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, March 24, 2026 at 9:00 A.M. – Quorum of the Board

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

ESTABLISHMENT OF A QUORUM

DIALOGUE WITH DHP DIRECTOR – Dr. Brown

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**

  - **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.

A. UPCOMING MEETINGS and HEARINGS:

- 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 the Upcoming Special Conference Committee (SCC) Dates:

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 Hearing:

- 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.

REVIEW OF THE AGENDA:

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

***C5** - Board of Nursing 2027 Dates for Meetings and Formal Hearings

Annual Reports

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

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

B. **DISPOSITION OF MINUTES –** None

C. **REPORTS**

- **DHP Quarterly Performance Measurement, – **FYI only**
- NLC Midyear Meeting in Phoeniz, AZ **– verbal report from Ms. Morris**
- NCSBN Midyear Meeting in Phoenix, AZ – **verbal reports**
  - Ms. Cartte
  - Dr. Parke
  - Ms. Morris
  - Ms. Wilmoth

D. **OTHER MATTERS:**

- Board Counsel Update (**verbal report**)
- Informal Conference Schedule for August, October and December 2026 – **Ms. Cartte/Ms. Hardy**
  - ***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

E. **EDUCATION:**

- Nurse Aide, Medication Aide and Nursing Education Program Updates – **Ms. Wilmoth** (**verbal report**)
- ***E2** – Education Informal Conference 2027 Dates

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

- ****F1 –** Chart of Regulatory Actions
- ****F2 -** Consideration of Amendments to Guidance Document 90-8: Virginia Board of Nursing Interpretation of "Alternative Credentials" for Nursing Faculty
- 2026 General Assembly Legislative Report

G. **CONSIDERATION OF CONSENT ORDERS**

- ****G1 –** Frances Edna Buck, RMA
- ****G2** – Frances Edna Buck, CNA
- ****G3** – Lisa Marie Thornsbury, RN
- ****G4** – Cristina Lynn Schasse, RN
- **G5** – Erin Kay Thomas, RN

12:00 P.M. – 12:45 P.M – LUNCH

12:45 P.M. – Possible Summary Suspension Considerations

- ****Case # 232873**
- **Case #231111**
- ****Case #251597**
- ****Case #252697**

1:30 P.M.

***E1 –** Education Special Conference Committee February 11, 2026 Minutes - **REVISED**

CONSIDERATION OF FEBRUARY 11, 2026 EDUCATION SPECIAL CONFERENCE COMMITTEE RECOMMENDATIONS:

- ****E1a** - Titan Healthcare Academy, Alexandria, Medication Aide Training Program 0030000342
- ****E1b** - Florence Nightingale College, Front Royal, Medication Aide Training Program 0030000296
- ****E1c** - Thomasine Training Center, Petersburg, Medication Aide Training Program, 0030000044
- ****E1d** - Norfolk Allied Training Center, Norfolk, Medication Aide Training Program 0030000293
- ****E1e** - Mountain Gateway Community College, Clifton Forge, Registered Nursing Education Program, US28406700
- ***E1f** - Global Health Educational Institute, LLC, Arlington, Nurse Aide Education Program, 1414100780 - **REVISED**

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS – Full Board

1	*Alphonso Lewis Mills, III, RN	2	* Dina Marie Spencer, RN
3	*Kelly Ann Mattson, RN	4	*Jeonghee Lee, RN
5	*Anne Elizabeth Atchue Uhr, RN	6	* Edwin William Tucker, RN
7	*Lauren Wheeler Gochenour, RN	8	*Barbara Ann Stokley, RN
9	*Beverly Ann Lipscomb, LPN	10	* Celeste Marie Twiford Owen, RN
11	*Jaclyn Juanita Maarmon, CNA	12	*Sharhonda Lyn Thompson, RMA
13	*Amanda Marie Dunn, LPN	14	* Marneisha L. Jones, CNA
15	*Vaylena Michelle Arnett, CNA Applicant	16	*Bradley Allan Face, RN Applicant
17	*Yudong Xing, RN	18	*Julie Lynn Cruz-Sanchez, RN
19	*Deja Renea Watson, CNA	20	*Misti Spring Wise, CNA
21	*Tonya Felicia Pringle Monroe, RMA	22	*Sherry Shaleen Sampson, CNA
23	*Alisha M. Jackson, CNA	24	*Kendra R. Owens, CNA
25	*Hawanatu Turay, CNA	26	*Jonathan W. Boynton, CNA
27	*Christina E. Nixon, CNA	28	*Talia Denee Scott Courtney, CNA
29	*Michelle A. Washington, CNA	30	*Diane Renee Weidner, RN
31	*Vida Oppong, LPN	32	*Constance Hurley Denison, LPN
33	*Jamie Melissa Tabb, RN	34	*Robert Eason Lambertson Jr., LPN
35	*Adam Wirth Nastalski, RN	36	*Mary Lou Goings, RN
37	*Beverly A. Jones, LPN	38	*Dorothy Jayzelle Robinson, LPN
39	*Christine Tice, LPN	40	**Chloe Murray, CNA
41	**Eugenia Faye Nipper, RMA	42	**Eugenia Faye Nipper, CNA Applicant
43	**Nicole Goad, CNA	44	**Shannon Renee Medley, CNA
45	**Carolyn Louise Scott, CNA	46	**Beatrice, Gee, CNA
47	**Beatrice Gee, RMA	48	**Qylia Lashawn Green, CNA
49	**Qylia Lashawn Green, RMA Applicant	50	**Shana O'Connor, RMA
51	**Baljeet Singh, CNA	52	**Brooklynn Leigh Clendennen, CNA
53	**Katina Jean Willoughby, RMA Applicant	54	**Heather Ann Graham, CNA Applicant

55	**Alice Christy West, RN	56	**Sadie Mitchell, CNA Applicant
57	**Jozette Ladawn Powell Montgomery, RMA	58	**Jozette Ladawn Powell Montgomery, CNA
59	**Mandy Boateng, CNA	60	**Mandy Boateng, RMA
61	**Tiffany Yvonne Fife, CNA	62	**Alvita Nichole Barley, RN
63	**Jessica Turpin Turner	64	**Kanesha Pittman-Delozier, RN
65	**Michele Ann Brumbaugh Buckner, LPN		

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

MEETING DEBRIEF:

- What went well
- What needs improvement

ADJOURNMENT OF BUSINESS AGENDA

(*1st mailing – 2/25) (**2nd mailing – 3/11) (***3rd mailing – 3/18)

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
November 17, 2025

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:01 A.M., on November 17, 2025, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Helen Parke, DNP, FNP-BC; **First Vice-President**
Victoria Cox, DNP, RN
Ann Tucker Gleason, PhD; Citizen Member
Paul Hogan, Citizen Member
Catherine Paler, RN
Shelly Smith, PhD, DNP, ANP-BC
Jodi Zehr, RN

STAFF PRESENT:
Randall Mangrum, DNP, RN; Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Tamika Claiborne, Senior Discipline Specialist

OTHERS PRESENT:
Sara Blose, Senior Assistant Attorney General
Students from South University – Richmond, RN Program

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

FORMAL HEARINGS: **Agnes Njoku, RN** **0001-317221**

Ms. Njoku did not appear.

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

Kimberly Hyler, 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 9:13 A.M., for the purpose of deliberation to reach a decision in the matter of **Agnes**

Njoku. Additionally, Ms. Zehr moved that Ms. Bargdill, 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 9:19 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. Cox and carried unanimously.

ACTION: Dr. Gleason moved that the Board of Nursing revoke the right of **Agnes Njoku** to renew her license practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox 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 9:20 A.M.

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

FORMAL HEARINGS: **Lisa Segers, CNA** **1401-232866**

Ms. Segers did not appear.

Avi Efreom, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Colleen Gregory-Gettel, court reporter with County Court Reporters, recorded the proceedings.

Amy Tanner, 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 11:23 A.M., for

the purpose of deliberation to reach a decision in the matter of **Lisa Segers.** Additionally, Ms. Zehr moved that Ms. Bargdill, 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 11:45 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. Cox and carried unanimously.

ACTION: Dr. Cox moved that the Board of Nursing revoke the certificate of **Lisa Segers** to practice as a nursing aide in the Commonwealth of Virginia and enter a Finding of Misappropriation against her in the Virginia Nurse Aide Registry. The motion was seconded by Dr. Smith 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 11:46 A.M.

RECONVENTION: The Board reconvened at 1:00 P.M.

FORMAL HEARINGS: **Vicky S. Bryant, CNA** **1401-208476**

Ms. Bryant appeared at 1:13 P.M, accompanied by Brooklyn Vance.

Piero Mannino, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Colleen Gregory-Gettel, court reporter with County Court Reporters, recorded the proceedings.

Diana Marsh, 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 1:52 P.M., for the purpose of deliberation to reach a decision in the matter of **Vicky S. Bryant.** Additionally, Ms. Zehr moved that Ms. Bargdill, 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 2:29 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. Cox moved that the Board of Nursing revoke the certificate of **Vicky S. Bryant** to practice as a nursing 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. Zehr and carried with six votes in favor of the motion. Mr. Hogan opposed 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 2:30 P.M.

RECONVENTION: The Board reconvened at 2:53 P.M.

FORMAL HEARINGS: **Latarsha Brown, RN** **0001-286097**

Ms. Brown appeared and was accompanied by Shondel Samuels.

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

Diana Marsh, Senior Investigator, Enforcement Division, Cara Hailey, RN, and Shondel Samuels were 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 4:38 P.M., for the purpose of deliberation to reach a decision in the matter of **Latarsha Brown.** Additionally, Ms. Zehr moved that Ms. Bargdill, Dr. Mangrum, Ms. Giles, 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 6:16 P.M.

Ms. Zehr 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. Zehr moved that the Board of Nursing place the right of **Latarsha Brown** to practice professional nursing in the Commonwealth of Virginia on probation with terms for a period of not less than two years. The motion was seconded by Dr. Gleason and carried unanimously.

ADJOURNMENT: The Board adjourned at 6:17 P.M.

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

VIRGINIA BOARD OF NURSING
BUSINESS MEETING MINUTES
November 18, 2025

B2

TIME AND PLACE: The business meeting of the Board of Nursing was called to order at 9:00 A.M. on November 18, 2025, 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
A Tucker Gleason, PhD, Citizen Member
Paul Hogan, Citizen Member
Cleopatra Kitt, PhD, Citizen Member
Catherine Paler, RN
Helen Parke, DNP, FNP-BC
Lila Peake, RN
Shelly Smith, PhD, DNP, ANP-BC
Delores Valenta, LPN – **joined at 9:05 A.M.**
Jeanell Webb-Jones, MSN, RN, AMB-RN
Jodi Zehr, RN

MEMBERS ABSENT: Delia Acuna, FNP-C

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
Calisa Barley, RN, BS; Nursing Education Program Manager
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:
Arne Owens, DHP Director
Matt Novak, DHP Policy and Economic Analyst

IN THE AUDIENCE:
Marianne Baernholdt, Dean from UVA School of Nursing
Ashley Arnas, UVA School of Nursing Student
Kayla Oliver, UVA School of Nursing Student
Christine Kueter, UVA School of Nursing Student
Lindsey Cardwell, MSN, RN, NPD-BC, CEO of the Virginia Nurses Association (VNA) and Foundation (VNF)
Cathy Harrison, CRNA, Virginia Association of Nurse Anesthetists (VANA)
Bridget Wolfe, CRNA, VANA

ESTABLISHMENT OF A QUORUM:

With 13 members present, Ms. Cartte indicated that a quorum was established.

PUBLIC COMMENT:

Yvette Dorsey, DNP, MSN, RN, Director of the Virginia Nursing Workforce Center (VNWC) reported the following:
Took on this role as of September 2, 2025
The mission – adequate resources to address the workforce
Four (4) pillars of driving strategies:

1) Data and research
2) Education and workforce development
3) Policy and Regulatory collaboration
4) Public engagement

,

Cathy Harrison, CRNA, Virginia Association of Nurse Anesthetists (VANA), stated that VANA has a serious concern that stems from a law passed by the 2025 Virginia General Assembly and signed by Governor Youngkin. Ms. Harrison noted that this law establishes a new anesthesia provider type, Certified Anesthesiologist Assistants (CAAs).

Ms. Harrison added that CRNA's at facilities where CAA students will receive clinical training should not supervise CAA students because:

- CRNAs are the largest anesthesia workforce in Virginia and the key providers of anesthesia in rural and undeserved areas. It is crucial that CAA clinical placements not interfere with CRNA's who are preceptors for CRNA students, or displace CRNA students from training spots.
- CRNA's are trained to practice autonomously, while CAAs are trained to work in tandem with a physician anesthesiologist.
- Supervising CAA students would be outside of CRNA professional scope, license and experience. This could not only expose an individual CRNA to liability, but might extend liability to hospitals and universities where supervision is occurring.

Bridget Wolfe, CRNA, VANA, asked the Board to consider putting the concern of the VANA about CRNA's supervising CAA students on its next business meeting agenda to discuss issuing a position statement stating that CRNAs should not supervise CAA students.

Lindsey Cardwell, MSN, RN, NPD-BC, CEO of the Virginia Nurses Association (VNA) and Foundation (VNF) thanked the Board for its services and leadership. Ms. Cardwell then reported the following:

- The VNA/VNF Fall Conference was on November 14-15, 2025 where 75 nurses were awarded for their services.
- VNA advocacy efforts – VA Legislative is a uniform public policy platform

- VNA Lobby Day is on January 20, 2026
- VNA Virtual Spring Conference is scheduled for April 22-23, 2026

ANNOUNCEMENTS: Ms. Cartte announced the following:

Board Member Update:

- **Tracey Walker, LMT, Chesterfield,** was appointed by Governor Youngkin on September 26, 2025, to serve on the Advisory Boad of Massage Therapy from July 1, 2024 to June 30, 2028. Mr. Walker replaces Candice Merrick, LMT.

Staff Update:

- **Dora Guth** has accepted the P-14 Licensing Specialist position and started on October 20, 2025.
- **Monique Davis, MPH, MB, BSN,** has accepted the Discipline Case Manager position and started on October 25, 2025. Ms. Davis replaces Francesca Iyengar.
- **Janet Poe, MHA, BSN, RN,** has accepted the Nurse Aide Program Inspector position and started on November 3, 2025.
- **Chastity Shaffer, RN,** has accepted the Nurse Aide Program Inspector position and started on November 17, 2025

UPCOMING MEETINGS: The upcoming meetings listed on the agenda:

- The Education Informal Conference Committee is scheduled for December 3, 2025, at 9 am in Board Room 4.
- The Committee of the Joint Boards of Nursing and Medicine Meeting/Hearing is scheduled for December 10, 2025, at 9 am in Board Room 2.
- The NCSBN Midyear Meeting is scheduled for March 17-19, 2026 in Phoenix, AZ. Please inform Ms. Morris or Ms. Vu if you are interested in attending.

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

December 2025:

- SCC-D – Monday, December 1, 2025 → Cox and Hogan
- SCC-C – Thursday, December 4, 2025 → Acuna and Peake
- SCC-A – Friday, December 5, 2025 → Gleason and Davis
- SCC-B – Monday, December 8, 2025 → Cartte and Peterson, LMT

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: Ms. Morris removed the Executive Director Report (C3).

Dr. Kitt moved to accept the items that were not pulled on the consent agenda listed below as presented. The motion was seconded by Dr. Cox and carried unanimously.

Consent Agenda

B1 September 8, 2025	Formal Hearings
B2 September 9, 2025	Business Meeting
B4 September 10, 2025	Board of Nursing Officer Meeting
B5 September 10, 2025	Panel A - Formal Hearings
B6 September 10, 2025	Panel B - Formal Hearings
B7 September 11, 2025	Formal Hearings
B8 September 18, 2025	Telephone Conference Call
B9 October 1, 2025	Telephone Conference Call
B10 October 8, 2025	Telephone Conference Call
B11 October 14, 2025	Telephone Conference Call
B12 October 15, 2025	Telephone Conference Call
B13 October 22, 2025	Telephone Conference Call
B14 October 27, 2025	Formal Hearings
B15 November 6, 2025	Telephone Conference Call
B16 November 12, 2025	Telephone Conference Call

C1 - Board of Nursing Monthly Tracking Log
C2 - Agency Subordinate Recommendation Tracking Log
C4 – HPMP Quarterly Report – July 1 – September 30, 2025

C5 - The Committee of the Joint Boards of Nursing and Medicine Discipline Meeting minutes on September 8, 2025

C6 – The Committee of the Joint Boards of Nursing and Medicine Telephone Conference Call minutes on September 25, 2025

C7 - The Federation of State Massage Therapy Boards (FSMTB) Annual Meeting on October 5-7, 2025 in Kansas City, MO Report – **Ms. Dewey and Ms. Stoll**

C8 – The Massage Therapy Advisory Board meeting on October 16, 2025 minutes

C9 - The Committee of the Joint Boards of Nursing and Medicine Special Conference Committee Meeting minutes on October 22, 2025

C10 - The NCSBN Model Act and Rules Committee meeting on November 3-4, 2025, in Chicago Report - **Ms. Wilmoth**.

Discussion of C3 – Executive Director Report
Ms. Morris added the following to her report:

- VNA Fall Conference takeaways:
  - Powerful Code of Ethics regarding the interactions between nurses and patients, nurses and nurses, and nurses and society
  - Shortages – the Joint Commission has added a core goal to have sufficient staff to meet the needs of patients
  - Historically, nursing has focused on the Sick Care Model. The goal now is to focus on Primary Care Model which focuses on prevention and team nursing
  - Vacancy Crisis (shortages) – recent study shows favorable working environment
  - Pivoting conflict management to conflict resolution utilizing consensus decision making and engaging with pizazz, not perfection to provide meaningful recognition

Ms. Morris encouraged Board Members and staff to attend the VNA conferences, if possible.

Ms. Davis moved to accept the **Executive Director Report (C3)** as amended. The motion was seconded by Dr. Parke and carried unanimously.

DIALOGUE WITH DHP DIRECTOR OFFICE:

Mr. Owens welcomed UVA Dean and students to the board meeting. Mr. Owens thanked Dr. Dorsey for her report regarding the workforce.

Mr. Owens thanked all Board Members and staff for their work on the Board, and provided the following information:

- With the new Governor, DHP will have new Director and changes will be minimal. DHP is looking at efficiencies (cutting operation costs)
- 2026 General Assembly (GA) – DHP will have legislations.
- Budget 2027-2028 – preparation of the biennial budget is in process.

Ms. Cartte thanked Mr. Owens for his report.

DISPOSITION OF MINUTES: None

REPORTS: **DHP Performance Measure Report Q4 FY2025**:
Ms. Cartte noted that this is provide for information only.

OTHER MATTERS: **Board Counsel Update:**
None.

Bi-weekly Standing Calendar Hold for Consideration of Possible Summary Cases:
Ms. Morris stated that at the last BON Officer meeting, the Officers suggested that the Board should set a bi-weekly standing calendar hold for consideration of possible summary cases. Ms. Morris noted that it appears that Thursday seems to work well. Ms. Morris suggested the second and fourth Thursday of every month for consideration of possible summary cases.

Ms. Davis moved that the Board holds the second and fourth Thursday every month for consideration of possible summary cases. The motion was seconded by Dr. Kitt and carried unanimously.

Election of Officers for 2026
Ms. Cartte thanked Ms. Davis, Ms. Peake and Ms. Zehr for serving on the Nominating Committee.

Ms. Cartte stated that the Stale of Candidates for Officers, who will begin their term on January 1, 2026, will be considered and the following documents have been provided in advance:

- **B3** – Nominating Committee Meeting minutes on September 9, 2025
- **D1** – Memo – Slate of Candidates for Officer Position for 2026
- **D2** – Board of Nursing Bylaws (Guidance Document 90-54)
- **D3** – Duties and Functions of Board of Nursing Officers

Ms. Cartte asked if Board Members have any questions regarding **B3 -** Nominating Committee Meeting minutes on September 9, 2025. None was noted.

Dr. Kitt moved to accept the **September 9, 2025 Nominating Committee Meeting minutes (B3)** as presented. The motion was seconded by Dr. Smith and carried unanimously.

Ms. Cartte noted that the Nominating Committee presents the following Slate of Candidates:

President: Carol Cartte, RN, BSN (1st term expires 2026)

First Vice-President: Helen Parke, DNP, FNP-BC (1st term expires 2026)

Second Vice-President: Pamela Davis, LPN (1st term expires 2027)

Ms. Cartte asked if there are additional nominations from the floor for the Office of President to be added to the Slate. None was received.

Dr. Cox moved to accept the nomination of Ms. Cartte for the Office of President. The motion was seconded by Dr. Kitt and carried unanimously.

Ms. Cartte is elected as President.

Ms. Cartte asked if there are additional nominations from the floor for the Office of First Vice-President to be added to the Slate. None was received.

Dr. Kitt moved to accept the nomination of Dr. Parke for the Office of First Vice-President. The motion was seconded by Dr. Cox and carried unanimously.

Dr. Parke is elected as First Vice-President.

Ms. Cartte asked if there are additional nominations from the floor for the Office of Second Vice-President to be added to the Slate.

Dr. Parke moved to nominate Dr. Cox to be added to the Slate for the Office of Second Vice-President. Dr. Cox accepted the nomination.

Ms. Cartte stated that the Board will now vote for the Office of Second Vice-President by raising the hands.

Ms. Davis received 4 votes
Dr. Cox received 9 votes

Dr. Cox is elected as Second Vice-President.

D4 – SCC/Informal Conferences Schedule for the First Half of 2026

Ms. Cartte noted that this is provided as information only.

RECESS: The Board recessed at 10:05 A.M.

RECONVENTION: The Board reconvened at 10:24 A.M.

EDUCATION:

Education Update:

Ms. Wilmoth reported the following:

Nurse Aide Education Program Updates

- The contract for nurse aide testing is out for Request for Proposal (RFP). Credentia is able to apply to the RFP.

Medication Aide Program Updates

- PSI – 3rd quarter 2025 first-time test rates have dropped from 2nd quarter pass rates and mirror 4th quarter 2024 pass rates. The pass rates are beginning to dip back into the upper 50% with proprietary programs having the lowest quarterly pass rates
  - 2024 (4th quarter) – 57%
  - 2025 (1st quarter) – 49%
  - 2025 (2nd quarter) – 61%
  - 2025 (3rd quarter) – 57%

Exam Name	First Time Pass-Rate	Number of First Time Candidates	All Pass-Rates	Number of All Candidates
VA Registered Medication Aide (2024 Q4)	57%	247	52%	355
VA Registered Medication Aide (2025 Q1)	49%	269	45%	394
VA Registered Medication Aide (2025 Q2)	61%	336	56%	461
VA Registered Medication Aide (2025 Q3)	57%	296	51%	410

- To help address the low overall pass rates, the Board released an updated curriculum in 2022 and have been revising test items since then. However, one critical area that remains unaddressed is the quality of program training.
- PSI is continuing to monitor monthly/quarterly pass rates.
- The annual review of current test items that are performing poorly and development of new test items is underway with a committee of volunteers comprised of medication aide training instructors, supervisors of RMAs and current RMAs. Meetings began at the beginning of November with a goal of creating 50 new test items

Nursing Education Programs Updates

- Third Quarter NCLEX Pass Rates: There are 16 RN (including one closed campus-Fortis Richmond) and 13 PN (including one closed campus- Chester Career College) programs with NCLEX pass rates below 80% for the first three quarters of 2025.
- First cohort receiving funds from the Earn to Learn grant had their funding extended through June 2026 with an offer to extend to June 2027. The Board of Nursing is aware that the spring 2025 (cohort II) Earn to Learn grant was awarded to 2 additional programs. There is a remaining 4 million dollars that has not been allocated at this time.
- NCSBN Annual Report – this will be sent to programs in January. Board members did not provide feedback on additional questions for this survey. Board staff intend to use the same questions as last year for trending. Questions centered around simulation modalities used by programs as direct client care.
- 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.
  - Since this seminar, Board staff have received 2 new applications for Masters entry programs – VCU and GW. Bon Secours MSN entry program obtained initial approval in October 2025. If all approved this will make 4 MSN entry programs in VA

E2 – Updated 2026 Dates for Education Informal Conference Meetings

Ms. Wilmoth asked for volunteers to serve on the 2026 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.

Ms. Morris asked if Mr. Novak can explain the periodic review process. Mr. Novak stated that every four (4) years, the Board is required by law to conduct a periodic review of all the chapters to see if changes are needed.

F2 – Readoption of Electronic Meeting Policy

Mr. Novak stated that the Virginia Code §2.2-3708.3(D) requires public bodies to adopt electronic participation policies annually.

Ms. Davis moved the Board of Nursing to re-adopt the electronic participation policy as presented. The motion was seconded by Dr. Parke and carried unanimously.

CONSIDERATION OF CONSENT ORDER:

G1 – Steven Knox Skinner, RN **Ohio License # 228173 with Multistate Privilege**

Ms. Davis moved that the Board of Nursing accept the consent order of **Steven Knox Skinner** for voluntary surrender for indefinite suspension of his multistate privilege to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

Mr. Novak and Mr. Owens left the meeting at 10:47 A.M.

RECESS: The Board recessed at 10:47 A.M.

RECONVENTION: The Board reconvened at 11:25 A.M.

BOARD MEMBER DEVELOPMENT:

Ms. Morris reviewed the following common areas of concern regarding Adjudication of Education Fraud Cases:

- Clinical Training
- Discrepancies in documentation
- Other

Additionally, Ms. Morris provided tips to Board Members regarding:

- Ask questions for further clarification if needed
- Don't ask questions that have been asked and answered
- Focus on the Statement of Allegations without asking unrelated, random questions

RECESS: The Board recessed at 11:51 A.M.

RECONVENTION: The Board reconvened at 12:48 P.M.

POSSIBLE SUMMARY SUSPENDSION CONSIDERATION:

David Kazzie, Deputy Executive Director, Aaron Timberlake, Avi Efreom, Jovonni Armstead, Amy Weiss, Tammie Jones, Christine Andreoli and Piero Mannino, Adjudication Specialists/Consultant, Administrative Proceedings Division (APD), joined the meeting at 12:48 PM.

Pierro Mannino presented evidence that the continued practice of professional nursing by **Abebe D. Abebe, RN (0001-306170)** may present a substantial danger to the health and safety of the public.

Ms. Davis moved to summarily suspend the license of **Abebe D. Abebe** 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.

Amy Weiss presented evidence that the continued practice of professional nursing by **Fatama Kamara, RN (0001-315739)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the license of **Fatama Kamara** 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 Dr. Cox and carried unanimously.

Tammie Jones presented evidence that the continued practice of professional nursing by **Rahel Sileshi Kebede, RN (0001-296255)** may present a substantial danger to the health and safety of the public.

Dr. Gleason moved to summarily suspend the right of **Rahel Sileshi Kebede** to renew her license to practice professional nursing in the Commonwealth of Virginia pending a formal administrative hearing and offer a consent order for revocation of her right to renew her license in lieu of a formal hearing. The motion was seconded by Dr. Cox and carried unanimously.

Aaron Timberlake presented evidence that the continued practice of professional nursing by **Maude Charles, RN (0001-308452)** may present a substantial danger to the health and safety of the public.

Dr. Cox moved to summarily suspend the license of **Maude Charles** 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. Zehr and carried unanimously.

Christine Andreoli presented evidence that the continued practice professional nursing by **Evelyn Bih Ndigang, RN (0001-301461)** may

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

Dr. Kitt moved to summarily suspend the license of **Evelyn Bih Ndigang** 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 Dr. Parke and carried unanimously.

Avi Efreom presented evidence that the continued practice of professional nursing by **Liza M. Eshetu, RN (0001-324611)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the license of **Liza M. Eshetu** 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 Dr. Cox and carried unanimously.

Jovonni Armstead presented evidence that the continued practice of massage therapy by **Lorrie Anne Witcher, LMT (0019-005849)** may present a substantial danger to the health and safety of the public.

Ms. Davis moved to summarily suspend the license of **Lorrie Anne Witcher** to practice massage therapy 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. Cox and carried unanimously.

David Kazzie, Deputy Executive Director, Aaron Timberlake, Avi Efreom, Jovonni Armstead, Amy Weiss, Tammie Jones, Christine Andreoli and Piero Mannino, Adjudication Specialists/Consultant, Administrative Proceedings Division (APD), left the meeting at 1:18 pm.

RECESS: The Board recessed at 1:18 P.M.

RECONVENTION: The Board reconvened at 1:33 P.M.

E1 – Education Special Conference Committee October 8, 2025 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.

Dr. Gleason and Ms. Webb-Jones did not participate in voting.

CONSIDERATION OF THE OCTOBER 8, 2025 EDUCIYTON SPECIAL CONFRENCE COMMITTEE RECOMMENDATION:

E1a – Fortis College – Norfolk – Traditional ADN, Norfolk, Registered Nursing Education Program, US28409500

Representative from the program did not appear but a written response was submitted.

Ms. Davis moved that the Board of Nursing accept the recommendation of the Education Special Conference to withdraw the approval of **Fortis College – Norfolk – Traditional ADN, Norfolk, Registered Nursing Education Program** to operate an associate degree nursing education program and the program will be closed no later than October 31, 2027. The motion was seconded by Dr. Cox and carried unanimously.

Dr. Gleason and Ms. Webb-Jones did not participate in voting.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

#4 – Raymond John Lindsay, RN **0001-110686**

Mr. Lindsay appeared and addressed the Board.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Raymond John Lindsay** and to require Mr. Lindsay, 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 (3) contact hours in the subject of de-escalation. The motion was seconded by Ms. Davis and carried unanimously.

#28 – Teresa Mann Keiter, RN **0001-167529**

Ms. Keiter appeared and addressed the Board.

CLOSED MEETING: Ms. Zehr moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 1:51 P.M. for the purpose of considering the agency subordinate recommendations regarding **Teresa Mann Keiter, RN**. Additionally, Ms. Zehr moved that Ms. Morris, Dr. Mangrum, Ms. Bargdill, Ms. Hardy, 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 properly seconded by Dr. Cox and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:00 P.M.

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

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Teresa Mann Keiter** and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Kitt and carried unanimously.

#31 – Joel Sebastian Maullon Basco, RN 0001-228427

Mr. Basco appeared, addressed the Board, was accompanied by his wife, Jewelle Basco, and was represented by legal counsel, Mathias Kaseorg.

CLOSED MEETING: Ms. Zehr moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:11 P.M. for the purpose of considering the agency subordinate recommendations regarding **Joel Sebastian Maullon Basco, RN**. Additionally, Ms. Zehr moved that Ms. Morris, Dr. Mangrum, Ms. Bargdill, Ms. Hardy, 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 properly seconded by Dr. Cox and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:22 P.M.

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

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Joel Sebastian Maullon Basco** and to indefinitely suspend his license to practice professional nursing in the

Commonwealth of Virginia. The motion was seconded by Ms. Davis and carried unanimously.

RECESS: The Board recessed at 2:23 P.M.

RECONVENTION: The Board reconvened at 2:35 P.M.

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

#2 – Molly Teresa Johnson, RN **0001-319599**
Ms. Johnson did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Molly Teresa Johnson** and place her license on indefinite probation with terms and conditions. The motion was seconded by Dr. Cox and carried unanimously.

#5 – Sabrina L. Mansfield, LPN **0002-097839**
Ms. Mansfield did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Sabrina L. Mansfield** and to indefinitely suspend her license to practice practical nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Mansfield'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 Dr. Cox and carried unanimously.

#6 – Mebrat Wendafrash, LPN Applicant **Case # 243777**
Ms. Wendafrash did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Mebrat Wendafrash** for licensure to practice as a practical nurse in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#7 – Leslie Anne O'Donnell Shuey, LPN **0002-026575**
Mr. Shuey 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 **Leslie Anne O'Donnell** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#8 – Amy Elizabeth Belcher, RN **0001-197597**
Ms. Belcher did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Amy Elizabeth Belcher** and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Belcher'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 Dr. Cox and carried unanimously.

#9 – Michelle Morris Collier, LPN **0002-052519**
Ms. Collier did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to place the license of **Michelle Morris Collier** to practice practical nursing in the Commonwealth of Virginia on indefinite probation for a period of not less than 12 months subject to terms and conditions. The motion was seconded by Dr. Cox and carried unanimously.

#10 – Anna Gavrilova, RN **Maryland License # R228954**
With Multi-State Privileges

Ms. Gavrilova did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Anna Gavrilova** and to require, within 90 days from the date of entry of the Order, Ms. Gavrilova provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three (3) contact hours in each of the subject areas of (a) professional accountability and legal liability as it relates to the practice of professional nursing and (b) the Virginia Nurse Practice Act. The motion was seconded by Dr. Cox and carried unanimously.

#11 – Keshia L. Raines, CNA **1401-174173**
Ms. Raines 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 **Keshia L. Raines** 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 Dr. Cox and carried unanimously.

#12 – Sharmaine Hernandez, CNA **1401-227146**
Ms. Hernandez did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Sharmaine Hernandez** 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 Dr. Cox and carried unanimously.

#13 – Katelynn L. Middleton, CNA **1401-214191**
Ms. Middleton 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 **Katelynn L. Middleton** and to require, within 60 days from the date of entry of the Order, Ms. Middleton to provide written proof of successful completion of Board-approved courses of at least three (3) contact hours in each of the subjects of (a) ethics and professionalism in nurse aide practice, (b) patient rights, and (c) professional accountability and legal liability for nurse aides. The motion was seconded by Dr. Cox and carried unanimously.

#14 – Belkis Morejon Diaz, RMA **0031-006602**
Ms. Diaz did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Belkis Morejon Diaz** and to indefinitely suspend her right to renew her registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#15 – Dashyca Machelle Law, RMA **0031-015781**
Mr. Law 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 **Dashyca Machelle Law**. The motion was seconded by Dr. Cox carried unanimously.

#16 – Deborah Matthews Hudson, CNA **1401-085783**
Ms. Hudson did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Deborah Matthews Hudson** and to indefinitely suspend her certificate to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#17 – Antonio Requeno, RMA **0031-014993**
Mr. Requeno did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the right of **Antonio Requeno** to renew his registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#18 – Shanikqua McNear, RMA **0031-009168**
Ms. McNear did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to require **Shanikqua McNear,** within 60 days from the date of entry of the Order, Ms. McNear to provide written proof of successful completion of Board-approved courses of at least three (3) contact hours in each of the subject of professional accountability and legal liability for medication aides. The motion was seconded by Dr. Cox and carried unanimously.

#19 – Shanikqua McNear, CNA **1401-150717**
Ms. McNear did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to require **Shanikqua McNear,** within 60 days from the date of entry of the Order, Ms. McNear to provide written proof of successful completion of Board-approved courses of at least three (3) contact hours in each of the subject of professional accountability and legal liability for nurse aides. The motion was seconded by Dr. Cox and carried unanimously.

#20 – Beatriz Howard, CNA **1401-198983**
Ms. Howard did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Beatriz Howard** and to require Ms. Howard, within 60 days from the date of entry of the Order, to provide written proof of successful completion of Board-approved courses of at least three (3) contact hours in each of the subjects of: (a) ethics and professionalism in nurse aide practice, (b) professional accountability, and (c) sharpening critical thinking skills. The motion was seconded by Dr. Cox and carried unanimously.

#22 – Isata Jalloh, RN Applicant **Case# 240205**
Ms. Jalloh did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Isata Jalloh** for licensure to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#23 – Kristin Farino Austria, RN **0001-224376**
Ms. Austria did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to require that **Kristin Fairno Austria**, within 90 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 of at least three (3) contact hours in the subject area of professionalism and ethics as it relates to the practice of professional nursing. The motion was seconded by Dr. Cox and carried unanimously.

#25 – Marian Lucille Parker Truhar, LPN **0002-052476**
Ms. Truhar did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Marian Lucille Parker Truhar** and to require Ms. Truhar, within 90 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 of at least three (3) contact hours in the subjects of: (a) professional accountability and legal liability as it relates to the practice of practical nursing, and (b) ethics as it relates to the practice of practical nursing. The motion was seconded by Dr. Cox and carried unanimously.

#27 – Conshondra Sherita Smith, RN **Florda License # 9480875 With Multistate Privilege**
Ms. Smith did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Conshondra Sherita Smith**. The motion was seconded by Dr. Cox and carried unanimously.

#29 – Kimberly Sanchez, LPN **0002-100559**
Ms. Sanchez did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Kimberly Sanchez** and to indefinitely suspend her license to practice practical nursing in the

Commonwealth of Virginia. The motion was seconded by D. Cox and carried unanimously.

#32 – Meghan Taylor Boylan, RN **0001-329386**
Ms. Boylan 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 **Meghan Taylor Boylan** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Boylan'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 Dr. Cox and carried unanimously.

#33 – Trudy Bobbitt Seay, LPN **0002-040822**
Ms. Seay 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 **Trudy Bobbitt Seay** to practice practical nursing in the Commonwealth of Virginia for not less than one (1) year from the date of entry of the Order until such time as Ms. Seay presents to the Board satisfactory proof of her compliance with continued competency requirements for the July 31, 2021, to July 31, 2023, and for the July 31, 2023, to July 31, 2025, renewal cycles. The motion was seconded by Dr. Cox and carried unanimously.

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

CLOSED MEETING: Ms. Zehr moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:43 P.M. for the purpose of considering the remaining agency subordinate recommendations regarding **#1, #3, #21, #24, #26, and #30**. Additionally, Ms. Zehr moved that Ms. Morris, Dr. Mangrum, Ms. Bargdill, Ms. Hardy, 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 properly seconded by Dr. Cox and carried unanimously.

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

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

the closed meeting was convened. The motion was properly seconded by Dr. Cox and carried unanimously.

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

Dr. Gleason moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspend the right of **Janet Ann-Marie Dean** to renew her license to practice practical nursing in the Commonwealth of Virginia for not less than two (2) years from the date of entry of the Order. The motion was seconded by Ms. Davis and carried unanimously.

#3 – Brougan Sheets, RN **0001-296185**
Ms. Sheet did not appear but submitted a written response.

Dr. Gleason moved that the Board of Nursing reject the recommended decision of the agency subordinate regarding the matter of **Brougan Sheets, RN** and refer it to a formal hearing. The motion was seconded by Dr. Cox and carried unanimously.

#21 – Ania B. Ramondo, RN **0001-246631**
Ms. Ramondo did not appear but submitted a written response.

Dr. Gleason moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Ania B. Ramondo** and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia for a period of not less than two (2) years from the date of entry of the Order. The motion was seconded by Dr. Cox and carried unanimously.

#24 – Carole Sue Johnson, LPN **0002-071653**
Ms. Johnson did not appear.

Dr. Gleason moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Carole Sue Johnson** and to require Ms. Johnson, within 90 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 (3) contact hours in the subjects of: (a) professional accountability and legal liability as it relates to the practice of practical nursing, and (b) ethics and professionalism, (c) documentation, and (d) communication and customer services. The motion was seconded by Dr. Cox and carried unanimously.

#26 – Tina Hyde Zigler, RN **0001-285408**
Ms. Zigler did not appear but submitted a written response.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Tina Hyde Zigler** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Davis and carried unanimously.

#30 – Rozana D. Barreda, LPN Applicant **Case # 241398**
Ms. Barreda 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 **Rozana D. Barreda** for licensure to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

MEETING DEBRIEF:

What went well:

- Appreciate the standing schedule for possibly summary consideration
- Acknowledged thorough, efficient presentation of possible summary suspension cases by the Administrative Proceedings Division (APD)

What needs improvement:

- None was noted

ADJOURNMENT: The Board adjourned at 3:18 P.M.

.

Carol Cartte, RN, BSN
President

Virginia Board of Nursing
OFFICER MEETING

B3

November 19, 2025

Time and Place: The Board of Nursing Officer meeting was convened at 8:00 A.M. on November 19, 2025 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

- **November 18, 2025 Business Meeting Debrief**
  - Officers appreciate the standing schedule for possibly summary consideration.
  - Acknowledged thorough, efficient presentation of possible summary suspension cases by the Administrative Proceedings Division.

- **Board of Nursing Officers Roles and Development Needs**
  - Officer roles reviewed and development needs discussed.

- **Future Training Topics for Board Members**
  - Media relations.
  - Talking points regarding function of the Board of Nursing.

.

The meeting was adjourned at 8:48am.

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
PANEL A
November 19, 2025

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:19 A.M., on November 19, 2025, 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
Ann Tucker Gleason, PhD; Citizen Member
Lila Peake, RN
Dolores Valenta, LPN

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
RN Students from Galen College Richmond Campus

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

FORMAL HEARING: **Madison York Kiley, RN** **0001-227637**

Madison York Kiley appeared and was accompanied by Lee Oppenheim, her friend.

Elizabeth Dorsey and Amy Weiss, Adjudication Specialists, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Colleen Gregory-Gettel, court reporter with County Court Reporters, recorded the proceedings.

Jennifer Challis, Senior Investigator, Enforcement Division, and Joseph Allen, Kelly Anderson, APRN, Kathryn Kong, APRN, Amanda Piper, APRN, Stacy Cimo, RN, and Corinne Woody were present and testified.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 9:56 A.M., for the purpose of deliberation of the medical records of **Madison York**

Kiley. Additionally, Dr. Gleason moved that Ms. Morris, Ms. Hardy, Ms. Claiborne, Ms. Weiss, Michael Mabry, Virginia State Trooper, 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 10:03 A.M.

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

RECESS: The Board recessed at 10:17 A.M.

RECONVENTION: The Board reconvened at 10:28 A.M.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:25 A.M., for the purpose of deliberation to reach a decision in the matter of **Madison York Kiley.** Additionally, Dr. Gleason 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. Cox and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:01 P.M.

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

ACTION: Ms. Peake moved that the Board of Nursing indefinitely suspend the license of **Madison York Kiley** to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years. The motion was seconded by Dr. Cox and carried unanimously.

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

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

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

FORMAL HEARING: **Lizabeth Rivers, RN Reinstatement Applicant 0001-301891**

Lizabeth Rivers appeared, accompanied by Axl Rivers, her husband.

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

Toscha Fischetti, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:42 P.M., for the purpose of deliberation to reach a decision in the matter of **Lizabeth Rivers.** Additionally, Dr. Gleason 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. Cox and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:12 P.M.

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

ACTION: Ms. Peak moved that the Board of Nursing deny the application of **Lizabeth Rivers** for reinstatement to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 3:13 P.M.

_____
Claire Morris, RN, LNHA
Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
PANEL B
November 19, 2025

B5

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 11:04 A.M., on November 19, 2025, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Helen Parke, DNP, FNP-BC; **First Vice-President**
Pamela Davis, LPN
Cleopatra Kitt, PhD, Citizen Member
Catherine Paler, RN
Jodi Zehr, RN

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

OTHERS PRESENT: James Rutkowski, Senior Assistant Attorney General

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

FORMAL HEARING: **Tishone Williams, CNA Reinstatement Applicant 1401-158065**

Ms. Williams appeared.

Tammie Jones, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Kandi Oliver, court reporter with County Court Reporters, recorded the proceedings.

Paul Wade, 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 12:28 P.M., for the purpose of deliberation to reach a decision in the matter of **Tishone Williams.** Additionally, Ms. Zehr moved that Ms. Bargdill, Dr. Mangrum, Ms. Giles, 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. Kitt and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:49 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: Ms. Davis moved that the Board of Nursing deny the application of **Tishone Williams** for reinstatement of her license to practice as a nursing aide in the Commonwealth of Virginia and enter a Finding of Misappropriation and a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Dr. Kitt and carried unanimously.

RECESS: The Board recessed at 12:50 P.M.

RECONVENTION: The Board reconvened at 1:27 P.M.

FORMAL HEARING: **Maxemilliene Youmbi-Ebongo, RN** **0001-306323**

Ms. Youmbi-Ebongo appeared, accompanied by her sisters Marie-Therese Ngo-Bikay and Rosalie Ngo-Ebongo

Avi Efreom, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Kandi Oliver, court reporter with County Court Reporters, recorded the proceedings.

Cortney Merkel, Senior Investigator, Enforcement Division was present

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 2:33 P.M., for the purpose of deliberation to reach a decision in the matter of **Maxemilliene Youmbi-Ebongo.** Additionally, Ms. Zehr moved that Ms. Bargdill, Dr. Mangrum, Ms. Giles, 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. Kitt and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:51 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: Ms. Davis moved that the Board of Nursing revoke the license of **Maxemilliene Youmbi-Ebongo** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Paler 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 2:52 P.M.

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

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
November 20, 2025

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:14 A.M., on November 20, 2025, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Carol Cartte, RN, BSN; **President**
Pamela Davis; LPN
Cleopatra Kitt, PhD, Citizen Member
Shelly Smith, PhD, DNP, ANP-BC
Dolores Valenta, LPN
Jeanell Webb-Jones, MSN, 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
PN and 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: **Dawn Michelle Blair, RN** **0001-242762**

Ms. Blair appeared.

Piero Mannino, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Stephen Grider, court reporter with County Court Reporters, recorded the proceedings.

Kris Keilman, Senior Investigator, Enforcement Division, was present and testified. Monica Bouchey testified via telephone.

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 10:23 A.M., for the purpose of deliberation to reach a decision in the matter of **Dawn Michelle Blair.** 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 11:03 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 of Nursing revoke the license of **Dawn Michelle Blair** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Kitt 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 11:04 A.M.

RECONVENTION: The Board reconvened at 11:12 A.M.

FORMAL HEARINGS: **Essence Nettles, CNA** **1401-184531**

Ms. Nettles appeared.

Jovonni Armstead, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Stephen Grider, court reporter with County Court Reporters, recorded the proceedings.

Jay Paff, Senior Investigator, Enforcement Division, Ashley Lawton, and Mary Redden were 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 12:36 P.M., for the purpose of deliberation to reach a decision in the matter of **Essence Nettles.** 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 1:12 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: Dr. Smith moved that the Board of Nursing dismiss the case of **Essence Nettles** to practice as a nursing aide in the Commonwealth of Virginia. The motion was seconded by Ms. Davis 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 1:13 P.M.

RECONVENTION: The Board reconvened at 1:23 P.M.

FORMAL HEARINGS: **Callie Callaway, RN Reinstatement Applicant 0001-262670**

Ms. Callaway appeared.

Amy Weiss, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Stephen Grider, court reporter with County Court Reporters, recorded the proceedings.

Kimberly Hyler, 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 1:49 P.M., for the purpose of deliberation to reach a decision in the matter of **Callie Callaway.** 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 1:56 P.M.

Ms. Davis 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. Smith moved that the Board of Nursing reinstate the license of **Callie Callaway** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Davis 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 1:56 P.M.

RECONVENTION: The Board reconvened at 2:07 P.M.

FORMAL HEARING: **Caitlin Johnston, RN** **0001-260947**

Ms. Johnston appeared and was represented by Margaret Hardy.

Tammie Jones, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Stephen Grider, court reporter with County Court Reporters, recorded the proceedings.

Bryan Horowitz, Senior Investigator, Enforcement Division, Melissa Karnolt, RN, Deneen Davis, RN, Charlene Bridges, RN, and Rupa Karki, APRN were 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 3:25 P.M., for the purpose of deliberation to reach a decision in the matter of **Caitlin Johnston.** 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 3:56 P.M.

Ms. Davis 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. Smith moved that the Board of Nursing indefinitely suspend the license of **Caitlin Johnston** to practice as a professional nurse in the Commonwealth of Virginia with suspension stayed contingent upon entry into and compliance with Virginia Health Practitioners' Monitoring Program. The motion was seconded by Dr. Kitt 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 3:57 P.M.

_____
Claire Morris, RN, LHNA
Executive Director

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
December 2, 2025

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held December 2, 2025, at 4:33 P.M.

The Board of Nursing members participating in the call were:

Victoria Cox, DNP, RN; **Second Vice-President**
A. Tucker Gleason, PhD, Citizen Member
Paul Hogan, Citizen Member
Catherine Paler, RN
Shelly Smith, PhD, DNP, ANP-BC
Delores Valenta, LPN
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
Elizabeth Dorsey, Adjudication Specialist, APD
Tammie Jones, Adjudication Consultant, APD
Piero Mannino, Adjudication Specialist, APD
Amy Weiss, Adjudication Specialist, APD
Claire Morris, RN, LNHA; Executive Director
Randall Mangrum, DNP, RN; Deputy Executive Director for Advance Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Ann Hardy, MSN, RN; Deputy Executive Director
Cheryl Giles, Administrative Support Specialist

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

Piero Mannino, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **S. Ronel Taylor, RN (0001-312829)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the license of **S. Ronel Taylor** 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.

Piero Mannino, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Julia Talley, RN (0001-305154)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the license of **Julia Talley** 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 Dr. Smith and carried unanimously.

Piero Mannino, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Kemisola Adeyemo, RN (0001-306903)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the license of **Kemisola Adeyemo** 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. Paler and carried unanimously.

Mr. Mannino left the meeting at 4:50 PM.

Amy Weiss, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Foster Amponsah, RN (0001-293533)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the right of **Foster Amponsah** to renew his license to practice professional nursing in the Commonwealth of Virginia and to offer a consent order for revocation of his right to renew his license in lieu of a formal hearing. The motion was seconded by Dr. Smith and carried unanimously.

Ms. Weiss left the meeting at 4:56 PM.

Tammie Jones, Adjudication Consultant, presented evidence that the continued practice of professional nursing by **Malobi Ikeanyi, RN (0001-310894)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the license of **Malobi Ikeanyi** 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. Paler and carried unanimously.

Ms. Jones left the meeting at 5:01 PM.

Avi Efreom, Adjudication Specialist, presented evidence that the continued practice of practical nursing by **Tammy Marie Bohn, LPN (0002-098753)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 5:07 P.M., for the purpose of deliberation to reach a decision in the matter of **Tammy Marie Bohn, LPN**. Additionally, Dr. Gleason moved that Ms. Morris, Dr. Mangrum, Ms. Hardy, Ms. Giles, 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.

Ms. Bargdill, Mr. Efreom, Ms. Dorsey, and Mr. Kazzie left the meeting at 5:07 P.M.

RECONVENTION: The Board reconvened in open session at 5:17 P.M.

Ms. Bargdill, Mr. Efreom, Ms. Dorsey, and Mr. Kazzie re-joined the meeting at 5:17 P.M.

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

Dr. Gleason moved to summarily suspend the right of **Tammy Marie Bohn** to renew her license to practice practical 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. Webb-Jones and carried unanimously.

Mr. Efreom left the meeting at 5:18 PM.

Elizabeth Dorsey, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Stephanie Tennille Martin, RN (0001-185691)** may present a substantial danger to the health and safety of the public.

Mr. Hogan moved to summarily suspend the license of **Stephanie Tennille Martin** 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 Ms. Paler and carried unanimously.

The meeting was adjourned at 5:25 P.M.

_____
Claire Morris, RN, LNHA
Executive Director

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
December 11, 2025

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held December 11, 2025, at 4:31 P.M.

The Board of Nursing members participating in the call were:

Carol Cartte, RN, BSN; **Chair**
Victoria Cox, DNP, RN
A. Tucker Gleason, PhD, Citizen Member
Paul Hogan, Citizen Member
Catherine Paler, RN
Helen Parke, DNP, FNP-BC
Dolores Valenta, LPN
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
Avi Efreom, Adjudication Specialist, APD
Tammie Jones, Adjudication Consultant, APD
Aaron Timberlake, 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 Advanced 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 **Roselyn H. Okyere, RN (0001-317046)** may present a substantial danger to the health and safety of the public.

Dr. Gleason moved to summarily suspend the right of **Roselyn H. Okyere** 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 Dr. Cox and carried unanimously.

Mr. Timberlake left the meeting at 4:37 P.M.

Avi Efreom, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Noluthando Pretty Mthethwa, RN (0001-314237)** may present a substantial danger to the health and safety of the public.
Ms. Zehr moved to summarily suspend the license of **Noluthando Pretty Mthethwa** 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 Dr. Cox and carried unanimously.

Avi Efreom, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Sylvia Nkeng, RN (0001-299445)** may present a substantial danger to the health and safety of the public.

Dr. Gleason moved to summarily suspend the license of **Sylvia Nkeng** 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 Dr. Cox and carried unanimously.

Avi Efreom, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Carine Nembu, RN (0001-317422)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the license of **Carine Nembu** 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 Dr. Cox and carried unanimously.

Mr. Efreom left the meeting at 4:48 P.M.

Tammie Jones, Adjudication Consultant, presented evidence that the continued practice of professional nursing by **Amy Edmonson Lafoon, RN (0001-119886)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:57 P.M., for the purpose of deliberation to reach a decision in the matter of **Amy Edmonson Lafoon**. Additionally, Dr. Cox 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. Gleason and carried unanimously.

Ms. Armstead, Ms. Jones, and Mr. Kazzie left the meeting at 4:57 P.M.

RECONVENTION: The Board reconvened in open session at 5:10 P.M.

Ms. Jones, Ms. Armstead, and Mr. Kazzie re-joined the meeting at 5:10 P.M.

Dr. Cox 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. Paler and carried unanimously.

Dr. Gleason moved to summarily suspend the license of **Amy Edmonson Lafoon** to practice professional nursing in the Commonwealth of Virginia, pending a formal administrative hearing. The motion was seconded by Dr. Cox and carried unanimously.

Jovonni Armstead, Adjudication Specialist, presented evidence that the continued practice of practical nursing by **Brittany M. Vallery Hernandez, LPN (0002-089595)** may present a substantial danger to the health and safety of the public.

Dr. Gleason moved to summarily suspend the license of **Brittany M. Vallery Hernandez** to practice practical nursing in the Commonwealth of Virginia, pending a formal administrative hearing. The motion was seconded by Ms. Paler and carried unanimously.

The meeting was adjourned at 5:19 P.M.

_____
Claire Morris, RN, LNHA
Executive Director

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
December 18, 2025

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held December 18, 2025, at 4:30 P.M.

The Board of Nursing members participating in the call were:

Carol Cartte, RN, BSN; **Chair**
Victoria Cox, DNP, RN
Pamela Davis, LPN
A. Tucker Gleason, PhD, Citizen Member
Paul Hogan, Citizen Member
Cleopatra Kitt, PhD, Citizen Member
Catherine Paler, RN
Helen Parke, DNP, FNP-BC
Dolores Valenta, LPN
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
Christine Andreoli, Adjudication Specialist, APD
Jovonni Armstead, Adjudication Specialist, APD
Elizabeth Dorsey, Adjudication Specialist, APD
Avi Efreom, Adjudication Specialist, APD
Tammie Jones, Adjudication Consultant, 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 Advanced Practice
Cheryl Giles, Administrative Support Specialist

The meeting was called to order by Ms. Cartte. With eleven (11) members of the Board of Nursing participating, a quorum was established.

Elizabeth Dorsey, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Jessica Patricia Carranza, RN (0001-302521)** may present a substantial danger to the health and safety of the public.

Ms. Davis moved to summarily suspend the license of **Jessica Patricia Carranza** 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 Dr. Cox and carried unanimously.

Ms. Dorsey left the meeting at 4:36 P.M.

Jovonni Armstead, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Blessing Emuesiri Gholston, RN (0001-319716)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the license of **Blessing Emuesiri Gholston** 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. Davis and carried unanimously.

Ms. Armstead left the meeting at 4:40 P.M.

Tammie Jones, Adjudication Consultant, presented evidence that the continued practice of practical nursing by **Sando Williams, LPN (0002-100512)** may present a substantial danger to the health and safety of the public.

Ms. Davis moved to summarily suspend the license of **Sando Williams** 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 Ms. Paler and carried unanimously.

Ms. Jones left the meeting at 4:46 P.M.

Christine Andreoli, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Gloria Emeka-Kalu, RN (0001-300569)** may present a substantial danger to the health and safety of the public.

Dr. Gleason moved to summarily suspend the right of **Gloria Emeka-Kalu** 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 Dr. Cox and carried unanimously.

Ms. Andreoli left the meeting at 4:52 P.M.

Avi Efreom, Adjudication Specialist, presented evidence that the continued practice of practical nursing by **Jeffery Meaney, LPN (0002-104800)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:57 P.M., for the purpose of deliberation to reach a decision in the matter of **Jeffery Meaney**. Additionally, Dr. Cox moved that Ms. Morris, Ms. Bargdill, Ms. Hardy, Dr. Mangrum, 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 Ms. Webb-Jones and carried unanimously.

Mr. Efreom and Mr. Kazzie left the meeting at 4:57 P.M.

RECONVENTION: The Board reconvened in open session at 5:01 P.M.

Mr. Efreom and Mr. Kazzie re-joined the meeting at 5:01 P.M.

Dr. Cox 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.

Dr. Parke moved to summarily suspend the license of **Jeffery Meaney** to practice practical 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. Davis and carried unanimously.

The meeting was adjourned at 5:03 P.M.

_____
Claire Morris, RN, LNHA
Executive Director

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
January 8, 2026

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held January 8, 2026, at 4:30 P.M.

The Board of Nursing members participating in the call were:

Carol Cartte, RN, BSN; **Chair**
Victoria Cox, DNP, RN
Pamela Davis, LPN
A. Tucker Gleason, PhD, Citizen Member
Paul Hogan, Citizen Member
Catherine Paler, RN
Helen Parke, DNP, FNP-BC
Lila Peake, RN
Shelly Smith, PhD, DNP, ANP-BC
Jeanell Webb-Jones, MSN, RN
Jodi Zehr, RN

Others participating in the meeting were:

Sara Blose, Assistant Attorney General, Board Counsel
Jovonni Armstead, Adjudication Specialist, APD
Elizabeth Dorsey, Adjudication Specialist, APD
Avi Efreom, Adjudication Specialist, APD
Tammie Jones, Adjudication Consultant, APD
Aaron Timberlake, 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 Advanced Practice
Monique Davis, MPH, MB BSN, Discipline Case Manager
Cheryl Giles, Administrative Support Specialist

The meeting was called to order by Ms. Cartte. With eleven (11) 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 **Mirble Foretia, RN (0001-302325)** may present a substantial danger to the health and safety of the public.

Dr. Parke moved to summarily suspend the license of **Mirble Foretia** 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 Dr. Cox and carried unanimously.

Ms. Armstead left the meeting at 4:41 P.M.

Elizabeth Dorsey, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Fatmata Shaw, RN (Pennsylvania license # 734587 with multistate privilege, Virginia license # 0001-316434, expired compact 12/08/2025)** 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 **Fatmata Shaw** 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 Dr. Cox and carried unanimously.

Ms. Dorsey left the meeting at 4:47 P.M.

Avi Efreom, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Peace Chiebonam Elebo, RN (Florida license # RN95722876 with multistate privilege, Virginia license # 0001-305559, expired compact 10/21/2025)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the privilege to practice and the right of **Peace Chiebonam Elebo** 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. Davis and carried unanimously.

Mr. Efreom left the meeting at 4:53 P.M.

Tammie Jones, Adjudication Consultant, presented evidence that the continued practice of professional nursing by **Lille Marleine Nguedo, RN (Florida license # RN9667813, Virginia license #0001-319624, expired compact 10/8/2024)** may present a substantial danger to the health and safety of the public.

Dr. Gleason moved to summarily suspend the privilege to practice and the right of **Lille Marleine Nguedo** 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.

Tammi Jones, Adjudication Consultant, presented evidence that the continued practice of medication aide by **Shirley Christian Griffin, RMA (0031-001581)** may present a substantial danger to the health and safety of the public.

Dr. Gleason moved to summarily suspend the registration of **Shirley Christian Griffin** to practice as a medication aide in the Commonwealth of Virginia and to offer a consent order for revocation of her registration in lieu of a formal hearing. The motion was seconded by Dr. Cox and carried with ten votes in favor. Mr. Hogan opposed the motion.

Ms. Jones left the meeting at 5:07 P.M.

Aaron Timberlake, Adjudication Specialist, presented evidence that the continued practice of medication aide by **Cassie L Montgomery, RMA (0031-012795)** may present a substantial danger to the health and safety of the public.

Ms. Davis moved to summarily suspend the registration of **Cassie L Montgomery** to practice as a medication aide in the Commonwealth of Virginia and to offer a consent order for revocation of her registration in lieu of a formal hearing. The motion was seconded by Dr. Cox and carried unanimously.

The meeting was adjourned at 5:16 P.M.

_____
Claire Morris, RN, LNHA
Executive Director

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
January 22, 2026

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held January 22, 2026, at 4:30 P.M.

The Board of Nursing members participating in the call were:

Carol Cartte, RN, BSN; **Chair**
Victoria Cox, DNP, RN
A. Tucker Gleason, PhD, Citizen Member
Paul Hogan, Citizen Member
Catherine Paler, RN
Helen Parke, DNP, FNP-BC
Dolores Valenta, LPN
Jeanell Webb-Jones, MSN, RN
Jodi Zehr, RN

Others participating in the meeting were:

Sara Blose, Assistant Attorney General, Board Counsel
Tammie Jones, Adjudication Consultant, APD
Piero Mannino, 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 Advanced 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.

Piero Mannino, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Filome Charlotte Tsana, RN (0001-298684)** may present a substantial danger to the health and safety of the public.

Dr. Gleason moved to summarily suspend the license of **Filome Charlotte Tsana** 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 Dr. Cox and carried unanimously.

Mr. Mannino left the meeting at 4:39 P.M.

Tammie Jones, Adjudication Consultant, presented evidence that the continued practice of professional nursing by **Oluwaseun Rachael Smith, RN (0001-303129)** may present a substantial danger to the health and safety of the public.

Dr. Cox moved to summarily suspend the license of **Oluwaseun Rachael Smith** 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. Paler and carried unanimously.

The meeting was adjourned at 4:46 P.M.

_____
Claire Morris, RN, LNHA
Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
February 5, 2026

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:57 A.M., on February 5, 2026, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Carol Cartte, RN, BSN; **President**
Pamela Davis, LPN
A. Tucker Gleason, PhD, Citizen Member
Paul Hogan, Citizen Member
Cleopatra Kitt, PhD, Citizen Member
Helen Parke, DNP, FNP-BC

STAFF PRESENT:
Ann Hardy, MSN, RN; Deputy Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Randall Mangrum, DNP, RN; Deputy Executive Director for Advanced Practice
Tamika Claiborne, Senior Discipline Specialist
Candis Stoll, Senior Discipline and Licensing Specialist

OTHERS PRESENT: Sara Blose, Assistant Attorney General

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

FORMAL HEARINGS: **Juanita Steiner, CNA Reinstatement Applicant 1401-089535**

Ms. Steiner appeared.

Piero Mannino, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Juan Ortega, Freelance Court Reporter, recorded the proceedings.

Alan Burton, Senior Investigator, Enforcement Director, 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 10:19 A.M., for the purpose of deliberation to reach a decision in the matter of **Juanita Steiner.** Additionally, Ms. Davis moved that Dr. Mangrum, Ms. Hardy,

Ms. Claiborne, Ms. Stoll 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 10:29 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. Kitt and carried unanimously.

ACTION: Ms. Davis moved that the Board approve the reinstatement application of **Juanita Steiner** to practice as a nurse aide 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 10:30 A.M.

RECONVENTION: The Board reconvened at 10:40 A.M.

FORMAL HEARINGS: **Rachel Uribe, LPN Reinstatement Applicant 0002-087288**

Ms. Uribe appeared.

Tammie Jones, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Juan Ortega, Freelance Court Reporter, recorded the proceedings.

Beatrice Shaw, Senior Investigator, Enforcement Director, 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 11:07 A.M., for the purpose of deliberation to reach a decision in the matter of **Rachel Uribe.** Additionally, Ms. Davis moved that Dr. Mangrum, Ms. Hardy,

Ms. Claiborne, Ms. Stoll 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 11:45 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. Kitt and carried unanimously.

ACTION: Dr. Parke moved that the Board deny the application for reinstatement of the license of **Rachel Uribe** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Davis 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 11:46 A.M.

Dr. Mangrum left the meeting at 11:46 A.M.

RECONVENTION: The Board reconvened at 12:02 P.M.

Ms. Bargdill joined the meeting at 12:02 P.M.

FORMAL HEARINGS: **Elizabeth Shinault, CNA Reinstatement Applicant 1401-215142**

Ms. Shinault appeared and was accompanied by her sister, Emberlynn Shinault.

Piero Mannino, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Juan Ortega, Freelance Court Reporter, recorded the proceedings.

