



# West Virginia

# RN Nursing News

Volume 1 Number 6

Official Publication of the West Virginia Board of Examiners for Registered Professional Nurses



Midwife and Dialysis Technician Renewals  
Due Before June 30th



# West Virginia

# RN

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West Virginia Board of Examiners  
for Registered Professional Nurses

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# WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

## MISSION

The West Virginia Board of Examiners for Registered Professional Nurses is established to promote and protect public health, safety, and welfare through the regulation of registered professional nurses and dialysis technicians.

## GOALS AND OBJECTIVES

In accordance with WV Code §30-7-1 et seq. the Board will:

1. Function according to the Code of Conduct.
2. Be accessible to the public.
3. Assure the quality of the basic education process for registered professional nurses.
4. Assure the quality of the basic education process for the dialysis technician.
5. Assure initial and continuing competence of the registered professional nurse.
6. Assure initial and continuing competence of the dialysis technician.
7. Define the scope of practice for registered professional nursing and advanced practice nurses.
8. Define the scope of practice for the dialysis technician.
9. Provide a disciplinary process.
10. Review issues related to the nursing shortage.
11. Support the mission of the West Virginia Center for Nursing.

## STATUTORY HISTORY

The Board of Nursing is mandated under Chapter 30 of the West Virginia Code to:

## PERFORMANCE MEASURES

1. Review and evaluate National Council of State Boards of Nursing registered nurse licensure examination scores of each program in relation to the standard.
2. Conduct on-site visits to at least two nursing education programs annually.
3. Issue licenses to qualified persons in a timely fashion.
4. Provide educational information to registered nurses, dialysis technicians, and the public related to:
  - a. Discipline
  - b. Orientation to the Board
  - c. Advanced Practice
  - d. Licensure
  - e. Practice Issues
5. Process complaints from health care professionals and the public in a timely fashion.
6. Expeditiously respond to requests related to:
  - a. Verification of licenses and certification
  - b. Discipline cases
  - c. The function of the Board
  - d. Patients' rights information
7. Continue the review and evaluation of multi-state regulation.
8. Provide and evaluate the effectiveness of the impaired nurse treatment program.
9. Provide multiple modes of communication opportunities with the Board.
10. Implement the rules relative to the regulation of dialysis technicians.

## RECOMMENDED IMPROVEMENTS

Continue updating computer equipment and database program. Evaluate and provide personnel, equipment, and database programs.

*Reviewed and revised by the Board 6/14/1999; 6/13/2000; 6/13/2001; 6/12/2002; Reaffirmed 6/12/2003; Reviewed and revised by the Board 6/15/2004; 6/15/2005; 6/14/2006; 6/13/2007.*





## From the President

Recently, I was at the playground with my 13-year-old daughter and 2-year-old granddaughter. Both were enjoying the beautiful spring evening in their own way as my daughter played tennis with her friends and my granddaughter enjoyed the swings and slides.

As I watched, I reflected on the innocence of youth, the wonderment and joy in their eyes, and the glee of being outdoors. It is my hope that I will be able to have a positive impact on their lives and their future.

The evening was perfect with the sounds and smells of spring, children playing and laughing, and excitement filling the air. I began to think about the girls' lives and their future. As I recall this glorious evening, I think now about the future of our profession.

Nurses and the nursing profession have a bright and promising future. Those in the profession, and those entering as new nurses, are poised to do great things and to become great nurses.

As the "older" generation of nurses, it is our role to mentor those entering the profession. We have the potential to impact their lives in a positive way, much like the nurses of our past impacted our lives.

It should be our goal to take one new nurse and become their mentor. As mentors, we may share our experiences, our conquests and challenges of our careers. By sharing and mentoring, we have the opportunity to help shape the lives of the next generation of nurses and have a positive effect on their future!

**Pamela Alderman, MSN, RN**  
*Board President*

### REMINDER

- RN license expiration date is October, 31, 2008



# From the Executive Director

Laura Skidmore Rhodes, MSN, RN, *Executive Director*



Spring Greetings to everyone! And a special greeting to those getting ready to graduate or have just graduated from nursing programs in West Virginia.

This is an exciting time of year for nursing. New graduates, Nurses Day in May, and for the Board... preparing legislative rules to be filed with the Secretary of State for consideration during the 2009 Legislative Session. The Board has been reviewing the rules related to Limited Prescriptive Authority by Advanced Practice Nurses, the Fees Rule and the rule related to the Accreditation of Nursing Education Programs in West Virginia. The proposed rule changes for Limited Prescriptive Authority are included in this magazine on page 12. The Public Comment Period officially began in late April and was posted on the Board's Web site. Written comments will be accepted by the Board through July 10, 2008. The Board is planning a fee increase to the renewal fee such that the renewal fee in 2009 will be a total of \$50.00. Ten dollars will go to the Center for Nursing and the remaining amount will remain with the Board. The licensing fees for the Board's portion of the renewal has not increased since 1992. The exam fee is also being reviewed for increase. The full text of the increases will be available on the web site for comment after June 14, 2008. Please watch the web site for the proposed fees increases and offer your comments at that time.

