

# New Hampshire Board of Nursing

## Official Publication of the New Hampshire Board of Nursing

SPRING 2013

Online Volume 10 Number 10

**OFFICIAL  
ON-LINE  
NEWLETTER  
PUBLICATION  
OF  
THE  
NEW HAMPSHIRE  
BOARD OF NURSING**

*NEW HAMPSHIRE BOARD OF  
NURSING*



*SPRING IN NEW HAMPSHIRE*

**Registration Form**

LNA Day of Discussion  
June 11, 2013

Page 22

**Contact Us:**

21 S. Fruit St., Ste 16  
 Concord, NH 03301  
 603-271-2323 (Nursing)  
 603-271-6282 (LNA)  
 www.nh.gov/nursing

The mission of the Board of Nursing is to safeguard life, health, and the public welfare of the people of this state and in order to protect the people of the state of New Hampshire from the unauthorized, unqualified and improper application of services by individuals in the practice of nursing.

**Board Members**

- Robert A. Duhaime, MSN, MBA, RN  
*Chairperson*
- Karen L. Baranowski, DNSc, RN  
*Vice-Chairperson*
- Ann Finn-Waddell, LPN
- Harley Featherston,  
Public Member
- Beth Fersch, LPN
- Nora Fortin, RN
- Tracey Collins, MSN, CNRN, BC
- Kitty Kidder, APRN, MSN, APRN-CS
- Brenda Libby, LNA
- Cynthia Smith, LNA
- James Kuras, Public Member

**FROM THE EXECUTIVE DIRECTOR**

**by Denise Nies, MSN, RN, BC**



Happy Spring to everyone! I hope that the winter months did not pose a safety hazard and that everyone is well and enjoying spring. The flowers and green grass are a welcome sight after the snow and cold winter weather.

**Website Update:** If you have gone onto our website lately, you may have noticed a “new look” to the home page. The website was a 6 month project in collaboration with the State IT dept. The goal with this project was to bring the website in line with state standards as well as update and reconfigure the navigation bar so that information is hopefully more organized and more intuitive to use. A BIG THANK YOU goes to the IT Dept, particularly Linda Sheldon, who provided advice and guidance on the formatting and structure.

**Nurse Survey:** On the Board homepage under Announcements, there is a link for nurses to click on to complete a nursing demographics survey, entitled “RN Licensure Renewal Data Elements Survey”. This survey is anonymous and provides information regarding the nursing workforce in NH. This data will be analyzed by members of the NH Action Coalition as part of the work under the Nurse of the Future Initiative. The goal of this coalition is to find ways to improve the health of NH residents through nursing. The demographic information provides a “picture” of the workforce. The survey is completed once every license renewal period. We ask for your participation by completing the survey.

**Nurse Practice Act:** Another “project” almost completed is the amendment and adoption of the Nur rules 100-800. A significant change to the rules that benefits licensees involves a decrease in the renewal fees for RN/LPN’s from \$100.00 to \$80.00 and LNA’s from \$35.00 to \$25.00. The change will occur once the website reflects the new version and the forms have been updated sometime this spring. This was done to try and better align revenue and budget.

**NH Board of Nursing (BON):** Members of the BON have been addressing a number of emergency suspensions of licensees relating to drug diversion / or impairment while working. Beginning in the Fall of 2012, a directive was given to licensing boards by the Attorney General’s office to prioritize investigations for these categories. As a result, our Board members have had to do some additional “juggling” of their schedules to participate in these meetings. The NHBON members are a dedicated group of people who take their responsibility of protecting the public very seriously. It is an honor to work with them!

**Compact Licensure:** The NH BON website home page has, on the right side of the page, a Quick Links box that has links to a video on Compact Licensure as well a link to an algorithm. If you are unclear about compact licensure, please access these resources.

**Board Office Move:** The NH BON is scheduled to move, in the Fall of 2013, from the Walker Building, 21 S Fruit Street to the Philbrook

You can contact Board Staff on line by clicking on their email address below.

**Board Staff**

Denise Nies, MSN, RN, BC  
Executive Director  
[denise.nies@nursing.state.nh.us](mailto:denise.nies@nursing.state.nh.us)

Lori Tetreault, RN-BSN  
Program Specialist IV  
[lori.tetreault@nursing.state.nh.us](mailto:lori.tetreault@nursing.state.nh.us)

Susan Goodness, CPS  
Administrative Supervisor  
[susan.goodness@nursing.state.nh.us](mailto:susan.goodness@nursing.state.nh.us)

Kathryn Dickson  
Executive Secretary  
[kathryn.dickson@nursing.state.nh.us](mailto:kathryn.dickson@nursing.state.nh.us)

Kim Cicchetto  
Program Assistant II  
[kim.cicchetto@nursing.state.nh.us](mailto:kim.cicchetto@nursing.state.nh.us)

Susan Isabelle  
Clerk III (Licensure)  
[susan.isabelle@nursing.state.nh.us](mailto:susan.isabelle@nursing.state.nh.us)

Debbie Hoos  
Licensure Clerk  
[debra.hoos@nursing.state.nh.us](mailto:debra.hoos@nursing.state.nh.us)

Debbie Emerson  
Secretary II  
[deborah.emerson@nursing.state.nh.us](mailto:deborah.emerson@nursing.state.nh.us)

**Vacant**  
Licensure Clerk

Joann Seaward  
Licensure Clerk  
[joann.seaward@nursing.state.nh.us](mailto:joann.seaward@nursing.state.nh.us)

Debra Sirles  
Accounting Technician  
[debra.sirles@nursing.state.nh.us](mailto:debra.sirles@nursing.state.nh.us)

Laurel A. O'Connor, Esq  
Investigator/Prosecutor  
[laurel.o'connor@nh.doj.gov](mailto:laurel.o'connor@nh.doj.gov)

Building located at 121 S. Fruit Street Concord, NH. This building will house all of the boards in one location to provide more convenient access to the public.

Be well and practice safely!

**FROM THE BOARD CHAIR**

By Robert Duhaime, MSN, MBA, RN



Since the event that occurred at Exeter Hospital, we have seen a significant increase in reporting of diversion and other patient safety related occurrences. Since last summer we have seen a 45% increase in reporting to the Board of Nursing. As a result of these occurrences, the Board of Nursing has had to hold monthly emergency meetings to determine if the emergency suspension should continue until a full hearing has occurred, or if the emergency suspension should be negated. Although the Board of Nursing encourages the increase in reporting we are also concerned about this increase as well and we will be developing strategies with the hope of decreasing these occurrences. The purpose of the Board of Nursing is promoting of patient safety and we will continue to do this as best we can.

We have submitted our proposed biennium budget to the Governor and what has been proposed by the BON has been accepted to date by the Governor. We are excited and remain cautiously optimistic that our requests in the next biennium budget will give the Board of Nursing the ability to meet the ever increasing needs to support nurses at all skill levels throughout the State of New Hampshire.

Year to date, New Hampshire remains one of the top performers in passing the NCLEX exam on the first attempt and for the last several years, we have remained one of the top 10 states in this category. I want to commend all of the academic institutions for doing a great job with their contribution to these results thus placing New Hampshire on the map on a consistent basis. Without your help and dedication to the students and your expertise, these results would not have been achievable; thank you. The Board of Nursing is pleased and excited about all the good things that are occurring in all academic institutions. We will continue to reach out to you and assist you in any way we can so that we can continue to achieve these results.

