

MOMENTUM

Winter 2006 • Volume 4 Issue 1

Board Selects
New Officers

Patient Safety...
A Nursing
Concern



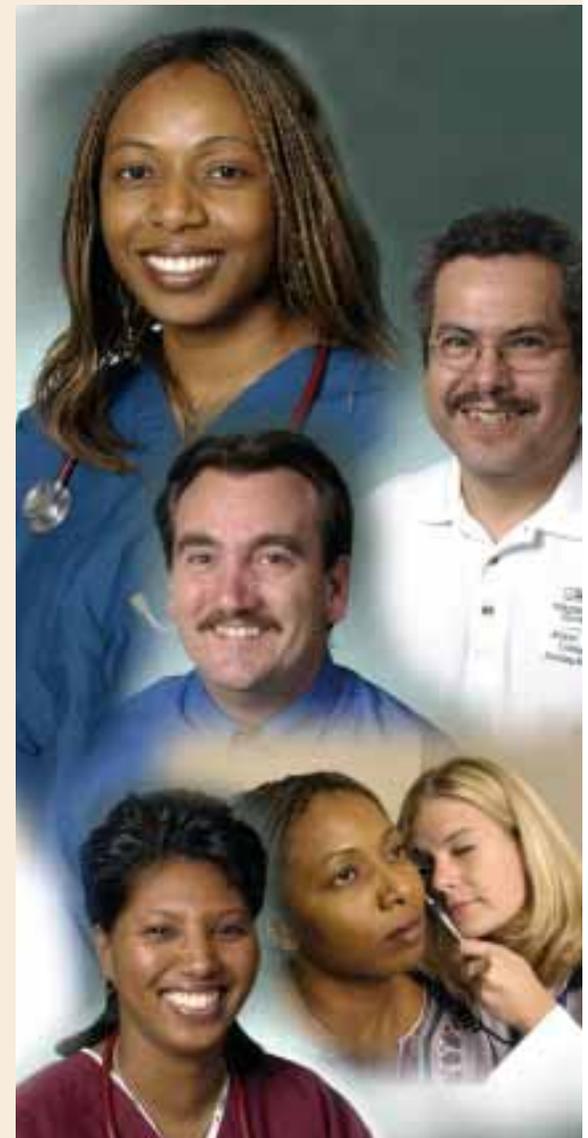
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Executive Director

Betsy J. Houchen, RN, MS, JD

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Cynthia R. Snyder, JD

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contents

Winter 2006 ■ Volume 4 Issue 1

9 Board Elects
New Officers

13 Patient Safety...
A Nursing Concern

19 Community Health Worker
Certification Begins



4 Letter from the
President

6 Letter from the
Executive Director

7-8 Board News

21 Duplicate Licenses

22 Payment Failures

22 Address Change

23 Board Disciplinary
Action

Momentum reaches every Nurse and Dialysis Technician, every Hospital and Nursing School Administrator in the State of Ohio. Over 192,000 copies are addressed and mailed statewide. Estimated readership is well over 540,000 with each issue.

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Cindy A. Krueger
MSN, RN
President

It is a great privilege to be addressing Ohio's nurses, dialysis technicians, and community health workers for the first time as President of the Ohio Board of Nursing. I am honored by the trust that my fellow board members have in me and look forward to leading the Board in these challenging times. In this endeavor, I am pleased to have the assistance of Board Vice President, Teresa Williams,

Supervising Member for Disciplinary Matters, Bertha (Bert) Lovelace, and the other ten hard-working, dedicated members of the Board. [See page 8 for complete Board roster.]

Among the challenges we face as a Board is implementation of the Medication Aide Pilot Program on or before May 1, 2006. The Board and staff have devoted many hours to developing the administrative rules necessary to implement this program, and we are all hopeful that it accomplishes the goals of its legislative sponsors. The focus of the Board in the medication aide discussions has been to establish a program that preserves the critical role of nurses in providing care to residents, and to ensure that the use of medication aides in residential care facilities and nursing homes, does not jeopardize residents' health and welfare. Administrative rules will be filed with the Joint Committee on Agency Rule Review this month, and the Board will prepare to certify medication aides and approve medication aide training programs beginning no later than May 1st.