As you greet the spring changes and move into the summer, take time to nurture and support those new to the profession, read the proposed rule changes and offer your comments. We can work together to achieve our common goal... promotion of public health, safety and welfare.

## Notice for Readers

- Interested in becoming a Reader for the NCLEX-RN Examination?  
Contact Cyndy Haynes at 304-558-3596 or email her at [chaynes@state.wv.us](mailto:chaynes@state.wv.us)



# Overview of the Continuing Education and Competence Regulations

## Requirements

Beginning January 1, 2008, The West Virginia Legislative Rule 19CSR11 (Continuing Education and Competence) for Registered Professional Nurses (RN) requires the completion of twelve (12) contact hours of continuing education (CE) each year prior to licensure renewal. A two (2) contact hour "End of life care including pain management" requirement is for those persons renewing their license for the first time after receiving a license, whether by exam, endorsement or reinstatement (and has not completed this CE before) process. This is a one-time requirement for all registered professional nurses and will count as two (2) of the twelve (12) contact hours required for the reporting period when it is completed.

Completion of twelve (12) contact hours of CE may be accomplished by:

1. Completing twelve (12) contact hours of CE from an approved CE provider; or
2. Completing six (6) contact hours of CE from an approved CE provider, two (2) contact hours of self-study and one of the following completed during the reporting period:
  - A. National certification initially earned or in effect the entire reporting period;
  - B. Completion of a nursing research project as principal investigator, co-investigator or project director;
  - C. Published a nursing related article in a national nursing or healthcare journal;
  - D. Developed and presented a professional nursing education presentation;
  - E. Participated as a clinical preceptor for at least one (1) student or one (1) new employee undergoing orientation and have one hundred-twenty (120) hours of one-on-one relationship as a clinical preceptor during the reporting period;
  - F. Evidence of satisfactory evaluation of employment that covers at least six (6) months of the reporting period; or

G. Completion of an approved nursing refresher or re-entry course.

## Contact Hour

A contact hour is the unit of measurement recognized by this Board for purposes of continuing education credits. One (1) contact hour is equivalent to fifty (50) minutes of instruction. You may complete CE, which provides credit by awarding continuing education units (CEU's). A CEU equals ten (10) contact hours or five hundred (500) minutes of instruction. Therefore, you may calculate contact hours from CEU's to determine the amount completed.

## Approved Providers

If you have completed courses provided by an accredited institution of higher learning for which academic credit is awarded, you may use these courses to satisfy the CE requirements for licensure providing they are relevant to your nursing practice. The Board has approved all courses that are required to complete a BSN degree for RN's continuing their education. The following formula is used to calculate contact hours from credit hours:

One (1) quarter hour is equivalent to ten (10) contact hours; and

One (1) semester hour is equivalent to fifteen (15) contact hours.

The American Nurses Credentialing Center (ANCC), associations such as the West Virginia Nurses Association (WVNA), United States (US) and US Territory boards of nursing approving CE providers are recognized providers by this Board for purposes of meeting the CE requirements for licensure. If you attend a CE activity targeted for health care professionals other than nursing, the CE may be acceptable if it meets the minimum provider standards in 19CSR11. If audited, you will need to provide a statement regarding how the activity is relevant to your nursing practice.

## Exemptions

You may be eligible for exemption from the CE requirement:

1. If you have obtained a license for the first time in West Virginia during the reporting period, you are exempt from the CE requirement except for the two (2) contact hour one time requirement in the area of "end of life including pain management";
2. If you are a governmental employee assigned to duty outside the US or serving on active duty in the military for more than three (3) months of any reporting year; or
3. You have requested and been granted a CE waiver by this Board for disability or illness during a reporting period.

There will be no CE requirements if you place your license on the non-practicing (inactive or retired) list, prior to the expiration date of a current license, or if your license becomes lapsed (not renewing your license).

## Record Keeping

It is important to keep track of your CE and maintain record of the CE you use for licensure because you may be audited by the Board. An audit is an official review by the Board of the CE completed for licensure. Each year, a random sampling of licensees will be audited to verify completion of the required CE. You must retain record of your CE for two (2) years after the date it is reported to the Board (on your renewal).

## Web site to review 19CSR11

Please visit our Web site at [www.wvrn-board.com](http://www.wvrn-board.com). From the homepage, click on "Law/Scope." From this page, click on "Code of Legislative Rules" which will take you to the West Virginia Secretary of State Web page for Title 19: Legislative Rules for Registered Professional Nurses. Click on "19-11" and you may view and print this rule in Word or WordPerfect formats. If you have questions, please contact this office at [rnboard@state.wv.us](mailto:rnboard@state.wv.us).



