VIRGINIA BOARD OF NURSING
BUSINESS MEETING
DRAFT **Agenda**

Department of Health Professions – Perimeter Center
9960 Mayland Drive, Conference Center 201 – **Board Room 2**
Henrico, Virginia 23233

DHP Mission *– the mission of the Department of Health Professions is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.*

Tuesday, July 18, 2023 at 9:00 A.M. – Quorum of the Board

CALL TO ORDER: Brandon A. Jones, MSN, RN, CEN, NEA-BC; President

ESTABLISHMENT OF A QUORUM

ANNOUNCEMENT

Staff Update:

- **A'nya Miller, Summer Intern** assigned to discipline**,** started on June 5, 2023
- **Andrea Lewis** has accepted the P-14 Licensing Specialist position and started on June 20, 2023
- **Sonja McGruder** has accepted the Discipline Support position and started on June 25, 2023

A. UPCOMING MEETINGS and HEARINGS:

- NCSBN Workforce Modeling and Health Care Support Worker Focus Group is scheduled for August 14, 2023. Ms. Wilmoth and Ms. Douglas will attend to represent Virginia Board of Nursing
- Nurse Licensure Compact (NLC) Annual Meeting is scheduled for August 15, 2023. Ms. Douglas will attend as Commissioner and Ms. Wilmoth will attend also.
- The NCSBN 45th Anniversary and Annual Meeting is scheduled for August 16-18, 2023 in Chicago. Mr. Jones, Dr. Smith, Ms. Wilmoth, Dr. Hills and Ms. Glazier will attend.

- The Education Informal Conference Committee is scheduled for August 3, 2023 at 9 AM in Board Room 3 and for August 22, 2023 at 9 AM in Board Room 4.

- **REMINDER** of Additional Formal Hearings in August 2023:
  - **Wednesday, 8/2/2023** – Board Members are Mr. Jones (**Chair**), Ms. Friedenberg, Dr. Gleason, Mr. Hermansen-Parker, Ms. McElfresh, Dr. Parke, and Dr. Smith
  - **Thursday, 8/3/2023** – Board Members are Ms. Swineford (**Chair**), Dr. Dorsey, Ms. Friedenberg, Mr. Hermansen-Parker, Ms. McElfresh, and Dr. Parke

- Nursing and Nurse Aide Education Program Training Sessions:
  - **VIRTUAL** Orientation to Establish a Nurse Aide Education Program is scheduled for Thursday, October 5, 2023

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- Preparation and Regulation Review for Coordinators and Instructors of Nurse Aide Education Programs is scheduled on Thursday, October 12, 2023, at DHP – Conference Center from 9 am to 12 noon.

- Orientation on Establishment of a PN or RN Pre-Licensure Nursing Program is scheduled on Tuesday, October 17, 2023 at DHP – Conference Center from 9 am to 12 noon.
- Preparation and Regulation Review for Program Directors and Faculty of PN & RN Pre-Licensure Nursing Programs is scheduled on Tuesday, October 17, 2023, at DHP – Conference Center from 1 pm to 4 pm.

9:05 A.M. - PUBLIC HEARING

- Proposed Regulations Governing the Practice of Licensed Certified Midwives (18VAC90-70)

REVIEW OF THE AGENDA:

- Additions, Modifications
- Adoption of a Consent Agenda
- **CONSENT AGENDA**

***B1**	May 22, 2023	Formal Hearings
***B2**	May 23, 2023	Business Meeting
***B3**	May 24, 2023	BON Officer Meeting
***B4**	May 24, 2023	Panel A – Formal Hearings
***B5**	May 24, 2023	Panel B – Formal Hearings
***B6**	May 25, 2023	Formal Hearings
***B7**	June 1, 2023	Formal Hearings
***B8**	June 5, 2023	Formal Hearings
***B9**	June 21, 2023	Telephone Conference Call
B10	June 27, 2023	Telephone Conference Call

C1 - Board of Nursing Monthly Tracking Log, June 2022 - June 2023
***C2 -** Agency Subordination Recommendation Tracking Log
C3 - Executive Director Report
C4 – HPMP Quarterly Report for April - June 2023
***C5** – June 14, 2023 Committee of the Joint Boards of Nursing and Medicine Formal Hearing Minutes
***C6** – 2024 Education Informal Conference Dates

DIALOGUE WITH DHP DIRECTOR – Mr. Owens

B. DISPOSITION OF MINUTES – None

C. REPORTS

- TBD

D. OTHER MATTERS:

- Board Counsel Update (**verbal report**)
- Volunteers needed to serve on the Nominating Committee – **Mr. Jones**

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E. EDUCATION:

- Nurse Aide, Medication Aide and Nursing Education Program Updates – **Ms. Wilmoth** (**verbal report**)

F. REGULATIONS/LEGISLATION– Ms. Barrett

***F1 –** Chart of Regulatory Actions
***F2** - Periodic Review of Chapter 25 – Regulations Governing Certified Nurse Aides
***F3** - Periodic Review of Chapter 27 – Regulations Governing Nursing Education Programs
***F4** - Periodic Review of Chapter 50 – Regulations Governing the Licensure of Massage Therapists
***F5** – Adoption of Revised Policy on meetings held with Electronic Participation

Guidance Documents (GDs)

- ***F6** – Revision to **GD 90-3** (*Continuing Competency Violations for Nurses)* and Repeal of **GD 90-11**
- ***F7** - Revision to **GD 90-6** (*Guidance statement by board regarding peripherally inserted central catheters);* **Repeal of the following GDs:**
  - ***GD 90-15** (*Use of Cervical Ripening Agents*)
  - ***GD 90-17 (***Cutting of Corns and Warts by RN's and LPN's)*
  - ***GD 90-19** *(Epidural Anesthesia by RN's and LPN's)*
  - ***GD 90-31** *(Whether a Nurse May Administer a Medication that has been transmitted orally or in writing by a Pharmacist acting as the Prescriber's Agent)*
  - ***GD 90-40** *(Surveillance Activities Required by the OSHA Respiratory Standards)*
  - ***GD 90-43** *(Attachment of Scalp Leads for Internal Fetal Monitoring)*

10:00 A.M. – PUBLIC COMMENT

10:30 A.M. – **POLICY FORUM** – DHP Healthcare Workforce Data Center (HWDC) presentation by Barbara Hodgdon PhD, Deputy Director

- ***DRAFT** Report on Nursing Education Programs for the 2021-2022 Academic Year

CONSIDERATION OF CONSENT ORDERS

***G1 –** Kimberly Jordan, RN

12:00 P.M. – LUNCH

12:45 P.M. – CONSIDERATION OF POSSIBLE SUMMARY SUSPENSIONS

- TBD

1:30 P.M.

E1 – June 20, 2023 Education Informal Conference Committee DRAFT Minutes

June 20, 2023 Education Informal Conference Committee Recommendations regarding:

- **E1a** - Chesterfield County Public Schools, Chesterfield, PN Program US28104300
- **E1b** - Fortis College, Norfolk, ADN Program, US2840950
- **E1c** - Fortis College, Norfolk PN Program, US28200500
- **E1d** - Medical Solutions Academy, Danville, PN Program, US28110500

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CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS

Board Members for odd number recommendations in **BOARD ROOM 2:**

Presiding: Brandon Jones, MSN, RN, CEN, NEA-BC; President
Carol Cartte, RN, BSN
Yvette Dorsey, DNP, RN
Margaret Friedenberg, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Meenakshi Shah, BA, RN
Felisa Smith, PhD, MSA, RN, CNE

1	*Tonya Lynette Cooper, CNA
3	*Anna Chastain, RN
5	*Elisabeth Anne Taurino, RN
7	
9	

Board Members for even number recommendations in **BOARD ROOM 4:**

Presiding: Cynthia Swineford, RN, MSN, CNE; First Vice-President
Laurie Buchwald, MSN, WHNP, FNP
A Tucker Gleason, PhD, Citizen Member
Paul Hogan, Citizen Member
Dixie McElfresh, LPN
Helen Parke, DNP, FNP-BC

2	*Lori Marie Menser, RN
4	*Bria Jazmine Bloomer, RN
6	
8	
10	

ADJOURNMENT OF BUSINESS AGENDA

BOARD MEMBER DEVELOPMENT

2:30 P.M – Health Practitioners' Monitoring Program (HPMP) Presentation by **Christina Buisset**, DHP Services and HPMP Manager, and **Amy Ressler**, HPMP Case Manager

3:30 P.M. - Administrative Proceedings - **Ms. Booberg** and **Ms. Douglas**

MEETING DEBRIEF

- What went well
- What needs improvement

(*1st mailing – 6/28) (**2nd mailing – 7/6) (***3rd mailing – 7/12)

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Public Hearing on Tuesday, 7/18/2023 @ 9:05 am

Proposed Regulations Governing the Practice of Licensed Certified Midwives (LCMs) 18VAC90-70

Request for Comment
Petition for Rulemaking

Comment Period: May 22, 2023 – July 21, 2023

Promulgating Board: Boards of Nursing and Medicine

Regulatory Coordinator: Erin Barrett
(804) 367-4688
erin.barrett@dhp.virginia.gov

Agency Contact: Jay P. Douglas
Executive Director, Board of Nursing
(804) 367-4520
jay.douglas@dhp.virginia.gov

Contact Address: Department of Health Professions
9960 Mayland Drive
Suite 300
Richmond, VA 23233

Chapter Affected:

18 VAC 90 - 70:	Regulations Governing the Practice of Licensed Certified Midwives

Statutory Authority: State: §§ 54.1-2400, 54.1-2957.04

Action Summary

Chapter 200 of the 2021 General Assembly required the Boards of Nursing and Medicine to promulgate regulations governing the practice of licensed certified midwives. Virginia Code § 54.1-2957.04 specifies the credential that will be considered as qualification for licensure and renewal, the requirement for a practice agreement, and the prescriptive authority for the profession. The Boards will adopt additional requirements similar to other licensed professions for a fee structure, renewal or reinstatement, continuing competency, and standards of practice.

Public Participation

The proposed regulations will be published in the Virginia Register of Regulations on May 22, 2023. Public comment will open on May 22, 2023, and will close on July 21, 2023. The Board will hold a public hearing regarding the proposed regulations. That hearing is currently scheduled for July 18, 2023, at 9:05 a.m. Any changes to the public hearing date, time, and location will be published on the Regulatory Town Hall at www.townhall.virginia.gov.

Publication Date 05/22/2023 *(comment period will also begin on this date)*

Comment End Date 07/21/2023

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
May 22, 2023

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 1:00 P.M., on May 22, 2023, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Brandon A. Jones, MSN, RN, CEN, NEA-BC; President
Felisa A. Smith, PhD, MSA, RN, CNE; Second Vice-President
Carol Cartte, RN, BSN
Yvette L. Dorsey, DNP, RN
Margaret J. Friedenberg, Citizen Member
James L. Hermansen-Parker, MSN, RN, PCCN-K
Meenakshi Shah, BA, RN

STAFF PRESENT:
Robin Hills DNP, RN, WHNP, Deputy Executive Director for Advanced Practice
Lelia Claire Morris, RN, LNHA; Deputy Executive Director
Sylvia Tamayo-Suijk, Senior Discipline Specialist

OTHERS PRESENT:
Laura A. Booberg, Assistant Attorney General
BSN Students from South University

ESTABLISHMENT OF A PANEL: With seven members of the Board present, a panel was established.

FORMAL HEARINGS: **Benjamin Clark, RN Georgia License RN288020 with multistate privilege**

Mr. Clark did not appear.

Tammie Jones, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Cidney Mintz, court reporter with County Court Reporters, Inc., recorded the proceedings.

Shawn Ledger, Senior Investigator, Enforcement Division, and Pamela Falls, RN, Clinical Coordinator, were present and testified.

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CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:40 P.M., for the purpose of deliberation to reach a decision in the matter of **Benjamin Clark.** Additionally, Ms. Shah moved that Dr. Hills, Ms. Morris, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:25 P.M.

Ms. Shah moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Smith and carried unanimously.

ACTION: Dr. Dorsey moved that the Board of Nursing suspend the privilege of **Benjamin Clark** to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years. The motion was seconded by Dr. Smith and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS: The Board recessed at 2:27 P.M.

RECONVENTION: The Board reconvened at 2:45 P.M.

FORMAL HEARINGS: **Roncs Ese-Etame, RN** **0001-217553**

Mr. Ese-Etame did not appear.

Tammie Jones, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Cidney Mintz, court reporter with County Court Reporters, Inc., recorded the proceedings.

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Kevin Wolfe, Senior Investigator, Enforcement Division, was present and testified.

Dr. Hills left the meeting at 3:00 P.M.

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:00 P.M., for the purpose of deliberation to reach a decision in the matter of **Roncs Ese-Etame.** Additionally, Ms. Shah moved that Ms. Morris, Ms. Tamayo-Suijk and Ms. Booberg attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:16 P.M.

Mr. Hermansen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Smith and carried unanimously.

ACTION: Ms. Shah moved that the Board of Nursing indefinitely suspend the license of **Roncs Ese-Etame** to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 3:17 P.M.

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Robin Hills, DNP, RN WHNP
Deputy Executive Director

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VIRGINIA BOARD OF NURSING
BUSINESS MEETING MINUTES
May 23, 2023

TIME AND PLACE: The business meeting of the Board of Nursing was called to order at 9:00 A.M. on May 23, 2023, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Brandon A. Jones, MSN, RN, CEN, NEA-BC; President

BOARD MEMBERS PRESENT:
Cynthia M. Swineford, RN, MSN, CNE; First Vice-President
Felisa A. Smith, PhD, MSA, RN, CNE; Second Vice-President
Carol Cartte, RN, BSN
Margaret J. Friedenberg, Citizen Member
Ann Tucker Gleason, PhD, Citizen Member
James L. Hermansen-Parker, MSN, RN, PCCN-K
Paul Hogan, Citizen Member
Dixie L. McElfresh, LPN
Helen Parke, DNP, FNP-BC
Meenakshi Shah, BA, RN

MEMBERS ABSENT:
Laurie Buchwald, MSN, WHNP, FNP
Yvette L. Dorsey, DNP, RN
Jennifer Phelps, BS, LPN, QMHP-A, CSAC

STAFF PRESENT:
Jay P. Douglas, RN, MSM, CSAC, FRE
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director
Claire Morris, RN, LNHA; Deputy Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Jacquelyn Wilmoth; Deputy Executive Director
Stephanie Willinger, Deputy Executive Director
Christine Smith, RN, MSN; Nurse Aide/RMA Education Program Manager
Randall Mangrum, DNP, RN; Nursing Education Program Manager
Patricia Dewey, RN, BSN, Discipline Case Manager
Huong Vu, Operations Manager
Ann Hardy, MSN, RN, Compliance and Case Adjudication Manager

OTHERS PRESENT:
Laura Booberg, Senior Assistant Attorney General, Board Counsel
Arne Owens, DHP Director
James Jenkins, Jr., RN, DHP Chief Deputy
Matthew Novak, DHP Policy Analyst

IN THE AUDIENCE:
Clark Barr, Medical Society of Virginia (MSV)
W. Scott Johnson, Hancock Daniel & Johnson PC
Richard Grossman, Virginia Council of Nurse Practitioners (VCNP)
Brittany Whitley, Virginia Nurses Association (VNA)
Avi Efreom, Adjudication Specialist, Administrative Proceedings Division
Ella Hayes, FunPals Summer Intern
Tamiera Redding, Board of Nursing staff
Ashley Wright, Board of Nursing staff

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Adisa Vehab, Board of Nursing staff
Diana Wilson, Board of Nursing staff

ESTABLISHMENT OF A QUORUM:

Mr. Jones asked Board Members and Staff to introduce themselves. With 11 members present, a quorum was established.

ANNOUNCEMENTS: Mr. Jones acknowledged the following:

Staff Update:

- **Tamiera Redding** accepted the Discipline Specialist position and started on May 10, 2023.

UPCOMING MEETINGS: The upcoming meetings listed on the agenda:

- NCSBN Executive Officers Summit is scheduled for June 21-23, 2023 in Newport Beach, CA. Ms. Douglas will attend as the President of NCSBN BOD
- NCSBN BOD is scheduled for July 11-12, 2023 in Chicago, IL. Ms. Douglas will attend as the President of NCSBN BOD.
- **Please note** – NCSBN Annual Meeting is scheduled for August 16-18, 2023 in Chicago. Board Members who are interested in attending, please let Mr. Jones and Ms. Douglas know.
- The Committee of the Joint Boards of Nursing and Medicine business meeting & proceedings are scheduled for June 14, 2023 at 9 AM in Board Room 2 → Ms. Douglas noted that the Committee will only hold the formal hearing, there will be no business meeting.
- The Education Informal Conference Committee is scheduled for June 20, 2023 at 9 AM in Board Room 3.
- HPMP Presentation is scheduled for July 18, 2023 Board Business Meeting.
- Nursing and Nurse Aide Education Program Training Sessions:
  - Preparation and Regulation Review for Program Directors and Faculty of PN & RN Pre-Licensure Nursing Programs is scheduled on Tuesday, June 6, 2023, at DHP – Conference Center from 9 am to 12 noon.
  - **VIRTUAL** Orientation to Establish a Nurse Aide Education Program is scheduled for Thursday, June 8, 2023
  - Preparation and Regulation Review for Coordinators and Instructors of Nurse Aide Education Programs is scheduled on Thursday, June 22, 2023, at DHP – Conference Center from 1 pm to 4 pm.

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ORDERING OF AGENDA:

Mr. Jones asked staff if there are modifications to the Agenda.

Ms. Douglas noted that on June 14, 2023, the business meeting of the Committee of the Joint Boards has been cancelled. The Committee will conduct a formal hearing only on that day.

Mr. Jones noted that Ms. Buchwald will not be available for the formal hearings in Panel A on Wednesday, May 24, 2023, due to family emergency.

CONSENT AGENDA:

The Board removed the following items from the consent agenda:

Mr. Jones removed **C1** – Board of Nursing Monthly Tracking Log, April 2022 – April 2023

Ms. Douglas removed **C3** – Executive Director Report

Mr. Hermansen-Parker moved to accept the items on consent agenda listed below as presented. The motion was seconded by Dr. Smith and carried unanimously.

Consent Agenda

B1	March 20, 2023	Formal Hearings
B2	March 21, 2023	Business Meeting
B3	March 22, 2023	Panel A – Formal Hearings
B4	March 22, 2023	Panel B – Formal Hearings
B5	March 23, 2023	Formal Hearings
B6	April 10, 2023	Telephone Conference Call
B7	May 8, 2023	Telephone Conference Call

C2 - Agency Subordination Recommendation Tracking Log

C4 – March 21, 2023, Disciplinary Committee Meeting Minutes
C5 – April 13, 2023 Committee of the Joint Boards of Nursing and Medicine Telephone Conference Call Minutes

C6 – HPMP Quarterly Report for January – March 2023
C7 – Dr. Hills' April 11, 2023 APRN Roundtable Report
C8 – Ms. Morris' NCSBN Midyear Meeting Report
C9 – Ms. Vu's NCSBN Midyear Meeting Report
C10 – Dr. Parke's NCSBN Midyear Meeting Report
C11 -Ms. Bargdill's April 27-28, 2023 Massage Board Executive Summit Report

Discussion of Consent Agenda Items pulled:
C1 – Board of Nursing Monthly Tracking Log, April 2022 – April 2023

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Mr. Jones noted that the Log is a 12-month tracking view instead of calendar year view and thanked Board staff for updating the tracking log.

Mr. Jones added that the Board closed the highest numbers of cases in April compared to the past 12 months.

C3 – Executive Director Report
Ms. Douglas added the following information to her report:

- Equipment update for the Conference Center is not completed yet as planned, additional improvements are coming.
- Application process – there are some issues with the automated robotic process, staff are working with IT to correct the issues.
- Operation Nightingale is requiring increased scrutiny & review of licensure applications.
- NCSBN announcement – Phil Dickinson has been selected as the new CEO for NCSBN effective 10/1/2023.
- Budget preparations are underway. Deputies worked together to provide proposals for review by Ms. Douglas.
- Legislative proposals underway – internal discussion is underway regarding transferring the adult immunization protocols' approval to VDH.
- Federal legislation – DHP is looking at federal requirements for the licensure portability for veterans and their spouses.
- Next Generation NCLEX (NGN) – started on April 1, 2023, no reports available yet but positive feedback received from faculty and students.

Dr. Smith moved to accept **C1** and **C3** as presented. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

DIALOGUE WITH DHP DIRECTOR OFFICE:

Mr. Owens provided the following information:

- May 1 was his six months anniversary at DHP and noted that Board staff are doing phenomenal work.
- Karen Shelton, MD, FACOG is the new State Health Commissioner
- Operational Improvements, such as BOX for digital case file management and bots are increasing efficiency.
- Compensation study is in process with the goal is to make DHP an attractive place to work.
- All staff training day occurred on April 25, 2023 and over 100 investigators attended the training
- Healthcare workforce is still the Governor's priority – phase 1 study is completed. Phase 2 & 3 are in process with the hope to have wrapped up in September 2023.
- Jim Jenkins, Chief Deputy Director, and Jaime Hoyle, Executive Director for Boards of Counseling, Psychology and Social Work, are

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representing DHP on the Governor's Right Help Right Now initiative to improve Behavioral Health
- 2023 General Assembly – workgroups are being developed and work is in process.
- 2024 – 2026 Biennial budget process is underway

Mr. Hogan asked if the new Health Commissioner is looking into work requirements for programs such as Medicaid.

Mr. Owens replied that he has not heard anything yet. Mr. Owens added that Virginia did expand Medicaid eligibility a few years back, but work requirements were not attached to it.

DISPOSITION OF MINUTES: None

REPORTS:

March 28, 2023 NCSBN Leadership Day:
Mr. Jones reported that the meeting was about contemporary governance reform and much of the discussion was evidence based, not of someone's opinions. Mr. Jones noted that it was a benefit to connect with many others across the country. Mr. Jones added that his takeaway was the highest performing teams are in an environment where psychological safety is a priority and where people get together and mingle.

March 29-30, 2023 NCSBN Midyear Meeting:
Mr. Jones reported that NCSBN is a leader in Artificial Intelligence (AI) and discussed using it in proctoring exams. Mr. Jones noted that ChatGPT cannot pass the NCLEX yet but can pass other national tests.

Ms. Douglas noted that remote proctoring of NCLEX will be voted on at the NCSBN Annual meeting.

M. Jones stated that at the President's meeting it was reported that the National Association of Clinical Nurse Specialists (CNS) is working on classifying CNS as Advanced Practice Registered Nurses (APRN) and it could take till 2028 to have this change takes place.

Ms. Douglas added that IV Hydration and compounding were also addressed. Representatives around the country have met with FDA and DEA with concerns regarding these practices. Virginia has not received any cases as yet.

Mr. Jones added that great information is available in NCSBN Hive and encouraged Board Members to review.

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OTHER MATTERS:

Board Counsel Upate:
Ms. Booberg stated that she has nothing to report. Ms. Booberg noted that it is a pleasure to work with the Board Members and thankful for staff for their assistance.

D1 – 2024 Dates for Board Meetings and Hearings:
Mr. Jones reminded Board Members to keep a copy of D1 for future reference.

D2 – Informal Conference (IFC) Schedule from July to December 2023:
Mr. Jones reminded Board Members to keep a copy of D2 for future reference.

Ms. Morris noted that Thursday, August 3, 2023 is now a Special Conference Committee day.

D3 – NCSBN International Guiding Principles for Telehealth Nursing:
Mr. Jones noted that this is provided for information only.

- **REMINDER** of Additional Formal Hearings in June 2023:
  - **Thursday, 6/1/2023** – Board Members are Ms. Swineford (**Chair**), Dr. Dorsey, Ms. Friedenberg, Mr. Hogan, Dr. Parke and Ms. Peterson, LMT
  - **Monday, 6/5/2023** – Board Members are Mr. Jones (**Chair**), Ms. Cartte, Dr. Gleason, Mr. Hermansen-Parker, Ms. McElfresh, Ms. Shah, and Dr. Smith

Ms. Douglas thanked Board Members for their participation in extra formal hearing days.

Digital Access to Board Business Meeting in BOX:
Ms. Douglas stated that the Board is working on making business materials available in BOX and Mr. Jones will be piloting for the next meeting. Ms. Douglas added that if any Board Members are interested in piloting, please let Ms. Vu know.

Updating on Digital Case Management:
Ms. Bargdill noted that the digital process started in Nursing on May 2022. Cases are received by staff from Enforcement. Board staff is involved in process mapping and testing so that eventually cases will be moved into BOX from the Board of Nursing to Administrative Proceedings Division (APD).

Ms. Morris noted that she has been involved in all the workgroups. Ms. Morris added that Offline cases, cases that do not meet a threshold for violation of laws and regulations, are now processed 100% in BOX.

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Journal of Nursing Regulation – April 2023 – Discuss materials provided, Mr. Jones and Ms. Douglas

- *Assessing the Impact of COVID-19 Pandemic on Nursing Education: A National Study of Prelicensure RN Programs*
- *The 2022 National Nursing Workforce Survey*

Ms. Douglas stated that Dr. Shobo's work is also included in *The 2022 National Nursing Workforce Survey.* Ms. Douglas added that Dr. Shobo is the Executive Director for the DHP Healthcare Workforce Data Center (HWDC).

Ms. Douglas noted that according to the survey, 800K registered nurses (RN) intend to leave the workforce by 2027, 100K RNs left the workforce since 2020, and the expectation of about 650K nurses will leave the workforce over the next 10 years.

The Board noted the following issues indicated in the two publications:

- Academic/practice gap
- Readiness to practice indicator
- Resiliency training into Leadership management courses
- Retired faculty mentor junior nurses after retirement
- Transition to practice for new grads
- Burnout which leads to increase in errors

Mr. Owens left the meeting at 9:55 A.M.

PUBLIC COMMENT: None was received

Mr. Jenkins left the meeting at 10:11 A.M.

EDUCATION: **Education Update:**

Ms. Wilmoth reported the following:

Nurse Aide Education Programs Update

- Christine Smith held an education seminar for nurse aide education programs at Germanna Community College to review regulatory requirements on March 27, 2023 with 31 participants.
- Christine Smith held an education seminar for nurse aide education programs at Radford University to review regulatory requirements on May 9, 2023 with 20 participants.
- New Regulations – program feedback has been mostly positive and the less restrictive requirements for the primary instructor have proven to be beneficial for programs that may have been placed inactive without this change.
- 140-hour requirement went into effect May 12, 2023.

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Medication Aide Program Updates

- Christine Smith held a virtual education seminar for medication aide programs to review regulatory requirements on May 18, 2023 with 72 participants. Feedback during the session was very positive. We provided a survey.
- Board staff continue to work with PSI on item development for the registration exam.

Nursing Education Programs Updates

- Randall Mangrum held an education seminar for nurse aide education programs at Germanna Community College to review regulatory requirements on March 27, 2023.
- Randal Mangrum held an education seminar for nurse aide education programs at Radford University to review regulatory requirements on May 9, 2023.
- 2023 First quarter NCLEX update.
    - PN: There were 30 programs that had first time test takes –11 with pass rates <80% (36.7% of programs that tested are less than 80% which is significantly greater than last year (19%). For first quarter VA is above national average.
    - RN: There were 55 programs with first time testers—21 with first time pass rates below 80%. (38% compared to 40.4% in 2022) For first quarter VA is above national average.
- Next Generation NCLEX (NGN) Preview Exam is available on www.NCLEX.com and NGN launched April 1, 2023 for RN and PN. Ms. Swineford, Dr. Parke and Dr. Mangrum had the opportunity to preview NGN.

    - From NCSBN: Historically, NCLEX candidates have been given the opportunity to question exam items and provide feedback. They can do so in two ways, at the point of exam administration or through a Review and Challenge request. Candidates can, free of charge, question any exam item and provide feedback while taking the exam. Separately, the Review and Challenge is a formal process with an associated cost by which candidates may submit a request to their nursing regulatory body (NRB) if they have concerns regarding NCLEX items. Both processes accomplish the goal of providing a venue for candidates to question exam items and provide feedback. Currently, not all NRBs offer candidates the option to pursue the Review and Challenge process and NCSBN receives very few Review and Challenge requests. Additionally, the launch of the Next Generation NCLEX introduces case scenarios that include six exam items. If one item in a case scenario is associated with a Review and Challenge, the

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remaining five items are subject to undue exposure, posing an unwarranted threat to our item bank robustness.

- As a result, effective April 1, 2023, NCSBN will discontinue the formal Review and Challenge process and will continue to allow candidates' the ability to question exam items during exam administration. NCSBN will ensure that all candidate feedback is analyzed and that any irregularities are reported to the NCLEX Examination Committee.

RECESS: The Board recessed at 10:21 A.M.

RECONVENTION: The Board reconvened at 10:33 A.M.

VIRTUAL Presentation regarding Consideration of Alternate International Credential Review Agency – **Josef Silny & Associates, Inc., International Education Consultants**

- Presentation's Materials

Ms. Willinger noted that the presentation's materials were provided to the Board at its March 2023 meeting and Mr. Silny's participating today virtually to answer any additional questions the Board has. Ms. Willinger added that the Board is required by the 2023 General Assembly to have multiple credential agencies in place by July 1, 2023.

Mr. Silney provided the following information:

- 27 boards of nursing accept their evaluations
- Has translation department
- The cost is $400 charge to applicant and report is provided to applicant and the Board
- It takes about 15 business days for the evaluation to be completed
- So far in 2023, they received 3,371 applications
- Applicants pay the fee directly to Silney and the Board is not involved in this part of the process

Ms. McElfresh moved to accept Josef Silny & Associates, Inc,. as an Alternate International Credential Review Agency. The motion was seconded by Dr. Parke and carried unanimously.

LEGISLATION/
REGULATION: Mr. Novak reported the following on behalf of Ms. Barrett:

F1 Chart of Regulatory Actions
Mr. Novak provided an overview of the regulatory actions found in the chart.

F2 Consideration of Exempt Regulatory Changes to 18VAC90-30 and 18VAC90-40 to reflect Terminology change from "Nurse Practitioner"

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to "Advanced Practice Registered Nurse (APRN)" in SB975 of the 2023 General Assembly
Mr. Novak noted that this action will be reviewed by the Board of Medicine at its June 22, 2023 meeting.

Mr. Hermansen-Parker moved to amend 18VAC90-30 and 18VAC90-40 as presented by exempt action effective July 1, 2023. The motion was seconded by Ms. Shah and carried unanimously.

Mr. Owens rejoined the meeting at 11:03 A.M.

F3 – Consideration of Exempt Regulatory Changes to 18VAC90-15-10 to allow Agency Subordinates to hear credential cases in HB1622 of the 2023 General Assembly
Mr. Novak noted that due to regulatory review timelines, these changes will be effective November 22, 2023 or sooner.

Mr. Hermansen-Parker moved to amend 18VAC90-15-10 as presented by exempt action effective July 1, 2023. The motion was seconded by Dr. Smith and carried unanimously.

F4 - Consideration of Notice of Changes to Guidance Document 90-38 *(Disposition of Disciplinary Cases against Practitioners Practicing on Expired Licenses or Registrations)* and Repeal of Guidance Document 90-61 *(Disposition of Disciplinary Cases against CNA's and RMA's Practicing on Expired Certificates or Registrations)*
Mr. Novak noted that as part of a directive from the Govenor's office, the policy office has reviewed Board of Nursing guidelines for revision.

Dr. Parke moved to amend Guidance Document 90-38 as presented. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

Dr. Parke moved to repeal Guidance Document 90-61. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

F5 – Consideration of Amendment to GD 90-62 (*Medication Administration Training Curriculum)*
Mr. Hermansen-Parker moved to amend GD 90-62 as presented. The motion was seconded by Ms. Shah and carried unanimously.

F6 - Consideration of Repeal of GD 90-34 *(Board Motion on Review and Challenge of NCLEX)*
Dr. Parke moved to repeal GD 90-34. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

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F7 - Consideration of Repeal of GD 90-39 (*Indefinite Suspension Timeframes)*

Dr. Smith moved to repeal GD 90-39. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

F8 - Consideration of Repeal of GD 90-42 (*Reinstatement following Mandatory Suspension)*

Mr. Hermansen-Parker moved to repeal GD 90-42. The motion was seconded by Ms. Shah and carried unanimously.

CONSIDERATION OF CONSENT ORDERS:

G1 – Ania B. Ramondo, RN 0001-246631

Ms. Shah moved that the Board of Nursing accept the consent order to reprimand **Ania B. Ramondo** and to suspend her license to practice professional nursing in the Commonwealth of Virginia with suspension stayed contingent upon:

- Ms. Ramondo's continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP; and
- Within 60 days from the date of entry of the Order, Ms. Ramondo shall provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least 3 credit hours in the subject of professional boundaries in nursing.

The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

G2 – Phyllis C. Jenkins, LPN 0002-069032

Ms. Shah moved that the Board of Nursing accept the consent order for voluntary surrender for indefinite suspension of the license of **Phyllis C. Jenkins** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

G4 – Logan Truslow, RN 0001-295074

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:22 A.M., for the purpose of deliberation to reach a decision in the matter of **Logan Truslow, RN**. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Bargdill, Ms. Vu and Ms. Booberg attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

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RECONVENTION: The Board reconvened in open session at 11:25 A.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

Dr. Smith moved that the Board of Nursing accept the consent order to indefinitely suspend the license of **Logan Truslow** to practice professional in the Commonwealth of Virginia. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

G3 – Jasmine Stephenson, RN 0001-268490

Mr. Hermansen-Parker recused himself from considering since he is aware of the case.

Ms. McElfresh moved that the Board of Nursing accept the consent order for voluntary surrender for indefinite suspension of the license of **Jasmine Stephenson** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Smith and carried unanimously.

E1 – April 18, 2023 Education Informal Conference Committee DRAFT minutes

Ms. Shah moved to accept the minutes as presented. The motion was seconded by Ms. Swineford and carried unanimously.

RECESS: The Board recessed at 11:44 A.M.

RECONVENTION: The Board reconvened at 1:03 P.M.

CONSIDERATION OF POSSIBLE SUMMARY SUSPENSION:

Case 226466/223403/213997/203512
Sean Murphy, Senior Assistant Attorney General, and Melissa Armstrong, Adjudication Specialist, Administrative Proceedings Division, joined the meeting at 1:03 P.M.

Sean Murphy, Senior Assistant Attorney General, presented evidence that the continued practice of practical nursing by**, Jennifer G. Webb LPN (0002-**

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097390) may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:07 P.M., for the purpose of deliberation to reach a decision in the matter of **Jennifer G. Webb, LPN**. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Bargdill, Ms. Vu and Ms. Booberg attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:19 P.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Buchwald and carried unanimously.

Dr. Parke moved to summarily suspend the license of **Jennifer G. Webb** to practice practical nursing pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license for a period of not less than two years from the date of entry of the Order in lieu of a formal hearing. The motion was seconded by Ms. Shah and carried unanimously.

Mr. Murphy left the meeting at 1:21 P.M.

Case 221199

Amanda C. Padula-Wilson, Assistant Attorney General, joined the meeting at 1:21 P.M.

Amanda C. Padula-Wilson, Senior Assistant Attorney General, presented evidence that the continued practice as a certified nurse aide by **Shelby J. Lavoie, CNA (1401-099957)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:32 P.M., for the purpose of deliberation to reach a decision in the matter of **Shelby J. Lavoie, CNA**. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Bargdill, Ms. Vu and Ms. Booberg attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

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RECONVENTION: The Board reconvened in open session at 1:40 P.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Buchwald and carried unanimously.

Ms. Shah moved to summarily suspend the certificate of **Shelby J. Lavoie** to practice as a nurse aide pending a formal administrative hearing and to offer a consent order for revocation of her certificate and a Finding of Abuse in lieu of a formal hearing. The motion was seconded by Dr. Smith and carried unanimously.

RECESS: The Board recessed at 1:41 P.M.

RECONVENTION: The Board reconvened at 1:50 P.M.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

#3 – Syble Elaine Craig Hallstrom, RN **0001-277238**
Ms. Hallstrom appeared and addressed the Board.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:00 P.M. for the purpose of considering the agency subordinate recommendation regarding **Syble Elaine Craig Hallstrom**. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Bargdill, Ms. Morris, Ms. Vu, and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Mr. Hermansen-Parker and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:12 P.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed and considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Mr. Hermansen-Parker and carried unanimously.

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Dr. Parke moved that the Board of Nursing modify the recommendation of the agency subordinate to reprimand **Megan Rigney Ortiz** and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia until she pays a monetary fine of $300.00. The motion was seconded by Ms. McElfresh and carried with 10 votes in favor of the motion. Dr. Smith opposed the motion.