The Board also continues to strive for fair and effective discipline of licensees and certificate holders. We continue to see increases in the number of complaints filed with the Board, and a corresponding growth in the workload of the Compliance Unit. During 2005, the Board

received about 3600 complaints, compared with 2500 complaints in 2004. In addition, the Board took action on, or adjudicated, about 900 disciplinary cases. Much of the time and energy of Board members is spent in reviewing discipline cases and deciding on an appropriate sanction or response.

On the legislative front, the Board monitors all health care legislation but takes an active role only on those proposals that would affect the Board's ability to fulfill its regulatory mission, or impede the practice of nurses, dialysis technicians, or community health care workers. One such measure that represents this potential is currently pending in both chambers of the Ohio legislature. House Bill 117 and Senate Bill 98 would recognize alternative and complementary health care providers, and exempt them from state regulation. The Board has adopted a position of opposition to these bills, and has shared its concerns with the bills' sponsors and others in the House and Senate. The prognosis for the legislation is presently unclear.

As I become increasingly involved in the work of the Board, I better appreciate the essential role we play in our regulated professions. For this reason, I feel it is vital for our constituents to know and understand the issues with which we deal. Information about current Board activities can be found in the quarterly issues of *Momentum*, on the Board's website [www.nursing.ohio.gov], and through attendance at Board and Advisory Group meetings. As members of a regulated profession, it behooves all of us to be involved.

Cynthia A. Krueger

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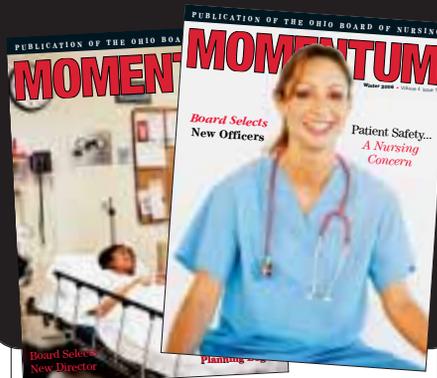
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Betsy J. Houchen
RN, MS, JD
Executive Director

Happy 2006!

As we enter a new year, we reflect on the past year and think ahead to the work of 2006. Some of the work of the Board, as reflected in the Annual Report for 2005, was as follows:

- Maintaining licensure of 195,926 Ohio nurses;
- On-line renewal offered for the first time;
- Renewal of 131,633 licenses for the RN licensure period of 2005-2007;
- Licensure of 6,881 nurses by examination and 2,303 nurses by endorsement;
- Certification of 7,013 nurses as

advanced practice nurses and 2,636 certificates to prescribe;

- Issuing 1,370 dialysis technician certificates;
- Processing and investigating about 3,600 disciplinary complaints;
- Adjudication of approximately 900 disciplinary actions
- Monitoring approximately 1,000 disciplinary and alternative program cases;
- Approvals and re-approvals of 29 nursing education programs;
- Continuing education audits of 8,697 nurses;
- Implementation of administrative rules to certify community health workers and approve community health worker training programs;
- Implementation of administrative rules to award grants through the Nurse Education Grant Program, and awarded grants totaling \$1,442,934 to eight nursing education programs;
- Organizational transition with the Board's appointment of a new Executive Director;

Also in 2005, we saw the General Assembly enact the budget bill, HB 66, which included a provision that created a Certified Medication Aide Pilot Program in Ohio. One focus for the Board during 2006 will be to establish the Pilot Program for the use of certified medication aides in nursing homes and residential care facilities and to approve training programs for certified medication aides.

The law requires the Board to establish administrative rules by February 1, 2006, and a certified medication aide pilot program from May 1, 2006, to July 1, 2007. While the program is to be conducted initially as a Pilot, the legislation allows it to become permanent law after the Pilot is completed, unless there is a future act by the General Assembly.