Tosha Fischetti, 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 12:17 P.M., for the purpose of deliberation to reach a decision in the matter of **Elizabeth Shinault.** Additionally, Ms. Davis moved that Ms. Bargdill, Ms. Hardy, Ms. Claiborne, Ms. Stoll 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 12:27 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. Kitt and carried unanimously.

ACTION: Dr. Parke moved that the Board approve the reinstatement application of **Elizabeth Shinault** to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Davis and carried unanimously.

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

RECESS: The Board recessed at 12:29 P.M.

RECONVENTION: The Board reconvened at 1:16 P.M.

FORMAL HEARINGS: **Amy Marie Willoughby, RN** **0001-212805**

Ms. Willoughby appeared and was accompanied by her cousin, Jennifer Brobjorg.

Avi Efreom, Adjudication Specialist, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Juan Ortega, Freelance Court Reporter, recorded the proceedings.

Katie Flores, 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 2:34 P.M., for the purpose of deliberation to reach a decision in the matter of **Amy Marie Willoughby.** Additionally, Ms. Davis moved that Ms. Bargdill, Ms. Hardy, Ms. Claiborne, Ms. Stoll 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 3:02 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. Kitt and carried unanimously.

ACTION: Dr. Gleason moved that the Board approve the application for reinstatement of the license of **Amy Marie Willoughby** and to suspend her license to practice professional 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. Davis 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 3:03 P.M.

RECONVENTION: The Board reconvened at 3:22 P.M.

FORMAL HEARINGS: **Quarmecia Yanaka Scott, LPN Reinstatement Applicant, RN Applicant 0002-087640**

Ms. Scott appeared, accompanied by her husband Marcus Scott, and was represented by Margaret Hardy.

Elizabeth Dorsey, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose was legal counsel for the Board. Juan Ortega, Freelance Court Reporter, recorded the proceedings.

Paul Wade, Senior Investigator, Enforcement Division, and Adrienne Johnson were present and testified. Kimberly Martin, Senior Investigator, Enforcement Division, testified via telephone.

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 4:39 P.M., for the purpose of deliberation to reach a decision in the matter of **Quarmecia Yanaka Scott.** Additionally, Ms. Davis moved that Ms. Bargdill, Ms. Hardy, Ms. Claiborne, Ms. Stoll, 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 4:57 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. Parke and carried unanimously.

ACTION: Dr. Kitt moved that the Board of Nursing approve the application of **Quarmecia Yanaka Scott** for reinstatement of her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Gleason and carried unanimously.

Dr. Kitt moved that the Board of Nursing approve the application of **Quarmecia Yanaka Scott** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Gleason and carried unanimously.

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

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

_____
Ann Hardy, MSN, RN
Deputy Executive Director

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
February 12, 2026

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held February 12, 2026, at 4:30 P.M.

The Board of Nursing members participating in the call were:

Carol Cartte, RN, BSN; **Chair**
Victoria Cox, DNP, RN
Pamela Davis, LPN
A. Tucker Gleason, PhD, Citizen Member
Paul Hogan, Citizen Member
Catherine Paler, RN
Helen Parke, DNP, FNP-BC
Shelly Smith, PhD, DNP, ANP-BC
Dolores Valenta, LPN
Jeanell Webb-Jones, MSN, RN
Jodi Zehr, RN

Others participating in the meeting were:

Sara Blose, Assistant Attorney General, Board Counsel
Avi Efreom, Adjudication Specialist, APD
Tammie Jones, Adjudication Consultant, APD
Piero Mannino, Adjudication Specialist, APD
Aaron Timberlake, Adjudication Specialist, APD
Amy Weiss, Adjudication Specialist, APD
Claire Morris, RN, LNHA, Executive Director
Ann Hardy, MSN, RN; Deputy Executive Director
Randall Mangrum, DNP, RN; Deputy Executive Director for Advanced Practice
Monique Davis, MPH, MB BSN; Discipline Case Manager
Cheryl Giles, Administrative Support Specialist

The meeting was called to order by Ms. Cartte. With eleven (11) 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 **Veronica Ampomah, RN (0001-314029)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the license of **Veronica Ampomah** 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.

Mr. Timberlake left the meeting at 4:37 P.M.

Dr. Cox left the meeting at 4:40 P.M.

Tammie Jones, Adjudication Consultant, presented evidence that the continued practice of professional nursing by **Aminah Anissa Saladin, RN (0001-314675)** 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 **Aminah Anissa Saladin** 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. Paler and carried unanimously.

Ms. Jones left the meeting at 4:43 P.M.

Piero Mannino, Adjudication Specialist, presented evidence that the continued practice of medication aide by **Michelle Irene Breeden, RMA (0031-008538)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the registration of **Michelle Irene Breeden** to practice as a medication aide in the Commonwealth of Virginia and to offer a consent order for revocation of her registration in lieu of a formal hearing. The motion was seconded by Ms. Paler and carried unanimously.

Mr. Mannino left the meeting at 4:52 P.M.

Amy Weiss, Adjudication Specialist, presented evidence that the continued practice of nurse aide by **Willie Mae Ryan, CNA (1401-061193)** may present a substantial danger to the health and safety of the public.

Ms. Davis moved to summarily suspend the certification of **Willie Mae Ryan** to practice as a nurse aide in the Commonwealth of Virginia and to offer a consent order for revocation with a Finding of Misappropriation of her certification in lieu of a formal hearing. The motion was seconded by Ms. Webb-Jones and carried unanimously.

Ms. Weiss left the meeting at 5:01 P.M.

Avi Efreom, Adjudication Specialist, presented evidence that the continued practice of massage therapy by **Cuixiang Zhao, LMT (0019-019759)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the license of **Cuixiang Zhao** to practice as a massage therapist 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. Davis and carried unanimously.

The meeting was adjourned at 5:05 P.M.

_____
Claire Morris, RN, LNHA
Executive Director

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
March 12, 2026

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held March 12, 2026, at 4:33 P.M.

The Board of Nursing members participating in the call were:

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

Others participating in the meeting were:

Sara Blose, Assistant Attorney General, Board Counsel
David Kazzie, Deputy Director, APD
Elizabeth Dorsey, Adjudication Specialist, APD
Tammie Jones, Adjudication Consultant, APD
Aaron Timberlake, Adjudication Specialist, APD
Amy Weiss, Adjudication Specialist, APD
Claire Morris, RN, LNHA, Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
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.

Elizabeth Dorsey, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Abbegail Shauna Kay Cornwall Tasic, RN (0001-305283)** may present a substantial danger to the health and safety of the public.

Ms. Davis moved to summarily suspend the right of **Abbegail Shauna Kay Cornwall Tasic** 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 Dr. Parke and carried unanimously.

Ms. Dorsey left the meeting at 4:40 P.M.

Aaron Timberlake, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Marcia Camberline Welwolie, RN (0001-289922)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the license of **Marcia Camberline Welwolie** 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. Davis and carried unanimously.

Mr. Timberlake left the meeting at 4:45 P.M.

Tammie Jones, Adjudication Consultant, presented evidence that the continued practice of professional nursing by **Judith Ngieh, RN (0001-293879)** may present a substantial danger to the health and safety of the public.

Ms. Davis moved to summarily suspend the right of **Judith Ngieh** 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 Dr. Kitt and carried unanimously.

Tammie Jones, Adjudication Consultant, presented evidence that the continued practice of professional nursing by **Ruth Odumu, RN (0001-319046)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the license of **Ruth Odumu** 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. Davis and carried unanimously.

Ms. Jones left the meeting at 4:54 P.M.

Amy Weiss, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Sang Sun Welp, RN (0001-290203)** may present a substantial danger to the health and safety of the public.

Ms. Davis moved to summarily suspend the right of **Sang Sun Welp** 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 Dr. Cox and carried unanimously.

Amy Weiss, Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Susan Kim, RN (Maryland license # R24978 with multistate privilege, Virginia license # 0001-257730, expired compact 4/30/2016)** may present a substantial danger to the health and safety of the public.

Ms. Zehr moved to summarily suspend the privilege to practice and the right of **Susan Kim** 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. Davis and carried with eight votes in favor. Mr. Hogan opposed the motion.

Ms. Weiss left the meeting at 5:08 P.M.

Avi Efreom, Adjudication Specialist, presented evidence that the continued practice of massage therapy by **Ernest James Monroe LMT (0019-020016)** may present a substantial danger to the health and safety of the public.

Ms. Davis moved to summarily suspend the license of **Ernest James Monroe** to practice massage therapy 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 Dr. Cox and carried unanimously.

The meeting was adjourned at 5:14 P.M.

_____
Claire Morris, RN, LNHA
Executive Director

BOARD OF NURSING MONTHLY STATS - PAGE 1

License Count	26-Jan	26-Feb	26-Mar	26-Apr	26-May	26-Jun	26-Jul	26-Aug	26-Sep	26-Oct	26-Nov	26-Dec
Nursing												
Practical Nurse	26,607											
Registered Nurse	125,540											
Licensed Certified Midwife (**new regulated profession - effective 2/1/2024**)	6											
Massage Therapy	8,344											
Medication Aide	7,556											
Advanced Practice Registered Nurse (APRN) Total (**effective 7/1/2023 --> NPs are now APRNs)**	26,409											
Autonomous Practice	5,106											
Clinical Nurse Specialist	363											
Certified Nurse Midwife	573											
Certified Registered Nurse Anesthetist	2,885											
Other APRNs	17,482											0
Total for Nursing	**194462**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Nurse Aide	52,338											
Advanced Nurse Aide	41											
Total for Nurse Aide	**52379**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
License Count Grand Total	**246841**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

BOARD OF NURSING MONTHLY STATS - PAGE 2

Open Cases Count												
Nursing	1,790											
Nurse Aide	692											
Open Cases Total	**2482**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

	26-Jan	26-Feb	26-Mar	26-Apr	26-May	26-Jun	26-Jul	26-Aug	26-Sep	26-Oct	26-Nov	26-Dec	
Case Count by Occupation													
Rec'd RN	74												***74***
Rec'd PN	46												***46***
Rec'd APRN, AP, CNS	59												***59***
Rec'd LCM	0												***0***
Rec'd LMT	3												***3***
Rec'd RMA	14												***14***
Rec'd Edu Program	2												***2***
Total Received Nursing	**198**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	***198***
Closed RN	57												***57***
Closed PN	27												***27***
Closed APRN, AP, CNS	26												***26***
Closed LCM	0												***0***
Closed LMT	9												***9***
Closed RMA	21												***21***
Closed Edu Program	0												***0***
Total Closed Nursing	**140**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	***140***
Case Count - Nurse Aides													**Total**
Received	53												***53***
Advanced Nurse Aides	0												***0***
Rec'd Edu Program	1												***1***
Total Received CNA	**54**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	***54***
Closed	40												***40***
Advanced Nurse Aides	0												***0***
Closed Edu Program	0												***0***
Total Closed CNA	**40**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	***40***
All Cases Closed	**180**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	***180***
All Cases Received	**252**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	***252***

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:	**1363**	**1239**	**90.9%**	**102**	**7.5%**	**29**	**71**	**20**	**27**	**2.0%**	**6**	**23**	**5**	**29**	**34**	**22**	**0**	
CY 2025 to Date:	160	137	**85.6%**	18	**13.1%**	6	9	1	3	**1.9%**	2	2	2	3	6	1	0	
Nov-25	33	29	**87.9%**	3	**10.3%**	0	3	0	1	**3.0%**	0	1	0	0	0	0	0	
Sep-25	24	22	**91.7%**	0	**0.0%**	0	0	0	2	**8.3%**	1	2	0	0	0	0	0	
Jul-25	47	44	**93.6%**	2	**4.5%**	1	1	1	1	**2.1%**	0	0	0	1	2	0	0	
May-25	46	37	**80.4%**	7	**18.9%**	1	7	0	0	**0.0%**	1	0	2	0	0	0	0	
Mar-25	28	25	**89.3%**	2	**7.1%**	4	1	0	1	**3.6%**	0	1	0	1	4	1	0	
Jan-25	39	31	**79.5%**	7	**13.1%**	0	0	0	1	**2.6%**	1	1	0	1	0	0	0	
Annual Totals:																		
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).

E3

Virginia Board of Nursing
Executive Director Report

March 24, 2026

1 Presentation

- **11/15/2025 –** Randall Mangrum, DNP, RN, Deputy Executive Director for Advance Practice presented "APRN and LCM Update" at the Virginia Association of Medical Staff Services conference.

- **2/18/2026** – Calisa Barley, Program Manager and Jacquelyn Wilmoth, Deputy Executive Director presented an in-person seminar at the Board of Nursing for "Survey Visit Preparation and Review of Regulations for Approved Nursing Education Programs."

- **2/18/2026** – Christine Smith, Program Manager presented an in-person seminar at the Board of Nursing for "Survey Visit Preparation and Review of Regulations for Approved Nurse Aide Education Programs."

- **2/26/2026** – Jacquelyn Wilmoth, Deputy Executive Director presented an in-person seminar at the Board of Nursing for "Orientation to Establish a Pre-Licensure PN or RN program."

- **3/11/2026** – Christine Smith, Program Manager virtually presented "Review of the Application Process to Receive Approval to Establish a Nurse Aide Education Program."

2 Meetings attended

- **11/20-21/2025 –** Jacquelyn Wilmoth attended the VCCS PN Common Core Curriculum Meeting to provide regulatory guidance.

- **11/21/2025 –** Jacquelyn Wilmoth virtually attended the LEARN Collaborative meeting hosted by VHHA. An update was provided on the Earn to Learn grant that included extending the time to use the dispersed funds to June 30, 2027 with the remaining 4 million being allocated, based on additional grant proposal to the 16 programs who have previously been awarded. If there are remaining funds after the additional allocation, further analysis regarding use of funds will occur. An update was also provided on the Nursing Faculty Academy subgroup meeting to provide education to clinical nurse educators as they transition to the role.

- **11/25/2025** – Jacquelyn Wilmoth, Deputy Executive Director met with DSS for the quarterly meeting. Discussion occurred around the status of the ARMA regulations and RMA scope of practice.

- **12/2/2025 -** Claire Morris attended the virtual VNA Board of Directors Meeting.

- **12/5/2025** – Claire Morris, Christina Bargdill, Ann Hardy, Randall Mangrum and David Kazzie met to discuss digital exhibits. The group formulated a process for Board staff and APD to house and obtain "finalized" electronic exhibits from the R drive.

- **12/17/2025 -** Christina Bargdill, Ofelia Solomon, Candis Stoll and Candice Merrick attended the monthly FSMTB Virtual Membership event. The topic of the event was Trends in Regulation: 2025 in Review and What's Ahead in 2026. The topics discussed included increased attempts at Board consolidation at the state level to increase efficiency and decrease costs. Two methods of consolidation were observed in legislative activity: Consolidating administrative services only or creating a composite board that is responsible for regulation of multiple professions to include massage therapy. There was also discussion about sunset provisions that eliminated Massage Therapy Boards in two states, and the legislative work in progress to find a place for the massage therapy boards in Oklahoma and Alabama. FSMTB looks for Boards to continue to work toward consolidation of Boards rather than establishment of stand-alone Massage Therapy Boards or Advisory Boards. Other topics of discussion included universal licensure bills and apprenticeships.

- **1/6/2026 –** Claire Morris, Stephanie Willinger and Cathy Hanchey attended the Nurse Licensure Compact Monthly operations meeting.

- **1/13/2026** – Claire Morris, Jaquelyn Wilmoth and Erin Barrett met with Harrison Hayes and Dr. Yvette Dorsey of the Virginia Health Workforce Development Authority, Nursing Workforce Center to discuss the Mary Marshall Scholarhsip Program as VHWDA is interested in legislation that would bring oversight of the program under VHWDA.

- **1/13/2026** – Christine Smith, Program Manager, virtually participated in a medication aide item review session hosted by the testing company, PSI.

- **1/13/2026 –** Jeff McCuistion, Background Investigations Supervisor attended a virtual meeting with the OTCC (Occupational Therapy Compact Commission) to hear additional discussion with the Board of Medicine regarding the option to proceed with state only criminal background checks through Virginia State Police (VSP).

- **1/15/2026** - Claire Morris attended and chaired the NCSBN Executive Office Leadership Council Meeting.

- **1/16/2026 –** Jacquelyn Wilmoth, Deputy Executive Director participated in in the LEARN Collaborative Meeting. An update was provided from the nursing faculty subgroup regarding the preceptor program model that is underdevelopment. Dr. Dorsey, Healthcare Workforce Data Authority spoke regarding her role and the authority's mission.

- **1/22/2026** – Dr. Randall Mangrum attended the NCSBN APRN Network Knowledge virtual meeting.

- **1/29/2026** – Kimberly Glazier attended the NCSBN Government and By-laws committee meeting held in Tampa, FL.

- **1/29-30/2026** – Jacquelyn Wilmoth, Deputy Executive Director virtually attended the VCCS PN Curriculum meeting to be provide regulatory guidance.

- **2/3/2026** – Jacquelyn Wilmoth, Deputy Executive Director and Christine Smith, Program Manager, virtually met with PSI, medication aide testing company, to review 2025 4th quarter results.

- **2/4/2026** – Christine Smith, Program Manager virtually attended a medication aide item writing and review committee meeting hosted by PSI, the state's testing company.

- **2/4/2026 –** Claire Morris attended a NCSBN webinar regarding the US DOE definition of professional degree related to nursing degrees.

- **2/9/2026 –** Claire Morris attended a virtual NCSBN EO Leadership Council meeting.

- **2/10/2026 –** Jacquelyn Wilmoth and Christina Bargdill, Deputy Executive Directors met with the Department of Social Services for a quarterly touch base.

- **2/10/2026** – Claire Morris attended the virtual VNA Board of Directors meeting.

- **2/12/2026** – Jacquelyn Wilmoth attended a meeting at Virginia State University with the VA Healthcare Workforce Data Authority regarding the potential to establish a pre-licensure nursing education program.

- **2/18/2026** – Claire Morris attended the virtual VNA Commission on Government Relations Meeting.

- **2/20/2026** – Jacquelyn Wilmoth virtually attended the LEARN Collaborative Meeting.

- **2/26/2026** – Claire Morris and Corie Tillmon Wolf, Executive Director for the Board of Long-Term Care Administrators, attended and presented at the VHCA/VCAL survey visit conference.

- **2/26/2026 –** Claire Morris and Randall Mangrum attended the virtual 2026 Virginia Patient Safety Summit.

- **2/26/2026 – 2/27/2026** – Jacquelyn Wilmoth, attended the in-person Virginia Community College System PN Curriculum Meeting to provide regulatory guidance.

- **2/27/2026** – Christine Smith, Manager, participated in a meeting hosted by PSI, the state's testing company, to review new test items for the Medication Aide state examination.

- **3/2/2026** – Randall Mangrum, Mangrum, DED for Advanced Practice and Jacquelyn Wilmoth, DED for Education participated in the NCSBN Discipline Needs Listening Session.

- **3/3/2026** – Claire Morris and Christina Bargdill met with Sian Smith, Fairfax County Health Department to discuss their process for issuing massage therapy establishment permits.

- **3/5/2026** – Claire Morris attended the Nursing Workforce Center Advisory Board Meeting.
- **3/5/2026 –** Christine Smith and Jacquelyn Wilmoth virtually met with PSI (Medication Aide Testing Company) to discuss reporting options for pass rates and discuss additional analysis of the 2025 results.
- **3/6/2026** – Claire Morris and Jacquelyn Wilmoth virtually met with Virginia Works to discuss apprenticeship pathways to nursing.

OTHER:

IMpact, the Interstate Massage Therapy Compact, is a legislative effort sponsored by the US Department of Defense and the Council of State Governments in conjunction with the Federation of State Massage Therapy Boards (FSMTB). On March 21, 2025 the General Assembly passed House Bill 2448, authorizing Virginia to become a signatory to the Interstate Compact. Virginia is one of five states that have enacted the legislation. There are three states that currently have legislation pending. At least seven states must enact the model legislation to implement the compact. The model legislation serves as the legal foundation of the compact. Once enacted by at least seven states, the compact commission, comprised of representatives from those states, has the authority to develop the detailed rules that will govern day-to-day operations of the compact. In order to move forward, all states must adopt the same language. Recently the Council of State Governments (CSG) and the American Massage Therapy Association (AMTA) circulated suggesting their own revisions to the IMpact model language and inviting participation in their own survey process. The outreach was not endorsed by, nor affiliated with FSMTB. The FSMTB, through its members (the state regulatory boards), remains the steward and regulatory authority for the Interstate Massage Compact. The model legislation, released in December 2022 following a rigorous 18-month consensus-building process that included AMTA, represents the final vetted compact language. This model legislation, already enacted by five states, with three more currently advancing legislation and additional states proposing bills for the 2026 legislative session, is the framework that every participating state must pass to join. It is the position of FSMTB that the items that AMTA is now seeking to change can be addressed in regulatory rules that will allow for flexibility and adjustment over time. The FSMTB believes that reopening the model language jeopardizes the integrity, consistency and progress of the IMpact by forcing states that have already enacted the model to restart the legislative process.

PSI, the state's medication aide testing provider, has convened a committee of subject matter experts to review underperforming test items and develop new content. There are 34 new items remaining for review. The last meeting is to be determined. Upon completion, the 2025-2026 item-writing session is expected to include approximately 110 new test items that will move forward for pre-testing.

Claire Morris has been appointed to the Virginia Health Workforce Development Authority Nursing Workforce Center advisory board.

3/11/2026 – Advanced Registered Medication Aide (ARMA) Regulations have been approved and the Board has began accepting applications for ARMAs.

LMT License Compact Update: IMpact

Virginia is one of five states that have previously adopted the model compact legislation. This year legislation was proposed in multiple states, including Virginia, to revise the model compact language. None of the five states have adopted the revised compact language introduced in the 2026 GA session. It is as yet unclear if any other states have adopted the revised language. Should two more states adopt the initial IMpact model language, the compact will move forward with initial 7 states serving as the compact commission. In this scenario, it is possible that there will be two compacts for licensed massage therapy moving forward

MEDIA CONTACTS:

CBS 6 inquired regarding the Latarsha Brown November formal hearing requesting a copy of the final board order. The board order has not yet been finalized.

CBS6 inquired regarding the Agency Subordinate recommendation of Teresa Keiter which was considered by the Board at the November business meeting. The recommendation has not been finalized. CBS 6 has been sent the notice of informal conference.

12/3/2025 – NBC 12 reporter, Maggie Glass, inquired regarding the Teresa Keiter agency subordinate recommendation which was considered at the November 18th business meeting. The recommendation has not been finalized and after finalization, Keiter has 33 days in which to appeal. The case involves diversion from a Patient First.

12/8/2025 – ABC 8 reporter, Allison Williams inquired about the Erin Strotman formal hearing. We responded that the hearing has not been rescheduled and Strotman's RN license remains suspended.

12/12/2025 – Tyler Layne with CBS6 inquired regarding a case involving Latarsha Brown, RN who worked at Henrico Health Care and Rehabilitation Center. He requested clarification of the terms of her recent order for probation.

ABC affiliate WRIC reporter Allison Williams reached out regarding the Erin Strotman case asking if the formal hearing had been scheduled.

1/22/2026 – Chris Graham with Augusta Free Press inquired regarding Cassie Montgomery, RMA. The 1/9/2026 public Board order was provided. Ms. Montgomery's RMA registration was summarily suspended related to multiple instances of egregious negligent patient care.

1/29/2026 – Peter D'Abrosca with FOX News Digital inquired regarding the Malinda Cook, VCU CRNA matter asking if she was under investigation. Kelly Smith answered, citing 54.1-2400.2, with we are not at liberty to confirm nor deny. Kelly also referred him to our Adjudication Process policy, license lookup, recent case decision link and Townhall.

Letter FROM THE President

POST-BOARD MEETING UPDATE

Dec. 19, 2025

Dear Members:

The Board of Directors (BOD) convened in Chicago, Dec. 9–10, 2025, to conduct the business of the organization. This letter provides a brief overview of the key discussions and decisions from that meeting. NCSBN's mission is to empower and support nursing regulators in their mandate to protect the public. The board and NCSBN staff are dedicated and committed to achieving this mission.

The staff provided an update on recent activities of the NCSBN Government Affairs Division. The most extended federal shutdown in history disrupted federal agencies. The staff continues to monitor the impact of efforts to downsize the federal government as well as proposals to restructure the Department of Health and Human Services (HHS). The cancellation of Title VIII grants for Nursing Workforce Diversity and the Nursing Faculty Loan program remains a concern. As a part of the Nursing Community Coalition (NCC) steering committee, the government affairs staff will continue to advocate on this issue, including sending letters to congressional leadership emphasizing the reauthorization's importance for the future nursing workforce supply.

State Affairs welcomed two new team members. Zac Lemoine and Julia Constantelos have joined the division as senior associates. We look forward to opportunities for the membership to engage with them and begin working on advancing nursing regulatory policy. Congress is expected to focus on a limited number of pending items as the 2025 legislative session draws to a close. These items include extending expiring health care extenders, finalizing the National Defense Authorization Act and working to keep the government open with additional short-term continuing resolutions if needed.

A significant responsibility of the BOD is to consider the finance reports. The BOD reviewed the statements of financial position, statement of revenue and expenses, and the financial summary and budget variance analysis for the fiscal year ending Sept. 30, 2025, as presented by the Finance Committee. The BOD accepted the financial statements for the period ended Sept. 30, 2025, and believes that the statements present fairly, in all material respects, the financial position of NCSBN.

Phil Dickison, CEO, provided an update on his key activities and the strategic goals and objectives. The update included a recap of the October 2025 Board of Directors' Retreat. The focus of the discussions during the retreat was on aligning leadership around strategic planning, financial sustainability, governance reform and organizational culture. Emphasis was placed on transparency, member education and maintaining a high-performing, mission-aligned board culture. The following strategic objectives were presented to the BOD and approved.

- Extended the planning cycle from three to five years
- Approved the following five objectives to advance NCSBN's strategic initiative statement, strengthen public protection and position the organization for long-term success:

1. Member engagement evolution
2. Championing the APRN Compact
3. Member learning transformation
4. Regulatory metrics modernization
5. Professional growth program

POST-BOARD MEETING UPDATE, CONTINUED

These actions directly support NCSBN's strategic initiative statement "to protect the public and the trust in nursing through innovative regulatory solutions, insights, and expertise." Each action leverages solutions, insights and expertise to advance regulatory excellence, foster innovation, strengthen members and prepare NCSBN for the future.

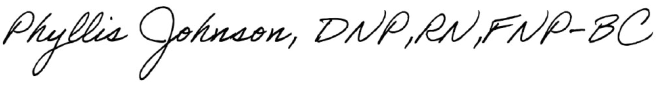
The BOD also considered a comprehensive report from the Research Division. The update provides the BOD with an opportunity to review and discuss the 2026 research agenda. Research activities provide evidence to support nursing regulators in their mandate to protect the public. Additional action items of the board included the following:

- Reviewed the NCSBN Annual Data Privacy and Security Report
- Approved the NCLEX-RN® and NCLEX-PN® exams passing standard (recommending no change in the current passing standard for both the RN and PN exam)
- Approved revisions to the AI Use & Development Policy 16.6
- Approved member appointments to the NCLEX® Examinations Committee (NEC)
- Approved request from the Kansas State Board of Nursing to automatically enroll Kansas nurses in e-Notify
- Approved recommended revisions to sections I, II and III of the NCSBN Policy Manual

The BOD received updates on the APRN Compact and on possible revisions needed to move it forward. Last but not least, during the 2025 Annual Meeting, the Finance Forum and the Business Book reported that a fee increase would be proposed at the August 2026 Annual Meeting. The BOD discussions regarding the NCLEX fee will be finalized at the February 2026 BOD meeting.

Thank you to the membership for an exceptional year! As our board wraps up the year and reflects on our shared successes, we can't help but recognize the vital role you've played in all these achievements. Thank you for all you do! On behalf of the BOD, we wish you a glorious holiday season filled with happiness and a prosperous New Year.

Sincerely,



Phyllis Polk Johnson, DNP, RN, FNP-BC

President
pjohnson@msbn.ms.gov

Mission
NCSBN empowers and supports nursing regulators in their mandate to protect the public.

Vision
Leading regulatory excellence worldwide.

Values
Collaboration · Transparency · Innovation · Integrity · Excellence

Letter FROM THE President

POST-BOARD MEETING UPDATE

Feb. 23, 2026

Greetings Colleagues:

The NCSBN Board of Directors (BOD) convened Feb. 10–11, 2026. On behalf of the BOD, it is a privilege to update you on our strategic progress, financial health and upcoming priorities. The BOD remains focused on the organization's mission and strategic initiatives.

A significant responsibility of the BOD is to consider the Finance Committee reports and review annual fiscal audit results presented in person to the BOD by auding firm RMS. I am pleased to share that the report yielded a clean audit with no deficiencies. I would like to extend heartfelt thanks to the treasurer, Finance Committee, and the Finance staff of NCSBN for their attention to this important process. The board reviewed and accepted the following reports:

- Financial statements for the period ending Dec. 31, 2025
- The Audit Financial Statements for FY25
- The Audit Retirement NCSBN 403b DC and 403b TDA Plans
- Form 990 tax return

The board also discussed and approved the NCLEX® price increase for the U.S. and Canadian NCLEX fees. Recommendations will be presented at the NCSBN Midyear Meeting in March.

NCSBN's Government Affairs division continues to work to promote the organization's legislative campaigns, lobby federal legislation and track legislation impacting nursing regulation. The staff reported on efforts to build relationships with key individuals at federal agencies to further NCSBN's strategic initiatives and objectives. The BOD received a report on the status of federal legislation that may affect nursing regulation and the nursing profession. Notably, the Department of Education (DOE) Professional Degree Rule would exclude post-baccalaureate graduate nursing degrees (PhD, DNP, MSN) from the higher of the two new federal student loan thresholds (professional vs. graduate). The DOE is accepting comments on a proposal to redefine "professional degree" that excludes post-baccalaureate nursing students from critical federal student loan resources available to students seeking degrees in other professions. The NCSBN Government Affairs staff has provided resources to the membership to assist with drafting comments as this rulemaking is expected to significantly impact patient access and the nursing workforce. The deadline for comment is March 1, 2026.

The Consolidated Appropriations Act of 2026 was also signed into law, which provided critical funding for nursing programs, including Title VIII Nursing Workforce Development programs. Programs impacted by this funding include the following:

- Nurse Education, Practice, Quality, and Retention (NEPQR)
- Nurse Practitioner Optional Fellowship Program
- Nursing Workforce Diversity Program (NWD)
- National Institute of Nursing Research (NINR)
- Extends Medicare telehealth flexibilities until December 2027

POST-BOARD MEETING UPDATE, CONTINUED

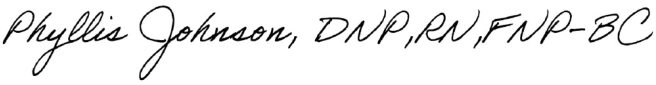
The BOD reviewed recommended policy revisions to Sections IV, V, VI and VII of the NCSBN Policy Manual and approved them.

CEO Phil Dickison provided updates on progress towards the strategic initiatives and objectives. Additional updates were provided on the following topics:

- The Model Act and Rules Committee works. A session at the Midyear Meeting will provide members with an overview of the committee's review and revision process and highlight opportunities for member engagement.
- APRN Compact
- Governance and Bylaws Committee Report. Recommendations will be presented at the Midyear Meeting.

I look forward to seeing many of you in Phoenix at the Midyear Meeting, where you will find information and opportunities to discuss many of the topics the BOD discussed at its meeting. I would also like to encourage all of you to give some thought to solicitations from the Leadership Succession Committee (upcoming elections) and the Awards Committee, as these represent opportunities to encourage and recognize leaders in our midst. Achieving NCSBN's mission requires ongoing support, and we hope you will reach out to us with any questions or feedback, or to explore new ways we can work together to build a stronger One NCSBN!

Sincerely,



Phyllis Polk Johnson, DNP, RN, FNP-BC

President
pjohnson@msbn.ms.gov

C5

COMMONWEALTH of VIRGINIA

Arne W. Owens
Director

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

www.dhp.virginia.gov
TEL (804) 367-4400

Virginia Board of Nursing
Claire Morris, RN, LNHA
Executive Director

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

Memo

To: Board Members

From: Claire Morris, RN, LNHA, Executive Director

Date: March 23, 2026

Re: Dates for 2027 Board Meetings and Formal Hearings

The following dates are for the 2027 Board Meetings and Formal Hearings:

January 25 – 28, 2027

March 22 – 25, 2027

May, 17 - 20, 2027

July, 26 - 29, 2027

September, 20 - 23, 2027

November, 15- 18, 2027

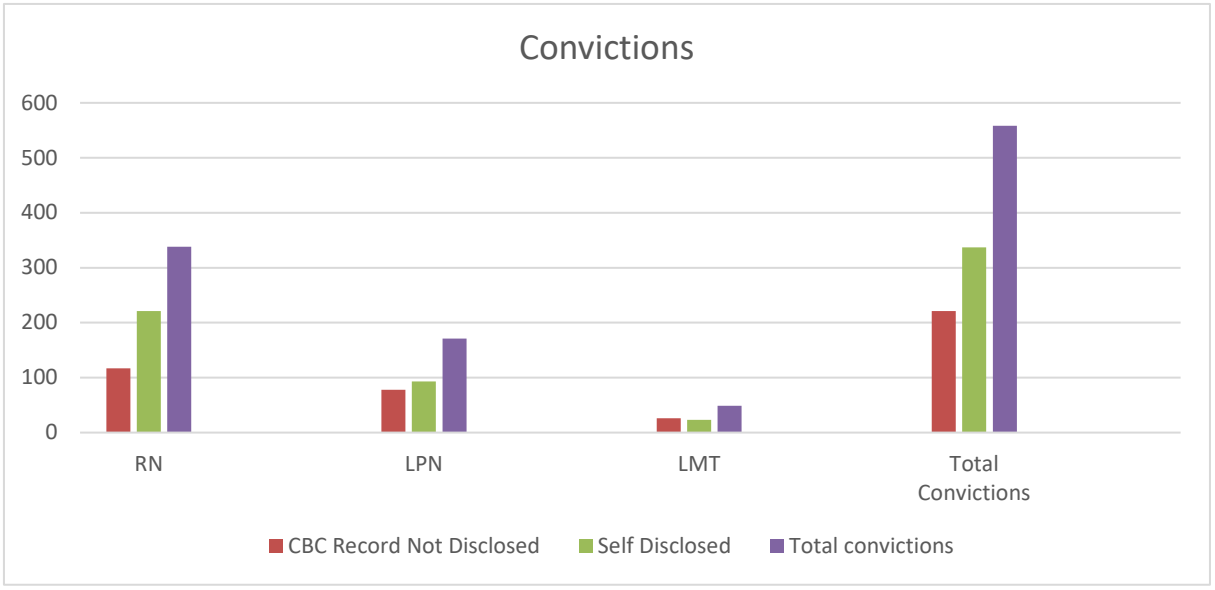
Nursing Criminal Background Check (CBC) Report for CY2025

Page 1

2025 CBC BON Applicants				
License Type	**CBC Record Not Disclosed**	**Self-Disclosed**	**No Record**	**Grand Total**
LMT	26	23	565	614
LPN	78	93	1668	1839
RN	117	221	9241	9579
Grand Total	**221**	**337**	**11474**	**12032**

Nursing Criminal Background Check (CBC) Report for CY2025
Page 2

	RN		LPN		LMT		Total Convictions	
Total Applicants	9579		1839		614		12032	
CBC Record Not Disclosed	117	1.22%	78	4.24%	26	4.23%	221	1.84%
Self Disclosed	221	2.31%	93	5.06%	23	3.75%	337	2.80%
Total convictions	338	3.53%	171	9.30%	49	7.98%	558	4.64%



Virginia Board of Nursing ***Licensure Statistics*** **January 1 - December 31, 2025**

License/Certification/Registra	*Application Count [1] :*					*Issued Count :*				
OCCUPATION	**INITIAL /EXAM**	**ENDORSED**	**OTHER[2]**	**REINSTATED[3]**	***COMBINED***	**INITIAL / EXAM**	**ENDORSED**	**OTHER[2]**	**REINSTATED[3]**	***COMBINED***
Massage Therapy	384	183		73	*640*	423	213		72	*708*
Medication Aide	1,458	149		48	*1,655*	790	39		28	*857*
Advanced Practice Registered Nurse	1,258	2,733	1,228	106	*5,325*	1,286	2,644	1,228	98	*5,256*
Licensed Certified Midwife	1	2			*3*	1				*1*
Practical Nurse	1,429	294		164	*1,887*	1,211	254		117	*1,582*
Registered Nurse	5,035	4,369		615	*10,019*	4,688	3,965		516	*9,169*
Total	**9,564**	**7,728**		**1,006**	**19,529**	**8,399**	**7,115**		**831**	**17,573**
Nurse Aide	4,596	3,904		2463	*10,963*	4,548	3,801		1,693	*10,042*
Advanced Certified Nurse Aide	109				*109*	1				*1*
Total	**4,705**	**3,904**		**2,463**	***11,072***	**4,549**	**3,198**		**1,693**	***10,043***
Grand Total	**14,269**	**11,632**		**3,469**	***30,601***	**12,948**	**10,313**		**2,524**	***27,616***

[1] : *Includes all applications received, but not necessarily completed or withdrawn in CY2025*

[2]: *Includes applications to add autonomous practice and RX authority (APRN Only)*

[3]: Includes reinstatement after discipline

Total License Count as of December 31, 2025 --> **244,365**

Autonomous Practice - Issued CY2025	
Autonomous - Adult/Geriatric Acute	44
Autonomous - Adult/Geriatric Primary	63
Autonomous - Family	711
Autonomous - Neonatal	2
Autonomous - Pediatric Acute	4
Autonomous - Pediatric Primary	21
Autonomous - Psychiatric/Mental	271
Autonomous - Women's Health	11
Total	**1,127**

Education Programs	**Application received**	**Application Completed**
Nurse Aide	1	-
Medication Aide	13	7
PN Program	3	2
Proffesional Program	6	2
	23	**11**

Cases	*Case Counts:*		*PHCOs Offered*	*Cases conducted - manually count:*	
OCCUPATION	**RECEIVED**	**CLOSED**	**"Mail PHCO to Resp/Atty"**	**IFC**	**FH**
Massage Therapy	82	95	12	24	7
Medication Aide	155	170	6	34	7
Nurse Aide	699	609	5	70	17
Advanced Certified Nurse Aide	1	-			
Advanced Practice Registered Nurse	564	618	10	18	2
Licensed Certified Midwife	1	1			
Practical Nurse	493	486	27	77	14
Registered Nurse	992	1,056	229	129	37
Total	**2,986**	**3,034**	**289**	**352**	**84**
Nursing Education Program***	27	24	1	5	1
Nurse Aide Education Program	8	8	699	4	
Total	**35**	**32**	**700**	**9**	**1**
Grand Total	**3,021**	**3,066**	**989**	**361**	**85**
Closure rate:		*101%*	*32%*	*12%*	*3%*
			…of case closures		

*** Included Medication Aide Training Programs

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

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

www.dhp.virginia.gov
TEL (804) 367-4400

Virginia Board of Nursing
Claire Morris, RN, LNHA
Executive Director

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

MEMORANDUM

To: Board Members

From: Christine Smith, RN, MSN
Nurse Aide/RMA Program Manager

Date: March 4, 2026

Subject: 2025 National Nurse Aide Assessment Program (NNAAP) Pass Rates

2025 NNAAP Results					
	Number of Programs	**Written >80%**	**Average Pass Rate Written**	**Skills >80%**	**Average Pass Rate Skills**
High School Programs	101	88	94.1%	52	79.4%
Nursing Home Programs	34	33	92.4%	10	67.5%
Hospital Programs	5	5	95.7%	2	69.2%
Community College Programs	41	38	93.1%	18	75.16%
Other Programs	55	38	85.5%	7	65.5%
ALL Programs	**236**	**202**	**90%**	**89**	**72%**

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

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

www.dhp.virginia.gov
TEL (804) 367-4400

Virginia Board of Nursing
Claire Morris, RN, LNHA
Executive Director

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

MEMORANDUM

To: Board Members

From: Christine Smith, RN, MSN
Nurse Aide/RMA Education Program Manager

Date: March 4, 2026

Subject: 2025 Medication Aide Testing Pass Rates

2025 Medication Aide Testing Pass Rates				
	Number of Programs	**Programs with no Testers**	**Test Results >80%**	**Average Pass Rate**
High School Programs	4	0	2	76.9%
Assisted Living Facility Programs	55	40	5	64.6%
Pharmacy Programs	15	7	1	56%
Community College Programs	9	4	0	60.7%
Proprietary Programs	137	85	8	48.9%
ALL Programs	**220**	**136**	**16**	**52.27%**

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

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

www.dhp.virginia.gov
TEL (804) 367-4400

Virginia Board of Nursing
Claire Morris, RN, LNHA
Executive Director

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

MEMORANDUM

To: Board Members

From: Jacquelyn Wilmoth, RN, MSN
Deputy Executive Director

Date: February 23, 2026

Subject: 2025 NCLEX Pass Rates

Practical Nursing Summary:

- There are seven (7) active practical nursing programs with NCLEX-PN pass rates less than 80% for one year.
- There are one (1) active practical nursing program with NCLEX-PN pass rates less than 80% for two years.
- There is one (1) active practical nursing programs with NCLEX-PN pass rates less than 80% for three or more years.
- Virginia's NCLEX-PN pass rates remain above national average for the last 4 years.

Registered Nursing Summary:

- There are nine (9) active registered nursing programs with NCLEX-RN pass rates less than 80% for one year.
- There are three (3) active registered nursing program with NCLEX-RN pass rates less than 80% for two years.
- There are no active registered nursing programs with NCLEX-RN pass rates less than 80% for three years.
- There is two (2) active registered nursing program with NCLEX-RN pass rates less than 80% for four or more years.
- Virginia's NCLEX-RN pass rates continue to trend higher than the national average.

Five-year NCLEX Pass Rates
2021-2025

NCLEX-PN Pass Rates for 2021-2025		
Year	**Virginia**	**National**
2025	88.61%	86.6%
2024	88.77%	88.38%
2023	90.04%	88.56%
2022	82.16%	79.93%
2021	74.77%	79.6%
***Source: NCSBN NCLEX Year End Report**		

NCLEX-RN Pass Rates for 2021-2025 (All Types of RN Programs Combined)		
Year	**Virginia**	**National**
2025	88.49%	86.7%
2024	92.29%	91.17%
2023	89.94%	86.68%
2022	82.32%	79.90%
2021	83.06%	82.48%
***Source: NCSBN NCLEX Year End Report**		

NCLEX-RN Pass Rates for 2021-2025 (by program type)							
Year	**Associates**		**National**	**Bachelors**		**National**
2025	Tested	Passed	86.1%	Tested	Passed	87.6%
	2,579	2,269		2,408	2,144	
	87.98%			89.04%		
2024	Tested	Passed	90.63%	Tested	Passed	91.92%
	2,538	2,352		2,378	2,185	
	92.67%			91.88%		
2023	Tested	Passed	87.75%	Tested	Passed	90.17%
	2221	2012		2477	2218	
	90.59%			89.54%		
2022	Tested	Passed	77.93	Tested	Passed	82.33%
	2434	1994		2499	2067	
	81.92%			82.71%		
2021	Tested	Passed	78.78%	Tested	Passed	86.06%
	2463	1849		2484	2160	
	79.123%			86.96%		
Source: NCSBN NCLEX Year End Report							

Nursing Programs **one year of NCLEX**
First-time test taker pass rates below 80% (2025)

Practical Nursing Programs:

Program Name	Program code	NCLEX Pass rate %
High School Program or Technical Center		
Fairfax County School of Practical Nursing	US28108600	50% (2/4)
Private/Proprietary Programs		
America School of Nursing and Allied Health	US28110100	76.3% (29/38)
Clarys Advance Nursing Education-PN	US28111300	55.5% (10/18)
ECPI Medical Career Institute College of Health Science PN-Roanoke	US28110300	76.3% (42/55)
Community Colleges		
Laurel Ridge Community College-Middletown	US28101700	63.6% (7/11)
Northern Virginia Community College-Reston	US28111400	77.7% (7/9)
Southwest Virginia Community College (SWVCC)	US28103100	66.6% (14/21)
Closed		
Chester Career College	US28103000	0% (0/1)
Russell County Career and Technology Center	US28101600	60% (3/5)

Registered Nursing Programs:

Program Name	Program Code	NCLEX Pass rate %
Associate Degree		
ECPI University-Roanoke	US28409300	78.4% (51/65)
Mountain Gateway Community College	US28406700	72.7% (24/33)
New River Community College	US28406100	74.1% (43/58)
Piedmont Virginia Community College	US28406000	77.6% (59/76)
Baccalaureate Degree		
George Mason University	US28508400	73.8% (65/88)
Marymount University-BS	US28505500	78.6% (48/61)
Marymount University-ABSN	US28501600	73.6% (42/57)
South University-VA Beach	US28500900	76% (19/25)
The University of Virginias College at Wise	US28500300	79.1% (19/24)
Closed Program		
Fortis College -Richmond	US28408900	50% (1/2)

Letters were sent to the program directors requesting the submission of a plan of correction as required in 18VAC90-27-210(B).

Nursing Programs **two years of NCLEX**
First-time test taker pass rates below 80% (2024 and 2025)

Practical Nursing Programs:

Program Name	Program code	NCLEX Pass rate 2024	NCLEX Pass rate 2025
Bedford County School of Practical Nursing	US28107300	68.4% (13/19)	66.6% (8/12)

Registered Nursing Programs:

Program Name	Program code	NCLEX Pass rate 2024	NCLEX Pass rate 2025
Averett University-BS (Danville)	US28501100	66.6% (12/18)	68.4% (13/19)
Hampton University-BS	US28505400	75% (6/8)	52.9% (9/17)
Paul D. Camp Community College-ADN	US28400500	77.7% (21/27)	75.7% (25/33)
Closed Program			
Bluefield University-BS	US28511000	75% (6/8)	0% (0/2)

Letters were sent to the program directors requesting the submission of a plan of correction as required in 18VAC90-27-210(B).

Nursing Programs with **three or more years of NCLEX**
First-time test taker pass rates below 80% (2020, 2021, 2022, 2023, 2024, and 2025)

Practical Nursing Program:

Program Name	Program Code	NCLEX Pass Rate 2023	NCLEX Pass Rate 2024	NCLEX Pass Rate 2025
Ultimate Health School	US28205000	79.3% (73/92)	75.9% (79/104)	74.2% (49/66)

Registered Nursing Program:

Program Name	Program Code	NCLEX Pass Rate 2020	NCLEX Pass Rate 2021	NCLEX Pass Rate 2022	NCLEX Pass Rate 2023	NCLEX Pass Rate 2024	NCLEX Pass Rate 2025
***Fortis College (ADN) – Norfolk**	US28409500	52.1% (20/25)	47.6% (22/46)	55.1% (27/49)	69.3% (43/62)	72.7% (32/44)	59.3% (19/32)
***Chamberlain University (BSN) Tysons Corner**	US28500600			66.8% (99/148)	74.5% (149/200)	72.9% (140/192)	79.7% (106/133)

Pursuant to 18VAC90-27-210 (B), the board may withdraw program approval.

*Current Board Order

VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
Discipline Meeting and Formal Hearing
December 10, 2025

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:01 A.M., December 10, 2025, Board Room 2, Suite 201, Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:
Helen M. Parke, DNP, FNP-BC; Board of Nursing; Chair
Delia Acuna, FNP-C; Board of Nursing
Shelly Smith, PhD, DNP, ANP-BC; Board of Nursing
Bo Vaughan, Jr., MD; Board of Medicine
Randy Clements, DPM; Board of Medicine
Blanton Marchese; Board of Medicine

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

ADMINISTRATIVE PROCEEDINGS STAFF PRESENT: Tracy Robinson, Adjudication Specialist

OTHERS PRESENT: Sara Blose, Senior Assistant Attorney General

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

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS

Sarah Russell, APRN **0024-170117**

Ms. Russell appeared and addressed the Board.

CLOSED MEETING: Dr. Clements moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the Code of Virginia at 9:08 A.M. for the purpose of considering the agency subordinate recommendations regarding Sarah Russel, APRN. Additionally, Dr. Clements moved that Ms. Morris, Dr. Mangrum, Ms. Alexander, and Ms. Blose, Board Counsel, attend the closed meeting because their presence the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was properly seconded by Mr. Marchese and carried unanimously.

RECONVENTION: The Committee reconvened in open session at 9:21 A.M.
Dr. Clements moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed and considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly

seconded by Mr. Marchese and carried unanimously.

Dr. Vaughan moved that the Committee of the Joint Boards of Nursing and Medicine modify the recommended decision of the agency subordinate to Reprimand Sarah Russell and to require Ms. Russell, within 60 days from the date of entry of the Order, to provide written proof of successful completion of Board-approved courses of at least three (3) contact hours in the subject area of Diagnostics and Treatment for Providers. The motion was seconded by Dr. Smith and carried unanimously.

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

Kristin Austria, APRN **0024-175573**

Ms. Austria did not appear.

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine accept the consent order of Kristin Austria, APRN to require, within 90 days from the date of entry of the Order, Ms. Austria provide written proof satisfactory to the Board of successful completion of Board approved courses of at least three (3) contact hours in the subject area of professionalism and ethics as it relates to the practice of professional nursing. The motion was seconded by Ms. Acuna and carried unanimously.

Raymond Lindsay, APRN **0024-164206**

Mr. Lindsay 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 Raymond Lindsay, APRN and to require Mr. Lindsay, 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 (3) contact hours in the subject area of de-escalation. The motion was seconded by Ms. Acuna and carried unanimously.

Nkese Williams-Hayes, APRN **0024-186212**

Ms. Williams-Hayes did not appear.

Mr. Marchese moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Nkese Williams-Hayes, APRN and to indefinitely suspend her license to practice as an advanced practice registered nurse in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

Onajomo Bakare, APRN **0024-177172**

Ms. Bakare 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 Onajomo Bakare, APRN and to require Ms. Bakare, 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 (3) contact hours in each of the subject areas of (a) proper documentation; and (b) review of physical assessment skills. The motion was seconded by Ms. Acuna and carried unanimously.

RECESS: The Board recessed at 9:28 A.M.

RECONVENTION: The Board reconvened at 10:30 A.M.

FORMAL HEARING: **Channin Baker, APRN 0024-186254**

Mr. Baker appeared and was represented by Margaret Hardy.

Elaine Larosee, Court Reporter with the County Court Reporters, recorded the proceedings.

WITNESSES PRESENT: Shawn Ledger, Senior Investigator, Enforcement Division, Gurpreet Gill, MD Rebekah Carmel, PhD, CRNA, Rebecca Marhs-Gould, APRN were present and testified..

RECESS: The Board recessed at 12:56 P.M.

RECONVENTION: The Board reconvened at 1:33 P.M.

CLOSED MEETING: Dr. Clements moved that Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the Code of Virginia at 3:32 P.M. for the purpose of deliberation to reach a decision in the matter of Mr. Baker. Additionally, Dr. Clements 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 Committee in its deliberations. The motion was seconded by Mr. Marchese and carried unanimously.

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

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

ACTION: Dr. Smith moved that the Committee of the Joint Boards of Nursing and Medicine dismiss the case of Channin Baker, APRN. The motion was seconded by Dr. Clements 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 4:00 P.M.

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

VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
Discipline Meeting
February 25, 2026

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 12:00 P.M., February 25, 2026, Board Room 2, Suite 201, Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Helen M. Parke, DNP, FNP-BC, Chairperson
Delia Acuna, FNP-C
Blanton Marchese
Bo Vaughan, Jr., MD

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

OTHERS PRESENT: Sara Blose, Assistant Attorney General

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS

Corbin Vickery, APRN **0024-183991**

Mr. Vickery did not appear. He provided a written response to the Agency subordinate Recommendations.

CLOSED MEETING: Ms. Acuna moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the Code of Virginia at 12:05 P.M. for the purpose of considering the agency subordinate recommendations regarding Corbin Vickery, APRN. Additionally, Ms. Acuna 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 Committee in its deliberations. The motion was properly seconded by Dr. Vaughan and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:14 P.M.

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

Action: Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to require Corbin Vickery, APRN, within 60 days from the date of entry of the Order, to provide written proof of successful completion of Committee-approved courses of at least three (3) contact hours in each of the subjects (i) professional boundaries in A.P.R.N. practice and (ii) professional

accountability and legal liability for A.P.R.N.s. The motion was seconded by Dr. Vaughan and carried unanimously.

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

Cordelia Nieketien-Tawari, APRN **0024-165883**

Ms. Nieketien-Tawari did not appear.

Mr. Marchese moved that the Committee of the Joint Board accept the recommended decision of the agency subordinate to reprimand Cordelia Nieketien-Tawari, APRN and to indefinitely suspend Ms. Nieketein-Tawari's license to practice as an advanced practice registered nurse in the Commonwealth of Virginia. The motion was seconded by Dr. Vaughan and carried unanimously.

Diane Weidner, APRN **0024-175542**

Ms. Weidner 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 suspend the license of Diane Weidner, APRN and the suspension shall be stayed contingent upon continued compliance with the Virginia Health Practitioners' Monitoring Program ("HPMP"). The motion was seconded by Dr. Vaughan and carried unanimously.

Debra Morton, APRN **0024-167426**

Ms. Morton 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 Debra Morton, APRN. The motion was seconded by Dr. Vaughan and carried unanimously.

Tammy Mills, APRN **0024-169836**

Ms. Mills 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 Tammy Mills, 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 proper prescribing practices. The motion was seconded by Dr. Vaughan and carried unanimously.

CONSIDERATION OF CONSENT ORDERS

The following Consent Orders were accepted by the Committee as presented:

Amy Kubler, APRN **0024-175068**

Dr. Vaughan moved that the Committee of the Joint Boards of Nursing and Medicine accept the consent order to reprimand Amy Kubler, APRN and to suspend the license of Ms. Kubler. The suspension shall be stayed upon proof of entry into a contract with the Virginia Health Practitioners' Monitoring Program ("HPMP"). The motion was seconded by Mr. Marchese and carried unanimously.

Dale Collier, APRN **0024-178139**

Dr. Vaughan moved that the Committee of the Joint Boards of Nursing and Medicine accept the consent order of Dale Collier, APRN for voluntary surrender to indefinitely suspend the license to practice as an advanced practice registered nurse in the Commonwealth of Virginia. The motion was seconded by Mr. Marchese and carried unanimously.

Tina King, APRN **0024-185403**

Dr. Vaughan moved that the Committee of the Joint Boards of Nursing and Medicine accept the consent order to Voluntary Surrender the right of Tina King, APRN to renew her license to practice as an advanced practice registered nurse in the Commonwealth of Virginia. The Motion was seconded by Mr. Marchese and carried unanimously.

Cassie Lane, APRN **0024-170620**

Dr. Vaughan moved that the Committee of the Joint Boards of Nursing and Medicine accept the consent order to assess Cassie Lane, APRN a monetary penalty of $2,500.00 to be paid within 60 days from the date of entry of this order and, to require Ms. Lane to attest in writing to the Committee that she has read the laws and regulations related to prescriptive authority of certified registered nurse anesthetists licensed by the Board of Medicine and Nursing, including Virginia Code § 54.1-2957.01(H). Ms. Lane will provide written proof of successful completion of course(s) approved by the Committee of the Joint Boards of at least 3 contact hours of continuing education in the subject of professional accountability and legal liability within 60 days from the date of entry of the Order. The motion was seconded by Mr. Vaughan and carried unanimously.

ADJOURNMENT: The Committee adjourned at 12:17 P.M.

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

DRAFT

Virginia's Certified Nurse Aide Workforce: 2025

Healthcare Workforce Data Center

November 2025

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from:
https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

In total, 33,253 Certified Nurse Aides voluntarily participated in this survey. *Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for their ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

Arne E. Owens, MS
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

Virginia Board of Nursing

President

Carol A. Cartte, RN, BSN
Glen Allen

First Vice-President

Helen M. Parke, DNP, FNP-BC
Concord

Second Vice-President

Victoria Cox, DNP, RN
Roanoke

Members

Delia Acuna, FNP-C
Quinton

Pamela Davis, LPN
Powhatan

A. Tucker Gleason, PhD
Zion Crossroads

Paul Hogan
Reston

Cleopatra Kitt, PhD
Roanoke

Lila Peake, RN
Lynchburg

Shelly Smith, PhD, DNP, ANP-BC
Powhatan

Dolores Valenta, LPN
Moon

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

Jodi Zehr, RN
Rustburg

Executive Director

Claire Morris, RN, LNHA

Contents

The Certified Nurse Aide Workforce At a Glance:

The Workforce

Certified:	60,268
Virginia's Workforce:	55,242
FTEs:	50,435

Survey Response Rate

All Certified:	55%
Renewing Practitioners:	96%

Demographics

Female:	94%
Diversity Index:	61%
Median Age:	38

Background

Rural Childhood:	49%
HS Degree in VA:	69%
Prof. Degree in VA:	85%

Education

RMA Certification:	8%
Advanced CNA Cert.:	1%

Finances

Med. Income:	> $18/hr.
Health Benefits:	49%
Retirement Benefits:	43%

Current Employment

Employed in Prof.:	85%
Hold 1 Full-Time Job:	57%
Satisfied?:	94%

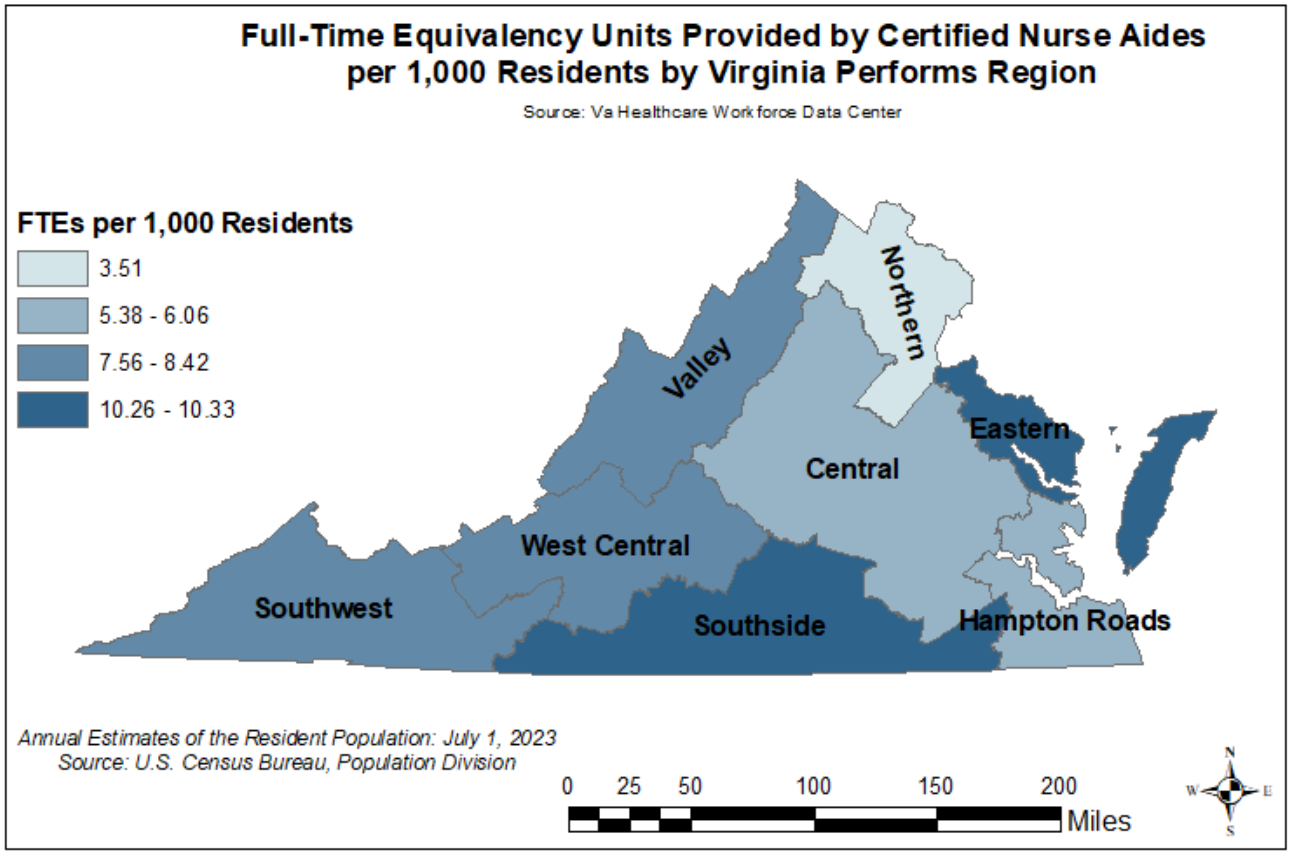
Job Turnover

New Location:	38%
Employed Over 2 Yrs.:	45%

Establishment Type

Nursing Home:	35%
Assisted Living:	15%
Home Health Care:	13%

Source: Va. Healthcare Workforce Data Center



Results in Brief

This report contains the results of the 2025 Certified Nurse Aide (CNA) workforce survey. In total, 33,253 CNAs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers this survey every year on the certificate issuance month of each respondent. These survey respondents represent 55% of the 60,268 CNAs who are certified in the state and 96% of renewing practitioners.

The HWDC estimates that 55,242 CNAs participated in Virginia's workforce during the survey period, which is defined as those CNAs who worked at least a portion of the year in the state or who live in the state and intend to return to work as a CNA at some point in the future. Virginia's CNA workforce provided 50,435 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks).

In total, 94% of all CNAs are female, and the median age of the CNA workforce is 38. In a random encounter between two CNAs, there is a 61% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 63% among those CNAs who are under the age of 40. The comparable diversity index for Virginia's overall population is 60%. Nearly half of all CNAs grew up in a rural area, and 31% of CNAs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 20% of all CNAs work in a non-metro area of the state.

Among all CNAs, 85% are currently employed in the profession, 57% hold one full-time job, and 39% work between 40 and 49 hours per week. More than one out of every three CNAs are employed at a nursing home as their primary work location, while another 27% are employed at either an assisted living facility or a home health care establishment. The median wage for Virginia's CNA workforce is $18.00 or more per hour. In addition, 73% of all CNAs receive at least one employer-sponsored benefit, including 49% who have access to health insurance. Among all CNAs, 94% indicated that they are satisfied with their current work situation, including 62% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2015 CNA workforce. The number of nurse aide certifications in Virginia has decreased by 3% (60,268 vs. 61,846). In addition, the size of Virginia's CNA workforce has decreased by 4% (55,242 vs. 57,476), although the number of FTEs provided by this workforce has remained essentially constant (50,435 vs. 50,501). Virginia's renewing CNAs are more likely to respond to this survey (96% vs 76%). Furthermore, the response rate among all practitioners has increased (55% vs. 54%).

While there has been no change in the percentage of CNAs who are female (94%), the median age of this workforce has declined slightly (38 vs. 39). The diversity index of Virginia's CNA workforce has increased (61% vs. 57%), a trend that has also occurred among CNAs who are under the age of 40 (63% vs. 58%). The percentage of CNAs who grew up in a rural area has increased (49% vs. 48%), and CNAs who grew up in a rural area are more likely to work in a non-metro area (31% vs. 29%). In addition, the percentage of all CNAs who work in non-metro areas has risen slightly (20% vs. 19%). CNAs are also more likely to be currently enrolled in either an RN program (8% vs. 6%) or an LPN program (5% vs. 4%).

While Virginia's CNAs are less likely to be employed in the profession (85% vs. 87%), they are more likely to hold one full-time job (57% vs. 56%) and work between 40 and 49 hours per week (39% vs. 37%). At the same time, CNAs are less likely to have worked at their primary work location for more than two years (45% vs. 47%). CNAs are more likely to work in a nursing home (35% vs. 33%) than in a home health care establishment (13% vs. 18%). Compared to 2015, CNAs are relatively more likely to perform non-clinical activities (8% vs. 6%) instead of clinical/patient care activities (92% vs. 94%) at their primary work location.

The median hourly wage of Virginia's CNA workforce has increased ($18 or more vs. $11-$12). In addition, CNAs are more likely to receive at least one employer-sponsored benefit (73% vs. 71%), including those CNAs who have access to a retirement plan (43% vs. 37%). CNAs are equally likely to indicate that they are satisfied with their current employment situation (94%), although a smaller percentage indicated that they are "very satisfied" (62% vs. 65%).

