



RN UPDATE

The mission of the Board of Nurse Examiners for the State of Texas is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a registered professional nurse in the State of Texas is competent to practice safely. The Board fulfills its mission through the regulation of the practice of professional nursing and the accreditation of schools of nursing. This mission, derived from the Nursing Practice Act, supersedes the interest of any individual, the nursing profession, or any special interest group.



Editor's Note: On March 24, 2002, the Texas Department of Health (TDH) adopted new Rule §133.41(o) [25 TAC, Chapter 133] based on a joint recommendation by the Texas Nurses Association and the Texas Hospital Association. This rule will affect the practice of Texas RNs working in hospital settings. The article below has been prepared by guest contributors who were members of the joint task force that made recommendations to TDH.

TEXAS AMONG FIRST STATES TO AFFECT NURSE STAFFING

By K. Lynn Wieck, PhD, RN*, and Teresa Oehler, BSN, RN**

K. Lynn Wieck, PhD, RN**, is president of the Texas Nurses Association (TNA). She is also CEO of Management Solutions for Healthcare, a workforce research company. *Teresa Oehler, BSN, RN**, is co-chair of TNA's Governmental Affairs Committee. She is a staff nurse in a cardiology unit at St. Luke's Episcopal Hospital of Houston. Both served on the Joint TNA and Texas Hospital Association Task Force that developed the principles for nurse staffing on which the new Texas Department of Health (TDH) hospital nurse staffing rules are based.

On March 24th, the Texas Board of Health took an action that will affect the practice environment of the 75,000 RNs who work in Texas hospitals. The action was adoption of significant revisions to its hospital nurse staffing rules [Rule 133.41(o)]. This article will review the background that led to the Board of Health's adoption of the new rules and the key provisions of those rules that make them so important to all nurses who practice in Texas.

Background on Adoption of Staffing Rules

Like almost everything else occurring in professional nursing today, the new hospital nurse staffing rules are rooted in the nursing shortage. A recent report on the nursing shortage by the Robert Wood Johnson Foundation included an analysis of 16 national studies of the nursing workforce. That analysis identified both the causes of and the solutions to the shortage. Those causes and solutions fell into two general categories. One category identified the primary cause of the shortage as the lack of adequate numbers of RNs and the solution as increasing the supply of RNs. The other category identified the cause of the shortage as an unsatisfactory work environment for nursing that failed to attract and retain RNs and the solution as improving the work environment to attract and retain more registered nurses.

The Texas Nurses Association (TNA) concluded that a "Texas" solution to the shortage would need to address both categories. TNA based its conclusion on these facts: 1) the aging of the nursing profession (45 is the average age of RNs) means the long-term supply of RNs is likely to be inadequate unless the capacity of the nursing education system is increased; 2) the demand for RNs is only going to increase with the aging of the baby boomer generation; and 3) unless the working environment is improved, the production of more RNs will at best be a short-term fix because new RNs (along with more and more of the current workforce) will simply leave the profession.

Because the shortage is most acute in hospitals (60% of Texas RNs practice in hospitals), TNA approached the Texas Hospital Association (THA) in late 1999 to propose a joint initiative to address the "emerging" nursing shortage in Texas. This meeting spawned three, more specific initiatives – a series of studies of the shortage in partnership with the Center for Health Economics and Policy (CHEP), a legislative initiative in 2001 to secure more funding for nursing schools to increase enrollments, and creation of a joint task force to address the hospital workplace environment. The latter was the result of TNA's conviction that any real solution to the nursing shortage had to address improving the nursing work environment. This conviction was validated by the CHEP study,

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Strategic Planning



Kathy Thomas, MN, RN

Every two years the Board of Nurse Examiners is required by law to draft and publish a strategic plan. The BNE submitted its 2003-2007 Strategic Plan on June 3, 2002. The Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board define Strategic Planning as "a long-term, iterative, and future-oriented process of assessment, goal setting, and decision-making that maps an explicit path between the present and a vision for the future." Put simply, this planning process is one that businesses, organizations, and agencies engage in to prepare for the future. Since 1991, state agencies have been required to develop a strategic plan every two years in the year preceding a legislative session. The plan is used as a foundation for the development of the agency's budget request for the next biennium. Identification of critical issues assists agencies in anticipating necessary resources and thereby improving responsiveness and effectiveness. You can view or download a copy from the Board's website at www.bne.state.tx.us.

Part of the Plan is an evaluation of the internal and external issues impacting the Board. Among those issues, the following stand out as significant:

- **Multistate Licensure.** As more states pass the Nurse Licensure Compact, there will be more mobility for nurses and more access to nursing care for patients. Increases in interstate practice will challenge the Board to increase communication and cooperation with other states regarding discipline. Additionally, it is anticipated that the more nurses avail themselves of multistate flexibility, there will be a reduction in RNs seeking endorsement to practice in Texas. This loss in licensure fees will have an effect on revenue, but these fee losses are expected to be minimal.
- **The Healthcare Integrity and Protection Data Bank.** This federal data bank collects a variety of information on health care professionals, including state licensure disciplinary actions. There are considerable costs associated with collecting, maintaining and reporting this data. These costs will ultimately be passed on to licensees.
- **Criminal Background Checks.** Licensing Boards screen applicants to assure the public that nurses are safe and competent. Recently, the Board and the public have expressed concern about the potential implications of criminal conduct for patient care. Based on these policy concerns, the Board's applications ask applicants and licensees about past criminal conduct. But, self-reported information may not be complete or reliable. The Board is requesting funding for FBI criminal background checks to assure it has adequate information to make licensure decisions and that the public is protected.
- **Nursing Shortage.** The shortage of registered nurses has implications for patient safety, but what role, if any, can the Board play in addressing this shortage in Texas? The Board collects information on nurses through renewal of licensure every two years. Data such as where nurses work and their educational level is valuable to state policy makers as they plan for the future of nursing education and recruitment. The Board provides this data to interested parties; however, there is not a specific agency or organization responsible for analyzing that data and predicting future needs. Senate Bill 572 in the last session established a nurse workforce data center to provide the information that policy-makers need to make informed decisions on nursing workforce issues. The responsibility for the data center was given to the Board. However, funding was not appropriated and may be reconsidered in the next legislative session.

