

The Bulletin

The Official Publication of the North Carolina Board of Nursing.



Equity. Integrity. Agility.



The Bulletin

The Bulletin is the official publication of the North Carolina Board of Nursing.

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Mission

Protect the public by regulating the practice of nursing.

Vision

Exemplary nursing care for all.

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The Bulletin is published three times a year by the NCBON. In compliance with the Americans with Disabilities Act, this publication may be requested in alternate formats by contacting the Board's office.



Crystal L. Tillman
Chief Executive Officer

message from the

CEO

“There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things.”

– Niccolo Machiavelli

Change is about forging a path for a transformation. Nurses have a unique skill set to navigate change from an emergency with a patient status to implementing a new documentation system.

The NC BON has changed since the last issue of *The Bulletin*. After the transition of our logo, representing the inter-connectivity of our state, the website was updated to provide our users with more efficient access to the information available. Brad Gibson, Communications Team Member, provides details of this upgrade on page 10.

During the May 2024 Board Business meeting, I presented the newly developed CEO Regulatory Report. This report provides the public with data related to Board activities for the previous quarter which support the Mission, Vision and Values of the organization. A summary of the report is available on page 4 along with a link to the Board Business meeting on YouTube. At each Board meeting, I will highlight information to showcase how the Board meets its mission of public protection. We are continually looking for opportunities to streamline the work of the Board in meeting its mission. At the end of June 2024, we will transition away from providing continuing education contact hours. We hope the nursing community learned more about our profession, regulation, and the Board during the years these were offered.

Over the past couple of months, NC BON Staff have engaged with multiple stakeholders about developing a pathway to introduce the nursing profession in high schools. Two community colleges have become early adopters of this pathway, Gaston College and Surry Community College. This initiative will support the recent recommendations made by the [NCIOM in the May 2024 report](#). This is an exciting pathway for high school students with a goal of expanding the option of attending a nursing program to more students.

As with every Summer Issue of *The Bulletin*, the slate of candidates is provided for your review. NC BON received no candidate submissions for the RN – Practical Nurse Educator position for the 2024 Election of Nurse Members. The seat will be vacant beginning January 1, 2025. The position will be available in the 2025 Election of Nurse Members for a beginning term of January 1, 2026. I hope you will take the time to review the candidates and cast your vote. Elections will be open from July 1st to August 15th. The directions for voting in the 2024 election are located on page 16. Thank you for your dedication to providing exemplary nursing care for all!

Crystal L. Tillman, DNP, RN, CPNP, PMHNP-BC, FRE
Chief Executive Officer





Regulatory Report: A Snapshot in Time

The Regulatory Report supports the NCBON's Mission, Vision, and Values	
MISSION	Protect the public by regulating the practice of nursing
VISION	Exemplary nursing care for all
VALUES	Equity – we are committed to fairness and justice
	Integrity – we act in good faith in protecting the public
	Agility – we are responsive to emerging healthcare trends
<i>Data reflects regulatory activities for Jan 2024 – April 2024</i>	

Dr. Crystal Tillman presented the newly developed CEO Regulatory report at the May 23rd Board Business meeting. The report was developed to provide data regarding the activities of the full Board which support the Board's Mission, Vision, Values, and Strategic Plan.

The data provided reflects the major initiatives of the NCBON in protecting the public as follows:

- **Laws, Rules, and Legislation:** amendments to Chapter 36 regarding Education and Nurse Practitioner Rules, permanent rule-making for Chapter 33 Midwifery Joint Committee, and monitoring of legislative activities related to nursing;
- **Education:** programs to include program approvals by program type and enrollment expansions by seat capacity and program type;
- **NCLEX:** NCLEX statistics revealing that LPN and RN NC pre-licensure programs are outperforming the national pass rate;
- **Licensure:** data regarding exam, endorsement, reinstatement, and renewals for both LPNs and RNs and data for APRNs, NAIIs, and Retired Nurses;
- **Practice:** trends in inquiries received related to LPN and RN scope of practice and the number of SANE Programs approved and renewed;
- **Investigations:** cycle times per allegation, complaints by license type, and volume of open cases;
- **Legal:** resolution of cases for Licensure Review Panel, Settlement, Hearings, and Joint Sub Panel; and
- **Monitoring:** active participants by program type.

To view the CEO's report from the May Board Meeting, visit our YouTube channel at

<https://ncbon.info/regsnapshot>.



message from the

Board Chair



LaDonna Thomas
Board Chair

It is a blessing to offer you warm greetings once again as Chair of the North Carolina Board of Nursing (NCBON). As a nurse leader in this role, it is with confidence that I assure you, in collaboration with our outstanding and well-informed Board members, and NCBON staff, we are a working Board continuing to make momentous strides in fulfilling the responsibility to uphold the Board's values of equity, integrity, and agility. We are also committed to the Board's Mission to protect the public by regulating the practice of nursing and adhering to the Board's vision of exemplary nursing care for all. It is important to reiterate the Board's mission, vision, and values, as this should be embedded and at the forefront of our practice daily. Additionally, I hope that you have had the opportunity to view the newly improved NCBON website. I think you will find the enlarged menu headings user-friendly, making it easier to navigate.

Another topic I would like to bring to your attention is the most recent recommendations by the North Carolina Institute of Medicine (NCIOM) Task Force** on the Future of the Nursing Workforce. In efforts to reverse the disturbing trends of the nursing shortages, among other issues producing a serious challenge for our landscape in healthcare, the NCIOM outlined key actions to build a strong workforce for the future:

1. Develop a strong and diverse nursing workforce that is representative of the communities served and is prepared to meet the growing healthcare needs of North Carolinians.
2. Enhance the educational and career advancement of nurses through all stages of their careers, particularly those serving in practice environments experiencing persistent shortage.
3. Ensure a workplace culture that values the physical and psychological safety and well-being of nurses.
4. Expand the role of nurses in leadership, shared decision-making, and team communication.
5. Improve retention of nurses in practice environments with high rates of turnover or vacancies by addressing work environment issues such as workloads and offering flexibility in scheduling.

***The recommendations were obtained from the North Carolina Institute of Medicine (NCIOM) Task Force on the Future of the Nursing Workforce. The full text of the NCIOM report is available online at <http://www.nciom.org/publications>. North Carolina Institute of Medicine. Time for Action: Securing A Strong Nursing Workforce for North Carolina. Chapel Hill, NC: North Carolina Institute of Medicine; 2024.*



6. Equip nurses and the public to be strong advocates for nursing and health care improvement.
7. Quantify the value of nursing care.
8. Optimize payment for healthcare services to support nursing care.

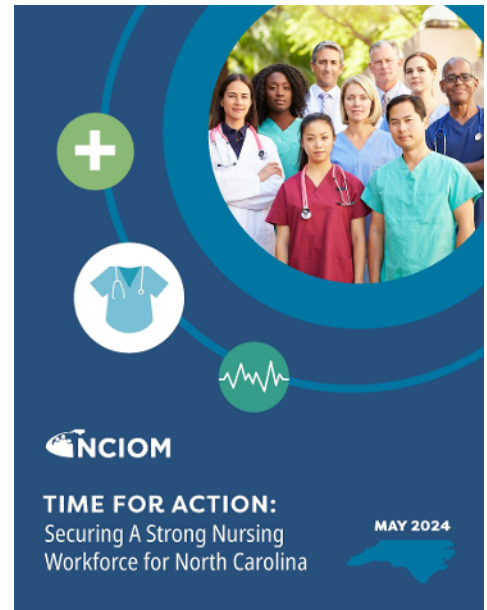
Reiterating the message from the Winter 2024 NCBON issue of *The Bulletin*, the inspirational quote that I hope resonated is that “There will be more in 2024”.

Implementing the recommendations from the NCIOM will provide more for nurses, not only in 2024, but beyond. Acknowledging and implementing the recommendations would provide a meaningful concomitant impact on the forward progression and future of the nursing workforce.

Finally, as we enjoy these warm months, to avert burnout from any challenges faced in the workforce, I strongly encourage you to take time to reflect and engage in activities that bring you joy and laughter. Spend time with family and friends, implement self-care routines more often, travel, read, and enjoy life. Your patients are depending on you to show up and be the best version of yourself each day. The best way to do this is to first care for yourself, then you will be able to focus on helping others who need you the most your patients.

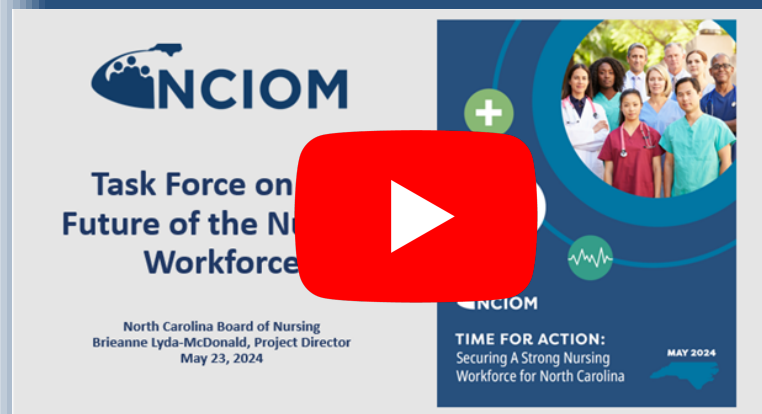
Stronger together as one in nursing!

LaDonna Thomas, DNP, ANP-C, VHA-CM, FFMRC SI, FCN
Board Chair



[Click image to view entire report](#)

During the May 2024 Board Meeting, Brienne Lyda-McDonald, MSPH, Project Director for the North Carolina Institute of Medicine provided an overview of the report. View the presentation here:





Veteran Affairs Nurse Practitioner Full Practice Authority Successfully Sustained: How it Started and How it's Going!