# Prescriptive Authority Rule Changes

The following document is a complete copy of the proposed changes to West Virginia Title 19 Code of State Rules Series 8 "Limited Prescriptive Authority for Nurses in Advanced Practice." In the interest of public health, welfare and safety, the West Virginia Board of Examiners for Registered Professional Nurses (Board) is proposing several changes to this rule. Getting to this point, the Board has had open discussion with interested Stakeholders. There have been opportunities for the Stakeholders to attend two meetings with the Board and to provide communication by other avenues such as e-mail, phone calls, letters, etc. The Stakeholder group included representatives from the following organizations: West Virginia Senate, West Virginia House of Delegates, Board of Medicine, West Virginia Board of Pharmacy, West Virginia Osteopathy Board, West Virginia Nurses Association, West Virginia Advanced Practice Nurses, West Virginia Medical Association, and the West Virginia Association of Family Physicians.

The group discussed the proposed changes and then provided them to their respective memberships for comment. The following is a brief description of the position of those represented:

West Virginia Nurses Association and the Advanced Practice Nurses support all proposed changes.



The West Virginia Medical Association offered support for some changes, for example, the ability to prescribe birth control pills for a period of 12 months. The Association does have concerns about the changes related to scheduled drugs.

The West Virginia Board of Medicine reviewed the proposed changes and voted to not support any of the proposed changes. Additional information was provided to the Board of Medicine for their consideration. After review of this additional information, the Board of Medicine upheld their decision to not support any of the proposed changes.

The West Virginia Board of Pharmacy did not review the proposed changes; however, through their Executive Director, the Board was told that anecdotal conversation has occurred among the Board members, and they are opposed to the proposed changes.

The West Virginia Board of Osteopathy

representative reported that they oppose the proposed changes.

Much of the disagreement with the changes is a result of the concern about substance abuse in West Virginia. Some of the thoughts are that broadening the prescriptive privileges of advanced practice nurses will increase the number of drugs of abuse being used by West Virginians and further contribute to this problem. There is no data to support this concern; in fact, the Illinois Board of Nursing did a survey of states in which prescribing privilege for advanced practice nurses was broadened to include more scheduled drugs. There was no evidence that an increase in substance abuse occurred as a result of the broadened prescribing authority in any of those states.

The Board believes the proposed changes adequately protect the public and are reasonable. Therefore, they are moving forward with the next step of the rule making process, which is the Comment Period. The rule has been filed with the Secretary of State. Written comments will be accepted through July 10, 2008. You may send your comments by e-mail to [rn-board@state.wv.us](mailto:rn-board@state.wv.us) (please place RXA Rule in the subject line), U.S. Postal Service or by facsimile to (304) 558-3666. Please take a moment and read the proposed rule changes and let the Board know what you think.

## TITLE 19 LEGISLATIVE RULE REGISTERED PROFESSIONAL NURSES

## SERIES 8 LIMITED PRESCRIPTIVE AUTHORITY FOR NURSES IN ADVANCED PRACTICE

### '19-8-1. General.

1.1. Scope. -- This rule establishes the requirements whereby the Board authorizes qualified nurses in advanced practice to prescribe prescription drugs in accordance with the provisions of W. Va. Code "30-7-15a, 15b, 15c, and "30-15-1 through 7c. An authorized advanced nurse practitioner may write or sign prescriptions or transmit prescriptions verbally or by other means of communication.

1.2. Authority. -- W. Va. Code "30-7-15a, and 30-15-7a.

1.3. Filing Date. --

1.4. Effective Date. --

'19-8-2. Definitions.

2.1. ~~The nurse in a~~Advanced pPractice Nurse means is a nurse who has been recognized by the Board for Announcement of Advanced Practice as provided for in ~~Legislative Rules the Board's rule, Announcement of Advanced Practice, 19 CSR 7.~~

2.2. Advanced Nurse Practitioner means an advanced practice nurse.

2.3. ~~The e~~ Certified nNurse-mMidwife means a nurse who has been licensed by the Board to practice nurse-midwifery as provided for in W. Va. Code '30-15-1c.

2.4. Nurses in advanced shall be referred to in these rules as:

2.4.a. Advanced Nurse Practitioners, and

2.4.b. Advanced Practice Nurse, and

2.4.c. Certified Nurse-Midwives.

'19-8-3. Application and Eligibility for Limited Prescriptive Authority.

3.1. The advanced nurse practitioner or certified nurse-midwife shall submit a notarized application for prescriptive authority on forms provided by the Board along with a fee of ~~one hundred twenty-five dollars (\$125.00).~~ set forth in the Board's rule, Fees For Services Rendered by the Board, 19 CSR 12.

3.1.a. The Applicant shall submit A a voided sample of the prescription form shall be submitted with the application.