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VOLUNTEER FOR A PEER

You can make a difference. "TPAPN saved my life." Become a part of nurses helping nurses by calling the Texas Peer Assistance Program for nurses at 1-800-288-5528.



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For the State of Texas

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Proposed and Adopted Rules



At the April 2002 meeting of the Board of Nurse Examiners, the Board took the following actions:

- * adopted new 22 TAC §§217.19, relating to Incident Based Peer Review, and new 22 TAC §§217.20, relating to Safe Harbor Peer Review for RNs. Rules were published in the *Texas Register* on May 10, 2002. Effective date for rules: May 12, 2002.
- * proposed repeal of rules 22 TAC §§213.1 - 213.26 and 22 TAC §§213.30 - 213.33 and proposed adoption of new rules 22 TAC §§213.1 - 213.26 and 22 TAC §§213.30 - 213.33, relating to Practice and Procedure. The proposed revisions to Rule 213 were published in the *Texas Register* on May 3, 2002 with a 30-day comment period. Board staff will address comments received at the July Board meeting and the Board will act on final adoption after consideration of comments.

An amended 22 TAC § 223.1, concerning Fees, was published in the *Texas Register* on May 3, 2002. No comments were received and the amended rule became effective May 9, 2002. The fees are necessary to raise revenue and to cover statutorily requisite online fees for RN and APN renewals.

For more information on rules mentioned above, refer to the *Texas Register* via the Office of the Secretary of State for the State of Texas located at <http://lamb.sos.state.tx.us/texreg/index.html>.

Strategic Plan - continued from previous page

- **Practice Errors.** With increased public focus on errors, particularly medication errors, Boards that regulate health care professionals have been viewed as barriers to the voluntary reporting of errors and fixing "systems" problems which contribute to those errors. Some assert that fear of Board action results in non-reporting. There has been considerable debate about whether the Board's practices encourage or discourage reporting. The minor incident rules (Rule 217.16) already provide for non-reporting under certain circumstances. Peer Review (Rule 217.19 and 217.20) provides a mechanism for review at the institutional level before reporting to the Board. Do those mechanisms go far enough to encourage reporting? The Board has just amended the peer review rules and will evaluate the minor incident rules this year. The guiding principle in the Board's actions must be its mission of protecting the public.
- **Emergency Preparedness.** In January, 2002, the Governor's Task Force on Homeland Security issued a list of recommendations to insure that Texas and its residents are prepared for future terrorist attacks. Among those recommendations is a proposal that health professional licensing boards require all licensees complete at least one hour of continuing education each year on reporting medical events and responding to terrorism. The Task Force also recommends that boards collect business fax numbers and e-mail addresses to facilitate rapid notification and mobilization of licensees to respond to a disaster.
- **Single Board of Nursing.** The question of whether Texas needs only one Board of Nursing to regulate both RNs and LVNs continues to be discussed. The Board supports a single board of nursing because: 1.) the function of each board is the same; 2.) the agencies are located next door to each other which facilitates merger; 3.) the state could improve efficiency and effectiveness of regulation by eliminating duplication; 4.) there would be greater consistency in the regulation of nurses; and 5.) consumers would be able to contact one Board for either LVN or RN concerns.
- **TPAPN funding.** The RN and LVN Boards of nursing are the primary source of funding for the Texas Peer Assistance Program for Nurses. Funding for the program has been capped since 1997, but the utilization of TPAPN has significantly increased. A portion of the license renewal fee goes toward funding this valuable program for nurses with chemical dependency and mental health problems. Through screening, monitoring and advocacy, the program seeks to help nurses practice safely in lieu of licensure action. The Board will seek to increase funding for this program.

The Strategic Plan also includes a Customer Service Report which summarizes customer satisfaction surveys and provides a *Compact with Texans* which expresses the agency's commitment to better serve the people of Texas. The Customer Service Report can also be found at the BNE website.

With the Strategic Plan as the foundation, the Board will submit its Legislative Appropriations Request for the 2004-2005 biennium in late July. We look forward to working with nurses and the public to improve the regulation of registered nurses and we welcome your input. You can write me at the Board's address or through the Board's website at www.webmaster.state.tx.us.

Board Adopts New Peer Review Rules

By Cara Mueller, MSN, RN and Carol Marshall, MSN, RN

In July of 2000, the Board of Nurse Examiners (BNE) charged the Board's Nursing Practice Advisory Committee (NPAC) with the task of reviewing the rules governing the peer review process for registered nurses. After deliberating in meetings over a one year time frame, the NPAC recommended to the Board that the existing peer review rule be significantly modified through the repeal of rule 217.17 and adoption of two new rules 217.19 and 217.20. The proposal for the repeal of rule 217.17 and adoption of the two new rules was originally published in the March 8, 2002, issue of the Texas Register (27 TexReg 1640). The Board adopted the repeal of §217.17 and addition of the new peer review Rules §217.19 and §217.20 with some clarifying changes to the new sections at the April 2002 Board meeting. Rule 217.19 specifies requirements for Incident-Based Peer Review (IBPR), and Rule 217.20 specifies requirements for Safe Harbor Peer Review (SHPR). For complete text of the preamble, including summary of rule comments, as well as the text of the new rules in their entirety, refer to **27 TexReg 4019-4027, May 10, 2002**. The new rules became effective May 12, 2002.

The Board's initial charge to NPAC was to review the "parity of participation by counsel" concept as it appeared in Rule 217.17(c). In an effort to fulfill this charge, the NPAC extensively discussed the issue of allowing the nurse to have attorney representation in peer review with expanded authority of advocating for the nurse. The NPAC believed and the Board agreed that the purpose and focus of Peer Review is one of fact finding, to include analysis and study of related events by registered nurses in a climate of collegial problem solving. This requires that there be interaction between the nurse and committee members. The board does not wish the peer review process to become attorney-driven nor does the nursing community, as indicated in comments the BNE received during the rule proposal. To preclude the peer review process from becoming "attorney run," language was added to the rule that permits an attorney to accompany the nurse in a consultative role only, with the exception of the "parity" concept which affords the nurse's attorney the same privileges during the meeting as the facility's attorney. In lieu of an attorney, the nurse may select a nurse peer to accompany him/her at the peer review proceeding. As with the attorney, this nurse peer is limited to a consultative role only unless the peer review committee permits more participation. This new language appears in Rule 217.19(a)(5).

