



R.N. Newsletter

West Virginia Board of Examiners for Registered Professional Nurses

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Fall, 2004 Number 45

The License Renewal is part of this newsletter.

Please complete the RN license renewal application included with this newsletter:

1. Remove the "peel off" address label on this newsletter and place it on the application where the name and address appear;
2. Note any address changes on the application form;
3. Note the additional instructions on the renewal application form for a name change request;
4. Include any additional documents for "yes" answers to certain questions on the renewal form;
5. Complete the entire form using an ink pen;
6. Sign and date the form; and,
7. Return the completed form, payment and any additional documentation to the Board office within thirty (30) days of your receipt of this newsletter.

UPDATE ON EMERGENCY RULES

1. Discipline Rule - this rule will be effective on September 18, 2004
2. Fees Rule - this rule for the emergency \$10.00 Nursing Center fee is effective and included with this renewal.
3. Dialysis Technician Rule - this rule was withdrawn.

2005 LICENSE

Please Note: No Social Security Numbers will be on the 2005 license

When will I receive my license? The license will be mailed within four (4) to six (6) weeks of our receipt of the application. If you do not have a license by December 1, 2004 contact this office at (304) 558-3596 to check on your application. Only those applications received by November 12, 2004 can be guaranteed a license before December 31, 2004.

What if my application doesn't reach the office by December 31, 2004? Your license will lapse and you will be required to complete a reinstatement form, provide documentation of the required continuing education, and pay the reinstatement fee of seventy-five (\$75.00) dollars. The law requires that the renewal be completed and returned with the appropriate fee to the Board office within thirty (30) days of the licensee's receipt of the renewal.

May I fax my renewal to the Board? No, the Board cannot accept faxed renewals. The renewal may be downloaded from the web site and sent in to the Board. An original signature is required on the renewal.

RENEWALS

Do I need to send in CE certificates? No, do not send CE certificates with the renewal. The only time you will need to send in CE certificates is when you are audited, or if your license is lapsed and a reinstatement is required.

Is the Continuing Education question on this renewal?

No, the current reporting period is from January 1, 2004 through December 31, 2005. The CE question will be on the renewal form next year.

MEDCEU

The West Virginia Board of Examiners for Registered Professional Nurses will not accept contact hours provided by MEDCEU for continuing education courses dated after April 1, 2002.

May I come to the Board office and pick up my license? No, the license will be mailed to the address on record with the Board. Make sure your correct address is provided to the Board.

Why does the Board need to know if I have a business?

This question appears on the renewal so the Board is in compliance with a legislative mandate. In order for the State to collect back fees for Worker's Compensation, all licensing agencies are required to **NOT ISSUE** a license to anyone owning a business and owing Worker's Compensation payments. The renewal question requires the licensee to indicate whether or not they are part or full owner of any business in West Virginia and the Federal Employee Identification Number (FEIN) of the business. Board staff will then reference the database housing the names of all businesses owing money to Worker's Compensation.

ADDRESS CHANGES

Mail from the Board **will not be forwarded**. Each licensee is required by law to maintain a current address with the Board office. Failing to maintain a current address with the Board office is professional misconduct. Renewals are mailed to the current address on file with the Board. The address change must be provided to this office in writing. If you know a person who did not receive this newsletter please encourage them to make sure their address is correct at the Board office.

TEMPORARY PERMITS FROM BORDER STATES

Persons holding a temporary permit to practice as a registered professional nurse only from a border state are **not permitted to work in West Virginia**. In order to work in West Virginia, a person must hold a Temporary Permit or License issued by the West Virginia Board of Examiners for Registered Professional Nurses. Registered professional nurses allowing individuals to practice nursing without the appropriate license or temporary permit issued by the Board are subject to disciplinary action.

ON-LINE VERIFICATION SYSTEM

The Board's on-line verification system will be available September 30, 2004. Please visit our website, follow the link to the verification system and follow the directions to check on the status of a license. The data is updated every twenty-four (24) hours. New licensees can query this system to obtain exam results or the issue date of a temporary permit.