A Closer Look:

Certified		
Certificate Status	**#**	**%**
Renewing Practitioners	37,093	62%
New Certificate	7,774	13%
Non-Renewals	8,335	14%
Renewal Date Not in Survey Period	7,066	12%
All Certified	**60,268**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing CNAs, 96% voluntarily submitted a survey. This represents 55% of the 60,268 CNAs who held a certificate at some point during the survey period.

Definitions

1. **The Survey Period:** The survey was conducted between October 2024 and September 2025 on the month of initial certification of each renewing practitioner.
2. **Target Population:** All CNAs who held a Virginia certificate at some point during the survey period.
3. **Survey Population:** The survey was available to CNAs who renewed their certificate online. It was not available to those who did not renew, including CNAs newly certified in the past two years.

Response Rates			
Statistic	**Non Respondents**	**Respondents**	**Response Rate**
By Age			
Under 30	11,071	5,318	32%
30 to 34	4,585	3,684	45%
35 to 39	2,982	4,090	58%
40 to 44	2,211	3,744	63%
45 to 49	1,761	3,540	67%
50 to 54	1,370	3,351	71%
55 to 59	1,097	3,360	75%
60 and Over	1,938	6,166	76%
Total	**27,015**	**33,253**	**55%**
New Certificates			
Issued in Past Year	7,774	0	0%
Metro Status			
Non-Metro	4,211	6,820	62%
Metro	14,564	23,911	62%
Not in Virginia	8,240	2,522	23%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	**33,253**
Response Rate, All Practitioners	**55%**
Response Rate, Renewals	**96%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Certified Nurse Aides

Number: 60,268
New: 13%
Not Renewed: 14%

Response Rates

All Certified: 55%
Renewing Practitioners: 96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's CNA Workforce:	55,242
FTEs:	50,435

Utilization Ratios

CNAs in VA Workforce:	92%
CNAs per FTE:	1.19
Workers per FTE:	1.10

Source: Va. Healthcare Workforce Data Center

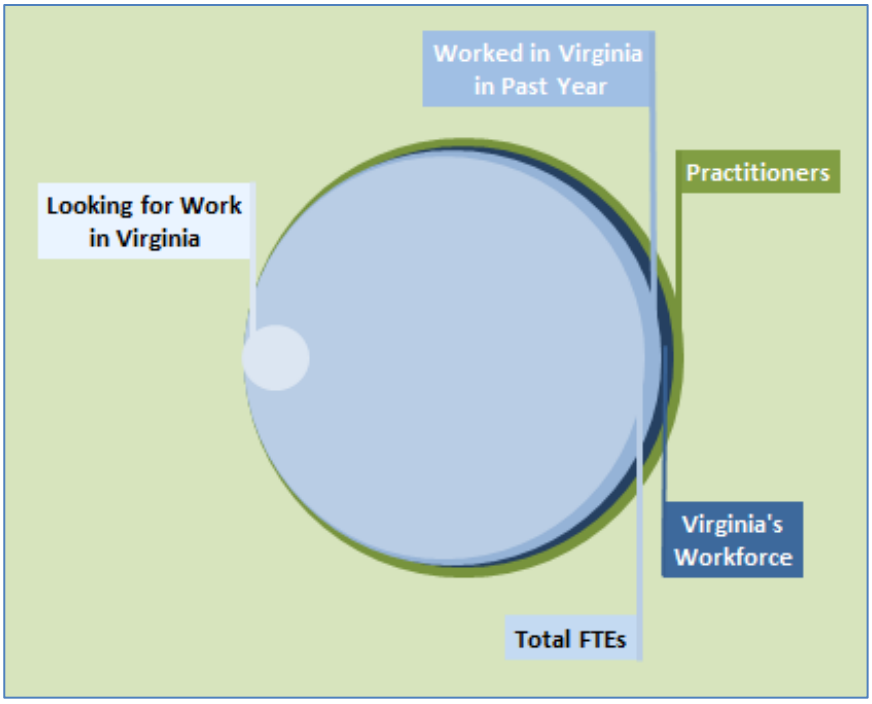
Definitions

1. **Virginia's Workforce:** A practitioner with a primary or secondary work site in Virginia at any time during the survey time frame or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Practitioners in VA Workforce:** The proportion of practitioners in Virginia's Workforce.
4. **Practitioners per FTE:** An indication of the number of CNAs needed to create 1 FTE. Higher numbers indicate lower CNA participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's CNA Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	53,874	98%
Looking for Work in Virginia	1,368	2%
Virginia's Workforce	**55,242**	**100%**
Total FTEs	**50,435**	
Certified CNAs	**60,268**	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia workforce only. For more information on the HWDC's methodology, visit: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	893	6%	12,982	94%	13,876	28%
30 to 34	424	6%	6,723	94%	7,146	14%
35 to 39	394	7%	5,575	93%	5,969	12%
40 to 44	308	6%	4,693	94%	5,000	10%
45 to 49	299	7%	4,167	93%	4,466	9%
50 to 54	219	6%	3,630	94%	3,848	8%
55 to 59	212	6%	3,217	94%	3,429	7%
60 and Over	368	6%	5,770	94%	6,138	12%
Total	**3,117**	**6%**	**46,756**	**94%**	**49,873**	**100%**

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	CNAs		CNAs Under 40	
	%	#	%	#	%
White	59%	18,716	36%	12,084	43%
Black	19%	26,105	51%	11,574	41%
Asian	7%	1,486	3%	661	2%
Other Race	0%	520	1%	223	1%
Two or More Races	3%	1,738	3%	1,358	5%
Hispanic	11%	3,113	6%	2,072	7%
Total	**100%**	**51,678**	**100%**	**27,972**	**100%**

*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

At a Glance:

Gender

% Female:	94%
% Under 40 Female:	94%

Age

Median Age:	38
% Under 40:	54%
% 55 and Over:	19%

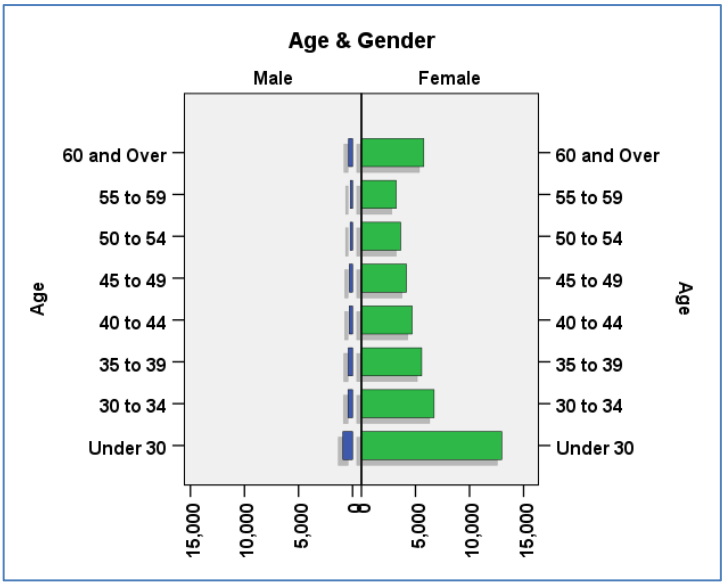
Diversity

Diversity Index:	61%
Under 40 Div. Index:	63%

Source: Va. Healthcare Workforce Data Center

In a random encounter between two CNAs, there is a 61% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable diversity index is 60%.

Among all CNAs, 54% are under the age of 40. Among CNAs who are under the age of 40, 94% are female. In addition, the diversity index among CNAs who are under the age of 40 is 63%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	27%
Rural Childhood:	49%

Virginia Background

HS in Virginia:	69%
Prof. Training in VA:	85%
HS or Prof. Train. in VA:	87%

Location Choice

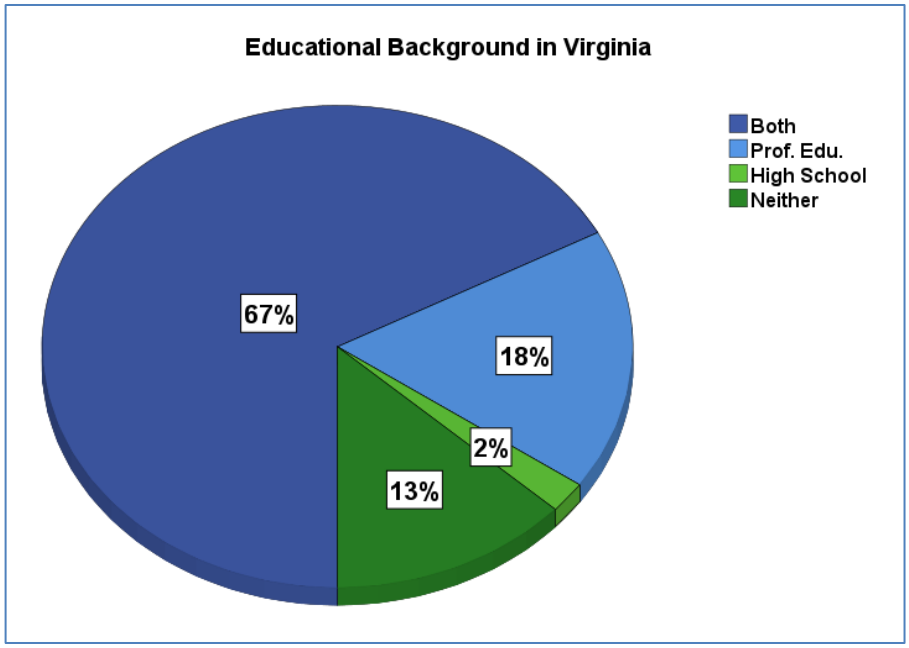
% Rural to Non-Metro:	31%
% Urban/Suburban to Non-Metro:	9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 Million+	33%	30%	37%
2	Metro, 250,000 to 1 Million	56%	19%	25%
3	Metro, 250,000 or Less	64%	22%	14%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	61%	17%	22%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	78%	11%	12%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	84%	9%	7%
8	Rural, Metro Adjacent	85%	8%	7%
9	Rural, Non-Adjacent	69%	16%	15%
	Overall	**49%**	**24%**	**27%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly half of all CNAs grew up in a self-described rural area, and 31% of CNAs who grew up in a rural area currently work in a non-metro county. In total, 20% of all CNAs currently work in a non-metro county.

Top Ten States for Certified Nurse Aide Recruitment

Rank	All Certified Nurse Aides			
	High School	#	Init. Prof. Degree	#
1	Virginia	35,548	Virginia	43,289
2	Outside U.S./Canada	6,126	North Carolina	1,187
3	North Carolina	1,219	West Virginia	849
4	New York	1,095	New York	669
5	West Virginia	989	Maryland	644
6	Maryland	796	Pennsylvania	375
7	Pennsylvania	721	California	297
8	New Jersey	452	Georgia	272
9	Florida	422	Tennessee	245
10	California	349	Florida	232

Source: Va. Healthcare Workforce Data Center

Among all CNAs, 69% received their high school degree in Virginia, while 85% received their initial CNA training in the state.

Among CNAs who have obtained their certificate in the past five years, 69% received their high school degree in Virginia, and 81% received their initial CNA training in the state.

Rank	Certified in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	10,711	Virginia	12,388
2	Outside U.S./Canada	1,168	North Carolina	386
3	North Carolina	442	West Virginia	312
4	West Virginia	357	Maryland	222
5	New York	301	New York	184
6	Maryland	287	Florida	130
7	Pennsylvania	231	Pennsylvania	120
8	Florida	163	Tennessee	116
9	New Jersey	135	Georgia	109
10	California	132	Louisiana	107

Source: Va. Healthcare Workforce Data Center

Nearly one out of every ten of Virginia's CNAs did not participate in the state's workforce during the past year. Among these CNAs, 91% worked at some point in the past year, including 78% who currently work in a CNA-related capacity.

At a Glance:

Not in VA Workforce

Total:	4,902
% of Certified:	8%
VA Border State/DC:	26%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Certifications		
Certification	**#**	**% of Workforce**
Registered Medication Aide (RMA)	4,149	8%
Advanced Practice CNA	519	1%

Source: Va. Healthcare Workforce Data Center

At a Glance:

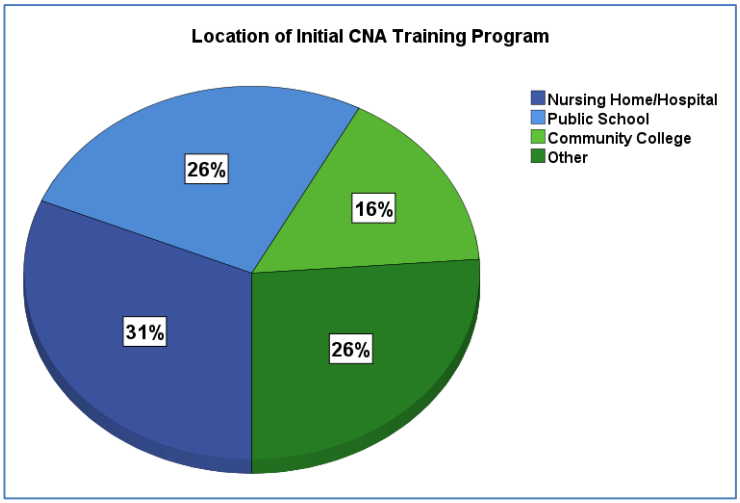
Education

RMA: 8%
Advanced Practice CNA: 1%

Educational Advancement

RN Program: 8%
LPN Program: 5%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

CNA Training Location		
Location	**#**	**%**
Nursing Home/Hospital	15,866	31%
Public School (High School/Vocational School)	13,400	27%
Community College	8,117	16%
Other (Private School/Proprietary Program)	13,261	26%
Total	**50,643**	**100%**

Source: Va. Healthcare Workforce Data Center

Educational Advancement		
Program Enrollment	**#**	**%**
None	42,120	87%
RN Program	3,917	8%
LPN Program	2,638	5%
Total	**48,674**	**100%**

Source: Va. Healthcare Workforce Data Center

Among all CNAs, 8% are enrolled in an RN program, while another 5% are enrolled in an LPN program.

At a Glance:

Employment

Employed in Profession: 85%
Involuntarily Unemployed: 4%

Positions Held

1 Full-Time: 57%
2 or More Positions: 20%

Weekly Hours:

40 to 49: 39%
60 or More: 7%
Less than 30: 20%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	33	< 1%
Employed in a CNA-Related Capacity	43,604	85%
Employed, NOT in a CNA-Related Capacity	5,896	12%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	1,787	4%
Voluntarily Unemployed	134	< 1%
Retired	22	< 1%
Total	**51,476**	**100%**

Source: Va. Healthcare Workforce Data Center

Among all CNAs, 85% are currently employed in the profession, 57% hold one full-time job, and 39% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	1,943	4%
1 to 9 Hours	1,450	3%
10 to 19 Hours	2,626	5%
20 to 29 Hours	5,456	11%
30 to 39 Hours	12,507	26%
40 to 49 Hours	18,814	39%
50 to 59 Hours	2,140	4%
60 to 69 Hours	1,086	2%
70 to 79 Hours	855	2%
80 or More Hours	1,529	3%
Total	**48,406**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	**#**	**%**
No Positions	1,943	4%
One Part-Time Position	10,049	20%
Two Part-Time Positions	2,095	4%
One Full-Time Position	28,647	57%
One Full-Time Position & One Part-Time Position	6,430	13%
Two Full-Time Positions	890	2%
More than Two Positions	464	1%
Total	**50,518**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	**#**	**%**
Less than $10.00 Per Hour	174	0%
$10.00 to $10.99 Per Hour	181	0%
$11.00 to $11.99 Per Hour	103	0%
$12.00 to $12.99 Per Hour	771	2%
$13.00 to $13.99 Per Hour	981	2%
$14.00 to $14.99 Per Hour	816	2%
$15.00 to $15.99 Per Hour	1,656	4%
$16.00 to $16.99 Per Hour	2,199	5%
$17.00 to $17.99 Per Hour	3,681	9%
$18.00 or More Per Hour	32,057	75%
Total	**42,619**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: > $18/hr.

Benefits

Health Insurance: 49%

Retirement: 43%

Satisfaction

Satisfied: 94%

Very Satisfied: 62%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	31,545	62%
Somewhat Satisfied	15,907	31%
Somewhat Dissatisfied	2,192	4%
Very Dissatisfied	939	2%
Total	**50,583**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical CNA earns $18 or more per hour. In addition, 73% of all CNAs receive at least one employer-sponsored benefit, including 49% who have access to health insurance.

Employer-Sponsored Benefits		
Benefit	**#**	**% of Workforce**
Paid Vacation	26,044	60%
Health Insurance	21,406	49%
Paid Sick Leave	21,393	49%
Dental Insurance	20,435	47%
Retirement	18,559	43%
Group Life Insurance	12,387	28%
At Least One Benefit	**31,980**	**73%**
*From any employer at time of survey.		

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Less than 6 Months	5,344	12%	2,764	20%
6 Months to 1 Year	6,581	15%	2,520	18%
1 to 2 Years	13,115	29%	3,769	27%
3 to 5 Years	10,157	22%	2,673	19%
6 to 10 Years	4,870	11%	1,018	7%
More than 10 Years	5,222	12%	1,053	8%
Subtotal	**45,289**	**100%**	**13,797**	**100%**
Did Not Have Location	3,027		38,458	
Item Missing	6,926		2,987	
Total	**55,242**		**55,242**	

Source: Va. Healthcare Workforce Data Center

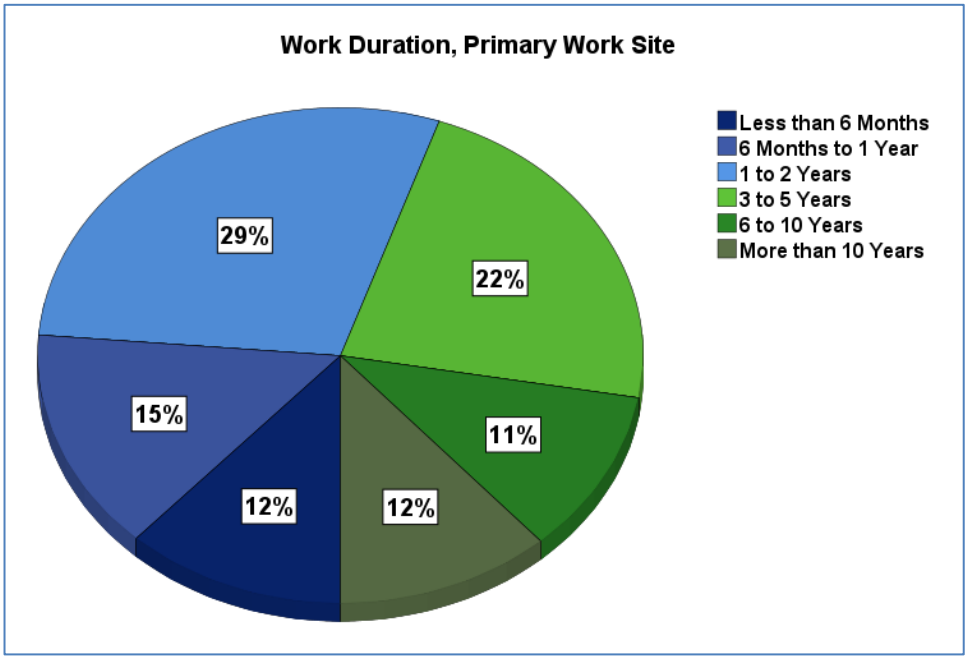
At a Glance:

Turnover & Tenure

New Location:	38%
Over 2 Years:	45%
Over 2 Yrs., 2nd Location:	34%

Source: Va. Healthcare Workforce Data Center

Among all CNAs, 45% have worked at their primary work location for more than two years.



Source: Va. Healthcare Workforce Data Center

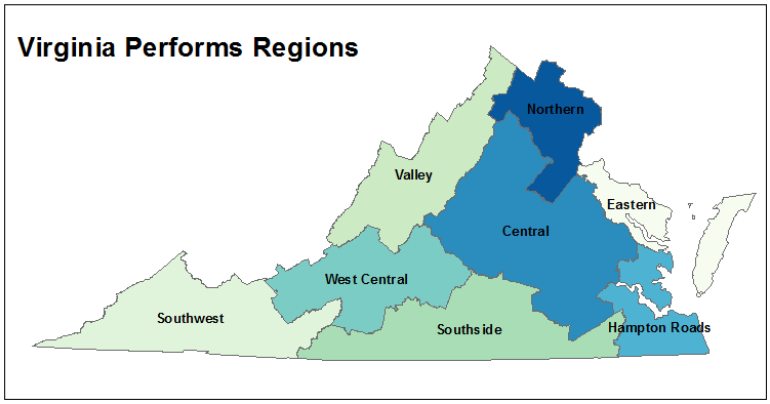
At a Glance:

Concentration

Top Region:	22%
Top 3 Regions:	59%
Lowest Region:	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



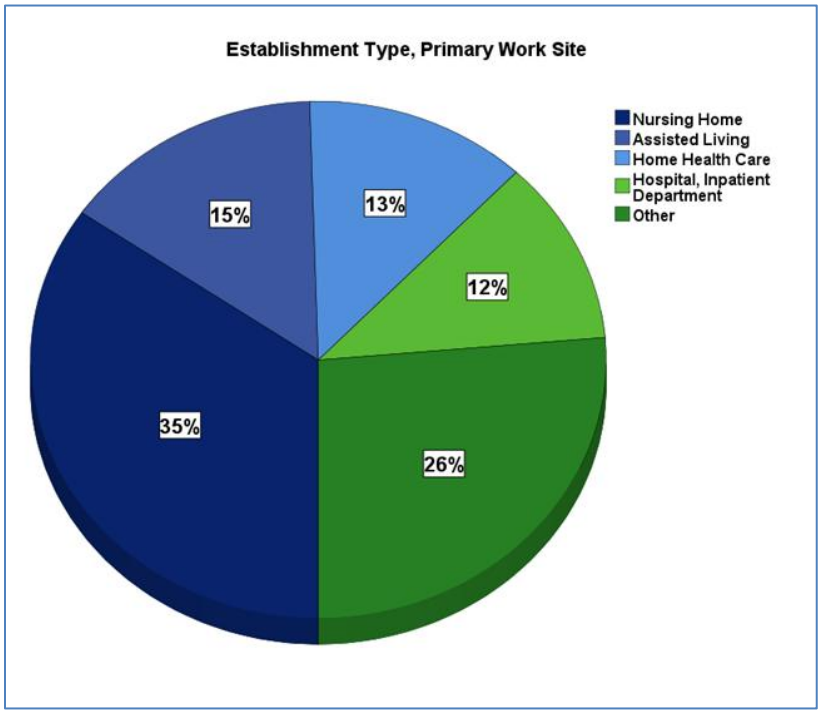
Source: Va. Healthcare Workforce Data Center

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	9,387	22%	3,252	22%
Eastern	1,280	3%	470	3%
Hampton Roads	7,786	18%	2,874	19%
Northern	8,300	19%	3,419	23%
Southside	3,354	8%	1,025	7%
Southwest	2,933	7%	609	4%
Valley	3,795	9%	995	7%
West Central	5,846	14%	1,809	12%
Virginia Border State/D.C.	109	0%	89	1%
Other U.S. State	128	0%	195	1%
Outside of the U.S.	4	0%	11	0%
Total	**42,922**	**100%**	**14,748**	**100%**
Item Missing	9,292		2,037	

Source: Va. Healthcare Workforce Data Center

Nearly three out of every five CNAs work in Central Virginia, Northern Virginia, or Hampton Roads.

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Activity

Clinical/Patient Care:	92%
Non-Clinical:	8%

Top Establishments

Nursing Home:	35%
Assisted Living:	15%
Home Health Care:	13%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every four CNAs work in nursing homes, assisted living facilities, home health care establishments, or the inpatient departments of hospitals.

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Nursing Home	16,427	35%	3,828	25%
Assisted Living	7,056	15%	2,275	15%
Home Health Care	5,953	13%	2,983	20%
Hospital, Inpatient Department	5,468	12%	789	5%
Personal Care: Companion/Sitter/Private Duty	1,605	3%	1,011	7%
Hospice	1,337	3%	223	1%
Hospital, Ambulatory Care	1,197	3%	194	1%
Physician's Office	1,142	2%	93	1%
Mental Health Facility	964	2%	217	1%
Group Home	854	2%	449	3%
Ambulatory or Outpatient Care	735	2%	133	1%
Health Clinic	718	2%	159	1%
Other Practice Setting	3,962	8%	2,886	19%
Total	**47,418**	**100%**	**15,240**	**100%**
Did Not Have a Location	3,027		38,458	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Languages Offered

Spanish:	10%
French:	4%
Tagalog/Filipino:	3%

Means of Communication

Respondent:	44%
Virtual Translation:	30%
Other Staff Member:	24%

Source: Va. Healthcare Workforce Data Center

Among all CNAs, 10% are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	**#**	**% of Workforce**
Spanish	5,494	10%
French	2,048	4%
Tagalog/Filipino	1,744	3%
Amharic, Somali, or Other Afro-Asiatic Languages	1,630	3%
Arabic	1,587	3%
Chinese	1,536	3%
Korean	1,487	3%
Hindi	1,399	3%
Vietnamese	1,375	2%
Urdu	1,141	2%
Persian	1,135	2%
Pashto	1,063	2%
Others	1,860	3%
At Least One Language	**8,785**	**16%**

Source: Va. Healthcare Workforce Data Center

Means of Language Communication		
Provision	**#**	**% of Workforce with Language Services**
Respondent is Proficient	3,826	44%
Virtual Translation Service	2,649	30%
Other Staff Member is Proficient	2,108	24%
Onsite Translation Service	1,790	20%
Other	508	6%

Source: Va. Healthcare Workforce Data Center

Among CNAs who are employed at a primary work location that offers language services for patients, 44% are proficient and are the ones providing the service.

At a Glance:

FTEs

Total: 50,435
FTEs/1,000 Residents[1]: 5.79
Average: 0.97

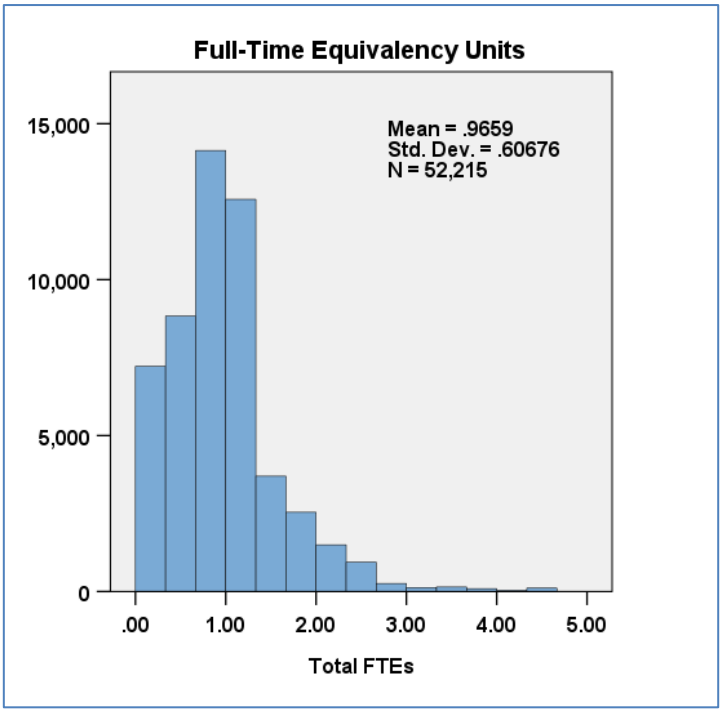
Age & Gender Effect

Age, *Partial Eta*^{2}: Small
Gender, *Partial Eta*^{2}: Negligible

Partial Eta^2 *Explained:*
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

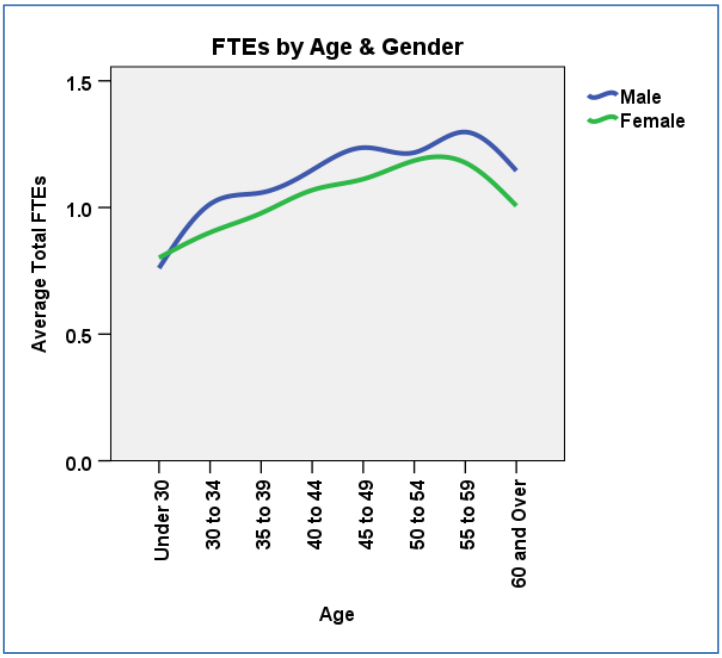


Source: Va. Healthcare Workforce Data Center

The typical (median) CNA provided 0.91 FTEs, or approximately 36 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.[2]

Full-Time Equivalency Units		
Age	**Average**	**Median**
Under 30	0.79	0.72
30 to 34	0.90	0.86
35 to 39	0.96	0.91
40 to 44	1.06	0.99
45 to 49	1.11	1.03
50 to 54	1.17	1.10
55 to 59	1.16	1.08
60 and Over	0.98	0.91
Gender		
Male	1.04	0.99
Female	0.97	0.91

Source: Va. Healthcare Workforce Data Center

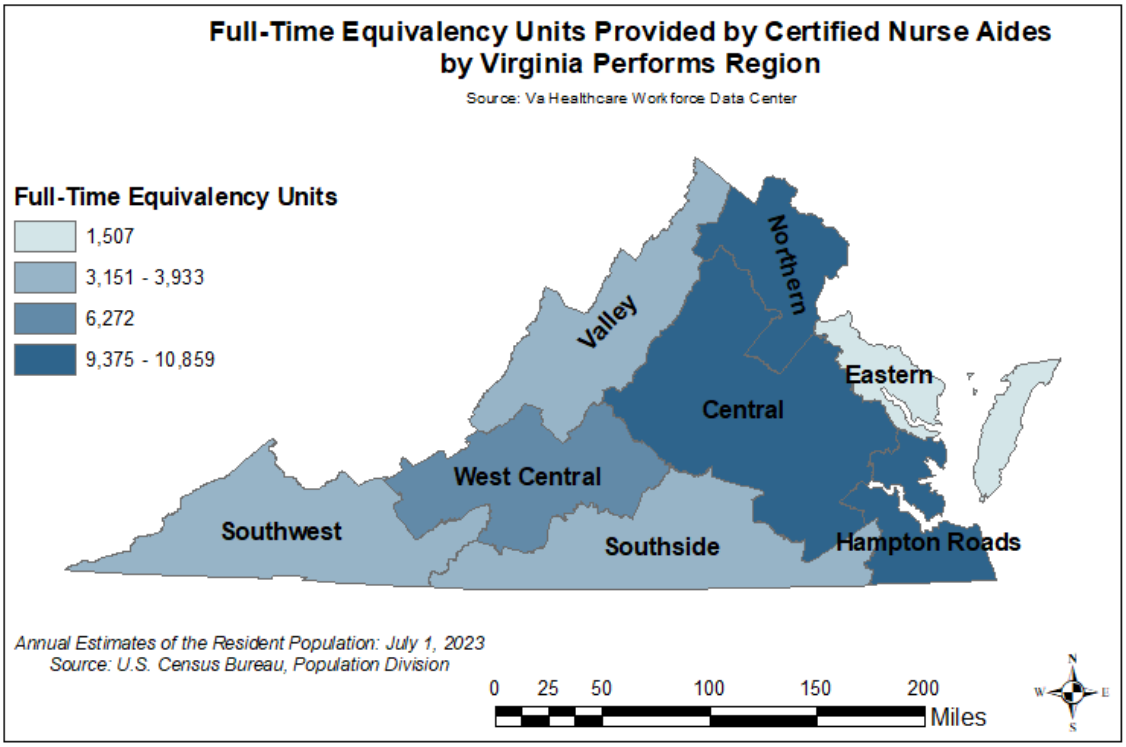


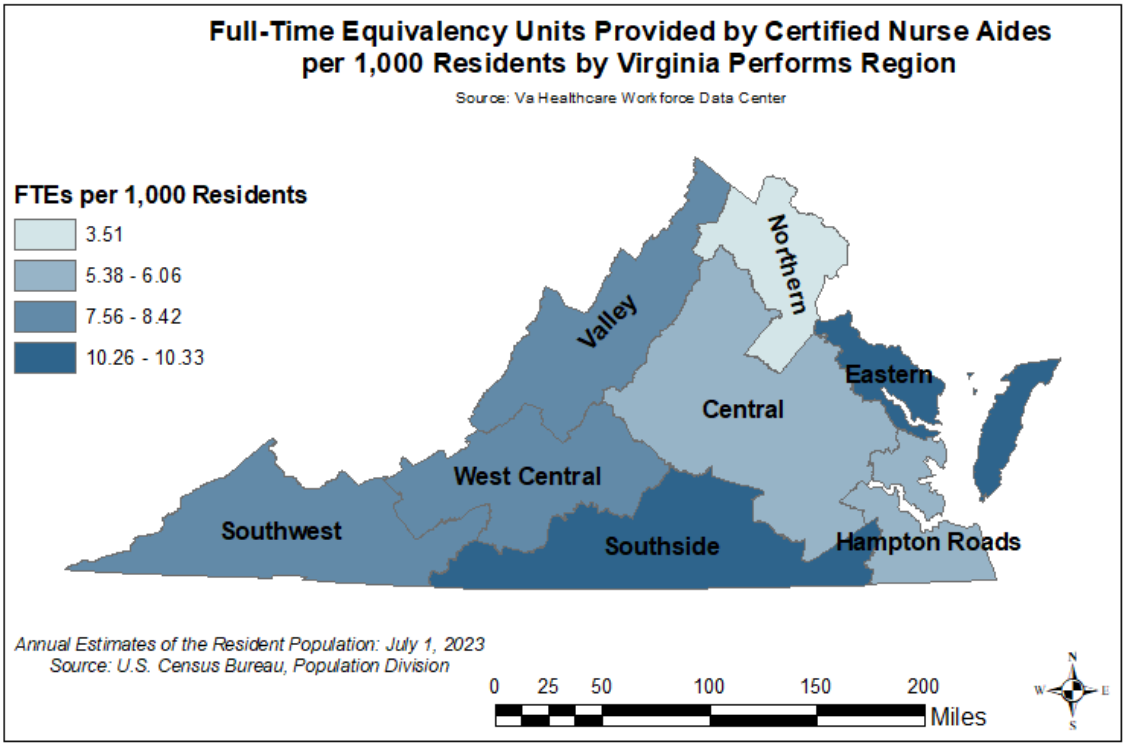
Source: Va. Healthcare Workforce Data Center

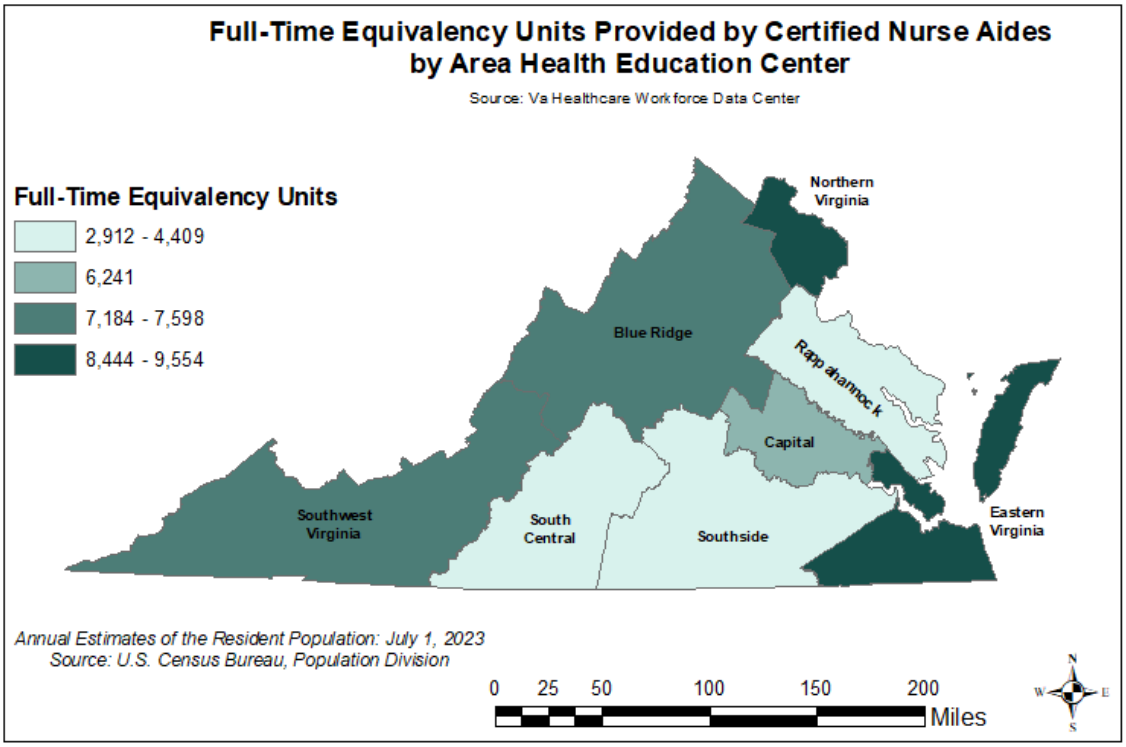
[1] Number of residents in 2023 was used as the denominator.
[2] Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).

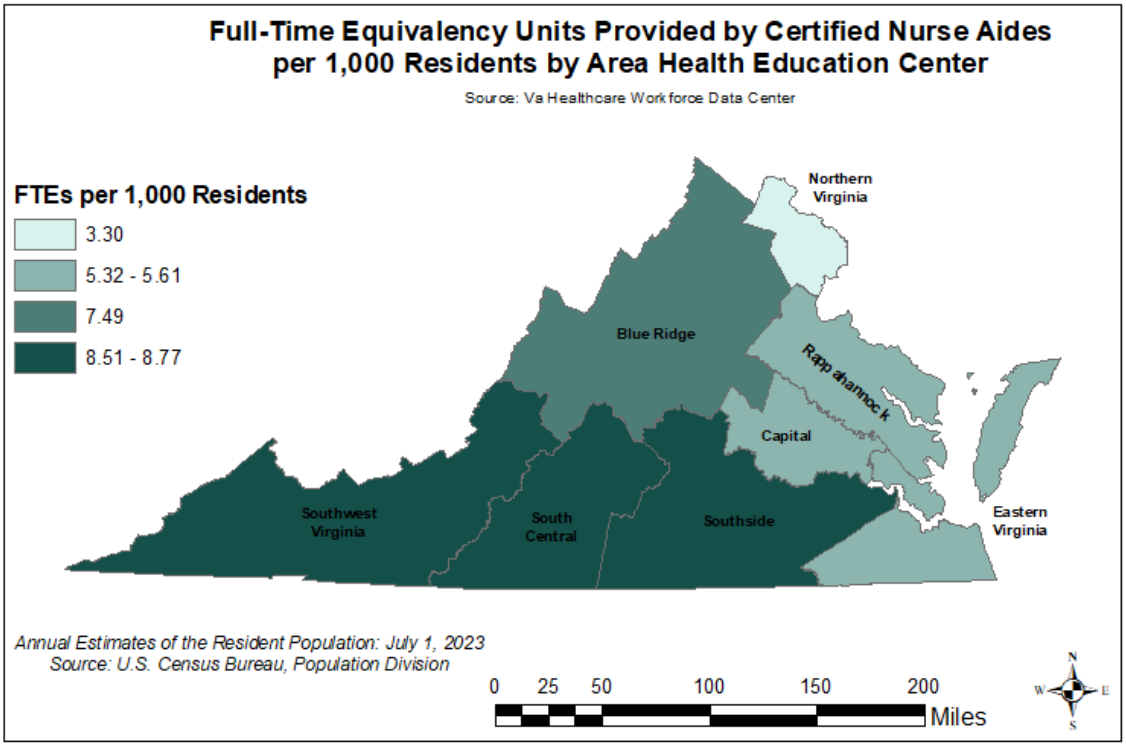
Maps

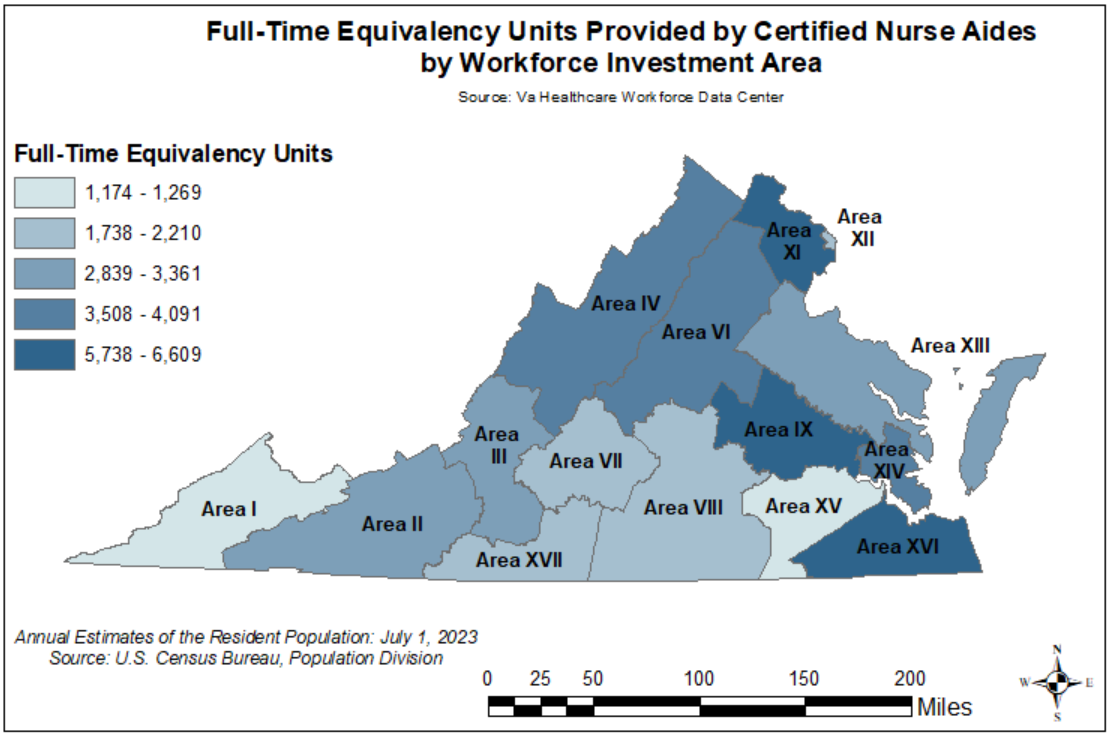
Virginia Performs Regions

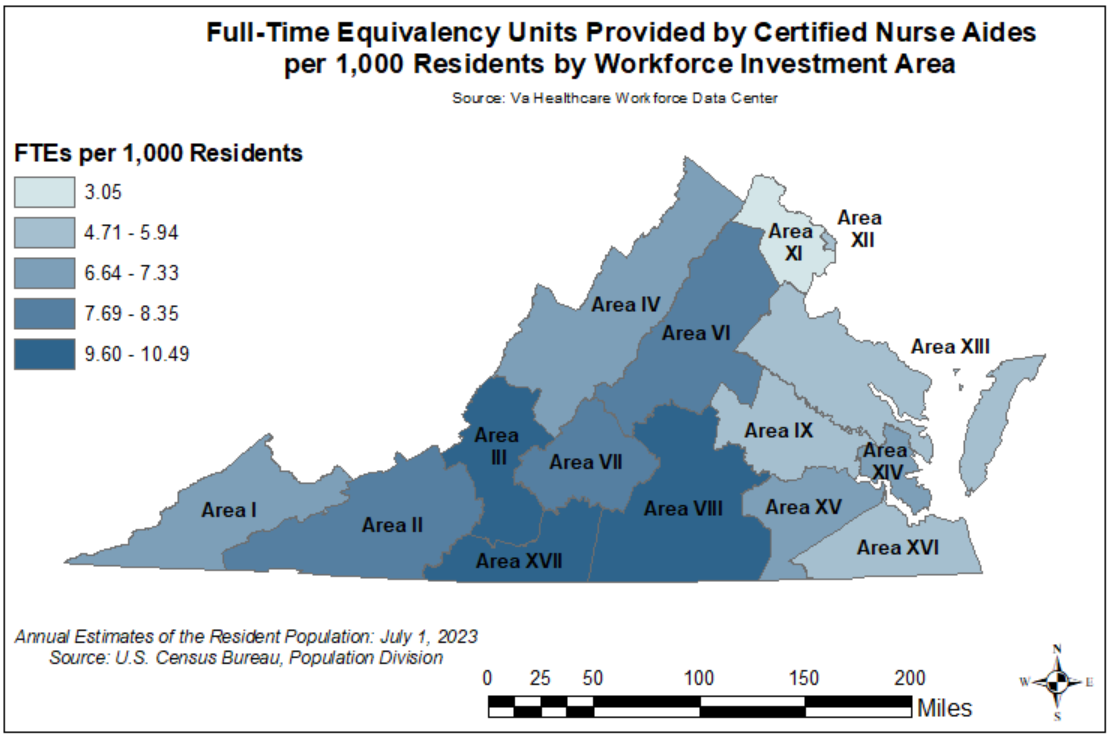


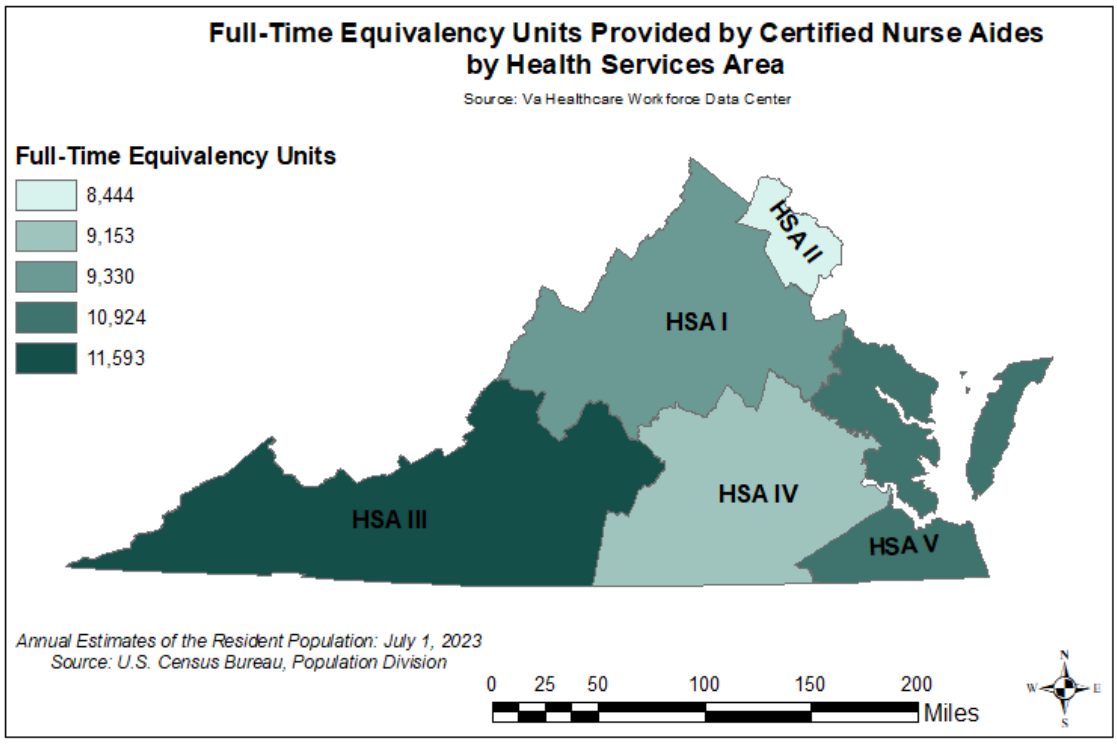


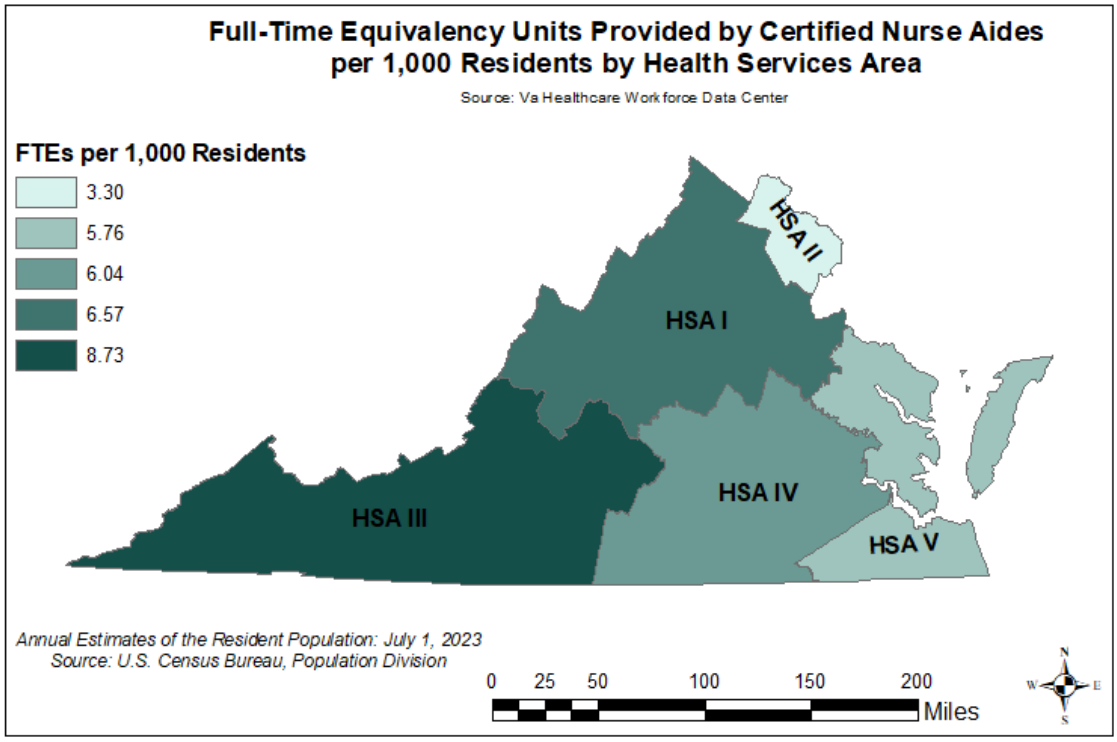

Full-Time Equivalency Units Provided by Certified Nurse Aides
by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
2,912 - 4,409
6,241
7,184 - 7,598
8,444 - 9,554
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

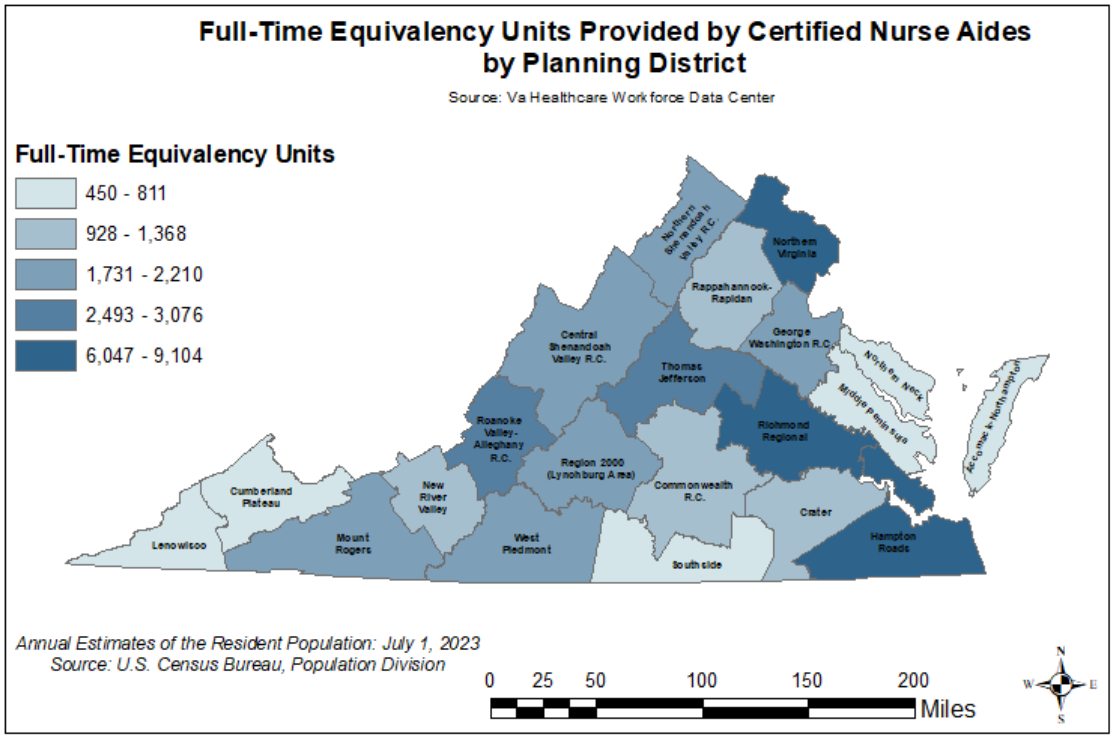

Full-Time Equivalency Units Provided by Certified Nurse Aides
per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
3.30
5.32 - 5.61
7.49
8.51 - 8.77
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

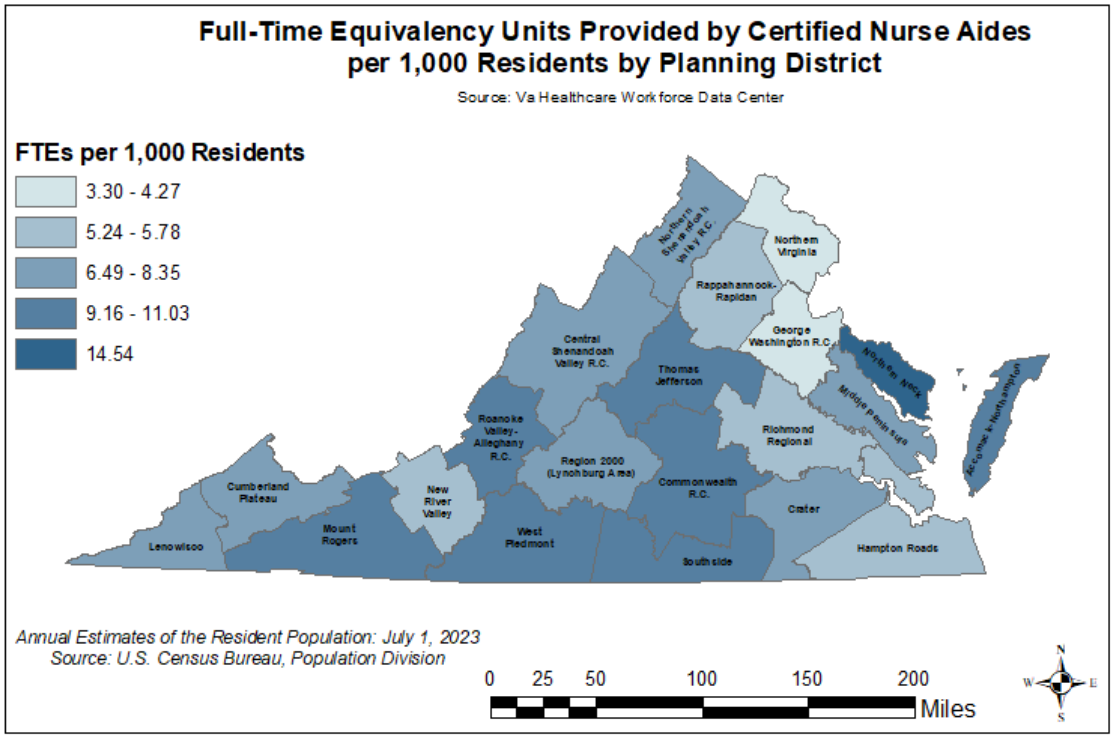

Full-Time Equivalency Units Provided by Certified Nurse Aides by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
1,174 - 1,269
1,738 - 2,210
2,839 - 3,361
3,508 - 4,091
5,738 - 6,609
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Certified Nurse Aides per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
3.05
4.71 - 5.94
6.64 - 7.33
7.69 - 8.35
9.60 - 10.49
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Certified Nurse Aides by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
8,444
9,153
9,330
10,924
11,593
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Certified Nurse Aides per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
3.30
5.76
6.04
6.57
8.73
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Certified Nurse Aides by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
450 - 811
928 - 1,368
1,731 - 2,210
2,493 - 3,076
6,047 - 9,104
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Richmond Regional
Roanoke Valley-Alleghany R.C.
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Hampton Roads
New River Valley
Cumberland Plateau
Mount Rogers
West Piedmont
Lenowisco
South side
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Certified Nurse Aides per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
3.30 - 4.27
5.24 - 5.78
6.49 - 8.35
9.16 - 11.03
14.54
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Richmond Regional
Roanoke Valley-Alleghany R.C.
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Hampton Roads
New River Valley
Cumberland Plateau
Mount Rogers
West Piedmont
Lenowisco
South side
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	27,470	62.28%	1.606	1.164	2.730
Metro, 250,000 to 1 Million	5,471	62.71%	1.595	1.156	2.711
Metro, 250,000 or Less	5,534	60.95%	1.641	1.190	2.790
Urban, Pop. 20,000+, Metro Adj.	1,898	60.64%	1.649	1.196	2.804
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	3,919	67.13%	1.490	1.080	2.533
Urban, Pop. 2,500-19,999, Non-Adj.	1,982	56.81%	1.760	1.276	2.993
Rural, Metro Adj.	2,123	61.05%	1.638	1.188	2.785
Rural, Non-Adj.	1,109	55.55%	1.800	1.306	3.061
Virginia Border State/D.C.	5,299	30.84%	3.243	2.352	5.514
Other U.S. State	5,463	16.25%	6.152	4.461	10.461

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	16,389	32.45%	3.082	2.533	10.461
30 to 34	8,269	44.55%	2.245	1.845	7.619
35 to 39	7,072	57.83%	1.729	1.421	5.869
40 to 44	5,955	62.87%	1.591	1.307	5.399
45 to 49	5,301	66.78%	1.497	1.231	5.083
50 to 54	4,721	70.98%	1.409	1.158	4.782
55 to 59	4,457	75.39%	1.326	1.090	4.503
60 and Over	8,104	76.09%	1.314	1.080	4.461

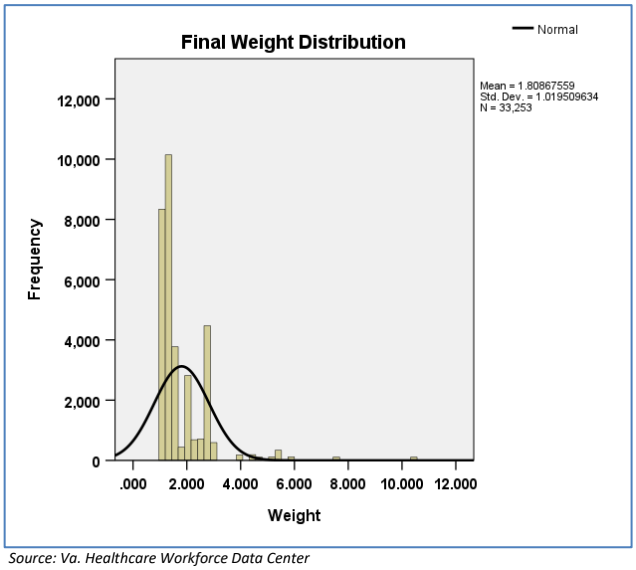
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: **0.551752**



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Practical Nurse Workforce: 2025

Healthcare Workforce Data Center

November 2025

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from:
https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

In total, 11,374 Licensed Practical Nurses voluntarily participated in this survey. *Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for their ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

Arne E. Owens, MS
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

Virginia Board of Nursing

President

Carol A. Cartte, RN, BSN
Glen Allen

First Vice-President

Helen M. Parke, DNP, FNP-BC
Concord

Second Vice-President

Victoria Cox, DNP, RN
Roanoke

Members

Delia Acuna, FNP-C
Quinton

Pamela Davis, LPN
Powhatan

A. Tucker Gleason, PhD
Zion Crossroads

Paul Hogan
Reston

Cleopatra Kitt, PhD
Roanoke

Lila Peake, RN
Lynchburg

Shelly Smith, PhD, DNP, ANP-BC
Powhatan

Dolores Valenta, LPN
Moon

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

Jodi Zehr, RN
Rustburg

Executive Director

Claire Morris, RN, LNHA

Contents

The Licensed Practical Nurse Workforce At a Glance:

The Workforce

Licensees:	28,777
Virginia's Workforce:	26,108
FTEs:	23,155

Survey Response Rate

All Licensees:	40%
Renewing Practitioners:	95%

Demographics

Female:	95%
Diversity Index:	59%
Median Age:	46

Background

Rural Childhood:	47%
HS Degree in VA:	72%
Prof. Degree in VA:	87%

Education

LPN Diploma/Cert.:	95%
Associate:	5%

Finances

Median Income:	$60k-$70k
Health Insurance:	56%
Under 40 w/ Ed. Debt:	60%

Current Employment

Employed in Prof.:	89%
Hold 1 Full-Time Job:	68%
Satisfied?:	95%

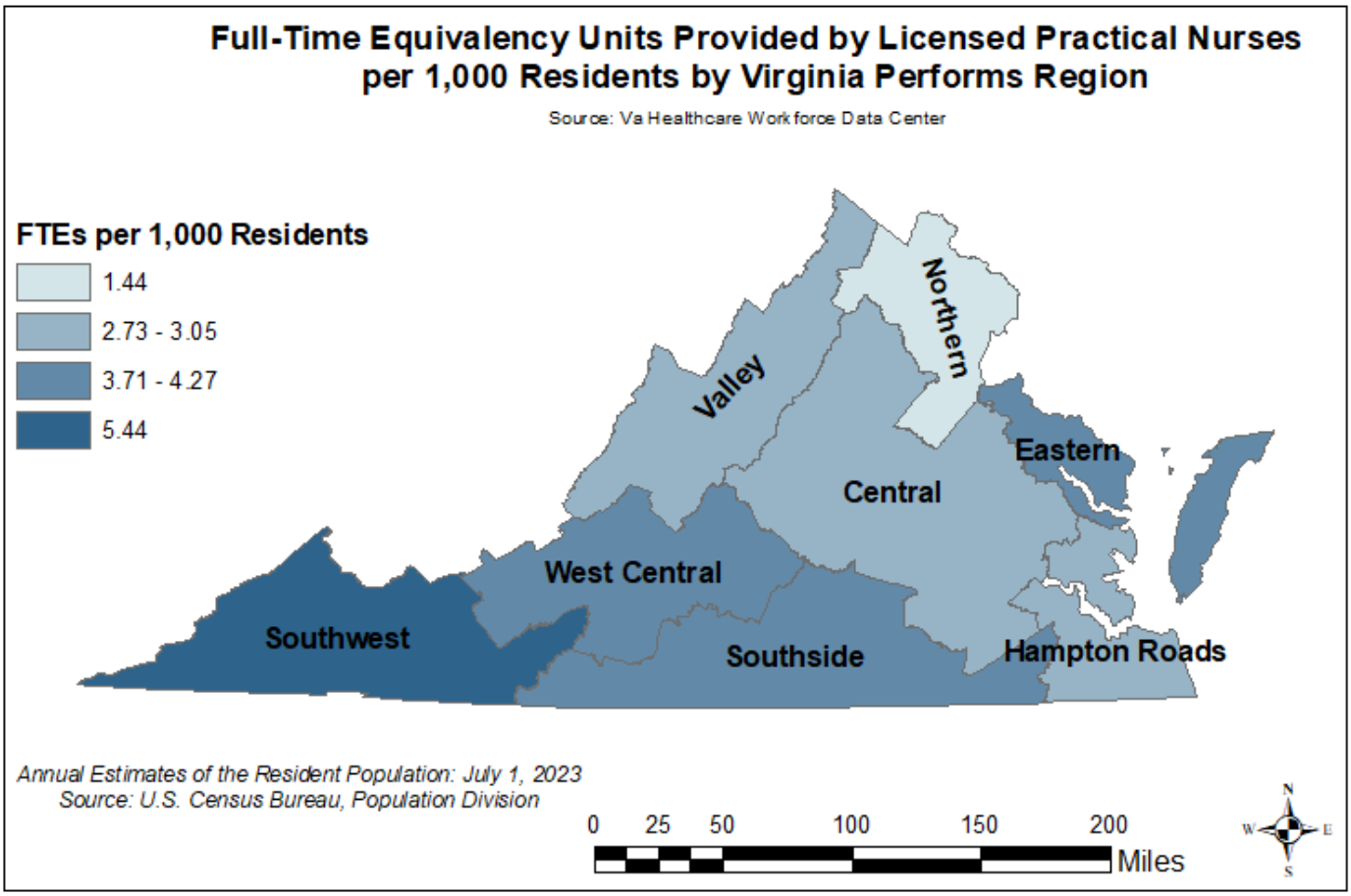
Job Turnover

Switched Jobs:	7%
Employed Over 2 Yrs.:	54%

Time Allocation

Patient Care:	80%-89%
Patient Care Role:	67%
Admin. Role:	8%

Source: Va. Healthcare Workforce Data Center



Results in Brief

This report contains the results of the 2025 Licensed Practical Nurse (LPN) survey. In total, 11,374 LPNs participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of LPNs have access to the survey in a given year. These survey respondents represent 40% of the 28,777 LPNs who are licensed in the state and 95% of renewing practitioners.