In addition to the "parity of counsel" revisions, the Board approved many other changes to the peer review rules. Most notably, separate rules were adopted for incident-based peer review (Rule 217.19) and safe harbor peer review (Rule 217.20). The following are some significant changes made to the peer review rules:

- **The IBPR rule specifies what must be included in facilities' policies and procedures [Section 217.19(a)(3)]**
- **Individuals with the administrative authority to take personnel action on the nurse may not serve on the peer review committee [Section 217.19(a)(4)(B)]**
- **Timelines for IBPR have changed in regard to providing written notice to the nurse that his/her practice will be reviewed [Section 217.19(a)(4)(C)]**
- **The IBPR rule specifies the nurse's "due process" rights during the IBPR proceeding [Section 217.19(a)(4)(F)]**
- **The IBPR rule identifies the committee's duty to explore systems problems that may have contributed to the nurse's error [Section 217.19(a)(7)]**
- **Nurse's who engage in peer review in "bad faith" are subject to disciplinary action by the BNE [Section 217.19(a)(9) and Section 217.20(g)]**
- **Both rules delineate Chief Nursing Officer responsibilities for ensuring peer review is in place and functioning in accordance with the laws and regulations [Section 217.19(a)(11) and Section 217.20(f)]**
- **The RN's mandatory reporting obligations may be met by reporting to the peer review committee provided certain conditions are met [Section 217.19(b)]**
- **Rule 217.20(b) outlines the RN's due process rights when invoking safe harbor as these rights differ from those specified in Rule 217.19.**

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Legal Issues

Joy Sparks, JD, Assistant General Counsel for the Board of Nurse Examiners, comments on the Nursing Practice Act, Rules and Regulations, & other legal issues relating to nursing.



The Role and Function of the Board of Nurse Examiners

The purpose of this article is to educate and remind registered nurses about the role and function of the Texas Board of Nurse Examiners (BNE). In my past few months on the staff of the BNE, it has become apparent that some confusion exists among registered nurses about the role and function of the Board and staff. Common questions and comments we receive are "I thought you were advocates for nurses," "Why don't you give out legal advice to nurses under investigation," and "I thought you all were on my side," etc. Our main purpose is to protect the public, not to protect the individual nurse. To give a better understanding of who we are and what function we serve, it is best to start with a broad picture and narrow it down with the hope that when I am finished the perception is a little clearer.

Three branches of government exist under our Constitution -- legislative, judicial, and executive. The legislative branch writes laws, the judicial branch interprets the laws, and the executive branch enforces the laws. Administrative agencies, such as the BNE, are within the executive branch. The legislature enacted chapters 301, 303, and 304 of the Texas Occupations Code, which are collectively known as the Nursing Practice Act (NPA). The legislature has delegated to the Board the responsibility of regulating the practice of nursing under the guidelines provided in the NPA. The following paragraphs will briefly outline how the BNE is designed to regulate the practice of nursing on behalf of the public and how the BNE ensures that practitioners licensed in Texas are providing competent nursing care.

The Board is made up of nine members who serve staggered six-year terms and are appointed by the Governor. Six members of the Board must be registered nurses and three of those members must be nurse educators. The remaining three members are consumer members who are valued for their practical input and layman's viewpoint of the practice of nursing. Presently, the BNE meets at least every three months to make the decisions that are required for it to function effectively. To enable the Board to carry out its everyday activities, it has a staff. This staff consists of approximately fifty-six (56) people who carry out the functions of enforcement, nurse practice and education, and general operations. The staff are employees of the State of Texas.

The enforcement department consists of approximately fourteen (14) investigators plus monitoring staff and administrative technicians. The investigators are required by law to inquire into all complaints that are submitted to the Board. Complaints which state a matter within the jurisdiction of the BNE are assigned to an investigator for development of the facts. Based on this investigation, a decision is made whether or not sufficient evidence exists to warrant further inquiry into a possible issue of non-compliance with the NPA and Board rules. Registered nurses must keep in mind that investigations are conducted from a perspective of protecting the public, and the investigators are responsible for gathering objective evidence on behalf of the public which is relevant to determining if there are any violations of the NPA. Most often, violations of the NPA are resolved short of revocation by BNE orders designed to redress any perceived competency shortfalls. Some orders require a monitoring period to verify future compliance with the NPA and nursing standards. The monitoring staff is responsible for keeping track of existing disciplinary orders and maintaining the records that support compliance or non-compliance with a Board order. Administrative staff in all areas of the agency provide invaluable support to ensure that the "wheels stay greased" and things go smoothly.

The professional nursing department is comprised of nursing consultants and administrative assistants who carry out the Board's responsibilities in the areas of nursing practice and education. Nursing practice develops continuing education workshops for nurses, deals with the various practice issues that arise in professional and advanced practice nursing, and approves advanced practice nurses who meet the Board's requirements. Through educational programs and workshops, the BNE further promotes the public interest by disseminating information necessary to educate registered nurses on the ever-changing standards of nursing. Some of the BNE nursing

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Legal Issues - continued from previous page

consultants concentrate mainly on the review and evaluation of nursing education programs for accreditation purposes. These evaluations assure the quality of educational curricula. Nursing programs which cannot consistently train qualified and competent nurse applicants may be subject to BNE imposed restrictions and could ultimately lose accreditation. The department is also responsible for: initial licensure of Texas graduates; graduates from other US states and territories; and graduates of foreign nursing education programs. The Professional Nursing Department also processes petitions for declaratory orders and requests for special accommodations for the NCLEX-RN® examination.

