

Alaska Board of Nursing

Agenda Item #1



Roll Call/Call to Order

Alaska Board of Nursing

Agenda Item #2



Ethics Disclosures

Alaska Board of Nursing

Agenda Item #3



Board Activities

Alaska Board of Nursing
Agenda Item #4



Consent Agenda Items



ALASKA BOARD OF NURSING MEETING AGENDA

NOVEMBER 5 & 6, 2025

MISSION STATEMENT:

The mission of the Alaska Board of Nursing is to actively promote and protect the health of the citizens of Alaska through governance of the practice of nursing.

Meeting Details

Meeting Name: Alaska Board of Nursing Meeting

Meeting Start Time: 9:00 AM (AKST)

Meeting Start Date: November 5, 2025

Meeting End Time: 4:00 PM (AKST)

Meeting End Date: November 6, 2025

Meeting Locations: 1. Board/Staff - Suite 1540, Atwood Building, Anchorage, AK
2. Zoom for Public Attendees (Limited In-Person Space)

Join Zoom Meeting

<https://us02web.zoom.us/j/84867648781>

Board of Nursing: [Nursing.Alaska.gov](https://www.nursing.alaska.gov)

Board Members:

Danette Schloeder,
RN
(Chairperson)

Lena Lafferty,
RN

Marianne Murray
RN Educator

April Erickson,
APRN

Vacant
LPN Seat

Michael Collins,
Public Member

CJ Payne,
Public Member

Staff:

Patty Wolf, MSN,
RNC-OB
Executive
Administrator

Lisa Maroney,
Licensing
Examiner III,
Supervisor

Kelly Olson, RN
Nurse Consultant I

**Upcoming
Meetings:
February, May
2026 -TBD**

Wednesday, November 5, 2025

Agenda

*Times listed are approximate

1. Call to Order/ Roll Call (9:00 - 9:03)
2. Ethics Disclosures (9:03 – 9:07)
3. Board Activities (9:07 – 9:15)
4. Consent Agenda Items (9:15 – 9:20)
 - Meeting Agenda
 - Probation Report
 - Investigative Report
 - Meeting Minutes
 - NCSBN Letter from the President
5. Public Comment Period (0920-0935)
6. PDMP Report (0935-0955)
Presenter: Lisa Sherrell, PDMP Manager

7. UAA School of Nursing Annual Report (9:55- 10:20)
Presenter: Carla Hagen PhD, MPH, RN, Director, School of Nursing, UAA

Break (1020-1040)

8. APU School of Nursing Annual Report (10:40-1105)
Presenters: Lisa Moore, MSN, RN, Coordinator AND Program & Staci Seagle MSN, RN, Coordinator LPN Program

9. Charter College- School of Nursing Annual Report (11:05-1130)
Presenter: Dr. Cynthia D Booher PhD, RN, DNS-CT, CDP. CNRN, ELNEC, NCSN, CNE

10. Charter College- Provisional Approval Request for LPN Program (11:30-1155)
Presenter: Dr. Cynthia D Booher PhD, RN, DNS-CT, CDP. CNRN, ELNEC, NCSN, CNE

Adjourn for Lunch (1155-1:15)

11. UAF CTC LPN School of Nursing Annual Report (1:15-1:45)
Presenter: Audrey McDaniel, MSN, RN, LPN Program Administrator
12. Nurse Aide Program updates and Request for the board: (1:45-2:15)
Presenter: Kelly Olson, RN, Nurse Consultant-
 - Polaris Nurse Aide Training Program- Anchorage- Tammy Rose
 - Norton Sound Health Corporation- Nome- Angela Koehler

13. LPN Apprenticeship Request for support (2:15-2:35)
Presenter: Jessie Beyer, SHRM-CP, Talent Development Specialist, Foundation Health Partners

Tina Whetstine, Nurse Administrator Denali Center

Break (at the boards discretion)

