice without a practice agreement consistent with statutory change.

18VAC90-30-86. Autonomous practice for advanced practice registered nurses other than nurse midwives, certified registered nurse anesthetists, or clinical nurse specialists.

A. An advanced practice registered nurse with a current, unrestricted license, other than someone licensed in the category of certified nurse midwife, certified registered nurse anesthetist, or clinical nurse specialist, may qualify for autonomous practice by completion of the equivalent of ~~two years of full-time clinical experience as an advanced practice registered nurse until July 1, 2022. Thereafter, the requirement shall be the equivalent of five~~ three years of full-time clinical experience to qualify for autonomous practice.

1. Full-time clinical experience shall be defined as 1,800 hours per year.
2. Clinical experience shall be defined as the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

B. Qualification for authorization for autonomous practice shall be determined upon submission of a fee as specified in 18VAC90-30-50 and an attestation acceptable to the boards. The attestation shall be signed by the advanced practice registered nurse and the advanced practice registered nurse's patient care team physician stating that:

1. The patient care team physician served as a patient care team physician on a patient care team with the advanced practice registered nurse pursuant to a practice agreement meeting the requirements of this chapter and §§ 54.1-2957 and 54.1-2957.01 of the Code of Virginia;

2. While a party to such practice agreement, the patient care team physician routinely practiced with a patient population and in a practice area included within the category, as specified in 18VAC90-30-70, for which the advanced practice registered nurse was certified and licensed; and

3. The period of time and hours of practice during which the patient care team physician practiced with the advanced practice registered nurse under such a practice agreement.

C. The advanced practice registered nurse may submit attestations from more than one patient care team physician with whom the advanced practice registered nurse practiced during the equivalent of ~~five~~ three years of practice, but all attestations shall be submitted to the boards at the same time.

D. If an advanced practice registered nurse is licensed and certified in more than one category as specified in 18VAC90-30-70, a separate fee and attestation that meets the requirements of subsection B of this section shall be submitted for each category. If the hours of practice are applicable to the patient population and in practice areas included within each of the categories of licensure and certification, those hours may be counted toward a second attestation.

E. In the event a patient care team physician has died, become disabled, retired, or relocated to another state, or in the event of any other circumstance that inhibits the ability of the advanced practice registered nurse from obtaining an attestation as specified in subsection B of this section, the advanced practice registered nurse may submit other evidence of meeting the qualifications for autonomous practice along with an attestation signed by the advanced practice registered nurse. Other evidence may include employment records, military service, Medicare or Medicaid reimbursement records, or other similar records that verify full-time clinical practice in the role of an advanced practice registered nurse in the category for which the advanced practice registered nurse is licensed and certified. The burden shall be on the advanced practice registered nurse to

provide sufficient evidence to support the advanced practice registered nurse's inability to obtain an attestation from a patient care team physician.

F. An advanced practice registered nurse to whom a license is issued by endorsement may engage in autonomous practice if such application includes an attestation acceptable to the boards that the advanced practice registered nurse has completed the equivalent of ~~five~~three years of full-time clinical experience as specified in subsection A of this section and in accordance with the laws of the state in which the advanced practice registered nurse was previously licensed.

G. An advanced practice registered nurse authorized to practice autonomously shall:

1. Only practice within the scope of the advanced practice registered nurse's clinical and professional training and limits of the advanced practice registered nurse's knowledge and experience and consistent with the applicable standards of care;
2. Consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided; and
3. Establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

VIRGINIA ACTS OF ASSEMBLY -- 2024 SESSION

CHAPTER 404

An Act to amend and reenact § 54.1-2957 of the Code of Virginia, relating to nurse practitioners; patient care team provider; autonomous practice.

[H 971]

Approved April 4, 2024

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2957 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2957. Licensure and practice of advanced practice registered nurses.

A. As used in this section, "clinical experience" means the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

B. The Board of Medicine and the Board of Nursing shall jointly prescribe the regulations governing the licensure of advanced practice registered nurses. It is unlawful for a person to practice as an advanced practice registered nurse in the Commonwealth unless he holds such a joint license.

C. Every nurse practitioner who ~~meets~~ *does not meet* the requirements of subsection I shall maintain appropriate collaboration and consultation, as evidenced in a written or electronic practice agreement, with at least one patient care team physician. A nurse practitioner who meets the requirements of subsection I may practice without a written or electronic practice agreement. A certified nurse midwife shall practice pursuant to subsection H. A clinical nurse specialist shall practice pursuant to subsection J. A certified registered nurse anesthetist shall practice under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry. An advanced practice registered nurse who is appointed as a medical examiner pursuant to § 32.1-282 shall practice in collaboration with a licensed doctor of medicine or osteopathic medicine who has been appointed to serve as a medical examiner pursuant to § 32.1-282. Collaboration and consultation among advanced practice registered nurses and patient care team physicians may be provided through telemedicine as described in § 38.2-3418.16.

Physicians on patient care teams may require that an advanced practice registered nurse be covered by a professional liability insurance policy with limits equal to the current limitation on damages set forth in § 8.01-581.15.

Service on a patient care team by a patient care team member shall not, by the existence of such service alone, establish or create liability for the actions or inactions of other team members.

D. The Boards of Medicine and Nursing shall jointly promulgate regulations specifying collaboration and consultation among physicians and advanced practice registered nurses working as part of patient care teams that shall include the development of, and periodic review and revision of, a written or electronic practice agreement; guidelines for availability and ongoing communications that define consultation among the collaborating parties and the patient; and periodic joint evaluation of the services delivered. Practice agreements shall include provisions for (i) periodic review of health records, which may include visits to the site where health care is delivered, in the manner and at the frequency determined by the advanced practice registered nurse and the patient care team physician and (ii) input from appropriate health care providers in complex clinical cases and patient emergencies and for referrals. Evidence of a practice agreement shall be maintained by an advanced practice registered nurse and provided to the Boards upon request. For advanced practice registered nurses providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the advanced practice registered nurse's clinical privileges or the electronic or written delineation of duties and responsibilities in collaboration and consultation with a patient care team physician.

E. The Boards of Medicine and Nursing may issue a license by endorsement to an applicant to practice as an advanced practice registered nurse if the applicant has been licensed as an advanced practice registered nurse under the laws of another state and, pursuant to regulations of the Boards, the applicant meets the qualifications for licensure required of advanced practice registered nurses in the Commonwealth. An advanced practice registered nurse to whom a license is issued by endorsement may practice without a practice agreement with a patient care team physician pursuant to subsection I if such application provides an attestation to the Boards that the applicant has completed the equivalent of at least ~~five~~ *three* years of full-time ~~clinical~~ experience, as determined by the Boards, in accordance with the laws of the state in which the nurse practitioner was licensed.

F. Pending the outcome of the next National Specialty Examination, the Boards may jointly grant temporary licensure to advanced practice registered nurses.

G. In the event a physician who is serving as a patient care team physician dies, becomes disabled, retires from active practice, surrenders his license or has it suspended or revoked by the Board, or relocates his practice such that he is no longer able to serve, *or for other good cause*, and an advanced

practice registered nurse is unable to enter into a new practice agreement with another patient care team physician, the advanced practice registered nurse may continue to practice upon notification to the designee or his alternate of the Boards and receipt of such notification. Such advanced practice registered nurse may continue to treat patients without a patient care team physician for an initial period not to exceed 60 days, provided that the advanced practice registered nurse continues to prescribe only those drugs previously authorized by the practice agreement with such physician and to have access to appropriate input from appropriate health care providers in complex clinical cases and patient emergencies and for referrals. The designee or his alternate of the Boards shall grant permission for the advanced practice registered nurse to continue practice under this subsection for another 60 days, provided that the advanced practice registered nurse provides evidence of efforts made to secure another patient care team physician and of access to physician input. *At the conclusion of the second 60-day period, provided that the advanced practice registered nurse provides evidence of the continued efforts to secure another patient care team physician and of access to physician input, the designee or his alternate of the Boards may grant permission for the advanced practice registered nurse to continue practicing under the management and leadership of a nurse practitioner licensed by the Boards of Medicine and Nursing who (i) meets the requirements of subsection I, (ii) routinely practiced with a patient population and in a practice area within the category for which the advanced practice registered nurse was certified and licensed, and (iii) has been authorized to practice without a written or electronic practice agreement for at least three years.*

H. Every certified nurse midwife shall practice in accordance with regulations adopted by the Boards and consistent with the Standards for the Practice of Midwifery set by the American College of Nurse-Midwives governing such practice. A certified nurse midwife who has practiced fewer than 1,000 hours shall practice in consultation with a certified nurse midwife who has practiced for at least two years prior to entering into the practice agreement or a licensed physician, in accordance with a practice agreement. Such practice agreement shall address the availability of the certified nurse midwife who has practiced for at least two years prior to entering into the practice agreement or the licensed physician for routine and urgent consultation on patient care. Evidence of the practice agreement shall be maintained by the certified nurse midwife and provided to the Boards upon request. A certified nurse midwife who has completed 1,000 hours of practice as a certified nurse midwife may practice without a practice agreement upon receipt by the certified nurse midwife of an attestation from the certified nurse midwife who has practiced for at least two years prior to entering into the practice agreement or the licensed physician with whom the certified nurse midwife has entered into a practice agreement stating (i) that such certified nurse midwife or licensed physician has provided consultation to the certified nurse midwife pursuant to a practice agreement meeting the requirements of this section and (ii) the period of time for which such certified nurse midwife or licensed physician practiced in collaboration and consultation with the certified nurse midwife pursuant to the practice agreement. A certified nurse midwife authorized to practice without a practice agreement shall consult and collaborate with and refer patients to such other health care providers as may be appropriate for the care of the patient.

I. A nurse practitioner who has completed the equivalent of at least ~~five~~ *three* years of full-time clinical experience, as determined by the Boards, may practice in the practice category in which he is certified and licensed without a written or electronic practice agreement upon receipt by the nurse practitioner of an attestation from *either (i) the patient care team physician or (ii) an attesting nurse practitioner who assumed management and leadership of a nurse practitioner pursuant to subsection G and has met the requirements of this subsection for at least three years* stating ~~(i)~~ *(a)* that the patient care team physician *or attesting nurse practitioner* has served as a patient care team physician *or attesting nurse practitioner, respectively*, on a patient care team with the nurse practitioner pursuant to a practice agreement meeting the requirements of this section and § 54.1-2957.01; ~~(ii)~~ *(b)* that while a party to such practice agreement, the patient care team physician *or attesting nurse practitioner* routinely practiced with a patient population and in a practice area included within the category for which the nurse practitioner was certified and licensed; and ~~(iii)~~ *(c)* the period of time for which the patient care team physician *or attesting nurse practitioner* practiced with the nurse practitioner under such a practice agreement. A copy of such attestation shall be submitted to the Boards together with a fee established by the Boards. Upon receipt of such attestation and verification that a nurse practitioner satisfies the requirements of this subsection, the Boards shall issue to the nurse practitioner a new license that includes a designation indicating that the nurse practitioner is authorized to practice without a practice agreement. In the event that a nurse practitioner is unable to obtain the attestation required by this subsection, the Boards may accept other evidence demonstrating that the applicant has met the requirements of this subsection in accordance with regulations adopted by the Boards.

A nurse practitioner authorized to practice without a practice agreement pursuant to this subsection shall ~~(a)~~ *(1)* only practice within the scope of his clinical and professional training and limits of his knowledge and experience and consistent with the applicable standards of care, ~~(b)~~ *(2)* consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided, and ~~(c)~~ *(3)* establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

J. A clinical nurse specialist licensed by the Boards of Medicine and Nursing who does not prescribe controlled substances or devices may practice in the practice category in which he is certified and licensed without a written or electronic practice agreement. Such clinical nurse specialist shall (i) only practice within the scope of his clinical and professional training and limits of his knowledge and experience and consistent with the applicable standards of care, (ii) consult and collaborate with other health care providers based on the clinical condition of the patient to whom health care is provided, and (iii) establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

A clinical nurse specialist licensed by the Boards who prescribes controlled substances or devices shall practice in consultation with a licensed physician in accordance with a practice agreement between the clinical nurse specialist and the licensed physician. Such practice agreement shall address the availability of the physician for routine and urgent consultation on patient care. Evidence of a practice agreement shall be maintained by a clinical nurse specialist and provided to the Boards upon request. The practice of clinical nurse specialists shall be consistent with the standards of care for the profession and with applicable laws and regulations.

2. That the Department of Health Professions (the Department) shall collect data on the implementation of this act, including the total number of applicants, the year of their initial advanced practice registered nurse licensure, the geographic area, the practice setting and patient population, and the total number of disciplinary actions of those persons licensed to practice pursuant to subsection I of § 54.1-2957 of the Code of Virginia, as amended by this act. The Department shall make this data and other pertinent data publicly available on its website.

Agenda Item: Adoption of fast-track regulatory requirement regarding out-of-state clinical hours**Included in your agenda package:**

- SB553, which requires the Board to amend regulations to permit certain out-of-state clinical education; and
- Draft regulatory changes to eliminate in-state requirements for clinical hours.

Staff Note: Although SB553 only required the Board to accept 100% of out-of-state clinical hours for programs within 60 miles of a state border, treating such programs differently than programs more than 60 miles from a border is operationally problematic. Staff have recommended removing the requirement to maintain continuity of the regulations and ensure the regulations apply to all programs. This removal will also allow programs more than 60 miles from a border to conduct international clinical experiences.

Action needed:

- Motion to adopt a fast-track regulatory action to remove requirements for in-state clinical hours as presented.

VIRGINIA ACTS OF ASSEMBLY -- 2024 SESSION

CHAPTER 425

An Act to direct the Board of Nursing to amend its regulations related to out-of-state clinical sites.

[S 553]

Approved April 4, 2024

Be it enacted by the General Assembly of Virginia:

1. *§ 1. That the Board of Nursing (the Board) shall amend its regulations to permit nursing education programs in the Commonwealth located within 60 miles of a bordering state or the District of Columbia to contract for an unlimited number of required clinical hours at out-of-state clinical sites. The regulations shall require that all such clinical hours be accepted by the Board for licensure.*

Project 7935 - Fast-Track

Board of Nursing

Amendment to clinical hours limitations outside of Virginia pursuant to 2024 legislation

18VAC90-27-30. Application for initial approval.

An institution wishing to establish a nursing education program shall:

1. Provide documentation of attendance by the program director at a board orientation on establishment of a nursing education program prior to submission of an application and fee.
2. Submit to the board an application to establish a nursing education program along with a nonrefundable application fee as prescribed in 18VAC90-27-20.
 - a. The application shall be effective for 12 months from the date the application was received by the board.
 - b. If the program does not meet the board's requirements for approval within 12 months, the institution shall file a new application and fee.
3. Submit the following information on the organization and operation of a nursing education program:
 - a. A copy of a business license and zoning permit to operate a school in a Virginia location, a certificate of operation from the State Corporation Commission, evidence of approval from the Virginia Department of Education or SCHEV, and documentation of accreditation, if applicable;
 - b. The organizational structure of the institution and its relationship to the nursing education program therein;
 - c. The type of nursing program, as defined in 18VAC90-27-10;

- d. An enrollment plan specifying the beginning dates and number of students for each class for a two-year period from the date of initial approval including (i) the planned number of students in the first class and in all subsequent classes and (ii) the planned frequency of admissions. Any increase in admissions that is not stated in the enrollment plan must be approved by the board. Also, transfer students are not authorized until full approval has been granted to the nursing education program; and
 - e. A tentative time schedule for planning and initiating the program through graduation of the first class and the program's receipt of results of the NCLEX examination.
4. Submit to the board evidence documenting adequate resources for the projected number of students and the ability to provide a program that can meet the requirements of this part to include the following information:
 - a. The results of a community assessment or market analysis that demonstrates the need for the nursing education program in the geographic area for the proposed school. The assessment or analysis shall include employment opportunities of nurses in the community, the number of clinical facilities or employers available for the size of the community to support the number of graduates, and the number and types of other nursing education programs in the area;
 - b. A projection of the availability of qualified faculty sufficient to provide classroom instruction and clinical supervision for the number of students specified by the program;
 - c. Budgeted faculty positions sufficient in number to provide classroom instruction and clinical supervision;
 - d. Availability of clinical training facilities for the program as evidenced by copies of contracts or letters of agreement specifying the responsibilities of the respective

parties and indicating sufficient availability of clinical experiences for the number of students in the program, the number of students, and clinical hours permitted at each clinical site and on each nursing unit;

~~e. Documentation that at least 80% of all clinical experiences are to be conducted in Virginia, unless an exception is granted by the board. There shall be documentation of written approval for any clinical experience conducted outside of Virginia by the agency that has authority to approve clinical placement of students in that state. The use of any clinical site in Virginia located 50 miles or more from the school shall require board approval;~~

f. A diagram or blueprint showing the availability of academic facilities for the program, including classrooms, skills laboratory, and learning resource center. This information shall include the number of restrooms for the student and faculty population, classroom and skills laboratory space large enough to accommodate the number of the student body, and sufficient faculty office space; and

~~g. f.~~ Evidence of financial resources for the planning, implementation, and continuation of the program with line-item budget projections for the first three years of operations beginning with the admission of students.

5. Respond to the board's request for additional information within a timeframe established by the board.

18VAC90-27-190. Evaluation of resources; written agreements with cooperating agencies.

A. Periodic evaluations of resources, facilities, and services shall be conducted by the administration, faculty, students, and graduates of the nursing education program, including an employer evaluation for graduates of the nursing education program. ~~Such evaluation shall~~

~~include assurance that at least 80% of all clinical experiences are conducted in Virginia unless an exception has been granted by the board.~~

B. Current written agreements with cooperating agencies shall be maintained and reviewed annually and shall be in accordance with 18VAC90-27-80 E.

C. Upon request, a program shall provide a clinical agency summary on a form provided by the board.

~~D. Upon request and if applicable, the program shall provide (i) documentation of board approval for use of clinical sites located 50 or more miles from the school, and (ii) for use of clinical experiences conducted outside of Virginia, documented approval from the agency that has authority to approve clinical placement of students in that state.~~

Agenda Item: Adoption of notice of intended regulatory action (NOIRA) related to nursing education changes identified during periodic review

Staff Note: The Nursing Education Regulatory Review Committee met in November 2023 and January and April of 2024. The Committee has worked to review Chapter 27 to modernize and streamline the requirements for nursing educational programs. The Board can now begin the regulatory process by issuing a NOIRA as described below to notify the public that the Board intends to amend Chapter 27.

Changes that must be made to regulations following legislation in the 2024 General Assembly Session have been removed from this action and will be considered by the Board separately.

Action needed:

- Motion to adopt a NOIRA for Chapter 27, the Regulations Governing Nurse Education Programs, to:
 - Update and amend terminology for nurse education programs;
 - Streamline and reorganize requirements for faculty;
 - Clarify the duties of faculty and staff positions;
 - Eliminate duplicative requirements;
 - Eliminate overly prescriptive yet vague requirements concerning the physical environment of the nursing education program;
 - Update curriculum requirements to reflect comments received by the Board and further promote readiness for entry to practice;
 - Make general changes to reflect the use of telehealth in the provision of modern healthcare and the use of simulation in clinical training;
 - Update the clinical practice of students, including supervision requirements;
 - Update requirements regarding recordkeeping and documentation; and
 - Make other changes for clarity.

Agenda Item: Board of Nursing Consideration of fee increase**Included in your agenda package:**

- Chart detailing proposed changes, rationale, and costs considered

Staff Notes: The Board last raised fees in 2011. Prior to that time, the last fee increase was in 2003. The Board should consider the following information in consideration of this proposal.

- CNA Registry Expenditures:
 - Large discrepancy between reimbursements for registry and expenditures.
 - FY2022:
 - Expenditures of \$2.015 million and allowed reimbursements of \$542,235.
 - Deficit of \$1.473 million.
 - FY2023:
 - Expenditures of \$2.827 million and allowed reimbursements of \$553,954.
 - Deficit of \$2.273 million.
 - FY2024:
 - Expenditures for 11 months up to May 2024 were \$2.918 million. Expected total expenditures for FY2024 will be over \$3 million. Allowed reimbursements of \$556,722.
 - Expected deficit of \$2.443 million
- Salary increases mandated by the General Assembly.
 - Compounded state salary increases have accelerated the need for a fee increase. Those include:
 - 5% (total) in FY2020
 - 5% on June 10, 2021
 - 5% on July 10, 2022
 - 5% on June 10, 2023
 - 2% on December 10, 2023
 - 3% on June 10, 2024; and
 - Future increase of 3% on or about June 2025.
 - When the General Assembly enacts salary increases, other state agencies receive increased allocations from the general fund through the budget process to cover the increase. As a special fund agency, DHP and its boards only receive funds from fees provided by licensees, which by statute must be sufficient to cover the operating expenses of the board.
 - 70% of the Board's budget is personnel costs.

- Additional operational increases affecting available funds:
 - License, certificate, and registration counts have increased significantly over the years:
 - 2003: 163,453
 - 2012: 205,969
 - Q1 FY2024: 235,045
 - Q3 FY2024: 236,713
 - Other significant variables affecting operation costs:
 - 2016: Criminal Background Check Unit was established due to a statutory mandate. Additional staff and associated costs incurred.
 - Oversight of Nursing Education programs: increase in survey visits and non – compliance. 169% increase (2013: 13 visits conducted; 2023: 35 visits conducted)
 - Since 2013, 21% increase in cases received and 42% increase in investigations
 - 37% increase in Enforcement costs since 2018
 - 2% expenditure to cover credit card fees for transactions at the Board
 - HPMP costs: almost \$4,000/person/year covered by Board. Current cost approximately \$640,000/year; projected increase to \$2.2 million with expansion of HPMP to estimated 550 participants
- One-time fee decrease pursuant to statutory directive for the renewal period of 2017 – 2019 resulted in a decrease of revenue of **\$2,395,212**.
- Cash balance projections without a fee increase as of July 2024:
 - FY2023 (Actual): \$6,190,736
 - FY2024 (Actual): \$2,505,463
 - **FY2025 (Estimate): -\$2,548,279**
 - **FY2026 (Estimate): -\$8,191,878**

Action needed:

- Motion to adopt proposed regulatory changes regarding fees as presented or amended by the Board.

Option 1: 65 – 70% increases, with some increases higher, will result in FY2026 Cash Balance of (\$2,853,878). Cash Balance will become positive in FY2027. Next deficit predicted to be FY2033.

Option 2: 60% increases, with some increases higher, will result in a FY2026 Cash Balance of (\$3,234,878). Cash balance will become positive FY2028. Next deficit predicted to be FY2031.