3.1.b. The advanced nurse practitioner or certified nurse-midwife shall submit written verification of an agreement to a collaborative relationship with a licensed physician for prescriptive practice on forms provided by the Board. The applicant shall certify on this form that the collaborative agreement includes the following:

3.1.b.1. A: Mutually agreed upon written guidelines or protocols for prescriptive au-



thority as it applies to the advanced nurse practitioner's or certified nurse-midwife's clinical practice;

3.1.b.2. B. Statements describing the individual and shared responsibilities of the advanced nurse practitioner or certified nurse-midwife and the physician pursuant to the collaborative agreement between them;

3.1.b.3. C. Provision for the periodic and joint evaluation of the prescriptive practice; and

3.1.b.4. D. Provision for the periodic and joint review and updating of the written guidelines or protocols.

~~the regulations of Subdivision Section 3.1.b. of this rule at the request of the Board.~~

~~3.2. The Board shall forward a copy of the verification specified in Subdivision Section 3.1.b. of this rule to the Board of Medicine or to the Board of Osteopathy, whichever is indicated.~~

~~3.3. The Board shall grant prescriptive authority to an advanced nurse practitioner applicant who meets all eligibility requirements advanced nurse practitioner applicant for prescriptive authority shall meet all eligibility requirements as specified in W. Va. Code '30-7-15b.~~

~~a. If any evidence exists that all eligibility requirements have not been met, the Board shall not grant prescriptive authority.~~

~~3.4. The Board shall grant prescriptive authority to the certified nurse-midwife applicant who~~

~~meets all eligibility requirements The certified nurse-midwife applicant for prescriptive authority shall meet all eligibility requirements as specified in W. Va. Code '30-15-7b.~~

~~a. If any evidence exists that all eligibility requirements have not been met, the Board shall not grant prescriptive authority.~~

~~3.5. If at the time of application for prescriptive authority, the Board obtains information that an applicant for prescriptive authority was previously nurse, although not currently addicted to or dependent upon alcohol or the use of controlled substances, has had any addiction or dependency problem in the past, the Board may grant prescriptive authority with any limitations it considers proper. The limitations may include, but are not limited to, restricting the types of schedule drugs a nurse may prescribe.~~

~~3.6. Upon satisfactory evidence that the advanced practice nurse applicant has met all requirements for prescriptive authority as set forth in W. Va. Code '30-7-15a, 15b, 15c, and the certified nurse midwife has met all requirements for prescriptive authority as set forth in W. Va. Code §'30-15-1 through 7c, and this rule, the Board may grant authority to prescribe drugs as set forth in this rule and shall assign an identification number to that nurse.~~

~~3.6.a. The Board shall notify the Board of Medicine, the Board of Osteopathy, and the Board of Pharmacy of those advanced nurse practitioners or certified nurse-midwives who have been granted prescriptive authority and shall also provide the prescriber's identification number and effective date of prescriptive authority.~~

~~3.6.a.1A. The advanced nurse practitioner or certified nurse-midwife shall file with the Board any restrictions on prescriptive authority that are not imposed by W. Va. Code '60A-3, or this rule, but which are agreed to within the written collaborative agreement and the name of the collaborating physician(s) for each advanced nurse practitioner or certified nurse-midwife on the approved list.~~

~~3.7. The advanced practice nurse practitioner and/or certified nurse-midwife with prescriptive authority who wishes to prescribe Schedules III through V drugs shall comply with federal Drug Enforcement Agency requirements prior to prescribing controlled substances.~~

~~3.8. The advanced nurse practitioner and/or certified nurse-midwife shall immediately file any and all of his or her Drug Enforcement Agency registrations and numbers with the Board.~~

~~3.9. The Board shall maintain a current record of all advanced nurse practitioners and/or certified nurse-midwives with Drug Enforcement Agency registrations and numbers.~~

~~3.10. Any information filed with the Board under the provisions of this rule shall be available, upon request, to any pharmacist, regulatory agency or board or shall be made available pursuant to other state or federal law.~~

~~'19-8-4. Renewal of Prescriptive Privileges.~~

~~4.1. An The applicant for renewal of prescriptive authority shall meet all eligibility requirements as specified in W. Va. Code '30-7-15b for advanced nurse practitioners or W. Va. Code '30-15-7b for certified nurse-midwives.~~

*continued on page 14*



4.2. The applicant shall maintain national certification as an advanced nurse practitioner or certified nurse-midwife as required for initial authorization for limited prescriptive privileges.

4.3. The applicant shall complete during the two (2) years prior to renewal a minimum of eight (8) contact hours of pharmacology education that have been approved by the Board.

4.4. The Board shall renew prescriptive authority for advanced nurse practitioners or certified nurse-midwives biennially by June 30 of odd-numbered years.

4.5. The advanced practice nurse shall submit an application for renewal of prescriptive authority on forms provided by the Board. The application must be notarized, and the fee set forth in the Board's rule, Fees For Services Rendered by the Board, 19 CSR 12, of one hundred twenty-five dollars (\$125.00) must accompany the application.

#### '19-8-5. Pharmacology Course Requirements.

5.1. Prior to application to the Board for approval for limited prescriptive authority, the applicant shall successfully complete an accredited course(s) of instruction in clinical pharmacology and clinical management of drug therapy approved by the Board of not less than forty-five (45) contact hours, provided that fifteen (15) of these hours have been completed within two (2) years prior to application for prescriptive authority.