14. Medication Administration Training Course Approval request (2:35-3:05)

- ASD- Presenter: Kathy Bell, RN, Director of Health Care Services / April Erickson
- CITC Recovery and Reentry Service- Presenter: Rachel Hacke, DNP, APRN, PMHNP-BC, FNP-C

15. Request for Advisory Opinion on RN Scope of Practice – Use of Operative Note Templates for Pain Injection Procedures (3:05-3:25)

Presenter: Dandria Vlastnik, RN

16. Request for Advisory Opinion- Co Caring Units (3:25-3:45)

Presenter: Terra Colgrove, RN

17. Review/Assign Action item Assignments and due dates for Board Members

Chair final comments

Presenter: Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS

Adjourn

Thursday, August 6, 2025

18. Call to Order/Roll Call (0900)

Discussion of the following topics may require executive session. Only authorized members will be permitted to remain in the Board/Zoom room during executive session.

19. Executive Session (09:05)

Reading of orders

Break 10:30-10:50

20. Advisory Opinion (10:50-11:10)

- Clarification on the “At Home” English Language Proficiency test

21. Foreign Credential Evaluation Services (11:10- 11:30)

Presenter: Josef Silny, President, International Education Consultants

22. BON and Licensing Reports (11:30-1200)

RN: Madeleine Henderson and Laura Souders, Occupational Licensing Examiners

BON: Patty Wolf MSN, RNC-OB

Adjourn for Lunch (12:00-1:15)

23. Division Updates (1:15-1:35)

Legislative Update: Glenn Saviers, Deputy Director

Division Update: Sylvan Robb, Director

24. Definition of Abandonment (1:35-1:45)

Presenter: Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS

25. Strategic Plan and Annual Report Review (1:45-2:15)

- Strategic Plan and previous action items
- Annual report- Start FY 2026 template

Break (at the boards discretion)

26. Preliminary work RE: AO 360 (2:15-3:00)

- Review of Public Comments and Feedback from the Stakeholder meetings
- Next steps

27. Election of officers (3:00-3:15)

28. Develop 2026 meeting schedule

29. For the Good of the Order (3:30-4:00)

Presenter: Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS

- Assign/Review action items.
- Any further topics or follow-up to cover
- Evaluation of board meeting

30. Chair Final Comments

Adjourn



October 22, 2025

Julie Sande, Commissioner
Alaska Department of Commerce, Community, and Economic Development
550 W. 7th Avenue, Suite 1535
Anchorage, Alaska 99501

Commissioner Sande,

On behalf of the Board of Nursing, I am writing to express our full support for the Department of Commerce, Community, and Economic Development (DCCED), Division of Corporations, Business, and Professional Licensing's (CBPL) Alaska Prescription Drug Monitoring Program (PDMP) and its application for funding under the Bureau of Justice Assistance Administration (O – BJA-2025-172445). We believe funding is necessary in the continued support of multi-agency efforts to combat opioid abuse, misuse, addiction, and diversion, and to enhance individual and community health and well-being across Alaska.

Funding will be used to advance existing efforts by:

- Providing adequate resources to assist with the development and implementation of programs to effectively monitor compliance.
- Providing adequate resources to assist licensing boards with improved registration resources.
- Providing adequate resources to assist state and federal agencies with inspections and investigations to enhance public safety and allow community wellbeing to thrive.
- Enhance the PDMP by utilizing the advanced analytics features, which will strengthen the State's ability to identify problematic prescribing and dispensing behaviors while supporting judicious treatment practices.
- Provide funding for training, resource development, and education efforts for staff and end users.
- Continue funding for the cost of RxCheck, which is currently configured in Alaska.
- Continue support for integration to improve access to providers.
- Assist with the development of provider training materials to increase utilization of the PDMP.

The PDMP is an essential tool in battling the opioid crisis in Alaska. The complex dynamics of drug use, misuse, addiction, and the interplay between socioeconomic factors, mental health, behavioral health, and the effect of drug-related crime in our communities require significant levels of coordination with state and local agencies. The PDMP is a crucial aspect to that coordination and provides the data needed to keep all parties working towards the common goal.