**BOARD COMPLAINTS & DISCIPLINES**

By Nora Fortin, RN, Board Member

Pursuant to RSA 326-B:37, V: Every individual, agency, facility, institution, or organization that employs licensed nursing personnel within the state shall report to the board within 30 days any alleged violations of the Nurse Practice Act (RSA 316-B:37), (RSA 326-B:41) and (Nur 402.04(b)).

The board may discipline a licensee or applicant for any one or a combination of the following grounds, criminal conviction, unethical or fraudulent behavior, discipline of another license or multistate license, unsafe or unprofessional conduct, failure to practice within scope, inability to practice safely, or diversionary activity.

**HELPFUL HINTS:**

When calling the Board office, please be ready to provide your name, license number and remember to have a pen and paper ready to write down the information you may be seeking.

When registering to apply for an original license or renewing a license on line, make sure to write down and keep in a safe place, your user name and password. This information will be used at every renewal period.

**BOARD COMMITTEES**

**P & E Committee**

Nora Fortin, RN  
(Board representative)

Rita Anger, RN

Bette Ann Bogdan, RN

Deborah Cantlin, RN

Nancy Holbrook, RN

Jacqueline McCourt, APRN

Paula Nelson, RN

Margaret Pedone, RN

Emily Roy, RN

Marie York, RN

Diversions activity can be actual diversion or attempt of diversion of controlled substances, failure to comply with an alternative program, or other drug related activity such as use of controlled substances or alcohol in a manner injurious to themselves or the public, falsification, incorrect, inconsistent, or illegible entries, pertaining to drugs or controlled substances, or a positive drug screen for which there is no lawful prescription.

When a complaint comes before the board, it is reviewed by the Executive Director and the Prosecuting Attorney. If the complaint rises to the level of potential misconduct, it is referred to the recused board member to review. The recused board member reviews the evidence obtained by the prosecutor and recommends dismissal, a letter of concern, or public discipline. The recommendations are then voted on by the board at their monthly meeting.

There are two categories of decisions of the board, non-public and public. Non-public include dismissals and letters of concern. Public include reprimands, probation, suspension, and revocation. If a complaint goes to public discipline, evidence is presented during the hearing and is reviewed and voted on later during the meeting in non-public session. The respondent is notified within 10 business days of the meeting of results of the hearing and then results are posted to the website following notification of the respondent.

**On-line Licensing-Renewal Reminder**

Before you can renew your license on-line you must receive your renewal notice from the Board of Nursing.

Once you receive your renewal notice you can renew your license on the Board website at [www.nh.gov/nursing](http://www.nh.gov/nursing) under the Online Licensing tab in the “Quick Links” box on the right hand side of the Home Page.

Before you are able to renew your license you must register on the licensing site. You must obtain a registration code from the Board office prior to being able to register. Once you obtain your registration code you can then register. Registration includes setting up a User ID and Password. This user ID and password must be used each time you renew your license on-line. Be sure to write down your User ID and Password for future reference.

**To obtain your registration code:**

Email the Board office at [boardquestions@nursing.state.nh.us](mailto:boardquestions@nursing.state.nh.us). Provide your full name, license number and date of birth.

**Clinical Practice Inquiry**

All practice inquiry questions must be submitted on the **Clinical Practice Inquiry Form** found on the Board website [www.nh.gov/nursing](http://www.nh.gov/nursing) under the “Forms” tab. All forms submitted must include the clinical significance of the question asked. Prior to sending inquiries to the BON, please review the clinical practice advisories and frequently asked questions to ensure that your question has not been previously answered by the Board. Forms may be mailed, faxed or emailed to the Board office.

**Mail:**

NH Board of Nursing  
21 South Fruit Street, Suite 16  
Concord, NH 03301

**fax:** 603-271-6605

**email:** [boardquestions@nursing.state.nh.us](mailto:boardquestions@nursing.state.nh.us)

**Liaison Committee**

Kathleen (Kitty) Kidder, APRN,  
(Board representative)

Lisa Sullivan, APRN, CRNA  
Chair

Joyce Blood, APRN

Dorothy Mullaney, APRN

Margaret Franckhauser, RN

Sean Lyons, APRN

Mary Sanford, APRN

Micheline Cignoli, APRN

**State Holidays Observed**

**2013**

Memorial Day	May 27, 2013
Independence Day	July 4, 2013
Labor Day	Sept 2, 2013
Veterans’ Day	Nov 11, 2013
Thanksgiving Day	Nov 28, 2013
Day after Thanksgiving	Nov 29, 2013
Christmas Day	Dec 25, 2013

**Continuing Education Audit  
Frequently Asked Question (FAQ)**

**Question:**

How do I submit my Continuing Education for Audit?

**Answer:**

To assure timely renewal of your license, please provide the information requested on the attached Continuing Education/Contact Hours Audit form and return the form, with your renewal, to the Board immediately.

**Continuing Education/Contact Hour documentation not submitted on the Audit Form will be returned to you. This may delay renewal of your license.**

Your license will be updated upon receipt of your renewal application and approval of your contact hours

**Continued Education – Audit Reminder** To assure timely renewal of your license, if selected for audit please provide your continuing education/contact hours documentation on the **Continuing Education/Contact Hour Audit Form**.

Documentation received other than the Audit Form will be returned to the licensee which may cause a delay in license renewal.

If your renewal application and audit forms are not received on or before midnight of your birth date, you will be practicing without a valid license and will have to reinstate your license, and pay an administrative fee if practicing during license lapse.

**Continued Education Requirements:**

**APRN’s:** 30 contact hours for RN licensure, 30 additional hours specific to APRN specialty, 5 of which shall be pharmacology specific, in 2 years prior to date of renewal. RN/LPN’s, 30 contact hours.

**RN/LPN’s:** 30 contact hours within 2 years prior to date of your renewal application.

**LNA’s:** 12 contact hours for each year (for a total of 24 hours), within 2 years prior to date of your renewal application. (For LNA’s who are certified as Medication Nursing Assistant ( **MNA’s**), 4 out of the 12 contact hours per year must be related to medication administration.)

Guidelines for Continuing Competence can be found on the Board website [www.nh.gov/nursing](http://www.nh.gov/nursing) under the Licensure tab on the Home Page.

**Working with an inactive license is a Class A Misdemeanor.**

Beginning October 1, 2011 all licensees who have worked with an inactive license will be posted in the Board’s quarterly Newsletter.

Practicing without a license, including but not limited to the situation where a license has lapsed, is unlawful under New Hampshire law and constitutes a class A misdemeanor. RSA 326-B:41, II; RSA 326-B:41-a. Pursuant to **RSA 326-B:22, II**, “Any person licensed who intends to continue practicing as a nurse or nursing assistant shall: (a) By midnight on his or her date of birth in the renewal year submit a completed application and fees as established by the board.” “Failure to renew the license shall result in forfeiture of the ability to practice nursing or nursing activities in the state of New Hampshire.” RSA 326-B:22, III.