#18 – Angel Renee Owens, RMA **0031-013156**
#19 – Angel Renee Owens, CNA **1401-157911**
Ms. Owens appeared and addressed the Board.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:16 P.M. for the purpose of considering the agency subordinate recommendation regarding **Angel Renee Owens**. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Bargdill, Ms. Morris, Ms. Vu, and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Mr. Hermansen-Parker and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:29 P.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed and considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Mr. Hermansen-Parker and carried unanimously.

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the registration of **Angel Renee Owens** to practice as a medication aide in the Commonwealth of Virginia for a period of not less than one year from the date of entry of the Order. The motion was seconded by Ms. Shah and carried with seven votes in favor of the motion. Ms. Cartte, Ms. Friedenberg, Dr. Parke and Dr. Smith opposed the motion.

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of **Angel Renee Owens** to practice as a nurse aide in the Commonwealth of Virginia for a period of not less than one year from the date of entry of the Order. The motion was seconded by Ms. Shah and carried unanimously.

#1 – Christine Marie Jordan, LPN **0002-097124**
Ms. Jordan did not appear but submitted a written response.

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Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Christine Marie Jordan** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

#4 – Margo C. Rose, CNA **1401-118961**
Ms. Rose did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of **Margo C. Rose** to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

#7 – Sophia Louise Howard, RMA **0031-002433**
Ms. Howard did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the registration of **Sophia Louise Howard** to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

#8 – Sophia Louise Howard, CNA **1401-07996**
Ms. Howard did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Sophia Louise Howard** to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

#9 – Jennifer Marie Bookard Smith, CNA **1401-036208**
Ms. Smith did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Jennifer Marie Bookard Smith** to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

#10 – Chinelo Joy Osogu, CNA **1401-155098**
Ms. Osogu did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Chinelo Joy Osogu** to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

#11 – Donna Kaye Martin, CNA **1401-188307**
Ms. Martin did not appear.

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Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Donna Kaye Martin** to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

#12 – Heather Nicole Fix, LPN **0002-077629**
Ms. Fix did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Heather Nicole Fix** and to indefinitely suspend her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

#13 – Mary Ann McCloud, RN **0001-265271**
Ms. McCloud did not appear but submitted a written response.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Mary Ann McCloud** to practice professional nursing in the Commonwealth of Virginia for a period of not less than one year from the date of entry of the Order. The motion was seconded by Ms. Shah and carried unanimously.

#15 – Wanda Malone, RN **0001-279129**
Ms. Malone did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate reprimand **Wanda Malone** and within 90 days from the date of entry of the Order, Ms. Malone shall provide written proof satisfactory to the Board of successful completion of Board-approved course(s) of at least eight contact hours in the subject of critical care nursing. The motion was seconded by Ms. Shah and carried unanimously.

#16 – Thiada Y Holmes, LPN **0002-080255**
Ms. Holmes did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate reprimand **Thiada Y Holmes** and within 90 days from the date of entry of the Order, Ms. Malone shall provide written proof satisfactory to the Board of successful completion of Board-approved course(s) of at least three contact hours in each of the subjects of professional accountability and legal liability and proper handling and documentation of medications. The motion was seconded by Ms. Shah and carried unanimously.

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CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:37 P.M. for the purpose of considering the agency subordinate recommendations regarding **#2, #5, #6 and #14**. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Bargdill, Ms. Vu, and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. Shah and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:03 P.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed and considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Mr. Hermansen-Parker and carried unanimously.

#2 – Susan Marie Brown, RN **0001-166136**
Ms. Brown did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Susan Marie Brown** with suspension stayed upon of Ms. Brown's entry into a contract with Virginia Health Practitioners' Monitoring Program (HPMP) within 90 days of the date of entry of the Order and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Shah and carried unanimously.

#5 – Kimberly Diane Cole, RN **0001-186314**
Mr. Cole did not appear.

Dr. Smith moved that the Board of Nursing reject the recommended decision of the agency subordinate and refer the matter regarding **Kimberly Diane Cole** to a formal hearing. The motion was seconded by Dr. Parke and carried unanimously.

#6 – Tina Marie Pascua, RN **0001-144543**
Ms. Pascua did not appear.

Mr. Jones and Ms. Shah disclosed that they are aware of Ms. Pascua's employment at the hospital but does not know Ms. Pascua. They added that they feel they can evaluate objectively. There was no objection to their participation from the Board.

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Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Tina Marie Pascua** and to place her on probation with terms and conditions. The motion was seconded by Dr. Smith and carried unanimously.

#14 – Sarah C. Steffens Livingston, RN 0001-209921
Ms. Lovingston did not appear but submitted a written response.

Dr. Gleason moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Sarah C. Steffens Livingston** and to require Ms. Livingston continue compliance with all terms and conditions of her Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and any subsequent Contracts for the period specified in the Contact. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

RECESS: The Board recessed at 3:05 P.M.

RECONVENTION: The Board reconvened at 3:11 P.M.

#21 – Trevon Molock, CNA 1401-209948
Mr. Molock did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Trevon Molock** and enter a Finding of abuse against him in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Swineford and carried unanimously.

#22 – Jessica N. Bailey, CNA 1401-208159
Ms. Bailey did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of **Jessica N. Bailey** to practice as a nurse aide in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Order. The motion was seconded by Ms. Swineford and carried unanimously.

#25 – John Henry O'Donald, RN 0001-143691
Mr. O'Donald did not appear.

Mr. Hermansen-Parker disclosed that he is aware of Mr. O'Donald's employment at the hospital but do not know Mr. O'Donald. Mr. Hermansen-Parker added that he feels he can evaluate objectively. There was no objection to his participation from the Board.

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Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of John Henry O'Donald to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Swineford and carried unanimously.

#26 – Erin E. Beck, RN **0001-217887**
Ms. Beck did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no further action at the time contingent upon Erin E. Beck's entry into the Virginia Health Practitioners' Monitoring Program (HPMP) within 90 days from the date of entry of the Order and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Swineford and carried unanimously.

#32 – Barbara A. Etheridge, CNA **1401-207684**
Ms. Etheridge did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Barbara A. Etheridge** to practice as a nurse aide in the Commonwealth of Virginia and enter Findings of Abuse and Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Swineford and carried unanimously.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 3:16 P.M. for the purpose of considering the agency subordinate recommendations regarding **#17, #20, #23, #24, #27, #28, #29, #30 and #31**. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Bargdill, Ms. Vu, and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. Shah and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:04 P.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed and considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Mr. Hermansen-Parker and carried unanimously.

#17 – Nyola Gwen Shaw, LPN **0002-093042**
Ms. Shaw did not appear but submitted a written response.

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Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to place **Nyola Gwen Shaw** on indefinitely probations with terms and conditions for a period of not less than two years for the date of entry of the Order. The motion was seconded by Ms. Swineford and carried unanimously.

#20 – Mittle Essie Caines, CNA 1401-120726
Mr. Canes did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Mittle Essie Caines** and within 60 days from the date of entry of the Order, Ms. Caines shall provide written proof satisfactory to the Board of successful completion of at least four contact hours of continuing education in each of the following subjects: professional accountability, ethics and professionalism, and disciplinary actions: what every CNA should know. The motion was seconded by Ms. Swineford and carried with six votes in favor of the motion. Ms. Friedenberg, Dr. Gleason, Mr. Hogan, Dr. Parke and Dr. Smith opposed the motion.

#23 – Roger Ingram Morrison, CNA 1401-081001
Mr. Morrison did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate that within 60 days from the date of entry of the Order, **Roger Ingram Morrison** shall provide written proof satisfactory to the Board of successful completion of a Board-approved course of five credit hours in professional accountability. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

#24 – Renee Seher Allen, RN 0001-229885
Ms. Allen did not appear but submitted a written response.

Ms. Cartte moved that the Board of Nursing reject the recommended decision of the agency subordinate and to refer the matter regarding **Renee Seher Allen** to a formal hearing. The motion was seconded by Dr. Parke and carried unanimously.

#27 – Kimberly Lewis, CNA 1401-202660
Ms. Lewis did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Kimberly Lewis** to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The

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motion was seconded by Dr. Smith and carried with nine votes in favor of the motion. Ms. Cartte and Mr. Hogan opposed the motion.

#28 – Tammy Lynn Sonier, LPN 0002-083712
Ms. Sonier did not appear but submitted written response.

Dr. Gleason moved that the Board of Nursing amended the recommended decision of the agency subordinate as follows:

- In Fining of Facts and Conclusions Law #2d to read "*In her March 11, 2022, interview with the investigator for the Virginia Department of Health Professions, Respondent stated that she consumes one to two alcoholic drinks on night in which she is scheduled to work the following day, and three to four drinks on nights that she does not scheduled to work the following day. She reported consuming alcohol three to four days per week*."
- Reprimand **Tammy Lynn Sonier**
- Within 90 days from the date of entry of the Order, Ms. Sonier shall provide written proof satisfactory to the Board of successful completion of a minimum of three contact hours in each of the subjects of ethics and professionalism in nursing, and medication administration
- The Board shall take no further action at this time, contingent upon Ms. Sonier's entry into the Virginia Health Practitioners' Monitoring Program (HPMP) within 60 days from the date of entry of the Order, and comply with all terms and conditions of the HPMP for the period specified by the HPMP.

The motion was seconded by Ms. Friedenberg and carried unanimously.

#29 – Janet Ann-Marie Dean, LPN 0002-046031
Ms. Dean did not appear.

Dr. Gleason moved that the Board of Nursing amend the recommended decision of the agency subordinate:

- Move Findings of Fact and Conclusions of Law # 3 after existing #5
- Add "*In case 221327*" to the beginning of existing Findings of Fact and Conclusions of Law # 4
- The Board dismissed case number 206367
- Regarding case number 221327:
  - Reprimand Janet Ann-Marie Dean
  - Within 90 days from the date of entry of the Order, Ms. Dean shall provide written proof satisfactory to the Board of successful completion of three contact hours of continuing education in each of following courses: ethics & professionalism in nursing, proper handling & documentation

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of medication, and professional accountability & legal liability for nurses,

The motion was seconded by Dr. Smith and carried unanimously.

#30 – Deborah Tibbs Covey, LPN **0002-071332**
Ms. Covey did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Deborah Tibbs Covey** to practice practical nursing in the Commonwealth of Virginia with suspension stayed contingent upon proof of Ms. Covey's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Dr. Smith and carried unanimously.

#31 – Jeffrey M. Hubble, RN **0001-186407**
Mr. Hubble did not appear.

Dr. Gleason moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Jeffrey M. Hubble** and to indefinitely suspend his license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

CONSIDERATION OF April 18, 2023 EDUCATION INFORMAL CONFERENCE COMMITTEE RECOMMENDATIONS:

Mr. Hermansen-Parker and Dr. Smith left the meeting at 4:05 P.M.

Mr. Hermansen-Parker and Dr. Smith rejoined the meeting at 4:07 P.M.

Ms. McElfresh moved that the Board of Nursing accept the recommendations of the Education Informal Conference Committee to continue the approval of the following programs on CONDITIONAL APPROVAL, subject to their 2023 and 2024 NCLEX passage rate meeting or exceeding 80%:

- **E1-A** J. Sergeant Reynolds Community College, Richmond, Associate Degree Program, US28406300M&M
- **E1-B** Germanna Community College, Locust Grove, Practical Nursing Program, US28104000
- **E1-C** Virginia Highlands Community College, Abingdon, Practical Nursing Program, US28110800

The motion was seconded by Ms. Cartte and carried unanimously.

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- **E1-D** Medical Learning Center, Fairfax, Practical Nursing Education Program, US28110500

Ms. McElfresh moved that the Board of Nursing accept the recommendation of the Education Informal Conference Committee to withdraw the approval of Medical Learning Center, Practical Nursing Program, Fairfax, to operate a practical nursing education training program and shall be closed no later than December 31, 2023. The motion was seconded by Ms. Cartte and carried unanimously.

MEETING DEBRIEF:

Board Members listed the following positive aspects of the meeting:

- VIRTUAL Presentation regarding Consideration of Alternate International Credential Review Agency from Josef Silny & Associates, Inc., International Education Consultants, was fantastic. Detail explanation from Mr. Silny help the Board to have better understanding.
- Appreciation for the publications from the Journal of Nursing Regulation
- Matthew Novak is very knowledgeable about regulations/legislation
- Recognition lunch for Former Board Counsel was great

Board Members made the following suggestions for improvement:

- Don't apologize for pulling recommendations for discussion in closed meeting
- Need more mental breaks during the meeting

ADJOURNMENT: The Board adjourned at 4:19 P.M.

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Brandon A. Jones, MSN, RN, CEN, NEA-BC
President

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Virginia Board of Nursing
OFFICER MEETING

May 24, 2023

Time and Place: The Board of Nursing Officer meeting was convened at 8:00 A.M. on May 24, 2023 at Department of Health Professions – Perimeter Center, 9960 Mayland Drive, Suite 201 – Hearing Room 6, Henrico, Virginia.

Board Members Present: Brandon Jones, MSN, RN, CNE, NEA-BC; President, Chairperson
Cynthia Swineford, RN, MSN, SNE; First Vice-President
Felisa Smith, PhD, MSA, RN, CNE; Second Vice-President

Staff Members Present: Jay P. Douglas, RN, MSM, CSAC, FRE

1. **May Board Week Debrief**:
   - Business meeting went well with good time management.
   - It was very helpful to have Mr. Silny presented in person. The key things learned were how his business functions and the clarification that the business transaction related to receipt and review of international transcripts and fees is between applicant and Mr. Silny not with the Board.
   - The officers discussed alternate ways to handle Agency Subordinate Recommendations more efficiently. There was a suggestion to divide into panels.
   - The opportunity to discuss educational program trends was missed. However, the future solution is for the Chair of Education Special Conference Committee to bring out any trends when minutes are discussed.
   - The officers are pleased about the BOX pilot for Business meeting materials. Dr. Smith offered to pilot BOX with Mr. Jones.

2. **Additional Topics:**
   - Mr. Jones suggested as best practices related to Board Governance, to implement an annual Board Member orientation to include new and continuing members. The decision made to offer this in July of every year. However, July 2023, the plan is to focus on Board Member conduct during proceedings and how to ask questions.

3. **<u>Onboarding for Panel and Informal Conference Chairs</u>**
   Officers agreed that more formalized training is needed. Officers volunteered to work on this with staff. The desired outcome is a document that could be shared with Panel Chairs and Informal Conference Chairs to include education Informal Conferences.

The meeting was adjourned at 8:45 A.M.

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VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
PANEL A
May 24, 2023

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:26 A.M., on May 24, 2023 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Brandon A. Jones, MSN, RN, CEN, NEA-BC; President
Felisa A. Smith, PhD, MSA, RN, CNE; Second Vice-President
Margaret J. Friedenberg, Citizen Member
Dixie L. McElfresh, LPN
Meenakshi Shah, BA, RN

STAFF PRESENT:
Jay P. Douglas, MSM, RN, CSAC, FRE; Deputy Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Sylvia Tamayo-Suijk, Senior Nursing Discipline Specialist

OTHERS PRESENT: Laura A. Booberg, Assistant Attorney General

ESTABLISHMENT OF A PANEL: With five members of the Board present, a panel was established.

FORMAL HEARING: **Michael Allen Slaydon, RN Reinstatement Applicant 0001-170269**

Mr. Slaydon appeared.

David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Joshua Delauter, court reporter with Court Reporting Services, recorded the proceedings.

Gary Bailey, Senior Investigator, Enforcement Division was present and testified.

RECESS: The Board recesses at 10:33 A.M.

RECONVENTION: The Board reconvened at 10:45 A.M

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CLOSED MEETING: Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:04 A.M., for the purpose of deliberation to reach a decision in the matter of **Michael Allen Slaydon.** Additionally, Dr. Smith moved that Ms. Douglas, Dr. Hills, Ms. Tamayo-Suijk and Ms. Booberg, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Shah and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:32 A.M.

Dr. Smith moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Shah and carried unanimously.

ACTION: Ms. McElfresh moved that the Board of Nursing deny the application of **Michael Allen Slaydon** for reinstatement of his license to practice as a professional nurse in the Commonwealth of Virginia and continue on indefinite suspension. The motion was seconded by Ms. Friedenberg and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

FORMAL HEARING: **Melanie Dooley Ausburne, LPN Reinstatement Applicant**
0002-079692

Ms. Ausburne appeared.

Michael Parsons, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Joshua Delauter, court reporter with Court Reporting Services, recorded the proceedings

Beatrice Shaw, Senior Investigator, Enforcement Division, was present and testified.

RECESS: The Board recesses at 12:46 P.M.

RECONVENTION: The Board reconvened at 12:50 P.M

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CLOSED MEETING: Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:07 P.M., for the purpose of deliberation to reach a decision in the matter of **Melanie Dooley Ausburne**. Additionally, Dr Smith moved that Ms. Douglas, Dr. Hills, Ms. Tamayo-Suijk and Ms. Booberg, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Shah and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:35 P.M.

Dr. Smith moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Shah and carried unanimously.

ACTION: Ms. McElfresh moved that the Board of Nursing approve the application of **Melanie Dooley Ausburne** for reinstatement of her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS: The Board recessed at 1:36 P.M.

RECONVENTION: The Board reconvened at 2:11 P.M.

FORMAL HEARING: **Melynda Hope Clark, RN Reinstatement Applicant 0001-225345**

Ms. Clark appeared.

Melissa Gray, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Joshua Delauter, court reporter with Court Reporting Services, recorded the proceedings.

Marissa Snyder, Senior investigator, Enforcement Division, was present and testified.

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CLOSED MEETING: Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 2:50 P.M., for the purpose of medical record review of **Melynda Hope Clark.** Additionally, Dr. Smith moved that Ms. Douglas, Dr. Hills, Ms. Tamayo-Suijk and Ms. Booberg, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Shah and carried unanimously

RECONVENTION: The Board reconvened in open session at 3:26 P.M.

Dr. Smith moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Shah and carried unanimously.

ACTION: Ms. Shah moved that the Board of Nursing approve the application of **Melynda Hope Clark** for reinstatement to practice professional nursing in the Commonwealth of Virginia and indefinitely suspend her license with the suspension contingent upon entry into and compliance with the Virginia Health Practitioners' Monitoring Program (HPMP). The motion was seconded by Ms.Shah and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

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Robin L. Hills, DNP, RN, WHNP
Deputy Executive Director for Advanced Practice

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VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
PANEL B
May 24, 2023

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 11:02 A.M., on May 24, 2022, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Cynthia M. Swineford, MSN, RN, CNE; First Vice-President
Carol Cartte, RN, BSN
Ann T. Gleason, PhD, Citizen Member
James L. Hermansen-Parker, MSN, RN, PCCN-K
Paul Hogan, Citizen Member
Helen Parke, DNP, FNP-BC

STAFF PRESENT:
Lelia Claire Morris, RN, LNHA; Deputy Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Breana Wilkins, Administrative Support Specialist

OTHERS PRESENT: M. Brent Saunders, Assistant Attorney General

ESTABLISHMENT OF A PANEL: With six members of the Board present, a panel was established.

FORMAL HEARINGS: **Tammy Lynn Wright, RN Reinstatement Applicant 0001-273693**

Ms. Wright appeared.

Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Coleen Gregory-Gettle, court reporter with County Court Reporters inc., recorded the proceedings.

Renee White, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:31 A.M., for the purpose of deliberation to reach a decision in the matter of **Tammy Lynn Wright.** Additionally, Dr. Gleason moved that Ms. Morris, Ms. Bargdill, Ms. Wilkins and Mr. Saunders, board counsel, attend the closed meeting because their presence in the closed meeting is deemed

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necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Parke and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:54 A.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Parke and carried unanimously.

ACTION: Mr. Hermansen-Parker moved that the Board of Nursing approve the application for reinstatement for the professional nursing license of **Tammy Lynn Wright** valid in the Commonwealth of Virginia only contingent upon successful completion of a Board approved refresher course. The motion was seconded by Dr. Parke and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 11:55 A.M.

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Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

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VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
May 25, 2023

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:02 A.M., on May 25, 2023 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Cynthia Swineford, RN, MSN, CNE; First Vice-President
Laurie Buchwald, MSN, WHNP
Yvette Dorsey, DNP, RN
A Tucker Gleason, PhD, Citizen Member
Helen Parke, DNP, FNP-BC

STAFF PRESENT:
Jay Douglas, MSM, RN, CSAC, FRE, Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Jacquelyn Wilmoth, RN, MSN; Deputy Executive Director
Sylvia Tamayo-Suijk, Senior Discipline Specialist- **Joined at 12:53 P.M**.
Breana Wilkins, Administrative Support Specialist

OTHERS PRESENT: Laura A. Booberg, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL: With five members of the Board present, a panel was established.

FORMAL HEARING: **John Edward Crutchlow, Jr., RN North Carolina License #285908 with multistate privileges**

Mr. Crutchlow did not appear.

David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Cidney Mintz, court reporter with County Court Reporting Inc., recorded the proceedings.

Shawn Ledger, Senior Investigator, Enforcement Division, and Teresa Barnes, RN were present and testified.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:36 A.M., for the purpose of deliberation to reach a decision in the matter of **John Edward Crutchlow, Jr.** Additionally, Ms. Dr Gleason moved that Ms. Douglas, Ms. Wilmoth, Ms. Wilkins and Ms. Booberg, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Parke and carried unanimously.

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RECONVENTION: The Board reconvened in open session at 10:01 A.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Parke and carried unanimously.

ACTION: Dr. Dorsey moved that the Board of Nursing indefinitely suspend the privilege of **John Edward Crutchlow Jr.** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

Ms. Wilmoth left the meeting at 10:05 A.M.

Ms. Bargdill joined the meeting at 10:10 A.M.

FORMAL HEARING: **LaToya Rochelle Willis, RMA 0031-012538**

Ms. Willis appeared.

Lisa Armstrong, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Cidney Mintz, court reporter with County Court Reporting Inc., recorded the proceedings.

David Cowras, Senior Investigator, Enforcement Division was present and testified. Jennifer Kelley, RN and Kim Curry, RMA testified via phone.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 11:25 A.M., for the purpose of deliberation to reach a decision in the matter of **LaToya Rochelle Willis.** Additionally, Dr. Gleason moved that Ms. Douglas, Ms. Bargdill, Ms. Wilkins and Ms. Booberg, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Parke and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:05 P.M.

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Dr. Gleason moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Parke and carried unanimously.

ACTION: Dr. Dorsey moved that the Board of Nursing revoke the registration of **LaToya Rochelle Willis** to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Buchwald and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

Ms. Wilkins left the meeting at 12:06 P.M.

RECESS: The Board recesses at 12:06 P.M.

RECONVENTION: The Board reconvened at 12:59 P.M.

Ms. Tamayo-Suijk joined the meeting at 12:53

FORMAL HEARING: **Harold Alcorn, LPN** **0002-066838**

Ms. Alcorn did not appear.

Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Cidney Mintz, court reporter with County Court Reporting Inc., recorded the proceedings

Lane Raker, Senior Investigator, Enforcement Division and Joan Daversa, RN/CNO Maryview Medical Center were present and testified.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 1:25 P.M., for the purpose of deliberation to reach a decision in the matter of **Harold Alcorn**. Additionally, Dr. Gleason moved that Ms. Douglas, Ms. Bargdill, Ms. Tamayo-Suijk and Ms. Booberg, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary

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and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Buchwald and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:49 P.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Parke and carried unanimously.

ACTION: Ms. Buchwald moved that the Board of Nursing revoke the license of **Harold Alcron** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

FORMAL HEARING: **Raina Dione Peters, RN** **0001-250276**

Ms. Peters appeared, represented by Robert Dean, her legal counsel.

Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Cidney Mintz, court reporter with County Court Reporting Inc., recorded the proceedings.

Jessica Wilkerson, Senior Investigator, Enforcement Division and Victor Delapp, Pharmacist, were present and testified. Suzanne Tyler, RN testified by telephone.

RECESS: The Board recesses at 2:17 P.M.

RECONVENTION: The Board reconvened at 2:22 P.M.

RECESS: The Board recesses at 4:03 P.M.

RECONVENTION: The Board reconvened at 4:15 P.M.

RECESS: The Board recesses at 4:38 P.M.

RECONVENTION: The Board reconvened at 4:42 P.M.

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RECESS: The Board recesses at 5:53 P.M.

RECONVENTION: The Board reconvened at 5:58 P.M.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(8) of the Code of Virginia at 5:59 P.M., for the purpose of deliberation to seek legal counsel regarding **Raina Dione Peters**. Additionally, Dr. Gleason moved that Ms. Douglas, Ms. Bargdill, Ms. Tamayo-Suijk and Ms. Booberg, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Parke and carried unanimously.

RECONVENTION: The Board reconvened in open session at 6:06 P.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Parke and carried unanimously.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 6:18 P.M., for the purpose of deliberation to reach a decision in the matter of **Raina Dione Peters**. Additionally, Dr. Gleason moved that Ms. Douglas, Ms. Bargdill, Ms. Tamayo-Suijk and Ms. Booberg, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Parke and carried unanimously.

RECONVENTION: The Board reconvened in open session at 7:15 P.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Parke and carried unanimously.

ACTION: Dr. Parke moved that the Board of Nursing reprimand **Raina Dione Peters** with terms and place her on probation for a period of not less than

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two years of active practice. The motion was seconded by Ms. Buchwald and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 7:15 P.M.

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Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

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VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
June 1, 2023

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:06 A.M., on June 1, 2023 in Board Room 1, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Cynthia Swineford, RN, MSN, CNE; First Vice-President
Margaret J. Friedenberg, Citizen Member
A Tucker Gleason, PhD, Citizen Member - **joined at 3:50 P.M.**
Paul Hogan, Citizen Member
Helen Parke, DNP, FNP-BC
Shawnte' Peterson, LMT

STAFF PRESENT:
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Sylvia Tamayo-Suijk, Senior Discipline Specialist

OTHERS PRESENT: Laura A. Booberg, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL: With five members of the Board present, a panel was established.

FORMAL HEARING: **Brian David Cooper, LMT 0019-009629**

Mr. Cooper appeared, represented by Douglas Crockett, his legal counsel, and accompanied by Michelle DeArment, Joanne MaryBrunetto, LMT, and Mary Histing, LMT.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Juan Ortega, Freelance court reporter, recorded the proceedings.

Todd Troutner, Senior Investigator, Enforcement Division, Tara McMillan, LMT, and Client A were present and testified. Dr. Michael Lynch, Licensed Clinical Psychologist, testified via Webex.

RECESS: The Board recesses at 11:09 A.M.

RECONVENTION: The Board reconvened at 11:41 A.M.

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RECESS: The Board recesses at 12:05 P.M.

RECONVENTION: The Board reconvened at 12:15 P.M.

CLOSED MEETING: Mr. Hogan moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:10 P.M., for the purpose of deliberation to reach a decision in the matter of **Brian David Cooper.** Additionally, Mr. Hogan moved that Dr. Hills, Ms. Bargdill, Ms. Tamayo-Suijk and Ms. Booberg, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Parke and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:42 P.M.

Mr. Hogan moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Parke and carried unanimously.

ACTION: Ms. Peterson moved that the Board of Nursing indefinitely suspend the privilege of **Brian David Cooper** to practice massage therapy in the Commonwealth of Virginia for a period of not less than two years. The motion was seconded by Dr. Parke and passed with four votes in favor of the motion. Mr. Hogan opposed the motion.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

Ms. Peterson left the meeting at 3:43 P.M.

Dr. Gleason joined the meeting at 3:53P.M.

FORMAL HEARING: **Shenisha Preston, CNA** **1401-207076**

Ms. Preston did not appear.

David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel

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for the Board. Juan Ortega, Freelance court reporter, recorded the proceedings.

David Cowras, Senior Investigator, Enforcement Division was present and testified.

CLOSED MEETING: Mr. Hogan moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:07 P.M., for the purpose of deliberation to reach a decision in the matter of **Shenisha Preston.** Additionally, Mr. Hogan moved that Dr. Hills, Ms. Bargdill, Ms. Tamayo-Suijk and Ms. Booberg, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Parke and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:35 P.M.

Mr. Hogan moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Parke and carried unanimously.

ACTION: Dr. Parke moved that the Board of Nursing reprimand **Shenisha Preston** and impose terms and conditions on her nurse aide certificate. The motion was seconded by Ms. Friedenberg and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 4:35 P.M.

_____
Robin L. Hills, DNP, RN, WHNP
Deputy Executive Director for Advanced Practice

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VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
June 5, 2023

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:00 A.M., on June 5, 2023 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Brandon A. Jones, MSN, RN, CEN, NEA-BC; President
Felisa A. Smith, PhD, MSA, RN, CNE; Second Vice-President
Carol Cartte, RN, BSN
A Tucker Gleason, PhD, Citizen Member
James L. Hermansen-Parker, MSN, RN, PCCN-K
Dixie L. McElfresh, LPN
Meenakshi Shah, BA, RN

STAFF PRESENT:
Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Lelia Claire Morris, RN, LNHA; Deputy Executive Director
Sylvia Tamayo-Suijk, Senior Discipline Specialist

OTHERS PRESENT:
Laura A. Booberg, Assistant Attorney General, Board Counsel
PN Students from Valley Career and Technical Center

ESTABLISHMENT OF A PANEL: With seven members of the Board present, a panel was established.

FORMAL HEARING: **Steva Hairston, LPN** **0002-068599**

Ms. Hairston did not appear.

Many Wilson, Adjudication Specialist, Administrative Proceedings Division and Shevaun Roukous, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. William Darden, court reporter with County Court Reporters inc., recorded the proceedings.

David Cowras, Senior Investigator, Enforcement Division, Tonya James, Board of Nursing Compliance Case Manager, and Sharon Adkins, CNA, Martinsville Health and Rehab, were present and testified.

CLOSED MEETING: Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:55 A.M., for the purpose of deliberation to reach a decision in the matter of **Steva Hairston.** Additionally, Ms. Cartte moved that Ms. Douglas, Ms. Tamayo-Suijk and Ms. Booberg, board counsel, attend the closed meeting

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because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Shah and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:12 A.M.

Ms. Cartte moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

ACTION: Ms. Shah moved that the Board of Nursing revoke the license of **Steva Hairston** to practice as a practical nurse in the Commonwealth of Virginia. The motion was seconded by Dr. Smith and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

FORMAL HEARING: **Patricia Jean Andes, RN 0001-155484**

Ms. Andes did not appear.

Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. William Darden, court reporter with County Court Reporters inc., recorded the proceedings.

Todd Troutner, Senior Investigator, Enforcement Division and Amy Ressler, Health Practitioners' Monitoring Program (HPMP) Administrative Director were present and testified.

CLOSED MEETING: Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:53 A.M., for the purpose of deliberation to reach a decision in the matter of **Patricia Jean Andes.** Additionally, Ms. Cartte moved that Ms. Douglas, Ms. Morris, Ms. Tamayo-Suijk and Ms. Booberg, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:02 P.M.

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Ms. Cartte moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

ACTION: Ms. Shah moved that the Board of Nursing indefinitely suspend the professional nursing license of **Patricia Jean Andes** for a period of not less than two years. The motion was seconded by Dr. Smith and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS: The Board recessed at 12:03 P.M.

RECONVENTION: The Board reconvened at 1:05 P.M.

FORMAL HEARING: **Tatianna La'Sha Canady, LPN** **0001-096761**

Ms. Canady appeared.

Tammie Jones, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. William Darden, court reporter with County Court Reporters inc., recorded the proceedings.

Tonya James, Board of Nursing Compliance Case Manager, was present and testified.

CLOSED MEETING: Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:28 P.M., for the purpose of deliberation to reach a decision in the matter of **Tatiana La'Sha Canady.** Additionally, Ms. Cartte moved that Ms. Douglas, Ms. Morris, Ms. Tamayo-Suijk and Ms. Booberg, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:49 P.M.

Ms. Cartte moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open

meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

ACTION: Ms. Shah moved that the Board of Nursing reprimand and indefinitely suspend the license of **Tatianna La'Sha Canady** to practice as a practical nurse in the Commonwealth of Virginia, until such time as she completes the terms of the October 8, 2021 Board order including completion of Board ordered courses in the subject area of proper documentation, professional accountability, and legal liability for nurses and professionalism in nursing. The motion was seconded by Dr. Smith and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

FORMAL HEARINGS: **Sheri Robyn Doggett, RN** **0001-219680**

Ms. Doggett appeared.

Melissa Gray, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. William Darden, court reporter with County Court Reporters inc., recorded the proceedings.

Brooke Phelps, MSN, RN, Sentara Norther Virginia Medical Center, was present and testified.

CLOSED MEETING: Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:13 P.M., for the purpose of deliberation to reach a decision in the matter of **Sheri Robyn Doggett.** Additionally, Ms. Cartte moved that Ms. Douglas, Ms. Morris, Ms. Tamayo-Suijk and Ms. Booberg, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Hermansen-Parker and carried unanimously

RECONVENTION: The Board reconvened in open session at 3:55 P.M.

Ms. Cartte moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified

in the motion by which the closed meeting was convened. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

ACTION: Ms. Shah moved that the Board of Nursing reprimand and indefinitely suspend the license of **Sheri Robyn Doggett** to practice professional nursing in the Commonwealth of Virginia for a period of not less than one year. The motion was seconded by Dr. Smith and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 3:56 P.M.

_____
Lelia Claire Morris, RN, LNHA;
Deputy Executive Director

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VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
June 21, 2023

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held June 21, 2023, at 4:33 P.M.

The Board of Nursing members participating in the call were:

Brandon Jones, MSN, RN, CEN, NEA-BC; **Chair**
Carol Cartte, RN
Margaret Friedenberg, Citizen Member
A. Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Paul Hogan, Citizen Member
Dixie L. McElfresh, LPN
Helen Parke, DNP, FNP-BC
Felisa A. Smith, PhD, MSA, RN, CNE
Cynthia Swineford, RN, MSN, CEN

Others participating in the meeting were:

Laura Booberg, Senior Assistant Attorney General, Board Counsel
David Kazzie, Adjudication Specialist, Administrative Proceedings Division
David Robinson, Senior Assistant Attorney General
Claire Morris, RN, LNHA; Deputy Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Breana Wilkins, Administrative Support Specialist

The meeting was called to order by Mr. Jones. With 10 members of the Board of Nursing participating, a quorum was established.

David Robinson, Senior Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Kimberly Anne Thrower, LPN (0002-086543)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:52 P.M., for the purpose of deliberation to reach a decision in the matter of **Kimberly Anne Thrower**. Additionally, Dr. Smith moved that Ms. Morris, Dr. Hills, Ms. Wilkins and Ms. Booberg attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Gleason and carried unanimously.

Mr. Robinson and Mr. Kazzie left the meeting at 4:52 P.M.

RECONVENTION: The Board reconvened in open session at 5:05 P.M.

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Mr. Robinson re-joined the meeting at 5:05 P.M.

Dr. Smith moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Swineford and carried unanimously.

Dr. Gleason moved to summarily suspend the license of **Kimberly Anne Thrower** to practice as a practical nurse pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license in lieu of a formal hearing for a period of not less than two years. The motion was seconded by Dr. Parke and carried unanimously.

The meeting was adjourned at 5:06 P.M.

_____
Claire Morris, RN, LNHA
Deputy Executive Director

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Agency Subordinate Recommendation Tracking Trend Log - 2010 to Present – Board of Nursing

C2

Considered		Accepted		Modified*					Rejected					Final Outcome:** Difference from Recommendation				
Date	Total	Total	Total %	Total	Total %	# present	# ↑	# ↓	Total	Total %	# present	# Ref to FH	# Dis-missed	↑	↓	Same	Pend-ing	N/A
Total to Date:	*937*	*842*	*90%*	*77*	*8%*	*13*	*45*	*16*	*19*	*2%*	*2*	*17*	*2*	*18*	*20*	*17*	*0*	
CY 2023 to Date:	*85*	*72*	*85%*	*8*	*9%*	*2*	*3*	*2*	*5*	*6%*	*0*	*5*	*0*	*4*	*2*	*2*	*0*	
May-23	32	27	*85%*	3	*9%*	2	0	2	2	*6%*	0	2	0	2	0	0	0	
Mar-23	*24*	*21*	*88%*	*2*	*8%*	*0*	*0*	*0*	*1*	*4%*	*0*	*1*	*0*	*2*	*2*	*2*	*0*	
Jan-23	29	24	*83%*	3	*10%*	0	3	0	2	*7%*	0	2	0	0	0	0	0	
Annual Totals:																		
Total 2022	151	132	87%	14	9%	2	2	2	4	3%	0	4	0	1	0	0	0	
Total 2021	51	48	94%	5	10%	0	2	0	0	0%	0	0	0	3	4	1	0	
Total 2020	77	69	90%	6	8%	5	6	0	2	3%	0	2	0	4	0	0	N/A	
Total 2019	143	129	90%	12	8%	0	10	2	2	1%	2	0	2	0	0	1	N/A	
Total 2018	200	172	86%	24	12%	4	17	7	4	2%	0	4	0	4	10	7	N/A	
Total 2017	230	220	96%	8	3%	0	5	3	2	1%	0	2	0	2	4	6	N/A	
	852	770		69		11	42	14	14		2	12	2	14	18	15		

** Modified = Sanction changed in some way (does not include editorial changes to Findings of Fact or Conclusions of Law. ↑ = additional terms or more severe sanction. ↓ = lesser sanction or impose no sanction.*

*** Final Outcome Difference = Final Board action/sanction after FH compared to original Agency Subordinate Recommendation that was modified (then appealed by respondent to FH) or was Rejected by Board (& referred to FH).*

VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
FORMAL HEARING
MINUTES
June 14, 2023

TIME AND PLACE: The hearing of the Committee of the Joint Boards of Nursing and Medicine was called to order at 10:37 A.M., on June 14, 2023 in Board Room 4.

