BOARD OF REGISTERED NURSING

BRN Report

fall/winter 2009

The BRN Report

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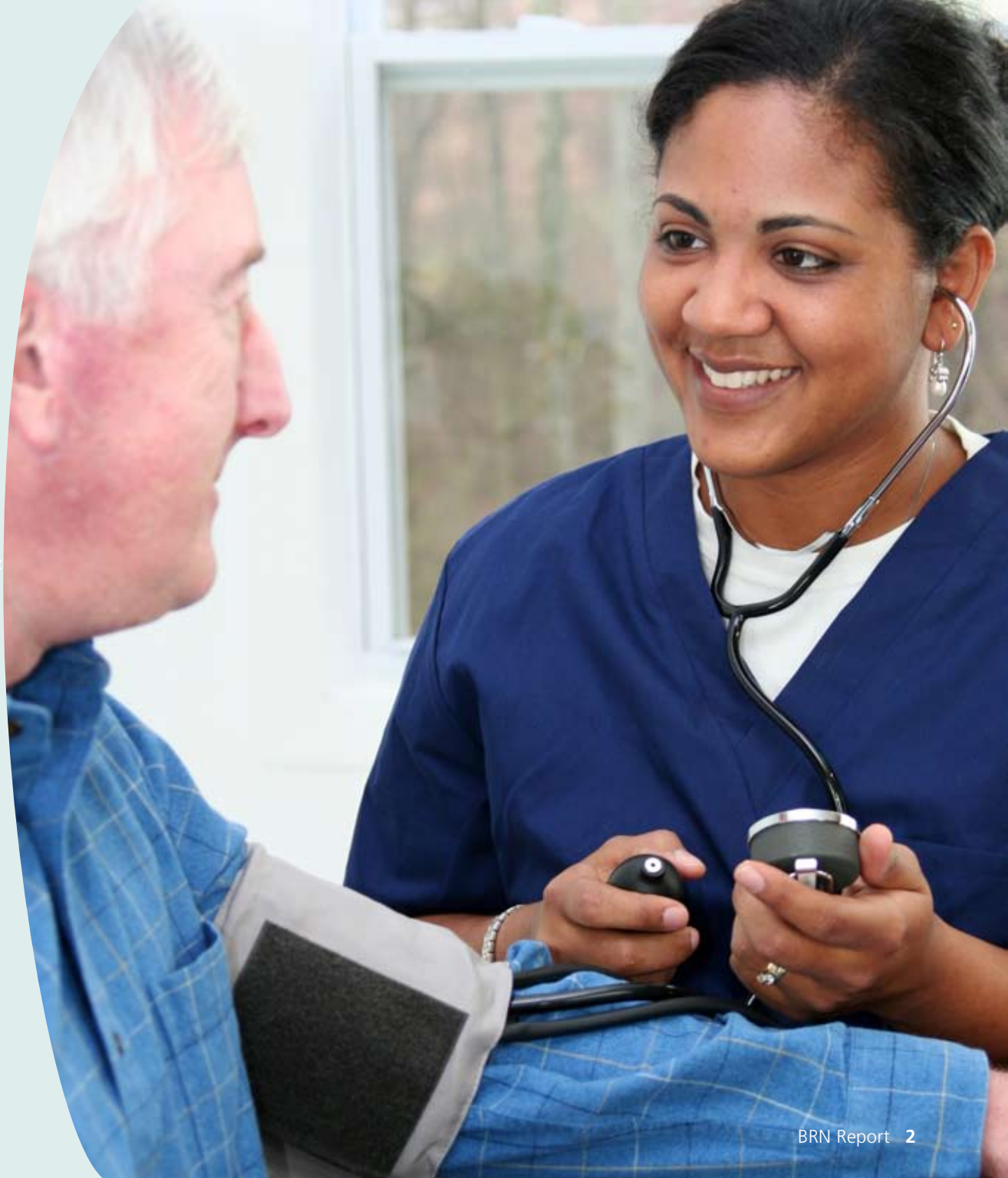
Next Board Meeting

See the BRN Web site at **www.rn.ca.gov/about_us/meetings.shtml** for the latest dates and locations of upcoming Board and Committee meetings



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Purpose

The purpose of the *BRN Report* is to inform registered nurses of current laws related to nursing, Board policies and activities, and issues pertaining to the regulation of nursing practice and education.

Meet the Board Members

Meet the Board Members who serve as the policy-setting body for the Board. Seven of these members are appointed by the Governor, one by the Senate President Pro-Tempore, and one by the Assembly Speaker. Some represent different areas of RN practice and some are public members.

1 Nancy L. Beecham

Ms. Nancy L. Beecham, BS, RNC, is the Nurse Administrator Member. She was appointed in December 2006 by Governor Schwarzenegger. Ms. Beecham is currently a consultant to long-term care facilities and is certified in Gerontology. She is also the Nursing Administrator/Director of nursing services at Edgemoor Hospital in Santee. Ms. Beecham is also currently the President of the Long-Term Care Nurse Council for the California Association of Health Facilities.

2 Ann Boynton, Board President

Ms. Ann Boynton of Sacramento is a Public Member and currently managing director at Manatt Health Solutions. She served as undersecretary for the Health and Human Services Agency from 2006 to 2008. Ms. Boynton also served as Chief Deputy Cabinet Secretary in the office of the Governor. In addition, she has nearly two decades of experience in management consulting for many State government entities. Ms. Boynton was appointed in July 2009 by the Governor.