The operations department of the BNE includes four separate divisions: data processing, accounting, licensing, and customer service. Data processing maintains the BNE web site (www.bne.state.tx.us), provides computer support, maintains the RN master files for the agency, prints all licensure forms, and processes publication and computerized lists. The accounting division handles the everyday administrative and financial tasks for the staff and Board. Licensing processes applications which include initial licensure, renewals, endorsements, and reactivations. Finally, the customer service department for the BNE is just that. Staff in this area attempt to answer the vast amount of inquiries made to the agency. If they do not know the answer, they attempt to find someone who does. The Information Specialist generates the *RN Update*, tracks legislative bills when the legislature is in session, and oversees and produces all the other publications of the Board such as updated statutes and rules.

The agency also has an executive director and legal staff. The BNE's executive director, Katherine A. Thomas, MN, RN, oversees the staff and the everyday operations. She serves on numerous committees, appears before the legislature, and makes sure the agency complies with all the statutory duties required by the Nursing Practice Act and the Board's rules. The legal staff interprets the NPA for the BNE and its staff, helps in the investigatory process, and takes contested cases to hearing before the State Office of Administrative Hearings. Often the legal department is contacted by individual nurses who request legal advice regarding issues arising in their nursing practice. While the lawyers of the BNE may provide an interpretive opinion of the NPA, it is important that registered nurses understand that the legal counsel of the BNE may not lawfully represent a registered nurse or act as his/her lawyer.

In conclusion, the legislature has delegated to the Board the duty to protect the public by assuring that nurses are qualified to practice professional nursing, that they maintain their competency, and then comply with the standards of nursing practice. The Board's staff carries out the day-to-day operations of the Board. The staff can be reached by referring to the phone list on page 15 and calling the appropriate department. The web site and *RN Update* are helpful in providing access to the most current information, including meetings, rules, the NPA, position statements, forms, etc. If a nurse needs an advocate or legal advice, nursing professional associations exist whose sole function is to represent the interests of nurses.

New Peer Review Rules - continued from page 4

- **RNs no longer have to use the BNE form from our website to invoke safe harbor, but they must notify the supervisor and submit a written request for committee determination. Such written request must include information required by Rule 217.20(c)(3)**
- **Timelines that are outlined in statute or on the BNE form are now incorporated into the rule [Section 217.20(d)]**
- **The rule clarifies that invoking SH does not protect the RN from willful acts of misconduct [Section 217.20(e)]**

The new rules may be downloaded in their entirety via the BNE web site located at www.bne.state.tx.us. In conclusion, it is the Board's position that while reflecting the mission of the Board to protect the public, the new Rules 217.19 and 217.20 demonstrate a sensitivity to establishing regulations that serve to promote an unbiased, non-adversarial nursing peer review process.

TEXAS AMONG FIRST STATES TO AFFECT NURSE STAFFING - continued from page 1

which revealed that the number one workplace concern of RNs was inadequate staffing.

The work of the joint task force resulted in the new hospital nurse staffing rules. The task force consisted of nurses involved in direct patient care, chief nursing officers, nurse educators, hospital administrators and hospital human resource officers. The approach was to develop a set of principles that everyone could agree should apply to nurse staffing, and then to translate those principles into draft rules. Those draft rules were then submitted to the Texas Department of Health together with a request for the Board of Health to adopt them as rules. Working with TNA and THA staffs, the Department of Health developed proposed rules for public comment. After incorporating changes that resulted from the public comments, the Board of Health adopted final rules at its March 24th meeting. All Texas hospitals must be in compliance with the new staffing requirements no later than September 1, 2002, except for certain small, rural hospitals, which will have until April 1, 2003, to comply.

Content of Staffing Rules

The new rules rewrite the Department of Health Rule 133.41(o) that governs nursing services in hospitals. The content of the rules can be grouped into two parts. One part addresses staffing issues directly such as the content of staffing plans. The other part addresses related issues such as anti-harassment policies.

The new rules do two things: first, they spell out in some detail the criteria that must be met in staffing; and second, they provide a process that assures nurses have input into staffing decisions. More specifically, the rules require that:

1. Nursing services be under a chief nursing officer (CNO) who has a master's degree in nursing (or an equivalent master's) or is progressing under a written plan to obtain the nursing administration qualifications associated with a master's degree in nursing. The hospital's organizational structure must provide for the CNO to report directly to the CEO (or whatever individual is responsible for operation of the hospital) and to participate with leadership in planning, promoting and conducting performance-improvement activities. Certain small, rural hospitals are exempted from the CNO's educational preparation requirement.

2. There must be adequate numbers of RNs, LVNs and other personnel to provide needed nursing care including i) an RN being immediately available for bedside care, ii) an RN to supervise and evaluate the nursing care of each patient.

3. The nursing staff shall develop and keep current a nursing care plan for each patient.

4. Critical factors that must be used by hospitals in setting staffing levels include, i) patient characteristics and number of patients, ii) patient intensity, iii) scope of services provided, iv) context (architecture, technology available, etc.), and v) nursing staff characteristics (consistency, experience, number, competencies, support, etc.).

5. The hospital's process for setting staffing levels must include, i) setting presumptive staffing levels and recalculation at least annually, ii) setting staffing levels on a unit by unit basis or other appropriate bases, and iii) adjusting staffing levels on a shift to shift basis.

6. Hospitals must have a committee or subcommittee that develops, monitors and evaluates the nurse staffing plan. The committee must consist of at least one-third RNs who are in direct patient care for 50% or more of their time.

7. Hospitals must have a written staffing plan that, i) is consistent with BNE and BVNE standards of practice and reflects a review of national Codes of Ethics, ii) utilizes outcomes and nursing-sensitive indicators as an integral part in setting and evaluating adequacy of staffing, iii) incorporates a process for timely identification of staffing concerns that prohibits retaliation for reporting of staffing concerns and use of Safe Harbor Peer Review, iv) requires orientation and competency of nursing staff to all assigned units including floating and documentation of the orientation and competency of each nurse, v) requires documentation of need for and an action plan to reduce or eliminate mandatory overtime if it is used to meet staffing needs, and vi) annual review.

In addition to amending Rule 133.41(o) relating to hospital nursing services, the Board of Health made two other changes.