All time frames are 4Q 4/1/23-3/31/24

All estimated revenue increases annual unless noted otherwise

Option	Total Anticipated Revenue	By chapter
1	\$10,318,475	Chapter 19 – \$8,407,460 Chapter 25 – \$256,000 Chapter 27 – \$35,750 Chapter 30 – \$922,000 Chapter 50 – \$508,715 Chapter 60 – \$188,550
2	\$9,703,557	Chapter 19 – \$7,896,988 Chapter 25 – \$256,000 Chapter 27 – \$35,750 Chapter 30 – \$895,397 Chapter 50 – \$446,800 Chapter 60 – \$172,622

	Type	Current fee/ Proposed fee	Percent increase	Range among neighboring states	Anticipated additional revenue	Average disciplinary cost, if known, or other factors	Additional notes
	RN/PN						
Chapter 19	RN by exam or endorsement	\$190/ 1. \$315 + CBC admin fee if applicable 2. \$305 + CBC admin fee if applicable	1. 65% 2. 60%	Endorsement more expensive for all neighboring states and reflected in higher number. North Carolina: \$230/\$335 Maryland: \$220/\$250 Pennsylvania: \$225/\$270 West Virginia: \$185/\$270 Kentucky: \$245/\$335 Tennessee: \$180/\$225	Approximately 9,000 new RN reported last 4Q. Not counting CBC, approx. 1. \$1,125,000 2. \$1,035,000	Average enforcement cost to the Board for any disciplinary case: \$1,854 (18 hours @ \$103)	

	Type	Current fee/ Proposed fee	Percent increase	Range among neighboring states	Anticipated additional revenue	Average disciplinary cost, if known, or other factors	Additional notes
	LPN by exam or endorsement	\$170/ 1. \$280 + CBC admin fee if applicable 2. \$270 + CBC admin fee if applicable	 1. 65% 2. 59%		Approximately 1,500 last 4Q. Not counting CBC, approx. 1. \$165,000 2. \$150,000	Average enforcement cost to the Board for any disciplinary case: \$1,854 (18 hours @ \$103)	
	Reapplication for licensure by exam	\$50/ 1. \$85 2. 80	 1. 70% 2. 60%		864 over 4Q, approx. 1. \$30,240 2. \$25,920		
	RN biennial renewal	\$140/ 1. \$230 2. \$225	 1. 65% 2. 60%		 1. \$5,433,255 2. \$5,131,407	Average enforcement cost to the Board for any disciplinary case: \$1,854 (18 hours @ \$103)	
	RN biennial inactive renewal	\$70/ 1. \$115 2. \$112	 1. 65% 2. 60%		1,064 over 4Q, approx. 1. \$23,940 2. \$44,588		

	Type	Current fee/ Proposed fee	Percent increase	Range among neighboring states	Anticipated additional revenue	Average disciplinary cost, if known, or other factors	Additional notes
	LPN biennial renewal	\$120/ 1. \$200 2. \$192	1. 65% 2. 60%		1. \$1,078,760 2. \$970,884	Average enforcement cost to the Board for any disciplinary case: \$1,854 (18 hours @ \$103)	
	LPN biennial inactive renewal	\$60/ 1. \$100 2. \$96	1. 65% 2. 60%		188 over 4Q approx. 1. \$3,760 2. \$3,384		
Chapter 19	Late renewal RN	\$50/ 1. \$115 2. \$110	1. 130% 2. 120%		1418 late fees charged to RNs for renewal over 4Q. 1. \$92,170 2. \$85,080		Higher percentage increase for non- standard fees, such as late fees, duplicate requests, reinstatements.
	Late renewal RN inactive	\$25/ 1. \$60 2. \$55	1. 140% 2. 120%		11 late fees charged to inactive RNs for renewal of inactive licensure. 1. \$385 2. \$330		Higher percentage increase for non- standard fees, such as late fees, duplicate requests, reinstatements.
	Late renewal LPN	\$40/ 1. \$40 2. \$40	125% 112.5%		911 late fees charged to LPNs.		Higher percentage increase for non-

	Type	Current fee/ Proposed fee	Percent increase	Range among neighboring states	Anticipated additional revenue	Average disciplinary cost, if known, or other factors	Additional notes
		1. \$90 2. \$85			1. \$45,550 2. \$40,995		standard fees, such as late fees, duplicate requests, reinstatements.
	Late renewal LPN inactive	\$20/ \$45	125%		2 late fees charged to LPNs for late renewal of inactive license. Minimal increased revenue anticipated.		Use same number for options 1 and 2. Higher percentage increase for non-standard fees, such as late fees, duplicate requests, reinstatements.
	RN reinstatement of lapsed license	\$225/ \$450	100%		412 reinstatements of lapsed RN license over 4Q. Approx. additional annual revenue of \$92,700	Average enforcement cost to the Board for any disciplinary case: \$1,854 (18 hours @ \$103)	Same for options 1 and 2. Cost for reinstatements include board staff and board member review, enforcement & APD preparation, board counsel, disciplinary costs related to hearings.
	LPN reinstatement of lapsed license	\$200/ \$400	100%		106 reinstatements of lapsed LPNs. Approx. \$21,200	Average enforcement cost to the Board for any disciplinary	Same for options 1 and 2.

	Type	Current fee/ Proposed fee	Percent increase	Range among neighboring states	Anticipated additional revenue	Average disciplinary cost, if known, or other factors	Additional notes
					increase in annual revenue.	case: \$1,854 (18 hours @ \$103)	Cost for reinstatements include board staff and board member review, enforcement & APD preparation, board counsel, disciplinary costs related to hearings
	Reinstatement of susp/ revoked license or reg	\$300/ \$600	100%		45 over last year. Approx. \$13,500 in anticipated increased revenue.	Average enforcement cost to the Board for any disciplinary case: \$1,854 (18 hours @ \$103)	Same for options 1 and 2. Cost for reinstatements include board staff and board member review, enforcement & APD preparation, board counsel, disciplinary costs related to hearings
	Duplicate license	\$15/ \$30	100%		981 duplicate licenses issued in last year. Anticipated increased revenue of approx. \$15,000		Same for options 1 and 2. Attempt to recoup more costs from minor fees rather than have a larger

	Type	Current fee/ Proposed fee	Percent increase	Range among neighboring states	Anticipated additional revenue	Average disciplinary cost, if known, or other factors	Additional notes
							individual licensee increase.
	Replacement wall certification	\$25/ \$50	100%		185 issued in last year. Anticipated annual revenue of approx. \$4,500		Same for options 1 and 2.
	Verification of license	\$35	0%		No such fee category in the reports		No such fee collected in recent years. Information available on license look up.
Chapter 19	Transcript of all or part of applicant or licensee records <u>Educational transcript closed programs</u>	\$35/ \$70	100%		Unclear how often this is used; increase likely minimal.		
	CBC administrative fee	\$0/ \$25	(new fee)		Assuming 10,500 annually, anticipated increased revenue of \$262,500		Same for options 1 and 2. Administrative fee to cover staff time. While other states charge a CBC fee, it often includes other factors that make

	Type	Current fee/ Proposed fee	Percent increase	Range among neighboring states	Anticipated additional revenue	Average disciplinary cost, if known, or other factors	Additional notes
							comparison not useful. In Virginia, DBHDS and DSS charge a \$23 administrative fee for criminal background checks.
CNAs							
Chapter 25	Application for advanced certification	\$25/ \$30	20%		Approx. 10 in last 4Q. Assuming same amount, anticipated increased revenue of \$100 annually.		Same for option 1 and option 2.
	CNA initial application	\$0	0%		\$0		Federal prohibition on charging a fee for initial application as a CNA. See discrepancy noted below.
	Annual renewal	\$30/ \$35	16%		Most recent count of CNAs on quarterly reports was 51,130. Anticipated	Average enforcement cost to the Board for any disciplinary case: \$1,854 (18 hours @ \$103)	Same for option 1 and option 2. Large discrepancy between reimbursements for

	Type	Current fee/ Proposed fee	Percent increase	Range among neighboring states	Anticipated additional revenue	Average disciplinary cost, if known, or other factors	Additional notes
					increased revenue of \$255,650		registry and expenditures. In FY2023, expenditures of \$2.827 million and reimbursements of \$553,954 resulted in a deficit of \$2.273 million. FY24 is expected to total over \$3 million in expenditures, with \$556,722 in reimbursements. Assuming \$3mil even, deficit of \$2.443 million
	Renewal of advanced CNA certification	\$20/ \$25	25%		45 in last 4Q. Anticipated increased revenue of \$1,125		Same for option 1 and option 2.
	Reinstatement of advanced CNA certification	\$30/ \$35	16%		Only 2 over last FY. Minimal increased revenue anticipated.		Same for option 1 and option 2. Cost for reinstatements include board staff

	Type	Current fee/ Proposed fee	Percent increase	Range among neighboring states	Anticipated additional revenue	Average disciplinary cost, if known, or other factors	Additional notes
							and board member review, enforcement & APD preparation, board counsel, disciplinary costs related to hearings.
Nursing education programs							
Chapter 27	Application for approval	\$1,650/ \$2,475	50%	<u>Pennsylvania:</u> \$2,195 D.C.: \$10,000 Maryland: in the process of initiating fee for this. Currently \$0. Kentucky; \$2,000 California: \$5,000 initially then \$15,000 on program approval.	Average of 4 applications per year. Anticipated increased revenue of \$3,300	Approximate \$11,800 annual cost to Board. Cost includes review of application, report writing, onsite visit, post-visit report preparation, and potential for multiple program reviews as programs may submit more than one at a time. Quarterly reviews (required each quarter until full approval granted)	Same for option 1 and option 2. Cost for staff time/work does not include cost for travel.

	Type	Current fee/ Proposed fee	Percent increase	Range among neighboring states	Anticipated additional revenue	Average disciplinary cost, if known, or other factors	Additional notes
				Missouri: \$3,000 Texas: \$2,500; additional costs to approve out of state clinical experiences (\$500) Mississippi: \$2,500 Delaware: \$2,750 Kansas: \$1,000 plus additional charges annually (\$200) and per day for consultation visits (\$300/day) plus reimbursement		create costs related to approximately one hour of review time by staff.	

	Type	Current fee/ Proposed fee	Percent increase	Range among neighboring states	Anticipated additional revenue	Average disciplinary cost, if known, or other factors	Additional notes
				of travel expenses.			
	Survey visit	\$2,200/ \$3,300	50%	<u>Pennsylvania:</u> \$1,575	Average of 22 visits per year. Anticipated increased revenue of \$24,200	Approximate \$100,980 annual cost to Board with survey visits. Cost include preparation, onsite work, post- survey report. Generally involves 2-3 staff.	Same for option 1 and option 2. Cost for staff time/work does not include travel.
	Site visit for NCLEX passage rate	\$1,500/ \$2,250	50%		Average of 11 visits per year. Anticipated increased revenue of \$8,250	Average annual cost for this category is \$19,800. Average of 11 visits per year. Similar factors to above survey visit. Travel also not incorporated here.	Same for option 1 and option 2.
APRNs							
	Application	\$125/ \$250	100%	<u>Maryland:</u> \$175 <u>Pennsylvania:</u> \$195 - \$235 depending on	3,045 in 4Q. Similar counts would provide approx. \$380,625 revenue increase		

	Type	Current fee/ Proposed fee	Percent increase	Range among neighboring states	Anticipated additional revenue	Average disciplinary cost, if known, or other factors	Additional notes
				whether education program is in- state or out-of- state			
	[fee for specialty]	[\$25]	(new fee)				Consider adding new fee for specialty
Chapter 30	Biennial renewal	\$80/ 1. \$130 2. \$128	1. 65% 2. 60%	<u>Maryland:</u> \$110 <u>Pennsylvania:</u> \$122	20,478 APRNs reported in last Q report. 1. \$511,950 2. \$491,172		
	Late renewal	\$25/ 1. \$100 2. \$75	300% 200%		245 reported over 4Q 1. \$18,375 2. \$12,250		
	Reinstatement	\$150/ \$300	100%		51 reported over 4Q \$7,650		Same for options 1 and 2. Cost for reinstatements include board staff and board member review, enforcement & APD preparation,

	Type	Current fee/ Proposed fee	Percent increase	Range among neighboring states	Anticipated additional revenue	Average disciplinary cost, if known, or other factors	Additional notes
							board counsel, disciplinary costs related to hearings.
	Verification of license	\$35	0%		No such category on the reports		Fee not collected in recent years. Information available on license look up.
	Duplicate license	\$15/ \$30	100%		161 provided over 4Q; anticipated revenue of \$2,400		Same for options 1 and 2.
	Duplicate wall certificate	\$25/ \$50	100%		45 provided over 4Q; anticipated revenue of \$1,000		Same for options 1 and 2.
	Reinstatement of susp or revocation	\$200/ \$400	100%		None reported in 4Q. Minimal increased revenue anticipated.		Same for options 1 and 2. Cost for reinstatements include board staff and board member review, enforcement & APD preparation, board counsel, disciplinary costs related to hearings.

	Type	Current fee/ Proposed fee	Percent increase	Range among neighboring states	Anticipated additional revenue	Average disciplinary cost, if known, or other factors	Additional notes
	Autonomous practice attestation	\$100/ \$200	100%		None reported in 4Q. Minimal increased revenue anticipated.		Same for options 1 and 2.
Massage Therapists							
	Application	\$140/ 1. \$280 2. \$250	1. 100% 2. 78.5%	<u>Maryland:</u> \$450. Cost includes CBC (\$50) and jurisprudence exam (\$100) <u>Tennessee:</u> \$280 (Note: TN also charges for MT establishments) <u>West Virginia:</u> \$350 <u>North Carolina:</u> \$170	621 new licensees over 4Q. 1. \$86,940 2. 68,310	Calendar year 2023 saw an increase in disciplinary cases of over 100% (66 in 2022 to 123 in 2023).	LMT discipline is 5.8% of BON total; licensee count is only 3.5% of licensee count for BON total. Cases are also quite complex, generally involving criminal charges and/or sexual assault. Board also handles MBLEX invalidation cases related to obtaining LMT fraudulently.

	Type	Current fee/ Proposed fee	Percent increase	Range among neighboring states	Anticipated additional revenue	Average disciplinary cost, if known, or other factors	Additional notes
Chapter 50				<u>Kentucky:</u> \$200			
	Renewal	\$95/ 1. \$190 2. \$180	1. 100% 2. 90%	<u>Maryland:</u> \$250 (biennial) <u>Tennessee:</u> \$210 (appears to be annual) <u>West Virginia:</u> \$200 (biennial) <u>North Carolina:</u> \$100 (biennial) <u>Kentucky:</u> \$200 (biennial)	Approximately 1. \$391,685 2. \$350,455		Even with proposed increase, still less than most neighboring states.
	Late renewal	\$30/ 1. \$70 2. \$65	1. 133% 2. 115%	<u>Maryland:</u> \$200 <u>Tennessee:</u> \$100 <u>West Virginia:</u> \$50 <u>North Carolina:</u> \$75	411 over 4Q 1. \$16,440 2. \$14,385		

	Type	Current fee/ Proposed fee	Percent increase	Range among neighboring states	Anticipated additional revenue	Average disciplinary cost, if known, or other factors	Additional notes
	Reinstatement	\$150/ \$300	100%		65 over 4Q; anticipated increase of \$9,750	Average enforcement cost to the Board for any disciplinary case: \$1,854 (18 hours @ \$103)	Same for options 1 and 2. Cost for reinstatements include board staff and board member review, enforcement & APD preparation, board counsel, disciplinary costs related to hearings.
	Reinstatement after suspension or revocation	\$200/ \$400	100%		5 over 4Q; minimal anticipated revenue.	Average enforcement cost to the Board for any disciplinary case: \$1,854 (18 hours @ \$103)	Same for options 1 and 2. Cost for reinstatements include board staff and board member review, enforcement & APD preparation, board counsel, disciplinary costs related to hearings.
	Duplicate license	\$15/ \$30	100%		225 over 4Q; anticipated revenue of \$3,000		Same for options 1 and 2.

	Type	Current fee/ Proposed fee	Percent increase	Range among neighboring states	Anticipated additional revenue	Average disciplinary cost, if known, or other factors	Additional notes
	Replacement wall certificate	\$25/ \$50	100%		36 over 4Q; anticipated revenue of \$900		Same for options 1 and 2.
	Verification of license	\$35	0%		No such category in the reports		Fee not collected in recent years. Information available on license look up.
	Transcript of all or part of records	\$35					Board does not regulate these educational programs and is not custodian of records. Fee can be eliminated.
Medication aides							
	Application for program approval	\$500/ 1. \$875 2. \$825	1. 75% 2. 65%		Average of 12 applications received annually. 1. \$4,500 2. \$3,900	Average annual cost to Board of \$5,760. Cost related to staff review of applications, writing reports, and communications regarding applications.	
Chapter	Application for registration as RMA	\$50/ 1. \$80	1. 60% 2. 55%		Using approximation of 250 applying per Q:		Note: coming advanced registered medication aide fees are not reflected

	Type	Current fee/ Proposed fee	Percent increase	Range among neighboring states	Anticipated additional revenue	Average disciplinary cost, if known, or other factors	Additional notes
		2. \$77			1. \$7,500 2. \$6,750		here. Those fees will be determined by the Board at the time the regulations for that category are adopted.
	Renewal for RMA	\$30/ 1. \$50 2. \$48	1. 65% 2. 60%		1. \$145,780 2. \$131,202		
	Late renewal	\$15/ \$35	130%		1257 in 4Q; anticipated revenue of \$25,140		Same for options 1 and 2.
	Reinstatement of registration	\$90/ \$180	100%		57 in 4Q; anticipated revenue of approx. \$5,130		Same for options 1 and 2
	Duplicate registration	\$15/ \$30	100%		35 in 4Q; anticipated revenue of \$500		Same for options 1 and 2
	Reinstatement following suspension or revocation	\$120/ \$240	100%		1 in 4Q; minimal anticipated revenue		Same for options 1 and 2

Agenda Item: Petition for rulemaking regarding requirement for self-care training**Included in your agenda package:**

- Petition for rulemaking received by the Board to amend 18VAC90-27-90 and 18VAC90-27-100 to require training in nursing programs regarding self-care;
- Public comments received through the Regulatory Town Hall regarding the petition; and
- 18VAC90-27-90 and 18VAC90-27-100.

Staff Note: The Board of Nursing Regulatory Review Committee reviewed this petition during its overall review of nursing program requirements. The Committee agreed that inclusion of required self-care in clinical hours was not warranted.

Six public comments were received regarding the petition. Three were in favor of the petition and three in opposition.

Action needed:

- Motion to either:
 - Accept the petition and initiate rulemaking; or
 - Take no action on the petition, including reasons why.



COMMONWEALTH OF VIRGINIA

Board of Nursing

DHP – MAILROOM

JAN 31 2024

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

(804) 367-4515 (Tel)

nursebd@dhp.virginia.gov (Email)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)

Williams, Marcella, S.

Street Address

106 Water Pointe Ct.

Area Code and Telephone Number

517-574-0648

City

Midlothian, VA 23112

State

VA

Zip Code

23112

Email Address (optional)

marcellawrn@yahoo.com

Fax (optional)

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

18VAC90-27-90 Curriculum 5: Add g to read as: Personal and Professional self-care behaviors that promote well-being, resiliency, and emotional intelligence.

18VAC90-27-100 Curriculum for Direct Care: Add E to read as: No more than 10 clinical hours within a nursing program may be used as structured self-care activities. Self-care activities will be planned in cooperation with the agency involved and designed to meet clinical course objectives available to the students, the agency, and the Board.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

I propose adding elements to the didactic nursing curriculum and the curriculum for direct care that fully supports the integration of self-care content and practices in nursing education.

The Accreditation Commission for Education in Nursing which provides accreditations for all types of nursing education programs Curriculum Standard 4.7 calls on programs to, "incorporate contemporary concepts in all learning environments including: (b) evidence-based practice, research, and/or scholarship." The American Association of Colleges of Nursing (2021) which provides accreditation for BSN nursing programs, established *The Essentials* outlining core competencies within nursing education needed to address the nursing shortage and healthcare crisis we currently face. Domain 10 of the Essentials involves Personal, Professional and Leadership Development to include the practice of healthy self-care behaviors to support well-being, resiliency, and emotional intelligence. These aspects of personal and professional behavior are widely explored in the literature and considered best-practice. Research supports the connection of self-care

practice, well-being, resiliency and emotional intelligence to job satisfaction, nurse retention, and the mental health of our workforce.

While regulatory inclusion of didactic content is essential, personal practice of self-care behaviors is vital to secure these practices. Knowledge is not enough. Skill development is necessary. Allowing nursing programs to provide a maximum of 10 clinical hours (2% of minimally required hours) devoted to documented self-care activities such as an exercise class, support group, or keeping a gratitude journal, helps solidify these behaviors. Establishing healthy patterns of self-care during nursing school will further promote healthy transition to practice and longevity in the workforce.

References:

Accreditation Commission for Education in Nursing. (2023). *2023 Accreditation Manual*. Accreditation Commission for Education in Nursing.

<https://resources.acenursing.org/space/AM/1824227333/2023+Standards+and+Criteria> Published 2023. Accessed January 25, 2024.

American Association of Colleges of Nursing. (2021). *The Essentials: Core competencies for professional nursing education*. American

Association of Colleges of Nursing. <https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf> Published 2021. Accessed January 21, 2024.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

The legal authority for this change is supported by 54.1-2400 Code of Virginia Chapter 30 (54.1-3013)

Signature:  Marcella S. Williams DNP, RN, CMSRN, CNE

Marcella S. Williams DNP, RN, CMSRN, CNE

Date: 1/25/2024

[Export to PDF](#)[Export to Excel](#)**Agency** Department of Health Professions**Board** Board of Nursing**Chapter** Regulations Governing Nursing Education Programs [[18 VAC 90 - 27](#)]

6 comments

All good comments for this forum [Show Only Flagged](#)[Back to List of Comments](#)**Commenter:** Lena Whisenhunt (Mountain Empire Comm College)

3/11/24 1:48 pm

amending 18VAC90-27-90 and 100

No. I do not agree with adding this amendment to the already overwhelming list of items/pieces to teach.

Programs already cover self-care in programs. This starts in fundamentals, is interwoven throughout, and concludes in Trends. People are doing the best they can. How can we require more hours - or take hours away from didactic content in preparation for NCLEX to study self care?? Again, self care is already addressed.

And my second question is this: how do you complete, let alone prove, this type of clinical? Are we going to the spa?

No.

CommentID: 222268

Commenter: Carol Anderson DuBois

3/12/24 8:28 am

I wholeheartedly support this proposal!

I wholeheartedly support this proposal!

I have been a nurse for over 30 years and a nurse educator for 20 years. I can personally tell you that nursing is a mentally and physically challenging profession that has only increased since the pandemic.

The physical and mental health of nurses is a major concern to me. I believe that incorporating behaviors that help reduce work strain, anxiety, and tension by increasing one's ability to cope through holistic stress reduction strategies is essential to resilience.

I have always prioritized self-care in my life and taught the "concept" of self-care for the duration of my career. However, nursing curricula is so intense that educators only have time to talk about self-care concepts. The reality of practice is simply not feasible.

As nurses, we must change the way we think and act!

New nurses must start to not only value the knowledge of self-care practices but understand how to care for themselves. Therefore, self-care skill development is necessary. Mandating that nursing programs not only teach, but allow nursing students to experience relaxation, healthy eating and exercise through documented self-care activities will help students develop positive coping habits rather than negative ones. Participating in activities such as yoga, exercise classes, support groups, and other activities that promote health and illness prevention will help solidify these behaviors.

I believe that practicing self-care during nursing school will foster a healthier transition into practice and lengthen the time nurses are able to provide safe care to patients in demanding workplaces. I am thankful that this proposal is being considered and support it completely!

CommentID: **22275**

Commenter: Kim Sivak, adjunct nurse clinical instructor for 2 universities in VA 3/17/24 4:51 pm

Proposed amendment to 18VAC90-27-90 and 18VAC90-27-100

Though I feel very strongly about self-care and advocate and encourage nursing students with me for their mental health clinicals, I do not feel it should be mandated into nursing program curriculum. There is so much already mandated in the nursing programs. Where would another up to 10 hours be placed? And no more than 10 hours, does that mean it can also be 1 hour or even 30 min?

We do discuss self-care in our programs. I provide free apps for nurse self-care handouts to students, which I received during the ANA nursing burn-out series. I tell them if we are not at our best, we cannot give our best. Self-care is personal and there are so many things that it could include. I feel adding this mandate may have the reverse effect and cause nursing students more stress. Prior to starting my ADN program many years ago, the college provided an orientation that did discuss this. Also, when I do discuss self-care-it seems there are some that really look like they feel it is important and others look at me like I have 3 heads and seem very disinterested. Again-this is something very personal.

Thank you.

CommentID: **222319**

Commenter: Kathleen Allen, BSMCON

3/26/24 11:59 am

Request to require self-care training as part of didactic nursing education

Self-care is important for nurses to maintain their physical, mental, and emotional wellbeing. Nursing is a very demanding profession with long hours, and it is often in high stress environments. If nurses do not attend to their own self-care, they risk burnout, leading to decreased job satisfaction, increased turnover rates and eventually, poorer patient outcomes. By incorporating self-care into the nursing curriculum, students are taught early in their careers the importance of taking care of themselves.

Furthermore, self-care is not just about burnout, it also promotes overall health and wellness. Nurses who practice self-care are more likely to be healthier, happier, and more resilient in facing challenges.

Opposing self-care in curriculum sends the message that self-care is not a priority or is somehow separate from the practice of nursing. It disregards the holistic approach to healthcare and it undermines the idea that nurses should be advocates for health and wellness.