COMMITTEE MEMBERS PRESENT:

Brandon A. Jones, MSN, RN, CEN, NEA-BC; **Chair**
Laurie Buchwald, MSN, WHNP, FNP
Helen M. Parke, DNP, FNP
L. Blanton Marchese

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Sylvia Tamayo-Suijk, Senior Discipline Specialist

OTHERS PRESENT: Laura Booberg, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A QUORUM: Mr. Jones called the meeting to order and established that a quorum consisting of 4 members was present.

FORMAL HEARING: **Winter Marie McFarland, LNP 0024-176125**
Ms. McFarland appeared and was represented by Nora Ciancio, Esq. and Andrew Miller, Esq., her legal counsel.

Tammie Jones, Adjudication Consultant, DHP Administrative Proceedings Division, and David Robinson, Assistant Attorney General, represented the Commonwealth. Laura Booberg was legal counsel for the Committee. Juan Ortega, court reporter with Ortega International Reporting, recorded the proceedings.

Stephen Shirley, Senior Investigator, Enforcement Division; Lee Marie Santos, former practice administrator at James River Family Practice (JRFP); Dr. James Halverson, Owner of JRFP; Donna Greenfield, LNP, former nurse practitioner at JRFP; Robin Fields, RN, former employee at JRFP; and Christine McManus, RN, Walter Reed Convalescent Center were present and testified.

RECESS: The Board recessed at 12:18 P.M.

RECONVENTION: The Board reconvened at 12:28 P.M.

RECESS: The Board recessed at 1:35 P.M.

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Committee of the Joint Boards of Nursing and Medicine
Formal Hearing
February 22, 2023

RECONVENTION: The Board reconvened at 2:18 P.M.

RECESS: The Board recessed at 3:31 P.M.

RECONVENTION: The Board reconvened at 3:36 P.M.

CLOSED MEETING: Dr. Parke moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2- 3711(A)(28) of the *Code of Virginia* at 4:17 P.M. for the purpose of deliberation to reach a decision in the matter of **Winter Marie McFarland**. Additionally, Dr. Parke moved that Ms. Douglas, Ms. Tamayo-Suijk, and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Committee in its deliberations. The motion was properly seconded by Ms. Buchwald and the motion carried unanimously.

RECONVENTION: The Committee reconvened in open session at 4:50 P.M.

Dr. Parke moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Ms. Buchwald. The motion carried unanimously.

ACTION: Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine reprimand **Winter Marie McFarland** and place her nurse practitioner license on probation with terms for a period of not less than six months from the date of entry of the Order. The motion was seconded by Dr. Parke and carried unanimously.

This decision shall be effective upon entry of a written Order stating the findings, conclusions, and decision of this formal hearing committee.

ADJOURNMENT: The meeting was adjourned at 4:51 P.M.

_____
Robin L. Hills
Deputy Executive Director for Advanced Practice

DRAFT

COMMONWEALTH of VIRGINIA

Arne W. Owens
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

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Virginia Board of Nursing
Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

Board of Nursing (804) 367-4515
www.dhp.virginia.gov/Boards/Nursing

MEMORANDUM

To: Members of the Board of Nursing

From: Jacquelyn Wilmoth, RN, MSN
Deputy Executive Director

Date: June 1, 2023

Subject: 2024 Dates for Education Informal Conference Meetings

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Scheduled dates of the Education Informal Conference Committee meetings for the calendar year 2024:

Wednesday, February 14, 2024

Tuesday, April 16, 2024

Tuesday, June 18, 2024

Tuesday, August 13, 2024

Wednesday, October 16, 2024

Wednesday, December 4, 2024

All meetings are currently scheduled to begin at 9:00 am.

Board of Nursing
Current Regulatory Actions
July 2023 update

Regulations at the Secretary's office

VAC	Stage	Subject Matter	Date submitted*	Office; time in office*	Notes
18VAC90-30	Fast-Track	Implementation of clinical nurse specialist practice agreement changes from 2022 General Assembly	9/15/2022	HHR; 187 days	Implements changes to existing regulations regarding CNS practice agreements.
18VAC90-19	NOIRA	Implementation of 2022 periodic review	3/22/2023	HHR; 78 days	Implementation of amendments of Chapter 19 resulting from the 2022 periodic review of regulations
18VAC90-21	NOIRA	Implementation of 2022 periodic review	3/22/2023	HHR; 78 days	Implementation of amendments of Chapter 21 resulting from the 2022 periodic review of regulations

*Date submitted for executive branch review
** As of June 21, 2023

At DPB/OAG

VAC	Stage	Subject Matter	Date submitted	Office; time in office***	Notes
18VAC90-15	Exempt/ Final	Allows agency subordinates to hear credentials cases	7/1/2023	OAG 1 day	Allows agency subordinates to hear credentials cases pursuant to statute.
18VAC90-30 18VAC90-40	Exempt/ Final	Name change from nurse practitioner to advanced practice registered nurse	7/1/2023	OAG 1 day	Name change pursuant to 2023 legislation

*** As of July 3, 2023

Regulations set for publication or recently effective:

VAC	Stage	Subject Matter	Publication Date	Effective Date or Other Notes
18VAC90-70	Proposed	New regulations for licensed certified midwives	5/22/2023	Public comment period 5/22/2023 – 7/21/2023

Agenda Item: Periodic review of Chapter 25, Regulations Governing Certified Nurse Aides

Included in your agenda package:

- Virginia Regulatory Town Hall page showing no public comments on periodic review; and
- Copy of existing 18VAC90-25.

Action needed:

- Motion to either:
  - Retain and amend Chapter 25; or
  - Retain Chapter 25 as is.

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Agency **Department of Health Professions**

Board **Board of Nursing**

Chapter **Regulations Governing Certified Nurse Aides [18 VAC 90 - 25]**

Edit Review Review 2369

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 3/21/2023

Notice of Periodic Review
Pursuant to Executive Order 19 (2022) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, this regulation is undergoing a periodic review.

The review of this regulation will be guided by the principles in Executive Order 19 https://TownHall.Virginia.Gov/EO-19-Development-and-Review-of-State-Agency-Regulations.pdf.

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

In order for you to receive a response to your comment, your contact information (preferably an email address or, alternatively, a U.S. mailing address) must accompany your comment. Following the close of the public comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations.

Contact Information	
Name / Title:	Jay P. Douglas, R.N. / *Executive Director*
Address:	9960 Mayland Drive Suite 300 Henrico, VA 23233
Email Address:	jay.douglas@dhp.virginia.gov
Telephone:	(804)367-4520 FAX: (804)527-4455 TDD: ()-

Publication of Notice in the Register and Public Comment Period

Published in the Virginia Register on 4/10/2023 [Volume: 39 Issue: 17]

Comment Period begins on the publication date and ends on 5/1/2023

Comments Received: 0

Review Result

Pending

TH-07 Periodic Review Report of Findings *(not yet submitted)*

ORM Economic Review Form *(not yet submitted)*

Attorney General Certification

Submitted to OAG: 3/21/2023
Attorney General review in progress.

This periodic review was created by Matthew Novak on 03/21/2023 at 12:05pm

Commonwealth of Virginia

REGULATIONS

GOVERNING CERTIFIED NURSE AIDES
VIRGINIA BOARD OF NURSING

Title of Regulations: 18 VAC 90-25-10 et seq.

Statutory Authority: §§ 54.1-2400 and Chapter 30 of Title 54.1 of the *Code of Virginia*

Revised Date: February 6, 2020

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Richmond, VA 23233-1463

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Part I. General Provisions.

18VAC90-25-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

“Board” means the Virginia Board of Nursing.

“Client” means a person receiving the services of a certified nurse aide, to include a patient in a health care facility or at home or a resident of a long term care facility.

"Nurse aide education program" means a program designed to prepare nurse aides for certification that is approved by the board.

18VAC90-25-15. Identification; accuracy of records.

A. Any person regulated by this chapter who provides direct patient care shall, while on duty, wear identification that is clearly visible and indicates the appropriate title issued to such person by the board under which he is practicing in that setting. Name identification on a badge shall follow the policy of the facility in which the nurse aide is employed.

B. A certificate holder who has changed his name shall submit as legal proof to the board a copy of the marriage certificate, a certificate of naturalization, or court order evidencing the change. A duplicate certificate shall be issued by the board upon receipt of such evidence.

C. Each certificate holder shall maintain an address of record with the board. Any change in the address of record or in the public address, if different from the address of record, shall be submitted in writing or electronically to the board within 30 days of such change. All notices required by law and by this chapter to be sent by the board to any certificate holder shall be validly given when sent to the latest address of record on file with the board.

18VAC90-25-16. Fees.

A. The following fees shall apply:

1. Annual renewal for certified nurse aide	$30
2. Handling fee for returned check or dishonored credit card or debit card	$50
3. Application for certification as an advanced certified nurse aide	$25
4. Renewal of advanced certified nurse aide certification	$20
5. Reinstatement of advanced certified nurse aide certification	$30

B. Fees shall not be refunded once submitted.

18VAC90-25-20. through 18VAC90-25-60. (Repealed.)

Part II. Certification of Nurse Aides.

18VAC90-25-70. Initial certification for the nurse aide registry.

A. The board shall issue a certificate as a certified nurse aide to each applicant who qualifies for such a certificate under §§54.1-3024, 54.1-3025, 54.1-3026 and 54.1-3028 of the Code of Virginia and provisions of this chapter.

B. Nurse aide competency evaluation.

1. The board may contract with a test service for the development and administration of a competency evaluation, which shall be a state examination.

2. All individuals completing a nurse aide education program in Virginia shall successfully complete the state examination required by the board prior to being certified and to using the title Certified Nurse Aide.

3. The board shall determine the minimum passing standard on the state examination.

C. Initial certification shall be for two years.

18VAC90-25-71. Certification by examination.

A. To be placed on the registry and certified by examination, the nurse aide must:

1. Have satisfactorily completed:

a. A nurse aide education program approved by the board; or

b. At least one clinical nursing course which includes at least 40 hours of clinical experience involving direct client care within the past 12 months while enrolled in a nursing education program preparing for registered nurse or practical nurse licensure; or

c. A nursing education program preparing for registered nurse licensure or practical nurse licensure; and

2. Pass the state examination required by the board; and

3. Submit the required application and testing fee as prescribed by the board.

B. An applicant who fails to take the board-approved skills and written portions of the state examination within two years of completion of the training or who has failed the examination in

three attempts shall reenroll and successfully complete another approved nurse aide training program before reapplying.

18VAC90-25-72. Certification by endorsement.

To be placed on the registry and be certified by endorsement, the nurse aide shall:

1. Be a graduate of a state-approved nurse aide education program that meets the requirements for clinical training and competency set forth in 42 CFR 483.152;

2. Have satisfactorily completed a competency evaluation program;

3. Be currently registered in another state, with no finding of abuse, neglect or misappropriation of property;

4. Submit the required application; and

5. Submit the required verification form to the credentialing agency in each state in which the applicant has been registered, certified or licensed, unless electronic verification is available.

18VAC90-25-80. Renewal or reinstatement of certification.

A. Renewal of certification.

1. No less than 30 days prior to the expiration date of the current certification, a notice for renewal shall be sent by the board to the address of record of each currently certified nurse aide.

2. The certified nurse aide shall annually submit a completed renewal application with the required fee and attestation of performance of nursing-related activities for compensation within the two years immediately preceding the expiration date.

3. Failure to receive the application for renewal shall not relieve the certificate holder of the responsibility for renewing the certification by the expiration date.

4. A certified nurse aide who has not performed nursing-related activities for compensation during the two years preceding the expiration date of the certification shall repeat and pass the nurse aide state examination prior to applying for renewal of certification.

B. Reinstatement of certification.

1. An individual whose certification has lapsed for more than 90 days shall submit the required application and renewal fee and provide:

a. Verification of performance of nursing-related activities for compensation in the two years prior to the expiration date of the certificate and within the preceding two years; or

b. Evidence of having repeated and passed the nurse aide state examination.

2. An individual who has previously had a finding of abuse, neglect, or misappropriation of property is not eligible for reinstatement of his certification, except as provided in 18VAC90-25-81, which provides a process for removal of the finding of neglect based on a single occurrence.

C. A certified nurse aide whose certification has been suspended or revoked by the board and who is eligible for reinstatement may apply for reinstatement by filing a reinstatement application and fulfilling requirements of subsection B of this section.

18VAC90-25-81. Removal of a finding of neglect.

A. If a finding of neglect was made against a certificate holder based on a single occurrence, an individual may petition for removal of the finding of neglect provided:

1. A period of at least one year has passed since the finding was made; and

2. The individual demonstrates sufficient evidence that employment and personal history do not reflect a pattern of abusive behavior or neglect.

B. A certificate holder can petition the board only once for removal of a finding of neglect.

18VAC90-25-90. (Repealed.)

18VAC90-25-100. Disciplinary provisions for nurse aides.

The board has the authority to deny, revoke or suspend a certificate issued, or to otherwise discipline a certificate holder upon proof that the certificate holder has violated any of the provisions of §54.1-3007 of the Code of Virginia. For the purpose of establishing allegations to be included in the notice of hearing, the board has adopted the following definitions:

1. Fraud or deceit in order to procure or maintain a certificate shall mean, but shall not be limited to:

a. Filing false credentials;

b. Falsely representing facts on an application for initial certification, reinstatement or renewal of a certificate; or

c. Giving or receiving assistance in taking the state examination.

2. Unprofessional conduct shall mean, but shall not be limited to:

a. Performing acts beyond those authorized for practice as a nurse aide or an advanced certified nurse aide as defined in Chapter 30 (§54.1-3000 et seq.) of Title 54.1 of the Code of Virginia, and beyond those authorized by the Drug Control Act (§ 54.1-3400 et seq.) or by provisions for delegation of nursing tasks in VI (18VAC90-19-240 et seq.) of 18VAC90-19.

b. Assuming duties and responsibilities within the practice of a nurse aide or an advanced certified nurse aide without adequate training or when competency has not been maintained;

c. Obtaining supplies, equipment or drugs for personal or other unauthorized use;

d. Falsifying or otherwise altering client or employer records, including falsely representing facts on a job application or other employment-related documents;

e. Abusing, neglecting or abandoning clients; or

f. Having been denied a license or certificate or having had a license or certificate issued by the board revoked or suspended.

g. Giving to or accepting from a client property or money for any reason other than fee for service or a nominal token of appreciation;

h. Obtaining money or property of a client by fraud, misrepresentation or duress;

i. Entering into a relationship with a client or a client's family that constitutes a professional boundary violation in which the nurse aide uses his professional position to take advantage of the vulnerability of a client or his family, to include actions that result in personal gain at the expense of the client, an inappropriate personal involvement or sexual conduct with a client;

j. Violating state laws relating to the privacy of client information, including § 32.1-127.1:03 of the Code of Virginia; or

k. Providing false information to staff or board members during the course of an investigation or proceeding.

3. For the purposes of interpreting provisions of subdivision 7 of § 54.1-3007 of the Code of Virginia, a restriction on nurse aide certification shall be interpreted as having a finding of abuse, neglect or misappropriation of patient property made in another state or being place on the abuse registry in another state.

Part III. Advanced Certification.

18VAC90-25-110. Requirements for initial certification as an advanced certified nurse aide.

A. In order to be certified as and use the title of "Advanced Certified Nurse Aide," an applicant shall meet the following qualifications:

1. Hold current certification as a certified nurse aide in Virginia;

2. Have been certified for at least three years as a certified nurse aide;

3. Have never had a finding of abuse, neglect or misappropriation of patient property entered on a nurse aide registry in any jurisdiction and have not had any disciplinary actions taken by the board within the five years preceding application for advanced certification;

4. Have a recommendation for advanced certification from a licensed nurse who has supervised the applicant in providing direct patient care for at least six months within the past year; and

5. Have successfully completed a minimum of 120 hours of advanced training in an approved program that includes a competency evaluation acceptable to the board.

B. An application for certification shall be accompanied by an application fee as specified in 18VAC90-25-16.

18VAC90-25-120. Renewal and reinstatement of certification as an advanced certified nurse aide.

A. Current certification as a nurse aide in Virginia must be maintained in order to hold certification as an advanced certified nurse aide**.**

B. Renewal. If an individual is not eligible to renew as a certified nurse aide, certification as an advanced certified nurse aide may not be renewed. An advanced certification shall be renewed concurrently with the renewal of the basic certification as a nurse aide in Virginia by:

1. Submitting a completed renewal form and renewal fee as specified in 18VAC90-25-16; and

2. Attesting to completion of at least three contact hours per year of continuing education and training in any of the competency areas identified in the advanced certification training program. The board may grant an extension or waiver of the continuing education requirement based on good cause shown by the certified nurse aide.

C. Late renewal. An advanced certified nurse aide may renew certification for 90 days following the expiration date by meeting the requirements of subsection A of this section.

D. Reinstatement. If an advanced certification has not been renewed for 90 days following the expiration date, it shall only be reinstated if the applicant for reinstatement: Reinstatement. If an advanced certification has not been renewed for 90 days following the expiration date, it shall only be reinstated if the applicant for reinstatement:

1. Holds current certification as a nurse aide in Virginia;

2. Submits a completed reinstatement application on a form provided by the board;

3. Pays the reinstatement fee as specified in 18VAC90-25-16; and

4. Provides evidence that the applicant has completed all required hours of continuing education and training.

18VAC90-25-130. (Repealed.)

18VAC90-25-140. (Repealed.)

Agenda Item: Periodic review of Chapter 27, Regulations Governing Nursing Education Programs

Included in your agenda package:

- Comments received regarding periodic review of Chapter 27; and
- Copy of existing 18VAC90-27.

Note: Education staff recommends changes to this Chapter. Therefore, the recommended action is to <u>retain and amend.</u>

Action needed:

- Motion to retain and amend Chapter 27.

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Agency **Department of Health Professions**

Board **Board of Nursing**

Chapter **Regulations Governing Nursing Education Programs [18 VAC 90 - 27]**

19 comments

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Commenter: Wendy Downey, Interim Dean Radford University School of Nursing

4/12/23 3:58 pm

Clinical Faculty Qualifications

I would ask that regulation 18VAC90-27-60 regarding faculty qualifications for BSN programs be considered for revision. Each member of the faculty must hold a graduate degree, yet there is no consideration for the specific requirements for clinical faculty.

Given the shortage of nursing faculty and nurses in the Commonwealth, it is difficult to find potential nursing faculty who either have or are willing to pursue a graduate degree. The regulations currently allow preceptors to hold a BSN. However, they do not allow for nurses to become clinical faculty who hold a BSN and have multiple years' experience in the specialty. These highly skilled BSN-prepared nurses would make ideal candidates for clinical faculty positions to educate nursing students in the clinical setting and can be provided training through an onboarding process with the university.

CommentID: **216509**

Commenter: Kristina Kitche, Director of Nurse Education, EVCC

4/13/23 8:36 am

Evidenced based practice- Use of Simulation

There is a clear deficit in availability of clinical sites, clinical faculty, and preceptors for clinical instruction. When at clinical, the sites are short staffed and it is difficult for the sites to offer a great experience to the students with their staffing issues: including high turnover, high ratio of inexperienced nursing staff, and inexperienced nurses serving in charge and leadership roles.

The evidence states that up to 50% of clinical hours is appropriate for use in nursing education. There have been several studies that indicate the positive benefits of simulation and improved critical thinking and judgment when using clinical simulation. Please consider increasing the hours allowed for simulation in clinical instruction in order to not only address the shortage of clinical sites, but also improve student and patient outcomes.

https://www.wolterskluwer.com/en/expert-insights/up-to-50-of-clinical-hours-can-be-replaced-by-simulations

CommentID: **216510**

Commenter: Laurie Anne Ferguson, Dean Emory & Henry College School of Nursing

4/17/23 11:38 am

18AC90-27-110 Clarification & Allowance of Preceptors for Community Health Experiences

Clarity and allowance of preceptors (who may not have masters degrees) for community health experiences is critically needed. Wonderful clinical experiences in the community are not able to accommodate normal sized clinical groups of 6 - 8. With proposed future practice delivery changes supported by the National Academies, it is critical that we prepare our graduates to be competent and confident to practice in community settings. Rural areas and specifically my region of SWVA are designated HPSA areas where nurses can make a real positive impact. Both our BSN and MSN programs have a special emphasis on rural practice.

CommentID: **216512**

Commenter: Jessica Fenton, Radford University

4/18/23 2:32 pm

clinical faculty requirements

I would like to ask that regulation 18VAC90-27-60 regarding faculty qualifications for BSN programs be considered for revision specific to clinical faculty.

With the current state of nursing, it is extremely difficult to find Master's prepared nurses who can function as clinical faculty. Those who do have a Master's degree are typically in a nurse practitioner role and either do not have the time to do a clinical rotation (due to working Monday-Friday at their NP job) or can only do a clinical rotation on a Saturday or Sunday (which is still not appealing to them due to most already working 5 days a week at their NP job).

By current standards, it is allowed for a Preceptor to be BSN prepared. There are extraordinary nurses who have worked multiple years in the acute care setting and are BSN prepared. These nurses would make great candidates as clinical instructors as they are actively working in acute care settings and have a schedule that would allow the flexibility to work a day as a clinical instructor. We know there is a nursing shortage AND a nursing faculty shortage. We need to be innovative in our approach for nursing clinicals - but a large barrier to that is requiring the clinical instructors to be MSN prepared. Let's work towards a solution that can move Virginia forward in regards to nursing education!

CommentID: **216513**

Commenter: Kelly Harris Brown Radford University

4/18/23 3:08 pm

Clinical faculty requirements

Revision of 18VAC90-17-60 faculty qualification for BSN programs. To allow clinical faculty to hold a BSN degree and not a MSN.

I work with numerous bedside nurses who hold a BSN degree who would make excellent clinical faculty. These nurses hold both the experience and expertise to supervise and teach in the clinical setting and can be overseen by the course faculty who holds the MSN degree. A BSN prepared nurse is allowed in the preceptor role, so can this be revised to allow a BSN prepared nurse to be clinical faculty. This revision would help with the nursing faculty shortage we are currently seeing.

CommentID: **216514**

Commenter: Kim Dorton, Mountain Empire Community College

4/27/23 11:38 am

Limit on Clinical Simulation percentages

With the difficulty in placing students in quality clinical rotations, and based upon research showing the value of positive simulation experiences, I would like there to be consideration of increasing the hours allowed for simulation as clinical instruction. Even an increase from 25% to 33% would be helpful and has the potential to increase the quality of clinical experiences for students.

CommentID: **216657**

Commenter: Devon Nicely, Mountain Gateway Community College 4/27/23 12:11 pm

18VAC90-27-100 Use of Simulation

Rural community colleges are struggling with clinical placements in general and especially in specialty units. We are land locked and what clinical placements we can find are struggling with low census, staffing issues, high turnover rates, inexperienced nurses, and poor learning environments for students. We are also struggling with the continued problem of finding qualified clinical faculty as many schools across the state are. With the known benefits of simulation and the ability to provide students with robust controlled learning opportunities, please reconsider the 50% cap on simulation hours. Especially the piece that that states "if the courses are integrated, simulation shall not be used for more than 50% of the total hours in different clinical specialties and population groups across the life span". As many of us rural colleges are desperately struggling to find specialty placements and it would be very helpful if we could supplement more than 50% of the hours with simulation in these specialty areas.

Students can be given more learning opportunities and the ability to utilize critical thinking skills in a safe environment that they cannot do in a live patient situation. It allows students to learn through making mistakes and interacting with peers through collaboration.

Thanks for your time and consideration.

CommentID: **216658**

Commenter: Mountain Empire Comm College Practical Nursing 4/27/23 12:39 pm

NCLEX PN

Please consider using second time NCLEX PN pass rates as part of program viability.

We are hearing from students that they are using the "first" attempt just to see what NCLEX PN looks like. Every student is given and the websites reviewed for NCLEX testing but we are still hearing this statement.

Often, test anxiety is lessened on the second attempt.

Students who go on to pass on second attempt are licensed. and working. Why would a second attempt not be considered for the program?

Lena Whisenhunt

CommentID: **216659**

Commenter: Mountain Empire Comm College Practical Nursing 4/27/23 12:42 pm

Clinical access to out of state facilities

In SW VA, the access to healthcare facilities outside VA is vital. Students are actually closer to TN or KY hospitals/facilities than Virginia facilities in certain counties such as Lee, Dickenson, Buchanan.

It is getting harder to find clinical placements and with the limited resources in our area - TN or KY placements just make sense.

Please consider modifying the current 50 mile rule and the percentage in VA clinical locations.

CommentID: **216660**

Commenter: Cindy Rubenstein, President, Virginia Association of Colleges of Nursing

5/1/23 8:08 am

Section 18VAC90-27-110, best practices for public health nursing clinical education

The members of the Virginia Association of Colleges of Nursing (VACN) request that the Virginia Board of Nursing clarify the *Regulations for Nursing Education Programs*, Section 18VAC90-27-110 to promote best practices for public health nursing clinical education.

The recently rescinded Guidance Document #90-21 (February 2017), in particular sections 2 and 3 of the *Exceptions to Direct, On-Site Supervision in Nursing Education Programs* (heretofore called "*Exceptions*") aligned with the National Academies of Sciences, Engineering, and Medicine *Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* (NASEM, 2020) and the World Health Organization *Framework for Community Health Nursing Education* (WHO, 2010). Without these exceptions, the regulations overly restrict education in a greatly needed area of healthcare and will discourage students from pursuing careers in public health nursing.

The NASEM *Future of Nursing* report highlights the nursing role in promoting health equity through recognition and action against systemic inequities and structural racism in society that impact public health. To achieve this, nursing education must provide students with a broad range of substantive experiences such as in schools, homes, workplaces, homeless shelters, and public health clinics. Further, students must engage in an equally broad range of exposures to community health systems such as identification of community health resources, assessment of community conditions and risks to health, design and implementation of public health interventions, and evaluation of local policies and laws on community health (WHO, 2010). Congruently, the 2021 AACN Essentials emphasize diversity, equity, and inclusion and are centered on four spheres of care, one of which is disease prevention and health promotion (AACN, 2021). The Essentials state that "the workforce of the future needs to attract and retain registered nurses who choose to practice in diverse settings, including community settings to sustain the nation's health (AACN, 2021, p. 8). Rethinking the role of nurses in public health and promoting primary care as a career choice for new graduates will require creativity, community engagement, and a plan for broad, interesting, and impactful experiences for students.

Currently, BON regulation 18VAC90-27-110: *Clinical practice of students* restricts best (and needed) practices for public health nursing education in two ways. First, as defined in 18VAC90-27-10 (p.4), the current definition of direct client care is incongruent with the American Nurse Association *Scope and Standards of Practice for Public Health Nursing* (2013). Systematic needs assessments are in line with the Scope and Standards of public health nursing practice, are promoted by the Council of Public Health Nursing Organizations (CPHNO) as a core competency and are important clinical learning experiences to develop the skillset as a critical first step to identify health disparities and promote health equity. Realignment of the BON regulations with standards of practice for public health nursing is urgently needed.

Second, section F.1 states "The faculty member shall be on site in the clinical setting solely to supervise students." This generates confusion for community/public health nursing where "clinical settings" include public school systems, public housing developments, and workplaces. Faculty members are "on site" in that they are present within the clinical setting but, given that students are distributed in different areas of the clinical setting, faculty members are not directly supervising the actions of all students during the clinical day. Clarification of these issues as they apply to community/public health nursing education is necessary so that exposures to a broad array of diverse and substantive community health issues are possible and standards of practice can be achieved.

We urge the BON to support public health nursing education by providing freedom to teach students in a way that engages their intellect and desire to address health equity. This is a very exciting time for public health nursing—long awaited and greatly needed. Thank you for considering clarification of the regulations so that they promote clinical exposures for students that highlight the full scope of public health nursing practice now and well into the future.

AACN Essentials (2021). The Essentials: Core Competencies for Professional Nursing Education. Retrieved April 15, 2022 from https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf.

American Nurses Association (2013). Public Health Nursing: Scope and Standards of Practice, 2nd ed. Silver Spring, Maryland. https://www.nursingworld.org/nurses-books/public-health-nursing--scope--standards-of-practice-2nd-edition/.

National Academies of Sciences, Engineering, and Medicine 2021. The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity. Washington, DC: The National Academies Press. https://doi.org/10.17226/25982.

World Health Organization (2010). A framework for community health nursing education. Retrieved November 10, 2022. https://apps.who.int/iris/bitstream/handle/10665/204726/B4816.pdf
CommentID: **216675**

Commenter: Patrick Reinhard

5/1/23 8:39 am

Clinical Adjunct Faculty

There are many bedside staff with good qualifications that do not have a graduate degree. In order to offer the best experience to our students it would be helpful to have an expansion of this regulation. BSN-educated staff are more than capable of providing excellent training under the guidance of the course faculty.

CommentID: **216677**

Commenter: Melody Eaton, James Madison University

5/1/23 12:32 pm

Exceptions to Direct, On-Site Supervision in Nursing Education Programs-Community & Population Healt

Please consider incorporating language similar to a previous VBON Guidance Document into general regulations: (Schools need flexibility with community placements and opportunities for student in order to provide the most beneficial learning experiences in preparation for community and population health care).

The exceptions to direct, on-site supervision, are in the following areas:

The clinical experience is a community health experience meeting the following criteria:

a. The nursing students have successfully completed foundational nursing concepts, as identified above, and basic medical-surgical nursing concepts prior to being assigned to a community based clinical experience.

b. There are established clinical objectives and an appropriate orientation to the setting.

c. The nursing care provided by the nursing student is limited to basic screening and data collection, health teaching, and assisting with low-risk, non-invasive nursing care (height/weight; vital signs, assessments, basic activities of daily living (ADLs).

d. The nursing faculty member verifies the student???s competency in the care and/or

other skills required for the clinical setting prior to the rotation.

e. The supervising nursing faculty member meets with the nursing students regularly to evaluate their progress toward meeting the objectives.

f. The supervising nursing faculty member is readily available by telephone to provide direct assistance, supervision, and evaluation as needed during the rotation.

Examples of community health experiences may include, but not limited to: Boys and Girls Club, Home Health, Health Department, Community Services Board, Child Care Centers, and Adult Day Care Centers.These experiences can be counted toward the required supervised direct care clinical hours as defined in 18VAC90-27-100.A.
CommentID: **216712**

Commenter: Cindy Rubenstein, Director of Nursing, Randolph-Macon College 5/1/23 12:54 pm

BSN community and public health clinicals

Randolph-Macon College's Department of Nursing faculty request revisions to BON regulation 18VAC90-27-110: *Clinical practice of students* as it relates to public and population health nursing clinical learning experiences. The requirement of direct supervision by faculty severely limits our BSN program's clinical placement of students in public health and population health clinical experiences.

For example, VDH Chickahominy district is a collaborative clinical agency partner, yet we cannot currently use VDH experiences for direct clinical learning hours due to faculty and space constraints. There are opportunities for small student groups of 2-4 students to provide community-based clinics (BP, foot, refugee) or home visits within their student scope with a faculty available as needed but not directly at each site. These clinical experience opportunities, supporting our local VDH district's needs and aligning with public health nursing standards, cannot be implemented. These experiences are not feasible financially from a faculty resource perspective or clinically necessary to have a faculty member onsite for this type of community-based clinical placements. This prevents us from using this clinical site and supporting student experiences in public health.

Serving their community is relevant and necessary to building a cadre of BSN-prepared public health nurses in the future and there are numerous opportunities available for which we cannot plan as clinical experiences. It drives our program to an acute care focus for clinical learning which does not best align with our curriculum or the Commonwealth's nursing professional current and future needs. We request that the regulations be revised to allow flexibility for what counts as direct care hours specifically for community, public, and population health clinical practice to align with the best practices outlined in VACN's public comment.
CommentID: **216723**

Commenter: Andrea Lipsmeyer, Dean Associate Degree RN and PN Programs, ECPI University 5/1/23 5:09 pm

18VAC90-27-100. D. Simulation for direct client clinical hours.

Please consider increasing the allowed program simulation for direct client contact hours to 50% of total clinical hours. The NCSBN's National Simulation Study (Hayden, Smiley, Alexander, Kardong-Edgren & Jeffries, 2014) found no significant differences regarding knowledge acquisition and clinical performance when traditional clinical experiences were substituted with up to 50% simulation. Clinical site availability and preceptorship opportunities have become more restrictive. Increasing the use of simulation, delivered by qualified nursing faculty with meaningful debriefing can provide control of the content of clinical experiences and enhance student clinical judgment

skills. Currently, 27 of the 50 states permit 50% or greater of total nursing program clinical hours to be delivered through simulation. The NCLEX results of the vast majority of these 27 states support the delivery of this level of simulation in lieu of a traditional clinical experience.
CommentID: **216796**

Commenter: Dr. Robbin Bell, ECPI University

5/1/23 5:39 pm

1.Regulation 18VAC90-27-60 re: Faculty qualifications for BSN programs

Clinical instruction for the baccalaureate degree nursing programs is best delivered by faculty who are clinically current and either recently or actively working in a direct care setting. The exclusion of BSN prepared nurses to serve in this role severely limits the quantity and often quality of available clinical faculty. The number of graduate degree prepared faculty to deliver bed-side clinical instruction is low as these individuals are often not in direct care roles. The restrictive nature of excluding outstanding nurses holding a BSN from delivering clinical instruction is hindering nursing education. The need to incorporate well-qualified BSN nurses in clinical instruction is critical to providing rich clinical experiences and ensuring an adequate number of graduates to address the nursing shortage.

CommentID: **216797**

Commenter: Marianne Baernholdt, University of Virginia

5/1/23 6:34 pm

Community/public health

Exceptions to direct, on-site supervision in nursing education programs-community, public & population health.

Please consider incorporating language similar to a previous Virginia BON guidance document into general regulations. Flexibility with community, public, and population health placements allow programs to seek beneficial learning opportunities for students. We request that the regulation be revised to allow for what counts as direct clinical hours specifically for community, public and population health clinical practice to align with the best practices as noted by other commenters.

CommentID: **216802**

Commenter: Marianne Baernholdt, University of Virginia

5/1/23 6:41 pm

Faculty qualifications

We would request that regulation 18VAC90-27-60 regarding faculty qualifications are considered specifically for clinical faculty. There is still a critical shortage across the country and the Commonwealth. This shortage as well as the impact of the COVID-19 pandemic, has directly affected many nurses who have taught as clinical instructors in our programs in the past. It is difficult to find potential clinical faculty who have graduate degrees and can teach part-time in the clinical setting. There are highly experienced and skilled BSN-prepared nurses who would be excellent clinical faculty while they are also actively practicing in the acute care settings.

CommentID: **216803**

Commenter: Cynthia Banks, PhD, RN, Sentara College of Health Sciences

5/1/23 9:26 pm

Faculty credentialing and clinicals

With my background in Mental health nursing and teaching psychiatric nursing and community health nursing, I can attest that having staff at those outpatient sites usually did not have a graduate degree. This placed additional stress on finding students varied clinical experiences. I believe that in today's health care needs focusing on outpatient rehabilitation, for psychiatric needs and community health needs, it will be critical for us to consider how to maximize the best clinical rotations in mental and community health nursing when the facilities does not always have graduate nurses to precept the BSN students.

I agree with others who have commented on the value in augmenting that clinical faculty can hold a BSN degree since some of them have been working in their specialty or clinical area for a period of time.

CommentID: **216808**

Commenter: Arlene J. Montgomery, Interim Dean, Hampton University

5/1/23 10:27 pm

Simulation for direct client clinical hours

Simulation experiences have been cited as a means to improve students' abilities to think critically, make appropriate clinical decisions, and communicate effectively with patients, peers, and interprofessional colleagues within a complex healthcare system (Pagano, O'Shea, & McIlowie, 2021). Each academic year the number of available clinical sites is decreasing. We are finding that OB/Peds clinical sites are at a premium. To that end, I would like to request consideration be given to increase the minimum allowable simulation for direct client clinical hours to 50%.

