



Clinical Nurse Specialist Advisory Committee Meeting

SUPPLEMENTAL MATERIALS

August 27, 2025

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Agenda Item 2.0

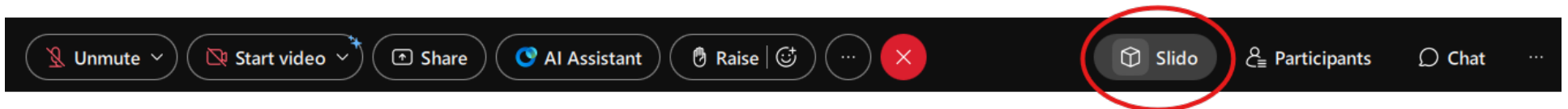
General instructions for the format of a teleconference meeting

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | August 27, 2025

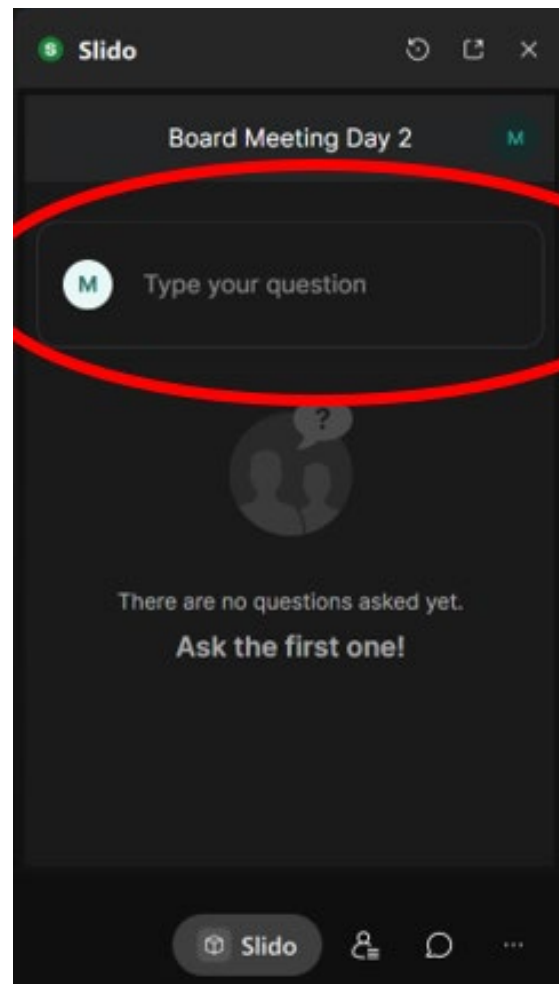
Participating During a Public Comment Period

If you would like to make a public comment:

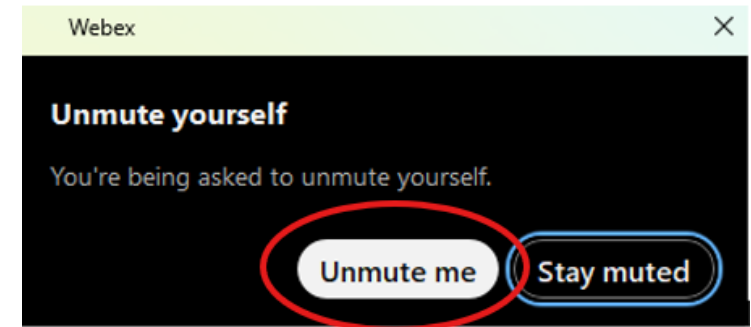
1. Click on the 'Slido' or  button at the lower right of your Webex session (you may need to click the three dots (...) and the Advanced tab to find this option, if joined by smart phone or another mobile device).



2. The 'Slido' panel will appear. (Your screen may look slightly different than pictured depending on Webex version.)



3. In the 'Slido' Q&A panel, type "I would like to make a comment." You will be identified by the name or moniker you used to join the Webex session, and your line will be opened. On the "Unmute yourself" pop-up, click the 'Unmute me' button (this may be hidden behind other open applications), and you will have **2 minutes** to provide comment. Every effort is made to take comments in the order which they are requested.