**Author: LaDonna C. Thomas, DNP, ANP-C, VHA-CM, FFMRCIS, Faith
Community Nurse (FCN)**

In the Summer 2020 edition of the *The Bulletin* published by the NCBON, the article written by current NCBON CEO, Dr. Crystal Tillman and current NCBON Chair and Lead Nurse Practitioner for the Durham VA Health Care System (DVAHCS), Dr. LaDonna Thomas, titled “*Veteran Affairs Nurse Practitioner Full Practice Authority*” was the beginning of the implementation process for Full Practice Authority (FPA). Dr. Thomas is responsible for implementing and sustaining FPA at the DVAHCS as well as assisting other North Carolina VA facilities within Veterans Integrated Service Network (VISN-6) with FPA implementation. To recap, on December 14, 2016, the Department of Veterans Affairs (VA) published a final rule to amend medical regulations, permitting Full Practice Authority (FPA) to Advanced Practice Nurses (APNs) when practicing within their scope of VA employment. The final rule became effective on January 13, 2017, and granted FPA to three of the four recognized APN roles, which are Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), and Certified Nurse-Midwives (CNMs). The APN role of Certified Registered Nurse Anesthetists (CRNAs) was not included in the final rule. The Final Rule authorized APNs to practice to the full extent of their education and training without physician supervision (Department of Veteran Affairs, 2019). The rule takes precedence over individual state laws regulating APN’s scope of practice and was implemented for all VA facilities by September 30, 2020. However, FPA is subject to limitations imposed by the Controlled Substances Act, 21 U.S.C. 801 et seq., which is enforced by the Drug Enforcement Administration (DEA). Since the DEA and the VA are both Federal entities, VA must abide by DEA regulations regarding prescribing controlled substances, which includes adhering to individual state laws. Therefore, because laws differ from state to state, implementation of FPA will vary in terms of prescribing controlled substances.

In reference to the ongoing memes seen on many social media platforms of the before and after pictures of individuals and/or situations with the caption, “how it started vs how it’s going,” it seems fitting in aligning with the memes that we describe how VA FPA started, and how it's going now that it has been four years of successful sustainability.



How it started: APNs in the VA have been fully credentialed as Licensed Independent Practitioners (LIPs) and are held to the same identical rigorous credentialing and privileging process as physicians, safeguarding ongoing success of all LIPs within the VA system. The APNs transitioned from using comprehensive collaborative practice agreements (CPAs) to using privileges. To meet Joint Commission Standards, as with all providers in the VA, the privileges are initially monitored through the Focused Professional Practice Evaluation (FPPE) and subsequently an Ongoing Professional Practice Evaluation (OPPE). The FPPE is a structured methodical peer reviewed process certifying that there is sufficient information available to evaluate a provider's professional competence. The OPPE process is a summary of ongoing peer reviews where data are collected to assess a provider's clinical competence and professional behavior.

How it's going: As a result of FPA within the VA, there is no data to support a decline in the quality of care delivered by APNs. Additionally, regarding the VA facilities in North Carolina, NP data from the NCBON did not reveal an increase in complaints, safety concerns or disciplinary cases as a result of VA APNs becoming LIPs (A. Matthes, personal communication, April 10, 2024).

Not only did the most recent Gallop Poll, once again, reveal that nursing has been voted the most ethical and honest profession, but a randomized study to find out what happens when primary healthcare services are delivered by nurses instead of doctors proved that care delivered by nurses, perhaps leads to similar or better health outcomes for a broad range of patient conditions (Laurant, et al., 2018). Regarding ongoing and urgent physical complaints and chronic medical conditions, it was identified that skilled nurse practitioners, and registered nurses, provided equal or possibly even better quality of care compared to primary care doctors. The review outlined that nurses achieve equal or better patient health outcomes. Additionally, nurse-led primary care may lead to slightly fewer deaths among certain groups of patients, compared to doctor-led care. Patient satisfaction and quality of life are almost certainly slightly higher in nurse-led primary care areas. Laurant et al. (2018) confirms, just as the aforementioned data for VA NPs confirmed, nurse practitioners are providing safe and efficient care for their patients.

A Veteran once asked, "If the VA, which is the largest integrated health care system and a system which cares for our Veterans (individuals who fought for our country), can allow APNs to practice to the top of their scope and care for Veterans, then why shouldn't this be allowed for all APNs in NC?" Just as one ripple in a pond produces a wide range of subsequent ripples, the mere introduction of FPA in the largest integrated health care system creating the first ripple effect is profound. The VA has revolutionized APN practice with removing barriers. The next ripple is the hope that all APNs in North Carolina will

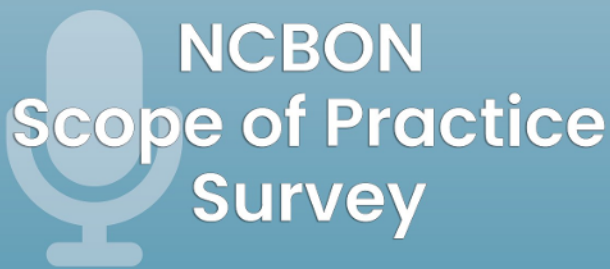


benefit from FPA, just as the APNs have within the VA, allowing all APNs to practice to the full extent of his/her education and training. It is the desire that the ripple effect will continue to expand in efforts of encompassing other positive changes in regulation for the nursing profession in the future.

REFERENCES

Department of Veterans Affairs (2019). *Implementation Guidance for Veterans Health Administration (VHA) Directive 1350, Advanced Practice Registered Nurse Full Practice Authority*. Washington, D. C.

Laurant, M., Biezen, M., Wijers, N., Watananirun, K., Kontopantelis, E., Vught, A.J. (2018). Nurses as substitutes for doctors in primary care. *Cochrane Database of Systematic Reviews*, 7(7), 1-108: <https://doi.org/10.1002/14651858.CD001271.pub3>



NCBON Scope of Practice Survey

Scope of Practice Survey 2024

Author: Sara Griffith, Chief Nursing Officer

On March 8, 2024, the North Carolina Board of Nursing (NCBON) sent a survey to all licensed nurses in North Carolina, posted the survey on

social media, and encouraged nurses to share the survey with their interdisciplinary team members.

The goal of the survey was to obtain information that would assist with development of educational materials and to answer questions that nurses or members of the interdisciplinary team had about the scope of practice for LPNs and RNs. The survey consisted of a total of 11 questions and utilized branching logic to direct specific questions for LPNs, RNs, and members of interdisciplinary team. The survey closed on March 31, 2024.

There was an overwhelming response to this survey with over 5,000 responses.

Additionally, over 300 nurses requested information on specific questions related to scope of practice. The practice department staff are responding to each of these questions.

A highlight of the responses to the survey: When asked *based on your license type, do you understand your scope of practice*, 96% indicated understanding the scope of practice for their license. RNs were asked *do you understand the scope of practice of the LPN*, 24.4% indicated no.

NCBON thanks each person for responding to this survey.

If you have further questions about nursing practice or scope of practice for the LPN or RN, please contact practice@ncbon.com. If there are questions related to APRN Practice, please contact aprnpractice@ncbon.com.



NAVIGATING CHANGE

A New Look for NCBON.com



No Place Like Home

Our website is the best resource for information regarding nursing regulation and licensure in North Carolina. However, that information is vast and, at times, confusing. Because of this, we have done our best to refresh our website in a way that delivers this information in an easier to navigate format.

Starting at the top, we have a headline that can be changed to display important updates. Beside that are quick links to the **Nurse Portal**, **Program Director Portal**, Contact page, and our Social Media pages.

Regardless of where you are on our website, clicking our logo will bring you to the homepage.

Not sure where to find what you're looking for? Try the search bar on the top right of the page to scour our website.

Next is the Mega Menu -- but we'll come back to that later.

Below the Mega Menu is our marquee. This rotating banner will display brief information of interest or "news" coming from the NCBON. Clicking the button on the displayed marquee will take you to additional information.

Below the marquee, we have an assortment of buttons. The teal button is another way to get to the **Nurse Portal**. The four purple buttons below will take you to Verify a License, Continuing Competence, Filing a Complaint, and the Discipline Actions Log pages.

Beside the buttons is our calendar of events showing upcoming events that are open to the public. Clicking the associated + button will give you more information about the event or a link to take you to more information.

In light gray, we have Licensure Statistics. These statistics are updated hourly.

In the News & Publications section, you'll find quick links to our publications: Recent News, The Bulletin, and the Education Communique (specific for Program Directors).



Licensure	Education	Practice	Investigations	Compliance	Board Info
LAWS & RULES > Administrative Code > Badge Law/License Required & Exceptions > Practice Acts > Position Statements & Decision Trees > Proposed Rule Changes GOVERNANCE > Board Members > Board & Committee Meetings > Board Minutes > Strategic Plan > Policy Activities ELECTION > General Information/State Ethics Act > Nomination > Qualifications	PUBLICATIONS > Annual Report > Education Communiqué > The Bulletin NEWS & EVENTS > Recent News > Upcoming Events STATISTICS > Data Request > Licensure Data > NC Nursecast > NCLEX Pass Rates > Nursing Education Statistics	CONTACT INFO > Our Office > Staff Directory > Communications from the NCBON > Email Us > Employment Opportunities	FREQUENTLY ASKED QUESTIONS > CSRS > Complaints > Criminal Background Check > Disaster Relief in NC > Education > Investigation & Resolution > Licensure by Examination > Nurse Aide II > Nurse Licensure Compact > Nurse Portal > Nurse Practitioner > Practice > Renewal/Reinstatement > Sexual Assault Nurse Examiner > Verify a NC License		

The Mega Menu

What is a Mega Menu? A Mega Menu is a heads-up display of all the pages on our website. On our previous website, we had layers of menus that, while made for some organization, made it difficult to find exactly what was needed.

With our new website and the implementation of a Mega Menu, every page on our site is visible under a specific heading: Licensure, Education, Practice, Investigations, Compliance, and Board Info. By hovering over each heading, you will see sub-categories and the pages under those sub-categories.

By displaying our full website to you in this manner, we believe navigation to the desired section will be easier than ever with a fewer number of clicks -- and you may even find some new information along your journey.

A Job, Well... Not Quite Done

While we are pleased (and hope you are as well) with our new website, we know that this job is never quite complete. We will continue to listen to feedback from all sources to improve our website.

Have feedback? We'd love to hear it!

If you have feedback regarding our website, please submit it to media@ncbon.com.



Brad Gibson

Communications
Team Member



Message From The Editors

RECEIVE

The North Carolina Board of Nursing (NCBON) publishes *The Bulletin* three times per year; February, June, and October. *The Bulletin* is disseminated to all North Carolina licensed

nurses via the email address you list in the Nurse Portal, shared via @NCNursingBoard social media platforms, and posted to the NCBON website.

If you have not received a publication or communication from the NCBON, you may have unsubscribed from the email distribution list. If you think this has occurred and would like to be added back to the email distribution list, please email publications@ncbon.com with a request to be added back to the email distribution list for *The Bulletin*. If there is an error in your email address like *jon.d.nurse@gamil.com*, this could also result in not receiving communications from the NCBON.