The Board is also required to conduct an evaluation of the Pilot and submit a report to the General Assembly by March 1, 2007. An Advisory Council, composed of many interested parties with diverse interests, is working with the Board to establish rules for the certification of medication aides and approval of training programs. (Please see the last issue of *Momentum* for an article providing more information about the legislation and certified medication aides.)

The Board has received many inquiries from nurses who have expressed their disagreement with having certified medication aides and asking why the Board has decided to implement a program that they view as "undermining" nursing.

We appreciate the concerns and generally respond by saying that the Board did not initiate the legislation that established the program, however, when it was clear that the proponents of certified medication aides would be working through the legislative process to establish such a program, the Board recognized it was important for certified medication aides to be under the jurisdiction and oversight of nursing, specifically the Ohio Board of Nursing. The Board believes that because it regulates the practice of nursing, the Board, not another state agency or entity, should regulate certified medication aides who will be performing this nursing function. Further, because the Board's mission is to actively safeguard the health of the public through the effective regulation of nursing care, it is important to focus on patient safety in the development of the program and in the regulation of certified medication aides.

During the legislative process, the Board, and other interested parties, advocated for legislative limitations and for the legislation to specify that certified medication aides could only administer medications upon delegation by a nurse. As a result, delegation was included in the statutory requirements. The Board views delegation as a vital element of the process to maintain nursing oversight and patient safety. The Advisory Council has worked diligently to recommend rules that balance patient safety and nursing oversight with the use of certified medication aides. The Board, mindful of its mission, will consider the recommendations from the Advisory Council as it moves forward to promulgate the rules and implement the program.

We thank those of you who have contacted the Board and hope that we have answered some of the concerns you may have. Additional information is on our web site at www.nursing.ohio.gov (click on "Medication Aides"). We will continue to post additional information on that site as the Board proceeds with the rule making process and implements the Pilot Program in nursing homes and residential care facilities.

With the start of a new year, we wish you well!

A handwritten signature in black ink that reads "Betsy J. Houchen".

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board news

Dates and Location of Scheduled Board Meetings

The Ohio Board of Nursing meets six times per year with the meetings beginning on Thursday and continuing until business is completed on Friday. The Board may also meet on Wednesdays prior to the Board meeting as a whole or in small groups to discuss specific items or issues, to participate in continuing education activities, or to conduct a public rules hearing (generally in November). Watch for formal notification of the date, time, and location of rules hearings. Summaries of these meetings or hearings are presented to the full Board during a regularly scheduled Board meeting for information and possible action by the Board. The Thursday meeting begins promptly at 9:00 AM. The public is invited to attend, however, potential attendees should contact the Board office at 614/466-6940 prior to the scheduled meeting to determine if there have been any changes in the location of the session.

2006

January 19-20, 2006

March 15-16-17, 2006

April 18-19 (retreat)

May 18-19, 2006

July 20-21, 2006

September 21-22, 2006

November 15-16-17, 2006

2007

January 18-19, 2007

March 15-16, 2007

(retreat – T.B.A)

May 17-18, 2007

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Advisory Groups and Committees

All meetings of the advisory groups begin at 10:00 AM (unless otherwise noted) and are held in the Board office. If you wish to attend one of these meetings, please contact the Board office at 614/466-9970 to determine space availability, as well as any change in the location, date or times from those listed.

The Advisory Group on Nursing Practice and Education—February 9, April 13, June 8, August 10, October 12, and December 7.

Chair: Kathleen Driscoll

The Advisory Group on Dialysis—February 21, April 18, June 20, August 15, and October 17.

Chair: Debra Broadnax

The Advisory Group on Continuing Education—February 17, June 16, and October 20.