When a licensee telephones the Board or presents themselves at the Board office and discloses they have worked after the expiration date of their nursing/nursing assistant license they will be required to sign an Agreement and pay all reinstatement fees and fines before they are eligible to return to work. The Agreement states that the document must be shared with the employer .

Should the licensee practice nursing a second time on an inactive license, they will be informed that their action will be reviewed by the Board at its next meeting for Board action. The license will be reinstated pending Board action.

**Pursuant to RSA 326-B:37 V:** Every individual, agency, facility, institution, or organization that employs licensed nursing personnel within the state shall report to the board within 30 days any alleged violations of the Nurse Practice Act (RSA 316-B:37, RSA 326-B:41 and Nur 402.04(b).

If your renewal application and audit forms are not received, in the Board office, before midnight of your birth date, you will be practicing without a valid license and will have to reinstate your license, and pay an administrative fee if practicing during licensure lapse.

Audit forms can be downloaded on the Board website [www.nh.gov/nursing](http://www.nh.gov/nursing) under the "Forms, Applications & Publications" navigation tab on the homepage.

**Audits may be faxed or mailed to the Board office:**

**NH Board of Nursing  
21 South Fruit Street, Suite 16  
Concord, NH 03301**

**Fax: (603) 271-6605**

**Out of State Applicants and  
Criminal Background  
Checks/Fingerprints**

Applicants from outside of NH will be sent fingerprint cards and authorization forms. Those applicants are asked to either use law enforcement sites in their respective states or come to NH and use a NH law enforcement site. Please send all fingerprint cards, authorization forms and fees to the Board of Nursing. The board will then send them to the NH State Police for processing.

**Please plan early for this process. We have advised that the results could take as long as 2 months in some cases.**

You are encouraged to complete live scan fingerprinting. Some live scan sites are located on the Board's website at [http://www.nh.gov/nursing/documents/livescan\\_list.doc](http://www.nh.gov/nursing/documents/livescan_list.doc)

If you do not find a convenient live scan site please call the NH State Police Criminal Records.

**Reportable violations are cited in RSA 326-B:37 II, Nur 402.04 (b) and Nur 402.04 (c).**

Any alleged violation of the Nurse Practice Act reportable to Bureau of Adult and Elderly Services (BEAS) should also be reported to the Board of Nursing.

The complaint form and guidelines can be found on Board of Nursing website [www.nh.gov/nursing](http://www.nh.gov/nursing) under Enforcement.

**DON'T BE AN OSTRICH**

You get a surprise when you go into the next exam room on your busy day at work. Sitting there is your patient, holding an infant car seat, and inside is a baby with a visible slap mark on her face. You could be an "ostrich" and pretend you didn't see the mark or know what it means. If you do, that baby could become a child fatality statistic. In one study over 90% of infants with inflicted head injury had such a "sentinel injury", that hinted at ongoing abuse that eventually proved fatal.

Of course, doing something isn't easy. You're going to have to spend extra time and risk upsetting the adult. It would be simpler not to get involved.

But speaking up is not only the morally correct thing to do, in New Hampshire, it's also *required* that you report suspected child maltreatment. This is true for physicians, nurses, office receptionists--even bystanders. Reporting starts a process to evaluate the situation and protect the child (and other potential victims) from further mistreatment.

How do you report? Call the Division for Children, Youth and Families (DCYF) at 1-800-894-5533. This is not a responsibility to be delegated to someone else. The requirement falls personally to *you*. If DCYF is closed or there is a severe injury (which would include visible bruising from being struck) you should call your local police.

What if you're not sure? You don't have to be 100% certain. If it turns out that you're wrong, the law protects you from reprisal. If you want to talk to a medical colleague with child abuse expertise first, call the child protection program at Dartmouth (653-3658 in Lebanon or 658-1972 in Exeter) and someone will help you.

You'll be glad you did the right thing.

**Question: What is the Nursing Assistant Registry?**

**Answer:** *The Nursing Assistant (NA) Registry is a list of individuals who have completed training and competency evaluation who the state finds to be competent to function as a nursing assistant. Successful completion of a Board approved nursing assistant program and competency test (state testing) identifies an individual as being competent to function as a nursing assistant.*

**Question: When I verify my new license online, what does “Not Licensed, Registry Only” mean?**

**Answer:** *“Not Licensed, Registry Only” means that you have been placed on the NH Nursing Assistant (NA) Registry. Licensure is not required to be placed on the NA Registry.*

*Nursing Assistant Licensure will be stated separately with a license number and status.*

**Question: Is licensure required to be placed on the Nursing Assistant Registry?**

**Answer:** *No. Registry findings do not require licensure of the individual placed on the registry but could involve discipline imposed by the Board of Nursing on a nursing assistant’s license.*

**Question: What information does the Registry hold?**

**Answer:** *The registry includes the individual’s full name, identifying information, the date the individual became eligible for placement on the registry and any finding of abuse, neglect or misappropriation of property by the individual. Registry findings may or may not include discipline placed on a license.*

**Question: Where can I access the NH Nursing Assistant Registry?**

**Answer:** *The Nursing Assistant Registry can be accessed on the Board of Nursing website: [www.nh.gov/nursing](http://www.nh.gov/nursing). The registry verification link can be found on the homepage. The registry can also be accessed under the License Verification link located in the “Quick Links” box on the right hand side of the homepage.*

**LNA Corner**

by Lori Tetreault, RN-BSN Program Specialist IV

Hello and Happy Spring!

The winter has been busy here at the Board of Nursing. Administrative Rules have been reviewed and revised and the BON website ([www.nh.gov/nursing](http://www.nh.gov/nursing)) has been updated. You can now access all nursing assistant information from the navigation tab (Nursing Assistants) located on the left hand side of the homepage.

The annual LNA Day of Discussion will be held on June 11, 2013. The agenda will focus on dementia care and peer discussions regarding teamwork and human kindness. We will conclude the morning with the opportunity to discuss current practice issues and updates from the Board. Registration for this event will be available on the Board website [www.nh.gov/nursing](http://www.nh.gov/nursing) on the homepage under the news and announcements. Four contact hours of continuing education will be earned with attendance.

It is important that Licensed Nursing Assistants understand the continuing competence requirements for renewal. LNA’s are required to have 12 contact hours for each year (24 total hours), within 2 years prior to the date of renewal application. LNA’s who are certified as Medication Nursing Assistants, 4 of the 12 contact hours per year must be related to medication administration. If your license renewal has been selected for audit, please submit the information requested on the audit form provided. It is recommended to submit your audits prior to the date your license expires due to the time required for review. If your application and audit is not received in the Board office before midnight of your birth date, you will be practicing without a valid license and will be required to reinstate your license, and pay an administrative fee if practicing after your license has expired.

Last fall the MNA Day of Discussion was well attended. MNA’s had the opportunity to discuss practice concerns as well as discuss rule changes presented. Revised rules will include competency testing for medication nursing assistant renewal/reinstatement for those who meet the required guidelines. I would like to thank all those who participated in the practice survey.