Previously all the content in *The Bulletin* was written by NCBON staff. Over the last year, NCBON has received multiple inquiries expressing interest from members of the community on how to submit articles/content for publication.

In response to these inquiries, the NCBON developed a process to review topics and provide information for potential authors. The potential authors would receive information on submission guidelines, the date for submission, and a copyright agreement.

CONTRIBUTE

GET PUBLISHED

If you are in a graduate-level nursing program that requires the publication of a project, this is an opportunity for you to have your work published.

The mission of the NCBON is to protect the public by regulating the practice of nursing. The vision is exemplary nursing care for all. With this as the focus of our publications, the article topics should have a link to patient safety.



The NCBON looks forward to hearing from NC Nurses who are interested in submitting content!



RN Staff Nurse (2)



Angela Moore

Pursuing a Doctorate in Nursing Practice at Chamberlain University, I offer three decades of healthcare experience. Currently, as Clinical Quality Coordinator at Cone Health since 2011, I champion system-wide quality across four hospitals. Previously, I led in specialized medical-surgical units, focusing on cardiac and urology. Since 2013, I've taught as an Adjunct Clinical/Online Instructor at Alamance Community College. My academic journey includes an MBA and MHA from Pfeiffer University, an MSN from Western Governors University, and a BSN from North Carolina A&T State University. Driven to enhance healthcare delivery, I merge academic rigor with practical expertise.

I would like to serve on the North Carolina Board of Nursing because...

I am deeply committed to advancing nursing practice and ensuring high standards of care statewide. Serving on the North Carolina Board of Nursing would allow me to contribute my expertise and advocate for policies that promote patient safety, professional development, and excellence in nursing education.

Edna Ennis

Dr. Edna L. J. Ennis is currently employed at ECU Health Duplin as an ED staff nurse adult/child SANE. She received her Doctorate in Biblical Studies from Harvest Tine School of the Bible 2023, Bachelor's degree in nursing from East Carolina University 1993. She worked as a Certified Nursing Assistance at Pender Memorial Hospital 1983-1984, Cape Fear Memorial Hospital, Wilmington 1984-1987, Health Unit Clerk 1987-1991, Certified Health Unit Clerk 1991-1994, Registered Nurse on Progressive Care Unit, Medical Surgical Unit, Orthopedic Unit, OB-GYN Unit, 1994-2006. Instrumental in raising the Bar for Medical-surgical nurses by creating and establishing the first local chapter.



I would like to serve on the North Carolina Board of Nursing because...

Serving on the North Carolina Board of Nursing over the past two years has truly been a privilege & honor. I would love to serve again to represent my nursing colleagues. I believe I can help make a difference by providing to the board my knowledge as a staff nurse. Whereas staff nurses can help change policies & regulations with the constant changes in healthcare to help keep the public safe.

APRN (2)



LaDonna Thomas

Dr. LaDonna C. Thomas is the Chief Nurse Practitioner (NP) and Community Care NP at the Durham VA Health Care System where she is responsible for implementing and sustaining Full Practice Authority (FPA). She received her BS in Biology from North Carolina A&T State University, BSN from North Carolina Central University, MSN from UNC-Greensboro, and DNP from Chatham University. She is experienced in Nursing policies, regulations, and FPA processes. Dr. Thomas currently chairs the NCBON and serves on local and national

boards. She is the VA NP Representative for the Credentialing Board, Medical Executive Board, and Patient Care Executive Committee.

I would like to serve on the North Carolina Board of Nursing because...

Although I've served on the North Carolina Board of Nursing for the past three years, it would be an honor to serve another term. This position aligns with my personal, professional mission and objectives of engaging in public service. My experience working within the complexities of a large federal health care system within the Veterans Administration and its honored mission, prepared me to embark on challenges associated with the responsibilities of serving on the NCBON.

Cara Wolf



I began my nursing career in 2006, after graduating from Carolinas College of Health Sciences at an AAS. I moved to Anchorage, Alaska, and worked as an L&D nurse for 8 years. While there I completed a BSN through the University of Alaska and a MSN in Nurse Midwifery through the University of Cincinnati. In 2015, I moved back to NC and began working as a CNM. Currently, I am working as a CNM at Atrium Health Wake Forest Baptist as a laborist, and play an active role in educating midwifery students, medical students, and residents about birth.

I would like to serve on the North Carolina Board of Nursing because...

It would be a great honor to serve on the North Carolina Board of Nursing. The landscape of nursing is evolving, and I want to advocate for the nurses of North Carolina to be acknowledged and heard.

RN-Practical Nurse Educator

NCBON received no candidate submissions for the RN – Practical Nurse Educator position for the 2024 Election of Nurse Members. The seat will be vacant beginning January 1, 2025. The position will be available in the 2025 Election of Nurse Members for a beginning term of January 1, 2026.



2023 NORTH CAROLINA DEMENTIA CAREGIVER DATA BRIEF: COSTS, UNIQUE CHALLENGES AND FUTURE IMPLICATIONS

Produced by the North Carolina Center for Health and Wellness for the Building Our Largest Dementia Infrastructure for North Carolinians (BOLD NC) Initiative ~ January 2023

Executive Summary

Like much of the country, North Carolina is facing a multi-pronged dilemma of rising formal and informal care costs, a growing population of older adults, increases in the prevalence of Alzheimer's disease and related dementias (ADRD) and simultaneous shortages in the healthcare workforce and declines in the number of potential family caregivers. Those caring for a loved one with dementia may face disproportionately higher medical and care costs and a wider array of challenges unique to dementia. As the state continues its efforts to address ADRD, consideration should be given to the undue costs and additional challenges which may be encountered by those with dementia and their families and caregivers.

Introduction

Caregivers are defined as those who tend to the needs of a person who is unable to care for themselves due to a chronic illness, health problem, injury or disability. This data brief focuses on caregivers tending to their friends or family members with cognitive impairment a (CI) or ADRD. Dementia is the collective term used for a disorder caused by a number of brain diseases or by a brain injury. The disorder manifests as a myriad of symptoms that get worse over time and that include memory loss, confusion, difficulty with reasoning and problem-solving and changes in behavior and personality. This brief also focuses on the informal care costs, health outcomes and unique challenges faced by dementia caregivers especially in comparison with other types of caregivers and includes demographic and related details about caregivers in North Carolina.

Scope

Limited aggregated data is available on the prevalence of cognitive impairment and all types of dementia in North Carolina, but the Alzheimer's Association estimates there were 180,000 people in the state in 2021 with Alzheimer's Disease, the most common form of dementia. Likewise, little data is available on the number of caregivers in NC who provide care for a loved one with CI and any type of dementia. However, the Alzheimer's Association reports that in 2021 an estimated 356,000 caregivers in North Carolina provided 514 million hours of unpaid care valued at \$7.3 billion for Alzheimer's Disease alone.



[View the entire report here.](#)



Upcoming Meetings

Meetings may be held virtually. Please check www.ncbon.com.

Board Business Meeting

September 26, 2024

Administrative Hearings

July 31, 2024

September 25, 2024

Hearing Committee

August 15, 2024

August 21, 2024

October 30 & 31, 2024

Education & Practice Committee

August - *cancelled*

Please visit www.ncbon.com for updates to our calendar and call-in information to attend public meetings.

Following @NCNursingBoard on Social Media gives you access to up-to-date information between issues of *The Bulletin* - Practice Changes, Renewal Reminders, Rule Revisions, and so much more.

Click any of the icons below to find our pages.




NCBON Board Business Meeting

May | Raleigh, NC

Board meetings are held each year in January, May, and September. Board meetings are open to the public and individuals are encouraged to attend either the full meeting or the Open Comment Period.


The purpose of the Open Comment Period is to provide members of the public and nursing community an opportunity to bring issues of concern to the Board. Individuals are encouraged to share their concerns, offer views, and present questions regarding issues that impact nursing and nursing regulation. For more information on the Open Comment Period process, visit www.ncbon.com.



 **NCBON Board Meetings Channel on YouTube**

Meeting Minutes

**Meeting minutes are transcribed for delivery to the State Archives. Historical accuracy of these minutes is paramount in this process. As such, official meeting minutes take longer to produce than recorded video.*



The Role of the Licensed Practical Nurse:

A complement to the multi-disciplinary team

Author: Stacey Thompson, MSN, RN

Introduction:

Historically, Licensed Practical Nurses (LPNs) have worked mostly in long-term care settings. While staffing is an age-old nursing challenge, the COVID pandemic exposed and emphasized the need to develop new care models in various clinical settings. The nursing profession focuses on client-centered care and values quality and safety. These values are not specific to Registered Nurses (RNs). LPNs have a valuable skillset that contributes to safe and quality care. For this reason, practice settings such as home care, ambulatory care, and acute care are exploring care models that integrate LPNs into the nursing team. Since 2018, there has been an increase across the nation in the percentage of newly licensed LPNs working in acute care settings and a decrease in newly licensed LPNs working in long-term care (NCSBN, 2022). This impacts the entire healthcare landscape from nursing education to nursing practice across the state and emphasizes the importance of understanding the legal scope of practice for the LPN to ensure the delivery of safe and effective nursing care.

The table below provides information on current licensure statistics at www.ncbon.com.

LPN Demographics as of April 17, 2024	
Currently Licensed as LPN	22,875
Employed in Nursing	17,038
Working in NC	15,313
Total Licensed Nurses (including RN and LPN)	181,416

Nursing practice is a scientific process founded on a professional body of knowledge. It is a learned profession based on understanding the human condition across the lifespan and the client's relationship with others within the environment. The practice of nursing is an art dedicated to providing care to clients by developing and implementing a plan to accomplish goals centered around the holistic client. Nursing is a dynamic discipline that increasingly involves more sophisticated knowledge, technologies, and client care activities.



In 2018, as a part of the North Carolina Board of Nursing (NCBON) Strategic Plan, the Education and Practice Committee was charged by the Board to explore the LPN scope of practice. Using the North Carolina (NC) Nursing Practice Act (NPA), information from other states, and stakeholder testimony, it was concluded that there is confusion around the LPN scope of practice from nurses and employers. As a result of the initiative, the NCBON Education and Practice Committee worked to clarify the term *participating in*, in the LPN scope of practice which has been updated in the North Carolina Administrative Code (NCAC) and is provided in the next section.