Therefore, including self-care in the curriculum, nursing programs can help shape a generation of nurses who understand the importance of caring for themselves in order to better care for others and better prepares students for the demands of the profession.

CommentID: **222360****Commenter:** Trina Gardner

3/26/24 2:11 pm

Self care training

We all know how demanding nursing can be on us physically, emotionally and mentally but I struggle with having clinical hours count towards self care. We are challenged with ensuring that our students have enough time in the clinical setting caring for patients and I would not want to lose these hours. That being said, I do feel we are obligated to teach our students how to care for themselves. This can be threaded through the curriculum in lectures, in post conferences and even by providing webinars for students to watch.

I would not want this to be clinical hours.

CommentID: **222372****Commenter:** Ellis Parker, Longwood University

4/3/24 2:05 pm

Self Care

While an issue historically, there is an increasing incidence of mental health, anxiety, emotional regulation, resiliency, and decision-making in current cohorts. I know many programs will argue that they already cover self-care but I would urge those programs to reflect on *how* it is being covered. I find that many do mention it, perhaps even multiple times for "reinforcement" of the concept. But, what is being done or taught? Is it simply defining burnout and related terms? Is it having students list self-care activities or promise they're going to incorporate more of them? What is this *really* providing the student? Self-care is far more than a face mask and a bath. It requires the ability to identify emotions so we can accurately acknowledge, address, and regulate them so we can then make decisions. Far too often we fail to teach *tangible* skills with which a student can truly engage in self-care and resiliency.

Last year I collaborated with a campus mental health professional to include wellness sessions in a course that is required for students on delayed progression. Topics covered include mindfulness (focusing on emotion regulation and decision-making), relationships (how to say no and ask for what you need), radical acceptance, and responding to emotional distress. These sessions give students tools to truly engage in their own well-being and actively change their self-care related behaviors. We've submitted a 2-credit course for approval to offer as an elective for freshmen and sophomores with the thought that empowering them early in the program will improve retention.

In an ideal world, this would be mandatory for every student. I know the pushback is often that we already have "too much content" to cover and that anything "non-critical" must be trimmed. I absolutely appreciate and understand that concern. However, "critical" content seems to be definite as "content the NCLEX will test on". If we are educating students for more than just passing a standardized test, then I'd argue that there is "critical content" we are missing. What's the point of students passing the NCLEX if they are leaving the profession within five years due to burnout?

CommentID: **222481**

Part II. Initial Approval of a Nursing Education Program

18VAC90-27-90. Curriculum.

A. Both classroom and online curricula shall reflect the philosophy and objectives of the nursing education program and shall be consistent with the law governing the practice of nursing.

B. Nursing education programs preparing for licensure as a registered or practical nurse shall include:

1. Evidence-based didactic content and supervised clinical experience in nursing, encompassing the attainment and maintenance of physical and mental health and the prevention of illness for individuals and groups throughout the life cycle and in a variety of acute, nonacute, community-based, and long-term care clinical settings and experiences to include adult medical/surgical nursing, geriatric nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, nursing fundamentals, and pediatric nursing;
2. Concepts of the nursing process that include conducting a focused nursing assessment of the client status that includes decision making about who and when to inform, identifying client needs, planning for episodic nursing care, implementing appropriate aspects of client care, contributing to data collection and the evaluation of client outcomes, and the appropriate reporting and documentation of collected data and care rendered;
3. Concepts of anatomy, physiology, chemistry, microbiology, and the behavioral sciences;
4. Concepts of communication, growth and development, nurse-client interpersonal relations, and client education, including:
 - a. Development of professional socialization that includes working in interdisciplinary teams; and
 - b. Conflict resolution;
5. Concepts of ethics and the vocational and legal aspects of nursing, including:
 - a. Regulations and sections of the Code of Virginia related to nursing;
 - b. Client rights, privacy, and confidentiality;
 - c. Prevention of client abuse, neglect, and abandonment throughout the life cycle, including instruction in the recognition, intervention, and reporting by the nurse of evidence of child or elder abuse;
 - d. Professional responsibility, to include the role of the practical and professional nurse;

e. Professional boundaries, to include appropriate use of social media and electronic technology; and

f. History and trends in nursing and health care;

6. Concepts of pharmacology, dosage calculation, medication administration, nutrition, and diet therapy;

7. Concepts of client-centered care, including:

a. Respect for cultural differences, values, and preferences;

b. Promotion of healthy life styles for clients and populations;

c. Promotion of a safe client environment;

d. Prevention and appropriate response to situations of bioterrorism, natural and man-made disasters, and intimate partner and family violence;

e. Use of critical thinking and clinical judgment in the implementation of safe client care; and

f. Care of clients with multiple, chronic conditions; and

8. Development of management and supervisory skills, including:

a. The use of technology in medication administration and documentation of client care;

b. Participation in quality improvement processes and systems to measure client outcomes and identify hazards and errors; and

c. Supervision of certified nurse aides, registered medication aides, and unlicensed assistive personnel.

C. In addition to meeting curriculum requirements set forth in subsection B of this section, registered nursing education programs preparing for registered nurse licensure shall also include:

1. Evidence-based didactic content and supervised clinical experiences in conducting a comprehensive nursing assessment that includes:

a. Extensive data collection, both initial and ongoing, for individuals, families, groups, and communities addressing anticipated changes in client conditions as well as emerging changes in a client's health status;

b. Recognition of alterations to previous client conditions;

c. Synthesizing the biological, psychological, and social aspects of the client's condition;

d. Evaluation of the effectiveness and impact of nursing care;

e. Planning for nursing interventions and evaluating the need for different interventions for individuals, groups, and communities;

f. Evaluation and implementation of the need to communicate and consult with other health team members; and

g. Use of a broad and complete analysis to make independent decisions and nursing diagnoses; and

2. Evidence-based didactic content and supervised experiences in:

a. Development of clinical judgment;

b. Development of leadership skills and unit management;

c. Knowledge of the rules and principles for delegation of nursing tasks to unlicensed persons;

d. Supervision of licensed practical nurses;

e. Involvement of clients in decision making and a plan of care; and

f. Concepts of pathophysiology.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 33, Issue 10, eff. February 24, 2017.

Part II. Initial Approval of a Nursing Education Program

18VAC90-27-100. Curriculum for direct client care.

- A. A nursing education program preparing a student for licensure as a registered nurse shall provide a minimum of 500 hours of direct client care supervised by qualified faculty. A nursing education program preparing a student for licensure as a practical nurse shall provide a minimum of 400 hours of direct client care supervised by qualified faculty. Direct client care hours shall include experiences and settings as set forth in 18VAC90-27-90 B 1.
- B. Licensed practical nurses transitioning into prelicensure registered nursing programs may be awarded no more than 150 clinical hours of the 400 clinical hours received in a practical nursing program. In a practical nursing to registered nursing transitional program, the remainder of the clinical hours shall include registered nursing clinical experience across the life cycle in adult medical/surgical nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, and pediatric nursing.
- C. Any observational experiences shall be planned in cooperation with the agency involved to meet stated course objectives. Observational experiences shall not be accepted toward the 400 or 500 minimum clinical hours required. Observational objectives shall be available to students, the clinical unit, and the board.
- D. Simulation for direct client clinical hours.
1. No more than 25% of direct client contact hours may be simulation. For prelicensure registered nursing programs, the total of simulated client care hours cannot exceed 125 hours (25% of the required 500 hours). For prelicensure practical nursing programs, the total of simulated client care hours cannot exceed 100 hours (25% of the required 400 hours).
 2. No more than 50% of the total clinical hours for any course may be used as simulation. If courses are integrated, simulation shall not be used for more than 50% of the total clinical hours in different clinical specialties and population groups across the life span.
 3. Skills acquisition and task training alone, as in the traditional use of a skills laboratory, do not qualify as simulated client care and therefore do not meet the requirements for direct client care hours.
 4. Clinical simulation must be led by faculty who meet the qualifications specified in 18VAC90-27-60. Faculty with education and expertise in simulation and in the applicable subject area must be present during the simulation experience.
 5. Documentation of the following shall be available for all simulated experiences:

- a. Course description and objectives;
- b. Type of simulation and location of simulated experience;
- c. Number of simulated hours;
- d. Faculty qualifications;
- e. Methods of pre-briefing and debriefing;
- f. Evaluation of simulated experience; and
- g. Method to communicate student performance to clinical faculty.

Statutory Authority

§§54.1-2400 and 54.1-3005 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 33, Issue 10, eff. February 24, 2017; amended, Virginia Register Volume 38, Issue 10, eff. February 2, 2022.

Agenda Item: Revision of Guidance Document 90-62

Included in your agenda package:

- Draft changes to Guidance Document 90-62 reflecting nomenclature changes and changes in licensing authority from Department of Social Services to the Department of Education.

Action needed:

- Adoption of amendments to Guidance Document 90-62 as presented.

Medication Administration Training Curriculum Approved by the Board of Nursing for Various Settings				
Statutory Authority	Site of Medication Administration	Source of Curriculum	Number of Hours	Approved by the BON
Medication Administration Curriculum for Registered Medication Aides				
§54.1-3408.M and 54.1-3005 (17)	Assisted Living Facilities Licensed by Department of Social Services (DSS)	Board of Nursing 18VAC90-60-10 et seq.	68 hour minimum: 40 hours classroom; 8 hours diabetic module; 20 hours supervised clinical practice in an ALF (20% (4 hours) can be simulation)	1/24/07, revised 3/17/09 Revised 5/21/13
Administration of Glucagon and Insulin Training Course for certain DBHDS facilities and programs				
§54.1-3408.H	Programs licensed by Department of Behavioral Health and Developmental Services (DBHDS)	Virginia Adult Care Education	2 hours module as addendum to the 32 hour curriculum	November 2014
Medication Administration Training Course for certain DSS and DBHDS facilities and programs				
§54.1-3408.L	Adult Day Care Centers & Children's residential facilities licensed by DSS. Programs licensed by Department of Behavioral Health and Developmental Services (DBHDS)	DSS 18VAC90-21-10 through 18VAC90-21-40	32 hours minimum with 8 hour diabetic module. Diabetic module added in 1993, revised 1996 & 2000.	Approved in 1991; Revised in 1996 and 2000 Revised 1/18/2023
Medication Administration Training Course for certain DSS and DBHDS facilities and programs				
§54.1-3408.L	Adult Day Care Centers & Children's residential facilities licensed by DSS. Programs licensed by Department of Behavioral Health and Developmental Services (DBHDS)	DBHDS	2 hour minimum module for administration of rectal diazepam as addendum to the 32 hour curriculum	January 2014
Medication Administration Curriculum for DBHDS				
§54.1-3408.L	Residential and Community Based programs regulated by DBHDS	Fidura & Associates 18VAC90-21-10 through 18VAC90-21-40	32 hours minimum 2011 & 2013, revision to the Diabetic Management Section	July 2013
§54.1-3408.L	Residential and Community Based programs regulated by DBHDS	Safe Dose Pharmacy	32 hour online training course	March 2021
Medication Administration Training for Youth (MATY)				
§§ 54.1-3408.L and 54.1-3408 O	Private children's residential facilities or schools for students with disabilities. Licensed by DBHDS or DSS and/or Department of Education Private schools accredited pursuant to §22.1-19 as administered by VCPE	Virginia Association of Independent Specialized Education Facilities	16 hours minimum	July 2015
Administration of Medications via a Gastrostomy Tube				
§54.1-3408.L	Programs licensed by DBHDS	DBHDS	4 hours classroom 2 hours clinical Includes an semiannual competency review to be done by an RN	May 2013
§54.1-3408.L	Residential and Community Based programs regulated by DBHDS	Safe Dose Pharmacy	6 hours online with a skills competency observation Includes an semiannual competency review to be done by an RN	July 2022

Medication Administration Training for Child Care Providers (MAT)				
§§ 54.1-3408 D, 54.1-3408 O and 54.1-3005 (19)	Child day care programs licensed by <u>DOE</u> DOSS Private schools accredited pursuant to §22.1-19 as administered by VCPE	DOSS <u>DOE</u> Guidance document: 90-9 Guidelines for Prescription Drug Administration Training Program for Child Day Programs	8 hours minimum Modules for certain employees: auto injector device for administration of epinephrine (1 hour) and/or the administration of prescription topical creams and ointments (1 hour)	2006; Revised 2007; Revised 2014
Medication Administration Training for Youth – Modules (MATY-M)				
§§ 54.1-3408 D and 54.1-3408 O	Private schools accredited pursuant to §22.1-19 as administered by VCPE – only for field trips and other activities occurring outside the school day	Virginia Council for Private Education (VCPE)	Time varies based on MATY-M modules	November 2015
Manual for Training Public School Employees				
§§ 54.1-3408 D, 54.1-3408 N, 54.1-3408 O and 54.1-3005 (12)	Public schools under the Department of Education (DOE) Private schools accredited pursuant to §22.1-19 as administered by VCPE	DOE Guidance document: 90-36 Guidelines for Training of Public School Employees in the Administration of Insulin and Glucagon	4 hours minimum Annual refresher on insulin & glucagon Auto-injector of epinephrine for anaphylaxis added in 2012	July 1999; Revised 2003 and November 2012 November 2015
Training Public School Employees – Guidelines for Seizure Management				
§§ 54.1-3408 N and 54.1-3005 (21)	Public schools under the Department of Education (DOE)	DOE	Follow procedures established in Guidelines	Revised July 2010
Medication Administration Training for Child Care Providers, Epinephrine Auto Injector (MAT-EPI) Course				
§§ 54.1-3408 (O) and 54.1-3005 (19)	Child Day Care Programs Licensed by <u>DOE</u> DOSS	DOSS <u>DOE</u>	Adapted from MAT Training (2006, Revised 2014). Taught in modules based on individual needs. Time varies based on module taught. Includes annual refresher	3/25/16
Medication Administration Training for Child Care Providers, Epilepsy Curriculum (MAT-EPILEPSY)				
§§ 54.1-3408 (O) and 54.1-3005 (19)	Child Day Care Programs Licensed by <u>DOE</u> DOSS	DOSS <u>DOE</u>	The Medication Administration Training (MAT) in conjunction with the Epilepsy Foundation of Virginia has prepared an epilepsy curriculum (MAT-EPILEPSY) that expands the core MAT training to include knowledge, hands on training and skills demonstration for safe administration of medications for children with epilepsy in child day care programs.	4/7/17
Officer	Medication Training Course	VDOC		
§§ 54.1-3408 (L)	Department of Corrections	Virginia DOC	4 hour training for oversight of self administration of medications by correctional officers when nurses are not on duty or available.	11/14/17

Agenda Item: Exempt faculty changes pursuant to legislation**Included in your agenda package:**

- Ch. 754 of the 2024 Acts of Assembly (HB1499; identical to Ch. 761/SB155), which requires the Board to amend its regulations regarding faculty of nursing programs consistent with enactment clause 3 by exempt action;
- Draft regulatory changes which comply with the legislation.

Staff Note: The draft regulatory changes are provided for information only. The legislation requires a public hearing prior to adoption of the changes by exempt action. The public hearing will occur at the September meeting, at which the Board will vote on the regulatory changes.

Changes must be effective by January 1, 2025, which means the Board must obtain OAG and Governor office approval for the exempt action in time to submit the changes to the Registrar in early November.

Action needed:

- No action needed. Board will vote in September.

VIRGINIA ACTS OF ASSEMBLY -- 2024 SESSION

CHAPTER 754

An Act to amend and reenact §§ 32.1-122.7, 32.1-122.7:1, 32.1-122.7:2, 54.1-3600, and 54.1-3606 of the Code of Virginia and to amend the Code of Virginia by adding in Article 1 of Chapter 20.2 of Title 2.2 a section numbered 2.2-2040.1 and by adding a section numbered 54.1-3606.3, relating to Virginia Health Workforce Development Authority; Virginia Health Care Career and Technical Training and Education Fund created; psychological practitioner defined; educational requirements for nursing faculty.

[H 1499]

Approved April 8, 2024

Be it enacted by the General Assembly of Virginia:

1. That §§ 32.1-122.7, 32.1-122.7:1, 32.1-122.7:2, 54.1-3600, and 54.1-3606 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Article 1 of Chapter 20.2 of Title 2.2 a section numbered 2.2-2040.1 and by adding a section numbered 54.1-3606.3 as follows:

§ 2.2-2040.1. Virginia Health Care Career and Technical Training and Education Fund.

There is hereby created in the state treasury a special nonreverting fund to be known as the Virginia Health Care Career and Technical Training and Education Fund, referred to in this section as "the Fund." The Fund shall be established on the books of the Comptroller. All funds appropriated for such purpose and any gifts, donations, grants, bequests, and other funds received on its behalf shall be paid into the state treasury and credited to the Fund. Interest earned on moneys in the Fund shall remain in the Fund and be credited to it. Any moneys remaining in the Fund, including interest thereon, at the end of each fiscal year shall not revert to the general fund but shall remain in the Fund. The Fund shall be administered by the Director of the Department of Workforce Development and Advancement. Moneys in the Fund shall be used solely for the purposes of supporting the mission of the Virginia Health Workforce Development Authority, as described in § 32.1-122.7. Expenditures and disbursements from the Fund shall be made by the State Treasurer on warrants issued by the Comptroller upon written request signed by the Director of the Department of Workforce Development and Advancement.

§ 32.1-122.7. Virginia Health Workforce Development Authority; purpose.

A. There is hereby created as a public body corporate and as a political subdivision of the Commonwealth the Virginia Health Workforce Development Authority (the Authority), with such public and corporate powers as are set forth in § 32.1-122.7:2. The Authority is hereby constituted as a public instrumentality, exercising public and essential governmental functions with the power and purpose to provide for the health, welfare, convenience, knowledge, benefit, and prosperity of the residents of the Commonwealth and such other persons who might be served by the Authority. The Authority is established to move the Commonwealth forward in achieving its vision of ensuring a quality health workforce for all Virginians.

B. The mission of the Authority is to facilitate the development of a statewide health professions pipeline that identifies, educates, recruits, and retains a diverse, appropriately geographically distributed, and culturally competent quality workforce. The mission of the Authority is accomplished by: (i) providing the statewide infrastructure required for health workforce needs assessment and planning that maintains engagement by health professions training programs in decision making and program implementation; (ii) serving as the advisory board and setting priorities for the Virginia Area Health Education Centers Program; (iii) coordinating with and serving as a resource to relevant state, regional, and local entities, including the Department of Health Professions Workforce Data Center, the Joint Legislative Audit and Review Commission, the Joint Commission on Health Care, *the Behavioral Health Commission*, the Southwest Virginia Health Authority, or any similar regional health authority that may be developed; (iv) informing state and local policy development as it pertains to health care delivery, training, and education; (v) identifying and promoting evidence-based strategies for health workforce pipeline development and interdisciplinary health care service models, particularly those affecting rural and other underserved areas; (vi) supporting communities in their health workforce recruitment and retention efforts and developing partnerships and promoting models of participatory engagement with business and community-based and social organizations to foster integration of health care training and education; (vii) *setting priorities for and evaluating graduate medical education programs overseen by the Commonwealth*; (viii) *advocating for programs that will result in reducing the debt load of newly trained health professionals*; ~~(viii)~~ (ix) *setting priorities for and managing the Virginia Health Care Career and Technical Training and Education Fund*; (x) identifying high priority target areas within each region of the Commonwealth and working toward health workforce development initiatives that improve health measurably in those areas; ~~(ix)~~ (xi) fostering or creating innovative health workforce

development models that provide both health and economic benefits to the regions they serve; ~~(x)~~ (xii) developing strategies to increase diversity in the health workforce by examining demographic data on race and ethnicity in training programs and health professional licensure; ~~(xi)~~ (xiii) identifying ways to leverage technology to increase access to health workforce training and health care delivery; and ~~(xii)~~ (xiv) developing a centralized health care careers roadmap in partnership with the Department of Health Professions that includes information on both licensed and unlicensed professions and that is disseminated to the Commonwealth's health care workforce stakeholders to raise awareness about available career pathways.

§ 32.1-122.7:1. Board of Directors of the Virginia Health Workforce Development Authority.

The Virginia Health Workforce Development Authority (*the Authority*) shall be governed by a Board of Directors. The Board of Directors shall have a total membership of ~~15~~ 19 members that shall consist of three legislative members, nine nonlegislative citizen members, and ~~three~~ seven ex officio members. Members shall be appointed as follows: two members of the House of Delegates, to be appointed by the Speaker of the House of Delegates in accordance with the principles of proportional representation contained in the Rules of the House of Delegates; one member of the Senate, to be appointed by the Senate Committee on Rules; and nine nonlegislative citizen members, three of whom shall be representatives of health professional educational or training programs, five of whom shall be health professionals or employers or representatives of health professionals, and one of whom shall be a representative of community health, to be appointed by the Governor. The Commissioner of Health ~~or his designee~~, the Chancellor of the Virginia Community College System ~~or his designee~~, and the Director of the Department of Health Professions ~~or his designee~~, *the Director of the Department of Workforce Development and Advancement, the Director of the State Council of Higher Education for Virginia, the Chairman of the House Committee on Appropriations, and the Chairman of the Senate Committee on Finance and Appropriations or their designees* shall serve ex officio with voting privileges. Members appointed by the Governor shall be citizens of the Commonwealth.

Legislative members and ex officio members shall serve terms coincident with their terms of office. All appointments of nonlegislative citizen members shall be for two-year terms following the initial staggering of terms. Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired terms. Legislative and citizen members may be reappointed; however, no citizen member shall serve more than four consecutive two-year terms. The remainder of any term to which a member is appointed to fill a vacancy shall not constitute a term in determining the member's term limit. Vacancies shall be filled in the same manner as the original appointments.

The Board of Directors shall elect a chairman and vice-chairman annually from among its members. A majority of the members of the Board of Directors shall constitute a quorum.

The Board of Directors shall report biennially on the activities and recommendations of the Authority to the Secretary of Health and Human Resources, the Secretary of Education, the Secretary of Commerce and Trade, the ~~Chief Workforce Development Advisor~~ *Secretary of Labor*, the State Board of Health, the State Council of Higher Education for Virginia, the Joint Commission on Health Care, *the Chairman of the House Committee on Appropriations, the Chairman of the Senate Committee on Finance and Appropriations*, the Governor, and the General Assembly. In any reporting period where state general funds are appropriated to the Authority, the report shall include a detailed summary of how state general funds were expended.

The accounts and records of the Authority showing the receipt and disbursement of funds from whatever source derived shall be in a form prescribed by the Auditor of Public Accounts. The Auditor of Public Accounts, or his legally authorized representative, shall examine the accounts of the Authority as determined necessary by the Auditor of Public Accounts. The cost of such audit shall be borne by the Authority.

§ 32.1-122.7:2. Powers and duties of the Virginia Health Workforce Development Authority; exemptions.

A. The *Virginia Health Workforce Development Authority (the Authority)* is authorized to serve as the incorporated consortium of allopathic and osteopathic medical schools in Virginia as required by federal statute to qualify for the receipt of Area Health Education Centers programs, legislatively mandated under the Public Health Service Act as amended, Title VII, Section 751, and 42 U.S.C. § 294a, and to administer federal, state, and local programs as needed to carry out its public purpose and objectives. The Authority is further authorized to exercise independently the powers conferred by this section in furtherance of its corporate and public purposes to benefit citizens and such other persons who might be served by the Authority.

B. The Authority is authorized to monitor, collect, and track data pertaining to health care delivery, training, and education from Virginia educational institutions and other entities as needed to carry out its public purpose and objectives in areas where such data efforts do not already exist. *The Authority is further authorized to request and seek data for program evaluation purposes and may partner with other agencies and institutions to help manage and analyze health workforce data. The Authority shall assist in the coordination of data from various sources, including the Department of Education, the Department of Health Professions, the Department of Health, the Virginia Office of Education*

Economics, the Workforce Data Trust, and the George Mason University Center for Health Workforce.

C. The Authority shall have the authority to assess policies, engage in policy development, and make policy recommendations.

D. The Authority shall have the authority to apply for and accept federal, state, and local public and private grants, loans, appropriations, and donations; hire and compensate staff, including an executive director; rent, lease, buy, own, acquire, and dispose of property, real or personal; participate in joint ventures, including to make contracts and other agreements with public and private entities in order to carry out its public purpose and objectives; and make bylaws for the management and regulation of its affairs.