3 Judy Corless

Ms. Judy Corless, BSN, RN, is one of the two Direct Patient Care Members of the Board. She currently serves as clinical nursing director at the Corona Outpatient Surgical Center. She previously served as a staff nurse for labor and delivery and a staff nurse in the emergency room at the Corona Regional Medical Center, and has also been an executive manager and charge nurse. Ms. Corless was appointed in July 2009 by the Governor.

4 Jeannine Graves, Board Vice President

Ms. Jeannine Graves, MPA, BSN, RN, OCN, CNOR, of Sacramento, is the Board's other Direct Patient Care Member. Ms. Graves has served for more than 10 years as the Thermal Ablation Clinic Coordinator for Capitol Surgical Associates in the Sutter Cancer Center where she promotes Surgical Oncologic Nursing care, managing and educating patients with varying types of cancer. She also serves as a Staff Nurse in the O.R. at Mercy San Juan Medical Center in Carmichael. Ms. Graves was appointed by the Governor in July 2009.

PHOTOGRAPHS BY LOREN REED, DEPARTMENT OF CONSUMER AFFAIRS PUBLIC AFFAIRS OFFICE & DAWN KAMMERER, BOARD OF REGISTERED NURSING

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⑤ Dian Harrison

Ms. Dian Harrison, MSW, is a Public Member. She was appointed to the Board in October 2008 by Speaker of the Assembly Karen Bass. Ms. Harrison has dedicated more than 30 years of public service to the non-profit sector, and is currently President and CEO of Planned Parenthood Golden Gate (PPGG). She has held leadership roles with the United Way and the Urban League and she was the first woman to serve as Vice President of University Relations at Fisk University in Nashville, Tennessee, one of the oldest historically black colleges and universities.

⑥ Erin Niemela

Ms. Erin Niemela of Davis is a Public Member. She was appointed by Darrell Steinberg, chair of the Senate Rules Committee, in July 2009. She was Chief of Staff to former President Pro Tem Don Perata for 13 years. Prior to her tenure with Perata, she worked for Assembly Democratic Leader Richard Katz, Speaker Willie Brown and served as an intern to former Assemblymembers Steve Peace and Tom Bates. Ms. Niemela is a graduate of UC San Diego and currently owns a lobbying and consulting firm in Sacramento.

⑦ Richard Rice

Mr. Richard Rice of Imperial Beach is also a Public Member of the Board. He most recently served as chair of the Unemployment Insurance Appeals Board. Prior to that, Mr. Rice served as a member of the California Apprenticeship Council. He has also served as Undersecretary at the Labor and Workforce Development Agency. Prior to that, he was Deputy Director at the Department of Industrial Relations. Mr. Rice was appointed in July 2009 by the Governor.

⑧ Catherine Todero

Ms. Catherine Todero, PhD, RN, of La Mesa, serves as the Board's Nurse Educator Member. She is director and professor of the school of nursing at San Diego State University. Ms. Todero previously served as an associate dean for the college of nursing at the University of Nebraska Medical Center. Prior to that, her career included several academic appointments in the colleges of nursing at the University of Nebraska, Creighton University, and other administrative and direct patient care positions. Ms. Todero was appointed by the Governor in July 2009.

⑨ Kathrine M. Ware

Ms. Kathrine M. Ware, MSN, RN, ANP-C of Davis serves as the Board's Advanced Practice Member, appointed by the Governor in July 2009. Ms. Ware has served as a nurse practitioner for the Vascular Center Clinic at the University of California, Davis since 2006. She is a Vascular Nursing and Tobacco Treatment specialist. She previously worked as a nurse practitioner for internal medicine at Sutter Medical Group in Sacramento. Prior to that, Ms. Ware has served in various direct patient care nursing positions including a resource nurse, outpatient surgery, critical care and surgical ICU.

Fingerprint requirement protects the public

Background

The mission of the Board of Registered Nursing (BRN) is to protect the health and safety of consumers by promoting quality registered nursing care in the State of California. The BRN takes this mandate very seriously and continues to be committed to consumer protection by ensuring that registered nurses are safe and competent practitioners.

The BRN has received media attention in a number of newspapers in the last few months. The articles identified licensed RNs who were convicted of crimes that had not been reported to the BRN by the courts, employers, co-workers, or other sources. These RNs were issued licenses prior to the 1990 fingerprint requirement.

The BRN currently licenses nearly 370,000 Registered Nurses in California. The vast majority of RNs are safe and competent practitioners who have not had any criminal or disciplinary actions taken against their license. The BRN receives complaints on less than 1½ percent of all nurses licensed in the State.

In 1990, California became the first state in the nation to require fingerprints for all RN applicants, including exam applicants and out-of-state RNs seeking California licensure. Since implementing the fingerprinting requirement in August 1990, the BRN has fingerprinted more than 562,000 applicants seeking RN licensure in California. Obtaining fingerprints allows the BRN to see any prior convictions a nurse may have and also provides for notification of any subsequent arrests.

On October 23, 2008, the Board approved adoption of an emergency regulation package requiring fingerprinting and requesting disclosure of convictions upon renewal of licensure. The regulation received final approval on June 2, 2009

Disclosure of Convictions and Discipline

Effective October 2008, upon the renewal of a registered nurse license, the BRN requires a licensee to disclose if he or she has had any license disciplined by a government agency or other disciplinary body; or has been convicted of any crime in any state in the United States and its territories, military court or a foreign country since his or her last renewal. If a response of "yes" is provided, additional information regarding the matter is requested.

"Conviction" includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanors, and felonies. It is not necessary to report a conviction for an infraction with a fine of less than $300, unless the infraction involved alcohol or a controlled substance. However, any convictions in which a plea of no contest was entered and any convictions that were subsequently set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code must be disclosed. "License" includes permits, registrations, and certificates. "Discipline" includes, but is not limited to, suspension, revocation, voluntary surrender, probation, public reprimand or any other restriction.