Definitions

[21 NCAC 36.0120](#) provides definitions of important terms as they relate to understanding the LPN's scope of practice.

- **Participating in:** "to have a part in or contribute to the elements of the nursing process. As nursing process is dependent upon the assignment and supervision by the registered nurse, physician, dentist, or other person authorized by State law to provide the supervision."
- **Supervision:** "the provision of guidance or direction, evaluation, and follow-up by a licensed nurse to accomplish an assigned or delegated nursing activity or set of activities."
- **Delegation:** "transferring to a competent individual the authority to perform a specific nursing activity in a selected situation. The nurse retains accountability/responsibility for the delegation."
- **Assigning:** "designating responsibility for implementation of a specific activity or set of activities to an individual licensed and competent to perform such activities."

Laws & Rules

NC General Statute 90-171, the Nursing Practice Act (NPA), known as the law, and North Carolina Administrative Code (NCAC) Title 21: Chapter 36.0225, known as the rules, define the legal scope of practice for the LPN. The LPN practice involves a directed scope, with or without compensation or personal profit, under the supervision of an RN, Advanced Practice Registered Nurse (APRN), licensed physician, or other healthcare practitioner authorized by the state and is a *dependent* practice. The LPN practice is guided by the NC nursing law and rules, established nursing standards, agency policy, validated knowledge, skill and competency, the complexity and frequency of nursing care needed, and the accessible resources. Each LPN in NC is accountable to clients, the nursing profession, and the NCBON for complying with requirements under the NC nursing law and rules. The LPN is accountable for ensuring quality nursing care is rendered (NCBON, 2024).



The nursing law and rules apply to RNs and LPNs who volunteer or work in all settings, including but not limited to hospitals, home care, ambulatory care, schools, and correctional facilities. Since the legal scope of practice is the same for every nurse in every practice setting across the state, licensed nurses must be knowledgeable of the NPA (law) when practicing in NC. In addition, licensed nurses must recognize the importance of understanding regulations which govern practice in the state where the nurse practices. If the nurse practices outside of NC, the nurse is accountable to know and understand the law and rules of that state to maintain the legal scope of practice.

One of the functions of the NCBON is to interpret nursing law and rules that define the legal scope of practice for the NC nurse. In this interpretation, several references are used to guide nursing practice. First, the NCAC Title 21: Chapter 36, promulgates the NPA and is known as the Rules and provides a specific rule for RN practice (21 NCAC 36.0224) and a specific rule for LPN practice (21 NCAC 36.0225).

Second, agency/employer policies and procedures further define the scope of practice. Agency policy may limit the scope of practice for the nurse, but never expand beyond the legal scope of practice as defined in the law and rules. An example of this is that the law and rules do not require the documentation by an LPN to be co-signed by an RN; however, the agency may choose to have a policy that requires certain types of documentation to be co-signed by an RN. While this practice is not required by law, the agency is limiting LPN practice when a co-signature is required. These limits may be required by other laws and rules that apply to the practice setting such as accreditation requirements, laws through the Division of Health Services Regulation (DHSR), reimbursement requirements, or quality initiatives within the organization.

Thirdly, NCBON Position Statements are developed as a means of providing direction to licensees on specific topics. A Position Statement does not carry the force and effect of law and rules but is adopted by the Board as a means of providing guidance to licensees and employers who seek to engage in safe nursing practice. Board Position Statements address issues of concern relevant to public protection and are reviewed regularly for relevance and accuracy to the law, rules, and current practice. Examples of current Position Statements include:

- [Delegation and Assignment of Nursing Activities](#)
- [Office Practice Setting](#)
- [Infusion Therapy](#)
- [LPN Scope of Practice](#)

Joint Position Statements are also available when the NCBON has worked with other NC entities to provide specific guidance on a topic. An example of a Joint Position Statement covers the topic of [Medication Management of Pain in End-of-Life Care](#) which was a collaboration between NCBON, NC Medical Board, and the NC Board of Pharmacy.

Components of the LPN Scope of Practice

The LPN scope of practice is considered a *dependent* practice with seven components. *Dependent* means the LPN must practice under the assignment and supervision by the RN, physician or other person authorized to prescribe care by state law. In some settings, such as the



office practice setting or ambulatory care, the LPN may be supervised by a physician (MD), nurse practitioner (NP), physician's assistant (PA), dentist, or other healthcare practitioner authorized by the state in the absence of an RN.

A key word that distinguishes the RN scope from the LPN scope is the term *participate* and indicates the LPN scope is *dependent* on the appropriate assignment and supervision by the RN, licensed physician or other healthcare practitioner authorized by the state. The LPN must have continuous supervision and the supervision may be direct or indirect.

Accepting an Assignment

The first component of the scope of practice for both RNs and LPNs is accepting an assignment. Nursing law and rules mandate licensed nurses accept only those assignments that the nurse is safe and competent to perform. The decision to accept or decline an assignment is made after considering the criteria provided in NCAC 36.0225: the nurse's qualifications; the complexity and frequency of care required; the stability of the client's clinical condition or rate of change; policies, procedures, communication channels within the agency; accessible resources including the number and qualifications of staff, and the proximity of clients to personnel.

An additional consideration for an LPN deciding to accept an assignment is the degree of supervision available.

A frequent question received by the NCBON is, "what tasks can be assigned to an LPN?" The art and science of nursing is a process rather than a set of tasks. Tasks cannot be separated from the process; the entire situation must be considered when making assignments to an LPN including the acuity of the client and the amount of monitoring involved in meeting client needs. An example would be assigning an LPN to perform a blood transfusion. It may be within the legal scope of practice for an LPN to perform a blood transfusion. While it may be appropriate to assign the LPN to perform a blood transfusion for a client status post abdominal surgery with a decreased hemoglobin level due to expected blood loss, it may not be appropriate to assign the LPN to perform a blood transfusion to a client with an acute GI bleed. Multiple transfusions may cause a change in the client's stability and increase the need for advanced monitoring to maintain hemodynamic stability. In this example, the task cannot be separated from the situation and monitoring that would be needed for each client.

Assessment

After accepting the assignment, the next component of nursing practice for the RN and LPN is assessment. The RN scope of practice in assessment is to perform a comprehensive assessment and to formulate nursing diagnoses. The LPN scope of practice *participates* in the assessment in what the NCBON has termed a focused assessment. The LPN assessment must be guided by structured written guidelines, policies, and forms. The focused assessment is an appraisal of a client's status and situation at hand. The LPN collects data by using the structured written guidelines and forms, then decides who to inform of the information and when to inform them. The LPN's interpretation of data is limited to recognizing the existing relationship between the data



that has been gathered and the client's health status and determining the client's need for immediate nursing intervention. It is not within the LPN scope of practice to formulate a nursing diagnosis. For example, the LPN is assigned to a client with a history of diabetes. The LPN finds the client cold, clammy, and confused, then performs a fingerstick according to the agency's policy and obtains a result of 45 mg/dl. It is within the LPN scope of practice to interpret the data by recognizing the relationship between the client's history of diabetes and current symptoms and determining the need for immediate intervention which is to provide a source of glucose according to the provider order or the agency's policy. It would not be within the LPN scope of practice to develop a nursing diagnosis or alter the nursing plan of care.

Except for acute care dialysis, it is within the LPN's legal scope of practice to perform an admission assessment, on-going assessment, or focused assessment provided structured, written guidelines, and/or forms guide the LPN's assessment and provided the agency's policy allows the LPN to perform that specific assessment. An agency may limit the LPN's scope of practice according to accreditation standards or other state laws and rules and not allow the LPN to perform certain assessments. The key is an assessment by an LPN must be guided by guidelines and forms. It is not appropriate for the LPN to decide what to assess.

To compare, the RN responsibilities in assessment include interpreting and analyzing all data and formulating and prioritizing nursing diagnoses which is different from the LPN scope of assessment. The law holds the RN accountable for verifying the information is complete and determining if further information is needed. As a result, some agencies may choose to require a co-signature by the RN for assessments completed by the LPN even though a co-signature is not required by nursing law and rules.

Planning

The next component of nursing practice is planning. The LPN participates in planning by suggesting interventions to be included in the plan of care and providing resource information for the planning team. In the example of the client with low blood sugar, it is within the LPN scope of practice to determine the immediate need for glucose. In the planning component of nursing practice, the LPN would provide information to the RN and potentially suggest a bedtime snack to prevent low blood sugar in the mornings. It would not be within the LPN scope to develop a care plan, update an existing care plan, or modify the plan of care in response to the client's condition.

Many agencies have implemented an electronic medical record (EMR) of which the care plan is a part. The LPN's responsibility is to document the implementation of interventions as care is provided. It is not appropriate for an LPN to document how the care plan is progressing or not progressing. It is also not appropriate for an LPN to add or resolve certain templates/nursing diagnoses that may be included in the plan of care.

The RN is responsible to determine the appropriateness of any suggestions by the LPN and modify the plan of care accordingly. This includes evaluating the client's response to the care provided, determining the client's progression, and making revisions based on the client's response to the interventions.



Implementation

Implementation is the component of nursing practice where care is provided. The RN scope of practice for implementation is to assign, delegate, and supervise other personnel, both licensed and un-licensed, in the delivery of care and to participate in implementing the plan of care.

The LPN scope of practice in implementation is to implement nursing interventions and medical orders as assigned by the RN or other healthcare practitioner authorized by the state and according to the established plan of care. Responsibilities of an LPN include recognizing the client's response to nursing interventions and medical orders and modifying immediate nursing interventions based on changes in the client's status. The key word is immediate. Applying this component of nursing practice to the client with a blood sugar of 45 mg/dl, consider the client is scheduled to be transported to radiology for an x-ray post-procedure. Should the LPN allow the client to leave the unit? No, the LPN would alter the x-ray intervention by delaying it until the client's blood sugar stabilizes because low blood sugar is an immediate need.

During implementation, an LPN can assign nursing activities to other LPNs and delegate nursing activities to unlicensed assistive personnel (UAP) as indicated in the nursing plan of care. Licensed nurses often use the terms assign and delegate interchangeably; however, 21 NCAC 36.0120 provides specific definitions for each of these terms. Assigning refers to licensed personnel while delegation refers to a competent individual or UAP. In addition to assigning and delegating nursing activities, an LPN is responsible to ensure tasks are performed according to the standard of care and the agency's policies and procedures and to ensure RN supervision is available for their shift. It is beyond the LPN scope of practice to assign nursing responsibilities to an RN.