5.2. The applicant shall submit official transcripts or certificates documenting completion of pharmacology course work. The Board may request course outlines and/or descriptions of the course if necessary to evaluate the pharmacology course's content and objectives.

#### '19-8-6. Drugs Excluded from Prescriptive Authority.

6.1. The advanced nurse practitioner or certified nurse-midwife shall not prescribe from the following categories of drugs:

- 6.1.a. Schedules I and II of the Uniform Controlled Substances Act; .
- 6.1.b. Anticoagulants; .
- 6.1.c. Antineoplastics; .
- 6.1.d. Radio-pharmaceuticals; or .
- 6.1.e. General anesthetics.

6.2. Drugs listed under Schedule III are limited to a seventy-two (72) hour supply without refill.

6.3. The advanced nurse practitioner or certified nurse-midwife may shall not prescribe drugs from Schedules IV through V in excess of a quantity necessary for thirty (30) up to a ninety (90) day supply, shall not may provide for more than five (5) only one (1) refill, and shall provide that the prescription expires in six (6) months: Provided that 1) prescriptions for phenothiazines and benzodiazepines shall be limited to up to a thirty (30) day supply and shall be non-refillable: Provided, however, that 2) Prescriptions for non-controlled substances of antipsychotics and sedatives prescribed by the advanced nurse practitioner and/or certified nurse-midwife shall not exceed the recommended average therapeutic dose for that drug based on standard prescribing guidelines, shall not exceed the quantity necessary for a thirty (30) day supply, shall provide for no more than five (5) prescription refills and shall expire in

six (6) months.

6.4. In addition, an advanced nurse practitioner or certified nurse-midwife may not prescribe any parental preparations except insulin and epinephrine:

6.5. The Board may revise the prescribing protocols annually, and they shall include the following designated sections:

- a. Choice of drugs used less commonly in primary care outpatient settings not to be prescribed by advanced nurse practitioners and/or certified nurse-midwives shall have the following limitations:

6.4. A The maximum dosage prescribed by the advanced nurse practitioner or certified nurse-midwife shall be indicated in the protocol and shall in no case exceed the standard prescribing

guidelines manufacturer's average for the therapeutic dose for that drug.

6.5. B: Each prescription and subsequent refill(s) given by the advanced nurse practitioner and/or certified nurse-midwife shall be entered on the patient's chart.

C: The advanced nurse practitioner and/or certified nurse-midwife authorized to issue prescriptions for Schedules III through V controlled substances shall write on the V prescription the federal Drug Enforcement Agency number issued to that advanced nurse practitioner and/or certified nurse-midwife.

D: The maximum amount of Schedule IV or V drugs prescribed shall be not more than ninety (90) dose units or a thirty (30) day supply, whichever is less.



E. Prescriptions for phenothiazepines and benzodiazepines shall be limited up to a seventy-two (72) hour thirty (30) day supply and shall be non-refillable.

F. Prescriptions for specific antidepressants, to include tricyclics, MAO inhibitors, and miscellaneous antidepressants of bupropion, fluoxetine, maprotiline, trazodone, shall be limited to non-toxic quantities and shall be non-refillable.

G. Prescriptions for non-controlled substances of antipsychotics, and sedatives prescribed by the advanced nurse practitioner and/or certified nurse-midwife shall not exceed the manufacturer's recommended average therapeutic dose for that drug, shall not exceed the quantity necessary for a thirty (30) day supply, shall provide for no more than five (5) prescription refills and shall expire in six (6) months.

H. Advanced nurse practitioners and certified nurse-midwives shall not prescribe other prescription drugs or refill for a period exceeding six (6) months.

I. Advanced nurse practitioners and certified nurse-midwives shall not prescribe combination drug products containing drugs fully excluded in section 6.1 of this rule and limitations set forth in this rule apply to any other combination drug products.

6.6. An advanced nurse practitioner and/or certified nurse-midwife may administer local anesthetics.

6.7. The advanced nurse practitioner or certified nurse-midwife who has been approved for limited prescriptive authority by the Board may is authorized to sign for, accept, and provide to patients samples of drugs received from a drug company representative.

6.8. The form of the prescription shall comply with all state and federal laws and regulations.

6.8.a. All prescriptions shall include the following information:

6.8.a.1.A: The name, title, address and phone number of the prescribing advanced nurse practitioner and/or certified nurse-midwife who is prescribing;

6.8.a.2.B: The name and address of the patient;

6.8.a.3.C: The date of the prescription;

6.8.a.4.D: The full name of the drug, the dosage, the route of administration and directions for its use;

6.8.a.5.E: The number of refills;

6.8.a.6.F: The expiration date of the advanced

practice nurse's prescriptive authority;

6.8.a.7.G: The signature of the prescriber on the written prescription; and

6.8.a.8.H: The Drug Enforcement Agency number of the prescriber, when required by federal laws.