New Fingerprint Requirement

For licenses expiring on or after March 1, 2009, RNs **not** previously fingerprinted by the BRN (or for whom a record of fingerprints no longer exists) are required to be fingerprinted by the California Department of Justice (DOJ) in order to renew their license, and they must indicate on the renewal form whether the requirement has been met. This requirement applies to RNs licensed prior to August 1, 1990, since fingerprints were not required for licensure prior to that date, unless fingerprinted by the BRN subsequent to licensure. This one-time processing of fingerprints is necessary in order to maintain a current and active RN license in California. The current processing fee for fingerprinting at DOJ is $51. In addition, a print "rolling" fee of $10 to $25 will be required at the fingerprint site. Fingerprinting by another agency or your employer is not sufficient to meet the requirement.

The BRN will contact RNs who were previously fingerprinted by the BRN, but a record no longer exists and the RN is required to submit fingerprints. The fingerprint requirement will be waived if the license is renewed in an inactive status; however, a request to have an inactive RN license activated will require fingerprints be submitted if the BRN does not have fingerprint records for the licensee on file. Fingerprints, if required, may be submitted anytime prior to the renewal.

Completing and Submitting Fingerprints

There are two methods available for completing the fingerprint requirement. One method is Live Scan and is recommended for RNs in California in order to shorten the processing time. The second method for RNs without access to Live Scan is a fingerprint card (hard card).

Method 1: Live Scan Process

If you are in California, you may use the Live Scan service. Visit **ag.ca.gov/fingerprints/publications/contact.htm** to locate Live Scan sites in the State. Most local law enforcement agencies in California have Live Scan equipment. Hours of operation and fees vary, so please contact the Live Scan site directly for information. The BRN will only accept Live Scans completed in California. You may obtain a Live Scan form from the BRN Web site at **www.rn.ca.gov**. Click on the "Licensees" or "Renewing" tab.

Method 2: Manual Fingerprint Card (Hard Card)

If you live outside of California, you will need to submit a manual fingerprint card (hard card). You may request an 8" x 8" fingerprint card (FD-258) from the BRN Web site at **www.rn.ca.gov**. Click on the "Licensees" or "Renewing" tab to locate the fingerprint information for the manual fingerprint process and request a fingerprint card. Instructions for completing and submitting the manual fingerprint card are located on the Web site.

To obtain additional information regarding the submission of fingerprints, visit the BRN Web site at **www.rn.ca.gov**. Click on the "Licensees" or "Renewing" tab to locate the fingerprint information, Live Scan form or request a fingerprint card (hard card). Answers to "Frequently Asked Questions" are also available at that location.

FAQs

About the new license renewal fingerprint process

Excerpts from the BRN Web site

Why are registered nurses required to be fingerprinted?

The mission of the Board is to protect the health and safety of consumers by promoting quality registered nursing care in the State of California. The Board fingerprints licensees as one way of ensuring that registered nurses are safe and competent practitioners.

Am I required to be fingerprinted?

Effective March 1, 2009, if you have never been fingerprinted for the Board or the Board no longer has the fingerprint record.

You are required to be fingerprinted when you:

- Renew a license that expires on or after March 30, 2009 in the active status;
- Activate an inactive license; or
- Seek reinstatement, in the active status, of a lapsed license.

You do not have to be fingerprinted if you:

- Have previously been fingerprinted for the Board (e.g., for initial licensure, reinstatement of license, or condition of probation, etc.) and the Board has your fingerprint record;
- Are renewing your license in the "inactive status"; or
- Are actively serving in the military outside the country.

What should I do if I'm not sure if I've been fingerprinted for the Board?

If you reasonably believe that you have been fingerprinted for the Board, check "YES" on the license renewal application to indicate that you have complied with the fingerprint requirement. The Board will reconcile your renewal application with fingerprinting records and notify you if it does not have your fingerprint records on file.

Do I need to wait until my renewal is due to be fingerprinted?

No, you may submit your fingerprints at any time prior to the expiration of your license.

I was fingerprinted by my employer, school, or other State agency. Do I need to be fingerprinted for the California Board of Registered Nursing?

Yes. By law, fingerprint records are specific only to the requestor and results cannot be shared with others. Therefore, you must submit fingerprints to the Board. Although it may be inconvenient to submit fingerprints to multiple agencies, it protects your interest by ensuring that you know and authorize your records being sent to the requesting entity.

Will my license renewal be placed on hold until a fingerprint clearance is received by the Board?

No. Once you have submitted your renewal, appropriate fee, fingerprints (if required), answered the fingerprint compliance question and provided any other information required for renewal, your license will be renewed.

If I answer "No" or do not respond to the fingerprint question on the renewal application, what will happen to my renewal?

If you answer "No" or do not respond to the fingerprint compliance questions, a hold will be placed on the license and the renewal will be deemed incomplete and not eligible for renewal. The Board will notify you by mail of the necessary documents to submit for completion of the renewal process. Please note that if you do not complete the renewal process prior to the expiration of your license, you will not be able to practice until your license renewal has been completed.

What will happen if I do not submit fingerprints to the Board?

Failure to provide the required fingerprint information will render your renewal application incomplete and ineligible for renewal. In addition, failure to submit a full set of fingerprints to the Department of Justice on or before the date required for renewal of your license is grounds for discipline by the Board.

What is my fingerprint information going to be used for?