Additional funding is needed to enhance the tools available and increase integration and use amongst providers in Alaska. The Board of Nursing is pleased to support the PDMP's application to support efforts for the database to reach its full potential as a clinical decision-making tool and a vital public health surveillance tool. We look forward to continuing and expanding our partnership efforts to curtail the opioid crisis in our state.

Sincerely,

Signed by:
Danette Schloeder
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Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS
Board of Nursing Chair



Letter FROM THE President

POST-BOARD MEETING UPDATE

Oct. 7, 2025

Greetings Colleagues:

The NCSBN Board of Directors (BOD) convened in Chicago on Sept. 23–24, 2025. The BOD would like to provide you with a summary of the key outcomes and discussions. A significant component of the first meeting for the new fiscal year (FY26) was welcoming new BOD member Carolyn McCormies (Arizona). The BOD also welcomed returning members Jenny Barnhouse (Oklahoma), Barbara Blozen (New Jersey), and Sue Painter (West Virginia), who were all reelected by the membership to serve another two-year term. The addition of these esteemed board members to the BOD is a crucial step in reinforcing the mission and strategic initiative of the organization, ensuring continuity and growth.

As is customary for the first meeting of the new fiscal year, a board member orientation on governance was provided for all members of the BOD. This comprehensive introductory process equips new and continuing board members with knowledge of their roles, responsibilities, and legal/fiduciary duties, as well as the organization's mission, vision and strategic direction. The orientation process provides foundational knowledge, inspires informed guidance, improves communication and participation, ultimately leading to stronger, more effective governance and organizational stewardship.

A significant responsibility of the BOD is to consider the Finance reports. Key outcomes of the financial review are provided below.

- Financial statements for the nine-month period ending June 30, 2025, were provided to the BOD for review and discussion. The BOD conducted a comprehensive review of the statements of financial position, statement of revenue and expenses, summary report and the budget variance analysis for the nine months specified in the report. After this thorough review, the BOD accepted the financial statements for the period ending June 30, 2025, demonstrating our commitment to fiscal responsibility.
- The BOD approved the proposed budget for FY26.
- Section 1.2 of NCSBN policy #8.4, "Funds of the Organization," requires the BOD to approve a resolution authorizing the CEO to establish banking, investment and brokerage accounts in the name of NCSBN. The resolution is periodically updated when new members are appointed to the BOD. The BOD approved this resolution.

The BOD received staff reports on governmental affairs (state and federal) and the 2026 NCLEX® Standard-Setting Overview and Training process. The NCLEX Standard-Setting Overview session was a crucial part of the meeting, providing the BOD with an in-depth understanding of the processes and methods used by NCSBN in conducting standard-setting studies. The BOD was provided with sample data and interpretative

POST-BOARD MEETING UPDATE, CONTINUED

guidance, ensuring that all members are well-informed and involved in the process. Revisiting performance standards regularly contributes to public protection by ensuring the NCLEX continues to serve as a valid measure of readiness to practice.

The proposed agenda topics for the 2026 Midyear Meeting were discussed. The BOD provided input and direction regarding these meetings. In keeping with “One NCSBN,” it was emphasized that presentations should reference topics of interest to the membership.

Additional actions taken by the BOD included the following:

- Approved the Pennsylvania State Board of Nursing’s request for grant funds for the implementation of the Nurse Licensure Compact. The request aligns with the strategic initiative of championing regulatory solutions for borderless health care.
- Appointed members and chairs to the Substance Use Disorder Resources Committee, the Regulatory Metrics Committee and the NCLEX® Item Review Subcommittee (NIRSC).

Phil Dickison, CEO, provided an update on the strategic goals and objectives that will be discussed during the BOD retreat, Oct. 20–22, 2025. As I conclude my first full year as your president, it has indeed been a “boots on the ground” experience and a most rewarding one. We, the BOD and staff, have listened to the membership, gathered the data and will now convene to formulate a roadmap that will lead this organization to new heights. Thank you for your input and your support.