The HWDC estimates that 26,108 LPNs participated in Virginia's workforce during the survey period, which is defined as those LPNs who worked at least a portion of the year in the state or who live in the state and intend to return to work as an LPN at some point in the future. Virginia's LPN workforce provided 23,155 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks with 2 weeks of vacation).

The percentage of LPNs who are female is 95%, and the median age of this workforce is 46. In a random encounter between two LPNs, there is a 59% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 62% for those LPNs who are under the age of 40. The comparable diversity index for Virginia's overall population is 60%. Nearly one out of every two LPNs grew up in a rural area, and 32% of LPNs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 19% of all LPNs work in a non-metro area of the state. In addition, 5% of Virginia's LPN workforce has served in the military. Among LPNs who have served in the military, 55% served in the Army and 34% served in either the Navy or the Marines.

Among all LPNs, 89% are currently employed in the profession, 68% hold one full-time job, and 51% work between 40 and 49 hours per week. More than three out of every five LPNs work in the for-profit sector, while another 20% work in the non-profit sector. The median annual income for Virginia's LPN workforce is between $60,000 and $70,000, and 81% of LPNs receive this income as an hourly wage. In addition, 74% of LPNs receive at least one employer-sponsored benefit, including 56% who have access to health insurance. Among all LPNs, 95% indicated that they are satisfied with their current employment situation, including 63% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2015 LPN workforce. The number of licensed LPNs in Virginia has increased by 4% (28,777 vs. 27,550). At the same time, the size of Virginia's LPN workforce has increased by 11% (26,108 vs. 23,493), while the number of FTEs provided by this workforce has remained essentially constant (23,155 vs. 23,138). Virginia's renewing LPNs are more likely to respond to this survey (95% vs. 73%).

While there has been no change in the percentage of Virginia's LPN workforce that is female (95%), the median age of this workforce has increased (46 vs. 45). In addition, the diversity index of Virginia's LPNs has increased (59% vs. 53%), and this trend has also occurred among those LPNs who are under the age of 40 (62% vs. 58%). LPNs are less likely to have grown up in a rural area (47% vs. 49%), but LPNs who grew up in a rural area are slightly more likely to work in a non-metro area (32% vs. 31%). However, there has been no change in the percentage of all LPNs who work in a non-metro area of the state (19%). While LPNs are more likely to carry education debt (45% vs. 40%), the median outstanding balance among LPNs with education debt has remained constant ($20k-$30k).

LPNs are more likely to be employed in the profession (89% vs. 86%) and hold one full-time job (68% vs. 67%). At the same time, LPNs are relatively more likely to work more than 60 hours per week (6% vs. 4%) than between 40 and 49 hours per week (51% vs. 53%). Meanwhile, LPNs are less likely to be either underemployed (4% vs. 8%) or involuntarily unemployed (1% vs. 3%). The median annual income of LPNs has increased ($60k-$70k vs. $30k-$40k), and LPNs are relatively more likely to earn this income as a salary (16% vs. 13%) than as an hourly wage (81% vs. 83%). While wage and salaried LPNs are equally likely to receive at least one employer-sponsored benefit (73%), wage and salaried LPNs are more likely to receive health insurance (56% vs. 54%) and have access to a retirement plan (53% vs. 45%). LPNs are more likely to indicate that they are satisfied with their current work situation (95% vs. 93%), including those who indicated that they are "very satisfied" (63% vs. 62%).

A Closer Look:

Licensees		
License Status	**#**	**%**
Renewing Practitioners	12,203	42%
New Licensees	1,565	5%
Non-Renewals	1,979	7%
Renewal Date Not in Survey Period	12,779	44%
All Licensees	**28,777**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing LPNs, 95% voluntarily submitted a survey. This represents 40% of the 28,777 LPNs who held a license at some point during the survey period.

Response Rates			
Statistic	**Non Respondents**	**Respondents**	**Response Rate**
By Age			
Under 30	2,126	627	23%
30 to 34	1,684	1,123	40%
35 to 39	2,279	1,227	35%
40 to 44	1,930	1,630	46%
45 to 49	2,192	1,318	38%
50 to 54	1,673	1,598	49%
55 to 59	1,810	1,222	40%
60 and Over	3,709	2,629	42%
Total	**17,403**	**11,374**	**40%**
New Licenses			
Issued in Past Year	1,560	5	0%
Metro Status			
Non-Metro	3,559	2,463	41%
Metro	12,735	8,404	40%
Not in Virginia	1,108	507	31%

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted between October 2024 and September 2025 on the birth month of each renewing practitioner.
2. **Target Population:** All LPNs who held a Virginia license at some point during the survey time period.
3. **Survey Population:** The survey was available to LPNs who renewed their licenses online. It was not available to those who did not renew, including LPNs newly licensed during the survey time frame.

Response Rates	
Completed Surveys	**11,374**
Response Rate, All Licensees	**40%**
Response Rate, Renewals	**95%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Practical Nurses

Number: 28,777
New: 5%
Not Renewed: 7%

Response Rates

All Licensees: 40%
Renewing Practitioners: 95%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LPN Workforce:	26,108
FTEs:	23,155

Utilization Ratios

Licensees in VA Workforce:	91%
Licensees per FTE:	1.24
Workers per FTE:	1.13

Source: Va. Healthcare Workforce Data Center

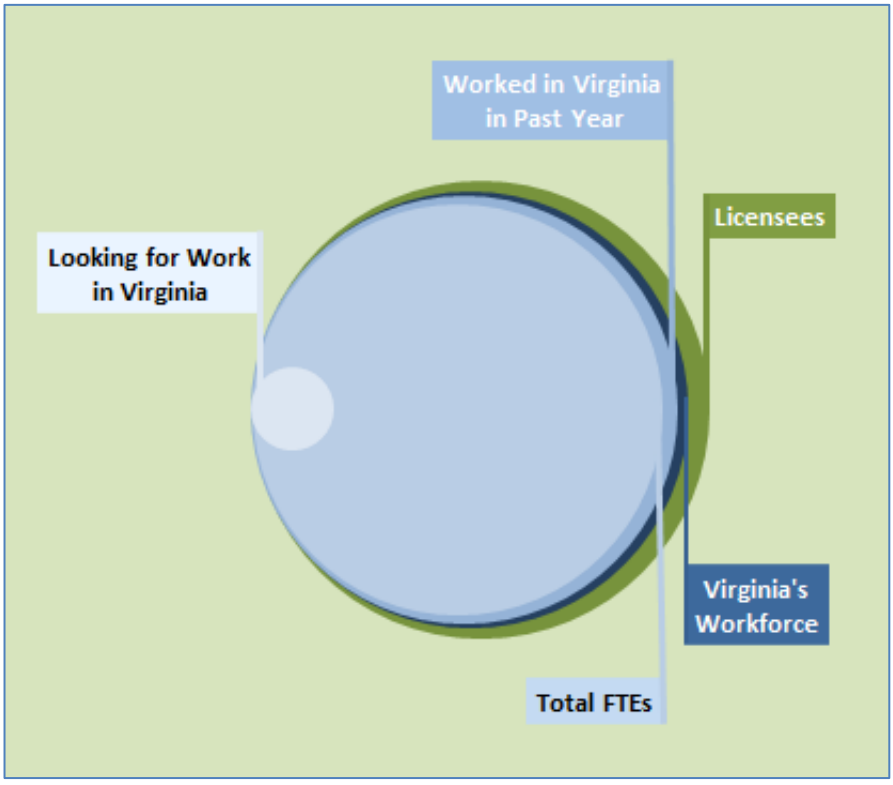
Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey time frame or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's LPN Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	25,174	96%
Looking for Work in Virginia	934	4%
Virginia's Workforce	**26,108**	**100%**
Total FTEs	**23,155**	
Licensees	**28,777**	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	130	5%	2,271	95%	2,401	11%
30 to 34	131	6%	2,263	95%	2,394	11%
35 to 39	164	6%	2,786	94%	2,950	13%
40 to 44	125	4%	2,741	96%	2,866	13%
45 to 49	144	5%	2,671	95%	2,814	13%
50 to 54	111	4%	2,412	96%	2,523	11%
55 to 59	144	7%	2,064	94%	2,208	10%
60 and Over	230	6%	3,926	95%	4,156	19%
Total	**1,179**	**5%**	**21,133**	**95%**	**22,312**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	95%
% Under 40 Female:	95%

Age

Median Age:	46
% Under 40:	35%
% 55 and Over:	29%

Diversity

Diversity Index:	59%
Under 40 Div. Index:	62%

Source: Va. Healthcare Workforce Data Center

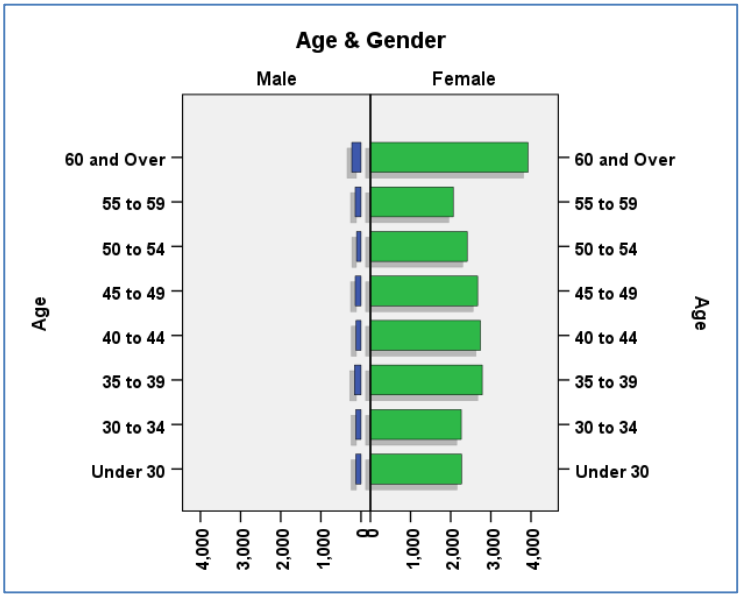
Race & Ethnicity					
Race/ Ethnicity	Virginia*	LPNs		LPNs Under 40	
	%	#	%	#	%
White	59%	12,114	53%	4,051	51%
Black	19%	7,987	35%	2,497	32%
Asian	7%	594	3%	237	3%
Other Race	0%	253	1%	57	1%
Two or More Races	3%	636	3%	334	4%
Hispanic	11%	1,174	5%	703	9%
Total	**100%**	**22,758**	**100%**	**7,879**	**100%**

*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

In a chance encounter between two LPNs, there is a 59% chance that they would be of different races or ethnicities (a measure known as the diversity index), compared to a 60% chance for Virginia's population as a whole.

In total, 35% of all LPNs are under the age of 40. Among LPNs who are under the age of 40, 95% are female. In addition, the diversity index among LPNs who are under the age of 40 is 62%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	20%
Rural Childhood:	47%

Virginia Background

HS in Virginia:	72%
Prof. Edu. in VA:	87%
HS or Prof. Edu. in VA:	89%

Location Choice

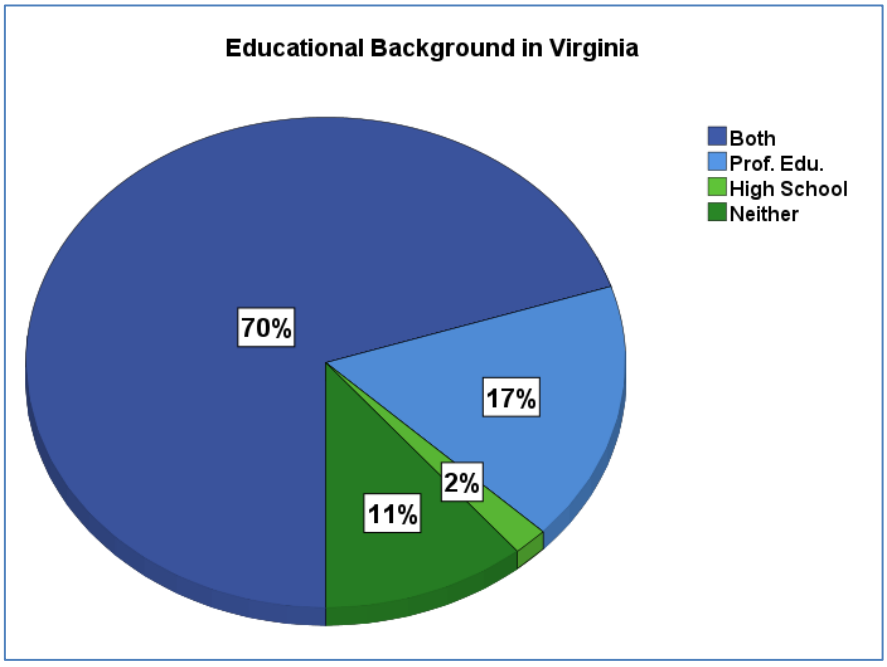
% Rural to Non-Metro:	32%
% Urban/Suburban to Non-Metro:	7%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 Million+	29%	43%	28%
2	Metro, 250,000 to 1 Million	62%	23%	15%
3	Metro, 250,000 or Less	69%	21%	10%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	67%	18%	15%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	80%	15%	5%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	91%	7%	2%
8	Rural, Metro Adjacent	82%	12%	6%
9	Rural, Non-Adjacent	76%	18%	6%
	Overall	**47%**	**33%**	**20%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly half of all LPNs grew up in a self-described rural area, and 32% of LPNs who grew up in a rural area currently work in a non-metro county. In total, 19% of all LPNs currently work in a non-metro county.

Top Ten States for Licensed Practical Nurse Recruitment

Rank	All Licenced Practical Nurses			
	High School	#	Init. Prof. Degree	#
1	Virginia	16,142	Virginia	19,454
2	Outside U.S./Canada	1,660	New York	440
3	New York	790	Pennsylvania	273
4	Pennsylvania	416	West Virginia	197
5	North Carolina	317	New Jersey	186
6	New Jersey	305	Texas	186
7	West Virginia	295	California	180
8	California	244	Florida	169
9	Florida	233	North Carolina	168
10	Maryland	216	Washington, D.C.	111

Source: Va. Healthcare Workforce Data Center

Among all LPNs, 72% received their high school degree in Virginia, and 87% received their initial professional degree in the state.

Among LPNs who have obtained their license in the past five years, 67% received their high school degree in Virginia, and 83% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	2,776	Virginia	3,443
2	Outside U.S./Canada	356	New York	110
3	New York	178	California	89
4	Pennsylvania	93	Pennsylvania	75
5	California	82	Florida	43
6	Florida	58	Texas	41
7	New Jersey	55	North Carolina	38
8	Georgia	53	Outside U.S./Canada	35
9	Maryland	52	New Jersey	32
10	North Carolina	50	West Virginia	31

Source: Va. Healthcare Workforce Data Center

Among all licensees, 9% did not participate in Virginia's LPN workforce during the past year. Among these licensees, 65% worked at some point in the past year, including 56% who currently work in a nursing-related capacity.

At a Glance:

Not in VA Workforce

Total:	2,668
% of Licensees:	9%
Federal/Military:	6%
VA Border State/DC:	14%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	**#**	**%**
LPN Diploma or Cert.	21,112	95%
Hospital RN Diploma	28	0%
Associate Degree	1,026	5%
Baccalaureate Degree	135	1%
Master's Degree	23	0%
Doctorate Degree	8	0%
Total	**22,332**	**100%**

Source: Va. Healthcare Workforce Data Center

Among all LPNs, 95% have an LPN/LVN diploma or certificate as their highest professional degree. In total, 45% of all LPNs carry education debt, including 60% of those LPNs who are under the age of 40. The median outstanding balance among those LPNs with education debt is between $20,000 and $30,000.

At a Glance:

Education

LPN Diploma/Cert.: 95%
Associate: 5%

Education Debt

Carry Debt: 45%
Under Age 40 w/ Debt: 60%
Median Debt: $20k-$30k

Source: Va. Healthcare Workforce Data Center

Current Educational Attainment		
Currently Enrolled?	**#**	**%**
Yes	3,097	14%
No	19,115	86%
Total	**22,212**	**100%**
Degree Pursued	**#**	**%**
Associate	2,070	69%
Baccalaureate	790	26%
Masters	114	4%
Doctorate	24	1%
Total	**2,998**	**100%**

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	**All LPNs**		**LPNs Under 40**	
	#	**%**	**#**	**%**
None	10,077	55%	2,541	40%
Less than $10,000	1,499	8%	723	11%
$10,000-$19,999	1,379	8%	703	11%
$20,000-$29,999	1,398	8%	685	11%
$30,000-$39,999	1,041	6%	491	8%
$40,000-$49,999	811	4%	417	7%
$50,000-$59,999	628	3%	267	4%
$60,000-$69,999	509	3%	250	4%
$70,000-$79,999	332	2%	115	2%
$80,000-$89,999	226	1%	87	1%
$90,000-$99,999	95	1%	36	1%
$100,000-$109,999	110	1%	36	1%
$110,000-$119,999	65	0%	17	0%
$120,000 or More	121	1%	18	0%
Total	**18,291**	**100%**	**6,386**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

LTC/Assisted Living:	16%
Geriatrics/Gerontology:	12%
Pediatrics:	6%

Secondary Specialty

LTC/Assisted Living:	14%
Geriatrics/Gerontology:	10%
Pediatrics:	5%

Licenses

Registered Nurse:	2%

Source: Va. Healthcare Workforce Data Center

Among all LPNs, 16% have a primary specialty in long-term care/assisted living/nursing homes. Another 12% of LPNs have a primary specialty in geriatrics/gerontology.

A Closer Look:

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
Long-Term Care/Assisted Living/Nursing Home	3,458	16%	2,422	14%
Geriatrics/Gerontology	2,501	12%	1,668	10%
Pediatrics	1,358	6%	920	5%
Family Health	1,134	5%	628	4%
Psychiatric/Mental Health	694	3%	468	3%
Acute/Critical Care/Emergency/Trauma	583	3%	544	3%
Adult Health	545	3%	558	3%
Community Health/Public Health	315	1%	312	2%
Rehabilitation	306	1%	373	2%
Women's Health/Gynecology	290	1%	209	1%
Cardiology	288	1%	174	1%
Surgery/OR/Pre-, Peri- or Post-Operative	271	1%	206	1%
Case Management	252	1%	186	1%
Hospital/Float	245	1%	239	1%
Administration/Management	243	1%	511	3%
Student Health	238	1%	131	1%
Palliative/Hospice Care	210	1%	198	1%
General Nursing/No Specialty	6,049	28%	5,042	30%
Other Specialty Area	2,452	11%	1,991	12%
Medical Specialties (Not Listed)	278	1%	186	1%
Total	**21,708**	**100%**	**16,967**	**100%**

Source: Va. Healthcare Workforce Data Center

Other Licenses		
License	#	% of Workforce
Registered Nurse	418	2%
Certified Massage Therapist	51	< 1%
Licensed Nurse Practitioner	28	< 1%
Respiratory Therapist	18	< 1%
Clinical Nurse Specialist	5	< 1%
Certified Nurse Midwife	3	< 1%

Source: Va. Healthcare Workforce Data Center

In addition to being licensed as an LPN, 2% of LPNs also hold a license as a Registered Nurse.

A Closer Look:

Military Service		
Service?	**#**	**%**
Yes	1,114	5%
No	20,281	95%
Total	**21,395**	**100%**

Source: Va. Healthcare Workforce Data Center

Branch of Service		
Branch	**#**	**%**
Army	591	55%
Navy/Marine	364	34%
Air Force	99	9%
Other	21	2%
Total	**1,075**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Military Service
% Who Served: 5%

Branch of Service
Army: 55%
Navy/Marines: 34%
Air Force: 9%

Occupation
Army Health Care Spec.: 15%
Navy Basic Med. Tech.: 8%
Air Force Basic Med. Tech.: 3%

Source: Va. Healthcare Workforce Data Center

In total, 5% of Virginia's LPN workforce has served in the military. More than half of these LPNs served in the Army, including 15% who worked as Army Health Care Specialists (68W Army Medic).

Military Occupation		
Occupation	**#**	**%**
Army Health Care Specialist (68W Army Medic)	157	15%
Navy Basic Medical Technician (Navy HM0000)	85	8%
Air Force Basic Medical Technician (Air Force BMTCP 4NOX1)	31	3%
Air Force Independent Duty Medical Technician (IDMT 4NOX1C)	0	0%
Other	752	73%
Total	**1,024**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 89%
Involuntarily Unemployed: 1%

Positions Held

1 Full-Time: 68%
2 or More Positions: 12%

Weekly Hours

40 to 49: 51%
60 or More: 6%
Less than 30: 11%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	34	< 1%
Employed in a Nursing-Related Capacity	19,664	89%
Employed, NOT in a Nursing-Related Capacity	890	4%
Not Working, Reason Unknown	6	< 1%
Involuntarily Unemployed	115	1%
Voluntarily Unemployed	975	4%
Retired	417	2%
Total	**22,102**	**100%**

Source: Va. Healthcare Workforce Data Center

Among all LPNs, 89% are currently employed in the profession, 68% hold one full-time job, and 51% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	1,513	7%
1 to 9 Hours	303	1%
10 to 19 Hours	653	3%
20 to 29 Hours	1,295	6%
30 to 39 Hours	4,002	19%
40 to 49 Hours	10,959	51%
50 to 59 Hours	1,272	6%
60 to 69 Hours	618	3%
70 to 79 Hours	187	1%
80 or More Hours	531	2%
Total	**21,333**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	**#**	**%**
No Positions	1,513	7%
One Part-Time Position	2,819	13%
Two Part-Time Positions	396	2%
One Full-Time Position	14,767	68%
One Full-Time Position & One Part-Time Position	1,925	9%
Two Full-Time Positions	143	1%
More than Two Positions	162	1%
Total	**21,725**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	**#**	**%**
Volunteer Work Only	229	1%
Less than $20,000	532	3%
$20,000-$29,999	672	4%
$30,000-$39,999	1,229	8%
$40,000-$49,999	2,165	13%
$50,000-$59,999	3,223	20%
$60,000-$69,999	3,186	20%
$70,000-$79,999	2,373	15%
$80,000-$89,999	1,420	9%
$90,000-$99,999	539	3%
$100,000 or More	723	4%
Total	**16,292**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: $60k-$70k

Benefits

Health Insurance: 56%
Retirement: 53%

Satisfaction

Satisfied: 95%
Very Satisfied: 63%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	13,334	63%
Somewhat Satisfied	6,570	31%
Somewhat Dissatisfied	814	4%
Very Dissatisfied	312	2%
Total	**21,028**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical LPN earns between $60,000 and $70,000 per year. In addition, nearly three out of every four LPNs receive at least one employer-sponsored benefit, including 56% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	**#**	**%**	**% of Wage/Salary Employees**
Paid Leave	11,649	59%	59%
Health Insurance	10,970	56%	56%
Dental Insurance	10,877	55%	55%
Retirement	10,366	53%	53%
Group Life Insurance	7,492	38%	38%
Signing/Retention Bonus	2,236	11%	12%
At Least One Benefit	**14,559**	**74%**	**73%**
*From any employer at time of survey.			

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . .?	**#**	**%**
Experience Involuntary Unemployment?	308	1%
Experience Voluntary Unemployment?	1,619	6%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	1,061	4%
Work Two or More Positions at the Same Time?	3,775	14%
Switch Employers or Practices?	1,947	7%
Experience at Least One?	**7,354**	**28%**

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's LPNs experienced involuntary unemployment at some point during the renewal cycle. By comparison, Virginia's average monthly unemployment rate was 3.3% during the same time period.[1]

Location Tenure				
Tenure	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Not Currently Working at This Location	648	3%	348	7%
Less than 6 Months	1,653	8%	621	13%
6 Months to 1 Year	2,387	12%	751	16%
1 to 2 Years	4,803	23%	1,106	23%
3 to 5 Years	4,644	23%	924	19%
6 to 10 Years	2,826	14%	476	10%
More than 10 Years	3,512	17%	522	11%
Subtotal	**20,473**	**100%**	**4,747**	**100%**
Did Not Have Location	1,170		21,017	
Item Missing	4,466		344	
Total	**26,108**		**26,108**	

Source: Va. Healthcare Workforce Data Center

More than four out of every five LPNs receive an hourly wage at their primary work location, while 16% are salaried employees.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 4%

Turnover & Tenure

Switched Jobs: 7%
New Location: 26%
Over 2 Years: 54%
Over 2 Yrs., 2nd Location: 40%

Employment Type

Hourly Wage: 81%
Salary: 16%

Source: Va. Healthcare Workforce Data Center

In total, 54% of all LPNs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	**#**	**%**
Salary	2,136	16%
Hourly Wage	10,782	81%
By Contract/Per Diem	298	2%
Business/Contractor Income	55	0%
Unpaid	115	1%
Subtotal	**13,385**	**100%**
Did Not Have Location	1,170	
Item Missing	11,553	

Source: Va. Healthcare Workforce Data Center

[1] As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.5% and a high of 3.9%. At the time of publication, the unemployment rate for August 2025 was still preliminary, and the unemployment rate for September 2025 had not yet been released.

At a Glance:

Concentration

Top Region:	23%
Top 3 Regions:	62%
Lowest Region:	2%

Locations

2 or More (Past Year):	24%
2 or More (Now*):	21%

Source: Va. Healthcare Workforce Data Center

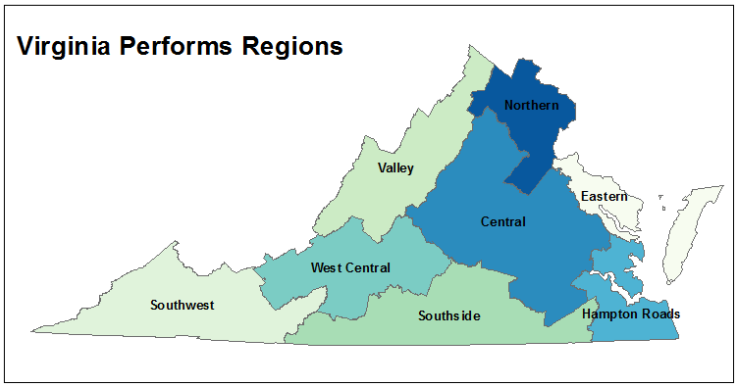
More than three out of every five LPNs work in Hampton Roads, Central Virginia, or Northern Virginia.

A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	4,288	21%	958	20%
Eastern	478	2%	108	2%
Hampton Roads	4,690	23%	1,062	22%
Northern	3,475	17%	1,011	21%
Southside	1,348	7%	329	7%
Southwest	1,809	9%	382	8%
Valley	1,395	7%	259	5%
West Central	2,539	13%	600	12%
Virginia Border State/D.C.	28	0%	35	1%
Other U.S. State	85	0%	88	2%
Outside of the U.S.	0	0%	2	0%
Total	**20,135**	**100%**	**4,834**	**100%**
Item Missing	4,805		255	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Number of Work Locations

Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	927	4%	1,491	7%
1	15,412	72%	15,415	72%
2	3,052	14%	2,935	14%
3	1,648	8%	1,402	7%
4	125	1%	41	0%
5	44	0%	21	0%
6 or More	168	1%	70	0%
Total	**21,375**	**100%**	**21,375**	**100%**

*At the time of survey completion (Oct. 2024-Sept. 2025, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

Among all LPNs, 21% currently have multiple work locations, while 24% have had multiple work locations over the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	11,594	62%	2,866	67%
Non-Profit	3,842	20%	757	18%
State/Local Government	2,487	13%	546	13%
Veteran's Administration	398	2%	51	1%
U.S. Military	206	1%	35	1%
Other Federal Government	296	2%	45	1%
Total	**18,823**	**100%**	**4,300**	**100%**
Did Not Have Location	1,170		21,017	
Item Missing	6,116		792	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

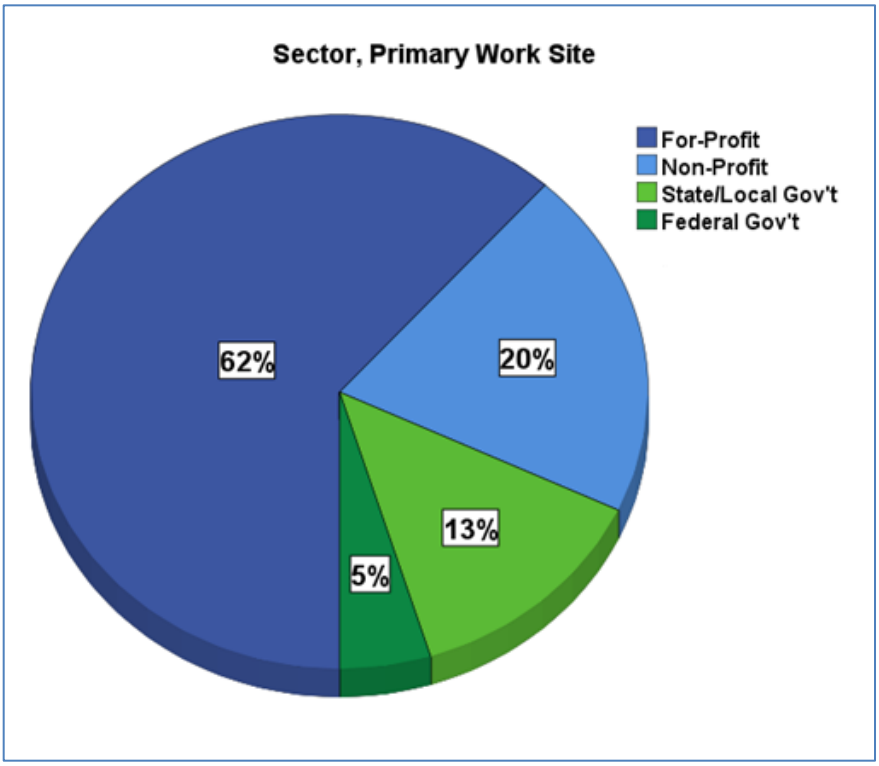
For-Profit: 62%
Federal: 5%

Top Establishments

LTC/Nursing Home: 28%
Clinic, Primary Care: 12%
Home Health Care: 11%

Source: Va. Healthcare Workforce Data Center

More than three out of every five LPNs work in the for-profit sector, while another 20% work in the non-profit sector.



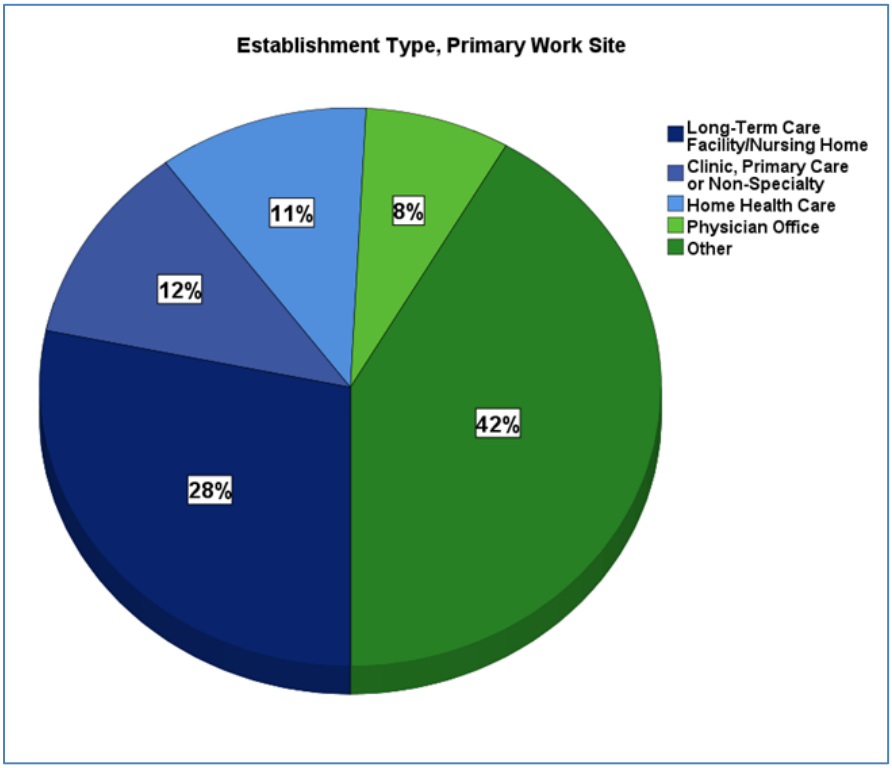
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Long-Term Care Facility/Nursing Home	5,257	28%	1,410	34%
Clinic, Primary Care or Non-Specialty (e.g., FQHC, Retail or Free Clinic)	2,158	12%	273	7%
Home Health Care	2,036	11%	765	18%
Physician Office	1,402	8%	163	4%
Hospital, Inpatient Department	1,136	6%	167	4%
Corrections/Jail	719	4%	199	5%
Clinic, Non-Surgical Specialty (e.g., Dialysis, Diagnostic, Infusion, Blood)	596	3%	85	2%
Rehabilitation Facility	587	3%	170	4%
School (Providing Care to Students)	582	3%	77	2%
Other Practice Setting	4,125	22%	839	20%
Total	**18,598**	**100%**	**4,148**	**100%**
Did Not Have a Location	1,170		21,017	

Source: Va. Healthcare Workforce Data Center

More than one-quarter of all LPNs work at a long-term care facility or nursing home, while another 12% work at either a primary care or non-specialty clinic.

Among those LPNs who also have a secondary work location, 34% work at a long-term care facility or nursing home, while 18% work at a home health care establishment.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Languages Offered

Spanish:	22%
Chinese:	10%
French:	10%

Means of Communication

Virtual Translation:	63%
Other Staff Member:	26%
Onsite Translation:	25%

Source: Va. Healthcare Workforce Data Center

Among all LPNs, 22% are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	**#**	**% of Workforce**
Spanish	5,644	22%
Chinese	2,642	10%
French	2,631	10%
Arabic	2,555	10%
Korean	2,431	9%
Vietnamese	2,301	9%
Tagalog/Filipino	2,280	9%
Hindi	2,222	9%
Persian	1,955	7%
Amharic, Somali, or Other Afro-Asiatic Languages	1,871	7%
Urdu	1,859	7%
Pashto	1,823	7%
Others	1,248	5%
At Least One Language	**6,603**	**25%**

Source: Va. Healthcare Workforce Data Center

Means of Language Communication		
Provision	**#**	**% of Workforce with Language Services**
Virtual Translation Services	4,152	63%
Other Staff Member is Proficient	1,707	26%
Onsite Translation Service	1,622	25%
Respondent is Proficient	979	15%
Other	369	6%

Source: Va. Healthcare Workforce Data Center

Among LPNs who are employed at a primary work location that offers language services for patients, 63% offer these services by means of a virtual translation service.

At a Glance:
(Primary Locations)

Typical Time Allocation

Patient Care:	80%-89%

Roles

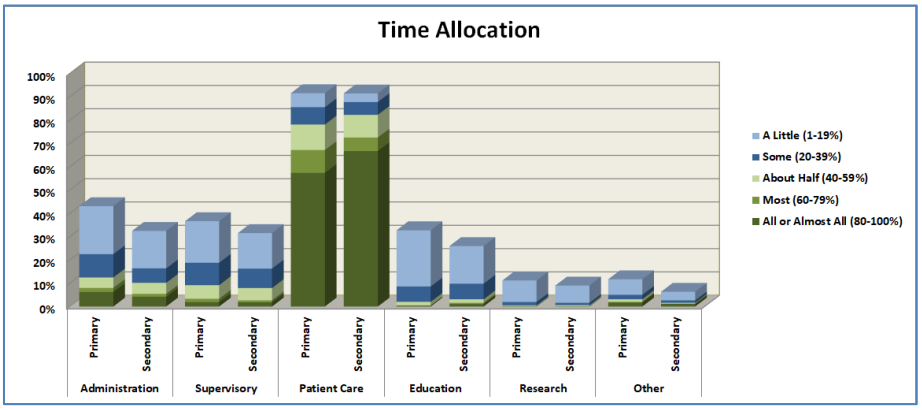
Patient Care:	67%
Administrative:	8%
Supervisory:	3%

Patient Care LPNs

Median Admin. Time:	0%
Avg. Admin. Time:	1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



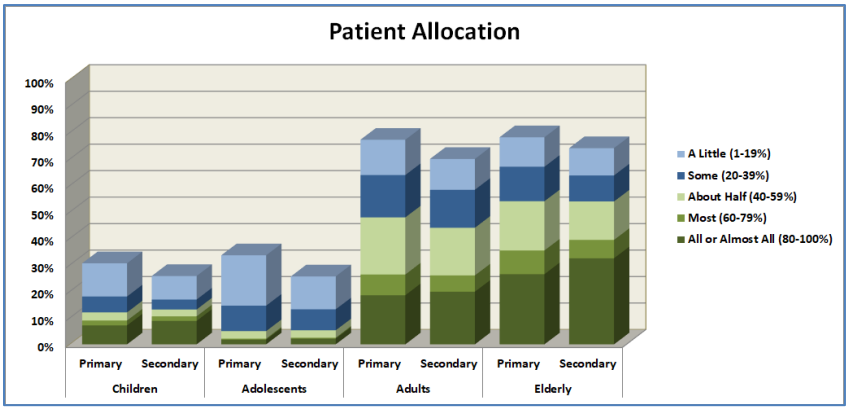
Source: Va. Healthcare Workforce Data Center

LPNs typically spend most of their time on patient care activities. In fact, 67% of all LPNs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation												
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	6%	4%	2%	2%	57%	67%	0%	1%	0%	0%	2%	1%
Most (60-79%)	2%	1%	1%	1%	10%	6%	0%	1%	0%	0%	0%	0%
About Half (40-59%)	4%	5%	6%	5%	11%	10%	2%	2%	0%	0%	1%	0%
Some (20-39%)	10%	6%	10%	8%	7%	5%	7%	7%	1%	1%	2%	1%
A Little (1-19%)	21%	16%	18%	15%	6%	4%	24%	16%	9%	7%	7%	4%
None (0%)	57%	68%	63%	68%	8%	9%	67%	74%	89%	91%	88%	94%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

LPNs typically devote most of their time to treating adults and the elderly. More than one-third of all LPNs serve an elderly patient care role, meaning that at least 60% of their patients are the elderly.

At a Glance:
(Primary Locations)

Typical Patient Allocation

Children:	0%
Adolescents:	0%
Adults:	30%-39%
Elderly:	40%-49%

Roles

Children:	9%
Adolescents:	2%
Adults:	26%
Elderly:	35%

Source: Va. Healthcare Workforce Data Center

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	7%	9%	2%	2%	19%	20%	26%	32%
Most (60-79%)	2%	2%	0%	0%	8%	6%	9%	7%
About Half (40-59%)	3%	3%	3%	3%	22%	18%	19%	15%
Some (20-39%)	6%	4%	10%	8%	16%	14%	13%	10%
A Little (1-19%)	13%	9%	19%	12%	13%	12%	11%	10%
None (0%)	69%	74%	66%	74%	23%	30%	22%	26%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LPNs		LPNs 50 and Over	
	#	%	#	%
Under Age 50	494	3%	-	-
50 to 54	485	3%	43	1%
55 to 59	896	5%	195	3%
60 to 64	3,547	20%	1,238	18%
65 to 69	6,968	40%	3,052	44%
70 to 74	2,560	15%	1,257	18%
75 to 79	857	5%	405	6%
80 or Over	363	2%	156	2%
I Do Not Intend to Retire	1,431	8%	528	8%
Total	**17,601**	**100%**	**6,874**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LPNs

Under 65:	31%
Under 60:	11%

LPNs 50 and Over

Under 65:	21%
Under 60:	3%

Time Until Retirement

Within 2 Years:	7%
Within 10 Years:	21%
Half the Workforce:	By 2050

Source: Va. Healthcare Workforce Data Center

Among all LPNs, 31% expect to retire by the age of 65. Among LPNs who are age 50 and over, 21% expect to retire by the age of 65.

Within the next two years, 26% of LPNs expect to pursue additional educational opportunities, and 10% expect to increase their patient care hours.

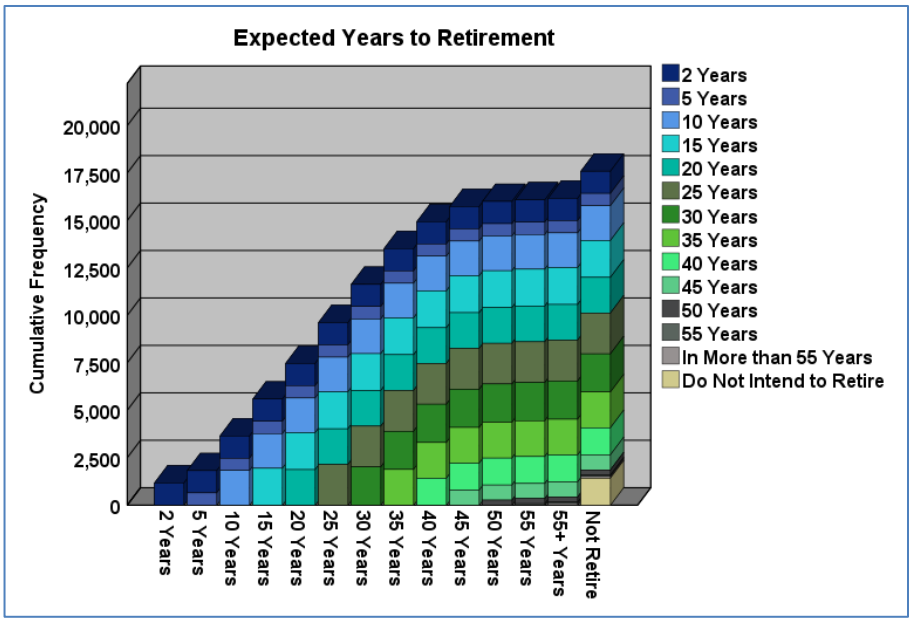
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	505	2%
Leave Virginia	734	3%
Decrease Patient Care Hours	1,609	6%
Decrease Teaching Hours	66	0%
Increase Participation		
Increase Patient Care Hours	2,665	10%
Increase Teaching Hours	486	2%
Pursue Additional Education	6,687	26%
Return to the Workforce	448	2%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LPNs. While 7% of LPNs expect to retire in the next two years, 21% expect to retire in the next ten years. More than half of the current LPN workforce expect to retire by 2050.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	1,170	7%	7%
5 Years	651	4%	10%
10 Years	1,829	10%	21%
15 Years	1,943	11%	32%
20 Years	1,880	11%	42%
25 Years	2,150	12%	55%
30 Years	2,016	11%	66%
35 Years	1,883	11%	77%
40 Years	1,423	8%	85%
45 Years	793	5%	89%
50 Years	270	2%	91%
55 Years	79	0%	91%
In More than 55 Years	84	0%	92%
Do Not Intend to Retire	1,431	8%	100%
Total	17,602	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2035. Retirement will peak at 12% of the current workforce around 2050 before declining to under 10% of the current workforce again around 2065.

At a Glance:

FTEs

Total:	23,155
FTEs/1,000 Residents[2]:	2.66
Average:	0.93

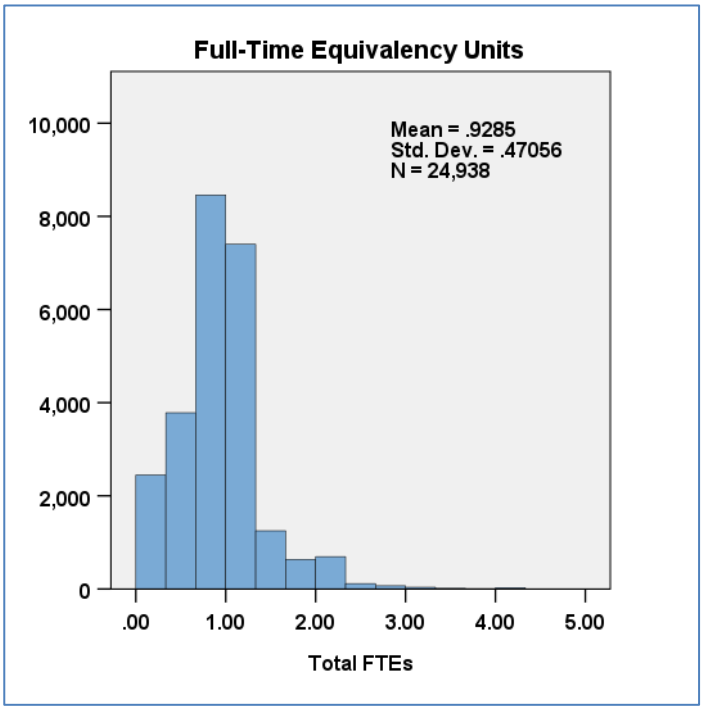
Age & Gender Effect

Age, *Partial Eta*^{2}:	Negligible
Gender, *Partial Eta*^{2}:	Negligible

Partial Eta^2 *Explained:*
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

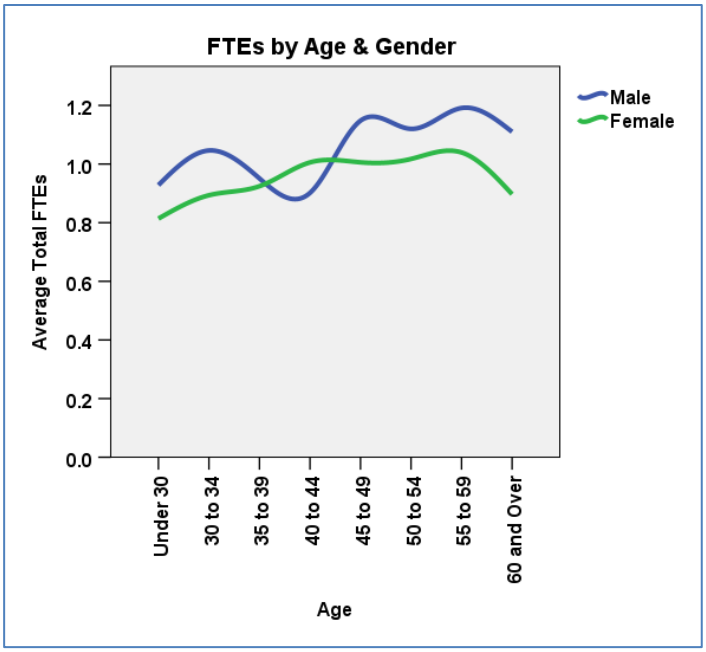


Source: Va. Healthcare Workforce Data Center

The typical (median) LPN provided 0.92 FTEs, or approximately 37 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.[3]

Full-Time Equivalency Units		
	Average	Median
	Age	
Under 30	0.82	0.84
30 to 34	0.89	0.92
35 to 39	0.92	0.92
40 to 44	0.98	0.96
45 to 49	0.99	0.96
50 to 54	1.00	0.96
55 to 59	1.01	0.96
60 and Over	0.85	0.74
Gender		
Male	1.05	1.01
Female	0.95	0.96

Source: Va. Healthcare Workforce Data Center

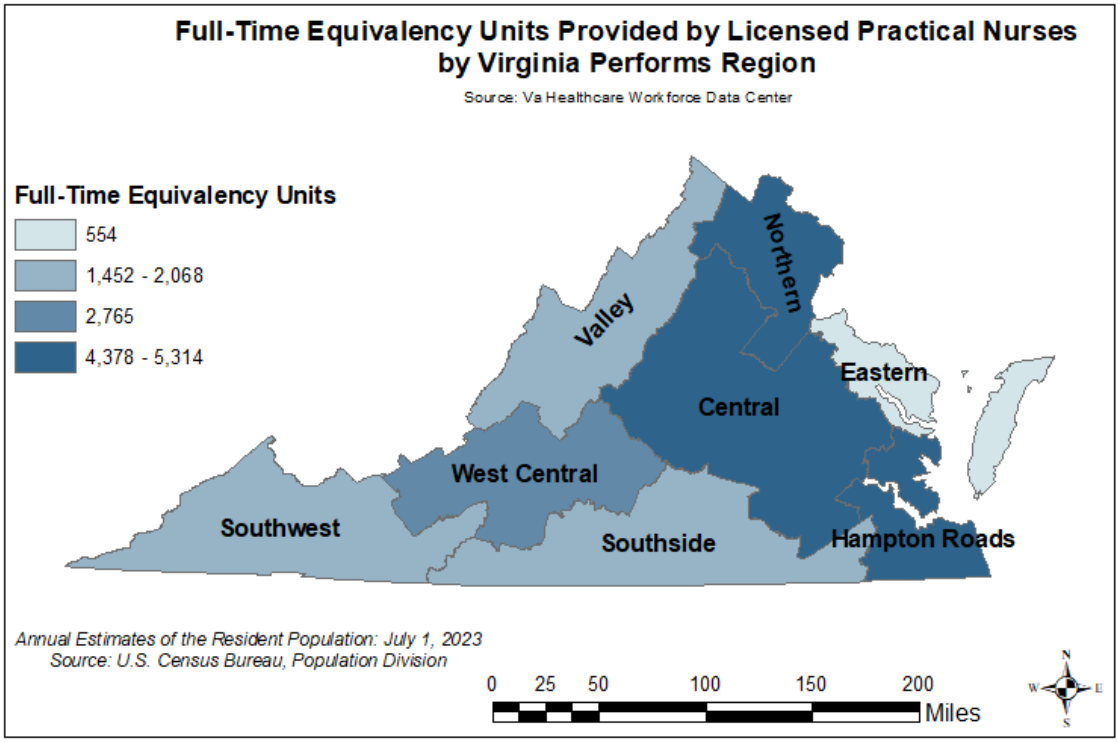


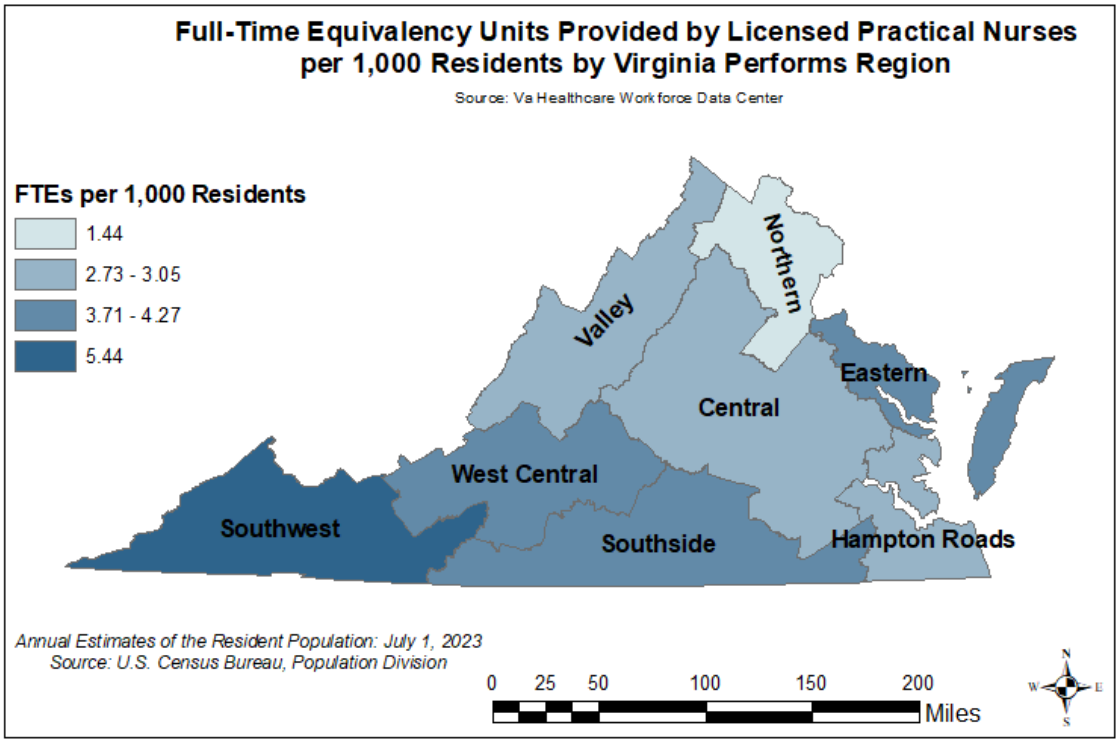
Source: Va. Healthcare Workforce Data Center

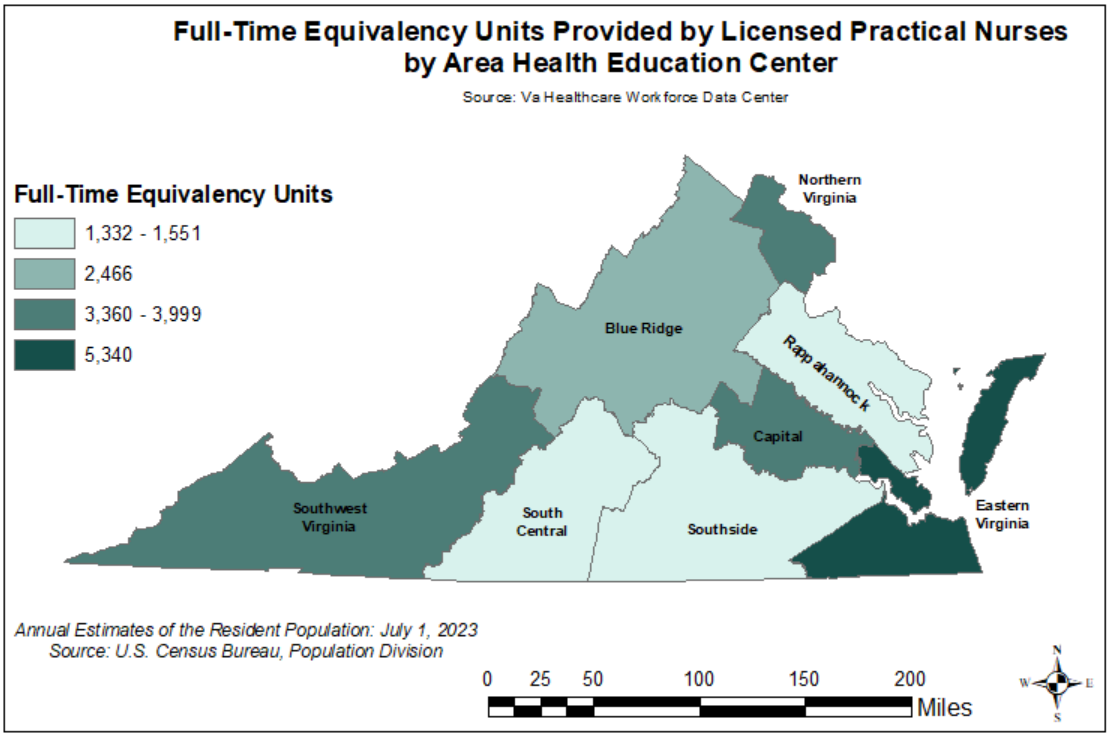
[2] Number of residents in 2023 was used as the denominator.
[3] Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).