The mission of the Board is to protect the health and safety of California's healthcare consumers. Any information received from the California Department of Justice (DOJ) or the Federal Bureau of Investigation (FBI) will be reviewed on a case-by-case basis to determine if there is any cause to pursue administrative action against the license.

Who will have access to my fingerprint information?

The Board of Registered Nursing.

Where can I get more information?

Additional FAQs can be found online at **www.rn.ca.gov**.

Save time and renew your RN license online

Save yourself time, postage, and the hassle of mailing by renewing your RN license online. If your license expires within the next 90 days or is delinquent 8 years or less from the last expiration date, go to **www.rn.ca.gov/licensees/index.shtml** and renew your license online using Visa, Mastercard or Discover card.

GUEST COLUMNIST

RNs' professional role is established by law

Contributed by Maria W. O'Rourke, RN, DNSc, FAAN, CHC, President and CEO of Role-based Practice Solutions

Registered Nurses (RNs) must have a working knowledge of the California Nursing Practice Act (NPA), as well as a deep understanding of the Scope of Practice, Section 2725 and how it directly relates to consumer protection and patient safety. Given the key decision making role of the RN on the interdisciplinary team, all RNs must be able to articulate the basis for their authority, responsibility and accountability, as well as understand that this right to practice is a privilege.

The Legal Right to Practice Is A Privilege

As RN's, we have decision-making authority through the NPA based on our role in society as a profession. This authority over others is based on an expectation from the public that we have a substantial amount of scientific knowledge and skill, and that we will use our decision-making authority in an ethical and standards-based manner. This decision-making authority and autonomy is a privilege that is further grounded in the professional role obligation to monitor and evaluate the extent to which one's practice is producing positive results in patient care. Thus, Section 2725 was designed to support a professional model of practice and to better describe the RNs'role and its unique contribution to meeting the needs of the public we serve.

It is important to remember that the primary reason for licensure is the protection of the public. Section 2725, defines how we implement this professional role obligation and clearly describes the pivotal decision-making responsibility of RNs in the delivery of care. When there is a lack of understanding of the NPA, the effect is a less than optimal application of our functions

Building RN Role Capacity and Competence

There is variation in how students within California are taught Section 2725 and other related sections such as the Standards of Competent Performance Title 16, 1443.5. These sections of the California NPA define the role, authority, responsibility and accountability that come with this powerful decision-making role. These statutes and regulations set the minimum standards for the generic RN role. It is critical that faculty teach this nursing role definition in the first semester of the pre-licensure nursing program so that students can make an informed decision as to whether they want to pursue a professional career with such a complex decision-making role, and if so, take the necessary steps to gain the knowledge and skill required to competently enact the professional role of the RN in practice. I believe nursing students must be socialized in the first semester to what it means to be in a profession and understand the obligations that go with that professional role as applied to the RN role. It is vital that professional role development progresses in a consistent and systematic manner throughout the entire nursing program. A curriculum

where professional role development is woven into each course will produce registered nurses who understand their professional role and the breadth and depth of their authority and responsibilities related to that professional role. The student will also walk away knowing how to apply it to the discipline specific work of nursing as defined in the scope of practice, in a manner that best serves the public interest.

Over the years I have witnessed significant variation in understanding of the RN role as a professional and its primary work as described in the California NPA, Section 2725. What contributes to this variation? We have an interesting situation in California. Approximately half of all registered nurses working in California have received their nursing education outside of California. Given that each state has its own practice act, this situation has the potential to create variation in understanding of the California Scope of Practice, Section 2725. This in turn creates variation in use of Section 2725 as the legal minimum standard for role and practice competence by the practicing RN. This variation in understanding of Section 2725 and ultimately a variation in practice have the potential to undermine our value and impact patient safety. This situation places responsibility on employers of RN's to verify that these nurses understand their role, responsibility and authority as defined in the NPA.

Lack of differentiation between the generic RN role as described in Section 2725, and the functional role contributes to variation in understanding of the RN role and related practice. Irrespective of one's functional role (i.e. staff nurse, manager, researcher, educator/faculty) each one holds an RN license and is an RN. This requires that each individual follow and implement nursing practice according to his/her specific functional role. Section 2725 is generic to all functional roles in which an RN works, for example:

- Staff nurses and Clinical Nurse Leaders (CNL) provide direct care consistent with Section 2725.
- Clinical Nurse Specialist (CNS) and Nurse Practitioners (NP) do so at advanced levels.
- Educator/ faculty teach to Section 2725 throughout the pre-licensure and graduate curriculum to learners / students.
- Managers ensure that systems are in place to support a professional model of practice so that those they manage can apply Section 2725 at the point of care.
- Researchers use it to better understand and describe the work of nursing and the role we play in provision of care by generating knowledge for practice and by identifying best practices.

If we are to protect the public, academia and service must ensure that the NPA—especially Section 2725—serves as the foundation for preparing, developing, and sustaining a high-quality, competent workforce, and truly making operational the legal and professional standards that guide our practice.

Building RN Role Credibility

At the heart of the professional role is decision-making authority, autonomy and control of practice within established professional standards together with the obligation to monitor and evaluate that practice to a set of standards. This professional role is authorized by the California NPA and provides every RN with the legal authority, responsibility and accountability to provide safe, competent nursing care to patients. It allows every RN to make decisions about the status of health and the recovery process of patients under their care through the keen observation and the determination of abnormality associated with changes in the nursing condition and the medical condition. The patient's 24/7 need for nursing care provides RNs the opportunity to use this unique position to coordinate the care of patients in a manner that supports their recovery or to help achieve a peaceful death.