Sincerely,

Phyllis Johnson, DNP, RN, FNP-BC

Phyllis Polk Johnson, DNP, RN, FNP-BC

President

pjohnson@msbn.ms.gov

Mission

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

Vision

Leading regulatory excellence worldwide.

Values

Collaboration • Transparency •
Innovation • Integrity • Excellence





THE STATE
of **ALASKA**

**Department of Commerce, Community,
and Economic Development**

DIVISION OF CORPORATIONS, BUSINESS AND
PROFESSIONAL LICENSING

550 West Seventh Avenue, Suite 1500
Anchorage, AK 99501-3567
Main: 907.269.8160
Fax: 907.269.8156

MEMORANDUM

DATE: October 07, 2025
 TO: Board of Nursing
 THRU: Erika Priksat, Chief Investigator ^{Initial} 
 FROM: Cortney Gleaton, Investigator 
 RE: Investigative Report for the November 06, 2025 Meeting

The following information was compiled as an investigative report to the Board for the period of July 09, 2025 thru October 07, 2025; this report includes cases, complaints, and intake matters handled since the last report.

Matters opened by the Paralegals in Anchorage and Juneau, regarding continuing education audits and license action resulting from those matters are covered in this report.

OPEN - 147

<u>Case Number</u>	<u>Violation Type</u>	<u>Case Status</u>	<u>Status Date</u>
2025-000844	Fraud or misrepresentation	Intake	09/01/2025
2025-000920	Continuing education	Complaint	09/22/2025

**ADVANCED NURSE
PRACTITIONER**

2025-000078	Prescriptive practice	Intake	01/30/2025
2025-000950	Misrepresentation	Intake	10/02/2025
2019-000516	Standard of care	Complaint	07/02/2019
2020-000369	Prescriptive practice	Complaint	04/15/2020
2021-000969	Standard of care	Complaint	10/04/2022
2023-000066	Unprofessional conduct	Complaint	05/04/2023

2023-001053	PDMP Violation	Complaint	08/26/2025
2024-000640	Prescriptive practice	Complaint	10/08/2024
2024-000940	Unprofessional conduct	Complaint	12/03/2024
2025-000025	Unethical conduct	Complaint	01/16/2025
2025-000154	Unprofessional conduct	Complaint	04/03/2025
2025-000345	Prescriptive practice	Complaint	06/06/2025
2025-000411	Continuing education	Complaint	06/05/2025
2025-000449	Substance abuse	Complaint	06/06/2025
2025-000473	Standard of care	Complaint	09/25/2025
2025-000523	Prescriptive practice	Complaint	09/04/2025
2025-000529	Sexual misconduct	Complaint	06/17/2025
2025-000592	Unprofessional conduct	Complaint	07/10/2025
2025-000601	Unlicensed practice or activity	Complaint	08/13/2025
2025-000726	Practice beyond scope	Complaint	08/12/2025
2025-000860	PDMP Violation: Failure to Register	Complaint	09/09/2025
2025-000865	PDMP Violation: Failure to Register	Complaint	09/10/2025
2025-000903	Standard of care	Complaint	10/03/2025
2025-000947	PDMP Violation: Failure to Register	Complaint	10/03/2025
2025-000948	PDMP Violation: Failure to Register	Complaint	10/03/2025
2018-000492	Standard of care	Investigation	07/08/2021
2020-000292	PDMP Violation	Investigation	11/03/2021
2020-001172	Patient or client abuse	Investigation	07/08/2021
2021-001023	Standard of care	Investigation	06/02/2023
2024-000936	Unprofessional conduct	Investigation	02/18/2025
2025-000513	Action in another state	Investigation	09/30/2025

CERTIFIED NURSE AIDE

2024-000781	Continuing education	Complaint	09/05/2024
2024-000783	Continuing education	Complaint	08/29/2024
2024-000786	Continuing education	Complaint	09/05/2024
2024-000787	Continuing education	Complaint	09/10/2024