CommentID: **216809**

Commonwealth of Virginia

REGULATIONS FOR NURSING EDUCATION PROGRAMS

VIRGINIA BOARD OF NURSING

Title of Regulations: 18 VAC 90-27-10 et seq.

Statutory Authority: §§ 54.1-2400 and Chapter 30 of Title 54.1 of the *Code of Virginia*

Revised Date: February 2, 2022

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CHAPTER 27
REGULATIONS FOR NURSING EDUCATION PROGRAMS

Part I
General Provisions

18VAC90-27-10. Definitions.

In addition to words and terms defined in § 54.1-3000 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Accreditation" means having been accredited by an agency recognized by the U.S. Department of Education to include the Accreditation Commission for Education in Nursing, the Commission on Collegiate Nursing Education, the Commission for Nursing Education Accreditation, or a national nursing accrediting organization recognized by the board.

"Advisory committee" means a group of persons from a nursing education program and the health care community who meets regularly to advise the nursing education program on the quality of its graduates and the needs of the community.

"Approval" means the process by which the board or a governmental agency in another state or foreign country evaluates and grants official recognition to nursing education programs that meet established standards not inconsistent with Virginia law.

"Associate degree nursing program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or other institution and designed to lead to an associate degree in nursing, provided that the institution is authorized to confer such degree by SCHEV.

"Baccalaureate degree nursing program" or "prelicensure graduate degree program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or university and designed to lead to a baccalaureate or a graduate degree with a major in nursing, provided that the institution is authorized to confer such degree by SCHEV.

"Board" means the Board of Nursing.

"Clinical setting" means any location in which the clinical practice of nursing occurs as specified in an agreement between the cooperating agency and the school of nursing.

"Conditional approval" means a time-limited status that results when an approved nursing education program has failed to maintain requirements as set forth in this chapter.

"Cooperating agency" means an agency or institution that enters into a written agreement to provide clinical or observational experiences for a nursing education program.

"Diploma nursing program" means a nursing education program preparing for registered nurse licensure, offered by a hospital and designed to lead to a diploma in nursing, provided the hospital is licensed in this state.

"Direct client care" means nursing care provided to patients or clients in a clinical setting supervised by qualified faculty or a designated preceptor.

"Full approval" means the status granted to a nursing education program when compliance with regulations pertaining to nursing education programs has been verified.

"Initial approval" means the status granted to a nursing education program that allows the admission of students.

"National certifying organization" means an organization that has as one of its purposes the certification of a specialty in nursing based on an examination attesting to the knowledge of the nurse for practice in the specialty area.

"NCLEX" means the National Council Licensure Examination.

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

"Nursing education program" means an entity offering a basic course of study preparing persons for licensure as registered nurses or as licensed practical nurses. A basic course of study shall include all courses required for the degree, diploma, or certificate.

"Nursing faculty" means registered nurses who teach the practice of nursing in nursing education programs.

"Practical nursing program" means a nursing education program preparing for practical nurse licensure that leads to a diploma or certificate in practical nursing, provided the school is authorized by the Virginia Department of Education or by an accrediting agency recognized by the U.S. Department of Education.

"Preceptor" means a licensed nurse who is employed in the clinical setting, serves as a resource person and role model, and is present with the nursing student in that setting, providing clinical supervision.

"Program director" means a registered nurse who holds a current, unrestricted license in Virginia or a multistate licensure privilege and who has been designated by the controlling authority to administer the nursing education program.

"Recommendation" means a guide to actions that will assist an institution to improve and develop its nursing education program.

"Requirement" means a mandatory condition that a nursing education program must meet to be approved or maintain approval.

"SCHEV" means the State Council of Higher Education for Virginia.

"Simulation" means an evidence-based teaching methodology utilizing an activity in which students are immersed into a realistic clinical environment or situation and in which students are required to learn and use critical thinking and decision-making skills.

"Site visit" means a focused onsite review of the nursing program by board staff, usually completed within one day for the purpose of evaluating program components such as the physical location (skills lab, classrooms, learning resources) for obtaining initial program approval, in response to a complaint, compliance with NCLEX plan of correction, change of location, or verification of noncompliance with this chapter.

"Survey visit" means a comprehensive onsite review of the nursing program by board staff, usually completed within two days (depending on the number of programs or campuses being reviewed) for the purpose of obtaining and maintaining full program approval. The survey visit includes the program's completion of a self-evaluation report prior to the visit, as well as a board staff review of all program resources, including skills lab, classrooms, learning resources, and clinical facilities, and other components to ensure compliance with this chapter. Meetings with faculty, administration, students, and clinical facility staff will occur.

18VAC90-27-20. Fees.

Fees required by the board are:

1. Application for approval of a nursing education program.	$1,650
2. Survey visit for nursing education program.	$2,200
3. Site visit for NCLEX passage rate for nursing education program.	$1,500

Part II
Initial Approval of a Nursing Education Program

18VAC90-27-30. Application for initial approval.

An institution wishing to establish a nursing education program shall:

1. Provide documentation of attendance by the program director at a board orientation on establishment of a nursing education program prior to submission of an application and fee.

2. Submit to the board an application to establish a nursing education program along with a nonrefundable application fee as prescribed in 18VAC90-27-20.

a. The application shall be effective for 12 months from the date the application was received by the board.

b. If the program does not meet the board's requirements for approval within 12 months, the institution shall file a new application and fee.

3. Submit the following information on the organization and operation of a nursing education program:

a. A copy of a business license and zoning permit to operate a school in a Virginia location, a certificate of operation from the State Corporation Commission, evidence of approval from the Virginia Department of Education or SCHEV, and documentation of accreditation, if applicable;

b. The organizational structure of the institution and its relationship to the nursing education program therein;

c. The type of nursing program, as defined in 18VAC90-27-10;

d. An enrollment plan specifying the beginning dates and number of students for each class for a two-year period from the date of initial approval including (i) the planned number of students in the first class and in all subsequent classes and (ii) the planned frequency of admissions. Any increase in admissions that is not stated in the enrollment plan must be approved by the board. Also, transfer students are not authorized until full approval has been granted to the nursing education program; and

e. A tentative time schedule for planning and initiating the program through graduation of the first class and the program's receipt of results of the NCLEX examination.

4. Submit to the board evidence documenting adequate resources for the projected number of students and the ability to provide a program that can meet the requirements of this part to include the following information:

a. The results of a community assessment or market analysis that demonstrates the need for the nursing education program in the geographic area for the proposed school. The assessment or analysis shall include employment opportunities of nurses in the community, the number of clinical facilities or employers available for the size of the community to support the number of graduates, and the number and types of other nursing education programs in the area;

b. A projection of the availability of qualified faculty sufficient to provide classroom instruction and clinical supervision for the number of students specified by the program;

c. Budgeted faculty positions sufficient in number to provide classroom instruction and clinical supervision;

d. Availability of clinical training facilities for the program as evidenced by copies of contracts or letters of agreement specifying the responsibilities of the respective parties and indicating sufficient availability of clinical experiences for the number of students in the program, the number of students, and clinical hours permitted at each clinical site and on each nursing unit;

e. Documentation that at least 80% of all clinical experiences are to be conducted in Virginia, unless an exception is granted by the board. There shall be documentation of written approval for any clinical experience conducted outside of Virginia by the agency that has authority to approve clinical placement of students in that state. The use of any clinical site in Virginia located 50 miles or more from the school shall require board approval;

f. A diagram or blueprint showing the availability of academic facilities for the program, including classrooms, skills laboratory, and learning resource center. This information shall include the number of restrooms for the student and faculty population, classroom and skills laboratory space large enough to accommodate the number of the student body, and sufficient faculty office space; and

g. Evidence of financial resources for the planning, implementation, and continuation of the program with line-item budget projections for the first three years of operations beginning with the admission of students.

5. Respond to the board's request for additional information within a timeframe established by the board.

18VAC90-27-40. Organization and administration.

A. The governing or parent institution offering Virginia nursing education programs shall be approved by the Virginia Department of Education or SCHEV or accredited by an accrediting agency recognized by the U.S. Department of Education.

B. Any agency or institution used for clinical experience by a nursing education program shall be in good standing with its licensing body.

C. The program director of the nursing education program shall:

1. Hold a current license or multistate licensure privilege to practice as a registered nurse in the Commonwealth without any disciplinary action that currently restricts practice;

2. Have additional education and experience necessary to administer, plan, implement, and evaluate the nursing education program;

3. Ensure that faculty are qualified by education and experience to teach in the program or to supervise the clinical practice of students in the program;

4. Maintain a current faculty roster, a current clinical agency form, and current clinical contracts available for board review and subject to an audit; and

5. Only serve as program director at one location or campus.

D. The program shall provide evidence that the director has authority to:

1. Implement the program and curriculum;

2. Oversee the admission, academic progression, and graduation of students;

3. Hire and evaluate faculty; and

4. Recommend and administer the program budget, consistent with established policies of the controlling agency.

E. An organizational plan shall indicate the lines of authority and communication of the nursing education program to the controlling body, to other departments within the controlling institution, to the cooperating agencies, and to the advisory committee for the nursing education program.

F. There shall be evidence of financial support and resources sufficient to meet the goals of the nursing education program as evidenced by a copy of the current annual budget or a signed statement from administration specifically detailing its financial support and resources.

18VAC90-27-50. Philosophy and objectives.

Written statements of philosophy and objectives shall be the foundation of the curriculum and shall be:

1. Formulated and accepted by the faculty and the program director;

2. Descriptive of the practitioner to be prepared; and

3. The basis for planning, implementing, and evaluating the total program through the implementation of a systematic plan of evaluation that is documented in faculty or committee meeting minutes.

18VAC90-27-60. Faculty.

A. Qualifications for all faculty.

1. Every member of the nursing faculty, including the program director, shall (i) hold a current license or a multistate licensure privilege to practice nursing in Virginia as a registered nurse without any disciplinary action that currently restricts practice and (ii) have had at least two years of direct client care experience as a registered nurse prior to employment by the program. Persons providing instruction in topics other than nursing shall not be required to hold a license as a registered nurse.

2. Every member of a nursing faculty supervising the clinical practice of students, including simulation in lieu of direct client care, shall meet the licensure requirements of the jurisdiction in which that practice occurs and shall provide evidence of education or experience in the specialty area in which they supervise student clinical experience for quality and safety. Prior to supervision of students, the faculty providing supervision shall have completed a clinical orientation to the site in which supervision is being provided. Faculty members who supervise clinical practice by simulation shall also demonstrate simulation knowledge and skills in that methodology and shall engage in ongoing professional development in the use of simulation.

3. The program director and each member of the nursing faculty shall maintain documentation of professional competence through such activities as nursing practice, continuing education programs, conferences, workshops, seminars, academic courses, research projects, and professional writing. Documentation of annual professional development shall be maintained in employee files for the director and each faculty member until the next survey visit and shall be available for board review.

4. For baccalaureate degree and prelicensure graduate degree programs:

a. The program director shall hold a doctoral degree with a graduate degree in nursing.

b. Every member of the nursing faculty shall hold a graduate degree; the majority of the faculty shall have a graduate degree in nursing. Faculty members with a graduate degree with a major other than in nursing shall have a baccalaureate degree with a major in nursing.

5. For associate degree and diploma programs:

a. The program director shall hold a graduate degree with a major in nursing.

b. The majority of the members of the nursing faculty shall hold a graduate degree, preferably with a major in nursing.

c. All members of the nursing faculty shall hold a baccalaureate or graduate degree with a major in nursing.

6. For practical nursing programs:

a. The program director shall hold a baccalaureate degree with a major in nursing.

b. The majority of the members of the nursing faculty shall hold a baccalaureate degree, preferably with a major in nursing.

B. Number of faculty.

1. The number of faculty shall be sufficient to prepare the students to achieve the objectives of the educational program and to ensure safety for clients to whom students provide care.

2. When students are giving direct care to clients, the ratio of students to faculty shall not exceed 10 students to one faculty member, and the faculty shall be on site solely to supervise students.

3. When preceptors are utilized for specified learning experiences in clinical settings, the faculty member may supervise up to 15 students.

C. Functions. The principal functions of the faculty shall be to:

1. Develop, implement, and evaluate the philosophy and objectives of the nursing education program;

2. Design, implement, teach, evaluate, and revise the curriculum. Faculty shall provide evidence of education and experience necessary to indicate that they are competent to teach a given course;

3. Develop and evaluate student admission, progression, retention, and graduation policies within the framework of the controlling institution;

4. Participate in academic advisement and counseling of students in accordance with requirements of the Financial Educational Rights and Privacy Act (20 USC § 1232g);

5. Provide opportunities for and evidence of student and graduate evaluation of curriculum and teaching and program effectiveness; and

6. Document actions taken in faculty and committee meetings using a systematic plan of evaluation for total program review.

18VAC90-27-70. Admission of students.

A. Requirements for admission to a registered nursing education program shall not be less than the requirements of § 54.1-3017 A 1 of the Code of Virginia that will permit the graduate to be admitted to the appropriate licensing examination. The equivalent of a four-year high school course of study as required pursuant to § 54.1-3017 shall be considered to be:

1. A General Educational Development (GED) certificate for high school equivalence; or

2. Satisfactory completion of the college courses required by the nursing education program.

B. Requirements for admission to a practical nursing education program shall not be less than the requirements of § 54.1-3020 A 1 of the Code of Virginia that will permit the graduate to be admitted to the appropriate licensing examination.

C. Requirements for admission, readmission, advanced standing, progression, retention, dismissal, and graduation shall be available to the students in written form.

D. Except for high school students, all students enrolled in a nursing education program shall be required to submit to a criminal background check prior to a clinical experience involving direct patient care.

E. Transfer students may not be admitted until a nursing education program has received full approval from the board.

18VAC90-27-80. Resources, facilities, publications, and services.

A. Classrooms, conference rooms, laboratories, clinical facilities, and offices shall be sufficient to meet the objectives of the nursing education program and the needs of the students, faculty, administration, and staff and shall include private areas for faculty-student conferences. The nursing education program shall provide facilities that meet federal and state requirements, including:

1. Comfortable temperatures;

2. Clean and safe conditions;

3. Adequate lighting;

4. Adequate space to accommodate all students; and

5. Instructional technology and equipment needed for simulating client care.

B. The program shall have learning resources and technology that are current, pertinent, and accessible to students and faculty and sufficient to meet the needs of the students and faculty.

C. Current information about the nursing education program shall be published and distributed to applicants for admission and shall be made available to the board. Such information shall include:

1. Description of the program to include whether the program is accredited by a nursing education accrediting body;

2. Philosophy and objectives of the controlling institution and of the nursing program;

3. Admission and graduation requirements, including the policy on the use of a final comprehensive exam;

4. Fees and expenses;

5. Availability of financial aid;

6. Tuition refund policy;

7. Education facilities;

8. Availability of student activities and services;

9. Curriculum plan, to include course progression from admission to graduation, the name of each course, theory hours, skills lab hours, simulation hours (if used in lieu of direct client care hours), and clinical hours;

10. Course descriptions, to include a complete overview of what is taught in each course;

11. Faculty-staff roster;

12. School calendar;

13. Student grievance policy; and

14. Information about implications of criminal convictions.

D. Administrative support services shall be provided.

E. There shall be written agreements with cooperating agencies that:

1. Ensure full control of student education by the faculty of the nursing education program, including the selection and supervision of learning experiences, to include the dismissal of students from the clinical site if client safety is or may be compromised by the acts of the student;

2. Provide that faculty members or preceptors are present in the clinical setting when students are providing direct client care;

3. Provide for cooperative planning with designated agency personnel to ensure safe client care; and

4. Provide that faculty be readily available to students and preceptors while students are involved in preceptorship experiences.

F. Cooperating agencies shall be approved by the appropriate accreditation, evaluation, or licensing bodies, if such exist.

18VAC90-27-90. Curriculum.

A. Both classroom and online curricula shall reflect the philosophy and objectives of the nursing education program and shall be consistent with the law governing the practice of nursing.

B. Nursing education programs preparing for licensure as a registered or practical nurse shall include:

1. Evidence-based didactic content and supervised clinical experience in nursing, encompassing the attainment and maintenance of physical and mental health and the prevention of illness for individuals and groups throughout the life cycle and in a variety of acute, nonacute, community-based, and long-term care clinical settings and experiences to include adult medical/surgical nursing, geriatric nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, nursing fundamentals, and pediatric nursing;

2. Concepts of the nursing process that include conducting a focused nursing assessment of the client status that includes decision making about who and when to inform, identifying client needs, planning for episodic nursing care, implementing appropriate aspects of client care, contributing to data collection and the evaluation of client outcomes, and the appropriate reporting and documentation of collected data and care rendered;

3. Concepts of anatomy, physiology, chemistry, microbiology, and the behavioral sciences;

4. Concepts of communication, growth and development, nurse-client interpersonal relations, and client education, including:

a. Development of professional socialization that includes working in interdisciplinary teams; and

b. Conflict resolution;

5. Concepts of ethics and the vocational and legal aspects of nursing, including:

a. Regulations and sections of the Code of Virginia related to nursing;

b. Client rights, privacy, and confidentiality;

c. Prevention of client abuse, neglect, and abandonment throughout the life cycle, including instruction in the recognition, intervention, and reporting by the nurse of evidence of child or elder abuse;

d. Professional responsibility, to include the role of the practical and professional nurse;

e. Professional boundaries, to include appropriate use of social media and electronic technology; and

f. History and trends in nursing and health care;

6. Concepts of pharmacology, dosage calculation, medication administration, nutrition, and diet therapy;

7. Concepts of client-centered care, including:

a. Respect for cultural differences, values, and preferences;

b. Promotion of healthy life styles for clients and populations;

c. Promotion of a safe client environment;

d. Prevention and appropriate response to situations of bioterrorism, natural and man-made disasters, and intimate partner and family violence;

e. Use of critical thinking and clinical judgment in the implementation of safe client care; and

f. Care of clients with multiple, chronic conditions; and

8. Development of management and supervisory skills, including:

a. The use of technology in medication administration and documentation of client care;

b. Participation in quality improvement processes and systems to measure client outcomes and identify hazards and errors; and

c. Supervision of certified nurse aides, registered medication aides, and unlicensed assistive personnel.

C. In addition to meeting curriculum requirements set forth in subsection B of this section, registered nursing education programs preparing for registered nurse licensure shall also include:

1. Evidence-based didactic content and supervised clinical experiences in conducting a comprehensive nursing assessment that includes:

a. Extensive data collection, both initial and ongoing, for individuals, families, groups, and communities addressing anticipated changes in client conditions as well as emerging changes in a client's health status;

b. Recognition of alterations to previous client conditions;

c. Synthesizing the biological, psychological, and social aspects of the client's condition;

d. Evaluation of the effectiveness and impact of nursing care;

e. Planning for nursing interventions and evaluating the need for different interventions for individuals, groups, and communities;

f. Evaluation and implementation of the need to communicate and consult with other health team members; and

g. Use of a broad and complete analysis to make independent decisions and nursing diagnoses; and

2. Evidence-based didactic content and supervised experiences in:

a. Development of clinical judgment;

b. Development of leadership skills and unit management;

c. Knowledge of the rules and principles for delegation of nursing tasks to unlicensed persons;

d. Supervision of licensed practical nurses;

e. Involvement of clients in decision making and a plan of care; and

f. Concepts of pathophysiology.

18VAC90-27-100. Curriculum for direct client care.

A. A nursing education program preparing a student for licensure as a registered nurse shall provide a minimum of 500 hours of direct client care supervised by qualified faculty. A nursing education program preparing a student for licensure as a practical nurse shall provide a minimum of 400 hours of direct client care supervised by qualified faculty. Direct client care hours shall include experiences and settings as set forth in 18VAC90-27-90 B 1.

B. Licensed practical nurses transitioning into prelicensure registered nursing programs may be awarded no more than 150 clinical hours of the 400 clinical hours received in a practical nursing program. In a practical nursing to registered nursing transitional program, the remainder of the clinical hours shall include registered nursing clinical experience across the life cycle in adult medical/surgical nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, and pediatric nursing.

C. Any observational experiences shall be planned in cooperation with the agency involved to meet stated course objectives. Observational experiences shall not be accepted toward the 400 or 500 minimum clinical hours required. Observational objectives shall be available to students, the clinical unit, and the board.

D. Simulation for direct client clinical hours.

1. No more than 25% of direct client contact hours may be simulation. For prelicensure registered nursing programs, the total of simulated client care hours cannot exceed 125 hours (25% of the required 500 hours). For prelicensure practical nursing programs, the total of simulated client care hours cannot exceed 100 hours (25% of the required 400 hours).

2. No more than 50% of the total clinical hours for any course may be used as simulation. If courses are integrated, simulation shall not be used for more than 50% of the total clinical hours in different clinical specialties and population groups across the life span.

3. Skills acquisition and task training alone, as in the traditional use of a skills laboratory, do not qualify as simulated client care and therefore do not meet the requirements for direct client care hours.

4. Clinical simulation must be led by faculty who meet the qualifications specified in 18VAC90-27-60. Faculty with education and expertise in simulation and in the applicable subject area must be present during the simulation experience.

5. Documentation of the following shall be available for all simulated experiences:

a. Course description and objectives;

b. Type of simulation and location of simulated experience;

c. Number of simulated hours;

d. Faculty qualifications;

e. Methods of pre-briefing and debriefing;

f. Evaluation of simulated experience; and

g. Method to communicate student performance to clinical faculty.

18VAC90-27-110. Clinical practice of students.

A. In accordance with § 54.1-3001 of the Code of Virginia, a nursing student, while enrolled in an approved nursing program, may perform tasks that would constitute the practice of nursing. The student shall be responsible and accountable for the safe performance of those direct client care tasks to which he has been assigned.

B. Faculty shall be responsible for ensuring that students perform only skills or services in direct client care for which they have received instruction and have been found proficient by the instructor. Skills checklists shall be maintained for each student.

C. Faculty members or preceptors providing onsite supervision in the clinical care of clients shall be responsible and accountable for the assignment of clients and tasks based on their assessment and evaluation of the student's clinical knowledge and skills. Supervisors shall also monitor clinical performance and intervene if necessary for the safety and protection of the clients.

D. Clinical preceptors may be used to augment the faculty and enhance the clinical learning experience. Faculty shall be responsible for the designation of a preceptor for each student and shall communicate such assignment with the preceptor. A preceptor may not further delegate the duties of the preceptorship.

E. Preceptors shall provide to the nursing education program evidence of competence to supervise student clinical experience for quality and safety in each specialty area where they supervise students. The clinical preceptor shall be licensed as a nurse at or above the level for which the student is preparing.

F. Supervision of students.

1. When faculty are supervising direct client care by students, the ratio of students to faculty shall not exceed 10 students to one faculty member. The faculty member shall be on site in the clinical setting solely to supervise students.

2. When preceptors are utilized for specified learning experiences in clinical settings, the faculty member may supervise up to 15 students. In utilizing preceptors to supervise students in the clinical setting, the ratio shall not exceed two students to one preceptor at any given time. During the period in which students are in the clinical setting with a preceptor, the faculty member shall be available for communication and consultation with the preceptor.

G. Prior to beginning any preceptorship, the following shall be required:

1. Written objectives, methodology, and evaluation procedures for a specified period of time to include the dates of each experience;

2. An orientation program for faculty, preceptors, and students;

3. A skills checklist detailing the performance of skills for which the student has had faculty-supervised clinical and didactic preparation; and

4. The overall coordination by faculty who assume ultimate responsibility for implementation, periodic monitoring, and evaluation.

18VAC90-27-120. Granting of initial program approval.

A. Initial approval may be granted when all documentation required in 18VAC90-27-30 has been submitted and is deemed satisfactory to the board and when the following conditions are met:

1. There is evidence that the requirements for organization and administration and the philosophy and objectives of the program, as set forth in 18VAC90-27-40 and 18VAC90-27-50, have been met;

2. A program director who meets board requirements has been appointed, and there are sufficient faculty to initiate the program as required in 18VAC90-27-60;

3. A written curriculum plan developed in accordance with 18VAC90-27-90 has been submitted and approved by the board;

4. A written systematic plan of evaluation has been developed and approved by the board; and

5. The program is in compliance with requirements of 18VAC90-27-80 for resources, facilities, publications, and services as verified by a satisfactory site visit conducted by a representative of the board.

B. If initial approval is granted:

1. The advertisement of the nursing program is authorized.

2. The admission of students is authorized, except that transfer students are not authorized to be admitted until the program has received full program approval.

3. The program director shall submit quarterly progress reports to the board that shall include evidence of progress toward full program approval and other information as required by the board.

18VAC90-27-130. Denying or withdrawing initial program approval.

A. Denial of initial program approval.

1. Initial approval may be denied for causes enumerated in 18VAC90-27-140.

2. If initial approval is denied:

a. The program shall be given an option of correcting the deficiencies cited by the board during the time remaining in its initial 12-month period following receipt of the application.

b. No further action regarding the application shall be required of the board unless the program requests, within 30 days of the mailing of the decision, an informal conference pursuant to §§ 2.2-4019 and 54.1-109 of the Code of Virginia.

3. If denial is recommended following the informal conference, the recommendation shall be presented to the board or a panel thereof for review and action.

4. If the recommendation of the informal conference committee to deny initial approval is accepted by the board or a panel thereof, the decision shall be reflected in a board order, and no further action by the board is required. The program may request a formal hearing within 30 days from entry of the order in accordance with § 2.2-4020 of the Code of Virginia.

5. If the decision of the board or a panel thereof following a formal hearing is to deny initial approval, the program shall be advised of the right to appeal the decision to the appropriate circuit court in accordance with § 2.2-4026 of the Code of Virginia and Part 2A of the Rules of the Supreme Court of Virginia.

B. Withdrawal of initial program approval.

1. Initial approval shall be withdrawn and the program closed if:

a. The program has not admitted students within six months of approval of its application;

b. The program fails to submit evidence of progression toward full program approval; or

c. For any of the causes enumerated in 18VAC90-27-140.

2. If a decision is made to withdraw initial approval, no further action shall be required by the board unless the program within 30 days of the mailing of the decision requests an informal conference pursuant to §§ 2.2-4019 and 54.1-109 of the Code of Virginia.

3. If withdrawal of initial approval is recommended following the informal conference, the recommendation shall be presented to the board or a panel thereof for review and action.

4. If the recommendation of the informal conference committee to withdraw initial approval is accepted by the board or a panel thereof, the decision shall be reflected in a board order, and no further action by the board is required unless the program requests a formal hearing within 30 days from entry of the order in accordance with § 2.2-4020 of the Code of Virginia.

5. If the decision of the board or a panel thereof following a formal hearing is to withdraw initial approval, the program shall be advised of the right to appeal the decision to the appropriate circuit court in accordance with § 2.2-4026 of the Code of Virginia and Part 2A of the Rules of the Supreme Court of Virginia.

18VAC90-27-140. Causes for denial or withdrawal of nursing education program approval.

A. Denial or withdrawal of program approval may be based upon the following:

1. Failing to demonstrate compliance with program requirements in Part II (18VAC90-27-30 et seq.), III (18VAC90-27-150 et seq.), or IV (18VAC90-27-210 et seq.) of this chapter.

2. Failing to comply with terms and conditions placed on a program by the board.

3. Advertising for or admitting students without authority, board approval, or contrary to a board restriction.

4. Failing to progress students through the program in accordance with an approved timeframe.

5. Failing to provide evidence of progression toward initial program approval within a timeframe established by the board.

6. Failing to provide evidence of progression toward full program approval within a timeframe established by the board.

7. Failing to respond to requests for information required from board representatives.

8. Fraudulently submitting documents or statements to the board or its representatives.

9. Having had past actions taken by the board, other states, or accrediting entities regarding the same nursing education program operating in another jurisdiction.

10. Failing to maintain a pass rate of 80% on the NCLEX for graduates of the program as required by 18VAC90-27-210.

11. Failing to comply with an order of the board or with any terms and conditions placed upon it by the board for continued approval.

12. Having the program director, owner, or operator of the program convicted of a felony or a misdemeanor involving moral turpitude or his professional license disciplined by a licensing body or regulatory authority.

13. Failing to pay the required fee for a survey or site visit.

B. Withdrawal of nursing education program approval may occur at any stage in the application or approval process pursuant to procedures enumerated in 18VAC90-27-130, 18VAC90-27-160, and 18VAC90-27-230.

C. Programs with approval denied or withdrawn may not accept or admit additional students into the program effective upon the date of entry of the board's final order to deny or withdraw approval. Further, the program shall submit quarterly reports until the program is closed, and the program shall comply with board requirements regarding closure of a program as stated in 18VAC90-27-240.

Part III
Full Approval for a Nursing Education Program

18VAC90-27-150. Granting full program approval.

A. Full approval may be granted when:

1. A self-evaluation report of compliance with Part II (18VAC90-27-30 et seq.) of this chapter and a survey visit fee as specified in 18VAC90-27-20 have been submitted and received by the board;

2. The program has achieved a passage rate of not less than 80% for the program's first-time test takers taking the NCLEX based on at least 20 graduates within a two-year period; and

3. A satisfactory survey visit and report have been made by a representative of the board verifying that the program is in compliance with all requirements for program approval.

B. If full approval is granted, the program shall continue to comply with all requirements in Parts II (18VAC90-27-30 et seq.) and III (18VAC90-27-150 et seq.) of this chapter, and admission of transfer students is authorized.

18VAC90-27-160. Denying full program approval.

A. Denial of full program approval may occur for causes enumerated in 18VAC90-27-140.

B. If full program approval is denied, the board shall also be authorized to do one of the following:

1. The board may continue the program on initial program approval with terms and conditions to be met within the timeframe specified by the board; or

2. The board may withdraw initial program approval.

C. If the board takes one of the actions specified in subsection B of this section, the following shall apply:

1. No further action will be required of the board unless the program within 30 days of the mailing of the decision requests an informal conference pursuant to §§ 2.2-4019 and 54.1-109 the Code of Virginia.

2. If continued initial program approval with terms and conditions or withdrawal of initial approval is recommended following the informal conference, the recommendation shall be presented to the board or a panel thereof for review and action.

3. If the recommendation of the informal conference committee is accepted by the board or a panel thereof, the decision shall be reflected in a board order, and no further action by the board regarding the application is required. The program may request a formal hearing within 30 days from entry of the order in accordance with § 2.2-4020 and subdivision 11 of § 54.1-2400 of the Code of Virginia.

4. If the decision of the board or a panel thereof following a formal hearing is to deny full approval or withdraw or continue on initial approval with terms or conditions, the program shall be advised of the right to appeal the decision to the appropriate circuit court in accordance with § 2.2-4026 of the Code of Virginia and Part 2A of the Rules of the Supreme Court of Virginia.

D. If a program is denied full approval and initial approval withdrawn, no additional students may be accepted into the program, effective upon the date of entry of the board's final order to deny or withdraw approval. Further, the program shall submit quarterly reports until the program is closed, and the program shall comply with board requirements regarding closure of a program as stated in 18VAC90-27-240.

18VAC90-27-170. Requests for exception to requirements for faculty.

After full approval has been granted, a program may request board approval for exceptions to requirements of 18VAC90-27-60 for faculty as follows:

1. Initial request for exception.

a. The program director shall submit a request for initial exception in writing to the board for consideration prior to the academic year during which the nursing faculty member is scheduled to teach or whenever an unexpected vacancy has occurred.

b. A description of teaching assignment, a curriculum vitae, and a statement of intent from the prospective faculty member to pursue the required degree shall accompany each request.

c. The executive director of the board shall be authorized to make the initial decision on requests for exceptions. Any appeal of that decision shall be in accordance with the provisions of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

2. Request for continuing exception.

a. Continuing exception will be based on the progress of the nursing faculty member toward meeting the degree required by this chapter during each year for which the exception is requested.

b. The program director shall submit the request for continuing exception in writing prior to the next academic year during which the nursing faculty member is scheduled to teach.

c. A list of courses required for the degree being pursued and college transcripts showing successful completion of a minimum of two of the courses during the past academic year shall accompany each request.

d. Any request for continuing exception shall be considered by the informal factfinding committee, which shall make a recommendation to the board.

18VAC90-27-180. Records and provision of information.

A. Requirements for admission, readmission, advanced standing, progression, retention, dismissal, and graduation shall be readily available to the students in written form.

B. A system of records shall be maintained and be made available to the board representative and shall include:

1. Data relating to accreditation by any agency or body.

2. Course outlines.

3. Minutes of faculty and committee meetings, including documentation of the use of a systematic plan of evaluation for total program review and including those faculty members in attendance.

4. Record of and disposition of complaints.

C. A file shall be maintained for each student. Provision shall be made for the protection of student and graduate files against loss, destruction, and unauthorized use. Each file shall be available to the board representative and shall include the student's:

1. Application, including the date of its submission and the date of admission into the program;

2. High school transcript or copy of high school equivalence certificate, and if the student is a foreign graduate, a transcript translated into English;

3. Current record of achievement to include classroom grades, skills checklists, and clinical hours for each course; and

4. A final transcript retained in the permanent file of the institution to include dates of admission and completion of coursework, graduation date, name and address of graduate, the dates of each semester or term, course grades, and authorized signature.

D. Current information about the nursing education program shall be published and distributed to students and applicants for admission and shall be made available to the board. In addition to information specified in 18VAC90-27-80 C, the following information shall be included:

1. Annual passage rates on NCLEX for the past five years; and

2. Accreditation status.

18VAC90-27-190. Evaluation of resources; written agreements with cooperating agencies.

A. Periodic evaluations of resources, facilities, and services shall be conducted by the administration, faculty, students, and graduates of the nursing education program, including an employer evaluation for graduates of the nursing education program. Such evaluation shall include assurance that at least 80% of all clinical experiences are conducted in Virginia unless an exception has been granted by the board.

B. Current written agreements with cooperating agencies shall be maintained and reviewed annually and shall be in accordance with 18VAC90-27-80 E.

C. Upon request, a program shall provide a clinical agency summary on a form provided by the board.

D. Upon request and if applicable, the program shall provide (i) documentation of board approval for use of clinical sites located 50 or more miles from the school, and (ii) for use of clinical experiences conducted outside of Virginia, documented approval from the agency that has authority to approve clinical placement of students in that state.

18VAC90-27-200. Program changes.

A. The following shall be reported to the board within 10 days of the change or receipt of a report from an accrediting body:

1. Change in the program director, governing body, or parent institution;

2. Adverse action taken by a licensing authority against the program director, governing body, or parent institution;

3. Conviction of a felony or misdemeanor involving moral turpitude against the program director, owner, or operator of the program;

4. Change in the physical location of the program;

5. Change in the availability of clinical sites;

6. Change in financial resources that could substantively affect the nursing education program;

7. Change in content of curriculum, faculty, or method of delivery that affects 25% or more of the total hours of didactic and clinical instruction;

8. Change in accreditation status; and

9. A final report with findings and recommendations from the accrediting body.

B. Other curriculum or faculty changes shall be reported to the board with the annual report required in 18VAC90-27-220 A.

Part IV
Continued Approval of Nursing Education Programs

18VAC90-27-210. Passage rate on national examination.

A. For the purpose of continued approval by the board, a nursing education program shall maintain a passage rate for first-time test takers on the NCLEX that is not less than 80%, calculated on the cumulative results of the past four quarters of all graduates in each calendar year regardless of where the graduate is seeking licensure.

B. If an approved program falls below 80% for one year, it shall submit a plan of correction to the board. If an approved program falls below 80% for two consecutive years, the board shall place the program on conditional approval with terms and conditions, require the program to submit a plan of correction, and conduct a site visit. Prior to the conduct of such a visit, the program shall submit the fee for a site visit for the NCLEX passage rate as required by 18VAC90-27-20. If a program falls below 80% for three consecutive years, the board may withdraw program approval.

C. For the purpose of program evaluation, the board may provide to the program the NCLEX examination results of its graduates. However, further release of such information by the program shall not be authorized without written authorization from the candidate.

18VAC90-27-220. Maintaining an approved nursing education program.

A. The program director of each nursing education program shall submit an annual report to the board.

B. Prior to February 7, 2021, each registered nursing education program shall be reevaluated as follows:

1. Every registered nursing education program that has not achieved accreditation as defined in 18VAC90-27-10 shall be reevaluated at least every five years by submission of a comprehensive self-evaluation report based on Parts II (18VAC90-27-30 et seq.) and III (18VAC90-27-150 et seq.) of this chapter and a survey visit by a representative or representatives of the board on dates mutually acceptable to the institution and the board.

2. A registered nursing education program that has maintained accreditation as defined in 18VAC90-27-10 shall be reevaluated at least every 10 years by submission of a comprehensive self-evaluation report as provided by the board. As evidence of compliance with specific requirements of this chapter, the board may accept the most

recent study report, site visit report, and final decision letter from the accrediting body. The board may require additional information or a site visit to ensure compliance with requirements of this chapter. If accreditation has been withdrawn or a program has been placed on probation by the accrediting body, the board may require a survey visit. If a program fails to submit the documentation required in this subdivision, the requirements of subdivision 1 of this subsection shall apply.