Agenda Item 4.1

Review and vote on whether to approve previous meeting's minutes

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | August 27, 2025

**BOARD OF REGISTERED NURSING
CLINICAL NURSE SPECIALIST ADVISORY COMMITTEE MEETING
MEETING MINUTES**

DATE: January 16, 2025

START TIME: 1:00 pm

LOCATION: **NOTE:** In accordance with Government Code section 11123.5, the meeting was held via a teleconference platform and all committee members participated remotely with a member of the Board's staff present at the primary physical meeting location below:
1747 North Market Blvd., Ste. 100
Sacramento, CA 95834

1:00 pm	1.0	Call to Order, Roll Call, and Establishment of a Quorum Jessica Lightcap, Chair, called the meeting to order at 1:00 pm. Quorum established at 1:01 pm.
	Clinical Nurse Specialist Advisory Committee Members:	Jessica Lightcap, MSN, RN, AACNS-P – Chair Elissa Brown, MSN, RN, PMHCNS-BC – Vice Chair Shannon Buckley, MSN, RN, CNS (Absent) Kerri Krogen, MSN, RN, AACNS-AG Marilyn Ababio (Absent)
	BRN Staff Representatives:	Loretta Melby, RN, MSN, Executive Officer Reza Pejuhesh, DCA Legal Affairs Division, Attorney
1:03 pm	3.0	Public comment for items not on the agenda; items for future agendas.
	Public Comment for Agenda Item 3.0:	No public comments in any location.
1:04 pm	4.0	Review and vote on whether to approve previous meeting's minutes
		4.1 August 15, 2024
	Discussion:	Presented by Jessica Lightcap, Chair
	Motion:	Elissa Brown Motion to Approve
	Second:	Kerri Krogen
1:05 pm	Public Comment for Agenda Item 4.1:	No public comments from any location.

Vote:

	JL	EB	SB	KK	MA
Vote	Y	Y	AB	Y	AB
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB					

Motion Passed

1:07 pm **5.0**

Discussion and possible action: Report from the two CNSAC subcommittees: Public Engagement and Website; and Regulations.

Discussion:

Presented by Loretta Melby, Executive Officer, Board of Registered Nursing.

Kerri Krogen: Provided an update for the Regulations Subcommittee. She said they have draft regs adapted from the regulations put together by Association of CNSs. They resemble the NP definitions and regs that have already been approved by the Board and include sections on: definitions of what a CNS is, the three Ps through advanced health care assessment, curriculum changes, education programs and all definitions, categories of CNSs that fall in line with CNS and the model, and the requirements for certification as a CNS including master's degree and either certification or successful completion of a CNS program approved by the Board. She said California is the last state that allows CNSs to not have national certification. They have requirements for CNS education programs in California and reporting CNS education program changes to the Board. There is a section on what requirements are for administration and organization of the programs for faculty, directors, clinical preceptors, and the educational curriculum needs. There is also a section on scope of practice that does not limit current RN scope of practice. There is a section on requirements for clinical practice experience for CNS students enrolled in non-California based CNS education programs. She stated that she thought this draft was under review by DCA legal.

Loretta Melby: Stated that the regulations have not been submitted to DCA; however, they have been reviewed by Marissa Clark and are currently with her for review. She said the committee put forth information about BRN oversight over CNS education which needs statute changes. She contacted DCA regulatory counsel who said this could be done but it has not been done to the level that is being put forth by this committee. In the past, CNS programs do not need BRN approval to operate in California. The BRN knows about them but has Method 1 for CNS students who graduate from California CNS programs that do not have national accreditation. This follows the practice NPs use. If this would be put forth in regulation then the schools would have to have BRN approval, which is another step for them. If there is no formal approval for schools there are a couple other pathways which includes removing Method 1. If there is no Method 1 then it would require national certification. This would

mirror CRNAs. If the CNS education is to be approved by BRN then she spoke about the process for other advance practice nurses having their program approved in California that does not require national certification. She said California is the only state that does not require all advance practice nurses to be nationally certified. She said one other state just changed their process to address this issue that gave the applicant six months to have an interim license while seeking national certification with two attempts to pass. She spoke about the pre-licensure program approval and reapproval process. There will need to be a change with CNS education program approval.

Elissa Brown: Asked who would approve the CNS programs, the Board or another accrediting agency.

Loretta Melby: Explained said that would be up for consideration as well. The BRN defers to national accreditors for the NP programs' approval. She said certain information is not in BRN regulations and would have to be addressed. She said the current process is to look at CNS programs one time. If the committee wants to have Method 1 then this would need to be considered if there is no BRN process. The process could be changed to coincide with the national accreditation process.

Elissa Brown: Said one of the problems is lack of exams for CNSs and disappearing of those exams for legacy specialties.