Chair: Lisa Klenke

The Committee on Prescriptive Governance—April 24 and October 16.
Interim Chair, Jacalyn Golden, MSN, CNP

2006 Members Ohio Board of Nursing

Term Expires

Cindy A. Krueger, MSN, RN, <i>President</i>	Napoleon	2007
Teresa L. Williams, LPN, <i>Vice President</i>	West Union	2007
Anne Barnett, BSN, RNC, CWS	Junction City	2006
Bertha Lovelace, RN, BA, CRNA <i>Supervising Member for Disciplinary Matters</i>	Cleveland	2006
Judith Brachman, <i>Consumer Member</i>	Columbus	2007
Debra Broadnax MSN, RN, CNS	Columbus	2008
Elizabeth Buschmann, LPN	Oregon	2008
Kathleen O'Dell, RN, M.Ed., N.C.S.N	Greenville	2008
Kathleen Driscoll, JD, MS, RN	West Chester	Reappointment Pending
Mary Jean Flossie, LPN, LNHA	Massillon	Reappointment Pending
Lisa Klenke, MBA, RN, CNAA	Coldwater	Reappointment Pending
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Board Selects New Officers

At its meeting in November, the Board of Nursing chose officers to lead the Board during 2006. **Cindy Krueger MSN, RN** was elected as President, succeeding Yvonne Smith MSN, RN, CNS who served in the role for two years. As Vice President, members elected **Teresa Williams, LPN** as successor to Mary Jean (Jeannie) Flossie, LPN, LNHA. The Supervising Member for Disciplinary Matters will remain **Bertha (Bert) Lovelace, RN, BA, CRNA**.



Cindy Krueger MSN, RN

Ms. Krueger is a nurse educator from Napoleon Ohio, who was appointed to the Board by Governor

Taft in 2004. Prior to her appointment, Ms. Krueger was active with the Board for several years in a variety of capacities including membership on the Continuing Education Approver Committee, the Continuing Nursing Education Advisory Group, and the Nursing Practice and Education Advisory Group. She has also been active with the Ohio Nurses Association and other nursing professional groups. This combination of experiences has given Ms. Krueger a unique understanding of the mission of the Board and has allowed her to move quickly into a leadership role.

When not involved in the work of the Board, Ms. Krueger is the Dean of Allied Health and Public Service at Northwest State Community College in Archbold, Ohio. In this position she has overall responsibility for the college's associate degree programs in Nursing, Early Childhood Development, Human Services, and Criminal Justice. She has been at Northwest State since 1989, initially as full-time nursing faculty and then assuming an administrative role. Ms. Krueger holds a certificate of authority as a Clinical Nurse Specialist.

The Board's new Vice President,



Teresa Williams, LPN

Terri Williams, is a licensed practical nurse from Bentonville, in southeastern Ohio. Also appointed to the Board in 2004 by Governor Taft, Ms. Williams brings to the Vice President role a different, but complementary, set of skills and experiences. A nurse since 1994, Ms. Williams has focused on direct patient care with a particular emphasis on pediatric home care. Living in an area of the state with significant unmet health care needs has given her a first-hand appreciation of the nursing shortage, and a recognition of the opportunities that exist for RNs and LPNs. Serving as a member of the Board has

led to a broader view of the nursing community and a better understanding of its various components. As Vice President, Ms. Williams hopes to convey to other LPNs the importance of their role as caregiver and patient advocate. When not tending to her pediatric patients or to the business of the Board, Ms. Williams is a passionate NASCAR fan.

Beginning her third year as the Board Supervising Member for Disciplinary Matters, Bertha (Bert) Lovelace will continue to work closely with Board members and staff to address the growing discipline caseload. The role of the Supervising Member for Disciplinary Matters is to represent the Board in reviewing complaints, investigatory information, and other matters relevant to the Board's performance of its disciplinary responsibilities. Several times a month, Board investigators, adjudication coordinators, and monitoring agents confer with Ms. Lovelace to initiate disciplinary action, process pending cases, and develop recommendations for formal Board action. This task is critical to the effectiveness of Board operations in the area of regulation and enforcement. Ms. Lovelace has been a great asset to the Board as the Supervising Member for Disciplinary Matters, and she anticipates a continued increase in disciplinary cases in 2006.