1. It strengthened the whistle-blower protections for RNs and other persons who report patient care concerns by including reporting, not only to state agencies, but also reporting to supervisors, hospital administrators and accrediting bodies. [TDH Rule 133.43(b)]

2. It added a requirement that hospitals must have written policies for identifying and addressing verbal or physical abuse or harassment of nursing staff by physicians or anyone with clinical privileges. [TDH Rule 133.45(f)]

A copy of the rules may be accessed at the Texas Nurses Association web site at www.texasnurses.org or at the Texas Department of Health web site at <http://www.tdh.state.tx.us/hfc/hnew%5F133.pdf>.



EDUCATION REPORT

By Sandra Owen, MN, RN



April 2002 Board Action

Based on a review of the 2001 Annual Report and NCLEX-RN® pass rates, continued Full Accreditation with Commendations for:

Associate Degree Nursing Programs:

Wharton County Junior College

Baccalaureate Degree Programs:

East Texas Baptist University

Houston Baptist University

Texas Christian University/Harris School of Nursing

Texas Women's University

University of Mary Hardin Baylor

University of Texas at Arlington

University of Texas at Austin

University of Texas Medical Branch at Galveston

Based on a review of the 2001 Annual Report and NCLEX-RN® pass rates, continued Full Accreditation with Commendations and Recommendations for:

Master's Degree Programs:

University of Texas at Austin (Alternate Entry MSN Program)

Based on a review of the 2001 Annual Report and NCLEX-RN® pass rates, continued Full Accreditation with Commendations and Requirements for:

Baccalaureate Degree Programs:

Midwestern State University

Stephen F. Austin State University

Tarleton State University

Texas A&M University at Corpus Christi

Texas Tech University Health Sciences Center

University of Texas Health Science Center at San Antonio

University of Texas Health Science Center at Houston

Based on a review of the 2001 Annual Report and NCLEX-RN® pass rates, continued Full Accreditation with no Recommendations and No Requirements for:

Diploma Programs:

Covenant School of Nursing

Associate Degree Nursing Programs:

Del Mar College

Based on a Review of the 2001 Annual Report and NCLEX-RN® pass rate, continued Full Accreditation with Recommendations for:

Associate Degree Nursing Programs:

Laredo Community College

Vernon Regional Junior College

Vernon Regional Junior College DEI at Sweetwater

Victoria College

Based on a Review of the 2001 Annual Report and NCLEX-RN® pass rates, continued Full Accreditation with Requirements for:

Associate Degree Nursing Programs:

Cisco Junior College

San Antonio College

Baccalaureate Degree Nursing Programs:

University of Texas at El Paso College of Health Sciences

Based on a Review of the 2001 Annual Report and NCLEX-RN® pass rates, continued Full Accreditation with Recommendations and Requirements for:

Baccalaureate Degree Nursing Program:

Lamar University at Beaumont

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HPC Offers Toll-Free Number for Complaint Forms

The Health Professions Council has a toll-free phone number for obtaining complaint forms to report inappropriate actions by Texas-licensed health professionals including Doctors, Physician Assistants, Therapists, RNs, and LVNs. The number is: **1-800-821-3205**.

EDUCATION REPORT

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Based on a Review of the 2001 Annual Report, NCLEX-RN® pass rate and a review of a Corrective Measures Report, changed the Accreditation status from Warning to Full with a Requirement to be met for:

El Paso Community College Associate Degree Nursing Program

Based on a review of the 2001 Annual Report, NCLEX-RN® pass rate, Review of a Self-Study Report, and a Survey Visit continued Initial Accreditation with Commendations, Recommendations and Requirements to be met and a Progress Report to be submitted for:

Weatherford College Associate Degree Nursing Program

Based on a review of the 2001 Annual Report, NCLEX-RN® pass rate, review of a Self Study Report, and Survey Visit, continued Full Accreditation with Commendations, Recommendations and Requirements to be met for:

South Plains College Associate Degree Nursing Program

Based on a review of the 2001 Annual Report, NCLEX-RN® pass rate, and Review of the DEI Enrollment at Harlingen, continued Full Accreditation with Commendation and Requirement to be met for:

University of Texas at Brownsville/Texas Southmost College

Based on a review of the 2001 Annual Report, NCLEX-RN® pass rate, and follow up report, changed the Accreditation status from Warning to Full with commendation and requirement to be met for:

Houston Community College Associate Degree Nursing Program

Based on a review of the 2001 Annual Report, NCLEX-RN® pass rate, and review of the DEI at Tomball, continued Full Accreditation with recommendation and requirements to be met for:

North Harris Montgomery Community College District Associate Degree Nursing Program

Based on a Site Visit Report and review of a Proposal, approved a Distance Education Initiative for: North Harris Montgomery Community College District in cooperation with Montgomery College Associate Degree Nursing Program

Approved Closure for:

University of Texas at El Paso Post Master's Adult Health Nurse Practitioner Program

Accepted a Survey Visit Report and issued commendations, recommendations, and requirements to be met for:

Southwestern Adventist University Associate Degree Nursing Program

Approved a Request for an Extension of an Acting Director for:

Lamar University at Beaumont Associate and Baccalaureate Degree Programs

Approved an Extension of a Waiver of an Acting Director for:

Tarrant County College Associate Degree Nursing Program

Texas Nurses Contribute to NCLEX-RN® Development

The Board of Nurse Examiners is pleased to announce the selection of the following registered nurses as participants in the NCLEX-RN® test development process: Rosemary Berumen of Temple, Exam Item Reviewer; Patti Clements of Texas City, Master Pool Review Alternate; Damon Cottrell of Denton, Examination Item Review Alternate; Valerie Rohde of Allen, Examination Item Reviewer; Benecia Scott of Nacogdoches, Examination Item Review Alternate; and Karen Weis of San Antonio, Master Pool Review member. By contributing their expertise, these RNs assisted the National Council of State Boards of Nursing to insure the inclusion of NCLEX-RN® content which is current, accurate, practice related and appropriate for an entry level practitioner.

IMPOSTOR WARNING

If you have any knowledge or information regarding the employment practices of the following individual(s), please contact the Board's Enforcement Division immediately, at (512) 305-6838.

