

**Maryland Board of Nursing**  
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**Board of NURSING**  
**Communicator**

Volume 22, Number 1, Fall 2008

## **First Web Issue of the Communicator**

This is the first issue of the Communicator to be published on the Board's webpage. Mailing of the newsletter will no longer occur. The lag time in providing information in this era of fast paced communication makes the paper version almost a dinosaur by today's standards. In addition, the cost of reproducing and mailing over 60,000 copies has made the web version a very cost effective alternative. With the mobility of licensed nurses making delivery of mail a very real challenge without forwarding addresses or Board notification, the time has come to change our approach. As Editor I would like to thank those of you who have offered comments and suggestions to me over the past several years. Look for future issues of the Communicator at [www.mbon.org/communicator](http://www.mbon.org/communicator).

**Board meetings** are held on the 4<sup>th</sup> Tuesday of each month (except November and December – contact Board for date). These meetings are open to the public except when the Board deals with individual nurse discipline issues.

**Board Hours:** 8AM to 5PM daily (**except Wednesdays** when the hours are 9:30AM to 5PM). The phones remain on automatic answering until 9:30 on Wednesdays as well.

**Please note:** If you are coming to the Board for a license you should arrive by 4:30PM because the computers necessary to process licenses automatically shutdown soon thereafter.

## 2008 Legislative Session Activities

From Shirley A. Devaris, JD, RN

The 2008 legislative session produced an unusual number of bills that have an impact on nursing. The diverse issues ranged from scope of practice to dispensing medications from a remote location by automated machines. Following is a brief summary of some of the bills introduced during the session and highlights of their provisions.

Delegate Shirley Nathan-Pulliam introduced **House Bill 269** (passed) for the Board of Nursing that had a number of housekeeping provisions in it. The bill extends to July 1, 2009 the date for beginning criminal history record checks on existing certificate and license holders; authorizes two 90 day extensions of an existing license or certificate's expiration date pending receipt of criminal history information; permits the Board to accept an alternative method other than fingerprints for a criminal history record check after two unsuccessful attempts; provides an initial 90 day extension for temporary licenses and certificates that can be extended for 90 days if awaiting a criminal history record check; allows certified medication technicians to practice for 90 days on a temporary certificate; and requires an applicant for a licensure exam who graduated five or more years prior to passing the exam and has not practiced for at least a 1,000 hours to take a Board approved nursing review course or preceptorship.

Most of the provisions included in **House Bill 269** were in response to the Board's experience in processing thousands of criminal history record checks. The Board also wanted to ensure that new nurses have adequate recent clinical experience.

**House Bill 923** (passed) responded to a previously unrecognized need. A nurse applying in Maryland for a license by endorsement on an active license from another state might not be able to meet our practice requirement of 1,000 hours of active practice in the previous five years. Some states do not require active practice hours as a condition of licensure renewal. This bill will allow those endorsement applicants, who are otherwise qualified, to obtain a temporary license. The bill provides 90-day temporary license extensions up to twelve months to allow them to gain the necessary practice experience.

**House Bill 1140/Senate Bill 889** (passed) expanded the authority of Nurse Practitioners. Included in their expanded authority is the right to certify that: a patient is incapacitated; an underage female seeking permission to marry is pregnant or has had a child; and certain conditions exist for a motor vehicle operator. Nurse Practitioners and Nurse Midwives will now be permitted to sign birth certificates. Nurse Practitioners gained a right to sign death certificates and issue "Do not resuscitate orders" and can now be reimbursed for emergency services not covered by insurance. (See article on "New NP Authority")



**House Bill 551/ Senate Bill 767** (passed) will allow the use in long term care facilities of automated dispensing machines that will dispense medications from a remote location.

**Senate Bill 146**, (passed) changed the

required pay back from four years to one year for each year of tuition reduction received by out of state nursing students who attend Maryland schools for the same fees that in-state residents pay.

The Health Occupation Regulatory Boards are under close scrutiny for the way they investigate complaints, their disciplinary procedures, and how their membership is selected. Several bills were introduced that addressed these issues and most were withdrawn. Nevertheless, the Legislature recognized a need to explore the issues and amended **House Bill 881/Senate Bill 764** (passed) that had specifically addressed these issues for the Board of Dentistry. The bills now have an additional provision that creates a **Task Force on the Discipline of Health Care Professionals and Improved Patient Care** to study every aspect of the complaint and disciplinary process that could affect safe practice and patient care. The list is long, that the task force must investigate and study before it reports its findings and recommendations to the General Assembly by December 1, 2008. It is hoped that the Board of Nursing will be represented on the Task Force.