Evaluation

The next component of nursing practice is evaluation. The LPN participates in evaluation by collecting data according to written guidelines, policies, and forms, recognizing the effectiveness of the plan of care, identifying the client's response to nursing interventions and suggesting to the RN revisions of interventions for the plan of care. In evaluation, the RN is responsible to collect evaluative data from all relevant sources, one of which may be an LPN, analyze effectiveness of interventions and then modify the plan of care based on all the data.

Reporting & Recording

Reporting and Recording are components of both the RN and LPN scope of nursing practice. Reporting refers to the communication of information whether it be verbal, written, electronic, telephonic, or other modes of communication. Recording refers to the documentation of information. Both RNs and LPNs are responsible for accurate and timely reporting and recording of care that is provided.



Teaching & Counseling

The next component of nursing practice is client teaching and counseling. An LPN may participate in teaching as assigned by the RN and according to the established teaching plan developed by the RN. It is not within the LPN scope of practice to develop the teaching plan. An LPN may participate in client teaching by providing information, demonstration and guidance to clients and families. An example of an LPN's participation is providing discharge instructions to clients. Using physician orders, nursing knowledge and the multi-disciplinary care plan, the RN is responsible to develop and prepare the discharge teaching for a client and then an LPN participates in the teaching by reviewing the information with the client and providing demonstrations, as needed. It is not within the LPN scope to develop the teaching plan, but it is within the LPN scope to participate according to an established teaching plan developed by the RN. An LPN would also recognize the effectiveness of the teaching and provide feedback to the RN.

Exceeding LPN scope - Managing & Administering Nursing Services

The component of practice for managing nursing care is only within the RN scope of practice. It is not within the LPN scope of practice to have responsibilities for nursing management, assistant management, or supervisory roles. Activities that exceed the LPN scope include the on-going supervision, teaching, and evaluation of nursing personnel and administering nursing services. The RNs responsibilities for managing nursing services include ongoing supervision, teaching, and evaluation of nursing personnel; being onsite when necessary to provide continuous availability for direct participation in nursing care; and evaluating the nursing care being provided. Other RN responsibilities in nursing management include assessing the capabilities of personnel in relation to care needs of the client population and assigning or delegating care to personnel qualified to accept and perform those activities. The RN nurse manager maintains the overall accountability for the nursing care that is delivered by the person to whom that care is assigned and delegated.

Administering nursing services is a component of nursing practice also specific to the RN scope. This component holds the RN responsible to determine the learning and educational needs of all personnel; ensure appropriate educational and development opportunities are available according to the job responsibilities of each role and ensure the validation of competencies, both initial and on-going, is complete for all staff providing care. Also involved in administering nursing services is developing a process of evaluating the delivery of nursing care by way of policies, procedures, standards of care, staff evaluations, quality measures and other evaluation tools.

Staff Education

An LPN's role in staff education differs from the role in client education. An LPN participates in staff development by demonstrating for other LPNs and UAP the performance of an activity according to the agency's procedure or checklist. For example, when an RN provides education on blood transfusions during orientation, an LPN may participate by demonstrating how to set up the equipment for the transfusion.

It is not within LPN scope of practice to provide clinical education or in-services for licensed or



un-licensed personnel on the healthcare team. For example, it is not within the LPN scope to provide a diabetes update to staff or provide education related to the indications of a blood transfusion. It is within the scope of practice for an LPN to participate in staff development by providing information on non-nursing clinical activities. An LPN who is also an American Heart Association Basic Life Support instructor could teach CPR classes for a facility. In this situation, the CPR instructor is not required to be a nurse, therefore, the LPN could provide the training. The participation of an LPN in staff development does not allow an LPN to be the primary preceptor for licensed or unlicensed employees due to the involvement of teaching clinical activities. An LPN may participate in orienting employees to non-clinical activities such as locating supplies and resources and non-clinical processes involved in the role responsibilities.

Competency Validation

“Nursing competency includes the core abilities that are required to understand the needs of the patient, the ability to provide care, the ability to collaborate and the ability to support decision making” (McGarity, et al., 2023, p. 553). Nursing competencies within the agency should be clearly defined to establish a foundation for nursing practice within the agency. It is only within the RN scope of practice to validate competencies for clinical staff. An LPN may participate in the limited capacity of observing activities according to a checklist to ensure all steps are completed according to the agency’s policies and procedures. An LPN provides these observations to the RN who is responsible for determining the level of competency of the employee.

Considerations for Nurse Leaders

1. Orientation of LPNs

Given the focus on long-term care in many LPN programs, and the transition of LPNs into various practice settings, nurse leaders must evaluate the orientation needs of LPNs employed in settings other than long-term care. The orientation process for an LPN may need to differ from the orientation of an RN and will need to be defined to guide the orientation process and success of the LPN.

2. Degree of supervision

Who is responsible for determining what is appropriate supervision for the LPN?

The RN is responsible for determining the type and amount of supervision required for the LPN to perform the assigned nursing activities. Direct supervision is when the RN is onsite and available to assist the LPN as appropriate. Indirect supervision is when the RN is available by phone for the LPN’s entire shift and able to go to the location of the LPN, if needed. The rules provide criteria to guide the RN in the determination of the appropriate supervision which are like the criteria considered when accepting an assignment.

The level of supervision required is determined by criteria:

(a) the knowledge, skill, and competency of the LPN. Consider an LPN with ten years of experience in long-term care, recently employed in ambulatory care. While the LPN has significant experience



in long-term care, they are new to the ambulatory care setting and may require direct supervision for a period.

(b) the stability of the client's condition which refers to the predictability and rate of change. When change is expected over days or weeks such as in long-term care rather than minutes and hours as in acute care, the LPN participates in the care with minimal supervision. Consider the previous example of the post-operative abdominal surgery client and the acute GI bleed. The LPN assigned to these clients may require a different level of supervision regardless of the LPN's experience because of the patient's needs for monitoring.

(c) The complexity of the task(s) is another criterion for consideration. When tasks are complex, more supervision is needed.

(d) the proximity of clients to personnel. Consider where patients are located. In some practice settings, patients may be located in different buildings or in home care, different towns. The RN must consider this when deciding the appropriate type and amount of supervision in order to maintain availability to support the LPN on location, if needed;

(e) the qualifications and number of staff;

(f) accessible resources; and

(g) established policies, procedures and communication channels that support the delivery of nursing services.

3. Communication

In providing appropriate supervision of the LPN practice, it is important for the LPN to know who is providing supervision of their practice. In addition, the supervising RN must understand the expectations of supervision of the LPN's practice. It would not be appropriate supervision if the LPN calls the nurse on-call or the supervising RN for assistance and does not receive a response. Nurse leaders must develop communication channels that facilitate the transfer of this information.

Communication is also a crucial component of competency validation since licensed nurses make decisions on assignment and delegation by considering the competencies of the individuals of the team. In addition to developing policies related to the frequency of competency validation, nurse leaders should also develop communication channels for licensed nurses to be knowledgeable of individual competencies as they relate to the care being delivered through the assignment and delegation processes. Consider a nurse who floats to another unit, how does the team know the competencies of the floating nurse when making decisions related to assignment and delegation?

4. Care models

Nurse leaders must understand the care needs of the client population and, in tandem with the agency's mission, vision, policies and procedures, be innovative and creative in establishing a care model most conducive to safe effective care and appropriate utilization of human resources. Nursing care models include but may not be limited to the "task-oriented method of functional nursing and client-centered methods of individual, team nursing and primary nursing" (Parreira,



et al., 2021, p. 1). In a pilot program in an acute care hospital, a team model was implemented on a medical/surgical unit and then into the emergency department. “LPNs brought welcomed, strong bedside skills and were good ‘team players,’ as they had come from environments where team-based care is well established. The RNs found the LPN role supportive, productive, and more than another set of hands.” (Robinson, et al., 2023, p. 30). The same model may not work for every setting; however, it is important to consider what model meets the goals of quality safe care and achieving the objectives of the agency.

NCBON Resources

The NCBON offers valuable resources to enhance understanding of the LPN scope of practice. These and other resources are available at www.ncbon.com under the Practice tab.

- [Nursing Law & Rules](#)
- [NCBON Guidance on Specific Topics - Position Statements](#)
- [Position Statement: LPN Scope of Practice - Clarification](#)
- [Scope of Practice Decision Tree for the RN/LPN](#)
- [Workshop - Nurse Leader Regulatory Orientation](#)

Scenario: Acute Care

Darby, LPN is an experienced nurse who has recently joined the medical/surgical unit at County Hospital. Darby has 10 years’ experience in a long-term care setting. This is Darby’s first job in acute care and onboarding orientation is complete. The charge nurse assigned Darby an admission from the post-anesthesia care unit status post AV fistula creation for hemodialysis. It is common for this type of patient to be admitted to this unit; however, Darby has not cared for this type of client since being hired. Dialysis is not scheduled to begin during this admission. Provider orders include assessing for bruit and thrill every shift.

What must Darby, LPN consider when making the decision to accept the assignment?

Darby must first consider individual knowledge, training, and competency as they relate to the client’s needs, ordered pharmaceutical regimens, and treatments. Darby must also consider the stability of the client. Policies, procedures, and protocols for this type of client must also be considered, in addition to the amount of supervision that will be available to Darby in providing care to this client.

Should Darby, LPN accept this assignment?

Darby’s knowledge, training and competency would be a determining factor in accepting this assignment. If tasks outside of the nurse’s skill set are ordered, Darby will need to negotiate with the Charge RN to have a plan of meeting these needs. It would not be appropriate for Darby to accept the assignment, feeling worried about how to provide care for this client and not meeting the criteria set forth in 21 NCAC 36.0225 for the decision to accept the assignment. Another consideration is if at any point the client’s condition changes and becomes more acute, requiring a higher level of monitoring or rate of change, this may not be an appropriate assignment for Darby.



What type of supervision will be needed for Darby, LPN if the assignment is accepted?

The supervising RN is responsible for determining the level of supervision needed by the LPN. Direct supervision may be appropriate for this client since Darby does not have experience assessing for a bruit and thrill as well as other competencies that may be required in the care of this client. In this case, communication of responsibilities and assignments of specific activities will be crucial in maintaining a safe care environment. Darby will need additional education or on-the-job training to obtain knowledge related to the care needs of the client with an AV fistula.