6.8.b. The advanced nurse practitioner and/or nurse mid-wife shall document the records of all prescriptions in patient records.

6.8.c. An advanced nurse practitioner and/or certified nurse-midwife shall, within thirty (30) days of the initial prescription, record in the patient client record the plan for his or her continued evaluation of the effectiveness of the controlled substances prescribed in accordance with current standards of care based upon the continued relationship with the client.

6.8.d. An advanced nurse practitioner and/or certified nurse-midwife shall not prescribe refills of controlled substances according to current laws and standards unless the refill prescription is in writing.

6.8.e. Drugs considered to be proved human teratogens shall not be prescribed during a known pregnancy by the advanced nurse practitioner and/or certified nurse midwife. This prohibition includes all Category D and X drugs from the Federal Drug Administration Categories of teratogen risks (21 CFR 201.57). Category C drugs should be given only if the patient benefit justifies the potential risks to the fetus and only after consultation with the collaborating physician.

6.9. The Board may, in its discretion, approve a formulary classifying pharmacologic categories of all drugs which may be prescribed by an advanced nurse practitioner or certified nurse-midwife with prescriptive authority.

'19-8-7. Termination of Limited Prescriptive Privileges.

7.1. The Board may deny or revoke privileges for prescriptive authority if the applicant or licensee has not met conditions set forth in the law or this rule, or if the applicant has violated any part of W. Va. Code '30-7-1 et seq. or '30-15-1 et seq.

7.2. The Board shall notify the Board of Pharmacy, the Board of Osteopathy, and the Board of Medicine within twenty-four (24) hours after the termination of, or a change in, an advanced nurse practitioner's or certified nurse-midwife's prescriptive authority.

7.3. The Board shall immediately terminate prescriptive authority of the advanced nurse prac-

itioner or certified nurse-midwife if disciplinary action has been taken against his or /her license to practice registered professional nursing in accordance with W. Va. Code '30-7-11.

7.4. Prescriptive authority for the advanced nurse practitioner or the certified nurse-midwife terminates immediately if either the license to practice registered professional nursing in the State of West Virginia lapses or the license to practice as a nurse-midwife in the State of West Virginia lapses.

7.5. Prescriptive authority for the certified nurse-midwife terminates immediately if either the license to practice registered professional nursing-

7.5.6. Prescriptive authority is immediately and automatically terminated if national certification as an advanced nurse practitioner or certified nurse-midwife lapses.

7.6.7. If authorization for prescriptive authority is not renewed by the expiration date which appears on the document issued by the Board reflecting approval of prescriptive authority, the authority terminates immediately on the upon expiration date.

7.7.8. Any advanced nurse practitioner or certified nurse-midwife who allows her or his prescriptive authority to lapse by failing to renew in a timely manner may have his or her prescriptive authority be reinstated by the Board on satisfactory explanation for the failure to renew and submission of the prescriptive authority application and fee.

7.8.9. An advanced nurse practitioner and/or certified nurse-midwife shall not prescribe controlled substances for his or her personal use or for the use of members of his or /her immediate family.

7.9.10. An advanced nurse practitioner and/or certified nurse-midwife shall not provide controlled substances or prescription drugs for other than therapeutic purposes.

7.10.11. An advanced nurse practitioner and/or certified nurse-midwife with prescriptive authority shall not delegate the prescribing of drugs to any other person.

'19-8-8. Adoption/Revision of Rules/Policies.

8.1. The Board ~~has the authority~~ may subject to legislative approval to adopt and revise such rules and/or policies as may be necessary to enable it to carry into effect the provisions of W. Va. Code '30-7-1 et seq.

## CADUCEUS RECOVERY MEETINGS

### FAIRMONT

WHEN: Weekly each Wednesday, 5 p.m.

WHERE: Manchin Healthcare Health Education Center, 401 Guffey St, Fairmont, WV 26554

CONTACT: Brad H. 304-677-9283  
email: pbh20060lhuges.net

### CHARLESTON

WHEN: Weekly each Wednesday, 7 p.m.

WHERE: Thomas Memorial Hospital, Southway Outpatient Dept, 4605 MacCorkle Ave, South Charleston, WV 25309

CONTACT: Renee G. 304-744-6047 or Bill B. 304-543-2167 (cell)

### LEWISBURG

WHEN: Weekly each Wednesday OR Sunday (varies), 5:30 p.m.

WHERE: Emmanuel Episcopal Church, Maple Ave & Locust St, LEWISBURG CONT.

Covington, WV

CONTACT: Haven W. 304-646-8106

POINT PLEASANT

WHEN: Weekly each Tuesday, 7 p.m.

WHERE: Main St. Christ Episcopal Church, Point Pleasant, WV 25550

CONTACT: Brett M 304-675-7000 or 304-593-2663



## Employing the Nurse Under Contract with the Board

**The Question:** The Board's mission to protect the public sometimes results in action being taken against a licensee. Sometimes nurses "under contract" have difficulty finding jobs. The Board is sometimes asked "What benefit does an employer have in hiring an individual who is under contract with the West Virginia Board of Examiners for Registered Professional Nurses (Board) that requires a certain amount of monitoring of the practice and reporting to the Board?"