Heather A. Cannatella

Heather A. Cannatella secured employment as a registered nurse with a staffing agency in Tyler, Texas. Ms. Cannatella was assigned to staff at a hospital and worked one shift (7p-7A) on January 15, 2002. The agency found out that Ms. Cannatella was not licensed to practice professional nursing in the State of Texas and terminated her employment. Ms. Cannatella also applied for a position as a registered nurse with a home health agency in Jacksonville, Texas; however they were not able to verify licensure and did not hire her. The information regarding Ms. Cannatella was referred to the Smith County District Attorney's Office.



Margaret Robinson a.k.a.: Margaret Bethel

Margaret Robinson secured employment as a registered nurse with several physician groups and physicians' offices during a period of time from January 1999 through February 2002. Ms. Robinson also applied for a position with a pediatric group and while they were checking the information on her resume they found that she was not licensed in Texas and has not graduated from a nursing program. The staff contacted the Board office and verified that Ms. Robinson was not licensed to practice professional nursing in the State of Texas. They contacted previous employers to verify the positions held and found that she had worked as a registered nurse since 1999. The information regarding Ms. Robinson was referred to the Collin County District Attorney's office.



Rebecca A. Sandifur a.k.a.: Becky Ann Sandefur

Rebecca A. Sandifur secured employment as a Billing Supervisor for a cardiovascular clinic in San Antonio, Texas on May 15, 2002. On her employment application, she indicated that she graduated from nursing school and held past clinical and administrative positions in the capacity of a Registered Nurse. In addition, Ms. Sandifur used "R.N." after her name on the resume she provided to the clinic. The clinic decided to verify her credentials and learned that she had never been licensed to practice nursing in the State of Texas. She was terminated on May 22, 2002 for falsification of information on her employment application. The information regarding the case was sent to the Bexar County District Attorney's Office.



NOTICE OF DISCIPLINARY ACTION

The following registered nurses had disciplinary action taken against their licenses. If you would like to receive additional information regarding the disciplinary action which has been imposed, please send your request to the Board of Nurse Examiners, Enforcement Division, P.O. Box 430, Austin, Texas, 78767-0430.

NAME	LICENSE #	DISCIPLINE	DATE OF ACTION
Adam, Patricia	581237	Warning with Stipulations	May 14, 2002
Alejandoro, Rita Z.	254397	Warning	June 11, 2002
Allen, Alisa Rose	548288	Warning with a Fine	May 14, 2002
Allen, Kelvin Douglas	664718	Remedial Education	March 14, 2002
Barnhart, Patricia Alene	550995	License Revoked	April 18, 2002

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DISCIPLINARY ACTION

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NAME	LICENSE #	DISCIPLINE	DATE OF ACTION
Belmares, James	516074	Remedial Education	March 29, 2002
Bernal, Juliet Octubre	613528	Warning with Stipulations	May 14, 2002
Brown, Mark L.	550609	Warning with Stipulations	April 18, 2002
Bull, Larry George	618822	License Revoked	April 18, 2002
Cabrera, Robert A.	603129	Suspend/Probate	May 14, 2002
Carampatan, Ma Francisca G.	577165	Remedial Education	April 11, 2002
Carriere, Shelley R.	500102	Warning with Stipulations	April 18, 2002
Carter, Ronda Kay	599421	Remedial Education	May 17, 2002
Cawood, Amy Christine	611145	Warning with Stipulations	June 11, 2002
Celestine, Anne Ruth	249943	Remedial Education	April 4, 2002
Chapin, Connie Lynn	662722	Remedial Education	April 15, 2002
Cornwell, Alecia Dawn	255279	Reprimand with Stipulations	May 14, 2002
Davis, Vicki Dianne	673857	Fine & Remedial Education	April 18, 2002
Dixon, Shanta	663080	Warning with Stipulations	June 11, 2002
Elrod, Stacey Lynne (Perez)	632961	Suspend/Probate	April 18, 2002
Fears-Graham, Donna G.	453901	Remedial Education	May 2, 2002
Funtanilla, Elizabeth Sanchez	571859	Warning with Stipulations	April 18, 2002
George, Rosamma Thomas	452295	Reprimand with Stipulations	May 14, 2002
Gietl, Steven	632061	License Revoked	April 18, 2002
Greenway, Randall Todd	663022	License Revoked	April 18, 2002
Griego, Rebecca	637027	Warning with Stipulations	June 11, 2002
Griffin, Thomas	653232	Warning with Stipulations	April 18, 2002
Haynes, Patrick Lewis	607564	License Revoked	May 14, 2002
Hill, Kenneth Wayne	606471	License Revoked	April 18, 2002
Karl-Meacham, Bonnie	642564	Remedial Education	March 14, 2002
Kelley, Hazella	583123	Remedial Education	April 16, 2002
Kittrell, Jerry Lynn	649899	License Revoked	April 18, 2002
Liebling, Shelley (Sara) Lynn	550121	Reprimand	April 18, 2002
Luna, Maria A.	540854	License Revoked	April 18, 2002
Lyssy, Janet L.	517433	Remedial Education	March 19, 2002
Mabry, Donnie Alene	520763	License Revoked	April 18, 2002
Marr, Jacqueline	587071	License Revoked	April 18, 2002
McNeece, Linda S.	631529	Reprimand with Stipulations	May 14, 2002
Millender, Cheryl Ann	539394	Remedial Education	April 29, 2002
Mills, Lindy Laine	664543	Remedial Education	March 19, 2002
Mixon, Kathy Rudd	592753	License Revoked	April 18, 2002
Monroe, S. Mark	612854	License Revoked	April 18, 2002
Morgan, Evelyn Faye	526645	Warning with a Fine	May 14, 2002
Moskal, Jean M.	541077	Warning with Stipulations	May 14, 2002
Muguluma, Elizabeth	614155	Reprimand	May 14, 2002
Neubauer, Anne Morris	234957	License Revoked	April 18, 2002
Owens, Lois	636517	Remedial Education	April 18, 2002
Paganucci, Wanda	656671	Remedial Education	March 11, 2002
Peralta, Roniece Jean	461959	License Revoked	April 18, 2002
Phillips, Sabra J.	526484	Warning with Stipulations	May 14, 2002
Potter, Kamala Lynn	666187	Fine & Remedial Education	March 29, 2002
Rains, Christina	658757	Warning with Stipulations	April 18, 2002
Reece, Deborah Susan	510615	License Revoked	April 18, 2002
Riggins, Gloria L.J.	430169	License Revoked	April 18, 2002
Riley, Mary Krista	455715	Warning with Stipulations	April 18, 2002
Rivera, Janie B.	525343	Warning with Stipulations	April 18, 2002
Romero, Connie K. Wilson	229394	Warning with Stipulations	April 18, 2002
Sadka, Barbara Ann	620078	Reprimand with Stipulations	April 18, 2002