After February 7, 2021, each registered nursing education program shall have accreditation or candidacy status and shall be reevaluated at least every 10 years by submission of a comprehensive self-evaluation report as provided by the board. As evidence of compliance with specific requirements of this chapter, the board may accept the most recent study report, site visit report, and final decision letter from the accrediting body. The board may require additional information or a site visit to ensure compliance with requirements of this chapter. If a program has been placed on probation by the accrediting body, the board may require a survey visit. If a program fails to submit the documentation required in this subdivision, the requirements of subdivision 1 of this subsection shall apply.

C. Each practical nursing education program shall be reevaluated as follows:

1. Every practical nursing education program that has not achieved accreditation as defined in 18VAC90-27-10 shall be reevaluated at least every five years by submission of a comprehensive self-evaluation report based on Parts II (18VAC90-27-30 et seq.) and III (18VAC90-27-150 et seq.) of this chapter and a survey visit by a representative or representatives of the board on dates mutually acceptable to the institution and the board.

2. A practical nursing education program that has maintained accreditation as defined in 18VAC90-27-10 shall be reevaluated at least every 10 years by submission of a comprehensive self-evaluation report as provided by the board. As evidence of compliance with specific requirements of this chapter, the board may accept the most recent study report, site visit report, and final decision letter from the accrediting body. The board may require additional information or a site visit to ensure compliance with requirements of this chapter. If accreditation has been withdrawn or a program has been placed on probation by the accrediting body, the board may require a survey visit. If a program fails to submit the documentation required in this subdivision, the requirements of subdivision 1 of this subsection shall apply.

D. Interim site or survey visits shall be made to the institution by board representatives at any time within the initial approval period or full approval period as deemed necessary by the board. Prior to the conduct of such a visit, the program shall submit the fee for a survey visit as required by 18VAC90-27-20.

E. Failure to submit the required fee for a survey or site visit may subject an education program to board action or withdrawal of board approval.

18VAC90-27-230. Continuing and withdrawal of full approval.

A. The board shall receive and review the self-evaluation and survey reports required in 18VAC90-27-220 B or C or complaints relating to program compliance. Following review, the board may continue the program on full approval so long as it remains in compliance with all requirements in Parts II (18VAC90-27-30 et seq.), III (18VAC90-27-150 et seq.), and IV (18VAC90-27-210 et seq.) of this chapter.

B. If the board determines that a program is not maintaining the requirements of Parts II, III, and IV of this chapter or for causes enumerated in 18VAC90-27-140, the board may:

1. Place the program on conditional approval with terms and conditions to be met within the timeframe specified by the board; or

2. Withdraw program approval.

C. If the board either places a program on conditional approval with terms and conditions to be met within a timeframe specified by the board or withdraws approval, the following shall apply:

1. No further action will be required of the board unless the program requests an informal conference pursuant to §§ 2.2-4019 and 54.1-109 of the Code of Virginia.

2. If withdrawal or continued program approval with terms and conditions is recommended following the informal conference, the recommendation shall be presented to the board or a panel thereof for review and action.

3. If the recommendation of the informal conference committee is accepted by the board or a panel thereof, the decision shall be reflected in a board order and no further action by the board is required unless the program requests a formal hearing within 30 days from entry of the order in accordance with § 2.2-4020 of the Code of Virginia.

4. If the decision of the board or a panel thereof following a formal hearing is to withdraw approval or continue on conditional approval with terms or conditions, the program shall be advised of the right to appeal the decision to the appropriate circuit court in accordance with § 2.2-4026 of the Code of Virginia and Part 2A of the Rules of the Supreme Court of Virginia.

D. If a program approval is withdrawn, no additional students may be admitted into the program effective upon the date of entry of the board's final order to withdraw approval. Further, the program shall submit quarterly reports until the program is closed, and the program must comply with board requirements regarding closure of a program as stated in 18VAC90-27-240.

18VAC90-27-240. Closing of an approved nursing education program; custody of records.

A. When the governing institution anticipates the closing of a nursing education program, the governing institution shall notify the board in writing, stating the reason, plan, and date of intended closing.

The governing institution shall assist in the transfer of students to other approved programs with the following conditions:

1. The program shall continue to meet the standards required for approval until all students are transferred and shall submit a quarterly report to the board regarding progress toward closure.

2. The program shall provide to the board a list of the names of students who have been transferred to approved programs, and the date on which the last student was transferred.

3. The date on which the last student was transferred shall be the closing date of the program.

B. When the board denies or withdraws approval of a program, the governing institution shall comply with the following procedures:

1. The program shall be closed according to a timeframe established by the board.

2. The program shall provide to the board a list of the names of students who have transferred to approved programs and the date on which the last student was transferred shall be submitted to the board by the governing institution.

3. The program shall provide quarterly reports to the board regarding progress toward closure.

C. Provision shall be made for custody of records as follows:

1. If the governing institution continues to function, it shall assume responsibility for the records of the students and the graduates. The governing institution shall inform the board of the arrangements made to safeguard the records.

2. If the governing institution ceases to exist, the academic transcript of each student and graduate shall be transferred by the institution to the board for safekeeping.

Agenda Item: Periodic review of Chapter 50, Regulations Governing the Licensure of Massage Therapists

Included in your agenda package:

- Comment received regarding periodic review of Chapter 50; and
- Copy of existing 18VAC90-50.

Action needed:

- Motion to either:
  - Retain and amend Chapter 50; or
  - Retain Chapter 50 as is.

Virginia.gov Agencies | Governor

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Agency **Department of Health Professions**

Board **Board of Nursing**

Chapter **Regulations Governing the Licensure of Massage Therapists [18 VAC 90 - 50]**

1 comments

All good comments for this forum **Show Only Flagged**

Back to List of Comments

Commenter: Katie Jennings, Northern Virginia Community College 4/14/23 9:33 am

Request to Amend

Request to Amend 18VAC90-50-40. Initial licensure.

3. Has passed the Licensing Examination of the Federation of State Massage Therapy Boards, **or an exam deemed acceptable to the board;**

Exam deemed acceptable to the board needs to be defined or spelled out, it eludes that other exams are accepted. If other exams are excepted, what are they?

CommentID: **216511**

Commonwealth of Virginia

REGULATIONS

GOVERNING THE LICENSURE OF MASSAGE THERAPISTS

VIRGINIA BOARD OF NURSING

Title of Regulations: 18 VAC 90-50-10 et seq.

Statutory Authority: §§ 54.1-2400 and Chapter 30 of Title 54.1 of the *Code of Virginia*

Revised Date: September 30, 2020

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Part I. General Provisions.

18VAC90-50-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-3000 of the Code of Virginia:

"Board"

"Massage therapist"

"Massage therapy"

B. The following word when used in this chapter shall have the following meaning unless the context clearly indicates otherwise:

"NCBTMB" means the National Certification Board for Therapeutic Massage and Bodywork.

18VAC90-50-20. Operational requirements.

A. Requirements for current mailing address.

1. Each applicant or licensee shall maintain a current address of record with the board. Any change in the address of record or the public address, if different from the address of record, shall be submitted electronically or in writing to the board within 30 days of such change.

2. All required notices mailed by the board to any applicant or licensee shall be validly given when mailed to the latest address of record on file with the board.

B. A licensee who has had a change of name shall submit as legal proof to the board a copy of the marriage certificate, a certificate of naturalization, or a court order evidencing the change. A duplicate license shall be issued by the board upon receipt of such evidence and the required fee.

C. Each licensed massage therapist shall conspicuously post his current Virginia license in a public area at his practice location.

18VAC90-50-30. Fees.

A. Fees listed in this section shall be payable to the Treasurer of Virginia and shall not be refunded unless otherwise provided.

B. Fees required by the board are:

1. Application and initial licensure	$140
2. Biennial renewal	$95
3. Late renewal	$30
4. Reinstatement of licensure	$150
5. Reinstatement after suspension or revocation	$200

6. Duplicate license	$15
7. Replacement wall certificate	$25
8. Verification of licensure	$35
9. Transcript of all or part of applicant/licensee records	$35
10. Handling fee for returned check or dishonored credit card or debit card	$50

C. For renewal of licensure from July 1, 2017 through June 30, 2019, the following fee shall be in effect:

Biennial renewal	$71

Part II. Requirements for Certification.

18VAC90-50-40. Initial licensure.

A. An applicant seeking initial licensure shall submit a completed application and required fee and verification of meeting the requirements of § 54.1-3029 A of the Code of Virginia as follows:

1. Is at least 18 years old;

2. Has successfully completed a massage therapy educational program that required a minimum of 500 hours of training. The massage therapy educational program shall be certified or approved by the State Council of Higher Education for Virginia or an agency in another state, the District of Columbia, or a United States territory that approves educational programs, notwithstanding the provisions of § 23.1-226 of the Code of Virginia;

3. Has passed the Licensing Examination of the Federation of State Massage Therapy Boards, or an exam deemed acceptable to the board;

4. Has not committed any acts or omissions that would be grounds for disciplinary action or denial of certification as set forth in § 54.1-3007 of the Code of Virginia and 18VAC90-50-90; and

5. Has completed a criminal history background check as required by § 54.1-3005.1 of the Code of Virginia.

B. An applicant shall attest that he has read and will comply with laws and regulations and the professional code of ethics relating to massage therapy.

C. An applicant who completed a massage therapy educational program in a foreign country may apply for licensure as a massage therapist upon submission of evidence satisfactory to the board that the applicant:

1. Is at least 18 years old;

2. Has successfully completed a massage therapy educational program in a foreign country that is comparable to a massage therapy educational program required for licensure by the

board as demonstrated by submission of evidence of comparability and equivalency provided by an agency that evaluates credentials for persons who have studied outside the United States;

3. Has passed a board-approved English language proficiency examination; and

4. Has not committed any acts or omissions that would be grounds for disciplinary action or denial of licensure as set forth in Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 of the Code of Virginia.

The board shall issue a license to an applicant who meets the requirements in this subsection upon submission by the applicant of evidence satisfactory to the board that the applicant has completed an English version of the Licensing Examination of the Federation of State Massage Therapy Boards or a comparable examination deemed acceptable to the board.

18VAC90-50-50. Licensure by endorsement.

A. A massage therapist who has been licensed in another United States jurisdiction with requirements substantially equivalent to those stated in 18VAC90-50-40 and who is in good standing or is eligible for reinstatement, if lapsed, shall be eligible to apply for licensure by endorsement in Virginia.

B. An applicant for licensure by endorsement shall submit a completed application and required fee, including a criminal history background check as required by § 54.1-3005.1 of the Code of Virginia, to the board and shall submit the required form to the appropriate credentialing agency in the state of original licensure or certification for verification.

18VAC90-50-60. Provisional licensure.

A. An eligible candidate who has filed a completed application for licensure in Virginia, including completion of education requirements, may engage in the provisional practice of massage therapy in Virginia while waiting to take the licensing examination for a period not to exceed 90 days from the date on the written authorization from the board. A provisional license may be issued for one 90-day period and may not be renewed.

B. The designation of "massage therapist" or "licensed massage therapist" shall not be used by the applicant during the 90 days of provisional licensure.

C. An applicant who fails the licensing examination shall have his provisional licensure withdrawn upon the receipt of the examination results and shall not be eligible for licensure until he passes such examination.

Part III. Renewal and Reinstatement.

18VAC90-50-70. Renewal of licensure.

A. Licensees born in even-numbered years shall renew their licenses by the last day of the birth month in even-numbered years. Licensees born in odd-numbered years shall renew their licenses by the last day of the birth month in odd-numbered years.

B. The licensee shall complete the renewal form and submit it with the required fee and attest that he has complied with continuing competency requirements of 18VAC90-50-75.

C. Failure to receive the application for renewal shall not relieve the licensed massage therapist of the responsibility for renewing the license by the expiration date.

D. The license shall automatically lapse by the last day of the birth month if not renewed, and the practice of massage therapy or use of the title "massage therapist" or "licensed massage therapist" is prohibited.

18VAC90-50-75. Continuing competency requirements.

A. In order to renew a license biennially, a licensed massage therapist shall:

1. Hold current certification by the NCBTMB; or

2. Complete at least 24 hours of continuing education or learning activities with at least one hour in professional ethics. Hours chosen shall be those that enhance and expand the skills and knowledge related to the clinical practice of massage therapy and may be distributed as follows:

a. A minimum of 12 of the 24 hours shall be in activities or courses provided by one of the following providers and may include seminars, workshops, home study courses, and continuing education courses.

(1) NCBTMB;

(2) Federation of State Massage Therapy Boards (FSMTB);

(3) American Massage Therapy Association (AMTA);

(4) Associated Bodywork and Massage Professionals (ABMP);

(5) Commission on Massage Therapy Accreditation (COMTA);

(6) A nationally or regionally accredited school or program of massage therapy; or

(7) A school of massage therapy approved by the State Council of Higher Education for Virginia.

b. No more than 12 of the 24 hours may be activities or courses that may include consultation, independent reading or research, preparation for a presentation, a course in cardiopulmonary resuscitation, or other such experiences that promote continued learning.

B. A massage therapist shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The massage therapist shall retain in his records the completed form with all supporting documentation for a period of four years following the renewal of an active license.

D. The board shall periodically conduct a random audit of licensees to determine compliance. The persons selected for the audit shall provide evidence of current NCBTMB certification or the completed continued competency form provided by the board and all supporting documentation within 30 days of receiving notification of the audit.

E. Failure to comply with these requirements may subject the massage therapist to disciplinary action by the board.

F. The board may grant an extension of the deadline for continuing competency requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

18VAC90-50-80. Reinstatement of licensure.

A. A massage therapist whose license has lapsed may reinstate licensure within one renewal period by attesting to completion of continuing competency requirements for the period and payment of the current renewal fee and the late renewal fee.

B. A massage therapist whose license has lapsed for more than one renewal period shall file a reinstatement application, attest to completion of continuing competency requirements for the period in which the license has been lapsed, not to exceed four years, and pay the reinstatement fee.

C. A massage therapist whose license has been suspended or revoked may apply for reinstatement by filing a reinstatement application meeting the requirements of subsection B of this section, and paying the fee for reinstatement after suspension or revocation.

D. The board may require evidence that the massage therapist is prepared to resume practice in a competent manner.

Part IV. Disciplinary Provisions.

18VAC90-50-90. Disciplinary provisions.

The board has the authority to deny, revoke, or suspend a license issued by it or to otherwise discipline a licensee upon proof that the practitioner has violated any of the provisions of § 54.1-3007 of the Code of Virginia or of this chapter or has engaged in the following:

1. Fraud or deceit which shall mean, but shall not be limited to:

a. Filing false credentials;

b. Falsely representing facts on an application for initial licensure, or reinstatement or renewal of a license; or

c. Misrepresenting one's qualifications including scope of practice.

2. Unprofessional conduct which shall mean, but shall not be limited to:

a. Performing acts that constitute the practice of any other health care profession for which a license or a certificate is required or acts that are beyond the limits of the practice of massage therapy as defined in § 54.1-3000 of the Code of Virginia;

b. Assuming duties and responsibilities within the practice of massage therapy without adequate training or when competency has not been maintained;

c. Failing to acknowledge the limitations of and contraindications for massage and bodywork or failing to refer patients to appropriate health care professionals when indicated;

d. Entering into a relationship with a patient or client that constitutes a professional boundary violation in which the massage therapist uses his professional position to take advantage of the vulnerability of a patient, a client, or his family, to include but not be limited to actions that result in personal gain at the expense of the patient or client, a nontherapeutic personal involvement or sexual conduct with a patient or client;

e. Falsifying or otherwise altering patient or employer records;

f. Violating the privacy of patients or the confidentiality of patient information unless required to do so by law;

g. Employing or assigning unqualified persons to practice under the title of "massage therapist" or "licensed massage therapist";

h. Engaging in any material misrepresentation in the course of one's practice as a massage therapist;

i. Obtaining money or property of a patient or client by fraud, misrepresentation or duress;

j. Violating state laws relating to the privacy of patient information, including §32.1-127.1:03 of the Code of Virginia;

k. Providing false information to staff or board members in the course of an investigation or proceeding;

l. Failing to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia or elder abuse or neglect as required in § 63.2-1606 of the Code of Virginia;

m. Violating any provision of this chapter; or

n. Failing to practice in a manner consistent with the code of ethics of the NCBTMB, as incorporated by reference into this chapter with the exception of the requirement to follow all policies, procedures, guidelines, regulations, codes, and requirements promulgated by the NCBTMB.

Agenda Item: Adoption of revised policy on meetings held with electronic participation pursuant to statutory changes

Included in your agenda package:

- Proposed revised electronic participation policy;
- Virginia Code § 2.2-3708.3

Action needed:

- Motion to revise policy on meetings held with electronic participation as presented.

Virginia Department of Health Professions

Meetings Held with Electronic Participation

Purpose:

To establish a written policy for allowing electronic participation of board or committee members for meetings of the health regulatory boards of the Department of Health Professions or their committees.

Policy:

Electronic participation by members of the health regulatory boards of the Department of Health Professions or their committees shall be in accordance with the procedures outlined in this policy.

Authority:

This policy for conducting a meeting with electronic participation shall be in accordance with Virginia Code § 2.2-3708.3.

Procedures:

1. One or more members of the Board or a committee may participate electronically if, on or before the day of a meeting, the member notifies the chair and the executive director that he/she is unable to attend the meeting due to:

    a. a temporary or permanent disability or other medical condition that prevents the member's physical attendance;

    b. a medical condition of a member of the member's family requires the member to provide care that prevents the member's physical attendance;

    c. the member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting; or

    d. the member is unable to attend to the meeting due to a personal matter and identifies with specificity the nature of the personal matter.

    No member, however, may use remote participation due to personal matters more than two meetings per calendar year or 25% of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

2. Participation by a member through electronic communication means must be approved by the board chair or president. The reason for the member's electronic participation shall

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be stated in the minutes in accordance with Virginia Code § 2.2-3708.3(A)(4). If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity.

3. The board or committee holding the meeting shall record in its minutes the remote location from which the member participated; the remote location, however, does not need to be open to the public and may be identified by a general description.

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Code of Virginia
Title 2.2. Administration of Government
Subtitle II. Administration of State Government
Part B. Transaction of Public Business
Chapter 37. Virginia Freedom of Information Act

§ 2.2-3708.3. (Effective September 1, 2022) Meetings held through electronic communication means; situations other than declared states of emergency

A. Public bodies are encouraged to (i) provide public access, both in person and through electronic communication means, to public meetings and (ii) provide avenues for public comment at public meetings when public comment is customarily received, which may include public comments made in person or by electronic communication means or other methods.

B. Individual members of a public body may use remote participation instead of attending a public meeting in person if, in advance of the public meeting, the public body has adopted a policy as described in subsection D and the member notifies the public body chair that:

1. The member has a temporary or permanent disability or other medical condition that prevents the member's physical attendance;

2. A medical condition of a member of the member's family requires the member to provide care that prevents the member's physical attendance;

3. The member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting; or

4. The member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter. However, the member may not use remote participation due to personal matters more than two meetings per calendar year or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

If participation by a member through electronic communication means is approved pursuant to this subsection, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public and may be identified in the minutes by a general description. If participation is approved pursuant to subdivision 1 or 2, the public body shall also include in its minutes the fact that the member participated through electronic communication means due to a (i) temporary or permanent disability or other medical condition that prevented the member's physical attendance or (ii) family member's medical condition that required the member to provide care for such family member, thereby preventing the member's physical attendance. If participation is approved pursuant to subdivision 3, the public body shall also include in its minutes the fact that the member participated through electronic communication means due to the distance between the member's principal residence and the meeting location. If participation is approved pursuant to subdivision 4, the public body shall also include in its minutes the specific nature of the personal matter cited by the member.

If a member's participation from a remote location pursuant to this subsection is disapproved because such participation would violate the policy adopted pursuant to subsection D, such

disapproval shall be recorded in the minutes with specificity.

C. With the exception of local governing bodies, local school boards, planning commissions, architectural review boards, zoning appeals boards, and boards with the authority to deny, revoke, or suspend a professional or occupational license, any public body may hold all-virtual public meetings, provided that the public body follows the other requirements in this chapter for meetings, the public body has adopted a policy as described in subsection D, and:

1. An indication of whether the meeting will be an in-person or all-virtual public meeting is included in the required meeting notice along with a statement notifying the public that the method by which a public body chooses to meet shall not be changed unless the public body provides a new meeting notice in accordance with the provisions of § 2.2-3707;

2. Public access to the all-virtual public meeting is provided via electronic communication means;

3. The electronic communication means used allows the public to hear all members of the public body participating in the all-virtual public meeting and, when audio-visual technology is available, to see the members of the public body as well;

4. A phone number or other live contact information is provided to alert the public body if the audio or video transmission of the meeting provided by the public body fails, the public body monitors such designated means of communication during the meeting, and the public body takes a recess until public access is restored if the transmission fails for the public;

5. A copy of the proposed agenda and all agenda packets and, unless exempt, all materials furnished to members of a public body for a meeting is made available to the public in electronic format at the same time that such materials are provided to members of the public body;

6. The public is afforded the opportunity to comment through electronic means, including by way of written comments, at those public meetings when public comment is customarily received;

7. No more than two members of the public body are together in any one remote location unless that remote location is open to the public to physically access it;

8. If a closed session is held during an all-virtual public meeting, transmission of the meeting to the public resumes before the public body votes to certify the closed meeting as required by subsection D of § 2.2-3712;

9. The public body does not convene an all-virtual public meeting (i) more than two times per calendar year or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater, or (ii) consecutively with another all-virtual public meeting; and

10. Minutes of all-virtual public meetings held by electronic communication means are taken as required by § 2.2-3707 and include the fact that the meeting was held by electronic communication means and the type of electronic communication means by which the meeting was held. If a member's participation from a remote location pursuant to this subsection is disapproved because such participation would violate the policy adopted pursuant to subsection D, such disapproval shall be recorded in the minutes with specificity.

D. Before a public body uses all-virtual public meetings as described in subsection C or allows members to use remote participation as described in subsection B, the public body shall first

adopt a policy, by recorded vote at a public meeting, that shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting. The policy shall:

1. Describe the circumstances under which an all-virtual public meeting and remote participation will be allowed and the process the public body will use for making requests to use remote participation, approving or denying such requests, and creating a record of such requests; and

2. Fix the number of times remote participation for personal matters or all-virtual public meetings can be used per calendar year, not to exceed the limitations set forth in subdivisions B 4 and C 9.

Any public body that creates a committee, subcommittee, or other entity however designated of the public body to perform delegated functions of the public body or to advise the public body may also adopt a policy on behalf of its committee, subcommittee, or other entity that shall apply to the committee, subcommittee, or other entity's use of individual remote participation and all-virtual public meetings.

2022, c. 597.

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

Agenda Item: Revisions to Guidance Document 90-3

Included in your agenda package:

- A redline of Guidance Document 90-3, which will now include licensed massage therapists;
- A clean version of the proposed revisions.

Action needed:

- Motion to revise Guidance Document 90-3 as presented or amended.

Guidance Document: -90-3 Revised: ~~January 29, 2019~~July 18, 2023
Effective: ~~April 3, 2019~~TBD

Virginia Board of Nursing

Continued Competency Violations for Nurses and Licensed Massage Therapists

The Board may offer a Confidential Consent Agreement ("CCA") to ~~Should~~ a registered nurse, ~~or~~ licensed practical nurse, or licensed massage therapist who does not complete their continued competency requirements~~, and~~ if the Board ~~it is~~ determines~~d~~ that this is ~~the first time~~ a first offense and that the conduct is not willful or intentional., ~~the Board may offer a Confidential Consent Agreement (CCA) that~~ The CCA will allow the ~~nurse~~ licensee to complete the continuing competency requirements. -The CCA may require the licensee to submit ~~submission of original~~ -documentation of the missing continuing competency requirements ~~to be returned~~ with the signed CCA within 30 days.

If the Board determines ~~Should it be determined~~ that the conduct is willful or intentional, or it is the second or more occurrence for this violation, the Board ~~of Nursing~~ will proceed with an informal conference or offer a pre-hearing consent order and will consider the ~~nurse's~~ licensee's previous violations. -Suggested sanctions include a $100 monetary penalty for each missing requirement and a $300 monetary penalty for each fraudulent renewal certifying that the licensee met the renewal requirements. -In addition, the ~~nurse~~ licensee may be required to complete the missing requirements with documentation of completion submitted to the Board within 60 days of entry of the order.

~~Nurses~~ Licensees may request exemptions or extensions as provided in 18VAC90-19-160 (E)-(F) of the Regulations Governing the Practice of Nursing and 18VAC90-50-75(F)-(G) of the Regulations Governing the ~~Practice of Nursing~~Licensure of Massage Therapists. -Should an extension be granted, the ~~nurse~~ licensee must obtain the hours within the time frame allotted by the Board.

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Virginia Board of Nursing

Continued Competency Violations for Nurses and Licensed Massage Therapists

The Board may offer a Confidential Consent Agreement ("CCA") to a registered nurse, licensed practical nurse, or licensed massage therapist who does not complete their continued competency requirements if the Board determines that this is a first offense and that the conduct is not willful or intentional. The CCA will allow the licensee to complete the continuing competency requirements. The CCA may require the licensee to submit documentation of the missing continuing competency requirements with the signed CCA within 30 days.

If the Board determines that the conduct is willful or intentional, or it is the second or more occurrence for this violation, the Board will proceed with an informal conference or offer a pre-hearing consent order and will consider the licensee's previous violations. Suggested sanctions include a $100 monetary penalty for each missing requirement and a $300 monetary penalty for each fraudulent renewal certifying that the licensee met the renewal requirements. In addition, the licensee may be required to complete the missing requirements with documentation of completion submitted to the Board within 60 days of entry of the order.

Licensees may request exemptions or extensions as provided in 18VAC90-19-160(E)-(F) of the Regulations Governing the Practice of Nursing and 18VAC90-50-75(F)-(G) of the Regulations Governing the Licensure of Massage Therapists. Should an extension be granted, the licensee must obtain the hours within the time frame allotted by the Board.

Draft

Agenda Item: Revisions to Guidance Document 90-6; repeal of Guidance Documents 90-15, 90-17, 90-19, 90-31, 90-40, and 90-43

Included in your agenda package:

- New draft of Guidance Document 90-6, which combines similar information from six documents into one;

- Guidance Documents 90-15, 90-17, 90-1919, 90-31, 90-40, and 90-43.

Action needed:

- Motion to revise Guidance Document 90-6 as presented and repeal Guidance Documents 90-15, 90-17, 90-19, 90-31, 90-40, and 90-43.

Virginia Board of Nursing
Scope of Practice for Registered Nurses and Licensed Practical Nurses

The Board of Nursing adopts this Guidance Document to provide information on actions for which the Board has provided a statement of whether the action falls within or outside of the scope of practice of an RN or LPN. Lack of inclusion in this document *does not* mean that the action lies within or outside of a practitioner's scope of practice. Lack of inclusion only means the Board has not opined on that action within this document.

I. Specific Actions That are Within the Scope of Practice of an RN

The Board has determined that the definition of registered nursing contained in Virginia Code § 54.1-3000 includes the following actions:

PICC lines:

- Insertion and removal of Peripherally Inserted Central Catheters ("PICC") lines or devices upon order of a licensed physician, physician assistant, or advanced practice registered nurse ("APRN").[1] The Board considers the following factors to be included in the standard of care for such actions:
    - The RN possesses substantial knowledge and experience in intravenous therapy.
    - The RN has obtained specialized education and can demonstrate competency in line placement and removal, including a theoretical and clinical component.
    - The RN documents continued competence in performing the skill and use of technology.
    - The agency or institution employing the RN has established policies and procedures regarding insertion, use, removal, and maintenance of these devices.
    - Confirmation by radiologic or other imaging technology of catheter position is performed when tip placement is positioned beyond the axillary vein on insertion prior to use of the PICC for any reason.
    - The placement of the PICC line is carried out only in settings where the equipment and expertise of other health professionals to manage complications are readily available.

Cervical Ripening Agents:

- The use of cervical ripening agents approved for that purpose, such as Prostaglandin E-2 gel.

[1] For special considerations related to PICC lines or devices, see Part IV, below.

Draft

Epidural anesthesia:

- Bolus epidural anesthesia in obstetric and perioperative patients *only if* qualified personnel are immediately available on site to treat complications and the nurse has demonstrated clinical competence in the procedure.

Administration of medication transmitted by pharmacist:

- Administration of medication transmitted orally or in writing by a pharmacist acting as the prescriber's agent.
  - The definition of registered nursing contained in Virginia Code § 54.1-3000 includes "the administration of medications and treatments as prescribed by any person authorized by law to prescribe such medications and treatments."
  - The term "prescribe" is not defined in Code; the term "prescription" is defined in Virginia Code § 54.1-3401 as an order for drugs or medical supplies communicated to a pharmacist by a practitioner of law authorized to prescribe such substances.
  - Virginia Code § 54.1-3408.01(C)[2] authorizes a prescriber to make a licensed pharmacist or nurse his agent for the purpose of transmitting an oral prescription, regardless of whether the pharmacist or nurse is an employee of the prescriber.

OSHA Respiratory Standards:

- The following surveillance activities required by the Occupational Safety and Health Act ("OSHA") Respiratory Standards:
  - Administering OSHA's mandatory questionnaire related to respiratory use;
  - Maintaining confidentiality of the questionnaire contents;
  - Reviewing the respirator use information on:
    - Hazard requiring respiratory protection (i.e., use of a respirator at work);
    - Type of respirator to be worn, pending a successful fit test;
    - Duration and frequency of respirator use;
    - Expected physical work effort while wearing a respirator;
    - Other personal protective equipment to be worn concurrently; and
    - Extremes of temperature and humidity;
  - Integrating the questionnaire answers with the review of respirator use information described in the bullet point above;
  - Performing a basic nursing assessment of the health of the employee related to respirator use;
  - Determining if there is sufficient information to reach a reasonable and prudent nursing judgment related to the employee's safe use of a respirator without health or medical limitations; and
  - Referring the employee to a licensed physician if there is not sufficient information to reach the necessary judgment of the employee's ability to safely use a respirator without limitation.

[2] For guidance regarding transmittal of a prescriber's order through an authorized agent to a nurse and the right of the nurse to talk to the prescriber concerning the order, please refer to Guidance Document 90-2.

Draft

Attachment of scalp leads for fetal monitoring:

- The attachment of scalp leads for internal fetal monitoring when the membranes have ruptured spontaneously or have been ruptured by a physician or certified nurse midwife, provided:
  - A written policy exists;
  - Documentation of appropriate training and supervised clinical practice exists; and
  - Written approval of nursing administration, agency or institution administration, and medical staff within the agency or institution exists.

II. Specific Actions That are not Within the Scope of Practice of an RN

The Board has further determined that the definition of registered nursing contained in Virginia Code § 54.1-3000 does not include the following actions:

- The cutting of corns and warts with a scalpel. This action is the practice of medicine and the practice of podiatry.

III. Specific Actions That are not Within the Scope of Practice of an LPN

The Board has determined that the definition of practical nursing contained in Virginia Code § 54.1-3000 does not include the following actions:

- The cutting of corns and warts with a scalpel. This action is the practice of medicine and the practice of podiatry.
- Bolus epidural anesthesia in any scenario.

Draft

Virginia Board of Nursing
Use of Cervical Ripening Agents

The use of cervical ripening agents approved for that purpose (for example Prostaglandin E-2 gel) is considered the administration of medication which is in the scope of nursing practice.

Repeal

Adopted: August 27, 1996 (from a letter sent to Phyllis E. Schultze, RN
Revised: November 18 , 2003
Reviewed: August 22, 2012

Virginia Board of Nursing

Cutting of Corns and Warts by RN's and LPN's

The cutting of corns and warts with a scalpel is the practice of medicine or podiatry and not within the scope of practice the Registered Nurse or Licensed Practical Nurse.

Repeal

Approved: December 16, 1996
Revised: November 18, 2003
Reviewed: August 22, 2012

Virginia Board of Nursing

Epidural Anesthesia by RN's and LPN's

It is not within the scope of practice of a Registered Nurse to bolus epidural anesthesia in obstetric and perioperative patients unless qualified personnel are immediately available on site to treat complications and the nurse has demonstrated clinical competence in the procedure.

It is not within the scope of practice of a Licensed Practical Nurse to bolus epidural anesthesia in any scenario.

Repeal

Adopted: September 23, 1997
Revised: September 22, 1998
November 18, 2003
September 11, 2012

Virginia Board of Nursing

Whether a Nurse May Administer a Medication That Has Been Transmitted Orally Or In Writing By a Pharmacist Acting as the Prescriber's Agent

There is nothing in the laws or regulations governing the practice of nursing which would prohibit the nurse from administering a medication that had been so recorded by the pharmacist, provided the medication was actually ordered by a practitioner authorized to prescribe and provided the pharmacist had been so designated by that practitioner to act as his agent in accordance with § 54.1-3408.01(C) and further transmit his oral, written or electronic order.

"Professional nursing", "registered nursing", and "registered professional nursing", as defined in § 54.1- 3000 of the Code of Virginia includes the administration of medications or treatments as prescribed by any person authorized by law to prescribe such medications and treatments. While the term "prescribe" is not defined, the term "prescription" is defined in § 54.1-3401 of the Drug Control Act, Code of Virginia as the communication of an order for drugs or medical supplies to a pharmacist by a practitioner authorized by law to prescribe. In addition, § 54.1-3408.01(C) of the Code of Virginia authorizes a prescriber to make a licensed pharmacist or nurse his agent for the purpose of transmitting an oral prescription, whether or not that pharmacist or nurse is an employee of the prescriber.

For guidance on transmittal of a prescriber's order through an authorized agent to a nurse and the right of the nurse to talk to the prescriber concerning the order, please refer to Guidance Document 90-2.

Repeal

Originally adopted: September 8, 1998

Virginia Board of Nursing

Surveillance Activities Required By the OSHA Respiratory Standards

The following surveillance activities required by the Occupational Safety and Health Act (OSHA) Respiratory Standards are within the scope of practice of the registered nurse.

1. Administering OSHA's mandatory questionnaire related to respirator use;

2. Maintaining confidentiality of the questionnaire contents;

3. Reviewing the respirator use information on:

    a. Hazard requiring respiratory protection (i.e. use of a respirator at work);

    b. Type of respirator to be worn, pending a successful fit test;

    c. Duration and frequency of respirator use;

    d. Expected physical work effort while wearing a respirator;

    e. Other personal protective equipment (PPE) to be worn concurrently;

    f. Extremes of temperature and humidity;

4. Integrating the questionnaire answers with the review of respirator use information described in 3-a through 3-f, above;

5. Performing a basic nursing assessment of the health of the employee related to respirator use;

6. Determining if there is sufficient information to reach a reasonable and prudent nursing judgment related to the employee's safe use of a respirator without health or medical limitations; and

7. Referring the employee to a licensed physician if there is not sufficient information to reach the necessary judgment of the employee's ability to safely use a respirator without limitation.

Repeal

Adopted: November 15, 2000

Reaffirmed: November 13, 2018

Board of Nursing
Attachment of Scalp Leads for Internal Fetal Monitoring

The attachment of scalp leads for internal fetal monitoring is within the scope of practice of a registered nurse when the membranes have ruptured spontaneously or have been ruptured by a physician or certified nurse midwife, provided there is:

(1) A written policy;

(2) Documentation of appropriate training and supervised clinical practice; and

(3) Written approval of nursing administration, agency administration and medical staff within the agency.