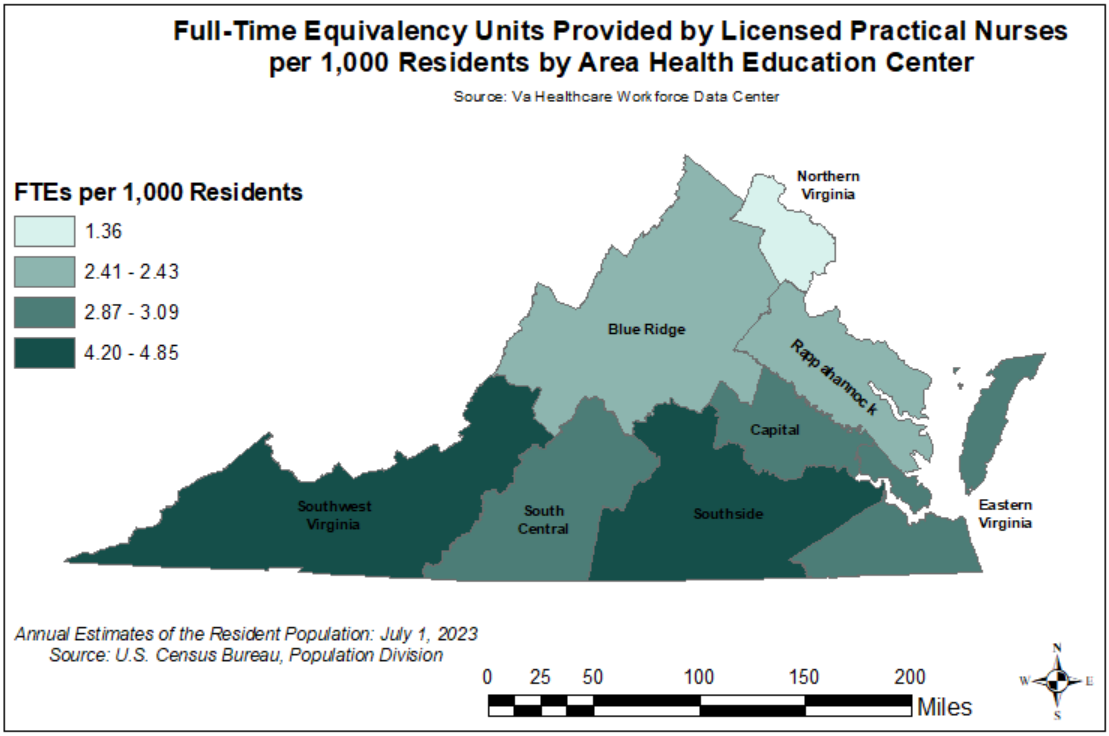
Maps

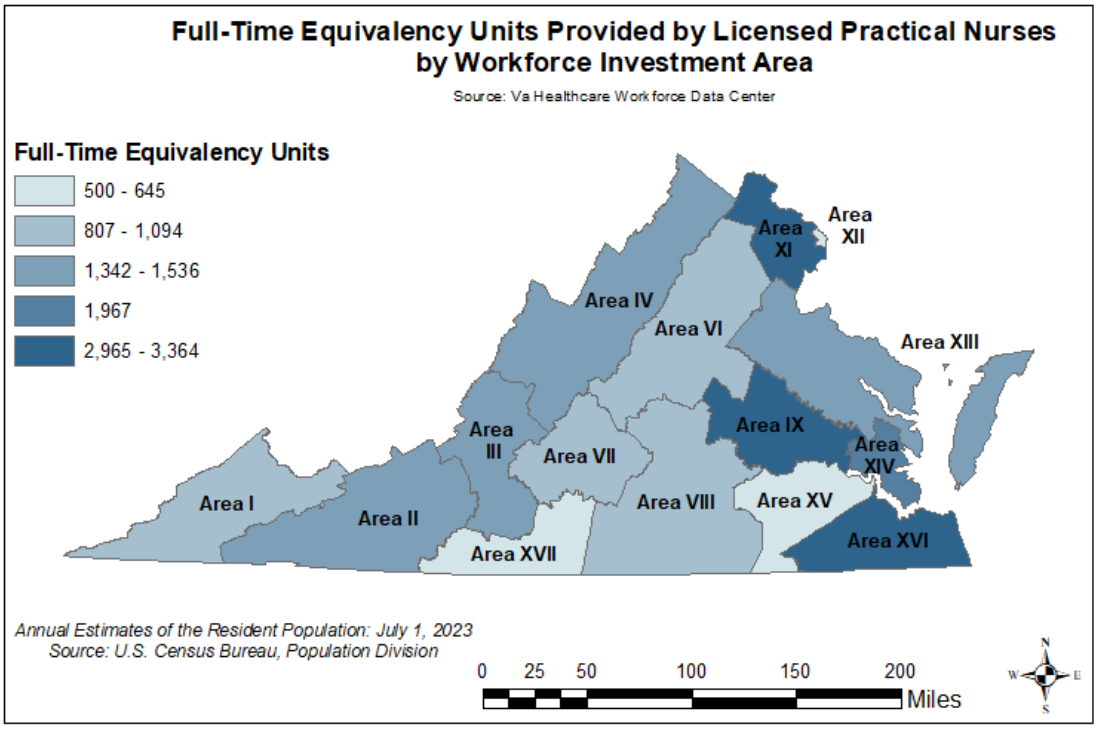
Virginia Performs Regions

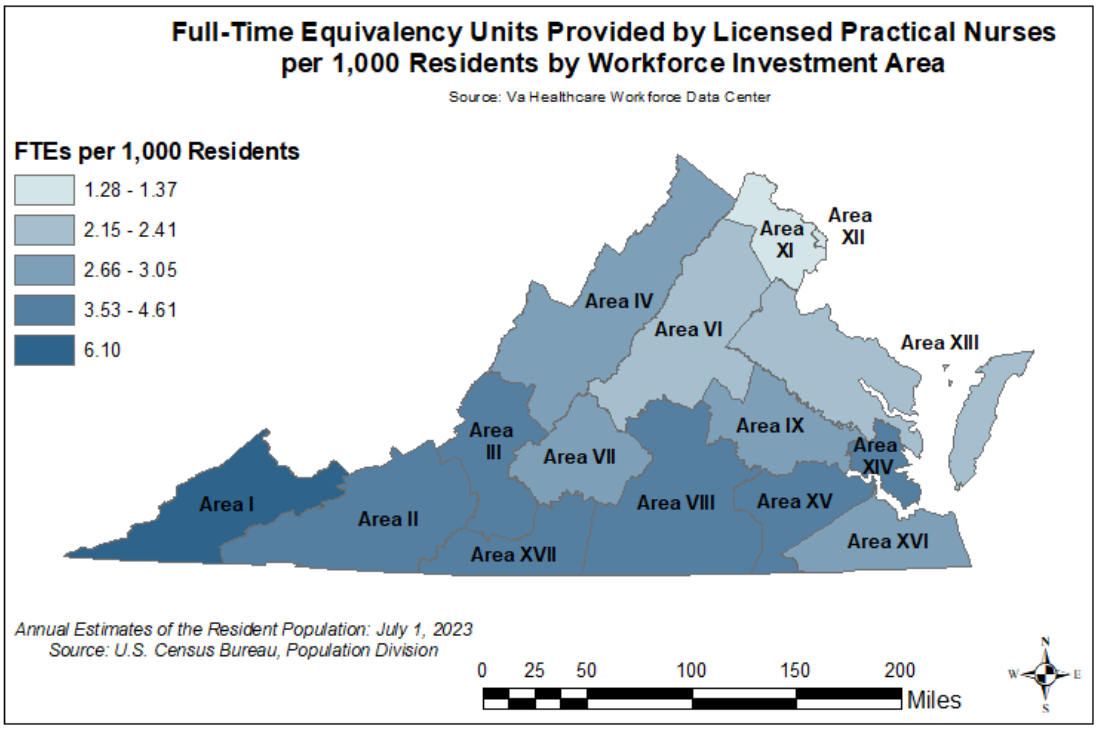


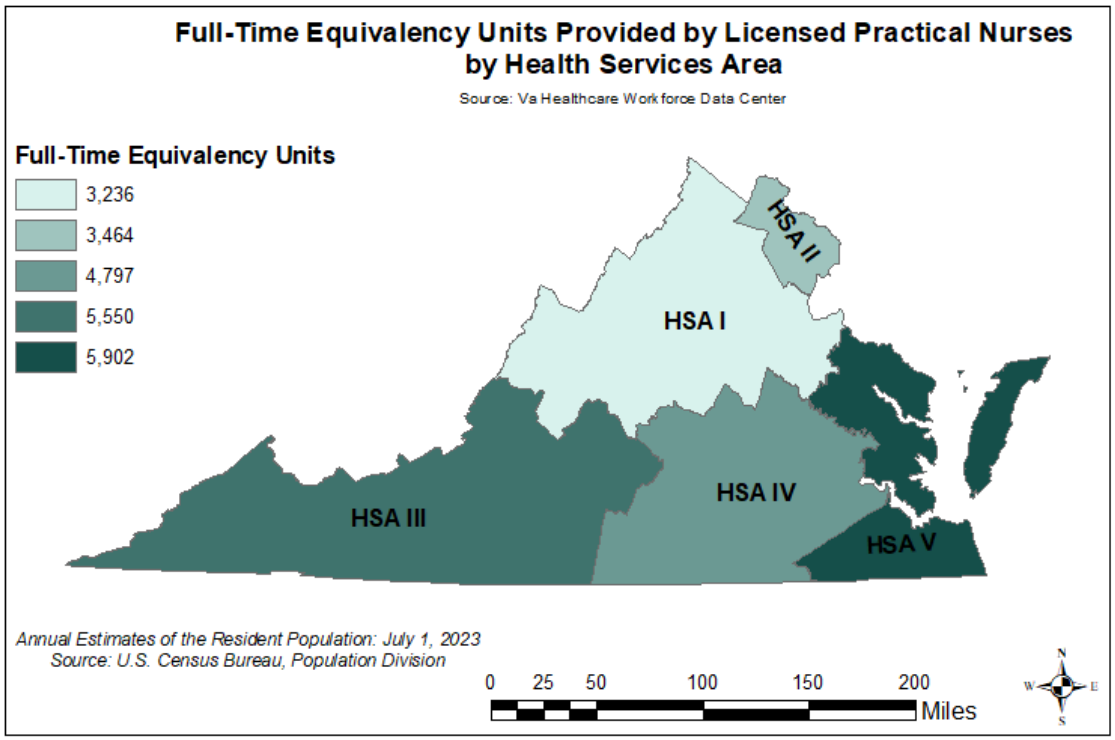


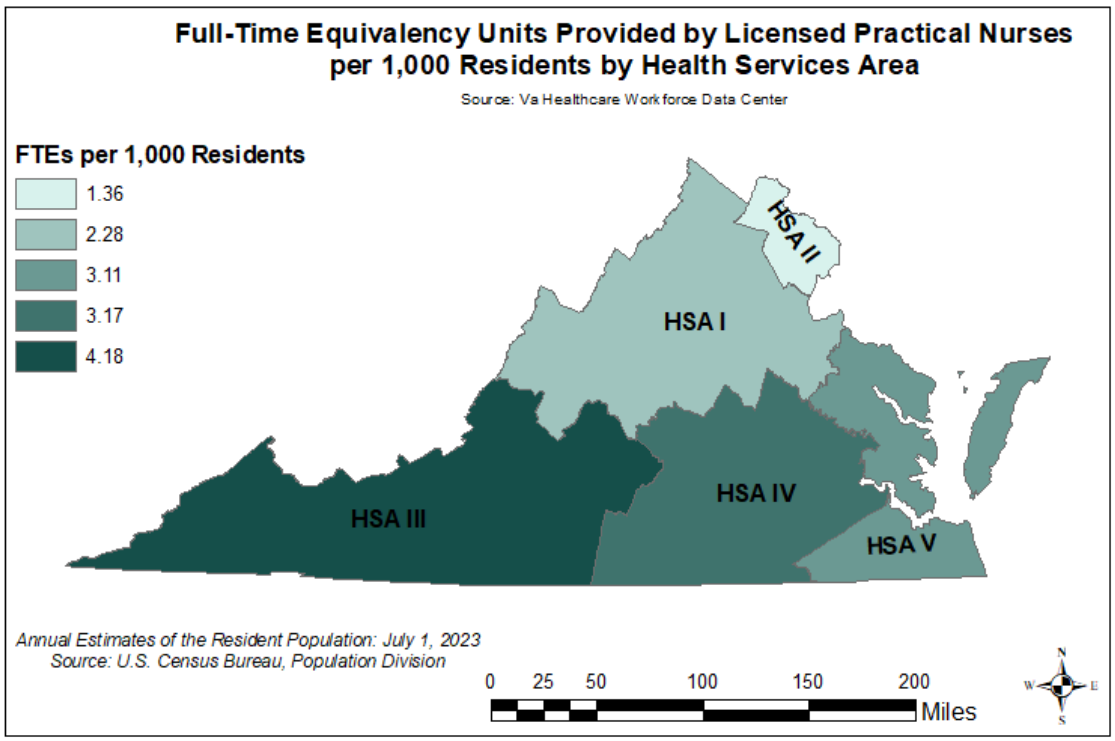

Full-Time Equivalency Units Provided by Licensed Practical Nurses by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
1,332 - 1,551
2,466
3,360 - 3,999
5,340
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

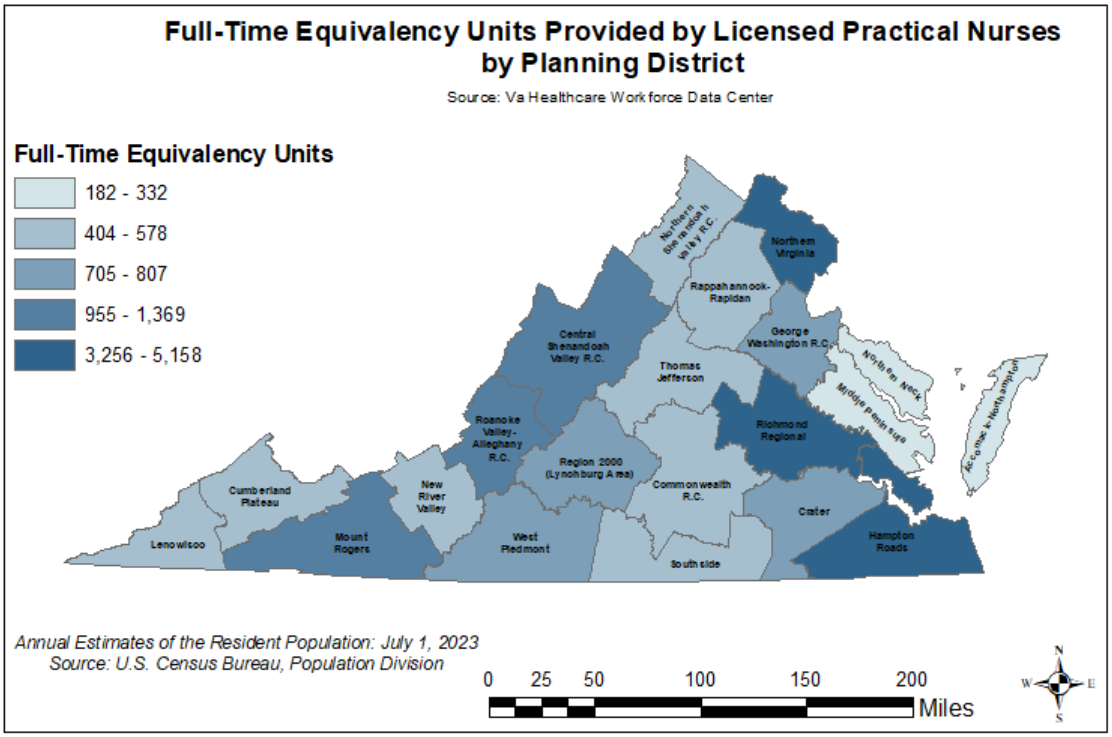

Full-Time Equivalency Units Provided by Licensed Practical Nurses per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
1.36
2.41 - 2.43
2.87 - 3.09
4.20 - 4.85
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

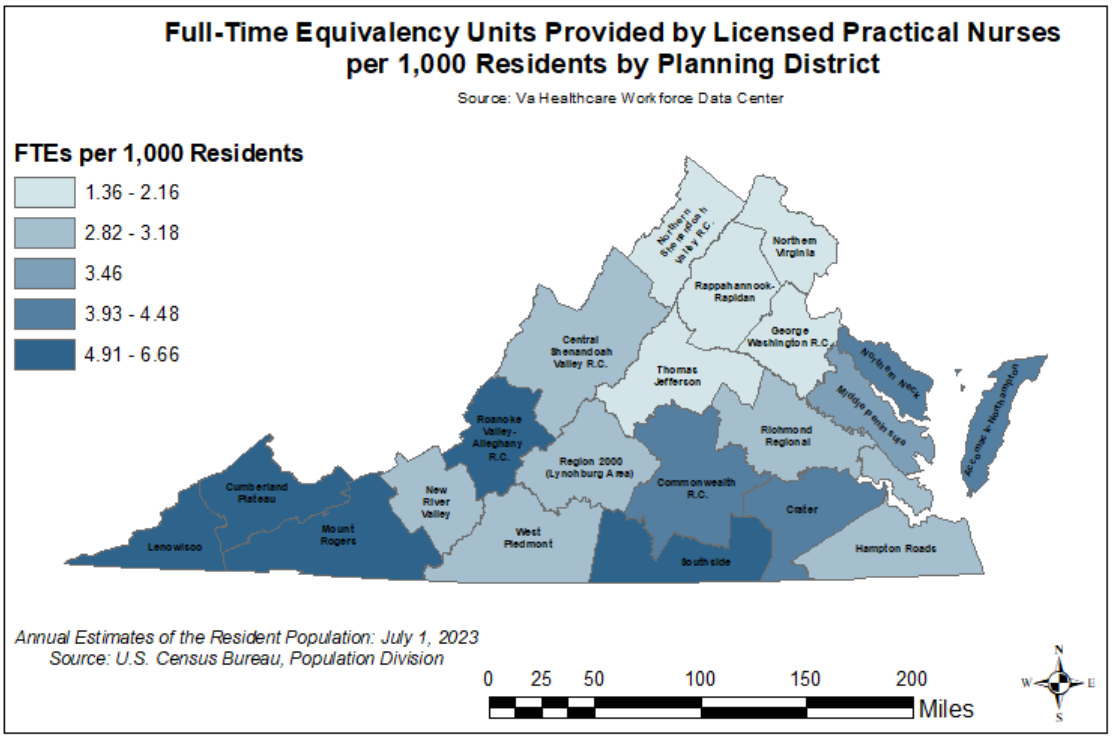

Full-Time Equivalency Units Provided by Licensed Practical Nurses by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
500 - 645
807 - 1,094
1,342 - 1,536
1,967
2,965 - 3,364
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Licensed Practical Nurses per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
1.28 - 1.37
2.15 - 2.41
2.66 - 3.05
3.53 - 4.61
6.10
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Licensed Practical Nurses by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
3,236
3,464
4,797
5,550
5,902
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Licensed Practical Nurses per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
1.36
2.28
3.11
3.17
4.18
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Licensed Practical Nurses by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
182 - 332
404 - 578
705 - 807
955 - 1,369
3,256 - 5,158
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Lenowisco
South side
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Licensed Practical Nurses per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
1.36 - 2.16
2.82 - 3.18
3.46
3.93 - 4.48
4.91 - 6.66
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Lenowisco
South side
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	16,055	39.18%	2.552	2.065	4.429
Metro, 250,000 to 1 Million	2,755	41.02%	2.438	1.972	4.231
Metro, 250,000 or Less	2,329	42.21%	2.369	1.917	4.112
Urban, Pop. 20,000+, Metro Adj.	779	42.36%	2.361	1.910	4.097
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	1,916	41.60%	2.404	1.945	4.172
Urban, Pop. 2,500-19,999, Non-Adj.	1,507	42.14%	2.373	1.920	4.119
Rural, Metro Adj.	1,152	39.50%	2.532	2.048	4.394
Rural, Non-Adj.	668	36.83%	2.715	2.197	4.712
Virginia Border State/D.C.	535	34.39%	2.908	2.352	5.046
Other U.S. State	1,080	29.91%	3.344	2.705	5.803

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	2,753	22.78%	4.391	4.097	5.803
30 to 34	2,807	40.01%	2.500	2.332	3.303
35 to 39	3,506	35.00%	2.857	2.666	3.776
40 to 44	3,560	45.79%	2.184	2.038	2.886
45 to 49	3,510	37.55%	2.663	2.485	3.519
50 to 54	3,271	48.85%	2.047	1.910	2.705
55 to 59	3,032	40.30%	2.481	2.315	3.279
60 and Over	6,338	41.48%	2.411	2.249	3.186

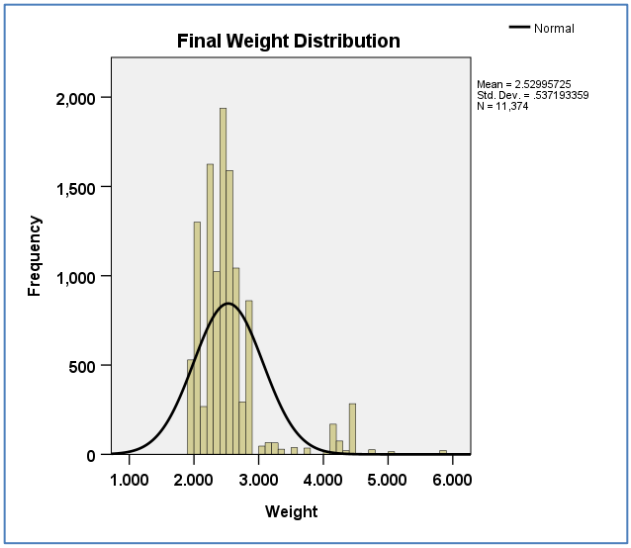
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: **0.395246**



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Registered Nurse Workforce: 2025

Healthcare Workforce Data Center

November 2025

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from:
https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

In total, 53,538 Registered Nurses voluntarily participated in this survey. *Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for their ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

Arne E. Owens, MS
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

Virginia Board of Nursing

President

Carol A. Cartte, RN, BSN
Glen Allen

First Vice-President

Helen M. Parke, DNP, FNP-BC
Concord

Second Vice-President

Victoria Cox, DNP, RN
Roanoke

Members

Delia Acuna, FNP-C
Quinton

Pamela Davis, LPN
Powhatan

A. Tucker Gleason, PhD
Zion Crossroads

Paul Hogan
Reston

Cleopatra Kitt, PhD
Roanoke

Lila Peake, RN
Lynchburg

Shelly Smith, PhD, DNP, ANP-BC
Powhatan

Dolores Valenta, LPN
Moon

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

Jodi Zehr, RN
Rustburg

Executive Director

Claire Morris, RN, LNHA

Contents

The Registered Nurse Workforce At a Glance:

The Workforce

Licensees:	132,832
Virginia's Workforce:	113,310
FTEs:	95,502

Survey Response Rate

All Licensees:	40%
Renewing Practitioners:	96%

Demographics

Female:	92%
Diversity Index:	48%
Median Age:	44

Background

Rural Childhood:	36%
HS Degree in VA:	59%
Prof. Degree in VA:	69%

Education

Baccalaureate:	52%
Associate:	24%

Finances

Median Income:	$80k-$90k
Health Insurance:	63%
Under 40 w/ Ed. Debt:	56%

Current Employment

Employed in Prof.:	91%
Hold 1 Full-Time Job:	68%
Satisfied?:	94%

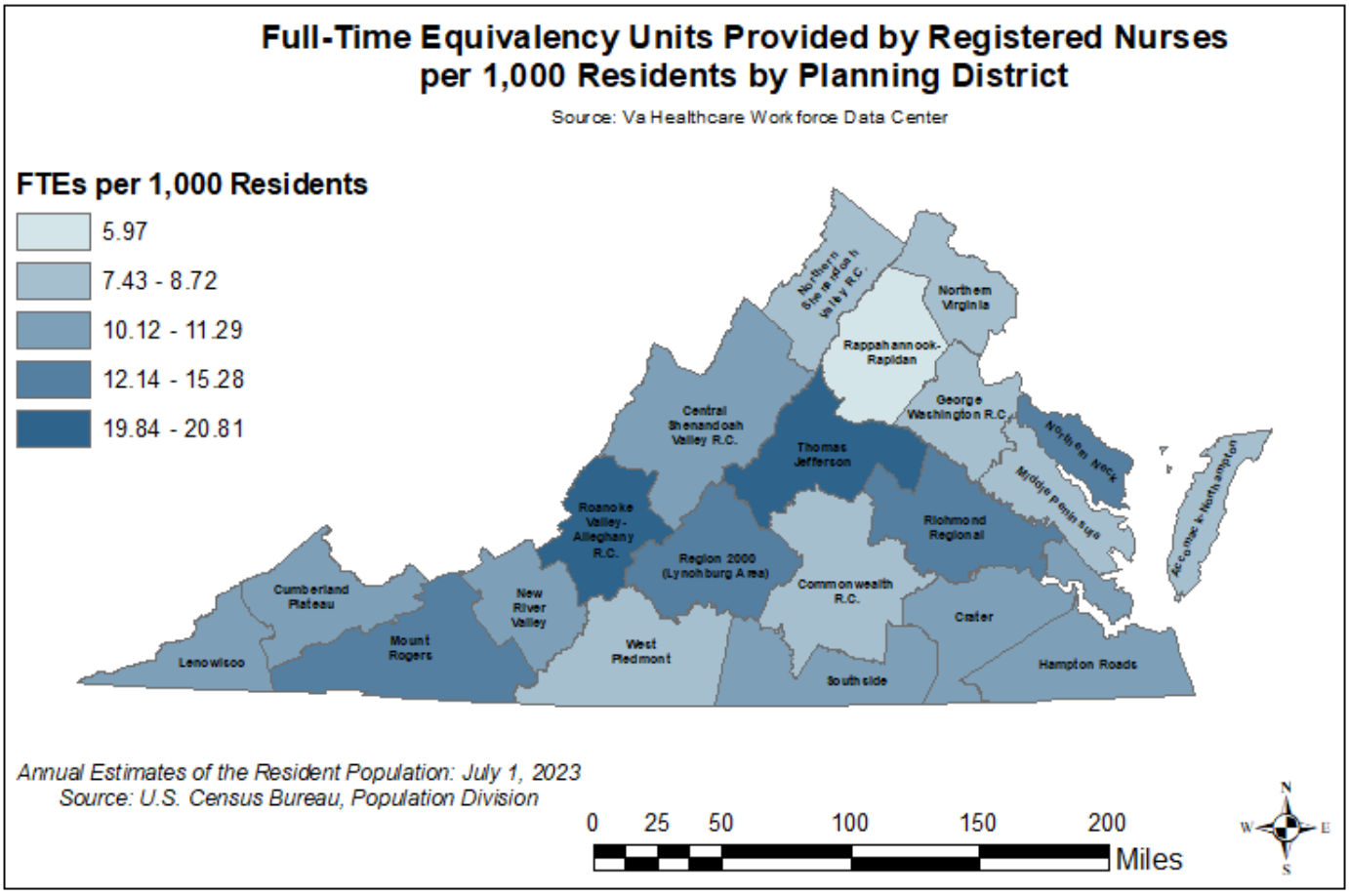
Job Turnover

Switched Jobs:	7%
Employed Over 2 Yrs.:	59%

Time Allocation

Patient Care:	80%-89%
Patient Care Role:	68%
Admin. Role:	7%

Source: Va. Healthcare Workforce Data Center



Results in Brief

This report contains the results of the 2025 Registered Nurse (RN) survey. Among all licensed RNs, 53,538 voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of RNs have access to the survey in a given year. These survey respondents represent 40% of the 132,832 RNs who are licensed in the state and 96% of renewing practitioners.

The HWDC estimates that 113,310 RNs participated in Virginia's workforce during the survey period, which is defined as those RNs who worked at least a portion of the year in the state or who live in the state and intend to return to work as an RN at some point in the future. Virginia's RN workforce provided 95,502 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks).

More than nine out of every ten RNs are female, and the median age of this workforce is 44. In a random encounter between two RNs, there is a 48% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 50% for those RNs who are under the age of 40. The comparable diversity index for Virginia's overall population is 60%. In total, 36% of all RNs grew up in a rural area, and 19% of RNs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 9% of all RNs work in a non-metro area of the state. In addition, 6% of Virginia's RNs served in the military. Among RNs who served in the military, 40% served in either the Navy or in the Marines and 38% served in the Army.

Among all RNs, 91% are currently employed in the profession, 68% hold one full-time job, and 40% work between 40 and 49 hours per week. In total, 45% of all RNs are employed in the non-profit sector, while another 40% are employed in the for-profit sector. The median annual income for Virginia's RN workforce is between $80,000 and $90,000, and 63% of RNs receive this income as an hourly wage. Among wage or salaried RNs, 83% receive at least one employer-sponsored benefit, including 65% who have access to health insurance. Among all RNs, 94% indicated that they are satisfied with their current employment situation, including 58% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2015 RN workforce. The number of licensed RNs in Virginia has increased by 44% (132,832 vs. 92,381). In addition, the size of Virginia's RN workforce has increased by 49% (113,310 vs. 76,093), and the number of FTEs provided by this workforce has grown by 42% (95,502 vs. 67,045). A higher percentage of Virginia's renewing RNs responded to this survey (96% vs. 80%).

The percentage of the RN workforce that is female has decreased (92% vs. 94%), and the median age of this workforce has declined as well (44 vs. 49). The diversity index of Virginia's RN workforce has increased (48% vs. 35%), and this trend has also occurred among those RNs who are under the age of 40 (50% vs. 39%). RNs are less likely to have grown up in a rural area (36% vs. 37%), although RNs who grew up in a rural area are equally likely to work in a non-metro area (19%). However, the percentage of all RNs who work in a non-metro area of the state has declined slightly (9% vs. 10%). RNs are more likely to hold a baccalaureate degree (52% vs. 41%) instead of an associate degree (24% vs. 33%) as their highest professional degree. At the same time, RNs are more likely to carry education debt (43% vs. 36%), and the median outstanding balance among RNs with education debt has increased ($30k-$40k vs. $20k-$30k).

Virginia's RNs are more likely to be employed in the profession (91% vs. 88%), hold one full-time job (68% vs. 67%), and work between 40 and 49 hours per week (40% vs. 39%). At the same time, RNs are more likely to work in the non-profit sector (45% vs. 42%) than in the for-profit sector (40% vs. 42%). The median annual income of Virginia's RN workforce has increased ($80k-$90k vs. $60k-$70k), and RNs are relatively more likely to receive this income as a salary (31% vs. 30%) than as an hourly wage (63% vs. 66%). Compared to 2015, RNs are less likely to receive at least one employer-sponsored benefit (81% vs. 84%), including those RNs who have access to health insurance (63% vs. 65%). The percentage of RNs who indicated that they are satisfied with their current work situation has increased (94% vs. 93%), although the percentage of RNs who indicated that they are "very satisfied" has remained constant (58%).

A Closer Look:

Licensees		
License Status	**#**	**%**
Renewing Practitioners	58,132	44%
New Licensees	8,804	7%
Non-Renewals	7,182	5%
Renewal Date Not in Survey Period	57,517	43%
All Licensees	**132,832**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing RNs, 96% submitted a survey. This represents 40% of the 132,832 RNs who held a license at some point during the survey period.

Response Rates			
Statistic	**Non Respondents**	**Respondents**	**Response Rate**
By Age			
Under 30	12,353	4,568	27%
30 to 34	9,509	7,108	43%
35 to 39	11,642	6,460	36%
40 to 44	8,493	7,575	47%
45 to 49	7,872	5,071	39%
50 to 54	6,248	6,134	50%
55 to 59	6,800	4,467	40%
60 and Over	16,377	12,155	43%
Total	**79,294**	**53,538**	**40%**
New Licenses			
Issued in Past Year	8,788	16	0%
Metro Status			
Non-Metro	8,955	6,423	42%
Metro	59,641	42,802	42%
Not in Virginia	10,697	4,310	29%

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted between October 2024 and September 2025 on the birth month of each renewing practitioner.
2. **Target Population:** All RNs who held a Virginia license at some point during the survey time period.
3. **Survey Population:** The survey was available to RNs who renewed their licenses online. It was not available to those who did not renew, including RNs newly licensed during the survey time frame.

Response Rates	
Completed Surveys	**53,538**
Response Rate, All Licensees	**40%**
Response Rate, Renewals	**96%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Registered Nurses

Number: 132,832
New: 7%
Not Renewed: 5%

Response Rates

All Licensees: 40%
Renewing Practitioners: 96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's RN Workforce:	113,310
FTEs:	95,502

Utilization Ratios

Licensees in VA Workforce:	85%
Licensees per FTE:	1.39
Workers per FTE:	1.19

Source: Va. Healthcare Workforce Data Center

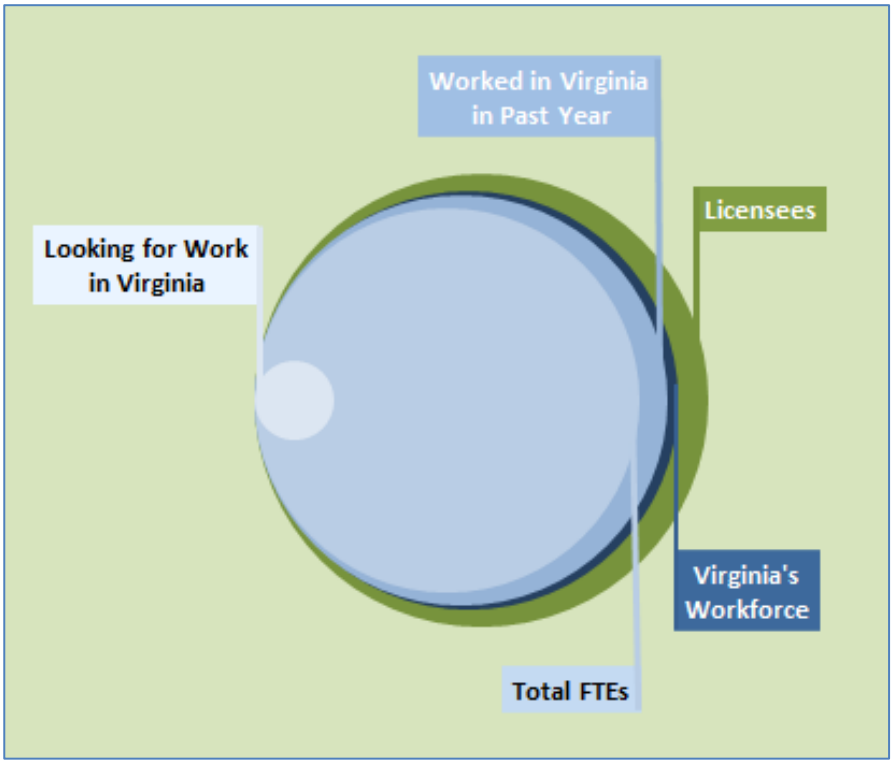
Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey time frame or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's RN Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	109,161	96%
Looking for Work in Virginia	4,148	4%
Virginia's Workforce	**113,310**	**100%**
Total FTEs	**95,502**	
Licensees	**132,832**	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	1,067	7%	13,263	93%	14,330	14%
30 to 34	1,250	9%	12,234	91%	13,484	13%
35 to 39	1,340	9%	12,955	91%	14,295	14%
40 to 44	1,143	9%	11,460	91%	12,603	13%
45 to 49	794	8%	9,220	92%	10,014	10%
50 to 54	788	9%	8,484	92%	9,272	9%
55 to 59	684	8%	7,718	92%	8,402	8%
60 and Over	1,205	7%	16,394	93%	17,599	18%
Total	**8,272**	**8%**	**91,728**	**92%**	**100,000**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	92%
% Under 40 Female:	91%

Age

Median Age:	44
% Under 40:	42%
% 55 and Over:	26%

Diversity

Diversity Index:	48%
Under 40 Div. Index:	50%

Source: Va. Healthcare Workforce Data Center

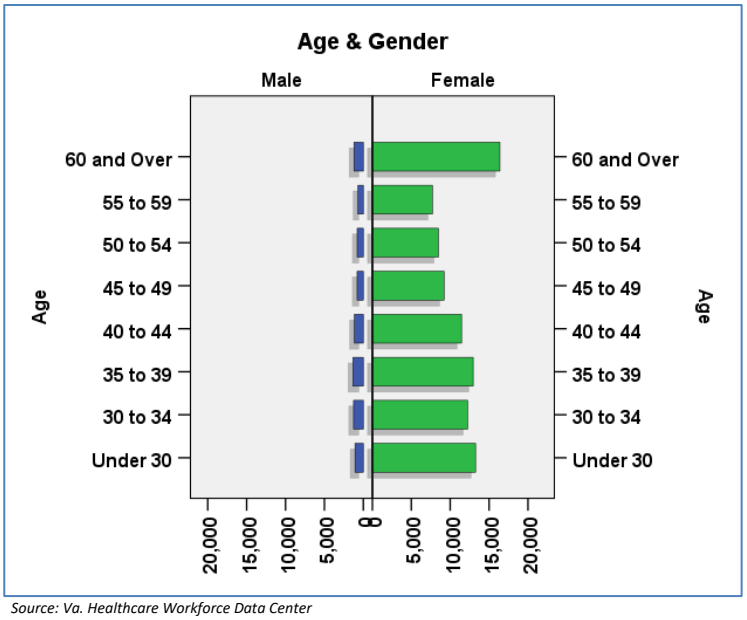
Race & Ethnicity					
Race/ Ethnicity	Virginia*	RNs		RNs Under 40	
	%	#	%	#	%
White	59%	71,481	70%	29,248	69%
Black	19%	13,869	14%	4,988	12%
Asian	7%	7,688	8%	3,636	9%
Other Race	0%	1,064	1%	366	1%
Two or More Races	3%	2,782	3%	1,514	4%
Hispanic	11%	4,558	4%	2,774	7%
Total	**100%**	**101,442**	**100%**	**42,526**	**100%**

*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

In a chance encounter between two RNs, there is a 48% chance that they would be of different races or ethnicities (a measure known as the diversity index), compared to a 60% chance for Virginia's population as a whole.

In total, 42% of all RNs are under the age of 40. Among RNs who are under the age of 40, 91% are female. In addition, the diversity index among RNs who are under the age of 40 is 50%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	14%
Rural Childhood:	36%

Virginia Background

HS in Virginia:	59%
Prof. Edu. in VA:	69%
HS or Prof. Edu. in VA:	73%

Location Choice

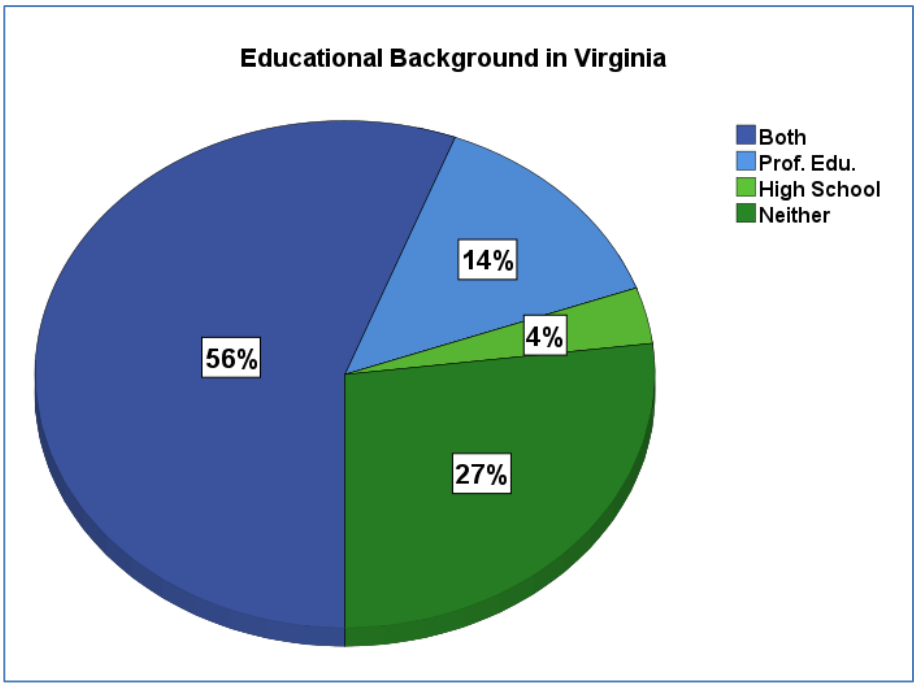
% Rural to Non-Metro:	19%
% Urban/Suburban to Non-Metro:	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 Million+	24%	59%	17%
2	Metro, 250,000 to 1 Million	54%	36%	9%
3	Metro, 250,000 or Less	53%	39%	8%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	74%	16%	9%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	77%	18%	5%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	89%	7%	4%
8	Rural, Metro Adjacent	78%	16%	7%
9	Rural, Non-Adjacent	60%	31%	9%
	Overall	**36%**	**50%**	**14%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than one-third of all RNs grew up in a self-described rural area, and 19% of RNs who grew up in a rural area currently work in a non-metro county. In total, 9% of all RNs currently work in a non-metro county.

Top Ten States for Registered Nurse Recruitment

Rank	All Registered Nurses			
	High School	#	Init. Prof. Degree	#
1	Virginia	59,835	Virginia	69,552
2	Outside U.S./Canada	8,692	Outside U.S/Canada	4,391
3	New York	3,799	Pennsylvania	2,859
4	Pennsylvania	3,547	New York	2,728
5	Maryland	2,383	North Carolina	1,765
6	North Carolina	1,973	Maryland	1,738
7	New Jersey	1,906	Florida	1,441
8	Florida	1,637	West Virginia	1,171
9	California	1,500	Ohio	1,170
10	Ohio	1,350	Washington, D.C.	1,067

Source: Va. Healthcare Workforce Data Center

Among all RNs, 59% received their high school degree in Virginia, and 69% received their initial professional degree in the state.

Among RNs who have obtained their license in the past five years, 56% received their high school degree in Virginia, and 66% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	14,155	Virginia	16,365
2	Outside U.S./Canada	2,919	Outside U.S./Canada	1,726
3	Pennsylvania	870	Pennsylvania	764
4	New York	750	New York	548
5	Maryland	611	Maryland	463
6	California	523	North Carolina	442
7	North Carolina	480	Florida	424
8	Florida	408	Washington, D.C.	288
9	New Jersey	383	Ohio	287
10	Ohio	293	Texas	261

Source: Va. Healthcare Workforce Data Center

Among all licensees, 15% did not participate in Virginia's RN workforce during the past year. Among these licensees, 69% worked at some point in the past year, including 62% who worked in a nursing-related capacity.

At a Glance:

Not in VA Workforce

Total:	19,505
% of Licensees:	15%
Federal/Military:	8%
VA Border State/DC:	18%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	**#**	**%**
LPN Diploma or Cert.	94	0%
Hospital RN Diploma	3,546	4%
Associate Degree	23,703	24%
Baccalaureate Degree	51,774	52%
Master's Degree	18,150	18%
Doctorate Degree	2,891	3%
Total	**100,158**	**100%**

Source: Va. Healthcare Workforce Data Center

More than half of all RNs hold a baccalaureate degree as their highest professional degree. In addition, 43% of RNs carry education debt, including 56% of those RNs who are under the age of 40. The median outstanding balance among those RNs with education debt is between $30,000 and $40,000.

At a Glance:

Education

Baccalaureate: 52%
Associate: 24%

Education Debt

Carry Debt: 43%
Under Age 40 w/ Debt: 56%
Median Debt: $30k-$40k

Source: Va. Healthcare Workforce Data Center

Current Educational Attainment		
Currently Enrolled?	**#**	**%**
Yes	10,258	10%
No	89,534	90%
Total	**99,793**	**100%**
Degree Pursued	**#**	**%**
Associate	22	0%
Baccalaureate	3,366	34%
Masters	4,782	48%
Doctorate	1,837	18%
Total	**10,006**	**100%**

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	**All RNs**		**RNs Under 40**	
	#	**%**	**#**	**%**
None	48,574	57%	15,996	44%
Less than $10,000	5,344	6%	2,905	8%
$10,000-$19,999	5,026	6%	3,005	8%
$20,000-$29,999	5,061	6%	3,158	9%
$30,000-$39,999	3,897	5%	2,276	6%
$40,000-$49,999	3,298	4%	1,849	5%
$50,000-$59,999	2,792	3%	1,597	4%
$60,000-$69,999	2,451	3%	1,406	4%
$70,000-$79,999	1,723	2%	886	2%
$80,000-$89,999	1,386	2%	727	2%
$90,000-$99,999	852	1%	393	1%
$100,000-$109,999	1,232	1%	587	2%
$110,000-$119,999	609	1%	295	1%
$120,000 or More	2,379	3%	932	3%
Total	**84,624**	**100%**	**36,012**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

Acute/Critical Care:	21%
Surgery/OR:	8%
Pediatrics:	4%

Secondary Specialty

Acute/Critical Care:	17%
Surgery/OR:	5%
Cardiology:	4%

Licenses

Licensed NP:	9%
Licensed Practical Nurse:	1%

Source: Va. Healthcare Workforce Data Center

More than one out of every five RNs have a primary specialty in acute/critical care/emergency/trauma. Another 8% of RNs have a primary specialty in surgery/OR/pre-, peri-, or post-operative care.

A Closer Look:

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
Acute/Critical Care/Emergency/Trauma	20,208	21%	11,625	17%
Surgery/OR/Pre-, Peri- or Post-Operative	7,892	8%	3,530	5%
Pediatrics	4,369	4%	2,608	4%
Psychiatric/Mental Health	4,320	4%	1,873	3%
Cardiology	4,166	4%	3,051	4%
Obstetrics/Nurse Midwifery	3,865	4%	1,674	2%
Family Health	3,517	4%	1,435	2%
Case Management	3,326	3%	2,201	3%
Oncology	2,994	3%	1,502	2%
Neonatal Care	2,799	3%	1,763	3%
Administration/Management	2,454	2%	2,849	4%
Hospital/Float	2,339	2%	2,200	3%
Community Health/Public Health	1,911	2%	1,692	2%
Geriatrics/Gerontology	1,800	2%	1,853	3%
Women's Health/Gynecology	1,708	2%	1,616	2%
Long-Term Care/Assisted Living/Nursing Home	1,703	2%	1,757	3%
Anesthesia	1,658	2%	715	1%
Palliative/Hospice Care	1,480	2%	1,159	2%
General Nursing/No Specialty	9,189	9%	10,249	15%
Other Specialty Area	15,167	15%	13,131	19%
Medical Specialties (Not Listed)	1,329	1%	999	1%
Total	**98,195**	**100%**	**69,481**	**100%**

Source: Va. Healthcare Workforce Data Center

Other Licenses		
License	#	% of Workforce
Licensed Nurse Practitioner	10,411	9%
Licensed Practical Nurse	1,056	1%
Clinical Nurse Specialist	407	< 1%
Certified Nurse Midwife	305	< 1%
Certified Massage Therapist	143	< 1%
Respiratory Therapist	57	< 1%

Source: Va. Healthcare Workforce Data Center

In addition to being licensed as an RN, 9% of RNs also hold a license as an LNP. Another 1% of RNs hold a license as an LPN.

A Closer Look:

Military Service		
Service?	**#**	**%**
Yes	6,263	6%
No	90,522	94%
Total	**96,785**	**100%**

Source: Va. Healthcare Workforce Data Center

Branch of Service		
Branch	**#**	**%**
Navy/Marines	2,391	40%
Army	2,307	38%
Air Force	1,219	20%
Other	134	2%
Total	**6,051**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Military Service
% Who Served: 6%

Branch of Service
Navy/Marines: 40%
Army: 38%
Air Force: 20%

Occupation
Army Health Care Spec.: 7%
Navy Basic Med. Tech.: 7%
Air Force Basic Med. Tech.: 3%

Source: Va. Healthcare Workforce Data Center

In total, 6% of Virginia's RN workforce has served in the military. Two out of every five of these RNs served in either the Navy or the Marines, including 7% who worked as Navy Basic Medical Technicians (Navy HM0000).

Military Occupation		
Occupation	**#**	**%**
Army Health Care Specialist (68W Army Medic)	432	7%
Navy Basic Medical Technician (Navy HM0000)	410	7%
Air Force Basic Medical Technician (Air Force BMTCP 4NOX1)	169	3%
Air Force Independent Duty Medical Technician (IDMT 4NOX1C)	13	0%
Other	4,798	82%
Total	**5,822**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 91%
Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 68%
2 or More Positions: 11%

Weekly Hours

40 to 49: 40%
60 or More: 3%
Less than 30: 13%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	82	< 1%
Employed in a Nursing-Related Capacity	90,056	91%
Employed, NOT in a Nursing-Related Capacity	2,553	3%
Not Working, Reason Unknown	19	< 1%
Involuntarily Unemployed	282	< 1%
Voluntarily Unemployed	3,863	4%
Retired	2,220	2%
Total	**99,076**	**100%**

Source: Va. Healthcare Workforce Data Center

Among all RNs, 91% are currently employed in the profession, 68% hold one full-time job, and 40% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	6,384	7%
1 to 9 Hours	1,457	2%
10 to 19 Hours	3,300	3%
20 to 29 Hours	8,120	8%
30 to 39 Hours	30,862	32%
40 to 49 Hours	38,457	40%
50 to 59 Hours	4,862	5%
60 to 69 Hours	1,826	2%
70 to 79 Hours	643	1%
80 or More Hours	796	1%
Total	**96,707**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	**#**	**%**
No Positions	6,384	7%
One Part-Time Position	14,713	15%
Two Part-Time Positions	2,171	2%
One Full-Time Position	66,166	68%
One Full-Time Position & One Part-Time Position	7,009	7%
Two Full-Time Positions	286	0%
More than Two Positions	811	1%
Total	**97,540**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	**#**	**%**
Volunteer Work Only	1,007	1%
Less than $20,000	1,918	3%
$20,000-$29,999	1,308	2%
$30,000-$39,999	1,491	2%
$40,000-$49,999	2,392	3%
$50,000-$59,999	4,197	6%
$60,000-$69,999	7,806	10%
$70,000-$79,999	10,090	13%
$80,000-$89,999	11,243	15%
$90,000-$99,999	8,382	11%
$100,000 or More	25,610	34%
Total	**75,446**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: $80k-$90k

Benefits
Health Insurance: 63%
Retirement: 70%

Satisfaction
Satisfied: 94%
Very Satisfied: 58%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	55,142	58%
Somewhat Satisfied	34,217	36%
Somewhat Dissatisfied	4,483	5%
Very Dissatisfied	1,355	1%
Total	**95,197**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical RN earns between $80,000 and $90,000 per year. In addition, 81% of all RNs receive at least one employer-sponsored benefit, including 63% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	**#**	**%**	**% of Wage/Salary Employees**
Retirement	62,980	70%	72%
Paid Leave	59,678	66%	69%
Health Insurance	56,834	63%	65%
Dental Insurance	56,241	62%	64%
Group Life Insurance	38,849	43%	45%
Signing/Retention Bonus	15,676	17%	19%
At Least One Benefit	**72,683**	**81%**	**83%**
*From any employer at time of survey.			

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . .?	**#**	**%**
Experience Involuntary Unemployment?	873	1%
Experience Voluntary Unemployment?	6,623	6%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	2,201	2%
Work Two or More Positions at the Same Time?	13,540	12%
Switch Employers or Practices?	7,720	7%
Experience at Least One?	**26,703**	**24%**

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's RNs experienced involuntary unemployment at some point during the renewal cycle. By comparison, Virginia's average monthly unemployment rate was 3.3% during the same time period.[1]

Location Tenure				
Tenure	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Not Currently Working at This Location	2,658	3%	1,374	8%
Less than 6 Months	5,100	6%	2,504	15%
6 Months to 1 Year	7,743	8%	2,305	14%
1 to 2 Years	21,842	24%	3,514	21%
3 to 5 Years	21,972	24%	3,319	20%
6 to 10 Years	14,123	15%	1,620	10%
More than 10 Years	18,704	20%	1,972	12%
Subtotal	**92,143**	**100%**	**16,608**	**100%**
Did Not Have Location	4,918		95,796	
Item Missing	16,249		906	
Total	**113,310**		**113,310**	

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of RNs receive an hourly wage at their primary work location, while 31% are salaried employees.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 7%
New Location: 19%
Over 2 Years: 59%
Over 2 Yrs., 2nd Location: 42%

Employment Type

Hourly Wage: 63%
Salary: 31%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every five RNs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	**#**	**%**
Salary	19,975	31%
Hourly Wage	41,029	63%
By Contract/Per Diem	2,315	4%
Business/Contractor Income	724	1%
Unpaid	587	1%
Subtotal	**64,630**	**100%**
Did Not Have Location	4,918	
Item Missing	43,762	

Source: Va. Healthcare Workforce Data Center

[1] As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.5% and a high of 3.9%. At the time of publication, the unemployment rate for August 2025 was still preliminary, and the unemployment rate for September 2025 had not yet been released.

At a Glance:

Concentration

Top Region:	28%
Top 3 Regions:	73%
Lowest Region:	1%

Locations

2 or More (Past Year):	18%
2 or More (Now*):	16%

Source: Va. Healthcare Workforce Data Center

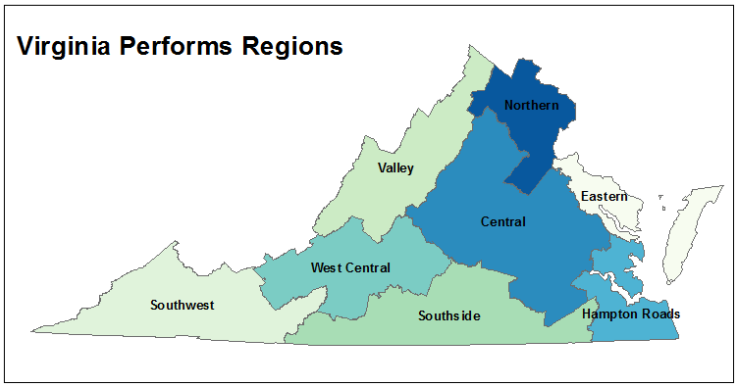
Nearly three out of every four RNs work in Central Virginia, Northern Virginia, or Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	25,371	28%	4,011	24%
Eastern	1,270	1%	250	1%
Hampton Roads	18,872	21%	3,374	20%
Northern	22,746	25%	4,060	24%
Southside	2,847	3%	560	3%
Southwest	3,716	4%	652	4%
Valley	5,131	6%	865	5%
West Central	10,632	12%	1,844	11%
Virginia Border State/D.C.	307	0%	327	2%
Other U.S. State	507	1%	884	5%
Outside of the U.S.	11	0%	46	0%
Total	**91,410**	**100%**	**16,873**	**100%**
Item Missing	16,983		642	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Number of Work Locations

Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	4,139	4%	6,218	7%
1	74,502	78%	74,650	78%
2	11,905	12%	10,972	11%
3	4,363	5%	3,538	4%
4	451	1%	255	0%
5	220	0%	128	0%
6 or More	461	1%	279	0%
Total	**96,041**	**100%**	**96,041**	**100%**

*At the time of survey completion (Oct. 2024-Sept. 2025, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

Among all RNs, 16% currently have multiple work locations, while 18% have had multiple work locations over the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	34,586	40%	8,185	53%
Non-Profit	39,019	45%	5,567	36%
State/Local Government	8,491	10%	1,225	8%
Veteran's Administration	2,082	2%	123	1%
U.S. Military	1,135	1%	165	1%
Other Federal Government	864	1%	112	1%
Total	**86,177**	**100%**	**15,377**	**100%**
Did Not Have Location	4,918		95,796	
Item Missing	22,215		2,137	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

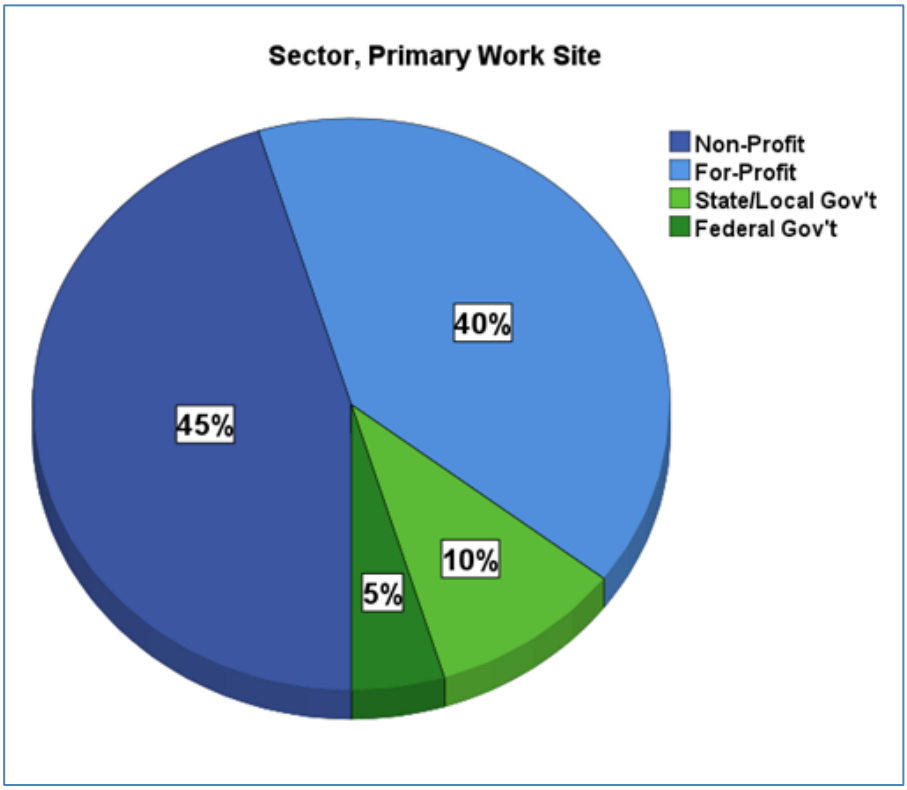
For-Profit:	40%
Federal:	5%

Top Establishments

Hospital, Inpatient:	36%
Hospital, Emergency:	7%
Hospital, Outpatient:	7%

Source: Va. Healthcare Workforce Data Center

Among all RNs, 45% work in the non-profit sector, while another 40% work in the for-profit sector.



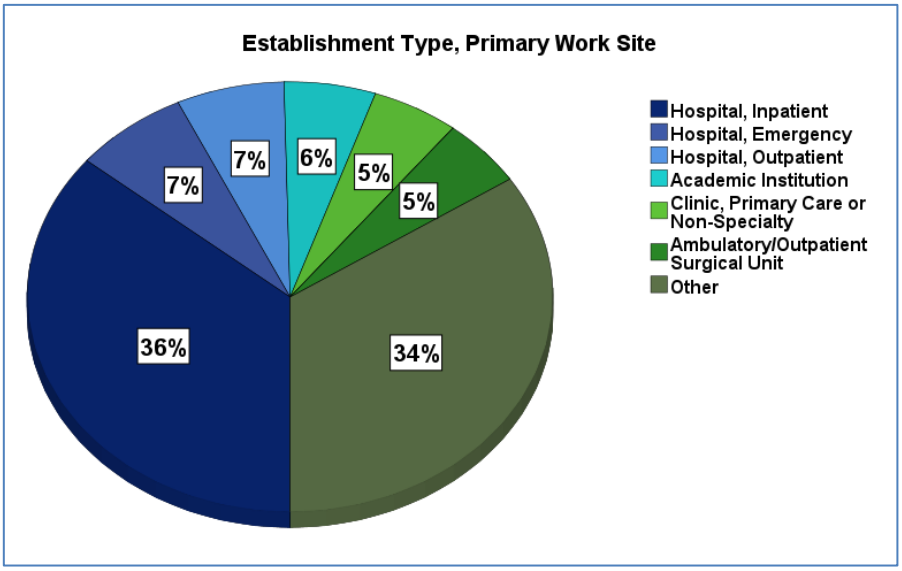
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Hospital, Inpatient Department	30,534	36%	4,178	28%
Hospital, Emergency Department	5,997	7%	994	7%
Hospital, Outpatient Department	5,648	7%	581	4%
Academic Institution (Teaching or Research)	4,790	6%	826	6%
Clinic, Primary Care or Non-Specialty (e.g., FQHC, Retail or Free Clinic)	4,562	5%	877	6%
Ambulatory/Outpatient Surgical Unit	4,362	5%	700	5%
Clinic, Non-Surgical Specialty (e.g., Dialysis, Diagnostic, Infusion, Blood)	3,099	4%	571	4%
Home Health Care	3,058	4%	1,104	8%
Long-Term Care Facility, Nursing Home	2,951	3%	912	6%
Physician Office	2,339	3%	330	2%
Insurance Company, Health Plan	2,266	3%	211	1%
School (Providing Care to Students)	2,230	3%	349	2%
Hospice	1,641	2%	411	3%
Other Practice Setting	11,511	14%	2,673	18%
Total	**84,988**	**100%**	**14,717**	**100%**

Source: Va. Healthcare Workforce Data Center

One half of all RNs in Virginia work in a hospital, including 36% who work in the inpatient department of a hospital.

Among those RNs who also have a secondary work location, 39% work in a hospital, including 28% who work in the inpatient department of a hospital.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Languages Offered

Spanish:	33%
Chinese:	23%
Arabic:	22%

Means of Communication

Virtual Translation:	80%
Onsite Translation:	37%
Other Staff Member:	20%

Source: Va. Healthcare Workforce Data Center

Among all RNs, 33% are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	**#**	**% of Workforce**
Spanish	37,252	33%
Chinese	25,517	23%
Arabic	25,372	22%
French	25,339	22%
Korean	24,553	22%
Tagalog/Filipino	24,334	21%
Vietnamese	24,109	21%
Hindi	23,103	20%
Persian	20,459	18%
Urdu	20,099	18%
Amharic, Somali, or Other Afro-Asiatic Languages	19,232	17%
Pashto	19,109	17%
Others	10,104	9%
At Least One Language	**44,033**	**39%**

Source: Va. Healthcare Workforce Data Center

Means of Language Communication		
Provision	**#**	**% of Workforce with Language Services**
Virtual Translation Services	35,126	80%
Onsite Translation Service	16,407	37%
Other Staff Member is Proficient	8,761	20%
Respondent is Proficient	5,940	13%
Other	1,435	3%

Source: Va. Healthcare Workforce Data Center

Among RNs who are employed at a primary work location that offers language services for patients, 80% offer these services by means of a virtual translation service.

At a Glance:
(Primary Locations)

Typical Time Allocation

Patient Care:	80%-89%

Roles

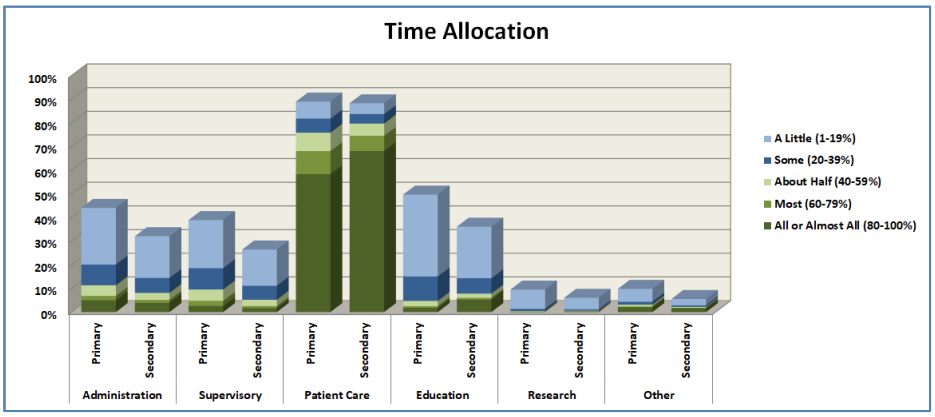
Patient Care:	68%
Administrative:	7%
Supervisory:	5%
Education:	2%

Patient Care RNs

Median Admin. Time:	0%
Avg. Admin. Time:	1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



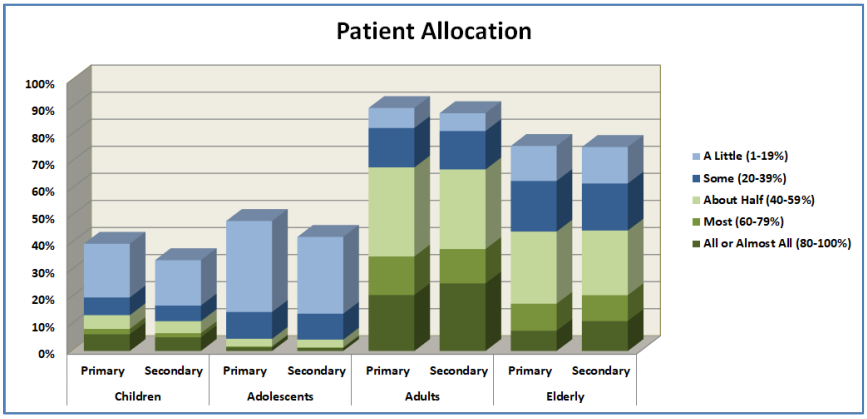
Source: Va. Healthcare Workforce Data Center

RNs typically spend most of their time on patient care activities. In fact, 68% of all RNs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation												
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	5%	4%	3%	2%	58%	68%	2%	5%	0%	0%	2%	2%
Most (60-79%)	2%	1%	2%	1%	10%	6%	1%	1%	0%	0%	0%	0%
About Half (40-59%)	5%	3%	5%	3%	8%	5%	2%	2%	0%	0%	1%	0%
Some (20-39%)	9%	6%	9%	6%	6%	4%	10%	7%	1%	1%	1%	1%
A Little (1-19%)	24%	18%	20%	15%	7%	5%	35%	22%	8%	5%	5%	3%
None (0%)	56%	68%	61%	74%	11%	12%	50%	64%	90%	94%	90%	94%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

RNs typically devote most of their time to treating adults and the elderly. In total, 35% of all RNs serve an adult patient care role, meaning that at least 60% of their patients are adults.

At a Glance:
(Primary Locations)

Typical Patient Allocation

Children:	0%
Adolescents:	0%
Adults:	50%-59%
Elderly:	30%-39%

Roles

Children:	8%
Adolescents:	2%
Adults:	35%
Elderly:	17%

Source: Va. Healthcare Workforce Data Center

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	6%	5%	1%	1%	21%	25%	7%	11%
Most (60-79%)	2%	2%	0%	0%	14%	13%	10%	10%
About Half (40-59%)	5%	4%	3%	3%	33%	29%	27%	24%
Some (20-39%)	7%	6%	10%	10%	15%	14%	19%	17%
A Little (1-19%)	20%	17%	34%	28%	7%	7%	13%	13%
None (0%)	60%	66%	52%	58%	10%	12%	24%	25%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All RNs		RNs 50 and Over	
	#	%	#	%
Under Age 50	2,780	3%	-	-
50 to 54	3,288	4%	157	1%
55 to 59	7,143	9%	1,109	4%
60 to 64	21,035	26%	6,490	23%
65 to 69	30,724	38%	12,218	44%
70 to 74	9,169	11%	4,725	17%
75 to 79	2,758	3%	1,422	5%
80 or Over	1,193	1%	497	2%
I Do Not Intend to Retire	3,605	4%	1,422	5%
Total	**81,695**	**100%**	**28,040**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All RNs

Under 65:	42%
Under 60:	16%

RNs 50 and Over

Under 65:	28%
Under 60:	5%

Time Until Retirement

Within 2 Years:	7%
Within 10 Years:	21%
Half the Workforce:	By 2050

Source: Va. Healthcare Workforce Data Center

Among all RNs, 42% expect to retire by the age of 65. Among RNs who are age 50 and over, 28% expect to retire by the age of 65.

Within the next two years, 23% of RNs expect to pursue additional educational opportunities, and 8% expect to increase their patient care hours.

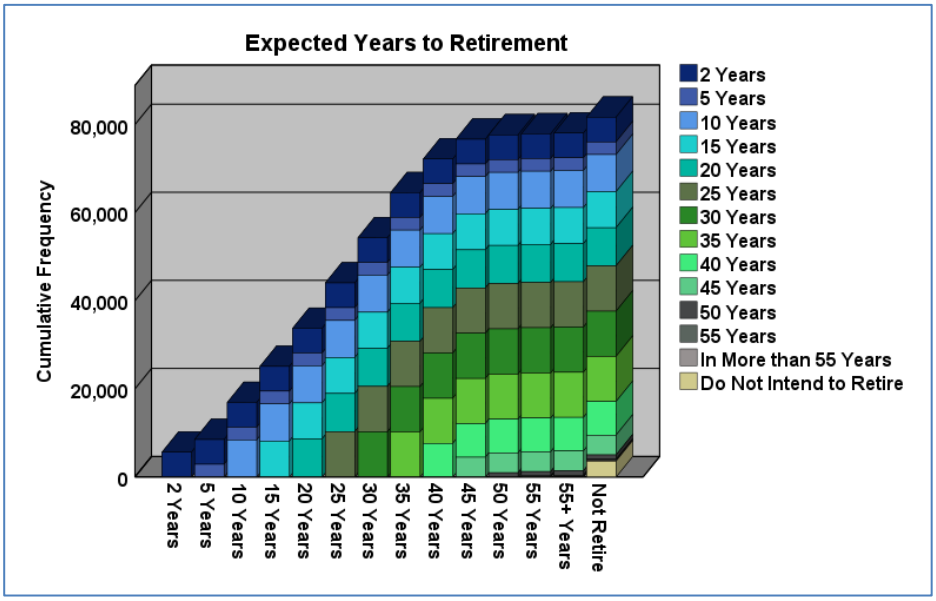
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	2,146	2%
Leave Virginia	3,290	3%
Decrease Patient Care Hours	9,590	8%
Decrease Teaching Hours	436	< 1%
Increase Participation		
Increase Patient Care Hours	9,558	8%
Increase Teaching Hours	5,984	5%
Pursue Additional Education	25,665	23%
Return to the Workforce	1,736	2%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for RNs. While 7% of RNs expect to retire in the next two years, 21% expect to retire in the next ten years. More than half of the current RN workforce expect to retire by 2050.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	5,616	7%	7%
5 Years	2,888	4%	10%
10 Years	8,420	10%	21%
15 Years	8,174	10%	31%
20 Years	8,654	11%	41%
25 Years	10,292	13%	54%
30 Years	10,273	13%	66%
35 Years	10,242	13%	79%
40 Years	7,627	9%	88%
45 Years	4,493	5%	94%
50 Years	988	1%	95%
55 Years	258	0%	95%
In More than 55 Years	164	0%	96%
Do Not Intend to Retire	3,605	4%	100%
Total	**81,695**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2035. Retirement will peak at 13% of the current workforce around 2050 before declining to under 10% of the current workforce again around 2065.