**The Answer:** One of the supporting reasons for hiring a licensee who is under a contract with the Board is that individual is a known entity. The word "known" is defined as "recognized, familiar, or within the scope of knowledge;

publicly acknowledged to be; or having a value that can be stated." Of course, this does not diminish the also known fact that many, if not most, of the individuals who find themselves the recipient of disciplinary action or monitoring by the Board are very good practitioners and have raving references regarding their practice.

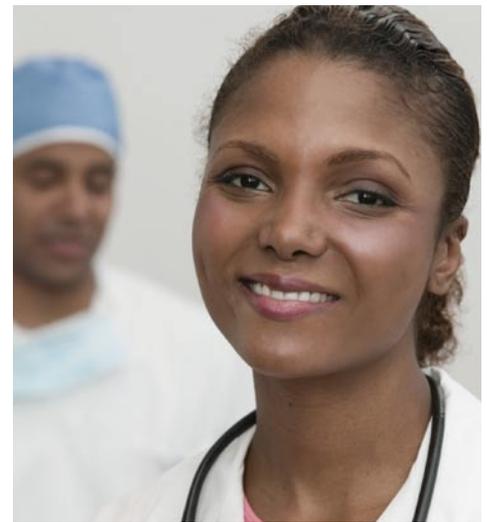
There are two mechanisms by which a person can be under contract with the Board. First, the most common way is through a disciplinary consent agreement. The other, less common method, is through an impaired nurse treatment contract, which is ultimately **not** disciplinary action. Although the effect on the license of both of these agreements is significantly different in that one is

discipline and the other is not, the sought after goal, the parameters of the agreement, the philosophy of the agreement and also the major terms and conditions of both agreements are the same. There are specific guidelines that determine whether an individual is in discipline versus impaired. Many of the individuals in discipline were previously a part of the impaired program, violated a contract and went to discipline. Others may have rejected the impaired program or did not meet the requirements for inclusion in the program. However, whether discipline or impaired, the Board's objective is the protection of the public through regulating and monitoring the practice. Because Board members and Board staff are not able to be with every individual under contract to assure compliance, the Board expects those employed in key positions will see it as their professional obligation and privilege to perform certain functions necessary to accomplish the monitoring of individuals and at the same time help a fellow nurse accomplish the significant milestones in their lives of successful completion of the agreement and successful recovery. It is very important to the Board to have cooperation from employers and their staff. This article will review three major monitoring requirements common to both agreements, a discipline consent agreement and an impaired contract, that need employer participation and lay out what the Board expects for each.

The word "known" as it relates to the individuals under agreement with the Board means that the employer has knowledge of the events leading to the individual being under contract, has knowledge of the individual's strengths

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and weaknesses and has knowledge of the necessary conditions under which the practitioner can achieve excellent practice. One of the major monitoring conditions placed on a licensee's practice under agreement with the Board is the requirement that the individual **not** work in an autonomous, supervisory nursing position. The individual can either be under "direct" or "indirect" supervision. The idea is that if the person is in need of monitoring then he or she should not be practicing independently or supervising others. The Board has defined "direct supervision" in its rule, Requirements for Registration and Licensure CSR §19-3-2, as "the activity of a registered professional nurse with an unencumbered license in West Virginia being present at all times in the same assigned physical work area as the person being supervised." The Board expects that an employer who agrees to hire licensees under an agreement requiring "direct supervision" will make sure that another nurse is present to fulfill this obligation. If the Board's contract only requires the individual to be under general "supervision" and not "direct," the Board expects that another registered professional nurse will be present in the building where the licensee under agreement is practicing at all times.

Another major monitoring condition included in Board agreements is the requirement that a licensee not handle nor administer narcotic or psychotropic medications, nor



have access to locked or other storage areas in which such medications are kept. The contract also requires the licensee to notify the employer of this restriction. If a nurse under Board agreement has this narcotic or psychotropic medication restriction, the Board expects the employer would set up the necessary conditions to allow the nurse under agreement to practice. For instance, some employers make arrangements to have other registered nurses working with the registered nurse under agreement administer that nurse's narcotics and psychotropics. In other situations, a registered nurse may work in a position or for an employer that does not require narcotics or psychotropics be administered, such as for an insurance provider.

Employer reports are also a condition in Board agreements that require the employer to participate in the monitoring process. To fulfill this provision, the employer must complete employer reports on behalf of the licensee under agreement. The Board provides the licensee with an "Employer Report" form. The licensee copies the form as necessary and provides it to his or her immediate supervisor for completion. In most cases, the form is submitted to the Board on a monthly basis, but can be more or less frequent depending on the individual circumstances.