**House Bill 1407** (passed with amendments) would have given autonomy to nurse midwives in their practice and was intended

to provide more delivery options to mothers. The bill was amended to create a joint study group conducted by the Board of Nursing and the Board of Physicians to determine if there is an appropriate alternative to a written collaborative agreement between a certified nurse midwife and a licensed physician and to review Standard V of the Standards for the Practice of Midwifery of the American College of Nurse-Midwives. Three professional groups will collaborate in the study. If the study group agrees that there is an alternative to a written protocol it should be included in its recommendations and report to the General Assembly before December 9, 2009.

**House Bill 1387/Senate Bill 767** (passed) authorizes Pharmacists to administer vaccines for pneumococcal pneumonia and herpes zoster with the requirement that they have a physician's order for the administration of each vaccine and report back to the prescribing physician if it has been administered.

Several "Good Samaritan" bills were introduced that addressed conditions that arise during a disaster. They were all referred to interim study by the Legislature.

## *New NP Authority*

Effective October 1, 2008 Nurse Practitioners in Maryland will have some new authority. The following are specific acts that NPs will be able to perform that only MDs were able to do previously:

- Sign the certificate indicating that a 15-17 year old who wishes to marry without parental consent has been examined and the woman to be married is pregnant or has given birth to a child
- Complete and sign a birth certificate within 72 hours of birth (both NPs and Midwives)
- As the NP who last attended the deceased, complete and sign a death certificate within twenty four hours of death

- Documenting and signing an oral advance directive when made in the presence of an NP and one witness, Documentation dated and signed by NP and witness in medical record.
- An oral emergency medical services “do not resuscitate order” provided by an NP who is physically present on the scene with the patient and the emergency medical services personnel in the outpatient setting
- When an emergency evaluatee cannot pay or does not have insurance that covers an initial consultant examination by an NP the Department of Health and Mental Hygiene shall pay the actual cost or a reasonable rate.
- Conduct educational training for the Insect Sting Emergency Treatment Program to include recognition of symptoms of systemic reactions to insect stings and sc epinephrine injection
- Certify eligibility for special disability registration plates or handicap tags



## *Results of the Survey of Licensees in the Fall 2007 Communicator*

The Fall 2007 issue of the Communicator included an eleven question survey about the licensees' latest experiences in license renewal and the kind of service received when interacting with Board staff.

Surveys were received from 958 nurses (a 1.4% return rate), 84% RNs and 16% LPNs. Additionally, 9% of the RNs were certified as advanced practice nurses. Of those responding, the most common type of renewal method was on-line with 70% using it, 21.5% by mail and 8.5% in person. RNs were more likely to renew online (72%) while 58% of the LPNs did.

Respondents (92%) indicated that the information on their license was correct. However, this question did elicit some dissatisfied comments about the elimination of paper licenses. The license renewal experience was viewed as satisfactory or better by 83% of the licensees. LPNs were more likely to be satisfied or better with the renewal experience (92%) than RNs (82%).

### Questions related to interactions with Board Staff:

	Exceptional	Satisfactory	Unsatisfactory
Am treated courteously by office staff	30%	43.5%	26.5%
Questions answered clearly by office staff	29%	42%	29%
Timely responses from professional nursing staff	29%	39%	32%
Clear and helpful answers from professional staff	32%	42%	26%

The overall quality of the Board activities was rated on a 5 point scale from unsatisfactory (1) to highly satisfactory (5) and yielded a mean average of 3.34 with 72.5% indicating a satisfactory to highly satisfactory rating

A Pearson's correlation was positively significant ( $r= 0.70$ ) between satisfaction with the renewal experience and the overall rating of Board activities. Thus a successful renewal experience left the licensees with a positive view of the quality of the Board. There was no correlation with method of renewal and overall rating of Board quality.

Since nurses renew in or around their birth month we looked at satisfaction by birth month and found more dissatisfaction in June, August and September responders. This may have been related to summer schedules and slower responses to licensees needs during that time period.

Among the responding nurses who indicated dissatisfaction, their greatest dissatisfaction was with difficulty in communicating with the Board. Many wrote comments on the survey or attached notes. Most frequently cited by nurse were: inability to talk with a person on the phone system, dealing with a confusing menu, phone mail boxes being full, and people not returning phone calls or e-mails in a timely manner (or at all). A second area of concern was related to the lack of courtesy and perceived rude behavior from the office staff when dealing with nurses, both in person and on the phone.

With about 65,000 copies of the Communicator mailed to licensees, the response rate of 1.4% was small. However, we appreciate that 958 nurses took the time to complete and mail or FAX the survey. Thirty percent (30%) of these nurses rated the Board's overall quality at the highest level while another 27% indicated that it was unsatisfactory or needed improvement. Thank you for your feedback.