At a Glance:

FTEs

Total:	95,502
FTEs/1,000 Residents[2]:	10.96
Average:	0.88

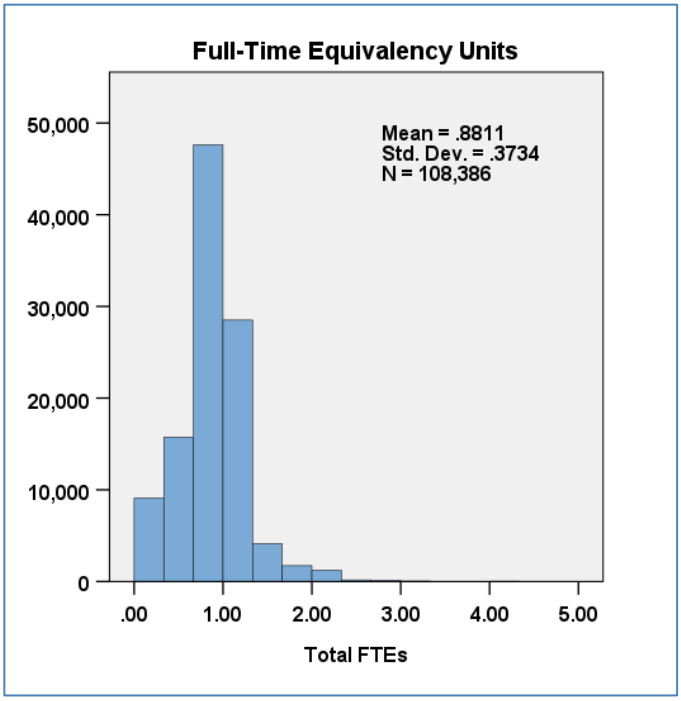
Age & Gender Effect

Age, *Partial Eta*^{2}:	Negligible
Gender, *Partial Eta*^{2}:	Negligible

Partial Eta^2 *Explained:*
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

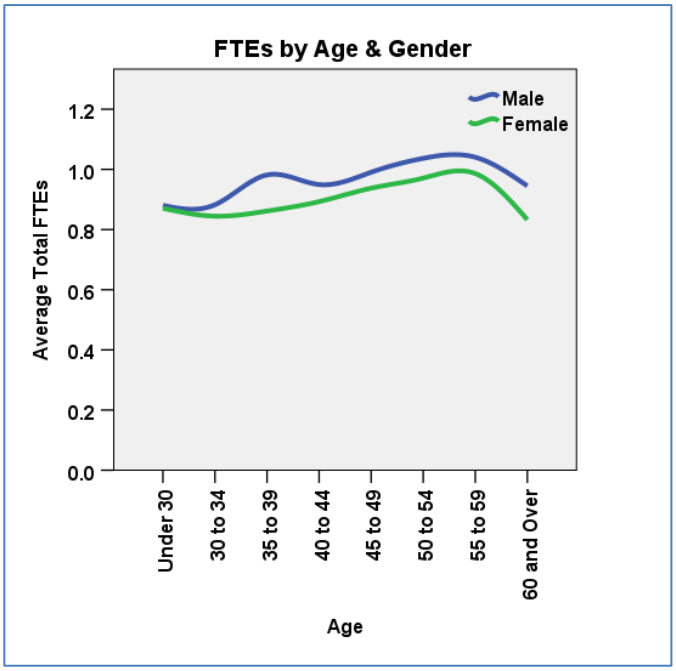


Source: Va. Healthcare Workforce Data Center

The typical (median) RN provided 0.92 FTEs, or approximately 37 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.[3]

Full-Time Equivalency Units		
Age	**Average Age**	**Median Age**
Under 30	0.87	0.93
30 to 34	0.84	0.89
35 to 39	0.86	0.89
40 to 44	0.88	0.91
45 to 49	0.94	0.93
50 to 54	0.96	0.95
55 to 59	0.99	0.97
60 and Over	0.81	0.75
Gender		
Male	0.95	0.96
Female	0.89	0.93

Source: Va. Healthcare Workforce Data Center

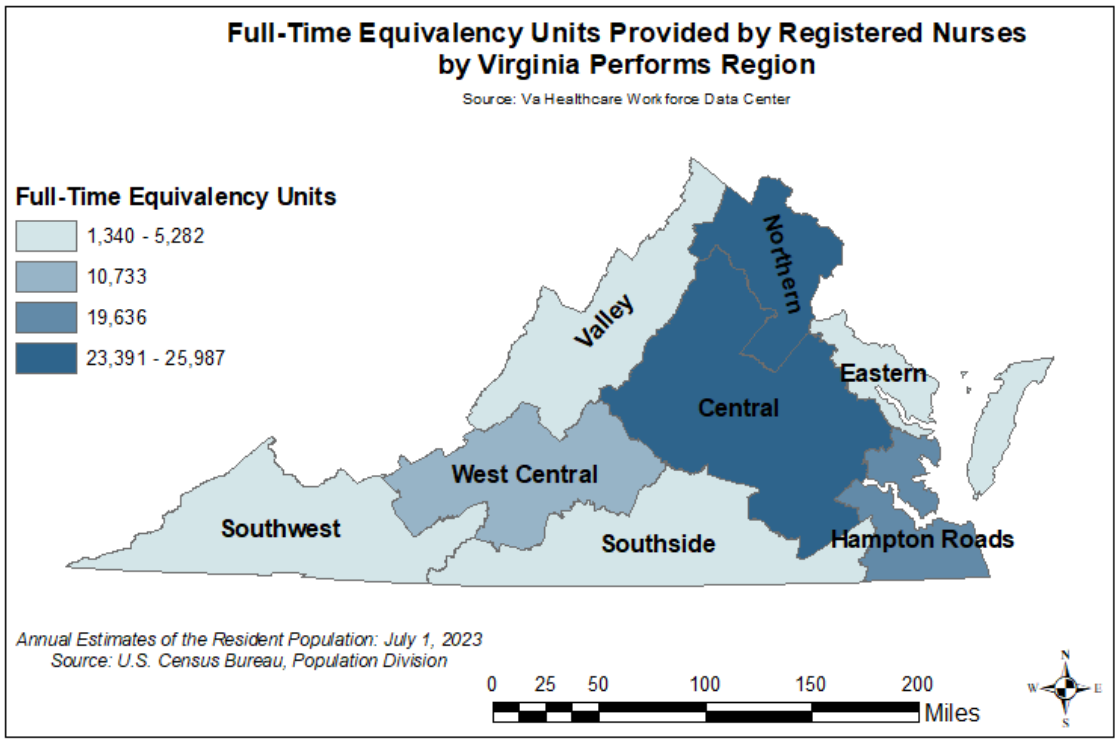


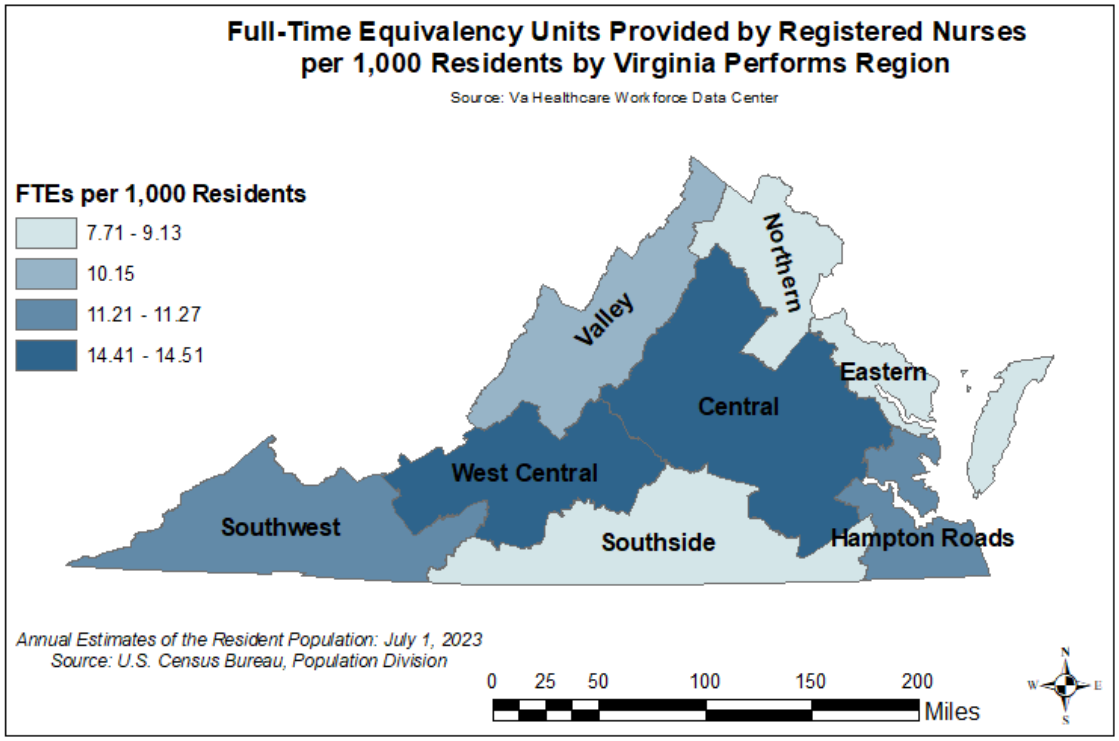
Source: Va. Healthcare Workforce Data Center

[2] Number of residents in 2023 was used as the denominator.
[3] Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).

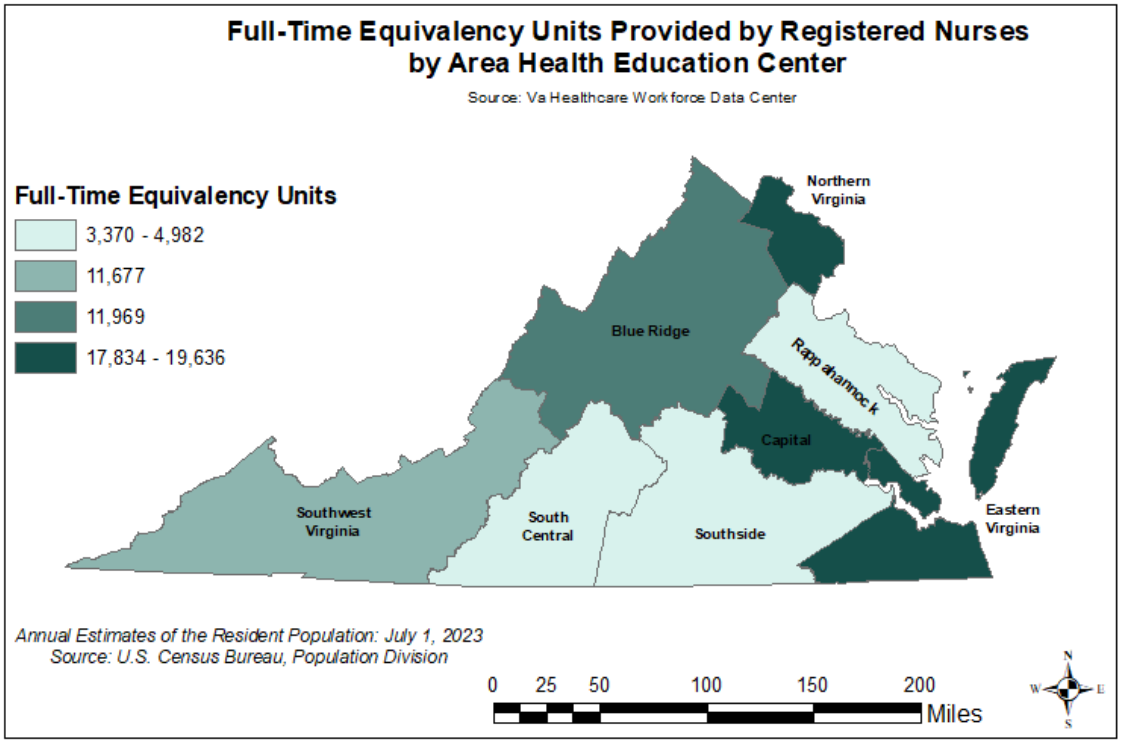
Maps

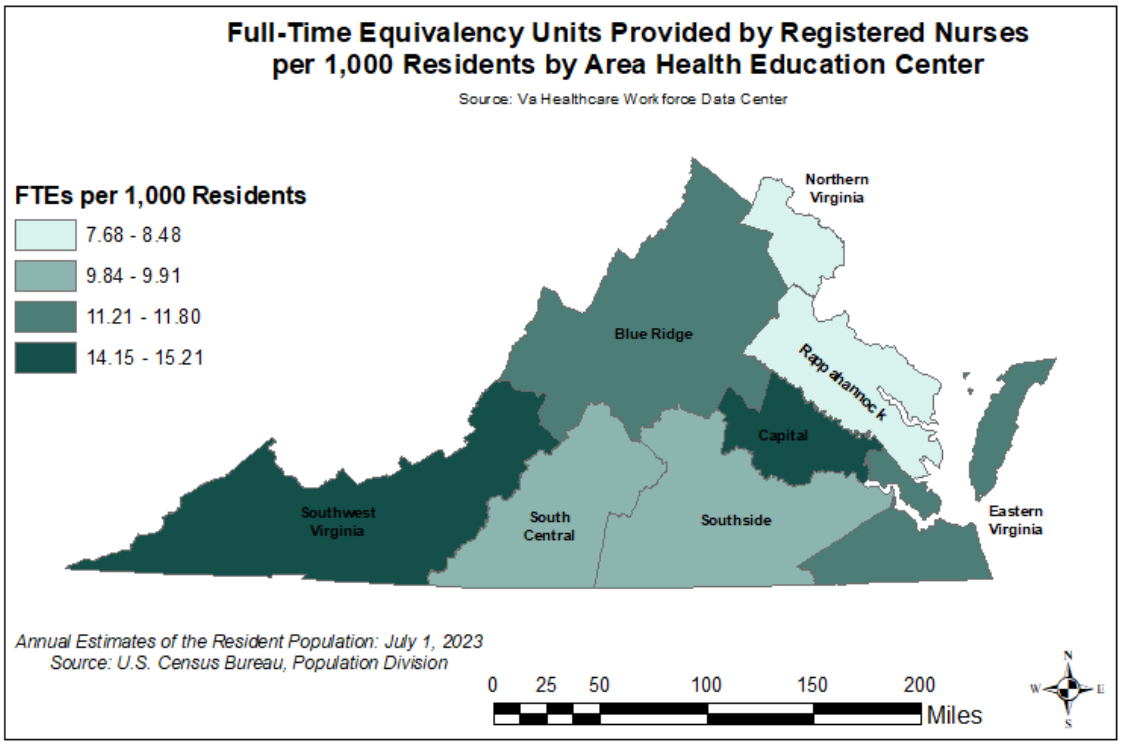
Virginia Performs Regions

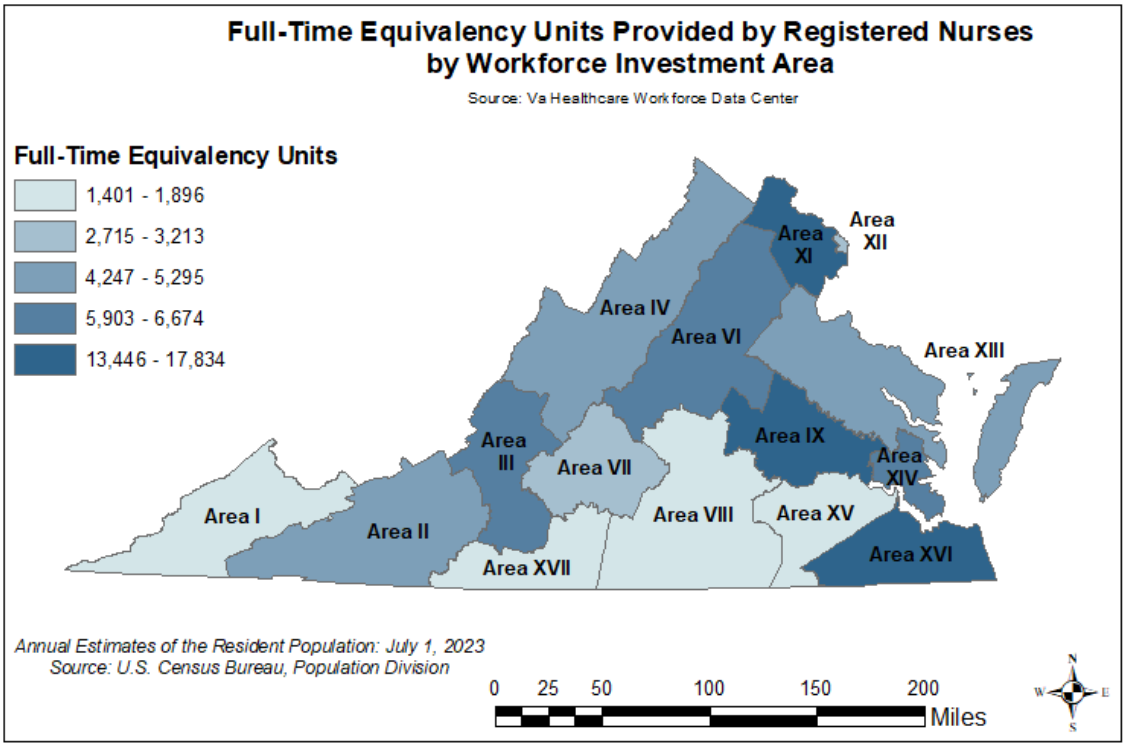


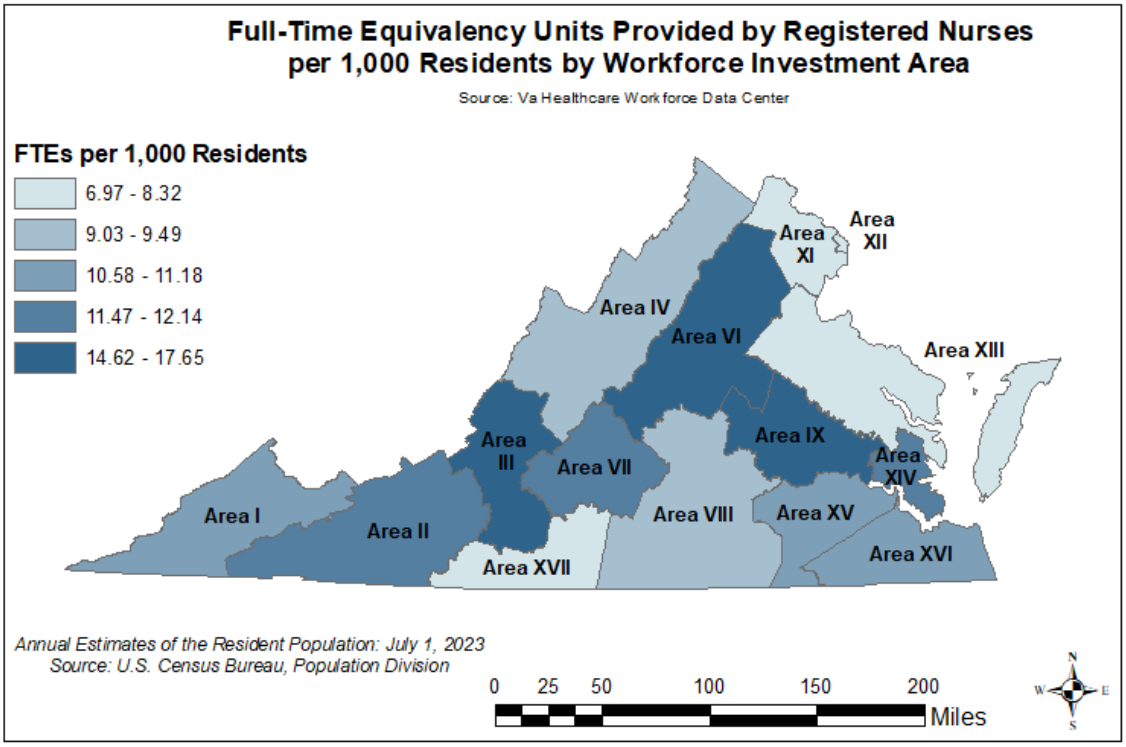


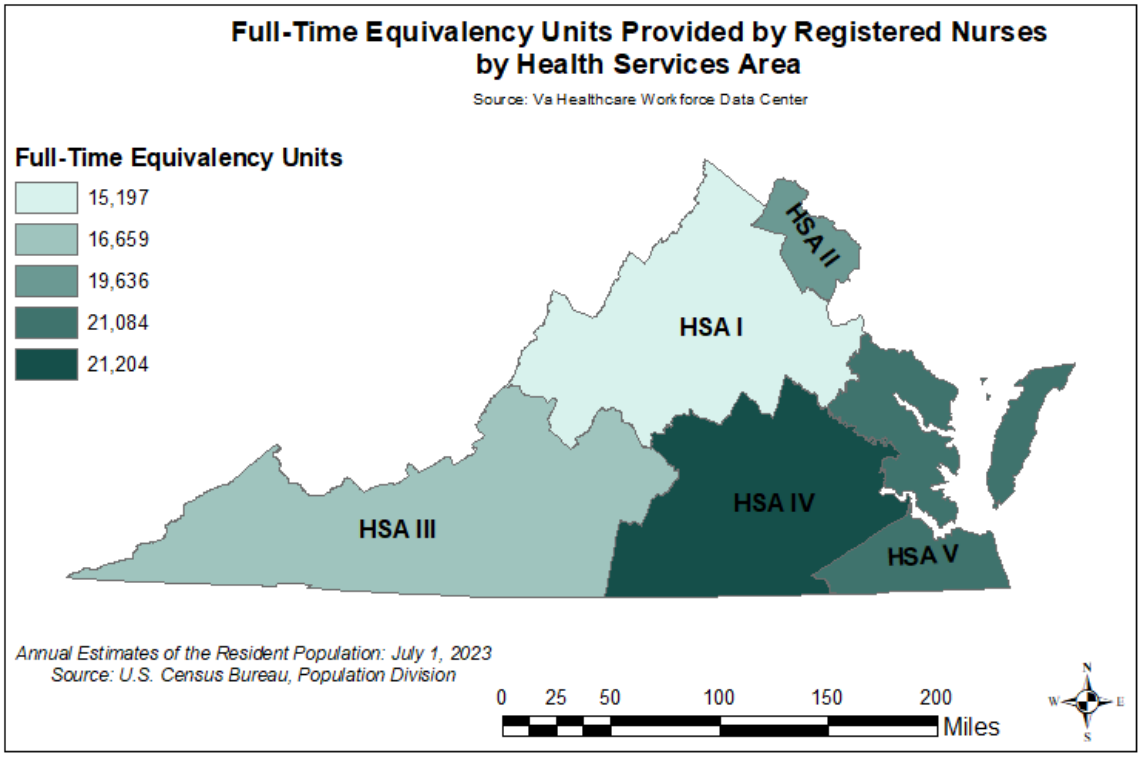
Area Health Education Center Regions

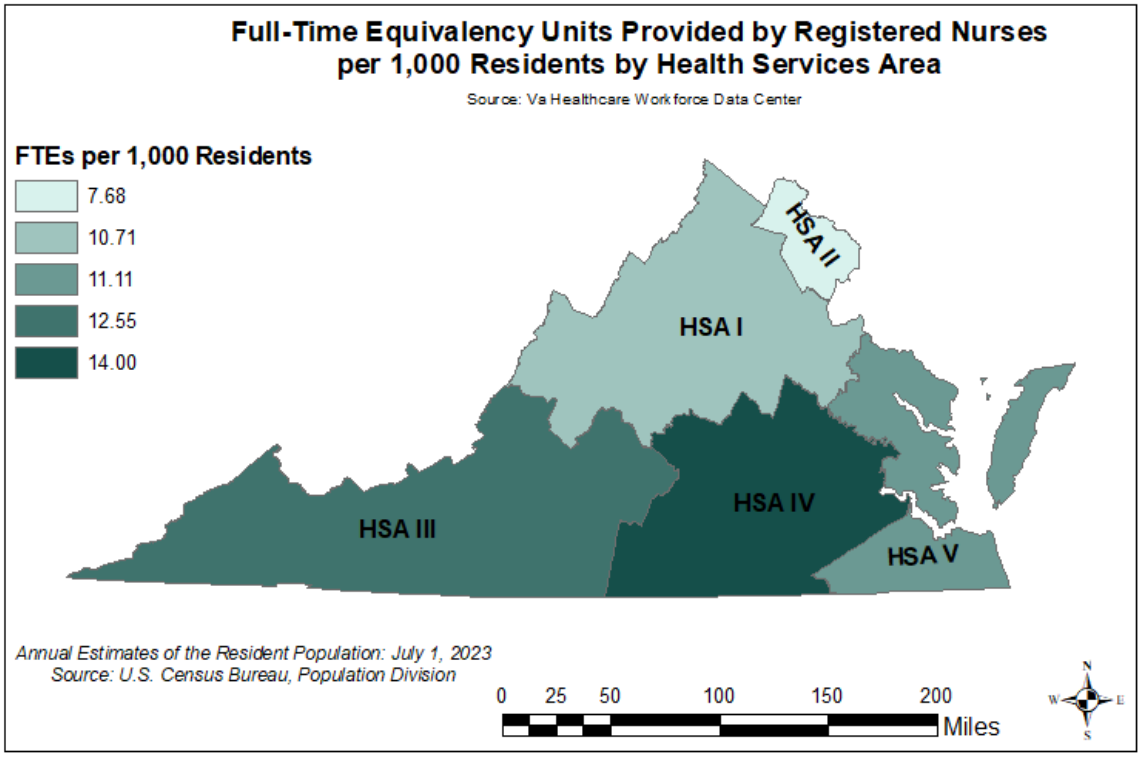


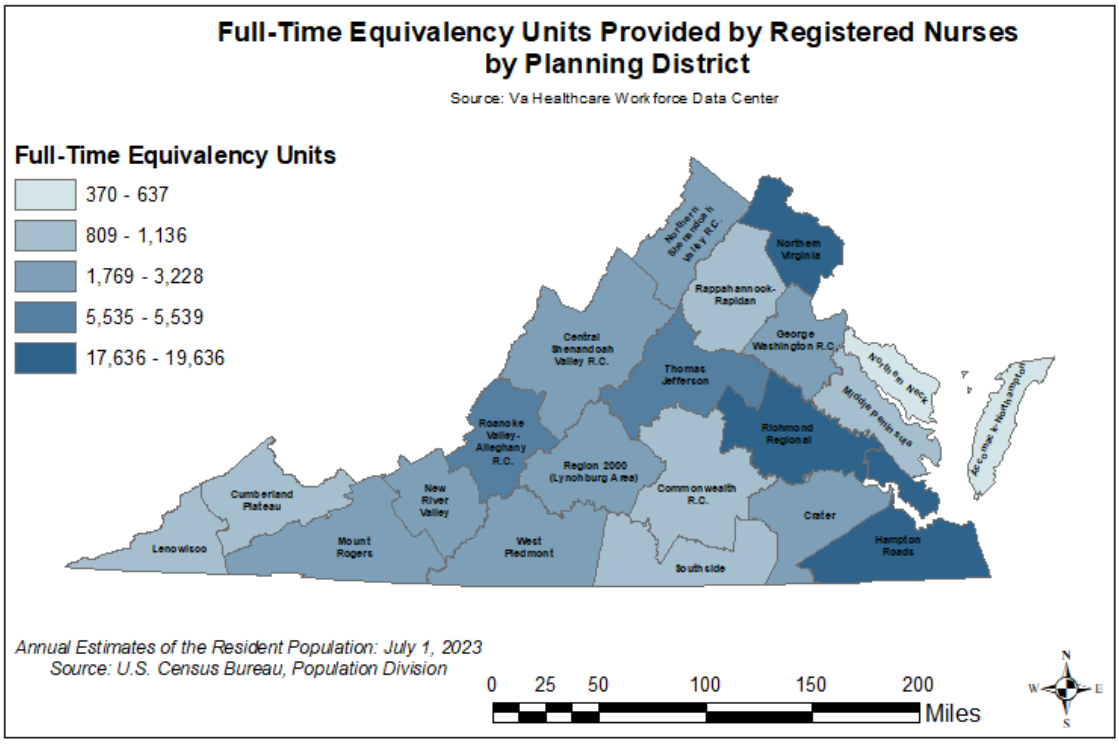


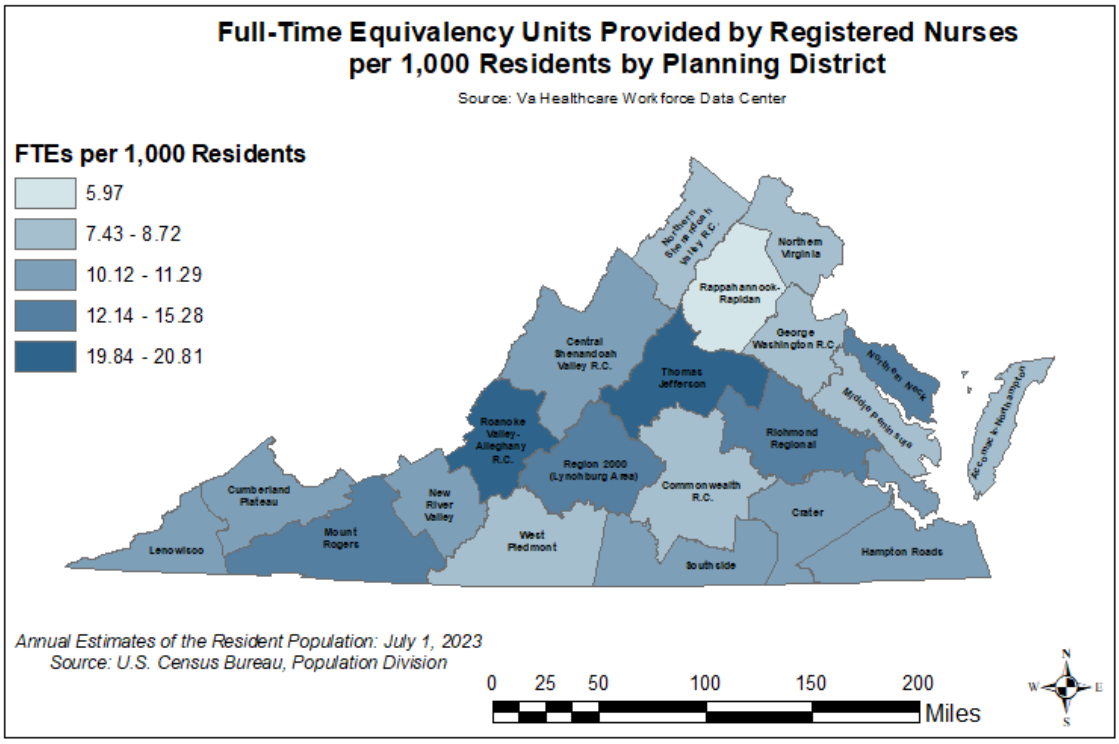

Full-Time Equivalency Units Provided by Registered Nurses by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
1,401 - 1,896
2,715 - 3,213
4,247 - 5,295
5,903 - 6,674
13,446 - 17,834
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Registered Nurses per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
6.97 - 8.32
9.03 - 9.49
10.58 - 11.18
11.47 - 12.14
14.62 - 17.65
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Registered Nurses by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
15,197
16,659
19,636
21,084
21,204
HSA II
HSA I
HSA IV
HSA III
HSA V
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Registered Nurses per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
7.68
10.71
11.11
12.55
14.00
HSA II
HSA I
HSA IV
HSA III
HSA V
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Registered Nurses by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
370 - 637
809 - 1,136
1,769 - 3,228
5,535 - 5,539
17,636 - 19,636
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Lenowisco
South side
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Registered Nurses per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
5.97
7.43 - 8.72
10.12 - 11.29
12.14 - 15.28
19.84 - 20.81
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Lenowisco
South side
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	78,580	41.55%	2.407	1.958	3.593
Metro, 250,000 to 1 Million	11,639	42.89%	2.332	1.897	3.481
Metro, 250,000 or Less	12,224	42.21%	2.369	1.927	3.537
Urban, Pop. 20,000+, Metro Adj.	2,114	43.52%	2.298	1.869	3.431
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	5,423	40.51%	2.468	2.008	3.685
Urban, Pop. 2,500-19,999, Non-Adj.	3,369	43.43%	2.303	1.874	3.438
Rural, Metro Adj.	3,079	41.12%	2.432	1.979	3.631
Rural, Non-Adj.	1,393	41.42%	2.414	1.964	3.604
Virginia Border State/D.C.	3,061	29.24%	3.420	2.783	5.106
Other U.S. State	11,946	28.59%	3.498	2.846	5.223

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	16,921	27.00%	3.704	3.431	5.223
30 to 34	16,617	42.78%	2.338	2.165	3.296
35 to 39	18,102	35.69%	2.802	2.595	3.951
40 to 44	16,068	47.14%	2.121	1.965	2.991
45 to 49	12,943	39.18%	2.552	2.364	3.599
50 to 54	12,382	49.54%	2.019	1.869	2.846
55 to 59	11,267	39.65%	2.522	2.336	3.556
60 and Over	28,532	42.60%	2.347	2.174	3.310

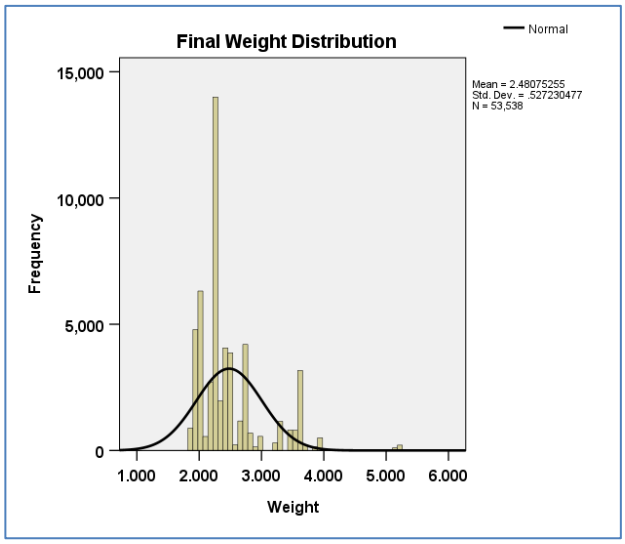
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: **0.403050**



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Advanced Practice Registered Nurse Workforce: 2025

Healthcare Workforce Data Center

November 2025

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com
Get a copy of this report from:
http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

Over 8,800 Licensed Advanced Practice Registered Nurses voluntarily participated in this survey. *Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for their ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

Arne E. Owens, MS
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD	Barbara Hodgdon, PhD	Rajana Siva, MBA	Christopher Coyle, BA
Director	*Deputy Director*	*Data Analyst*	*Research Assistant*

The Committee of the Joint Boards of Nursing and Medicine

Members

Delia Acuna, FNP-C
Quinton

Blanton L. Marchese
North Chesterfield

Helen M. Parke, DNP, FNP-BC
Concord

Shelly Smith, PhD, DNP, ANP-BC
Powhatan

Bo Vaughan, Jr., MD
Richmond

Ryan Williams, MD
Suffolk

Executive Director of Board of Medicine

William L. Harp, MD

Executive Director of Board of Nursing

Claire Morris, RN, LNHA

Contents

The Licensed Advanced Practice Registered Nurse Workforce: At a Glance:

The Workforce

Licensees:	25,353
Virginia's Workforce:	17,135
FTEs:	14,929

Survey Response Rate

All Licensees:	35%
Renewing Practitioners:	91%

Demographics

Female:	90%
Diversity Index:	48%
Median Age:	44

Background

Rural Childhood:	34%
HS Degree in VA:	44%
Prof. Degree in VA:	50%

Education

Master's Degree:	73%
Post-Masters Cert.:	8%

Finances

Median Inc.:	$120k or More
Health Benefits:	61%
Under 40 w/ Ed. Debt:	62%

Current Employment

Employed in Prof.:	96%
Hold 1 Full-Time Job:	63%
Satisfied?:	95%

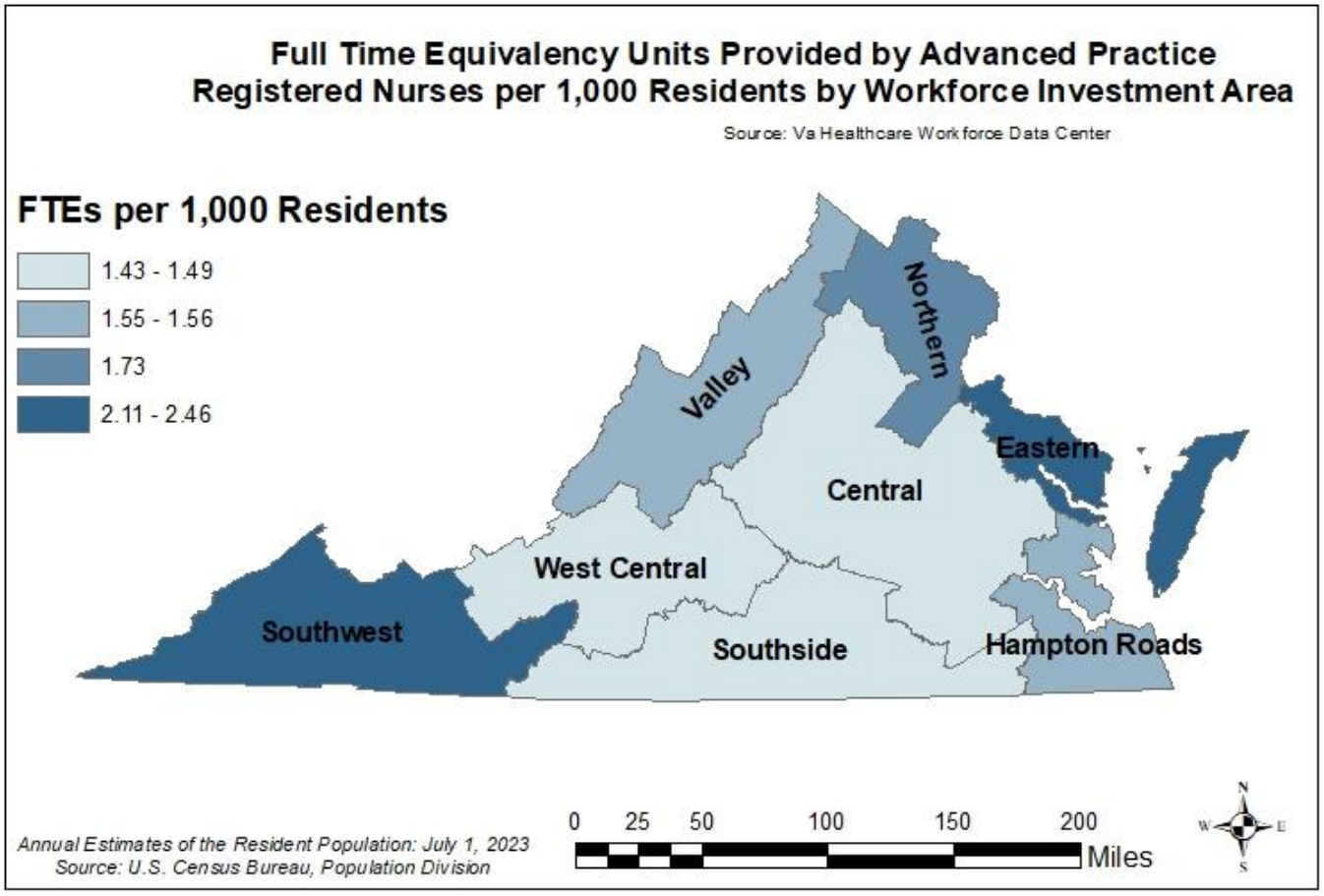
Job Turnover

Switched Jobs:	7%
Employed Over 2 Yrs.:	54%

Time Allocation

Patient Care:	90%-99%
Patient Care Role:	86%
Admin. Role:	3%

Source: Va. Healthcare Workforce Data Center



Results in Brief

This report contains the results of the 2025 Advanced Practice Registered Nurse (APRN) survey. In total, 8,803 APRNs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of APRNs have access to the survey in a given year. These survey respondents represent 35% of the 25,353 APRNs who are licensed in the state and 91% of renewing practitioners.

The HWDC estimates that 17,135 APRNs participated in Virginia's workforce during the survey period, which is defined as those APRNs who worked at least a portion of the year in the state or who live in the state and intend to return to work as an APRN at some point in the future. Virginia's APRN workforce provided 14,929 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks with 2 weeks of vacation).

Nine out of every ten APRNs are female, and the median age of this workforce is 44. In a random encounter between two APRNs, there is a 48% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index decreases to 47% for APRNs who are under the age of 40. For Virginia's overall population, the comparable diversity index is 60%. One-third of all APRNs grew up in a rural area, and 24% of APRNs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 12% of all APRNs work in a non-metro area of the state. More than half of Virginia's APRN workforce have some educational background in the state.

Among all APRNs, 96% are employed in the profession, 63% hold one full-time job, and 49% work between 40 and 49 hours per week. More than half of all APRNs work in the for-profit sector, while another 33% work in the non-profit sector. The median annual income of Virginia's APRN workforce is greater than $120,000 per year, and 88% receive this income as either a salary or an hourly wage. In addition, 81% of wage or salaried APRNs receive at least one employer-sponsored benefit, including 61% who have access to health insurance. Among all APRNs, 95% indicated that they are satisfied with their current work situation, including 66% who indicated that they are "very satisfied".

Summary of Trends

In this section, all statistics for the current year are compared to the 2014 APRN workforce.[1] The number of licensed APRNs in Virginia has increased by 228% (25,353 vs. 7,741). At the same time, the size of Virginia's APRN workforce has increased by 172% (17,135 vs. 6,302), and the number of FTEs provided by this workforce has increased by 158% (14,929 vs. 5,777). Virginia's renewing APRNs are more likely to respond to this survey (91% vs. 79%).

While there has been no change in the percentage of all APRNs who are female (90%), the median age of this workforce has fallen (44 vs. 48). The diversity index of this workforce has increased (48% vs. 28%), and this is also the case among those APRNs who are under the age of 40 (47% vs. 34%). APRNs are more likely to have grown up in a rural area (34% vs. 31%), and APRNs who grew up in a rural area are more likely to currently work in a non-metro area of Virginia (24% vs. 20%). The percentage of all APRNs who work in a non-metro area of the state has risen as well (12% vs. 10%). APRNs are more likely to carry education debt (51% vs. 40%), and the median outstanding balance among APRNs who carry education debt has increased ($60k-$70k vs. $40k-$50k).

The median annual income of Virginia's APRN workforce has increased ($120k or more vs. $90k-$100k), and APRNs are more likely to receive this income as a salary (65% vs. 61%) than as an hourly wage (23% vs. 32%). However, wage and salaried APRNs are slightly less likely to receive at least one employer-sponsored benefit (81% vs. 84%), including those APRNs who have access to health insurance (61% vs. 66%). There has been no change in the percentage of all APRNs who indicated that they are satisfied with their current work situation (95%), and percentage who indicated that they are "very satisfied" is the same (66%).

[1] See the "Results in Brief" and "Summary of Trends" sections of the 2023 APRN report for details of the policy changes in the APRN workforce over the past seven years.

A Closer Look:

Licensees		
License Status	**#**	**%**
Renewing Practitioners	8,455	33%
New Licensees	3,499	14%
Non-Renewals	1,183	5%
Renewal Date Not in Survey Period	11,845	47%
All Licensees	**25,353**	**100%**

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. Among all renewing APRNs, 91% voluntarily submitted a survey. These represent 35% of the 25,353 APRNs who held a license at some point during the licensing period.

Response Rates			
Statistic	**Non Respondents**	**Respondents**	**Response Rate**
By Age			
Under 30	453	89	16%
30 to 34	1,845	926	33%
35 to 39	3,305	1,333	29%
40 to 44	2,901	1,726	37%
45 to 49	2,504	1,191	32%
50 to 54	1,836	1,317	42%
55 to 59	1,488	748	34%
60 and Over	2,218	1,473	40%
Total	**16,550**	**8,803**	**35%**
New Licenses			
Issued in Past Year	3,347	152	4%
Metro Status			
Non-Metro	1,114	729	40%
Metro	7,758	5,396	41%
Not in Virginia	7,678	2,677	26%

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted between October 2024 and September 2025 on the birth month of each renewing practitioner.
2. **Target Population:** All APRNs who held a Virginia license at some point during the survey period.
3. **Survey Population:** The survey was available to APRNs who renewed their licenses online. It was not available to those who did not renew, including some APRNs newly licensed during the survey time frame.

Response Rates	
Completed Surveys	**8,803**
Response Rate, All Licensees	**35%**
Response Rate, Renewals	**91%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed APRNs

Number:	25,353
New:	14%
Not Renewed:	5%

Response Rates

All Licensees:	35%
Renewing Practitioners:	91%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's APRN Workforce:	17,135
FTEs:	14,929

Utilization Ratios

Licensees in VA Workforce:	68%
Licensees per FTE:	1.70
Workers per FTE:	1.15

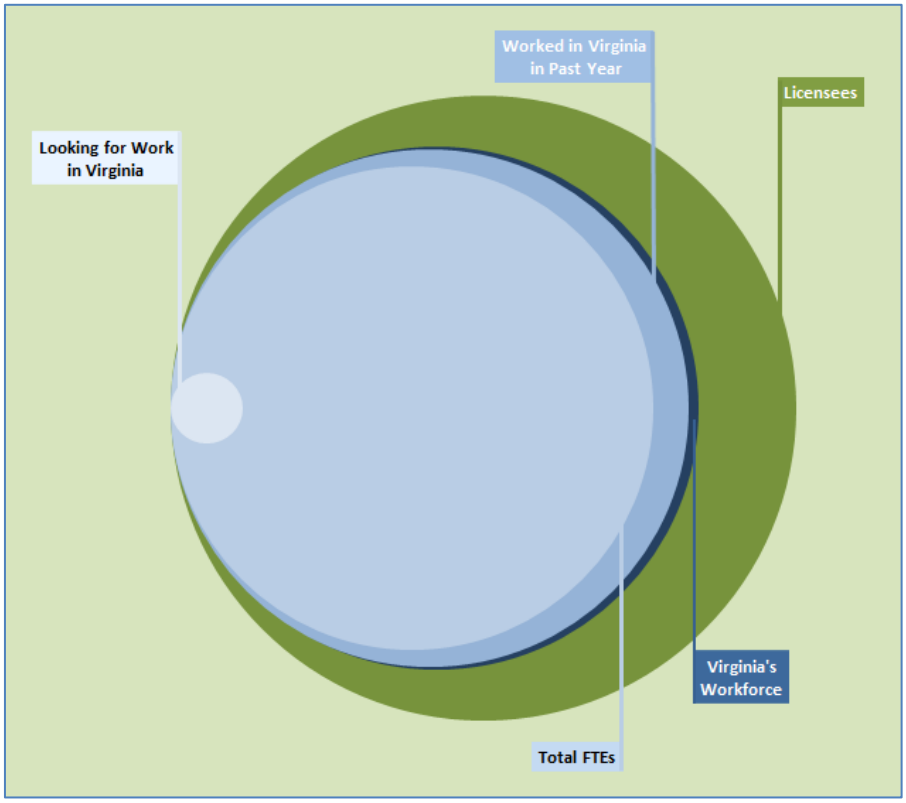
Source: Va. Healthcare Workforce Data Center

Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey timeframe or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's APRN Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	16,834	98%
Looking for Work in Virginia	300	2%
Virginia's Workforce	**17,135**	**100%**
Total FTEs	**14,929**	
Licensees	**25,353**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	51	12%	382	88%	433	3%
30 to 34	111	6%	1,661	94%	1,772	12%
35 to 39	280	11%	2,280	89%	2,560	18%
40 to 44	251	10%	2,220	90%	2,471	17%
45 to 49	192	10%	1,809	90%	2,001	14%
50 to 54	209	12%	1,534	88%	1,743	12%
55 to 59	138	11%	1,090	89%	1,228	9%
60 and Over	202	10%	1,771	90%	1,973	14%
Total	**1,434**	**10%**	**12,747**	**90%**	**14,181**	**100%**

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	APRNs		APRNs Under 40	
	%	#	%	#	%
White	59%	9,889	70%	3,386	71%
Black	19%	2,277	16%	593	12%
Asian	7%	944	7%	372	8%
Other Race	<1%	156	1%	37	1%
Two or More Races	3%	344	2%	141	3%
Hispanic	11%	563	4%	228	5%
Total	**100%**	**14,173**	**100%**	**4,757**	**100%**

*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, 2022.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	90%
% Under 40 Female:	91%

Age

Median Age:	44
% Under 40:	34%
% 55 and Over:	23%

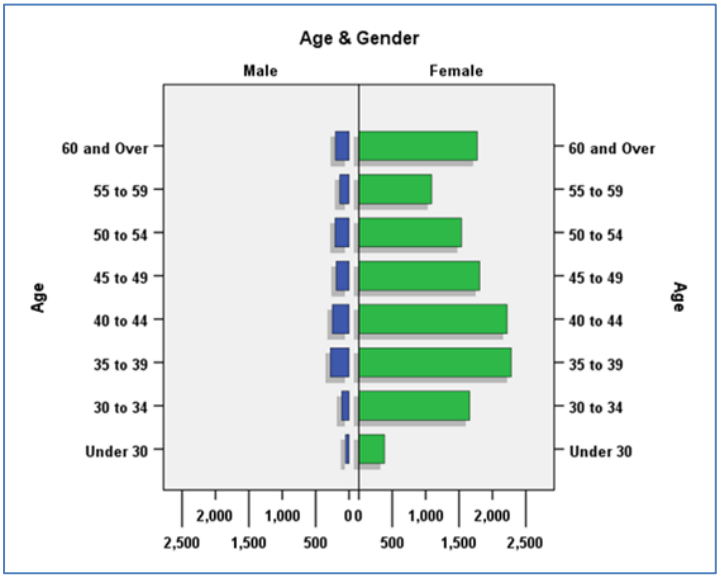
Diversity

Diversity Index:	48%
Under 40 Div. Index:	47%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two APRNs, there is a 48% chance that they would be of different races or ethnicities (a measure known as the Diversity Index), compared to a 60% chance for Virginia's population as a whole.

More than one-third of all APRNs are under the age of 40. Among APRNs who are under the age of 40, 91% are female. In addition, the diversity index among APRNs who are under the age of 40 is 47%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	14%
Rural Childhood:	34%

Virginia Background

HS in Virginia:	44%
Prof. Ed. in VA:	50%
HS or Prof. Ed. in VA:	55%
Initial APRN Degree in VA:	49%

Location Choice

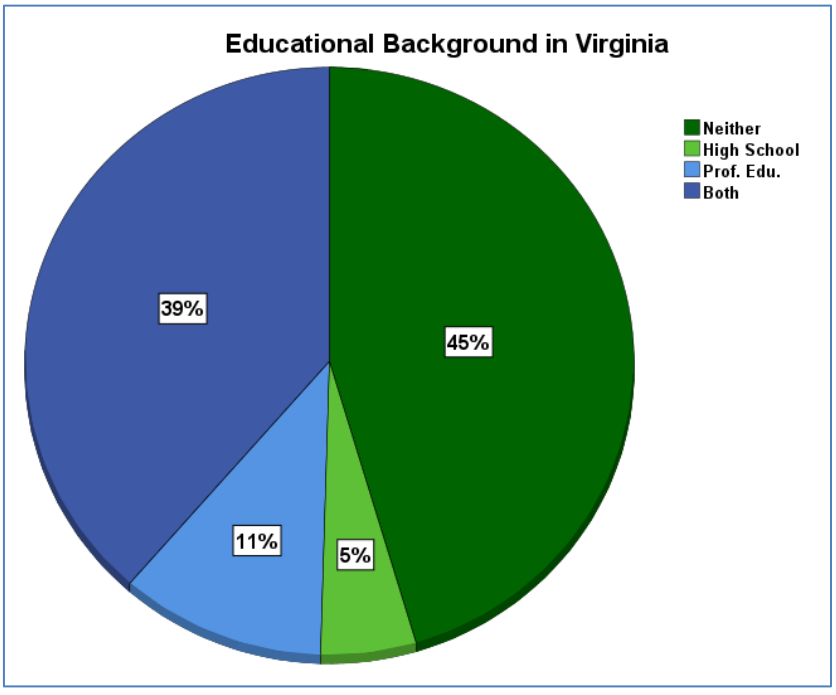
% Rural to Non-Metro:	24%
% Urban/Suburban to Non-Metro:	6%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 Million+	24%	60%	16%
2	Metro, 250,000 to 1 Million	54%	38%	8%
3	Metro, 250,000 or Less	46%	44%	11%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	63%	25%	12%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	62%	32%	6%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	84%	11%	5%
8	Rural, Metro Adjacent	62%	31%	7%
9	Rural, Non-Adjacent	58%	28%	15%
	Overall	**34%**	**52%**	**14%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

A little over one-third of all APRNs grew up in self-described rural areas, and 24% of these professionals currently work in non-metro counties. Overall, 12% of all APRNs currently work in non-metro counties.

Top Ten States for Licensed Advanced Practical Registered Nurse Recruitment

Rank	All APRNs					
	High School	#	Init. Prof Degree	#	Init. APRN Degree	#
1	Virginia	6,099	Virginia	6,882	Virginia	6,818
2	Outside U.S./Canada	1,292	Pennsylvania	604	Tennessee	766
3	New York	619	Maryland	578	Washington, D.C.	691
4	Maryland	579	Tennessee	549	Pennsylvania	493
5	Pennsylvania	534	New York	527	Maryland	461
6	North Carolina	489	North Carolina	503	Minnesota	420
7	Florida	413	Florida	437	North Carolina	415
8	Tennessee	330	Outside U.S./Canada	383	Illinois	370
9	Ohio	325	West Virginia	313	Florida	352
10	West Virginia	290	Ohio	271	New York	305

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in the Past Five Years					
	High School	#	Init. Prof Degree	#	Init. APRN Degree	#
1	Virginia	2,812	Virginia	3,203	Virginia	3,057
2	Outside U.S./Canada	735	Maryland	342	Tennessee	379
3	Maryland	292	Pennsylvania	293	Minnesota	302
4	New York	276	Tennessee	261	Washington, D.C.	269
5	North Carolina	270	North Carolina	250	Maryland	269
6	Pennsylvania	241	Florida	250	Illinois	263
7	Florida	233	Outside U.S./Canada	219	North Carolina	236
8	Tennessee	163	New York	217	Pennsylvania	204
9	Ohio	143	West Virginia	157	Florida	204
10	West Virginia	143	Washington, D.C.	125	Alabama	141

Source: Va. Healthcare Workforce Data Center

Among all licensees, 32% did not participate in Virginia's APRN workforce during the past year. Among licensees who did not participate in Virginia's APRN workforce, 96% worked at some point in the past year, including 95% who worked in a nursing-related capacity.

At a Glance:

Not in VA Workforce

Total:	8,216
% of Licensees:	32%
Federal/Military:	7%
Va. Border State/DC:	15%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	**#**	**%**
NP Certificate	157	1%
Master's Degree	10,112	73%
Post-Masters Cert.	1,078	8%
Doctorate of NP	1,861	13%
Other Doctorate	637	5%
Post-PhD Cert.	15	0%
Total	**13,860**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

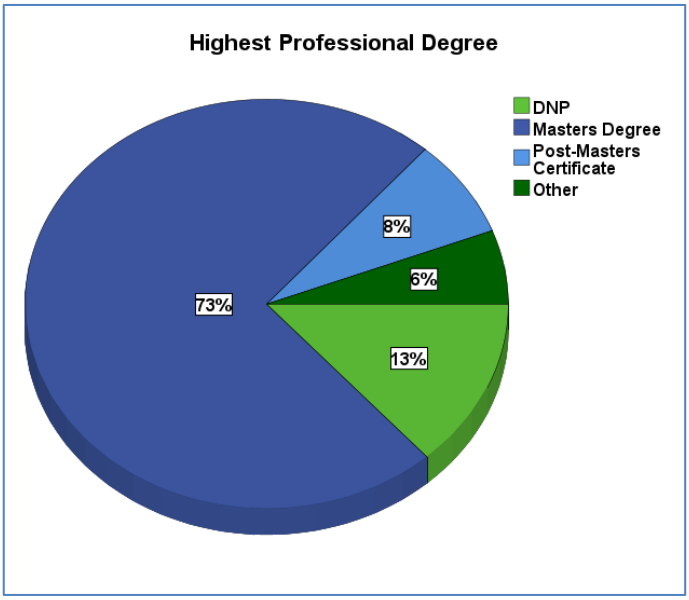
Education

Master's Degree: 73%
Post-Masters Cert.: 8%

Education Debt

Carry Debt: 51%
Under Age 40 w/ Debt: 62%
Median Debt: $60k-$70k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Among all APRNs, 73% have a Master's degree as their highest professional degree. More than half of all APRNs carry education debt, including 62% of APRNs who are under the age of 40. The median outstanding balance among those APRNs with education debt is between $60,000 and $70,000.

Education Debt				
Amount Carried	**All APRNs**		**APRNs Under 40**	
	#	**%**	**#**	**%**
None	6,072	49%	1,549	38%
Less than $30,000	1,096	9%	452	11%
$30,000-$39,999	504	4%	242	6%
$40,000-$49,999	483	4%	221	5%
$50,000-$59,999	544	4%	248	6%
$60,000-$69,999	482	4%	222	5%
$70,000-$79,999	439	4%	179	4%
$80,000-$89,999	385	3%	154	4%
$90,000-$99,999	277	2%	104	3%
$100,000-$109,999	411	3%	126	3%
$110,000-$119,999	225	2%	98	2%
$120,000 or More	1,465	12%	507	12%
Total	**12,383**	**100%**	**4,102**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

Family Health: 27%
RN Anesthetist: 12%
Psychiatric/ Mental Health: 12%

Credentials

AANPCP – Family NP: 22%
ANCC – Family NP: 18%
ANCC – Family Psychiatric-Mental Health NP: 5%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Specialties		
Specialty	**#**	**%**
Family Health	3,752	27%
Certified Registered Nurse Anesthetist	1,668	12%
Psychiatric/Mental Health	1,612	12%
Acute Care/Emergency Room	1,033	8%
Adult Health	937	7%
Pediatrics	845	6%
OB/GYN - Women's Health	516	4%
Geriatrics/Gerontology	462	3%
Surgical	392	3%
Medical Specialties (Not Listed)	328	2%
Certified Nurse Midwife	216	2%
Neonatal Care	178	1%
Other Specialty Area	1,253	13%
Total	**13,659**	**100%**

Source: Va. Healthcare Workforce Data Center

Credentials		
Credential	**#**	**% of Workforce**
AANPCP: Family NP (FNP-C)	3,843	22%
ANCC: Family NP (FNP-BC)	3,082	18%
ANCC: Family Psychiatric-Mental Health NP (PMHNP-BC)	941	5%
ANCC: Adult Psychiatric-Mental Health NP (PMHNP-BC)	780	5%
ANCC: Adult-Gerontology Acute Care NP (AGACNP-BC)	742	4%
NCC: Women's Health Care NP (WHNP-BC)	396	2%
ANCC: Acute Care NP (ACNP-BC)	370	2%
AANPCP: Adult-Gerontology Primary Care NP (A-GNP-C)	317	2%
ANCC: Adult NP (ANP-BC)	295	2%
ANCC: Adult-Gerontology Primary Care NP (AGPCNP-BC)	294	2%
ANCC: Pediatric NP (PNP-BC)	276	2%
NCC: Neonatal NP (NNP-BC)	168	1%
All Other Credentials	265	2%
At Least One Credential	**10,794**	**63%**

Source: Va. Healthcare Workforce Data Center

Among all APRNs, 27% have a primary specialty in family health, while another 12% have a primary specialty as a Certified RN Anesthetist. In addition, 63% of APRNs hold at least one credential, including 22% who are credentialed as an AANPCP: Family NP (FNP-C).

At a Glance:

Employment

Employed in Profession: 96%
Involuntarily Unemployed: <1%

Positions Held

1 Full-Time: 63%
2 or More Positions: 21%

Weekly Hours:

40 to 49: 49%
60 or More: 6%
Less than 30: 11%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	9	<1%
Employed in a Nursing-Related Capacity	13,388	96%
Employed, NOT in a Nursing-Related Capacity	91	1%
Not Working, Reason Unknown	2	0%
Involuntarily Unemployed	40	0%
Voluntarily Unemployed	261	2%
Retired	112	1%
Total	**13,902**	**100%**

Source: Va. Healthcare Workforce Data Center

Among all APRNs, 96% are currently employed in the profession, 63% hold one full-time job, and 49% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	415	3%
1 to 9 Hours	151	1%
10 to 19 Hours	381	3%
20 to 29 Hours	960	7%
30 to 39 Hours	2,823	21%
40 to 49 Hours	6,604	49%
50 to 59 Hours	1,379	10%
60 to 69 Hours	543	4%
70 to 79 Hours	94	1%
80 or More Hours	200	1%
Total	**13,550**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	**#**	**%**
No Positions	415	3%
One Part-Time Position	1,803	13%
Two Part-Time Positions	639	5%
One Full-Time Position	8,585	63%
One Full-Time Position & One Part-Time Position	1,861	14%
Two Full-Time Positions	62	0%
More than Two Positions	347	3%
Total	**13,712**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	**#**	**%**
Volunteer Work Only	51	1%
Less than $80,000	1,006	9%
$80,000-$89,999	540	5%
$90,000-$99,999	577	5%
$100,000-$109,999	959	9%
$110,000-$119,999	1,091	10%
$120,000 or More	6,449	60%
Total	**10,673**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: > $120k

Benefits

(Wage/Salary Employees)

Retirement: 70%

Health Insurance: 61%

Satisfaction

Satisfied: 95%

Very Satisfied: 66%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	8,905	65%
Somewhat Satisfied	4,023	30%
Somewhat Dissatisfied	526	4%
Very Dissatisfied	134	1%
Total	**13,589**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical APRN has an annual income of more than $120,000. Among APRNs who receive either an hourly wage or a salary as compensation at their primary work location, 73% have access to a retirement plan and 61% receive health insurance.

Employer-Sponsored Benefits*			
Benefit	**#**	**%**	**% of Wage/Salary Employees**
Retirement	8,447	63%	70%
Paid Leave	8,246	62%	69%
Health Insurance	7,374	55%	61%
Dental Insurance	7,228	54%	60%
Group Life Insurance	5,675	42%	48%
Signing/Retention Bonus	2,474	18%	21%
At Least One Benefit	**9,831**	**73%**	**81%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . .?	**#**	**%**
Experience Involuntary Unemployment?	175	1%
Experience Voluntary Unemployment?	615	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	334	2%
Work Two or More Positions at the Same Time?	3,369	20%
Switch Employers or Practices?	1,263	7%
Experience at Least One?	**4,956**	**29%**

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's APRNs experienced involuntary unemployment at some point in the prior year. By comparison, Virginia's average monthly unemployment rate was 3.3% during the same period.[2]

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 7%
New Location: 27%
Over 2 Years: 54%
Over 2 Yrs., 2nd Location: 41%

Employment Type

Salary: 65%
Hourly Wage: 23%

Source: Va. Healthcare Workforce Data Center

Location Tenure				
Tenure	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Not Currently Working at This Location	205	2%	192	5%
Less than 6 Months	1,047	8%	518	14%
6 Months to 1 Year	1,443	11%	564	15%
1 to 2 Years	3,444	26%	913	24%
3 to 5 Years	3,210	24%	844	23%
6 to 10 Years	1,925	15%	408	11%
More than 10 Years	1,947	15%	290	8%
Subtotal	**13,220**	**100%**	**3,729**	**100%**
Did Not Have Location	333		13,365	
Item Missing	3,582		40	
Total	**17,135**		**17,135**	

Source: Va. Healthcare Workforce Data Center

More than half of all APRNs have worked at their primary work location for more than two years.

Almost two-thirds of all APRNs receive a salary at their primary work location, while 23% receive an hourly wage.

Employment Type		
Primary Work Site	**#**	**%**
Salary/Commission	6,619	65%
Hourly Wage	2,358	23%
By Contract	636	6%
Business/Practice Income	504	5%
Unpaid	45	<1%
Subtotal	**10,163**	**100%**
Missing Location	333	
Item Missing	6,639	

Source: Va. Healthcare Workforce Data Center

[2] As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.5% and a high of 3.9%. At the time of publication, the unemployment rate for August 2025 was still preliminary, and the unemployment rate for September 2025 had not yet been released.