Repeal

Adopted: October 27, 1983 (By the Joint Committee of Nursing and Medicine; Board of Nursing)

Revised: November 18, 2003, May 21, 2013

Virginia's Nursing Education Programs: 2021-2022 Academic Year

Healthcare Workforce Data Center

May 2023

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Get a copy of this report from:
https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/NursingReports/

Virginia Department of Health Professions

Arne W. Owens, MS
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Virginia's Nursing Education Programs		
	PN Programs	RN Programs
Mean Program Length	18 Months	25 Months
% with SACS Accreditation	32%	70%
% with CCNE Accreditation	NA	64%
% with ACEN Accreditation	9%	38%
% offering Evening and Weekend Courses	26%	20%
% offering Evening Courses	5%	36%
% offering Online Courses	11%	47%
Median Clinical Experience Hours	426-450	576-600
Median Direct Client Care Hours	400+	500+
Students		
Total Applicants	6,323	19,125
% Qualified Applicants	70%	66%
Total 1st Year Students Enrolled	2,682	6,909
Mean GPA of Admitted Students	2.9	3.3
Mean Age of Admitted Students	27	27
1st Year Student Capacity	3,763	9,124
% Unfilled Capacity	21%	15%
Total Enrollment	3,080	11,755
Attrition Rate	38%	17%
Total Graduates	1,252	4,825
% Male Graduates	6%	10%
Diversity Index*	62%	58%
Faculty		
Total Faculty	424	2,273
% Full-Time Employees	49%	44%
Mean Student-to-Faculty Ratio	6.9	7.3
% Female	92%	91%
Diversity Index	51%	45%
Most Common Degree	MSN	MSN
Full-Time Turnover Rate	21%	14%
Full-Time Newly Appointed Rate	28%	18%
% with Adequate Budget for Full-Time Hiring	96%	83%
% of Full-Time Vacancies in Active Recruitment	89%	94%
% Expecting More Future Employment Disruption	8%	10%

*Diversity Index: In a random encounter between two practitioners, the likelihood that they would be of a different race or ethnicity (using the categories listed in the Demographics section of the report). Full names on pages 8 and 26. *Source: VA. Healthcare Workforce Data Center*

Summary of Trends

In the 2021-22 academic year, all 56 practical nursing (PN) programs and all 84 registered nursing (RN) programs responded to the Nursing Education Program Survey. Some trends in Virginia's Nurse Education programs are worth noting. The number of total PN program applicants decreased from 7,202 during the 2020-2021 academic year to 6,323 applicants in the 2021-22 academic year. The number admitted into RN programs declined very slightly, from 19,219 last year to 19,125. Compared to 2020-2021, total enrollment increased from 2,834 to 3,080 for PN programs. However, for RN programs, there was a decrease in total enrollment from 12,716 to 11,755 between 2020-21 to 2021-22. Compared to 2020-2021, PN programs reported a decline in first year enrollment, from 3,279 to 2,682 and RN programs reported an increase, from 6,640 to 6,909. In terms of unfilled first year student capacity, among PN programs, there was a decline, from 24% to 21% between 2020-21 and 2021-22. However, RN programs reported an increase, from 11% to 15% during the same time period. The number of graduates in PN declined from 1,329 to 1,252 between the 2020-21 and 2021-22 academic years (a decrease of 6%). By contrast, RN programs graduated a record number of nurses, 4,285 (an increase of 1%). The diversity index of PN graduates declined from the 2020-21-level of 65% to 62% in 2021-22, with the majority of PN graduates identifying as non-White. The diversity index of RN graduates also decreased 62% last year to 58% in 2021-22; the majority of the graduates identify as White.

The percent of PN programs offering online classes declined from 15% in 2020-21 to 11% in 2021-22; this could be due to in-person resumptions in high schools, who train a significant number of PNs. The percentage of RN programs offering online courses also has decreased, from 49% to 47% between the 2020-21 and 2021-22 academic years. This high percentage in 2020-21 likely is due to the coronavirus pandemic that drove most RN schools to a virtual learning environment

Compared to the 2020-2021 academic year, a lower percentage (32% vs 39%) of PN programs reported education accreditation by the Southern Association of Colleges and Schools (SACS). By contrast, RN programs reporting SACS accreditation declined from 71% to 70%. Accreditation by the Accreditation Commission for Education in Nursing (ACEN), remained steady at 9% for PN programs and for RN programs (38%) from last year; Commission on Collegiate Nursing Education (CCNE) accreditation increased from 47% to 64% for RN programs between 2020-21 and 2021-2022.

Mean program length for PN programs increased from 15 months in 2020-21 to 18 months in 2021-2022. This represents the first increase in program length since the 2018-19 academic year. For RN programs, mean program length remained the same since the 2020-2021 academic year, at 25 months.

Some significant changes were also noted in faculty statistics. The total number of faculty reported in RN programs increased by 17% to 2,273, whereas the number of PN faculty decreased from 453 to 424 for the present survey period. The percentage of faculty that were full time, however, increased from 44% to 49% for PN programs between the 2020-21 and 2021-22 academic years. In contrast, for RN programs, the percent full time decreased from 46% to 44% between 2020-21 and 2021-22.

Full time faculty turnover rates increased slightly for PN programs: 20% in 2020-21 to 21% in the current report. Additionally, the faculty turnover rate for RN programs also increased, slightly, from 13% to 14% during the same time period. The full time faculty newly appointed rate increased for both PN and RN programs; the rate increased from 21% in 2020-21 to 28% in 2021-22 for PN programs whereas, for RN programs, the rate increased from 16% to 18%.

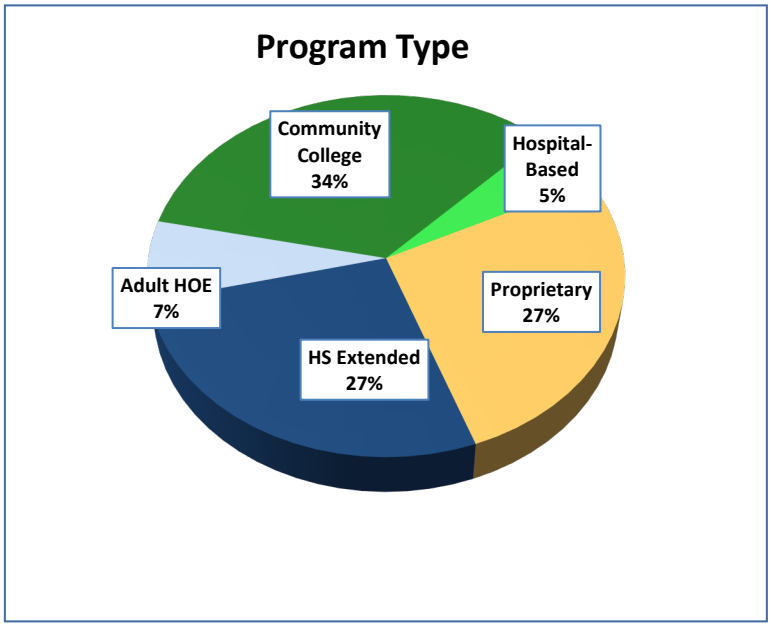
Practical Nursing Education Programs

Program Structure

A Closer Look:

Program Type		
Type	**#**	**%**
High School Extended	15	27%
Post-Secondary Adult HOE	4	7%
Community College	19	34%
Hospital-Based	3	5%
Proprietary	15	27%
Total	**56**	**100%**

Source: VA. Healthcare Workforce Data Center



Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Type

Community College: 34%
HS Extended: 27%
Proprietary: 27%

Delivery Method

Semester: 80%
Quarters: 11%

Mean Program Length

HS Extended: 18 Mos.
Adult HOE: 15 Mos.
Community College: 14 Mos.
Proprietary: 14 Mos.

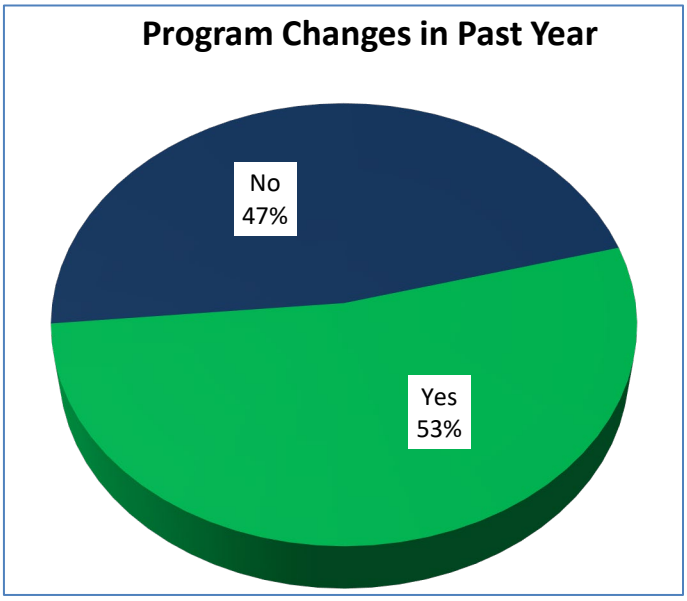
Source: VA. Healthcare Workforce Data Center

There were 56 Practical Nursing (PN) Education Programs approved in Virginia during the 2021-2022 academic year. All of the programs responded to this year's survey.

Program Length (Months)					
Program Type	**Mean**	**Min**	**25th %**	**75th %**	**Max**
HS Extended	18	15	18	18	21
Adult HOE	15	12	12	18	18
Community College	14	12	12	16	21
Hospital-Based	14	12	12	N/A	18
Proprietary	14	12	12	18	21
All Programs	**15**	**12**	**12**	**18**	**21**

Source: VA. Healthcare Workforce Data Center

Program Details



Source: VA. Healthcare Workforce Data Center

Over half of Virginia's PN programs initiated a change to their program within the past year. Twenty-two programs had faculty changes, seven reported schedule changes, eight reported curriculum changes, and six reported changes in course content.

At a Glance:

Schedule Options

Daytime Courses:	91%
Evening and Weekend Courses:	32%
Online Courses:	11%

Admissions Frequency (Annual)

One:	63%
Two:	14%
Three:	7%
Four or More:	16%

Source: VA. Healthcare Workforce Data Center

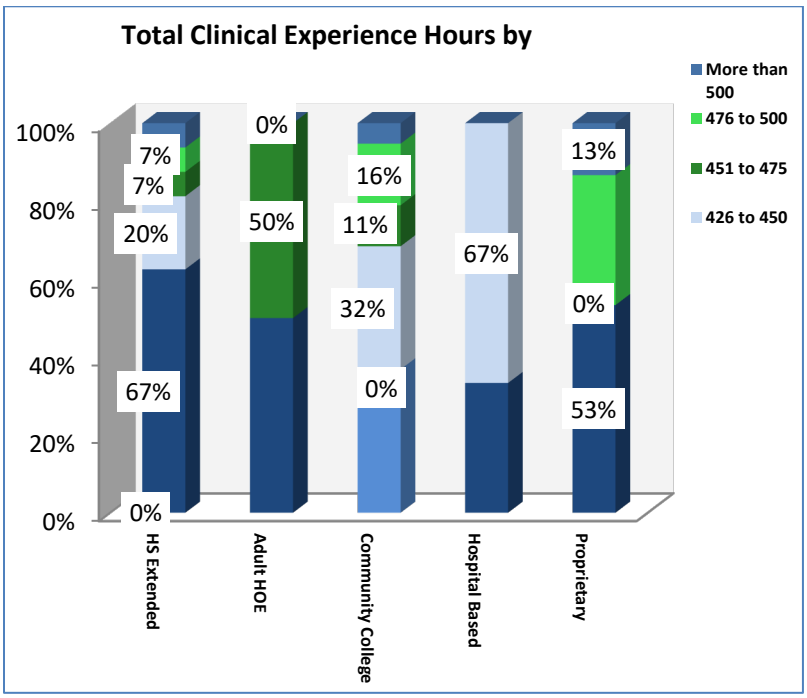
Scheduling Option	#	%
Daytime Courses	52	91%
Evening and Weekend Courses	15	26%
Online Courses	6	11%
Evening Courses	3	5%
Accelerated Courses	0	0%
Weekend Courses	1	2%

Source: VA. Healthcare Workforce Data Center

Accreditation			
Accrediting Agency	Abbv.	#	%
Southern Association of Colleges and Schools	**SACS**	18	32%
Accreditation Commission for Education in Nursing	**ACEN**	5	9%
Accrediting Bureau of Health Education Schools	**ABHES**	7	12%
Council for Higher Education	**CHE**	6	12%
Accrediting Council for Independent Colleges and Schools	**ACICS**	1	2%
Commission for Nursing Education Accreditation	**CNEA**	1	2%

Source: VA. Healthcare Workforce Data Center

Clinical Hours



Source: VA. Healthcare Workforce Data Center

At a Glance:

Median Clinical Hours

Clinical Experience:	426-450
Direct Client Care:	400+
Direct Client Care in Va.:	421
Clinical Simulation:	26-50
Clinical Observation:	0

Source: VA. Healthcare Workforce Data Center

66% of all PN programs in Virginia required between 400 and 475 hours of clinical experience from their students; 21% required more than 476 hours. Pursuant to 18VAC 90-27-100.D, Virginia's PN programs are required to provide 400 hours of direct client care, of which 25% may be simulated. Median clinical simulation hours remained at 26-50 hours since last year, when there was an increase from 1-25 hours in the pre-pandemic period.

Clinical Experiences Outside Virginia		
State	# of Programs	% of Programs
Washington, D.C.	1	2%
West Virginia	1	2%
North Carolina	1	2%
Maryland	2	4%
Tennessee	3	5%
At least One	**8**	**14%**

Source: VA. Healthcare Workforce Data Center

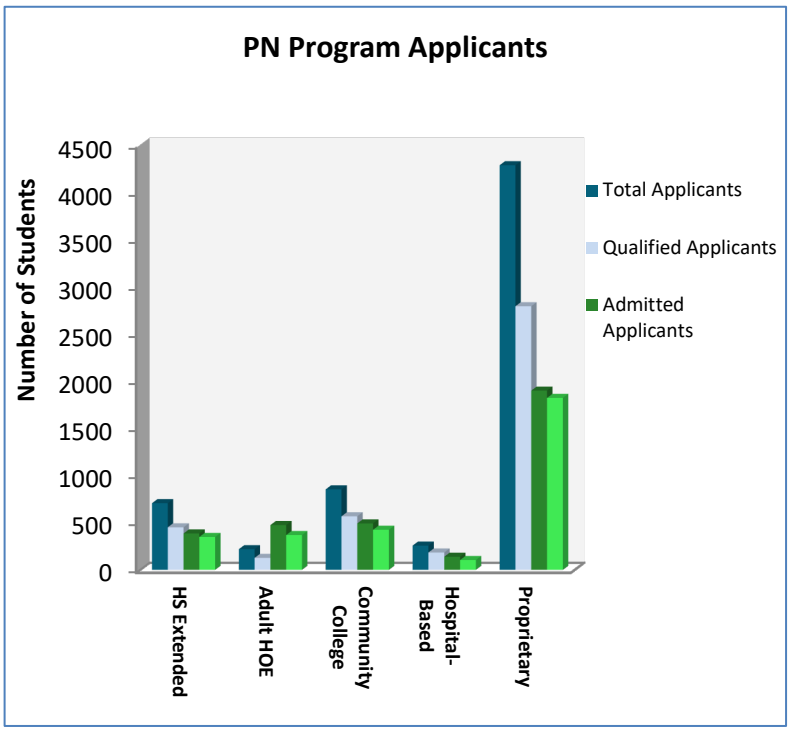
Only 8 programs offered clinical experience hours outside of Virginia. One of these offered in two states. Not surprisingly, most of the clinical experiences reported were obtained in neighboring states.

Breakdown of Clinical Hours by Program Type

Clinical Hours		Program Type						
Type	Amount	HS Extended	Adult HOE	Community College	Hospital Based	Proprietary	All Programs	% of Total
Clinical Experience Hours	400 or less	0	0	7	0	0	7	**13%**
	401 to 425	10	2	0	1	8	21	**38%**
	426 to 450	3	0	6	2	0	11	**20%**
	451 to 475	1	2	2	0	0	5	**9%**
	476 to 500	1	0	3	0	5	9	**16%**
	More than 500	0	0	1	0	2	3	**5%**
	Total	**15**	**4**	**19**	**3**	**15**	**56**	**100%**
Direct Client Care Hours	300 or less	1	0	0	0	1	2	**4%**
	301 to 325	0	1	1	0	0	2	**4%**
	326 to 350	2	0	0	0	0	2	**4%**
	351 to 375	0	1	3	1	0	5	**9%**
	376 to 400	3	1	4	1	3	12	**21%**
	More than 400	9	1	11	1	11	33	**59%**
	Total	**15**	**4**	**19**	**3**	**15**	**56**	**100%**
Clinical Simulation Hours	None	4	1	3	1	1	10	**18%**
	1-25	4	2	6	0	4	16	**29%**
	26 to 50	2	0	5	1	5	13	**23%**
	51 to 75	1	0	3	0	2	6	**11%**
	76 to 100	3	1	2	1	1	8	**14%**
	More than 100	1	0	0	0	2	3	**5%**
	Total	**15**	**4**	**19**	**3**	**15**	**56**	**100%**
Clinical Observation Hours	None	7	3	13	2	15	40	**71%**
	1-25	6	1	6	0	0	13	**23%**
	26 to 50	1	0	0	1	0	2	**4%**
	51 to 75	1	0	0	0	0	1	**2%**
	76 to 100	0	0	0	0	0	0	**0%**
	Total	**15**	**4**	**19**	**3**	**15**	**56**	**100%**

Source: VA. Healthcare Workforce Data Center

Admissions



Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Applicants

Total:	6,323
Qualified:	4,125
Admitted:	3,393
Enrolled:	3,071
Waitlisted:	122

Source: VA. Healthcare Workforce Data Center

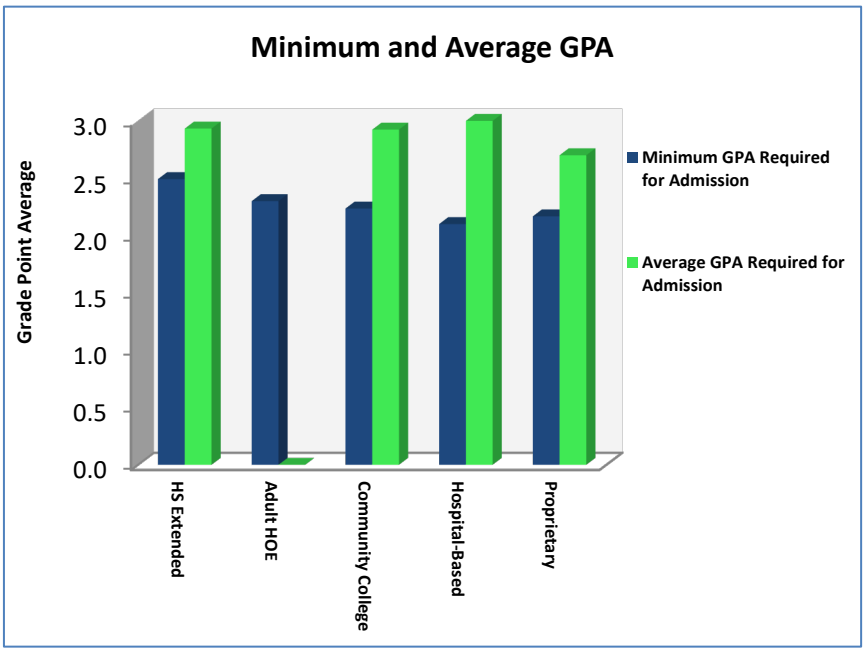
Virginia's PN programs received 6,323 student applications during the 2021-2022 academic year. Over half, 49%, of these applications ultimately resulted in an enrolled student.

Program Type	Applications Received	Applicants Qualified	% Qualified	Applicants Admitted	% of Qualified Admitted	Applicants Enrolled	% of Admitted Enrolled	% of Applicants Enrolled
HS Extended	707	451	64%	386	86%	349	90%	49%
Adult HOE	219	127	58%	475	374%	369	78%	168%
Community College	854	568	67%	492	87%	425	86%	50%
Hospital	257	184	72%	139	76%	104	75%	40%
Proprietary	4,286	2,795	65%	1,901	68%	1,824	96%	43%
All Programs	**6,323**	**4,125**	**65%**	**3,393**	**82%**	**3,071**	**91%**	**49%**

Source: VA. Healthcare Workforce Data Center

Out of 4,125 qualified applications, 732 did not result in an offer of admission. Five programs cited lack of clinical space. One program mentioned lack of classroom space, two mentioned lack of faculty, and one mentioned inability to expand the effective program capacity as the reason for not admitting all qualified students. Another eight programs mentioned other reasons such as demand for financial aid, the COVID pandemic, and withdrawal.

Background of Admitted Students



Source: VA. Healthcare Workforce Data Center

At a Glance:

GPA (mean)

Minimum Requirement: 2.3
Student Average: 2.9

Age (mean)

Overall: 27
HS Extended: 22
Proprietary: 31

Source: VA. Healthcare Workforce Data Center

Average Age of Admitted Students	
Program Type	Mean
High School Extended	22
Post-Secondary Adult HOE	29
Community College	27
Hospital-Based	30
Proprietary	31
All Programs	**27**

Source: VA. Healthcare Workforce Data Center

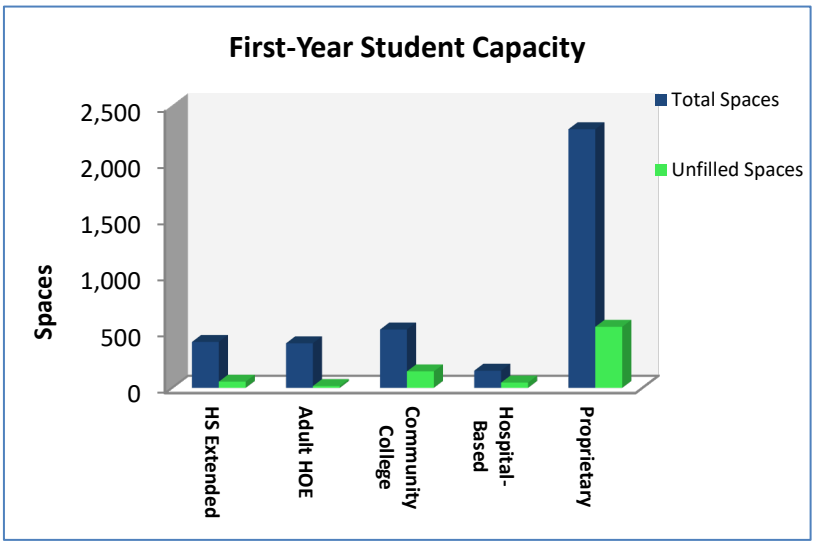
The average age of students who were admitted into Virginia's PN programs was 27. High School Extended programs had the lowest average age of admitted students at 22, while Proprietary programs had the highest average age of admitted students at 31.

GPA		
Program Type	Min	Avg.
High School Extended	2.5	2.9
Post-Secondary Adult HOE	2.3	N/A
Community College	2.2	2.9
Hospital-Based	2.1	3.0
Proprietary	2.2	2.7
All Programs	**2.3**	**2.9**

Source: VA. Healthcare Workforce Data Center

A typical PN program required that prospective students have a minimum GPA of 2.3, while the average GPA among admitted students was 2.9. On average, High School Extended programs had the highest minimum GPA requirements for admission. Hospital-based programs had the highest average GPA for admitted students; however, hospital programs also had the lowest GPA required.

Capacity



Source: VA. Healthcare Workforce Data Center

At a Glance:

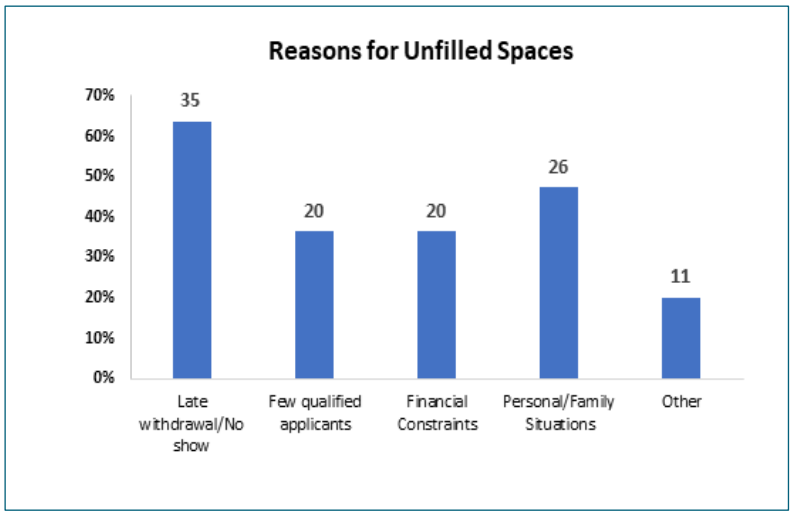
1st-Year Student Capacity

Spaces Available:	3,763
Spaces Unfilled:	805

Unfilled Capacity

% of Programs:	78%
% of Total Capacity:	21%

Source: VA. Healthcare Workforce Data Center



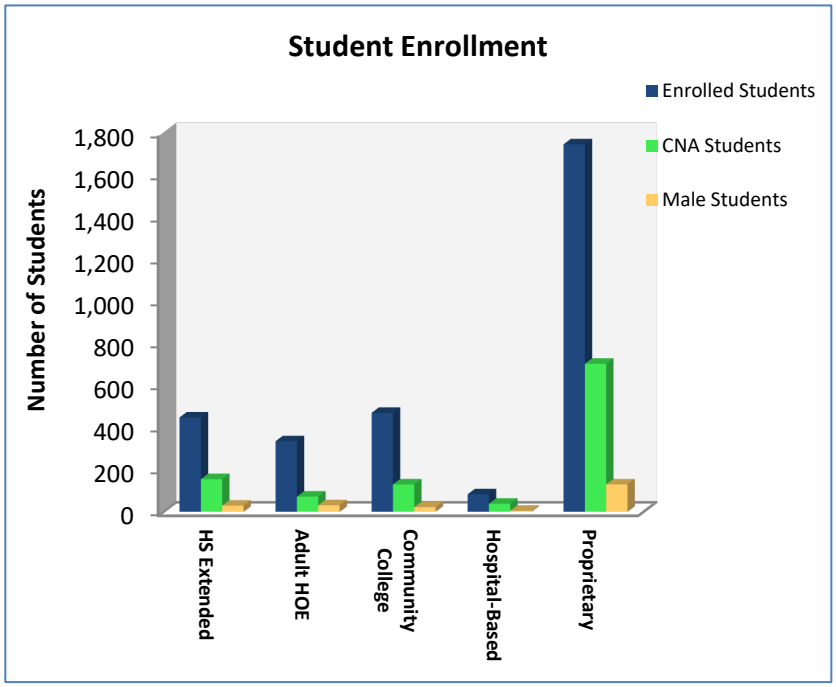
Source: VA. Healthcare Workforce Data Center

Virginia's PN programs were able to utilize 78% of their available first-year student capacity.

Program Type	# of Programs with Unfilled Spaces		# of Unfilled Spaces		Total Spaces	% of Total Capacity Unfilled
	No	Yes	Unfilled Spaces	%		
HS Extended	4	10	55	7%	407	14%
Adult HOE	1	3	16	2%	395	4%
Community College	2	17	146	18%	517	28%
Hospital-Based	1	2	47	6%	152	31%
Proprietary	4	11	541	67%	2,292	24%
All Programs	**12**	**43**	**805**	**100%**	**3,763**	**21%**

Source: VA. Healthcare Workforce Data Center

Enrollment



Source: VA. Healthcare Workforce Data Center

At a Glance:

Enrollment

Total:	3,080
CNA:	1,098
Male:	217

Enrollment by Program Type

Proprietary:	57%
Community College:	15%
HS Extended:	15%

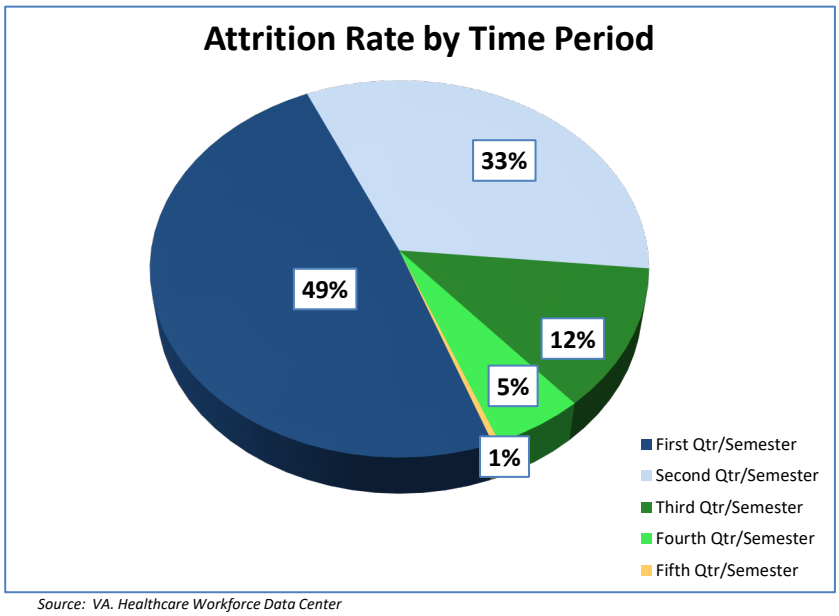
Source: VA. Healthcare Workforce Data Center

A total of 3,080 students were enrolled in Virginia's PN programs during the current academic year. 36% of these students were CNAs, while 7% of enrolled students were male.

Program Type	Total Enrollment		CNA Enrollment		Male Enrollment	
	Count	%	Count	%	Count	%
HS Extended	448	15%	155	14%	29	13%
Adult HOE	335	11%	72	7%	31	14%
Community College	470	15%	130	12%	22	10%
Hospital-Based	83	3%	38	3%	5	2%
Proprietary	1,744	57%	703	64%	130	60%
All Programs	**3,080**	**100%**	**1,098**	**100%**	**217**	**100%**

Source: VA. Healthcare Workforce Data Center

Attrition



Source: VA. Healthcare Workforce Data Center

Quarter/ Semester/ Trimester	Number of Students	
	Count	%
First	382	49%
Second	259	33%
Third	95	12%
Fourth	42	5%
Fifth	3	0%
Total	**781**	**100%**

Source: VA. Healthcare Workforce Data Center

At a Glance:

Graduation Rate

Adult HOE:	79%
Hospital-based:	46%
Community College:	48%

Attrition Rate

All Programs:	38%
Adult HOE:	6%
Proprietary:	48%

Source: VA. Healthcare Workforce Data Center

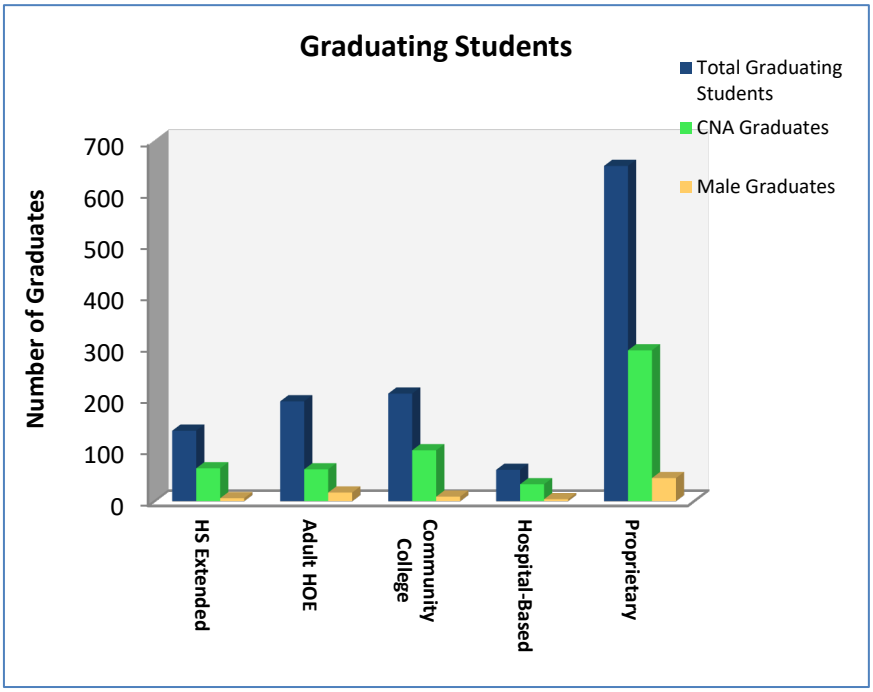
Nearly half of all students who left a PN program without graduating did so during the first quarter or semester of the program.

Attrition Statistics	Program Type					
	HS Extended	Adult HOE	Community College	Hospital Based	Proprietary	All Programs
Scheduled to Graduate	304	224	370	112	1,453	**2,463**
Graduated on Time	173	178	176	51	481	**1,059**
On-Time Graduation Rate	57%	79%	48%	46%	33%	**43%**
Permanently Left Program	78	13	111	31	700	**933**
Attrition Rate	26%	6%	30%	28%	48%	**38%**

Source: VA. Healthcare Workforce Data Center

Among all students who were expected to graduate during this academic year, 43% ultimately did graduate. Meanwhile, 38% of students expected to graduate this year permanently left their respective program instead.

Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Graduates

Total:	1,252
% CNA:	44%
% Male:	6%

Grad. by Program Type

Proprietary:	52%
Community College:	17%
Adult HOE:	15%

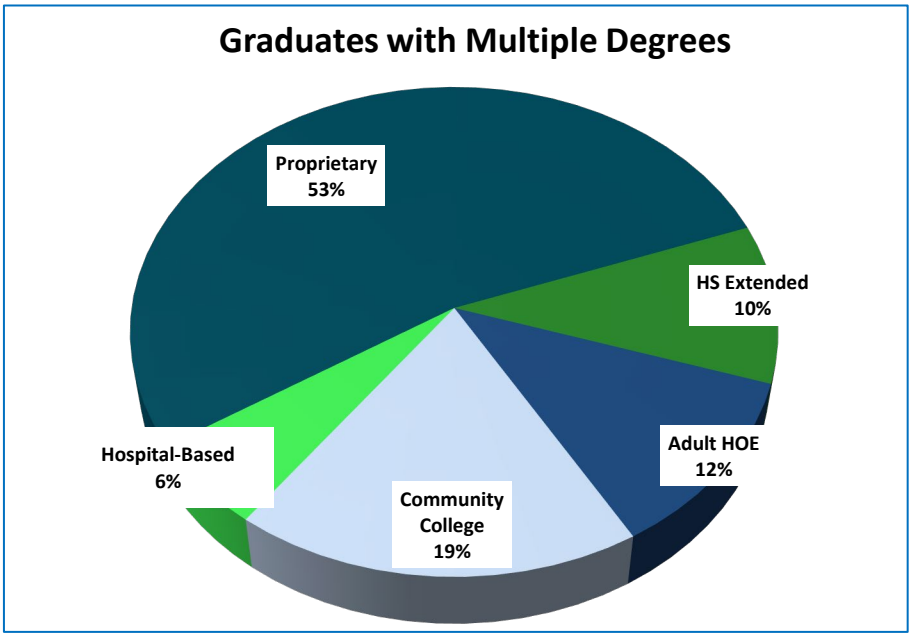
Source: VA. Healthcare Workforce Data Center

A total of 1,252 students graduated from Virginia's PN programs during the current academic year. 44% of these graduates were CNAs, while 6% were male. Over half graduated from Proprietary PN programs.

Program Type	Total Graduates		CNA Graduates		Male Graduates	
	Count	%	Count	%	Count	%
HS Extended	137	11%	64	12%	6	7%
Adult HOE	194	15%	62	11%	17	21%
Community College	209	17%	99	18%	9	11%
Hospital-Based	61	5%	33	6%	4	5%
Proprietary	651	52%	293	53%	45	56%
All Programs	**1,252**	**100%**	**551**	**100%**	**81**	**100%**

Source: VA. Healthcare Workforce Data Center

Background of Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Race/Ethnicity

White:	34%
Black:	50%
Hispanic:	5%

Multi-Degree Grads.

Multi-Degree Graduates:	86
% of Total Graduates:	7%

Source: VA. Healthcare Workforce Data Center

Program Type	Multi-Degree Graduates	%	% of Total Graduates
HS Extended	9	10%	7%
Adult HOE	10	12%	5%
Comm. College	16	19%	8%
Hospital Based	5	6%	8%
Proprietary	46	53%	7%
All Programs	**86**	**100%**	**7%**

Source: VA. Healthcare Workforce Data Center

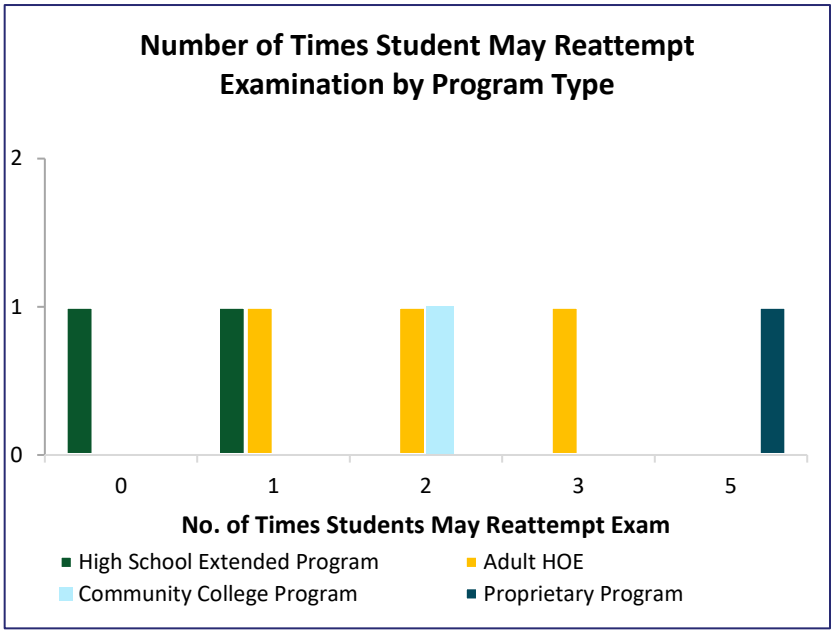
About three out of every five graduates from Virginia's PN programs are non-White. 50% of all graduates are non-Hispanic Black and 5% are Hispanic.