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DISCIPLINARY ACTION

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NAME	LICENSE #	DISCIPLINE	DATE OF ACTION
Samuel, Susan J.	446568	Remedial Education	May 24, 2002
Schaefer, Brenda S.	541280	Warning with Stipulations	May 14, 2002
Simpson, Marilyn Evelyn	600931	Remedial Education	April 18, 2002
Smithers-Ferguson, Alissa A.	621239	Warning with Stipulations	May 14, 2002
Sparks, Shelley M.	532977	Fine & Remedial Education	April 17, 2002
Spurlock, Mary Cassandra	559813	Reprimand with Stipulations	May 14, 2002
Stoehr, Barbara Ann	449561	License Revoked	April 18, 2002
Tangney, Mari Jo	607107	Warning with Stipulations	May 14, 2002
Taylor, Laura J.	506056	Warning with Stipulations	April 18, 2002
Thomson, Margaret Faith	456401	License Revoked	April 18, 2002
Turner, Kelly Sue	522716	Limited License w/ Stips	April 18, 2002
Varner, Karen Anne	555947	Warning with Stipulations	May 14, 2002
Wagner, Patricia Gail	450100	License Revoked	April 18, 2002
Walker, Sherri	633198	Warning with Stipulations	May 14, 2002
Wallace, Debra M.	253524	Remedial Education	May 17, 2002
Weaver, Jill M.	544238	Remedial Education	May 14, 2002
Windholz, Mary A. Nixon	421796	Remedial Education	March 20, 2002
Wright, Sherrie Nelson	567913	Suspend/Probate	April 18, 2002
Ybarra, Silvia	590284	Warning with Stipulations	May 14, 2002

VOLUNTARY SURRENDERS

The following individuals have voluntarily surrendered their license to practice professional nursing in the State of Texas.

NAME	LICENSE #	DATE OF SURRENDER
Ashley, Michael C.	225874	April 15, 2002
Bamonte, Michael Paul	636315	April 29, 2002
Barron, Joann Therese	608603	March 22, 2002
Biggs Jr., George Nathan	434759	March 19, 2002
Brown, James Wayne	228417	May 24, 2002
Bukowsky, Kelly Suzanne	577130	April 9, 2002
Buster, Patricia Louise	564317	April 1, 2002
Chalfant, Jean Paula	657009	May 2, 2002
Combs, Dana Marie	567521	March 20, 2002
Fielder, Melanie Dawn	582352	May 17, 2002
Fillingim, Jacqueline	563472	April 1, 2002
Garcia, Omar Rene	582460	March 15, 2002
Garcia, Victor M.	547397	April 3, 2002
Goodge, David Ray	582570	April 1, 2002
Haynie, Craig A.	659995	March 27, 2002
Holden, Debra Kay	592216	March 18, 2002
Jones, Gary Beecher	223827	April 18, 2002
Kennison, Victoria	647597	April 26, 2002
Krempel, Marco	631488	June 6, 2002
Lawson, Lana Jo	595593	May 14, 2002
Matter, Scarlet Lenare	583500	April 4, 2002
McDermott, Donna Lynn	661622	April 4, 2002
McManus, Elaine M.	436093	April 1, 2002
Patton, Elizabeth R.	237969	May 3, 2002
Ragan, Angela Lynn	604944	March 27, 2002
Saldana, Michele Donier	606328	April 10, 2002
Sarvis, Lucy Dorsey	518094	April 5, 2002
Scallan, Gerald David	589905	June 12, 2002

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VOLUNTARY SURRENDERS

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NAME	LICENSE #	DATE OF SURRENDER
Smith, Terri Dianne	601815	May 9, 2002
Snyder, Rhonda Kaye	575391	April 5, 2002
Starbuck, John M.	620638	April 22, 2002
Tanner, Lesa Ann	642774	April 4, 2002
Teed, Elspeth Ann	598447	April 23, 2002

If a Tree Falls in the Forest . . . ?

by Michael Van Doren, RN, MSN, CARN

The old saying or questioning could very well apply to nurses with chemical dependency or mental illness. Numbers of nurse fall out, sometimes at death's doorstep or actually dead while others are literally falling down while working beside us. If there is no one present who is informed regarding chemical dependency or mental illness, too often no one will hear the crashing of yet another nurse to the floor. It's not for lack of caring, goodness knows we know all too well about caring. It's about knowing so that we can care more appropriately when it comes to our chemically dependent or mentally ill nurse colleagues.

Many who walk the path of chemical dependency or mental illness recovery, e.g., graduates of TPAPN, come to volunteer with the program as a means of giving back. They know the path is fraught with unseen challenges and triumphs. For others who are not chemically dependent or mentally ill, advocacy is one of the best ways to know about these diseases and how they affect our profession. An advocate can help your organization ensure that those who begin to fall due to chemical dependency or mental illness will be heard.

Every day, seven days a week, the Texas Peer Assistance Program for Nurses or TPAPN, the confidential and voluntary alternative to board investigation and possible licensure action, receives an average of two appropriate referrals for nurses with chemical dependency and/or mental illness. And at least that number of referrals come to TPAPN every day that are not appropriate or eligible. But for every nurse who is referred *and* participates, one of the keys to having a successful outcome is the assistance that comes in the form of another living, breathing, knowledgeable and caring nurse: a TPAPN advocate.