***Criminal History  
Records Checks to  
Begin  
July 2009 for Renewals***

Since January 2007 all **new licensees and certificate holders** have had to complete a criminal records background check before being issued a license. The Board will begin requiring criminal records background checks for nurses who are renewing their licenses in July of 2009. The Board is developing the necessary procedures and protocols for this new requirement. One-tenth of nurses renewing each year will be required to obtain a criminal history records

check. Nurses will be notified three months prior to the renewal date giving individuals adequate time to complete the process. Renewal licenses cannot be issued without a completed background check. Every 10 years a nurse will need to complete a criminal history records check. A fee includes fingerprinting, state and federal background checks. For additional information, go to [www.mbon.org](http://www.mbon.org).

***Board No Longer Issues Paper Nursing Licenses***

On April 1, 2007, Maryland joined several other states in going cardless. This means that the Board no longer issues paper nursing licenses. This affects all registered nurse and licensed practical nurse licenses, nursing assistant certificates and medication technician certificates. New licensees and certificate holders will receive a certificate of licensure or certification. When a nurse renews, a written notice of renewal along with directions on how to verify the license online or by using the automated phone verification system is mailed. Employers will verify licenses online or by the automated phone verification system. This change occurred to: help eliminate fraud and impostors, eliminate reissue of lost or stolen licenses/certificates and to provide the most current information regarding license/certificate status.

***New Board Member***

**John D. Bing, RN** and Certified Registered Nurse Anesthetist (CRNA) is the newest member of the Maryland Board of Nursing. He fills a position that was newly created by the state legislature to bring the perspective and expertise of advanced practice nurses to the Board. His four year appointment by Governor Martin O'Malley began in July 2007. After beginning his college career, at a small college in West Virginia, with hopes of becoming a major league third baseman, John earned his B.S. in Nursing from the University of the District of Columbia and then his Nurse Anesthesia preparation from George Washington University in 1982. He worked as a nurse anesthetist for 16 years at the University of Maryland's Shock Trauma Center. He lives in Howard County with his wife Arvella (also a nurse anesthetist) and is an independent anesthesia contractor primarily in the areas of plastic, dermatologic and cosmetic surgeries. John is involved in a project in Central America where he periodically goes to Nicaragua (often with students) to participate in cleft lip and palate repair surgeries. When asked about why he was interested in becoming a Board member he talked about his work, his professional association activities and the natural obligation for "giving back."

## **Patricia Kennedy - Appointed Director**

**Patricia Kennedy, EdD, RN** has been appointed the Director of Education, Examination and Research for the Board of Nursing. Just prior to this appointment, Dr. Kennedy was the Director of the Maryland Nursing Workforce Commission. She retired after 30 years from the University of Maryland School of Nursing, Baltimore where she taught psych-mental health nursing. Many registered nurses will remember her from the RN to BSN program that was conducted for years at the UMBC campus. Pat earned her bachelor's and master's degrees from the University of Maryland School of Nursing and her EdD from The Catholic University of America. She replaces **Dr. Nayna Philipson**.



## **New Fellows of the NCSBN Regulatory Institute**

**Emmaline Woodson & Pamela Ambush-Burris**

The National Council of State Boards of Nursing (NCSBN) inducted its inaugural group of twelve Fellows of the NCSBN Regulatory Excellence Institute during the Annual Meeting and Delegate Assembly held in Chicago in 2007. **Pamela Ambush-Burris, MSN, RN, FRE**, (right above) Director of Education & Licensure for the Maryland Board was inducted with this group. **Emmaline Woodson, MS, RN, FRE** (left above) Deputy Director and Director of Advanced Practice for the Maryland Board was inducted on August 6, 2008 at the NCSBN Annual Meeting and Delegate Assembly held in Nashville, Tennessee.

The Institute of Regulatory Excellence (IRE) began in 2004 with the purpose of providing boards of nursing with high quality regulatory education, expanding the body of knowledge related to regulation through research and scholarly work, developing the capacity of regulators to become expert leaders, and developing a network of regulators who collaborate to improve regulatory practices and outcomes. The IRE Fellowship Program is a four-year comprehensive

educational and professional development program designed for current or former regulators who want to enhance their knowledge of and leadership in nursing regulation. The program includes experiences in analyzing issues involving public policy and regulations, strategic planning, patient safety and communication. It also requires the application of evidence-based concepts in decision-making and leadership.

Ms. Ambush-Burris and Ms. Woodson are called Fellows of the NCSBN Regulatory Excellence Institute (FRE) and are entitled to use the initials FRE after their name in recognition of their accomplishment. Pam Ambush-Burris has been at the Board for seven years having been on faculty of the Baltimore City Community College just prior to that. When asked why she embarked on this four-year project, she said it was to increase her expertise in regulatory nursing, policy and leadership. She described the networking with her other fellows and the opportunities to interact with nurse leaders at their seminars as the most personally rewarding part of her Institute activities. Emmaline Woodson has been at the Board for 18 years and prior to that she has been a clinical director at Liberty Medical Center and a Clinical Nurse Specialist in Maternal-Newborn at the University of Maryland Hospital. Emmaline was very enthusiastic about the opportunities that this fellowship offered in collaborating with her colleagues in other states especially in the area of advanced practice and the exposure to nationally renowned authorities. She particularly enjoyed the projects that she did where she was able to put her learnings into practical use at the Maryland Board.