Many questions regarding practice have been presented to the Board over the past few months. All questions are answered immediately if previously opined by the Board. Questions for review are presented to the Board for response. Once the question is answered by the Board the question will be posted on the board website for 30 days to allow for public response. Once approved, the question will be placed under the nursing practice tab under the clinical practice inquiries. Please review the clinical practice inquiries prior to calling with a practice question. A list of Board approved skills can be found on the Board website under the Nursing Assistant tab listed as “Scope of Practice Guidelines” under the “Practice” heading. Communication received here at the Board office has been beneficial in assisting our focus on maintaining quality and safe nursing assistant care to the residents of NH.

Many nursing assistant graduations have been scheduled this spring.

Congratulations to those who are graduating or who have graduated. Good Luck to you as you enter the nursing assistant profession. Remember to stay

**LNA/MNA\* Continuing Education Programs offered by the Board.**

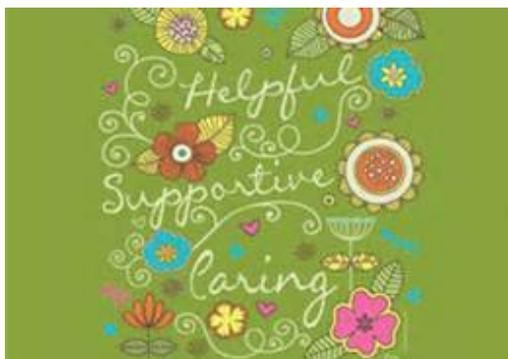
Visit the website [www.nh.gov/nursing](http://www.nh.gov/nursing)

**Each program offers 1 contact hour**

- Pain: The Basics\*
- LNA Scope of Practice
- MNA Scope of Practice\*
- Delegation
- Teamwork
- Residents Rights
- Medication Administration Safety\*
- Alzheimer’s Dementia in the Elderly
- Medication Considerations for Elderly\* **New**
- Back Safety **New**
- Elder Abuse **New**
- Social Networking

**ANNOUNCEMENTS:**

**Happy Nursing Assistant’s Week,  
June 13-20, 2013**



active in your profession and know your scope of practice (Nurse Practice Act 326B:14).

**Practice Review: The Role of the Nursing Assistant (LNA-MC) in Assisted Living Residences**

Over the past few months many questions have been submitted for review to the Board of Nursing regarding the scope of practice of Licensed Nursing Assistants who are medication certified. December 2012 the board re-affirmed its decision from 2007 regarding the scope of practice of nursing assistants who are medication certified.

Through the collaboration of multiple state organizations the LNA-Medication Certified (LNA-MC) role was established in 2007. The intention of the program was to provide options for facilities and agencies that provide nursing care within the residential and homecare setting. The program allows LNA’s who have been educated to provide assistance, observation and documentation to clients with stable medical condition and who are fully able to recognize and accept medications as prescribed. To be medication certified individuals must successfully complete a minimum four (4) hour, NH Board of Nursing approved educational program and be certified.

February 15, 2007 issues were addressed by the Board of Nursing regarding the scope of practice of an LNA-MC. The Board opined that HeP 805.17(af)(1-3 & 5) are within the scope of practice of an LNA. The Board reinforced that HeP 805.17(af)(4) was **NOT** within the scope of practice of an LNA. An LNA cannot supervise medications consumed or tell the patient what to consume. Individuals who require supervision of medication consumed must receive medications administered by a licensed nurse or a Medication Nursing Assistant supervised by a licensed nurse.

**HeP 805.17 Medication Services**

(af) If a resident self-administers medication with supervision, as defined in He-P

805.03(bc), personnel may be permitted to:

- (1) Remind the resident to take the correct dose of his or her medication at the correct time;
- (2) Place the medication container within reach of the resident;
- (3) Remain with the resident to observe the resident taking the appropriate amount and type of medication as ordered by the licensed practitioner;
- NOT----- (4) Record on the resident’s daily medication record that they have supervised the resident taking his or her medication; and**
- (5) Document in the resident’s record any observed or reported side effects, adverse reactions and refusal to take medications and or medications not taken.

LNA’s may assist with a hand over hand technique, individuals who have physical impairment with cognitive abilities to determine medication needs. A care plan must be present which speaks to the impairment and assistance required. (BON Clinical Practice Inquiry 1998-1999)

**LNA/MNA Reminders:**

- NH has a mandatory licensing law. No person may practice as a nursing assistant without a license. The NH Board of Nursing **defines "practicing"** as including **attendance at orientation or completing**

**FINGERPRINTING/CRIMINAL BACKGROUND CHECK REMINDERS**

1. When completing the fingerprint/criminal background check within New Hampshire, fingerprint cards are NOT necessary. “Live Scan” fingerprinting does not require cards unless the fingerprinting is completed out of state, in which case the cards MUST be obtained from the Board of Nursing office.
2. The Board of Nursing application fee DOES NOT include the fingerprinting/criminal background check fee. Depending upon which way the fingerprinting/criminal background check is complete and the location will determine the fee. Please refer to the Board of Nursing website [www.nh.gov/nursing](http://www.nh.gov/nursing) under the “FBI Fingerprinting Requirements” in the section marked “Quick Links” for fee schedule.
3. All criminal background checks MUST be notarized.
4. “Live Scan” fingerprinting is encouraged of ALL of our applicants, as the rejection rate is much lower.
5. Please remember that most police departments charge a processing fee which varies depending on the location.

Returned Checks

The following license continues to be invalid due to insufficient funds. The licensee was notified of the returned check.

Emily Cote                      050308-24

**other types of non-director care activities.**

- Documentation of Continued Education is required for all endorsement applications pursuant Nur 304.04(b)(4).
- Education considered as comparable for Challenge Program approval must meet the requirements of Nur 704.09 pursuant Nur 704.11.
- All questions must be answered on renewal or reinstatement applications including Nurse Supervisor and Employer. Incomplete applications will be returned which may delay renewal or reinstatement of licensure and the inability to work as a nursing assistant.. Licensees working without an active license may be subject to a \$50 fine for every calendar month or any part thereof, during which one practices.
- Licensed nursing assistants who are working in non-licensed positions (PCA-Personal Care Assistant) can not use work hours as active in practice requirements for renewal.

**LNA REINSTATEMENT  
Frequently Asked Questions (FAQ’s)**

**Question: What is reinstatement of a license?**

**Answer:** Changing a inactive LNA license into an active LNA license.

**Question: Can I complete the process online?**

**Answer:** No, a reinstatement cannot be completed online. You may call the N.H. Board of Nursing (603) 271-6282 for guidance as to how to reinstate your license or you may come into the Board office and we can assist you.

**Question: Can I work in N.H. on an expired license until I have time to complete the process?**

**Answer:** NO, you may NOT work in N.H. as an LNA on an expired license. That means you cannot work using your LNA knowledge, judgment and skills and you cannot get paid as a LNA. By working as an LNA and or getting paid as an LNA you will be subjected to administrative fines.

**Question: What requirements do I need to meet in order to reinstate my LNA license?**

**Answer:** You must have either: Completed 200 hours working as an LNA under the supervision of an licenses nurse (please be prepared to list his/her FULL name) and completed 24 continuing education hours (12 in each year). Please remember you may be asked to provide proof of your CE. hours.

**OR**

Have successfully completed the written and clinical competency testing within 2 years immediately prior to the date of your reinstatement application.