If the authority to monitor, evaluate and report the patients changing nursing condition and medical condition is not understood, nurses fail to use their authority to act on the patient's behalf as extensively as is allowed in California. Given the complex needs of patients, nurses must work with the health care team in a manner that transfers knowledge and information about the patient condition. The California NPA Section 2725, 4B, speaks to the professional obligation to report and refer and underscores that the RN must adopt the role obligation to be a transferor of knowledge as a primary responsibility of his or her work.

In the end, nursing will be judged not by what it says it can do but rather by what it did do as reported in results. Did our role as a decision maker have an impact on outcomes? Did our efforts add up to changes in outcomes that best serve our patients? Section 2725 can help us consistently and systematically ensure that our role and practice adds value by improving patient outcomes through professional role competence and practice excellence and in this way be true to our commitment to patient safety and consumer protection.

How to buy copies of the Nursing Practice Act

The Nursing Practice Act (NPA) is the body of California law that mandates the Board to set out the scope of practice and responsibilities for RNs. The Practice Act is located in the California Business and Professions Code starting with section 2700. Regulations that specify the implementation of the law appear in the California Code of Regulations, Title 16, Division 14. Other related statutes are included in the Business and Professions Code, Civil Code, Corporations Code, and other miscellaneous Codes.

The Nursing Practice Act, with regulations and related statutes from other Codes, is updated annually and available for purchase. LexisNexis has published the NPA in conjunction with the Board. The cost to purchase a hard copy of the NPA, which includes a CD, is $18.00. The 2010 NPA will be available in January 2010 at **bookstore.lexis.com**.

The Nursing Practice Act laws and regulations, which does not include the related statutes from other Codes, are also available on our Web site at **www.rn.ca.gov/regulations/npa**.

Reminders from the Enforcement Division

EMPLOYERS: Remember to verify your current and prospective employees' RN licenses

Employers are required to verify all permanent and temporary RN licenses with the BRN pursuant to Business and Professions Code Section 2732.05. Verification can be done by visiting the BRN Web site at **www.rn.ca.gov** and clicking on "Permanent License Verification" and/or "Temporary License and Interim Permit Verification" on the left-hand side of the page. The BRN also has a 24-hour automated voice verification system at 1.800.838.6828. Callers can verify up to three licenses during BRN office hours and up to 10 after hours and on weekends.

The Enforcement Division has recently received a dramatic increase in the number of complaints involving individuals attempting to use a revoked or surrendered license to obtain employment. This includes complaints involving individuals committing identity theft by using another RN's active and valid license. RNs may not practice on an expired license and they should be immediately removed if this is discovered. Should you become aware of any of these situations, notify the BRN Enforcement Division and provide as much information as possible so the BRN can conduct an investigation if necessary.

LICENSEES: Immediately Report Any Name or Address Change

Licensees are required by law (Business and Professions Code Section 136) to notify the Board of any name or address changes within 30 days of the change. The Enforcement Division will soon be issuing citations and fines to nurses who fail to comply with this requirement.

Respond immediately if you receive a Continuing Education Audit

Please make sure that you respond to the BRN by the required date if you receive a letter that states you have randomly been selected for a Continuing Education (CE) Audit.

At the time of license renewal, you are allowed to self-certify that you have completed the required 30 hours of continuing education since your last license renewal. However, California Code of Regulations section 1451(d) states that "Licensees shall keep the certificates or grade slips from academic institutions pursuant to Section 1458 (b)(7) for four years from the date they complete approved continuing education courses and must submit such certificates or grade slips to the Board when requested."

Anyone who does not comply with the CE audit or who has not completed the required hours in the last renewal cycle may be referred to the Enforcement Division for review and investigation to determine if disciplinary action is necessary.

Recent Disciplinary Actions

Information regarding recent disciplinary actions were included in previous issues of the BRN Report. The BRN is making strides to provide as much information as possible to the public via the Internet, therefore, recent disciplinary action information can now be viewed on the BRN Web site at **rn.ca.gov/enforcement/dispaction.shtml**

Diversion Program Helps RNs in Need

The BRN peers assistance and intervention program, known as the Diversion Program, is a voluntary and confidential program which is offered to RNs who may be experiencing problems with or whose practice may be impaired due to chemical dependency or mental illness. The goal of the program is to protect the public by early identification of impaired registered nurses by quickly removing the RN from practice and by providing these nurses access to appropriate intervention programs and treatment services.

The BRN encourages directors of nursing, employers, supervisors, and co-workers to refer RNs to the Diversion Program at the earliest indication when the nurse's job performance or behavior may be related to drugs, alcohol, or mental illness. The contracted program and the staff at the BRN provide confidential consultation for nurse employers about confronting and reporting impaired practice. A complaint to the BRN is always encouraged where there is evidence of intoxication or drug diversion in the workplace.

When information is received that an RN may have problems as the result of chemical dependency or mental illness, the RN is offered an opportunity to enter into the BRN's Diversion Program. Typically, immediate intervention occurs and the RN is removed from practice to be evaluated and treatment is facilitated. Nurses who are accepted into the program are assigned to one of 13 Diversion Evaluation Committees (DECs) throughout the State. Each DEC consists of three nurses, one physician, and one public member, all with expertise in chemical dependency or mental illness. At each DEC, the treatment plan for each nurse is developed and the nurse's progress in the program is evaluated. Each DEC meets four times a year. Nurse support groups are also available through the program in various geographic areas around the State.

The Diversion Program provides immediate intervention, help, and hope to RNs who may be suffering from the disease of addiction or mental illness. If you would like to obtain more information regarding this intervention program, please visit our Web site at **www.rn.ca.gov/diversion/index.shtml** or call the BRN's Diversion Program at 916.574.7692. To reach the program 24 hours a day via the BRN's Contractor, call 800.522.9198.

