

# West Virginia

# RN Nursing News

Volume 3 Number 3

Official Publication of the West Virginia Board of Examiners for Registered Professional Nurses

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YOU ALONG  
THE WAY TO A...



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Official Publication of the West Virginia Board of Examiners for Registered Professional Nurses

West Virginia Board of Examiners  
for Registered Professional Nurses

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## BOARD MEETING DATES

October 22 and 23, 2009

February 18, 2010  
*(tentative date)*

March 18 - 19, 2010

June 16, 17 and 18, 2010

October 21 and 22, 2010

**2009 AND 2010**

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Edition 11

Reach every Registered Professional  
Nurse licensed in West Virginia.

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# WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

## MISSION

The West Virginia Board of Examiners for Registered Professional Nurses promotes and protects public health, safety, and welfare through the regulation of registered professional nurses and dialysis technicians.

## GOALS AND OBJECTIVES

In accordance with WV Code §30-7-1 et seq. the Board will:

1. Function according to the Code of Conduct.
2. Be accessible to the public.
3. Assure the quality of the basic education process for registered professional nurses.
4. Assure the quality of the basic education process for dialysis technicians.
5. Assure initial and continuing competence of registered professional nurses.
6. Assure initial and continuing competence of dialysis technicians.
7. Define the scope of practice for registered professional nursing and advanced practice nurses.
8. Define the scope of practice for dialysis technicians.
9. Provide a disciplinary process.
10. Review issues related to the nursing shortage.
11. Support the mission of the West Virginia Center for Nursing

## STATUTORY HISTORY

The Board of Nursing is mandated under Chapter 30 of the West Virginia Code to:

## PERFORMANCE MEASURES

1. Review and evaluate National Council of State Boards of Nursing registered nurse licensure examination scores of each program in relation to the standard.
2. Conduct on-site visits to at least two nursing education programs annually.
3. Issue licenses to qualified persons in a timely fashion.
4. Provide educational information to registered nurses, dialysis technicians, and the public related to:
  - a. Discipline
  - b. Orientation to the Board
  - c. Advanced Practice
  - d. Licensure
  - e. Practice Issues
5. Process complaints from health care professionals and the public in a timely fashion.
6. Expediently respond to requests related to:
  - a. Verification of licenses and certification
  - b. Discipline cases
  - c. The function of the Board
  - d. Patients' rights information
7. Continue the review and evaluation of multi-state regulation.
8. Provide and evaluate the effectiveness of the impaired nurse treatment program.
9. Provide multiple modes of communication opportunities with the Board.
10. Implement the rules relative to the regulation of dialysis technicians.
11. Consider a paperless licensing process for registered professional nurses.

## RECOMMENDED IMPROVEMENTS

Continue updating computer equipment and database program. Evaluate and provide personnel, equipment, and database programs.

*Reviewed and revised by the Board 6/14/1999; 6/13/2000; 6/13/2001; 6/12/2002; Reaffirmed 6/12/2003; Reviewed and revised by the Board 6/15/2004; 6/15/2005; 6/14/2006; 6/13/2007; Reaffirmed 6/12/2008 Reviewed and revised by the Board 6/17/09.*



# From the President



I would like to first take this opportunity to welcome the newly licensed RNs in West Virginia. Since January 1, 2009 there have been 1,017 applicants for licensure for Registered Professional Nurses. Let us all make our new colleagues welcome and assist them in their transition from student to nursing professional.

For the past six months the number of applicants for licensure has increased by more than 1,000 individuals, yet I wonder, how many nurses we have lost to retirement, relocation, or for other reasons. This may seem like a large number to some, however as we all know the nursing shortage continues to be a problem, not only in the state but the nation. We, as nurses need to remember to not only be kind and compassionate to our patients, but also to one another. Our actions are the best recruiting tools into the noble profession of nursing.

Many of us remember the nurse who inspired and encouraged us to enter the profession. We also remember the nurses who were our mentors, and those whom we admired. It should be a goal for each of us to mentor at least two individuals a year. First the novice nurse, those new to the profession. Let us guide them in a way that will enhance their experience and provide them with the love of nursing. Second, we should all mentor one individual who aspires to become a nurse. The aspiring nurse may be a traditional or a non-traditional student. Nurses come from all walks of life and all stages of life. Providing support, answering questions, or just listening may be all the aspiring nurse needs, but we need to put forth an effort to assist them along the way to fulfilling their dream of becoming a nurse. If we all mentor two individuals per year the nursing shortage may not be as severe in coming years.

At the June 2009 meeting I was re-elected President of the Board of Registered Professional Nurses. I cannot believe it has been six years since I was first elected President. This has been an incredible and at times humbling experience. In protecting the public, the Board is somewhat of a mentor to registered professional nurses by providing access to the law, rules and decision making documents that help empower and guide nurses in making the best decisions. I look forward to fulfilling the duties entrusted to me as President of the Board. Together we will provide the citizens of West Virginia with safe nursing care!

Please enjoy the remainder of the summer and remember to find two individuals to mentor. I promise that you will not be sorry!