Scenario: Ambulatory Care

Cleo, LPN works in an outpatient surgery center and is responsible for performing pre-operative assessments and pre-operative teaching to clients scheduled for surgery. Cleo uses the modality of telehealth for the pre-operative assessment and teaching as the nurse schedules a 30-minute call with the client over the phone.

Is this an appropriate assignment for Cleo, LPN? Why or why not?

The LPN may participate in assessments using structured written guidelines and forms and providing client teaching according to a teaching plan developed by the RN. The LPN scope of practice is dependent on the assignment and supervision by the RN or other healthcare provider authorized by the state and may not work independently in this role. In this situation, it may be within the LPN scope to use the telehealth modality to perform the assessment and provide the teaching provided the LPN has the education, training, and competency to perform the activities and provided the agency policy permits the LPN to perform the activities. Agency policy may limit the nurse's scope of practice, but never expand beyond the legal scope as defined in the law and rules. More information is available in the NC BON Position Statement: [Telehealth/telenursing](#).

Scenario: Emergency Department

Blair, LPN works in the ED as a 'floater' completing medication reconciliation and medication administration in addition to other tasks as assigned by the Charge RN. Mr. T presents to the ED and is diagnosed by the physician with acute renal failure and orders a dopamine drip at a renal dose. The Charge RN assigns Blair, LPN to initiate the drip.

Should Blair, LPN accept the assignment? Why or why not?

If Mr. T is stable, meaning his status is not likely to change in minutes and hours, it may be appropriate for Blair, LPN to accept the assignment provided Blair has the appropriate education, training, and competency to perform the activity in addition to the agency policy allowing an LPN to initiate a dopamine drip at a renal dose. If Mr. T's condition declines and requires more comprehensive monitoring, this may become an inappropriate assignment for Blair, LPN and care may need to be reassigned to an RN. More information is available in the NC BON Position Statement: [Infusion Therapy/Insertion/Access Procedures](#).



What changes if Mr. T becomes septic and requires a dopamine drip to maintain a hemodynamically stable blood pressure? Why or why not?

A septic client requiring dopamine to maintain a stable blood pressure will require comprehensive monitoring and decision making that is beyond the LPN's scope of practice. In this case, the care of Mr. T would be reassigned to an RN.

Scenario: Home Care

Bert, LPN is assigned a case load for a home health agency. While visiting MJ who is known to Bert, MJ reports to Bert that he was able to go to the bathroom alone last evening with standby assistance. Bert is excited for MJ as this has been a documented goal in his care plan for several weeks.

What should Bert, LPN do with this information?

Bert, LPN should document MJ's report and provide the information to the supervising RN who will update the plan of care as appropriate. More information is available in the NC BON Position Statement: [LPN Scope of Practice - Clarification](#).

Conclusion

Safe and effective care is the goal of all nursing practice. Collaboration involving teamwork, delegation and communication is an essential component in providing safe and effective nursing care. Effective collaboration requires each member of the team to understand their individual role and responsibilities in addition to the roles and responsibilities of the other members of the team. As LPNs become integral members of the multi-disciplinary team in various practice settings, it is important for all licensed nurses to understand the LPN scope of nursing practice, as defined in the nursing law and rules.

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NCBON Position Statements?

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NC DHHS Issues FAQ: Gabapentin Reporting Changes

The NC Department of Health and Human Services (NC DHHS) requested the North Carolina Board of Nursing to share information related to changes in Gabapentin reporting. This correspondence is being shared with you to provide you with the final version of the North Carolina Controlled Substance Reporting System (NC CSRS) Gabapentin Frequently Asked Questions (FAQ) document developed by NC DHHS. Per legislative Session 2023-2024, North Carolina GS 90-113.70 requires the dispensers of controlled substances to report these dispensations to the North Carolina Controlled Substances Reporting System. HB 190 Section 11.2 G.S. 90-113.73(c) included the required reporting of Gabapentin as a substance of interest for practitioners and dispensers effective March 1, 2024, and effective for veterinarians March 1, 2025.



The Gabapentin FAQ document has been designed by NC DHHS to provide clear answers to common questions arising from this change.

[View NC DHHS Gabapentin FAQ](#)

CONSUMER ALERT



Be skeptical of professional licensing scams



Attorney General
Josh Stein

If you have any questions about the authenticity of a call regarding an investigation, contact the NCBON directly.

[\(919\) 782-3211](tel:(919)782-3211)



REGULATORY EDUCATION

TO ACCESS ONLINE ARTICLES, SESSION REGISTRATION, AND THE PRESENTATION REQUEST FORM, GO TO WWW.NCBON.COM AND LOOK FOR EDUCATION ON THE MENU. QUESTIONS? EMAIL PRACTICE@NCBON.COM.

As of June 30, 2024, the North Carolina Board of Nursing no longer provides CE contact hour credit for *The Bulletin* articles and Standard Presentation Offerings.

Online Bulletin Articles

- The Role of the Licensed Practical Nurse: A complement to the multi-disciplinary team
- Staying Inside the Lines: The Importance of Professional Boundaries in the Coordination of Care
- The Role of Nursing Empowerment: An Integrative Literature Review
- Delegation: What are the Nurse's Responsibilities?

For more articles, go to www.ncbon.com.

Nurse Leader Regulatory Orientation

Learn about the functions of the NCBON and how these functions impact the roles and responsibilities of the nurse leader (administrator, director, manager, clinical leader, supervisor, and others) and aspiring leaders in all types of nursing services and practice settings. The orientation offers 5.5 contact hours (Provider Number ABNP1583; Valid Through 5/20/2028). Registration is open to active NC or compact state RNs in leadership and aspiring leadership roles.



The 2024 sessions are listed below as follows:

September 10 - In-Person

October 15 - Virtual

\$50.00 fee (non-refundable). You will be notified of any date or format changes.

Register online at www.ncbon.com.

Registration at least two weeks in advance of a scheduled session is required.

Seating is limited. If you are unable to attend and do not have a substitute to go in your place, please provide this information via email to practice@ncbon.com so someone on the waiting list can attend.

Available Online

Legal Scope of Practice Online Course

The purpose of this offering is to provide information and clarification of the components of the legal scope of practice for licensed nurses (RN and LPN) practicing in North Carolina.

Just Culture in Nursing Regulation Booklet

The booklet provides an introduction to the basic principles of Just Culture and the use of these concepts in evaluating the reportability of untoward events to the Board using the NCBON Complaint Evaluation Tool (CET).





NCBON Staff Presentations

NCBON Staff are available upon request to provide continuing education presentations regarding nursing practice. To request a presentation, please complete the Presentation Request Form online and submit it per form instructions. The NCBON will contact you to arrange a presentation. A minimum of 25 - 30 licensed nurses (APRN, RN, or LPN) are required for presentations. Length of presentations can vary.

Standard Presentation Offerings

Continuing Competence – Presentation is for all nurses with an active license in NC and is an overview of continuing competency requirements.

Legal Scope of Practice – Defines and contrasts each component of the RN and LPN scope of practice including nursing accountability for delegation of tasks to unlicensed assistive personnel. Potential violations are discussed.

Delegation: Responsibility of the Nurse – Provides information about delegation that would enhance the nurse's knowledge, skills, and application of delegation principles to ensure the provision of safe competent nursing care. Discussion includes the role and responsibilities of the nurse for delegation to unlicensed assistive personnel.

Understanding the Scope of Practice and Role of the LPN – Assists RNs, LPNs, and employers of nurses in understanding the LPN scope of practice.

Nursing Regulation in NC – Describes an overview of the NC Board of Nursing authority, composition, vision, function, activities, strategic initiatives, and resources.

Introduction to Just Culture and NCBON Complaint Evaluation Tool – Provides information about Just Culture concepts, role of nursing regulation in practice errors, instructions in use of NCBON CET, consultation with NCBON about practice errors, and mandatory reporting. Suggested audience is nursing leadership: director, administrator, manager, supervisor, etc.

Introduction to the NCBON Complaint Evaluation Tool – Provides brief information about Just Culture concepts and instructions for use of the NC Board of Nursing's Complaint Evaluation Tool, consultation with the NCBON, consultation with NCBON about practice errors and mandatory reporting. Suggested for leadership familiar and unfamiliar with Just Culture.

Overview of Nursing Practice Act (NPA) Violations and Investigations – Provides information regarding the five common NPA violations reported to the Board of Nursing and the five common pieces of evidence gathered during an investigation.

As of June 30, 2024, the North Carolina Board of Nursing no longer provides CE contact hour credit for *The Bulletin* articles and Standard Presentation Offerings.



APRN



Kimberly Luisana
DNP, NP-C
Advanced Practice
Consultant

What is the process for signing a death certificate in NC?

Can a Nurse Practitioner sign a death certificate?

Yes, North Carolina G.S. 130A-115 (ncleg.net) states a nurse practitioner can sign a death certificate in a manner consistent with G.S. 90-18.2(e1). Therefore, a nurse practitioner can certify a death if it is covered under their collaborative practice agreement and the decedent is within the NP's population focus and scope of practice.

Why do the death certificates need to be signed no more than 3 days after death?

The 3-day period is clearly stated in the statute language of G.S. 130A-115 (d). The Office of the Chief Medical Examiner from N.C. Department of Health and Human Services verified that unsigned death certificates can cause delays that negatively affect the filing process, decedent care, and funeral service planning.

Some nurse practitioners are not aware the paper system was eliminated and have encountered issues when it was time to certify a death.

Are you aware there is required training for the updated process of signing death certificates?

The NC Department of Health and Human Services Vital Records Team provided the following information regarding training and access to the new system NCDAVE:

According to the NC Database Application for Vital Events (NCDAVE), the time-consuming paper-based process for death certificate registration has been replaced with NCDAVE. This stream-lined system allows for greater efficiency, increased data accuracy and consistency in reporting processes. NCDAVE is now reported to provide faster delivery of death certificates, reduce travel cost for funeral firms and improve disease tracking for public health purposes. To request access to NCDAVE, the first step is to have the facility where you provide services added to the NCDAVE database if it hasn't already. Please follow the steps on "How To Establish Facilities-Local Administrators..." [HERE](#).