**Exceptional Contributions Award from NCSBN**  
**Barbara Newman**

**Barbara Newman MS, RN**, (above) Director of Nursing Practice for the Maryland Board was recognized by the National Council State Boards of Nursing (NCSBN) at the Annual Awards Ceremony during the NCSBN Delegate Assembly held Wednesday, August 6, 2008 in Nashville, Tennessee. Ms. Newman received the Exceptional Contribution Award, which is



awarded for significant contribution by a board of nursing staff member. She has served as the NCSBN representative to the United States Pharmacological Committee on National Coordinating Council for Medication Errors Reporting and Prevention (NCCMERP). In addition, she served on the NCSBN Nursing Education, Practice and Regulation Committee; the NCSBN Model for Transition of the New Graduate to Nursing Practice Committee; the NCSBN Faculty Qualification Committee; and the NCSBN Model Medication Assistant Curriculum Committee. Mrs. Newman also served as Chairman of the NCSBN Model Rules Committee which revised and developed model statutes and regulations that boards of nursing may utilize to develop state specific nursing statute and regulations governing education, licensure and practice. Barbara Newman is well known to nurses in Maryland as THE resource at the Board on difficult practice issues and who has been explaining the statutes and regulations tirelessly for over 25 years.

### **Robert T. Hauf Earns C. F. E. Designation**

**Robert T. Hauf**, Senior Investigator with the Board, was awarded the designation of “Certified Fraud Examiner” (CFE) by The Association of Certified Fraud Examiners in March 2008. CFEs are knowledgeable in four areas critical to the fight against fraud: fraudulent financial transactions, criminology and ethics, legal elements of fraud and fraud investigations. The ACFE’s Board of Regents awards this designation only to select professionals who meet a stringent set of criteria, including character, experience and education and as Robert says, “You have to pass the test.” Robert is the only investigator at the Board who has earned this designation. He has been with the Board for over 16 years and prior to that served for 28 years with the Baltimore County Police Department where he retired as sergeant. The area of fraud has its own division in the investigative unit and Robert’s interest in becoming certified arose from his work with Medicaid fraud, credentials fraud, identity theft, misappropriations of client’s accounts and a variety of similar issues. It is an immense benefit to have this special expertise available to the Board. Congratulations Robert Hauf, C.F.E.!

### **CNA Advisory Committee**

The Board’s Certified Nursing Assistant Advisory Committee is in need of new committee members. This committee established by statute (Health Occupations Article Title 8, 8-6A-13) provides advice to the Board on a variety of issues pertaining to the Certified Nursing Assistant and Certified Medication Technician. The committee meets approximately every other month, usually from 9:30 AM to 12 Noon. The committee formulates recommendations for the Board’s review and decision-making on issues such as education, testing, practice, regulation and discipline. Interested applicants must be employed in a Maryland facility or agency, be a Maryland resident, and hold Maryland licensure or certification which is in good standing. New committee members are needed for the following positions:

1. Five (5) CNA positions representing:
  - Acute care setting that employs CNAs
  - Licensed nursing home (may be CNA/GNA or CMA)
  - Home Care (may be CNA or CNA/HHA)
  - Union membership (may be CNA or CMA)
  - Independent contractor (must be a CNA or CMA)

2. Three (3) RNs representing:
  - Acute care
  - Licensed nursing home
  - Home care
3. One Licensed practical nurse
4. One consumer member who received care, or has a family member who has received care, from a CNA.
5. One representative from the Department of Health and Mental Hygiene (e.g. Springfield Hospital Center, Spring Grove Hospital Center or Eastern Shore Hospital Center, etc).
6. One (1) administrator of a licensed health care facility.

Interested applicants should send a letter of interest indicating for which position (item 1-6) they are applying and their current resume by e-mail to **Denise Barnes** at [dbarnes@dhmh.state.md.us](mailto:dbarnes@dhmh.state.md.us).

## **Would you like to volunteer at the Board of Nursing?**

The Board is in need of RNs or LPNs who would be interested in volunteering to assist Board staff in the many and varied tasks the Board must perform. Nurse volunteers have been a great asset to the Board, bringing with them the understanding of confidentiality and a commitment to helping others. ***You can set your own hours and the frequency with which you would volunteer.*** Some computer skills would be an advantage but not a must. Board needs may vary but some of the activities that the Board needs assistance with include: matching records for RN/LPN verification, assistance with processing nursing assistant/medication technician applications (initial and renewal), and review of Certified Nursing Assistant training program applications for approval (both initial and renewal). The activities the Board may ask you to assist with may be dependent on your experience, number of hours per day or per week or per month you would volunteer and the frequency that you volunteer. If you are interested please contact **Denise Barnes**, Secretary at 410-585-1927 or send an e-mail to: [dbarnes@dhmh.state.md.us](mailto:dbarnes@dhmh.state.md.us)

## **CMT Online Renewal**

The Board has introduced on-line renewal for the Certified Medication Technician (CMT). With on-line renewal the time it takes the Board to process and update the renewal is reduced from 4-6 weeks to 7 to 10 days.