After November 29, 2004 you may check the system to verify whether or not your license has been renewed.

BOARD MEMBERS

President:

Pamela Alderman, MSN, RN
Rt. 119 - Trace Fork Road
Chapmanville, WV 25508

Secretary:

Cynthia Persily, PhD, RN
126 Whispering Woods Road
Charleston, WV 25304

Members:

Diana Boyle, MSN, RN-CS, FNP
905 Farms Drive
Fairmont, WV 26554

Barbara Stevens, EdD, RN
130 Brady Drive
Barboursville, WV 25504

Linda Williams, CRNA, JD
P.O. Box 2004
Shady Spring, WV 25918

Public Members:

Judy Nystrom
1595 Stewart St
Welch, WV 24801

Vacancy - Public Member

Board Staff

Laura Skidmore Rhodes, MSN, RN
Executive Director

Cyndy R. Haynes, MSN, RN
Director of Education and Practice

Alice R. Faucett-Carter, JD
General Counsel and Director of
Discipline

Marty Alston
Secretary II/ Accounting Assistant II

Leslie Morris
Discipline Assistant

Aprile Rasnake
Office Assistant II

Lauranna Ware

Secretary I

Margaret Weinberger

Data Entry Coordinator

BOARD MEETING DATES 2004-2005

October 20 - 22, 2004

February 25, 2005

March 18 - 19, 2005

June 15-17, 2005 - Joint LPN/RN Meets

October 19 - 20, 2005

All Board meetings are held in a conference room at 101 Dee Drive, Charleston, WV. Meetings are open to the public except for Executive Session. Each Board meeting begins with a time set aside for an Open Forum. During this time individuals may discuss a specific topic or address questions to Board members. Please contact the Board office at (304) 558-3596 so we may assure adequate seating.

WORKING WITHOUT A VALID LICENSE

FEEs FOR PRACTICING WITHOUT A VALID LICENSE were implemented August 1, 1996 and have been published in the newsletter and on each application for licensure. In an effort to handle disciplinary cases related to practicing while the license is lapsed, the Board implemented the assessment of fines and administrative costs pursuant to West Virginia Code §30-1-8 and §30-7-8. The fines and costs have been revised and are as follows:

FINES FOR PRACTICING WITHOUT A VALID LICENSE

\$500.00 fine and administrative costs for practicing without a valid license from the date the license lapsed up to thirty (30) days or any portion thereof. One hundred dollars (\$100.00) for each additional thirty (30) days or any portion thereof. These fines and administrative costs may also be in addition to other disciplinary action.

10. ALL DEGREES HELD: (Circle all that apply)

- A. DIPLOMA - HOSPITAL SCHOOL OF NURSING
- B. ASSOCIATE DEGREE
- C. ASSOCIATE DEGREE IN OTHER FIELD
- D. BACCALAUREATE IN NURSING
- E. BACCALAUREATE IN OTHER FIELD

- F. MASTERS IN NURSING
- G. MASTERS IN OTHER FIELD
- H. NURSING DOCTORATE (ND)
- I. DOCTORATE:
FIELD _____
DEGREE _____

11. EMPLOYER:

Name

Street _____ City _____ State _____ Zip _____

12. COUNTY OF EMPLOYMENT: _____ STATE OF EMPLOYMENT _____

13. FIELD OF EMPLOYMENT:

- A. HOSPITAL
- B. NURSING HOME/EXTD. CARE
- C. SCHOOL OF NURSING
- D. PRIV. PRACTICE/S. EMPLOYED
- E. COMMUNITY/PUBLIC HLTH. AGCY.
- F. CLINIC/AMBULATORY CARE
- G. HOME HEALTH AGCY.
- H. SCHOOL/COLLEGE HEALTH
- I. INDUSTRIAL/BUSINESS
- J. OFFICE NURSE
- K. TEMP. AGCY/NURSING POOL
- L. MILITARY INSTALLATION
- M. OTHER: SPECIFY _____