Once the facility has been added, anyone who needs to certify death records in NCDAVE will use the self-enrollment link to request a username and temporary password. Here is the self-enrollment link:

<https://davenc.vitalchek.com/Web/External/UserEnrollment.aspx>



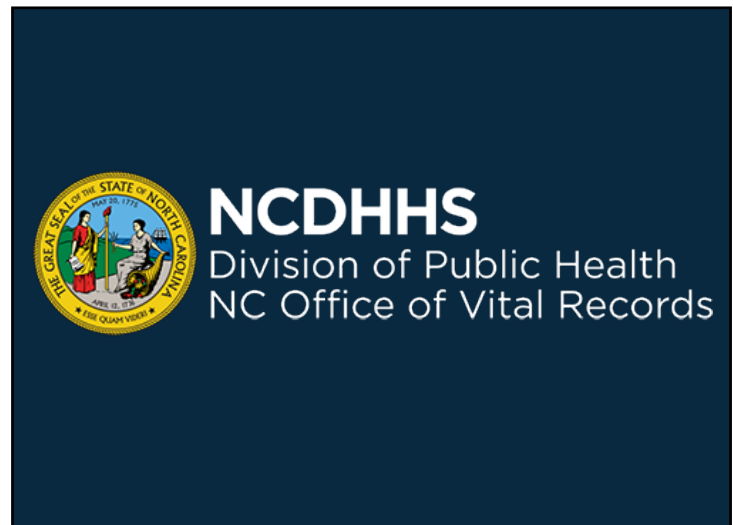
A few important notes about requesting access. You'll know if the facility where you provide services has been added to NCDAVE when you're able to locate it in the Facility/Office dropdown menu in the self-enrollment link. If you are a medical certifier, when adding your license number, do not enter the renewal date for the Effective Date. Enter the date your license was originally issued. Also, if you are a medical certifier, be sure to select the correct answer from the Title dropdown menu as this helps to determine level of access.

Any questions or concerns regarding user credentials should be sent to vradmin@dhhs.nc.gov.

There are currently two options for NCDAVE EDRS training which includes virtual training and accessing training videos to assist you with learning the NCDAVE system. Please follow the instructions listed below to use either option.

Virtual Training

1. Go to <https://vitalrecords.nc.gov/index.htm>
2. Click on "For Our Partners" located in menu bar close to top of the page
3. From "For Our Partners" select the submenu "NCDAVE EDRS Resources"
4. From NCDAVE EDRS select your role:
Funeral Directors, Local Health Departments, Medical Certifiers, Medical Examiners, Register of Deeds
5. You will be prompted to enter a **username: NCDAVE** **password: ncdeaths**
6. From the home page of your roles account, click on Training which is located on the top of the screen in the menu bar in blue
7. Scroll down and click Required Training (In-Person and/or Virtual)
8. Click on Option 1: In-Person to view the virtual live training dates and times
9. The next available live Microsoft Teams virtual meeting for your role will be posted under "Training Schedule" with the next available date, time, and meeting link



Training Videos

1. Go to <https://vitalrecords.nc.gov/index.htm>
2. Click on "For Our Partners" located in menu bar close to top of the page
3. From "For Our Partners" select the submenu "NCDAVE EDRS Resources"
4. From NCDAVE EDRS select your role: Funeral Directors, Local Health Departments, Medical Certifiers, Medical Examiners, Register of Deeds



5. You will be prompted to enter a **username: NCDAVE** **password: ncdeaths**
6. From the home page of your roles account, click on Training which is located on the top of the screen in the menu bar in blue
7. Scroll down and click Required Training (In-Person and/or Virtual)
8. Click on Option 2: Virtual Training Modules to view the virtual live training dates and times
9. Scroll down to NCDAVE Competency Base Learning Videos to view the various training videos for your role

Please contact vitalrecordstraining@dhhs.nc.gov if you have any training questions or concerns.

The NCBON is sharing this information to keep APRNs informed of this change. If you have specific APRN practice questions related to this information, please reach out to Kimberly Luisana, NCBON APRN Consultant at aprnpractice@ncbon.com. For specific questions about NCDAVE, please contact the NC Department of Health and Human Services Vital Records Team at ncdavesupport@dhhs.nc.gov.

Is your birthday this month?

It may be time to renew your license.

Log into the Nurse Portal to check your status and
renew your nursing license.



Compliance



Jess Castro
Compliance Case
Analyst

What is the Intervention Program?

The North Carolina Board of Nursing (NCBON) may impose restrictions and conditions on a license following an investigation establishing clear and convincing evidence of a violation of the Nursing Practice Act (NPA). The Intervention Program (IP) is a non-published alternative to traditional discipline for a nurse who has **not** been diagnosed with a substance use disorder and:

- Submits a random or pre-employment drug screen which tests positive for a controlled substance that the nurse is not legitimately prescribed; or
- Has multiple convictions for Driving While Impaired (DWI).

The primary objective of the IP is to protect the public by monitoring nurses who may abuse substances.

Enrollment in the IP requires entry into a Non-Disciplinary Consent Order (NDCO) agreeing to the facts of the case and monitoring for one continuous year of successful compliance with random drug screening.

Upon entry into the IP, the participant is contacted by the designated NCBON Compliance Case Analyst (CCA) whose responsibility is to monitor the participant's compliance with the NDCO. Key tenets of the IP include:

- A single state NC license for the duration of participation;
- Total abstinence from non-prescribed medications, illicit substances, and alcohol (if applicable); and
- Random, observed drug screening following chain of custody protocol.

Participants are required to notify all nursing employers of participation in the program. In turn, employers agree to remove the participant from duty following submission of a failed drug screen or refusal to drug screen when requested by the employer.

IP participants are subject to the NDCO conditions for one year of continuous random non-failed drug screens. If the NDCO is terminated due to non-compliance, the license is suspended for a minimum of one year resulting in published discipline and the participant is required to appear before the Licensure Review Panel to request reinstatement.

Link to IP Information: [Drug Monitoring Programs | North Carolina Board of Nursing \(ncbon.com\)](https://www.ncbon.com/Drug-Monitoring-Programs)



Education



Jennifer Lewis
PhD, MSN/MBA, RN
Director, Education

What changes were made to the Education Rules?

In January 2021, the North Carolina Board of Nursing (NCBON) charged the Education and Practice Committee to review best practices for pre-licensure nursing education program regulation, the related law and rules, and recommend any needed rules revisions to the NCBON.

The approved revisions are abbreviated in the following table. The education rules, newly enacted on March 1, 2024 are available on the [Office of Administrative Hearing website](#).

Education Rule Changes

Rule	Amendment
.0120 Definitions	Revised or new definitions to chief nursing administrator, clinical judgment, controlling institution, full approval, initial approval, participating in, program description report, Direct Master’s Entry Program, traditional clinical experience, and warning status.
.0220 Refresher Course	Language provides for RN director authority over the refresher course and mandates course completion within twenty-four months.
.0233 Out of State Students	Clarifies that a Chief Nursing Administrator or designee (in a practice setting) can make a request to host out of state students to the Board; a curriculum vitae is required of out of state faculty while a resume is required for in-state preceptors and evidence of licensure from the UNC Board of Governors is required of the out of state institution.

Continued on next page.



Education Rule Changes (cont.)

Rule	Amendment
.0302 Establishment of A Nursing Program Initial Approval	Initial approval can be granted for one nursing program and one program entry option at a time. The application process requires approval from the licensing authority, an emergency preparedness plan, and no existing programs at the institution can be on warning status. Additionally, institutions cannot solicit students until initial approval status is granted and programs must meet the NCLEX standard before being considered for Full Approval status.
.0303 Existing Nursing Program	National nursing accreditation is required for programs by 1/1/2032. Warning Status may be rescinded with two consecutive years of noncompliance with rule language.
.0309 Process for Program Closure	Language added to clarify due process provisions afforded programs undergoing closure.
.0317 Administration	Program Directors must hold a graduate degree in nursing and prior teaching experience can be evaluated by administration in hiring decisions.
.0318 Faculty	Prior teaching experience can be evaluated by the Program Director in hiring decisions and the controlling institution shall provide workshops and presentations for faculty.
.0320 Students	References to emotional health were changed to mental health, pre-entrance examination cut off scores are no longer required, the provision to allow up to 10 students over the max enrollment is removed, and the NCLEX standard was revised to state the examination pass rate must meet or exceed 90 percent of the national pass rate on first writing.

Continued on next page.



Education Rule Changes (cont.)

Rule	Amendment
<p>.0321 Curriculum</p>	<p>Didactic content and clinical experiences should include quality and safety principles, clinical judgment, clinical management, time management, emergency preparedness, patient teaching consistent with the level of licensure and legal and ethical issues. Remediation strategies are required. Program change requests must be submitted 60 days prior to implementation. The program shall have written policies and procedures on simulation use and the program shall limit simulation to no more than 50 percent in each course and no more than 25 percent in the Focused Client.</p>
<p>.0322 Facilities</p>	<p>Rule was repealed in its entirety.</p>
<p>.0323 Records and Reports</p>	<p>The education annual report shall include information on accreditation status, academic calendar, faculty composition, student enrollment, graduation rate, formal remediation process and simulation use.</p>

Please contact your assigned Education Consultant or the Education Department at education@ncbon.com with specific questions.

Special Session Education Rules Amendments

August 6, 2024
10:00 am

The NC Board of Nursing Education Department is offering a virtual information session to highlight changes to Administrative Code Section .0300 Approval of Nursing Programs.

[Register for Session](#)



Investigations

Am I at risk for patient abandonment?

Have you ever suspected a nurse may have abandoned their assignment? Do you have questions about when a complaint alleging abandonment should be submitted to the North Carolina Board of Nursing (NCBON)? You are not alone. Patient abandonment can be challenging to determine if the events should be reported.

The North Carolina Administrative Code [21 NCAC 36 .0217](#) states abandoning an assigned client without making arrangements for the continuation of equivalent nursing care is considered abandonment.

Have you accepted a patient assignment and left without providing hand-off communication or ensuring other licensed staff are available to provide care? If you answered yes to either of these, you could be at risk for violation of the [Nursing Practice Act](#) for patient abandonment.

Some situations can be mistaken for abandonment such as refusing to accept an assignment, working overtime, no-call, no-show and resigning without notice. These are examples of employment-related issues that are considered non-reportable events to the NCBON.

Patient abandonment can be avoided through use of hand-off communication to plan for the continuation of equivalent nursing care. If an assignment has been accepted and the nurse needs to leave the shift early, a conversation must occur with an immediate supervisor or manager.

Let's test your knowledge

Review the following examples and determine whether an act of patient abandonment has occurred.