Loretta Melby: Explained that the NPs have similar issues of specialty exams disappearing in 2017. She said those that are certified continue to be licensed in California even though those are not offered currently by the national certifying board. They would become a legacy certification. Current CNS programs are only able to offer programs at a population focus that can obtain national certification. They are Adult/Geriatric, Neonatal, and Pediatric. All California programs offer all three of those programs. The committee should consider that a CNS can obtain licensure in another state as well. She said there is a huge push for women's health as a subspecialty track to wrap in women's health. There are two programs in California doing that option. She's hoping the national certifying body takes up these issues and includes them. She spoke about Elissa's specialty of psych mental health that is no longer offered. She said the CNS programs are doing great to work within the limitations. She spoke about Adult/Geriatric and Peds working with Family. She said it would be good to expand the national certification from three to the six that are done with NPs. BRN approval would not be limited even with the legacy certifications.

Kerri Krogen: Asked about the change to national certification similar to CRNA, and whether CNSs would be grandfathered in.

Loretta Melby: Said there is a section in statute for NPs for those without a graduate degree or national certification. A legislative proposal could be brought forth to make a change and regulations to follow. She said the goal is to expand licensure, not restrict or limit it.

Elissa Brown: Said this is a little different because a graduate degree was always required. She said it's like fitting a square peg in a round hole. She's still fighting for this and would like to have an educational option.

Loretta Melby: Stated that she's happy to move forward with that but wanted to get a feeling from this group on how to pursue this going forward.

Kerri Krogen: Said the subcommittee will continue working on this offline and discuss the information provided by Loretta Melby.

Jessica Lightcap: Asked if the committee would be talking about regulations in another agenda item. Loretta Melby said yes.

Jessica Lightcap: Provided an update on the Public Engagement and Website Subcommittee. She said she reviewed the CNS programs and schools which goes along with what was just discussed. She's making a new chart that she will send to the group to make some amendments. She has also been making changes based on what it says on the Board page and reorganizing it a little bit.

Loretta Melby: Said the regulatory updates went to the National Association of Clinical Nurse Specialists (NACNS) and noticed the programs and specialties listed do not match California. She sent a current list to the NECs and asked them to reach out to the schools to see if the national website is correct. She's waiting for feedback and will update the website with that information.

Motion:

No motion made.

1:31 p.m.

**Public Comment for
Agenda Item 5.0:**

Cheryl Goldfarb-Greenwood, CNS and past president for CACNS: She would like the advisory committee to consider 850 and 851 prohibiting any board that is part of DCA requiring certification by association or professional societies. She thinks it's important to review the regulations that exist when moving forward with any changes in regulation or any proposed changes to the certificate. For example, eliminating Method 1 for the CNS by the BRN could create barriers to patient access to care. She said CNS numbers have declined significantly the last many years since 2015. It is important for CNS students to have the option to use their academic education as a means to obtain their CNS certificate from the California BRN.

Loretta Melby: Said Method 1 is not codified in statute or regulations and that is a process that is being done to try to put in regs. That is part of the purpose of doing this as there is no application in regs. There is no codified process to obtain a license for CNSs currently in regs or statute.

1:38 pm

6.0

Discussion and possible action: Regarding the proposed draft regulatory language for Clinical Nurse Specialists, including but not limited to, definitions, application process and education oversight.

Discussion:

Presented by Kerri Krogen. She said she made all her comments in agenda item 5.0.

Loretta Melby: Said the proposed regulation language can be found on pages 15-22 in the meeting materials. They are draft and do not have any input from BRN or DCA legal yet.

Jessica Lightcap: Said there is no board approval process yet and when she was reviewing the information it says the director reviewing must be a CNS, and asked if the programs currently have one and how that might affect the programs.

Loretta Melby: Said she thinks the programs are run by CNSs. She said there are some combination NP CNS programs because there is dual preparation. They too have a director who is a NP and CNS.

Jessica Lightcap: Asked about draft regulations section 1497, categories of CNSs, subsection (d) says a CNS may practice in any clinical practice setting or area regardless of category or certification by one of the member organizations of the national commission on certifying agencies. She would like more clarification on this. Does it mean a Peds CNS could practice as an Adult CNS?

Elissa Brown: Said they looked at the NP things that allows them to work in different clinical practice settings. Kerri Krogen said if she got her CNS in Adult/Gero and then decided she wanted to work with kids she could transfer over to a children's hospital and can still work as a CNS without a Peds certification.