The above terms and conditions are just a glimpse at some of the requirements in many Board agreements. Of course all agreements have many more conditions that have to be met in order for there to be complete compliance. However, those listed above are more commonly questioned by employers. It is important to recognize that all Board agreements are between the Board and the individual licensee. The obligation to comply is always placed on the individual licensee. The agreements are worded using language such as, "the licensee shall submit or the licensee shall cause to be submitted." The Board appreciates and respects all employers and supervisory staff that are willing to work with disciplined and monitored licensees.



# CONSENT AGREEMENTS, REPRIMANDS, SUSPENSIONS, REINSTATEMENTS

FY '08 • JANUARY '08 - MARCH '08

The information on this Web site may change before the update has reached the Web page. Prior to taking any actions related to the information on this page, contact this office for more information. You may contact the Board by phone at (304) 558-3596, by mail at 101 Dee Drive, Suite 102, Charleston, WV 25313-1620, or by e-mail at [rn-board@state.wv.us](mailto:rn-board@state.wv.us). Requests for copies of documents must be made in writing. Clearly state your request and provide a name and address where the information may be mailed. The fee for documents is \$3.00 for the first page and 0.25 cents for each additional page. You will be invoiced for this amount.

A **Consent Agreement** is a settlement agreement between the Board and the licensee. The agreement is the result of an informal settlement of a complaint filed against a licensee. Consent Agreements with a **Probation** requirement generally include certain restrictions in the practice of a registered professional nurse. Time is counted toward the required probationary period only while the individual nurse is working as a registered professional nurse. If an individual does not work for a period

of time, this time is not counted toward the probation requirement. Therefore, some individuals may have a probation license longer than the dates may suggest.

A **reprimand** is the least restrictive disciplinary action the Board takes against a license. A licensee can practice if a reprimand has been issued against the license.

A **suspension** is generally the result of a violation of a contract between the licensee and the Board. A suspension can also be the resulting action taken by the Board in relation to discipline. A licensee **cannot practice** nursing while the license is suspended.

A **Summary Suspension** is an action taken by the Board when a licensee is considered an immediate threat to public safety. A licensee receiving a Summary Suspension **cannot work as a nurse or represent themselves as such**.

A **Reinstatement** occurs when a licensee has completed the discipline requirements. Reinstatement may return the license to the full unencumbered status or return a suspended license to a Probation status, or any other action the Board deems appropriate.

## JANUARY '08

Conchar, Barton	60731	Harpers Ferry, WV	Suspension	01/28/2008
Hosey, Leon	39973	Charleston, WV	Reinstatement	01/07/2008
Mount, Amy	54547	Huntington, WV	Suspension	01/03/2008
Smith, Lauren	66071	Morgantown, WV	Probation 1 year	01/04/2008

## FEBRUARY '08

Bolinger, Tracy	44388	Albright, WV	Suspension	02/14/2008
Bryant, Barbara	26945	Martinsburg, WV	Full Reinstatement	02/21/2008
Bryant, Kimberly	49649	Morgantown, WV	Suspension	02/28/2008
Dolan, Natalie	62220	Rig, WV	Reprimand	02/05/2008
Emery, Paula Jane	40798	Martinsburg, WV	Probation 1 year	02/12/2008
Smith, Kimberly	61040	Little Hocking, OH	Full Reinstatement	02/28/2008
Tickle, Kimberly	61976	Huntington, WV	Full Reinstatement	02/21/2008

## March '08

Betonte, Melanie	36514	Clarksburg, WV	Full Reinstatement	02/24/2008
Brown, Jamie	62828	Waterloo, OH	Suspension	03/05/2008
El Bash, Lyra	65818	Huntington, WV	Probation 1 year	03/21/2008
Gould, Nikki	45105	Winfield, WV	Full Reinstatement	03/31/2008
Hackney, Arlin	62508	Oak Hill, WV	Suspension	02/04/2008
Martin, Jessica	50345	Ashland, KY	Suspension	03/25/2008
Mazzo, Dianne	44952	Bridgeport, WV	Full Reinstatement	03/21/2008
Prater, Angela	43101	Smithers, WV	Probation 3 years	03/21/2008
Snyder, Kimberly	39320	Saint Albans, WV	Probation 3 years	03/21/2008





## Volunteer License

Committee Substitute for House Bill 4129 was passed and is now in effect. This bill authorizes some West Virginia regulatory boards to issue a special volunteer license for the health professionals they regulate. Registered professional nurses are included in this group. Registered professional nurses who are retiring or retired from practice may apply to the RN Board for a special volunteer registered nurse license to donate their expertise for the care and treatment of indigent and needy patients in the clinic setting of clinics organized, in whole or in part, for the delivery of health care services without charge. If the clinic maintains liability coverage of not less than one million dollars per year and has an agreement with the registered professional nurse to provide voluntary uncompensated nursing services at the clinic, the registered professional nurse may have immunity from liability except in instances of gross negligence or willful misconduct. Application forms are available at [www.wvrnboard.com](http://www.wvrnboard.com) or by calling the Board Office at 304-558-3596.