Race/ Ethnicity	HS Extended		Adult HOE		Comm. College		Hospital Based		Proprietary		All Programs	
	#	%	#	%	#	%	#	%	#	%	#	%
White	94	57%	7	7%	94	64%	43	70%	129	22%	367	34%
Black	45	27%	67	66%	36	24%	14	23%	374	63%	536	50%
Hispanic	14	8%	12	12%	8	5%	1	2%	15	3%	50	5%
Asian	2	1%	10	10%	3	2%	0	0%	24	4%	39	4%
American Indian	1	1%	3	3%	0	0%	0	0%	3	1%	7	1%
Pacific Islander	0	0%	1	1%	1	1%	1	2%	5	1%	8	1%
Two or More	4	2%	0	0%	5	3%	2	3%	28	5%	39	4%
Unknown	5	3%	2	2%	1	1%	0	0%	13	2%	21	2%
Total	**165**	**100%**	**102**	**100%**	**148**	**100%**	**61**	**100%**	**591**	**100%**	**1,067**	**100%**

Source: VA. Healthcare Workforce Data Center

Seven percent of all graduates from Virginia's PN programs held other non-nursing degrees.

Comprehensive Examination Prohibiting Graduation



Source: VA. Healthcare Workforce Data Center

At a Glance:

No. of Programs Requiring Comprehensive Exam

All Programs: 7
Adult HOE: 3

No. Who Did Not Graduate.

Proprietary: 9
Community College: 19

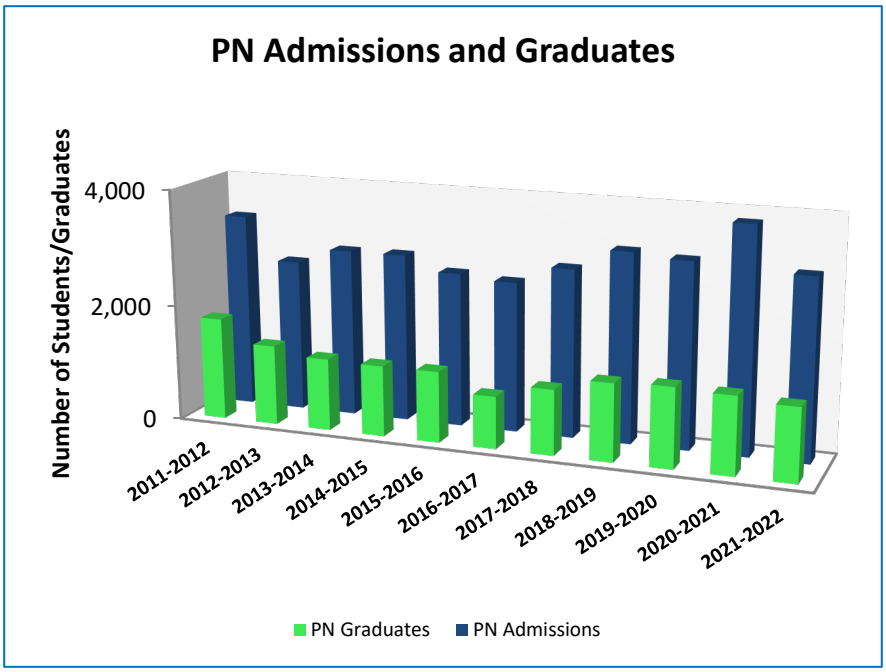
Source: VA. Healthcare Workforce Data Center

Seven programs require students to pass a comprehensive examination before graduating. In the 2021-22 year, 38 students did not graduate as a result of this requirement.

	Total Requiring Comprehensive Exam Prohibiting Graduation if Failed		Number Allowing Students who Fail Comprehensive to Reattempt Exams		Average Number of Times Students May Retake Exam	Number who Didn't Graduate Because of Exam
	Count	% of All Programs	Count	% of Those Requiring Exam Prohibiting Graduation		
HS Extended	1	7%	1	100%	2	0
Adult HOE	3	75%	1	0%	3	10
Community College	1	5%	1	100%	1	19
Hospital-Based	0	0%	0	0%	N/A	0
Proprietary	2	13%	2	100%	1	9
All Programs	**7**	**13%**	**5**	**71%**	**2**	**38**

Source: VA. Healthcare Workforce Data Center

Long-Term Trends



Source: VA. Healthcare Workforce Data Center

At a Glance:

Admissions

Total: 3,080

Year-over-Year Change: -20%

Graduates

Total: 1,252

Year-over-Year Change: -6%

Source: VA Healthcare Workforce Data Center

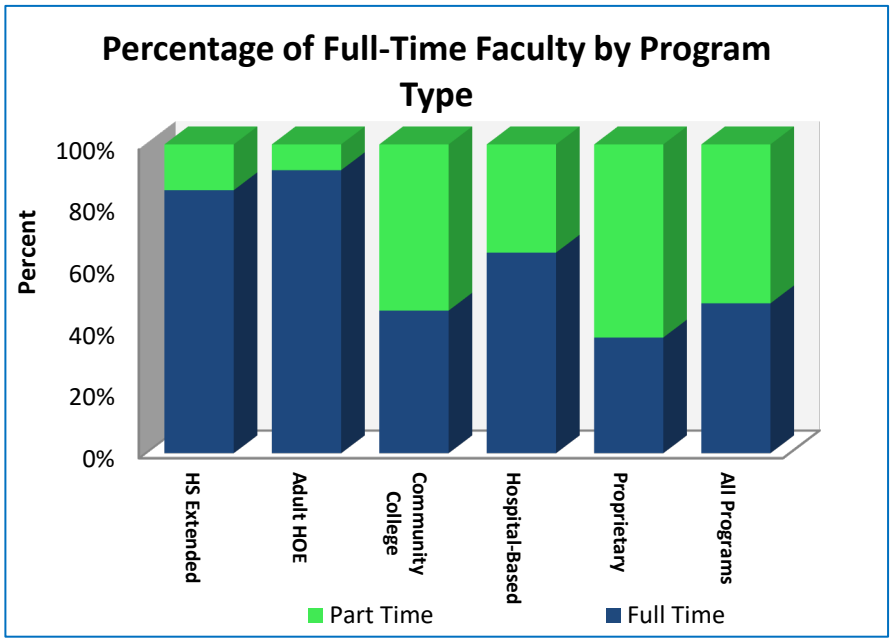
The number of new students who were admitted into Virginia's PN programs decreased by 20% in the 2021-22 academic year. Additionally, the number of students who graduated from these programs declined by 6%.

Academic Year	PN Admissions		PN Graduates	
	Count	Year-over-Year Change	Count	Year-over-Year Change
2011-2012	3,346	-16%	1,753	-16%
2012-2013	2,614	-22%	1,371	-22%
2013-2014	2,881	10%	1,235	-10%
2014-2015	2,887	0%	1,214	-2%
2015-2016	2,645	-8%	1,215	0%
2016-2017	2,573	-3%	895	-26%
2017-2018	2,880	12%	1,117	25%
2018-2019	3,243	13%	1,327	19%
2019-2020	3,137	-2%	1,367	3%
2020-2021	3,836	21%	1,329	-3%
2021-2022	3,080	-20%	1,252	-6%

Source: VA. Healthcare Workforce Data Center

Faculty Information

Employment



Source: VA. Healthcare Workforce Data Center

Over half of all faculty work in proprietary programs, but only 38% of those workers have full-time jobs. Only High School Extended, Adult HOE, and Hospital-Based programs have more than half of their faculty members in full-time positions.

At a Glance:

% of Total Faculty

Proprietary:	55%
Community College:	25%
HS Extended:	13%

% Full-Time

HS Extended:	85%
Adult HOE:	92%
Hospital-Based:	65%

Student-Faculty Ratio

Hospital-Based:	4.3
Proprietary:	8.1
HS Extended:	7.7

Source: VA. Healthcare Workforce Data Center

Program Type	Full Time		Part Time		Total			Student-to-Faculty Ratio		
	#	%	#	%	#	%	% FT	25th %	Mean	75th %
HS Extended	46	22%	8	4%	54	13%	85%	4.7	7.7	10.2
Adult HOE	11	5%	1	0%	12	3%	92%	5.0	11.4	14.4
Community College	49	24%	57	26%	106	25%	46%	2.5	5.0	7.1
Hospital Based	13	6%	7	3%	20	5%	65%	3.3	4.3	0.0
Proprietary	87	42%	145	67%	232	55%	38%	4.0	8.1	13.0
All Programs	**206**	**100%**	**218**	**100%**	**424**	**100%**	**49%**	**3.3**	**6.9**	**9.1**

Source: VA. Healthcare Workforce Data Center

On average, the typical PN program had a student-to-faculty ratio of 6.9. However, three of the five program types had student-to-faculty ratios that were above the overall average, skewing the mean upward.

Faculty Demographics

Age	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Under 25	1	0%	0	0%	1	0%	0%
25 to 34	25	12%	33	15%	58	14%	43%
35 to 44	46	22%	58	27%	104	25%	44%
45 to 54	73	35%	60	28%	133	32%	55%
55 to 64	48	23%	42	19%	90	21%	53%
65 to 74	13	6%	21	10%	34	8%	38%
75 and Over	0	0%	2	1%	2	0%	0%
Unknown	0	0%	0	0%	0	0%	0%
Total	**206**	**100%**	**216**	**100%**	**422**	**100%**	**49%**

Source: Va. Healthcare Workforce Data Center

A typical faculty member would be a female between the ages of 45 and 54. Less than half of all faculty members held full-time positions.

At a Glance:

Gender

% Female: 92%
% Female w/ FT Job: 51%

Age

% Under 35: 14%
% Over 54: 30%

Diversity

Diversity Index (Total): 51%
Diversity Index (FT Jobs): 45%

Source: VA. Healthcare Workforce Data Center

Gender	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Male	9	4%	26	12%	35	8%	26%
Female	196	96%	192	88%	388	92%	51%
Total	**205**	**100%**	**218**	**100%**	**423**	**100%**	**48%**

Source: VA. Healthcare Workforce Data Center

In a chance encounter between two faculty members, there is a 51% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable number is 58%.

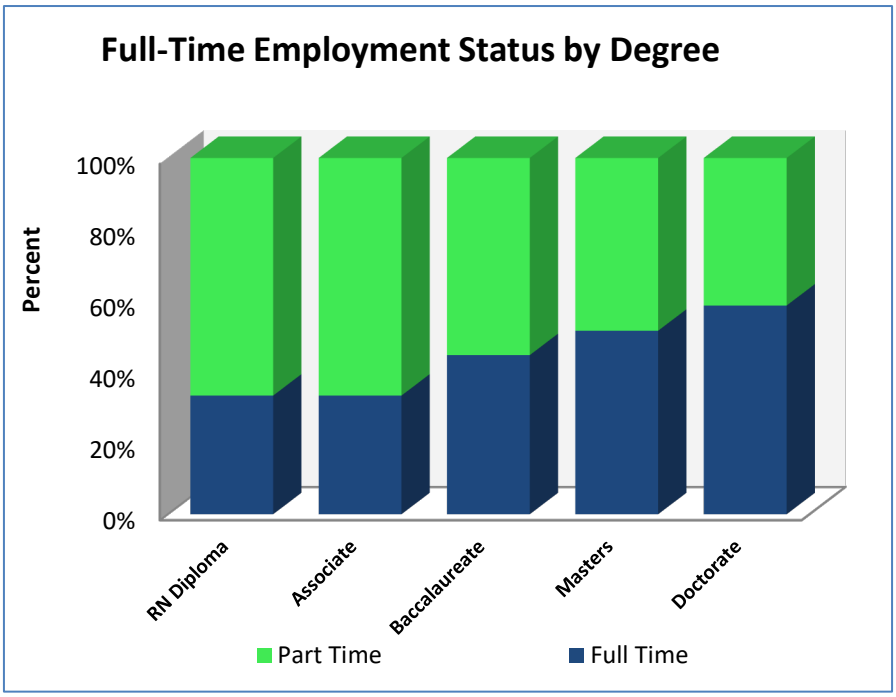
Race/ Ethnicity	Virginia*	Full Time		Part Time		Total		
	%	#	%	#	%	#	%	% FT
White	60%	143	70%	127	59%	270	64%	53%
Black	19%	49	24%	68	31%	117	28%	42%
Asian	7%	5	2%	6	3%	11	3%	45%
Other Race	0%	0	0%	1	0%	1	0%	0%
Two or more races	3%	2	1%	4	2%	6	1%	33%
Hispanic	10%	4	2%	7	3%	11	3%	36%
Unknown	0	1	0%	3	1%	4	1%	0%
Total	**100%**	**204**	**100%**	**216**	**100%**	**420**	**100%**	**49%**

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2020.

Source: VA. Healthcare Workforce Data Center

Faculty Educational Background

A Closer Look:



Source: VA. Healthcare Workforce Data Center

At a Glance:

Degree

Masters in Nursing:	40%
BSN:	40%
Non-Nursing Bachelors:	8%

Full-Time Employment

Masters in Nursing:	52%
Doctorate:	59%

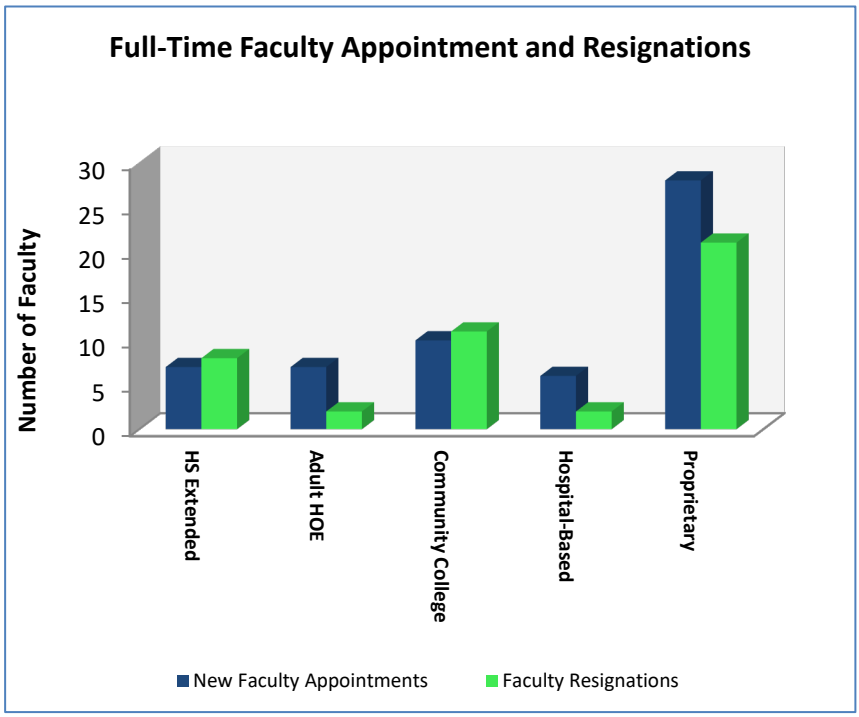
Source: VA. Healthcare Workforce Data Center

Approximately 80% of all faculty members held either a BSN or an MSN as their highest professional degree. Of this group, 49% were employed on a full-time basis.

Highest Degree	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
RN Diploma	1	1%	2	1%	3	1%	33%
ASN	2	1%	4	2%	6	2%	33%
Non-Nursing Bachelors	7	4%	17	9%	24	7%	29%
BSN	69	39%	77	41%	146	40%	47%
Non-Nursing Masters	6	3%	6	3%	12	3%	50%
Masters in Nursing	77	43%	72	38%	149	40%	52%
Doctorate	17	9%	12	6%	29	8%	59%
Total	**179**	**100%**	**190**	**100%**	**369**	**100%**	**49%**

Source: VA. Healthcare Workforce Data Center

Faculty Appointments and Resignations



Source: VA. Healthcare Workforce Data Center

At a Glance:

Full-Time Faculty

Turnover Rate: 21%
Newly Appointed Rate: 28%

Turnover Rate

Hospital-based: 15%
Proprietary: 24%

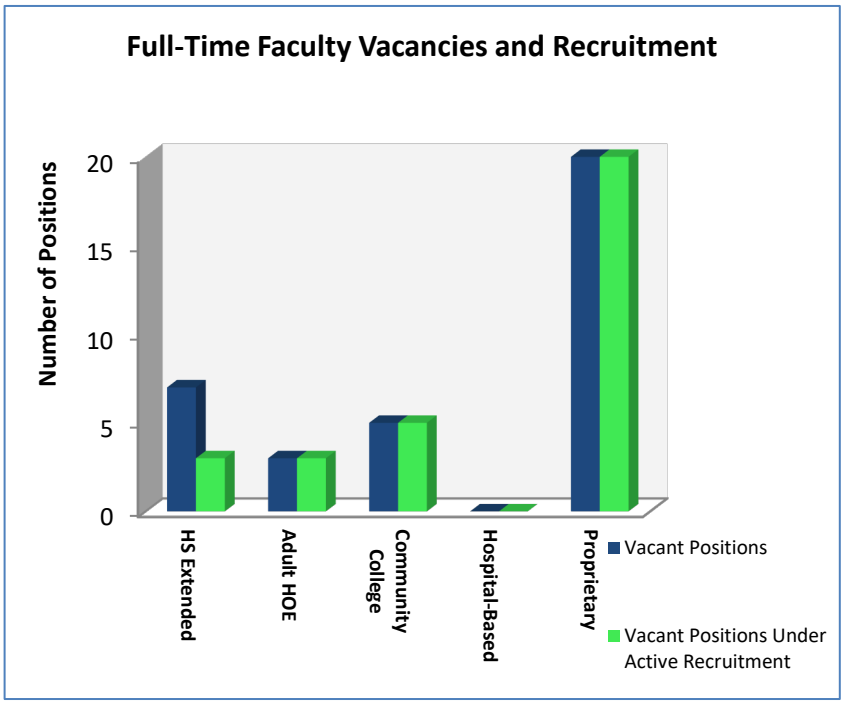
Source: VA. Healthcare Workforce Data Center

Among full-time faculty, Virginia's PN programs experienced a 21% turnover rate and a newly appointed faculty rate of 28% over the past year.

Full-Time Faculty	Program Type					
	HS Extended	Adult HOE	Community College	Hospital Based	Proprietary	All Programs
Total	46	11	49	13	87	**206**
Newly Appointed	7	7	10	6	28	**58**
Resignations	8	2	11	2	21	**44**
Turnover Rate	**17%**	**18%**	**22%**	**15%**	**24%**	**21%**
Proportion Newly Appointed	**15%**	**64%**	**20%**	**46%**	**32%**	**28%**

Source: VA. Healthcare Workforce Data Center

Future Faculty Requirements



Source: VA. Healthcare Workforce Data Center

At a Glance:

Active Recruitment

Full-Time Hiring:	86%
Part-Time Hiring:	92%

Budget Adequacy

Full-Time Hiring:	96%
Part-Time Hiring:	94%

Expected Job Disruption

Less:	60%
Same:	34%
More:	6%

Source: VA. Healthcare Workforce Data Center

A total of 31 full-time faculty positions and 30 part-time faculty positions are currently in active recruitment. About 74% of these jobs are listed in Proprietary programs.

Adequate Faculty Budget?	Full Time		Part Time	
	#	%	#	%
Yes	53	95%	5	9%
No	3	5%	51	91%
Total	**56**	**100%**	**56**	**100%**

Source: VA. Healthcare Workforce Data Center

Program Type	Next Year's Expectation for Full-Time Faculty Disruption							
	Expect Less	%	Expect Same	%	Expect More	%	Total	%
HS Extended	6	43%	7	50%	1	7%	14	100%
Adult HOE	3	75%	1	25%	0	0%	4	100%
Community College	7	39%	8	44%	3	17%	18	100%
Hospital	1	50%	1	50%	0	0%	2	100%
Proprietary	6	40%	9	60%	0	0%	15	100%
All Programs	**23**	**43%**	**26**	**49%**	**4**	**8%**	**53**	**100%**

Source: VA. Healthcare Workforce Data Center

8% of Virginia's PN programs expect more employment disruption among full-time faculty over the course of the next year. However, most programs currently have a sufficient budget to adequately meet their faculty needs.

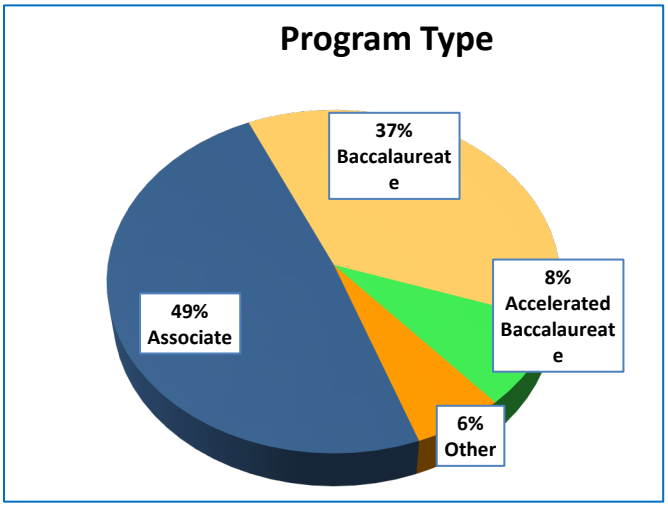
Registered Nursing Education Programs

Program Structure

A Closer Look:

Program Type		
Type	**#**	**%**
Associate	41	49%
Associate Online	0	0%
Baccalaureate	31	37%
Baccalaureate Online	3	4%
Accelerated Baccalaureate	7	8%
Accelerated Masters	2	2%
Total	**84**	**100%**

Source: VA. Healthcare Workforce Data Center



Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Type

Associate: 49%
Baccalaureate: 37%
Accelerated Baccalaureate: 8%

Delivery Method

Semester: 91%
Quarters: 6%

Mean Program Length

Accel. Baccalaureate: 17 Mos.
Associate: 23 Mos.
Baccalaureate: 30 Mos.

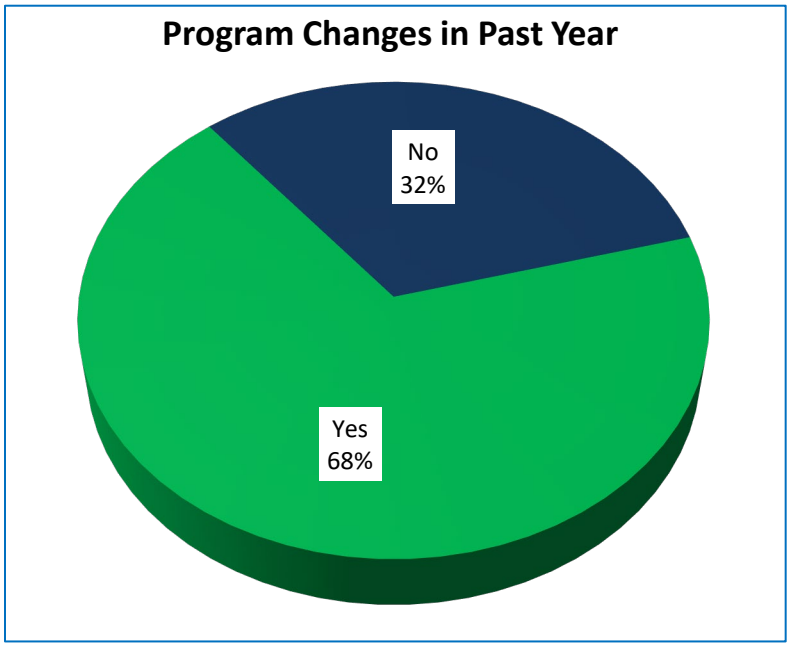
Source: VA. Healthcare Workforce Data Center

There were 84 Registered Nursing (RN) Education Programs approved in Virginia during the 2021-2022 academic year; all responded to this survey. Thirty of the programs offer a RN-to-BSN in addition to their pre-licensure program.

Program Length, Months					
Program Type	**Mean**	**Min**	**25th %**	**75th %**	**Max**
Associate	23	15	20	24	30
Associate Online	0	0	0	0	0
Baccalaureate	30	16	24	36	36
Baccalaureate Online	31	29	29	N/A	36
Accelerated Baccalaureate	17	15	15	21	21
Accelerated Masters	23	22	22	N/A	24
All Programs	**25**	**15**	**20**	**29**	**36**

Source: VA. Healthcare Workforce Data Center

Program Details



Source: VA. Healthcare Workforce Data Center

At a Glance:

Schedule Options

Daytime Courses:	94%
Online Courses:	47%
Evening Courses:	55%

Admissions Frequency (Annual)

One:	35%
Two:	38%
Three:	16%
Four or More:	11%

Source: VA. Healthcare Workforce Data Center

More than four out of every six RN programs implemented a change to their nursing program in the past year. 47 programs initiated faculty changes whereas 14 made schedule changes. Another 18 made curriculum changes whereas 11 changed course content.

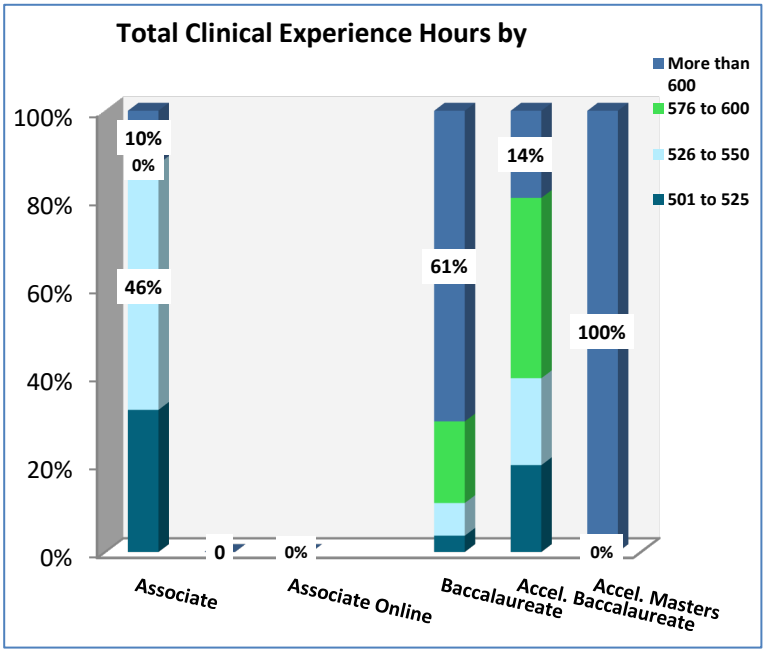
Scheduling Option	#	%
Daytime Courses	82	94%
Online Courses	31	36%
Evening Courses	41	47%
Evening & Weekend Courses	17	20%
Accelerated Courses	16	18%
Weekend Courses	15	17%

Source: VA. Healthcare Workforce Data Center

Accreditation			
Accrediting Agency	Abbv.	#	%
Southern Association of Colleges and Schools	**SACS**	61	70%
Commission on Collegiate Nursing Education	**CCNE**	56	64%
Accreditation Commission for Education in Nursing	**ACEN**	33	38%
Accrediting Bureau of Health Education Schools	**ABHES**	11	13%
Commission for Nursing Education Accreditation	**CNEA**	2	2%
Council on Occupational Education	**COE**	1	1%
The Higher Learning Commission	**HLC**	1	1%
Accrediting Council for Independent Colleges and Schools	**ACICS**	0	0%

Source: VA. Healthcare Workforce Data Center

Clinical Hours



Source: VA. Healthcare Workforce Data Center

At a Glance:

Median Clinical Hours

Clinical Experience:	578-600
Direct Client Care:	500+
Direct Client Care in Va.:	550
Clinical Simulation:	51-75
Clinical Observation:	0

Source: VA. Healthcare Workforce Data Center

More than half of all RN programs in Virginia required at least 550 total hours of clinical experience from their students. Pursuant to 18VAC 90-27-100.D, Virginia's RN programs are required to provide 500 hours of direct client care, of which 25% may be simulated. Median clinical simulation hours increased since 2021 among RN programs.

Clinical Experiences Outside Virginia

State	# of Programs	% of Programs
Washington, D.C.	14	16%
Maryland	7	8%
Tennessee	6	7%
West Virginia	4	5%
North Carolina	4	5%
Kentucky	1	1%
Other[1]	1	1%
At least One	**28**	**35%**

Source: VA. Healthcare Workforce Data Center

Twenty-eight programs offered clinical experience hours outside of Virginia. Washington, D.C., Maryland, and Tennessee were the two states in which clinical experience hours were most likely to be provided.

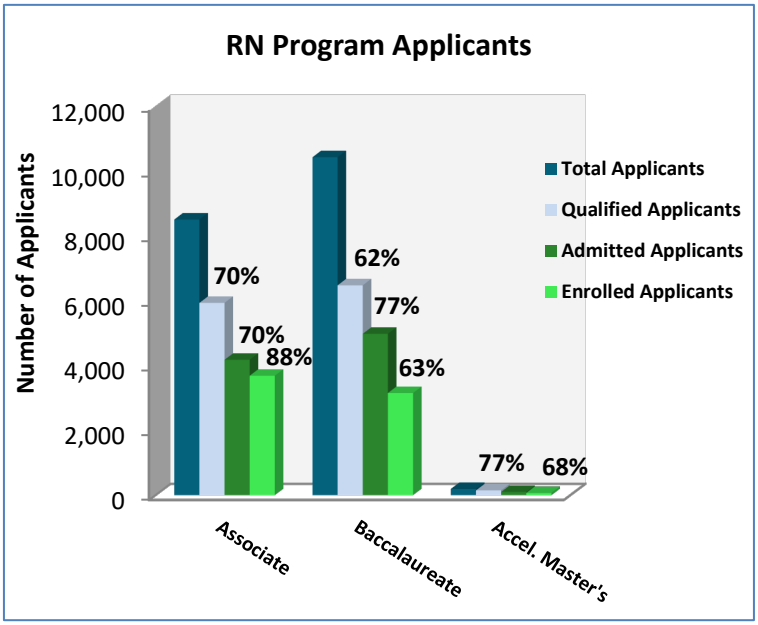
[1] Could be a combination of the states above.

Breakdown of Clinical Hours by Program Type

	Hours	Program Type						
Type	**Amount**	**Associate**	**Associate Online**	**Baccalaureate**	**Baccalaureate Online**	**Accel. Baccalaureate**	**Accel. Masters**	**All Programs**
Clinical Experience Hours	500 or less	0	0	0	0	0	0	**0**
	501 to 525	11	0	1	0	1	0	**13**
	526 to 550	19	0	2	0	1	0	**22**
	551 to 575	7	0	4	0	2	0	**13**
	576 to 600	0	0	5	0	2	0	**7**
	More than 600	4	0	19	0	1	2	**26**
	Total	**41**	**0**	**31**	**0**	**7**	**2**	**81**
Direct Client Care Hours	400 or less	3	0	0	0	0	0	**3**
	401 to 425	0	0	1	0	0	0	**1**
	426 to 450	3	0	1	0	1	0	**5**
	451 to 475	5	0	1	0	2	0	**8**
	476 to 500	12	0	3	0	1	0	**16**
	More than 500	18	0	25	0	3	2	**48**
	Total	**41**	**0**	**31**	**0**	**7**	**2**	**81**
Clinical Simulation Hours	None	2	0	5	0	1	0	**8**
	1 to 25	3	0	4	0	1	0	**8**
	26 to 50	14	0	4	1	1	0	**20**
	51 to 75	6	0	2	1	0	2	**11**
	76 to 100	5	0	6	1	2	0	**14**
	More than 100	10	0	10	0	2	0	**22**
	Total	**40**	**0**	**31**	**3**	**7**	**2**	**83**
Clinical Observation Hours	None	34	0	13	0	4	1	**52**
	1 to 25	5	0	12	1	2		**20**
	26 to 50	1	0	0	1	0	0	**2**
	51 to 75	0	0	6	1	1	0	**8**
	76 to 100	0	0	0	0	0	1	**1**
	More than 100	0	0	0	0	0	0	**0**
	Total	**40**	**0**	**31**	**3**	**7**	**2**	**83**

Source: VA. Healthcare Workforce Data Center

Admissions



Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Applicants

Total:	19,125
Qualified:	12,568
Admitted:	9,264
Enrolled:	6,909
Waitlisted:	502

Source: VA. Healthcare Workforce Data Center

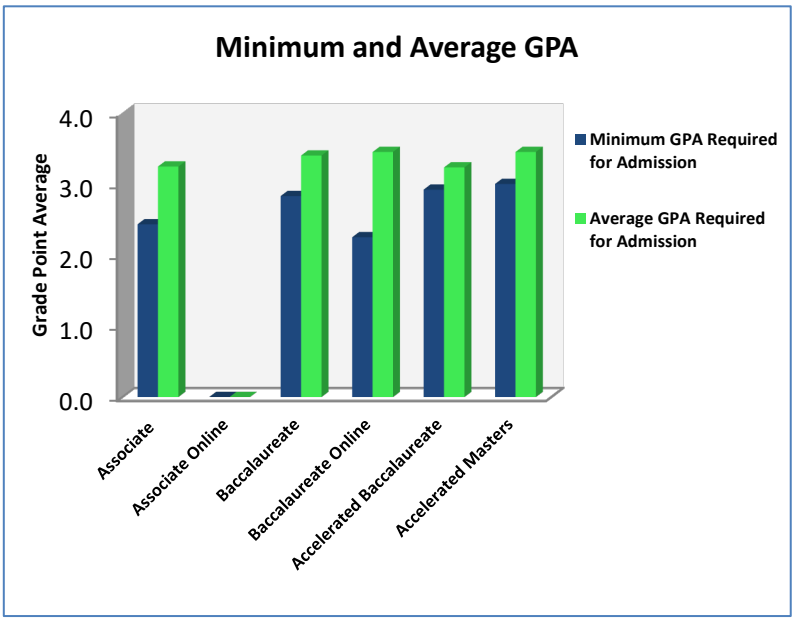
Virginia's RN programs received a total of 19,125 student applications during the 2021-2022 academic year. Approximately 36% of these applications ultimately resulted in an enrolled student.

Program Type	Applications Received	Applicants Qualified	% Qualified	Applicants Admitted	% of Qualified Admitted	Applicants Enrolled	% of Admitted Enrolled	% of Applicants Enrolled
Associate	8,507	5,940	70%	4,182	70%	3,688	88%	43%
Associate Online	0	0	0%	0	0%	0	0%	0%
Baccalaureate	8,236	4,913	60%	3,665	75%	2,376	65%	29%
Baccalaureate Online	633	447	71%	337	75%	273	81%	43%
Accel. Baccalaureate	1,558	1,121	72%	982	88%	505	51%	32%
Accel. Masters	191	147	77%	98	67%	67	68%	35%
All Programs	**19,125**	**12,568**	**66%**	**9,264**	**74%**	**6,909**	**75%**	**36%**

Source: VA. Healthcare Workforce Data Center

Out of 12,568 qualified applicants, 3,304 were not given an admission offer. Nineteen programs cited the inability to expand effective program capacity while another fifteen programs cited the lack of clinical space as the main reason for failing to admit qualified applicants. The lack of qualified faculty and classroom space, lack of clinical space, financial, and family issues, were also common reasons for failing to admit qualified applicants.