**IMPORTANT REMINDERS  
FROM THE BOARD OF NURSING  
[www.state.nh.us/nursing](http://www.state.nh.us/nursing)**

**PAPER LICENSES ARE NOT PROVIDED**

Verify and print license information using the Online Verification Quick Link on the right side of the Home Page.

**RENEWAL REMINDER POSTCARDS ARE MAILED 6 WEEKS PRIOR TO MONTH OF RENEWAL**

**RENEWALS MAY BE DONE ONLINE OR RETURN POSTCARD AS DIRECTED TO OBTAIN A RENEWAL APPLICATION**

Fees are to be sent with renewal applications not with the postcards.

**FOR ONLINE RENEWAL – REGISTER AS A FIRST TIME USER BEFORE ATTEMPTING TO RENEW A LICENSE**

Follow the instructions on the Online Licensing Quick link on the right side of the Home Page.

Make sure you remember your user name and password for future use+.

**MAKE SURE YOU PRINT THE RECEIPT PAGE AFTER PROCESSING YOUR PAYMENT.**

The receipt can not be reproduced by the Board office. It is proof that payment was accepted, should there be a problem.

**WHEN APPLYING FOR ORIGINAL LICENSURE ON LINE**

Make sure you write down and save your user name and password. This information will be necessary for renewing your license on line when it is renewal is due. This information is not automatically saved in the system.

**CRIMINAL BACKGROUND CHECKS AND FINGERPRINTING IS REQUIRED FOR ALL INITIAL LICENCES AND ENDORSEMENTS**

Follow the directions under the Endorsement Link. The processing time may take 4-6 weeks so plan to start the process early. Licensing will not be processed until background checks and fingerprinting results are obtained.

**THE BOARD MUST BE NOTIFIED OF ALL NAME AND ADDRESS CHANGES**

A \$10 fee may be incurred if address changes are not made within 10 days. The Board must be notified in writing.

**ACTIVE IN PRACTICE AND CONTINUING EDUCATION REQUIREMENTS INFORMATION CAN BE FOUND ON THE HOME PAGE ON THE WEBSITE**

Click the Licensure Link on the left side of the Home Page.



<p>RN scope of practice to administer continuous infusion of tPA via intra-arterial sheath</p>	<p><b>Question:</b> Is it within RN scope of practice to administer continuous infusion of tPA via intra-arterial sheath for acute limb ischemia after MD insertion and initial tPA bolus?</p> <p><b>Answer:</b> Board opined that after placement and verification by physician, it is within scope of practice of RN to administer continuous infusion of tPA via intra-arterial sheath for acute limb ischemia, with appropriate education, competencies and institutional policy to support practice.</p>
<p><b><u>November 15, 2012</u></b></p>	
<p>RN scope of practice to apply cast</p>	<p><b>Question:</b> Is it within RN scope of practice to apply cast if orthopedic provider has deemed it necessary for patient to have cast?</p> <p><b>Answer:</b> Board opined that applying casts is within RN scope of practice with competency and training.</p>
<p>RN scope of practice to administer trans-cranial magnetic stimulation</p>	<p><b>Question:</b> Is it within RN scope of practice to administer trans-cranial magnetic stimulation under training and supervision of MD with annual competency demonstration?</p> <p><b>Answer:</b> Board opined that it is within role of RN to administer TMS with training, supervision and competencies.</p>
<p>LPN scope of practice to make adult ventilator changes</p>	<p><b>Question:</b> it is within LPN scope of practice to make adult ventilator circuit changes.</p> <p><b>Answer:</b> Board opined that long term ventilator circuit changes are within LPN scope of practice as long as it is a delegated task and competencies are in place.</p>
<p><b><u>December 20, 2012</u></b></p>	
<p>RN scope of practice to assist with PEG placement</p>	<p><b>Question:</b> Is it within RN scope of practice to assist with PEG placement?</p> <p><b>Answer:</b> Board opined that it is within RN scope of practice to assist with PEG placement with documented training and competency.</p>
<p>LPN scope of practice to change suprapubic catheter</p>	<p><b>Question:</b> Is it within LPN scope of practice to change suprapubic catheter?</p> <p><b>Answer:</b> Board opined that it is within LPN scope of practice to change suprapubic catheters with documented training and competency. Education on sterile technique should be included in training.</p>
<p>LPN scope of practice to perform Urodynamic studies</p>	<p><b>Question:</b> Is it within LPN scope of practice to perform Urodynamic studies?</p> <p><b>Answer:</b> Board opined that LPN's can perform this procedure under guidance of provider with appropriate training and competency, but CANNOT interpret results.</p>
<p>LNA scope of practice to assist with medication administration</p>	<p><b>Question:</b> Can LNA with LNA-MC certification assist resident with medication administration?</p> <p><b>Answer:</b> Board affirmed that it is NOT within LNA-MC scope of practice to assist with medication administration</p>
<p>Position statement requested re: paramedics working in Emergency Department</p>	<p><b>Question:</b> Does NH Board of Nursing have position statement regarding paramedics working in Emergency Department setting independently caring for ED patients?</p> <p><b>Answer:</b> Board does not have position statement about paramedics functioning in ED. BON does not license paramedics/EMTs and has no jurisdiction over practice. If paramedic is delegated to by RN, rules regarding delegation should be followed and can</p>

be found in Nur 400 under Nurse Practice Act.	
<p><b><u>January 17, 2013</u></b></p> <p>APRN scope of practice to provide deep sedation</p> <p>LNA scope of practice to empty supra-public catheter</p> <p>LPN scope of practice to pronounce death</p> <p>RN scope of practice to dispense contraception</p> <p>RN scope of practice to perform x-ray</p> <p>RN scope of practice to administer anesthesia drugs</p> <p>Nurse delegation of medication administration to non-licensed personnel</p>	<p><b>Question:</b> Is it within APRN scope of practice to provide deep sedation in hospital setting?</p> <p><b>Answer:</b> Board consensus that APRN’s can provide deep sedation in hospital setting with appropriate education and competencies.</p> <p><b>Question:</b> Is it within LNA scope of practice to empty supra-public catheter when it is clamped off and not attached to drainage bag?</p> <p><b>Answer:</b> Board opined that it is NOT within LNA scope of practice to empty supra-public catheter.</p> <p><b>Question:</b> Is it within LPN scope of practice to pronounce death?</p> <p><b>Answer:</b> Board opined that it is NOT within LPN scope of practice to pronounce death pursuant to RSA 290:1-b.</p> <p><b>Question:</b> Is it within RN scope of practice to dispense emergency contraception in absence of pharmacist on site and without provider’s request?</p> <p><b>Answer:</b> Board consensus that it is not within RN scope of practice to dispense emergency contraception.</p> <p><b>Question:</b> Is it within RN scope of practice to perform x-ray in office setting?</p> <p><b>Answer:</b> Board opined that with proper education (including education on radiation safety), training and competency, it is within RN scope of practice to perform x-ray as directed.</p> <p><b>Question:</b> Is it within RN scope of practice to administer Ketamine for pain control?</p> <p><b>Answer:</b> Reaffirmed opine of 9/27/2012 that consistent with common nursing practice, if prescribed by physician at sub-anesthetic doses, RN may monitor patients receiving medication via infusion pump. Board re-opined decision at May 19, 2005 meeting that anesthesia drugs (propofol, brevitil and etomidate) are within scope of practice of CRNAs. Administration of anesthesia drugs is outside scope of practice for non-anesthesia nursing licenses except under following situations:</p> <ol style="list-style-type: none"> <li>1. When assisting CRNA or anesthesiologist (or student anesthetist or anesthesiologist.)</li> <li>2. For intubated patients in ICU setting.</li> <li>3. When assisting in emergency situations.</li> <li>4. When providing palliative sedation.</li> </ol> <p><b>Question:</b> Board reviewed nurse delegation of medication administration to non-licensed personnel: Nurses working with developmentally disabled and nurses working in the school system.</p> <p><b>Answer:</b> Board affirmed that nurses can delegate according to NCSBN Five Rights of Delegation, which include:</p> <ol style="list-style-type: none"> <li>1. The right task</li> <li>2. The right circumstance</li> <li>3. The right person</li> <li>4. The right direction/communication</li> <li>5. The right supervision</li> </ol> <p>The “stable client” means a client whose health status is under control and raises no expectation that client’s symptoms, vital signs or reactions to medications will suddenly change as defined in Nur101.19.</p>