The BRN is Seeking Nurse Support Group Facilitators

The BRN's Diversion Program is seeking qualified RNs to facilitate nurse support groups in specific geographic areas. Nurse support groups play a vital role in the success of RNs who are seeking rehabilitation through the Diversion Program. Nurse support groups meet weekly; their role is to encourage members to share experience and to provide hope and support in addressing issues related to the process of recovery from the disease of chemical dependency. They also provide support regarding professional issues including re-entry into the workplace. Facilitators must have knowledge of chemical dependency and/or mental illness, group process, support the BRN's Diversion Program, and, if in recovery, have five years of sobriety. There are currently 44 nurse support groups throughout California.

The BRN is seeking facilitators for the following geographic areas: North San Diego County south of Camp Pendleton (Escondido, Fallbrook, Oceanside, Encinitas, Rancho Bernardo, Poway, Del Mar, Vista), Bakersfield, Humboldt County, Los Angeles, Marin County, San Francisco, and San Mateo.

If you or someone you know is interested in applying to facilitate a group, you may download the application from our Web site **www.rn.ca.gov/diversion/index.shtml**. You may also request an application by calling the BRN's Diversion Program at 916.574.7692.

The BRN Seeks Applicants for Diversion Evaluation Committees

The BRN Diversion Program is actively recruiting volunteers for its Diversion Evaluation Committees (DECs). There are currently 13 DECs located statewide. Each committee is composed of three RNs, a physician, and a public member who each have expertise in chemical dependency or mental health. Among other responsibilities, committee members make determinations about admission of RNs into the program and determine the rehabilitation program for each participant.

If you or someone you know is interested in applying, please download the application from our Web site at **www.rn.ca.gov/diversion/index.shtml**. You may also request an application by calling the BRN's Diversion Program at 916.574.7692.

Enforcement Progress Reports from Department of Consumer Affairs

The Department of Consumer Affairs (DCA) and the BRN are committed to improving consumer protection and increasing transparency and awareness of all enforcement improvements currently underway at DCA. DCA began issuing the Enforcement Progress Report on a monthly basis in September 2009 to document progress on enforcement reform. It can be found at www.dca.ca.gov/about_dca/epr_1.pdf .

Governor Schwarzenegger has mandated that all healing arts boards at DCA overhaul the enforcement and disciplinary processes and DCA is heeding this call. DCA will continue to make changes to ensure consumer protection is the number one priority for the BRN and all of its health-related boards and bureaus.

DCA would like to hear from you if you have any suggestions for improving or enhancing methods used to report violations of the Nursing Practice Act. Please e-mail your responses to: enforcementsuggestions@dca.ca.gov.

RNs needed to help with NCLEX® exams

NCSBN is currently seeking interested RNs from California who may qualify to serve as item writers, item reviewers, or members of the Standard Setting Panel of Judges for the NCLEX item and examination development process.

Item Writing Panel

Item Writers create the items (questions) that are administered in the NCLEX® examinations. You must have a master's or higher degree (for the NCLEX® RN exam only), and you must be responsible for teaching basic/undergraduate students in the clinical area OR currently employed in clinical nursing practice and working directly with nurses who have entered practice within the last 12 months. Additionally, you must be currently licensed and practice in California and employed in the U.S. or its member board jurisdictions. You must be a registered nurse (RN) for the NCLEX® RN exam or a licensed practical/vocational nurse (LPN/VN) OR RN for the NCLEX® PN exam.

Item Review Panel

Item Reviewers examine the items that are created by item writers. You must be currently employed in clinical nursing practice AND directly working with nurses who have entered nursing practice during the past 12 months, specifically in a precepting or supervising capacity. You must be currently licensed and practice in California and employed in the U.S. or its member board jurisdictions. You must be a registered nurse (RN) for the NCLEX® RN exam or a licensed practical/vocational nurse (LPN/VN) OR RN for the NCLEX® PN exam.

To apply for the Item Writing or Item Review Panel, you can complete an on-line application at the NCSBN web site **www.ncsbn.org** and select Item Development from the QuickLinks list.

NCLEX®-RN exam pass rates

First-Time U.S. Educated Candidates Seeking Licensure in California

	2006	2007	2008
Total Number Tested	8,296	9,373	10,334
Total Number Passed	7,269	8,022	9,018
Percent Passed (%)	87.62	85.59	87.27

*Includes California and out-of-state U.S. educated candidates

Repeat U.S. Educated Candidates Seeking Licensure in California

Total Number Tested	2,135	2,301	2,643
Total Number Passed	1,088	1,089	1,380
Percent Passed (%)	50.96	47.33	52.21

*Includes California and out-of-state U.S. educated candidates

First-Time Internationally Educated Candidates Seeking Licensure in California

Total Number Tested	8,316	14,073	14,427
Total Number Passed	4,139	6,290	6,024
Percent Passed (%)	49.77	44.70	41.76

Repeat Internationally Educated Candidates Seeking Licensure in California

Total Number Tested	9,190	10,601	11,440
Total Number Passed	2,097	2,125	2,431
Percent Passed (%)	22.82	20.05	21.25

Data Source: National Council of State Board of Nursing (NCSBN) Exam Statistics Reports

The BRN may need your expertise

The BRN Enforcement Program is currently recruiting qualified registered nurses to review case materials, prepare written opinions, and possibly testify at administrative hearings as an Expert Witness for cases involving Botox/Laser/Dermabraision, HIV/AIDS, Chemical dependency, and Psychology/Psychiatry.