In addition to her Board responsibilities, Ms. Lovelace works as the chief CRNA for the Department of Anesthesiology at the Cleveland Clinic Foundation.

MOMENTUM

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April 15, 2006 • July 15, 2006 • October 15, 2006

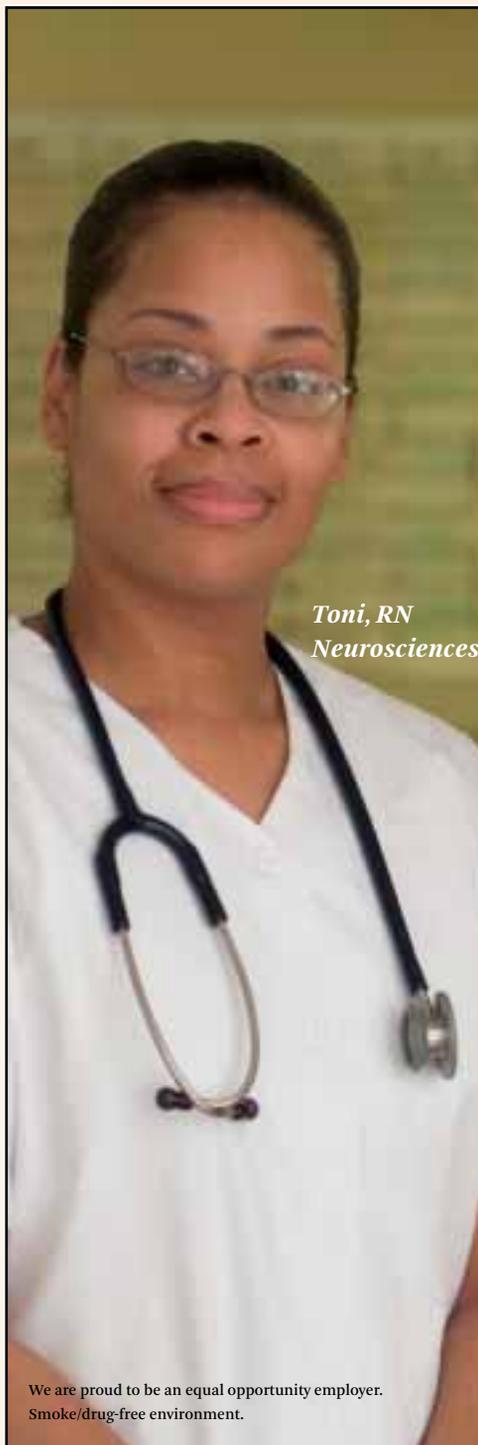
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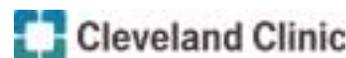
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- ≈ **Day Six:** At sea (conferences)
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- ≈ **Day Eight:** Galveston

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PATIENT SAFETY...

A Nursing Concern

Nurses and those providing nursing services understand the importance of patient safety and their role in providing safe patient care. The Ohio Board of Nursing (Board) recognizes the importance of working as part of a coordinated effort to achieve improvements in patient safety in Ohio. Over the past few years, the Board has worked collaboratively as a participant of the Patient Safety Discussion Forum. Lisa Emrich, Manager of the Practice and Alternative Programs Unit, represents the Board on the Forum.

The Patient Safety Discussion Forum was convened by the Ohio Department of Health in response to the Institute of Medicine's report on medical errors. The Department of Health combined efforts with health care leaders in Ohio to identify and promote safeguards in the health care system. Participants in the Patient Safety Discussion Forum share a fundamental commitment to safe health care for every Ohioan.