To renew on-line the applicant needs a current active CMT certification, a Social Security number, a valid e-mail address and a Master Card or Visa Card. (Please note the Board can not accept any debit cards.).

To begin the on-line renewal process the CMT should: inform the Registered Nurse, Case Manager/Delegating Nurse (RN, CM/DN ) that the CMT wants to renew on-line; ask the RN, CM/DN if he/she would go on-line to verify the CMT's application within 5 days of the on-line completion. At that time the RN, CM/DN and the CMT can establish the time the CMT will complete the 4 hour Clinical Update required in order to renew the CMT certificate. This will help the RN, CM/DN plan his/her time in order to verify the CMT's on-line renewal and for the nurse to enter the 4 hour Clinical Update on-line.

The next step is for the CMT to go to the Board's web page [www.mbon.org](http://www.mbon.org) and click on "On-line License & Certification Renewal". Follow the prompts for completing the data entry.

When the CMT has completed the data entry, inform the RN, CM/DN that the on-line renewal application is now ready for the nurse to approve. **Remember, the renewal process always requires RN, CM/DN verification and on-line entry of the 4 hour Clinical Update.**

Please remember that in order to renew on-line you must pay the renewal fee on-line. You can not renew on-line and then send a check to the Board. Also you can not send a paper renewal application and then pay on-line. The application and fee must accompany each other regardless of whether one renews electronically or by paper.

## **Maryland Professional Volunteer Corps** (Formerly the Disaster Nurse Volunteer Program)

The Board invites licensed nurses to become members of the Maryland Professional Volunteer Corps (MPVC). MPVC is a universal term adopted by the Maryland Licensing Boards that are partnering with the Office of Preparedness and Response (OP&R) to provide professional volunteers in the event of a disaster or emergency.

Collectively we are working to provide a new training program for our volunteers. The program will consist of face to face training and/or online programs MBON has designed specifically for nurses. Participation in the program does not obligate you to volunteer if a disaster occurs. There are many reasons you may not be available, such as family or work obligations, at the time of the request. For this reason it is imperative to continue to increase our volunteer membership.

As a MPVC member nurses will have the opportunity to participate in future updates, refresher course, conferences, table top exercises, drills and networking currently being developed as a part of the new and improved program with OP&R. Please go to the link for the OP&R to find a fact sheet on MPVC, the latest newsletter and information about our partners.  
<http://bioterrorism.dhmh.state.md.us/volunteer.htm>.

If you have any questions please contact **Lisa Varholy** at 410-585-2057 or e-mail [lvarholy@dhmh.state.md.us](mailto:lvarholy@dhmh.state.md.us). As we renew and strengthen the volunteer program, we thank you for your commitment in providing your professional expertise when called upon in the event of a disaster.



Go to our website ([www.mbon.org/volunteer](http://www.mbon.org/volunteer)) to download the MPVC application or complete the request form below and Fax it to 410-358-3530.

## Maryland Professional Volunteer Corps

I am interested in participating in the volunteer program.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ License Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **ADVANCED PRACTICE NURSES**

#### **REMINDER**

This is a reminder to advanced practice nurses that when renewing your nursing licenses with the relevant certification (nurse midwife, nurse practitioner, nurse anesthetist, nurse psychotherapist) you **must also submit evidence of national certification**. This must be done **each year**. Many advanced practice nurses are forgetting and, when the license can not be verified as renewed, this is usually the problem. Evidence of national certification can be provided by mail, e-mail, or FAX (410-358-3530) Attention: Advanced Practice Department. Also note that while RN and LPN s on-line renewals appear on the verification website within two work days, it generally takes advanced practice on-line renewals up to two weeks to appear as renewed. For questions regarding any advanced practice issues contact **Quandra Horton** 410-585-1926, **Sharon Allen** 410-585-1930 or **Emmaline Woodson** 410-585-1909.

#### **WRITTEN AGREEMENT APPROVAL**

When submitting written agreements for approval by the Board, it is essential that all sections are completed. **Leave nothing blank**. If something is pending then write “pending” in the appropriate area. Agreements with missing data will be returned to the licensee without review. This generally means that the approval cycle will be extended for at least another month.