<p>RN scope of practice to flush epidural line or administer narcotics via epidural catheter</p>	<p><b>Question:</b> Is it within RN scope to flush epidural line on pregnant patient and is it within scope to administer narcotics via epidural catheter for post-partum patient?</p> <p><b>Answer:</b> Board opined that it is not within RN scope of practice to flush epidural line and it is within RN scope of practice to monitor/administer narcotics via established epidural catheter utilizing pump with training and competencies. Direct injection of narcotic into epidural line is not within RN scope of practice.</p>
<p>LNA scope of practice to clamp NG tube</p>	<p><b>Question:</b> Is it within LNA scope of practice to clamp NG tube or perform other functions associated with NG tubes. Also, is it within LNA scope of practice to insert rectal tube?</p> <p><b>Answer:</b> Board opined that it is not within scope of practice for LNA to clamp NG Tube or perform other functions associated with NG tubes based on need for assessment. It is not within LNA scope of practice to insert rectal tubes.</p>
<p><b><u>February 21, 2013</u></b></p>	
<p>LPN Scope of practice to Administer monoclonal antibodies</p>	<p><b>Question:</b> Is it within LPN scope of practice to administer Orencia or Tysabri via running IV line?</p> <p><b>Answer:</b> Board affirmed that it is NOT within LPN scope of practice to be responsible for administration of monoclonal antibodies. These medications require more than a focal assessment of patient relating to reactions and symptoms which is what is allowed under RN scope of practice.</p>
<p>RN Scope of Practice to prepare bone marrow biopsy blood smear</p>	<p><b>Question:</b> Is it within RN scope of practice to prepare bone marrow biopsy blood smear slides?</p> <p><b>Answer:</b> Board consensus that it is within RN scope of practice to prepare slides while in performance of patient care.</p>
<p>LNA scope of practice to apply AFOs, DAFOs, TLSOs, etc</p>	<p><b>Question:</b> Is it within LNA scope of practice to apply AFOs, DAFOs, TLSO, etc. in homecare?</p> <p><b>Answer:</b> Board consensus that it is NOT within LNA scope of practice. Application of this equipment requires assessment which is not within LNA scope.</p>
<p>LNA scope of practice to collect flu swabs and Rapid Strep swabs</p>	<p><b>Question:</b> Is it within LNA scope of practice to collect flu swabs and Rapid Strep swabs?</p> <p><b>Answer:</b> Board consensus that these procedures need some level of assessment; therefore, it is not within LNA scope of practice.</p>
<p><b><u>March 21, 2013</u></b></p>	
<p>RN scope of practice to insert advanced airway</p>	<p><b>Question:</b> Can RN insert advanced airway (LMA or Endotracheal Tube) into adult, adolescent, pediatric patient?</p> <p><b>Answer:</b> After careful reconsideration of issue and information presented by DHART as well as review of AZ BON opine, and after P &amp; E Committee recommendations, Board consensus that it is within RN scope of practice provided following are met:</p> <p>a. Nurse has satisfactorily completed nationally recognized course suitable to age of patient.</p> <p><b>COURSE OF INSTRUCTION:</b></p> <ol style="list-style-type: none"> <li>1. Anatomy and physiology of pulmonary system, pharmacological and patient assessment for basic advanced airway management, didactic and classroom instruction, followed by supervised clinical practice required for intubation.</li> <li>2. Indications and contraindications for intubation including but are not limited to preparation of patient, equipment set-up and maintenance.</li> </ol>

<p>RN scope of practice to perform Rectal Dilatation in home setting</p>	<ol style="list-style-type: none"> <li>3. Safety measures and management of potential complications and unexpected outcomes, including use of advanced airway devices.</li> <li>4. Indications and contraindications for selection of proper airway equipment appropriate for age specific populations.</li> <li>5. Verification procedures to ensure proper placement of airway</li> <li>6. Nursing care responsibilities and age specific management of intubated patient.</li> </ol> <p>b. Employer maintains written policy which allows nurse to perform procedure and specified method for education and minimum of annual re-demonstration of skill.</p> <p>c. Documentation of satisfactory completion of agency’s instructional program and demonstrated clinical proficiency is on file with employer.</p> <p><b>Question:</b> Is it within RN scope of practice to perform Rectal Dilatation in home setting?</p> <p><b>Answer:</b> Board consensus that it is within RN scope of practice to perform Rectal Dilatation in home setting.</p>
<p>RN scope of practice to insert CVC under ultrasound</p>	<p><b>Question:</b> Can RN, with training and competency, insert CVC under ultrasound?</p> <p><b>Answer:</b> Board opined that it is within RN scope of practice to insert CVC under ultrasound with competencies, appropriate setting and facility policy. Refer to AZ BON guidelines with interpretation.</p>
<p>RN scope of practice to inject neuroaxials directly into epidural line</p>	<p><b>Question:</b> Can RN inject neuroaxials directly into epidural line of post partum surgical patient or post surgical patient?</p> <p><b>Answer:</b> Similar question posed on February 16, 2006: <i>Can RN give intermittent bolus of Astromorph into epidural line that is being used for pain management after surgery?</i> Board opined it is not within scope. Question revisited at April 20, 2006 meeting and Board opined: <i>RN administration of Astromorph and other neuroaxials is within scope of practice provided Nur 305.01(c) and (d) are followed.</i> After review of previous opine as well as other Board opinions from ME and NE, and after P &amp; E Committee recommendations, .Board opined that it is within RN scope to inject neuroaxials directly into epidural line of <b>non-pregnant</b> post-operative patients provided competencies are met.</p>
<p>RN, LPN, or LNA scope of practice to administer PTNS</p>	<p><b>Question:</b> Can RN, LPN, or LNA administer PTNS (percutaneous tibial nerve stimulation?)</p> <p><b>Answer:</b> Board opined that administration of PTNS is within RN or LPN scope of practice, but NOT within LNA scope of practice.</p>
<p>RN scope of practice to cannulate external jugular, subclavian or femoral veins</p>	<p><b>Question:</b> Is it within RN scope of practice, with proper training, to cannulate external jugular, subclavian or femoral veins in emergency situation?</p> <p><b>Answer:</b> Board reversed previous opinions from 1996 and 2009 and unanimously agreed to allow RN’s to cannulate the external jugular, subclavian or femoral veins in emergency situation with proper training and competency.</p>
<p>Nursing scope of practice to perform needle thoracotomy</p>	<p><b>Question:</b> Is needle thoracotomy within nursing scope of practice to emergently relieve tension pneumothorax?</p> <p><b>Answer:</b> Board opined it is NOT within RN scope of practice to perform needle thoracotomy to emergently relieve tension pneumothorax.</p>
<p>LNA scope of practice to accept and sign for medications</p>	<p><b>Question:</b> Is it within LNA scope of practice to accept and sign for medications delivered to facility by pharmacy?</p> <p><b>Answer:</b> Board opined that it is NOT within LNA scope of practice to accept or sign for meds delivered to facility by pharmacy without MNA certification.</p>