At a Glance:

Concentration

Top Region:	28%
Top 3 Regions:	70%
Lowest Region:	2%

Locations

2 or More (Past Year):	28%
2 or More (Now*):	26%

Source: Va. Healthcare Workforce Data Center

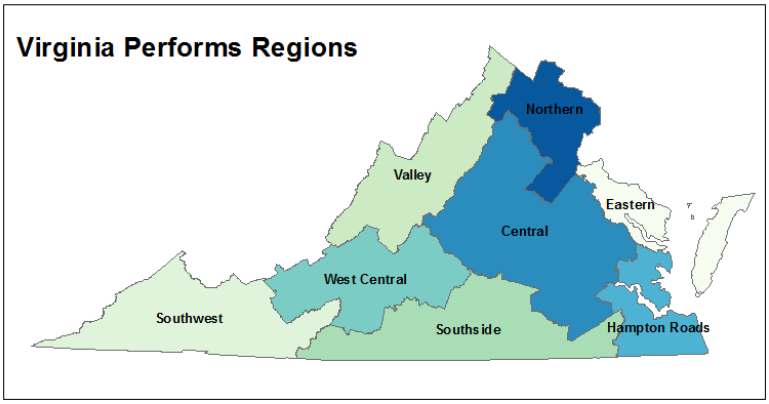
Seven out of every ten APRNs work in Northern Virginia, Central Virginia, or Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	3,243	25%	634	17%
Eastern	266	2%	59	2%
Hampton Roads	2,343	18%	639	17%
Northern	3,635	28%	923	25%
Southside	500	4%	146	4%
Southwest	851	6%	237	6%
Valley	758	6%	231	6%
West Central	1,115	8%	315	8%
Virginia Border State/D.C.	159	1%	149	4%
Other U.S. State	319	2%	390	10%
Outside of the U.S.	10	0%	10	0%
Total	**13,199**	**100%**	**3,733**	**100%**
Item Missing	3,603		38	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Number of Work Locations

Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	298	2%	406	3%
1	9,414	70%	9,537	71%
2	2,231	17%	2,191	16%
3	1,147	9%	1,060	8%
4	137	1%	104	1%
5	89	1%	63	1%
6 or More	159	1%	115	1%
Total	**13,476**	**100%**	**13,476**	**100%**

*At the time of survey completion (Oct. 2024 - Sept. 2025, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

Among all APRNs, 26% currently have multiple work locations, while 28% have had multiple work locations over the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	6,812	54%	2,407	67%
Non-Profit	4,103	33%	869	24%
State/Local Government	905	7%	190	5%
Veterans Administration	324	3%	18	1%
U.S. Military	205	2%	43	1%
Other Federal Government	178	1%	40	1%
Total	**12,527**	**100%**	**3,567**	**100%**
Did Not Have Location	333		13,365	
Item Missing	4,275		203	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

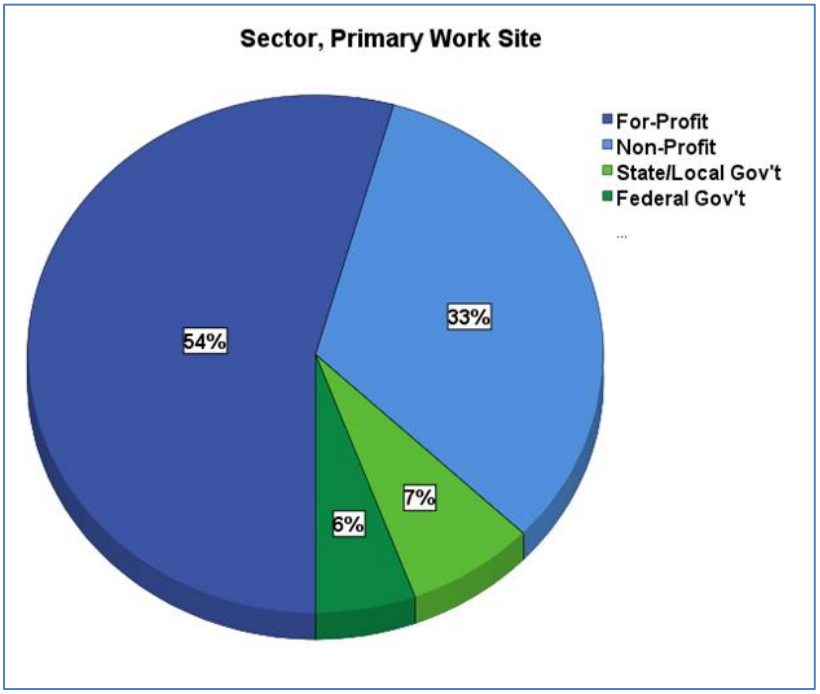
For Profit:	54%
Federal:	6%

Top Establishments

Clinic, Primary Care:	19%
Hospital, Inpatient:	17%
Academic Institution:	7%

Source: Va. Healthcare Workforce Data Center

Nearly nine out of every ten APRNs work in the private sector, including 54% who work in for-profit establishments. Meanwhile, 7% of APRNs work for state or local governments, and 6% work for the federal government.



Source: Va. Healthcare Workforce Data Center

Electronic Health Records (EHRs) and Telehealth		
Activity	#	% of Workforce
Meaningful Use of EHRs	4,683	27%
Remote Health, Caring for Patients in Virginia	4,545	27%
Remote Health, Caring for Patients Outside of Virginia	1,229	7%
Use at Least One	**7,015**	**41%**

Source: Va. Healthcare Workforce Data Center

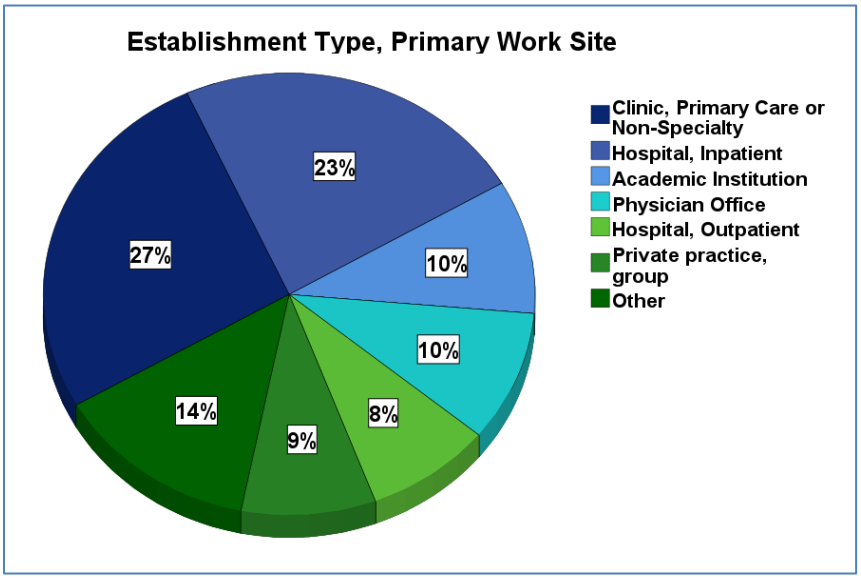
More than one-quarter of the state's APRN workforce use EHRs. More than one out of every four APRNs also provide remote health care for Virginia patients.

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Clinic, Primary Care or Non-Specialty (e.g., FQHC, Retail or Free Clinic)	2,358	19%	476	14%
Hospital, Inpatient Department	2,085	17%	540	16%
Academic Institution (Teaching or Research)	867	7%	190	6%
Physician Office	853	7%	104	3%
Private Practice, Group	789	6%	154	5%
Hospital, Outpatient Department	740	6%	144	4%
Mental Health, or Substance Abuse, Outpatient Center	725	6%	238	7%
Clinic, Non-Surgical Specialty (e.g., Dialysis, Diagnostic, Infusion, Blood)	549	4%	130	4%
Ambulatory/Outpatient Surgical Unit	475	4%	194	6%
Other Practice Setting	2,848	23%	1,232	36%
Total	**12,289**	**100%**	**3,402**	**100%**
Did Not Have Location	333		13,365	

Source: Va. Healthcare Workforce Data Center

Nearly two out of every five APRNs work in either a primary care/non-specialty clinic or the inpatient department of a hospital.

Among those APRNs who also have a secondary work location, three in ten work in either the inpatient department of a hospital or a primary care/non-specialty clinic.



Source: Va. Healthcare Workforce Data Center

Accepted Forms of Payment		
Payment	#	% of Workforce
Private Insurance	10,105	59%
Medicaid	9,319	54%
Medicare	9,230	54%
Cash/Self-Pay	8,785	51%

Source: Va. Healthcare Workforce Data Center

Private insurance is the most commonly accepted form of payment among Virginia's APRNs.

At a Glance:
(Primary Locations)

Languages Offered

Spanish:	29%
French:	17%
Arabic:	17%

Means of Communication

Virtual Translation:	73%
Onsite Translation:	28%
Other Staff Member:	25%

Source: Va. Healthcare Workforce Data Center

Among all APRNs, 29% are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	**#**	**% of Workforce**
Spanish	5,025	29%
French	2,905	17%
Arabic	2,869	17%
Chinese	2,848	17%
Korean	2,750	16%
Vietnamese	2,662	16%
Hindi	2,555	15%
Tagalog/Filipino	2,498	15%
Persian	2,367	14%
Urdu	2,242	13%
Amharic, Somali, or Other Afro-Asiatic Languages	2,151	13%
Pashto	2,109	12%
Others	1,381	8%
At Least One Language	**6,151**	**36%**

Source: Va. Healthcare Workforce Data Center

Means of Language Communication		
Provision	**#**	**% of Workforce with Language Services**
Virtual Translation Services	4,508	73%
Onsite Translation Service	1,708	28%
Other Staff Member is Proficient	1,512	25%
Respondent is Proficient	997	16%
Other	149	2%

Source: Va. Healthcare Workforce Data Center

Among APRNs who are employed at a primary work location that offers language services for patients, 73% offer these services by means of a virtual translation service.

At a Glance:
(Primary Locations)

Typical Time Allocation

Patient Care:	90%-99%
Administration:	1%-9%

Roles

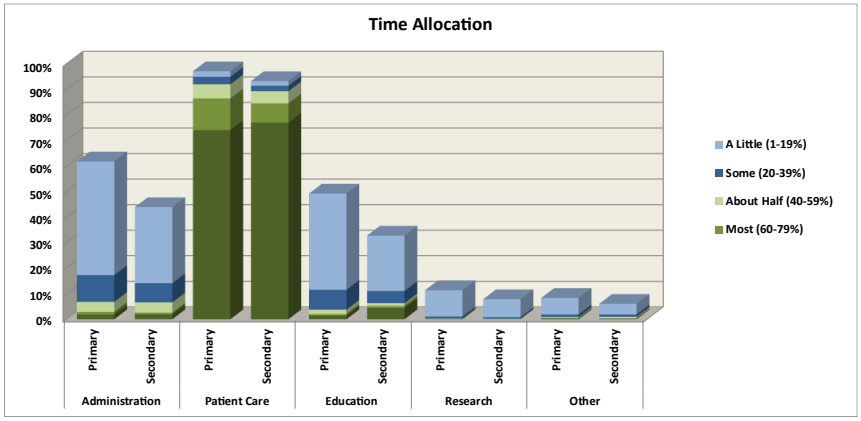
Patient Care:	86%
Administration:	3%
Education:	2%

Patient Care APRNs

Median Admin. Time:	1%-9%
Avg. Admin. Time:	1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

APRNs typically spend most of their time on patient care activities. In fact, 86% of all APRNs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	2%	2%	74%	77%	1%	4%	0%	0%	0%	0%
Most (60-79%)	1%	1%	12%	8%	1%	1%	0%	0%	0%	0%
About Half (40-59%)	4%	4%	6%	5%	2%	1%	0%	0%	0%	1%
Some (20-39%)	10%	8%	3%	2%	8%	5%	1%	1%	1%	1%
A Little (1-19%)	44%	30%	2%	2%	38%	22%	10%	7%	6%	4%
None (0%)	38%	56%	3%	7%	51%	67%	89%	92%	92%	94%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All APRNs		APRNs 50 and Over	
	#	%	#	%
Under Age 50	192	2%	0	0%
50 to 54	455	4%	11	<1%
55 to 59	1,021	9%	176	4%
60 to 64	2,984	26%	823	21%
65 to 69	4,223	37%	1,568	39%
70 to 74	1,521	13%	815	20%
75 to 79	419	4%	245	6%
80 or Over	148	1%	87	2%
I Do Not Intend to Retire	606	5%	271	7%
Total	11,569	100%	3,996	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All APRNs

Under 65: 40%
Under 60: 15%

APRNs 50 and Over

Under 65: 25%
Under 60: 5%

Time Until Retirement

Within 2 Years: 4%
Within 10 Years: 18%
Half the Workforce: By 2050

Source: Va. Healthcare Workforce Data Center

Among all APRNs, 40% expect to retire by the age of 65. Among APRNs who are age 50 and over, 25% expect to retire by the age of 65.

Within the next two years, 11% of APRNs expect to increase patient care hours, and 10% expect to pursue additional educational opportunities.

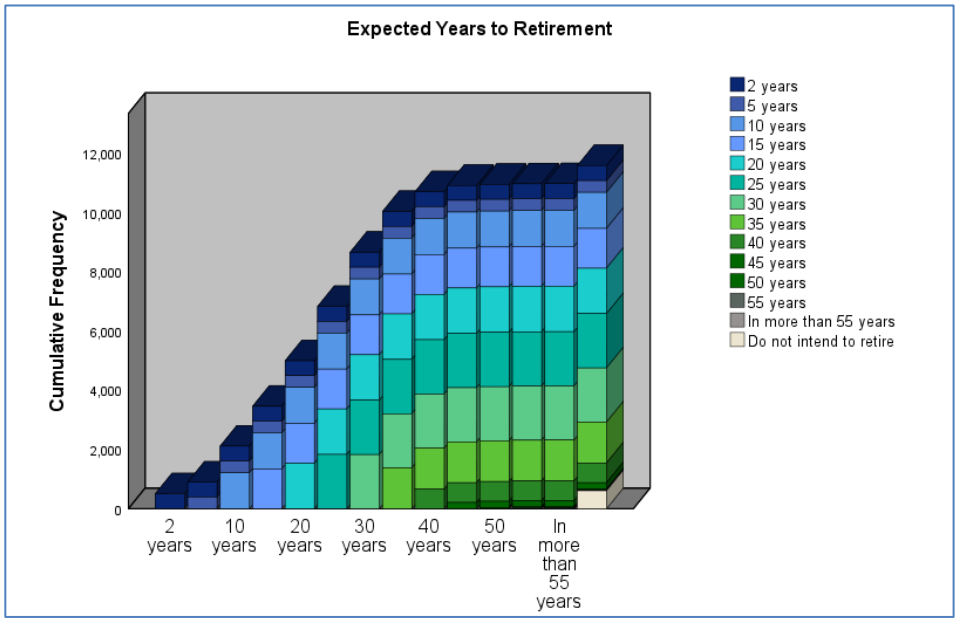
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	126	1%
Leave Virginia	379	2%
Decrease Patient Care Hours	1,475	9%
Decrease Teaching Hours	91	1%
Increase Participation		
Increase Patient Care Hours	1,816	11%
Increase Teaching Hours	1,542	9%
Pursue Additional Education	1,688	10%
Return to Virginia's Workforce	172	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for APRNs. While 4% of APRNs expect to retire in the next two years, 18% expect to retire in the next ten years. More than half of the current APRN workforce expect to retire by 2050.

Time to Retirement			
Expect to Retire Within. . .	**#**	**%**	**Cumulative %**
2 Years	503	4%	4%
5 Years	395	3%	8%
10 Years	1,215	11%	18%
15 Years	1,343	12%	30%
20 Years	1,533	13%	43%
25 Years	1,832	16%	59%
30 Years	1,826	16%	75%
35 Years	1,377	12%	87%
40 Years	665	6%	92%
45 Years	212	2%	94%
50 Years	38	0%	95%
55 Years	18	0%	95%
In More than 55 Years	4	0%	95%
Do Not Intend to Retire	606	5%	100%
Total	**11,568**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2035. Retirement will peak at 16% of the current workforce around 2050 before declining to under 10% of the current workforce again around 2065.

At a Glance:

FTEs

Total: 14,929
FTEs/1,000 Residents[3]: 1.72
Average: 0.89

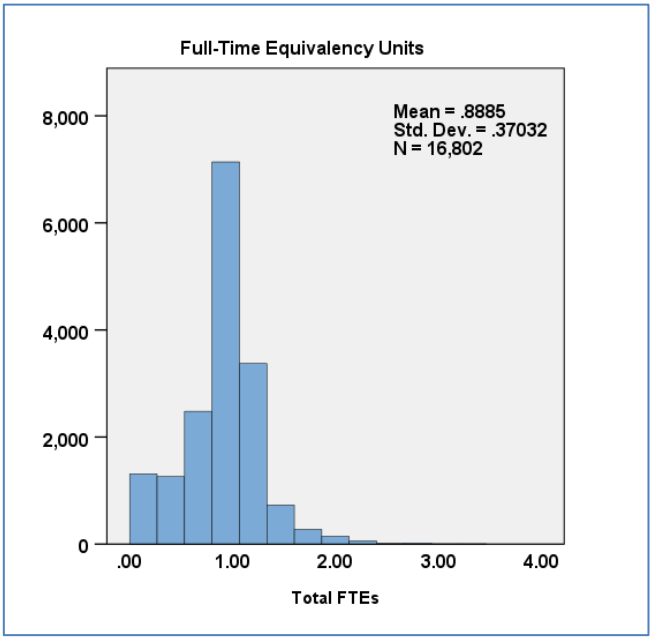
Age & Gender Effect

Age, *Partial Eta*^{2}: Negligible
Gender, *Partial Eta*^{2}: Negligible

Partial Eta^2 *Explained:*
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

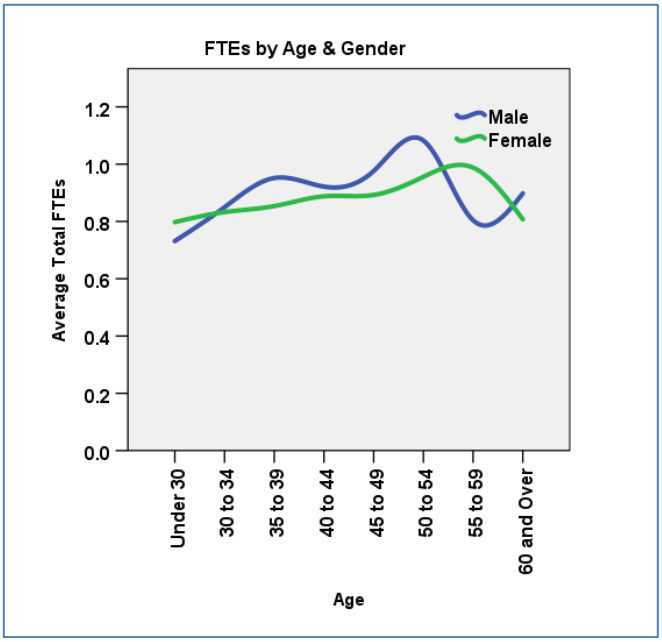


Source: Va. Healthcare Workforce Data Center

The typical (median) APRN provided 0.93 FTEs, or approximately 37 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists.[4]

Full-Time Equivalency Units		
Age	**Average**	**Median**
Under 30	0.79	0.80
30 to 34	0.83	0.84
35 to 39	0.86	0.82
40 to 44	0.92	1.05
45 to 49	0.89	0.83
50 to 54	0.99	1.07
55 to 59	0.96	0.93
60 and Over	0.82	0.81
Gender		
Male	0.93	0.98
Female	0.88	0.93

Source: Va. Healthcare Workforce Data Center

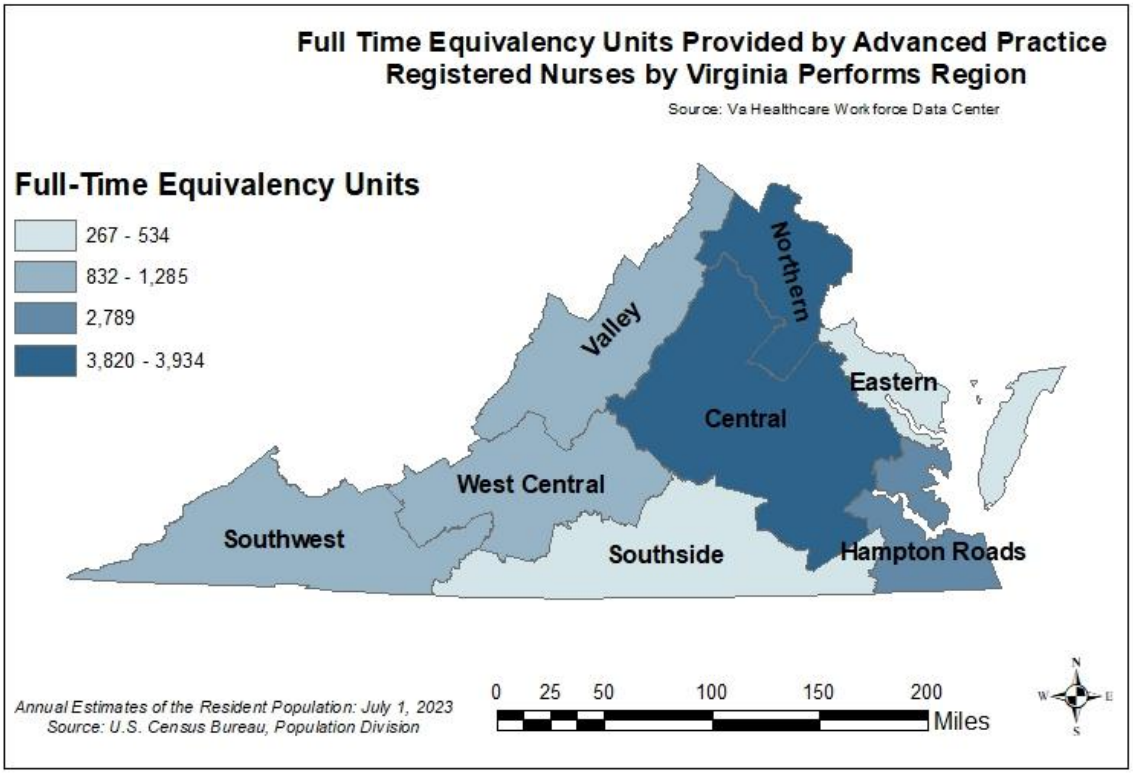


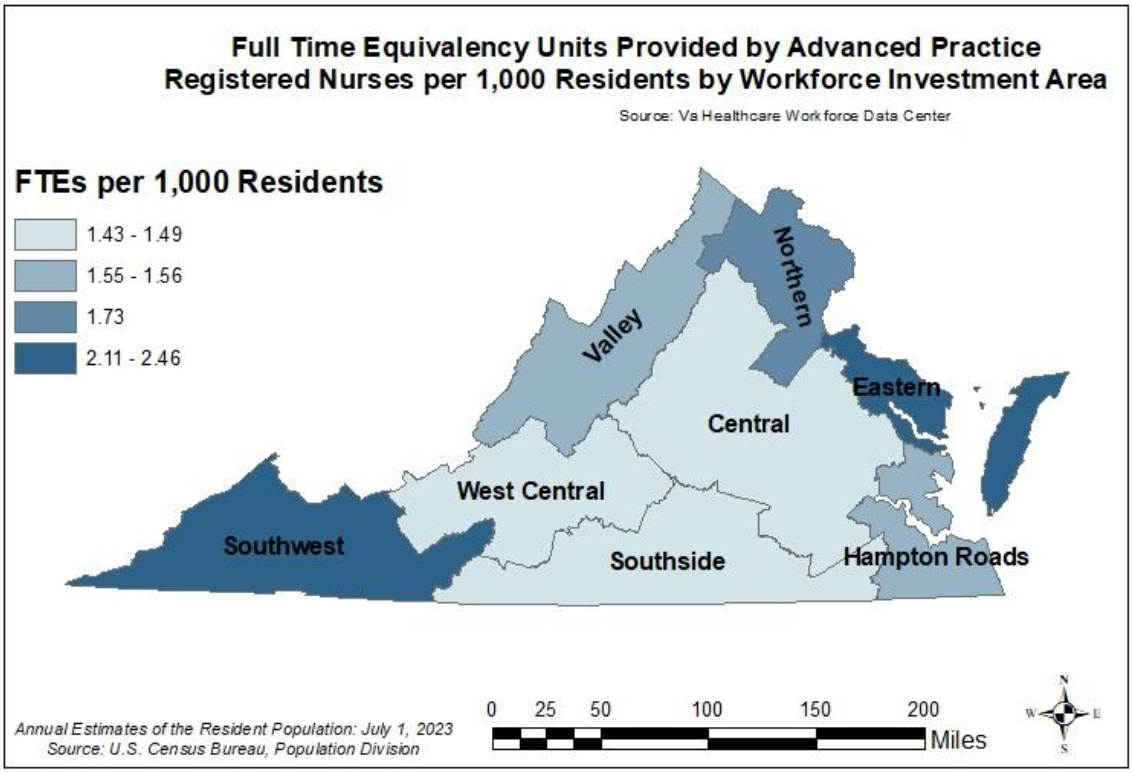
Source: Va. Healthcare Workforce Data Center

[3] Number of residents in 2023 was used as the denominator.
[4] Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

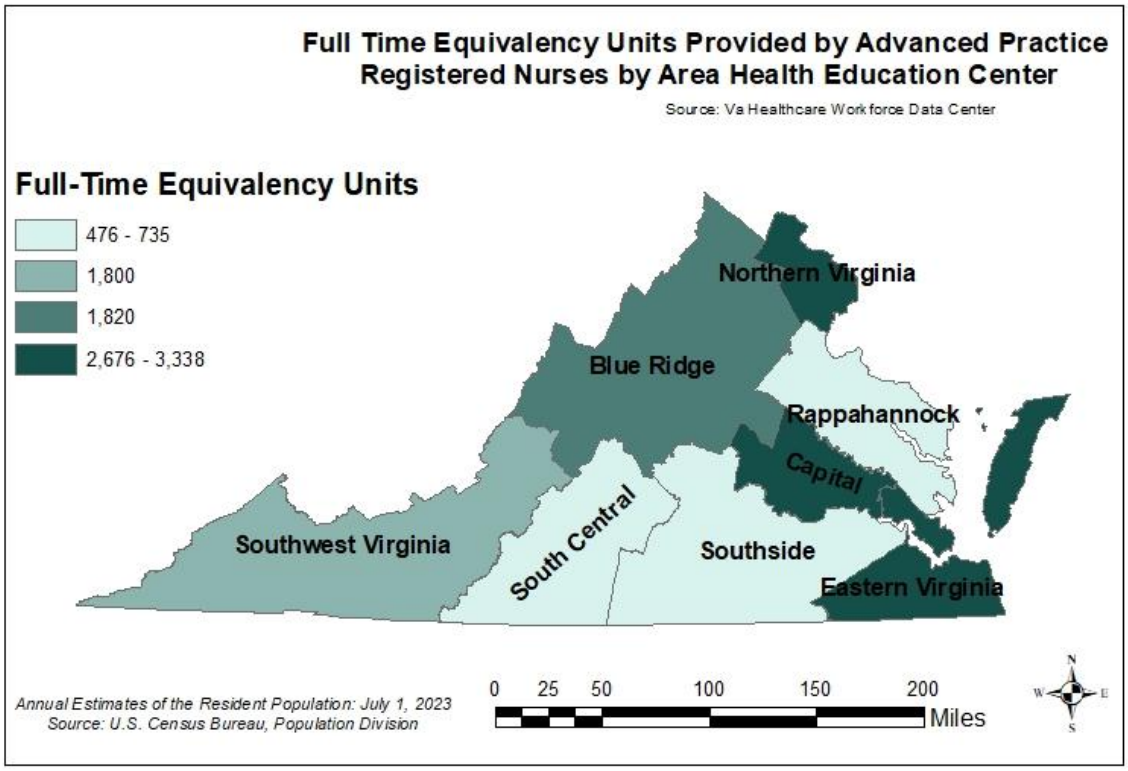
Maps

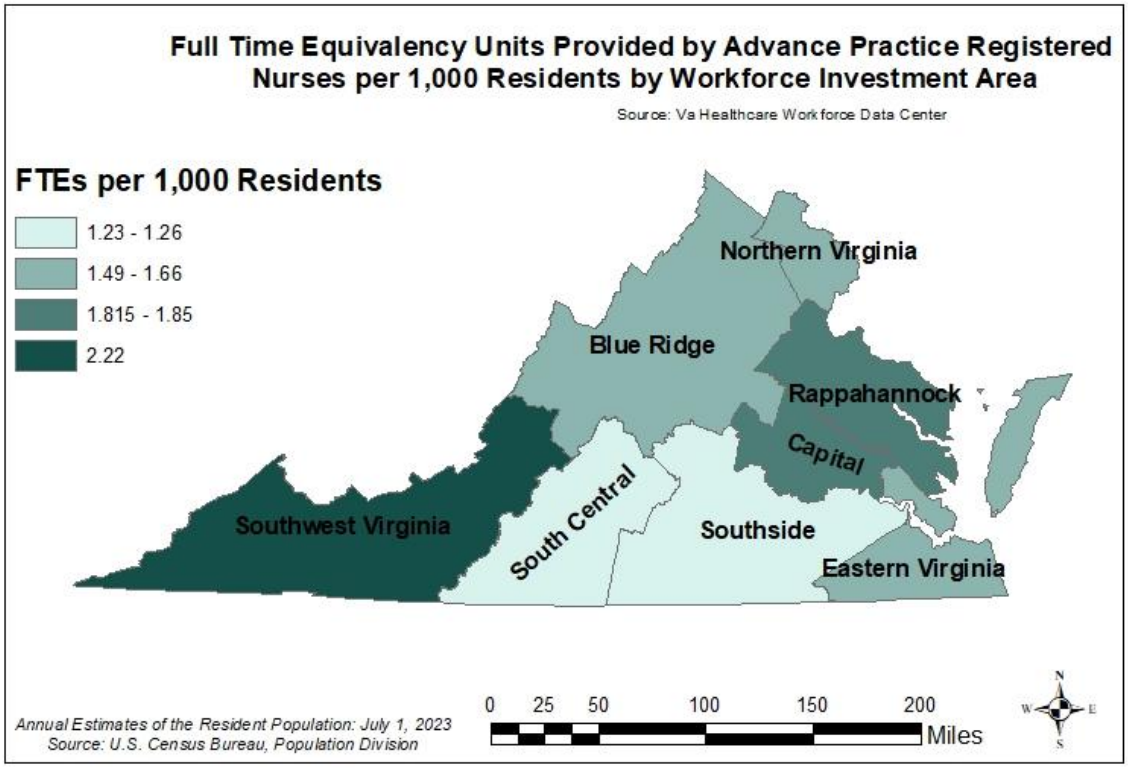
Virginia Performs Regions

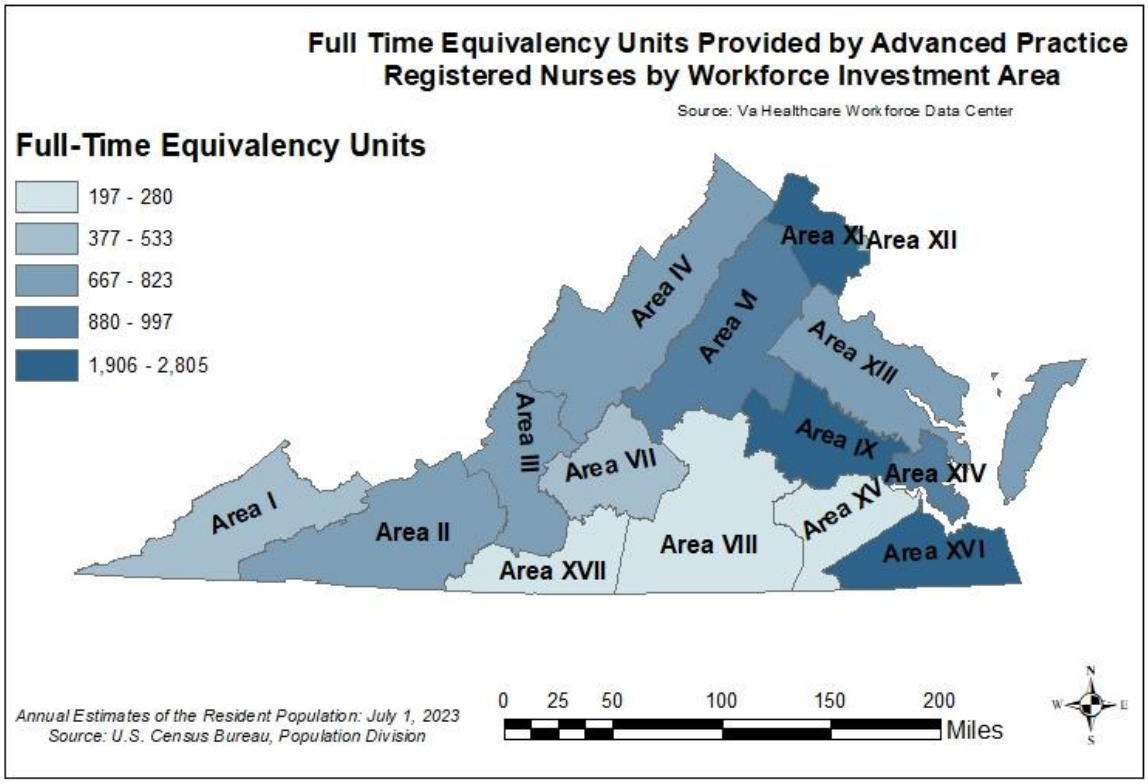


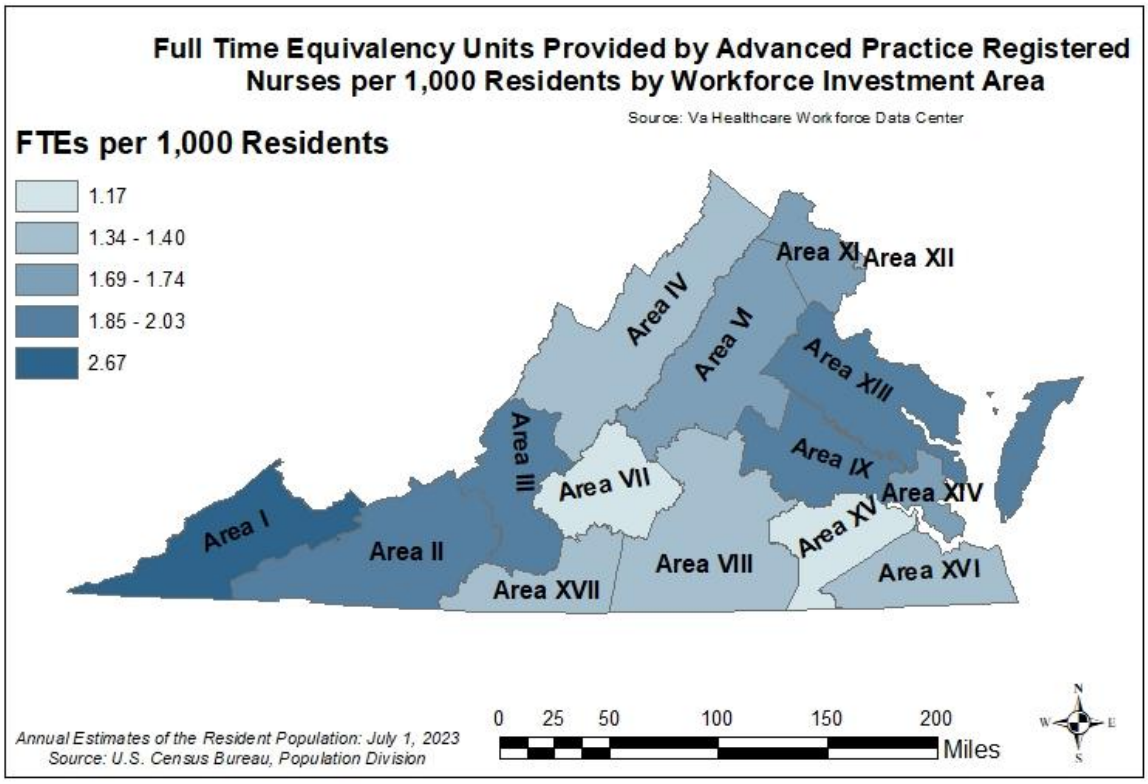


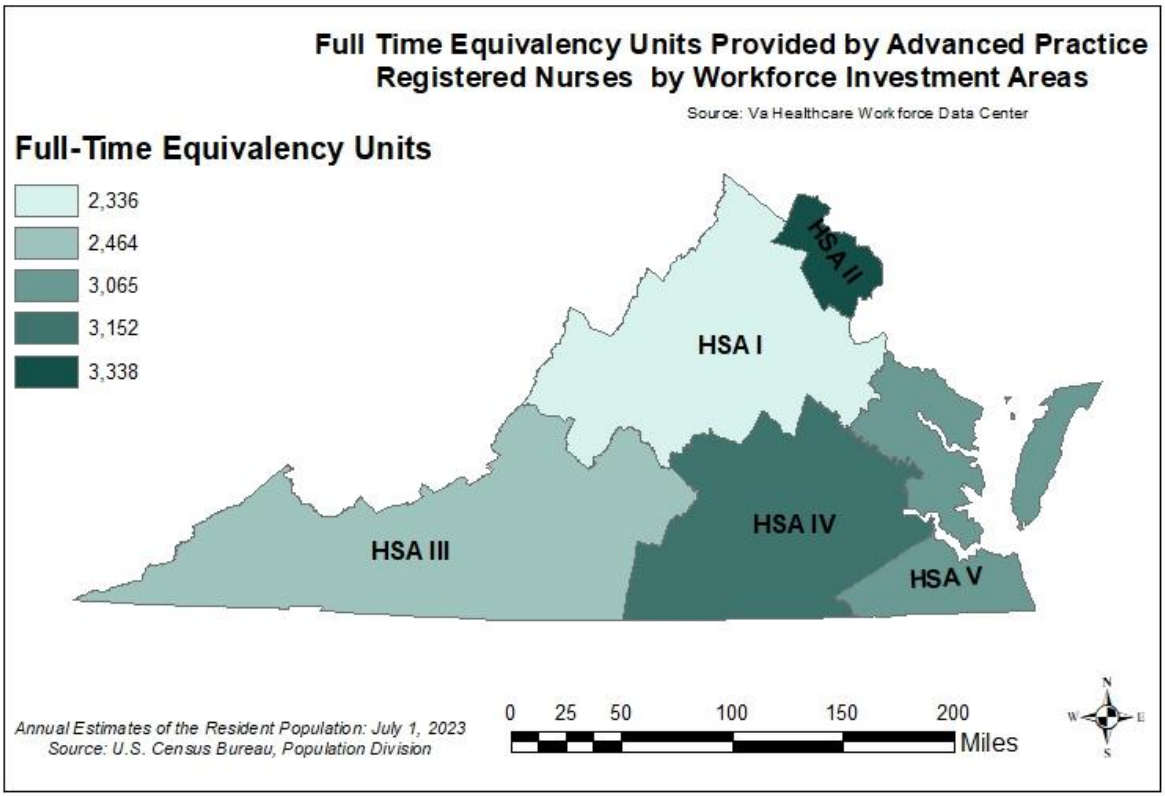
Area Health Education Center Regions

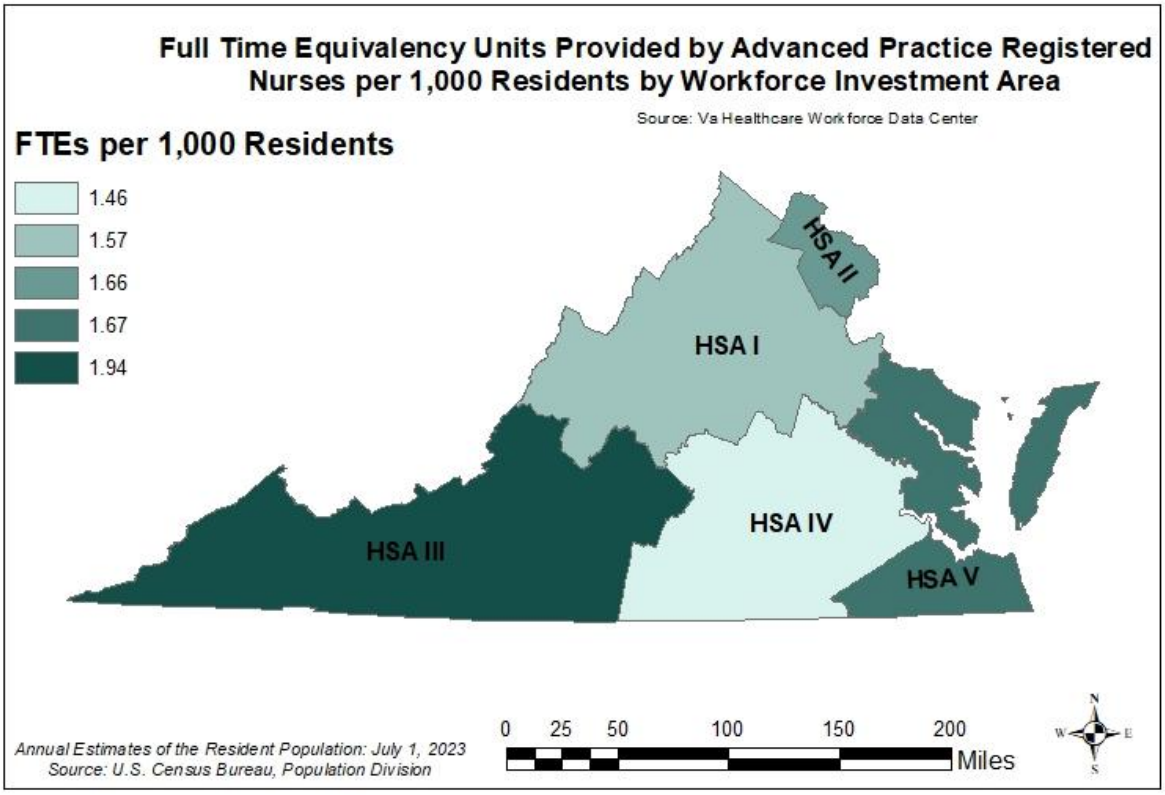


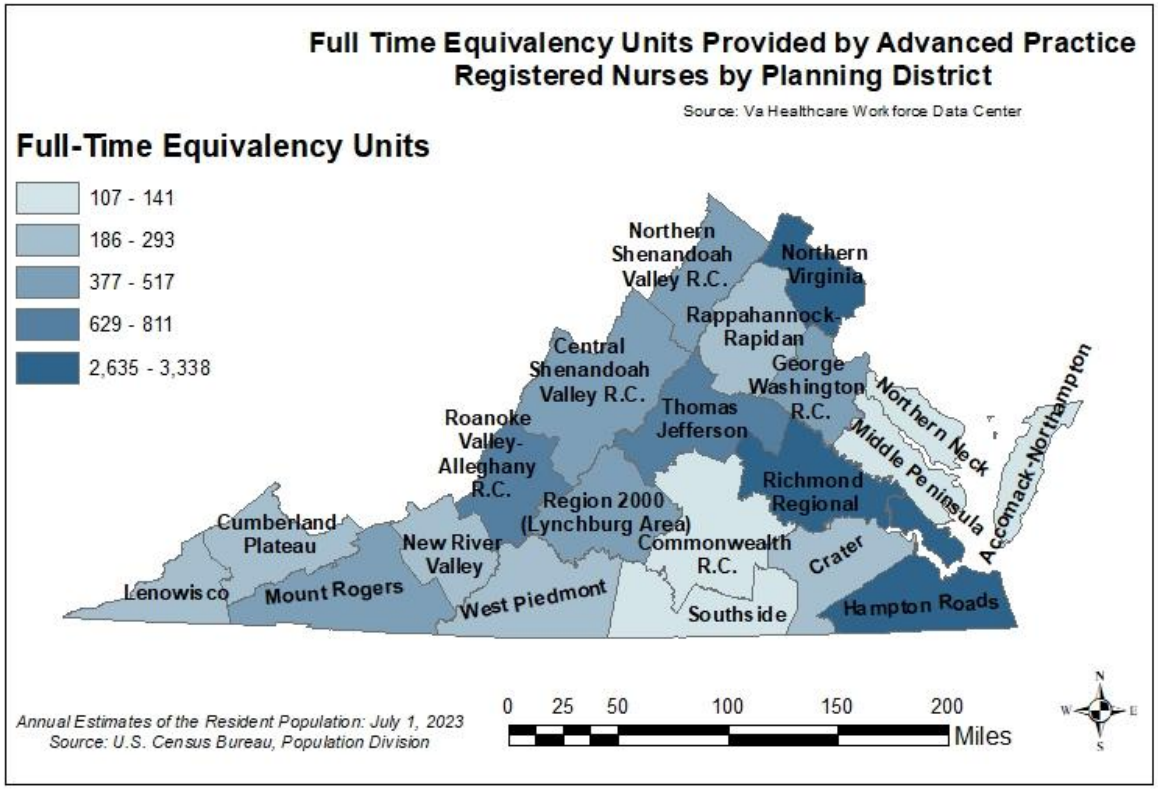


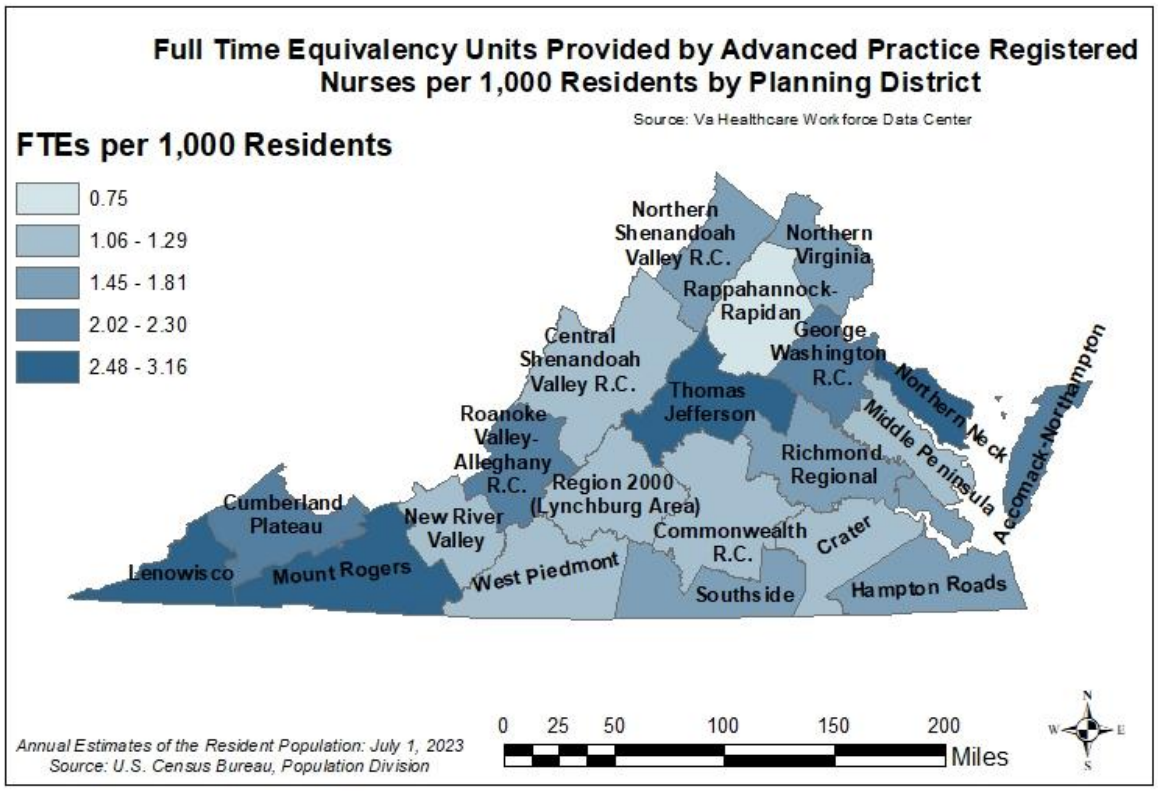

Full Time Equivalency Units Provided by Advanced Practice Registered Nurses by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
197 - 280
377 - 533
667 - 823
880 - 997
1,906 - 2,805
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units Provided by Advanced Practice Registered Nurses per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
1.17
1.34 - 1.40
1.69 - 1.74
1.85 - 2.03
2.67
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units Provided by Advanced Practice Registered Nurses by Workforce Investment Areas
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
2,336
2,464
3,065
3,152
3,338
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units Provided by Advanced Practice Registered Nurses per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
1.46
1.57
1.66
1.67
1.94
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units Provided by Advanced Practice Registered Nurses by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
107 - 141
186 - 293
377 - 517
629 - 811
2,635 - 3,338
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Roanoke Valley-Alleghany R.C.
Northern Neck
Middle Peninsula
Accomack-Northampton
Richmond Regional
Region 2000 (Lynchburg Area)
Cumberland Plateau
New River Valley
Commonwealth R.C.
Crater
Lenowisco
Mount Rogers
West Piedmont
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by Advanced Practice Registered Nurses per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.75
1.06 - 1.29
1.45 - 1.81
2.02 - 2.30
2.48 - 3.16
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Roanoke Valley-Alleghany R.C.
Northern Neck
Middle Peninsula
Accomack-Northampton
Richmond Regional
Region 2000 (Lynchburg Area)
Cumberland Plateau
New River Valley
Commonwealth R.C.
Crater
Lenowisco
Mount Rogers
West Piedmont
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	10,238	41.04%	2.436	2.025	5.152
Metro, 250,000 to 1 Million	1,305	41.69%	2.399	1.994	5.073
Metro, 250,000 or Less	1,611	40.35%	2.478	2.060	5.241
Urban. Pop. 20,000+, Metro Adj.	251	39.44%	2.535	2.108	5.361
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	561	37.43%	2.671	2.221	5.649
Urban, Pop. 2,500-19,999, Non-Adj.	403	46.15%	2.167	1.801	4.581
Rural, Metro Adj.	454	38.99%	2.565	2.132	5.424
Rural, Non-Adj.	174	32.76%	3.053	2.538	6.455
Virginia Border State/D.C.	4,299	27.89%	3.585	2.980	7.582
Other U.S. State	6,056	24.41%	4.097	3.406	8.664

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	542	16.42%	6.090	4.581	8.664
30 to 34	2,771	33.42%	2.992	2.251	4.257
35 to 39	4,638	28.74%	3.479	2.618	4.950
40 to 44	4,627	37.30%	2.681	2.017	3.814
45 to 49	3,695	32.23%	3.102	2.334	4.414
50 to 54	3,153	41.77%	2.394	1.801	3.406
55 to 59	2,236	33.45%	2.989	2.249	4.253
60 and Over	3,691	39.91%	2.506	1.885	3.565

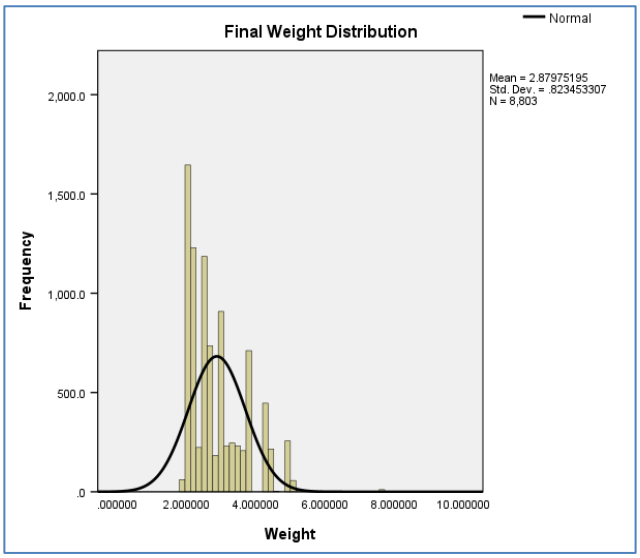
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: 0.347217292



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Advanced Practice Registered Nurse Workforce: Comparison by Specialty

Healthcare Workforce Data Center

November 2025

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)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from:
http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

Over 16,500 Licensed Advanced Practice Registered Nurse voluntarily participated in the 2024 and 2025 surveys. *Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Joint Boards of Nursing and Medicine express our sincerest appreciation for their ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

Arne Owens, MS
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD	Barbara Hodgdon, PhD	Rajana Siva, MBA	Christopher Coyle, BA
Executive Director	*Deputy Director*	*Data Analyst*	*Research Assistant*

Joint Boards of Nursing and Medicine

Members

Delia Acuna, FNP-C

Blanton L. Marchese
North Chesterfield

Helen M. Parke, DNP, FNP-BC
Concord

Shelly Smith, PhD, DNP, ANP-BC

Bo Vaughan Jr., MD

Ryan Williams, MD
Suffolk

Executive Director, Board of Medicine

William Harp, MD

Executive Director, Board of Nursing

Claire Morris, RN, LNHA

Contents

Results in Brief

This is a special report created for the Committee of the Joint Boards of Nursing and Medicine. The report uses data from the 2024 and 2025 Advanced Practice Registered Nurse Surveys. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of all APRNs have access to the survey in any given year. Two years' worth of data, therefore, will allow all eligible Advanced Practice Registered Nurses (APRNs) the opportunity to complete the survey. The 2024 survey occurred between October 2023 and September 2024; the 2025 survey occurred between October 2024 and September 2025. The survey was available to all renewing APRNs who held a Virginia license during the survey period and who renewed their licenses online. It was not available to those who did not renew, including APRNs who were newly licensed during the survey period.

This report breaks down survey findings for certified registered nurse anesthetists (CRNAs), certified nurse midwives (CNMs), clinical nurse specialists (CNSs), and certified nurse practitioners (CNPs). CNPs make up the highest proportion of APRNs. Approximately 81% of APRNs are CNPs and 13% are CRNAs while CNMs and CNSs constitute only 2% of APRNs. The full time equivalency units are also similarly distributed by specialty.

Nine of ten APRNs are female; almost all CNMs (99%) are female whereas approximately 71% of CRNAs are female; 95% of CNSs are female, and 92% of CNPs are female. The median age of all APRNs is 44. The median age of CRNAs is 46, the median age for CNMs and CNPs is 44, and the CNSs' median age is 51. In a random encounter between two APRNs, there is a 48% chance that they would be of different races or ethnicities, a measure known as the diversity index. CNSs were the least diverse with 26% diversity index, while CNPs had the highest diversity index at 49%. Overall, 12% of APRNs work in rural areas. CNPs had the highest rural workforce participation; 13% of CNPs work in rural areas compared to 7% of CNRAs, 7% of CNMs, and 5% of CNSs.

CRNAs had the highest educational attainment, with 25% reporting a doctor of nursing practice degree; whereas 23%, 10%, and 11% of CNS, CNMs, and CNPs did, respectively. However, CNMs reported the highest median education debt of $95k and 56% of CNMs had education debt. Over half of CNPs also reported education debt. CNSs had the lowest median education debt at $40k-$50k. CRNAs had $80-$90k in education debt but only 37% of all CRNAs carried education debt.

CRNAs, CNMs, and CNPs reported a median annual income of $120k or more per year, as compared to a median of $110k-120k for CNSs. Further, 92% of CRNAs reported $120,000 or more in annual income compared to 59% of CNMs, 42% of CNSs and 52% of CNPs. However, only 63% of CRNAs received at least one employer-sponsored benefit compared to 76% of CNMs, 68% of CNSs, and 77% of CNPs. Overall, 95% of APRNs are satisfied with their current employment situation. However, only 92% of CNSs were satisfied compared to 98% of CRNAs, 94% of CNMs, and 95% of CNPs. Approximately 29% of all APRNs reported employment instability in the year prior to the survey, with CNMs and CNPs being most likely to report employment instability.

Most CRNAs (92%) worked in the private sector compared to 89% of CNMs, 83% of CNSs, and 87% of CNPs. Meanwhile, CNSs (53%) were most likely to work in the non-profit sector. CRNAs, CNMs, and CNSs were most likely to be working in inpatient hospital departments whereas CNPs were most likely to work in primary care clinics. Only 14% of CRNAs used at least one form of electronic health record or telehealth compared to 43% of CNMs, 25% of CNSs, and 45% of CNPs. More than two in four CNSs plan to retire within the next decade compared to 24% of CRNAS, 18% of CNMs, and 17% of CNPs. About 49%, 33%, 23% and 49% of CRNAs, CNMs, CNSs, and CNPs, respectively, plan to retire by the age of 65. Meanwhile, 3%, 5%, 8%, and 6% of CRNAs, CNMs, CNSs, and CNPs, respectively, do not intend to retire.

Closer Look:

At a Glance:

Licensed APRNs

Total:	26,330
CRNA:	3,344
CNM:	610
CNS:	399
CNP:	21,976

Response Rates

All Licensees: (2024 & 2025)	63%

Source: Va. Healthcare Workforce Data Center

This report uses data from the 2024 and 2025 APRN Surveys, and licensure data retrieved in October 2025. Two years of survey data were used to get a complete portrait of the APRN workforce since APRNs are surveyed every two years in their birth month. Thus, every APRN would have been eligible to complete a survey in only one of the two years. Newly licensed APRNs do not complete the survey, so they are excluded from the survey. From the licensure data, 3,344 of APRNs reported their first specialty as CRNA, 610 had a first specialty of CNM, 399 reported a CNS specialty, and 21,976 had other first specialties. However, 41 CRNAs, 233 CNMs, and 23 CNSs reported other APRN specialties. "At a Glance" shows the breakdown by specialty. Approximately 81% are CNPs, 13% are CRNAs, 2% are CNMs, and 2% are CNSs.

Response Rates

	CRNA	CNM	CNS	CNP	Total
Completed Surveys 2024	987	184	149	6,461	7,781
Completed Surveys 2025	1,087	209	160	7,344	8,800
Response Rate, all licensees	**68%**	**68%**	**67%**	**68%**	**63%**

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. An average of 63% of APRNs submitted a survey in both 2024 and 2025. As shown above, the response rate was lowest for CNSs.

Not in Workforce in Past Year

	CRNA	CNM	CNS	CNP	All 2024
% of Licensees not in VA Workforce	31%	24%	17%	33%	**32%**
% in Federal Employee or Military:	7%	15%	23%	7%	**7%**
% Working in Virginia Border State or DC	16%	21%	14%	17%	**16%**

Source: Va. Healthcare Workforce Data Center

CRNAs and CNPs were most likely to not be working in the state workforce. Additionally, CNPs were most likely to be working in border states.

Definitions

1. **The Survey Period:** The survey was conducted between October 2023 and September 2024, and between October 2024 and September 2025, on the birth month of each renewing practitioner.
2. **Target Population:** All APRNs who held a Virginia license at some point during the survey period.
3. **Survey Population:** The survey was available to APRNs who renewed their licenses online. It was not available to those who did not renew, including APRNs newly licensed during the survey time frame.

A Closer Look:

At a Glance:

2024 and 2025 Workforce

Virginia's APRN Workforce:	17,439
FTEs:	15,740

Workforce by Specialty

CRNA:	2,318
CNM:	462
CNS:	331
CNP:	14,699

FTE by Specialty

CRNA:	1,948
CNM:	464
CNS:	326
CNP:	13,032

Source: Va. Healthcare Workforce Data Center

Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey timeframe or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's APRN Workforce										
	CRNA		CNM		CNS		CNP		All (2025)	
Status	#	%	#	%	#	%	#	%	#	%
Worked in Virginia in Past Year	2,310	99%	455	98%	319	97%	14,403	98%	17,493	98%
Looking for Work in Virginia	7	<1%	7	2%	11	3%	296	2%	322	2%
Virginia's Workforce	**2,318**	**100%**	**462**	**100%**	**331**	**100%**	**14,699**	**100%**	**17,815**	**100%**
Total FTEs	**1,948**		**464**		**326**		**13,032**		**15,740**	
Licensees	**3,344**		**610**		**399**		**21,976**		**26,330**	

Source: Va. Healthcare Workforce Data Center

CNPs provided 82% of the APRN FTEs in the state. CRNAs provided 12% whereas CNMs provided 3%, and CNSs provided 2% of the FTEs. 3% of CNSs in the state's workforce were looking for work in the state compared to 2% or less of the other APRNs.

A Closer Look (All Nurse Practitioners in 2025):

Age & Gender						
	Male		Female		Total	
Age	#	% Male	#	% Female	#	% in Age Group
Under 30	44	10%	392	90%	436	3%
30 to 34	147	7%	1,887	93%	2,034	14%
35 to 39	243	10%	2,265	90%	2,509	17%
40 to 44	297	11%	2,387	89%	2,684	18%
45 to 49	193	10%	1,696	90%	1,889	13%
50 to 54	233	12%	1,677	88%	1,910	13%
55 to 59	132	12%	992	88%	1,124	8%
60 +	230	11%	1,902	89%	2,132	14%
Total	**1,518**	**10%**	**13,199**	**90%**	**14,717**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	90%
% Under 40 Female:	91%

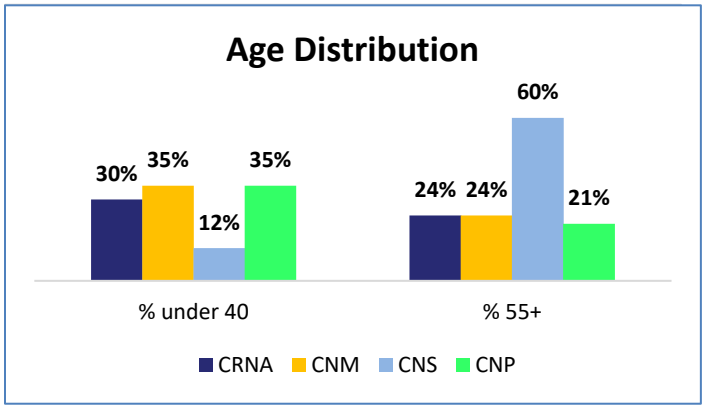
% Female by Specialty

CRNA:	71%
CNM:	99%
CNS:	95%
CNP:	92%

% Female <40 by Specialty

CRNA:	75%
CNM:	100%
CNS:	91%
CNP:	93%

Source: Va. Healthcare Workforce Data Center



CNMs have and CNPs have a median age of 44. The median age of CRNAs is 46, and CNSs' median age is 59.