Jessica Lightcap: Stated that she thinks this is a little sticky because she has been a Peds CNS for all her career and might go work with Adults but would not call herself an Adult CNS.

Kerri Krogen: Stated that she thinks not having this language might limit a CNSs ability to practice.

Elissa Brown: Said she had concerns with someone coming into Psych Mental Health with no background.

Loretta Melby: Said a general RN can work in any specialty if they are competent. We err on the side of being competency based. The

BRN does not define individual competencies. Employers define competencies. She spoke about the 103 and 104 NPs. She spoke about national consensus through the consensus model. Regulators are unable to regulate specialties, only population focus. She spoke about various specialties.

Elissa Brown: Said Psych Mental Health is a population focus so it's sad that nursing speaks out of both sides of its mouth. She thinks they should still look at the language.

Jessica Lightcap: Spoke about CNS clinical preceptors because she is one and she stated that she thinks there should be others who can precept besides only CNSs because it is difficult to find CNSs.

Elissa Brown: Said they want more CNSs but she has precepted NPs so she understands expanding ways to precept.

Jessica Lightcap: Stated that she thought other states might want to weigh in on this. She said there are limited CNSs available to precept.

Kerri Krogen: Said she wasn't sure about the language and didn't think the preceptor had to be a CNS but an advance practice nurse with competence.

Jessica Lightcap: Stated she thought there should be more guidance in the language and thinks the language is a little bit restrictive.

Elissa Brown: Said they had some questions about the titles that schools had to have, and she doesn't know enough and asked for that to be reviewed.

Loretta Melby: Said there is language that can be standardized across programs at the school level. She discussed the various titles used.

Jessica Lightcap: Thanked the members for doing all the work on this.

Motion:

No motion made.

1:57 p.m.

**Public Comment for
Agenda Item 6.0:**

No public comments from any location.

1:58 p.m.

7.0

Information Only: Explanation of the term Clinical Nurse Specialist (CNS) and explanation of the role and positions within healthcare systems.

Discussion:

Presented by Jessica Lightcap, Chair.

Elissa Brown: Said this information is good because it is not only title protection but public protection. She said in the past nurses thought if they worked for 10 years, they could call themselves a CNS.

2:13 p.m. **Public Comment for
Agenda Item 7.0:**

No public comments from any location.

2:14 p.m. **8.0**

Information Only: Presentation from the California Association of Clinical Nurse Specialists (CACNS) on future priorities for CNSs, including national certification exams.

Discussion:

Presented by Olena Svetlov, President-Elect for California Association of CNS

No comments or questions from members.

2:24 pm **Public Comment for
Agenda Item 8.0:**

No public comments in any location.

2:25 pm **9.0**

Adjournment: Jessica Lightcap, adjourned the meeting at 2:25 p.m.

Submitted by:

Accepted by:

McCaulie Feusahrens

Chief of Licensing
Licensing Division
California Board of Registered Nursing

Jessica Lightcap

Chair
Clinical Nurse Specialist Advisory Committee

Loretta Melby, MSN, RN

Executive Officer
California Board of Registered Nursing



Agenda Item 5.0

Discussion and possible action: Report from the Board of Registered Nursing's Executive Officer regarding updates on activities which may impact Clinical Nurse Specialists (CNS)

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | August 27, 2025

BOARD OF REGISTERED NURSING
Clinical Nurse Specialist Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 5.0
DATE: August 27, 2025

ACTION REQUESTED: Report from the Board of Registered Nursing's Executive Officer regarding updates on activities which may impact Clinical Nurse Specialists (CNS).

REQUESTED BY: Jessica Lightcap, MSN, RN, ACCNS-P
Chair

BACKGROUND:

Loretta Melby, Executive Officer for the Board of Registered Nursing, will provide updates on Board activities which may impact CNSs.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 6.0

Discussion and possible action: Regarding meeting dates for 2026

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | August 27, 2025

BOARD OF REGISTERED NURSING
Clinical Nurse Specialist Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 6.0
DATE: August 27, 2025

ACTION REQUESTED: **Discussion and possible action:** Regarding meeting dates for 2026

REQUESTED BY: Jessica Lightcap, MSN, RN, ACCNS-P
Chair

BACKGROUND:

The CNSAC will meet twice per year. Meetings will be open to the public and adhere to the Bagley Keene Open Meeting Act requirements. Special meetings may be held at such times as the Board may elect, or on the call of the Board President or the Executive Officer.