E. The Authority shall be exempt from the provisions of ~~Chapters 29~~ *the Virginia Personnel Act* (§ 2.2-2900 et seq.) and ~~43~~ *the Virginia Public Procurement Act* (§ 2.2-4300 et seq.) of ~~Title 2.2~~.

F. The exercise of powers granted by this article and the undertaking of activities in the furtherance of the purpose of the Authority shall constitute the performance of essential governmental functions. Therefore, the Authority shall be exempt from any tax or assessment upon any project or property acquired or used by the Authority under the provisions of this article or upon the income therefrom, including sales and use taxes on tangible personal property used in the operation of the Authority. This exemption shall not extend to persons conducting business for which local or state taxes would otherwise be required.

§ 54.1-3600. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Applied psychologist" means an individual licensed to practice applied psychology.

"Board" means the Board of Psychology.

"Certified sex offender treatment provider" means a person who is certified to provide treatment to sex offenders and who provides such services in accordance with the provisions of §§ 54.1-3005, 54.1-3505, 54.1-3611, and 54.1-3705 and the regulations promulgated pursuant to these provisions.

"Clinical psychologist" means an individual licensed to practice clinical psychology.

"Practice of applied psychology" means application of the principles and methods of psychology to improvement of organizational function, personnel selection and evaluation, program planning and implementation, individual motivation, development and behavioral adjustment, as well as consultation on teaching and research.

"Practice of clinical psychology" includes, but is not limited to:

1. "Testing and measuring" ~~which that~~ consists of the psychological evaluation or assessment of personal characteristics such as intelligence, abilities, interests, aptitudes, achievements, motives, personality dynamics, psychoeducational processes, neuropsychological functioning, or other psychological attributes of individuals or groups.

2. "Diagnosis and treatment of mental and emotional disorders" ~~which that~~ consists of the appropriate diagnosis of mental disorders according to standards of the profession and the ordering or providing of treatments according to need. Treatment includes providing counseling, psychotherapy, marital/family therapy, group therapy, behavior therapy, psychoanalysis, hypnosis, biofeedback, and other psychological interventions with the objective of modification of perception, adjustment, attitudes, feelings, values, self-concept, personality, or personal goals, the treatment of alcoholism and substance abuse, *the treatment of* disorders of habit or conduct, as well as of the psychological aspects of physical illness, pain, injury, or disability.

3. "Psychological consulting" ~~which that~~ consists of interpreting or reporting on scientific theory or research in psychology, rendering expert psychological or clinical psychological opinion, *or* evaluation, or engaging in applied psychological research, program or organizational development, *or* administration, supervision, or evaluation of psychological services.

"Practice of psychology" means the practice of applied psychology, clinical psychology, or school psychology.

The "practice of school psychology" means:

1. "Testing and measuring" ~~which that~~ consists of psychological assessment, evaluation, and diagnosis relative to the assessment of intellectual ability, aptitudes, achievement, adjustment, motivation, personality, or any other psychological attribute of persons as individuals or in groups that directly relates to learning or behavioral problems that impact education.

2. "Counseling" ~~which that~~ consists of professional advisement and interpretive services with children or adults for amelioration or prevention of problems that impact education. Counseling services relative to the practice of school psychology include but are not limited to the procedures of verbal interaction, interviewing, behavior modification, environmental manipulation, and group processes.

3. "Consultation" ~~which that~~ consists of educational or vocational consultation or direct educational services to schools, agencies, organizations, or individuals. Psychological consulting as ~~herein defined~~ *relative to the practice of school psychology* is directly related to learning problems and related adjustments.

4. Development of programs such as designing more efficient and psychologically sound classroom situations and acting as a catalyst for teacher involvement in adaptations and innovations.

"Psychological practitioner" means a person licensed pursuant to § 54.1-3606.3 to diagnose and treat mental and emotional disorders by providing counseling, psychotherapy, marital therapy, family therapy, group therapy, or behavioral therapy and to provide an assessment and evaluation of an individual's intellectual or cognitive ability, emotional adjustment, or personality, as related to the treatment of mental or emotional disorders.

"Psychologist" means a person licensed to practice school, applied, or clinical psychology.

"School psychologist" means a person licensed by the Board of Psychology to practice school psychology.

§ 54.1-3606. License required.

A. In order to engage in the practice of applied psychology, school psychology, or clinical psychology, or to engage in practice as a *psychological practitioner*, it shall be necessary to hold a license.

B. Notwithstanding the provisions of subdivision 4 of § 54.1-3601 or any Board regulation, the Board of Psychology shall license, as school psychologists-limited, persons licensed by the Board of Education with an endorsement in psychology and a master's degree in psychology. The Board of Psychology shall issue licenses to such persons without examination, upon review of credentials and payment of an application fee in accordance with regulations of the Board for school psychologists-limited.

Persons holding such licenses as school psychologists-limited shall practice solely in public school divisions; holding a license as a school psychologist-limited pursuant to this subsection shall not authorize such persons to practice outside the school setting or in any setting other than the public schools of the Commonwealth, unless such individuals are licensed by the Board of Psychology to offer to the public the services defined in § 54.1-3600.

The Board shall issue persons, holding licenses from the Board of Education with an endorsement in psychology and a license as a school psychologist-limited from the Board of Psychology, a license which notes the limitations on practice set forth in this section.

Persons who hold licenses as psychologists issued by the Board of Psychology without these limitations shall be exempt from the requirements of this section.

§ 54.1-3606.3. Licensure of psychological practitioners; independent practice.

A. *It is unlawful for any person to practice or hold himself out as a psychological practitioner in the Commonwealth or use the title of psychological practitioner unless he holds a license issued by the Board.*

B. *The Board shall establish criteria for licensure as a psychological practitioner, which shall include the following:*

1. *Documentation that the applicant received a master's degree in psychology or counseling psychology from a program accredited by the American Psychological Association, from a program equivalent to those accredited by the American Psychological Association as determined by the Board, or from a program accredited by another national accrediting body approved by the Board; and*

2. *Documentation that the applicant successfully completed the academic portion of a national exam recognized by the Board.*

C. *Every psychological practitioner who meets the requirements of subsection B shall practice under the supervision of a clinical psychologist unless the requirements of subsection D are met. The Board shall determine the requirements and procedures for such supervision.*

D. *A psychological practitioner may practice without supervision upon:*

1. *Successful completion of the clinical portion of a national exam recognized by the Board; and*

2. *Completion of one year of full-time experience, as determined by the Board, of practice under the supervision of a clinical psychologist.*

Upon receipt of documentation of such examination and experience requirements and a fee as established by the Board, the Board shall issue to the psychological practitioner a new license that includes a designation indicating that the psychological practitioner is authorized to practice independently.

E. *The Board shall determine appropriate standards of practice for psychological practitioners.*

F. *The Board shall promulgate such regulations as may be necessary to implement the provisions of this section.*

2. That the Board of Psychology shall promulgate regulations to implement the provisions of the first enactment of this act in Title 54.1 to be effective no later than January 1, 2025. The Board of Psychology's initial adoption of regulations necessary to implement the provisions of the first enactment of this act shall be exempt from the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia), except that the Board of Psychology shall provide an opportunity for public comment on the regulations prior to adoption of such regulations.

3. That the Board of Nursing shall amend its regulations to add or remove the following requirements related to educational requirements for nursing faculty: (i) for baccalaureate degree and prelicensure graduate degree programs, add requirements that every clinical nursing faculty member hold a graduate degree in nursing, or hold a baccalaureate degree in nursing and be

enrolled in a graduate degree program, or hold a baccalaureate degree in nursing and hold alternative credentials, and that clinical faculty members with a graduate degree other than in nursing be required to hold a baccalaureate degree in nursing; (ii) for associate degree and diploma programs, remove requirements that the majority of the members of the nursing faculty hold a graduate degree, preferably with a major in nursing, and that all members of the nursing faculty hold a baccalaureate degree with a major in nursing; (iii) for associate degree and diploma programs, add requirements that the didactic members of the nursing faculty hold a graduate degree, preferably with a major in nursing, or hold a baccalaureate degree and be actively enrolled in a graduate degree program and that the clinical members of the nursing faculty hold a baccalaureate degree in nursing or an associate degree in nursing and be actively enrolled in a baccalaureate degree program in nursing; (iv) for practical nursing programs, remove the requirement that the majority of the members of the nursing faculty hold a baccalaureate degree, preferably with a major in nursing; and (v) for practical nursing programs, add a requirement that the nursing faculty hold a baccalaureate degree, preferably with a major in nursing, or hold an associate degree and be actively enrolled in a baccalaureate degree program.

4. That the Board of Nursing shall promulgate regulations to implement the provisions of the third enactment of this act to be effective no later than January 1, 2025. The Board of Nursing's initial adoption of regulations necessary to implement the provisions of the third enactment of this act shall be exempt from the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia), except that the Board of Nursing shall provide an opportunity for public comment on the regulations prior to adoption of such regulations.

Project 7934 - Final

Board of Nursing

Changes to nursing education faculty requirements pursuant to 2024 legislation

18VAC90-27-10. Definitions.

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

"Accreditation" means having been accredited by an agency recognized by the U.S. Department of Education to include the Accreditation Commission for Education in Nursing, the Commission on Collegiate Nursing Education, the Commission for Nursing Education Accreditation, or a national nursing accrediting organization recognized by the board.

"Advisory committee" means a group of persons from a nursing education program and the health care community who meets regularly to advise the nursing education program on the quality of its graduates and the needs of the community.

"Approval" means the process by which the board or a governmental agency in another state or foreign country evaluates and grants official recognition to nursing education programs that meet established standards not inconsistent with Virginia law.

"Associate degree nursing program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or other institution and designed to lead to an associate degree in nursing, provided that the institution is authorized to confer such degree by SCHEV.

"Baccalaureate degree nursing program" or "prelicensure graduate degree program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college

or university and designed to lead to a baccalaureate or a graduate degree with a major in nursing, provided that the institution is authorized to confer such degree by SCHEV.

"Board" means the Board of Nursing.

"Clinical faculty" means nursing faculty that instructs students in the direct client care environment.

"Clinical setting" means any location in which the clinical practice of nursing occurs as specified in an agreement between the cooperating agency and the school of nursing.

"Conditional approval" means a time-limited status that results when an approved nursing education program has failed to maintain requirements as set forth in this chapter.

"Cooperating agency" means an agency or institution that enters into a written agreement to provide clinical or observational experiences for a nursing education program.

"Diploma nursing program" means a nursing education program preparing for registered nurse licensure, offered by a hospital and designed to lead to a diploma in nursing, provided the hospital is licensed in this state.

"Direct client care" means nursing care provided to patients or clients in a clinical setting supervised by qualified faculty or a designated preceptor.

"Full approval" means the status granted to a nursing education program when compliance with regulations pertaining to nursing education programs has been verified.

"Initial approval" means the status granted to a nursing education program that allows the admission of students.

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

"NCLEX" means the National Council Licensure Examination.

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

"Nursing education program" means an entity offering a basic course of study preparing persons for licensure as registered nurses or as licensed practical nurses. A basic course of study shall include all courses required for the degree, diploma, or certificate.

"Nursing faculty" means registered nurses who teach the practice of nursing in nursing education programs.

"Practical nursing program" means a nursing education program preparing for practical nurse licensure that leads to a diploma or certificate in practical nursing, provided the school is authorized by the Virginia Department of Education or by an accrediting agency recognized by the U.S. Department of Education.

"Preceptor" means a licensed nurse who is employed in the clinical setting, serves as a resource person and role model, and is present with the nursing student in that setting, providing clinical supervision.

"Program director" means a registered nurse who holds a current, unrestricted license in Virginia or a multistate licensure privilege and who has been designated by the controlling authority to administer the nursing education program.

"Recommendation" means a guide to actions that will assist an institution to improve and develop its nursing education program.

"Requirement" means a mandatory condition that a nursing education program must meet to be approved or maintain approval.

"SCHEV" means the State Council of Higher Education for Virginia.

"Simulation" means an evidence-based teaching methodology utilizing an activity in which students are immersed into a realistic clinical environment or situation and in which students are required to learn and use critical thinking and decision-making skills.

"Site visit" means a focused onsite review of the nursing program by board staff, usually completed within one day for the purpose of evaluating program components such as the physical location (skills lab, classrooms, learning resources) for obtaining initial program approval, in response to a complaint, compliance with NCLEX plan of correction, change of location, or verification of noncompliance with this chapter.

"Survey visit" means a comprehensive onsite review of the nursing program by board staff, usually completed within two days (depending on the number of programs or campuses being reviewed) for the purpose of obtaining and maintaining full program approval. The survey visit includes the program's completion of a self-evaluation report prior to the visit, as well as a board staff review of all program resources, including skills lab, classrooms, learning resources, and clinical facilities, and other components to ensure compliance with this chapter. Meetings with faculty, administration, students, and clinical facility staff will occur.

18VAC90-27-60. Faculty.

A. Qualifications for all faculty.

1. Every member of the nursing faculty, including the program director, shall (i) hold a current license or a multistate licensure privilege to practice nursing in Virginia as a registered nurse without any disciplinary action that currently restricts practice and (ii) have had at least two years of direct client care experience as a registered nurse prior to employment by the program. Persons providing instruction in topics other than nursing shall not be required to hold a license as a registered nurse.

2. Every member of a nursing faculty supervising the clinical practice of students, including simulation in lieu of direct client care, shall meet the licensure requirements of the jurisdiction in which that practice occurs and shall provide evidence of education or experience in the specialty area in which they supervise student clinical experience for quality and safety. Prior to supervision of students, the faculty providing supervision shall have completed a clinical orientation to the site in which supervision is being provided. Faculty members who supervise clinical practice by simulation shall also demonstrate simulation knowledge and skills in that methodology and shall engage in ongoing professional development in the use of simulation.

3. The program director and each member of the nursing faculty shall maintain documentation of professional competence through such activities as nursing practice, continuing education programs, conferences, workshops, seminars, academic courses, research projects, and professional writing. Documentation of annual professional development shall be maintained in employee files for the director and each faculty member until the next survey visit and shall be available for board review.

4. For baccalaureate degree and prelicensure graduate degree programs:

a. The program director shall hold a doctoral degree with a graduate degree in nursing.

b. Every member of the didactic nursing faculty shall hold a graduate degree; the majority of the faculty shall have a graduate degree in nursing. Faculty members with a graduate degree with a major other than in nursing shall have a baccalaureate degree with a major in nursing.

c. Clinical nursing faculty shall hold:

(1) A graduate degree in nursing;

(2) A baccalaureate degree in nursing and be enrolled in a graduate degree program;

or

(3) A baccalaureate degree in nursing and hold alternative credentials.

Clinical nursing faculty with a graduate degree other than in nursing must hold a baccalaureate degree in nursing.

5. For associate degree and diploma programs:

a. The program director shall hold a graduate degree with a major in nursing.

b. ~~The majority of the members of the nursing faculty shall hold a graduate degree, preferably with a major in nursing.~~ Didactic members of the nursing faculty shall hold:

(1) A graduate degree, preferably with a major in nursing; or

(2) A baccalaureate degree and be actively enrolled in a graduate program.

c. ~~All members of the nursing faculty shall hold a baccalaureate or graduate degree with a major in nursing.~~ Every member of the clinical nursing faculty shall hold:

(1) A baccalaureate degree in nursing; or

(2) An associate degree in nursing and be actively enrolled in a baccalaureate program in nursing.

6. For practical nursing programs:

a. The program director shall hold a baccalaureate degree with a major in nursing.

b. ~~The majority of the members of the nursing faculty shall hold a baccalaureate degree, preferably with a major in nursing.~~ All nursing faculty shall hold:

(1) A baccalaureate degree, preferably with a major in nursing; or

(2) An associate degree and be actively enrolled in a baccalaureate degree program.

B. Number of faculty.

1. The number of faculty shall be sufficient to prepare the students to achieve the objectives of the educational program and to ensure safety for clients to whom students provide care.
2. When students are giving direct care to clients, the ratio of students to faculty shall not exceed 10 students to one faculty member, and the faculty shall be on site solely to supervise students.
3. When preceptors are utilized for specified learning experiences in clinical settings, the faculty member may supervise up to 15 students.

C. Functions. The principal functions of the faculty shall be to:

1. Develop, implement, and evaluate the philosophy and objectives of the nursing education program;
2. Design, implement, teach, evaluate, and revise the curriculum. Faculty shall provide evidence of education and experience necessary to indicate that they are competent to teach a given course;
3. Develop and evaluate student admission, progression, retention, and graduation policies within the framework of the controlling institution;
4. Participate in academic advisement and counseling of students in accordance with requirements of the Financial Educational Rights and Privacy Act (20 USC § 1232g);
5. Provide opportunities for and evidence of student and graduate evaluation of curriculum and teaching and program effectiveness; and
6. Document actions taken in faculty and committee meetings using a systematic plan of evaluation for total program review.

18VAC90-27-170. Requests for exception to requirements for faculty. (Repealed.)

After full approval has been granted, a program may request board approval for exceptions to requirements of 18VAC90-27-60 for faculty as follows:

1. Initial request for exception.

a. The program director shall submit a request for initial exception in writing to the board for consideration prior to the academic year during which the nursing faculty member is scheduled to teach or whenever an unexpected vacancy has occurred.

b. A description of teaching assignment, a curriculum vitae, and a statement of intent from the prospective faculty member to pursue the required degree shall accompany each request.

c. The executive director of the board shall be authorized to make the initial decision on requests for exceptions. Any appeal of that decision shall be in accordance with the provisions of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

2. Request for continuing exception.

a. Continuing exception will be based on the progress of the nursing faculty member toward meeting the degree required by this chapter during each year for which the exception is requested.

b. The program director shall submit the request for continuing exception in writing prior to the next academic year during which the nursing faculty member is scheduled to teach.

~~c. A list of courses required for the degree being pursued and college transcripts showing successful completion of a minimum of two of the courses during the past academic year shall accompany each request.~~

~~d. Any request for continuing exception shall be considered by the informal factfinding committee, which shall make a recommendation to the board.~~

Virginia's Nursing Education Programs: 2022-2023 Academic Year

Healthcare Workforce Data Center

April 2024

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4466(fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

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<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/NursingReports/>

Virginia Department of Health Professions

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Virginia's Nursing Education Programs		
	PN Programs	RN Programs
Mean Program Length	15 Months	25 Months
% with SACS Accreditation	32%	62%
% with CCNE Accreditation	NA	42%
% with ACEN Accreditation	9%	43%
% offering Evening and Weekend Courses	25%	20%
% offering Evening Courses	12%	23%
% offering Online Courses	18%	43%
Median Clinical Experience Hours	426-450	551-575
Median Direct Client Care Hours	400+	500+
Students		
Total Applicants	6,727	20,165
% Qualified Applicants	56%	59%
Total 1st Year Students Enrolled	2,764	7,324
Mean GPA of Admitted Students	2.9	3.3
Mean Age of Admitted Students	29	27
1st Year Student Capacity	3,669	8,756
% Unfilled Capacity	24%	19%
Total Enrollment	2,793	12,258
Attrition Rate	37%	17%
Total Graduates	1,262	4,417
% Male Graduates	7%	10%
Diversity Index*	63%	63%
Faculty		
Total Faculty	475	2,352
% Full-Time Employees	46%	43%
Mean Student-to-Faculty Ratio	5.7	6.6
% Female	91%	91%
Diversity Index	54%	46%
Most Common Degree	BSN	MSN
Full-Time Turnover Rate	21%	16%
Full-Time Newly Appointed Rate	23%	20%
% with Adequate Budget for Full-Time Hiring	96%	90%
% of Full-Time Vacancies in Active Recruitment	76%	88%
% Expecting More Future Employment Disruption	7%	6%

*Diversity Index: In a random encounter between two practitioners, the likelihood that they would be of a different race or ethnicity (using the categories listed in the Demographics section of the report). Full names on pages 8 and 26. *Source: VA. Healthcare Workforce Data Center*

Summary of Trends

In the 2022-23 academic year, 57 practical nursing (PN) programs and 81 registered nursing (RN) programs responded to the Nursing Education Program Survey. Some trends in Virginia's Nurse Education programs are worth noting. The number admitted into PN programs decreased from 3,393 during the 2021-2022 academic year to 3,007 applicants in the 2022-23 academic year. The number admitted into RN programs increased, from 19,125 last year to 20,165. Compared to 2021-2022, total enrollment decreased from 3,080 to 2,764 for PN programs. However, for RN programs, there was an increase in total enrollment from 11,755 to 12,258 between 2021-22 and 2022-23. Compared to 2021-2022, PN programs reported an increase in first year enrollment, from 2,682 to 2,764 and RN programs reported an increase from 6,909 to 7,324. In terms of unfilled first year student capacity, among PN programs, there was an increase, from 21% to 24% between 2021-22 and 2022-23. Likewise, RN programs reported an increase, from 12% to 20% during the same time period. The number of graduates in PN slightly increased from 1,252 to 1,262 between the 2021-22 and 2022-23 academic years (an increase of 1%). RN programs graduated fewer nurses, 4,417 (a decrease of 8%). The diversity index of PN graduates increased from the 2021-22-level of 62% to 63% in 2022-23, with the majority of PN graduates identifying as non-White. The diversity index of RN graduates also increased from 58% last year to 63% in 2022-23; the majority of the graduates identify as White.

The percent of PN programs offering online classes increased from 11% in 2021-22 to 18% in 2022-23. This may be due to the lingering impacts of the coronavirus pandemic that drove many PN schools to a virtual learning environment. However, the percentage of RN programs offering online courses has decreased, from 47% to 43% between the 2021-22 and 2022-23 academic years.

Compared to the 2021-2022 academic year, the percentage (32%) of PN programs that reported education accreditation by the Southern Association of Colleges and Schools (SACS) did not change. By contrast, RN programs reporting SACS accreditation declined from 70% to 62%. Accreditation by the Accreditation Commission for Education in Nursing (ACEN), remained steady at 9% for PN programs and increased for RN programs (38% vs 43%) from last year; Commission on Collegiate Nursing Education (CCNE) accreditation decreased from 64% to 42% for RN programs between 2021-22 and 2022-23.

Mean program length for PN programs decreased from 18 months in 2021-22 to 15 months in 2022-23. This represents a return to the average program lengths reported during the 2020-21 and 2019-20 academic years. For RN programs, mean program length remained the same since the 2021-2022 academic year, at 25 months.

Some significant changes were also noted in faculty statistics. The total number of faculty reported in RN programs increased by 3% to 2,352. Likewise, the number of PN faculty increased from 424 to 475 for the present survey period. The percentage of faculty that were full time, however, decreased from 49% to 46% for PN programs between the 2021-22 and 2022-23 academic years. For RN programs, the percent full time slightly decreased from 44% to 43% between 2021-22 and 2022-23.

Full time faculty turnover rates remained the same for PN program (21%) between 2021-22 and 2022-23 academic school years. The faculty turnover rate for RN programs increased from 14% to 16% during the same time period. The full time faculty newly appointed rate changed for both PN and RN programs; the rate decreased from 28% in 2021-22 to 23% in 2022-23 for PN programs whereas, for RN programs, the rate increased from 18% to 20% in the same period.