<p>LNA scope of practice to operate cough assist machine or vest therapy</p>	<p><b>Question:</b> Is it within LNA scope of practice to operate cough assist machine or vest therapy?  <b>Answer:</b> Board opined that it is NOT within LNA scope of practice to operate a cough assist machine or vest therapy as nursing assessment is required.</p>
<p>LNA scope of practice to apply intermittent pneumatic devices</p>	<p><b>Question:</b> Is it within LNA scope of practice to apply intermittent pneumatic devices for edema in bilateral lower extremities?  <b>Answer:</b> Board opined that it is within LNA scope of practice to apply intermittent pneumatic devices to lower extremities with education, competency and delegation by licensed nurse.</p>

**NH BOARD OF NURSING**

<i>Program</i>	<i>Program Coordinator/Chair</i>	<i>Board Action</i>
<b><i>October 18<sup>th</sup>, 2012</i></b>		
Cedarcrest Center LNA Program	Deborah Pilot-McClendon	Continued Approval
Catholic Medical Center RN Reentry Program	Louise Smith Cushing	Continued Approval
<b><i>November 15<sup>th</sup>, 2012</i></b>		
Clinical Career Training LLC MNA Program	Melanie Hill	Continued Approval
River Valley Community College RN Reentry Program	Susan Henderson	Continued Approval
<b><i>December 20<sup>th</sup>, 2012</i></b>		
American Red Cross Medical Careers Training School LNA Program	Florence Hildreth	Continued Approval
Sugar River Valley Regional Technical Center LNA Program	Tanya Wilkie	Continued Approval
Mountain View Community LNA Program	Patti Cain	Continued Approval
White Mountain Community College LNA Program	Nancy Smith	Continued Approval
<b><i>January 17, 2013</i></b>		
Med Pro Educational Services LLC LNA Program	Pamela Heggelund	Continued Approval
Med Pro Educational Services LLC MNA Program	Pamela Heggelund	Continued Approval
Crotched Mountain Rehab Center MNA Program	Dorothy Normile	Initial Approval
LNA Health Careers LLC LNA Program	Shelly Ling	Continued Approval
<b><i>February 21, 2013</i></b>		
Pinkerton Academy LNA Program	Maryellen Dooley	Continued Approval

## Complaint Reporting

Pursuant to RSA 326-B:37 V: Every individual, agency, facility, institution, or organization that employs licensed nursing personnel within the state shall report to the board within 30 days any alleged violations of the Nurse Practice Act (RSA 316-B:37, RSA 326-B:41 and Nur 402.04(b).

Reportable violation are cited in RSA 326-B:37 II, Nur 402.04 (b) and Nur 402.04 (c).

Any alleged violation of the Nurse Practice Act reportable to Bureau of Adult and Elderly Services (BEAS) should also be reported to the Board of Nursing.

The complaint form and guidelines can be found on Board of Nursing website [www.nh.gov/nursing](http://www.nh.gov/nursing) under Enforcement.

## DISCIPLINARY ACTIONS 9/2012 TO 3/2013

At its November 15, 2007 meeting, Board members voted to publish names of individuals involved in disciplinary actions. At its March 20, 2003 meeting, Board members voted reprimands will no longer be posted in the Newsletter. Any questions please call Susan Goodness at the Board office, (603) 271-2323.

NAME	LICENSE #	BOARD ACTION	DATE	ACTION
Davey, Gina	040296-21	Reinstated w/1-yr probation	9/20/2012	
Adams, Andrea	034304-24	1-yr Probation w/conditions & Restrictions	9/20/2012	Positive drug test results for a drug for which Respondent had no lawful prescription.
Dwyer, Penelope	044644-24	Voluntary Surrender	9/20/2012	
Alonardo, Clark	048491-24	Voluntary Surrender	9/24/2012	
Budesky, Alexis	060747-21	Emergency Suspension until hearing before the Board	10/9/2012	
Galbraith, Judith	065285-21	2-yr Reciprocal discipline w/Oklahoma	10/18/2012	
SanSoucie, Diane	051276-21	Voluntary Surrender	10/18/2012	
Shatz, MaryJean	056548-21	2-yr Suspension w/ monetary penalty \$500.00	10/18/2012	For violating sections of the Nurse Practice Act including (1) diverting medications from Portsmouth Regional Hospital for her own use, (2) using a controlled substance in a manner dangerous or injurious to herself or any other person or to an extent that may have impaired her ability to safely practice nursing.
Taylor, Stella	Va compact lic	Agreement not to practice in NH	10/18/2012	

Treannie, Holly	013782-22	6-mo Suspension w/ \$250.00	10/18/2012	For violating sections of the Nurse Practice Act including (1) diverting or attempting to divert drugs or controlled substances; and/or, (2) using a controlled substance in a manner dangerous or injurious to herself or any other person, or to the extent that such use may have impaired her ability to practice nursing safely; and/or (3) making false or incorrect entries in a patient's record pertaining to drugs or controlled substances.
Medeiros, Brittany	042179-24	Revocation w/\$500.00	10/18/2012	For violating sections of the Nurse Practice Act including (1) using a controlled substance while working and/or, (2) failing to cooperate with a lawful investigation of the Board.
Cassidy, Dawn	013707-22	2-yr Suspension w/\$500.00 monetary penalty	11/15/2012	For violating sections of the Nurse Practice Act including working while impaired by alcohol.
Hook, Linda	010287-22	2 yr Probation w/restrictions & conditions	11/15/2012	For violating sections of the Nurse Practice Act including 1) calling in a prescription for her daughter without a physician's knowledge or permission, and/or 2) picking up a prescription which she knew was a false prescription and/or 3) pleading guilty to Theft by Deception.
Lewis, Suzanne	009859-22	Revocation	11/15/2012	For violating sections of the Nurse Practice Act including 1) drug diversion while she was working in Massachusetts, and/or 2) providing false information to the Board in her reinstatement application, and/or 3) exhibiting a pattern of behavior incompatible with the standards of practice.
Lynch, Julia	048248-21	Modification to Restriction #3	11/15/2012	