A proposed schedule is included in the meeting materials.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov

BRN Board, Committee, and Advisory Committee Meetings in 2026

January 21, 2026	Advisory Committees Nursing Education and Workforce Advisory Committee (NEWAC)
February 11, 2026	Board Committee Meetings Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
March 26-27, 2026	Board Meeting
April 7, 2026	Advisory Committee Clinical Nurse Specialist Advisory Committee (CNSAC) Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
April 28, 2026	Advisory Committees Nurse-Midwifery Advisory Committee (NMAC) Nurse Practitioner Advisory Committee (NPAC)
May 13, 2026	Board Committee Meetings Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
June 25-26, 2026	Board Meeting
July 22, 2026	Advisory Committees Nursing Education and Workforce Advisory Committee (NEWAC)
August 12, 2026	Board Committee Meetings Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
September 24-25, 2026	Board Meeting
October 6, 2026	Advisory Committee Clinical Nurse Specialist Advisory Committee (CNSAC) Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
October 20, 2026	Advisory Committees Nurse-Midwifery Advisory Committee (NMAC) Nurse Practitioner Advisory Committee (NPAC)
November 5, 2026	Board Committee Meetings Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
December 16-17, 2026	Board Meeting



Agenda Item 7.0

Discussion and possible action: Regarding election of Chair and Vice Chair positions

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | August 27, 2025

BOARD OF REGISTERED NURSING
Clinical Nurse Specialist Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 7.0
DATE: August 27, 2025

ACTION REQUESTED: **Discussion and possible action:** Regarding election of Chair and Vice Chair positions

REQUESTED BY: Jessica Lightcap, MSN, RN, ACCNS-P
Chair

BACKGROUND:

CNSAC members will identify and vote on a committee Chair and Vice Chair to facilitate meetings in collaboration with the Board's Executive Officer. The Chair will develop the meeting agendas in collaboration with the Board's Executive Officer, staff liaison, and other Board support staff. Only appointed CNSAC committee members vote on meeting agenda items when a vote is required. This may include items such as approval of minutes and specific recommendations to be moved forward to Board Committees or the full Board. The Vice Chair has the authority to perform the committee Chair's duties in the Chair's absence and is knowledgeable regarding issues that impact CNSAC and the policies and procedures by which the committee must be run. Members must be available for telephone and email consultation with BRN staff relative to program work and other program issues.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 8.0

**Discussion and possible action: Report from the two CNSAC subcommittees:
Public Engagement and Website; and Regulations**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | August 27, 2025

BOARD OF REGISTERED NURSING
Clinical Nurse Specialist Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 8.0
DATE: August 27, 2025

ACTION REQUESTED: **Discussion and possible action:** Report from the two CNSAC subcommittees: Public Engagement and Website; and Regulations

REQUESTED BY: Jessica Lightcap, MSN, RN, ACCNS-P
Chair

BACKGROUND:

The two CNSAC subcommittees will provide updates on work conducted. The subcommittees and members are as follows:

- Public Engagement and Website: Jessica Lightcap
- Regulations: Elissa Brown and Kerri Krogen

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 9.0

Information Only: Overview of the 2026 BRN Sunset Review process

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | August 27, 2025

BOARD OF REGISTERED NURSING
Clinical Nurse Specialist Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 9.0
DATE: August 27, 2025

ACTION REQUESTED: **Information Only:** Overview of the 2026 BRN Sunset Review process

REQUESTED BY: Jessica Lightcap, MSN, RN, ACCNS-P
Chair

BACKGROUND:

Loretta Melby, Executive Officer, will provide an overview of the 2026 BRN Sunset Review process. Each year, the Assembly Business and Professions Committee and the Senate Business, Professions, and Economic Development Committee conduct joint sunset review oversight hearings to review the boards and bureaus within the Department of Consumer Affairs (DCA). These boards and bureaus are responsible for protecting consumers and the public and regulating the professionals they license. The sunset review process offers the DCA, the Legislature, the boards, and other stakeholders an opportunity to assess board performance and propose recommendations for improvement.

This comprehensive process allows the Legislature to review the laws and regulations governing each board, assess its programs and policies, and determine whether it is effectively fulfilling its regulatory responsibilities and statutory mandates. It also includes a review of fiscal management practices and financial relationships with other agencies. Through Sunset Review Oversight, boards are also evaluated on key performance measures, such as timeliness of actions and enforcement activities to ensure they meet the needs of California consumers while promoting regulatory efficiency and effectiveness.

