



R.N. Newsletter

West Virginia Board of Examiners for Registered Professional Nurses
101 Dee Drive, Suite 102
Charleston, WV 25311-1620
Phone: 304-558-3596
e-mail: westvirginiarn@ncsbn.org

web: www.wvrnboard.com Fax: 304-558-3666 Voice Service: 1-877-743-6877 (NURS)
Fall, 2003 Number 43

The License Renewal is part of this newsletter.

Please complete the RN license renewal application included with this newsletter:

1. Remove the “peel off” address label on this newsletter and place it on the application where the name and address appear;
2. Note any address changes on the application form;
3. Note the additional instructions on the renewal application form for a name change request;
4. Include any additional documents for “yes” answers to certain questions on the renewal form;
5. Complete the entire form using an ink pen;
6. Sign and date the form; and,
7. Return the completed form, payment and any additional documentation to the Board office within thirty (30) days of your receipt of this newsletter.

When will I receive my license? The license will be mailed within four (4) to six (6) weeks of our receipt of the application. If you do not have a license by December 1, 2003 contact this office at (304) 558-3596 to check on your application. Only those applications received by November 11, 2003 can be guaranteed a license before December 31, 2003.

What if my application doesn't reach the office by December 31, 2003? Your license will lapse and you will be required to complete a reinstatement form, provide documentation of the required continuing education, and pay the reinstatement fee of seventy-five (\$75.00) dollars. The law requires that the renewal be completed and returned with the appropriate fee to the Board office within thirty (30) days of the licensee's receipt of the renewal.

Why is the renewal in the newsletter this year? The renewal is in the newsletter to provide a larger document and therefore larger font which is easier to read, and so the Board has one fall mailing. Years ago, the renewal was included in the newsletter.

May I fax my renewal to the Board? No, the Board cannot accept faxed renewals. The renewal may be downloaded from the web site and sent in to the Board. An original signature is required on the renewal.

RENEWALS

Do I need to send in CE certificates?

No, do not send CE certificates with the renewal. The only time you will need to send in CE certificates is when you are audited, or if your license is lapsed and a reinstatement is required.

May I come to the Board office and pick up my license?

No, the license will be mailed to the address on record with the Board. Make sure your correct address is provided to the Board.

Why does the Board need to know if I have a business?

This question appears on the renewal so the Board is in compliance with a legislative mandate. In order for the State to collect back fees for Worker's Compensation, all licensing agencies are required to **NOT ISSUE** a license to anyone owning a business and owing Worker's Compensation payments. The renewal question requires the licensee to indicate whether or not they are part or full owner of any business in West Virginia and the Federal Employee Identification Number (FEIN) of the business. Board staff will then reference the database housing the names of all businesses owing money to Worker's Compensation.

CE QUESTION ON THIS RENEWAL

The current reporting period is from January 1, 2002 through December 31, 2003. Please carefully read this question as the required hours vary according to your initial date of licensure in the State of West Virginia.

Reminder: two (2) hours of continuing education must be for the topic of "End of Life Care Including Pain Management" These are not additional hours. These hours are included in the required amount. There is a question on the renewal

which asks if you have completed the required continuing education hours. If the question is left unanswered the renewal will be returned to the licensee for completion. If the question indicates a "yes" answer it is essential that you actually have the CE at the time you answer "yes". A license will fail an audit if the CE provided is for after the date certifying that the CE have been completed. This can result in action by the Board ranging from a fine to disciplinary action against the license. **DO NOT** send the certificates with the renewal. Only send certificates when you are audited by the Board. Keep your certificates in a safe place until 2 years after the end of each reporting period. Certificates for this reporting period should be maintained until January 1, 2006.

ADDRESS CHANGES

Mail from the Board **will not be forwarded**. Each licensee is required by law to maintain a current address with the Board office. Failing to maintain a current address with the Board office is professional misconduct. Renewals are mailed to the current address on file with the Board. The address change must be provided to this office in writing. If you know a person who did not receive this newsletter please encourage them to make sure their address is correct at the Board office.