Age & Gender by Specialty																
	CRNA				CNM				CNS				CNP			
	Female		Total		Female		Total		Female		Total		Female		Total	
Age	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group
Under 30	13	100%	13	1%	15	100%	15	4%	0	0%	0	0%	364	89%	408	3%
30-34	189	79%	241	13%	64	100%	64	16%	15	100%	15	5%	1,619	95%	1,714	14%
35 to 39	232	72%	321	17%	59	100%	59	15%	16	84%	19	7%	1,959	93%	2,107	17%
40 to 44	241	69%	348	18%	72	100%	72	18%	27	100%	27	10%	2,046	92%	2,236	18%
45 to 49	164	71%	230	12%	55	98%	57	14%	17	93%	19	7%	1,458	92%	1,581	13%
50 to 54	209	70%	300	16%	32	100%	32	8%	30	96%	31	11%	1,405	91%	1,546	13%
55 to 59	97	67%	144	8%	23	100%	23	6%	30	100%	30	11%	843	91%	927	8%
60+	195	64%	303	16%	72	98%	73	18%	128	95%	135	49%	1,507	93%	1,620	13%
Total	**1,341**	**71%**	**1,901**	**100%**	**392**	**99%**	**395**	**100%**	**262**	**95%**	**275**	**100%**	**11,201**	**92%**	**12,141**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look (All APRNs in 2025):

Race & Ethnicity (2025)					
Race/ Ethnicity	Virginia*	APRNs		APRNs under 40	
	%	#	%	#	%
White	59%	10,351	70%	3,538	71%
Black	19%	2,355	16%	632	13%
Asian	7%	956	6%	383	8%
Other Race	<1%	145	1%	36	1%
Two or more races	3%	355	2%	138	3%
Hispanic	11%	590	4%	254	5%
Total	**100%**	**14,752**	**100%**	**4,981**	**100%**

* 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

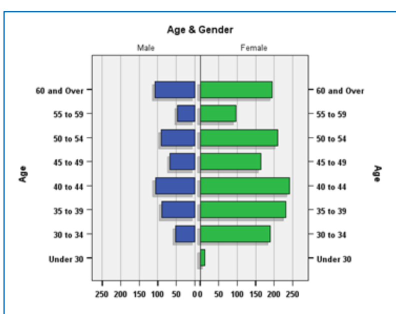
At a Glance:

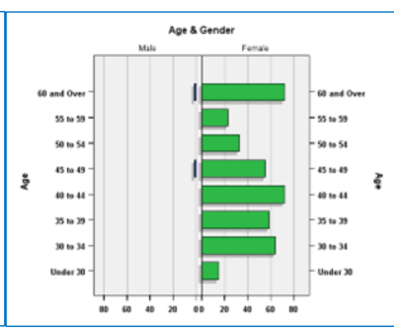
2025 Diversity
Diversity Index: 48%
Under 40 Div. Index: 47%

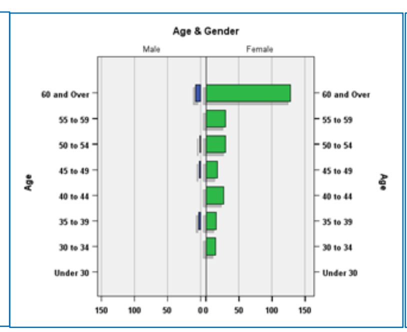
Diversity by Specialty
CRNA: 44%
CNM: 33%
CNS: 30%
CNP: 47%

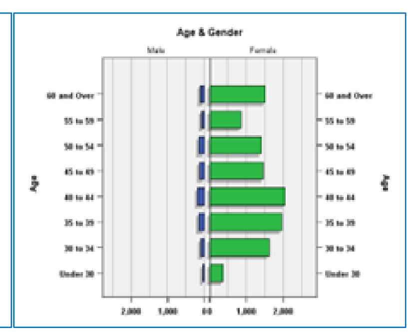
Source: Va. Healthcare Workforce Data Center

Age, Race, Ethnicity & Gender																
	CRNA				CNM				CNS				CNP			
Race/ Ethnicity	APRNs		APRNs under 40		APRNs		APRNs under 40		APRNs		APRNs under 40		APRNs		APRNs under 40	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
White	1,395	73%	416	73%	322	81%	111	80%	235	85%	19	61%	8,393	69%	2,990	71%
Black	197	10%	47	8%	43	11%	15	11%	28	10%	6	19%	2,087	17%	565	13%
Asian	142	7%	45	8%	6	2%	4	3%	4	1%	3	10%	804	7%	331	8%
Other Race	13	1%	3	1%	6	2%	0	0%	2	1%	0	0%	123	1%	33	1%
Two or more races	54	3%	16	3%	7	2%	6	4%	1	0%	0	0%	293	2%	116	3%
Hispanic	99	5%	44	8%	14	4%	3	2%	5	2%	3	10%	472	4%	204	5%
Total	**1,900**	**100%**	**571**	**100%**	**398**	**100%**	**139**	**100%**	**275**	**100%**	**31**	**100%**	**12,172**	**100%**	**4,239**	**100%**









Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

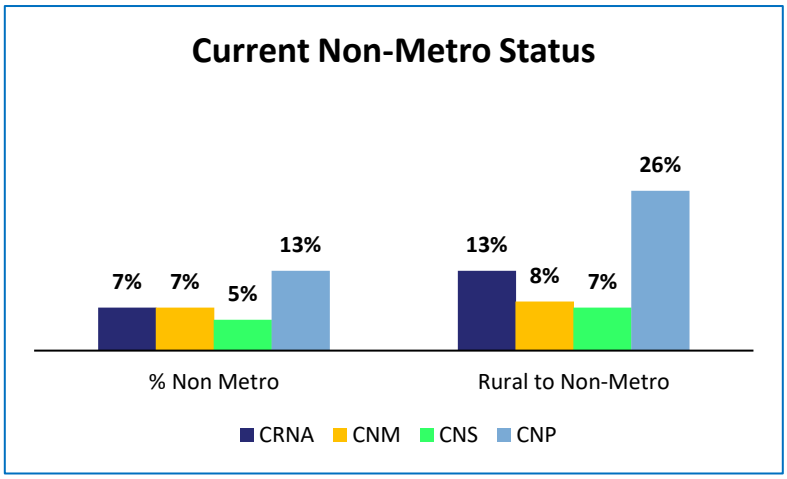
Rural Childhood

CRNA:	27%
CNM:	28%
CNS:	39%
CNP:	35%
All:	34%

Non-Metro Location

CRNA:	7%
CNM:	7%
CNS:	5%
CNP:	13%
All:	12%

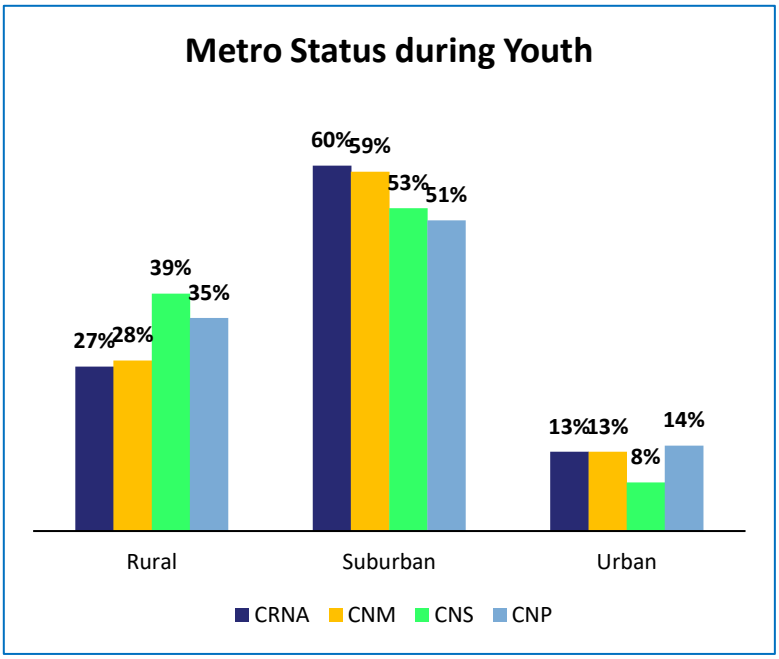
Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

	HS in VA	Prof. Ed. in VA	HS or Prof in VA	APRN Degree in VA
CRNA	27%	29%	34%	35%
CNM	31%	31%	38%	22%
CNS	52%	54%	60%	71%
CNP	45%	53%	58%	51%
All (2025)	**43%**	**49%**	**54%**	**49%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

CNSs were most likely to have been educated in the state. CNMs were least likely to have obtained their APRN education in the state. Also, CNPs had the highest percent reporting a non-metro work location.

A Closer Look:

At a Glance:

Median Educational Debt

CRNA:	$80k-$90k
CNM:	$90k-$100k
CNS:	$40k-$50k
CNP:	$60k-$70k

Source: Va. Healthcare Workforce Data Center

CNMs were most likely to carry education debt; 56% of all CNMs and 66% of CNMs under age 40 had education debt. CNMs also had the highest median debt at $90k-$100K. CNSs had the lowest median education debt. Finally, 37% of all CRNAs, and 60% of CRNAs under 40 reported education debt.

Highest Degree										
	CRNA		CNM		CNS		CNP		All (2025)	
Degree	#	%	#	%	#	%	#	%	#	%
NP Certificate	79	4%	9	2%	0	0%	98	1%	186	1%
Master's Degree	1,108	59%	285	73%	143	52%	9,016	76%	10,555	73%
Post-Masters Cert.	21	1%	45	11%	41	15%	1,016	9%	1,123	8%
Doctorate of NP	460	25%	40	10%	64	23%	1,357	11%	1,921	13%
Other Doctorate	199	11%	13	3%	26	9%	400	3%	639	4%
Post-Ph.D. Cert.	1	<1%	1	<1%	0	0%	8	<1%	11	<1%
Total	**1,868**	**100%**	**393**	**100%**	**274**	**100%**	**11,895**	**100%**	**14,435**	**100%**

Source: Va. Healthcare Workforce Data Center

Educational Debt										
Amount Carried	CRNA		CNM		CNS		CNP		All (2025)	
	All	Under 40	All	Under 40	All	Under 40	All	Under 40	All	Under 40
None	63%	40%	44%	34%	78%	68%	49%	36%	47%	37%
Less than $30,000	7%	9%	6%	5%	7%	12%	7%	7%	10%	12%
$30,000-$39,999	2%	3%	4%	3%	2%	4%	4%	5%	4%	6%
$40,000-$49,999	2%	3%	3%	7%	2%	12%	4%	5%	4%	6%
$50,000-$59,999	2%	3%	2%	1%	2%	0%	4%	5%	5%	7%
$60,000-$69,999	2%	3%	5%	7%	2%	4%	4%	6%	4%	5%
$70,000-$79,999	2%	2%	4%	3%	0%	0%	4%	5%	4%	5%
$80,000-$89,999	2%	4%	2%	4%	1%	0%	3%	4%	3%	4%
$90,000-$99,999	1%	2%	4%	3%	0%	0%	3%	3%	2%	2%
$100,000-$109,999	2%	3%	6%	1%	2%	0%	3%	4%	4%	4%
$110,000-$119,999	1%	2%	2%	2%	2%	0%	2%	3%	2%	2%
$120,000 or more	14%	25%	18%	30%	2%	0%	10%	11%	11%	10%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employed in Profession

CRNA:	99%
CNM:	96%
CNS:	90%
CNP:	96%

Involuntary Unemployment

CRNA:	0%
CNM:	1%
CNS:	0%
CNP:	0%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Weekly Hours					
Hours	CRNA	CNM	CNS	CNP	All (2025)
0 hours	1%	3%	3%	3%	2%
1 to 9 hours	1%	1%	3%	1%	1%
10 to 19 hours	3%	2%	7%	2%	3%
20 to 29 hours	7%	7%	6%	7%	7%
30 to 39 hours	29%	17%	14%	20%	21%
40 to 49 hours	48%	46%	48%	50%	50%
50 to 59 hours	7%	13%	11%	10%	10%
60 to 69 hours	2%	8%	6%	4%	4%
70 to 79 hours	0%	0%	0%	1%	1%
80 or more hours	1%	2%	1%	1%	1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

Close to half of CRNAs work 40-49 hours and approximately 10% work more than 50 hours, whereas about 46% of CNMs work 40-49 hours and 23% work more than 50 hours. Among CNSs, 48% work 40-49 hours and an additional 18% work more than 50 hours. Half of CNPs work 40-49 hours and 16% work more than 50 hours.

Current Positions										
	CRNA		CNM		CNS		CNP		All (2025)	
Positions	#	%	#	%	#	%	#	%	#	%
No Positions	10	1%	10	3%	8	3%	317	3%	345	2%
One Part-Time Position	269	15%	52	13%	42	17%	1,493	13%	1,858	13%
Two Part-Time Positions	106	6%	16	4%	16	6%	471	4%	608	4%
One Full-Time Position	1,104	60%	253	65%	153	61%	7,479	64%	8,993	64%
One Full-Time Position & One Part-Time Position	232	13%	52	13%	28	11%	1,618	14%	1,930	14%
Two Full-Time Positions	7	0%	2	1%	0	0%	55	0%	64	0%
More than Two Positions	120	6%	5	1%	5	2%	224	2%	355	3%
Total	**1,848**	**100%**	**390**	**100%**	**252**	**100%**	**11,657**	**100%**	**14,153**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employer-Sponsored Benefits*					
Benefit	**CRNA**	**CNM**	**CNS**	**CNP**	**All (2025)**
Signing/Retention Bonus	36%	23%	9%	16%	19%
Dental Insurance	48%	59%	52%	56%	55%
Health Insurance	49%	58%	52%	58%	57%
Paid Leave	51%	58%	60%	65%	63%
Group Life Insurance	42%	48%	45%	44%	44%
Retirement	58%	63%	63%	66%	65%
Receive at least one benefit	**63%**	**76%**	**68%**	**77%**	**75%**

*Wage and salaried employees receiving from any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

CRNAs and CNMs reported $120k or more in median income. All other NPs, including CNSs, reported $110k-$120k in median income. CNSs were the least satisfied with their current employment situation whereas CRNAs were the most satisfied. Approximately 1% of CRNAs, CNMs, CNSs, and CNPs reported being very dissatisfied.

At a Glance:

Median Income

CRNA:	$120k or More
CNM:	$120k or More
CNS:	$110k-$120K
CNP:	$120k or More
All (2025):	$120k or More

Percent Satisfied

CRNA:	98%
CNM:	94%
CNS:	92%
CNP:	95%

Source: Va. Healthcare Workforce Data Center

Income					
Annual Income	**CRNA**	**CNM**	**CNS**	**CNP**	**All (2025)**
Volunteer Work Only	0%	1%	5%	1%	1%
Less than $80,000	3%	8%	22%	11%	10%
$80,000-$89,999	1%	6%	6%	6%	5%
$90,000-$99,999	1%	4%	4%	6%	6%
$100,000-$109,999	2%	10%	7%	12%	10%
$110,000-$119,999	1%	12%	15%	13%	11%
$120,000 or more	91%	59%	42%	52%	57%
Total	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year					
In the past year did you . . .?	CRNA	CNM	CNS	CNP	All (2025)
Experience Involuntary Unemployment?	<1%	2%	<1%	1%	1%
Experience Voluntary Unemployment?	2%	4%	7%	4%	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	1%	2%	2%	2%	2%
Work two or more positions at the same time?	22%	19%	17%	19%	19%
Switch employers or practices?	4%	8%	4%	8%	8%
Experienced at least 1	**27%**	**29%**	**26%**	**29%**	**29%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Involuntarily Unemployed

CRNA:	<1%
CNM:	2%
CNS:	0%
CNP:	1%

Underemployed

CRNA:	1%
CNM:	2%
CNS:	2%
CNP:	2%

Over 2 Years Job Tenure

CRNA:	61%
CNM:	56%
CNS:	68%
CNP:	51%

Source: Va. Healthcare Workforce Data Center

Job Tenure at Location								
Tenure	CRNA		CNM		CNS		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary	Primary	Secondary
Not Currently Working at this Location	2%	4%	1%	6%	4%	2%	2%	6%
< 6 Months	6%	12%	7%	14%	6%	8%	9%	15%
6 Months-1 yr	10%	13%	11%	13%	6%	12%	12%	16%
1 to 2 Years	21%	21%	26%	21%	17%	16%	26%	25%
3 to 5 Years	26%	24%	33%	33%	14%	25%	23%	21%
6 to 10 Years	15%	15%	14%	7%	13%	14%	14%	9%
> 10 Years	20%	10%	9%	7%	42%	25%	13%	8%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

Forms of Payment					
Primary Work Site	CRNA	CNM	CNS	CNP	All (2025)
Salary/ Commission	46%	71%	60%	68%	65%
Hourly Wage	33%	20%	23%	22%	25%
By Contract	20%	8%	15%	10%	11%
Unpaid	<1%	1%	4%	<1%	<1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

71% of CNMs were be paid by salary or commission, as compared to 46% of CRNAs, 60% of CNSs, and 68% of CNPs. This makes CNMs the most likely to be paid in this way.

At a Glance:

% in Top 3 Regions

CRNA:	76%
CNM:	70%
CNS:	77%
CNP:	69%

2 or More Locations Now

CRNA:	31%
CNM:	27%
CNS:	19%
CNP:	25%

Source: Va. Healthcare Workforce Data Center

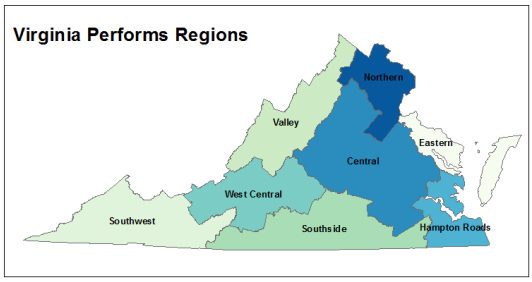
For primary work locations, Northern Virginia has the highest proportion of CRNAs, CNMs, and CNPs whereas CNSs were most concentrated in both the Central Virginia region.

A Closer Look

Regional Distribution of Work Locations

Virginia Performs Region	CRNA		CNM		CNS		CNP	
	Primary	Sec.	Primary	Sec.	Primary	Sec.	Primary	Sec.
Central	24%	20%	22%	14%	38%	32%	24%	17%
Eastern	1%	2%	3%	1%	2%	0%	2%	2%
Hampton Roads	23%	24%	19%	17%	18%	20%	17%	15%
Northern	29%	25%	29%	27%	21%	22%	28%	25%
Southside	3%	3%	3%	6%	2%	2%	4%	4%
Southwest	3%	2%	2%	4%	2%	0%	7%	7%
Valley	5%	4%	12%	17%	4%	8%	5%	5%
West Central	8%	6%	8%	5%	12%	14%	9%	9%
Virginia Border State/DC	2%	4%	1%	1%	0%	0%	1%	4%
Other US State	2%	9%	1%	8%	0%	2%	2%	11%
Outside of the US	0%	0%	0%	1%	0%	0%	0%	0%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center



Number of Work Locations Now*

Locations	CRNA		CNM		CNS		CNP	
	#	%	#	%	#	%	#	%
0	16	1%	11	3%	20	100%	422	4%
1	1,249	69%	278	72%	195	7%	8,263	71%
2	284	16%	66	17%	34	74%	1,860	16%
3	205	11%	24	6%	13	13%	822	7%
4	33	2%	1	0%	1	5%	84	1%
5	23	1%	3	1%	-	-	34	0%
6 +	12	1%	2	1%	1	<1%	100	1%
Total	**1,822**	**100%**	**386**	**100%**	**264**	**100%**	**11,586**	**100%**

Source: Va. Healthcare Workforce Data Center

*At survey completion (birth month of respondents)

A Closer Look:

Sector	Location Sector									
	CRNA		CNM		CNS		CNP		All (2025)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
For-Profit	51%	65%	58%	62%	30%	37%	55%	68%	54%	67%
Non-Profit	41%	31%	32%	33%	53%	45%	32%	23%	33%	25%
State/Local Government	4%	1%	6%	1%	13%	14%	8%	6%	7%	6%
Veterans Administration	2%	1%	0%	2%	3%	2%	3%	1%	2%	1%
U.S. Military	3%	3%	3%	1%	2%	0%	2%	1%	2%	1%
Other Federal Government	0%	0%	2%	0%	0%	2%	1%	1%	1%	1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

CRNAs had the highest participation in the private sector, 92% of them worked in the sector compared to 90% of CNMs, 83% of CNSs and 87% CNPs. Meanwhile, CRNAs had the lowest percent working in state, local or federal government.

At a Glance:
(Primary Locations)

For-Profit Primary Sector

CRNA:	51%
CNM:	58%
CNS:	30%
CNP:	55%

Top Establishments

CRNA:	Inpatient Department
CNM:	Inpatient Department
CNS:	Inpatient Department
CNP:	Clinic, Primary Care

Source: Va. Healthcare Workforce Data Center

Electronic Health Records (EHRs) and Telehealth					
	CRNA	CNM	CNS	CNP	All (2025)
Meaningful use of EHRs	13%	29%	15%	29%	27%
Remote Health, Caring for Patients in Virginia	1%	30%	16%	30%	26%
Remote Health, Caring for Patients Outside of Virginia	0%	4%	4%	8%	7%
Use at least one	**14%**	**43%**	**25%**	**45%**	**40%**

Source: Va. Healthcare Workforce Data Center

Approximately 40% of the state APRN workforce used at least one EHR. 26% also provided remote health care for Virginia patients. CNPs were most likely to report using at least one EHR or telehealth whereas CRNAs were least likely to report doing so, likely because of the nature of their job.

Location Type										
Establishment Type	CRNA		CNM		CNS		CNP		All (2025)	
	Primary	Sec.	Primary	Sec.	Primary	Sec.	Primary	Sec.	Primary	Sec.
Clinic, Primary Care or Non-Specialty	1%	1%	8%	10%	3%	7%	23%	17%	19%	14%
Hospital, Inpatient Department	43%	34%	30%	48%	37%	22%	13%	12%	18%	16%
Physician Office	1%	1%	10%	5%	3%	0%	8%	4%	7%	4%
Academic Institution (Teaching or Research)	10%	6%	10%	8%	20%	12%	6%	5%	7%	6%
Private practice, group	2%	1%	17%	10%	1%	0%	6%	5%	6%	4%
Hospital, Outpatient Department	12%	12%	2%	3%	4%	5%	5%	3%	6%	4%
Clinic, Non-Surgical Specialty	0%	2%	6%	3%	1%	2%	5%	4%	4%	3%
Ambulatory/Outpatient Surgical Unit	20%	35%	1%	2%	0%	0%	2%	1%	4%	6%
Long Term Care Facility, Nursing Home	0%	0%	0%	0%	0%	0%	4%	5%	3%	4%
Hospital, Emergency Department	3%	2%	1%	4%	2%	2%	3%	3%	3%	3%
Mental Health, or Substance Abuse, Outpatient Center	<1%	1%	2%	0%	14%	20%	6%	7%	5%	6%
Private practice, solo	0%	<1%	3%	2%	3%	2%	2%	4%	2%	3%
Hospice	0%	0%	<1%	0%	0%	2%	1%	3%	1%	3%
Other Practice Setting	7%	7%	12%	4%	13%	24%	15%	26%	14%	23%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

The inpatient department of a hospital was the most mentioned primary work establishment for CRNAs, CNMs, and CNSs. For CNPs, primary care clinic was the most mentioned primary work establishment, followed by the inpatient department.

At a Glance:
(Primary Locations)

Patient Care Role

CRNA:	95%
CNM:	88%
CNS:	51%
CNP:	86%

Education Role

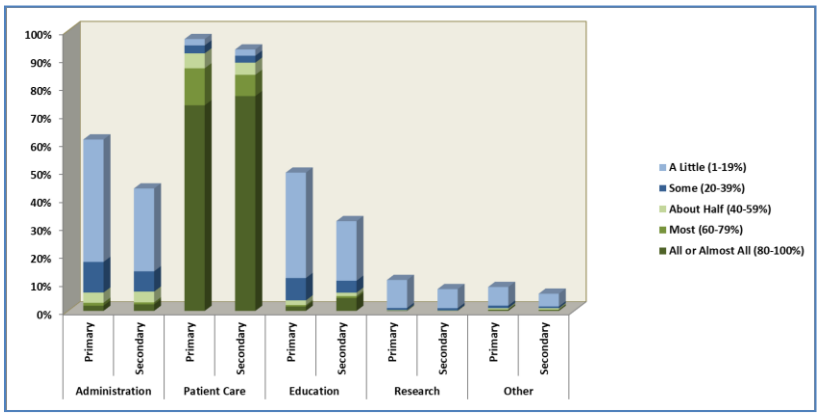
CRNA:	1%
CNM:	2%
CNS:	7%
CNP:	2%

Admin Role

CRNA:	2%
CNM:	2%
CNS:	12%
CNP:	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

On average, 86% of all APRNs fill a patient care role, defined as spending 60% or more of their time on patient care activities. CRNAs were most likely to fill a patient care role; 95% of CRNAs filled such role compared to 88% of CNMs, 51% of CNSs, and 86% CNPs.

Patient Care Time Allocation

Time Spent	CRNA		CNM		CNS		CNP		All (2025)	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	88%	90%	75%	76%	40%	42%	72%	75%	73%	77%
Most (60-79%)	7%	2%	13%	6%	11%	2%	14%	9%	13%	8%
About Half (40-59%)	2%	3%	4%	1%	8%	5%	6%	5%	5%	4%
Some (20-39%)	1%	1%	3%	8%	14%	5%	3%	3%	3%	2%
A Little (1-20%)	1%	0%	1%	0%	15%	5%	2%	3%	2%	2%
None (0%)	1%	3%	4%	8%	13%	42%	3%	7%	3%	7%

Source: Va. Healthcare Workforce Data Center

A Closer Look

Future Plans	CRNA		CNM		CNS		CNP	
2 Year Plans:	#	%	#	%	#	%	#	%
Decrease Participation								
Leave Profession	9	<1%	2	<1%	11	3%	99	1%
Leave Virginia	72	3%	15	3%	9	3%	331	2%
Decrease Patient Care Hours	225	10%	35	8%	30	9%	1,214	8%
Decrease Teaching Hours	13	1%	4	1%	6	2%	83	1%
Increase Participation								
Increase Patient Care Hours	116	5%	35	8%	20	6%	1,732	12%
Increase Teaching Hours	90	4%	52	11%	25	8%	1,466	10%
Pursue Additional Education	52	2%	39	8%	34	10%	1,636	11%
Return to Virginia's Workforce	4	<1%	2	0%	1	<1%	125	1%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement within 2 Years

CRNA:	7%
CNM:	4%
CNS:	11%
CNP:	4%

Retirement within 10 Years

CRNA:	24%
CNM:	18%
CNS:	44%
CNP:	17%

Source: Va. Healthcare Workforce Data Center

49%, 33%, 23%, and 39% of CRNAs, CNMs, CNSs, and CNPs, respectively, expect to retire by the age of 65. Further, 35% of CRNAs, 19% of CNMs, 16% CNSs, and 24% of CNPs, aged 50 or over expect to retire by the same age. Meanwhile, 3%, 5%, 8%, and 6% of CRNAs, CNMs, CNSs, and CNPs, respectively, do not plan to retire at all.

Expected Retirement Age	CRNA		CNM		CNS		CNP		All (2025)	
	All	>50 yrs	All	>50 yrs	All	>50 yrs	All	>50 yrs	All	>50 yrs
Under age 50	1%	-	1%	-	0%	-	2%	-	2%	-
50 to 54	4%	1%	3%	1%	2%	0%	4%	0%	4%	<1%
55 to 59	13%	7%	9%	1%	6%	0%	9%	5%	9%	5%
60 to 64	31%	27%	20%	17%	15%	16%	25%	19%	25%	20%
65 to 69	35%	41%	37%	38%	33%	30%	37%	41%	37%	40%
70 to 74	10%	14%	21%	26%	21%	23%	14%	22%	13%	20%
75 to 79	3%	6%	2%	7%	9%	11%	3%	5%	3%	6%
80 or over	1%	1%	3%	6%	7%	8%	1%	2%	1%	2%
I do not intend to retire	3%	3%	5%	5%	8%	11%	6%	7%	5%	6%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

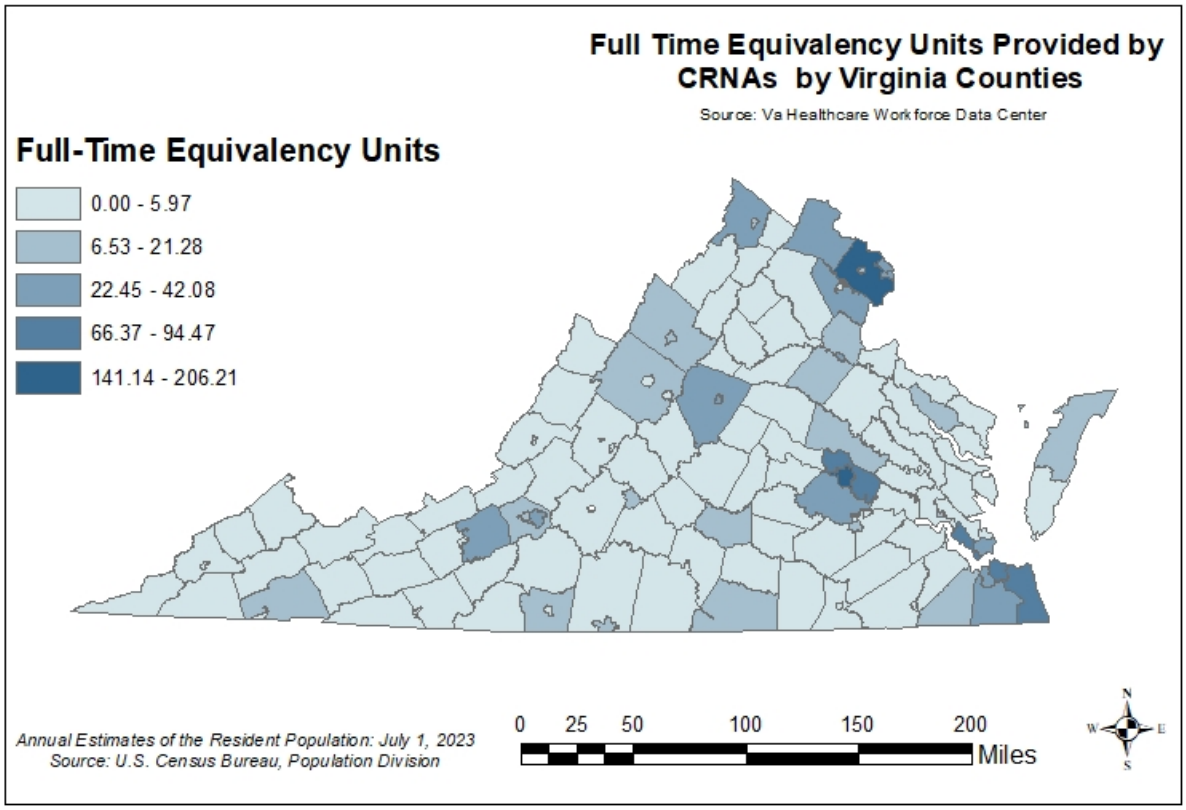
Source: Va. Healthcare Workforce Data Center

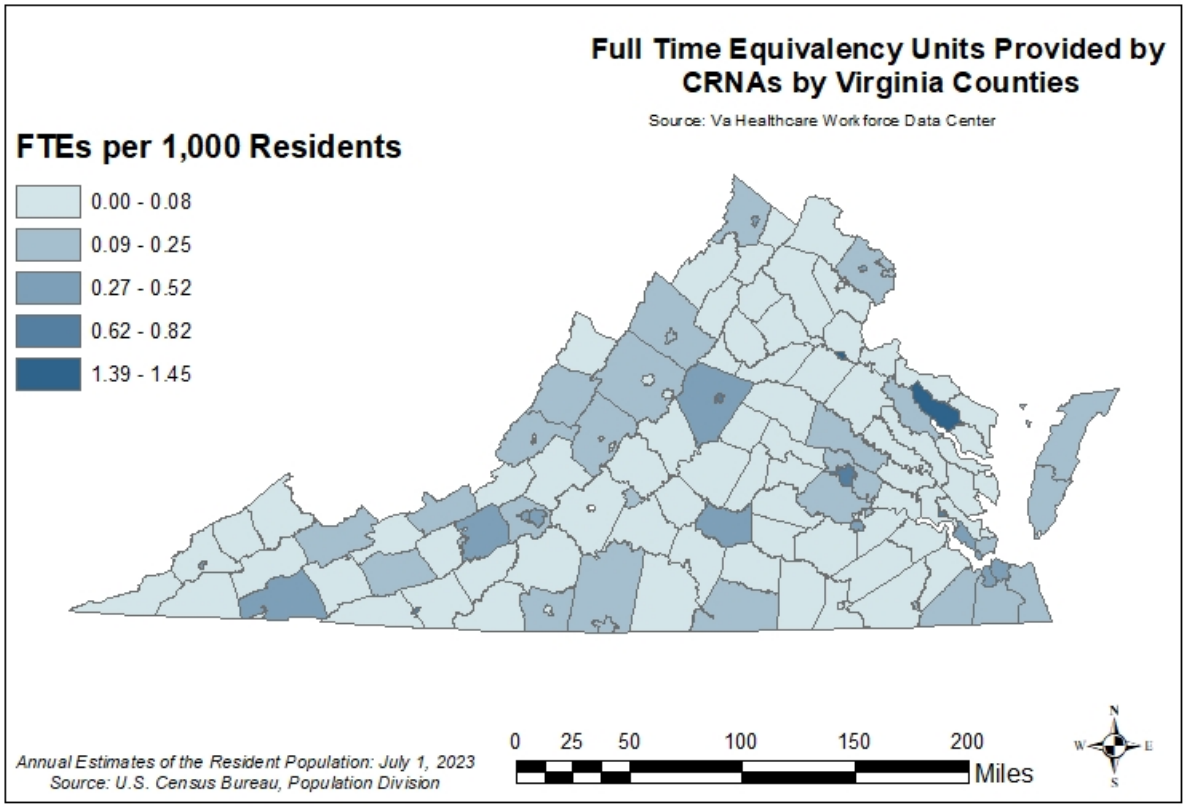
Time to Retirement										
	CRNA		CNM		CNS		CNP		All (2025)	
Expect to retire within:	#	%	#	%	#	%	#	%	#	%
2 years	110	7%	15	4%	24	11%	400	4%	551	5%
5 years	72	4%	12	3%	23	10%	318	3%	425	4%
10 years	211	13%	37	11%	52	23%	931	9%	1,231	10%
15 years	214	13%	39	11%	24	11%	1,100	11%	1,377	11%
20 years	229	14%	31	9%	28	13%	1,303	13%	1,590	13%
25 years	270	17%	54	16%	21	9%	1,610	16%	1,956	16%
30 years	228	14%	55	16%	15	7%	1,543	16%	1,844	15%
35 years	162	10%	46	13%	11	5%	1,238	13%	1,461	12%
40 years	60	4%	23	7%	6	3%	638	6%	727	6%
45 years	12	1%	16	5%	0	0%	191	2%	218	2%
50 years	3	0%	2	1%	0	0%	58	1%	64	1%
55 years	0	0%	0	0%	0	0%	13	0%	13	0%
In more than 55 years	1	0%	0	0%	0	0%	6	0%	7	0%
Do not intend to retire	51	3%	16	5%	18	8%	552	6%	637	5%
Total	**1,623**	**100%**	**346**	**100%**	**223**	**100%**	**9,903**	**100%**	**12,099**	**100%**

Source: Va. Healthcare Workforce Data Center

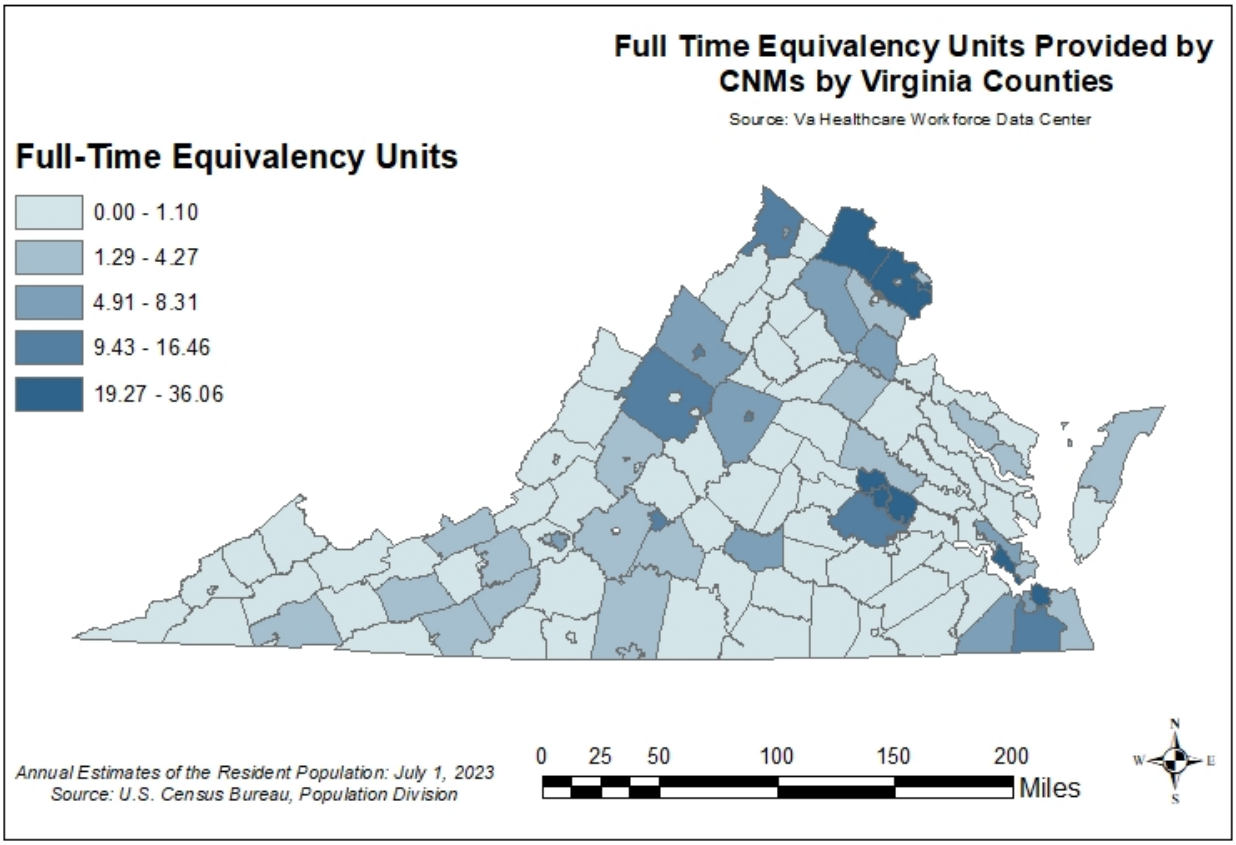
Using these estimates, retirement will begin to reach over 10% of the current workforce every 5 years by 2035. Retirement will peak at 16% of the current workforce around 2050 before declining to under 10% of the current workforce again around 2065.

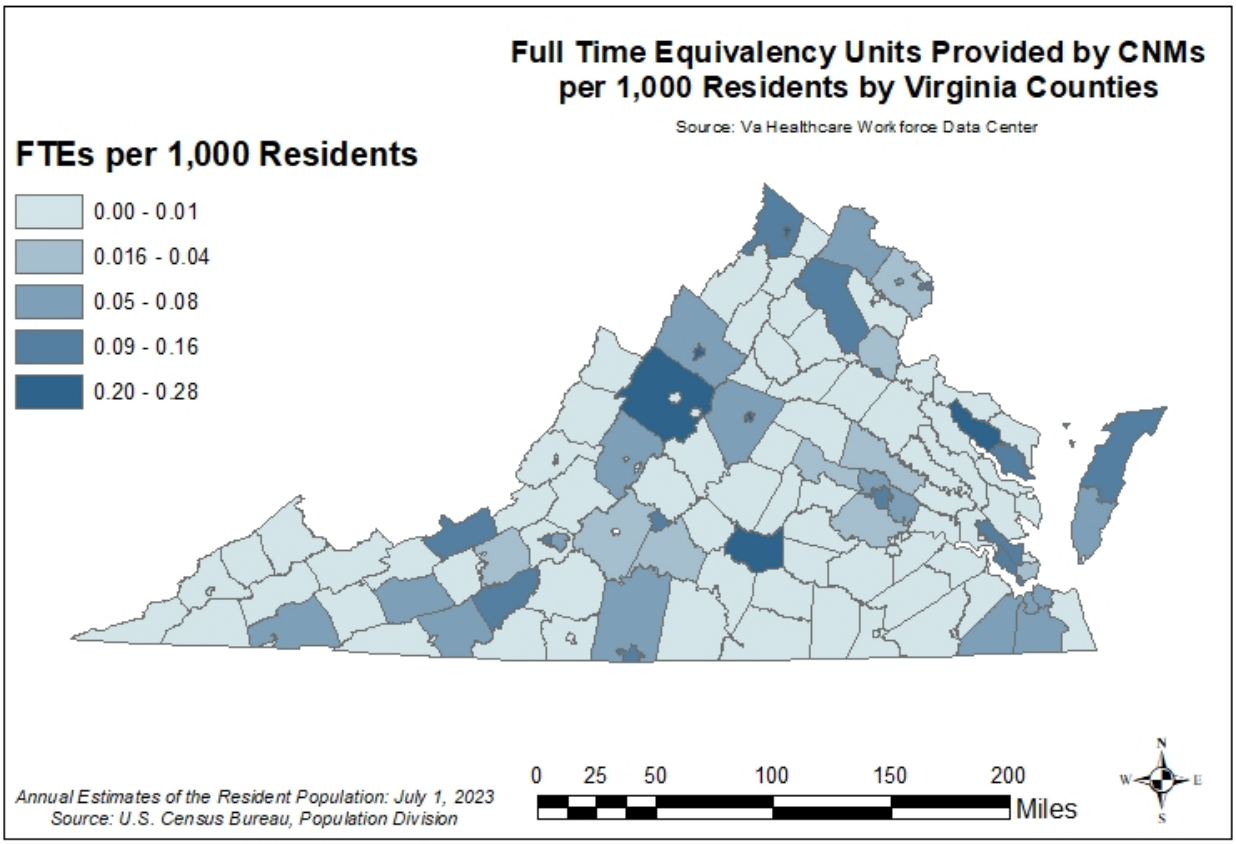
Map of Full Time Equivalency Units – Certified Registered Nurse Anesthetists



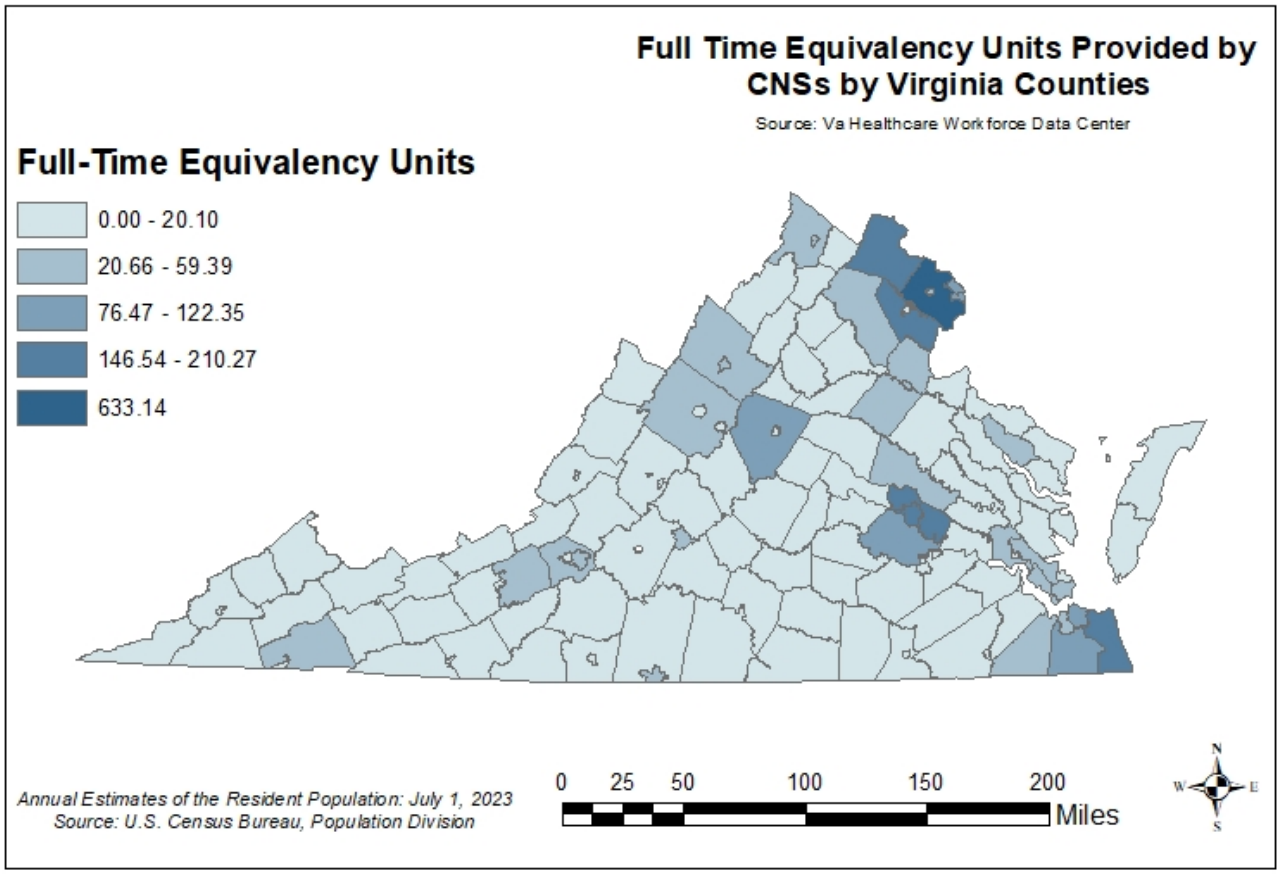


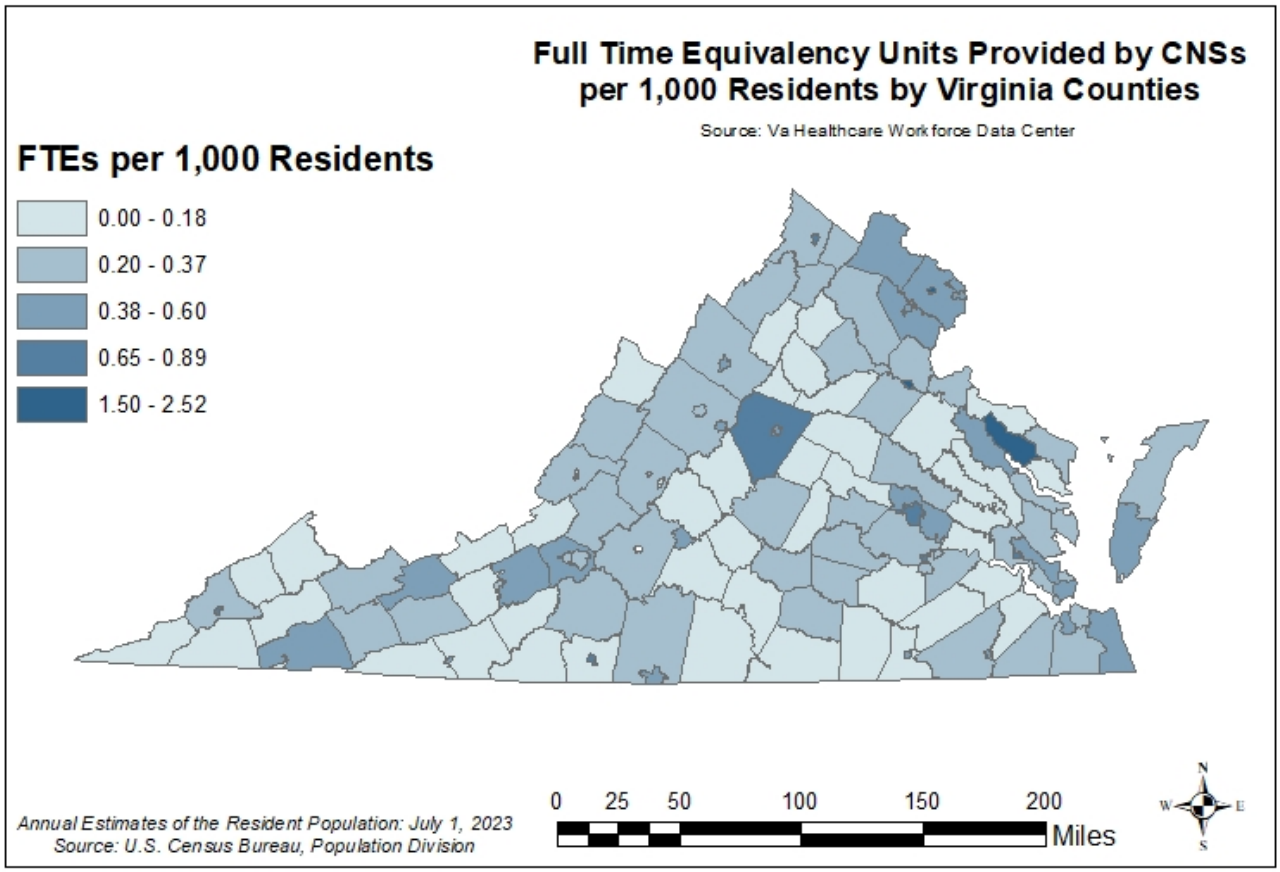
Note: Maps show reported work hours in primary and secondary locations of respondents who provided a response to the relevant question. Map may not reflect hours worked by all nurse practitioners licensed in the state since response rate was less than 100%.


Full Time Equivalency Units Provided by CNMs by Virginia Counties
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
0.00 - 1.10
1.29 - 4.27
4.91 - 8.31
9.43 - 16.46
19.27 - 36.06
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

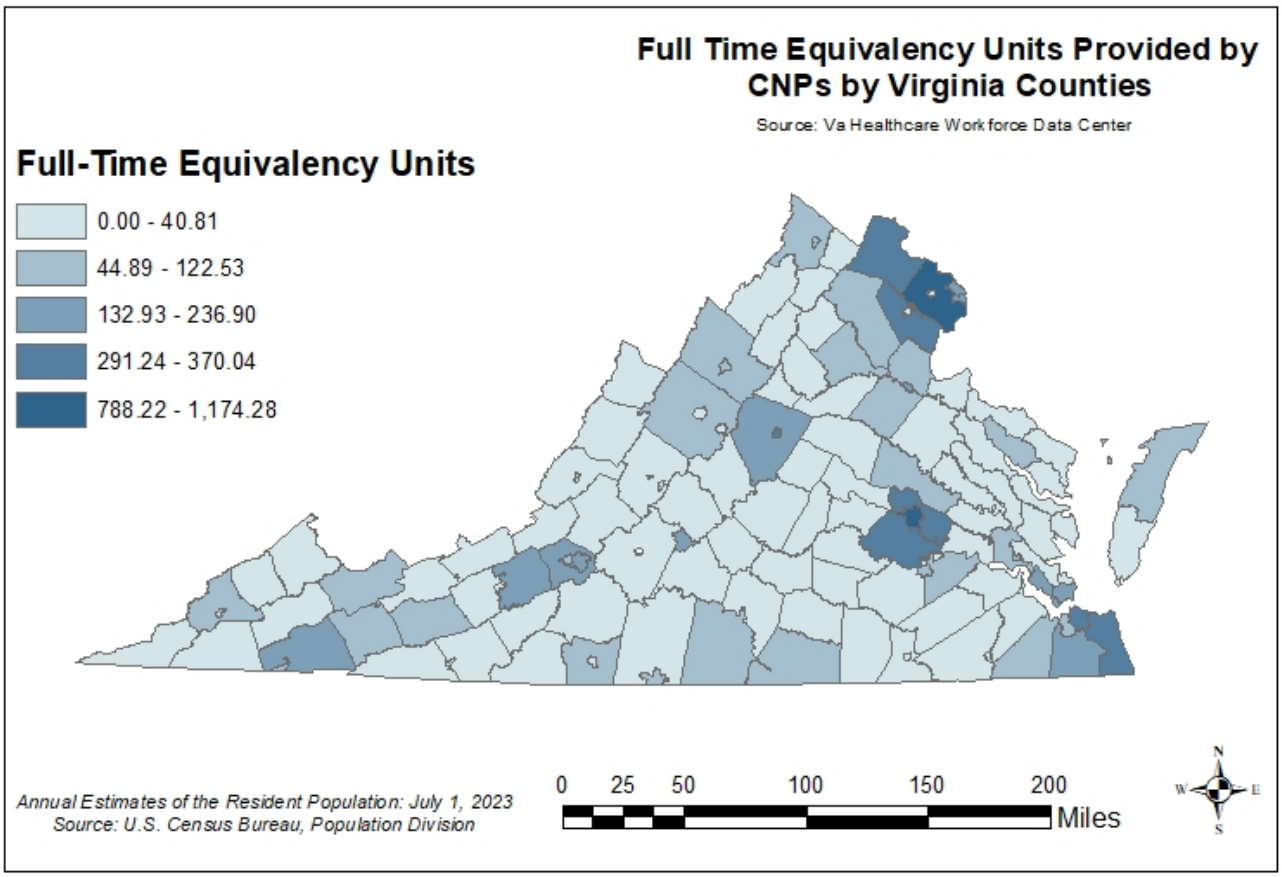

Full Time Equivalency Units Provided by CNMs per 1,000 Residents by Virginia Counties
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.00 - 0.01
0.016 - 0.04
0.05 - 0.08
0.09 - 0.16
0.20 - 0.28
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

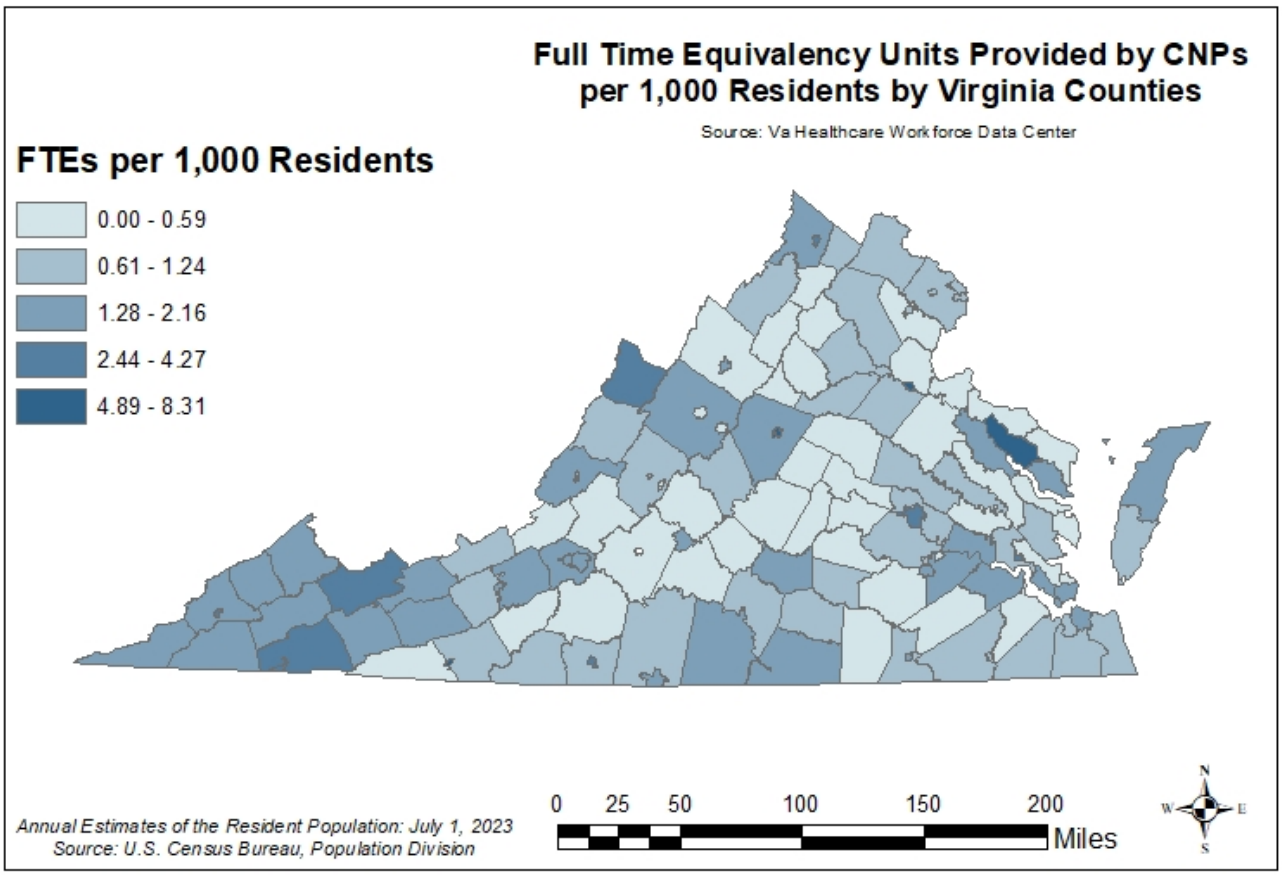
Map of Full Time Equivalency Units – Clinical Nurse Specialists





Map of Full Time Equivalency Units – Certified Nurse Practitioners





Special Conference Committee (SCC) Composition

For February, April and June 2026

as of 7/1/2026

"" Chair**

SCC-A

Pamela Davis, LPN**

Lila Peake, RN

SCC-B

Victoria Cox, DNP, RN **

Delores Valenta, LPN

SCC-C

Jodi Zehr, RN**

Jeanell Webb-Jones, MSN, RN

SCC-D

Delina Acuna, FNP-C **

Cleopatra Kitt, PhD, Citizen Member

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

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

www.dhp.virginia.gov
TEL (804) 367-4400

Virginia Board of Nursing
Claire Morris, RN, LNHA
Executive Director

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

D2

TO: BOARD MEMBERS

FROM: Claire Morris, RN, LNHA

DATE: March 24, 2026

RE: SPECIAL CONFERENCE COMMITTEE (SCC) DATE AVAILABILITY FOR AUGUST, OCTOBER AND DECEMBER 2026

It is that time again - we need to look at dates for SCCs in the **SECOND HALF of 2026**. It may seem early to be planning, but we need adequate time to obtain rooms and ensure APD coverage, staffing etc.

As you know, we ask you serve on a SCC to conduct informal conferences (IFC) once every other month, during the EVEN months of the year.

Please plan to bring your calendars to the Board Meeting and meet with your SCC committee partner to establish dates that will work for you both to schedule your IFC dates. We have attached a worksheet that you can work with to put your first and second choice of dates. It is important that you include a first and a second choice. We have to consider several variables (more than one committee on same day; room availability, etc.), so it is important to have a first and second choice. We always try to honor the first choice for everyone, but we need the option in case.

You or your SCC partner can give your completed sheet containing your mutually agreed to dates to one of the Deputies and we will develop a schedule that works for everyone.

Thanks very much for doing this and for all that you do as a member of the Board of Nursing.

INFORMAL CONFERENCE SCHEDULE
PLANNING SHEET for SCCs
August, October and December
2026

Please include 1st and 2nd choice of dates each month

SCC-A: *Davis/Peake

AUGUST	**1**		
	2		
OCTOBER	**1**		
	2		
DECEMBER	**1**		
	2		

SCC-B : *Cox/Valenta

AUGUST	**1**		
	2		
OCTOBER	**1**		
	2		
DECEMBER	**1**		
	2		

SCC-C: *Zehr/Webb-Jones

AUGUST	**1**		
	2		
OCTOBER	**1**		
	2		
DECEMBER	**1**		
	2		

SCC-D: *Acuna/Kitt

AUGUST	**1**		
	2		
OCTOBER	**1**		
	2		
DECEMBER	**1**		
	2		

E2

COMMONWEALTH of VIRGINIA

Arne W. Owens
Director

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

www.dhp.virginia.gov
PHONE (804) 367-4400

Virginia Board of Nursing
Claire Morris, RN, LNHA
Executive Director

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

MEMORANDUM

To: Members of the Board of Nursing

From: Jacquelyn Wilmoth, RN, MSN
Deputy Executive Director

Date: December 9, 2025

Subject: 2027 Dates for Education Informal Conference Meetings

---

Scheduled dates of the Education Informal Conference Committee meetings for the calendar year 2027:

Wednesday, February 10, 2027

Thursday, April 8, 2027

Wednesday, June 9, 2027

Wednesday, August 11, 2027

Wednesday, October 6, 2027

Wednesday, December 1, 2027

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

F1

Board of Nursing
Current Regulatory Actions
As of February 26, 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	2 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	1059 days (2.9 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	118 days	Facilitates entrance into the Massage Therapy Compact.

Regulations at the Department of Planning and Budget

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC90-19	Proposed	Implementation of 2022 Periodic Review	9/16/2025	15 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	9 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	14 days	Eliminates unnecessary approvals to nursing education IFC orders by the Board.
18VAC90-27	Proposed	Periodic review changes to Chapter 27	3/25/2025	17 days	Changes resulting from 2023 periodic review.

Regulations at the OAG

None.

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC90-60	Final/Exempt	Regulations to register advanced registered medication aides	2/9/2026	3/11/2026

F2

Action Item: Consideration of Amendments to Guidance Document 90-8

Included in your Agenda Package:

- Amendments to 90-8 in track changes form

Staff Note: This is a recommendation of the Education IFC meeting on February 11th.

Action Needed:

- Motion to amend guidance document 90-8.

Virginia Board of Nursing

Interpretation of "Alternative Credentials" for Nursing Faculty

18VAC90-27-60(A)(4)(c)(3) of the Regulations for Nursing Education Programs states that a member of the clinical nursing faculty of a baccalaureate degree or prelicensure graduate degree program may hold "a baccalaureate degree in nursing and hold alternative credentials" to satisfy requirements for qualification as faculty. The Board interprets the phrase "alternative credentials" to mean:

1) A current certification in the specialty for which the clinical nursing faculty member is conducting clinical experience; or
2) Two years active clinical nursing practice as a registered nurse in the preceding five years. Active clinical nursing practice must be in the specialty area in which the faculty member will conduct the clinical experience; ~~or~~
3) ~~A current certification as a certified nurse educator (CNE) or a certified academic clinical nurse educator (CNEcl).~~

References

18VAC90-27-60

E1 (REVISED)

VIRGINIA BOARD OF NURSING
EDUCATION SPECIAL CONFERENCE COMMITTEE
Wednesday, February 11, 2026

Department of Health Professions – Perimeter Center
9960 Mayland Drive, Conference Center 201 – **Board Room 4**
Henrico, Virginia 23233

TIME AND PLACE: The meeting of the Education Special Conference Committee was convened at 9:00 a.m. in Suite 201, Department of Health Professions, 9960 Mayland Drive, Second Floor, Board Room 4 Henrico, Virginia.

MEMBERS PRESENT: Carol Cartte, RN, BSN, Chair
Jodi Zehr, RN

STAFF PRESENT: Jacquelyn Wilmoth, MSN, RN, Deputy Executive director
Calisa Barley, RN, BS, Nursing Education Program Manager
Christine Smith, MSN, RN, Nurse Aide/RMA Education Program Manager

Florence Nightingale College – Front Royal – Medication Aide Training Program, 0030000296

No representatives for the program were present.

ACTION: Ms. Zehr moved to recommend to withdraw approval of the medication aide training program at Florence Nightingale College, Front Royal.

The motion was seconded and carried unanimously.

This recommendation will be presented to the Board on March 24, 2026.

Thomasine Training Center – Petersburg – Medication Aide Training Program, 0030000044

No representatives for the program were present.

ACTION: Ms. Zehr moved to recommend to withdraw approval of the medication aide training program at Thomasine Training Cener, Petersburg.

The motion was seconded and carried unanimously.

This recommendation will be presented to the Board on March 24, 2026.

Norfolk Allied Training Center – Norfolk – Medication Aide Training Program, 0030000293

No representatives for the program were present.

ACTION: Ms. Zehr moved to recommend to withdraw approval of the medication aide training program at Norfolk Allied Training Center, Norfolk.

The motion was seconded and carried unanimously.

This recommendation will be presented to the Board on March 24, 2026.

Titan Healthcare Academy – Alexandria – Medication Aide Training Program, 0030000342

No representatives for the program were present.

ACTION: Ms. Zehr moved to recommend to withdraw approval of the medication aide training program at Titan Healthcare Academy, Alexandria.

The motion was seconded and carried unanimously.

This recommendation will be presented to the Board on March 24, 2026.

Helping Hearts Recover – Portsmouth – Medication Aide Training Program, 0030000326

No representatives for the program were present.

ACTION: Ms. Zehr moved to recommend to withdraw approval of the medication aide training program at Helping Hearts Recover, Portsmouth.

The motion was seconded and carried unanimously.

This recommendation will be presented to the Board on March 24, 2026.

Global Educational Institute – Arlington – Nurse Aide Education Program, 1414100780

Gloria Agwaze, Administrator, and John Agwaze, President were present to represent the program.

Ms. Zehr 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 11:09 a.m. for the purpose of deliberation to reach a decision in the matter of Global Educational Institute, Nurse Aide Education Program. Additionally, Ms. Zehr moved that Ms. Wilmoth, Ms. Smith, 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 11:35 a.m.

Ms. Zehr 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. Zehr moved to recommend to withdraw approval of the nurse aide education program at Global Educational Institute.

The motion was seconded and carried unanimously.

This recommendation will be presented to the Board on March 24, 2026.

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

Cathy Hiler, DNP, RN Program Director, Ben Worth, Vice President, Academics were present to represent the program. The program was represented by counsel.

Ms. Zehr 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 2:56 p.m. for the purpose of deliberation to reach a decision in the matter of Mountain Gateway Community College, Registered Nursing Education Program. Additionally, Ms. Zehr moved that Ms. Wilmoth, Ms. Barley, 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 3:58 p.m.

Ms. Zehr 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. Zehr moved to recommend to continue the associate degree education program on conditional approval with terms.

The motion was seconded and carried unanimously.

This recommendation will be presented to the Board on March 24, 2026.

Discussion Guidance Document 90-8

The committee discussed potential amendments to Guidance Document 90-8 based on public comment. Recommended changes will be presented the full Board for its consideration.

Meeting adjourned at 4:00 p.m.

_____

Jacquelyn Wilmoth, MSN, RN
Deputy Executive Director