Expert witnesses play a very important role in consumer protection and patient advocacy. This exciting opportunity may be yours if you meet the following qualifications:

- A current and active California RN license.
- Ten or more years of experience as an RN and five or more years of experience and expertise in one of the areas or specialties listed above AND current employment in that setting.
- No prior or current charges or discipline against any healthcare-related license in California or in any other place of licensure.
- No criminal convictions, including any that were expunged or dismissed.

Expert Witnesses are paid $75 per hour for case review and preparation of the expert opinion report and $75 per hour plus expenses if called to testify at an administrative hearing. Psychologists are paid $125 per hour and psychiatrists are paid $150 per hour.

If you are interested, you can obtain an application and information on submitting your application from the Enforcement section on the BRN Web site at **www.rn.ca.gov/enforcement/index.shtml**, or you may send your request in writing to: **Enforcement Program, Board of Registered Nursing: P. O. Box 944210, Sacramento, CA 94244-2100.**

HOT OFF THE PRESS

Now available on the board's website

The Survey of Registered Nurses in California 2008 and Forecasts of the RN Workforce in California 2009 Reports are now available on the BRN web site at **www.rn.ca.gov/forms/pubs.shtml**. The 2008 Survey of RNs report is the sixth in a series of surveys designed to describe the role of licensed nurses in California and to examine changes over time in areas such as demographics, education, employment, earnings, future plans and job satisfaction. The 2009 Forecasting report provides the most current RN supply and demand estimates for California available from the BRN and is based on data from a variety of state and national sources. Authorization is granted to reproduce the report.

Nursing students may be eligible for scholarships and loan repayment

Contributed by James Hall, Program Officer

The Health Professions Education Foundation (Foundation) was established in 1987. It is the State's only non-profit foundation statutorily created to encourage persons from underrepresented communities to become health professionals and increase access to health providers in medically underserved areas. Supported by grants, donations, licensing fees, and special funds, the Foundation provides scholarship, loan repayment and programs to students and graduates who agree to practice in California's medically underserved communities. Housed in the Office of Statewide Health Planning and Development (OSHPD), the Foundation's track record of delivering health providers to areas of need has resulted in approximately 2,700 awards totaling almost $25 million to allied health, nursing, mental health and medical students and recent graduates practicing in 51 of California's 58 counties.

Bachelor of Science Scholarship and Loan Repayment Program

Senate Bill 1267 (Maddy, Chapter 252, Statutes of 1988) established the Registered Nurse Education Program (RNEP) within the Foundation to increase the number of individuals from underrepresented groups practicing in the nursing profession by pursing a baccalaureate in nursing. In return, award recipients are required to practice full-time direct patient care in a medically underserved area or county health facility in California. Eligible applicants may receive up to $13,000 for scholarships and up to $19,000 for the loan repayment program. Award recipients will be required to complete a two- to four-year service obligation practicing full-time direct patient care. Qualified applicants include those with work experience, cultural and linguistic competence, financial need, community service, academic performance, career goals, and fluency. The program is funded through a $10 surcharge on registered nurse license renewal fees. Since 1990, the Foundation has awarded 1,744 scholarships and loan repayments to registered nurses to practice full-time direct patient care in medically underserved areas. Applications for the Bachelor of Science Scholarship/Loan Repayment Program are accepted in March and September.

Associate Degree Nursing Scholarship Program

The Associate Degree Nursing Scholarship Pilot (ADNSP) Program was established within the Foundation in September of 2003, pursuant to Assembly Bill 1241 (Parra, Chapter 396, Statutes of 2003). The purpose of the ADN Program is to support the education of registered nurses in associate degree nursing programs in counties with the highest need. Eligible applicants may receive up to $10,000 for a scholarship and must commit to two years of service. The ADN Program is also supported by the $10 surcharge on registered nurse licensure renewals. Since the inception of the program, $1,405,500 has been awarded to associate degree nurses. Qualified applicants include those with work experience, cultural and linguistic competence, financial need, community service, academic performance, and career goals. Applications for the associate degree nursing scholarship program are accepted in March and September.

For more information about the RN Education Fund and financial aid available for nursing students, check the Foundation Web site at **www.healthprofessions.ca.gov**. You can also write to the Foundation at: 400 R Street, Suite 460, Sacramento, CA 95811. Tel: 916.326.3640.

BRN Activities

The following summarizes the BRN activities for the 2007–2008 and 2008–2009 fiscal years. Fiscal years include July 1 through June 30.

FISCAL YEAR 2007–2008

Licensing

Applications Received	63,147
Licenses Issued	23,382
Total Licenses	356,817
Active	338,522
Inactive	18,295
Approved RN Pre-Licensure Programs	132
Continuing Education Providers	3,393

Enforcement Program

Complaints Received	3,900
Cases Referred to Attorney General	436
Formal Charges Filed	520

Disciplinary Actions

Revocation	121
Surrender of License	73
Probation	131
Probation with Suspension	10

Diversion Program

Self-referrals	76
Board Referrals	120
Number of Participants	445
Successful Completions	93

FISCAL YEAR 2008–2009

Licensing

Applications Received	50,504
Licenses Issued	23,624
Total Licenses	368,418
Active	350,432
Inactive	17,986
Approved RN Pre-Licensure Programs	143
Continuing Education Providers	3,362

Enforcement Program

Complaints Received	5,794
Cases Referred to Attorney General	515
Formal Charges Filed	456

Disciplinary Actions

Revocation	131
Surrender of License	79
Probation	139
Probation with Suspension	6

Diversion Program

Self-referrals	104
Board Referrals	114
Number of Participants	502
Successful Completions	74

New legislation

In September 2008, Governor Arnold Schwarzenegger signed AB 211 authored by Assemblymember Dave Jones, which requires health providers to prevent unlawful access, use, or disclosure of patients' information and hold health care providers and other individuals accountable for ensuring the privacy of patients.