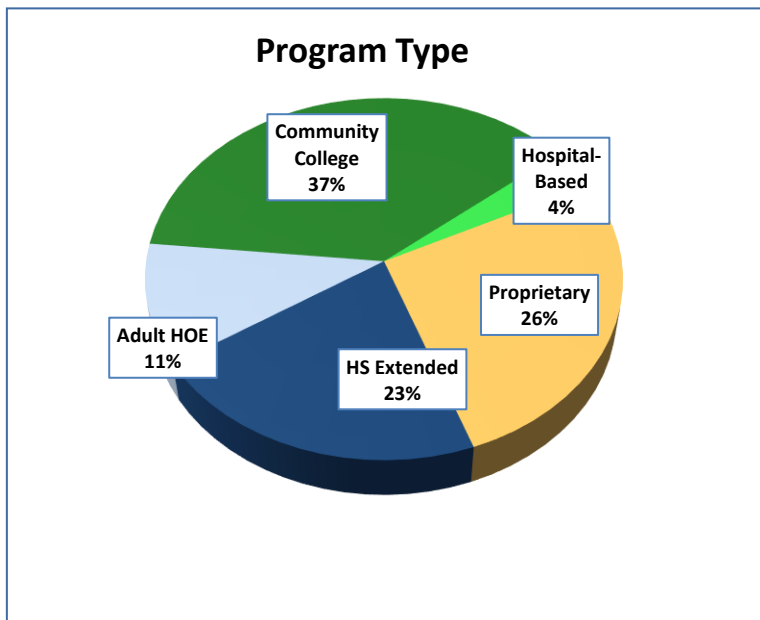
Practical Nursing Education Programs

Program Structure

A Closer Look:

Program Type		
Type	#	%
High School Extended	13	23%
Post-Secondary Adult HOE	6	11%
Community College	21	37%
Hospital-Based	2	4%
Proprietary	15	26%
Total	57	100%

Source: VA. Healthcare Workforce Data Center



Source: VA. Healthcare Workforce Data Center

Program Type	Program Length (Months)				
	Mean	Min	25 th %	75 th %	Max
HS Extended	18	15	18	18	20
Adult HOE	17	12	15	18	18
Community College	14	12	12	17	24
Hospital-Based	15	12	12	N/A	18
Proprietary	14	12	12	14	18
All Programs	15	12	12	18	24

Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Type

Community College:	37%
Proprietary:	26%
HS Extended:	23%

Delivery Method

Semester:	83%
Quarters:	11%

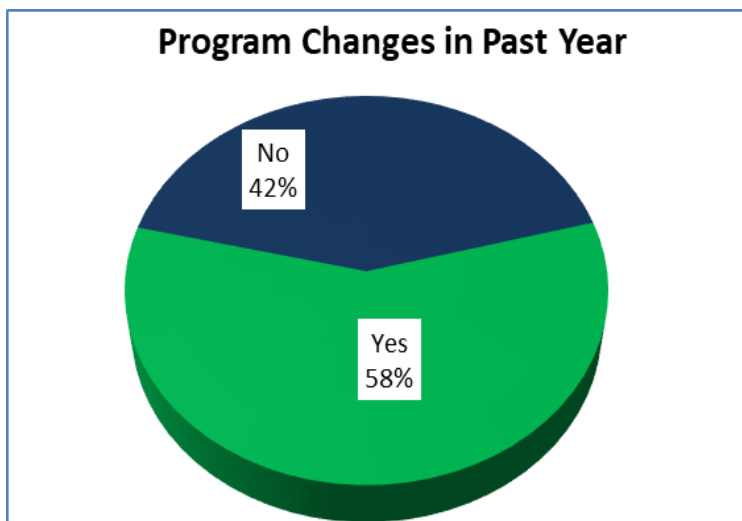
Mean Program Length

HS Extended:	18 Mos.
Adult HOE:	17 Mos.
Community College:	14 Mos.
Proprietary:	14 Mos.

Source: VA. Healthcare Workforce Data Center

There were 57 Practical Nursing (PN) Education Programs approved in Virginia during the 2022-2023 academic year. All 57 of the programs responded to this year's survey.

Program Details



Source: VA. Healthcare Workforce Data Center

At a Glance:

Schedule Options

Daytime Courses:	96%
Evening and Weekend Courses:	25%
Online Courses:	18%

Admissions Frequency (Annual)

One:	64%
Two:	15%
Three:	7%
Four or More:	15%

Source: VA. Healthcare Workforce Data Center

Close to 60% of Virginia's PN programs initiated a change to their program within the past year. Twenty-four programs had faculty changes, 13 reported curriculum changes, 10 reported schedule changes, and seven reported changes in course content.

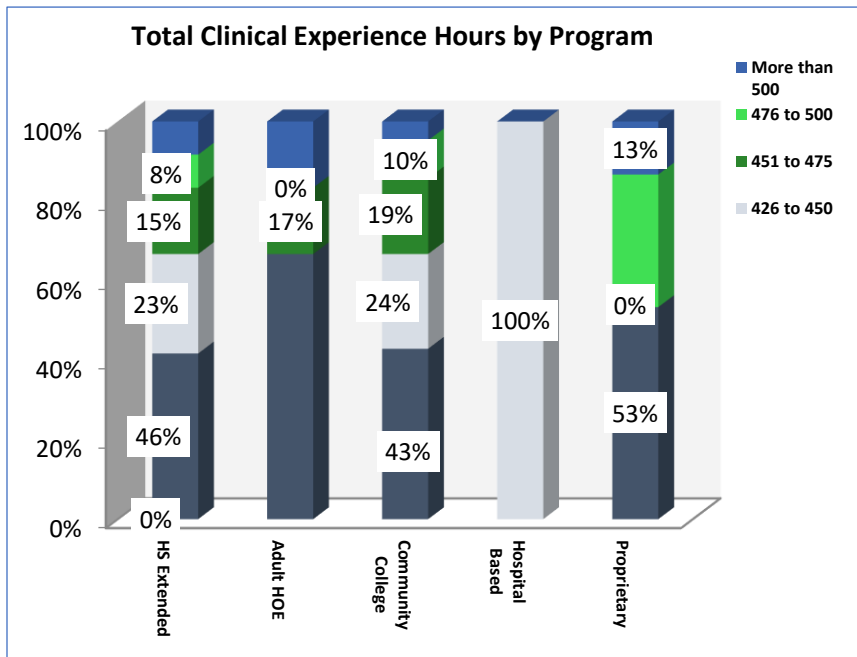
Scheduling Option	#	%
Daytime Courses	55	96%
Evening and Weekend Courses	14	25%
Online Courses	10	18%
Evening Courses	7	12%
Accelerated Courses	0	0%
Weekend Courses	0	0%

Source: VA. Healthcare Workforce Data Center

Accreditation			
Accrediting Agency	Abbv.	#	%
Southern Association of Colleges and Schools	SACS	18	32%
Accreditation Commission for Education in Nursing	ACEN	5	9%
Accrediting Bureau of Health Education Schools	ABHES	7	12%
Council on Occupational Education	COE	2	3%
Council for Higher Education	CHE	1	2%
Commission for Nursing Education Accreditation	CNEA	1	2%

Source: VA. Healthcare Workforce Data Center

Clinical Hours



Source: VA. Healthcare Workforce Data Center

At a Glance:

Median Clinical Hours

Clinical Experience: 426-450
 Direct Client Care: 400+
 Direct Client Care in Va.: 436
 Clinical Simulation: 26-50
 Clinical Observation: 0

Source: VA. Healthcare Workforce Data Center

77% of all PN programs in Virginia required between 400 and 475 hours of clinical experience from their students; 23% required more than 476 hours. Pursuant to 18VAC 90-27-100.D, Virginia’s PN programs are required to provide 400 hours of direct client care, of which 25% may be simulated. Median clinical simulation hours remained at 26-50 hours since last year.

Clinical Experiences Outside Virginia		
State	# of Programs	% of Programs
Washington, D.C.	1	2%
West Virginia	1	2%
North Carolina	1	2%
Maryland	2	3%
Tennessee	3	5%
At least One	8	14%

Source: VA. Healthcare Workforce Data Center

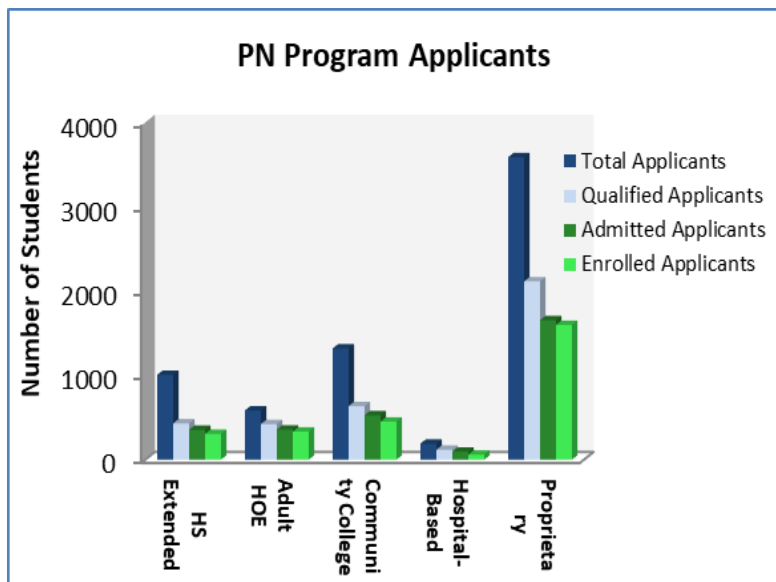
Only 8 programs offered clinical experience hours outside of Virginia. Not surprisingly, most of the clinical experiences reported were obtained in neighboring states.

Breakdown of Clinical Hours by Program Type

Clinical Hours		Program Type						
Type	Amount	HS Extended	Adult HOE	Community College	Hospital Based	Proprietary	All Programs	% of Total
Clinical Experience Hours	400 or less	0	0	0	0	0	0	0%
	401 to 425	6	4	9	0	8	26	47%
	426 to 450	3	0	5	2	0	10	18%
	451 to 475	2	1	4	0	0	7	12%
	476 to 500	1	0	2	0	5	8	14%
	More than 500	1	1	1	0	2	5	9%
	Total		13	6	21	2	15	56
Direct Client Care Hours	300 or less	0	1	0	0	2	3	7%
	301 to 325	0	0	0	0	0	0	0%
	326 to 350	2	0	3	0	0	5	11%
	351 to 375	0	1	3	0	0	4	9%
	376 to 400	2	1	5	2	1	10	24%
	More than 400	9	3	10	0	1	23	50%
	Total		13	6	21	2	4	45
Clinical Simulation Hours	None	4	1	4	0	2	10	19%
	1-25	4	2	5	0	2	13	23%
	26 to 50	2	1	4	1	6	14	25%
	51 to 75	1	0	6	1	0	8	14%
	76 to 100	2	1	1	0	3	7	12%
	More than 100	0	1	1	0	2	4	7%
	Total		13	6	21	2	15	56
Clinical Observation Hours	None	6	5	17	1	13	41	74%
	1-25	6	1	3	0	2	12	21%
	26 to 50	1	0	0	1	0	2	4%
	51 to 75	0	0	1	0	0	1	2%
	76 to 100	0	0	0	0	0	0	0%
	Total		13	6	21	2	15	56

Source: VA. Healthcare Workforce Data Center

Admissions



Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Applicants

Total:	6,727
Qualified:	3,739
Admitted:	3,007
Enrolled:	2,764
Waitlisted:	66

Source: VA. Healthcare Workforce Data Center

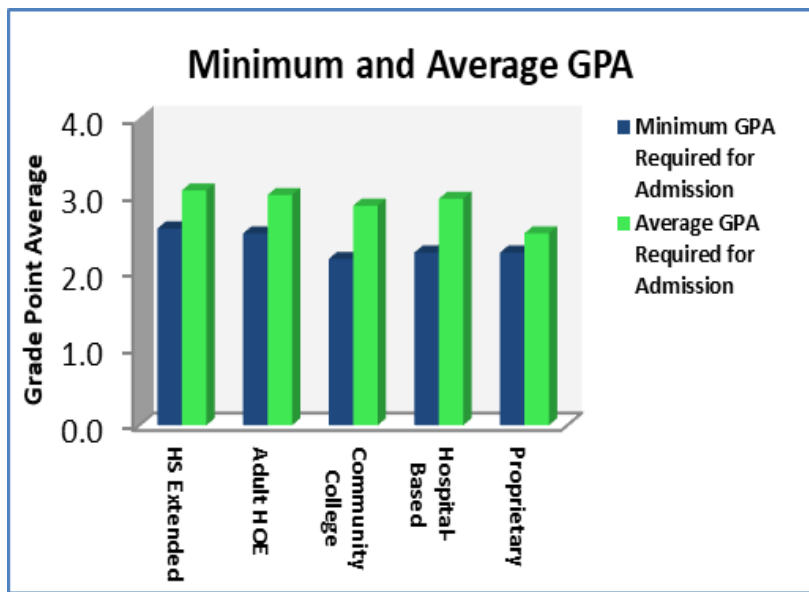
Virginia’s PN programs received 6,727 student applications during the 2022-2023 academic year. Over 2 in 5, 41%, of these applications ultimately resulted in an enrolled student.

Program Type	Applications Received	Applicants Qualified	% Qualified	Applicants Admitted	% of Qualified Admitted	Applicants Enrolled	% of Admitted Enrolled	% of Applicants Enrolled
HS Extended	1,046	450	43%	374	83%	324	87%	31%
Adult HOE	584	422	72%	357	85%	332	93%	57%
Community College	1,319	635	48%	527	83%	451	86%	34%
Hospital	190	117	62%	94	80%	59	63%	31%
Proprietary	3,588	2,115	59%	1,655	78%	1,598	97%	45%
All Programs	6,727	3,739	56%	3,007	80%	2,764	92%	41%

Source: VA. Healthcare Workforce Data Center

Out of 3,739 qualified applications, 732 did not result in an offer of admission. Five programs cited lack of clinical space. Three programs mentioned lack of classroom space, four mentioned a lack of faculty, and eight mentioned the inability to expand the effective program capacity as the reason for not admitting all qualified students. Seven programs cited personal issues, and another six programs mentioned other reasons such as, withdrawal or students choosing another program.

Background of Admitted Students



Source: VA. Healthcare Workforce Data Center

At a Glance:

GPA (mean)
 Minimum Requirement: 2.3
 Student Average: 2.9

Age (mean)
 Overall: 29
 HS Extended: 25
 Proprietary: 31

Source: VA. Healthcare Workforce Data Center

Program Type	Mean
High School Extended	25
Post-Secondary Adult HOE	31
Community College	29
Hospital-Based	28
Proprietary	31
All Programs	29

Source: VA. Healthcare Workforce Data Center

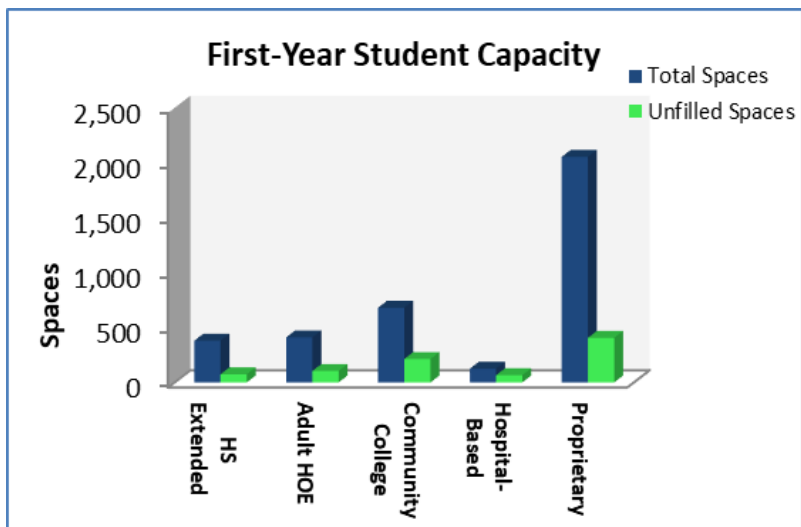
The average age of students who were admitted into Virginia’s PN programs was 29. High School Extended programs had the lowest average age of admitted students at 25, while Proprietary programs had the highest average age of admitted students at 31.

Program Type	Min	Avg.
High School Extended	2.6	3.1
Post-Secondary Adult HOE	2.5	3.0
Community College	2.2	2.9
Hospital-Based	2.3	3.0
Proprietary	2.3	2.5
All Programs	2.3	2.9

Source: VA. Healthcare Workforce Data Center

A typical PN program required that prospective students have a minimum GPA of 2.3, while the average GPA among admitted students was 2.9. On average, High School Extended programs had the highest minimum GPA requirements for admission and community colleges had the lowest GPA required. High school extended programs had the highest average GPA for admitted students.

Capacity



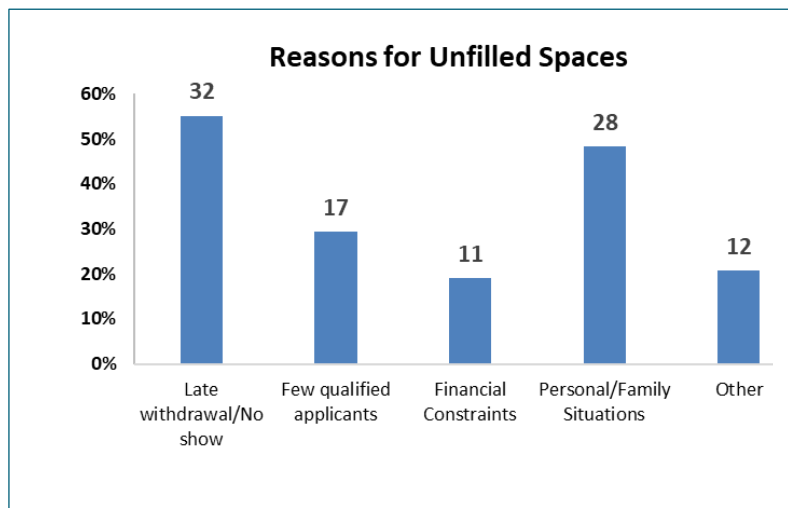
Source: VA. Healthcare Workforce Data Center

At a Glance:

1st-Year Student Capacity
 Spaces Available: 3,669
 Spaces Unfilled: 865

Unfilled Capacity
 % of Programs: 13%
 % of Total Capacity: 24%

Source: VA. Healthcare Workforce Data Center



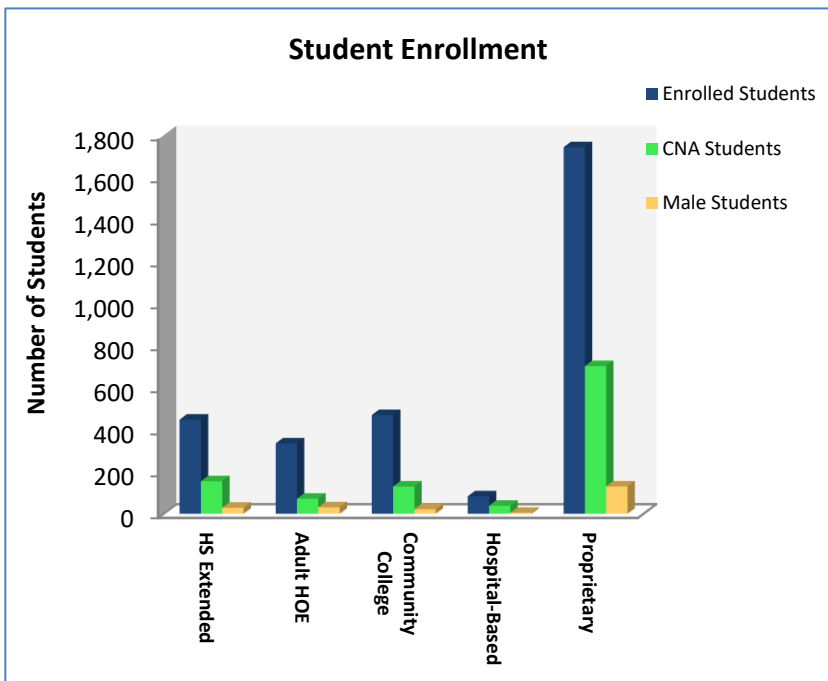
Source: VA. Healthcare Workforce Data Center

Virginia's PN programs were able to utilize 76% of their available first-year student capacity.

Program Type	# of Programs with Unfilled Spaces		# of Unfilled Spaces		Total Spaces	% of Total Capacity Unfilled
	No	Yes	Unfilled Spaces	%		
HS Extended	2	11	76	9%	3400	19%
Adult HOE	6	0	104	12%	410	25%
Community College	3	17	213	25%	680	31%
Hospital-Based	0	2	66	8%	125	53%
Proprietary	2	13	406	47%	2,054	20%
All Programs	7	49	863	100%	3,649	24%

Source: VA. Healthcare Workforce Data Center

Enrollment



Source: VA. Healthcare Workforce Data Center

At a Glance:

Enrollment

Total: 2,793
 CNA: 1,166
 Male: 188

Enrollment by Program Type

Proprietary: 61%
 Community College: 16%
 HS Extended: 16%

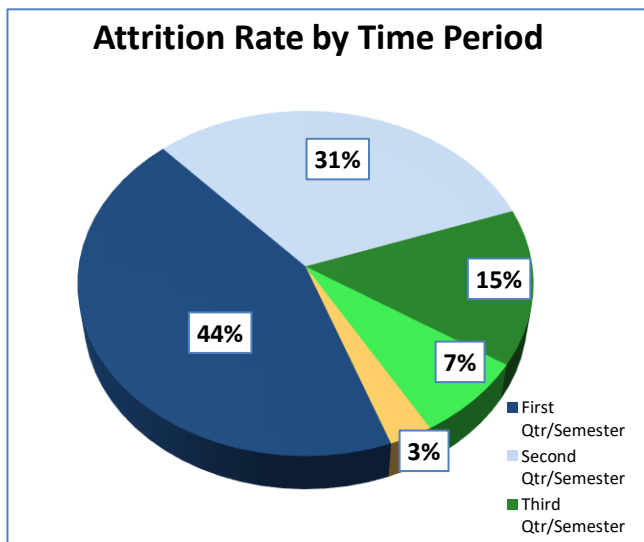
Source: VA. Healthcare Workforce Data Center

A total of 2,793 students were enrolled in Virginia’s PN programs during the current academic year. 42% of these students were CNAs, while 7% of enrolled students were male.

Program Type	Total Enrollment		CNA Enrollment		Male Enrollment	
	Count	%	Count	%	Count	%
HS Extended	446	16%	194	17%	33	18%
Adult HOE	107	4%	43	4%	6	3%
Community College	459	16%	239	20%	27	14%
Hospital-Based	66	2%	18	2%	4	2%
Proprietary	1,715	61%	672	58%	118	63%
All Programs	2,793	100%	1,166	100%	186	100%

Source: VA. Healthcare Workforce Data Center

Attrition



Source: VA. Healthcare Workforce Data Center

Quarter/ Semester/ Trimester	Number of Students	
	Count	%
First	264	44%
Second	189	31%
Third	88	15%
Fourth	45	7%
Fifth	17	3%
Total	603	100%

Source: VA. Healthcare Workforce Data Center

At a Glance:

Graduation Rate

Adult HOE: 75%
 Hospital-based: 50%
 Community College: 50%

Attrition Rate

All Programs: 37%
 Hospital-based: 49%
 Proprietary: 41%

Source: VA. Healthcare Workforce Data Center

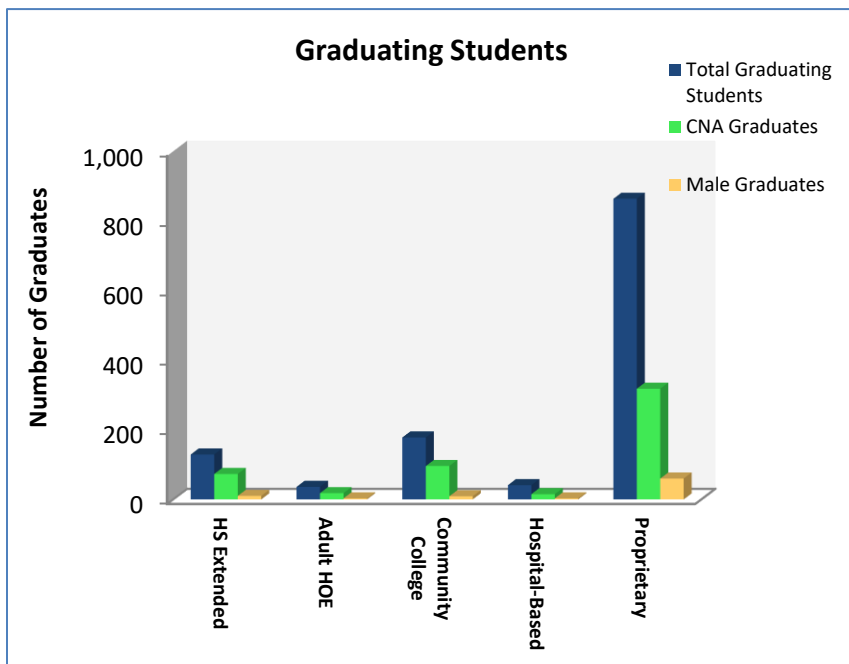
More than two in five of all students who left a PN program without graduating did so during the first quarter or semester of the program.