TEMPORARY PERMITS FROM BORDER STATES

Persons holding a temporary permit to practice as a registered professional nurse only from a border state are **not permitted to work in West Virginia**. In order to work in West Virginia, a person must hold a Temporary Permit or License issued by the West Virginia Board of Examiners for Registered

Professional Nurses. Registered professional nurses allowing individuals to practicing nursing without the appropriate license or temporary permit issued by the Board are subject to disciplinary action.

BOARD MEMBERS

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Pamela Alderman, MSN, RN
Rt 119 - Trace Fork Rd
Chapmanville, WV 25508

Secretary:

Cynthia Persily, PhD, RN
126 Whispering Woods Road
Charleston, WV 25304

Members:

Diana Boyle, MSN, RN-CS, FNP
905 Farms Drive
Fairmont, WV 26554

Barbara Stevens, EdD, RN
130 Brady Drive
Barboursville, WV 25504

Linda Williams, CRNA, JD
P.O. Box 2004
Shady Spring, WV 25918

Public Members:

Judy Nystrom
1595 Stewart St
Welch, WV 24801

Vacancy

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Discipline Assistant

Aprile Rasnake

Office Assistant II

Lauranna Ware

Secretary I

Margaret Weinberger

Data Entry Coordinator

BOARD MEETING DATES

2003-2004

October 22 - 24 - March 18 - 19

June 15-17

Joint LPN/RN Meets

October 20-22

All Board meetings are held in a conference room at 101 Dee Drive, Charleston, WV. Meetings are open to the public except for Executive Session. Each Board meeting begins with a time set aside for an Open Forum. During this time individuals may discuss a specific topic or address questions to Board members. Please contact the Board office at (304) 558-3596 so we may assure adequate seating.

WORKING WITHOUT

A VALID LICENSE

FEEES FOR PRACTICING WITHOUT A VALID LICENSE were implemented August 1, 1996 and have been published in the newsletter and on each application for licensure. In an effort to handle disciplinary cases related to practicing while the license is lapsed, the Board implemented the assessment of fines and administrative costs pursuant to West Virginia Code §30-1-8 and §30-7-8. The fines and costs have been revised and are as follows:

FINES FOR PRACTICING

WITHOUT A VALID LICENSE :

\$500.00 fine and administrative costs for practicing without a valid license from the date the license lapsed up to thirty (30) days or any portion thereof. One hundred dollars (\$100.00) for each additional thirty (30) days or any portion thereof. These fines and administrative costs may also be in addition to other disciplinary action.

WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
ANNUAL LICENSE RENEWAL APPLICATION

P.O. BOX 5337, CHARLESTON, WV 25361-0337 • 304-558-3596 OR 1-877-743-6877 VOICE MAIL SYSTEM
web • www.wvrnboard.com

RENEWAL INFORMATION

Your License Expires December 31, 2003. You must renew the license to continue working or identifying yourself as an RN.

PLEASE READ QUESTIONS CAREFULLY — CHECK PREPRINTED LABEL FOR ACCURACY
MUST BE COMPLETED AND SIGNED OR IT WILL BE RETURNED TO YOU

RENEWAL APPLICATION MUST BE RECEIVED IN THIS OFFICE BY NOVEMBER 11, 2003
TO BE ASSURED OF RECEIPT OF YOUR LICENSE BY DECEMBER 30, 2003

Name _____ **AFFIX PREPRINTED LABEL HERE** _____ License Number (if known) _____

Address _____ **MAKE ADDRESS CORRECTIONS ON LABEL IN THIS AREA** _____ SSN _____ - _____ - _____

City _____ State _____ Zip _____ DOB _____ mm - _____ dd - _____ yy

OFFICE CLOSURES FOR THE NEW YEAR AT 12 NOON ON DECEMBER 31, 2003.

Make checks payable to: WV BD. OF EXAM FOR RN. Place your license number on your check. There is a \$20.00 fee for returned checks. The license becomes invalid upon failure to redeem check after notification. *Credit Card payment and faxed renewals will not be accepted.

READ EACH QUESTION CAREFULLY: CIRCLE CORRECT RESPONSE.