Forum group members include the Ohio Board of Nursing, Ohio Department of Health, Ohio Hospital Association, Ohio KePRO, Ohio Nurses Association, Ohio Osteopathic Association, Ohio Patient Safety Institute, Ohio Pharmacists Association, Ohio State Board of Pharmacy, Ohio State Medical Association, Ohio University College of Osteopathic Medicine, and the State Medical Board of Ohio. These groups are dedicated to fostering a culture of safety that focuses on systemic causes

of error and evidence-based initiatives that build upon each other over time to strengthen the entire health care system for Ohioans.

One of the initial projects of the Patient Safety Discussion Forum is the Ohioans First project. In *Momentum*, Fall 2003, the Board first reported on this project and the elimination of dangerous abbreviations. The chart included with that article is reprinted below.

The goal of the Ohioans First project is to reduce and eliminate the use of dangerous abbreviations and confusing dose designations in medication orders to decrease the incidence of medication errors. Over the last twenty-five years, organizations such as the Institute for Safe Medication Practices,

the National Coordinating Council for Medication Error Reporting and Prevention, and the Joint Commission on Accreditation of Healthcare Organizations, have recommended the reduction of abbreviations and confusing expressions.

Medication abbreviations and confusing dose designations contribute to errors during the prescribing phase of treatment. The primary barrier to eliminating dangerous abbreviations and dose designations is the fact that their use is a long-standing habit among health care practitioners. In addition, many of these abbreviations and designations are incorporated into standing orders, protocols, and information systems in health care organizations.

Ohioans FiRxst

The Elimination of Dangerous Abbreviations

Dangerous Abbreviation / Dose Expression	Intended Meaning	Misinterpretation	Correction
No zero before decimal dose (.5 mg)	0.5 mg	Misread as 5 mg	Always use a zero before a decimal when the dose is less than a whole number
Zero after decimal point (1.0)	1 mg	Misread as 10 mg if the decimal point is not seen.	Do not use terminal zeros for doses expressed in whole numbers.
U or u	Unit	Read as a zero (0) or a four (4), causing a 10-fold overdose or greater. (4U seen as 40 or 4u seen as 44)	Unit has no acceptable abbreviation. Use unit.
µg	Microgram	Mistaken for "mg" when handwritten.	Use microgram
QD or q.d.	Every day	Can be misread if the period after the "q" or the tail of the q is misread as an "i" or an "o"	Write directions out completely. Use every day or daily.

The Patient Safety Discussion Forum has been working to assist organizations in implementing plans to eliminate the Ohioans First-identified abbreviations and reduce the use of all abbreviations and dose designations. One of the strategies is to develop a marketing campaign, and specifically, a CD-Rom to be distributed and used to increase awareness of the problem of medication errors. The Board, as a participant in the Patient Safety Discussion Forum, participated in the interviews for the CD-Rom. The following are Board responses to the interview questions.

From your perspective, how serious is the problem of medication errors?

Medication errors are very serious. Depending on the drug involved or the type of error, the results of an error can be catastrophic for the patient and for the practitioner. This year, the Board received over 4,000 complaints, many of which involved nursing practice, including medication errors. The Board's concern is whether the error "reached" the patient and what the outcome was for the patient.

Aren't we really talking here about improving the quality of health care, about ensuring that all Ohioans get quality care?

The Board believes it is an issue of quality health care. The mission of the Board is to actively safeguard the health of the public through the effective regulation of nursing care. By reducing or eliminating medication errors, the quality of health care improves and the public is better protected.

With respect to medication errors, what specific problems are faced by people in your industry and what can we do to eliminate these errors?

We believe medication errors are the result of health care practice break-



downs, a systemic problem. Nurses can identify where the breakdown occurs in the system whether it is communication between health care providers or the use of dangerous abbreviations, and nurses can serve as effective problem solvers to assist in resolving the breakdown. The nurse is the last barrier or the last defense to prevent the error from reaching the patient and nurses can help create a system that prevents errors from occurring. Nurses are central to the health care system as they interface with physicians, pharmacists, and others involved in patient care.

What are the "costs" of medication errors? How are people you serve affected?