14. TYPE OF POSITION

- A. ADMINISTRATOR
- B. CONSULTANT
- C. SUPERVISOR
- D. FACULTY/EDUCATOR
- E. MANAGER/DIRECTOR
- F. GEN. DUTY/STAFF NURSE
- G. SCHOOL NURSE
- H. IN SERVICE/STAFF DEVELOP
- I. OFFICE NURSE
- J. OFFICE NURSE
- K. QLT. ASSURANCE/RISK MGT.
- L. OTHER SPECIFY _____

15. NUMBER OF HOURS WORKED PER WEEK: _____ NUMBER OF WEEKS WORKED PER YEAR: _____

16. MAJOR CLINICAL TEACHING OR PRACTICE AREA:

- A. GERIATRIC
- B. OBSTETRICS/GYNECOLOGY
- C. MEDICAL/SURGICAL
- D. PEDIATRIC
- E. PSYCHIATRIC/MENTAL HLTH/SUBSTANCE ABUSE
- F. GENERAL PRACTICE
- G. COMMUNITY/PUBLIC HEALTH
- H. INTENSIVE/CRITICAL CARE

- I. NEONATOLOGY
- J. ONCOLOGY
- K. OPERATING/POST-ANESTHESIA RECOVERY
- L. ANESTHESIA
- M. EMERGENCY CARE
- N. HOME HEALTH
- O. REHABILITATION
- P. IV THERAPY

17. EMPLOYMENT STATUS:

- P. PART
- U. UNEMPLOYED
- F. FULL
- R. RETIRED

O. EMPLOYED IN FIELD OTHER THAN NURSING

18. IF NOT EMPLOYED AS AN R.N.

- A. WORKING IN OTHER FIELD
- B. WORKING IN OTHER FIELD/SEEKING WORK IN NURSING

- C. UNEMPLOYED AND SEEKING RN POSITION
- D. UNEMPLOYED AND NOT SEEKING WORK

19. IF UNEMPLOYED IN NURSING, GIVE MAJOR REASON:

- A. RETIRED
- B. HOME RESPONSIBILITIES _____
- C. SALARY INADEQUATE

- D. NO JOB AVAILABLE
- E. DISABLED, Please attach a letter from your health care provider indicating you can safely engage in the practice of nursing.

F. OTHER, PLEASE SPECIFY _____

_____ Check here if your health care provider letter on file in this office provides the most current information.

20. SCHOOL OF NURSING FROM WHICH YOU RECEIVED YOUR INITIAL NURSING DEGREE.

NAME OF SCHOOL _____ CITY _____ STATE _____

(CIRCLE ONE) ORIGINAL DEGREE RECEIVED: DIPLOMA ASSOCIATE DEGREE BACHELOR DEGREE

CERTIFICATION STATEMENT: By signing this application, I hereby certify that the information provided on this application is complete and true. I understand that supplying false information is a violation of WV Code §30-7-1 et seq. and subjects me to the full range of disciplinary described therein. If I fail to renew my license, my license will be lapsed and I may not work or represent myself as an RN until I have met the reinstatement requirements. If I do work or represent myself as an RN while my license is lapsed, I am subject to fines, administrative costs and disciplinary action, as defined in WV Code §30-7-1 et seq., and related laws and rules.

Your Daytime Phone Number: () _____ Home Phone Number: () _____

LICENSEE SIGNATURE: _____ DATE: _____

REQUIRED

Mail Renewal Form and Payment to: P.O. Box 5337, Charleston, WV 25361-0337

RENEWALS DUE FOR 2005 LICENSE

RENEWAL FORM ENCLOSED

CORRECT ADDRESS REQUIRED AS NECESSARY



PEEL MAILING LABEL AND ATTACH TO RENEWAL FORM

RN LICENSE RENEWAL FORM ENCLOSED

Presorted Standard
U.S. Postage
PAID
Permit #2143
Charleston WV 25305

WEST VIRGINIA BOARD OF
EXAMINERS FOR REGISTERED
PROFESSIONAL NURSES
101 DEE DRIVE, SUITE 102
CHARLESTON WV 25311-1620