2024-000790	Continuing education	Complaint	08/29/2024
2024-000791	Continuing education	Complaint	08/29/2024
2024-000794	Continuing education	Complaint	08/29/2024
2024-001136	Unprofessional conduct	Complaint	01/02/2025
2025-000645	Practice beyond scope	Complaint	07/22/2025
2025-000767	Continuing education	Complaint	08/20/2025
2024-000604	Unprofessional conduct	Investigation	12/02/2024
2024-000772	Continuing education	Investigation	09/26/2025
2024-000792	Continuing education	Investigation	05/27/2025
2024-000793	Continuing education	Investigation	10/01/2025
2024-000843	Continuing education	Investigation	09/23/2025
2024-000858	Continuing education	Investigation	05/14/2025
2024-000859	Continuing education	Investigation	09/03/2025
2024-001197	Continuing education	Investigation	09/03/2025
2025-000017	Continuing education	Investigation	01/29/2025
2025-000175	Patient or client abuse	Investigation	07/22/2025
2025-000316	Practice beyond scope	Investigation	06/02/2025
2025-000554	Unprofessional conduct	Investigation	08/26/2025
2025-000693	Falsified application	Investigation	09/12/2025

LICENSED PRACTICAL NURSE

2024-001182	Unprofessional conduct	Complaint	12/20/2024
2024-001203	Unlicensed practice or activity	Complaint	12/18/2024
2025-000129	Continuing education	Complaint	03/27/2025
2025-000130	Continuing education	Complaint	03/28/2025
2025-000285	Continuing education	Complaint	04/17/2025
2025-000286	Continuing education	Complaint	04/14/2025
2025-000519	Unlicensed practice or activity	Complaint	07/25/2025
2025-000609	Unprofessional conduct	Complaint	07/25/2025
2025-000665	Practice beyond scope	Complaint	10/03/2025
2025-000023	Unlicensed practice or activity	Investigation	05/15/2025

2025-000283	Continuing education	Investigation	07/15/2025
2025-000287	Continuing education	Investigation	08/12/2025
2025-000480	Unlicensed practice or activity	Investigation	10/02/2025

PRACTICAL NURSE

2025-000932	Prohibited activities	Complaint	09/30/2025
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REGISTERED NURSE

2025-000739	Unprofessional conduct	Intake	08/07/2025
2025-000862	Drug Diversion	Intake	09/09/2025
2025-000928	Unprofessional conduct	Intake	09/25/2025
2021-001199	Unprofessional conduct	Complaint	01/07/2022
2022-000770	Unprofessional conduct	Complaint	04/17/2023
2024-000600	Unprofessional conduct	Complaint	08/16/2024
2024-000687	Unprofessional conduct	Complaint	08/01/2024
2024-000767	Unprofessional conduct	Complaint	08/27/2024
2024-001028	Unprofessional conduct	Complaint	10/31/2024
2024-001179	Unprofessional conduct	Complaint	12/20/2024
2024-001181	Unprofessional conduct	Complaint	12/20/2024
2024-001183	Unprofessional conduct	Complaint	12/20/2024
2025-000004	Falsified application	Complaint	01/09/2025
2025-000038	Practice beyond scope	Complaint	01/29/2025
2025-000054	Unprofessional conduct	Complaint	02/06/2025
2025-000058	Prohibited activities	Complaint	01/29/2025
2025-000106	Patient or client abuse	Complaint	02/26/2025
2025-000133	Fraud or misrepresentation	Complaint	02/27/2025
2025-000191	Unprofessional conduct	Complaint	03/26/2025
2025-000193	Unprofessional conduct	Complaint	03/26/2025
2025-000194	Unprofessional conduct	Complaint	03/26/2025
2025-000195	Unprofessional conduct	Complaint	03/26/2025
2025-000196	Unprofessional conduct	Complaint	03/26/2025
2025-000211	Patient or client abuse	Complaint	04/08/2025