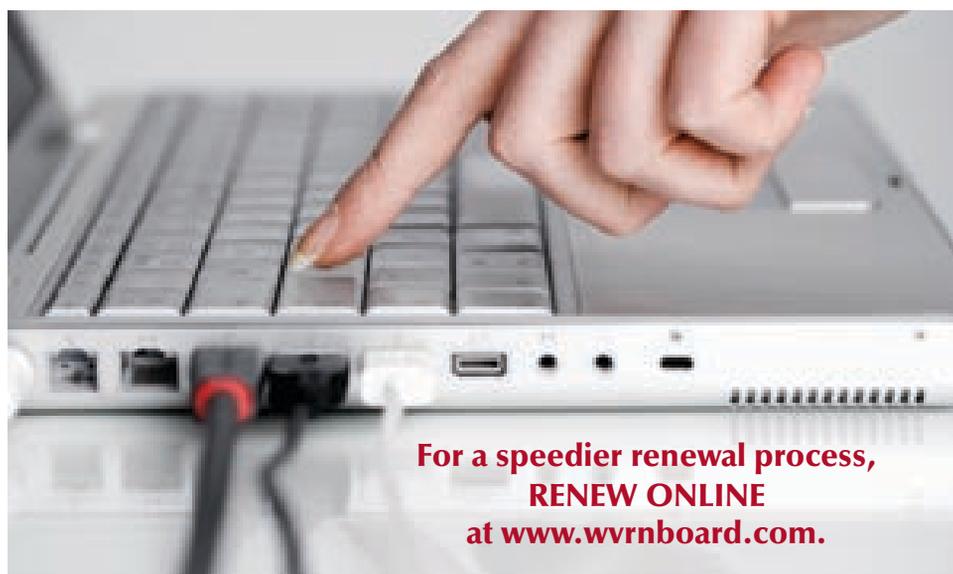
**Pamela Alderman, MSN, RN**  
*Board President*

# Renewal Season is Upon Us!

The online renewal will be available beginning mid August. So, by the time you read this article, you should be able to renew online by going to [www.wvrnboard.com](http://www.wvrnboard.com) and following the link to the online renewal page.

To renew online you will need your license number, last four digits of your social security number and a credit card.

**THE FEE THIS YEAR IS THIRTY FIVE DOLLARS (\$35.00).** The 2009-2010 license you receive will show an expiration date of October 31, 2010.



A paper renewal is in the middle of this magazine. You may remove the middle pages, complete the renewal and return it to the RN Board within thirty (30) days of receipt. For a speedier renewal process, RENEW ONLINE at [www.wvrnboard.com](http://www.wvrnboard.com).

The renewal may also be downloaded from the web site for those preferring to submit a paper renewal and lost the renewal in this magazine.

You will not be able to renew online if you have a complaint that has not previously been reported to the Board.

If you have a name change, you can renew online only after you have sent in the required name change form. A link to this form is located on the web site home page at [www.wvrnboard.com](http://www.wvrnboard.com).

If you have any questions please send an e-mail to [rnboard@state.wv.us](mailto:rnboard@state.wv.us). Please note the word RENEWAL in the subject line.

**REMEMBER:** *An active license is required to practice as a registered professional nurse in West Virginia. Practicing without an active license will result in a fine and related administrative costs and could include 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](http://www.wvrnboard.com) E-mail: [rnboard@state.wv.us](mailto:rnboard@state.wv.us)

**Save time. . . Renew Online [www.wvrnboard.com](http://www.wvrnboard.com) through October 31, 2009**

**RENEWAL INFORMATION:** Your RN license expires October 31, 2009. You must renew the license to continue working or identifying yourself as an RN.

**PLEASE READ QUESTIONS CAREFULLY COMPLETE ALL PAGES OF THE APPLICATION AND SIGN**  
**Incomplete or unsigned applications will be returned unprocessed**

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. A license becomes invalid upon failure to redeem a check after notification.** Online credit card payment is available at [www.wvrnboard.com](http://www.wvrnboard.com) . Faxed applications are not accepted.

RENEWAL APPLICATION **MUST BE RECEIVED IN THIS OFFICE BY OCTOBER 1, 2009** TO BE ASSURED OF RECEIPT OF YOUR LICENSE BY OCTOBER 31, 2009  
**MAIL TO: WV RN Board, PO Box 5337, Charleston, WV 25361-0337 Board Office closes at 5:00 PM October 30, 2009**

Name \_\_\_\_\_ License Number (if known) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

**READ EACH QUESTION CAREFULLY: CHECK OR CIRCLE THE CORRECT RESPONSE**

1. A.  **RENEWAL FEE = \$35.00** The RN Board receives \$25.00 and the Center for Nursing receives \$10.00.  
B.  **Renewal Fee with Name Change = \$40.00** and requires a certified copy of the legal document changing your name or a signed and notarized affidavit. The affidavit is on the web site at [www.wvrnboard.com](http://www.wvrnboard.com)  
C.  **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 there is currently action against your license.  
D.  **Retired Status Request = No Fee. Must be unemployed.** May not practice or identify yourself as a licensed registered nurse. A special RETIRED NURSE license will be issued.