1. Licensure Status and Fee:
 - A. Renewal Fee = \$25.00.
 - B. Inactive Status Request = No fee. No License issued. Must sign back of renewal form. May not be placed on inactive status if discipline is pending or has been taken against your license.
 - C. Reinstatement (if lapsed). Must contact the Board for a reinstatement application.
 - D. Name change fee = \$5.00
Certified copy of court order name change, or a signed and notarized affidavit. Total fee for renewal and name change = \$30.00.
2. Marital Status (S) - Single (M) - Married (W) - Widowed (D) - Divorced
3. Have you ever been convicted of a felony, a misdemeanor, or plead nolo contendere or been pardoned or had records expunged in relation to any crime? (Any conviction exclusive of minor traffic violations such as speeding or parking violations must be reported.)
Yes* _____ If yes, attach an explanation No _____
4. Has a complaint ever been filed against your nursing license? Yes* _____ If yes, attach an explanation No _____
5. Have you ever been party to a malpractice settlement? Yes* _____ If yes, attach an explanation No _____
6. Do you currently possess any condition which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice of registered professional nursing? Yes* _____ If yes, attach an explanation No _____
7. Do you have a child support obligation? No ___ Yes ___ If yes, does the amount of any unpaid obligation equal or exceed the amount of child support payable for six months? No ___ Yes ___ Are you the subject of a child-support or paternity warrant or subpoena? No ___ Yes ___.
8. Do you own all or part of a business that operates within West Virginia? No ___ Yes ___ If yes, list the FEIN# _____
WV Code 21A-2-6(18) provides that a board may not issue or renew a license for you to engage in the practice of a profession, if you are in default under either the unemployment compensation laws or the worker's compensation laws, or both laws of this State.
9. Has your nursing practice ever been monitored for any reason, disciplinary action or otherwise, by any facility, board or group? Yes* _____ If yes, attach an explanation No _____

*Attach explanation, if you answered YES to question 3, 4, 5, 6 or 9.

Include certified copies of court documents or disciplinary action, if applicable. Applications will be returned unprocessed if required information is not included.

10. Continuing Education Requirement

I verify that I was initially licensed in WV before January 1, 2002 and have satisfactorily completed 30* required hours of CE; or I was initially licensed in WV in 2002 and have satisfactorily completed 12* required hours of CE; or I was initially licensed in WV in 2003 and/or am exempt from the CE requirement for the reporting period 1/01/2002 through 12/31/2003 as prescribed in WV Legislative Rule 19CSR11.

*Two (2) of the required hours are about "End of Life Care Including Pain Management"

_____ Yes _____ No, a license will not be issued to you.

Mail Renewal Form and Payment to: P.O. Box 5337, Charleston, WV 25361-0337

DETACH HERE AND MAIL PAYMENT & FORM TO: PO BOX 5537, CHARLESTON, WV 25361-0337

11. ALL DEGREES HELD: (Circle all that apply)
- A. DIPLOMA - HOSPITAL SCHOOL OF NURSING
 - B. ASSOCIATE DEGREE
 - C. ASSOCIATE DEGREE IN OTHER FIELD
 - D. BACCALAUREATE IN NURSING
 - E. BACCALAUREATE IN OTHER FIELD
 - F. MASTERS IN NURSING
 - G. MASTERS IN OTHER FIELD
 - H. NURSING DOCTORATE (ND)
 - I. DOCTORATE:
FIELD _____
DEGREE _____

12. EMPLOYER: _____
Name

Street _____ City _____ State _____ Zip _____

13. COUNTY OF EMPLOYMENT: _____ STATE OF EMPLOYMENT _____

14. FIELD OF EMPLOYMENT:
- A. HOSPITAL
 - B. NURSING HOME/EXTD. CARE
 - C. SCHOOL OF NURSING
 - D. PRIV. PRACTICE/S. EMPLOYED
 - E. COMMUNITY/PUBLIC HLTH. AGCY.
 - F. CLINIC/AMBULATORY CARE
 - G. HOME HEALTH AGCY.
 - H. SCHOOL/COLLEGE HEALTH
 - I. INDUSTRIAL/BUSINESS
 - J. OFFICE NURSE
 - K. TEMP. AGCY/NURSING POOL
 - L. MILITARY INSTALLATION
 - M. OTHER: SPECIFY _____
15. TYPE OF POSITION
- A. ADMINISTRATOR
 - B. CONSULTANT
 - C. SUPERVISOR
 - D. FACULTY/EDUCATOR
 - E. MANAGER/DIRECTOR
 - F. GEN. DUTY/STAFF NURSE
 - G. SCHOOL NURSE
 - H. IN SERVICE/STAFF DEVELOP
 - I. OFFICE NURSE
 - J. OFFICE NURSE
 - K. QLTY. ASSURANCE/RISK MGT.
 - L. OTHER SPECIFY _____