#### **RN-FNE**

Registered nurse forensic nurse examiners are required to submit the “Recertification Verification Form” as a part of the renewal process. The form can be found under “Advanced Practice Nursing, Registered Nurse Forensic Nurse Examiner (RN-FNE) Certification, RN-FNE Continuing Education Verification Form” on the website: [www.mbon.org](http://www.mbon.org). You may FAX the form if you renew online to 410-358-3530 or include it with your paper renewal application. The FNE certification must be renewed **each year** with your RN license.



### ***Frequently Asked Questions***

**Q:** I received a call from the Board of Nursing but when I called back the number that appeared on my Caller ID it rang forever. Why does no one answer?

**A:** If someone from the Board calls you or returns your call, the number that appears on your Caller ID is NOT the caller's number. In fact, it isn't anyone's number at the Board, but rather one of the trunk lines. Please access our web site for a current correct number.

**Q:** Why is our license renewal yearly? Why not every two years?

**A:** Nurses who responded to the survey in the last issue asked this question. It is a common question and those who are old enough to remember, know that we used to renew every two years. The process changed in the early 1990s when the Board became a self-sustaining independent agency. Since the Board could no longer rely on general funds from the State to make up any budget deficits, the budget projection process took on a tighter focus and license renewals became yearly. Another variable is the Maryland Health Care Commission that levies a fee on registered nurses licenses each year. It is not unusual for this fee to change yearly. Now that paper license no longer exists for easy referral, from a practical standpoint renewing yearly (in your birth month) rather than every two

years may be easier to remember. Remember, failure to renew your license yields a fine and may also lead to discipline for violation of the Nurse Practice Act.

**Q:** I am a delegating nurse. (A delegating is an RN who cares for patients in assisted living and developmental disability facilities). . During a recent survey of my facility by the Office of Health Care Quality (OHCQ), I was cited for having uncertified medication technicians and for not supervising them appropriately. I thought all I had to do was make a 45-day resident assessment visit to the facility. Am I wrong and does this endanger my RN license?

**A:** Regulations require at a minimum the 45 day resident visit that you mentioned. There is the professional expectation that includes more frequent visits when there is a change in condition or status, e.g. hospital discharge, change in medications, falls. The nurse is also expected to train the med-techs (16 hour course) on medication administration and submit that information to the Board for certification. Once the med-techs are trained and certified the delegating nurse needs to set up and implement a quality assurance system to assure that the delegated medication administration is done properly. The delegating nurse retains full responsibility for medication administration. Having been cited by the OHCQ, you can expect that this is reportable to the Board for investigation and possible disciplinary action.

### **Do you have a copy of the Maryland Nurse Practice Act?**

Copies of the Nurse Practice Act are available from the Board. Each licensed nurse in Maryland may receive **one free** copy by writing, FAXing or e-mailing [aalford@dhmh.state.md.us](mailto:aalford@dhmh.state.md.us) your request to the Board with the name, mailing address and license number of the requesting nurse. (No phone calls, please.) Additional copies are available for \$10.00 each. Multiple copies may

be sent to one address (e.g. health care facility) but the name and license number of each nurse for whom a copy is requested must be included. In addition, the complete text of the Nurse Practice Act may be accessed through a link found on the Board website. Click on “Nursing Practice” and follow the “Maryland Nurse Practice Act On-line” link.

### **Update on Compact States**

Since the last newsletter no new states have passed legislation to join the mutual recognition compact that recognizes the nursing licenses of those who reside in other participating states. If you hold an active nursing license in Maryland **and** Maryland is your permanent state of residence, you may practice in any of the following states without obtaining a license in that state: (Your license must be marked “compact.”)

Arizona	Maine	Rhode Island
Arkansas	Mississippi	South Carolina
Colorado	Nebraska	South Dakota
Delaware	New Hampshire	Tennessee
Idaho	New Mexico	Texas
Iowa	North Carolina	Utah
Kentucky	North Dakota	Virginia
		Wisconsin

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**Note:** On April 25, 2005 Iowa and Utah agreed to mutually recognize Advanced Practice Registered Nurse licenses. No date has been set for implementation of the APRN Compact.

### *Clip and Save*

### **Board of Nursing Professional Staff Phone Numbers**

Executive Director	Pat Noble	410-585-1923
Deputy Executive Director & Advanced Practice Investigations	Emmaline Woodson	410-585-1923
Discipline issues and Rehabilitation Program	Diane Maskell	410-585-1925
Education/Research and Examination	Susan Fradkin	410-585-1924
Practice issues	Patricia Kennedy	410-585-1903
Licensure, Refresher Courses & Education	Barbara Newman	410-585-1927
CNA Training Programs	Pamela Ambush-Burris	410-585-1927
	A'lise Williams	410-585-1937
<b>Other helpful numbers:</b>		
Advanced practice licensure	Quandra Horton	410-585-1926
	Sharon Allen	410-585-1930
Complaints regarding nursing practice	Tina Gilliam	410-585-1925
Discipline	Bonnie Kuchta	410-585-1953
Licensure by Endorsement	Cheryl Smith	410-585-1993
Licensure by Examination	Donna Aversa	410-585-1929
Verification of Licensure	TBA	410-585-1876