Currently, of the 553 nurses (RNs and LVNs) actively participating in TPAPN, 59 do not have an advocate. Suffice it to say having a local resource to connect with and receive support from can mean a big difference in the outcome of these diseases - but not just for the nurse. By virtue of their expertise and special relationship with TPAPN, advocates can be primary facilitators for addressing individual or organizational needs pertaining to the chemically dependent or mentally ill nurse. While holding the hand of the recovering chemically dependent or mentally ill nurse, the TPAPN advocate can also be present to assist employers with information about the disease, reducing potential for harm and increasing staff morale by engaging in dialogue and education. And there is always a great need for more advocates, as any of the 59 nurses who are presently without one will attest.

Advantages to becoming an advocate include the following: 1) receiving up to 14 CNE Type I contact hours, (FREE!) by attending TPAPN's annual workshops; 2) becoming a resource on peer assistance for your organization; 3) advancing your career by virtue of your service to the profession and community; 4) providing 1 to 2 CNE Type I contact hours on peer assistance to nursing colleagues in your area; and 5) gaining greater satisfaction with your profession and your life by virtue of what you have received through the trials and tribulations of other nurses who are working a recovery program.

To paraphrase what many an advocate has said, "I came in to this (TPAPN) not knowing much, not knowing what to expect, except that I would be willing to give some of my time in order to help others . . . but what I have gained is immeasurable. I have seen nurses who might not have been heard or seen, much less retained because of their disease, become even better nurses and people. And I have become richer for bearing witness to that change." For more information, contact TPAPN at 1-800-288-5528 ext. 105 or visit us on the web at: www.texasnurses.org .

Mike Van Doren is Program Director for the Texas Peer Assistance Program for Nurses (TPAPN)

Insignificant Funds

As of June 21, 2002, the following nurses appear on the records of the Board of Nurse Examiners as debits for failure to respond to notices of returned checks. Should any of these nurses be employed or seeking employment with your agency/institution, please contact the Board's office. If any of these nurses are practicing in Texas as a registered nurse, they may be in violation of the Nursing Practice Act and may be subject to disciplinary action by the Board.

NAME	LICENSE #	NAME	LICENSE #
Allen, Julie Ann	RN 623827	Meyers, Stephanie	RN 655919
Chavez, Giomar	RN 686083	Oanta, Daniela	TL 83765
Dunlap, Kimberly Alison	RN 665696	Quillin, Rhonda	RN 238758
Edgar, Mildred A	RN 509650	Roberts, Lydia Medrano	TL 84205
Mahan, Debra	RN 527930		

CORRECTION:

In the April 2002 issue of the *RN Update*, **Cynthia Wallace, License Number 644258** was erroneously listed as having voluntarily surrendered her license to practice professional nursing in the State of Texas. Ms. Wallace did not surrender her license, she is currently licensed and in good standing with the Board.

Change of Address

Last Name: _____
First Name: _____
Middle Name: _____
SSN: _____ / ____ / ____
RN# _____
Today's Date: _____

Old Address:

Address _____

 City _____
 State _____ Zip _____

New Address:

Address _____

 City _____
 State _____ Zip _____

Mail to: Board of Nurse Examiners
 P.O. Box 430
 Austin, TX 78767-0430

or
 e-mail information to:
webmaster@bne.state.tx.us

Workshop Update

***Overview of Current Regulations:
A Foundation for Safe RN Practice***

Three workshops addressing nursing jurisprudence issues are currently scheduled:

**Amarillo - July 17, 2002
Houston - October 3 & 4, 2002***

The workshop has been approved for 6.4 Type 1 contact hours. The workshop fee is \$70 for pre-registration and \$85 at the door.

Registration Information

Brochures/registration forms will be available with pre-registration accepted **six weeks** prior to the workshop, and is always encouraged since space is limited. Payment *must* accompany the registration form, so registration cannot be taken over the phone, e-mail, or fax. If you do not receive a brochure and registration form by five weeks prior to the workshop, you may download one from our website or request one by contacting us. Our phone number for workshop information is (512) 305-6844 and e-mail address is <Tiffany.Flores@bne.state.tx.us>

* Houston dates are tentative and subject to change.

BNE HELPFUL NUMBERS

MAIN NUMBER.....(512) 305-7400

- 24 Hour Access
- License Verification
- General Information

OPERATIONS

CUSTOMER SERVICE.....(512) 305-6809

- License Renewals
- Endorsement/Reciprocity
- Continuing Education for RNs

ACCOUNTING SERVICES.....(512) 305-6853

- Returned checks
- Refunds
- Debits

SALES OF LISTS.....(512) 305-6848

- Computerized RN mailing lists or labels
- Publications

NEWSLETTER INFO.....(512) 305-6842

WEB Address.....www.bne.state.tx.us

- Refer e-mail inquiries to:
webmaster@bne.state.tx.us

ENFORCEMENT.....(512) 305-6838

- Complaint and disciplinary action inquiries
- Violations of NPA rules and regulations
- Monitoring of disciplined RNs

PROFESSIONAL NURSING

ADVANCED PRACTICE.....(512) 305-6843

- APN application and Prescriptive Authority procedures
- Application Requests.....(512) 305-6867
(Voice Box Only)

- Initial Authorization to Practice
- Prescriptive Authority

EDUCATION & EXAM.....(512) 305-6818

- RN/APN nursing programs
- Distance Education Initiatives
- NCLEX-RN applications
- Graduate Nurse permits
- Declaratory orders

NURSING PRACTICE.....(512) 305-6844

- Nursing practice issues
- Legislation
- Workshop Information



The purpose of the *RN Update* is to disseminate information to registered nurses licensed by the State of Texas, their employers, health care providers, and the public concerning laws and regulations established by the Board of Nurse Examiners related to the safe and legal practice of professional nursing. The *RN Update* provides information on current issues and trends in nursing regulation, status of nursing education programs, information regarding licensure and nursing practice, and disciplinary action taken against licensees who violate the Nursing Practice Act.

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Office Hours and Location

The Office of the Board of Nurse Examiners is located in The William P. Hobby Building, located at the corner of 4th and Guadalupe in downtown Austin. The mailing address is P.O. Box 430, Austin, Texas 78767-0430. Office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday, except for designated holidays.

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Board Meeting Schedule - 2002

July 25-26

October 24-25

Meetings to be held in Austin

Board of Nurse Examiners
for the State of Texas
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