16. NUMBER OF HOURS WORKED PER WEEK: _____ NUMBER OF WEEKS WORKED PER YEAR: _____

17. MAJOR CLINICAL TEACHING OR PRACTICE AREA:
- A. GERIATRIC
 - B. OBSTETRICS/GYNECOLOGY
 - C. MEDICAL/SURGICAL
 - D. PEDIATRIC
 - E. PSYCHIATRIC/MENTAL HLTH/SUBSTANCE ABUSE
 - F. GENERAL PRACTICE
 - G. COMMUNITY/PUBLIC HEALTH
 - H. INTENSIVE/CRITICAL CARE
 - I. NEONATOLOGY
 - J. ONCOLOGY
 - K. OPERATING/POST-ANESTHESIA RECOVERY
 - L. ANESTHESIA
 - M. EMERGENCY CARE
 - N. HOME HEALTH
 - O. REHABILITATION
 - P. IV THERAPY

18. EMPLOYMENT STATUS:
- P. PART
 - U. UNEMPLOYED
 - F. FULL
 - R. RETIRED
 - O. EMPLOYED IN FIELD OTHER THAN NURSING

19. IF NOT EMPLOYED AS AN R.N.
- A. WORKING IN OTHER FIELD
 - B. WORKING IN OTHER FIELD/SEEKING WORK IN NURSING
 - C. UNEMPLOYED AND SEEKING RN POSITION
 - D. UNEMPLOYED AND NOT SEEKING WORK

20. IF UNEMPLOYED IN NURSING, GIVE MAJOR REASON:
- A. RETIRED
 - B. HOME RESPONSIBILITIES _____
 - C. SALARY INADEQUATE
 - F. OTHER, PLEASE SPECIFY _____
 - D. NO JOB AVAILABLE
 - E. DISABLED, Please attach a letter from your health care provider indicating you can safely engage in the practice of nursing.
_____ Check here if your health care provider letter on file in this office provides the most current information.

21. SCHOOL OF NURSING FROM WHICH YOU RECEIVED YOUR INITIAL NURSING DEGREE.

NAME OF SCHOOL _____ CITY _____ STATE _____

(CIRCLE ONE) ORIGINAL DEGREE RECEIVED: DIPLOMA ASSOCIATE DEGREE BACHELOR DEGREE

CERTIFICATION STATEMENT: By signing this application, I hereby certify that the information provided on this application is complete and true. I understand that supplying false information is a violation of WV Code §30-07-1 et seq. and subjects me to the full range of disciplinary described therein. If I fail to renew my license, my license will be lapsed and I may not work or represent myself as an RN until I have met the reinstatement requirements. If I do work or represent myself as an RN while my license is lapsed, I am subject to fines, administrative costs and disciplinary action, as defined in WV Code §30-7-1 et seq., and related laws and rules.

Your Daytime Phone Number: () _____ Home Phone Number: () _____

LICENSEE SIGNATURE: _____ DATE: _____

REQUIRED

Mail Renewal Form and Payment to: P.O. Box 5337, Charleston, WV 25361-0337

September 2003

RENEWALS DUE FOR 2004 LICENSE

RENEWAL FORM ENCLOSED

WEST VIRGINIA BOARD OF
EXAMINERS FOR REGISTERED
PROFESSIONAL NURSES
101 DEE DRIVE
CHARLESTON WV 25311-1620

RETURN SERVICE REQUESTED

Presorted Standard
U.S. Postage
PAID
Permit #2143
Charleston WV 25305

RN LICENSE RENEWAL FORM ENCLOSED

PEEL MAILING LABEL AND ATTACH TO RENEWAL FORM



CORRECT ADDRESS REQUIRED AS NECESSARY