## Disciplinary Actions since Last Publication

The listing for reporting disciplinary actions includes the statutory citation of the violations. These disciplinary actions are listed in the Communicator as required by law and as part of public information. These disciplines are specified in the Annotated Code of Maryland Health Occupation Article, Title 8 - the Nurse Practice Act (NPA), Section 8-316: “Denials, reprimands, suspensions, and revocations - Grounds; additional monetary penalty; surrender of suspended or revoked licenses; publication of notice of revocation or suspension”. Section 8-317(g) is “the Board may immediately suspend the license of a registered nurse or licensed practical nurse who is expelled from the rehabilitation program under Section 8-208 of this title for noncompliance with the nurse’s agreement”. The description of these violations can be found in the January 2007 edition of the NPA beginning on page 22. For example, 5(i) is used for the nurse who “willfully and knowingly files a false report or record of an individual under the licensee’s care.”

### **REVOKED LICENSES:**

Wigo Akarolo, LP36447	8-316(a)(30)
Elizabeth Allen, LP34468	8-16(a)(5)(i)(10)(25)(26)(30)
Terri Barton, R072273	8-316(a)(8)(23)(26)(30)
Deborah Boothe, R111030	8-316(a)(7)(ii)(8)(25)
Theresa Butler, R104250	8-316(a)(30)
Michelle Cannon, R142951	8-316(a)(21)
Blake Connelly, R123921	8-316(a)(5)(i)(8)(25)(30)
Patricia Contee, LP28507	8-316(a)(5)(i)(8)(25)(30)
Tyrone Cook, R095431	8-316(a)(1)(3)(5)(ii)(8)(19)(21)(25)(30)
Lisa D’Alesandro, LP23558	8-316(a)(2)(8)(27)
Sonji Damico, LP11231	8-316(a)(30)
Barbara Donohue, R114536	8-316(a)(21)
Jamie Ebaugh, R157827	8-316(a)(21)
William Fountain, R145282	8-316(a)(21)
Catherine Franklin, R085710	8-316(a)(4)(7)(ii)(19)(25)
Cynthia Fritz, R126595	8-316(a)(21)
Elspeeth Hamidi –Imani, LP24876	8-316(a)(5)(ii)(8)(15)(25)(26)(30)
Gale Harris, R143023	8-316(a)(5)(ii)(8)(9)(10)(25)(26)(27)(28)
Carolyn Haynes, R055981	8-316(a)(8)(9)(25)(30)
Ivy Hurry LP16706	8-316(a)(29)(30)
Wayne Jiggetts, LP22624	8-316(a)(30)
Phyllies Johnson, R103919	8-316(a)(4)(5)(iv)(8)(20)(25)
Jean Kelly, LP20723	8-316(a)(21)
Antoinette Kozak, R031315	8-316(a)(21)
Nancy Leonard, LP10232	8-316(a)(30)
Sandra little, LP30216	8-316(a)(6)(8)
Ellen Mahaney, R100925	8-316(a)(5)(i)(8)(11)(21)(25)
Alison Manos, R145022	8-316(a)(5)(i)(8)(20)(25)
Dana May, R158210	8-316(a)(5)(i)(8)(25)(30)
Davina Murphy-Jeter, R158205	8-316(a)(3)
Joan T. Nielsen, LP26486	8-316(a)(21)
Octavio Norman, R063225	8-316(a)(7)(i)(8)
Kathryn Padgett, R135128	8-316(a)(21)

Michael Polsin, R133994	8-316(a)(1)(3)(8)(9)(25)(30)
Michelle Rogers, R131222	8-316(a)(30)
Robin Rogers, R106202	8-169a)(1)(4)(7)(ii)(8)(9)(19)(25)(26)(30)
Marcia Sasscer-Nicholson, R109966	8-16(a)(5)(ii)(8)(25)(26)(30)
Rita Scanlon, R129256	8-316(a)(21)
Heidi Schultze-Temple, R086714	8-316(a)(21)
Karen Sic-Cua, R112181	8-316(a)(3)(7)(ii)(8)(19)(25)
Mahindra Singh, R050514	8-316(a)(8)(9)(25)(26)
Jennifer Janine Smith, R142281	8-316(a)(1)(3)(5)(ii)(8)(12)(25)
Melinda Stout, LP30274	8-316(a)(21)
Nora Tarlton, R162303	8-316(a)(1)(2)(5)(i)(8)(25)(30)
Laura Thomas, Lp12997	8-316(a)(8)(25)(26)(27)(28)
Mary Thomas, R135110	8-316(a)(21)
Ruth Travers, R098507	8-316(a)(1)(8)(25)(30)
Emma Washington, LP35473	8-316(a)(1)(3)(8)(12)(20)
June Wilson, LP40990	8-316(a)(30)