Upon arrival for my scheduled shift, I noticed that I had a high acuity assignment. I refused to take the report, left the unit, and notified the nurse manager.

If you concluded this was an example of an employment-related issue, you are correct. In this case the nurse-patient relationship has not been established. Therefore, this example would not be considered patient abandonment. Acceptance of an assignment



Dana Price
MSN, RN, NE-BC
Nurse Investigator



Keisha Griffith
MSN, BSN, RN, NE-BC
Nurse Investigator



and other assigned responsibilities sets the foundation for establishing a nurse-patient relationship. Once the relationship is established, the nurse must follow the appropriate steps to sever it.

I arrived five minutes late for my scheduled shift, received my assignment, and sought out the off-going nurse for hand-off communication who could not be located. The inability to find the off-going nurse was communicated to the shift supervisor. The supervisor called the nurse and learned they left immediately at the end of the shift for a scheduled appointment.

If you concluded that this is an act of patient abandonment by the off-going nurse, then you are correct. Providing proper notification of the intent to abort the nurse-patient relationship includes notifying the appropriate staff such as a charge nurse, supervisor, or manager. It is important to ensure that the continuity of patient care continues by another nurse who can assume responsibility at the same level. For additional information, please refer to the NCBON [patient/client safety position statement](#).

In conclusion, it is important to remember that the NCBON directs its attention towards protecting the public through the regulation of nursing practice. Taking the necessary steps to avoid patient abandonment will prevent delays in patient care and assist with promoting patient safety. For additional information and an overview of the Nursing Practice Act Violations and Investigations, please refer to the NCBON [Speaker Request Form](#).



Here you are!

We've missed you!

Have you changed jobs recently?

Maybe moved to a new address?

Be sure to update your contact information in the NCBON Nurse Portal.

It's the rules*!

**21 NCAC 36 .0208 CHANGE OF NAME AND CONTACT (a) and (b)*

NCBON Nurse Portal



Legal

Reciprocal Action: What is it and why do I need to report it?

When a nurse is found to have violated the Nursing Practice Act and action is taken on their nursing license, that discipline may not be confined to the license in that particular state. A nurse can also be disciplined in any other state where they hold a nursing license, regardless of whether it's active, based solely on the out-of-state action. This is known as reciprocal action.

For example, Nurse Sam, holds active LPN licenses in California and North Carolina. The California Board of Vocational Nursing issues a Reprimand on the LPN license for breach of patient confidentiality and requires Nurse Sam to take remedial education courses. NCBON can also issue a Reprimand on the North Carolina LPN license and require additional remedial education courses based on the same event.

Under NCGS 90-171.37(a)(6c), NCBON is "empowered and authorized to take action based on the factual findings of the licensing authority that took action." The actions listed under this violation include scenarios where the nurse "has had a license or privilege to practice nursing denied, revoked, suspended, restricted, or acted against by any jurisdiction. For purposes of this subdivision, the licensing authority's acceptance of a license to practice nursing that is voluntarily relinquished by a nurse, by stipulation, consent order, or other settlement in response to or in anticipation of the filing of administrative charges against the nurse's license, is an action against a license to practice nursing."

The concept of reciprocal action also applies under the terms of the Nurse Licensure Compact. Should a nurse's privilege to practice be actioned, the home state may also take adverse action against that nurse's license issued by the home state. See NCGS 90-171.95D(a)(1). An adverse action is defined as any action imposed by a licensing board to include "actions against an individual's license or multi-state licensure privilege such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other encumbrance on licensure affecting a nurse's authorization to practice, including issuance of a cease and desist action."

For example, Nurse Jo, who holds a North Carolina Multi-State RN License, is working in Charleston, South Carolina when they are found to have diverted narcotics from their



Meredith Parris
JD
Chief Legal Officer



Abbie Lefever
Legal Assistant



employer. The South Carolina BON can take action and suspend Nurse Jo's Privilege to Practice, whereas NCBON can take action on the RN License. In this instance, a drug monitoring program may be offered by NCBON, which deactivates the multi-state license, and places monitoring restrictions on the license.

Some nursing boards, including the NCBON, require Licensees to report any discipline issued on any license they hold including reciprocal action. You will see the following questions on the NCBON renewal application:

- *Since your last renewal, has any professional or occupational licensing authority (excluding the NC Board of Nursing) in any jurisdiction or country ever taken any action against a license, registration, certification or multi-state privilege held by you now or previously?*
- *Since your last renewal, have you started participating in any alternative program (excluding the NC Board of Nursing)?*
- *Since your last renewal, have you been reported to any professional or occupational licensing authority (excluding the NC Board of Nursing) for a regulatory or practice violation?*
- *Since your last renewal, have you been the subject of any professional or occupational licensing authority (excluding the NC Board of Nursing) investigation?*
- *Since your last renewal, have you been the subject of any pending disciplinary action before any professional or occupational licensing authority (excluding the NC Board of Nursing)?*

Remember to report every time another state issues discipline on any license you hold, including a voluntary surrender of a license. If you have questions about reporting discipline, contact NCBON for assistance at general@ncbon.com.

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Licensure



Tony Graham
MS, CPM
Chief Operations Officer

How do I stay updated on the status of my nursing license?

The North Carolina Board of Nursing (NCBON) encourages all nurses to keep updated on their licensure status. One way to accomplish this is by enrolling in the National Council State Board of Nursing (NCSBN) Nursys e-Notify. This is recommended for both nurses and nursing employers to remain updated on individual and employee license statuses. Nurses benefit from timely notifications while institutions can efficiently manage their workforce. Nursys e-Notify is a primary source verification for nurses across 57 jurisdictions. Employers are not only receiving local information but also national licensure information. This is a free service. All you need to do is login to <https://www.nursys.com/EN/ENDefault.aspx> and register.

Nurse Benefits:

1. e-Notify provides automated license and discipline notifications for Registered Nurses, Licensed Practical Nurses, and Advanced Practice Nurses.
2. Enrolled nurses receive timely updates directly from participating boards of nursing, ensuring they stay informed about their nursing licenses.
3. Enrolled nurses receive reminders about their license expiration dates. This feature helps nurses avoid unintentional lapses in licensure, ensuring they can continue providing quality care.
4. Enrolled nurses can track their licensure status. For endorsement purposes, nurses can easily verify their licenses using this convenient tool.

Nurse Employer Benefits:

1. Enrolling in e-Notify benefits nurse employers as well. Institutions can manage their nurse license lists efficiently. The employer will receive automated status updates for all enrolled nurses, streamlining compliance efforts.
2. Nursing employers receive real-time notification about changes in a nurse's license. This helps with maintaining accurate records ensuring compliance with licensing requirements.

NCBON encourages you to take advantage of Nursys e-Notify. It's a powerful **FREE** tool to enhance patient safety and professional practice in North Carolina.



License Verification for Nurses



Contact: nursysadmin@ncsbn.org

nursys[®]
E-NOTIFY

Verify and monitor your nurse licenses anytime, anywhere...**for free.**

NCSBN created Nursys, the only national database for licensure verification of registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs).

Notifications right to your inbox

In just a few minutes, you can join the nearly **one million nurses** already using Nursys e-Notify[®] for:

- Licensure status and expiration updates
- License verifications for endorsement
- Creating and managing multiple license expiration reminders
- Discipline notifications
- Live and dynamic RN and LPN/VN updates sent securely from all boards of nursing
- APRN data and updates from participating boards of nursing*

Obtain your NCSBN ID, a number unique to you that allows you to easily identify yourself to applications and processes without providing detailed information.

Learn more and enroll today
nursys.com/e-notify

* See nursys.com for participating BONs.



License Verification for Employers



Contact us for a Demo NursysSupport@ncsb.org

nursys®

E-NOTIFY

Join the nearly 15,000 health care institutions using e-Notify to protect their patients.



NCSBN created Nursys, the only national database for licensure verification of registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs).

Nursys e-Notify® delivers real-time notifications right to your inbox:

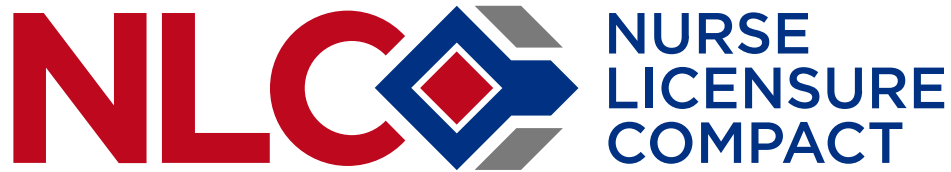
- Licensure status changes and expiration updates
- Create and manage multiple license expiration reminders
- Multistate and single-state changes within the Nurse Licensure Compact
- Live and dynamic RN and LPN/VN updates sent securely from all boards of nursing
- APRN data and updates from participating boards of nursing*
- Any publicly available disciplinary action
- The most reliable and efficient system of its kind
- **And it's all free of charge**

You can also obtain the **NCSBN ID** for each of your nurses, allowing you to identify your nurses with a unique nurse identifier (UNI) on electronic health records and various databases for documentation, education, research and training purposes.

Learn more and enroll today
nursys.com/e-notify

* See nursys.com for participating BONs.





Interstate Commission of Nurse Licensure Compact Administrators Adopts New Residency Rule

Announcement: Starting Jan 2, 2024, a new NLC rule will be in effect. Nurses relocating to another compact state have 60 days from the time they move to apply for a new license by endorsement in a new primary state of residence.

The new rule reads:

402(2) A multistate licensee who changes primary state of residence to another party state shall apply for a multistate license in the new party state within 60 days.

Helpful FAQs and a brief video about the new rule are available online. Nurses can enroll at no cost in Nursys eNotify to receive notifications related to license renewals at www.nursys.com.

For more information



Visit
www.nlc.gov



email
nursecompact@ncsbn.org



The next issue of

The logo for 'The Bulletin' features a stylized graphic of four overlapping rounded squares in a 2x2 grid. To the right of this graphic, the word 'The' is written in a smaller, sans-serif font, and 'Bulletin' is written in a larger, bold, sans-serif font, both in a dark green color.

The Bulletin

will be released in **October 2024**

What to expect...

- 2025 Elected Officers and New Members
- Nomination Form for 2025 Election

"Do more than belong: participate.

Do more than care: help.

Do more than believe: practice.

Do more than be fair: be kind.

Do more than forgive: forget.

Do more than dream: work."

- *William Arthur Ward* -