Attrition Statistics	Program Type					
	HS Extended	Adult HOE	Community College	Hospital Based	Proprietary	All Programs
Scheduled to Graduate	274	169	345	84	1,277	2,129
Graduated on Time	143	126	173	42	526	1,010
On-Time Graduation Rate	52%	75%	50%	50%	41%	47%
Permanently Left Program	110	22	93	41	520	786
Attrition Rate	40%	13%	27%	49%	41%	37%

Source: VA. Healthcare Workforce Data Center

Among all students who were expected to graduate during this academic year, 47% ultimately did graduate. Meanwhile, 37% of students expected to graduate this year permanently left their respective program instead.

Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Graduates

Total: 1,262
 % CNA: 42%
 % Male: 7%

Grad. by Program Type

Proprietary: 52%
 Community College: 17%
 Adult HOE: 15%

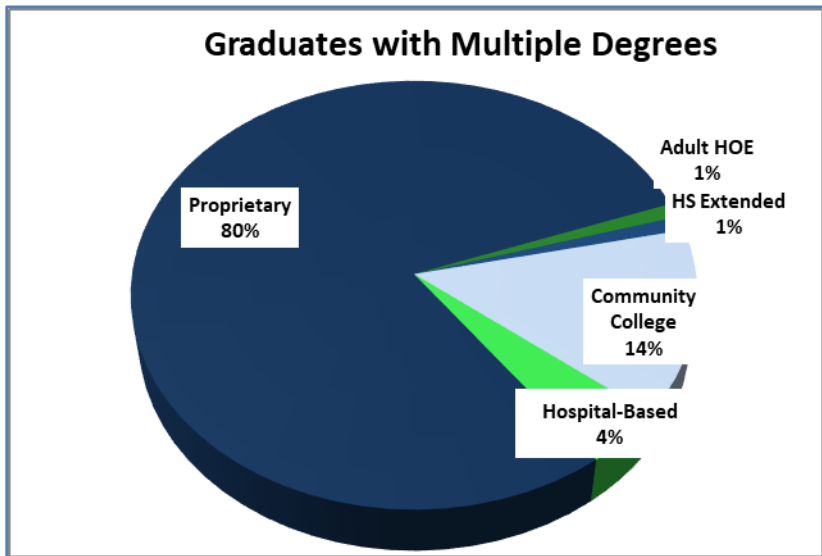
Source: VA. Healthcare Workforce Data Center

A total of 1,262 students graduated from Virginia's PN programs during the current academic year. 42% of these graduates were CNAs, while 7% were male. Over half graduated from Proprietary PN programs.

Program Type	Total Graduates		CNA Graduates		Male Graduates	
	Count	%	Count	%	Count	%
HS Extended	143	11%	86	16%	10	12%
Adult HOE	36	3%	18	3%	3	4%
Community College	178	14%	96	18%	9	11%
Hospital-Based	41	3%	15	3%	3	4%
Proprietary	864	68%	318	60%	60	71%
All Programs	1,262	100%	533	100%	85	100%

Source: VA. Healthcare Workforce Data Center

Background of Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Race/Ethnicity

White:	35%
Black:	49%
Hispanic:	6%

Multi-Degree Grads.

Multi-Degree Graduates:	93
% of Total Graduates:	7%

Source: VA. Healthcare Workforce Data Center

Program Type	Multi-Degree Graduates	%	% of Total Graduates
HS Extended	1	1%	1%
Adult HOE	1	1%	3%
Comm. College	13	14%	7%
Hospital Based	4	4%	10%
Proprietary	74	80%	9%
All Programs	93	100%	7%

Source: VA. Healthcare Workforce Data Center

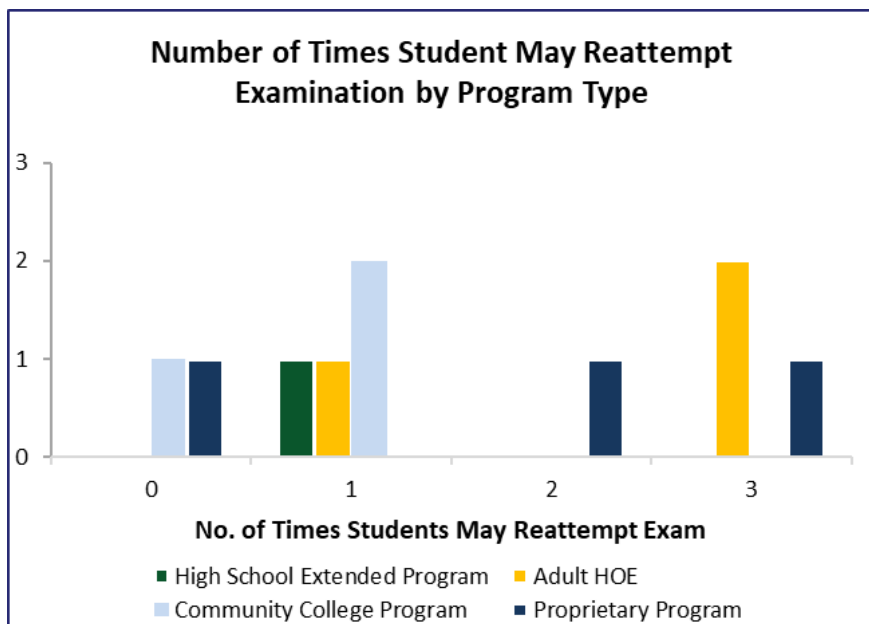
More than three out of every five graduates from Virginia's PN programs are non-White. Almost half of all graduates are non-Hispanic Black and 6% are Hispanic.

Race/Ethnicity	HS Extended		Adult HOE		Comm. College		Hospital Based		Proprietary		All Programs	
	#	%	#	%	#	%	#	%	#	%	#	%
White	72	51%	19	54%	118	62%	10	24%	228	27%	447	35%
Black	40	28%	11	31%	49	26%	12	29%	508	59%	620	49%
Hispanic	23	16%	3	9%	12	6%	3	7%	38	4%	79	6%
Asian	3	2%	1	3%	1	1%	0	0%	31	4%	36	3%
American Indian	0	0%	0	0%	0	0%	0	0%	2	0%	2	0%
Pacific Islander	0	0%	0	0%	2	1%	0	0%	2	0%	4	0%
Two or More	3	2%	0	0%	1	1%	3	7%	29	3%	36	3%
Unknown	0	0%	1	3%	7	4%	13	32%	22	3%	43	3%
Total	141	100%	35	100%	190	100%	41	100%	860	100%	1,267	100%

Source: VA. Healthcare Workforce Data Center

Seven percent of all graduates from Virginia's PN programs held other non-nursing degrees.

Comprehensive Examination Prohibiting Graduation



Source: VA. Healthcare Workforce Data Center

At a Glance:

No. of Programs Requiring Comprehensive Exam

All Programs: 8
Adult HOE: 3

No. Who Did Not Graduate.

Adult HOE: 5
Community College: 7

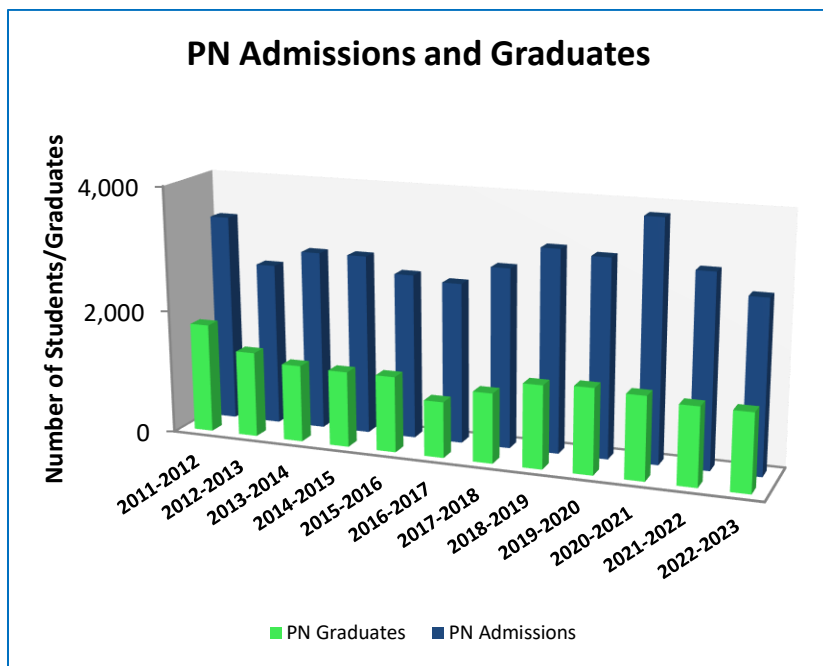
Source: VA. Healthcare Workforce Data Center

Eight programs require students to pass a comprehensive examination before graduating. In the 2022-23 year, 15 students did not graduate as a result of this requirement.

	Total Requiring Comprehensive Exam Prohibiting Graduation if Failed		Number Allowing Students who Fail Comprehensive to Rettempt Exams		Average Number of Times Students May Retake Exam	Number who Didn't Graduate Because of Exam
	Count	% of All Programs	Count	% of Those Requiring Exam Prohibiting Graduation		
HS Extended	1	8%	N/A	N/A	1	0
Adult HOE	3	50%	3	0%	3	5
Community College	2	10%	2	100%	3	7
Hospital-Based	0	0%	0	0%	N/A	0
Proprietary	2	13%	1	50%	3	3
All Programs	8	14%	6	75%	3	15

Source: VA. Healthcare Workforce Data Center

Long-Term Trends



Source: VA. Healthcare Workforce Data Center

At a Glance:

Admissions
 Total: 2,793
 Year-over-Year Change: -9%

Graduates
 Total: 1,248
 Year-over-Year Change: -1%

Source: VA. Healthcare Workforce Data Center

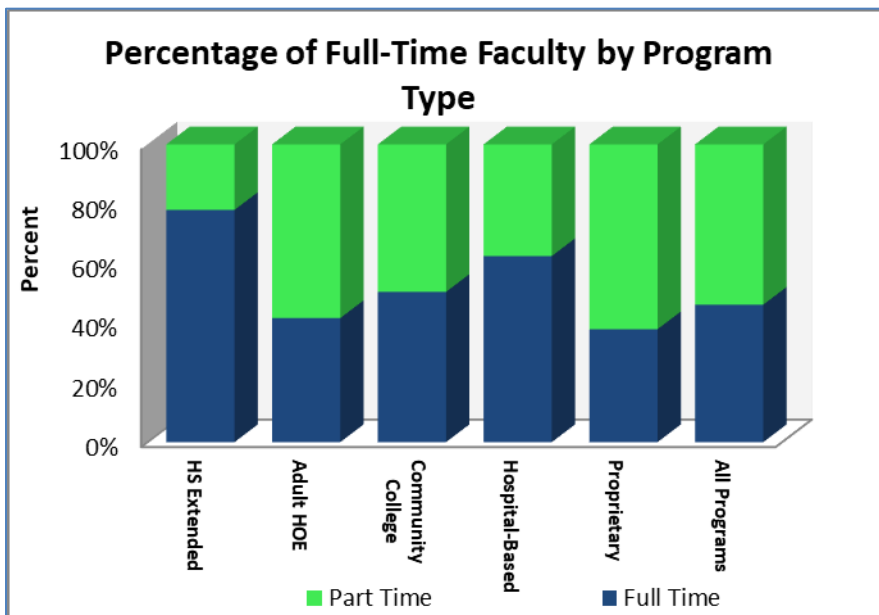
The number of new students who were admitted into Virginia’s PN programs decreased by 9% in the 2022-23 academic year. The number of students who graduated from these programs increased by less 1%.

Academic Year	PN Admissions		PN Graduates	
	Count	Year-over-Year Change	Count	Year-over-Year Change
2011-2012	3,346	-16%	1,753	-16%
2012-2013	2,614	-22%	1,371	-22%
2013-2014	2,881	10%	1,235	-10%
2014-2015	2,887	0%	1,214	-2%
2015-2016	2,645	-8%	1,215	0%
2016-2017	2,573	-3%	895	-26%
2017-2018	2,880	12%	1,117	25%
2018-2019	3,243	13%	1,327	19%
2019-2020	3,137	-2%	1,367	3%
2020-2021	3,836	21%	1,329	-3%
2021-2022	3,080	-20%	1,252	-6%
2022-2023	2,793	-9%	1,262	1%

Source: VA. Healthcare Workforce Data Center

Faculty Information

Employment



Source: VA. Healthcare Workforce Data Center

At a Glance:

% of Total Faculty

Proprietary:	55%
Community College:	23%
HS Extended:	12%

% Full-Time

HS Extended:	75%
Adult HOE:	42%
Hospital-Based:	63%

Student-Faculty Ratio

Hospital-Based:	4.1
Proprietary:	6.0
HS Extended:	8.1

Source: VA. Healthcare Workforce Data Center

Over half of all faculty work in proprietary programs, but only 38% of those workers have full-time jobs. Only High School Extended, Community College, and Hospital-Based programs have half or more of their faculty members in full-time positions.

Program Type	Full Time		Part Time		Total			Student-to-Faculty Ratio		
	#	%	#	%	#	%	% FT	25 th %	Mean	75 th %
HS Extended	41	19%	14	5%	55	12%	75%	5.7	8.1	10.5
Adult HOE	15	7%	21	8%	36	8%	42%	1.8	4.6	4.3
Community College	54	25%	53	21%	107	23%	50%	2.4	4.5	5.5
Hospital Based	10	5%	6	2%	16	3%	63%	3.6	4.1	0.0
Proprietary	99	45%	162	63%	261	55%	38%	4.3	6.0	7.0
All Programs	219	100%	256	100%	475	100%	46%	3.3	5.7	7.4

Source: VA. Healthcare Workforce Data Center

On average, the typical PN program had a student-to-faculty ratio of 5.7. However, two of the five program types had a student-to-faculty ratio that was above the overall average, skewing the mean upward.

Faculty Demographics

Age	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Under 25	2	1%	2	1%	4	1%	0%
25 to 34	29	13%	36	14%	65	14%	45%
35 to 44	55	25%	63	25%	118	25%	47%
45 to 54	73	33%	74	29%	147	31%	50%
55 to 64	47	21%	46	18%	93	20%	51%
65 to 74	13	6%	16	6%	29	6%	45%
75 and Over	0	0%	3	1%	3	1%	0%
Unknown	0	0%	14	6%	14	3%	0%
Total	219	100%	254	100%	473	100%	46%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 91%
% Female w/ FT Job: 46%

Age

% Under 35: 15%
% Over 54: 26%

Diversity

Diversity Index (Total): 54%
Diversity Index (FT Jobs): 52%

Source: VA. Healthcare Workforce Data Center

Gender	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Male	20	9%	23	9%	43	9%	47%
Female	199	91%	232	91%	431	91%	46%
Total	219	100%	255	100%	474	100%	46%

Source: VA. Healthcare Workforce Data Center

In a chance encounter between two faculty members, there is a 54% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable number is 60%.

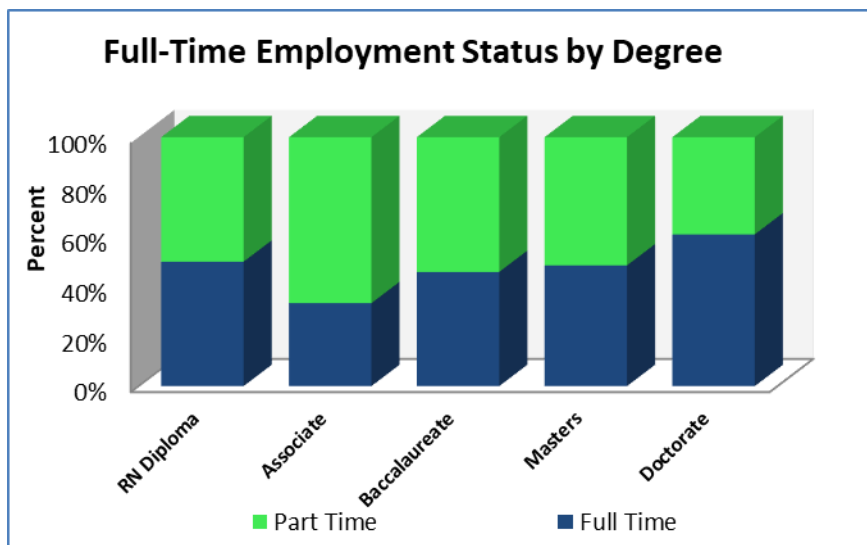
Race/ Ethnicity	Virginia*	Full Time		Part Time		Total		
	%	#	%	#	%	#	%	% FT
White	59%	134	62%	137	55%	271	58%	49%
Black	18%	66	31%	94	37%	160	34%	41%
Asian	7%	6	3%	7	3%	13	3%	46%
Other Race	1%	1	0%	0	0%	1	0%	0%
Two or more races	5%	2	1%	3	1%	5	1%	40%
Hispanic	10%	7	3%	9	4%	16	3%	44%
Unknown	0	0	0%	1	0%	1	0%	0%
Total	100%	216	100%	251	100%	467	100%	46%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2022.

Source: VA. Healthcare Workforce Data Center

Faculty Educational Background

A Closer Look:



Source: VA. Healthcare Workforce Data Center

At a Glance:

Degree

BSN: 40%
 Masters in Nursing: 39%
 Non-Nursing Bachelors: 8%

Full-Time Employment

Masters in Nursing: 49%
 Doctorate: 61%

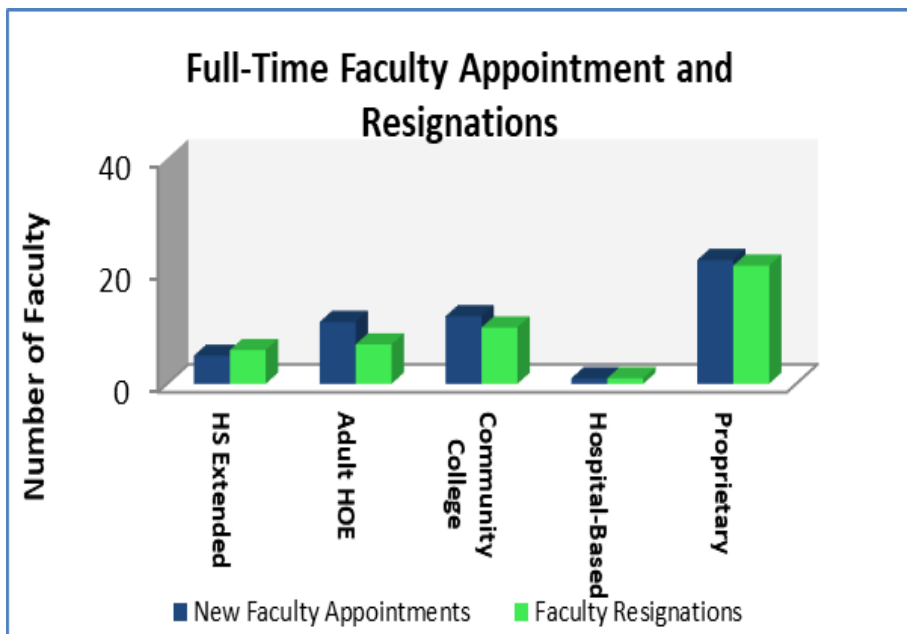
Source: VA. Healthcare Workforce Data Center

Approximately 80% of all faculty members held either a BSN or an MSN as their highest professional degree. Of this group, 49% were employed on a full-time basis.

Highest Degree	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
RN Diploma	1	1%	1	0%	2	0%	50%
ASN	1	1%	2	1%	3	1%	33%
Non-Nursing Bachelors	8	4%	23	11%	31	8%	26%
BSN	81	41%	82	39%	163	40%	50%
Non-Nursing Masters	3	2%	4	2%	7	2%	43%
Masters in Nursing	78	40%	82	39%	160	39%	49%
Doctorate	25	13%	16	8%	41	10%	61%
Total	197	100%	210	100%	407	100%	48%

Source: VA. Healthcare Workforce Data Center

Faculty Appointments and Resignations



Source: VA. Healthcare Workforce Data Center

At a Glance:

Full-Time Faculty

Turnover Rate: 21%
 Newly Appointed Rate: 23%

Turnover Rate

Community colleges: 19%
 Proprietary: 21%

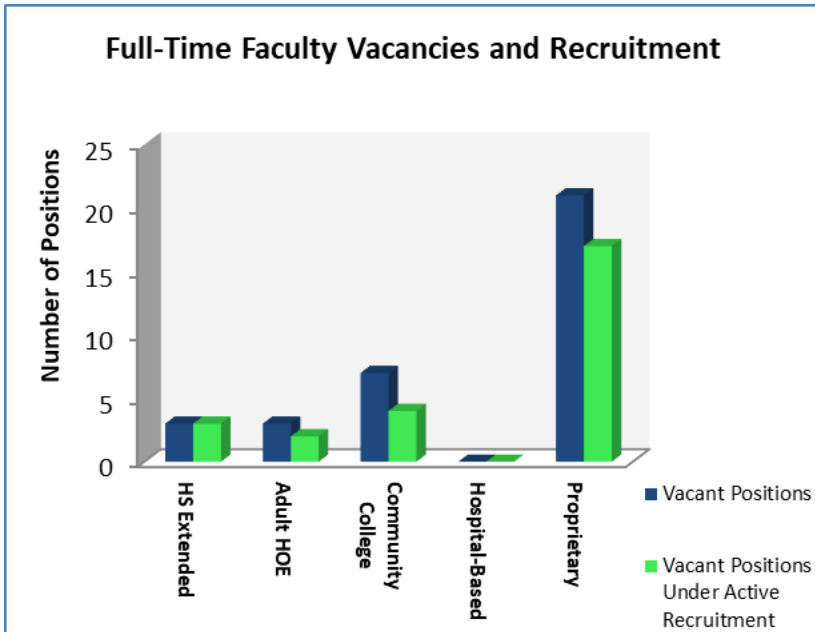
Source: VA. Healthcare Workforce Data Center

Among full-time faculty, Virginia's PN programs experienced a 21% turnover rate and a newly appointed faculty rate of 23% over the past year.

Full-Time Faculty	Program Type					
	HS Extended	Adult HOE	Community College	Hospital Based	Proprietary	All Programs
Total	41	15	54	10	99	219
Newly Appointed	5	11	12	1	22	51
Resignations	6	7	10	1	21	45
Turnover Rate	15%	47%	19%	10%	21%	21%
Proportion Newly Appointed	12%	73%	22%	10%	22%	23%

Source: VA. Healthcare Workforce Data Center

Future Faculty Requirements



Source: VA. Healthcare Workforce Data Center

At a Glance:

Active Recruitment
 Full-Time Hiring: 76%
 Part-Time Hiring: 90%

Budget Adequacy
 Full-Time Hiring: 96%
 Part-Time Hiring: 94%

Expected Job Disruption
 Less: 40%
 Same: 53%
 More: 7%

Source: VA. Healthcare Workforce Data Center

A total of 26 full-time faculty positions and 52 part-time faculty positions are currently in active recruitment. About 56% of these jobs are listed in Proprietary programs.

Adequate Faculty Budget?	Full Time		Part Time	
	#	%	#	%
Yes	55	96%	49	94%
No	2	4%	3	6%
Total	56	100%	56	100%

Source: VA. Healthcare Workforce Data Center

Program Type	Next Year's Expectation for Full-Time Faculty Disruption							
	Expect Less	%	Expect Same	%	Expect More	%	Total	%
HS Extended	3	25%	9	75%	0	0%	12	100%
Adult HOE	4	67%	2	33%	0	0%	6	100%
Community College	8	40%	9	45%	3	15%	20	100%
Hospital	1	50%	1	50%	0	0%	2	100%
Proprietary	6	40%	8	53%	1	7%	15	100%
All Programs	22	40%	29	53%	4	7%	55	100%

Source: VA. Healthcare Workforce Data Center

7% of Virginia's PN programs expect more employment disruption among full-time faculty over the course of the next year. Most programs, 96%, currently have a sufficient budget to adequately meet their full-time faculty needs, and 94% have a sufficient budget to meet their part-time faculty needs.