2025-000267	Standard of care	Complaint	04/08/2025
2025-000269	Standard of care	Complaint	06/13/2025
2025-000270	Standard of care	Complaint	08/05/2025
2025-000305	Unethical conduct	Complaint	04/16/2025
2025-000308	Unethical conduct	Complaint	04/16/2025
2025-000352	Continuing education	Complaint	04/30/2025
2025-000404	Continuing education	Complaint	06/05/2025
2025-000405	Continuing education	Complaint	06/05/2025
2025-000413	Continuing education	Complaint	05/28/2025
2025-000434	Continuing education	Complaint	05/23/2025
2025-000464	Substance abuse	Complaint	06/03/2025
2025-000481	Continuing education	Complaint	06/05/2025
2025-000483	Continuing education	Complaint	06/05/2025
2025-000485	Continuing education	Complaint	06/04/2025
2025-000512	Continuing education	Complaint	06/11/2025
2025-000514	Continuing education	Complaint	06/11/2025
2025-000516	Continuing education	Complaint	06/11/2025
2025-000522	Continuing education	Complaint	06/12/2025
2025-000579	Continuing education	Complaint	06/26/2025
2025-000583	Continuing education	Complaint	06/26/2025
2025-000606	Criminal action - conviction	Complaint	07/25/2025
2025-000608	Falsified application	Complaint	07/01/2025
2025-000637	Unprofessional conduct	Complaint	07/28/2025
2025-000662	Falsified application	Complaint	08/06/2025
2025-000725	Unprofessional conduct	Complaint	08/12/2025
2025-000737	Unprofessional conduct	Complaint	08/26/2025
2025-000743	Criminal action - conviction	Complaint	08/08/2025
2025-000749	Substance abuse	Complaint	08/12/2025
2025-000770	Unprofessional conduct	Complaint	10/07/2025
2025-000774	Substance abuse	Complaint	09/08/2025
2025-000795	Unprofessional conduct	Complaint	08/28/2025

2025-000850	Continuing education	Complaint	09/08/2025
2025-000851	Substance abuse	Complaint	09/25/2025
2025-000871	Unprofessional conduct	Complaint	10/02/2025
2025-000885	Unprofessional conduct	Complaint	09/25/2025
2025-000921	Continuing education	Complaint	09/23/2025
2025-000922	Continuing education	Complaint	09/23/2025
2025-000934	Fraud or misrepresentation	Complaint	09/30/2025
2021-000766	Fraud or misrepresentation	Investigation	06/21/2023
2022-001170	Unlicensed practice or activity	Investigation	08/21/2023
2025-000330	Unprofessional conduct	Investigation	
2025-000347	Continuing education	Investigation	06/30/2025
2025-000351	Continuing education	Investigation	09/26/2025
2025-000360	Unlicensed practice or activity	Investigation	08/19/2025
2025-000414	Continuing education	Investigation	08/19/2025
2025-000415	Continuing education	Investigation	09/23/2025
2025-000422	Unprofessional conduct	Investigation	09/11/2025
2025-000441	Unlicensed practice or activity	Investigation	09/23/2025
2025-000486	Continuing education	Investigation	09/23/2025
2025-000515	Continuing education	Investigation	09/23/2025
2025-000619	Falsified application	Investigation	10/06/2025
2025-000740	Criminal action - no conviction	Investigation	10/02/2025
2025-000751	Continuing education	Investigation	08/13/2025

Closed - 44

<u>Case #</u>	<u>Violation Type</u>	<u>Case Status</u>	<u>Closed</u>	<u>Closure</u>
ADVANCED NURSE PRACTITIONER				
2025-000642	Unprofessional conduct	Closed-Intake	08/04/2025	No Action - Lack of Jurisdiction
2025-000705	Standard of care	Closed-Intake	09/26/2025	Incomplete Complaint
2025-000239	Prescriptive practice	Closed-Complaint	08/19/2025	No Action - No Violation