Background of Admitted Students



Source: VA. Healthcare Workforce Data Center

At a Glance:

GPA (mean)

Minimum Requirement: 2.6
Student Average: 3.3

Age (mean)

Overall: 27
Baccalaureate: 23
Associate: 29

Source: VA. Healthcare Workforce Data Center

Average Age of Admitted Students	
Program Type	Mean
Associate	29
Associate Online	-
Baccalaureate	23
Baccalaureate Online	26
Accelerated Baccalaureate	28
Accelerated Masters	31
All Programs	**27**

Source: VA. Healthcare Workforce Data Center

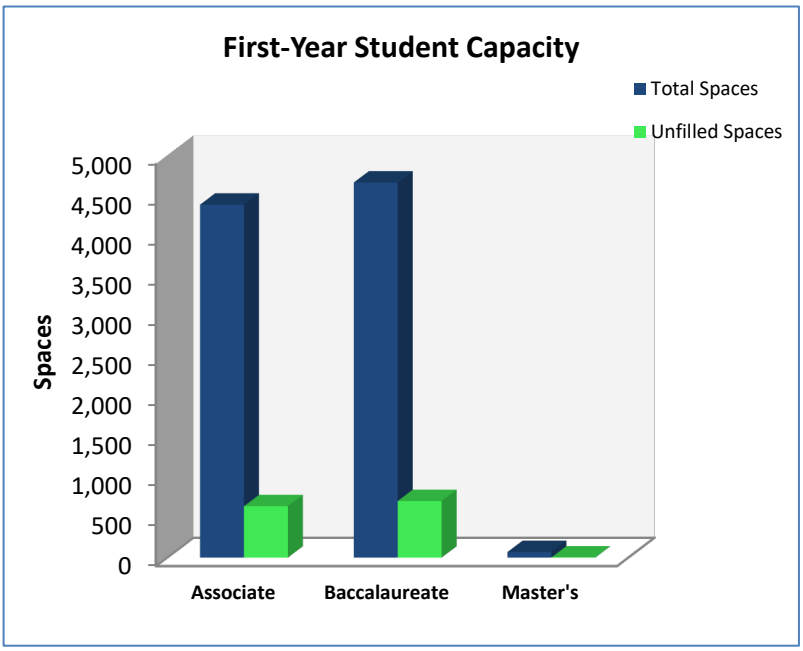
The average age of students who were admitted into Virginia's RN programs was 27. Baccalaureate programs had the lowest average age of admitted students at 23, while Accelerated Masters programs had the highest average age of admitted students at 31.

GPA		
Program Type	Min	Avg.
Associate	2.4	3.2
Associate Online	-	-
Baccalaureate	2.8	3.4
Baccalaureate Online	2.3	3.5
Accelerated Baccalaureate	2.9	3.2
Accelerated Masters	3.0	3.5
All Programs	2.6	3.3

Source: VA. Healthcare Workforce Data Center

A typical RN program required that prospective students have a minimum GPA of 2.6, while the average GPA among admitted students was 3.3. On average, Baccalaureate Online programs had the lowest minimum GPA requirements for admission. Accelerated Master's programs had the highest GPA requirements for admission and one of the highest average GPA among admitted students.

Capacity



Source: VA. Healthcare Workforce Data Center

At a Glance:

1st-Year Student Capacity

Spaces Available:	9,124
Spaces Unfilled:	1,346

Unfilled Capacity

% of Programs:	77%
% of Total Capacity:	15%

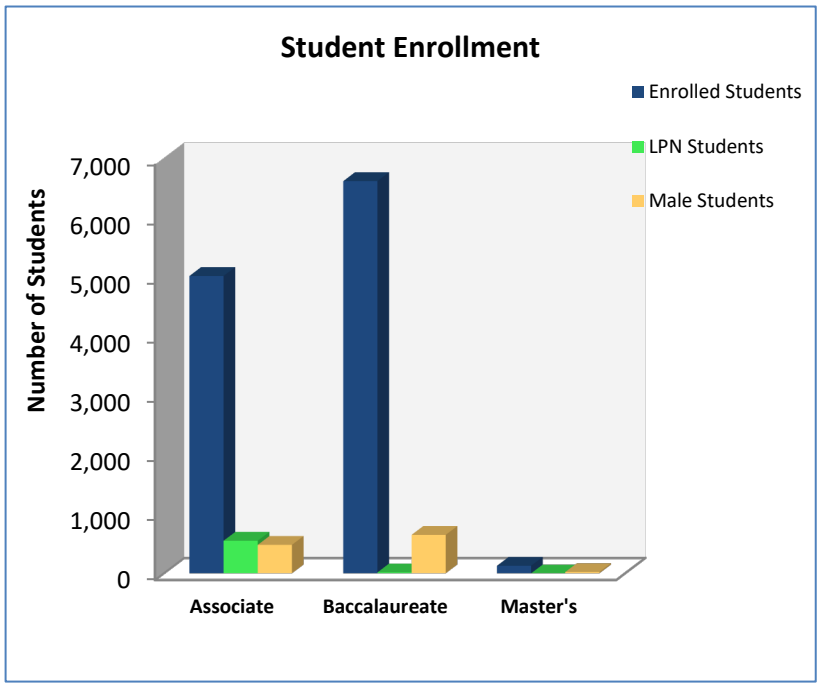
Source: VA. Healthcare Workforce Data Center

Virginia's RN programs were able to fill 85% of their available first-year student capacity. Programs provided a variety of reasons for the unfilled spaces. One of the most common explanations was late withdrawal or no shows. Another key reason was personal or family issues that interfered with students' enrollment. Many programs also cited a lack of qualified applicants and the financial situation of students. This year two programs also mentioned students' COVID-related reasons for unfilled spaces.

Program Type	# of Programs with Unfilled Spaces		Unfilled Spaces		Total Spaces	% of Total Capacity
	No	Yes	Number	%		
Associate	9	31	640	48%	4,390	**15%**
Associate Online	0	0	0	0%	0	**0%**
Baccalaureate	6	23	543	40%	3,820	**14%**
Baccalaureate Online	1	2	17	1%	290	**6%**
Accelerated Baccalaureate	2	5	144	11%	555	**26%**
Accelerated Masters	1	1	2	0%	69	**3%**
All Programs	**19**	**62**	**1,346**	**100%**	**9,124**	**15%**

Source: VA. Healthcare Workforce Data Center

Enrollment



Source: VA. Healthcare Workforce Data Center

At a Glance:

Enrollment

Total:	11,755
LPN:	5%
Male:	10%

Enrollment by Program Type

Baccalaureate:	46%
Associate:	43%

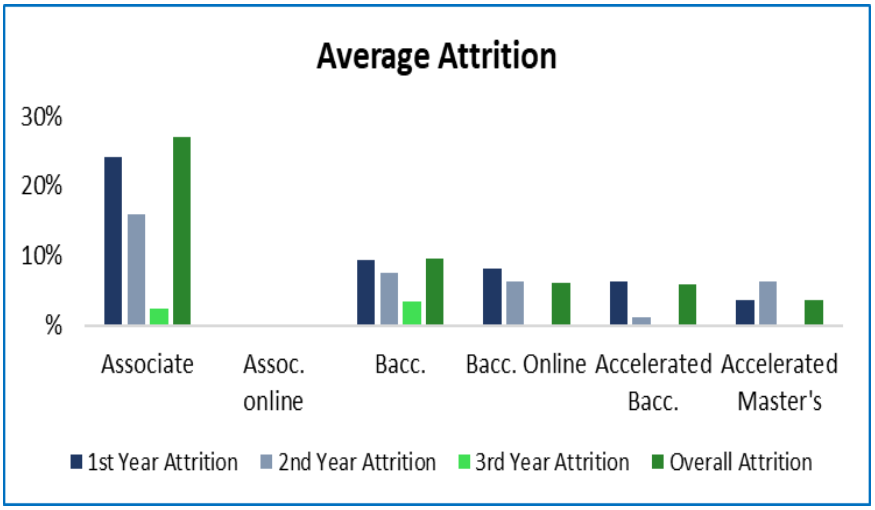
Source: VA. Healthcare Workforce Data Center

Over 11,755 students were enrolled in Virginia's RN programs during the current academic year. Of these students, 5% were LPNs while about 10% were male.

Program Type	Total Enrollment		LPN Enrollment		Male Enrollment	
	Count	%	Count	%	Count	%
Associate	5,014	43%	550	97%	481	42%
Associate Online	0	0%	0	0%	0	0%
Baccalaureate	5,382	46%	13	2%	507	44%
Baccalaureate Online	599	5%	0	0%	42	4%
Accelerated Baccalaureate	632	5%	3	1%	100	9%
Accelerated Masters	128	1%	0	0%	23	2%
All Programs	**11,755**	**100%**	**566**	**100%**	**1,153**	**100%**

Source: VA. Healthcare Workforce Data Center

Attrition



Source: VA. Healthcare Workforce Data Center

Type	Year	Avg	Min	Max	Missing
Associate	1st Year Attrition	24%	1%	95%	3
	2nd Year Attrition	16%	0%	79%	4
	3rd Year Attrition	3%	0%	14%	19
	Overall Attrition	**27%**	**2%**	**66%**	**2**
Associate Online	1st Year Attrition	0%	0%	0%	0
	2nd Year Attrition	0%	0%	0%	0
	3rd Year Attrition	0%	0%	0%	0
	Overall Attrition	**0%**	**0%**	**0%**	**0**
Baccalaureate	1st Year Attrition	9%	0%	28%	1
	2nd Year Attrition	8%	0%	38%	2
	Third Year Attrition	4%	0%	40%	13
	Overall Attrition	**10%**	**0%**	**33%**	**1**
Baccalaureate Online	1st Year Attrition	8%	0%	17%	0%
	2nd Year Attrition	6%	0%	14%	0%
	Third Year Attrition	0%	0%	0%	1%
	Overall Attrition	**6%**	**0%**	**14%**	**0%**
Accelerated Baccalaureate	1st Year Attrition	6%	0%	22%	0
	2nd Year Attrition	1%	0%	4%	0
	3rd Year Attrition	0%	0%	0%	2
	Overall Attrition	**6%**	**0%**	**22%**	**0**
Accelerated Masters	1st Year Attrition	4%	2%	6%	0
	2nd Year Attrition	6%	2%	11%	0
	3rd Year Attrition	0%	0%	0%	2
	Overall Attrition	**4%**	**2%**	**6%**	**0**
Total	**1st Year Attrition**	16%	0%	95%	7
	2nd Year Attrition	11%	0%	79%	9
	3rd Year Attrition	3%	0%	40%	40
	Overall Attrition	**17%**	**0%**	**66%**	**6**

Source: VA. Healthcare Workforce Data Center

At a Glance:

Attrition Rate

1st Year Avg.:	16%
2nd Year Avg.:	11%
3rd Year Avg.:	3%
Overall Avg.:	17%

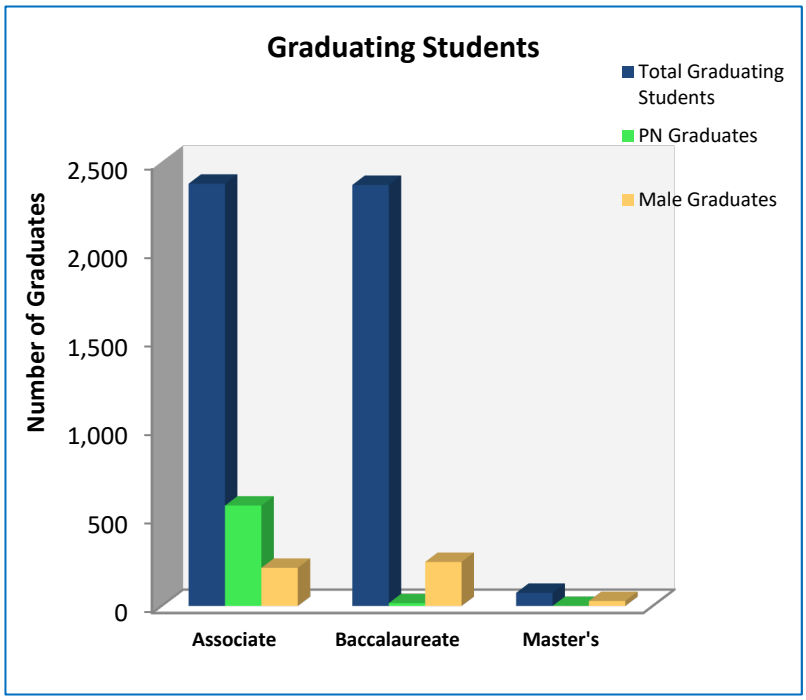
Attrition by Program Type

Associate:	27%
Baccalaureate:	10%
Baccalaureate Online:	6%

Source: VA. Healthcare Workforce Data Center

The overall attrition rate across all program types was 17%. Associate programs had the highest overall average attrition rate, with 27% of all students leaving the programs. Baccalaureate programs had an attrition rate of 10%, while Baccalaureate Online programs had the lowest overall attrition rate at 4%.

Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Graduates

Total:	4,825
% PN:	12%
% Male:	10%

Grad. by Program Type

Associate:	49%
Baccalaureate:	35%
Accel. Baccalaureate:	10%

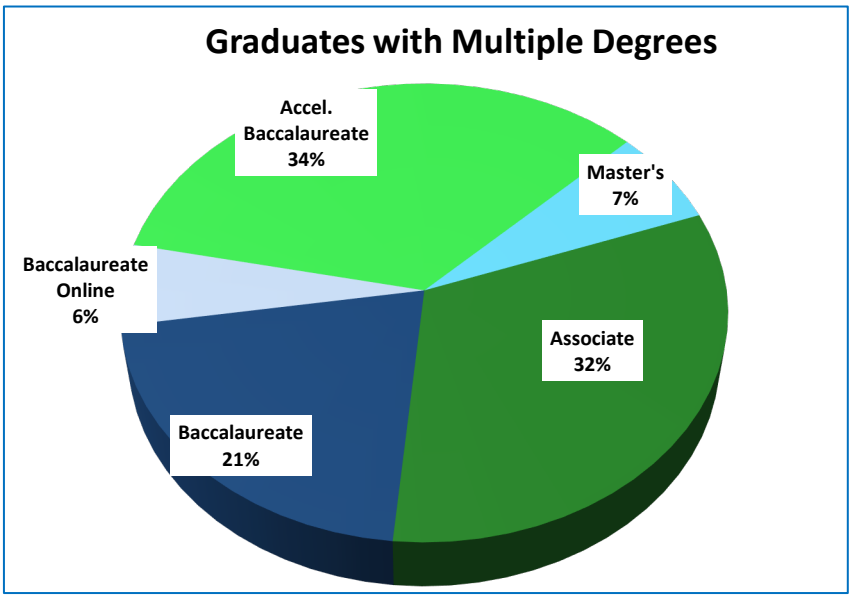
Source: VA. Healthcare Workforce Data Center

A total of 4,825 students graduated from Virginia's RN programs during the current academic year. 12% of these graduates had previously graduated a PN program and 10% were male. Nearly half of all graduating students completed Associate programs.

Program Type	Total Graduates		PN Graduates		Male Graduates	
	Count	%	Count	%	Count	%
Associate	2,379	49%	566	97%	215	44%
Associate Online	0	0%	0	0%	0	0%
Baccalaureate	1,674	35%	13	2%	151	31%
Baccalaureate Online	210	4%	0	0%	20	4%
Accelerated Baccalaureate	488	10%	3	1%	77	16%
Accelerated Masters	74	2%	0	0%	28	6%
All Programs	**4,825**	**100%**	**582**	**100%**	**491**	**100%**

Source: VA. Healthcare Workforce Data Center

Background of Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Race/Ethnicity

White:	61%
Black:	20%
Hispanic:	6%
Asian:	6%

Multi-Degree Grads.

Multi-Degree Graduates:	1,098
% of Total Graduates:	23%

Source: VA. Healthcare Workforce Data Center

23% of graduates from Virginia's RN programs held other non-nursing degrees.

Program Type	Multi-Degree Graduates	%	% of Total Graduates
Associate	352	32%	15%
Associate Online	0	%	0%
Baccalaureate	231	21%	14%
Baccalaureate Online	63	6%	30%
Accel. Baccalaureate	378	34%	77%
Accel. Masters	74	7%	100%
All Programs	**1,098**	**100%**	**23%**

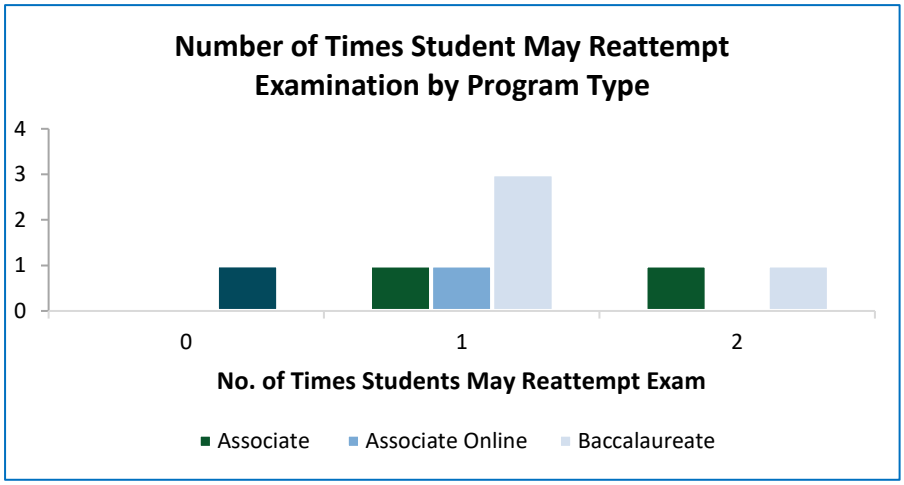
Source: VA. Healthcare Workforce Data Center

61% of all graduates from Virginia's RN programs are non-Hispanic White, while 20% of all graduates are non-Hispanic Black.

Race/ Ethnicity	Associate		Associate Online		BSN		BSN Online		Accel. BSN		Accel. Masters		All Programs	
	#	%	#	%	#	%			#	%	#	%	#	%
White	1,275	63%	0	0%	944	62%	143	68%	244	50%	36	63%	2,642	61%
Black	495	24%	0	0%	246	16%	25	12%	76	16%	6	11%	848	20%
Hispanic	80	4%	0	0%	95	6%	14	7%	63	13%	4	7%	256	6%
Asian	61	3%	0	0%	120	8%	15	7%	54	11%	6	11%	256	6%
American Indian	11	1%	0	0%	7	0%	0	0%	0	0%	0	0%	18	0%
Pacific Islander	6	0%	0	0%	2	0%	0	0%	3	1%	0	0%	11	0%
Two or More	59	3%	0	0%	55	4%	11	5%	21	4%	5	9%	151	4%
Unknown	41	2%	0	0%	51	3%	2	1%	27	6%	0	0%	121	3%
Total	**2,028**	**100%**	**0**	**0%**	**1,520**	**100%**	**142**	**100%**	**434**	**100%**	**46**	**100%**	**4,642**	**100%**

Source: VA. Healthcare Workforce Data Center

Comprehensive Examination Prohibiting Graduation



Source: VA. Healthcare Workforce Data Center

At a Glance:

No. of Programs Requiring Comprehensive Exam

Baccalaureate: 2
Associate: 1

No. Who Did Not Graduate.

Baccalaureate: 1
Associate: 0

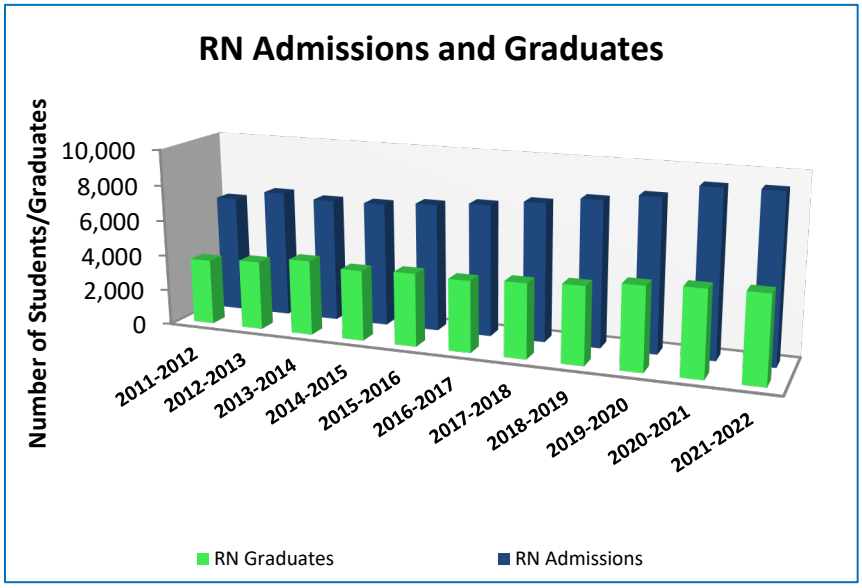
Source: VA. Healthcare Workforce Data Center

Three programs require students to pass a comprehensive examination before graduating. In the 2021-22 academic year, one student did not graduate as a result of thisrequirement.

Program Type	Total Requiring Comprehensive Exam Prohibiting Graduation if Failed		Number Allowing Students who Fail Comprehensive to Reattempt Exams		Average Number of Times Students May Retake Exam	Number who Didn't Graduate Because of Exam
	Count	% of All Programs	Count	% of Those Requiring Exam Prohibiting Graduation		
Associate	1	2%	1	100%	2	0
Associate Online	0	0%	0	0%	0	0
Baccalaureate	2	6%	1	50%	1	1
Baccalaureate Online	0	0%	0	N/A	N/A	0
Accel. Baccalaureate	0	0%	0	N/A	N/A	0
Accel. Masters	0	0%	0	N/A	N/A	0
All Programs	**3**	**4%**	**2**	**67%**	**1**	**1**

Source: VA. Healthcare Workforce Data Center

Long-Term Trends



Source: VA. Healthcare Workforce Data Center

At a Glance:

Admissions

Total: 9,264

Year-over-Year Change: <1%

Graduates

Total: 4,825

Year-over-Year Change: 1%

Source: VA. Healthcare Workforce Data Center

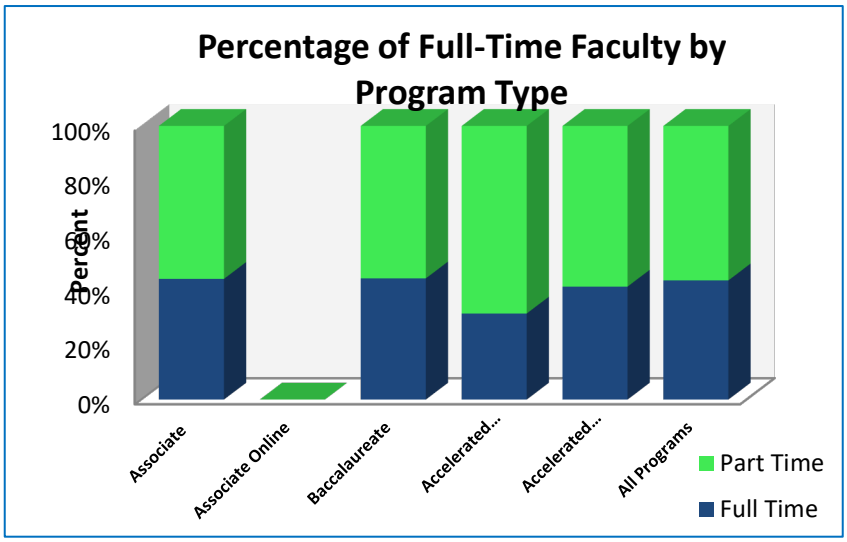
There has been a slight increase in the admissions into Virginia's RN programs and the number of graduates from the programs increased during the 2021-22 academic year. Both numbers are at an all-time high.

Academic Year	RN Admissions		RN Graduates	
	Count	Year-over-Year Change	Count	Year-over-Year Change
2011-2012	6,562	-5%	3,660	-3%
2012-2013	7,115	8%	3,845	5%
2013-2014	6,912	-3%	4,186	9%
2014-2015	6,943	0%	3,926	-6%
2015-2016	7,149	3%	4,062	-3%
2016-2017	7,373	3%	3,966	-2%
2017-2018	7,711	5%	4,141	4%
2018-2019	8,107	5%	4,295	4%
2019-2020	8,506	5%	4,614	7%
2020-2021	9,219	8%	4,761	3%
2021-2022	9,264	<1%	4,825	1%

Source: VA. Healthcare Workforce Data Center

Faculty Information

Employment



Source: VA. Healthcare Workforce Data Center

At a Glance:

% of Total Faculty

Baccalaureate:	44%
Associate:	33%
Accel. Baccalaureate:	12%

% Full-Time

Overall:	44%
Baccalaureate:	44%
Baccalaureate Online:	73%

Mean Student-Faculty Ratio

Overall:	7.3
Associate:	7.5
Baccalaureate:	8.3

Source: VA. Healthcare Workforce Data Center

More than 2 out of every 5 of all RN program faculty work at Baccalaureate programs, while 33% work for Associate programs. In total, Virginia's RN programs employed 2,273 faculty members, 44% of whom are full-time workers.

Program Type	Full Time		Part Time		Total			Student-to-Faculty Ratio		
	#	%	#	%	#	%	% FT	25th %	Mean	75th %
Associate	333	34%	422	33%	755	33%	44%	4.9	7.5	9.3
Associate Online	0	0%	0	0%	0	0%	0%	0.0	0.0	0.0
Baccalaureate	438	44%	551	43%	989	44%	44%	3.6	8.3	11.7
Baccalaureate Online	66	7%	25	2%	91	4%	73%	5.8	6.4	.
Accelerated Baccalaureate	89	9%	194	15%	283	12%	31%	1.5	3.5	5.3
Accelerated Masters	64	6%	91	7%	155	7%	41%	0.7	1.7	.
All Programs	**990**	**100%**	**1,283**	**100%**	**2,273**	**100%**	**44%**	**3.8**	**7.3**	**9.3**

Source: VA. Healthcare Workforce Data Center

On average, the typical RN program had a student-to-faculty ratio of 7.3. Baccalaureate programs had the highest ratio at 8.3, whereas Accelerated Masters programs had the lowest ratio at 1.7.

Faculty Demographics

Age	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Under 25	1	0%	8	1%	9	0%	11%
25 to 34	63	7%	198	18%	261	13%	24%
35 to 44	198	23%	278	25%	476	24%	42%
45 to 54	277	32%	278	25%	555	28%	50%
55 to 64	226	26%	171	15%	397	20%	57%
65 to 74	72	8%	105	9%	177	9%	41%
75 and Over	7	1%	8	1%	15	1%	47%
Unknown	25	3%	63	6%	88	4%	28%
All Programs	**869**	**100%**	**1,109**	**100%**	**1,978**	**100%**	**44%**

Source: VA. Healthcare Workforce Data Center

91% of all faculty are female, and nearly half are between the ages of 45 and 64. In addition, 44% of all faculty currently hold full-time jobs.

At a Glance:

Gender

% Female: 91%
% Female w/ FT Job: 44%

Age

% Under 35: 14%
% Over 54: 30%

Diversity

Diversity Index (Total): 45%
Diversity Index (FT Jobs): 38%

Source: VA. Healthcare Workforce Data Center

In a chance encounter between two faculty members, there is a 45% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable index is 58%.

Gender	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Male	58	7%	109	10%	167	9%	35%
Female	782	93%	998	90%	1,780	91%	44%
Total	**2**	**0%**	**2**	**0%**	**4**	**0%**	**50%**

Source: Va. Healthcare Workforce Data Center

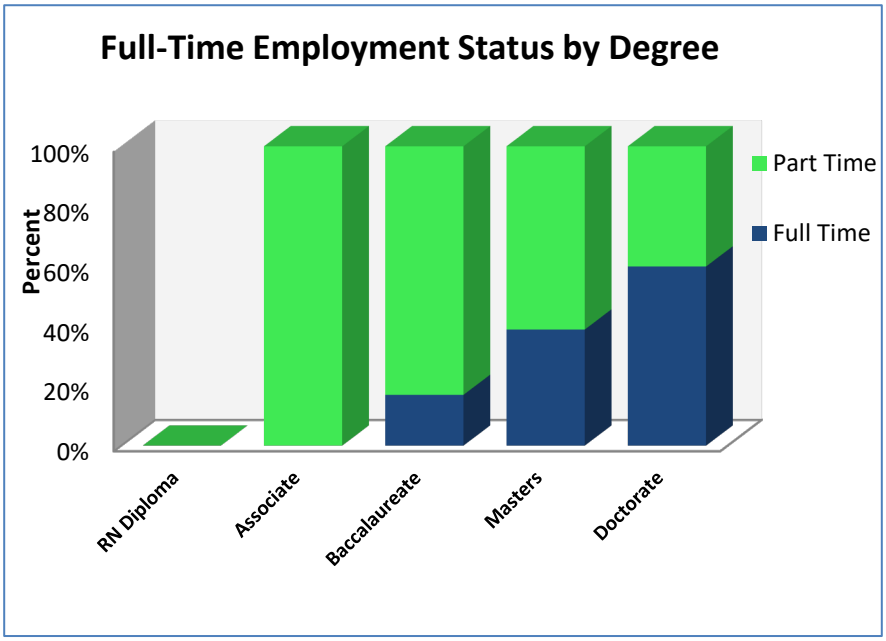
Race/ Ethnicity	Virginia*	Full Time		Part Time		Total		
	%	#	%	#	%	#	%	% FT
White	60%	647	77%	761	68%	1,408	72%	46%
Black	19%	121	14%	200	18%	321	16%	38%
Asian	7%	20	2%	28	3%	48	2%	42%
Other Race	0%	0	0%	6	1%	6	0%	0%
Two or more races	3%	7	1%	20	2%	27	1%	26%
Hispanic	10%	11	1%	28	3%	39	2%	28%
Unknown	0	33	4%	75	7%	108	6%	31%
Total	**100%**	**839**	**100%**	**1,118**	**100%**	**1,957**	**100%**	**43%**

* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: VA. Healthcare Workforce Data Center

Faculty Educational Background

A Closer Look:



Source: VA. Healthcare Workforce Data Center

At a Glance:

Degree

MSN:	55%
Nursing Doctorate:	29%
BSN:	12%

Full-Time Employment

Overall:	43%
Non-Nursing Doctorate:	61%
Nursing Doctorate:	54%
Masters in Nursing:	39%

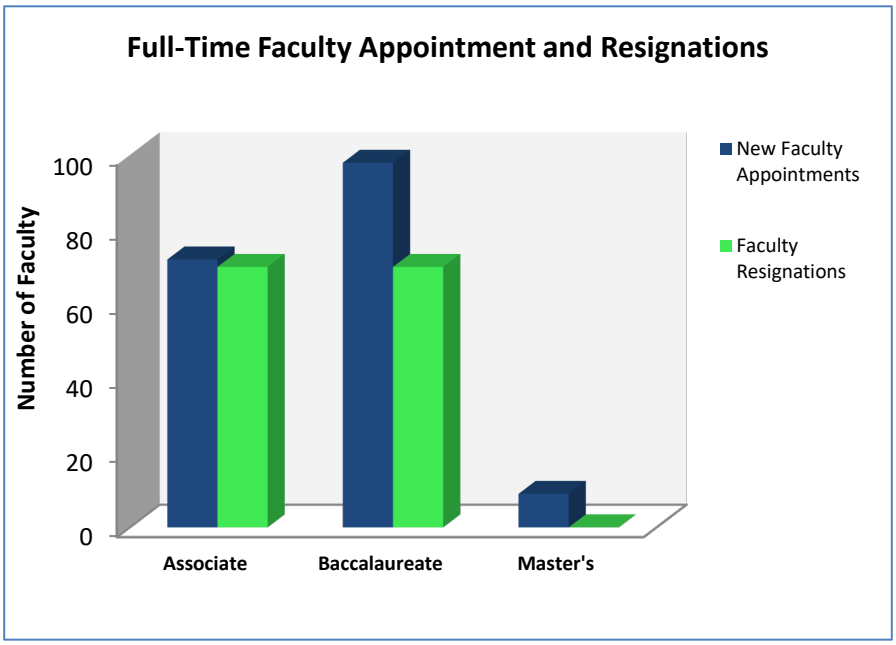
Source: VA. Healthcare Workforce Data Center

55% of all faculty members held an MSN as their highest professional degree, while 29% held a doctorate in nursing. Among all faculty with a reported degree, 43% were employed on a full-time basis.

Highest Degree	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
RN Diploma	0	0%	0	0%	0	0%	0%
ASN	0	0%	1	0%	1	0%	0%
Non-Nursing Bachelors	0	0%	1	0%	1	0%	0%
BSN	36	5%	175	17%	211	12%	17%
Non-Nursing Masters	9	1%	21	2%	30	2%	30%
Masters in Nursing	387	50%	603	59%	990	55%	39%
Non-Nursing Doctorate	28	4%	24	2%	52	3%	54%
Nursing Doctorate	331	40%	2,034	20%	514	29%	61%
Total	**771**	**100%**	**1,028**	**100%**	**1,799**	**100%**	**43%**

Source: VA. Healthcare Workforce Data Center

Faculty Appointments and Resignations



Source: VA. Healthcare Workforce Data Center

At a Glance:

Full-Time Faculty

Turnover Rate:	14%
Newly Appointed Rate:	18%

Turnover Rate

Associate:	21%
Baccalaureate:	13%
Accel. Baccalaureate:	9%

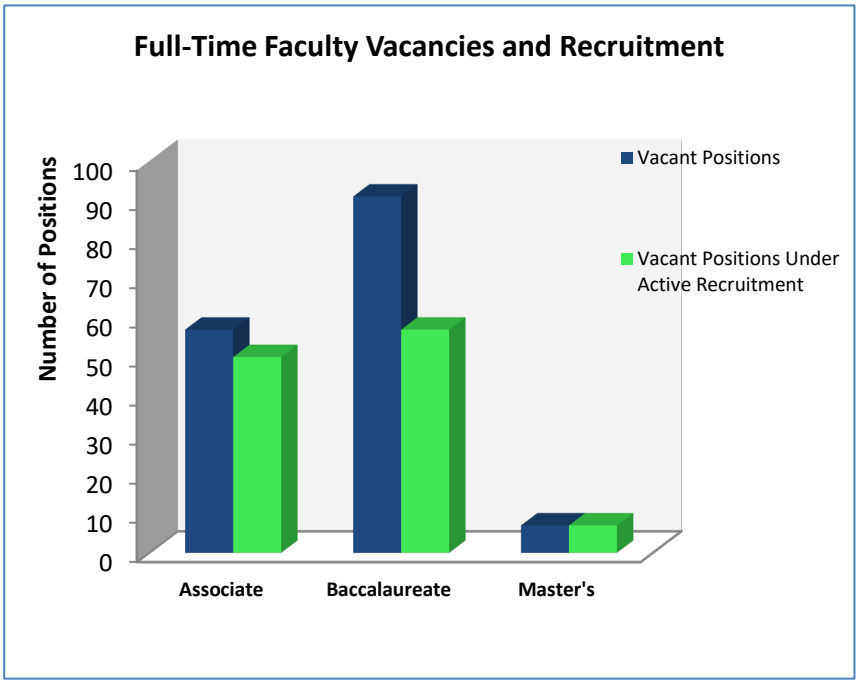
Source: VA. Healthcare Workforce Data Center

Among full-time faculty, Virginia's RN programs experienced a 14% turnover rate and a newly appointed faculty rate of 18% over the past year.

Full Time Faculty	Program Type						
	ASN	ASN Online	BSN	BSN Online	Accel. BSN	Accel. Masters	All Programs
Total	**333**	**0**	**438**	**66**	**89**	**64**	**990**
Newly Appointed	72	0	71	12	15	9	**179**
Resignations	70	0	59	3	8	0	**140**
Turnover Rate	**21%**	**0%**	**13%**	**5%**	**9%**	**0%**	**14%**
Proportion Newly Appointed	**22%**	**0%**	**16%**	**18%**	**17%**	**14%**	**18%**

Source: VA. Healthcare Workforce Data Center

Future Faculty Requirements



Source: VA. Healthcare Workforce Data Center

At a Glance:

Active Recruitment

% of FT Vacancies:	74%
% of PT Vacancies:	111%

Budget Adequacy

Full-Time Hiring:	79%
Part-Time Hiring:	100%

Expected Job Disruption

Less:	51%
Same:	44%
More:	5%

Source: VA. Healthcare Workforce Data Center

A total of 114 full-time faculty positions and 124 part-time faculty positions are currently in active recruitment. Most of the full-time jobs are needed in Baccalaureate programs, whereas part-time job need is highest in Associate programs.

Adequate Faculty Budget?	Full Time		Part Time	
	#	%	#	%
Yes	69	83%	77	94%
No	14	17%	5	6%
Total	**83**	**100%**	**82**	**100%**

Source: VA. Healthcare Workforce Data Center

Program Type	Next Year's Expectation for Full-Time Faculty Disruption							
	Expect Less	%	Expect Same	%	Expect More	%	Total	%
Associate	17	43%	19	48%	4	10%	40	100%
Associate Online	0	0%	0	0%	0	0%	0	0%
Baccalaureate	17	55%	12	39%	2	6%	31	100%
Baccalaureate Online	2	67%	1	33%	0	0%	3	100%
Accelerated Baccalaureate	3	43%	3	43%	1	14%	7	100%
Accelerated Masters	0	0%	1	50%	1	50%	2	100%
All Programs	**39**	**47%**	**36**	**43%**	**8**	**10%**	**83**	**100%**

Source: VA. Healthcare Workforce Data Center

Approximately 10% of Virginia's RN programs expect more employment disruption among full-time faculty over the course of the next year. In addition, most programs currently have a budget of sufficient size to adequately meet both their full-time and part-time faculty needs.