2. Marital Status: (S) - Single (M) - Married (W) - Widowed (D) - Divorced

3. To which racial/ethnic group do you belong (check only one)?  
 White, not of Hispanic origin  Black, not of Hispanic origin  Hispanic  American Indian/Alaskan Native  
 Asian/Pacific Islander  Multi-racial  Other racial/ethnic group

4. Check the degrees you hold **other than your original nursing degree** and provide the year obtained. All Diploma Degrees are currently in the database:

- Associate, nursing \_\_\_\_\_  Baccalaureate, nursing \_\_\_\_\_  Masters, nursing \_\_\_\_\_  Doctoral, nursing \_\_\_\_\_  
 Associate, other field \_\_\_\_\_  Baccalaureate, other field \_\_\_\_\_  Masters, other \_\_\_\_\_  Doctoral, other \_\_\_\_\_

**YES\* answers for 5 - 11 require additional information: an explanation and certified copies of court related documents**

5. Have you ever been convicted of a felony that **has NOT been previously reported to the Board?** Yes\* send additional information No

6. Have you ever been convicted of a misdemeanor, or plead nolo contendere or deferred prosecution or been pardoned in relation to any crime that **has NOT been previously reported to the Board?** (Any conviction exclusive of minor traffic violations such as speeding or parking violations must be reported.) Yes\* No

7. Do you have any criminal charges currently pending in any state, territory or country that **have NOT been previously reported to the Board?** Yes\* No



8. Has a complaint ever been filed against your RN license in West Virginia that **has NOT been dismissed**? Yes\* No
9. Has a complaint ever been filed against your RN license in any other state, territory or country that **has NOT been previously reported to the WV RN Board**? Yes\* No
10. Are disciplinary charges pending against ANY license in this state or any other state, territory or country that **have NOT been previously reported to the Board**? Yes\* No
11. Has your nursing practice ever been monitored for any reason, disciplinary action or otherwise, by any facility, board or group that **has NOT been previously reported to the Board**? (Action includes monetary assessments or fines) Yes\* No
12. Do you currently possess any condition which may affect your ability to safely and effectively practice registered professional nursing? Yes\*\* No  
**YES\*\* If you answer yes, please provide a written explanation.**
13. Do you have a court ordered child support obligation? Yes No  
 A. Does the amount of any unpaid obligation equal or exceed the amount of child support payable for six (6) months? Yes No  
 B. Are you currently the subject of a child-support or paternity subpoena? Yes No
14. Do you own all or part of a business that operates within West Virginia? Yes\*\*\* No

\*\*\*If yes, please enter the FEIN number of your business \_\_\_\_\_

WV§21A-2-6(17) 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 or workers compensation laws, or both laws of the state.

15. Are you currently employed in a paid position?

- YES, check one below
- In nursing  
 Full time paid position  
 Part time paid position  
 Per Diem paid position
- In healthcare but not nursing  
 Full time paid position  
 Part time paid position  
 Per Diem paid position
- NOT in nursing or healthcare  
 Full time paid position  
 Part time paid position  
 Per Diem paid position
- NO, check the reason below
- Working in nursing ONLY as an unpaid volunteer  
 Salary inadequate  
 Home responsibilities  
 Caring for elderly parents  
 Disabled  
 Seeking work as a nurse  
 Seeking work in another field  
 Seeking work but no job available  
 Retired  
 Other
- How many weeks have you been seeking a nursing job? \_\_\_\_\_ weeks

**IF EMPLOYED PROVIDE THE FOLLOWING INFORMATION: Employment as a nurse means any job that requires you to hold an active license to practice as a nurse. PRIMARY NURSING POSITION is the nursing position in which you spend the most time each month.**

Employer: \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Employment: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Number of **hours** Worked **per week**: \_\_\_\_\_ Number of **weeks** worked **per year**: \_\_\_\_\_

- SETTING OF EMPLOYMENT:**
- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| A. CLINIC/AMBULATORY CARE         | I. OCCUPATIONAL HEALTH            |
| B. COMMUNITY/PUBLIC HEALTH AGENCY | J. OFFICE                         |
| C. CORRECTIONS                    | K. PRIVATE PRACTICE/SELF EMPLOYED |
| D. HOME HEALTH AGENCY/HOSPICE     | L. SCHOOL/COLLEGE HEALTH          |
| E. HOSPITAL                       | M. SCHOOL OF NURSING              |
| F. INDUSTRIAL/BUSINESS            | N. STATE INSTITUTION              |
| G. MILITARY INSTALLATION          | O. TEMP. AGENCY/NURSING POOL      |
| H. NURSING HOME/EXTENDED CARE     | P. OTHER                          |
- PRIMARY NURSING POSITION**



- TYPE OF POSITION: PRIMARY NURSING POSITION**
- A. ADMINISTRATOR/MANAGER/DIRECTOR
  - B. DISCHARGE PLANNER/CASE MNGR
  - C. FACULTY/EDUCATOR (includes in-service)
  - D. HEAD NURSE/CHARGE/TEAM LDR
  - E. INFECTION CONTROL
  - F. NURSE PRACTITIONER, CNM, CNS, CRNA
  - G. QLTY ASSURANCE/RISK MGNT
  - H. RESEARCHER/CONSULTANT
  - I. SCHOOL NURSE
  - J. STAFF NURSE/GENERAL DUTY
  - K. UTILIZATION REVIEW/ OUTCOMES MNGMT/ OTHER INSURANCE RELATED
  - L. OTHER

**MAJOR CLINICAL TEACHING OR PRACTICE AREA: PRIMARY NURSING POSITION**

- A. ANESTHESIA
- B. COMMUNITY/PUBLIC HEALTH
- C. EMERGENCY CARE
- D. GENERAL PRACTICE
- E. GERIATRIC
- F. HOME HEALTH
- G. INTENSIVE /CRITICAL CARE
- H. IV THERAPY
- I. MEDICAL SURGICAL
- J. NEONATOLOGY
- K. OBSTETRICS
- L. ONCOLOGY
- M. OPERATING/POST-ANESTHESIA RECOVERY
- N. PEDIATRIC
- O. PSYCHIATRIC/MENTAL HLTH/SUBSTANCE ABUSE
- P. QUALITY ASSURANCE/RISK MGNT
- Q. REHABILITATION
- R. OTHER: \_\_\_\_\_

16. Do you hold any of the following certifications?  
**AMERICAN ASSOCIATION OF CRITICAL CARE NURSES**  
 Critical Care Clinical Nurse Specialist

**AMERICAN NURSES CREDENTIALING CENTER**

- Acute Care Nurse Practitioner
- Family Nurse Practitioner
- Pediatric Nurse Practitioner
- Adult Psychiatric and Mental Health Nurse Practitioner
- Clinical Specialist in Community Health Nursing
- Clinical Specialist Adult Psychiatric and Mental Health Nursing
- Nursing Administration, Advanced
- Adult Nurse Practitioner
- Gerontological Nurse Practitioner
- School Nurse Practitioner
- Clinical Specialist in Medical-Surgical Nursing
- Clinical Specialist in Gerontological Nursing
- Clinical Specialist in Child and Adolescent
- Psychiatric and Mental Health Nursing

**AMERICAN ACADEMY OF NURSING PRACTITIONERS**

- Adult Nurse Practitioner
- Family Nurse Practitioner

**NATIONAL CERTIFICATION CORPORATION FOR THE OBSTETRIC, GYNECOLOGIC AND NEONATAL NURSING**

- Women's Health Care Nurse Practitioner
- Neonatal Nurse Practitioner

**PEDIATRIC NURSING CERTIFICATION BOARD (PNCB)**

- Certified Pediatric Nurse Practitioner/Associate

**COUNCIL ON CERTIFICATION/RE-CERTIFICATION OF NURSE ANESTHETISTS**

- Certified Registered Nurse Anesthetist

**Answer the following questions if you work in a paid nursing position or as an unpaid nurse volunteer. If you work in more than one nursing position, answer the following questions related to the PRIMARY NURSING POSITION which is the nursing position in which you spend the most time each month.**

17. Does your **primary nursing position** involve providing direct care services to patients/families?  YES  NO
18. How many hours did you work last week in your **primary nursing position**? (Do not count on-call hours, vacation or sick leave hours if they were paid). \_\_\_\_\_
19. If you work as a nurse in a second job, how many hours per week do you work? \_\_\_\_\_
20. Please list all states in which you hold an ACTIVE license as an RN. \_\_\_\_\_
21. Please list all states in which you are currently practicing as an RN. \_\_\_\_\_
22. How long do you **expect to stay** in your **primary nursing position**?  
 3 years or less     4 to 10 years     more than 10 years     Not Applicable
23. How many years have you been in your current **primary nursing position**?  
 1 - 5 years     11 - 15 years     21 - 25 years     31 or more years  
 6 - 10 years     16 - 20 years     26 - 30 years     Not applicable
24. How long do you expect to provide **direct patient care**?  
 3 years or less     4 - 10 years     more than 10 years     not applicable



25. If you are planning to leave your current **primary nursing position**, for what reason(s) would you be leaving? (Mark all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> NOT APPLICABLE | <input type="checkbox"/> RETURNING TO SCHOOL | <input type="checkbox"/> CARING FOR ELDERLY/DISABLED FAMILY |
| <input type="checkbox"/> RELOCATING     | <input type="checkbox"/> WORKING ENVIRONMENT | <input type="checkbox"/> STARTING/RAISING A FAMILY          |
| <input type="checkbox"/> SALARY/PAY     | <input type="checkbox"/> CHANGING SPECIALTY  | <input type="checkbox"/> OTHER                              |
| <input type="checkbox"/> RETIRING       |  |   |

26. What age were you when you graduated from your original nursing program? \_\_\_\_\_

**CERTIFICATION STATEMENT:**

**By signing this application, I hereby certify that the information provided on this application is complete and true and that I have met one of the continuing education requirements below:**

I completed twelve (12) hours of continuing education between November 1, 2008 and October 31, 2009

**or**

I was initially licensed in WV on **or after** November 1, 2008 and have satisfactorily completed two (2) hours of CE in **End of Life Care Including Pain Management**.

There is a one time two (2) hour requirement for "End of Life Care Including Pain Management." If you completed a course in "End of Life Care Including Pain Management" at anytime after you were initially licensed, you have met this requirement.

I understand that supplying false information is a violation of **WV Code § 30-7-1 et. seq.** And subjects me to the full range of disciplinary action described therein. If I fail to renew my license, my license will lapse 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: \_\_\_\_\_

**SIGNATURE REQUIRED**

**Before Mailing Your Application:**

1. Consider renewing Online at [www.wvrnboard.com](http://www.wvrnboard.com) **Save Time Renew Online**
2. Answer all questions and fill in all blanks
3. Provide supporting documentation if needed (Yes answer to questions 5 - 12)
4. Include a check or money order for the required fee
5. Sign the renewal certifying that all information is correct

**Failure to complete steps 2 - 5 above will result in a delay in the processing of the renewal application. The incomplete application will returned to you to complete and send back to the Board office. If the application is not returned to the Board office prior to the 10/30/09 deadline, the license will lapse and a reinstatement fee and application will be required to obtain an active license. There is a monetary penalty for practicing without a current active license. Fine and administrative costs of Five Hundred Dollars (\$500.00) 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. Disciplinary action may be taken for other violations of the law and for practicing without a license for six (6) months or more.**

If you have any questions about the renewal process, please send an e-mail to: [rnboard@state.wv.us](mailto:rnboard@state.wv.us) and reference 2009 Renewal in the subject line.



# TITLE 19 LEGISLATIVE RULE REGISTERED PROFESSIONAL NURSES

## SERIES 8 LIMITED PRESCRIPTIVE AUTHORITY FOR NURSES IN ADVANCED PRACTICE

The West Virginia Board of Examiners for Registered Professional Nurses proposed two legislative rule changes during the 2009 Legislative Session and both were passed. These were the rules related to Nursing Education Programs and Limited Prescriptive Authority. In this issue, we are providing the rule related to Limited Prescriptive Authority for Nurses in Advanced Practice. Most rules are a product of negotiation. This rule is no different. We do want to acknowledge the stakeholders working with the Board to develop mutually agreeable requirements that are in the best interest of health care in West Virginia. Although the full compliment of changes sought by the Board was not approved, several significant changes were successful. Some of these include:

- MAO Inhibitors are excluded EXCEPT when the Advanced Practice Nurse or Certified Nurse Midwife is in a collaborative agreement with a Psychiatrist.
- Schedule III and Benzodiazepines are limited to a 72 hour supply WITHOUT refill.
- Schedules IV and V may be prescribed up to a 90 day supply and have ONE refill.
- Phenothiazines are limited to up to a 30 day supply WITHOUT refill.
- Non-Controlled antipsychotics and sedatives shall not exceed a quantity necessary for a 30 day supply and no more than 5 refills.
- Maximum dose of any drug (including antidepressants) must be consistent with industry guidelines specific to area of practice and included in the collaborative agreement.
- Shall not prescribe drugs for a period exceeding six months, except this limitation does not include contraceptives.
- Removes the restriction on the prescribing of parenteral medications.

The rule is provided in its entirety so Advanced Practice Nurses, Certified Nurse Midwives and all those working with them have it to reference and then become familiar with the requirements.

These rule changes support safe prescribing practices and are beneficial to West Virginians who rely on Advanced Practice Nurses to provide their health care.

If you have any questions about the rule please send them along to [wvnrnboard@staet.wv.us](mailto:wvnrnboard@staet.wv.us)

### §19-8-1. GENERAL.

1.1. Scope. -- This rule establishes the requirements whereby the Board authorizes qualified nurses in advanced practice to prescribe prescription drugs in accordance with the provisions of W. Va. Code §30-7-15a, 15b, 15c, and §30-15-1 through 7c. An authorized advanced nurse practitioner may write or sign prescriptions or transmit prescriptions verbally or by other means of communication.

1.2. Authority. -- W. Va. Code §30-7-15a, and 30-15-7a.

1.3. Filing Date. -- June 4, 2009

1.4. Effective Date. -- July 21, 2009

### §19-8-2. DEFINITIONS.

2.1. Advanced Practice Nurse means a nurse who has been recognized by the Board for Announcement of Advanced Practice as provided for in the Board's rule, Announcement of Advanced Practice, 19 CSR 7.

1.2. Advanced Nurse Practitioner means an advanced practice nurse as defined in the Board's rule, Announcement of Advanced Practice, 19 CSR 7.

1.3. "Certified Nurse-Midwife" means a nurse who has been licensed by the Board to practice nurse-midwifery as provided for in W. Va. Code §30-15-1(c).

1.4 "Pharmacology Contact Hour" means a unit of measurement that describes at least 50 minutes of an approved, organized didactic learning experience related to advanced pharmacological therapy."

### §19-8-3. APPLICATION AND ELIGIBILITY FOR LIMITED PRESCRIPTIVE AUTHORITY.

3.1. The Board shall grant prescriptive authority to an advanced nurse practitioner applicant who meets all eligibility require-

ments specified in W. Va. Code §30-7-15b and to the certified nurse-midwife applicant who meets all eligibility requirements specified in W. Va. Code §30-15-7b and the following:

3.1.a. Prior to application to the Board for approval for limited prescriptive authority, the applicant shall successfully complete accredited course of instruction in pharmacology during undergraduate study; and an advanced pharmacotherapy graduate level course approved by the Board of not less than 45 pharmacology contact hours; provide documentation of the use of pharmacotherapy in clinical practice in the education program; and provide evidence of 15 pharmacology contact hours in advanced pharmacotherapy completed within 2 years prior to application for prescriptive authority. The applicant shall submit official transcripts or certificates documenting completion of pharmacology and pharmacotherapy course work. The Board may request course outlines and/or descriptions of courses if necessary to evaluate the pharmacology course content and objectives.

3.1.b. The advanced nurse practitioner or certified nurse-midwife shall submit a notarized application for prescriptive authority on forms provided by the Board with the following:-

3.1.b.1 A fee set forth in the Board's rule, Fee for Services Rendered by the Board, 19CSR12.

3.1.b.2. A voided sample of the prescription form.

3.1.b.3. Written verification of an agreement to a collaborative relationship with a licensed physician for prescriptive practice on forms provided by the Board. The applicant shall certify on this form that the collaborative agreement includes the

following:

3.1.b.3.A. Mutually agreed upon written guidelines or protocols for prescriptive authority as it applies to the advanced nurse practitioner's or certified nurse-midwife's clinical practice;

3.1.b.3.B. Statements describing the individual and shared responsibilities of the advanced nurse practitioner or certified nurse-midwife and the physician pursuant to the collaborative agreement between them;

3.1.b.3.C. A provision for the periodic and joint evaluation of the prescriptive practice; and

3.1.b.3.D. A provision for the periodic and joint review and updating of the written guidelines or protocols.

3.1.b.3.E. Additional documentation at the request of the Board.

3. 2. If the Board obtains information that an applicant for prescriptive authority was previously addicted to or dependent upon alcohol or the use of controlled substances, the Board may grant prescriptive authority with any limitations it considers proper. The limitations may include, but are not limited to, restricting the types of schedule drugs a nurse may prescribe.

3.3. The Board shall forward a copy of the verification specified in Subdivision 3.1.b. 3. of this rule to the Board of Medicine or to the Board of Osteopathy, whichever is indicated.

3.4. Upon satisfactory evidence that the advanced nurse practitioner or certified nurse midwife applicant has met all above requirements for prescriptive authority, the Board shall assign an identification number to that nurse.

3.5. The Board shall notify the Board of Medicine, the Board of Osteopathy, and the



Board of Pharmacy of those advanced nurse practitioners or certified nurse-midwives who have been granted prescriptive authority, and shall also provide the prescriber's identification number and effective date of prescriptive authority.

3.6. The advanced nurse practitioner or certified nurse-midwife shall file with the Board any restrictions on prescriptive authority that are not imposed by W. Va. Code §60A-3, or this rule, but which are within the written collaborative agreement and the name of the collaborating physician for each advanced nurse practitioner or certified nurse-midwife on the approved list.

3.7. The advanced nurse practitioner or certified nurse-midwife with prescriptive authority who wishes to prescribe Schedules III through V drugs shall comply with federal Drug Enforcement Agency requirements prior to prescribing controlled substances.

3.8. The advanced nurse practitioner or certified nurse-midwife shall immediately file any and all of his or her Drug Enforcement Agency registrations and numbers with the Board.

3.9. The Board shall maintain a current record of all advanced nurse practitioners or certified nurse-midwives with Drug Enforcement Agency registrations and numbers.

3.10. Any information filed with the Board under the provisions of this rule shall be available, upon request, to any pharmacist, regulatory agency or board or shall be made available pursuant to other state or federal law.

#### §19-8-4. Renewal of Prescriptive Privileges.

4.1. An applicant for renewal of prescriptive authority shall meet all eligibility requirements as specified in W. Va. Code §30-7-15b for advanced nurse practitioners or W. Va. Code §30-15-7b for certified nurse-midwives.

4.2. The applicant shall maintain national certification as an advanced nurse practitioner or certified nurse-midwife as required for initial authorization for limited prescriptive privileges.

4.3. The applicant shall complete during the 2 years prior to renewal a minimum of 8 contact hours of pharmacology education that has been approved by the Board.

4.4. The Board shall renew prescriptive authority for advanced nurse practitioners or certified nurse-midwives biennially by June 30, of odd-numbered years.

4.5. The advanced nurse practitioner or certified nurse-midwife shall submit an application for renewal of prescriptive authority on forms provided by the Board. The application must be notarized, and the fee set forth in the Board's rule, Fees For Services

Rendered by the Board, 19 CSR 12 must accompany the application.

#### §19-8-5. Drugs Excluded from Prescriptive Authority.

5.1. The advanced nurse practitioner or certified nurse-midwife shall not prescribe from the following categories of drugs:

5.1.a. Schedules I and II of the Uniform Controlled Substances Act;

5.1.b. Anticoagulants;

5.1.c. Antineoplastics;

5.1.d. Radio-pharmaceuticals; or

5.1.e. General anesthetics.

5.1.f. MAO Inhibitors, except when in a collaborative agreement with a psychiatrist.

5.2. Drugs listed under Schedule III and benzodiazepines are limited to a 72 hour supply without refill.

5.3. The advanced nurse practitioner or certified nurse-midwife may prescribe drugs from Schedules IV through V in a quantity necessary for up to a 90 day supply, may provide for only one (1) refill, and shall provide that

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the prescription expires in 6 months: Provided, that 1) *prescriptions for phenothiazines shall be limited to up to a 30 day supply and shall be non-refillable: Provided, however that* 2) *Prescriptions for non-controlled substances of antipsychotics, and sedatives prescribed by the advanced nurse practitioner or certified nurse-midwife shall not exceed the quantity necessary for a 30 day supply, shall provide for no more than 5 prescription refills and shall expire in 6 months.*

5.4. The maximum dosage of any drug, including antidepressants, prescribed by the advanced nurse practitioner or certified nurse-midwife shall be consistent with industry prescribing guidelines specific to the advanced nurse practitioner or certified nurse-midwife area of practice and these guidelines shall be included in the collaborative agreement.

5.5. Each prescription and subsequent refills given by the advanced nurse practitioner or certified nurse-midwife shall be entered on the patient's chart.

5.6. Advanced nurse practitioners and certified nurse midwives shall not prescribe other prescription drugs or refill for a period exceeding 6 months; *provided, that this limitation shall not include contraceptives.*

5.7. An advanced nurse practitioner or certified nurse-midwife may administer local anesthetics.

5.8. The advanced nurse practitioner or certified nurse-midwife who has been approved for limited prescriptive authority by the Board may sign for, accept, and provide to patients samples of drugs received from a drug company representative.

5.9. The form of the prescription shall comply with all state and federal laws and regulations.

5.9.a. All prescriptions shall include the following information:

5.9.a.1. The name, title, address and phone number of the prescribing advanced nurse practitioner or certified nurse-midwife;

5.9.a.2. The name and address of the patient;

5.9.a.3. The date of the prescription;

5.9.a.4. The full name of the drug, the dosage, the route of administration and directions, for its use;

5.9.a.5. The number of refills;

5.9.a.6. The expiration date of the advanced nurse practitioner or certified nurse-midwife's prescriptive authority;

5.9.a.7. The signature of the prescriber on the written prescription; and

5.9.a.8. The Drug Enforcement Agency number of the prescriber, when required by federal laws.

5.9.b. The advanced nurse practitioner or

certified nurse mid-wife shall document the records of all prescriptions in patient records.

5.9.c. An advanced nurse practitioner or certified nurse-midwife shall at the time of the initial prescription record in the patient record the plan for continued evaluation of the effectiveness of the controlled substances prescribed.

5.9.d. An advanced nurse practitioner or certified nurse-midwife shall prescribe refills of controlled substances according to current laws and standards.

5.9.e. Drugs considered to be proved human teratogens shall not be prescribed during a known pregnancy by the advanced nurse practitioner or certified nurse midwife. This prohibition includes all Category D and X drugs from the Federal Drug Administration Categories of teratogen risks (21 CFR 201.57). Category C drugs should be given only if the patient benefit justifies the potential risks to the fetus and only after consultation with the collaborating physician.

5.10. The Board may, in its discretion, approve a formulary classifying pharmacologic

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categories of all drugs which may be prescribed by an advanced nurse practitioner or certified nurse-midwife with prescriptive authority.

**§19-8-6. Termination of Limited Prescriptive Privileges.**

6.1 The Board may deny or revoke privileges for prescriptive authority if the applicant or licensee has not met conditions set forth in the law or this rule, or if the applicant has violated any part of W. Va. Code §30-7-1 et seq. or '30-15-1 et seq.

6.2. The Board shall notify the Board of Pharmacy, the Board of Osteopathy, and the Board of Medicine within 24 hours after the termination of, or a change in, an advanced nurse practitioner's or certified nurse-midwife's prescriptive authority.

6.3. The Board shall immediately terminate prescriptive authority of the advanced nurse practitioner or certified nurse-midwife if disciplinary action has been taken against his or her license to practice registered professional nursing in accordance with W. Va. Code §30-7-11.

6.4. Prescriptive authority for the advanced nurse practitioner or the certified nurse-midwife terminates immediately if either the license to practice registered professional nursing in the State of West Virginia lapses or the license to practice as a certified nurse-midwife in the State of West Virginia lapses.

6.5. Prescriptive authority is immediately and automatically terminated if national certification as an advanced nurse practitioner or certified nurse-midwife lapses.

6.6. If authorization for prescriptive authority is not renewed by the expiration date which appears on the document issued by the Board reflecting approval of prescriptive authority, the authority terminates immediately on the expiration date.