The BRN's sunset review is scheduled for 2026; however, preparatory work on the report is underway. The initial sections of the Board's report provide an overview of the Board's current regulatory program and include data tables and charts. The latter sections address the Board's responses to specific issues either raised by the Board or identified during the previous Sunset Review Oversight. Staff will be drafting the report with the goal of presenting it to the Nursing Practice Committee in October for edits, followed by Board approval in November. The final Sunset Report is due to the Legislature for review on or before January 5, 2026.

RESOURCES:

The most recent BRN Sunset Report, background papers, and other reports submitted to the Legislature are below and prior years can be found on the [BRN website](#):

- [2022 Sunset Review Report](#)
 - [March 18, 2022 Background Paper](#)
 - [BRN Response to Issues Identified in Sunset Background Paper](#)
 - [Overview of Recent State Auditor Reports on the BRN](#)

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 10.0

Information only: Presentation from the California Association of Clinical Nurse Specialists (CACNS) on future priorities for CNSs

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | August 27, 2025

BOARD OF REGISTERED NURSING
Clinical Nurse Specialist Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 10.0

DATE: August 27, 2025

ACTION REQUESTED: **Information only:** Presentation from the California Association of Clinical Nurse Specialists (CACNS) on future priorities for CNSs

REQUESTED BY: Jessica Lightcap, MSN, RN, ACCNS-P
Chair

BACKGROUND:

The President or other member of CACNS will present on CACNS's future priorities for CNSs, including national certification exams and full practice authority.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Marissa Clark
Chief of Legislative Affairs
California Board of registered Nursing
Marissa.Clark@dca.ca.gov



Agenda Item 11.0

Discussion and possible action: Regarding the proposed draft regulatory language for Clinical Nurse Specialists, including but not limited to, definitions, application process and education oversight

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | August 27, 2025

BOARD OF REGISTERED NURSING
Clinical Nurse Specialist Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 11.0

DATE: August 27, 2025

ACTION REQUESTED: **Discussion and possible action:** Regarding the proposed draft regulatory language for Clinical Nurse Specialists, including but not limited to, definitions, application process and education oversight

REQUESTED BY: Jessica Lightcap, MSN, RN, ACCNS-P
Chair

BACKGROUND:

The CNSAC members will discuss proposed regulations for CNSs.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Marissa Clark
Chief of Legislative Affairs
California Board of registered Nursing
Marissa.Clark@dca.ca.gov



Agenda Item 12.0

Information only: Data on final dispositions of disciplinary cases against CNSs

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | August 27, 2025

BOARD OF REGISTERED NURSING
Clinical Nurse Specialist Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 12.0
DATE: August 27, 2025

ACTION REQUESTED: **Information only:** Data on final dispositions of disciplinary cases against CNSs

REQUESTED BY: Jessica Lightcap, MSN, RN, ACCNS-P
Chair

BACKGROUND:

The members of CNSAC will discuss any trends/issues with final dispositions of disciplinary cases against CNSs. Discipline data for the past seven (7) years is included in the two charts below:

Clinical Nurse Specialist (CNS) Discipline Statistics

Type of Discipline	2018	2019	2020	2021	2022	2023	2024	2025 (as of 8/13/25)
Public Reprimand	2	1	0	2	1	0	0	0
Probation	2	0	1	2	3	1	4	1
Surrender	0	2	2	0	1	0	0	1
Voluntary Surrender during Probation	0	0	0	1	0	1	0	0
Revocation	0	1	1	0	1	0	0	0
Reinstatement	0	0	0	0	0	0	0	0
Total	4	5	4	5	6	2	4	2

CNS Discipline Statistics – Violation Types

Violation Type	2018	2019	2020	2021	2022	2023	2024	2025 (as of 8/13/25)
Practice	2	2	1	2	2	0	1	1
801 Practice	0	0	0	0	1	0	1	0
OSD	1	0	0	0	2	0	0	0
Conviction	0	3	2	1	1	1	1	0
SUD	0	0	1	1	0	0	0	0
Sexual Misconduct	0	0	0	0	0	0	1	0
Other	1	0	0	1	0	1	0	1
Total	4	5	4	5	6	2	4	2

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY:

None

PERSON(S) TO CONTACT:

McCaulie Feusahrens
 Chief of the Licensing Division
 California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov