

VIRGINIA BOARD OF NURSING
BUSINESS MEETING
AGENDA (FINAL)

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, May 19, 2026 at 9:00 A.M. – Quorum of the Board

CALL TO ORDER: Carol Cartte, RN, BSN; President

ESTABLISHMENT OF A QUORUM

PUBLIC COMMENT

Please note - Public Comment is not an opportunity to:

- Engage the Board in a discussion.
- Comment on regulatory actions for which the public comment period is closed.
- Address an investigation, a disciplinary proceeding or a closed case.

In order to allow ample time for the Board to conduct its business, the Board asked that the public limit your comment to 3-5 minutes.

ANNOUNCEMENT

- **Board Member Update**

- Board Members, **Delia Acuna, FNP-C and Lila Peake, RN**, have resigned their positions as Board Members effective June 1, 2026.

- **Staff Update:**

- **Shaniqua Oliver** has accepted the Senior Licensing Specialist position and started on May 10, 2026.

A. UPCOMING MEETINGS and HEARINGS:

- The Education Informal Conference Committee is scheduled for June 17, 2026, at 9 am in Board Room 4.
- The Committee of the Joint Boards of Nursing and Medicine Meeting/Hearing is scheduled for June 17, 2026, at 9 am in Board Room 2.
- NCSBN Discipline Case Management Conference is scheduled for May 27-28, 2026, in Rosemont, IL. Patricia Dewey and Monique Davis will attend.

- NCSBN’s 2026 Executive Officer Leadership Summit is scheduled for June 9-10, 2026, in Nashville, TN. Claire Morris will attend.
- NCSBN Annual Meeting is scheduled for August 19-21, 2026 in Chicago. Please let Ms. Morris and/or Ms. Vu know if you are interested in attending.

REMINDER of the Upcoming Special Conference Committee (SCC) Dates:

June 2026:

- SCC-A – Tuesday, June 9, 2026 → Cartte, Hogan and Peterson, LMT
- SCC-C – Thursday, June 11, 2026 → Cartte and Valenta
- SCC-B – Friday, June 12, 2026 → Cartte and Davis
- SCC-D – Monday, June 22, 2026 → Cox and Zehr

REMINDER of Formal Hearings:

- Tuesday, June 30, 2026, in Board Room 4 → **Cartte, Parke, Cox, Davis, Valenta and Ware**

• **Nursing and Nurse Aide Education Program Training Sessions:**

- Preparation and Regulation Review for Program Directors and Faculty of Pre-Licensure Nursing Programs Seminar is scheduled for June 3, 2026, 9 am to 12 pm, at Department of Health Professions Office, Conference Center 201, 9960 Mayland Drive, Henrico, VA 23233.
- Survey Visit Preparation and Review of Regulations for Approved Nurse Aide Education Programs Seminar is scheduled for June 3, 2026, 1 pm to 4 pm, at Department of Health Professions Office, Conference Center 201, 9960 Mayland Drive, Henrico, VA 23233.
- Review of the Application Process to Receive Approval to Establish a Nurse Aide Education Program Seminar is scheduled **VIRTUALLY** for September 16, 2026, 1 pm to 3 pm.

REVIEW OF THE AGENDA:

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

*B1	March 23, 2026	Formal Hearings
*B2	March 24, 2026	Business Meeting
*B3	March 25, 2026	Board of Nursing Officer Meeting
*B4	March 25, 2026	Panel A – Formal Hearings
*B5	March 25, 2026	Panel B - Formal Hearings
*B6	March 26, 2026	Formal Hearings
*B7	April 9, 2026	Telephone Conference Call
*B8	April 23, 2026	Telephone Conference Call
**B9	April 30, 2026	Formal Hearings

****C1** - Board of Nursing Monthly Tracking Log

***C2** - Agency Subordinate Recommendation Tracking Log

*****C3** - Executive Director Report

****C4** – HPMP Quarterly Report – January 1 – March 31, 2026

***C5** - The Committee of the Joint Boards of Nursing and Medicine Telephone Conference Call minutes on April 1, 2026

***C6** - The Committee of the Joint Boards of Nursing and Medicine Business Meeting on April 22, 2026

***C7** - The Committee of the Joint Boards of Nursing and Medicine Formal Hearing minutes on April 22, 2026

*****C8** - Federation of State Massage Therapy Boards (FSMTB) 2026 Massage Board Executive (MBE) Summit on April 22-24, 2026, in Providence, RI

*****C9** – NCSBN Virtual APRN Roundtable Meeting on April 29, 2026

*****C10** - NCSBN NCLEX Item Review Subcommittee (NIRSC) May 12-14, 2026 Meeting in Chicago, IL

C11 – The Committee of the Joint Boards of Nursing and Medicine Telephone Conference Call minutes on May 7, 2026

DIALOGUE WITH DHP DIRECTOR – Dr. Brown

10:00 A.M. – POLICY FORUM - Healthcare Workforce Data Center (HWDC) Reports – Yetty Shobo, PhD, Executive Director and Barbara Hodgdon, PhD, Deputy Director

➤ ****Virginia’s Nursing Education Programs: 2024-2025 Academic Year**

B. DISPOSITION OF MINUTES – None

C. REPORTS

- ***DHP Quarterly Performance Measurement, Q3 2022 – Q3 2026 – FYI only**

D. OTHER MATTERS:

- Board Counsel Update (**verbal report**)
- ****D1** - Informal Conference Schedule for Second Half of 2026 – **FYI**

E. EDUCATION:

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

F. REGULATIONS/LEGISLATION– Ms. Barrett/Mr. Novak

- ***F1** – Chart of Regulatory Actions
- ***F2** – Closure of Periodic Reviews and Issuance of NOIRA – Chapters 30 and 40

- *****F3** – Revision of Guidance Document 90-62: Medication Administration Training Curriculum Approved by the Board of Nursing for Various Settings

G. CONSIDERATION OF CONSENT ORDERS

- ****G1** – Kristian Marie Deguel, RN
- ****G2** – Amy Marie Willoughby, RN – **amending consideration**
- *****G3** – Claudia Rose Guerra, RN
- **G4** – Courtney Elizabeth Downs, RN Reinstatement Applicant

12:00 P.M. – 12:45 P.M – LUNCH

12:45 P.M. – A Visit from Lauryn Walker, PhD, Deputy Secretary, Health and Human Resources

Possible Summary Suspension Considerations

- **Case # 236840**
- **Case # 236900**
- **Cases # 250068, 245511, 252357 and 234396**
- **Cases # 257830, 257831, 257832 and 257833**
- **Case # 246826**
- **Cases # 257568 and 257598**

1:30 P.M.

****E1** – Education Special Conference Committee April 15, 2026 Minutes

CONSIDERATION OF APRIL 15, 2026 EDUCATION SPECIAL CONFERENCE COMMITTEE RECOMMENDATIONS:

- ****E1a** - Astar Education Institute, Manassas, Nurse Aide Education Program, 1414100751, Case Number 255791
- ****E1b** - Ultimate Health School, Manassas, Practical Nursing Education Program, US28205000, Case Number 255775
- ****E1c** - America School of Practical Nursing, Woodbridge, Practical Nursing Program, US28110100, Case Number 255188

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS – Full Board

1	*Zennash Dagnachew-Bisrat, LPN	2	*Tameesha Lynett Finely, RN
3	*Fenet Ayele Mulugeta, RN	4	*Melanie Kay Holcomb Kello, LPN
5	*Deborah Lynn Lester	6	*Crystal Danyell Null, RN
7	*Christelle Tchakouano Ngwayap, LPN	8	*Charlotte Anne Dere, LPN
9	*Hannah Amankwah, RN Applicant	10	*Jennifer Brown Lovelace, LPN
11	*Makesha Cartina Ndiaye, LPN	12	*Ashley Lynn Thompson, LPN

13	*Rebekah Young, CNA Applicant	14	*Latia A. Phipps, LPN
15	*Harrison Mitchell, RN	16	*Megan E. Bailey, LPN
17	**Brianna Paige Houchins, LPN	18	**Brandee Elizabeth-Casillas Manuel, LPN
19	**Rhonda N. Ivory, LPN	20	**Darlene Gandy Wilson, CNA
21	**Hawanatu S. Kalokoh, RMA Applicant	22	**Sheri Saul, CNA
23	**Samantha S. Adkins, CNA	24	**Yovinta Breventos, CAN
25	***Quintarah Amiyo Hammond, RN	26	***Charmaine Leigh Belcher, RN

BOARD MEMBER DEVELOPMENT

- ❖ Sanction Reference Point system
 - ***Guidance Document 90-7: Sanctioning Reference Points Instruction Manual

- ❖ C.N.A. Federal Registry and Discipline
 - ***Overview of Nurse Aide Regulations

MEETING DEBRIEF:

- What went well
- What needs improvement

ADJOURNMENT OF BUSINESS AGENDA

(*1st mailing – 4/29) (**2nd mailing – 5/6) (***)3rd mailing – 5/13)

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
March 23, 2026**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:29 A.M., on March 23, 2026, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS
PRESENT:**

Carol Cartte, RN, BSN; **President**
Victoria Cox, DNP, RN
Pamela Davis, LPN
Helen Parke, DNP, FNP-BC
Jeannell Webb-Jones, MSN, RN
Jodi Zehr, RN

STAFF PRESENT:

Ann Hardy, MSN, RN; Deputy Executive Director
Randall Mangrum, DNP, RN; Deputy Executive Director for Advanced Practice
Tamika Claiborne, Senior Discipline Specialist

OTHERS PRESENT:

Sara A. Blose, Senior Assistant Attorney General
Henrico County Public Schools – Home Health Aides

**ESTABLISHMENT
OF A PANEL:**

With six members of the Board present, a panel was established.

FORMAL HEARINGS:

Latifia Childress, CNA **1401-142167**

Ms. Childress appeared and was represented by William Stanton VII and Ryan Pokorny.

Amy Weiss, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Juan Ortega, court reporter with Ortega International Reporting, recorded the proceedings.

Michelle Longwell, Senior Investigator, Enforcement Division, and Brandy Plummer, RN were present and testified.

RECESSED:

The Board recessed at 11:06 A.M.

RECONVENTION:

The Board reconvened at 11:17 A.M.

CLOSED MEETING: Ms. Zehr moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:00 P.M., for the purpose of deliberation to reach a decision in the matter of **Latifia Childress**. Additionally, Ms. Zehr moved that Ms. Hardy, Dr. Mangrum, Ms. Claiborne and Ms. Blose, 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. Cox and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:38 P.M.

Ms. Zehr 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. Cox and carried unanimously.

ACTION: Ms. Webb-Jones moved that the Board reprimand **Latifia Childress** to practice as a nurse aide in the Commonwealth of Virginia with terms. The motion was seconded by Ms. Davis and carried unanimously.

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

FORMAL HEARINGS: **Shannon Piper Day,**
RN Reinstatement Applicant **0001-273336**

Ms. Day appeared and was accompanied by her uncle Eric Weber.

Aaron Timberlake, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Juan Ortega, court reporter with Ortega International Reporting, recorded the proceedings.

Gayle Miller, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Ms. Zehr moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:46 P.M., for the purpose of deliberation to reach a decision in the matter of **Shannon Piper Day**. Additionally, Ms. Zehr moved that, Ms. Hardy, Dr.

Mangrum, Ms. Claiborne and Ms. Blose, 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. Cox and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:58 P.M.

Ms. Zehr 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. Cox and carried unanimously.

ACTION: Dr. Parke moved that the Board reinstate the license of **Shannon Piper Day** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and passed unanimously.

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

CONSIDERATION OF CONSENT ORDER:

Amy Lafoon, RN

0001-119886

Ms. Davis moved that the Board of Nursing accept the consent order to involuntarily surrender the license of **Amy Lafoon** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

ADJOURNMENT: The Board adjourned at 2:18 P.M.

Randall Mangrum, DNP, RN
Deputy Executive Director for Advanced Practice

**VIRGINIA BOARD OF NURSING
BUSINESS MEETING MINUTES
March 24, 2026**

B2

TIME AND PLACE: The business meeting of the Board of Nursing was called to order at 9:01 A.M. on March 24, 2026, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Carol Cartte, RN, BSN; President

BOARD MEMBERS PRESENT: Victoria Cox, DNP, RN
Pamela Davis, LPN
Paul Hogan, Citizen Member – **joined at 9:18 A.M.**
Cleopatra Kitt, PhD, Citizen Member – **joined at 9:05 A.M.**
Helen Parke, DNP, FNP-BC
Lila Peake, RN
Delores Valenta, LPN
Jeanell Webb-Jones, MSN, RN, AMB-RN
Jodi Zehr, RN

MEMBERS ABSENT: none

STAFF PRESENT: Claire Morris, RN, LNHA; Executive Director
Randall Mangrum, DNP, RN; Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Ann Hardy, MSN, RN; Deputy Executive Director
Stephanie Willinger, Deputy Executive Director
Jacquelyn Wilmoth, MSN, RN; Deputy Executive Director for Education
Patricia Dewey, RN, BSN; Discipline Case Manager
Monique Davis, MPH, MB, BSN
Ka Yu-Cheng, RD, RN, SMQT; Compliance & Case Adjudication Manager
Huong Vu, Operations Manager

OTHERS PRESENT: Davis Brown, DO, DHP Director
Erin Barrett, JD, DHP Director of Legislative and Regulatory Affairs – **joined at 10:51 A.M.**
Matt Novak, DHP Policy and Economic Analyst

IN THE AUDIENCE: Yvette Dorsey, DNP, MSN, RN, Director of the Virginia Nursing Workforce Center (VNWC)
Jennifer Bussen, Chamberlain College of Nursing

ESTABLISHMENT OF A QUORUM: With 9 members present, Ms. Cartte indicated that a quorum was established.

Virginia Board of Nursing
Business Meeting
March 24, 2026
DIALOGUE WITH DHP
DIRECTOR OFFICE:

Dr. Brown made note of his long history with DHP including he was a Board Member on the Board of Medicine and also a previous DHP Director. Dr. Brown thanked Board Members for their work on the board.

Dr. Brown reminded Board Members that their responsibility is to protect the public and cannot speak for the Board. The Board speaks through its Orders and Regulations. Dr. Brown noted that communication with stakeholders should come from staff, not Board Members.

Dr. Brown stated that some of the DHP goals for the future under this Administration are healthcare workforce and affordable and accessible care.

Ms. Cartte thanked Dr. Brown for his report.

PUBLIC COMMENT:

Yvette Dorsey, DNP, MSN, RN, Director of the Virginia Nursing Workforce Center (VNWC) reported the following:

- HB815 & SB405 (Virginia Health Workforce Development Authority; administration of nursing scholarships) have been passed the General Assembly (GA) and currently at the Governor's desk for consideration. If approved then it will be effective on July 1, 2026.
- VNWC Advisory Board had its first meeting on March 5, 2026 with discussion regarding strategic oversight. Board Members represent expertise in all regions of Virginia.
- VNWC Summit is scheduled on May 12, 2026 at Richmond Marriott and the theme is "Why Nursing and Why in Virginia."
 - Scholarship Recognition & Statewide DAISY Award Presentation
 - NCSBN will attend
 - The Keynote Speakers are:
 - Stephan Davis, DNP, MHSA, NEA-BC, CENP, CNE, FACHE, Associate Professor at Georgetown University, School of Nursing
 - Katie Boston-Leary, PhD, MBA, MRA, RN, NEA-BC, FADLN, FAONL, FAAN, Senior Vice President of Equity and Engagement at the American Nurse Association

ANNOUNCEMENTS:

Ms. Cartte announced the following:

Board Member Update:

- **Tauna Gulley, PhD, PMHNP-BC, FNP-BC, CNE**, from Clintwood, has been appointed by Governor Spanberger on March 9, 2026 to serve from July 1, 2025 to June 30, 2029. Dr. Gully replaces Shelly Smith, PhD, DNP, ANP-BC.
- **Yesenia Nunez, MSN, FNP-BC**, from Winchester, has been

appointed by Governor Spanberger on March 9, 2026 to serve from July 1, 2025 to June 30, 2029. Ms. Nunez replaces Catherline Paler, RN.

- **Kathleen Ware, DNP, MSN, RN, NEA-BC, CNOR**, from Williamsburg, has been appointed by Governor Spanberger on March 9, 2026 to serve from July 1, 2025 to June 30, 2029. Dr. Ware replaces A Tucker Gleason, PhD

Staff Update:

- Claire Morris, Executive Director for the Board, has been appointed to the Virginia Health Workforce Development Authority Nursing Workforce Center Advisory Board.

UPCOMING MEETINGS: The upcoming meetings listed on the agenda:

- The Education Informal Conference Committee is scheduled for April 8, 2026, at 9 am in Board Room 4.
- The Committee of the Joint Boards of Nursing and Medicine Meeting/Hearing is scheduled for April 22, 2026, at 9 am in Board Room 2.
- The Federation of State Massage Therapy Boards (FSMTB) 2026 Massage Board Executive (MBE) Summit is scheduled on April 22-24, 2026 in Providence, Rhode Island. Ms. Bargdill will attend to represent the Virginia Board of Nursing.

REMINDER of Additional Special Conference Committee (SCC) to hear reinstatement cases:

April 2026:

- SCC-B – Friday, April 3, 2026 → Acuna and Davis
- SCC-C – Monday, April 6, 2026 → Cartte and Peake
- SCC-D – Monday, April 20, 2026 → Cox and Zehr
- SCC-A – Tuesday, April 21, 2026 → Cartte, Hogan and Lively, LMT

REMINDER of Formal Hearings:

- Thursday, April 30, 2026, in Board Room 3 → **Cartte, Parke, Cox, Davis, Peake, Valenta and Webb-Jones**
- Tuesday, June 30, 2026, in Board Room 4 → **Cartte, Parke, Cox, Davis, Peake and Valenta**

- **Nursing and Nurse Aide Education Program Training Sessions:**
 - Preparation and Regulation Review for Program Directors and Faculty of Pre-Licensure Nursing Programs Seminar is scheduled for June 3, 2026, 9 am to 12 pm, at Department of Health Professions Office, Conference Center 201, 9960 Mayland Drive, Henrico, VA 23233.
 - Survey Visit Preparation and Review of Regulations for Approved Nurse Aide Education Programs Seminar is scheduled for June 3, 2026, 1 pm to 4 pm, at Department of Health Professions Office, Conference Center 201, 9960 Mayland Drive, Henrico, VA 23233.
 - Review of the Application Process to Receive Approval to Establish a Nurse Aide Education Program Seminar is scheduled **VIRTUALLY** for September 16, 2026, 1 pm to 3 pm.

**ORDERING OF
AGENDA:**

Ms. Cartte asked staff if there are modifications to the agenda.

Ms. Morris stated that there is no modification to the agenda.

CONSENT AGENDA:

The Board did not pull any items from the Consent Agenda.

Dr. Kitt moved to accept the items on the consent agenda as presented. The motion was seconded by Dr. Parke and carried unanimously.

Consent Agenda

B1 November 17, 2025	Formal Hearings
B2 November 18, 2025	Business Meeting
B3 November 19, 2025	Board of Nursing Officer Meeting
B4 November 19, 2025	Panel A – Formal Hearings
B5 November 19, 2025	Panel B - Formal Hearings
B6 November 20, 2025	Formal Hearings
B7 December 2, 2025	Telephone Conference Call
B8 December 11, 2025	Telephone Conference Call
B9 December 18, 2025	Telephone Conference Call
B10 January 8, 2026	Telephone Conference Call
B11 January 22, 2026	Telephone Conference Call
B12 February 5, 2026	Formal Hearings
B13 February 12, 2026	Telephone Conference Call
B14 March 12, 2026	Telephone Conference Call

C1 - Board of Nursing Monthly Tracking Log

C2 - Agency Subordinate Recommendation Tracking Log

C3 - Executive Director Report

- ❖ 12 19 2025 NCSBN BOD Presidents Letter
- ❖ 02 23 2026 NCSBN BOD Presidents Letter

C4 – HPMP Quarterly Report – October 1 – December 31, 2025

Annual Reports

C6 - Criminal Background Check (CBC) Report for CY2025 – **Ms. Willinger/Mr. McCuiston**

C7 - Licensure and Discipline Statistics for CY2025 – **Ms. Morris/Ms. Vu**

C8 - 2025 NNAAP Pass Rates – **Ms. Wilmoth**

C9 - 2025 PSI Pass Rates (Medication Aide) – **Ms. Wilmoth/Ms. Smith**

C10 - 2025 NCLEX Pass Rates – **Ms. Wilmoth/Ms. Bayley**

C11 - The Committee of the Joint Boards of Nursing and Medicine Discipline Meeting and Formal Hearing minutes on December 10, 2025

C12 - The Committee of the Joint Boards of Nursing and Medicine Meeting minutes on February 25, 2026

DISPOSITION OF
MINUTES:

None

REPORTS:

DHP Performance Measure Report Q4 FY2025:

Ms. Cartte noted that this is provide for information only.

Nurse Licensure Compact (NLC) Midyear Meeting in Phoenix, AZ:

Ms. Morris, attended as Commissioner for Virginia, reported that boards are compliant with information provided in NURSYS.

NCSBN Midyear Meeting in Phoenix, AZ:

Ms. Morris reported the following:

- The Theme was “Evidence in Action”
- Data focus – translating data into evidence
- Challenging the status quo – being agile with regulations in response to the current healthcare needs.

Ms. Cartte reported that she attended the President session and IV Med Spa problem across the states was discussed, nurses who provide IV without the supervised physicians.

Dr. Parke reported that NCSBN Journals have many great articles regarding environmental scan, substance use, human nurses (not AI), and APRN scope

of practice. Dr. Parke added that NCSBN monitors about 15K pieces of legislation a year.

Mr. Hogan noted that the article regarding patient safety was published in the January 2026 NCSBN Journal (page 298).

Ms. Wilmoth reported the following:

- Many Educators in other states struggle with faculty and legislation issues.
- There are programs in other states pay money to participate in clinical sites.
- NCLEX testing may be moving online, no date has been determined yet.
- NCSBN is thinking about fee increases for NCLEX testing.

Dr. Brown left the meeting at 9:41 A.M.

OTHER MATTERS:

Board Counsel Update:

None.

Informal Conferences Schedule for August, October and December 2026

- **D1** - Special Conference Committee (SCC) Composition as of July 1, 2026
- **D2** - SCC Memo regarding the Second Half of 2026
- **D3** - SCC's available Dates for August, October and December 2026

Ms. Cartte stated that the SCC composition has changed as of July 1, 2026. Ms. Cartte asked Committee Members to complete the SCC's available dates for August, October and December 2026 and return to Ms. Vu by the end of the day.

RECESS:

The Board recessed at 9:47 A.M.

RECONVENTION:

The Board reconvened at 10:00 A.M.

POLICY FORUM - Healthcare Workforce Data Center (HWDC) Reports – Yetty Shobo, PhD, Executive Director and Barbara Hodgdon, PhD, Deputy Director

- Virginia's Certified Nurse Aide Workforce: 2025
- Virginia's Licensed Practical Nurse Workforce: 2025
- Virginia's Registered Nurse Workforce: 2025
- Virginia's Licensed Nurse Practitioner Workforce: 2025
- Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty

Dr. Hodgdon reported the Key Findings as follows:

2025 RN Workforce

- Increase in licensees, VA's workforce, and FTEs
- Younger age distribution and diversity index increasing
- Majority hold at least a BSN, over 2 in 5 have education debt
- Decrease in percentage of RNs working in inpatient hospital departments
- About 1 in 5 intend to retire within a decade

2025 LPN Workforce

- Decrease in licensees and VA's workforce since 2023; decrease in FTE since 2024
- Slight decrease in percentage under 40 since 2016; increase in diversity index over time
- Majority hold LPN diploma/certificate; over 2 in 5 hold education debt
- Greatest increase in percentage working in primary care clinics
- A little over 1 in 5 intend to retire within 10 years

2025 CNA Workforce

- Increase in licensees, VA's workforce, and FTEs since 2022
- Majority of workforce under 40 years old; diversity index higher than statewide diversity index
- Highest increase post-COVID in percentage training in nursing homes and hospital settings
- Increase in percentage enrolled in an RN program
- Decrease in percentage working in home health care

Dr. Shobo reported the Key Findings regarding APRNs as follows:

2025 APRN Workforce

- Increase in licensees, VA's workforce, and FTEs
- Median age stable and diversity index increasing
- Educational attainment and percentage with education debt stable
- Decrease in percentage of APRNs working in group private practice; increase in percentage working in primary care
- Less than 1 in 5 intend to retire in 10 years

APRNs by Specialty: 2024 & 2025 Data

- 83%, 13% and 2% of licensees are CNPs, CRNAs, CNMs and CNSs, respectively
- Majority female workforce; CRNAs have lowest percentage female in the workforce (71%)
- CNMs have the highest percentage working 60 plus hours

- CNSs have the lowest job satisfaction, however 92% are satisfied with their jobs
- Majority of CRNAs, CNMs, and CNPs work in private sector; majority of CNSs work in non-profit sector

Mr. Hogan asked how many APRNs are working in autonomous practice. Dr. Shobo responded that there was no question in the survey asking about autonomous practice, but it can be asked if the Board wants.

Ms. Davis moved that the Board of Nursing approve the reports as presented. The motion was seconded by Dr. Parke and carried unanimously.

EDUCATION:

Education Update:

Ms. Wilmoth reported the following:

Nurse Aide Education Program Updates

- The contract for nurse aide testing has been awarded to Credentia.

Medication Aide Program Updates

- To help address the low overall pass rates, test item revision and writing continues with the last meetings occurring in March. However, one critical area that remains unaddressed is the quality of program training. The table below shows pass rates for 2025, broken down by program type. Notably, proprietary programs continue to have the lowest pass rates.
 - While the original goal was to revise/write 50 items, it is expected that there will be approximately 110 new items, which will be released as sample questions to determine their validity and testing strength prior to being used as scoring items on the state exam

2025 State Testing Results		
Type	Pass Percent	#tested
College	60.7%	17/28
High School	76.9%	10/13
ALF	64.6%	51/79
Pharmacy	56.0%	206/368
Proprietary	48.9%	417/853

Nursing Education Programs Updates

- ETL grant funds have been awarded. Awardees were able to apply for an extension on the use of the funds. Two programs have withdrawn from the ETL Grant Program – reason unknown.

- NCSBN Annual Report – has closed and we are awaiting results from NCSBN.
- Potential programs are required in regulation to attend an education seminar before submitting a new program application to the Board. At its most recent education seminar, there were ~10 potential new programs in attendance.

Ms. Barrett joined the meeting at 10:51 A.M.

E2 – 2027 Dates for Education Informal Conference Meetings

Ms. Wilmoth asked for volunteers to serve on the 2027 Education Informal Conference meetings. Please email her if Board Members are interested.

LEGISLATION/
REGULATION:

F1 - Chart of Regulatory Actions

Mr. Novak reviewed the Chart of Regulatory Actions provided on the agenda noting that Periodic review changes to Chapter 27 is the only one that is still at the Department of Planning and Budget for review, the other three items are now at the Secretary Office for review

F2 – Consideration of Amendments to Guidance Documents 90-8: Virginia Board of Nursing Interpretation of “Alternative Credentials” for Nursing Faculty

Mr. Novak noted that this is a recommendation of the Education Special Conference Committee which met on February 11, 2026.

Ms. Zehr moved the Board of Nursing to amend Guidance Document 90-8 as presented. The motion was seconded by Dr. Cox and carried unanimously.

2026 General Assembly (GA) Legislative Report

Ms. Barrett provided the report and reviewed the status of the bills on the report noting the following:

- April 13 – legislation passes if the Governor does nothing
- April 22 – GA reconvenes
- April 23 – budget talk begins

CONSIDERATION OF CONSENT ORDER:

G1 – Frances Edna Buck, RMA

0031-015375

Ms. Davis moved that the Board of Nursing accept the consent order to reprimand **Frances Edna Buck** and to indefinitely suspend her registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Dr. Kitt and carried unanimously.

G2 – Frances Edna Buck, CNA

1401-079085

Ms. Davis moved that the Board of Nursing accept the consent order to reprimand **Frances Edna Buck**, to indefinitely suspend her certificate to practice as a medication aide in the Commonwealth of Virginia and to enter a Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded by Dr. Kitt and carried unanimously.

G3 – Lisa Marie Thornsby, RN

0001-264427

Ms. Davis moved that the Board of Nursing accept the consent order to reprimand **Lisa Marie Thornsby** and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia with suspension stayed contingent upon Ms. Thornsby's continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) with for the period specified by the HPMP. The motion was seconded by Dr. Kitt and carried unanimously.

G4 – Cristina Lynn Schasse, RN

0001-207581

Ms. Davis moved that the Board of Nursing accept the consent order to reinstate the license of **Cristina Lynn Schasse** to practice professional nursing in the Commonwealth of Virginia and to indefinitely suspend her license with suspension stayed contingent upon Ms. Schasse's continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded by Dr. Kitt and carried unanimously.

G5 – Erin Kay Thomas, RN

0001-274388

Ms. Davis moved that the Board of Nursing accept the consent order to reprimand **Erin Kay Thomas**. The motion was seconded by Dr. Kitt and carried unanimously.

BOARD MEMBER DEVELOPMENT:

ROLE OF THE BOARD MEMBER

- Board Member Expectations
- Conflict of Interest
- Guide for Members Public Bodies
- Top Ten Characteristics of and Effective Board Member

Ms. Morris reminded Board Members that they cannot speak for the Board. The Board speaks through its Orders.

Ms. Morris asked Board Members to reach out to her if they have any questions or have been approached with inquiry about the Board.

RECESS: The Board recessed at 11:25 A.M.

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

POSSIBLE SUMMARY SUSPENSION CONSIDERATION:

David Kazzie, Deputy Executive Director, Aaron Timberlake, Jovonni Armstead, Tammie Jones, and Piero Mannino, Adjudication Specialists/Consultant, Administrative Proceedings Division (APD), joined the meeting at 12:50 PM.

Jovonni Armstead presented evidence that the continued practice of professional nursing by **Alhaji Musa Kamara, RN (0001-308290)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the license of **Alhaji Musa Kamara** to practice professional nursing in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of her licenses in lieu of a formal hearing. The motion was seconded Dr. Cox and carried unanimously.

Tammie Jones presented evidence that the continued practice of professional nursing by **Djaka Kaba, RN (0001-304531)** may present a substantial danger to the health and safety of the public.

Dr. Parke moved to summarily suspend the license of **Djaka Kaba** to practice professional nursing in the Commonwealth of Virginia pending a formal administrative hearing and offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Ms. Webb-Jones and carried unanimously.

Aaron Timberlake presented evidence that the continued practice of practical nursing by **Aley Castillo, LPN (0002-098562)** may present a substantial danger to the health and safety of the public.

Ms. Davis moved to summarily suspend the license of **Aley Castillo** to practice practical nursing in the Commonwealth of Virginia pending a formal administrative hearing and offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Dr. Kitt and carried unanimously.

Piero Mannino presented evidence that the continued practice of massage therapy by **Volodymyr Pavlovskiy, LMT (0019-019268)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the license of **Volodymyr Pavlovskiy** to practice massage therapy in the Commonwealth of Virginia pending a formal administrative hearing and offer a consent order for revocation of his license in lieu of a formal hearing. The motion was seconded by Dr. Cox and carried unanimously.

David Kazzie, Deputy Executive Director, Aaron Timberlake, Jovonni Armstead, Tammie Jones and Piero Mannino, Adjudication Specialists/Consultant, Administrative Proceedings Division (APD), left the meeting at 1:07 pm.

RECESS: The Board recessed at 1:12 P.M.

RECONVENTION: The Board reconvened at 1:35 P.M.

E1 – Education Special Conference Committee February 11, 2026 minutes

Dr. Cox moved to accept the Education Special Conference Committee October 8, 2025 minutes as presented. The motion was seconded by Ms. Davis and carried unanimously.

Ms. Cartte and Ms. Zehr did not participate in voting.

CONSIDERATION OF THE FEBRUARY 11, 2026 EDUCATION SPECIAL CONFERENCE COMMITTEE RECOMMENDATION:

E1a - Titan Healthcare Academy, Alexandria, Medication Aide Training Program 0030000342

Dr. Parke moved that the Board of Nursing accept the recommendation of the Education Special Conference to withdraw the approval of **Titan Healthcare Academy, Alexandria, Medication Aide Training Program** to operate a medication aide education program effective the date of the entry of the Order. The motion was seconded by Dr. Cox and carried unanimously.

Ms. Cartte and Ms. Zehr did not participate in voting.

E1b - Florence Nightingale College, Front Royal, Medication Aide Training Program 0030000296

Dr. Parke moved that the Board of Nursing accept the recommendation of the Education Special Conference to withdraw the approval of **Florence Nightingale College, Front Royal, Medication Aide Training Program** to operate a medication aide education program. The motion was seconded by Dr. Cox and carried unanimously.

Ms. Cartte and Ms. Zehr did not participate in voting.

E1c - Thomasine Training Center, Petersburg, Medication Aide Training Program, 0030000044

Dr. Parke moved that the Board of Nursing accept the recommendation of the Education Special Conference to withdraw the approval of **Thomasine Training Center, Petersburg, Medication Aide Training Program** to operate a medication aide education program. The motion was seconded by Dr. Cox and carried unanimously.

Ms. Cartte and Ms. Zehr did not participate in voting.

E1d - Norfolk Allied Training Center, Norfolk, Medication Aide Training Program 0030000293

Dr. Parke moved that the Board of Nursing accept the recommendation of the Education Special Conference to withdraw the approval of **Norfolk Allied Training Center, Norfolk, Medication Aide Training Program** to operate a medication aide education program. The motion was seconded by Dr. Cox and carried unanimously.

Ms. Cartte and Ms. Zehr did not participate in voting.

E1e - Mountain Gateway Community College, Clifton Forge, Registered Nursing Education Program, US28406700

Dr. Parke moved that the Board of Nursing accept the recommendation of the Education Special Conference to continue **Mountain Gateway Community College, Clifton Forge, Registered Nursing Education Program** on conditional approval with terms. The motion was seconded by Dr. Cox and carried unanimously.

Ms. Cartte and Ms. Zehr did not participate in voting.

E1f - Global Health Educational Institute, LLC, Arlington, Nurse Aide Education Program, 1414100780

Dr. Parke moved that the Board of Nursing accept the recommendation of the Education Special Conference to withdraw the approval of **Global Health Educational Institute, LLC, Arlington, Nurse Aide Education Program** to operate a nurse aide education program effective the date of the entry of the Order and within 60 days of the entry of the Order, the Program shall submit to the Board a list of all graduates with the date of graduation for each student. The motion was seconded by Dr. Cox and carried unanimously.

Ms. Cartte and Ms. Zehr did not participate in voting.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

#11 – Jaclyn Juanita Marmon, CNA

1401-188265

Ms. Marmon appeared and addressed the Board.

CLOSED MEETING:

Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 1:45 P.M. for the purpose of considering the agency subordinate recommendations regarding **Jaclyn Juanita Marmon, CNA**. Additionally, Ms. Davis moved that Ms. Morris, Dr. Mangrum, Ms. Bargdill, Ms. Hardy, Ms. Willinger, Ms. Wilmoth, Ms. Vu and Ms. Blose, 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. Cox and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 1:48 P.M.

Ms. Peake 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 seconded by Dr. Cox and carried unanimously.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate that within 90 days from the date of entry of the Order, Jaclyn Juanita Marmon shall provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three contact hours each in the subject of (i) de-escalation techniques and (ii) caring for patients with dementia. The motion was seconded by Dr. Cox and carried unanimously.

#16 – Bradley Allan Face, RN Applicant

Case # 247642

Mr. Face appeared and addressed the Board.

CLOSED MEETING:

Ms. Peake moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 1:53 P.M. for the purpose of considering the agency subordinate recommendations regarding **Bradley Allan Face, RN Applicant**. Additionally, Ms. Peake moved that Ms. Morris, Dr. Mangrum, Ms. Bargdill, Ms. Hardy, Ms. Willinger, Ms. Wilmoth, Ms. Vu and Ms. Blose, 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. Webb-Jones and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:01 P.M.

Ms. Peake 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 seconded by Dr. Cox and carried unanimously.

Dr. Cox moved that the Board of Nursing accept the recommended decision of the agency subordinate to grant the application of **Bradley Allan Face** for licensure to practice professional nursing in the Commonwealth of Virginia and Mr. Face shall continue to comply with all terms and conditions of his contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and any subsequent contracts for the period specified in the contract. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#21 – Tonya Felicia Pringle Monroe, RMA

0031-010957

Ms. Monroe appeared and addressed the Board.

CLOSED MEETING:

Ms. Peake moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:08 P.M. for the purpose of considering the agency subordinate recommendations regarding **Tonya Felicia Pringle Monroe, RMA**. Additionally, Ms. Peake moved that Ms. Morris, Dr. Mangrum, Ms. Bargdill, Ms. Hardy, Ms. Willinger, Ms. Wilmoth, Ms. Vu and Ms. Blose, 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. Cox and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:19 P.M.

Ms. Peake 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 seconded by Dr. Cox and carried unanimously.

Dr. Cox moved that the Board of Nursing reject the recommended decision of the agency subordinate and refer the matter of **Tonya Felicia Pringle Monroe, RMA** to a formal hearing. The motion was seconded by Dr. Kitt and carried unanimously.

#55 – Alice Christy West, RN

0001-230670

Ms. West appeared and addressed the Board.

CLOSED MEETING:

Ms. Peake moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:22 P.M. for the purpose of considering the agency subordinate recommendations regarding **Alice Christy West, RN**. Additionally, Ms. Peake moved that Ms. Morris, Dr. Mangrum, Ms. Bargdill, Ms. Hardy, Ms. Willinger, Ms. Wilmoth, Ms. Vu and Ms. Blose, 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. Cox and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:26 P.M.

Ms. Peake 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 seconded by Dr. Cox and carried unanimously.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Alice Christy West and indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#59 – Mandy Boateng, CNA
#60 – Mandy Boateng, RMA

1401-228813 and
0031-014756

Ms. Boateng appeared and addressed the Board.

CLOSED MEETING:

Ms. Peake moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:30 P.M. for the purpose of considering the agency subordinate recommendations regarding **Mandy Boateng, CNA and RMA**. Additionally, Ms. Peake moved that Ms. Morris, Dr. Mangrum, Ms. Bargdill, Ms. Hardy, Ms. Willinger, Ms. Wilmoth, Ms. Vu and Ms. Blose, 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. Cox and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:55 P.M.

Ms. Peake 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 seconded by Dr. Cox and carried unanimously.

Regarding the CNA

Dr. Parke moved that the Board of Nursing modify the recommended decision of the agency subordinate to suspend the certificate of Mandy Boateng to practice as a nurse aide in the Commonwealth of Virginia for a period of not less than one(1) year and enter a Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Webb-Jones and carried unanimously.

Regarding the RMA

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Mandy Boateng, RMA and within 90 days from the date of entry of the Order, Ms. Boateng shall provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three contact hours each in the subject of (i) proper documentation, and (ii) professional accountability & legal liability for medication aides. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#14 – Marneisha L. Jones, CNA

1401-184213

Ms. Jones appeared and addressed the Board.

CLOSED MEETING: Ms. Peake moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 3:00 P.M. for the purpose of considering the agency subordinate recommendations regarding **Marneisha L. Jones, CNA**. Additionally, Ms. Peake moved that Ms. Morris, Dr. Mangrum, Ms. Bargdill, Ms. Hardy, Ms. Willinger, Ms. Wilmoth, Ms. Vu and Ms. Blose, 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. Webb-Jones and carried unanimously.

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

Ms. Peake 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 seconded by Dr. Cox and carried unanimously.

Dr. Cox moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Marneisha L. Jones** and within 90 days from the date of entry of the Order, Ms. Jones shall provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three contact hours each in the subject of (i) ethics and professionalism for nurse aides (ii) professional communications for nurse aides; and (iii) teamwork and collaboration in the workplace for nurse aides. The motion was seconded by Dr. Kitt and carried unanimously.

#3 – Kelly Ann Mattson, RN

0001-150121

Ms. Mattson appeared and addressed the Board.

CLOSED MEETING: Ms. Peake moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 3:11 P.M. for the purpose of considering the agency subordinate recommendations regarding **Kelly Ann Mattson, RN**. Additionally, Ms. Peake moved that Ms. Morris, Dr. Mangrum, Ms. Bargdill, Ms. Hardy, Ms. Willinger, Ms. Wilmoth, Ms. Vu and Ms. Blose, 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. Cox and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:13 P.M.

Ms. Peake 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 seconded by Dr. Cox and carried unanimously.

Dr. Kitt moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Kelly Ann Mattson** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Matton'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. Parke and carried unanimously.

RECESS: The Board recessed at 3:15 P.M.

RECONVENTION: The Board reconvened at 3:31 P.M.

The following Agency Subordinate Recommendations were accepted by the Board as presented:

#1 – Alphonso Lewis Mills, III, RN **0001-081948**
Mr. Mills did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Alphonso Lewis Mills** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#2 – Dina Marie Spencer, RN **0001-247554**
Ms. Spencer did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Dina Marie Spencer** and within 90 days from the date of entry of the Order, Ms. Spencer shall provide written proof satisfactory to the Board of successful completion of a Board-approved course of at least three contact hours in the subject of professional accountability and legal liability for nurses. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#5 – Anne Elizabeth Atchue Uhr, RN

0001-133326

Ms. Uhr did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to assess a monetary penalty in the amount of \$600.00 against **Anne Elizabeth Atchue Uhr**. The monetary penalty shall be paid to the Board withing 45 days from the date of entry of the Order. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#6 – Edwin William Tucker, RN

0001-241329

Mr. Tucker did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Edwin William Tucker** 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. Webb-Jones and carried unanimously.

#7 – Lauren Wheeler Gochenour, RN

0001-287473

Ms. Gochenour did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Lauren Wheeler Gochenour** and within 90 days from the date of entry of the Order, Ms. Gochenour shall provide written proof satisfactory to the Board of successful completion of a Board-approved courses of at least three contact hours in the subjects of (i) professional accountability and legal liability, (ii) professional boundaries in nursing, and (iii) ethics and professionalism in nursing. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#8 – Barbara Ann Stokley, RN

0001-090392

Ms. Stokley did not appear but submitted a written response.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Barbara Ann Stokley** and place her license to practice professional nursing in the Commonwealth of Virginia on indefinitely probation with terms and conditions. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#9 – Beverly Ann Lipscomb, LPN

0002-088761

Ms. Lipscomb did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Beverly Ann Lipscomb** and to indefinitely suspend her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#10 – Celeste Marie Twiford Owen, RN

0001-174424

Ms. Owen did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Celeste Marie Twiford Owen** and within 90 days from the date of entry of the Order, Ms. Owen shall provide written proof satisfactory to the Board of successful completion of a Board-approved courses of at least three contact hours in the subjects of (i) professional accountability and legal liability for nurses and (ii) the Nurse Practice Act. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#12 – Sharhonda Lynn Thompson, RMA

0031-013662

Ms. Thompson did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Sharhonda Lynn Thompson** and within 90 days from the date of entry of the Order, Ms. Thompson shall provide written proof satisfactory to the Board of successful completion of a Board-approved courses of at least three contact hours in the subjects of (i) ethics and professionalism, (ii) proper documentation, and (iii) safe medication administration. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#13 – Amanda Marie Dunn, LPN

0002-102714

Ms. Dunn did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Amanda Marie Dunn** to practice practical nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Dunn'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 Ms. Webb-Jones and carried unanimously.

#15 – Vaylena Michelle Arnett, CNA Applicant **Case # 250723**

Ms. Arnett did not appear but submitted a written response.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to grant the application of **Vaylena Michelle Arnett** for certification to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#17 – Yudong Xing, RN

0001-313659

Mr. Xing did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to place the license of **Yudong Xing** on probation for a period of not less than six months with terms and conditions. The motion was seconded by Ms. Webb-Jones carried unanimously.

#19 – Deja Renea Watson, CNA

1401-198810

Ms. Watson did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of **Deja Renea Watson** to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#20 – Misti Spring Wise, CNA

1401-138694

Mr. Wise did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of **Misti Spring Wise** to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#23 – Alisha M. Jackson, CNA

1401-231861

Ms. Jackson did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Alisa M. Jackson** to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#24 – Kendra R. Owens, CNA

1401-212886

Ms. Owens did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of **Kendra R. Owens** to practice as a nurse aide in the Commonwealth of Virginia with suspension stayed contingent upon Ms. Owens' continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#25 – Hawanatu Turay, CNA

1401-132439

Ms. Turay did not appear but submitted a written response.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Hawanatu Turay** to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Misappropriation of patient property against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#26 – Jonathan W. Boynton, CNA

1401-223608

Mr. Boynton did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Jonathan W. Boynton** and place him on probation for 12 months of active practice with terms and conditions. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#27 – Christina E. Nixon, CNA

1401-222794

Ms. Nixon did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of **Christina E. Nixon** 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. Webb-Jones and carried unanimously.

#28 – Talia Denee Scott Courtney, CNA

1401-132223

Ms. Courtney did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Talia Denee Scott Courtney** to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Misappropriation of patient property against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#29 – Michelle A. Washington, CNA

1401-151514

Ms. Washington did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Michelle A. Washington** 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 motion was seconded by Ms. Webb-Jones and carried unanimously.

#30 – Diane Renee Weidner, RN

0001-262293

Ms. Weidner did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Diane Renee Weidner** to practice professional nursing in the Commonwealth of Virginia with suspension stayed contingent upon Ms. Wiedner's continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#31 – Vida Oppong, LPN

0002-072034

Ms. Oppong did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Vida Oppong** and to indefinitely suspend her license of to practice practical nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Oppong's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#32 – Constance Hurley Denison, LPN

**Tennessee License # 92970
With Multistate Privileges**

Ms. Denison did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Constance Hurley Denison** and within 90 days from the date of entry of the Order, Ms. Denison shall provide written proof satisfactory to the Board of successful completion of a Board-approved courses of at least three contact hours in the subjects of (i) ethics and professionalism, (ii) professional accountability and legal liability for nurses, (iii) care and management of patients in a mental health environment, and (iv) patient rights and patient abuse. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#33 – Jamie Melissa Tabb, RN

0001-209729

Ms. Tabb did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Jamie Melissa Tabb** and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#34 – Robert Eason Lambertson, Jr., LPN

0002-074907

Mr. Lambertson did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Robert Eason Lambertson, Jr., and to indefinitely suspend his right to renew his license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#36 – Mary Lou Goings, RN

0001-112829

Ms. Goings did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Mary Lou Goings** and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#37 – Beverly A. Jones, LPN

0002-072161

Ms. Jones did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Beverly A. Jones** and to indefinitely suspend her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#38 – Dorothy Jayzelle Robinson, LPN

0002-104734

Ms. Robinson did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to place the license of **Dorothy Jayzelle Robinson** on indefinite probation for a period of not less than 12 months with terms and conditions. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#39 – Christine Tice, LPN

0002-070202

Ms. Tice did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Christine Tice** and to continue her license to practice practical nursing in the Commonwealth of Virginia on indefinite probations for a period of not less than 12 months with terms and conditions. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#40 – Chloe Murray, CNA

1401-210942

Ms. Murray did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Chloe Murray** 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 motion was seconded by Ms. Webb-Jones and carried unanimously.

#41 – Eugenia Faye Nipper, RMA

0031-015158

Ms. Nipper did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the registration of **Eugenia Faye Nipper** to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

**#42 – Eugenia Faye Nipper, CNA Reinstatement Applicant
Case # 241554**

Ms. Nipper did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Eugenia Faye Nipper** for reinstatement of her certificate to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#43 – Nicole Goad, CNA

1401-158487

Ms. Goad did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Nicole Goad** 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 motion was seconded by Ms. Webb-Jones and carried unanimously.

#44 – Shannon Renee Medley, CNA

1401-101582

Ms. Medley did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Shannon Renee Medley** 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 motion was seconded by Ms. Webb-Jones and carried unanimously.

#45 – Carolyn Louise Scott, CNA

1401-069121

Ms. Scott did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to require that **Carolyn Louise Scott**, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of a Board-approved course(s) of at least three contact hours in the subject of proper handling of dementia patients as related to nurse aide practice. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#46 – Beatrice Gee, CNA

1401-151165

Ms. Gee did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Beatrice Gee** 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 motion was seconded by Ms. Webb-Jones and carried unanimously.

#47 – Beatrice Gee, RMA

0031-010020

Ms. Gee did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the registration of **Beatrice Gee** to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#48 – Qylia Lashawn Green CNA

1401-164506

Ms. Green did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of **Qylia Lashawn Green** 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 and enter a Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#49 – Qylia Lashawn Green, RMA Applicant

Case # 244698

Ms. Green did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Qylia Lashawn Green** for registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#50 – Shana O’Connor, RMA

0031-014940

Ms. O’Connor did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the right of **Shana O’Connor** to renew her registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#51 – Baljeet Singh, CNA

1401-196988

Ms. Singh did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Baljeet Singh** to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Misappropriation of patient property against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#53 – Katina Jean Willoughby, RMA Applicant

Case # 253077

Ms. Willoughby did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Katina Jean Willoughby** for registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#54 – Heather Ann Graham, CNA Applicant

Case # 253963

Ms. Graham did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Heather Ann Graham**

for certification to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#56 – Sadie Mitchell, CNA Applicant

Case # 253967

Ms. Mitchell did not appear but submitted a written response.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Sadie Mitchell** for certification to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#57 – Jozette Ladawn Powell Montgomery, RMA

0031-005815

Ms. Montgomery did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Jozette Ladawn Powell Montgomery** and to revoke her registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#58 - Jozette Ladawn Powell Montgomery, CNA

1401-093326

Ms. Montgomery did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Jozette Ladawn Powell Montgomery** to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Misappropriation of patient property against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#61 – Tiffany Yvonne Fife, CNA

1401-100798

Ms. Fife did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of **Tiffany Yvonne Fife** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#63 – Jessica Turpin Turner, RN

0001-201365

Ms. Turner did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to require **Jessica Turpin Turner** within 90 days from the date of entry of the Order to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three contact hours each in the subjects of (i) ethics and professionalism in nursing and (ii) documentation. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#64 – Kanesha Pittman-Delozier, RN

0001-237614

Ms. Pittman-Delozier did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Kanesha Pittman-Delozier** and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#65 – Michele Ann Brumbaugh Buckner, LPN

0002-064100

Ms. Buckner did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Michele Ann Brumbaugh Buckner** and to indefinitely suspend her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

The Board went into closed session to consider the remaining agency subordinate recommendation:

CLOSED MEETING:

Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 3:36 P.M. for the purpose of considering the remaining agency subordinate recommendations regarding **#4, #18, #22, #35, #52, and #62**. Additionally, Dr. Parke moved that Ms. Morris, Dr. Mangrum, Ms. Bargdill, Ms. Hardy, Ms. Willinger, Ms. Wilmoth, Ms. Vu and Ms. Blöse, 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. Webb-Jones and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 4:15 P.M.

Ms. Peake 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 seconded by Dr. Cox and carried unanimously.

#4 – Jeonghee Lee, RN

0001-128273

Ms. Lee did not appear but submitted a written response.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Jeonghee Lee**. The motion was seconded by Ms. Webb-Jones and carried with 10 votes in favor of the motion. Dr. Cox opposed the motion.

#18 – Julie Lynn Cruz-Sanchez, RN

0001-296185

Ms. Cruz-Sanchez did not appear.

Ms. Zehr moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Julie Lynn Cruz-Sanchez** and indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Cruz-Sanchez's entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) within 60 days of the date of entry of the Order and remain in compliance with all terms conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Dr. Cox and carried unanimously.

#22 – Sherry Shaleen Sampson, CNA

1401-150992

Ms. Sampson did not appear but submitted a written response.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Sherry Shaleen Sampson to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#35 – Adam Wirth Nastalski, RN

**Maryland License # R174102
With Multistate Privilege**

Mr. Nastalski did not appear.

Ms. Davis moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Adam Wirth Nastalski**, suspend his privilege 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, and to require Mr. Nastalski, within 60 days from the entry of the Order, to provide written proof satisfactory to the Board of successful completion of a Board-approved course of at least three contact hours in the subjects of: (i) anger management, (ii) elder abuse, and (iii) professionalism. The motion was seconded by Dr. Cox and carried unanimously.

#52 – Brooklynn Leigh Clendennen, CNA

1401-220435

Ms. Clendennen did not appear.

Ms. Zehr moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Brooklynn Leigh Clendennen** and within 90 days from the date of entry of the Order, Ms. Clendennen to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three contact hours each in the subjects of (i) professional accountability, (ii) ethics, (iii) resident's rights, and (iv) de-escalation and restraint training. The motion was seconded by Dr. Kitt and carried unanimously.

#62 – Alvita Nichole Barley, RN

0001-297564

Ms. Barley did not appear.

Ms. Zehr moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Alvita Nichole Barley** and take no further action at this time. The motion was seconded by Ms. Acuna and carried unanimously.

MEETING DEBRIEF:

What went well:

- Wonderful discussion

What needs improvement:

- None was noted

ADJOURNMENT:

The Board adjourned at 4:20 P.M.

Carol Cartte, RN, BSN
President

**Virginia Board of Nursing
OFFICER MEETING**

B3

March 25, 2026

Time and Place: The Board of Nursing Officer meeting was convened at 8:00 A.M. on March 25, 2026 at Department of Health Professions – Perimeter Center, 9960 Mayland Drive, Suite 201 – Hearing Room 4, Henrico, Virginia.

Board Members Present: Carol Cartte, RN, BSN; President
Helen Parke, DNP, FNP-BC; First Vice President
Victoria Cox, DNP, RN; Second Vice President

Staff Members Present: Claire Morris, RN, LNHA

- **March 24, 2026 Business Meeting Debrief**
 - ❖ Officers appreciated the efficient Agency Subordinate recommendation consideration process.
 - ❖ Acknowledged thorough, efficient presentation of possible summary suspension cases by the Administrative Proceedings Division.

- **Changes in Board Membership**
 - ❖ Discussed SJ70 of 2026 regular session. Will provide board members with link to the Virginia State Legislative Information System.

- **Future Training Topics for Board Members**
 - ❖ Sanction Reference Point system.
 - ❖ New board member mentor development.
 - ❖ Board counsel training on respondent questioning.
 - ❖ C.N.A. federal registry and discipline.

- **Open Discussion**
 - ❖ Will provide board members with link to federal legislative website.

The meeting was adjourned at 8:48am.

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
PANEL A
March 25, 2026**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:04 A.M., on March 25, 2026, in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT: Helen Parke, DNP, FNP-BC; **First Vice-President**
Delia Acuna, FNP-C
Victoria Cox, DNP, RN
Pamela Davis, LPN
Dolores Valenta, LPN
Ann Lively, LMT – **9:00 AM case only**

STAFF PRESENT: Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Randall Mangrum, DNP, RN; Deputy Executive Director for Advanced Practice
Cheryl Giles, Administrative Support Specialist
Candis Stoll, Senior Discipline and Licensing Specialist

OTHERS PRESENT: James Rutkowski, Senior Assistant Attorney General

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

FORMAL HEARINGS: **Lorrie Ann Witcher, LMT** **0019-005849**
Ms. Witcher appeared, accompanied by her spouse Charlie Witcher and was represented by Barbara Queen.
Jovonni Armstead, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Colleen Gregory-Gettel, court reporter with Veteran Reporters, recorded the proceedings.
Kris Keilman, Senior Investigator, Enforcement Division was present and testified.

CLOSED MEETING: Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:22 A.M., for the purpose of deliberation to reach a decision in the matter of **Lorrie Ann Witcher**. Additionally, Ms. Davis moved that Ms. Bargdill, Dr. Mangrum, Ms. Giles, Ms. Stoll and Mr. Rutkowski, 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. Cox and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:05 A.M.

Ms. Davis 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. Cox and carried unanimously.

ACTION:

Ms. Lively moved that the Board revoke the license of **Lorrie Ann Witcher** to practice as a massage therapist in the Commonwealth of Virginia. The motion was seconded by Ms. Davis and carried unanimously.

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

Ms. Lively left the meeting at 11:06 A.M.

FORMAL HEARINGS:

Jeffrey Meaney, RN

0002-104800

Mr. Meaney appeared.

Avi Efreom, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Colleen Gregory-Gettel, court reporter with Veteran Reporters, recorded the proceedings.

Bryan Horowitz, Senior Investigator, Enforcement Division, Jessica Flores, CNA, Olivia Cameron, CNA, Stacey Nichols, LPN, and Elizabeth German, CNA were present and testified.

CLOSED MEETING:

Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 12:26 P.M., for the purpose of deliberation of the medical records of **Jeffery Meaney**. Additionally, Ms. Davis moved that Ms. Bargdill, Dr. Mangrum, Ms. Giles, Ms. Stoll, Mr. Efreom, Ms. Gregory-Gettel, court reporter, and Mr. Rutkowski, 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. Cox and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 12:41 P.M.

Ms. Davis 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. Cox and carried unanimously.

CLOSED MEETING: Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:50 P.M., for the purpose of deliberation to reach a decision in the matter of **Jeffrey Meaney**. Additionally, Ms. Davis moved that, Ms. Bargdill, Dr. Mangrum, Ms. Giles, Ms. Stoll and Mr. Rutkowski, 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. Cox and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:22 P.M.

Ms. Davis 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. Cox and carried unanimously.

ACTION: Ms. Davis moved that the Board indefinitely suspend the license of **Jeffrey Meaney** to practice practical nursing in the Commonwealth of Virginia and stay the suspension contingent upon entry into and compliance with Health Practitioners' Monitoring Program (HPMP). The motion was seconded by Ms. Acuna and passed unanimously.

ADJOURNMENT: This decision shall be effective upon entry of a written Order by the Board stating the findings, conclusion, and decision of this formal hearing panel. The Board adjourned at 1:23 P.M.

Randall Mangrum, DNP, RN
Deputy Executive Director for Advanced Practice

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
PANEL B
March 25, 2026**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 11:05 A.M., on March 25, 2026, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS
PRESENT: Carol Cartte; **President**
Paul Hogan, Citizen Member
Cleopatra Kitt, PhD, Citizen Member
Lila Peake, LPN
Jodi Zehr, RN

STAFF PRESENT: Claire Morris, RN, LNHA; Executive Director
Ann Hardy, MSN, RN; Deputy Executive Director
Tamika Claiborne, Senior Discipline Specialist

OTHERS PRESENT: Sara Blose, Senior Assistant Attorney General

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

FORMAL HEARINGS: **Roselyn H. Okyere, RN** **0001-317046**

Ms. Okyere did not appear.

Aaron Timberlake, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Joseph Connelly, court reporter with Veteran Reporters, recorded the proceedings.

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

CLOSED MEETING: Ms. Zehr moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:19 A.M., for the purpose of deliberation to reach a decision in the matter of **Roselyn H. Okyere**. Additionally, Ms. Zehr moved that Ms. Morris, Ms. Hardy, Ms. Claiborne, and Ms. Blose, 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. Kitt and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:37 A.M.

Ms. Zehr 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. Kitt and carried unanimously.

ACTION: Dr. Kitt moved that the Board revoke the right of **Roselyn H. Okyere** to renew her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Peake and carried unanimously.

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

RECESSED: The Board recessed at 11:38 A.M.

RECONVENED: The Board reconvened at 1:02 P.M.

FORMAL HEARINGS: **Chatera Nashe Johnson Eason,**
LPN Reinstatement Applicant **0002-092046**

Ms. Eason appeared.

Elizabeth Dorsey, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Joseph Connelly, court reporter with Veteran Reporters, recorded the proceedings.

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

CLOSED MEETING: Ms. Zehr moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:30 P.M., for the purpose of deliberation to reach a decision in the matter of **Chatera Nashe Johnson Eason**. Additionally, Ms. Zehr moved that, Ms. Morris, Ms. Hardy, Ms. Claiborne, and Ms. Blose, 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. Kitt and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:52 P.M.

Ms. Zehr 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. Peake and carried unanimously.

ACTION: Dr. Kitt moved that the Board reinstate the “single state” license of **Chatera Nashe Johnson Eason** to practice practical nursing in the Commonwealth of Virginia on probation with terms. The motion was seconded by Ms. Acuna and passed unanimously.

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

RECESSED: The Board recessed at 1:53 P.M.

RECONVENED: The Board reconvened at 2:02 P.M.

FORMAL HEARINGS: **Francess Zainab Kamara, RN** **0001-312780**

Ms. Kamara did not appear.

Elizabeth Dorsey, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Joseph Connelly, court reporter with Veteran Reporters, recorded the proceedings.

Joyce Johnson, Senior Investigator, Enforcement Division was present and testified.

CLOSED MEETING: Ms. Zehr moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:22 P.M., for the purpose of deliberation to reach a decision in the matter of **Francess Zainab Kamara**. Additionally, Ms. Zehr moved that Ms. Morris, Ms.

Hardy, Ms. Claiborne, and Ms. Blose, 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. Kitt and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:27 P.M.

Ms. Zehr 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. Kitt and carried unanimously.

ACTION: Dr. Kitt moved that the Board revoke the license of **Francess Zainab Kamara** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Mr. Hogan and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 2:28 P.M.

Ann Hardy, MSN, RN
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
March 26, 2026**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:05 A.M., on March 26, 2026, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS
PRESENT:**

Carol Cartte, RN, BSN; **President**
Cleopatra Kitt, PhD, Citizen Member
Helen Parke, DNP, FNP-BC
Lila Peake, LPN
Dolores Valenta, LPN
Jeanell Webb-Jones, MSN, RN

STAFF PRESENT:

Christina Bargdill, BSN, MHS, RN
Ann Hardy, MSN, RN; Deputy Executive Director
Tamika Claiborne, Senior Discipline Specialist

OTHERS PRESENT:

Sara Blose, Senior Assistant Attorney General
RN Students from Randolph Macon College
RN Students from Riverside College of Health Sciences

**ESTABLISHMENT
OF A PANEL:**

With six members of the Board present, a panel was established.

FORMAL HEARINGS:

Brittany M. Vallery Hernandez, LPN **0002-089595**

Ms. Hernandez did not appear.

Jovonni Armstead, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Annette Imbriaco, court reporter with Ortega International Reporting, recorded the proceedings.

Meghan Wingate, Senior Investigator, Enforcement Division, Roberto Friedman and Adrienne Dolney were present and testified.

CLOSED MEETING:

Dr. Kitt moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:56 A.M., for the purpose of deliberation to reach a decision in the matter of **Brittany M. Vallery Hernandez**. Additionally, Dr. Kitt moved that Ms. Bargdill, Ms. Hardy, Ms. Claiborne, and Ms. Blose, 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 10:07 A.M.

Dr. Kitt 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. Webb-Jones and carried unanimously.

ACTION: Dr. Kitt moved that the Board of Nursing revoke the license of **Brittany M. Vallery Hernandez** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and passed unanimously in favor of the motion.

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

RECESS: The Board recessed at 10:08 A.M.

Dr. Parke left the meeting at 10:08 A.M.

RECONVENTION: The Board reconvened at 11:00 A.M.

FORMAL HEARINGS: **Ania Ramondo, RN** **0001-246631**

Ms. Ramondo appeared and was represented by Nathan Mortier, Esq. and William Homer.

Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Annette Imbriaco and Denise Holt, court reporters with Ortega International Reporting, recorded the proceedings.

Debra Hay-Pierce, Senior Investigator, Enforcement Division, and Detective Joseph Richie, Christine Galli, Ashley Matthews, and Deborah Dougherty were present and testified. DEA Agent Joseph Kellenberger testified via video conference.

RECESS: The Board recessed at 12:36 P.M.

RECONVENTION: The Board reconvened at 12:46 P.M.

RECESS: The Board recessed at 12:47 P.M.

RECONVENTION: The Board reconvened at 1:20 P.M.

RECESS: The Board recessed at 2:19 P.M.

RECONVENTION: The Board reconvened at 2:27 P.M.

CLOSED MEETING: Dr. Kitt moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 2:36 P.M., for the purpose of deliberation of the medical records of **Ania Ramondo**. Additionally, Dr. Kitt moved that Ms. Bargdill, Ms. Hardy, Ms. Claiborne, Ms. Andreoli, Ms. Imbriaco, court reporter, and Ms. Blöse, 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. Peake and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:13 P.M.

Dr. Kitt 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. Peake and carried unanimously.

RECESS: The Board recessed at 3:40 P.M.

RECONVENTION: The Board reconvened at 3:45 P.M.

CLOSED MEETING: Dr. Kitt moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 4:00 P.M., for the purpose of deliberation of the medical records of **Ania Ramondo**. Additionally, Dr. Kitt moved that Ms. Bargdill, Ms. Hardy, Ms. Claiborne, Ms. Andreoli, Ms. Imbriaco, court reporter, and Ms. Blöse, 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. Peake and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:18 P.M.

Dr. Kitt 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. Webb-Jones and carried unanimously.

RECESS: The Board recessed at 4:18 P.M.

Annette Imbriaco, court reporter, left the meeting at 4:18 P.M.

Denise Holt, court reporter, joined the meeting at 4:18 P.M.

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

CLOSED MEETING: Dr. Kitt moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:49 P.M., for the purpose of deliberation to reach a decision in the matter of **Ania Ramondo**. Additionally, Dr. Kitt moved that Ms. Bargdill, Ms. Hardy, Ms. Claiborne, and Ms. Blöse, 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. Webb-Jones and carried unanimously.

RECONVENTION: The Board reconvened in open session at 5:27 P.M.

Dr. Kitt 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. Peake and carried unanimously.

ACTION: Dr. Kitt moved that the Board of Nursing reprimand **Ania Ramondo** and to continue her license to practice professional nursing in the Commonwealth of Virginia on suspension with suspension stayed upon proof of Ms. Ramondo'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 Ms. Peake and carried unanimously in favor of the motion.

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

RECESS: The Board recessed at 5:28 P.M.

RECONVENTION: The Board reconvened at 5:37 P.M.

FORMAL HEARINGS: **Tammy M. Bohn, LPN** **0002-098753**

Ms. Bohn appeared.

Avi Efreom, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Denise Holt, court reporter with Ortega International Reporting, recorded the proceedings.

David Cowras, Senior Investigator, Enforcement Division, and Steffani MacDonald, NHA were present and testified.

CLOSED MEETING: Dr. Kitt moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 6:36 P.M., for the purpose of deliberation to reach a decision in the matter of **Tammy M. Bohn**. Additionally, Dr. Kitt moved that Ms. Bargdill, Ms. Hardy, Ms. Claiborne, and Ms. Blose, 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. Webb-Jones and carried unanimously.

RECONVENTION: The Board reconvened in open session at 7:04 P.M.

Dr. Kitt 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 seconded by Ms. Webb-Jones and carried unanimously.

ACTION:

Dr. Kitt moved that the Board of Nursing reinstate the right of **Tammy M. Bohn** to renew her license and place her license on probation to practice practical nursing in the Commonwealth of Virginia with terms and conditions for a period of not less than one year. The motion was seconded by Ms. Peake and carried unanimously in favor of the motion.

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

ADJOURNMENT:

The Board adjourned at 7:06 P.M.

Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
April 9, 2026**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held April 9, 2026, at 4:39 P.M.

The Board of Nursing members participating in the call were:

Carol Cartte, RN, BSN; **Chair**
Delia Acuna, FNP-C
Pamela Davis, LPN
Paul Hogan, Citizen Member
Cleopatra Kitt, PhD, Citizen Member
Helen Parke, DNP, FNP-BC
Jeanell Webb-Jones, MSN, RN
Jodi Zehr, RN

Others participating in the meeting were:

Sara Blose, Assistant Attorney General, Board Counsel
David Kazzie, Deputy Director, APD
Jovonni Armstead, Adjudication Specialist, APD
Claire Morris, RN, LNHA, Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Ann Hardy, MSN, RN; Deputy Executive Director
Randall Mangrum, DNP, RN; Deputy Executive Director for Advance Practice
Cheryl Giles, Administrative Support Specialist

The meeting was called to order by Ms. Cartte. With eight (8) members of the Board of Nursing participating, a quorum was established.

Jovonni Armstead, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Esther Wunze Muabe, RN (0001-317084)** may present a substantial danger to the health and safety of the public.

Ms. Davis moved to summarily suspend the right of **Esther Wunze Muabe** to renew her license to practice professional nursing in the Commonwealth of Virginia and to offer a consent order for revocation of her right to renew her license in lieu of a formal hearing. The motion was seconded by Ms. Acuna and carried unanimously.

David Kazzie, Deputy Director, presented evidence that the continued practice of professional nursing by **Charles Chekwube Onyeama, RN (0001-302467)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the license of **Charles Chekwube Onyeama** to practice professional nursing in the Commonwealth of Virginia and to offer a consent order for revocation of his license in lieu of a formal hearing. The motion was seconded by Ms. Webb-Jones and carried unanimously.

David Kazzie, Deputy Director, presented evidence that the continued practice of professional nursing by **Mamud Salim Tunkara, RN (0001-311370)** may present a substantial danger to the health and safety of the public.

Ms. Davis moved to summarily suspend the license of **Mamud Salim Tunkara** to practice professional nursing in the Commonwealth of Virginia and to offer a consent order for revocation of his license in lieu of a formal hearing. The motion was seconded by Ms. Webb-Jones and carried unanimously.

David Kazzie, Deputy Director, presented evidence that the continued practice of professional nursing by **Robin Loyd Davis, RN (0001-186406)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 5:01 P.M., for the purpose of deliberation to reach a decision in the matter of **Robin Loyd Davis**. Additionally, Dr. Parke moved that Ms. Morris, Ms. Bargdill, Ms. Hardy, Dr. Mangrum, Ms. Giles, and Ms. Blose 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. Kitt and carried unanimously.

Mr. Kazzie left the meeting at 5:01 P.M.

RECONVENTION: The Board reconvened in open session at 5:13 P.M.

Mr. Kazzie re-joined the meeting at 5:13 P.M.

Ms. Zehr moved to summarily suspend the license of **Robin Loyd Davis** to practice professional nursing in the Commonwealth of Virginia and to offer a consent order for indefinite suspension of her license with suspension stayed contingent upon entry into and compliance with Health Practitioners' Monitoring Program (HPMP) in lieu of a formal hearing. The motion was seconded by Ms. Acuna and carried unanimously.

The meeting was adjourned at 5:15 P.M.

Claire Morris, RN, LNHA
Executive Director

**VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
April 23, 2026**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held April 23, 2026, at 4:31 P.M.

The Board of Nursing members participating in the call were:

Carol Cartte, RN, BSN; **Chair**
Pamela Davis, LPN
Paul Hogan, Citizen Member
Cleopatra Kitt, PhD, Citizen Member
Helen Parke, DNP, FNP-BC
Lila Peake, RN
Dolores Valenta, LPN
Jeanell Webb-Jones, MSN, RN
Jodi Zehr, RN

Others participating in the meeting were:

Sara Blöse, Assistant Attorney General, Board Counsel
Jovonni Armstead, Adjudication Specialist, APD
Tammie Jones, Adjudication Consultant, APD
Aaron Timberlake, Adjudication Specialist, APD
Claire Morris, RN, LNHA, Executive Director
Ann Hardy, MSN, RN; Deputy Executive Director
Randall Mangrum, DNP, RN; Deputy Executive Director for Advance Practice
Cheryl Giles, Administrative Support Specialist

The meeting was called to order by Ms. Cartte. With nine (9) members of the Board of Nursing participating, a quorum was established.

Aaron Timberlake, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Gifty Serwaah Bonsu Diawuo Bondzi, RN (0001-3022504)** may present a substantial danger to the health and safety of the public.

Ms. Davis moved to summarily suspend the privilege to practice and the right of **Gifty Serwaah Bonsu Diawuo Bondzi** to renew her license to practice professional nursing in the Commonwealth of Virginia and to offer a consent order for revocation of her privilege to practice and her right to renew her license in lieu of a formal hearing. The motion was seconded by Ms. Webb-Jones and carried unanimously.

Aaron Timberlake, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Mercy E Sarsah Thompson, RN (0001-300181)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the right of **Mercy E Sarsah Thompson** to renew her license to practice professional nursing in the Commonwealth of Virginia and to offer a consent order for revocation

Virginia Board of Nursing
Possible Summary Suspension Telephone Conference Call
April 23, 2026

of her right to renew her license in lieu of a formal hearing. The motion was seconded by Ms. Webb-Jones and carried unanimously.

Mr. Timberlake left the meeting at 4:44 p.m.

Tammie Jones, Adjudication Consultant, presented evidence that the continued practice of practical nursing by **Fatmata Dukuray, LPN (0002-100259)** may present a substantial danger to the health and safety of the public.

Ms. Davis moved to summarily suspend the license of **Fatmata Dukuray** to practice practical nursing in the Commonwealth of Virginia and to offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Dr. Parke and carried unanimously.

Tammie Jones, Adjudication Consultant, presented evidence that the continued practice as a nurse aide by **Cynthia Vera Wallington Belton, CNA (1401-130498)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the certification of **Cynthia Vera Wallington Belton** to practice as a nurse aide in the Commonwealth of Virginia and to offer a consent order for revocation with a Finding of Abuse of her certificate in lieu of a formal hearing. The motion was seconded by Ms. Webb-Jones and carried unanimously.

Ms. Jones left the meeting at 4:58 p.m.

Jovonni Armstead, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Annie Garrett Dudley, RN (0001-186379)** may present a substantial danger to the health and safety of the public.

Ms. Davis moved to summarily suspend the license of **Annie Garrett Dudley** to practice professional nursing in the Commonwealth of Virginia and to offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Ms. Webb-Jones and carried unanimously.

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

Claire Morris, RN, LNHA
Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
April 30, 2026

B9

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:08 A.M., on April 30, 2026, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS
PRESENT:**

Carol Cartte, RN, BSN; **President**
Victoria Cox, DNP, RN
Pamela Davis, LPN
Helen Parke, DNP, FNP-BC
Lila Peake, LPN
Tracey Walker, LMT – **11 am and 1 pm cases only**
Jeannell Webb-Jones, MSN, RN

STAFF PRESENT:

Ann Hardy, MSN, RN; Deputy Executive Director
Randall Mangrum, DNP, RN; Deputy Executive Director for Advanced Practice
Claire Morris, RN, LNHA, Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Tamika Claiborne, Senior Discipline Specialist

OTHERS PRESENT:

Sara Blose, Assistant Attorney General
Smyth County Career & Technical Adult Center – PN Program Students

**ESTABLISHMENT
OF A PANEL:**

With six members of the Board present, a panel was established.

FORMAL HEARINGS:

Marcy Kay Parlett, RN Reinstatement Applicant 0001-159597

Ms. Parlett appeared.

Joyonni Armstead, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Colleen Gregory-Gettel, County Court Reporters, recorded the proceedings.

CLOSED MEETING:

Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:43 A.M., for the purpose of deliberation to reach a decision in the matter of **Marcy Kay Parlett**. Additionally, Ms. Davis moved that Dr. Mangrum, Ms. Hardy, Ms. Claiborne, and Ms. Blose, 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. Webb-Jones and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:02 A.M.

Ms. Davis 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. Webb-Jones and carried unanimously.

ACTION: Ms. Davis moved that the Board approve the reinstatement application of **Marcy Kay Parlett** to practice as a professional nurse in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and passed with five votes in favor of the motion. Dr. Cox 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.

RECESS: The Board recessed at 10:02 A.M.

RECONVENTION: The Board reconvened at 10:12 A.M.

FORMAL HEARINGS: **Debbieann Venetia Brown-Davis, RN** **0001-313804**

Ms. Brown-Davis appeared and was represented by Hannah Moore.

Tammie Jones, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Colleen Gregory-Gettel, County Court Reporters, recorded the proceedings.

CLOSED MEETING: Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:23 A.M., for the purpose of deliberation to reach a decision in the matter of **Debbieann Venetia Brown-Davis**. Additionally, Ms. Davis moved that Dr. Mangrum, Ms. Hardy, Ms. Claiborne, and Ms. Blose, 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. Peake and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:37 A.M.

Ms. Davis 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. Cox and carried unanimously.

ACTION: Ms. Davis moved that the Board revoke the right of **Debbieann Venetia Brown-Davis** to renew her license and the privilege 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.

RECESS: The Board recessed at 11:38 A.M.

Ms. Cartte and Dr. Mangrum left the meeting at 11:38 A.M.

RECONVENTION: The Board reconvened at 11:53 A.M.

Ms. Walker and Ms. Morris joined the meeting at 11:53 A.M.

FORMAL HEARINGS: **David Leon Woodward, LMT** **0019-009888**

Mr. Woodward appeared.

Tammie Jones, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Colleen Gregory-Gettel, County Court Reporters, recorded the proceedings.

Parke Slater, Senior Investigator, Enforcement Division, Kaytlin Sult, LMT, and Brandi Davis, LMT were present and testified.

RECESS: The Board recessed at 1:04 P.M.

RECONVENTION: The Board reconvened at 1:41 P.M.

CLOSED MEETING: Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:45 P.M., for the purpose of deliberation to reach a decision in the matter of **David Leon Woodward**. Additionally, Ms. Davis moved that Ms. Morris, Ms. Hardy, Ms. Claiborne, and Ms. Blose, 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. Webb-Jones and carried unanimously.

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

Ms. Davis 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. Webb-Jones and carried unanimously.

ACTION: Ms. Walker moved that the Board impose terms on the license of **David Leon Woodward** to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones 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 3:17 P.M.

Ms. Morris and Dr. Parke left the meeting at 3:17 P.M.

RECONVENTION: The Board reconvened at 3:29 P.M.

Ms. Cartte rejoined the meeting and Ms. Bargdill joined the meeting at 3:29 P.M.

FORMAL HEARINGS: **Yingji Li, LMT** **0019-014210**

Ms. Li did not appear.

Aaron Timberlake, Adjudication Specialist, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Colleen Gregory-Gettel, County Court Reporters, recorded the proceedings.

Gayle Miller, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:50 P.M., for the purpose of deliberation to reach a decision in the matter of **Yingji Li**. Additionally, Ms. Davis moved that Ms. Bargdill, Ms. Hardy, Ms. Claiborne, and Ms. Blose, 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. Webb-Jones and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:58 P.M.

Ms. Davis 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. Webb-Jones and carried unanimously.

ACTION: Ms. Walker moved that the Board revoke the license of **Yingji Li** to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones 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 3:59 P.M.

Ms. Walker left the meeting at 3:59 P.M.

RECONVENTION: The Board reconvened at 4:09 P.M.

Dr. Parke rejoined the meeting at 4:09 P.M.

FORMAL HEARINGS: **Mavis Nimoh, RN** **0001-306562**

Ms. Nimoh appeared.

Amy Weiss, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Colleen Gregory-Gettel, County Court Reporters, recorded the proceedings.

Kimberly Hyder, Senior Investigator, Enforcement Division was present and testified.

CLOSED MEETING: Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:41 P.M., for the purpose of deliberation to reach a decision in the matter of **Mavis Nimoh**. Additionally, Ms. Davis moved that Ms. Bargdill, Ms. Hardy, Ms. Claiborne, and Ms. Blose, 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. Peake and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:47 P.M.

Ms. Davis 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. Peake and carried unanimously.

ACTION: Ms. Davis moved that the Board revoke the license of **Mavis Nimoh** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones 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: **Abbegail Shauna Kay Cornwall Tasic, RN** **0001-305283**

Ms. Tasic did not appear.

Elizabeth Dorsey, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel

for the Board. Colleen Gregory-Gettel, County Court Reporters, recorded the proceedings.

Katie Land, Senior Investigator, Enforcement Division was present and testified.

CLOSED MEETING: Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 5:16 P.M., for the purpose of deliberation to reach a decision in the matter of **Abbegail Shauna Kay Cornwall Tasic**. Additionally, Ms. Davis moved that Ms. Bargdill, Ms. Hardy, Ms. Claiborne, and Ms. Blose, 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. Peake and carried unanimously.

RECONVENTION: The Board reconvened in open session at 5:21 P.M.

Ms. Davis 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. Peake and carried unanimously.

ACTION: Dr. Parke moved that the Board revoke the right of **Abbegail Shauna Kay Cornwall Tasic** to renew her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Peake 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 5:22 P.M.

Ann Hardy, MSN, RN
Deputy Executive Director

Agency Subordinate Recommendation Tracking Trend Log - 2018 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:	1268	1162	91.6%	88	6.9%	23	65	20	25	2.0%	5	22	3	26	29	21	0	
CY 2026 to Date:	65	60	92.3%	4	6.2%	0	3	1	1	1.5%	1	1	0	0	1	0	0	
Mar-26	65	60	92.3%	4	6.7%	0	3	1	1	1.5%	1	1	0	0	1	0	0	
Annual Totals:																		
Total 2025	65	60	92.3%	4	6.2%	0	3	1	1	1.5%	1	1	0	0	1	0	0	
Total 2024	185	171	92.4%	18	9.7%	7	14	1	3	1.6%	1	3	0	7	6	2	0	
Total 2023	178	161	90.4%	10	5.6%	5	6	4	7	4.0%	1	6	1	5	4	4	0	
Total 2022	140	132	94.3%	4	2.9%	2	2	2	4	2.6%	0	4	0	1	0	0	0	
Total 2021	50	48	96.0%	2	4.0%	0	2	0	0	0.0%	0	0	0	3	4	1	0	
Total 2020	77	69	89.6%	6	7.8%	5	6	0	2	2.6%	0	2	0	4	0	0	N/A	
Total 2019	143	129	90.2%	12	8.4%	0	10	2	2	1.4%	2	0	2	0	0	1	N/A	
Total 2018	200	172	86.0%	24	12.0%	4	17	7	4	2.0%	0	4	0	4	10	7	N/A	

* 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

Executive Director Report

May 19, 2026

1 Presentation

- **3/12/2026** - Randall Mangrum, DED for Advance Practice and Monique Davis, Discipline Case Manager hosted the Quarterly Probable Cause Reviewer Meeting. The event was held virtually.
- **3/18/2026** – Pamela Haskin-Robinson, Licensing Specialist and Christina Bargdill, Deputy Executive Director presented at the Virginia Assisted Living Association (VALA) Spring Conference at The Roanoke Hotel and Conference Center in Roanoke Virginia. There were approximately 200 attendees representing assisted living facility leadership from across the commonwealth. The topic centered on the eligibility criteria and scope of practice for Registered Medication Aide (RMA) and the Advanced Registered Medication Aides (ARMA) and special considerations for the ARMAs practicing in an assisted living facility and potential workforce implications.
- **4/22/2026** – Christine Smith, Program Manager, virtually hosted a Regulatory Review for Administrators and Instructors of 68-Hour Medication Aide Training Programs.
- **4/30/2026** – Jacquelyn Wilmoth delivered a presentation to UVA faculty that included a comprehensive regulatory review, an overview of factors influencing student outcomes, and updates from both the Board of Nursing and recent legislative actions.
- **5/13/2026** – Christine Smith, Program Manager, virtually presented “Review of the Application Process to Receive Approval to Establish a 68-Hour Medication Aide Training Program.”.

2 Meetings attended

- **3/10/26** – Claire Morris and Christina Bargdill met with April Payne of VCHA to discuss the new licensure category ARMA and associated regulations.
- **3/13/2026** – Stephanie Willinger, DED, Angela Thompson, Licensing Manager, Ashley Wright, Diana Wilson, Adisa Vehab (Exam Licensing Specialists) met with staff from Pearson to discuss issues with Authorization to Test letters being issued by Pearson for expired applications. Solutions were discussed and those options will be sent to the licensing team for follow up with DHP IT staff.
- **3/20/2026** – Jacquelyn Wilmoth attended the virtual LEARN Collaborative Meeting.
- **3/25/2026** – Stephanie Willinger, DED, participated virtually in the NCSBN APRN Knowledge Network meeting.

- **3/26/2026** – Stephanie Willinger, DED, participated virtually in the NCSBN Discipline Knowledge Network meeting.
- **4/2/2026** – Claire Morris attended a meeting of the Virginia Partnership for Health Care Science Careers/Claude Moore Foundation.
- **4/7-9/2026** – Jacquelyn Wilmoth, Kimberly Glazier and Cathy Hanchey attended the NCSBN International Center for Regulatory Scholarship (ICRS) Graduation in New Orleans, Louisiana.
- **4/9/2026** – Christina Bargdill and Ofelia Solomon met with Gaston McCormick, Credentia Client Relationship Manager to discuss current Nurse Aide exam processes and statistics. Credentia is currently in the process of continuing to increase access to exams across the state by increasing the number of in-facility test sites, group computer based testing opportunities, increasing the number of nurse aide evaluators in specified regions, and providing education opportunities for nurse aide education programs to increase awareness of new processes and opportunities to increase open testing events.
- **4/9/2026** – Christina Bargdill, Ofelia Solomon and Anthony Morales met with Cathy Laitinen, Account Management Director, Licensure to discuss current Medication Aide exam and registration processes. The discussion was initiated by Board staff to identify areas that will make the exam application to test, application expiration and registration details more efficient. PSI has introduced a new state client access portal that now allows Board staff enhanced and real-time access of exam registration data through PSI. This system will also reduce the need for email or phone call follow up to resolve issues with exam and registration.
- **4/14/2026** – Claire Morris and Christina Bargdill attended the VA Works/Virginia Assisted Living Association workshop on ALF apprenticeships.
- **4/14/2026** – Claire Morris attended the VNA Board of Directors Meeting.
- **4/16/2026** – Jacquelyn Wilmoth participated on a panel at the JMU Conference, 8th Annual Research and Scholarship Day – Voices in Action: Nurses Driving Legislative Change. Topics included getting involved with legislation and the Board’s role in legislative actions.
- **4/20/2026** – Claire Morris attended a Virginia Nursing Workforce Advisory Board workgroup meeting.
- **/22-24/2026** – Christina Bargdill attended the Federation of State Massage Therapy Boards Executive Summit in Rhode Island. The focus of this year's summit is regulatory process updates to include purposeful public engagement, understanding and responding to misinformation, best practice investigation processes and an update on the current status of the Interstate Massage Therapy Compact (IMpact).
- **4/23/2026** – Claire Morris attended the virtual VNA Spring Conference.

- **4/23/2026** – Claire Morris attended a virtual meeting with Claude Moore Opportunities stakeholders. The meeting presented a Deloitte created AI pilot tool intended to crosswalk medics’ and corpsmen’s military credentials to health care roles particularly civilian behavioral health roles and to recruit testers for a prototype. Bill Hazel framed the project within workforce development, stressing the need to resolve credential mismatches for veterans, the focus on behavioral health rather than saturated EMT-to-paramedic pathways, and partnerships with Deloitte Pro Bono, the Hampton Roads Workforce Council, Veterans Services and Virginia Community College System.
- **4/23-24/2026** – Jacquelyn Wilmoth attended the VCCS PN Common Curriculum Meeting at the VCCS office to provide regulatory technical expertise.
- **4/27/2026** – Claire Morris attended a NCSBN Executive Officer Leadership Council (EOLC) summit planning meeting.
- **4/28/2026** – Cathy Hanchey attended the monthly virtual NLC Operations meeting.
- **4/28/2026** – Jacquelyn Wilmoth attended a meeting with Richmond Ed Fund to provide regulatory input for RPS’s solutions to support Health Science programs.
- **4/29/2026** – Dr. Helen Parke, 1st Vice President & Dr. Randall Mangrum, attended the NCSBN APRN roundtable virtual meeting. The goals of the meeting are to: Analyze the evolving regulatory impact of telehealth on APRN practice; Discuss current legislative updates to inform APRN policy and regulatory frameworks; Examine the evolution of the APRN Consensus Model; Evaluate the future of APRN education and workforce development; Discuss RN experience requirements in APRN education; Discuss strategies to advance regulatory policy for APRN-led medical spas.
- **4/29/2026** – Claire Morris, Jacquelyn Wilmoth and Christina Bargdill met with Dr. Bill Hazel and stakeholders with the VA Partnership for Health Science Careers to discuss C.N.A. testing process and opportunities.
- **4/30/2026** – Claire Morris met with Corie Tillman Wolf, VDH leadership, Jim Jenkins, April Doval and Kenya Jeanlouis to discuss areas of concern involving two Richmond nursing homes.
- **5/6/2026** – Randall Mangrum attended the FSMTB webinar on vicarious trauma in regulatory and investigative work.
- **5/12/2026** – Christina Bargdill and Jacquelyn Wilmoth met with the Department of Social Services for a routine quarterly update.
- **5/12/2026** – Claire Morris attended the Virginia Nursing Workforce in person Summit.
- **5/14/2026** – Claire Morris attended the virtual VNA Government Relations meeting.

- **5/11-14/2026** – Randall Mangrum attended the NCSBN NCLEX Item Review Subcommittee (NIRSC) meeting in Chicago, IL.
- **5/15/2026** – Claire Morris, Jacquelyn Wilmoth and Christina Bargdill met with Credentia and representatives from various stakeholder groups to discuss the current state of C.N.A. testing.
- **5/18/2026** – Claire Morris attended the Virginia Nursing Workforce Center advisory board workgroup meeting.

OTHER:

The RFP process for the BON Exam Contractor has been completed and Credentia has been awarded the contract. Since Credentia is the current CNA exam provider there is no transition in service required. We expect the CNA exam process to continue without disruption to the workforce.

Claire Morris has accepted an invitation to be a member of the Editorial Advisory Board (EAB) for the *Journal of Nursing Regulation*.

PSI, the state's medication aide testing provider, convened a committee of subject matter experts to review underperforming test items and develop new content. All test items are complete and will be included as pre-test items (not scored) within 90 days. The final number of new test items is 70.

4/3/2026 - BON received an email from FSMTB reporting that 4 massage schools in Texas have been disapproved. An accompanying 13-page list of individuals whose MBLEx results have been invalidated as a result was also provided. We are working through the list and have already identified 25 individuals who are currently licensed in Virginia. We anticipate a significant number of education fraud cases to result from the latest MBLEx invalidation list. These cases will be moved forward consistent with the process for OPNG: We will offer pre- Summary Suspension PHCO and then move to Summary Suspension/FH/License invalidation if they do not sign

MEDIA CONTACTS:

4/13/2026 – Tyler Layne from CBS 6 inquired regarding Michelle Washington, CNA who recently had an agency subordinate recommendation for revocation with a finding of abuse accepted by the board. Mr. Layne was provided a response after SHHR approved the recommended response.

HPMP Quarterly Report: January – March 2026

Board	License Type	Intake Interviews	Enrollments			Discharges						Stays Processed	Vacate Stays Processed	Participant Census as of 3/31/2026	Percent Census Represents of Total	
			Board Order	Voluntary w/ Invest	Voluntary	Resignation	Ineligible	Dismissal	Urgent Dismissal	Completion	Successful Completion					
Nursing	CNA					1										
	LPN	5		2	1				1		1			20	7.02%	
	RN	14	5	3	4	4	1	1	1		4			103	36.14%	
	APRN	1			1	1				1				13	4.56%	
Medicine	SugTech													1	0.35%	
	RT (respiratory)							1						5	1.75%	
	OT													1	0.35%	
	LRT (radiological)					1								2	0.70%	
	PA	1			1		1					1		14	4.91%	
	Intern/Resident		1											1	0.35%	
	DPM											1		2	0.70%	
	DC															
	DO	2	1		1			1							11	3.86%
	MD	4	2	2		1					10	4		67	23.51%	
	ABA															
Pharmacy	Pharm Intern	1														
	PharmTech															
Dentistry	RPh											1	1	19	6.67%	
	RDH					1								1	0.35%	
	DDS	1												2	0.70%	
Social Work	DMD															
	LCSW													3	1.05%	
Psychology	LCP	1	1			1								1	0.35%	
Counseling	Trainee for QMHP													1	0.35%	
	Resident in Counseling	1	1			1								2	0.70%	
	RPRS															
	QMHP													1	0.35%	
	LPC													2	0.70%	
Veterinary Medicine	CSAC-applicant															
	Vet Tech			1										3	1.05%	
Audiology/Speech Pathology	DVM										1			3	1.05%	
	SLP													2	0.70%	
Physical Therapy	PT													2	0.70%	
Long-Term Care Administrator	NHA							1						2	0.70%	
Optometry	OD													1	0.35%	
TOTALS		31	11	8	8	11	1	4	2	1	16	7	1	285	100%	

**There were 5 individuals who became "intake failure" due to not returning the packet for various reasons (2 RN; 2 MD; and 1 LPN)

**There were 2 individuals who were "intake incomplete" due to stopping the intake interview and not proceeding forward with interest to enroll for various reasoning, usually not able to refrain from practice at entry (1 CNA and 1 RN)

**There was 1 RN ineligible was due to the participant's passing

**There were 6 intake interviewed individuals who were sent the packet, and as of 3/31/2026, still pending return of the packet or decision to close out as "intake failure" (1 DDS; 2 RN; 1 Pharmacy Intern; 1 LPN; and 1 DO)

**Those showing entry but no intake interview completed, their intake interview was completed during last quarter.

**There are 2 participants (1 per Board) who are counted in Counseling % and Long-Term Care % but also have orders under Nursing.

**COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
April 1, 2026**

A possible summary suspension telephone conference call of the Committee of the Joint Boards of Nursing and Medicine was held April 1, 2026, at 4:30 P.M.

The Committee Members participating the call were:

Helen Parke, DNP, FNP-BC - **Chair**; Board of Nursing Member
Delia Acuna, FNP-C; Board of Nursing Member
Randy Clements, DPM; Board of Medicine Member
Blanton Marchese, Citizen Member; Board of Medicine Member
Bo Vaughan, Jr., MD; Board of Medicine Member

Others participating in the meeting were:

Sara Blose, Senior Assistant Attorney General, Board Counsel
Elizabeth Dorsey, Adjudication Specialist, APD
Claire Morris, RN, LNHA; Executive Director
Randall Mangrum, DNP, RN; Deputy Executive Director for Advanced Practice
Shannon Alexander, Discipline Case Specialist/Senior Licensing Specialist

The meeting was called to order by Dr. Parke. With five (5) members of the Committee of the Joint Boards of Nursing and Medicine, a quorum was established.

Elizabeth Dorsey, Adjudication Specialist, presented evidence that the continued practice of **Amy Mills, APRN (0024-176089)** as an advanced practice registered nurse may present a substantial danger to the health and safety of the public.

Mr. Marchese moved to summarily suspend the license of Amy Mills to practice as an advanced practice registered nurse. The motion was seconded by Dr. Clements and carried unanimously.

The meeting was adjourned at 4:35 P.M.



Randall Mangrum, DNP, RN
Deputy Executive Director for Advanced Practice

VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES

April 22, 2026

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was called to order at 9:01 A.M., April 22, 2026, in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS' PRESENT: Helen M. Parke, DNP, FNP-BC; Board of Nursing - **Chair**
Delia Acuna, FNP-C; Board of Nursing
Blanton Marchese; Board of Medicine
Bo Vaughan, Jr., MD; Board of Medicine

STAFF PRESENT: Claire Morris, R.N., L.N.H.A.; Executive Director; Board of Nursing
William L. Harp, MD; Executive Director; Board of Medicine
Randall Mangrum, DNP, R.N.; Deputy Executive Director for Advanced Practice
Shannon Alexander, Senior Licensing and Discipline Case Specialist
Jennifer Deschenes, Deputy Executive Director; Board of Medicine

OTHERS PRESENT: Sarah Blose, Assistant Attorney General; Board Counsel
Erin Barrett, DHP Director of Legislative Affairs and Policy

INTRODUCTIONS: Committee members and staff members introduced themselves.

ESTABLISHMENT OF A QUORUM: Dr. Parke called the meeting to order and established that a quorum was present.

PUBLIC COMMENT: No public comments were received.

DISCUSSION/
ACTION ITEM: Mr. Marchese made a motion to close the periodic reviews for 18VAC90-30 and 18VAC90-40 with the intent to amend and to recommend the adoption of a NOIRA by the Board of Medicine and the Board of Nursing for Chapters 30 and 40 to do the Following:

- Clean up regulatory language for clarity;
- Remove obsolete language and sections related to issuance of prescriptive authority and previous legislative requirements;
- Remove copied and pasted language from the code;
- Coordinate provisions with the legislative changes made in the last ten years; and
- Update opioid and buprenorphine prescribing regulations consistent with federal changes, Board of Medicine changes, and the recommendations of the 2024 regulatory advisory panel on opioid and buprenorphine prescribing.

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

Virginia Committee of the Joint Boards of Nursing and Medicine – Business Meeting
April 22, 2026

NEW BUSINESS: No new business

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 9:15
A.M.



Randall Mangrum, DNP, RN
Deputy Executive Director for Advanced Practice

DRAFT

VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
Discipline Meeting
April 22, 2026

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was called to order at 9:45 A.M., April 22, 2026, in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS' PRESENT: Helen M. Parke, DNP, FNP-BC; Board of Nursing; Chairperson
 Delia Acuna, FNP-C; Board of Nursing
 Blanton Marchese; Board of Medicine
 Bo Vaughan, Jr., MD; Board of Medicine

STAFF PRESENT: Claire Morris, RN, LNHA; Executive Director
 Randall Mangrum, DNP, RN; Deputy Executive Director for Advanced Practice
 Shannon Alexander; Senior Licensing Specialist/Discipline Case Specialist

OTHERS PRESENT: Sara Blose, Assistant Attorney General

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS

The following Agency Subordinate Recommendations were accepted by the Committee as presented:

Amanda Jewell, APRN **0024-184204**

Ms. Jewell did not appear.

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to revoke Amanda Jewell's license to practice as an advanced practice registered nurse in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

Vickie Stevens, APRN **0024-175507**

Ms. Stevens did not appear.

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand Vickie Stevens, APRN, and require within 60 days from the date of entry of this Order, to surrender her Drug Enforcement Administration Certificate and DEA 222 Schedule II order forms to the DEA and provide a copy of this surrender to the Committee of the Joint Boards. Ms. Stevens shall submit written notification to any and all drug wholesalers or pharmacies that she has ordered from or had an account with for the past five years, that she has surrendered her DEA license and request that the account be closed and provide a copy of such notification to the Committee of the Joint Boards within 60 days. Ms. Stevens shall properly dispose of all Schedule II-VI controlled substances, including physician samples, remaining in her practice. Ms. Stevens within 90 days of the date of entry of this order, will have a qualified provider pre-approved by the Committee of the Joint Boards submit a written evaluation to the Committee of the Joint Boards of Ms. Stevens' treatment and documentation skills. The motion was seconded by Ms. Acuna and carried unanimously.

Merissa Turner, APRN

0024-167442

Ms. Turner did not appear.

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand Marissa Turner, APRN, and require within 60 days from the date of entry of the Order, to provide written proof of successful completion of a course in the subject of provider documentation. The motion was seconded by Ms. Acuna and carried unanimously.

FORMAL HEARING: Ania Ramondo, APRN

0024-173902

Ms. Ramondo appeared and was represented by Nathan Mortier, Esq. and William Homer.

Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Committee. Juan Ortega, court reporter with Ortega International Reporting, recorded the proceedings.

Debra Hay-Pierce, Senior Investigator, Enforcement Division, Detective Joseph Richie, DEA DI Joseph Kellenberger, Pamela Twombly, Christine Galli, Ashley Matthews, and Deborah Dougherty were present and testified.

RECESS: The Board recessed at 11:45 A.M.

RECONVENTION: The Board reconvened at 12:32 P.M.

CLOSED MEETING: Ms. Acuna moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 12:37 P.M., for the purpose of deliberation of the medical records of Ania Ramondo. Additionally, Ms. Acuna moved that Ms. Morris, Ms. Alexander, Ms. Andreoli, Mr. Ortega, court reporter and Ms. Blose, 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 seconded by Dr. Vaughan and carried unanimously.

RECONVENTION: The Committee reconvened in open session at 1:44 P.M.

Ms. Acuna moved that the Committee if 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 seconded by Dr. Vaughan and carried unanimously.

RECESS: The Board recessed at 1:58 P.M.

RECONVENTION: The Board reconvened at 2:08 P.M.

CLOSED MEETING: Ms. Acuna moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 2:32 P.M., for the purpose of deliberation of the medical records of Ania Ramondo. Additionally, Ms. Acuna moved that Ms. Morris, Ms. Alexander, Ms. Andreoli, Mr. Ortega, court reporter and Ms. Blose, 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 seconded by Dr. Vaughan and carried unanimously.

RECONVENTION: The Committee reconvened in open session at 3:08 P.M.

Ms. Acuna moved that the Committee if 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 seconded by Dr. Vaughan carried unanimously.

RECESS: The Board recessed at 3:09 P.M.

RECONVENTION: The Board reconvened at 3:15 P.M

CLOSED MEETING: Ms. Acuna moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:18 P.M., for the purpose of deliberation to reach a decision in the matter of Ania Ramondo. Additionally, Ms. Acuna moved that Ms. Morris, Ms. Alexander, and Ms. Blose, 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 seconded by Dr. Vaughan and carried unanimously.

RECONVENTION: The Committee reconvened in open session at 4:57 P.M.

Ms. Acuna moved that the Committee if 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 seconded by Dr. Vaughan carried unanimously.

ACTION: Ms. Acuna moved that the Committee of the Joint Boards of Nursing and Medicine revoke the license of Ania Ramondo to practice as an advanced practice registered

nurse in the Commonwealth of Virginia. The Motion was seconded by Dr. Vaughan 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.

ADJOURNMENT: The Committee adjourned at 4:58 P.M.



Randall Mangrum, D.N.P., R.N.
Deputy Executive Director for Advanced
Practice

DRAFT

Christina Bargdill, Deputy Executive Director, attended the 2026 FSMTB Executive Summit. The MBE Summit is designed for member Board executives to come together and discuss issues of mutual concern, and share experiences and best practices that may benefit massage therapy regulators. The central theme of the 2026 Executive Summit was strengthening regulation, trust, and collaboration in the massage therapy profession.

Across the agenda, the sessions focused on:

- **Building public trust** through better communication and community engagement
- **Combating misinformation** and helping boards respond confidently and transparently
- **Modernizing regulatory work** with new technology and tools that support board operations
- **Improving consistency in school oversight** through shared standards and collaborative problem-solving
- **Strengthening investigations and enforcement** through best practices and inter-state collaboration
- **Preparing boards to respond to pressures for deregulation pressures** with strong, evidence-based arguments and strategies to best serve the public and the profession
- **Sharing successes and challenges** to build community and learn from one another

Notable takeaways from the meeting included:

- The Interstate Massage Therapy Compact (IMpact) is designed to make it easier for licensed massage therapists to practice across state lines through multistate licensure. Five states (Arkansas, Montana, Nevada, Ohio and Virginia) have adopted the IMpact model language and are participating in the compact. To move the compact forward, a total of seven states must enact the model language to participate in the compact. Several states including Virginia had bills introduced in the 2026 General Assembly session that would have amended the original compact language including specific aspects of the proposed compact. This would have required statutory updates for the five states that have adopted the initial compact framework. All the bills introduced in the initial 2026 session failed, and the existing compact language remains in place. With five states currently participating, two more states must adopt the compact to establish the compact commission. There are currently six additional states that have active legislation under consideration to adopt the original IMpact framework.
- The Massage Therapy Licensing Database (MTLD) is a comprehensive, national database of licensed massage therapists that will facilitate information sharing between

state massage regulatory boards and agencies. FSMTB has partnered with Synaptic Era to modernize the technology and support member states in sharing information through MTLT to improve efficiency and effectiveness in licensure. The Virginia Board of Nursing has previously entered into a data sharing agreement to participate in MTLT. Once the current technological updates are completed, the information technology (IT) specialists from FSMTB will work with the IT here at DHP to identify data sharing needs and to establish protocols.

- Entry-Level Analysis Project (ELAP) is a research project initiated by the Coalition of National Massage Therapy Organizations in March of 2012.
 - The organizations that made up the coalition include the Alliance for Massage Therapy Education (AFMTE), American Massage Therapy Association (AMTA), Associated Bodywork & Massage Professionals (ABMP), Commission on Massage Therapy Accreditation (COMTA), Federation of State Massage Therapy Boards (FSMTB), Massage Therapy Foundation (MTF), and the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB)
 - The project goals were to define knowledge and skills components of entry-level education and to recommend the minimum number of hours schools should teach to prepare graduates for safe and competent massage practice.
 - The recommended minimum hours schools should teach graduates was found to be 625 hours.
 - Current state regulatory requirements for minimum education hours for licensures vary nationwide from 500 hours to 1000 hours.
 - Nationwide 84% of approved schools teach at or above the 625-hour mark.
 - Code of Virginia requires an applicant to have successfully completed 500 hours of training in an approved massage therapy program.
- A discussion related to school closures and Massage and Bodywork Licensing Examination (MBLEX) applications revealed a significant impact on the licensing of massage therapists nationwide. More than 1100 people were affected nationwide by school closures by the Texas Department of Licensing and Regulation (TDLR). These students were given options to retake the MBLEX before the invalidation results were reported to licensing Boards. There are more schools in other jurisdictions that are under review and may have a similar result.

May 8, 2026

TO: Virginia Board of Nursing

FROM: Randall S. Mangrum, DNP, RN
Deputy Executive Director for Advanced Practice

RE: 2026 NCSBN Virtual APRN Roundtable

I had the opportunity to attend the NCSBN Virtual APRN Roundtable on April 29, 2026. The NCSBN APRN Roundtable is an opportunity for advanced practice registered nurse (APRN) stakeholders to discuss matters of common interest which impact APRN regulation.

This year's roundtable included sessions and discussions related to:

- Regulatory impact of telehealth on APRN practice
- Legislative updates to inform APRN policy and regulatory frameworks
- APRN Consensus Model
- APRN education and workforce development
- RN experience requirements in APRN education
- Strategies to advance regulatory policy for APRN-led medical spas

Key takeaways from the 2026 APRN Roundtable included:

- APRNs need to have a clear understanding of the regulations surrounding telehealth in their state. Prior to implementing telehealth into their practice, the APRN should consider their understanding and use of technology in providing care in a virtual environment. Other considerations include technology access, connectivity, digital literacy, accessibility, client access framework, technology standards, equipment standards, telehealth etiquette, how to perform a virtual physical examination, cross-state practice, standard of care, and documentation.
- The APRN Consensus Model provides guidance for jurisdictions to adopt uniformity in the regulation of APRN roles, licensure, accreditation, certification and education. Because of the unique requirements of each jurisdiction, APRNs relocating to another state, providing care across state borders in person, telephonically or virtually must ensure they meet the regulatory requirements of the state where the patient is located at the time care is provided by the APRN. As long as regulatory requirements differ from state to state, each border represents an obstacle to license portability. The Consensus Model as a regulatory framework includes seven main elements:
 - Title: Advanced Practice Registered Nurse (APRN)
 - License: Holds an APRN license
 - Four Roles: Certified Nurse Midwife (CNM), Certified Nurse Practitioner (CNP), Certified Registered Nurse Anesthetist (CRNA) and Clinical Nurse Specialist (CNS)
 - Education: Completion of postgraduate education is required

- National Certification: APRNs must pass a nationally accredited certification exam
- Independent Practice: APRNs are granted authority to practice independently without physician oversight such as collaborative/supervisory agreement
- Independent Prescribing: APRNs are granted authority to prescribe without physician oversight such as collaborative/supervisory agreement.
- According to the Consensus Model for APRN Regulation, Advanced Practice Registered Nurses (APRNs) are educated and certified in one of four roles (NP, CRNA, CNM, CNS) and at least one of six specific population foci: family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related, or psych/mental health. These foci define the scope of practice based on patient needs rather than physical location.
 - There is currently a proposal that has been put forward to recognize emergency department patients as a population. An Emergency Nurse Practitioner (ENP) certification is currently available for Family Nurse Practitioner with experience in emergency care.
- Some states are developing legislation that requires a certain amount of RN experience prior to becoming an APRN. For example, Alabama now requires individuals enrolled in APRN programs to have 3000 hours of experience as a RN (equivalent to 18 months of experience).
- The medical spa session focused on how Texas enacted legislation that strictly regulates elective IV therapy at med spas to prevent unauthorized medical practice and ensure safety. This law aims to improve patient safety in medical spas following the death of a client who suffered a fatal arrhythmia due to improperly administered IV therapy.
 - The U.S. medical spa industry is a rapidly growing market, with revenue expected to exceed \$17 billion in 2026, driven by high demand for non-invasive aesthetic procedures.
 - Many states are developing regulations or regulatory guidance related to the medical spa industry due to concerns for public safety,



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COMMONWEALTH of VIRGINIA

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May 15, 2026

Randall Mangrum, Deputy Executive Director for Advanced Practice attended the NCSBN NCLEX Item Review Subcommittee (NIRSC) in Chicago, IL on May 12-14, 2026 . During this meeting the committee reviewed 1095 NCLEX RN and PN pretest and master pool items.

The NCLEX Item Review Subcommittee (NIRSC) is a subcommittee of the NCLEX Examination Committee (NEC) within the National Council of State Boards of Nursing (NCSBN). During the meeting members review new, pre-test NCLEX items to ensure they are accurate, relevant, and appropriate for entry-level nurses. The subcommittee also examines items already in the NCLEX item pool to maintain quality and currency.

**COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
MOTION FOR RECONSIDERATION TELEPHONE CONFERENCE CALL
May 7, 2026**

A Motion for Reconsideration telephone conference call of the Committee of the Joint Boards of Nursing and Medicine was held May 7, 2026, at 4:01 P.M.

The Committee Members participating in the call were:

Helen Parke, DNP, FNP-BC - **Chair**; Board of Nursing Member
Delia Acuna, FNP-C; Board of Nursing Member
Blanton Marchese, Citizen Member; Board of Medicine Member
Bo Vaughan, Jr., MD; Board of Medicine Member

Others participating in the call were:

Sara Blose, Senior Assistant Attorney General, Board Counsel
Claire Morris, RN, LNHA; Executive Director
Randall Mangrum, DNP, RN; Deputy Executive Director for Advanced Practice
Shannon Alexander, Discipline Case Specialist/Senior Licensing Specialist
Christine Andreoli, Adjudication Specialist, APD
David Kazzie, Deputy Director, APD

The meeting was called to order by Dr. Parke. With four (4) members of the Committee of the Joint Boards of Nursing and Medicine, a quorum was established.

CLOSED MEETING: Mr. Marchese moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:05 P.M., for the purpose of deliberation to reach a decision in the matter of Brittany M. Vallery Hernandez. Additionally, Dr. Kitt moved that Ms. Morris, Dr. Mangrum, Ms. Alexander, and Ms. Blose, 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 4:25 P.M

Mr. Marchese 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. Acuna and carried unanimously.

ACTION: Dr. Vaughan moved to deny the motion for limited reconsideration and supplemental reconsideration of the Board Order for Ania Ramondo. The motion was seconded by Ms. Acuna and carried unanimously.

Virginia Committee of the Joint Boards of Nursing and Medicine
Motion for Reconsideration Telephone Conference Call
May 5, 2026

The meeting was adjourned at 4:26 P.M.



Randall Mangrum, DNP, RN
Deputy Executive Director for Advanced Practice

DRAFT

DRAFT

Virginia's Nursing Education Programs: 2024-2025 Academic Year

Healthcare Workforce Data Center

April 2026

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4466(fax)
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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

David E. Brown, DC
Director

Healthcare Workforce Data Center Staff:

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Barbara Hodgdon, PhD
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Rajana Siva, MBA
Research Analyst

Christopher Coyle, BA
Research Assistant

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Powhatan

Dolores Valenta, LPN
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Kathleen Ware, DNP, MSN, RN, NEA-BC
Williamsburg, VA

Jeanell Webb-Jones, MSN, RN, AMB-RN
Barboursville

Jodi Zehr, RN
Rustburg

Executive Director

Claire Morris, RN, LNHA

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Virginia's Nursing Education Programs		
	PN Programs	RN Programs
Mean Program Length	15 Months	25 Months
% with SACS Accreditation	35%	63%
% with CCNE Accreditation	N/A	44%
% with ACEN Accreditation	12%	48%
% offering Evening and Weekend Courses	28%	20%
% offering Evening Courses	12%	22%
% offering Online Courses	17%	48%
Median Clinical Experience Hours	401-425	551-575
Median Direct Client Care Hours	400+	500+
Students		
Total Applicants	7,877	23,194
% Qualified Applicants	65%	57%
Total 1st Year Students Enrolled	3,377	7,930
Mean GPA of Admitted Students	2.9	3.3
Mean Age of Admitted Students	29	29
1st Year Student Capacity	4,153	9,115
% Unfilled Capacity	21%	19%
Total Enrollment	3,663	13,718
Attrition Rate	30%	15%
Total Graduates	1,647	5,003
% Male Graduates	7%	11%
Diversity Index*	58%	65%
Faculty		
Total Faculty	566	2,490
% Full-Time Employees	43%	45%
Mean Student-to-Faculty Ratio	6.2	6.3
% Female	91%	90%
Diversity Index	57%	53%
Most Common Degree	BSN	MSN
Full-Time Turnover Rate	19%	10%
Full-Time Newly Appointed Rate	22%	15%
% with Adequate Budget for Full-Time Hiring	89%	94%
% of Full-Time Vacancies in Active Recruitment	71%	78%
% Expecting More Future Employment Disruption	6%	6%

*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 2024-25 academic year, 58 practical nursing (PN) programs and 80 registered nursing (RN) programs responded to the Nursing Education Program Survey. Some trends in Virginia's Nurse Education programs are worth noting. The number admitted into PN programs increased from 3,214 during the 2023-2024 academic year to 3,678 in the 2024-25 academic year. The number admitted into RN programs decreased, from 9,972 last year to 9,875. Compared to 2023-2024, total enrollment increased from 3,193 to 3,377 for PN programs. Additionally, for RN programs, there was an increase in total enrollment from 7,626 to 7,930 between 2023-24 and 2024-25. Compared to 2023-2024, PN programs reported an increase in first year enrollment, from 2,962 to 3,663 and RN programs reported an increase from 7,626 to 7,930. In terms of unfilled first year student capacity, among PN programs, the percentage remained the same (23%) between 2023-24 and 2024-25. However, RN programs reported a decrease, from 21% to 19% during the same time period. The number of graduates in PN slightly increased from 1,428 to 1,647 between the 2023-24 and 2024-25 academic years (an increase of 15%). RN programs graduated more nurses, 5,003 (an increase of 6%). The diversity index of PN graduates decreased from the 2023-24-level of 60% to 58% in 2024-25, with the majority of PN graduates identifying as non-White. The diversity index of RN graduates has increased since 2023-24 (from 63% to 65%); the majority of the graduates identify as White.

The percent of PN programs offering online classes has remained stable at 13% since the 2023-24 academic year. However, the percentage of RN programs offering online courses has increased, from 46% to 48% between the 2023-24 and 2024-25 academic years.

Compared to the 2023-2024 academic year, the percentage of PN programs that reported education accreditation by the Southern Association of Colleges and Schools (SACS) has increased (35% vs 34%). However, RN programs reporting SACS accreditation decreased from 66% to 63%. Accreditation by the Accreditation Commission for Education in Nursing (ACEN), increased from 10% to 12% for PN programs and increased for RN programs (45% vs 48%) from last year; Commission on Collegiate Nursing Education (CCNE) accreditation increased from 43% to 44% for RN programs between 2023-24 and 2024-25. Mean program length for PN programs has remained at 15 months from 2023-24 to 2024-25. For RN programs, mean program length remained the same since the 2021-2022 academic year, at 25 months.

Some significant changes were also noted in faculty statistics. The total number of faculty reported in RN programs decreased by 1% to 2,490. Likewise, the number of PN faculty decreased from 606 to 566 for the present survey period. The percentage of faculty that were full time, however, increased from 40% to 43% for PN programs between the 2023-24 and 2024-25 academic years. For RN programs, the percent full time increased to 45% in 2024-25 from 43% in the 2023-2024 academic year.

Full time faculty turnover rates have not changed for PN programs (19%) between the 2023-24 and 2024-25 academic school years. The faculty turnover rate for RN programs decreased from 11% to 10% during the same time period. The full time faculty newly appointed rate changed for both PN and RN programs; the rate decreased from 27% in 2023-24 to 22% in 2024-25 for PN programs, likewise, for RN programs, the rate has decreased from 18% to 15% in the same period.

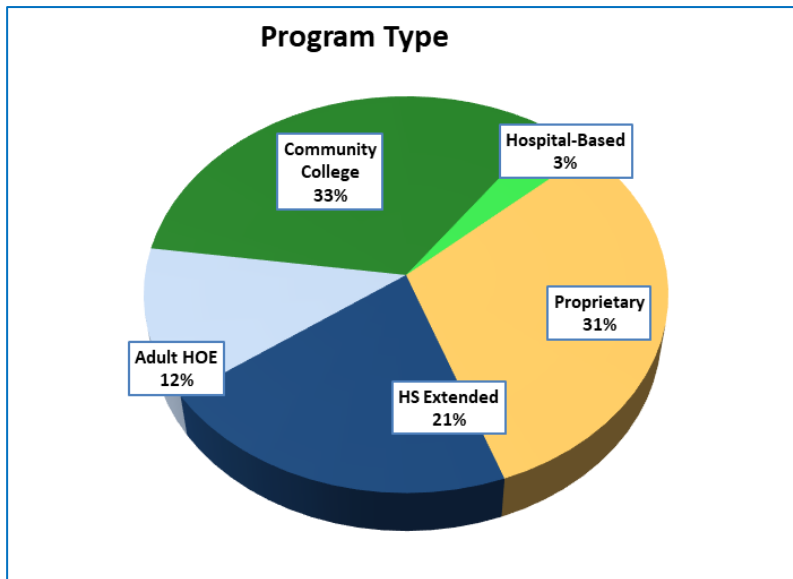
Practical Nursing Education Programs

Program Structure

A Closer Look:

Program Type		
Type	#	%
High School Extended	12	21
Post-Secondary Adult HOE	7	12
Community College	19	33
Hospital-Based	2	3
Proprietary	18	31
Total	58	100%

Source: VA. Healthcare Workforce Data Center



Source: VA. Healthcare Workforce Data Center

Program Type	Program Length (Months)				
	Mean	Min	25 th %	75 th %	Max
HS Extended	19	18	18	18	24
Adult HOE	17	12	15	18	18
Community College	14	12	12	18	24
Hospital-Based	15	12	12	N/A	18
Proprietary	14	12	12	14	16
All Programs	15	12	12	18	24

Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Type

Community College:	33%
Proprietary:	31%
HS Extended:	21%

Delivery Method

Semester:	74%
Quarters:	19%

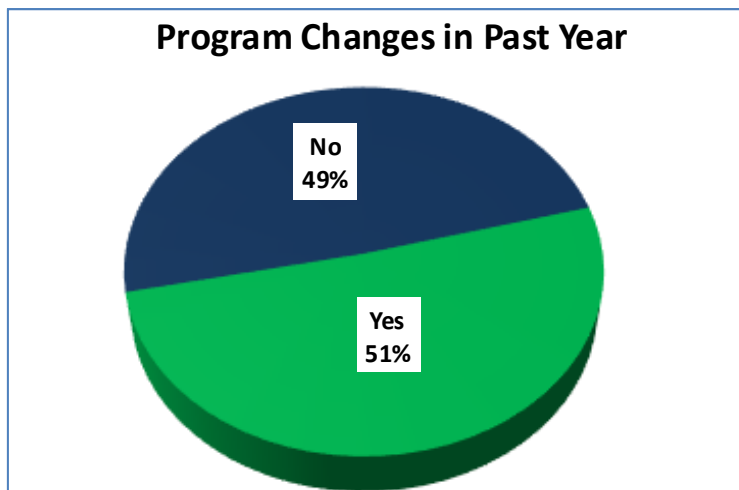
Mean Program Length

HS Extended:	19 Mos.
Adult HOE:	17 Mos.
Community College:	14 Mos.
Proprietary:	14 Mos.

Source: VA. Healthcare Workforce Data Center

There were 59 Practical Nursing (PN) Education Programs approved in Virginia during the 2024-2025 academic year. 58 of the programs responded to this year's survey.

Program Details



Source: VA. Healthcare Workforce Data Center

At a Glance:

Schedule Options

Daytime Courses:	97%
Evening and Weekend Courses:	28%
Online Courses:	17%

Admissions Frequency (Annual)

One:	58%
Two:	15%
Three:	10%
Four or More:	17%

Source: VA. Healthcare Workforce Data Center

Over half of Virginia’s PN programs initiated a change to their program within the past year. Twenty-eight programs had faculty changes, 11 reported schedule changes, 15 reported curriculum changes, and seven reported changes in course content.

Scheduling Options	#	%
Daytime Courses	56	97%
Evening and Weekend Courses	16	28%
Online Courses	10	17%
Evening Courses	7	12%
Accelerated Courses	1	2%
Weekend Courses	0	0%

Source: VA. Healthcare Workforce Data Center

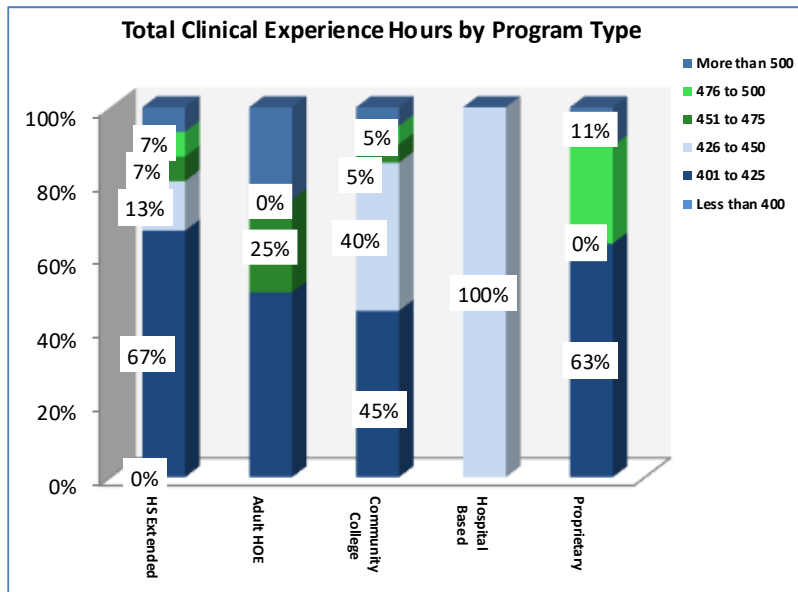
Accreditation			
Accrediting Agency	Abbv.	#	%
Southern Association of Colleges and Schools	SACS	20	35%
Accreditation Commission for Education in Nursing	ACEN	7	12%
Accrediting Bureau of Health Education Schools	ABHES	7	12%
Council on Occupational Education	COE	3	5%
Commission for Nursing Education Accreditation	CNEA	0	0%
Council for Higher Education	CHE	0	0%

Source: VA. Healthcare Workforce Data Center

Full-time and Part-time Options	#	%
Full-time Only	45	78%
Part-Time Only	1	2%
Full-time and Part-time	12	21%
Total	58	100%

Source: VA. Healthcare Workforce Data Center

Clinical Hours



At a Glance:

Median Clinical Hours

- Clinical Experience: 401-425
- Direct Client Care: 400+
- Direct Client Care in Va.: 408
- Clinical Simulation: 1-25
- Clinical Observation: 0

Source: VA. Healthcare Workforce Data Center

Source: VA. Healthcare Workforce Data Center

81% of all PN programs in Virginia required between 400 and 475 hours of clinical experience from their students; 19% 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 has remained between 1-25 hours since last year.

Percentage of Precepted Direct Client Care Hours	#	%
0%	14	24%
1-15%	17	29%
16-25%	13	22%
More than 25%	14	24%
Total	58	100%

Source: VA. Healthcare Workforce Data Center

Percentage of Simulated Direct Client Care Hours	#	%
0%	13	22%
1-15%	32	55%
16-25%	12	21%
More than 25%	1	2%
Total	58	100%

Source: VA. Healthcare Workforce Data Center

Close to one quarter of all PN programs report that more than 25% of their direct client care hours are precepted. More than half of all PN programs report between 1% and 15% of their direct client care hours are simulated.

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	0	0	0	0	0%
	401 to 425	8	4	11	1	11	35	60%
	426 to 450	1	2	7	1	0	11	19%
	451 to 475	1	0	0	0	0	1	2%
	476 to 500	1	0	1	0	5	7	12%
	More than 500	1	1	0	0	2	4	7%
	Total	12	7	19	2	18	58	100%
Direct Client Care Hours	300 or less	0	1	0	0	0	1	2%
	301 to 325	0	1	0	1	2	4	7%
	326 to 350		0	1	0	0	1	2%
	351 to 375	1	0	3	1	0	5	9%
	376 to 400	2	0	6	0	4	12	21%
	More than 400	8	5	9	0	12	34	60%
	Total	11	7	19	2	18	57	100%
Clinical Simulation Hours	None	3	3	4	0	3	13	22%
	1-25	5	1	6	0	5	17	29%
	26 to 50		1	4	1	1	7	12%
	51 to 75	4	0	4	0	5	13	22%
	76 to 100	0	1	1	1	2	5	9%
	More than 100	0	1	0	0	2	3	5%
	Total	12	7	19	2	18	58	100%
Clinical Observation Hours	None	7	7	17	2	15	48	83%
	1-25	4	0	2	0	2	8	14%
	26 to 50	1	0	0	0	0	1	2%
	51 to 75	0	0	0	0	0	0	0%
	76 to 100	0	0	0	0	0	0	0%
	Total	0	0	0	0	1	1	2%

Source: VA. Healthcare Workforce Data Center

Clinical Experiences Outside Virginia		
State	# of Programs	% of Programs
Washington, D.C.	3	5%
West Virginia	2	3%
North Carolina	1	2%
Maryland	3	5%
Tennessee	3	5%
At least One	9	16%

Source: VA. Healthcare Workforce Data Center

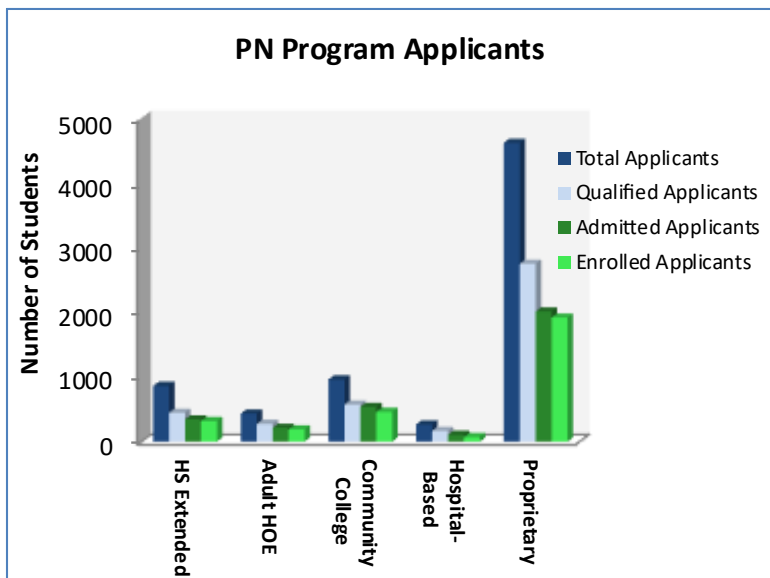
Nine programs offered clinical experience hours outside of Virginia. Not surprisingly, most of the clinical experiences reported were obtained in neighboring states.

Barriers to Securing Clinical Sites		
	# of Programs	% of Programs
Clinical Facility Commitment to Other Programs	22	38%
Clinical Facility Staff Shortage	11	19%
Faculty Shortage	5	9%
Geographical Location	3	5%
Preceptor Shortage	3	5%
Low Patient Census	1	2%
Other	13	22%
Total	58	100%

Source: VA. Healthcare Workforce Data Center

Among PN programs, clinical facility commitment to other programs, clinical facility staff shortages, and faculty shortages were the most cited barriers to securing clinical sites.

Admissions



Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Applicants

Total:	7,877
Qualified:	5,135
Admitted:	3,678
Enrolled:	3,377
Waitlisted:	120

Source: VA. Healthcare Workforce Data Center

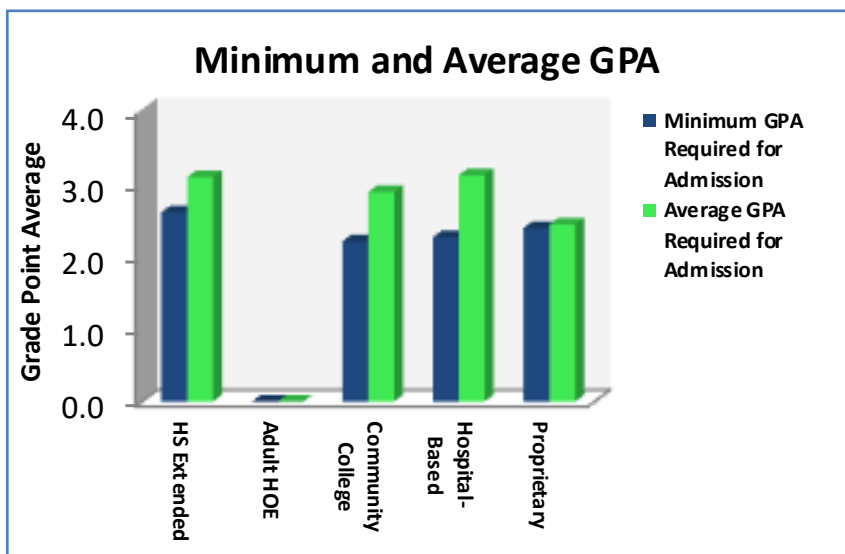
Virginia’s PN programs received 7,877 student applications during the 2024-2025 academic year. Over 2 in 5, 43%, of these applications ultimately resulted in an enrolled student.

Program Type	Applications Received	Applicants Qualified	% Qualified	Applicants Admitted	% of Qualified Admitted	Applicants Enrolled	% of Admitted Enrolled	% of Applicants Enrolled
HS Extended	639	484	76%	293	61%	252	86%	39%
Adult HOE	631	366	58%	321	88%	277	86%	44%
Community College	1,085	674	62%	575	85%	509	89%	47%
Hospital	492	188	38%	169	90%	113	67%	23%
Proprietary	5,030	3,423	68%	2,320	68%	2,226	96%	44%
All Programs	7,877	5,135	65%	3,678	72%	3,377	92%	43%

Source: VA. Healthcare Workforce Data Center

Out of 5,135 qualified applications, 1,457 did not result in an offer of admission. Thirteen programs cited students’ personal issues a reason for not admitting all qualified students. Additionally, nine programs mentioned an inability to expand the effective program capacity. Further, five mentioned a lack of faculty, and a lack of classroom space. Four programs mentioned a lack of clinical space.

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: 29
 HS Extended: 25
 Adult HOE: 33

Source: VA. Healthcare Workforce Data Center

Average Age of Admitted Students	
Program Type	Mean
High School Extended	25
Post-Secondary Adult HOE	33
Community College	27
Hospital-Based	29
Proprietary	31
All Programs	29

Source: VA. Healthcare Workforce Data Center

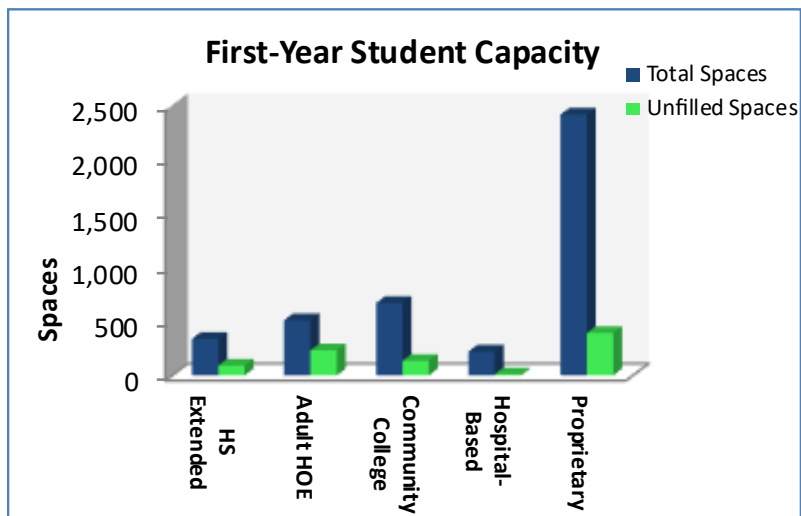
The average age of students who were admitted into Virginia’s PN programs was 29. High School Extended programs had the lowest average age of admitted students at 25, while Post-Secondary Adult HOE had the highest average age of admitted students at 33.

GPA		
Program Type	Min	Avg.
High School Extended	2.6	3.1
Post-Secondary Adult HOE	N/A	N/A
Community College	2.2	2.9
Hospital-Based	2.3	3.1
Proprietary	2.4	2.4
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 and Community Colleges had the lowest GPA required. High School Extended programs had the highest average GPA for admitted students.

Capacity



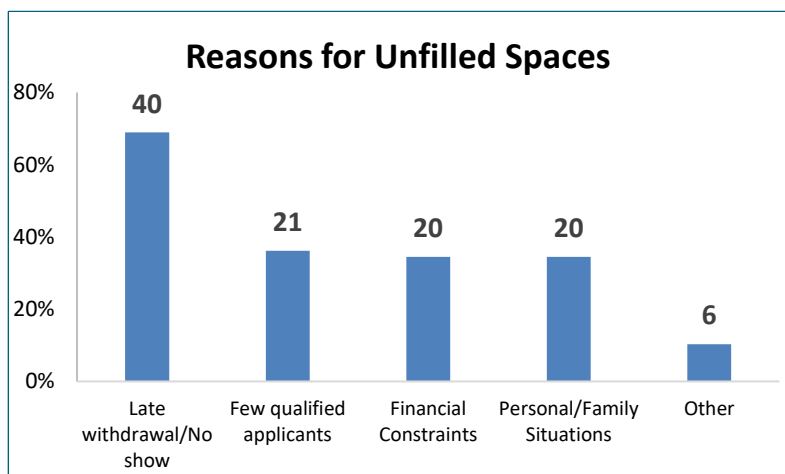
Source: VA. Healthcare Workforce Data Center

At a Glance:

1st-Year Student Capacity
 Spaces Available: 3,153
 Spaces Unfilled: 860

Unfilled Capacity
 % of Programs: 16%
 % of Total Capacity: 23%

Source: VA. Healthcare Workforce Data Center



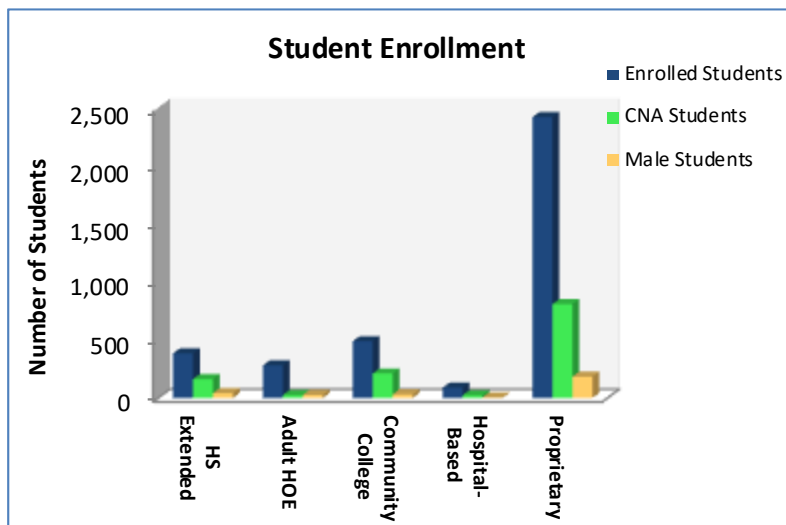
Source: VA. Healthcare Workforce Data Center

Virginia's PN programs were able to utilize 79% 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	3	9	91	11%	338	27%
Adult HOE	0	7	232	27%	511	45%
Community College	4	15	135	16%	670	20%
Hospital-Based	0	2	10	1%	221	5%
Proprietary	2	16	392	46%	2,413	16%
All Programs	9	49	860	100%	4,153	21%

Source: VA. Healthcare Workforce Data Center

Enrollment



Source: VA. Healthcare Workforce Data Center

At a Glance:

Enrollment

Total:	3,663
CNA:	1,230
Male:	290

Enrollment by Program Type

Proprietary:	66%
Community College:	12%
HS Extended:	11%

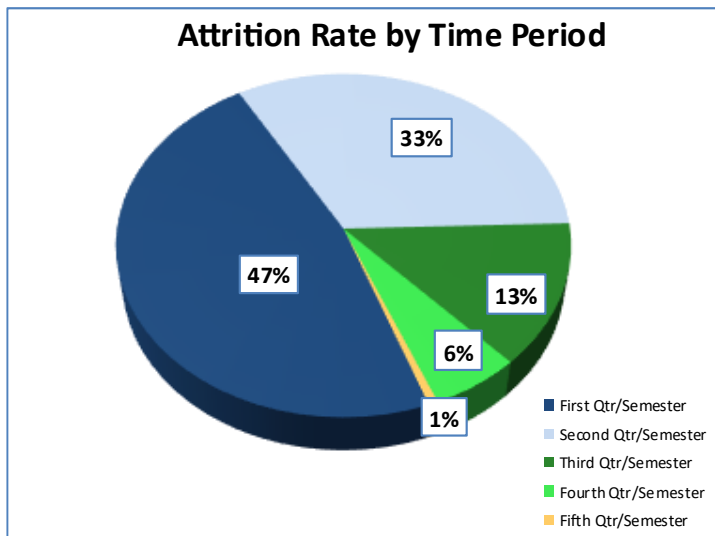
Source: VA. Healthcare Workforce Data Center

A total of 3,663 students were enrolled in Virginia’s PN programs during the current academic year. 34% of these students were CNAs, while 8% of enrolled students were male.

Program Type	Total Enrollment		CNA Enrollment		Male Enrollment	
	Count	%	Count	%	Count	%
HS Extended	385	11%	163	13%	42	14%
Adult HOE	281	8%	25	2%	27	9%
Community College	489	13%	211	17%	32	11%
Hospital-Based	89	2%	23	2%	5	2%
Proprietary	2,419	66%	808	66%	184	63%
All Programs	3,663	100%	1,230	100%	290	100%

Source: VA. Healthcare Workforce Data Center

Attrition



Source: VA. Healthcare Workforce Data Center

Quarter/ Semester/ Trimester	Number of Students	
	Count	%
First	381	47%
Second	265	33%
Third	109	14%
Fourth	47	6%
Fifth	5	1%
Total	807	100%

Source: VA. Healthcare Workforce Data Center

At a Glance:

Graduation Rate

Adult HOE: 43%

Community College: 53%

Hospital-based: 65%

Attrition Rate

All Programs: 30%

Hospital-based: 19%

Proprietary: 33%

Source: VA. Healthcare Workforce Data Center

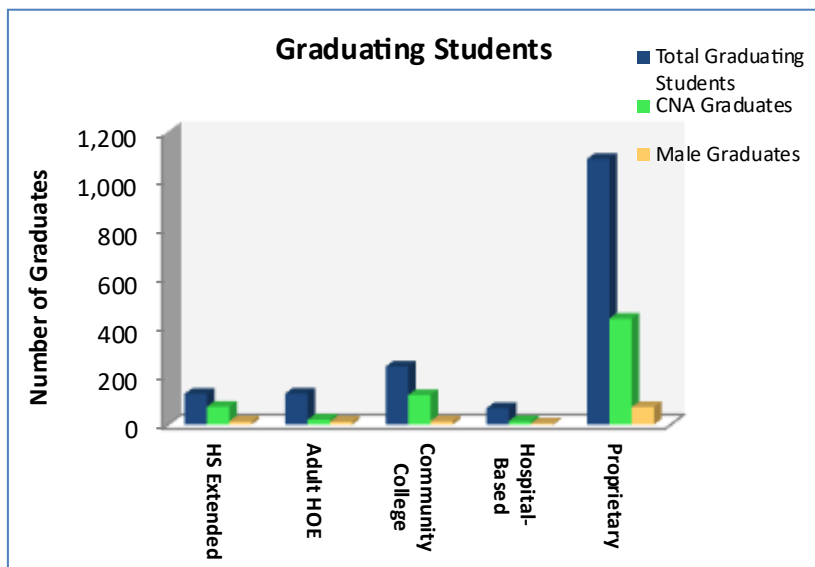
More than two in five of all students who left a PN program without graduating did so during the first quarter or semester of the program.

Attrition Statistics	Program Type					
	HS Extended	Adult HOE	Community College	Hospital Based	Proprietary	All Programs
Scheduled to Graduate	210	228	456	96	1,700	2,690
Graduated on Time	125	97	241	62	663	1,188
On-Time Graduation Rate	60%	43%	53%	65%	39%	44%
Permanently Left Program	68	55	89	18	564	794
Attrition Rate	32%	24%	20%	19%	33%	30%

Source: VA. Healthcare Workforce Data Center

Among all students who were expected to graduate during this academic year, 44% ultimately did graduate. Meanwhile, 30% 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: 1,647
 % CNA: 40%
 % Male: 7%

Grad. by Program Type

Proprietary: 66%
 Community College: 14%
 Adult HOE: 8%

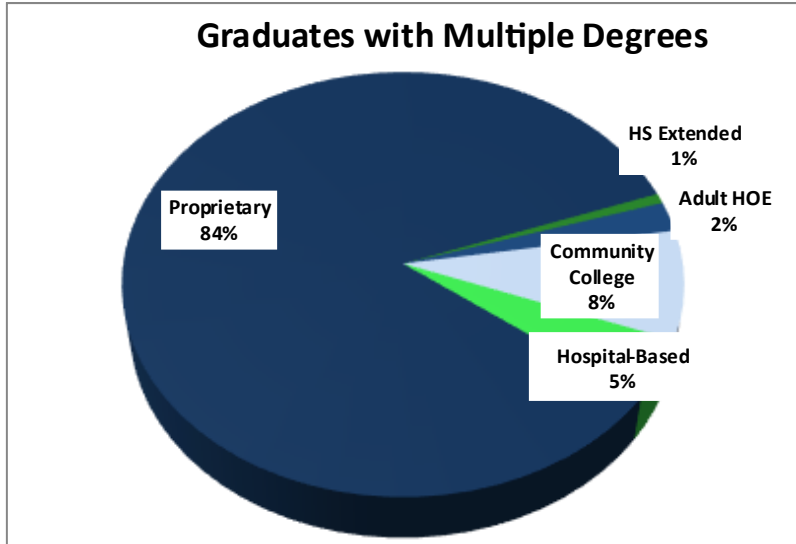
Source: VA. Healthcare Workforce Data Center

A total of 1,647 students graduated from Virginia’s PN programs during the current academic year. 40% of these graduates were CNAs, while 7% were male. Over half graduated from Proprietary PN programs.

Program Type	Total Graduates		CNA Graduates		Male Graduates	
	Count	%	Count	%	Count	%
HS Extended	126	8%	73	11%	13	11%
Adult HOE	127	8%	20	3%	12	10%
Community College	238	14%	121	18%	14	12%
Hospital-Based	67	4%	14	2%	5	4%
Proprietary	1,089	66%	434	66%	72	62%
All Programs	1,647	100%	662	100%	116	100%

Source: VA. Healthcare Workforce Data Center

Background of Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Race/Ethnicity

White:	26%
Black:	58%
Hispanic:	5%

Multi-Degree Grads.

Multi-Degree Graduates:	133
% of Total Graduates:	8%

Source: VA. Healthcare Workforce Data Center

Program Type	Multi-Degree Graduates	%	% of Total Graduates
HS Extended	1	1%	1%
Adult HOE	3	2%	2%
Comm. College	11	8%	5%
Hospital Based	6	5%	9%
Proprietary	112	84%	10%
All Programs	133	100%	8%

Source: VA. Healthcare Workforce Data Center

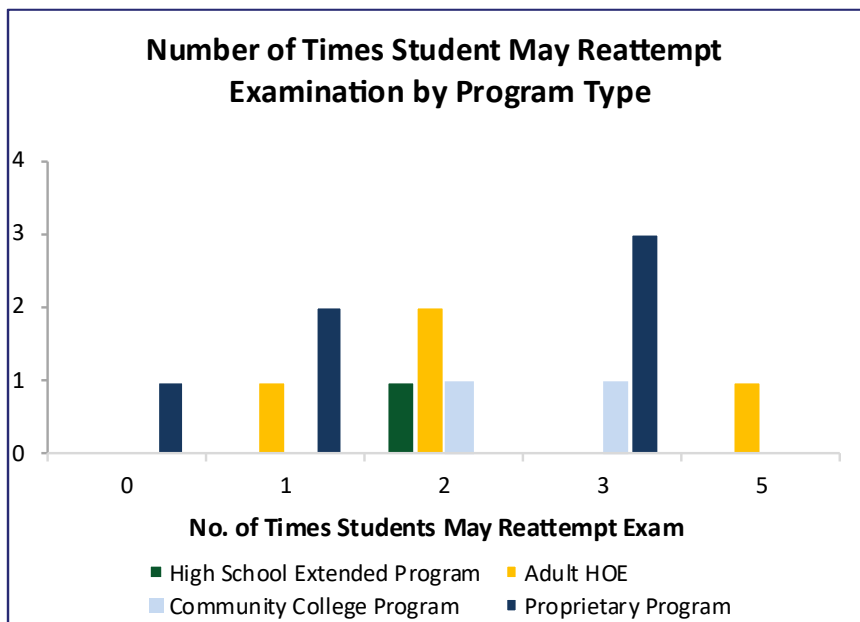
Close to three out of every four graduates from Virginia's PN programs are non-White. More than half of all graduates are non-Hispanic Black and 5% are Hispanic.

Race/Ethnicity	HS Extended		Adult HOE		Comm. College		Hospital Based		Proprietary		All Programs	
	#	%	#	%	#	%	#	%	#	%	#	%
White	70	69%	10	8%	97	56%	20	42%	188	19%	385	26%
Black	17	17%	96	76%	48	28%	20	42%	670	67%	851	58%
Hispanic	7	7%	7	6%	17	10%	3	6%	45	4%	79	5%
Asian	6	6%	12	9%	4	2%	2	4%	36	4%	60	4%
American Indian	0	0%	0	0%	0	0%	1	2%	4	0%	5	0%
Pacific Islander	0	0%	0	0%	0	0%	0	0%	6	1%	6	0%
Two or More	2	2%	2	2%	6	3%	2	4%	36	4%	48	3%
Unknown	0	0%	0	0%	0	0%	0	0%	22	2%	22	2%
Total	102	100%	127	100%	172	100%	48	100%	1,007	100%	1,456	100%

Source: VA. Healthcare Workforce Data Center

Eight 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:	15
Adult HOE:	4
Proprietary:	6

No. Who Did Not Graduate.

Community College:	4
Proprietary:	3

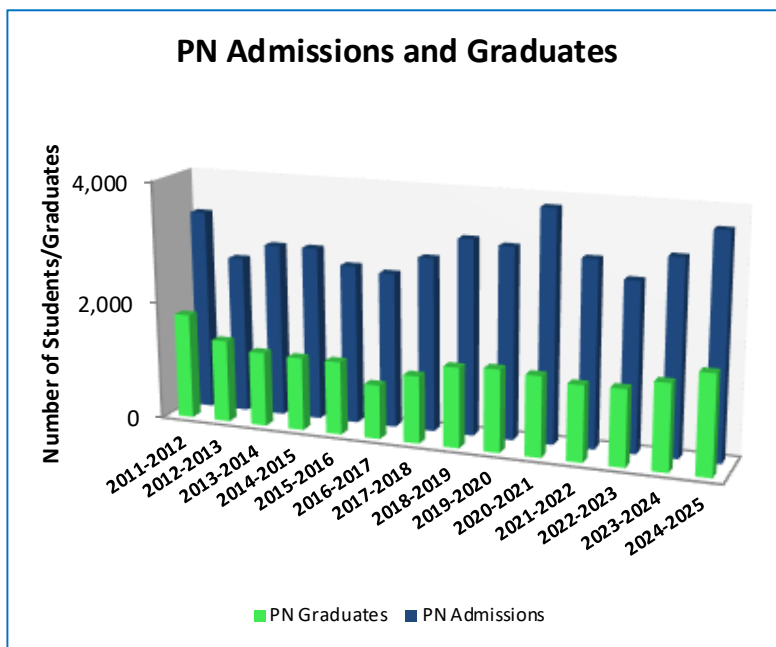
Source: VA. Healthcare Workforce Data Center

Fifteen programs require students to pass a comprehensive examination before graduating. In the 2024-25 year, 8 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 Rettempt 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	2	17%	1	50%	2	0
Adult HOE	4	57%	4	100%	3	1
Community College	3	16%	2	67%	3	4
Hospital-Based	0	0%	N/A	N/A	N/A	N/A
Proprietary	6	33%	5	83%	2	3
All Programs	15	26%	12	80%	2	8

Source: VA. Healthcare Workforce Data Center

Long-Term Trends



Source: VA. Healthcare Workforce Data Center

At a Glance:

Admissions

Total: 3,678

Year-over-Year Change: 14%

Graduates

Total: 1,647

Year-over-Year Change: 15%

Source: VA. Healthcare Workforce Data Center

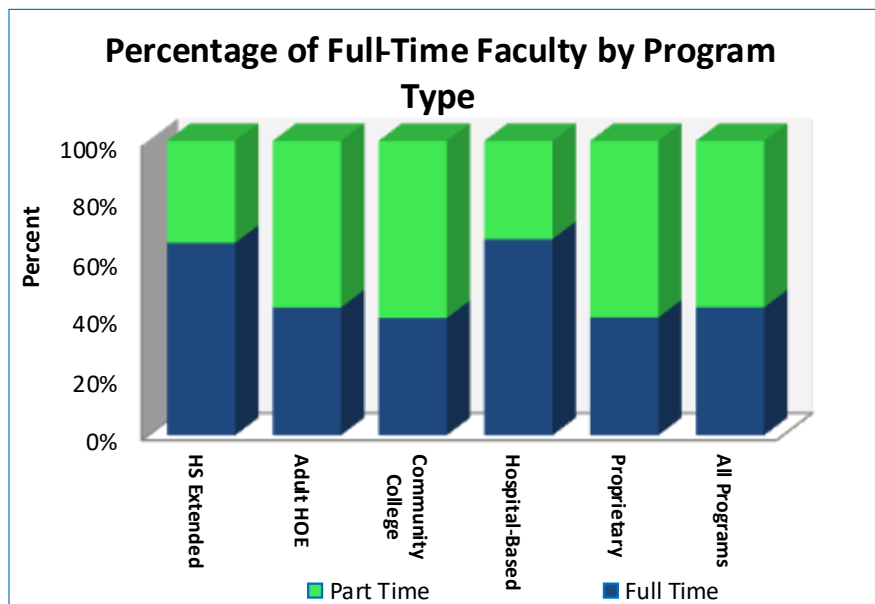
The number of new students who were admitted into Virginia’s PN programs increased by 14% in the 2024-25 academic year. The number of students who graduated from these programs increased by 15%.

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%
2022-2023	2,793	-9%	1,262	1%
2023-2024	3,214	15%	1,428	13%
2024-2025	3,678	14%	1,647	15%

Source: VA. Healthcare Workforce Data Center

Faculty Information

Employment



Source: VA. Healthcare Workforce Data Center

At a Glance:

% of Total Faculty

- Proprietary: 55%
- Community College: 23%
- Adult HOE: 9%

% Full-Time

- HS Extended: 65%
- Adult HOE: 43%
- Hospital-Based: 67%

Student-Faculty Ratio

- HS Extended: 7.9
- Adult HOE: 7.0
- Proprietary: 6.8

Source: VA. Healthcare Workforce Data Center

Over half of all faculty work in Proprietary programs, but only 40% of those workers have full-time jobs. Only High School Extended, Community College, and Hospital-Based programs have half or more of their faculty members in full-time positions.

Program Type	Full Time		Part Time		Total			Student-to-Faculty Ratio		
	#	%	#	%	#	%	% FT	25 th %	Mean	75 th %
HS Extended	34	14%	18	6%	52	9%	65%	3.7	7.9	11.3
Adult HOE	23	9%	30	9%	53	9%	43%	1.7	7.0	13.3
Community College	53	22%	80	25%	133	23%	40%	2.8	4.4	6.6
Hospital Based	12	5%	6	2%	18	3%	67%	4.2	4.8	0.0
Proprietary	124	50%	186	58%	310	55%	40%	2.8	6.8	8.5
All Programs	246	100%	320	100%	566	100%	43%	2.8	6.2	8.4

Source: VA. Healthcare Workforce Data Center

On average, the typical PN program had a student-to-faculty ratio of 6.2. However, three of the five program types had a student-to-faculty ratio that was above the overall average, skewing the mean upward.

Faculty Demographics

Age	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Under 25	0	0%	1	0%	1	0%	0%
25 to 34	27	12%	50	16%	77	14%	35%
35 to 44	59	26%	100	32%	159	29%	37%
45 to 54	67	30%	75	24%	142	26%	47%
55 to 64	55	24%	48	15%	103	19%	53%
65 to 74	15	7%	35	11%	50	9%	30%
75 and Over	3	1%	2	1%	5	1%	60%
Unknown	0	0%	6	2%	6	1%	0%
Total	226	100%	317	100%	543	100%	42%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 91%
 % Female w/ FT Job: 43%

Age

% Under 35: 14%
 % Over 54: 29%

Diversity

Diversity Index (Total): 57%
 Diversity Index (FT Jobs): 49%

Source: VA. Healthcare Workforce Data Center

Gender	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Male	24	10%	25	8%	49	9%	49%
Female	208	90%	274	91%	482	91%	43%
Total	232	100%	299	100%	531	100%	44%

Source: VA. Healthcare Workforce Data Center

In a chance encounter between two faculty members, there is a 57% 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 60%.

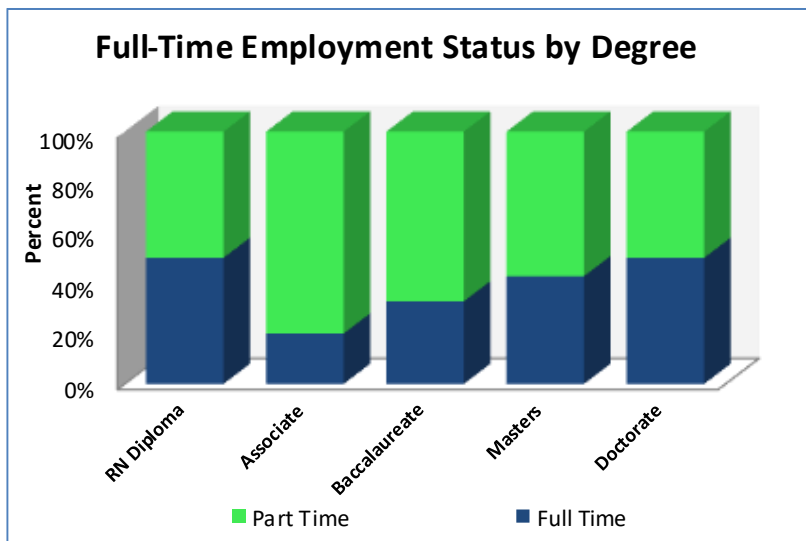
Race/ Ethnicity	Virginia*	Full Time		Part Time		Total		
	%	#	%	#	%	#	%	% FT
White	59%	154	66%	135	43%	289	53%	53%
Black	18%	62	27%	154	49%	216	39%	29%
Asian	7%	5	2%	7	2%	12	2%	42%
Other Race	1%	0	0%	1	0%	1	0%	0%
Two or more races	5%	6	3%	4	1%	10	2%	60%
Hispanic	10%	4	2%	11	3%	15	3%	27%
Unknown	0	1	0%	5	2%	6	1%	0%
Total	100%	232	100%	317	100%	549	100%	42%

*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, 2023.

Source: VA. Healthcare Workforce Data Center

Faculty Educational Background

A Closer Look:



Source: VA. Healthcare Workforce Data Center

At a Glance:

Degree

BSN: 41%
 Masters in Nursing: 39%
 Non-Nursing Bachelors: 7%

Full-Time Employment

Masters in Nursing: 42%
 Doctorate: 50%

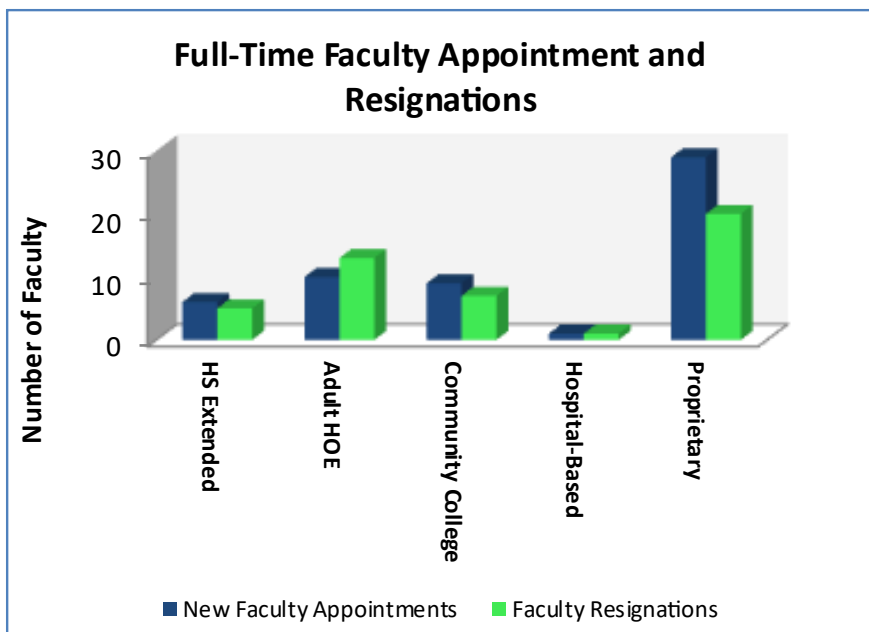
Source: VA. Healthcare Workforce Data Center

Eighty percent of all faculty members held either a BSN or an MSN as their highest professional degree. Of this group, 38% were employed on a full-time basis.

Highest Degree	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
RN Diploma	1	1%	1	0%	2	0%	50%
ASN	1	1%	4	1%	5	1%	20%
Non-Nursing Bachelors	10	5%	23	8%	33	7%	30%
BSN	68	35%	137	45%	205	41%	33%
Non-Nursing Masters	3	2%	3	1%	6	1%	50%
Masters in Nursing	82	43%	111	36%	193	39%	42%
Doctorate	27	14%	27	9%	54	11%	50%
Total	192	100%	306	100%	498	100%	39%

Source: VA. Healthcare Workforce Data Center

Faculty Appointments and Resignations



Source: VA. Healthcare Workforce Data Center

At a Glance:

Full-Time Faculty

Turnover Rate: 19%
 Newly Appointed Rate: 22%

Turnover Rate

Adult HOE: 57%
 Proprietary: 16%
 HS Extended: 15%

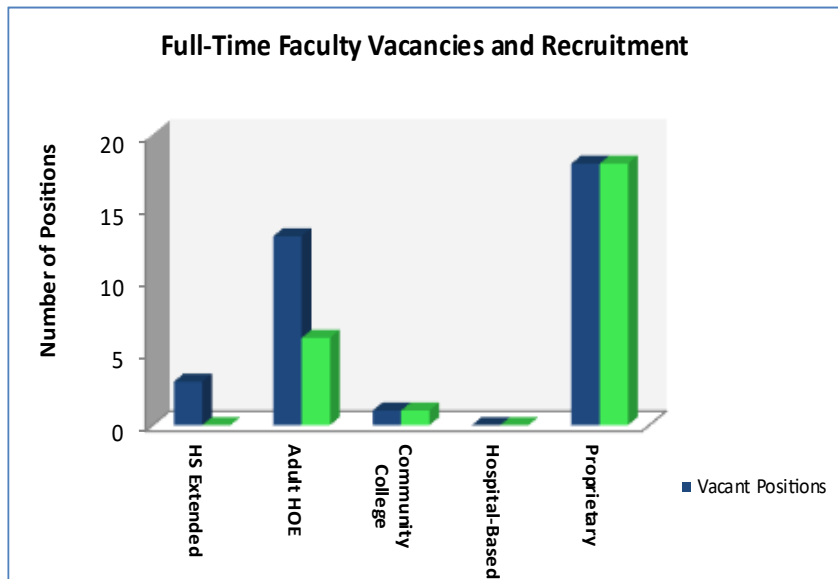
Source: VA. Healthcare Workforce Data Center

Among full-time faculty, Virginia's PN programs experienced a 19% turnover rate and a newly appointed faculty rate of 22% over the past year.

Full-Time Faculty	Program Type					
	HS Extended	Adult HOE	Community College	Hospital Based	Proprietary	All Programs
Total	34	23	53	12	124	246
Newly Appointed	6	10	9	1	29	55
Resignations	5	13	7	1	20	46
Turnover Rate	15%	57%	13%	8%	16%	19%
Proportion Newly Appointed	18%	43%	17%	8%	23%	22%

Source: VA. Healthcare Workforce Data Center

Future Faculty Requirements



Source: VA. Healthcare Workforce Data Center

At a Glance:

Active Recruitment
 Full-Time Hiring: 71%
 Part-Time Hiring: 97%

Budget Adequacy
 Full-Time Hiring: 89%
 Part-Time Hiring: 94%

Expected Job Disruption
 Less: 50%
 Same: 44%
 More: 6%

Source: VA. Healthcare Workforce Data Center

A total of 25 full-time faculty positions and 37 part-time faculty positions are currently in active recruitment. About 64% of these jobs are listed in Proprietary programs.

Adequate Faculty Budget?	Full Time		Part Time	
	#	%	#	%
Yes	51	89%	49	94%
No	6	11%	3	6%
Total	57	100%	52	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	50%	6	60%	0	0%	12	100%
Adult HOE	3	50%	2	33%	1	17%	6	100%
Community College	9	50%	8	44%	1	6%	18	100%
Hospital	1	50%	1	50%	0	0%	2	100%
Proprietary	8	50%	7	44%	1	6%	16	100%
All Programs	27	50%	24	44%	3	6%	54	100%

Source: VA. Healthcare Workforce Data Center

6% of Virginia's PN programs expect more employment disruption among full-time faculty over the course of the next year. Most programs, 89%, currently have a sufficient budget to adequately meet their full-time faculty needs, and 94% have a sufficient budget to meet their part-time faculty needs.

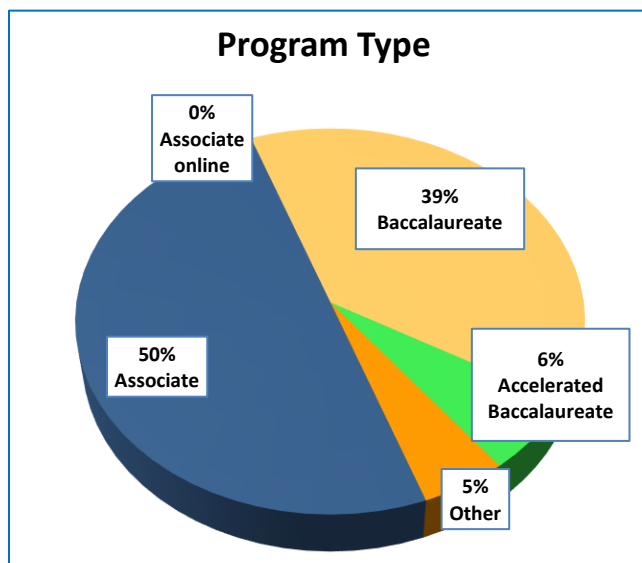
Registered Nursing Education Programs

Program Structure

A Closer Look:

Program Type		
Type	#	%
Associate	40	50%
Associate Online	0	0%
Baccalaureate	31	39%
Baccalaureate Online	2	3%
Accelerated Baccalaureate	5	6%
Accelerated Masters	2	3%
Total	80	100%

Source: VA. Healthcare Workforce Data Center



Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Type

Associate: 50%
 Baccalaureate: 39%
 Accelerated Baccalaureate: 6%

Delivery Method

Semester: 86%
 Quarters: 11%

Mean Program Length

Accel. Baccalaureate: 17 Mos.
 Associate: 22 Mos.
 Baccalaureate: 29 Mos.

Source: VA. Healthcare Workforce Data Center

There were 82 Registered Nursing (RN) Education Programs approved in Virginia during the 2024-2025 academic year; 80 responded to this survey. Twenty-four of the programs offer a RN-to-BSN in addition to their pre-licensure program.

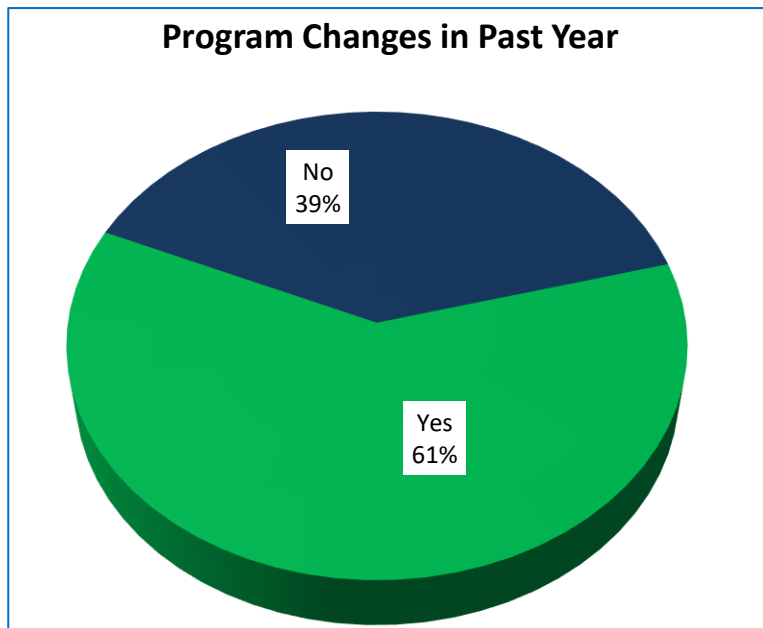
Program Length, Months					
Program Type	Mean	Min	25 th %	75 th %	Max
Associate	22	16	20	24	30
Associate Online	N/A	N/A	N/A	N/A	N/A
Baccalaureate	29	15	24	36	36
Baccalaureate Online	31	30	30	0	31
Accelerated Baccalaureate	17	15	16	18	19
Accelerated Masters	23	22	22	0	24
All Programs	25	15	20	29	36

Source: VA. Healthcare Workforce Data Center

*Note: There were no reported Associate Online programs in Virginia for the 2024-2025 academic year.

Program Details

Program Changes in Past Year



Source: VA. Healthcare Workforce Data Center

At a Glance:

Schedule Options

Daytime Courses:	94%
Online Courses:	48%
Evening Courses:	41%

Admissions Frequency (Annual)

One:	33%
Two:	36%
Three:	14%
Four or More:	18%

Source: VA. Healthcare Workforce Data Center

Over half of all RN programs implemented a change to their nursing program in the past year. 39 programs initiated faculty changes whereas 17 made curriculum changes. Another 12 made schedule changes or changed course content.

Scheduling Option	#	%
Daytime Courses	77	94%
Online Courses	39	48%
Evening Courses	18	22%
Evening & Weekend Courses	16	20%
Accelerated Courses	7	9%
Weekend Courses	16	20%

Source: VA. Healthcare Workforce Data Center

Accreditation

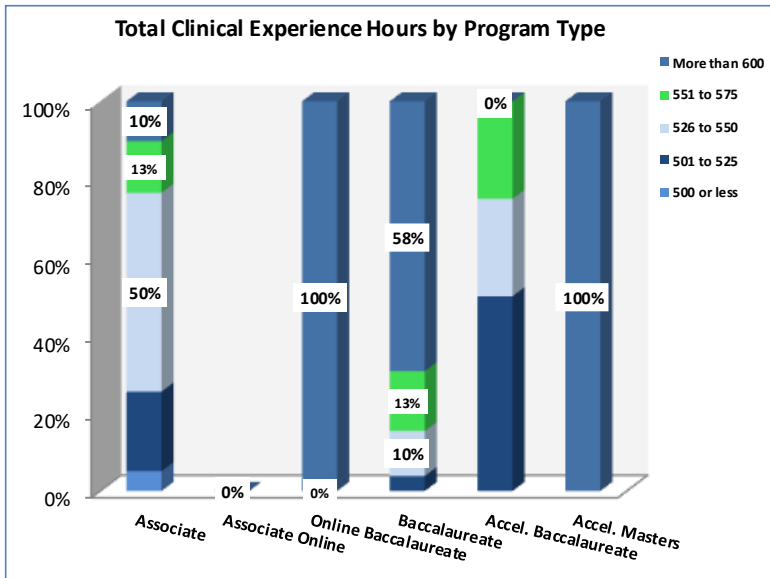
Accrediting Agency	Abbv.	#	%
Southern Association of Colleges and Schools	SACS	52	63%
State Council of Higher Education for Virginia	SCHEV	45	55%
Commission on Collegiate Nursing Education	CCNE	36	44%
Accreditation Commission for Education in Nursing	ACEN	39	48%
Commission for Nursing Education Accreditation	CNEA	2	2%
Council on Occupational Education	COE	2	2%
The Higher Learning Commission	HLC	1	1%

Source: VA. Healthcare Workforce Data Center

Full-time and Part-time Options	#	%
Full-time Only	62	78%
Part-Time Only	N/A	N/A
Full-time and Part-time	18	23%
Total	80	100%

Source: VA. Healthcare Workforce Data Center

Clinical Hours



Source: VA. Healthcare Workforce Data Center

At a Glance:

Median Clinical Hours

Clinical Experience: 551-575
 Direct Client Care: 500+
 Direct Client Care in Va.: 543
 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 have remained the same since 2021 among RN programs.

Percentage of Precepted Direct Client Care Hours	#	%
0%	9	11%
1-15%	21	26%
16-25%	23	29%
More than 25%	27	34%
Total	80	100%

Source: VA. Healthcare Workforce Data Center

Percentage of Simulated Direct Client Care Hours	#	%
0%	7	9%
1-15%	45	56%
16-25%	26	33%
More than 25%	2	3%
Total	80	100%

Source: VA. Healthcare Workforce Data Center

Almost three in ten programs report that between 16% and 25% of their direct client care hours are precepted. The majority of all RN programs report between 1% and 25% of their direct client care hours are simulated.

Breakdown of Clinical Hours by Program Type

	Hours	Program Type					
Type	Amount	Associate	Baccalaureate	Baccalaureate Online	Accel. Baccalaureate	Accel. Masters	All Programs
Clinical Experience Hours	500 or less	2	0	0	0	0	2
	501 to 525	8	1	0	2	0	11
	526 to 550	20	3	0	1	0	24
	551 to 575	1	5	0	1	0	7
	576 to 600	5	4	0	1	0	10
	More than 600	4	18	2	0	2	26
	Total	40	31	2	5	2	80
Direct Client Care Hours	400 or less	3	1	0	0	0	4
	401 to 425	1	0	0	0	0	1
	426 to 450	4	0	0	0	0	4
	451 to 475	5	2	0	3	0	10
	476 to 500	9	2	0	1	0	12
	More than 500	18	26	2	1	2	49
	Total	40	31	2	5	2	80
Clinical Simulation Hours	None	3	6	0	0	1	10
	1 to 25	7	7	0	1	0	15
	26 to 50	7	5	0	0	0	12
	51 to 75	7	5	0	1	1	14
	76 to 100	6	3	2	2	0	13
	More than 100	10	5	0	1	0	16
	Total	40	31	2	5	2	80
Clinical Observation Hours	None	38	22	1	4	2	67
	1 to 25	1	5	0	0	0	6
	26 to 50	1	2	0	0	0	3
	51 to 75	0	2	1	1	0	4
	76 to 100	0	0	0	0	0	0
	More than 100	0	0	0	0	0	0
	Total	40	31	2	5	2	80

Source: VA. Healthcare Workforce Data Center

Clinical Experiences Outside Virginia		
State	# of Programs	% of Programs
Washington, D.C.	11	13%
Maryland	5	6%
Tennessee	5	6%
West Virginia	4	5%
North Carolina	2	2%
Kentucky	2	2%
Other ¹	4	5%
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 three locations in which clinical experience hours were most likely to be provided.

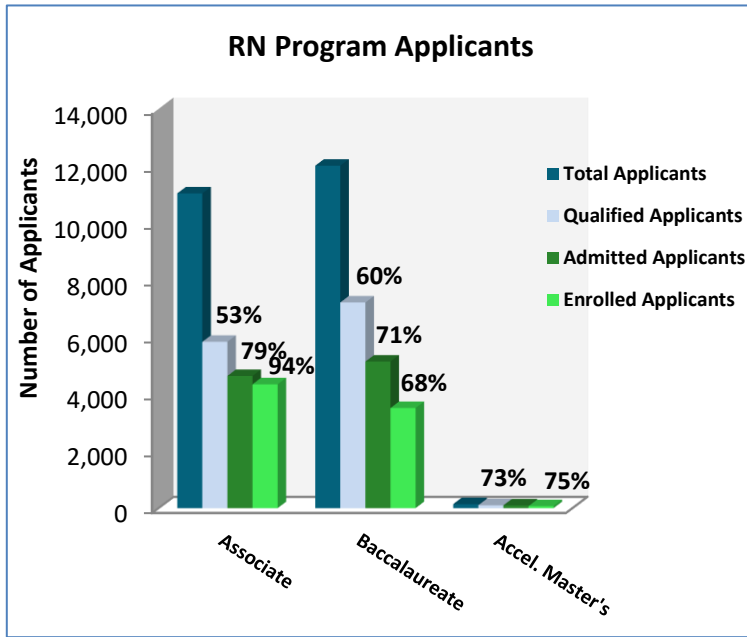
Barriers to Securing Clinical Sites		
	# of Programs	% of Programs
Clinical Facility Commitment to Other Programs	24	30%
Clinical Faculty Shortage	19	23%
Geographical Location	11	14%
Facility Staff Shortage	4	5%
None	4	5%
Preceptor Shortage	2	2%
Other	17	21%
Total	81	100%

Source: VA. Healthcare Workforce Data Center

Among RN programs, clinical facility commitment to other programs, faculty shortage, and geographical location were the most cited barriers to securing clinical sites.

¹ Could be a combination of the states above.

Admissions



Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Applicants

Total:	23,194
Qualified:	13,151
Admitted:	9,875
Enrolled:	7,930
Waitlisted:	766

Source: VA. Healthcare Workforce Data Center

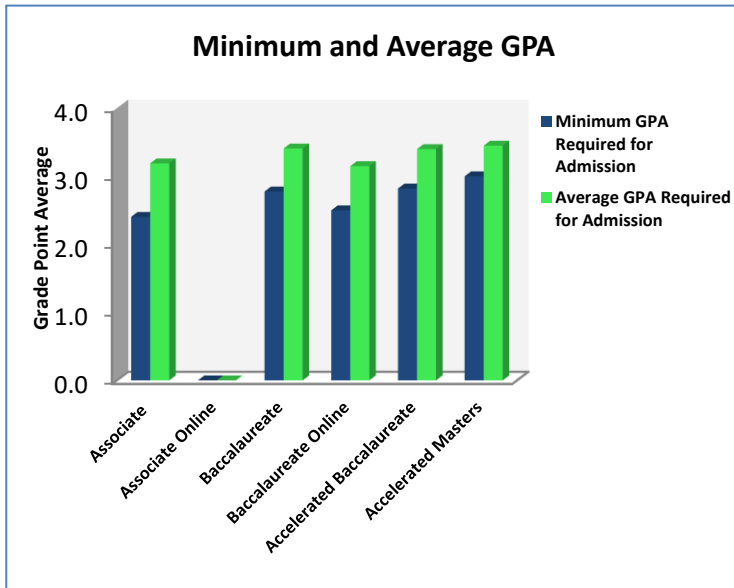
Virginia's RN programs received a total of 23,194 student applications during the 2024-2025 academic year. Approximately 34% of these applications ultimately resulted in an enrolled student.

Program Type	Applications Received	Applicants Qualified	% Qualified	Applicants Admitted	% of Qualified Admitted	Applicants Enrolled	% of Admitted Enrolled	% of Applicants Enrolled
Associate	11,040	5,834	53%	4,637	79%	4,344	94%	39%
Baccalaureate	10,266	5,989	58%	4,024	67%	2,774	69%	27%
Baccalaureate Online	523	350	67%	329	94%	252	77%	48%
Accel. Baccalaureate	1,225	876	72%	789	90%	488	62%	40%
Accel. Masters	140	102	73%	96	94%	72	75%	51%
All Programs	23,194	13,151	57%	9,875	75%	7,930	80%	34%

Source: VA. Healthcare Workforce Data Center

Out of 13,151 qualified applicants, 3,276 were not given an admission offer. Nineteen programs cited the inability to expand effective program capacity while another thirteen programs cited the lack of clinical space as the main reason for failing to admit qualified applicants. Lack of qualified faculty and classroom space, and students' personal 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: 29
Baccalaureate: 24
Associate: 33

Source: VA. Healthcare Workforce Data Center

Program Type	Mean
Associate	33
Baccalaureate	24
Baccalaureate Online	32
Accelerated Baccalaureate	29
Accelerated Masters	30
All Programs	29

Source: VA. Healthcare Workforce Data Center

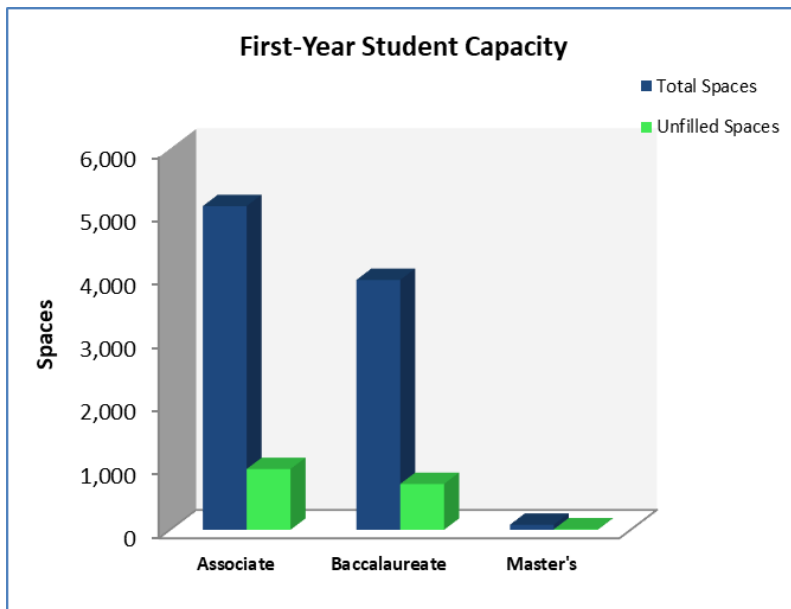
The average age of students who were admitted into Virginia's RN programs was 29. Baccalaureate programs had the lowest average age of admitted students at 24, while Associate programs had the highest average age of admitted students at 33.

Program Type	Min	Avg.
Associate	2.4	3.2
Baccalaureate	2.8	3.4
Baccalaureate Online	2.5	3.2
Accelerated Baccalaureate	2.8	3.4
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, Associate Programs had the lowest minimum GPA requirements for admission. Accelerated Masters, Baccalaureate, and Baccalaureate Online programs had the highest GPA requirements for admission and the highest average GPA among admitted students.

Capacity

**At a Glance:****1st-Year Student Capacity**

Spaces Available: 9,115
 Spaces Unfilled: 1,687

Unfilled Capacity

% of Programs: 74%
 % of Total Capacity: 19%

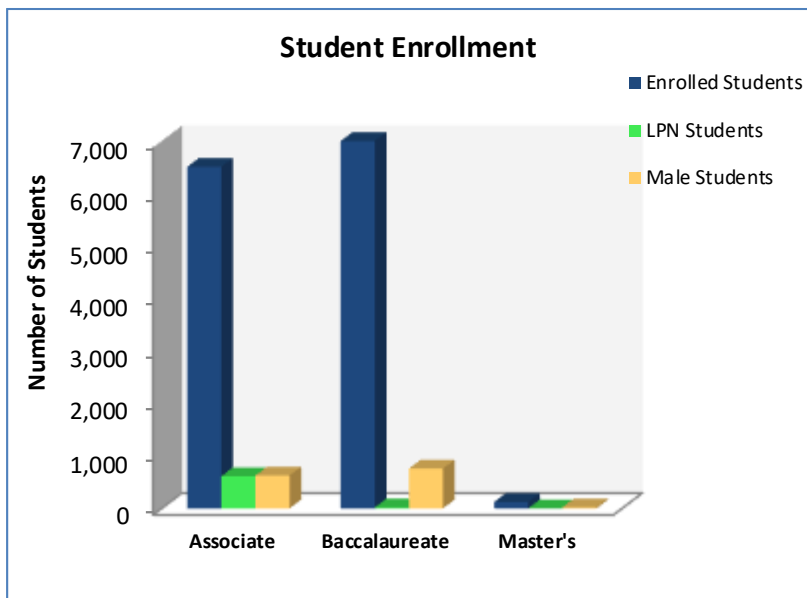
Source: VA. Healthcare Workforce Data Center

Virginia's RN programs were able to fill 74% of their available first-year student capacity. Programs provided a variety of reasons for the unfilled spaces. The most common explanation was late withdrawal or no shows. Many programs also cited students' personal reasons and the financial situation of students. Additionally, some programs cited a low number of qualified applicants as a reason.

Program Type	# of Programs with Unfilled Spaces		Unfilled Spaces		Total Spaces	% of Total Capacity Unfilled
	No	Yes	Number	%		
Associate	8	31	957	57%	5,099	19%
Baccalaureate	10	20	549	33%	3,056	18%
Baccalaureate Online	0	2	73	4%	325	22%
Accelerated Baccalaureate	2	3	100	6%	555	18%
Accelerated Masters	0	2	8	<1%	80	10%
All Programs	20	58	1,687	100%	9,115	19%

Source: VA. Healthcare Workforce Data Center

Enrollment



Source: VA. Healthcare Workforce Data Center

At a Glance:

Enrollment

Total: 13,718
 LPN: 5%
 Male: 10%

Enrollment by Program Type

Baccalaureate: 43%
 Associate: 47%

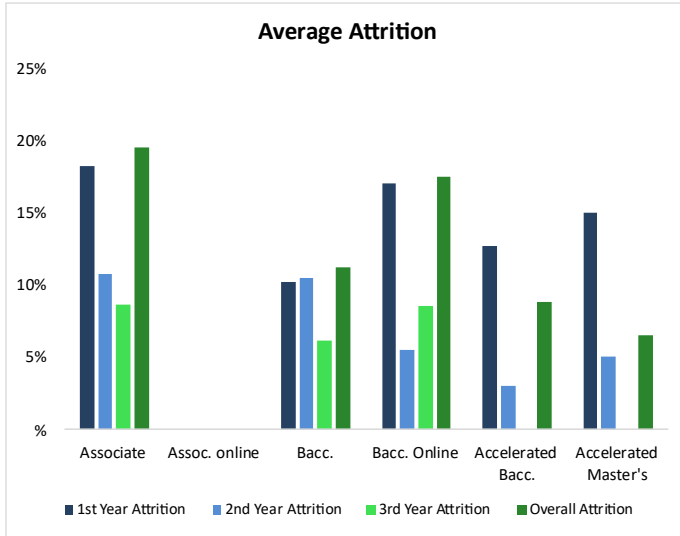
Source: VA. Healthcare Workforce Data Center

13,718 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	6,509	47%	613	97%	626	45%
Baccalaureate	5,876	43%	11	2%	608	43%
Baccalaureate Online	558	4%	4	1%	64	5%
Accelerated Baccalaureate	653	5%	3	0%	87	6%
Accelerated Masters	122	1%	0	0%	21	1%
All Programs	13,718	100%	631	100%	1,406	100%

Source: VA. Healthcare Workforce Data Center

Attrition



Source: VA. Healthcare Workforce Data Center

At a Glance:

Attrition Rate

1 st Year Avg.:	15%
2 nd Year Avg.:	10%
3 rd Year Avg.:	3%
Overall Avg.:	15%

Attrition by Program Type

Associate:	19%
Baccalaureate Online:	18%
Baccalaureate:	11%

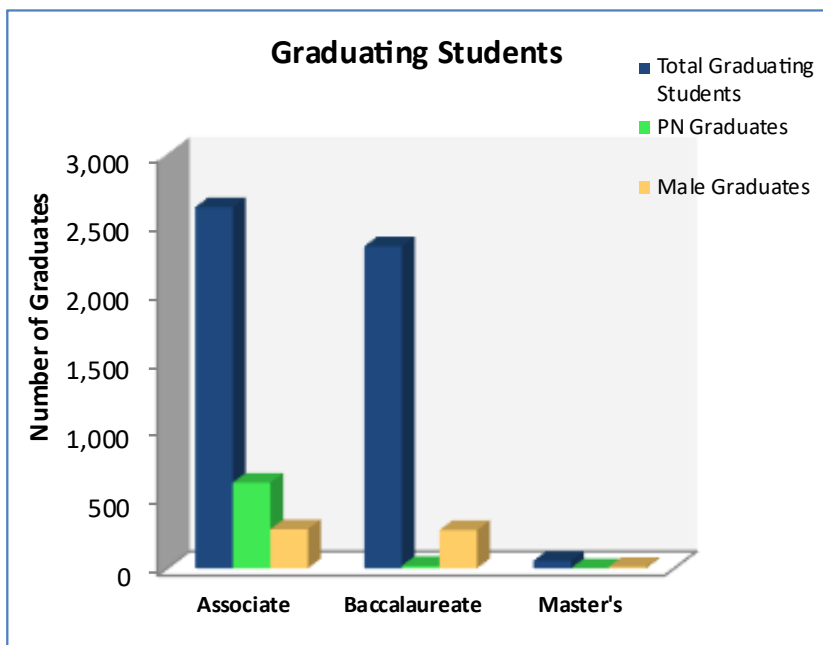
Source: VA. Healthcare Workforce Data Center

Type	Year	Avg	Min	Max	Missing
Associate	1st Year Attrition	18%	0%	51%	0
	2nd Year Attrition	11%	0%	47%	0
	3rd Year Attrition	9%	0%	79%	18
	Overall Attrition	19%	0%	68%	2
Baccalaureate	1st Year Attrition	10%	0%	43%	0
	2nd Year Attrition	10%	0%	36%	0
	Third Year Attrition	6%	0%	29%	10
	Overall Attrition	11%	0%	38%	1
Baccalaureate Online	1st Year Attrition	17%	5%	29%	0
	2nd Year Attrition	6%	0%	11%	0
	Third Year Attrition	9%	0%	17%	0
	Overall Attrition	18%	6%	29%	0
Accelerated Baccalaureate	1st Year Attrition	13%	0%	20%	1
	2nd Year Attrition	3%	0%	5%	2
	3rd Year Attrition	0%	0%	0%	3
	Overall Attrition	9%	0%	17%	0
Accelerated Masters	1st Year Attrition	15%	2%	28%	0
	2nd Year Attrition	5%	0%	10%	0
	3rd Year Attrition	%	0%	%	2
	Overall Attrition	6%	1%	12%	0
Total	1st Year Attrition	15%	0%	51%	3
	2nd Year Attrition	10%	0%	47%	4
	3rd Year Attrition	7%	0%	79%	35
	Overall Attrition	15%	0%	68%	5

Source: VA. Healthcare Workforce Data Center

The overall attrition rate across all program types was 15%. Associate programs had the highest overall average attrition rate, with 19% of all students leaving the programs. Baccalaureate online programs had an attrition rate of 18%, while Baccalaureate programs had an attrition rate of 11%.

Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Graduates
 Total: 5,003
 % PN: 13%
 % Male: 11%

Grad. by Program Type
 Associate: 52%
 Baccalaureate: 35%
 Accel. Baccalaureate: 8%

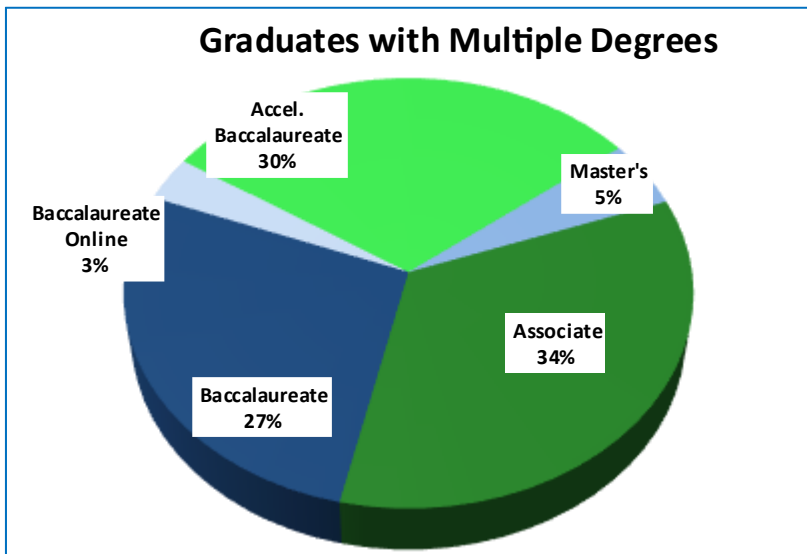
Source: VA. Healthcare Workforce Data Center

A total of 5,003 students graduated from Virginia’s RN programs during the current academic year. 13% of these graduates had previously graduated a PN program and 11% were male. Over half of all graduating students completed an Associate program.

Program Type	Total Graduates		PN Graduates		Male Graduates	
	Count	%	Count	%	Count	%
Associate	2,616	52%	620	97%	283	50%
Baccalaureate	1,759	35%	11	2%	188	33%
Baccalaureate Online	188	4%	4	1%	15	3%
Accelerated Baccalaureate	386	8%	3	0%	73	13%
Accelerated Masters	54	1%	0	0%	10	2%
All Programs	5,003	100%	638	100%	569	100%

Source: VA. Healthcare Workforce Data Center

Background of Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Race/Ethnicity

White:	52%
Black:	24%
Asian:	6%
Hispanic:	7%

Multi-Degree Grads.

Multi-Degree Graduates: 1,074
 % of Total Graduates: 21%

Source: VA. Healthcare Workforce Data Center

21% of graduates from Virginia's RN programs held other non-nursing degrees.

Program Type	Multi-Degree Graduates	%	% of Total Graduates
Associate	366	34%	14%
Baccalaureate	294	27%	17%
Baccalaureate Online	36	3%	19%
Accel. Baccalaureate	324	30%	84%
Accel. Masters	54	5%	100%
All Programs	1,074	100%	21%

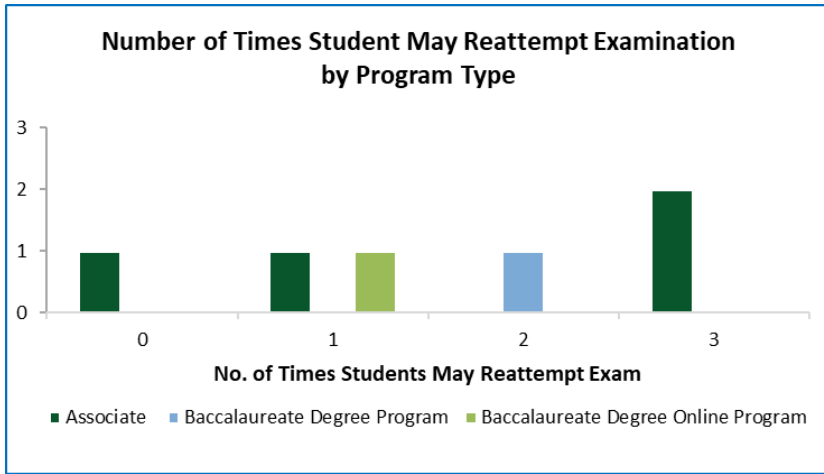
Source: VA. Healthcare Workforce Data Center

52% of all graduates from Virginia's RN programs are non-Hispanic White, while 24% of all graduates are non-Hispanic Black.

Race/Ethnicity	Associate		BSN		BSN Online		Accel. BSN		Accel. Masters		All Programs	
	#	%	#	%	#	%	#	%	#	%	#	%
White	1,203	53%	933	53%	119	63%	152	39%	34	63%	2,441	52%
Black	684	30%	316	18%	46	24%	83	22%	10	19%	1,139	24%
Hispanic	107	5%	166	9%	1	1%	30	8%	4	7%	308	7%
Asian	105	5%	131	7%	12	6%	49	13%	1	2%	298	6%
American Indian	14	1%	5	0%	0	0%	2	1%	0	0%	21	0%
Pacific Islander	6	0%	8	0%	0	0%	2	1%	0	0%	16	0%
Two or More	81	4%	96	5%	10	5%	24	6%	4	7%	215	5%
Unknown	75	3%	93	5%	0	0%	43	11%	1	2%	212	5%
Total	2,275	100%	1,748	100%	188	100%	385	100%	54	100%	4,650	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: 1
 Baccalaureate Online: 1
 Associate: 4

No. Who Did Not Graduate.

Baccalaureate: 0
 Associate: 1

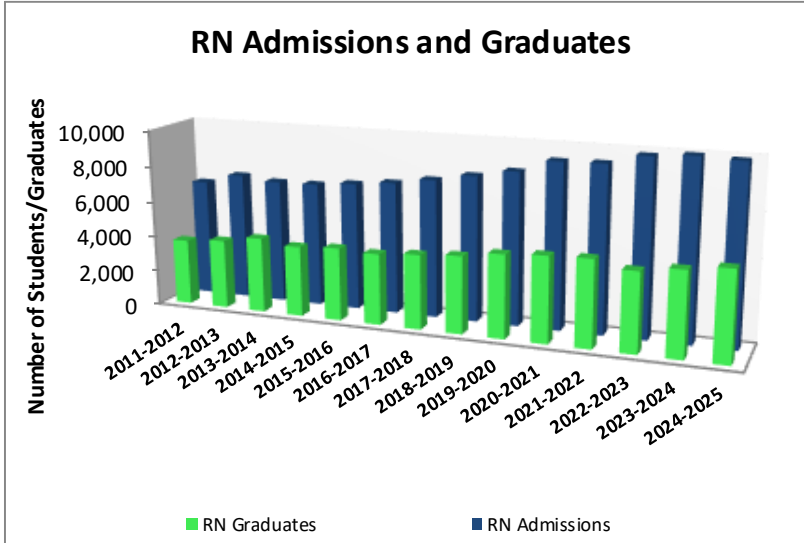
Source: VA. Healthcare Workforce Data Center

Six programs require students to pass a comprehensive examination before graduating. In the 2024-25 academic year, one student did not graduate as a result of this requirement.

Program Type	Total Requiring Comprehensive Exam Prohibiting Graduation if Failed		Number Allowing Students who Fail Comprehensive to Rettempt 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	4	10%	3	75%	2	1
Baccalaureate	1	3%	1	100%	2	0
Baccalaureate Online	1	50%	1	100%	1	0
Accel. Baccalaureate	0	0%	N/A	N/A	0	0
Accel. Masters	0	0%	N/A	N/A	0	0
All Programs	6	8%	5	83%	2	1

Source: VA. Healthcare Workforce Data Center

Long-Term Trends



Source: VA. Healthcare Workforce Data Center

At a Glance:

Admissions

Total: 9,875

Year-over-Year Change: -1%

Graduates

Total: 5,003

Year-over-Year Change: 6%

Source: VA. Healthcare Workforce Data Center

There has been a slight decrease in the admissions into Virginia’s RN programs, compared to the 2024-2025 academic year. However, there has been an increase in the number of graduates from the programs during the 2024-25 academic year.

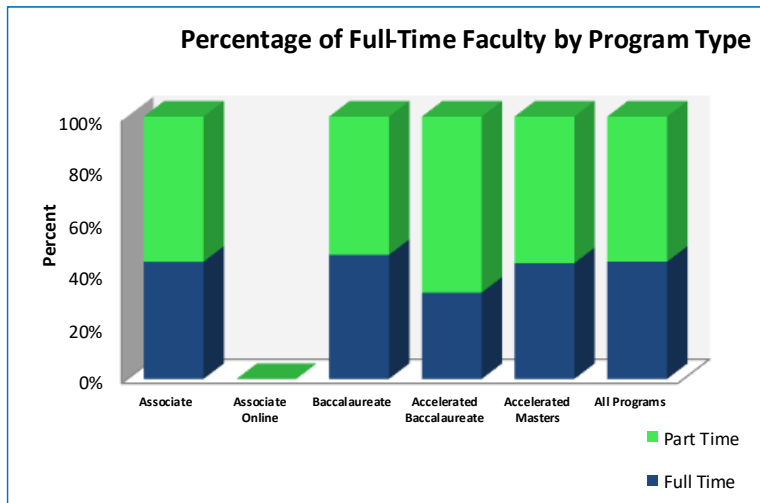
Academic Year	RN Admissions		RN Graduates	
	Count	Year-over-Year Change	Count	Year-over-Year Change
2011-2012	6,562	-5%	3,660	-3%
2012-2013	7,115	8%	3,845	5%
2013-2014	6,912	-3%	4,186	9%
2014-2015	6,943	0%	3,926	-6%
2015-2016	7,149	3%	4,062	-3%
2016-2017	7,373	3%	3,966	-2%
2017-2018	7,711	5%	4,141	4%
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%
2022-2023	9,803	6%	4,417	-8%
2023-2024	9,972	2%	4,715	7%
2024-2025	9,875	-1%	5,003	6%

Source: VA. Healthcare Workforce Data Center

*Note: There may be year-to-year variability in program reporting and survey participation which may impact the number of RN admissions and graduations.

Faculty Information

Employment



Source: VA. Healthcare Workforce Data Center

At a Glance:

% of Total Faculty

Baccalaureate:	39%
Associate:	39%
Accel. Baccalaureate:	13%

% Full-Time

Overall:	45%
Baccalaureate:	47%
Associate:	45%

Mean Student-Faculty Ratio

Overall:	6.3
Associate:	6.8
Baccalaureate:	6.7

Source: VA. Healthcare Workforce Data Center

Close to 2 out of every 5 of all RN program faculty work at Baccalaureate programs, with an additional 39% working for Associate programs. In total, Virginia's RN programs employed 2,490 faculty members, 45% of whom are full-time workers.

Program Type	Full Time		Part Time		Total			Student-to-Faculty Ratio		
	#	%	#	%	#	%	% FT	25 th %	Mean	75 th %
Associate	433	39%	536	39%	969	39%	45%	5.1	6.8	8.8
Baccalaureate	454	41%	506	37%	960	39%	47%	4.5	6.7	9.1
Baccalaureate Online	50	4%	29	2%	79	3%	63%	4.4	5.9	0.0
Accelerated Baccalaureate	108	10%	220	16%	328	13%	33%	0.7	2.4	4.4
Accelerated Masters	68	6%	86	6%	154	6%	44%	0.7	1.4	N/A
All Programs	1,113	100%	1,377	100%	2,490	100%	45%	4.3	6.3	8.7

Source: VA. Healthcare Workforce Data Center

On average, the typical RN program had a student-to-faculty ratio of 6.3. Associate programs had the highest ratio at 6.8, whereas Accelerated Masters programs had the lowest ratio at 1.4.

Faculty Demographics

Age	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Under 25	2	0%	6	0%	8	0%	25%
25 to 34	92	8%	239	19%	331	14%	28%
35 to 44	267	25%	352	28%	619	27%	43%
45 to 54	344	32%	255	20%	599	26%	57%
55 to 64	290	27%	163	13%	453	19%	64%
65 to 74	86	8%	92	7%	178	8%	48%
75 and Over	4	0%	5	0%	9	0%	44%
Unknown	2	0%	132	11%	134	6%	1%
All Programs	1,087	100%	1,244	100%	2,331	100%	47%

Source: VA. Healthcare Workforce Data Center

90% of all faculty are female, and 45% are between the ages of 45 and 64. In addition, 47% of all faculty currently hold full-time jobs.

Gender	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Male	95	9%	121	10%	216	9%	44%
Female	985	91%	1,111	90%	2,096	90%	47%
Unknown	8	1%	6	0%	14	1%	57%
Total	1,088	100%	1,238	100%	2,326	100%	47%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 90%
% Female w/ FT Job: 47%

Age

% Under 35: 15%
% Over 54: 27%

Diversity

Diversity Index (Total): 53%
Diversity Index (FT Jobs): 40%

Source: VA. Healthcare Workforce Data Center

In a chance encounter between two faculty members, there is a 53% 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 60%.

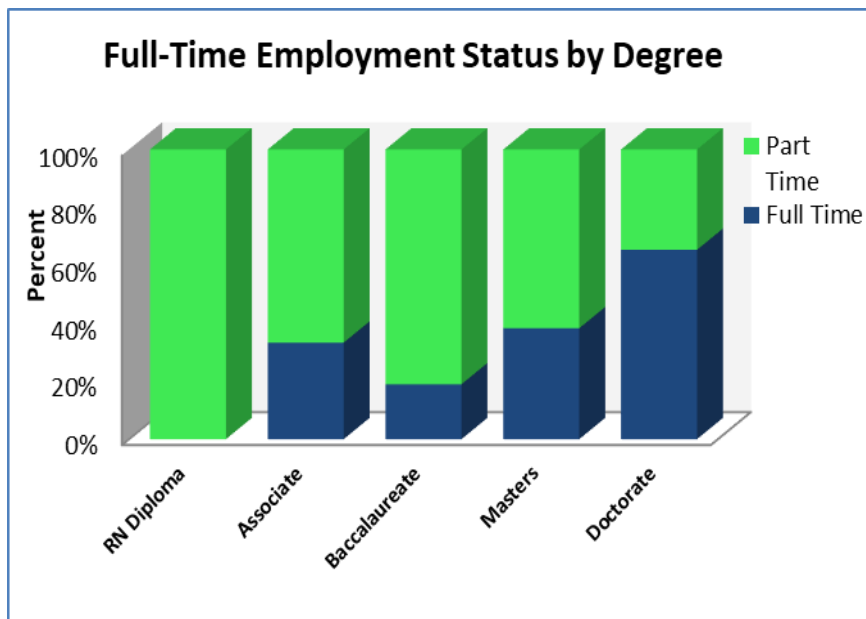
Race/ Ethnicity	Virginia*	Full Time		Part Time		Total		
	%	#	%	#	%	#	%	% FT
White	59%	832	75%	696	57%	1,528	66%	54%
Black	19%	171	16%	277	23%	448	19%	38%
Asian	7%	42	4%	35	3%	77	3%	55%
Other Race	0%	2	0%	15	1%	17	1%	12%
Two or more races	3%	19	2%	23	2%	42	2%	45%
Hispanic	11%	14	1%	40	3%	54	2%	26%
Unknown	0	22	2%	144	12%	166	7%	13%
Total	100%	1,102	100%	1,230	100%	2,332	100%	47%

* 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, 2023.

Source: VA. Healthcare Workforce Data Center

Faculty Educational Background

A Closer Look:



Source: VA. Healthcare Workforce Data Center

At a Glance:

Degree

MSN: 49%

Nursing Doctorate: 29%

BSN: 17%

Full-Time Employment

Overall: 44%

Non-Nursing Doctorate: 67%

Nursing Doctorate: 65%

Masters in Nursing: 39%

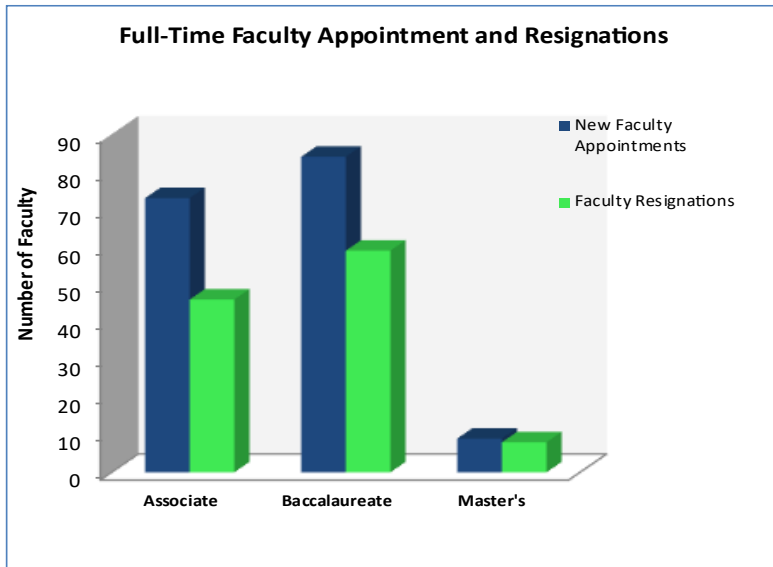
Source: VA. Healthcare Workforce Data Center

49% 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, 44% were employed on a full-time basis.

Highest Degree	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
RN Diploma	0	0%	1	0%	1	0%	0%
ASN	3	0%	6	1%	9	0%	33%
Non-Nursing Bachelors	0	0%	1	0%	1	0%	0%
BSN	65	7%	277	24%	342	17%	19%
Non-Nursing Masters	10	1%	30	3%	40	2%	25%
Masters in Nursing	379	43%	597	53%	976	49%	39%
Non-Nursing Doctorate	44	5%	22	2%	66	3%	67%
Nursing Doctorate	375	43%	200	18%	575	29%	65%
Total	876	100%	1,134	100%	2,010	100%	44%

Source: VA. Healthcare Workforce Data Center

Faculty Appointments and Resignations



Source: VA. Healthcare Workforce Data Center

At a Glance:

Full-Time Faculty

Turnover Rate: 10%
 Newly Appointed Rate: 15%

Turnover Rate

Baccalaureate: 13%
 Associate: 11%
 Online Baccalaureate: 10%

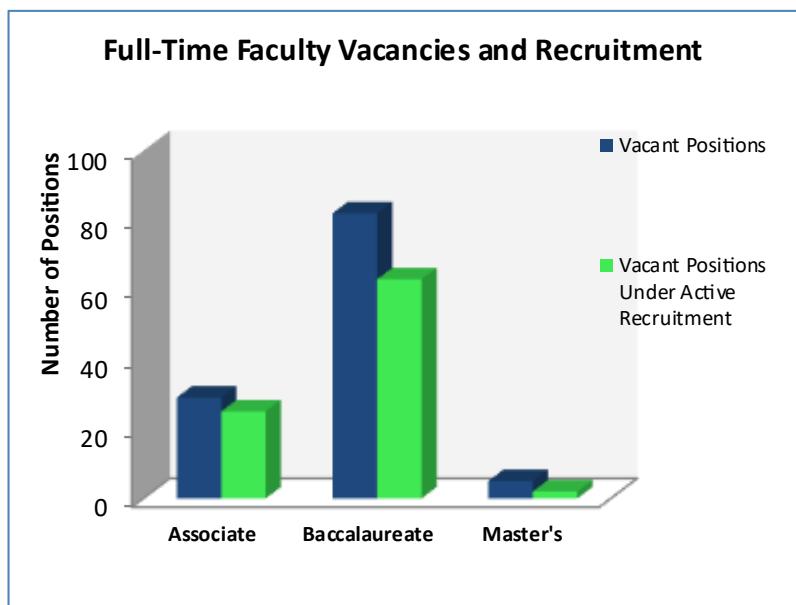
Source: VA. Healthcare Workforce Data Center

Among full-time faculty, Virginia's RN programs experienced a 10% turnover rate and a newly appointed faculty rate of 15% over the past year.

Full Time Faculty	Program Type						
	ASN	ASN Online	BSN	BSN Online	Accel. BSN	Accel. Masters	All Programs
Total	433	N/A	454	50	108	68	1,113
Newly Appointed	73	N/A	61	11	12	9	166
Resignations	46	N/A	47	5	7	8	113
Turnover Rate	11%	N/A	10%	10%	6%	12%	10%
Proportion Newly Appointed	17%	N/A	13%	22%	11%	13%	15%

Source: VA. Healthcare Workforce Data Center

Future Faculty Requirements



Source: VA. Healthcare Workforce Data Center

At a Glance:

Active Recruitment
 % of FT Vacancies: 78%
 % of PT Vacancies: 124%

Budget Adequacy
 Full-Time Hiring: 94%
 Part-Time Hiring: 99%

Expected Job Disruption
 Less: 42%
 Same: 52%
 More: 6%

Source: VA. Healthcare Workforce Data Center

A total of 90 full-time faculty positions and 97 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	75	94%	75	99%
No	5	6%	1	1%
Total	80	100%	76	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	18	45%	20	50%	2	5%	40	100%
Baccalaureate	12	40%	16	53%	2	7%	30	100%
Baccalaureate Online	2	100%	0	0%	0	0%	2	100%
Accelerated Baccalaureate	0	0%	4	80%	1	20%	5	100%
Accelerated Masters	1	50%	1	50%	0	0%	2	100%
All Programs	33	42%	41	52%	5	6%	79	100%

Source: VA. Healthcare Workforce Data Center

Approximately 6% 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.

Virginia Department of Health Professions

David E. Brown, D.C.
Director

Patient Care Disciplinary Case Processing Times (with Continuance Days Removed): Quarterly Performance Measurement, Q3 2022 - Q3 2026

"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."
DHP Mission Statement

In order to uphold its mission relating to discipline, DHP continually assesses and reports on its disciplinary case processing performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement; these three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload. The following pages show the KPMs by board, listed in order by received caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying case volumes.

Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct.

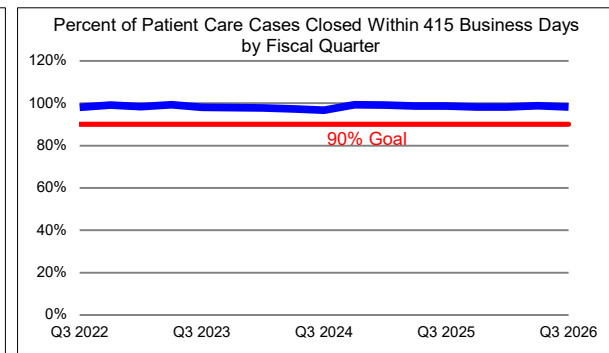
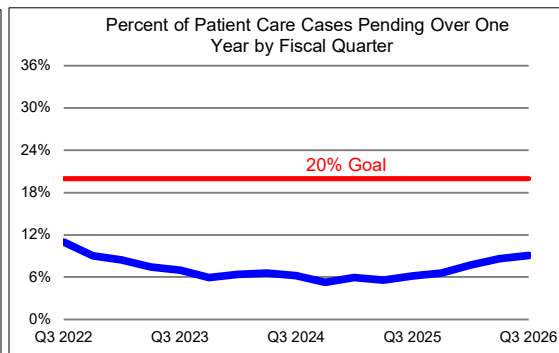
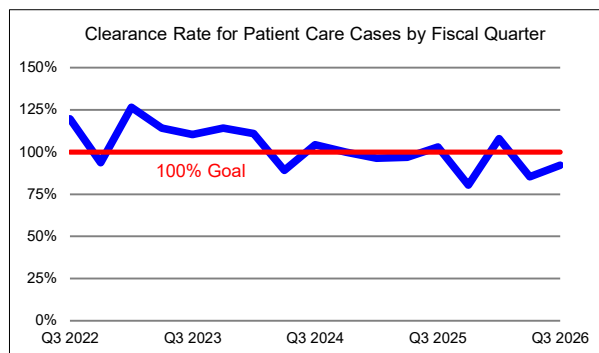
The current quarter's clearance rate is 92%, with 1,379 patient care cases received and 1,273 closed.

Age of Pending Caseload - the percent of open patient care cases over 415 business days old. This measure tracks the backlog of patient care cases older than 415 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 415 business days at no more than 20%.

The current quarter shows 9% patient care cases pending over 415 business days, with 380 of the 4,172 patient care cases pending over 415 business days.

Time to Disposition - the percent of patient care cases closed within 415 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 415 business days.

The current quarter shows 98% patient care cases closed within 415 business days, with 1,185 of the 1,208 cases closed within 415 business days.



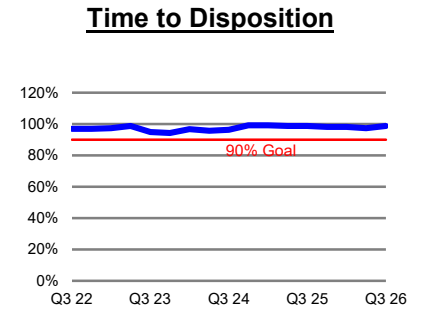
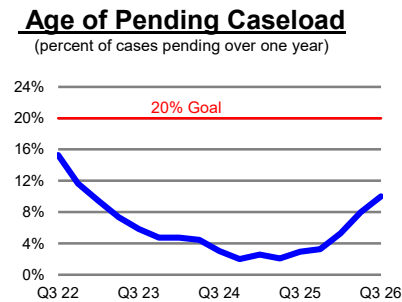
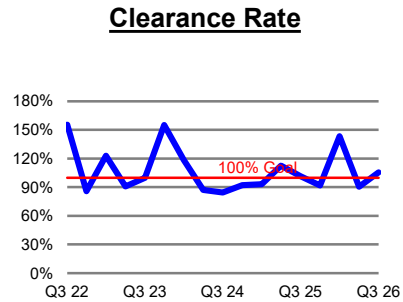
In FY 2023, we shifted from 250 business days to 415 business days to provide a more realistic period for a year's worth of days to process cases.

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

Nursing
Clearance Rate: 106%
 499 Cases Received
 527 Cases Closed

Pending Caseload Over 415 Days: 10%
 169 cases out of 1,693 are pending over 415 Days

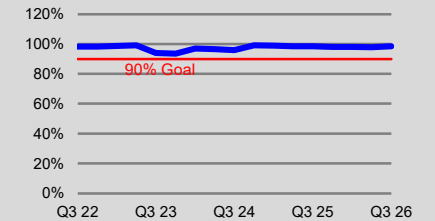
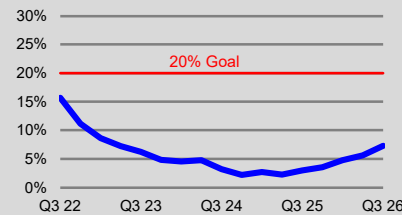
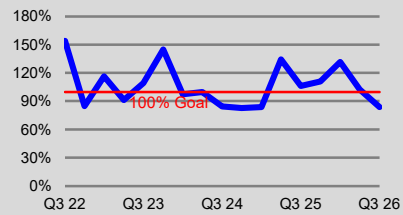
Time to Disposition Within 415 Days: 99%
 513 cases out of 520 were closed within 415 Days



Nurses
Clearance Rate: 84%
 385 Cases Received
 322 Cases Closed

Pending Caseload Over 415 Days: 7%
 90 cases out of 1,235 are pending over 415 Days

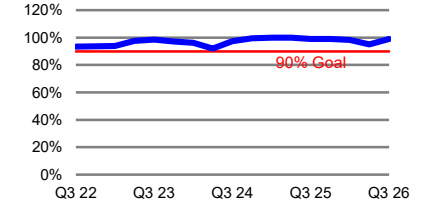
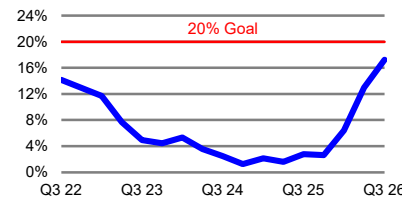
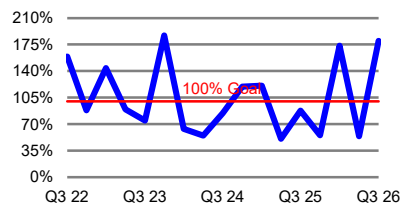
Time to Disposition Within 415 Days: 98%
 311 cases out of 316 were closed within 415 Days



CNA
Clearance Rate: 180%
 114 Cases Received
 205 Cases Closed

Pending Caseload Over 415 Days: 17%
 79 cases out of 458 are pending over 415 Days

Time to Disposition Within 415 Days: 99%
 202 cases out of 204 were closed within 415 Days



Note: If no cases are received and some cases are closed, we assign 100% as clearance rate

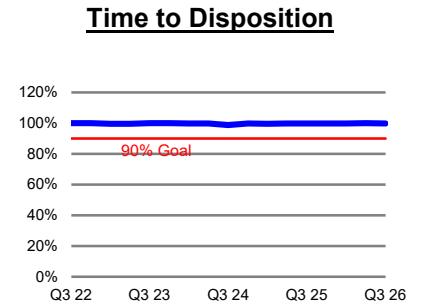
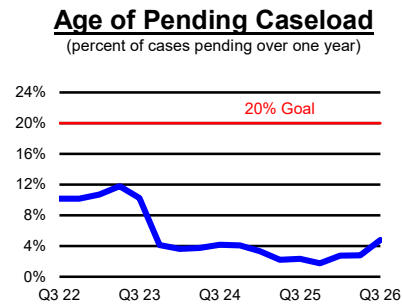
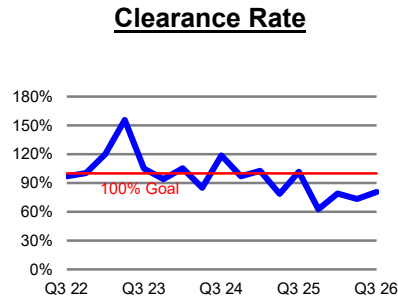
Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

Medicine

Clearance Rate: 81%
 437 Cases Received
 352 Cases Closed

Pending Caseload Over 415 Days: 5%
 40 cases out of 840 are pending over 415 Days

Time to Disposition Within 415 Days: 100%
 347 cases out of 348 were closed within 415 Days

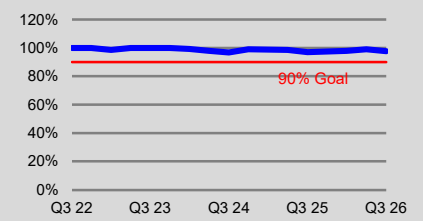
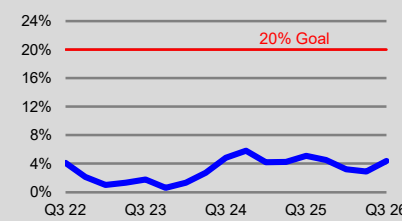
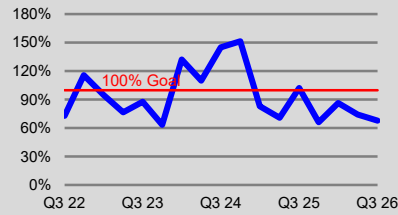


Dentistry

Clearance Rate: 68%
 124 Cases Received
 84 Cases Closed

Pending Caseload Over 415 Days: 4%
 22 cases out of 506 are pending over 415 Days

Time to Disposition Within 415 Days: 98%
 81 cases out of 83 were closed within 415 Days

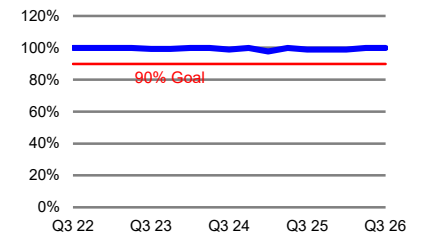
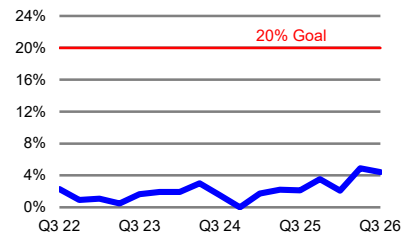
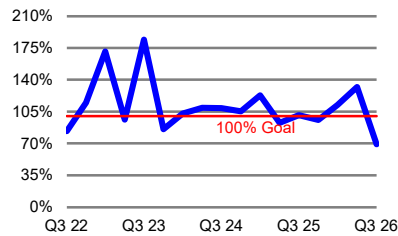


Pharmacy

Clearance Rate: 69%
 100 Cases Received
 69 Cases Closed

Pending Caseload Over 415 Days: 4%
 10 cases out of 226 are pending over 415 Days

Time to Disposition Within 415 Days: 100%
 67 cases out of 67 were closed within 415 Days



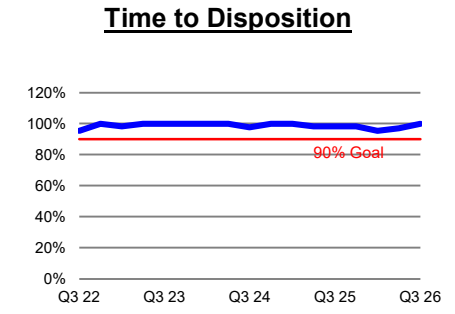
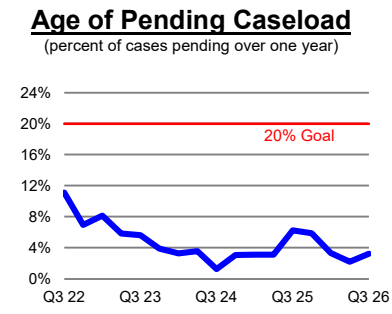
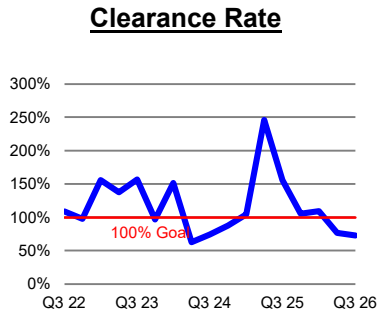
Note: If no cases are received and some cases are closed, we assign 100% as clearance rate

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

Veterinary Medicine
Clearance Rate: 73%
 66 Cases Received
 48 Cases Closed

Pending Caseload Over 415 Days: 3%
 5 cases out of 155 are pending over 415 Days

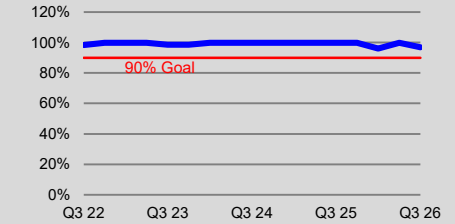
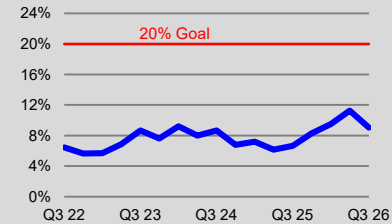
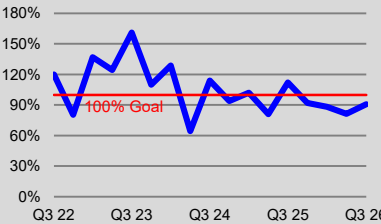
Time to Disposition Within 415 Days: 100%
 48 cases out of 48 were closed within 415 Days



Counseling
Clearance Rate: 91%
 76 Cases Received
 69 Cases Closed

Pending Caseload Over 415 Days: 9%
 24 cases out of 265 are pending over 415 Days

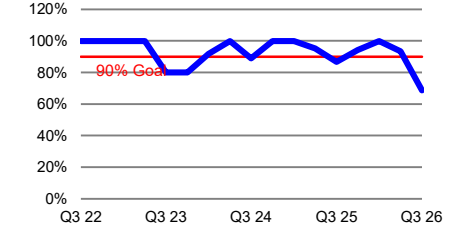
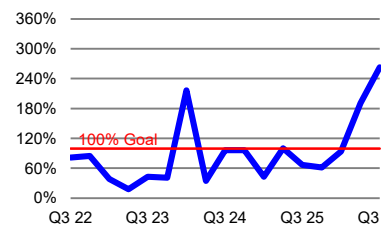
Time to Disposition Within 415 Days: 97%
 60 cases out of 62 were closed within 415 Days



Social Work
Clearance Rate: 263%
 27 Cases Received
 71 Cases Closed

Pending Caseload Over 415 Days: 28%
 43 cases out of 154 are pending over 415 Days

Time to Disposition Within 415 Days: 69%
 22 cases out of 32 were closed within 415 Days



Note: If no cases are received and some cases are closed, we assign 100% as clearance rate

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

Clearance Rate

Age of Pending Caseload

Time to Disposition

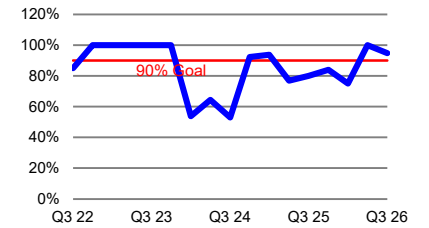
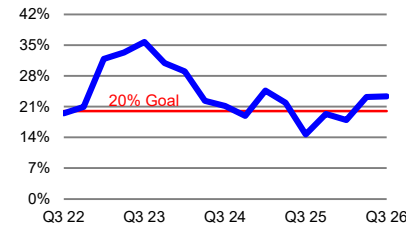
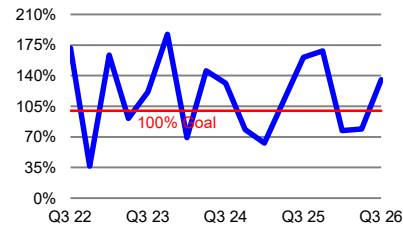
Psychology

Clearance Rate: 135%

17 Cases Received
23 Cases Closed

Pending Caseload Over 415 Days: 23%
31 cases out of 133 are pending over 415 Days

Time to Disposition Within 415 Days: 95%
18 cases out of 19 were closed within 415 Days



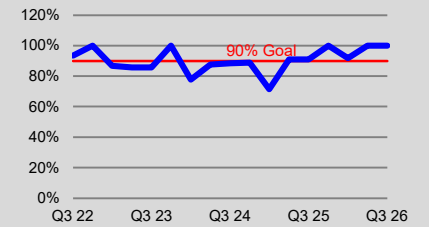
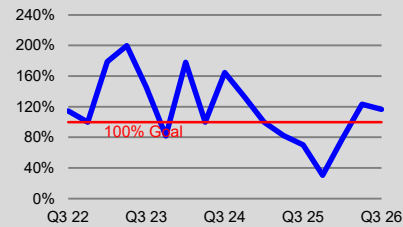
Long Term Care

Clearance Rate: 117%

6 Cases Received
7 Cases Closed

Pending Caseload Over 415 Days: 28%
31 cases out of 109 are pending over 415 Days

Time to Disposition Within 415 Days: 100%
7 cases out of 7 were closed within 415 Days



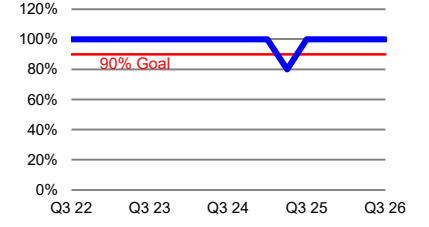
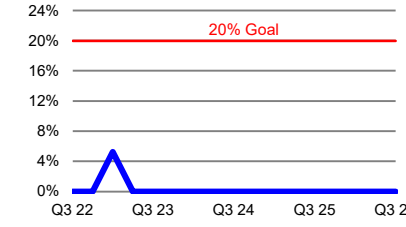
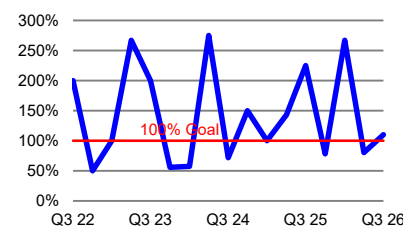
Optometry

Clearance Rate: 110%

10 Cases Received
11 Cases Closed

Pending Caseload Over 415 Days: 0%
0 cases out of 9 are pending over 415 Days

Time to Disposition Within 415 Days: 100%
11 cases out of 11 were closed within 415 Days



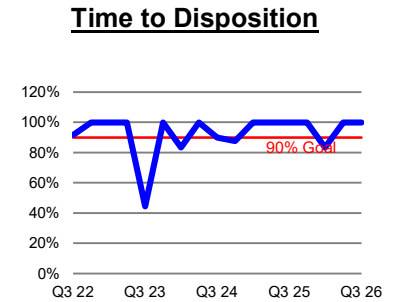
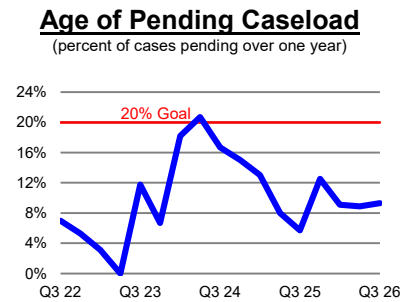
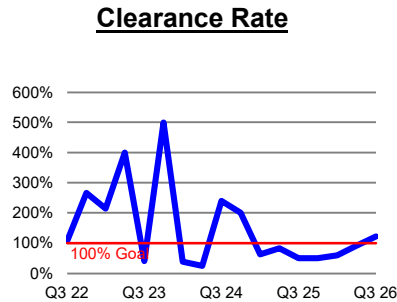
Note: If no cases are received and some cases are closed, we assign 100% as clearance rate

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

Physical Therapy
Clearance Rate: 122%
 9 Cases Received
 11 Cases Closed

Pending Caseload Over 415 Days: 9%
 4 cases out of 43 are pending over 415 Days

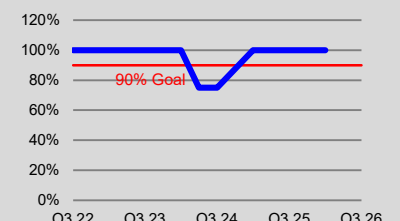
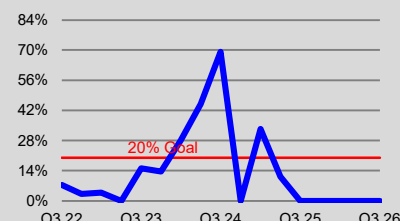
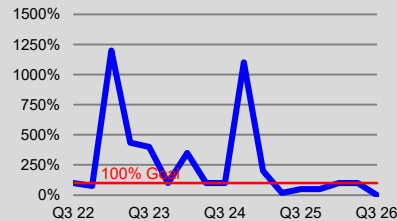
Time to Disposition Within 415 Days: 100%
 10 cases out of 10 were closed within 415 Days



Funeral
Clearance Rate: 0%
 6 Cases Received
 0 Cases Closed

Pending Caseload Over 415 Days: 0%
 0 cases out of 27 are pending over 415 Days

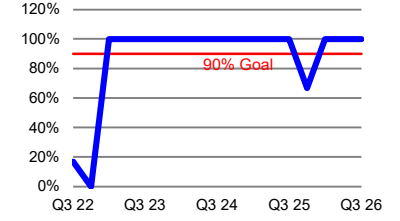
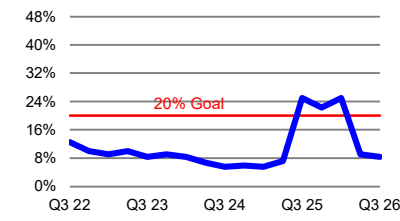
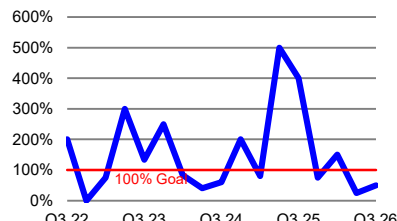
Time to Disposition Within 415 Days: -
 0 cases out of 0 were closed within 415 Days



Audiology
Clearance Rate: 50%
 2 Cases Received
 1 Case Closed

Pending Caseload Over 415 Days: 8%
 1 case out of 12 is pending over 415 Days

Time to Disposition Within 415 Days: 100%
 1 case out of 1 was closed within 415 Days



Note: If no cases are received and some cases are closed, we assign 100% as clearance rate

Virginia Board of Nursing -- Informal Conference Schedule
JULY – DECEMBER 2026

*Chairperson

D1

Special Conference Committee A Pamela Davis, LPN Lila Peake, RN			Special Conference Committee B Victoria Cox, DNP, RN * Dolores Valenta, LPN				Special Conference Committee C Jodi Zehr, RN* Jeanell Webb-Jones, MSN, RN		
Special Conference Committee D Delina Acuna, FNP-C* Cleopatra Kitt, PhD, Citizen Member									
DATE			SCC/AS	STAFF	CASES	MTG RM	WAIT RM	DSS	LMT ABM
Tuesday	July 7	2026	AgSub-PS	RM	APRN/NSG	TR1	HR5	SA	
Wednesday	July 8	2026	AgSub-BJ	CR	NSG/RMA/CNA	TR1	HR6	CS	
Thursday	July 9	2026	AgSub-MG	MD	NSG/RMA/CNA	HR3	HR5	JS	
Wednesday	July 15	2026	AgSub-CS	CR	NSG/RMA/CNA	HR3	HR5	LG	
Monday	July 27	2026	AgSub-KM	PD	RMA/CNA	TR1	HR5	SM	
Monday	Aug 3	2026	AgSub-PS	RM	APRN/NSG	HR3	HR5	SA	
Tuesday	Aug 4	2026	AgSub-MG	CR	NSG/RMA/CNA	HR3	HR5	JS	
Wednesday	Aug 5	2026	SCC-B	CR	NSG/RMA/CNA	BR4	HR6	CS	
Tuesday	Aug 11	2026	SCC-D	AH	NSG/RMA/CNA	TR1	HR5	JS	
Tuesday	Aug 11	2026	AgSub-BJ	CB	NSG/RMA/CNA	HR3	HR5	SM	
Wednesday	Aug 12	2026	EDUC IFC	JW		BR4	HR5	BY	
Monday	Aug 17	2026	SCC-C	CB	LMT	BR3	HR6	CS	SP
Wednesday	Aug 19	2026	AgSub-CS	MD	NSG/RMA/CNA	HR3	HR5	LG	
Friday	Aug 21	2026	SCC-A	AH	NSG/RMA/CNA	BR3	HR6	LG	
Wednesday	Aug 26	2026	AgSub-KM	PD	RMA/CNA	HR3	HR5	SM	
Tuesday	Sept 1	2026	AgSub-MG	CR	NSG/RMA/CNA	HR3	HR5	JS	
Wednesday	Sept 2	2026	AgSub-CS	CR	NSG/RMA/CNA	HR3	HR5	CS	
Monday	Sept 14	2026	AgSub-PS	RM	APRN/NSG	HR3	HR5	SA	
Tuesday	Sept 15	2026	AgSub-BJ	CR	NSG/RMA/CNA	HR3	HR1	LG	
Monday	Sept 28	2026	AgSub-KM	PD	RMA/CNA	HR3	HR5	SM	
Thursday	Oct 1	2026	AgSub-CS	CR	NSG/RMA/CNA	HR3	HR5	JS	
Friday	Oct 2	2026	SCC-A	CR	NRG/RMA/CNA	BR3	HR6	CS	
Tuesday	Oct 6	2026	SCC-C	CB	LMT	TR1	HR5	CS	TW
Wednesday	Oct 7	2026	AgSub-PS	RM	APRN/NSG	HR3	HR5	SA	
Tuesday	Oct 13	2026	SCC-D	CR	NSG/RMA/CNA	BR3	HR6	LG	
Tuesday	Oct 13	2026	AgSub-BJ	MD	NSG/RMA/CNA	TR1	HR6	JS	
Wednesday	Oct 14	2026	EDUC IFC	JW		BR4	HR5	BY	
Monday	Oct 19	2026	SCC-B	CB	NRG/RMA/CNA	BR3	HR6	LG	
Tuesday	Oct 20	2026	AgSub-MG	JW/CM	NSG/RMA/CNA	HR3	HR5	SM	
Wednesday	Oct 21	2026	JB MTG	RM		BR2	HR3, HR4, HR5	SA	
Wednesday	Oct 28	2026	AgSub-KM	PD	RMA/CNA	HR3	HR5	SM	
Monday	Nov 2	2026	AgSub-KM	PD	RMA/CNA	HR3	HR5	SM	
Thursday	Nov 5	2026	AgSub-CS	CR	NSG/RMA/CNA	HR3	HR5	JS	
Monday	Nov 9	2026	AgSub-PS	RM	APRN/NSG	HR3	HR5	SA	
Tuesday	Nov 10	2026	AgSub-MG	CR	NSG/RMA/CNA	HR3	HR5	LG	
Tuesday	Nov 10	2026	AgSub-BJ	MD	NSG/RMA/CNA	TR1	HR5	CS	
Tuesday	Dec 1	2026	SCC-C	CB	LMT	BR3	HR6	CS	AL
Wednesday	Dec 2	2026	SCC-D	CR	NRG/RMA/CNA	BR3	HR6	LG	
Thursday	Dec 3	2026	SCC-A	AH	NRG/RMA/CNA	TR1	HR5	JS	
Monday	Dec 7	2026	AgSub-PS	RM	APRN/NSG	HR3	HR5	SA	
Monday	Dec 7	2026	SCC-B	CR	NRG/CNA/RMA	TR1	HR5	CS	
Wednesday	Dec 9	2026	JB MTG	RM		BR4	HR4, HR5, HR6	SA	
Thursday	Dec 10	2026	EDU IFC	JW		BR4	HR5	BY	
Friday	Dec 11	2026	AgSub-BJ	CR	NSG/RMA/CNA	HR3	HR5	LG	
Monday	Dec 14	2026	AgSub-CS	MD	NSG/RMA/CNA	HR3	HR5		
Monday	Dec 14	2026	AgSub-KM	PD	RMA/CNA	TR1	HR5	SM	
Tuesday	Dec 15	2026	AgSub-MG	CR	NSG/RMA/CNA	HR5	HR2	JS	
BON AGENCY SUBS	KM - Kelly McDonough		PS-Pat Selig	MG-Marie Gerardo	BJ-Brandon Jones	CS – Cynthia Swineford	AG – Annette Graham		
BON STAFF	CM – Claire Morris PD – Pat Dewey		CB-Christina Bargdill JW – Jacquelyn Wilmoth	RM – Randall Mangrum MD – Monique Davis	AH – Ann Hardy CR – Charlotte Ridout				
BON SUPPORT STAFF	LG – Lakisha Goode BY – Beth Yates SA -Shannon Alexander		TC-Tamika Claiborne CS – Candis Stoll	SM – Sonja McGruder JS – Jay Schmitz	HV – Huong Vu SS- Shay Standberry DSS – Discipline Support Staff				
APD STAFF	DK – David Kazzie GS – Grace Stewart MP – Michael Parsons CA-Christine Andreoli		AW – Amy Weiss PM – Piero Mannino SP-Scott Pearl AT-Aaron Timberlake	LP-Lori Pound TJ – Tammie Jones JA – Jovanni Armstead ED – Elizabeth Dorsey	AE – Avi Efreom CM-Carolann McNicol				
OTHERS – MT Adv Bd	TW – Tracey Walker		AL – Annie Lively	SP- Shawnte Peterson					

Board of Nursing
Current Regulatory Actions
As of April 23, 2026

Regulations at the Governor’s office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC90-19 18VAC90-25 18VAC90-27 18VAC90-30 18VAC90-50 18VAC90-60 18VAC90-70	Final	Fee increase	3/20/2025	58 days	Fee increase needed to maintain Board operations.

Regulations at the Secretary’s office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC90-21	NOIRA	Implementation of 2022 periodic review	3/22/2023	1115 days (3.05 years)	Implementation of amendments of Chapter 21 resulting from the 2022 periodic review of regulations.
18VAC90-50	NOIRA	Implementation of the Massage Therapy Compact	10/23/2025	174 days	Facilitates entrance into the Massage Therapy Compact.
18VAC90-19	Proposed	Implementation of 2022 Periodic Review	9/16/2025	31 days	Implementation of amendments of Chapter 19 resulting from the 2022 periodic review.
18VAC90-26 18VAC90-60	Fast-Track	Amendment to address additional revisions to informal conference orders	9/15/2025	31 days	Eliminates unnecessary approvals to IFC orders by the Board.

18VAC90-27	Fast-Track	Amendment to make informal conference orders consistent with the Virginia Administrative Process Act and Board policies	5/22/2025	34 days	Eliminates unnecessary approvals to nursing education IFC orders by the Board.
18VAC90-27	Proposed	Periodic review changes to Chapter 27	3/25/2025	28 days	Changes resulting from 2023 periodic review.

Regulations at the Department of Planning and Budget

None.

Regulations at the OAG

None.

Recently effective or awaiting publication

None.

Agenda Item: Closure of periodic reviews and issuance of NOIRA

Included in your agenda package:

- Comments received via Town Hall for periodic review of Chapter 30; and
- Town Hall summary page for periodic review of Chapter 40, showing no comments.

Staff Notes: The twelve comments received regarding the periodic review of Chapter 30 were from clinical nurse specialists requesting independent practice and elimination of joint oversight by the Boards of Nursing and Medicine. Both requests require statutory change and cannot be achieved by regulatory language. Therefore, these comments will not be reflected in any proposed stage changes to the regulatory language.

The Committee of the Joint Boards of Nursing and Medicine recommended the following:

- Closure of the periodic review of Chapters 30 and 40 with the decision of retain with the intent to amend; and
- Issuance of a notice of intended regulatory action for Chapters 30 and 40 to identify the following intended changes:
 - Clean up regulatory language for clarity;
 - Remove obsolete language and sections related to issuance of prescriptive authority and previous legislative requirements;
 - Remove copied and pasted language from the Code;
 - Coordinate provisions with legislative changes made in the last ten years; and
 - Update opioid and buprenorphine prescribing regulations consistent with federal changes, Board of Medicine changes, and the recommendations of the 2024 regulatory advisory panel on opioid and buprenorphine prescribing.

Action needed:

- Acceptance of the recommendation by the Committee of the Joint Boards to close the periodic reviews of Chapters 30 and 40 and to issue a notice of intended regulatory action as described above.



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Agency

Department of Health Professions

Board

Board of Nursing

Chapter

Regulations Governing the Licensure of Advanced Practice Registered Nurses [[18 VAC 90 - 30](#)]

12 comments

All good comments for this forum [Show Only Flagged](#)

[Back to List of Comments](#)

Commenter: Linda Thurby-Hay

3/25/26 10:03 am

Joint Board regulation of APRNs is not necessary

I am a practicing Clinical Nurse Specialist with decades of experience delivering high-quality diabetes and endocrine care. In Virginia, my prescriptive authority depends on a collaborative agreement with a physician. My most recent physician collaborator fulfilled the required review of medical records but never questioned my clinical decision-making. This reflects my expertise and competence in providing specialty nursing care, including medication prescribing and adjustment.

A 2021 report on APRN oversight, commissioned by the Virginia General Assembly, recommended aligning state laws and regulations with the APRN Consensus Model. This would grant all APRNs in Virginia independent practice and prescriptive authority, while placing regulatory authority solely under the Virginia Board of Nursing. The report also noted that 34 jurisdictions across the United States allow Clinical Nurse Specialists to practice independently, without evidence of reduced quality of care or breaches in scope of practice. Claims by organizations such as the American Medical Association and the Medical Society of Virginia that APRNs require physician oversight are not supported by evidence. Despite this, the report's recommendations have not been implemented.

I believe the Virginia Board of Nursing is fully equipped to regulate professional nursing practice.

In my work, I provide expert nursing care, education, and support for individuals living with diabetes. I do not seek to function as a physician. Instead, I approach patient care through a nursing lens—focusing on therapeutic communication, assessment of physical and psychological status, and consideration of socioeconomic challenges. My goal is to improve health outcomes through timely care, ongoing support, and a whole-person approach that identifies and addresses gaps in self-management.

This perspective differs from the traditional physician model, which emphasizes diagnosis, medication management, and procedural interventions. Both roles are essential but distinct.

From a workforce standpoint, there are simply not enough endocrinologists—293 as of 2026—to meet the needs of the 733,302 Virginians living with diabetes (2021 data). As the healthcare workforce ages, this gap is likely to widen.

Finally, nursing has been ranked the most trusted profession for 23 consecutive years. This trust reflects the public's confidence in nurses' honesty and ethical standards. Nursing should regulate nursing, and physicians should regulate physicians.

CommentID: 240385

Commenter: Cynthia W. Ward

4/1/26 9:08 pm

Regulations Governing the Licensure of APRNs

I am an advanced practice registered nurse - clinical nurse specialist (APRN-CNS) practicing in Virginia in a non-prescribing role focused on patient safety and the prevention of hospital-acquired conditions. I appreciate the opportunity to comment on the periodic review of 18 VAC 90-30.

Regulations should protect patient safety while recognizing APRN-CNS advanced education, national certification, and specialized expertise. Duplicative supervision or joint regulation delays CNS-led interventions without improving safety. CNSs have consistently demonstrated safe patient care and outcomes, are trained and educated by nurses, and as such, should be regulated by nurses rather than physicians. This model has been proven to be safe and effective in the majority of states.

CNSs who desire prescriptive authority should have a clear, structured pathway to independent practice following 1,000 hours of supervised practice by experienced prescribing CNSs or physicians. I respectfully urge modernization of APRN-related regulations to support safe, efficient, and effective patient care across Virginia.

CommentID: 240417

Commenter: Erin Marie Smith

4/3/26 8:40 am

Nurse regulations by nurses. Joint regulation is an unnecessary waste of government resources.

I am a Virginia-licensed Advanced Practice Registered Nurse (APRN)—Clinical Nurse Specialist (CNS) and appreciate the opportunity to comment on the periodic review of **18 VAC 90-30** pursuant to Executive Order 19. My comments address public health and safety, economic impact, and regulatory clarity as they relate to CNS practice within hospital-based pressure injury prevention programs.

Public Health and Safety:

Wound Care Clinical Nurse Specialists play a critical role in hospital-based pressure injury prevention through risk assessment, staff education, protocol development, product evaluation, and oversight of prevention and early intervention strategies. CNS-led programs are central to reducing hospital-acquired pressure injuries (HAPIs), improving patient outcomes, and supporting evidence-based practice. Regulations should protect patient safety while recognizing CNS advanced education, specialty certification, and clinical leadership. The role of CNS specifically focuses on secondary prevention and chronic disease management. The CNS role was specifically designed to improve patient outcomes that are impacted by NURSING interventions. Requirements that do not add clear safety benefit delay prevention efforts and consultation.

Economic Impact and Regulatory Burden:

Pressure injuries are associated with increased length of stay, higher treatment costs, and negative quality outcomes. Regulatory barriers that delay or limit CNS practice—such as duplicative supervision or joint regulation by the Board of Nursing and Board of Medicine—undermine prevention efforts and increase avoidable costs. Streamlined, nurse-led regulation supports efficiency and high-value care.

Clarity and Structured Practice Pathways:

Clear, CNS-specific regulatory language and alignment between **18 VAC 90?30** and **18 VAC 90?40**, particularly regarding prescriptive authority, are essential. A defined, competency-based transition to independent practice is appropriate when prior inpatient and prevention experience is recognized.

Conclusion:

I urge modernization of APRN-related regulations to that will only serve to improve patient safety and financial burden across Virginia's health systems.

CommentID: **240426**

Commenter: Citizen of Virginia

4/5/26 12:27 am

Regulations Governing the Licensure of Clinical Nurse Specialist

I am a Virginia-licensed registered nurse who hopes to undertake Advanced Practice Registered Nursing and appreciate the opportunity to comment on the periodic review of 18 VAC 90?30 pursuant to Executive Order 19. My comments address public safety, economic impact, and regulatory clarity as they relate to CNS practice.

CNSs are graduate-educated, nationally certified APRNs who provide high-quality, evidence-based care within defined populations and specialties. Regulations should continue to protect public health while recognizing CNS education, training, and competencies. Requirements that do not meaningfully improve patient safety unnecessarily limit access to care, particularly in specialty and underserved settings.

Duplicative or prolonged supervision and joint regulation by both the Board of Nursing and the Board of Medicine imposes avoidable administrative and financial burdens without clear benefit. Streamlined, nurse-led regulation supports workforce stability, employer efficiency, and patient access while maintaining safety standards.

Clear, CNS-specific regulatory language would improve understanding and compliance. Greater consistency between 18 VAC 90?30 and 18 VAC 90?40, particularly regarding prescriptive authority, would reduce confusion and support effective implementation.

A defined, time-limited transition period—such as the proposed 1,000 supervised hours—may be reasonable if it is competency-based, recognizes prior experience, and allows supervision by experienced prescribing CNSs or physicians. Clear criteria for completion and progression to independent practice are essential.

I respectfully urge the Department of Health Professions and the Board of Nursing to modernize CNS-related regulations by reducing unnecessary burden, clarifying requirements, and supporting a fair, competency-based pathway to independent practice while maintaining patient safety.

CommentID: **240427**

Commenter: Jennifer Matthews, Shenandoah University

4/5/26 4:36 pm

RE: Regulation on the Practice of APRNs-CNSs by the Joint Board

I am a Virginia-licensed Advanced Practice Registered Nurse (APRN)-Clinical Nurse Specialist (CNS) and appreciate this opportunity to comment on the periodic review of **18 VAC 90?30** pursuant to Executive Order 19. My comments address public safety, economic impact, and regulatory clarity as they relate to CNS practice.

Public Health and Safety:

CNSs are graduate-educated, nationally certified APRNs who provide high-quality, evidence-based care within defined populations and specialties. Regulations should continue to protect public health while recognizing CNS education, training, and competencies. Requirements that do not meaningfully improve patient safety unnecessarily limit access to care, particularly in specialty and in Virginia's multiple underserved settings - rural, semi-rural and urban areas.

Economic Impact and Regulatory Burden:

Duplicative or prolonged supervision and joint regulation by both the Board of Nursing and the Board of Medicine imposes avoidable administrative and financial burdens without clear benefit. Modernized, streamlined, nurse-led regulations support workforce stability, employer efficiency, and patient access while maintaining safety and care standards.

Clarity and Readability:

Clear, CNS-specific regulatory language would improve understanding and compliance. Greater consistency between **18 VAC 90?30** and **18 VAC 90?40**, particularly regarding prescriptive authority, would reduce confusion and support effective implementation of the standards of care and needed CNS-led interventions.

Structured Pathway to Independent Practice (SB 811):

A defined, time-limited transition period—such as the proposed 1,000 supervised hours—may be reasonable when it is competency-based, recognizes prior experience, and allows supervision by experienced prescribing CNSs or physicians. Clear criteria for completion and progression to independent practice are essential.

Conclusion

I respectfully urge the Department of Health Professions and the Board of Nursing to modernize CNS-related regulations by reducing unnecessary burden, clarifying requirements, and supporting a fair, competency-based pathway to independent practice while maintaining patient safety.

Thank you,

Jennifer H. Matthews, Ph.D, APRN-CNS, FAAN

CommentID: **240429**

Commenter: Sarah Taylor

4/6/26 9:28 am

Regulations pertaining to APRN

I am a Virginia-licensed Advanced Practice Registered Nurse (APRN)-Clinical Nurse Specialist (CNS) and appreciate the opportunity to comment on the periodic review of 18 VAC 90?30 pursuant to Executive Order 19.

As a doctoral-educated, nationally certified APRN, I provide high-quality, evidence-based care within the defined populations and specialties for which I am licensed. Regulations should protect public safety while recognizing CNS education, certification, and clinical expertise. Requirements that do not meaningfully improve patient safety, limit access to care, and increase unnecessary regulatory and economic burden.

CNS-specific regulatory language and alignment between 18 VAC 90-30 and 18 VAC 90-40 are essential. A defined pathway to independent practice that recognizes education and advanced healthcare experience is essential. In the 2021 DHP REPORT ON ADVANCED PRACTICE REGISTERED NURSES: 2021 BUDGET BILL, the following actions were supported:

i. Regulation of APRNs according to the National Council of State Boards of Nursing, which presents recommendations for state legislatures and boards regarding the regulatory structure for APRNs (Certified Nurse Practitioners, Certified Nurse Midwives, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists).

ii. Granting all APRNs the ability to practice independently,

iii. Regulate APRNs solely through the Board of Nursing,

iv. Further recommendations from DHP are:

1) Amend statutory and regulatory definitions to conform to those in the APRN Consensus Model;

2) Consider amending Virginia laws and regulations to align with the APRN Consensus Model;

3) Follow *The Future of Nursing: Leading Change, Advancing Health*, the Institute of Medicine that recommends nurses practice to the full extent of their education and skills. under the Board of Nursing.

I respectfully urge modernization of APRN-related regulations to support safe, efficient, and effective patient care across Virginia. APRNs are nurses and regulation should be wholly managed by nurses.

CommentID: 240430

Commenter: Phyllis Whitehead

4/7/26 7:29 am

Regulations Governing the Licensure of Advanced Practice Registered Nurses [18 VAC 90 ? 30]

I am a practicing Clinical Nurse Specialist with prescriptive authority that started a rural hospice, a pain management service, and a palliative care service in an acute care setting. In Virginia, my prescriptive authority depends on a collaborative agreement with a physician. I work with countless physicians who all trust my clinical expertise and prescriptive authority competency.

A 2021 report on APRN oversight, commissioned by the Virginia General Assembly, recommended aligning state laws and regulations with the APRN Consensus Model. This would grant all APRNs in Virginia independent practice and prescriptive authority, while placing regulatory authority solely under the Virginia Board of Nursing. The report also noted that 34 jurisdictions across the United States allow Clinical Nurse Specialists to practice independently, without evidence of reduced quality of care or breaches in scope of practice. Claims by organizations such as the American Medical Association and the Medical Society of Virginia that APRNs require physician oversight are not supported by evidence. Despite this, the report's recommendations have not been implemented.

Palliative care in Virginia's underserved communities faces significant disparities, with minority-serving hospitals showing a 33% lower likelihood of providing these services compared to others.

Rural and low-income areas, particularly in Southern Virginia, face high symptom burdens due to limited access and workforce shortages. Patients with metastatic cancer or chronic, life-limiting illnesses in these areas often experience late referrals, impacting their quality of life. There are numerous factors that contribute to Palliative care disparities in Virginia including access barriers. In Virginia, particularly in rural or low-income areas like those in the Southwest or Southern part of the state, access to palliative care is restricted by limited infrastructure and fewer healthcare providers. Furthermore, racial and socioeconomic disparities exist. Patients in primarily minority-serving hospitals are 33% less likely to receive palliative care. Studies also indicate that lower-income zip codes and, in some cases, Hispanic, Black, and American Indian/Alaska Native populations show disparities in utilization. In the Hampton Roads region, while 35.5% of Black Medicare beneficiaries utilized hospice in 2021, disparities in access for palliative services (non-hospice) remain. In Appalachian regions, including parts of Virginia, significant barriers exist regarding geography, workforce shortages, and cultural differences, which hinder timely access to palliative services. Lower-income communities, such as those in the Southern Suffolk Health District (SSHD), often have higher rates of uninsured or underinsured residents, reducing access to specialized care such as palliative care. Patients with Sickle Cell Disease (SCD) or other chronic illnesses, often in underserved communities, frequently lack access to palliative care despite experiencing high symptom burdens.

Clinical Nurse Specialists can and should address these barriers safely while providing high quality care for seriously ill patients and their families. With autonomous practice after 1000 hours (as approved for nurse midwives last year) of collaborative practice with prescriptive authority, CNSs would be well positioned to care for patients in these underserved areas as described above.

I respectfully urge the Department of Health Professions and the Board of Nursing to modernize CNS related regulations by reducing unnecessary burden, clarifying requirements, and supporting a fair, competency-based pathway to independent practice while maintaining patient safety.

CommentID: 240438

Commenter: Magdalys Ortiz

4/7/26 8:11 am

Review of 18 VAC 90?30

I am a Virginia licensed Advanced Practice Registered Nurse (APRN)—Clinical Nurse Specialist (CNS) and appreciate the opportunity to comment on the periodic review of 18 VAC 90?30 pursuant to Executive Order 19.

As a doctoral-educated, nationally certified APRN, and Nurse Manager with over 20 years of healthcare experience and a deep passion for nursing—particularly in serving vulnerable populations I've gained valuable insight into the barriers that impact both patient outcomes, nursing practice and organizations.

Regulation of APRNs according to the National Council of State Boards of Nursing, and CNS specific regulatory language and alignment between 18 VAC 90?30 and 18 VAC 90?40 are essential. In the 2021 DHP REPORT ON ADVANCED PRACTICE REGISTERED NURSES: 2021 BUDGET BILL, supported the following actions:

(for the full list of supported actions, see this link, pg. 17) <https://rga.lis.virginia.gov/Published/2021/HD18/PDF>

-Granting all APRNs the ability to practice independently,

- Regulate APRNs solely through the Board of Nursing
- Pursue participation in the APRN Licensure Compact

These are essential to improve access to care in an already overwhelmed healthcare environment with decreased providers.

CommentID: 240439

Commenter: Michelle Milburn

4/7/26 8:15 am

APRN -CNS comment

Public Comment on 18 VAC 90?30

Regulations Governing the Licensure of Advanced Practice Registered Nurses

Comment

I am a Virginia-licensed Advanced Practice Registered Nurse (APRN)-Clinical Nurse Specialist (CNS) and appreciate the opportunity to comment on the periodic review of **18 VAC 90?30** pursuant to Executive Order 19. My comments address public safety, economic impact, and regulatory clarity as they relate to CNS practice.

Public Health and Safety:

CNSs are graduate-educated, nationally certified APRNs who provide high-quality, evidence-based care within defined populations and specialties. Regulations should continue to protect public health while recognizing CNS education, training, and competencies. Requirements that do not meaningfully improve patient safety unnecessarily limit access to care, particularly in specialty and underserved settings. The population I care for, those living with diabetes, need an APRN-CNS who is trained and certified to care for them while they are hospitalized without barriers to independent practice.

Economic Impact and Regulatory Burden:

Duplicative or prolonged supervision and joint regulation by both the Board of Nursing and the Board of Medicine imposes avoidable administrative and financial burdens without clear benefit. Streamlined, nurse-led regulation supports workforce stability, employer efficiency, and patient access while maintaining safety standards.

Clarity and Readability:

Clear, CNS-specific regulatory language would improve understanding and compliance. Greater consistency between **18 VAC 90?30** and **18 VAC 90?40**, particularly regarding prescriptive authority, would reduce confusion and support effective implementation.

Structured Pathway to Independent Practice (SB 811):

A defined, time-limited transition period—such as the proposed 1,000 supervised hours—may be reasonable if it is competency-based, recognizes prior experience, and allows supervision by experienced prescribing CNSs or physicians. Clear criteria for completion and progression to independent practice are essential.

Conclusion

I respectfully urge the Department of Health Professions and the Board of Nursing to modernize CNS-related regulations by reducing unnecessary burden, clarifying requirements, and supporting

a fair, competency-based pathway to independent practice while maintaining patient safety.

CommentID: 240440

Commenter: Daniell Kempton

4/13/26 9:34 am

Regulations Governing the Licensure of Advanced Practice Registered Nurses

Public Comment on 18 VAC 9030

I am a Virginia-licensed Advanced Practice Registered Nurse (APRN)-Clinical Nurse Specialist (CNS) and appreciate the opportunity to comment on the periodic review of 18 VAC 9030 pursuant to Executive Order 19. My comments address public safety, economic impact, and regulatory clarity as they relate to CNS practice.

Public Health and Safety:

CNSs are graduate educated, nationally certified APRNs who provide high quality, evidence based care within defined populations and specialties. Regulations should continue to protect public health while recognizing CNS education, training, and competencies. Requirements that do not meaningfully improve patient safety unnecessarily limit access to care, particularly in specialty and underserved settings.

Economic Impact and Regulatory Burden:

Duplicative or prolonged supervision and joint regulation by both the Board of Nursing and the Board of Medicine imposes avoidable administrative and financial burdens without clear benefit. Streamlined, nurse led regulation supports workforce stability, employer efficiency, and patient access while maintaining safety standards.

Clarity and Readability:

Clear, CNSs specific regulatory language would improve understanding and compliance. Greater consistency between 18 VAC 9030 and 18 VAC 9040, particularly regarding prescriptive authority, would reduce confusion and support effective implementation.

Structured Pathway to Independent Practice (SB 811):

A defined, time limited transition period—such as the proposed 1,000 supervised hours—may be reasonable if it is competency based, recognizes prior experience, and allows supervision by experienced prescribing CNSs or physicians. Clear criteria for completion and progression to independent practice are essential.

Conclusion I respectfully urge the Department of Health Professions and the Board of Nursing to modernize CNS related regulations by reducing unnecessary burden, clarifying requirements, and supporting a fair, competency based pathway to independent practice while maintaining patient safety.

CommentID: 240457

Commenter: Holly Tenaglia

4/13/26 10:15 am

Comment on 18 VAC 90 30: Regulations Governing the Licensure of Advanced Practice Registered Nurses

I am a Virginia-licensed Advanced Practice Registered Nurse (APRN)-Clinical Nurse Specialist (CNS) and appreciate the opportunity to comment on the periodic review of 18 VAC 90-30 pursuant to Executive Order 19.

CNSs are graduate-educated, nationally certified APRNs who provide high-quality, evidence-based care within defined populations and specialties. Regulations should protect public safety while recognizing CNS education, certification, and clinical expertise. Requirements that do not meaningfully improve patient safety limit access to care and increase unnecessary regulatory and economic burden.

Clear, CNS-specific regulatory language and alignment between 18 VAC 90-30 and 18 VAC 90-40, particularly regarding prescriptive authority, are essential. A defined, competency-based pathway to independent practice that recognizes prior experience is appropriate. In its landmark report, *The Future of Nursing: Leading Change, Advancing Health*, the Institute of Medicine recommended that nurses be able to practice to the full extent of their education and skills. Regulatory actions should be managed exclusively by the Board of Nursing.

I respectfully urge modernization of APRN-related regulations to support safe, efficient, and effective patient care across Virginia. APRNs are nurses and regulation should be wholly managed by nurses.

CommentID: **240458**

Commenter: Ellen M Harvey DNP, APRN, ACNS-BC, CCRN, TCRN, SCRNP, FCNS, FCCM, FAAN

4/13/26 12:32 pm

Regulations Governing the Licensure of APRNs

I am a Virginia-licensed Advanced Practice Registered Nurse (APRN)-Clinical Nurse Specialist (CNS) and appreciate the opportunity to comment on the periodic review of **18 VAC 90?30** pursuant to Executive Order 19. My comments address public safety, economic impact, and regulatory clarity as they relate to CNS practice. My area of clinical practice is neurosciences with a heavy emphasis on the stroke population. There is a significant stroke population in southwest Virginia and access to Neurology services is of ongoing concern.

Public Health and Safety:

CNSs are graduate-educated, nationally certified APRNs who provide high-quality, evidence-based care within defined populations and specialties. Regulations should continue to protect public health while recognizing CNS education, training, and competencies. Requirements that do not meaningfully improve patient safety unnecessarily limit access to care, particularly in specialty and underserved settings.

Economic Impact and Regulatory Burden:

Duplicative or prolonged supervision and joint regulation by both the Board of Nursing and the Board of Medicine imposes avoidable administrative and financial burdens without clear benefit. Streamlined, nurse-led regulation supports workforce stability, employer efficiency, and patient access while maintaining safety standards.

Clarity and Readability:

Clear, CNS-specific regulatory language would improve understanding and compliance. Greater consistency between **18 VAC 90?30** and **18 VAC 90?40**, particularly regarding prescriptive authority, would reduce confusion and support effective implementation.

Structured Pathway to Independent Practice (SB 811):

A defined, time-limited transition period—such as the proposed 1,000 supervised hours—may be reasonable if it is competency-based, recognizes prior experience, and allows supervision by

experienced prescribing CNSs or physicians. Clear criteria for completion and progression to independent practice are essential.

Conclusion

I respectfully urge the Department of Health Professions and the Board of Nursing to modernize CNS-related regulations by reducing unnecessary burden, clarifying requirements, and supporting a fair, competency-based pathway to independent practice while maintaining patient safety.

Thank you.

CommentID: **240459**



Agency Department of Health Professions

Board Board of Nursing

Chapter Regulations for Prescriptive Authority for Advanced Practice Registered Nurses
[18 VAC 90 - 40]

[Edit Review](#)

Review 2652

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 2/19/2026

Notice of Periodic Review

Pursuant to Executive Order 19 (2022) and sections 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:	Claire Morris, RN / <i>Executive Director</i>
Address:	9960 Mayland Drive Suite 300 Henrico, VA 23233
Email Address:	claire.morris@dhp.virginia.gov
Telephone:	(804)367-4665 FAX: (-) TDD: (-)

Publication of Notice in the Register and Public Comment Period

Published in the Virginia Register on 3/23/2026 [Volume: 42 Issue: 16]

Comment Period begins on the publication date and ended on 4/13/2026

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: 2/19/2026

Review Completed: 2/24/2026

Result: Certified

 [Review Memo](#)

This periodic review was created by Matthew Novak on 02/19/2026 at 2:04pm

Action Item: Revision of GD 90-62

F3

Included in your Agenda Package:

- Revisions to GD 90-62 in tracked changes format

Staff Note: These changes encompass changes in statute from the 2026 General Assembly session and the approval of a new medication aide curriculum.

Action Needed:

- Motion to amend GD 90-62.

Medication Administration Training Curriculum Approved by the Board of Nursing for Various Settings				
Statutory Authority	Site of Medication Administration	Source of Curriculum	Number of Hours	Approved by the BON
Medication Administration Curriculum for Registered Medication Aides				
§54.1-3408.M and 54.1-3005 (17)	Assisted Living Facilities Licensed by Department of Social Services (DSS)	Board of Nursing 18VAC90-60-10 et seq.	68 hour minimum: 40 hours classroom; 8 hours diabetic module; 20 hours supervised clinical practice in an ALF (20% (4 hours) can be simulation)	1/24/07, revised 3/17/09, Revised 5/21/13, Revised May 2022
Administration of Glucagon and Insulin Training Course for certain DBHDS facilities and programs				
§54.1-3408.H	Programs licensed by Department of Behavioral Health and Developmental Services (DBHDS)	Virginia Adult Care Education	2 hours module as addendum to the 32 hour curriculum	November 2014
Medication Administration Training Course for certain DSS and DBHDS facilities and programs				
§54.1-3408.L	Adult Day Centers & Children's residential facilities licensed by DSS. Programs licensed by Department of Behavioral Health and Developmental Services (DBHDS)	DSS 18VAC90-21-10 through 18VAC90-21-40	32 hours minimum with 8 hour diabetic module. Diabetic module added in 1993, revised 1996 & 2000.	Approved in 1991; Revised in 1996 and 2000 Revised 1/18/2023
Medication Administration Training Course for certain DSS and DBHDS facilities and programs				
§54.1-3408.L	Adult Day Centers & Children's residential facilities licensed by DSS. Programs licensed by Department of Behavioral Health and Developmental Services (DBHDS)	DBHDS	2 hour minimum module for administration of rectal diazepam as addendum to the 32 hour curriculum	January 2014
Medication Administration Curriculum for DBHDS				
§54.1-3408.L	Residential and Community Based programs regulated by DBHDS	Fidura & Associates 18VAC90-21-10 through 18VAC90-21-40	32 hours minimum 2011 & 2013, revision to the Diabetic Management Section	July 2013
§54.1-3408.L	Residential and Community Based programs regulated by DBHDS	Safe Dose Pharmacy	32 hour online training course	March 2021
§54.1-3408.L	Residential and Community Based programs regulated by DBHDS	Autism Sanctuary	32 hours minimum, 8 hour diabetic module	May 2026
Medication Administration Training for Youth (MATY)				
§§ 54.1-3408.L and 54.1-3408 <u>OP</u>	Private children's residential facilities or schools for students with disabilities. Licensed by DBHDS or DSS and/or Department of Education Private schools accredited pursuant to §22.1-19 as administered by VCPE	Virginia Association of Independent Specialized Education Facilities	16 hours minimum	July 2015
Administration of Medications via a Gastrostomy Tube				
§54.1-3408.L	Programs licensed by DBHDS	DBHDS	4 hours classroom 2 hours clinical Includes an semiannual competency review to be done by an RN	May 2013
§54.1-3408.L	Residential and Community Based programs regulated by DBHDS	Safe Dose Pharmacy	6 hours online with a skills competency observation Includes an semiannual competency review to be	July 2022

			done by an RN	
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Medication Administration Training for Child Care Providers (MAT)				
§§ 54.1-3408 D, 54.1-3408 OP and 54.1-3005 (19)	Child day care programs licensed by DOE Private schools accredited pursuant to §22.1-19 as administered by VCPE	DOE Guidance document: 90-9 Guidelines for Prescription Drug Administration Training Program for Child Day Programs	8 hours minimum Modules for certain employees: auto injector device for administration of epinephrine (1 hour) and/or the administration of prescription topical creams and ointments (1 hour)	2006; Revised 2007; Revised 2014
Medication Administration Training for Youth – Modules (MATY-M)				
§§ 54.1-3408 D and 54.1-3408 OP	Private schools accredited pursuant to §22.1-19 as administered by VCPE – only for field trips and other activities occurring outside the school day	Virginia Council for Private Education (VCPE)	Time varies based on MATY-M modules	November 2015
Manual for Training Public School Employees				
§§ 54.1-3408 D, 54.1-3408 NO , 54.1-3408 OP and 54.1-3005 (12)	Public schools under the Department of Education (DOE) Private schools accredited pursuant to §22.1-19 as administered by VCPE	DOE Guidance document: 90-36 Guidelines for Training of Public School Employees in the Administration of Insulin and Glucagon	4 hours minimum Annual refresher on insulin & glucagon Auto-injector of epinephrine for anaphylaxis added in 2012	July 1999; Revised 2003 and November 2012 November 2015
Training Public School Employees – Guidelines for Seizure Management				
§§ 54.1-3408 NO and 54.1-3005 (21)	Public schools under the Department of Education (DOE)	DOE	Follow procedures established in Guidelines	Revised July 2010
Medication Administration Training for Child Care Providers, Epinephrine Auto Injector (MAT-EPI) Course				
§§ 54.1-3408 (OP) and 54.1-3005 (19)	Child Day Care Programs Licensed by DOE	DOE	Adapted from MAT Training (2006, Revised 2014). Taught in modules based on individual needs. Time varies based on module taught. Includes annual refresher	3/25/16
Medication Administration Training for Child Care Providers, Epilepsy Curriculum (MAT-EPILEPSY)				
§§ 54.1-3408 (OP) and 54.1-3005 (19)	Child Day Care Programs Licensed by DOE	DOE	The Medication Administration Training (MAT) in conjunction with the Epilepsy Foundation of Virginia has prepared an epilepsy curriculum (MAT-EPILEPSY) that expands the core MAT training to include knowledge, hands on training and skills demonstration for safe administration of medications for children with epilepsy in child day care programs.	4/7/17
Officer	Medication Training Course	VDOC		
§§ 54.1-3408 (L)	Department of Corrections	Virginia DOC	4 hour training for oversight of self administration of medications by correctional officers when nurses are not on duty or available.	11/14/17

**VIRGINIA BOARD OF NURSING
EDUCATION SPECIAL CONFERENCE COMMITTEE
Wednesday, April 15, 2026**

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

TIME AND PLACE: The meeting of the Education Special Conference Committee was convened at 9: a.m. in Suite 201, Department of Health Professions, 9960 Mayland Drive, Second Floor, Board Room 2 Henrico, Virginia.

MEMBERS Carol Cartte, RN, BSN, Chair
PRESENT: Pam Davis, LPN
STAFF Jacquelyn Wilmoth, MSN, RN, Deputy Executive Director
PRESENT: Christine Smith, MSN, RN, Nurse Aide/RMA Education Program Manager

Astar Education Institute – Manassas –Nurse Aide Education Program, 1414100751

Jean Chang, Owner, was present to represent the program.

Ms. Davis moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 10:59 a.m. for the purpose of deliberation to reach a decision in the matter of Astar Education Institute, Nurse Aide Education Program. Additionally, Ms. Davis moved that Ms. Wilmoth, Ms. Smith, and Mr. Manino attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 11:26 a.m.

Ms. Davis moved that the Education Informal Conference Committee of 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.

ACTION: Ms. Davis moved to recommend to withdraw approval of the nurse aide education program at Astar Education Institute.

The motion was seconded and carried unanimously.

This recommendation will be presented to the Board on May 19, 2026.

Ultimate Health School - Manassas– Practical Nursing Education Program, US28205000

Mabel Brempong, Director, Perliter Walters-Gilliam, Compliance Officer, Efua Crentsil, DNP, FNP, RN, Assistant Director, and Ena Hull, President were present to represent the program.

Ms. Davis moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 1:59 p.m. for the purpose of deliberation to reach a decision in the matter of Ultimate Health School, Practical Nursing Education Program. Additionally, Ms. Davis moved that Ms. Wilmoth and Mr. Timberlake attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 2:33 p.m.

Ms. Davis moved that the Education Informal Conference Committee of 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.

ACTION:

Ms. Davis moved to recommend to continue the practical nursing education program at Ultimate Health School on conditional approval with terms.

The motion was seconded and carried unanimously.

This recommendation will be presented to the Board on May 19, 2026.

America School of Practical Nursing – Woodbridge - Practical Nursing Program - US28110100

Esi Gyenin, MSN, RN, Program Director, Nana Yaa Gyawu, RN, BSN, Instructor, Wade Sheriff, RN, BSN, Instructor, Matilda Aguevan, RN, Instructor, Gladys Tengi, Instructor and Joseph Agyemang, Librarian were present to represent the program.

Ms. Davis moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 3:41 p.m. for the purpose of deliberation to reach a decision in the matter of America School of Practical Nursing, Practical Nursing Education Program. Additionally, Ms. Davis moved that Ms. Wilmoth and Ms. Dorsey attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 3:56 p.m.

Ms. Davis moved that the Education Informal Conference Committee of 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.

ACTION:

Ms. Davis moved to recommend to continue the practical nursing education program at America School of Nursing, on conditional approval with terms.

The motion was seconded and carried unanimously.

This recommendation will be presented to the Board on May 19, 2026.

Meeting adjourned at 3:57 p.m.

Jacquelyn Wilmoth, MSN, RN
Deputy Executive Director