From the Board's perspective, the costs are in human terms, patient harm and nursing practice issues. Although errors are generally a systemic problem, individual nurses are still held accountable for their nursing practice. Errors can be catastrophic for patients and their families and also for the individual nurse. Nurses take pride in their work and the care of their patients, so any error involving the nurse can result in significant personal and professional issues for the nurse.

If it is true that most medication errors are system problems, how do we get people to change how

they do things? Is it an issue of education, supervision, improved regulation? Or, asked another way, if the issue here is creating a "culture of safety," how do you do it?

From the Board's perspective, regulation is an important aspect of the issue. Under statutory authority, the Board establishes regulatory standards for safe practice. When a nurse fails to meet those standards, the Board has authority to discipline the nurse or, for practice issues, the Board may offer the option of an alternative to discipline known as the Practice Intervention and Improvement Program (PIIP). PIIP is designed to improve an individual's nursing practice. It is a confidential program that requires nurses to receive remedial and targeted education, mentoring with a workplace nurse, and monitoring by the Board. The Board is considering expanding the PIIP program in the next year to increase employer involvement in the remediation and monitoring of the nurse throughout the program.

Another way the Board is addressing the issue of medication errors is by working with the National Council of State Boards of Nursing (NCSBN). NCSBN has been instrumental in focusing on issues identified in the Institute of Medicine report. One joint project related to medication errors is known as TERCAP (Taxonomy of Error; Root Cause Analysis; Practice Responsibility). TERCAP will be a tool used by state Boards of Nursing to collect data about practice breakdown, including medication errors, and identify systemic causes of error.

The Board is pleased to be working in collaboration with other organizations to improve patient safety in Ohio and looks forward to continuing participation in patient safety initiatives.

If you would like more information on Ohioans First, see the web site at www.ohioansfirst.org.



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 PN 112480 BEATRICE SHERRER
 PN 107011 SHELLY WARD
 PN 099169 CHERYL COSGROVE
 PN 103327 RYAN SMITHER
 PN 112057 LAURA GUPTIL
 PN 084604 ANTHONY BELL
 PN 117923 KELLY WILSON
 PN 116522 SUSANA MERCADO
 PN 102011 ERIN RANDALL
 PN 069286 ANITA WHITLOCK
 PN 075905 JUAN RIOS-SOTO
 PN 114369 WENDY HARRIS
 PN 110401 ANGELA GOVAN
 PN 101133 KAREN HINKLE
 PN 101134 KRISTEN VOTH
 PN 096038 DIANA KIDDOO
 PN 108925 DEANNA WISE
 PN 069886 CATHERINE KIMBLE

Current as of 1/06

payment failures

There is often a lag-time between when a payment is processed by the bank and when the Board receives notification of error or insufficient funds. Even though a renewed license may have been received in the mail, failure of a payment to clear the bank will cause an application to become incomplete. It is not the Board's intention in publishing this list to embarrass licensees who fail to render proper payment for their license or certificate. The purpose is to notify current and potential employers and to reach the individual when other avenues have failed.

There are many reasons a personal check may not properly 'clear' during bank processing. It is for this reason that each person listed here has been notified by certified mail, using the last known address of record, and given 30 days (or more) to render proper payment to the Board. These applications, certificates, or licenses will not be considered complete until proper payment has been rendered. If payment is not received within 30 days after notice is provided, licensee information is turned over to the Compliance Unit and recommended for investigation on charges of working without a license. Individuals found to be working on a lapsed license will be subject to the penalties defined in ORC Section 4723.99 (B).

Below is a list of those nurses and dialysis technicians whose renewal applications, certificates, or duplicate licenses are incomplete due to payment failure related to insufficient funds. The licensee and certificate holders listed below failed to render payment by the date this publication went to press.