2025-000292	Unlicensed practice or activity	Closed-Complaint	08/29/2025	No Action - No Violation
2025-000139	Unlicensed practice or activity	Closed-Investigation	09/04/2025	License Action
2025-000156	PDMP Violation: Failure to Register	Closed-Investigation	07/14/2025	Advisement Letter
2025-000184	PDMP Violation: Failure to Register	Closed-Investigation	07/18/2025	Advisement Letter
2025-000370	PDMP Violation: Failure to Register	Closed-Investigation	08/04/2025	Advisement Letter
2025-000491	PDMP Violation: Failure to Register	Closed-Investigation	07/14/2025	Advisement Letter
2025-000506	PDMP Violation: Failure to Register	Closed-Investigation	07/14/2025	Advisement Letter
2025-000547	PDMP Violation: Failure to Register	Closed-Investigation	08/04/2025	Advisement Letter
2025-000582	Continuing education	Closed-Investigation	09/30/2025	Advisement Letter
2025-000643	PDMP Violation: Failure to Register	Closed-Investigation	08/07/2025	Advisement Letter
2025-000644	PDMP Violation: Failure to Register	Closed-Investigation	08/04/2025	Advisement Letter
2025-000764	PDMP Violation: Failure to Register	Closed-Investigation	09/22/2025	Advisement Letter

CERTIFIED NURSE AIDE

2025-000492	Falsified application	Closed-Complaint	08/29/2025	Advisement Letter
2025-000493	Unprofessional conduct	Closed-Complaint	09/17/2025	No Action - No Violation
2024-000527	Unprofessional conduct	Closed-Investigation	09/03/2025	License Action
2024-000785	Continuing education	Closed-Investigation	08/14/2025	License Action
2024-000820	Continuing education	Closed-Investigation	08/11/2025	License Action

LICENSED PRACTICAL NURSE

2024-000637	Criminal action - no conviction	Closed-Complaint	09/09/2025	License Lapsed - Flagged Do Not Renew
2025-000138	Unlicensed practice or activity	Closed-Complaint	07/14/2025	No Action - No Violation
2025-000284	Continuing education	Closed-Complaint	07/14/2025	No Action - No Violation

PRACTICAL NURSE

2025-000490	Unprofessional conduct	Closed-Intake	09/18/2025	Incomplete Complaint
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REGISTERED NURSE

2025-000476	Falsified application	Closed-Intake	08/29/2025	No Action - Lack of Jurisdiction
2025-000555	Unprofessional conduct	Closed-Intake	09/04/2025	Incomplete Complaint
2025-000268	Standard of care	Closed-Complaint	10/03/2025	No Action - No Violation
2025-000348	Continuing education	Closed-Complaint	09/16/2025	No Action - No Violation
2025-000350	Continuing education	Closed-Complaint	08/05/2025	No Action - No Violation
2025-000406	Continuing education	Closed-Complaint	10/01/2025	No Action - No Violation
2025-000407	Continuing education	Closed-Complaint	08/04/2025	No Action - No Violation
2025-000408	Continuing education	Closed-Complaint	08/04/2025	No Action - No Violation
2025-000409	Continuing education	Closed-Complaint	07/14/2025	No Action - No Violation
2025-000479	Continuing education	Closed-Complaint	08/04/2025	No Action - No Violation
2025-000738	License Application Review/Referral	Closed-Complaint	09/22/2025	No Action - No Violation
2025-000919	Continuing education	Closed-Complaint	10/07/2025	No Action - No Violation
2022-000635	Unprofessional conduct	Closed-Investigation	08/11/2025	License Action
2024-000864	Substance abuse	Closed-Investigation	09/22/2025	Advisement Letter
2024-001195	Unlicensed practice or activity	Closed-Investigation	09/16/2025	Advisement Letter
2025-000005	Substance abuse	Closed-Investigation	08/26/2025	Consent Order
2025-000216	Unlicensed practice or activity	Closed-Investigation	10/06/2025	License Action
2025-000357	Continuing education	Closed-Investigation	08/11/2025	License Action
2025-000544	Criminal action - no conviction	Closed-Investigation	08/11/2025	License Action
2025-000711	Falsified application	Closed-Investigation	09/03/2025	Advisement Letter