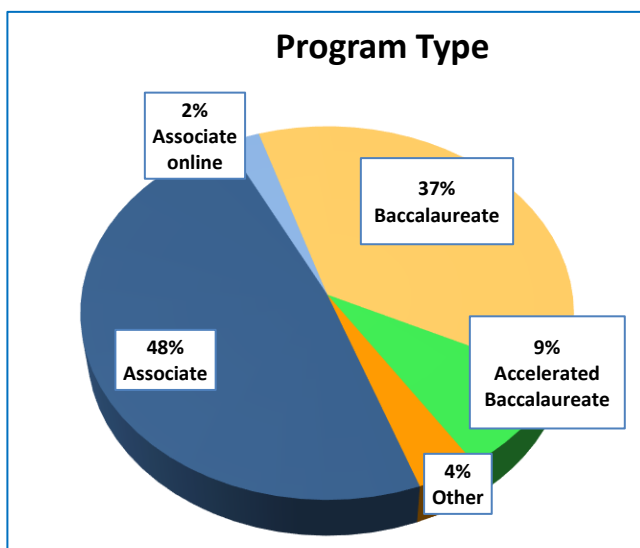
Registered Nursing Education Programs

Program Structure

A Closer Look:

Program Type		
Type	#	%
Associate	39	48%
Associate Online	2	2%
Baccalaureate	30	37%
Baccalaureate Online	1	1%
Accelerated Baccalaureate	7	9%
Accelerated Masters	2	2%
Total	81	100%

Source: VA. Healthcare Workforce Data Center



Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Type

Associate: 48%
 Baccalaureate: 37%
 Accelerated Baccalaureate: 9%

Delivery Method

Semester: 88%
 Quarters: 7%

Mean Program Length

Accel. Baccalaureate: 17 Mos.
 Associate: 22 Mos.
 Baccalaureate: 30 Mos.

Source: VA. Healthcare Workforce Data Center

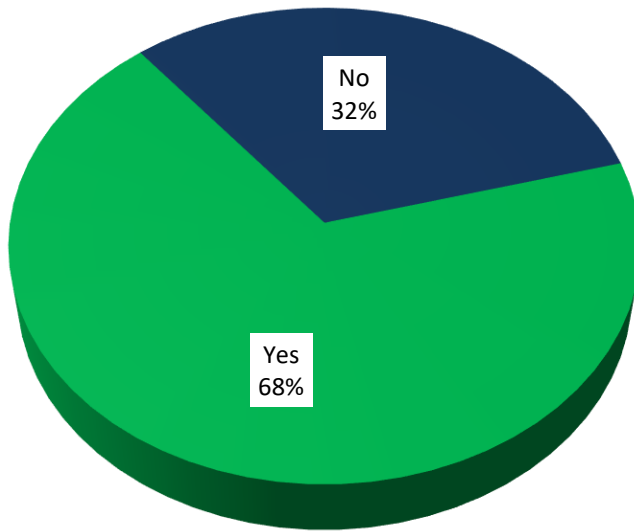
There were 84 Registered Nursing (RN) Education Programs approved in Virginia during the 2022-2023 academic year; 81 responded to this survey. Twenty-seven of the programs offer a RN-to-BSN in addition to their pre-licensure program.

Program Length, Months					
Program Type	Mean	Min	25 th %	75 th %	Max
Associate	22	15	20	24	30
Associate Online	20	15	15	N/A	24
Baccalaureate	30	20	24	36	36
Baccalaureate Online	36	36	36	36	36
Accelerated Baccalaureate	17	15	16	20	21
Accelerated Masters	24	24	24	24	24
All Programs	25	15	21	29	36

Source: VA. Healthcare Workforce Data Center

Program Details

Program Changes in Past Year



Source: VA. Healthcare Workforce Data Center

At a Glance:

Schedule Options

Daytime Courses:	94%
Online Courses:	43%
Evening Courses:	43%

Admissions Frequency (Annual)

One:	39%
Two:	32%
Three:	18%
Four or More:	12%

Source: VA. Healthcare Workforce Data Center

More than two out of every three RN programs implemented a change to their nursing program in the past year. 47 programs initiated faculty changes whereas 14 made schedule changes. Another 22 made curriculum changes whereas 11 changed course content.

Scheduling Option	#	%
Daytime Courses	79	94%
Online Courses	36	43%
Evening Courses	19	23%
Evening & Weekend Courses	17	20%
Accelerated Courses	10	12%
Weekend Courses	8	10%

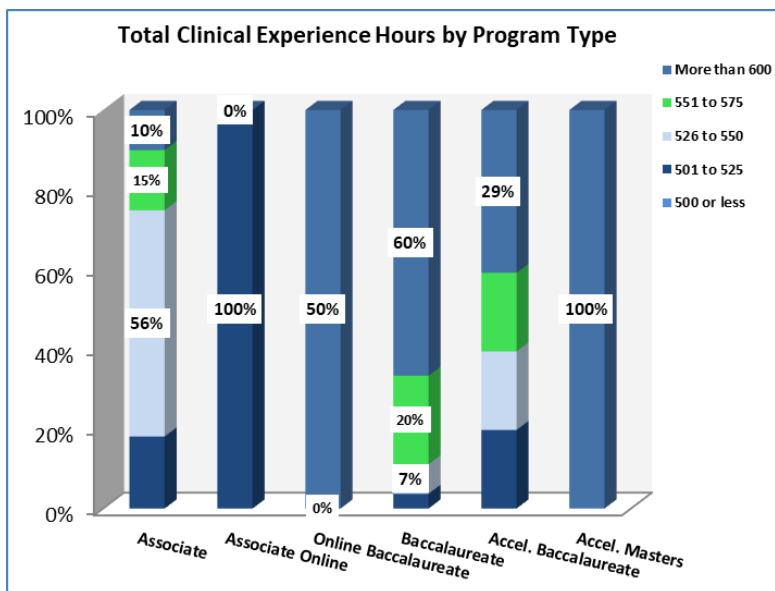
Source: VA. Healthcare Workforce Data Center

Accreditation

Accrediting Agency	Abbv.	#	%
Southern Association of Colleges and Schools	SACS	52	62%
State Council of Higher Education for Virginia	SCHEV	44	51%
Commission on Collegiate Nursing Education	CCNE	35	42%
Accreditation Commission for Education in Nursing	ACEN	36	43%
Commission for Nursing Education Accreditation	CNEA	4	5%
Council on Occupational Education	COE	1	1%
The Higher Learning Commission	HLC	1	1%

Source: VA. Healthcare Workforce Data Center

Clinical Hours



Source: VA. Healthcare Workforce Data Center

At a Glance:

Median Clinical Hours

Clinical Experience: 551-575
 Direct Client Care: 500+
 Direct Client Care in Va.: 543
 Clinical Simulation: 51-75
 Clinical Observation: 0

Source: VA. Healthcare Workforce Data Center

More than half of all RN programs in Virginia required at least 550 total hours of clinical experience from their students. Pursuant to 18VAC 90-27-100.D, Virginia’s RN programs are required to provide 500 hours of direct client care, of which 25% may be simulated. Median clinical simulation hours have remained the same since 2021 among RN programs.

Clinical Experiences Outside Virginia		
State	# of Programs	% of Programs
Washington, D.C.	13	16%
Maryland	6	7%
West Virginia	6	7%
Tennessee	5	6%
North Carolina	5	6%
Kentucky	1	1%
Other ¹	2	2%
At least One	28	35%

Source: VA. Healthcare Workforce Data Center

Twenty-eight programs offered clinical experience hours outside of Virginia. Washington, D.C., Maryland, and Tennessee were the two states in which clinical experience hours were most likely to be provided.

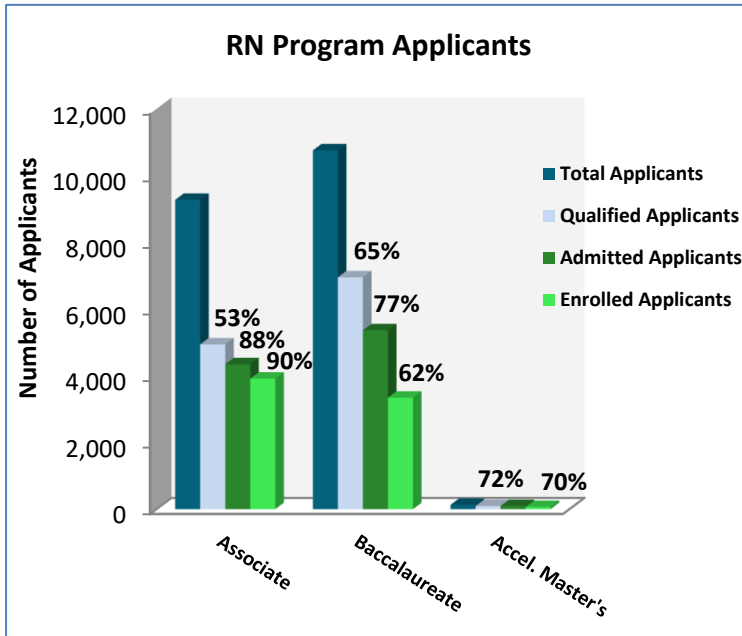
¹ Could be a combination of the states above.

Breakdown of Clinical Hours by Program Type

	Hours	Program Type						
Type	Amount	Associate	Associate Online	Baccalaureate	Baccalaureate Online	Accel. Baccalaureate	Accel. Masters	All Programs
Clinical Experience Hours	500 or less	0	0	0	0	0	0	0
	501 to 525	7	2	1	0	1	0	11
	526 to 550	22	0	2	0	1	0	25
	551 to 575	0	0	3	0	2	0	5
	576 to 600	6	0	6	0	1	0	13
	More than 600	4	0	18	1	2	2	27
	Total	39	2	30	1	7	2	81
Direct Client Care Hours	400 or less	1	1	0	0	0	0	2
	401 to 425	0	1	1	0	0	0	2
	426 to 450	3	0	0	0	0	0	3
	451 to 475	6	0	3	0	4	0	13
	476 to 500	8	0	1	0	0	0	9
	More than 500	21	0	25	1	3	2	52
	Total	39	2	30	1	7	2	81
Clinical Simulation Hours	None	4	0	5	0	0	0	9
	1 to 25	0	0	3	0	1	0	4
	26 to 50	17	0	3	1	1	0	22
	51 to 75	5	0	3	0	0	2	10
	76 to 100	3	1	9	0	4	0	17
	More than 100	10	1	7	0	1	0	19
	Total	39	2	30	1	7	2	81
Clinical Observation Hours	None	35	2	16	0	4	1	58
	1 to 25	3	0	9	0	3	1	16
	26 to 50	1	0	1	1	0	0	3
	51 to 75	0	0	4	0	0	0	4
	76 to 100	0	0	0	0	0	0	0
	More than 100	0	0	0	0	0	0	0
	Total	39	2	30	1	7	2	81

Source: VA. Healthcare Workforce Data Center

Admissions



Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Applicants

Total:	20,165
Qualified:	11,986
Admitted:	9,803
Enrolled:	7,324
Waitlisted:	474

Source: VA. Healthcare Workforce Data Center

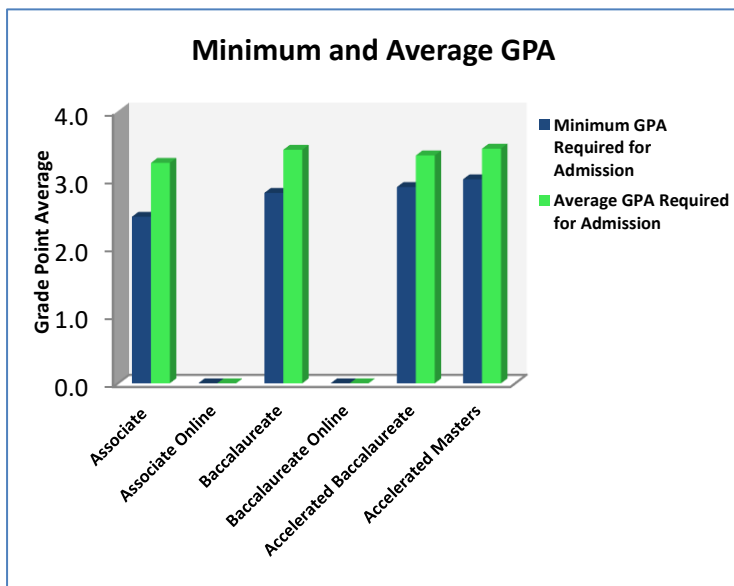
Virginia's RN programs received a total of 20,165 student applications during the 2022-2023 academic year. Approximately 36% of these applications ultimately resulted in an enrolled student.

Program Type	Applications Received	Applicants Qualified	% Qualified	Applicants Admitted	% of Qualified Admitted	Applicants Enrolled	% of Admitted Enrolled	% of Applicants Enrolled
Associate	9,052	4,830	53%	4,248	88%	3,817	90%	42%
Associate Online	224	111	50%	99	89%	98	99%	44%
Baccalaureate	9,361	5,950	64%	4,425	74%	2,861	65%	31%
Baccalaureate Online	0	0	N/A	0	N/A	0	N/A	N/A
Accel. Baccalaureate	1,399	1,002	72%	938	94%	483	51%	35%
Accel. Masters	129	93	72%	93	100%	65	70%	50%
All Programs	20,165	11,986	59%	9,803	82%	7,324	75%	36%

Source: VA. Healthcare Workforce Data Center

Out of 11,986 qualified applicants, 2,183 were not given an admission offer. Fourteen programs cited the inability to expand effective program capacity while another eight programs cited the lack of clinical space as the main reason for failing to admit qualified applicants. The lack of qualified faculty and classroom space, lack of clinical space, financial, and family issues, were also common reasons for failing to admit qualified applicants.

Background of Admitted Students



Source: VA. Healthcare Workforce Data Center

At a Glance:

GPA (mean)

Minimum Requirement: 2.6
Student Average: 3.3

Age (mean)

Overall: 27
Baccalaureate: 24
Associate: 29

Source: VA. Healthcare Workforce Data Center

Program Type	Mean
Associate	29
Associate Online	37
Baccalaureate	24
Baccalaureate Online	-
Accelerated Baccalaureate	30
Accelerated Masters	29
All Programs	27

Source: VA. Healthcare Workforce Data Center

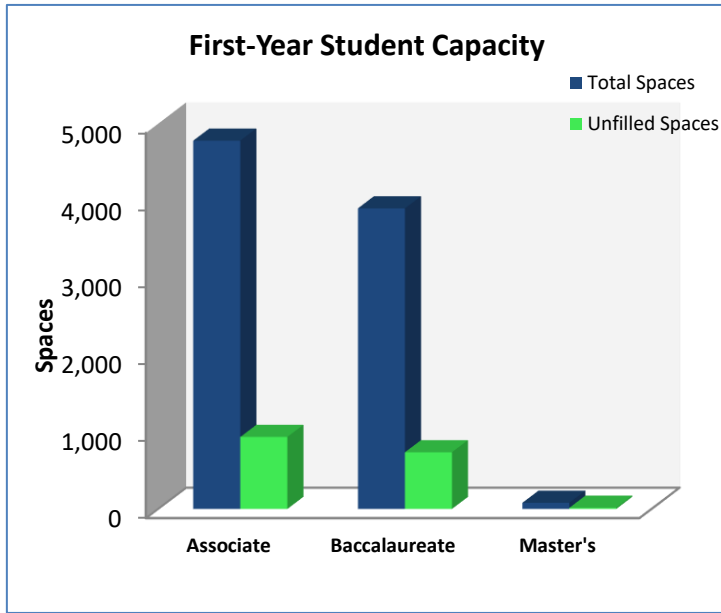
The average age of students who were admitted into Virginia's RN programs was 27. Baccalaureate programs had the lowest average age of admitted students at 24, while Associate Online programs had the highest average age of admitted students at 37.

Program Type	Min	Avg.
Associate	2.4	3.2
Associate Online	-	-
Baccalaureate	2.8	3.4
Baccalaureate Online	-	-
Accelerated Baccalaureate	2.9	3.4
Accelerated Masters	3.0	3.5
All Programs	2.6	3.3

Source: VA. Healthcare Workforce Data Center

A typical RN program required that prospective students have a minimum GPA of 2.6, while the average GPA among admitted students was 3.3. On average, associate programs had the lowest minimum GPA requirements for admission. Accelerated Masters programs had the highest GPA requirements for admission and the highest average GPA among admitted students.

Capacity



Source: VA. Healthcare Workforce Data Center

At a Glance:

1st-Year Student Capacity

Spaces Available: 8,765

Spaces Unfilled: 1,686

Unfilled Capacity

% of Programs: 77%

% of Total Capacity: 19%

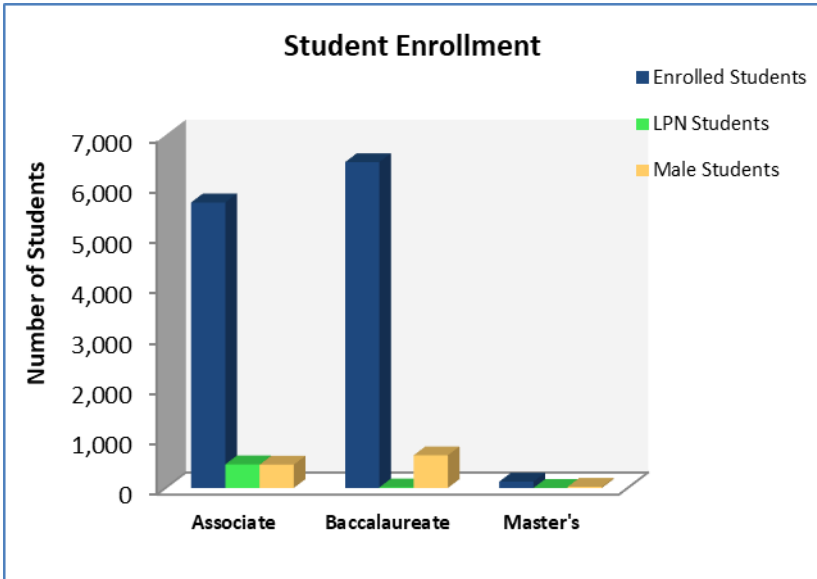
Source: VA. Healthcare Workforce Data Center

Virginia’s RN programs were able to fill 81% of their available first-year student capacity. Programs provided a variety of reasons for the unfilled spaces. One of the most common explanations was late withdrawal or no shows. Another key reason was a lack of qualified applicants. Many programs also cited the financial situation of students and student’s personal reasons that interfered with students’ enrollment.

Program Type	# of Programs with Unfilled Spaces		Unfilled Spaces		Total Spaces	% of Total Capacity
	No	Yes	Number	%		
Associate	5	34	889	53%	4,634	19%
Associate Online	0	2	46	3%	148	31%
Baccalaureate	6	24	494	29%	3,231	15%
Baccalaureate Online	1	0	0	0%	0	-
Accelerated Baccalaureate	7	0	242	14%	672	36%
Accelerated Masters	0	2	15	1%	80	19%
All Programs	19	62	1,686	100%	8,765	19%

Source: VA. Healthcare Workforce Data Center

Enrollment



Source: VA. Healthcare Workforce Data Center

At a Glance:

Enrollment

Total: 12,258
 LPN: 4%
 Male: 9%

Enrollment by Program Type

Baccalaureate: 47%
 Associate: 45%

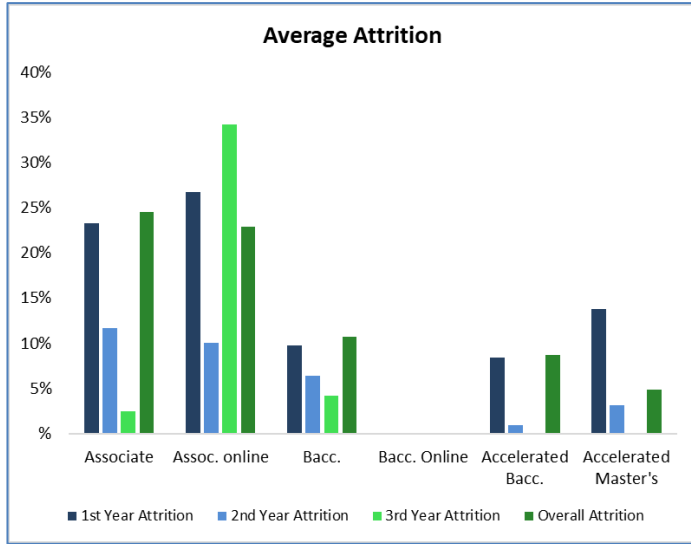
Source: VA. Healthcare Workforce Data Center

12,258 students were enrolled in Virginia’s RN programs during the current academic year. Of these students, 4% were LPNs while about 9% were male.

Program Type	Total Enrollment		LPN Enrollment		Male Enrollment	
	Count	%	Count	%	Count	%
Associate	5,510	45%	397	83%	447	39%
Associate Online	156	1%	71	15%	15	1%
Baccalaureate	5,710	47%	5	1%	520	46%
Baccalaureate Online	0	0%	0	0%	0	0%
Accelerated Baccalaureate	757	6%	6	1%	128	11%
Accelerated Masters	125	1%	0	0%	24	2%
All Programs	12,258	100%	479	100%	1,134	100%

Source: VA. Healthcare Workforce Data Center

Attrition



Source: VA. Healthcare Workforce Data Center

At a Glance:

Attrition Rate

1 st Year Avg.:	16%
2 nd Year Avg.:	8%
3 rd Year Avg.:	4%
Overall Avg.:	17%

Attrition by Program Type

Associate:	25%
Associate Online:	23%
Baccalaureate:	11%

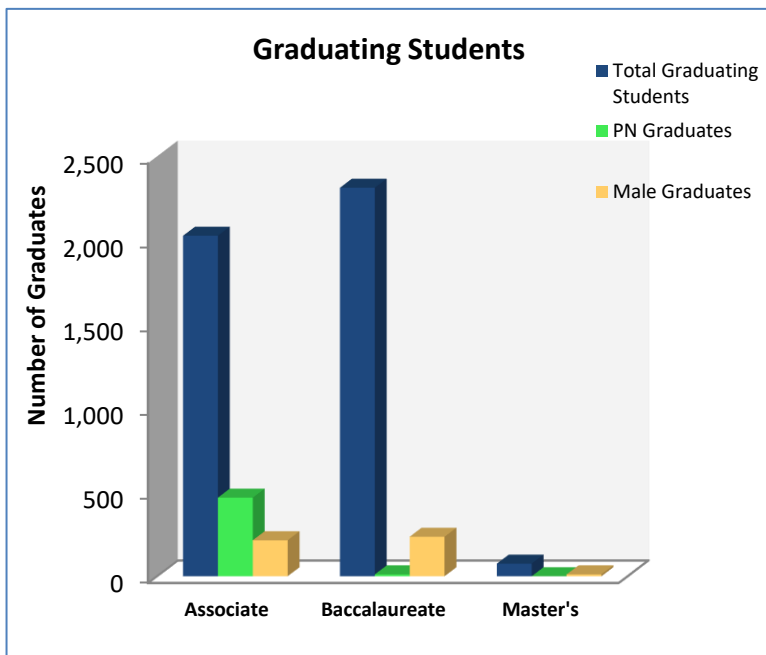
Source: VA. Healthcare Workforce Data Center

Type	Year	Avg	Min	Max	Missing
Associate	1st Year Attrition	23%	2%	61%	2
	2nd Year Attrition	12%	%	45%	4
	3rd Year Attrition	2%	%	18%	23
	Overall Attrition	25%	%	69%	2
Associate Online	1st Year Attrition	27%	8%	45%	0
	2nd Year Attrition	10%	2%	18%	0
	3rd Year Attrition	34%	34%	34%	1
	Overall Attrition	23%	11%	35%	0
Baccalaureate	1st Year Attrition	10%	0%	31%	0
	2nd Year Attrition	6%	0%	38%	2
	Third Year Attrition	4%	0%	29%	9
	Overall Attrition	11%	0%	43%	1
Baccalaureate Online	1st Year Attrition	0%	0%	0%	0
	2nd Year Attrition	0%	0%	0%	0
	Third Year Attrition	0%	0%	0%	0
	Overall Attrition	0%	0%	0%	0
Accelerated Baccalaureate	1st Year Attrition	8%	0%	28%	0
	2nd Year Attrition	1%	0%	4%	1
	3rd Year Attrition	0%	0%	0%	4
	Overall Attrition	9%	0%	28%	0
Accelerated Masters	1st Year Attrition	14%	3%	25%	0
	2nd Year Attrition	3%	0%	6%	0
	3rd Year Attrition	0%	0%	%	0
	Overall Attrition	5%	1%	9%	0
Total	1st Year Attrition	16%	0%	61%	4
	2nd Year Attrition	8%	0%	45%	9
	3rd Year Attrition	4%	0%	34%	39
	Overall Attrition	17%	0%	69%	5

Source: VA. Healthcare Workforce Data Center

The overall attrition rate across all program types was 17%. Associate programs had the highest overall average attrition rate, with 25% of all students leaving the programs. Associate online programs had an attrition rate of 23%, while Baccalaureate programs had an attrition rate of 11%.

Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Graduates

Total:	4,417
% PN:	11%
% Male:	10%

Grad. by Program Type

Associate:	44%
Baccalaureate:	40%
Accel. Baccalaureate:	12%

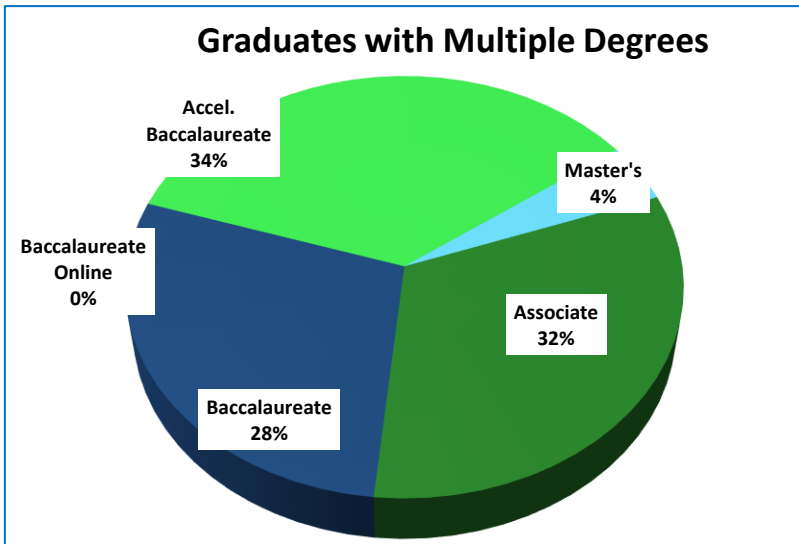
Source: VA. Healthcare Workforce Data Center

A total of 4,417 students graduated from Virginia's RN programs during the current academic year. 11% of these graduates had previously graduated a PN program and 10% were male. More than two out of five graduating students completed an Associate program.

Program Type	Total Graduates		PN Graduates		Male Graduates	
	Count	%	Count	%	Count	%
Associate	1,929	44%	397	83%	209	45%
Associate Online	99	2%	71	15%	5	1%
Baccalaureate	1,776	40%	5	1%	159	35%
Baccalaureate Online	0	0%	0	0%	0	0%
Accelerated Baccalaureate	538	12%	6	1%	76	17%
Accelerated Masters	75	2%	0	0%	11	2%
All Programs	4,417	100%	479	100%	460	100%

Source: VA. Healthcare Workforce Data Center

Background of Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Race/Ethnicity
 White: 56%
 Black: 20%
 Asian: 7%
 Hispanic: 6%

Multi-Degree Grads.
 Multi-Degree Graduates: 1,113
 % of Total Graduates: 25%

Source: VA. Healthcare Workforce Data Center

25% of graduates from Virginia's RN programs held other non-nursing degrees.

Program Type	Multi-Degree Graduates	%	% of Total Graduates
Associate	352	32%	18%
Associate Online	18	2%	18%
Baccalaureate	311	28%	18%
Baccalaureate Online	0	0%	N/A
Accel. Baccalaureate	383	34%	71%
Accel. Masters	49	4%	65%
All Programs	1,113	100%	25%

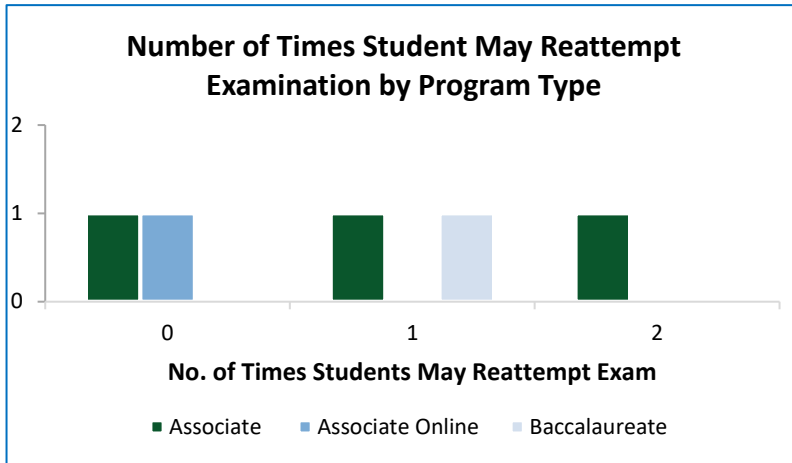
Source: VA. Healthcare Workforce Data Center

56% of all graduates from Virginia's RN programs are non-Hispanic White, while 20% of all graduates are non-Hispanic Black.

Race/Ethnicity	Associate		Associate Online		BSN		BSN Online		Accel. BSN		Accel. Masters		All Programs	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
White	1,069	57%	10	10%	1,040	58%	0	N/A	232	51%	57	76%	2,408	56%
Black	435	23%	70	71%	279	16%	0	N/A	65	14%	7	9%	856	20%
Hispanic	82	4%	6	6%	126	7%	0	N/A	57	13%	1	1%	272	6%
Asian	69	4%	10	10%	168	9%	0	N/A	55	12%	7	9%	309	7%
American Indian	18	1%	0	0%	7	0%	0	N/A	2	0%	0	0%	27	1%
Pacific Islander	10	1%	0	0%	4	0%	0	N/A	2	0%	0	0%	16	0%
Two or More	89	5%	2	2%	110	6%	0	N/A	26	6%	3	4%	230	5%
Unknown	116	6%	1	1%	54	3%	0	N/A	17	4%	0	0%	188	4%
Total	1,888	100%	99	100%	1,788	100%	0	N/A	456	100%	75	100%	4,306	100%

Source: VA. Healthcare Workforce Data Center

Comprehensive Examination Prohibiting Graduation



Source: VA. Healthcare Workforce Data Center

At a Glance:

No. of Programs Requiring Comprehensive Exam
 Baccalaureate: 1
 Associate: 2

No. Who Did Not Graduate.
 Baccalaureate: 1
 Associate: 0

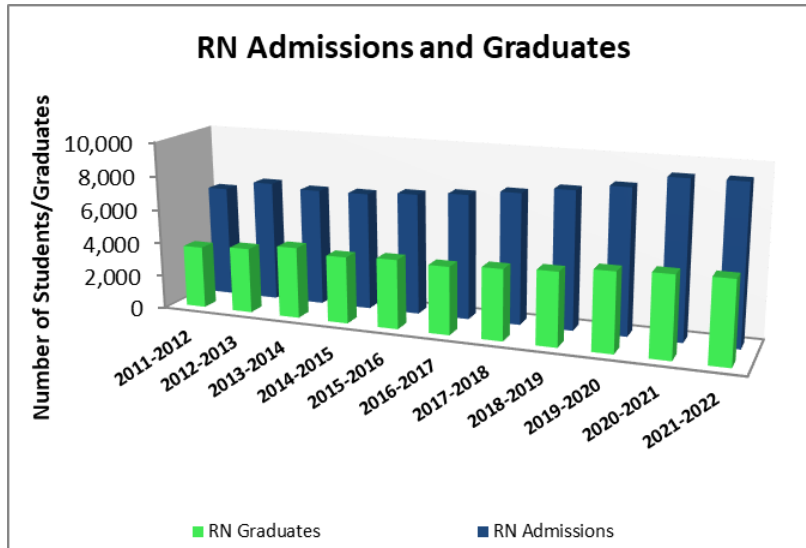
Source: VA. Healthcare Workforce Data Center

Three programs require students to pass a comprehensive examination before graduating. In the 2022-23 academic year, one student did not graduate as a result of this requirement.

Program Type	Total Requiring Comprehensive Exam Prohibiting Graduation if Failed		Number Allowing Students who Fail Comprehensive to Rettempt Exams		Average Number of Times Students May Retake Exam	Number who Didn't Graduate Because of Exam
	Count	% of All Programs	Count	% of Those Requiring Exam Prohibiting Graduation		
Associate	2	5%	1	50%	3	0
Associate Online	0	0%	0	N/A	1	0
Baccalaureate	1	3%	1	100%	1	1
Baccalaureate Online	0	0%	0	N/A	0	0
Accel. Baccalaureate	0	0%	0	N/A	0	0
Accel. Masters	0	0%	0	N/A	0	0
All Programs	3	4%	2	67%	5	1

Source: VA. Healthcare Workforce Data Center

Long-Term Trends



Source: VA. Healthcare Workforce Data Center

At a Glance:**Admissions**

Total: 12,258
Year-over-Year Change: 32%

Graduates

Total: 4,417
Year-over-Year Change: -8%

Source: VA. Healthcare Workforce Data Center

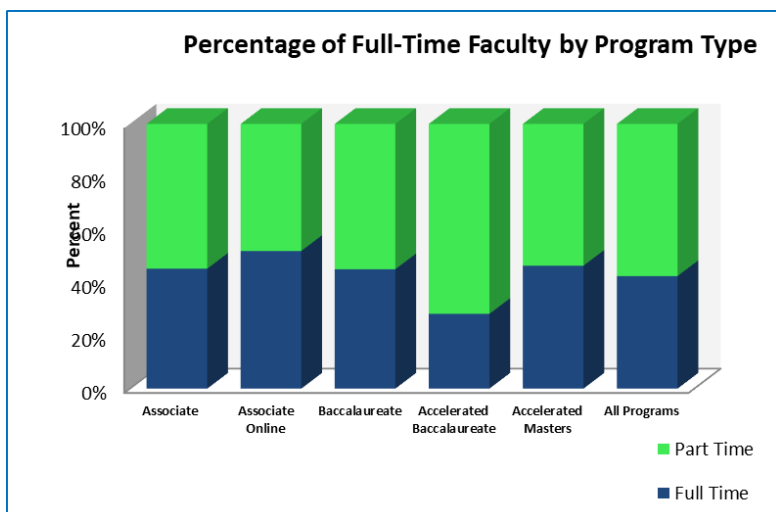
There has been an increase in the admissions into Virginia's RN programs, and this number is at an all-time high. However, the number of graduates from the programs decreased during the 2022-23 academic year.

Academic Year	RN Admissions		RN Graduates	
	Count	Year-over-Year Change	Count	Year-over-Year Change
2011-2012	6,562	-5%	3,660	-3%
2012-2013	7,115	8%	3,845	5%
2013-2014	6,912	-3%	4,186	9%
2014-2015	6,943	0%	3,926	-6%
2015-2016	7,149	3%	4,062	-3%
2016-2017	7,373	3%	3,966	-2%
2017-2018	7,711	5%	4,141	4%
2018-2019	8,107	5%	4,295	4%
2019-2020	8,506	5%	4,614	7%
2020-2021	9,219	8%	4,761	3%
2021-2022	9,264	<1%	4,825	1%
2022-2023	12,258	32%	4,417	-8%

Source: VA. Healthcare Workforce Data Center

Faculty Information

Employment



Source: VA. Healthcare Workforce Data Center

At a Glance:

% of Total Faculty

Baccalaureate: 44%
 Associate: 31%
 Accel. Baccalaureate: 17%

% Full-Time

Overall: 43%
 Associate Online: 52%
 Baccalaureate: 45%

Mean Student-Faculty Ratio

Overall: 6.6
 Associate: 7.6
 Baccalaureate: 5.3

Source: VA. Healthcare Workforce Data Center

More than 2 out of every 5 of all RN program faculty work at Baccalaureate programs, while 31% work for Associate programs. In total, Virginia's RN programs employed 2,352 faculty members, 43% of whom are full-time workers.

Program Type	Full Time		Part Time		Total			Student-to-Faculty Ratio		
	#	%	#	%	#	%	% FT	25 th %	Mean	75 th %
Associate	333	33%	402	30%	735	31%	45%	5.0	7.6	9.4
Associate Online	13	1%	12	1%	25	1%	52%	1.9	5.3	.
Baccalaureate	465	47%	566	42%	1,031	44%	45%	3.2	6.7	8.0
Baccalaureate Online	0	0%	0	0%	0	0%	N/A	0.0	0.0	0.0
Accelerated Baccalaureate	111	11%	282	21%	393	17%	28%	1.0	2.5	3.9
Accelerated Masters	78	8%	90	7%	168	7%	46%	0.5	1.2	.
All Programs	1,000	100%	1,352	100%	2,352	100%	43%	3.5	6.6	8.1

Source: VA. Healthcare Workforce Data Center

On average, the typical RN program had a student-to-faculty ratio of 6.6. Associate programs had the highest ratio at 7.6, whereas Accelerated Masters programs had the lowest ratio at 1.2.

Faculty Demographics

Age	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Under 25	3	0%	13	1%	16	1%	19%
25 to 34	69	7%	241	19%	310	14%	22%
35 to 44	215	23%	335	27%	550	25%	39%
45 to 54	323	35%	297	24%	620	28%	52%
55 to 64	199	22%	186	15%	385	18%	52%
65 to 74	75	8%	112	9%	187	9%	40%
75 and Over	5	1%	4	0%	9	0%	56%
Unknown	35	4%	73	6%	108	5%	32%
All Programs	924	100%	1,261	100%	2,185	100%	42%

Source: VA. Healthcare Workforce Data Center

91% of all faculty are female, and over half are between the ages of 45 and 64. In addition, 42% of all faculty currently hold full-time jobs.

Gender	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Male	76	8%	112	9%	188	8%	40%
Female	873	92%	1,144	90%	2,017	91%	43%
Total	953	100%	1,266	100%	2,219	100%	43%

Source: Va. Healthcare Workforce Data Center

Race/ Ethnicity	Virginia*	Full Time		Part Time		Total		
	%	#	%	#	%	#	%	% FT
White	59%	730	76%	780	67%	1,510	71%	48%
Black	18%	142	15%	231	20%	373	18%	38%
Asian	7%	31	3%	38	3%	69	3%	45%
Other Race	1%	4	0%	6	1%	10	0%	40%
Two or more races	5%	15	2%	26	2%	41	2%	37%
Hispanic	10%	7	1%	21	2%	28	1%	25%
Unknown	0	26	3%	62	5%	88	4%	30%
Total	100%	955	100%	1,164	100%	2,119	100%	45%

* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: VA. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 91%
% Female w/ FT Job: 43%

Age

% Under 35: 15%
% Over 54: 27%

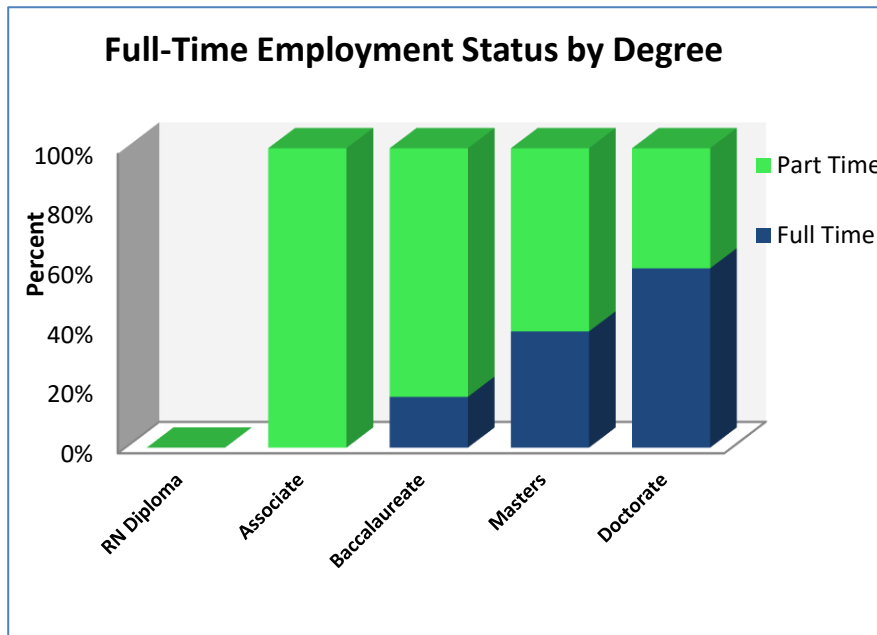
Diversity

Diversity Index (Total): 46%
Diversity Index (FT Jobs): 39%

Source: VA. Healthcare Workforce Data Center

In a chance encounter between two faculty members, there is a 46% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable index is 60%.

A Closer Look:



Source: VA. Healthcare Workforce Data Center

At a Glance:

Degree

MSN: 52%
 Nursing Doctorate: 29%
 BSN: 15%

Full-Time Employment

Overall: 40%
 Non-Nursing Doctorate: 54%
 Nursing Doctorate: 56%
 Masters in Nursing: 38%

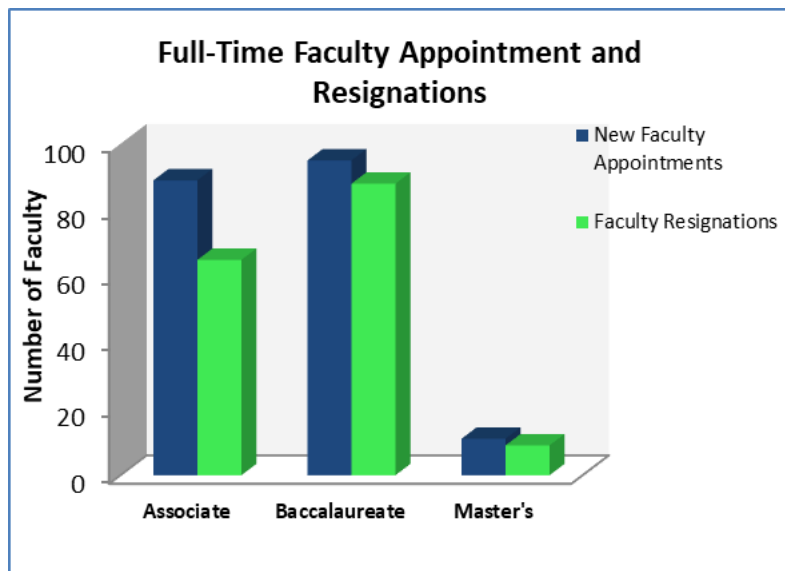
Source: VA. Healthcare Workforce Data Center

52% of all faculty members held an MSN as their highest professional degree, while 29% held a doctorate in nursing. Among all faculty with a reported degree, 40% were employed on a full-time basis.

Highest Degree	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
RN Diploma	0	0%	0	0%	0	0%	0%
ASN	0	0%	1	0%	1	0%	0%
Non-Nursing Bachelors	0	0%	2	0%	2	0%	0%
BSN	48	6%	241	20%	289	15%	17%
Non-Nursing Masters	7	1%	17	1%	24	1%	29%
Masters in Nursing	388	50%	640	54%	1,028	52%	38%
Non-Nursing Doctorate	27	3%	21	2%	48	2%	56%
Nursing Doctorate	309	40%	262	22%	571	29%	54%
Total	779	100%	1,184	100%	1,963	100%	40%

Source: VA. Healthcare Workforce Data Center

Faculty Appointments and Resignations



Source: VA. Healthcare Workforce Data Center

At a Glance:

Full-Time Faculty
 Turnover Rate: 16%
 Newly Appointed Rate: 20%

Turnover Rate
 Baccalaureate: 43%
 Associate: 25%
 Accel. Baccalaureate: 23%

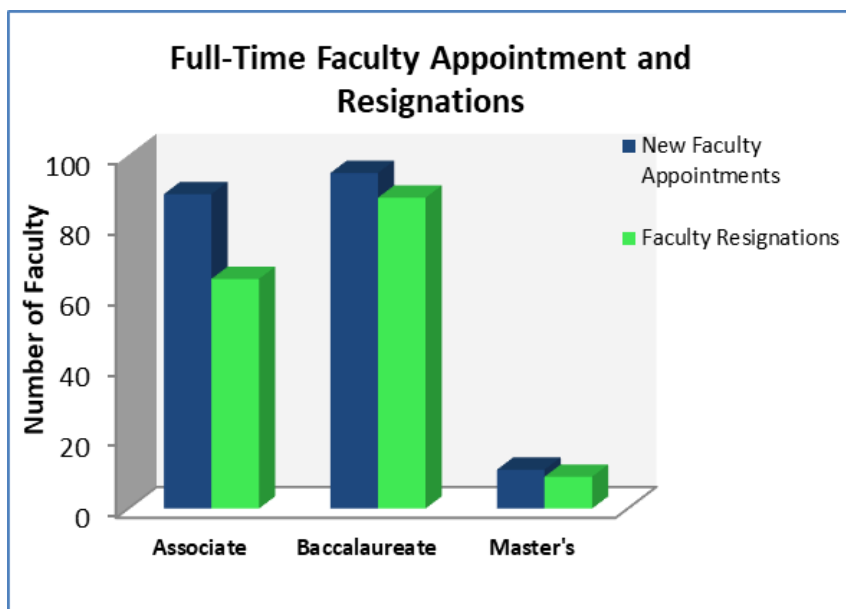
Source: VA. Healthcare Workforce Data Center

Among full-time faculty, Virginia's RN programs experienced a 16% turnover rate and a newly appointed faculty rate of 20% over the past year.

Full Time Faculty	Program Type						
	ASN	ASN Online	BSN	BSN Online	Accel. BSN	Accel. Masters	All Programs
Total	333	13	465	0	111	78	1,000
Newly Appointed	83	6	78	0	17	11	195
Resignations	62	3	63	0	25	9	162
Turnover Rate	19%	23%	14%	N/A	23%	12%	16%
Proportion Newly Appointed	25%	46%	17%	N/A	15%	14%	20%

Source: VA. Healthcare Workforce Data Center

Future Faculty Requirements



Source: VA. Healthcare Workforce Data Center

At a Glance:

Active Recruitment
 % of FT Vacancies: 88%
 % of PT Vacancies: 114%

Budget Adequacy
 Full-Time Hiring: 90%
 Part-Time Hiring: 90%

Expected Job Disruption
 Less: 55%
 Same: 39%
 More: 6%

Source: VA. Healthcare Workforce Data Center

A total of 113 full-time faculty positions and 63 part-time faculty positions are currently in active recruitment. Most of the full-time jobs are needed in Baccalaureate programs, whereas part-time job need is highest in Associate programs.

Adequate Faculty Budget?	Full Time		Part Time	
	#	%	#	%
Yes	73	90%	71	90%
No	8	10%	8	10%
Total	81	100%	79	100%

Source: VA. Healthcare Workforce Data Center

Program Type	Next Year's Expectation for Full-Time Faculty Disruption							
	Expect Less	%	Expect Same	%	Expect More	%	Total	%
Associate	18	47%	17	45%	3	8%	38	100%
Associate Online	2	100%	0	0%	0	0%	2	100%
Baccalaureate	17	57%	11	37%	2	7%	30	100%
Baccalaureate Online	1	100%	0	0%	0	0%	1	100%
Accelerated Baccalaureate	4	57%	3	43%	0	0%	7	100%
Accelerated Masters	2	100%	0	0%	0	0%	2	100%
All Programs	44	55%	31	39%	5	6%	80	100%

Source: VA. Healthcare Workforce Data Center

Approximately 6% of Virginia's RN programs expect more employment disruption among full-time faculty over the course of the next year. In addition, most programs currently have a budget of sufficient size to adequately meet both their full-time and part-time faculty needs.