Aldrich, Marc	039222-24	2-yr Suspension w/\$500.00 monetary penalty	11/15/2012	For violating sections of the Nurse Practice Act including 1) reporting to work on May 1, 2012 while under the influence of alcohol and/or 2) reporting to work on May 2, 2012 while under the influence of alcohol.
O-Malley Burns, Shannyn	041622-24	Voluntary Surrender	11/15/2012	
Shea, Eileen	030907-24	Reinstate after successfully completeing comp.testing	11/15/2012	
Wenske, Elsa	044306-24	Revocation	11/15/2012	For violating sections of the Nurse Practice Act including being under the influence of alcohol and/or drugs while providing care to a client.
Whipple, Renee	046027-24	2-yr Suspension w/\$750.00 monetary penalty	11/15/2012	For violating sections of the Nurse Practice Act including 1) diverting a resident's Tramadol for her own use and/or 2) diverting a resident's Dilaudid for her own use and/or 3) being addicted to Tramadol.
Wilcox, Debra	047953-24	Revocation	11/15/2012	For violating sections of the Nurse Practice Act including reporting to work while intoxicated.
Brownlee, Austin	053674-21	1-yr Probation w/ quarterly work performance reports	12/20/2012	For violating the Nurse Practice Act by reporting to work while impaired by alcohol.
Cote, Roberta	007069-22	1-yr Probation w/conditions & restrictions	12/20/2012	Reported to work in an impaired condition.
Golt, Debra	034422-21	Revocation	12/20/2012	For violating sections of the Nurse Practice Act including (1) unprofessional conduct in Vermont and her failure to notify the Board of the discipline imposed by the Vermont Board of Nursing and/or, (2) emotionally abusing her elderly mother and/or demonstrating a patter of behavior that is incompatible with nursing standards of practice.
Stewart, Susan	014726-22	Voluntary Surrender	12/20/2012	

Welch, Karrie	058194-21	1-yr Probation w/restrictions & conditions	12/20/2012	Possession of drugs and driving while under the influence.
Cameron, Christine	033013-24	Voluntary Surrender	12/20/2012	
Chalston, Michelle	031196-24	Preliminary Agreement for Practice Restrictions	12/20/2012	
Corliss, Lindsay	015209-22	Immediate Suspension until hearing before the Board	1/17/2013	
Johnson, Michelle	015500-22	Suspension indefinitely	1/17/2013	For violating the Nurse Practice Act by falsifying information on her September 7, 2011 renewal application.
Peters, Yanna	013264-22	Immediate Suspension until hearing before the Board	1/17/2013	
Ryznal, Leslie	047047-21	2-yr Probation w/conditions & restrictions	1/17/2013	For failing to notify the Board of discipline in the Commonwealth of Massachusetts and falsified information she provided to the Board upon the application for licensure in NH.
Sargent, Kelly Jo	047946-21	Immediate Suspension until hearing before the Board	1/17/2013	
		Suspension lifted until a full hearing before the Board	3/21/2013	
Conkle, Layna	026594-24	Revoked	1/17/2013	For violating sections of the Nurse Practice Act including (1) taking money from a resident and failing to return the money to the resident and/or, (2) failing to cooperate with a lawful investigation of the Board and/or (3) exhibiting a pattern of behavior incompatible with the standards of practice.
Dowey, Joselyn	024272-24	Voluntary Surrender	1/17/2013	
McCarthy, Marnie	025250-24	Immediate Suspension until hearing before the Board	1/17/2013	
Moore, Theresa	017881-24	Immediate Suspension until hearing before the Board	1/17/2013	
Rivers (Jordan), Melanie	058541-21	1-yr Probation	1/23/2013	
Fitzsimmons, Lori	051710-21	Emergency Suspension until hearing before the Board	2/11/2013	
Ericksen, Phyllis	008224-22	Voluntary Surrender	2/21/2013	
Erwin, Heidi	037334-21	Probation removed	2/21/2013	

Mallett, Sarah	055552-21	3-yr Probation w/restrictions & Conditions	2/21/2013	For violating the Nurse Practice Act by falsifying information on her January 2, 2013 renewal application.
McCarty, Kelly	050628-21	2-yr Probation w/conditions & restrictions	2/21/2013	For violating sections of the Nurse Practice Act including (1) using a drug in a manner dangerous or injurious to herself or the public and/or, (2) testing positive for a drug for which she had no lawful prescription.
McGinley, Kristen	050786-21	reinstatement w/2-yr probation conditions/restrict.	2/21/2013	
Young (Davis), Melanie	038425-21 (23)	Revoke	2/21/2013	For violating sections of the Nurse Practice Act including (1) testing positive for ETG/ETS and/or, (2) testing positive for a drug for a controlled drug in violation of a Board order.
Trow, Stephanie	013864-24	Voluntary Surrender	2/21/2013	
Budesky, Alexis	060747-21	2-yr Suspension	3/21/2013	For violating sections of the Nurse Practice Act including (1) professional misconduct related to the charge that she sold heroin and/or, (2) unethical conduct related to the charge that she sold heroin and/or (3) drug-related actions.



**NH Board of Nursing  
LNA Day of Discussion**

**June 11, 2013  
8:00 am - 12:30 pm**

**NH Board of Nursing  
Conference Room 100  
21 S. Fruit Street, Suite 16  
Concord, NH 03301**

**Conference Schedule**

- 8:00-8:30 Registration and Welcome**
- 8:30-9:30 Managing Difficult Behaviors**  
presented by Nichole Sorenson, RN
- 9:30-10:15 Non-Pharmacologic Interventions with Dementia Patients**  
presented by Linda Tuttle RN & Nina Worsey RN,MSN
- 10:15-10:30 Break**
- 10:30-11:15 Effectiveness of Teamwork in Healthcare**  
presented by Heather Dunlap, LNA
- 11:15-11:45 Caregivers Guide to Human Kindness**  
presented by Robin Giuggio, LNA
- 11:45-12:30 BON Updates and Q&A**  
presented by Lori Tetreault, RN-BSN

**Registration Deadline:  
June 1, 2013**

Registration (Please print clearly)

Name:

Employer/Facility Name:

Contact phone and /or email (required):

Title:

**Registration is limited to 60 LNA participants.**

The program is FREE  
A light snack will be provided  
Bring your own coffee or beverage

**Please note:**

You will not receive a confirmation notice. Faxed (271-6605) registration forms are accepted. Before registering, please check the Board website at [www.state.nh.us/nursing](http://www.state.nh.us/nursing) to determine if registrations are still being accepted or if the conference has been filled to capacity.

**Presentation topics may be subject to change**

**Continued Education  
4 Contact Hours**

**Directions**

Directions to Board of Nursing are posted on our website at: [www.state.nh.us/nursing](http://www.state.nh.us/nursing) or you may call the office at 603-271-6282.

### **On-Line Disclaimer**

State of New Hampshire Web sites may contain links to or data from other, non-State Web sites. When linking to another site, this State of New Hampshire Privacy Notice no longer applies. The State of New Hampshire does not endorse any products or services linked from or supplied to this site. In addition, some State agencies may have policies specific to their agency that augment or supersede this policy.

While the State of New Hampshire's Web sites are intended to provide current and accurate information, neither the State nor any of its employees, agencies, and officers can warranty the information contained on the site and shall not be held liable for any losses caused on the reliance of information provided. Relying on information contained on these sites is done at one's own risk.