Administrative penalties can be assessed against individuals for up to $250,000. Individuals will also be referred to appropriate licensing boards. Disciplinary action by the BRN will be pursued and fines of up to $5,000 may be levied for nurses who violate this law.

Legislative update

An update of bills related to registered nursing in some way that were chaptered in 2007/2008 are available on the BRN Web site at **www.rn.ca.gov/regulations/updates.shtml**.

Announcements

Notice regarding temporary licenses and interim permits

Effective Monday, August 10, 2009, the BRN is no longer issuing Temporary Licenses or Interim Permits until the processing of fingerprints is completed by the Department of Justice and the Federal Bureau of Investigation and BRN has been notified of the results.

No Temporary Licenses or Interim Permits are being issued at the BRN public counter unless the processing of fingerprints has been completed. The BRN apologizes for any inconvenience that this might cause.

Mission statement

The Board of Registered Nursing protects the health and safety of consumers by promoting quality registered nursing care in the State of California. We accomplish this through:

- Licensing registered nurses
- Approving nursing education programs
- Establishing and upholding competency standards
- Intervening with discipline and rehabilitation
- Serving as the final authority in the interpretation and enforcement of the Nursing Practice Act

Stay tuned

Almost all BRN licensing fees are expected to increase in the near future. Check the BRN Web site at **www.rn.ca.gov** periodically for the latest updates on this and other important announcements.

When you need information…STAT!

check our Web site at www.rn.ca.gov

Our Web site, **www.rn.ca.gov**, provides the latest information about upcoming Board events, licensing and renewals, links to other healthcare-related sites, scope of practice, the Diversion Program, discipline, and much, much more.

Do you want to renew your license? Do it online!

Do you want to get a licensure application form? Get one online!

Do you want to find out what colleges offer nursing programs? Check online!

Check out the Web site and let the Webmaster know what you think by sending an e-mail to **webmasterbrn@dca.ca.gov**. The Board welcomes your comments and suggestions!

Have you moved or changed your name?

Licensees are required to notify the Board If they have moved or changed their name. Title 16, California Code of Regulations section 1409.1, mandates that all licensees notify the Board of any change in name or address within 30 days of the change. You must provide the Board with both your former and new name and your current address as appropriate. It is very important that the Board have current and complete records so licensees receive timely renewal and other important information. Name and address change forms are available on the Web site at **www.rn.ca.gov/forms/forms.shtml**. Forms must be printed, completed, signed, and mailed to the BRN's Renewals Unit.

Navigating the phone system

Call 916.322.3350 to reach the BRN

When you hear the greeting, you can direct your call by pressing one of the following numbers. You do not need to wait for the greeting or menu to finish before pressing a number.

Press "1" to reach the Automated License Verification System.
Use this option if you know the permanent RN license number and wish to know the status, expiration date, issuance date, advanced practice certification, or other key data. In California, you can also reach this verification service by calling 1.800.838.6828.

Press "2" to reach the Examination and Licensing Program.
This option is for applicants for initial licensure, certification, or examination, and for verification of interim permits and temporary licenses.

Press "3" to reach the Renewals Program.
Use this option to ask a renewal question, file an address change, or to reach other RN licensee services.

Press "4" to reach the Diversion Program.
Use this option to inquire about the rehabilitation program for RNs who may be impaired by chemical dependency or mental illness.

Press "5" to file a complaint about a registered nurse.
This option transfers the caller to the Enforcement Program.

Press "6" to obtain recorded information on a variety of topics.
For example, BRN address; how to endorse from California to another state; application process for continuing education providers; referrals regarding vocational nurses, psychiatric technicians, certified nursing assistants or home health aides.

Press "0" for all other inquiries.
The BRN also has an automated 24-hour, toll-free, license verification number: 1.800.838.6828.

Also, The BRN Web site, www.rn.ca.gov is available 7 days a week, 24 hours a day!

Explanation of terms

The following is an explanation of terms which may appear throughout the *BRN Report*:

"Board" refers collectively to the nine appointed members. The "Board" is the Board of Registered Nursing's policymaking body that has responsibility for interpretation and enforcement of the Nursing Practice Act.

"BRN" is the Board of Registered Nursing. This is the State agency within the Department of Consumer Affairs that has the responsibility for implementation of Board policies and programs.

"NCSBN" is the National Council of State Boards of Nursing.

"NCLEX-RN®" is the National Council Licensure Examination-Registered Nursing

"NPA" refers to the Nursing Practice Act with Rules and Regulations. The NPA contains laws and regulations that govern the practice of registered nurses in California. It consists of sections 2700–2838 of the Business and Professions Code and Title 16, Division 14, or the California Code of Regulations. Nurses are responsible for knowledge of subsequent changes in the law. Publication of the *BRN Report* is one mechanism for informing registered nurses of these changes.

"RN(s)" is the abbreviation for registered nurse(s).

BOARD OF REGISTERED NURSING

BRN Report

fall/winter 2009

Board of Registered Nursing

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TDD: 916.322.1700

Verification: 1.800.838.6828

www.rn.ca.gov

Fax and e-mail information for each BRN unit is available on the Web site at www.rn.ca.gov/contact_us/contact.shtml

PDE 08-202 / 09.2009