Registered Nurses

RN 179628 Balogh, Cheryl
 RN 226845 Bragg, Kathleen
 RN 227081 Brown, Margaret
 RN 234395 Clarke, Robert
 RN 284031 Conner, Deborah
 RN 231846 Farrish, Cordelia
 RN 081572 Hartman, Mary
 RN 254146 Jarven, Ann
 RN 286153 Markel, Jolinda
 RN 099852 McCutcheon, Jane
 RN 256289 McDaniel, Linda
 RN 142782 Mehling, Barbara
 RN 304894 Powell, Steven
 RN 169684 Queener, Bernadette
 RN 275595 Riley-Brown, Kimberly
 RN 160634 Robb, Christopher
 RN 304484 Rotroff, Kurt
 RN 225351 Smith, Nancy
 RN 288354 Smith, Shelia
 RN 229036 Sweetland, Dundee
 RN 143939 Wexler, Bonnie
 RN 307928 Whiteker, Erin
 RN 152613 Yetsko, Venita
 RN 300574 Young, Jacque

Licensed Practical Nurses

PN 027403 Allgower, Barbara
 PN 109961 Carter, Sandra
 PN 030448 Curtis, Patricia
 PN 117431 Enyings, Adrienne
 PN 091221 Finke, Tonia
 PN 077423 Freeman, Barbara
 PN 105124 Groves, Lisa
 PN 111709 Headings, Amy
 PN 102088 Highlander, Mildred
 PN 089852 Johnson, Kimberly
 PN 118280 Latimore, Holly
 PN 026851 Lauinger, Eugenia
 PN 016998 Majors, Mary
 PN 081286 Shearer, Jessica
 PN 007905 Tatum, Carol
 PN 109807 Townsend, Stacey
 PN 081341 Weaver, Carlotta
 PN 068305 Zimmerman, Jeanese

Dialysis Technicians

DT 01525 Heiser, Lisa
 DT 01459 Miljour, Lisa

If your name is listed here, please contact the Board at 614-466-9976 to arrange for proper payment of your fees. Because the name of a licensee may be the same as another, **please do not assume from the name alone** that a particular individual has a payment failure. You may verify the license number on the Board's web site at www.nursing.ohio.gov by clicking on Verification.

Thank You.

Did You Change Your Name? Did You Change Your Address?

- Provision of your social security number is mandatory [RC 3123.50] and may be provided for child support enforcement purposes [RC 3123 et seq.], reporting requirements to the Healthcare Integrity and Protection Data Bank [42 USC §1320a-7e(b), 5 USC §552a, and 45 CFR pt 61], and to facilitate the processing of your licensure.
- **A change in name must be accompanied by a certified copy of a marriage certificate/abstract or divorce decree, a certified copy of a court record, or a certified copy of documentation consistent with the laws of the state where the change occurred. A certified copy can be obtained directly from the court where the original record was filed.**

Did You Notify The Ohio Board of Nursing?

Name and/or Address Change Form *(Please type or print)*

License # _____

SS# • _____

Old Information: Name _____

Address _____

County _____

Changes: Name • _____

Address _____

County _____

Effective Date _____

Signature _____

Send completed form to: ATTN: Renewal, Ohio Board of Nursing,
 17 South High Street, Suite 400, Columbus, Ohio, 43215-7410

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1430 So. High Street
Columbus, OH 43207
Fax: 614/444-5826
E-mail: pgriffey@ohpac.com

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Interested applicants should send resumes to Jared Meadows, c/o TVBH, 2200 W. Broad Street, Columbus, Ohio 43223 or fax @ (614) 752-0386 or e-mail @

jobsmh455@mhmail.mh.state.oh.us

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740-548-7006, or
nurse@recreationunlimited.org

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Surgical unit 7P-7A	Medical Unit 7P-7A	

Mercy Medical Center

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Medical Oncology Unit 7P-7A	PACU 10:30A-7:00P

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Julie Truman, Nurse Recruiter jptruman@health-partners.org
 Phone: 937-390-5365 • Fax: 937-390-5079
 Or apply in person: Human Resources, 1343 N. Fountain Blvd.
 Springfield, Ohio 45504



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 Email: dreedym@montefiorecare.org
 Website: www.montefiorecare.org EOE



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