6.7. Any advanced nurse practitioner or certified nurse-midwife who allows her or his prescriptive authority to lapse by failing to renew in a timely manner, may have his or her prescriptive authority reinstated by the Board on satisfactory explanation for the failure to renew and submission of the prescriptive authority application and fee.

6.8. An advanced nurse practitioner or certified nurse-midwife shall not prescribe controlled substances for his or her personal use or for the use of members of his or her immediate family.

6.9. An advanced nurse practitioner or certified nurse-midwife shall not provide controlled substances or prescription drugs for other than therapeutic purposes.

6.10. An advanced nurse practitioner or certified nurse-midwife with prescriptive authority may not delegate the prescribing of drugs to any other person.



# CONSENT AGREEMENTS, REPRIMANDS, SUSPENSIONS, REINSTATEMENTS FY '09-10 • JULY '07 - JULY '09

Prior to taking any actions related to the information on this page, contact this office for more information. You may contact the Board by phone at (304) 558-3596, by mail at 101 Dee Drive, Suite 102, Charleston, WV 25313-1620, or by e-mail at [rnboard@state.wv.us](mailto:rnboard@state.wv.us). Requests for copies of documents must be made in writing. Clearly state your request and provide a name and address where the information may be mailed. The fee for documents is \$3.00 for the first page and 0.25 cents for each additional page. You will be invoiced for this amount.

A **Consent Agreement** is a settlement agreement between the Board and the licensee. The agreement is the result of an informal settlement of a complaint

filed against a licensee. Consent Agreements with a probation requirement generally include certain restrictions in the practice of a registered professional nurse. Time is counted toward the required probationary period only while the individual nurse is working as a registered professional nurse. If an individual does not work for a period of time, this time is not counted toward the probation requirement. Therefore, some individuals may have a probation license longer than the dates may suggest. A **reprimand** is the least restrictive disciplinary action the Board takes against a licensee. A licensee can practice if a reprimand has been issued against the licensee.

A **suspension** is generally the result of a violation of

a contract between the licensee and the Board. A suspension can also be the resulting action taken by the Board in relation to discipline. A licensee cannot practice nursing while the license is suspended. A **Summary Suspension** is an action taken by the Board when a licensee is considered an immediate threat to public safety. A licensee receiving a Summary Suspension cannot work as a nurse or represent themselves as such.

A **Reinstatement** occurs when a licensee has completed the discipline requirements. Reinstatement may return the license to the full unencumbered status or return a suspended license to a probation status, or any other action the Board deems appropriate.

APRIL '09				
Bradley, Benjamin	70761	Wharton, WV	Probation 6 months	04/23/2009
Browning, Carol	41923	Barboursville, WV	Probation 1 year	04/30/2009
Caswell, Richard	66813	LeRoy, WV	Summary Suspension	04/30/2009
MAY '09				
Bensenhaver, Staci	71012	Maysville, WV	Reprimand	05/28/2009
Emiline, Louann	52757	Smithers, WV	Suspension	05/21/2009
Everly, William	66479	Clarksburg, WV	Probation 3 years	05/08/2009
Hawkins, Janie	47233	Weston, WV	Voluntary Surrender	05/18/2009
Holbert, Russell	68358	Hepzibah, WV	Summary Suspension	05/21/2009
Jones, Michele	53009	Huntington, WV	Suspension	05/07/2009
Kirkpatrick, Penny	48581	Charleston, WV	Probation 1 year	05/08/2009
Klar III, Charles	57068	Mars, PA	Probation 5 years	05/28/2009
Sines, Margaret	56901	Barboursville, WV	Summary Suspension	05/28/2009
Swisher, Grace	38780	Charleston, WV	Probation 3 years	05/19/2009
Wasilewski, Karen	46485	Tazewell, VA	Suspension	05/07/2009
Zawacky, William	52331	Martinsburg, WV	Voluntary Surrender	05/26/2009
JUNE '09				
Abel, Leah	67062	South Charleston, WV	Suspension	06/22/2009
Baker, Jody	68715	Lewisburg, WV	Probation 1 year	06/17/2009
Barnes, Joan	21075	Wheeling, WV	Suspension 3 years	06/16/2009
Beall, Courtney	47202	Wheeling, WV	Suspension	06/03/2009
JULY '09				
Anderson, Tammy	38016	Caldwell, OH	Reinstatement Denied	07/08/2009
Carpenter, James	64171	Marietta, OH	Reinstatement Denied	07/08/2009
Carson, Stephen	24130	Charleston, WV	Suspension	07/09/2009
Dukes (Frazier) Rebecca	67862	Huntington, WV	Suspension	7/13/2009
Jones, Donald	34944	Brandon, FL	Reinstatement Denied	07/08/2009
Kovach, Maryann	66823	Big Creek, WV	Full Reinstatement	07/08/2009
Osburn, Lisa	36528	Buckhannon, WV	Reinstatement Denied	07/08/2009
Roberts, Derek	70020	Wheeling, WV	Reinstatement Denied	07/08/2009
Sexton, Jennifer	65396	Barboursville, WV	Full Reinstatement	07/08/2009