### **SUMMARY SUSPENSIONS:**

Adebowale Adefolaju, LP41140	8-316(a)(8)(10)(25)(30)
Blake Connolly, R123921	8-316(a)(5)(i)(8)(25)(30)
Catherine Cox, R174561	8-16(a)(1)(3)(5)(ii)(8)(10)(25)
Courtney Crowley, R175878	8-16(a)(5)(i)(7)(ii)(8)(25)(30)
Kafi Cunningham, R125076	8-316(a)(21)
Jamal Everette, R160823	8-316(a)(5)(i)(8)(9)
William Fountain, R145282	8-316(a)(21)
Jennifer Glatz, LP29346	8-316(a)(7)(ii)(8)(9)(10)(25)
Deidre King, R169540	8-316(a)(8)(25)(30)
Ellen Mahaney, R100925	8-316(a)(5)(ii)(8)(11)(21)(25)

### **VOLUNTARY SURRENDERED LICENSES:**

Adebowale Adefolaju, LP41140	8-316(a)(25)(30)
Larry Buckel, LP16202	8-316(a)(30)
Anita Byrd-Ward, R128950	8-316(a)(8)(19)(21)(25)

Susan Carder, R093868	8-316(a)(21)	Gifty Teppah, R154343	8-316(a)(8)
Thyra Carew, LP20998	8-316(a)(8)	<b><u>REPRIMANDS:</u></b>	
Courtney Crowley, R175878	8-316(a)(5)(i)(7)(ii)(8) (25)(30)	Sandra Hinds Chavous, R104103	8-316(a)(3)(4)(25)
Matthew Davis, R163756	8-316(a)(1)(3)(21)	Simisola Meadows, R102769	8-316(a)(8)(25)
Patricia Dilworth, LP31359	8-316(a)(5)(i)(ii)(7)(8) (19)(25)	<b><u>REINSTATEMENTS:</u></b>	
Barry Elliott, LP26278	8-316(a)(1)(3)(8)(25)	Marie Bangura, LP42261	
Gracia Evangelista, R121367	8-316(a)(8)(25)(30)	Frizzell Booze, R169038	
Ryan Forney, R148846	8-316(a)(21)	Mary Clark, R038925	
Alexandria Handakas, R137266		Janet Doucette, R097649	
Bettilyn Lebow, R120144	8-316(a)(7)(i)(8)	Laura Guy, R166736	
Mary Talley, R065121	8-316(a)(21)	Melissa Horman, R122440	
<b><u>PROBATIONS:</u></b>		Jean Kitongo-Kamara, R168791	
Lisa Alden, R166364	8-316(a)(8)(19)(25)	Thelma Lee, LP25097	
Courtney Burgan, R151110	8-316(a)(8)(25)	Deanna Nalley, R084787	
Toya Eardley, LP44479	8-6A-10(a)(14)	George Pyle, R068225	
Donna Franklin, R077729	8-316(a)(8)	Vivian Satia, LP30480	
Antonia (Fraser) Johnson, LP36984	8-316(a)(1)(4)(8)(11)(25)	Angela Souders, LP20321	
Serah Kuria, R159154	8-316(a)(3)	Douglas Spencer, LP17630	
Leslie Rosin, R090240	8-316(a)(21)	Kimberly Stouffer, LP30235	
Estelle Smith, LP20318	8-316(a)(8)(26)	Kathryn Thomas, R066486	
		Chidinma Umesiri, LP33780	
		<b><u>REINSTATEMENTS WITH PROBATION:</u></b>	
		Lisa Taylor, R11460	

You are reminded to verify licenses of new employees on-line at [www.mbon.org/lic\\_lookup.html](http://www.mbon.org/lic_lookup.html) or with the computer operator at 410-585-1900 or by calling the RN/LPN automated verification system at 410-585-1978, or the CNA automated verification system at 410-585-1994.

**NOTE:** If you employ RNs, LPNs, or certified nursing assistants, you should check the Board website regularly (monthly is suggested) to determine if any of your employees have a Board discipline against their license. On the website go to “Discipline & Rehabilitation”, then click on MBN Alert. If a name appears on the list and you need more information, contact the Board to obtain specifics. For RNs and LPNs e-mail your request to **Bonnie Kuchta** at [bkuchta@dhhm.state.md.us](mailto:bkuchta@dhhm.state.md.us) or FAX to 410-358-3530 and for CNAs e-mail **Karen Hatwood** at [khatwood@dhhm.state.md.us](mailto:khatwood@dhhm.state.md.us) or FAX your request to her at 410-764-8042.