END OF REPORT

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC
DEVELOPMENT DIVISION OF CORPORATIONS, BUSINESS, AND
PROFESSIONAL LICENSING
Urgent, Virtual Meeting
Alaska Board of Nursing Meeting Minutes
October 1, 2025

By authority of AS 08.01.070(2) and in compliance with the professions of AS 44/62, Article 6, a meeting of the Board of Nursing was held virtually.

Wednesday, October 1, 2025

CALL TO ORDER

Chair Danette Schloeder called the meeting to order at 2:01 pm Wednesday, October 1, 2025.

Agenda Item 1: Roll Call

Those present constituting a quorum were Board members:

- Chair RN Member: Danette Schloeder, RN, Anchorage
- RN Member: Lena Lafferty, RN, Anchorage
- RN Educator: Marianne Murray, RN
- Public Member: Michael Collins, Wasilla
- Public Member: Cheryl "CJ" Payne, Wasilla

Absent: APRN Member: April Erickson, APRN, RN, Wasilla

Staff present from the Division of Corporations, Business and Professional Licensing:

- Patty Wolf, MSN, RNC-OB, Executive Administrator
- Jenni Summers, Senior Investigator
- Cortney Gleaton, Investigator

Board of Nursing Meeting Minutes, October 1, 2025

Agenda Item 1: Executive Session:

Danette Schloeder moved that the Alaska Board of Nursing enter into Executive Session in accordance with AS 44.62.310(c), and Alaska Constitutional Right to Privacy Provisions, for the purpose of discussing cases and reports by the investigative team. Seconded by Lena Lafferty.

Vote:

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty	X		
Marianne Murray	X		
April Erickson			Absent
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	X		

Enter Executive Session 2:03 pm

Back in Regular session 2:08 pm

On a motion made by Lena Lafferty, seconded by CJ Payne and carried with 5 Ayes, it was **RESOLVED** that the Alaska Board of Nursing accepts the Voluntary Suspension order for LaShaunda Lewis, Registered Nurse license No: 232977.

Vote:

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty	X		
Marianne Murray	X		
April Erickson			Absent
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	X		

Next meeting will be November 5 & 6, 2025

Board of Nursing Meeting Minutes, October 1, 2025

Motion to Adjourn by Marianne Murray, seconded by Michael Collins. All in favor.

Adjourned at 2:09

Respectfully submitted.

Patty Wolf MSN, RNC-OB
Executive Administrator, Alaska Board of Nursing

Approved: Signed by:
Danette Schloeder
7C5E12B02F9C4E8...

Date: October 1, 2025

Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS
Chair, Alaska Board of Nursing

Alaska Board of Nursing



Public Comment Period

Alaska Board of Nursing



PDMP Update

Alaska Board of Nursing



UAA School of Nursing Report

University of Alaska Anchorage

School of Nursing

ANNUAL REPORT



To the

ALASKA BOARD OF NURSING

Academic Year 2024-2025

October 1, 2025

Respectfully Submitted,

Carla M. Hagen, PhD, MPH, RN

Director, UAA School of Nursing

Contents

Part I: Purpose, Philosophy, Objectives	1
Mission, Vision, and Core Values	1
Objectives	1
Associate of Applied Science in Nursing (AAS)	1
Bachelor of Science in Nursing (BS)	1
Master of Science (MS) and Graduate Certificate (GC) in Nursing	2
Program Changes	2
Associate of Applied Science in Nursing (AAS)	2
Bachelor of Science in Nursing (BS)	2
Graduate Programs (Master of Science in Nursing Science and Doctor of Nursing Practice)	2
Part II: Administrative Structure	3
Part III: Faculty Membership – 2024-2025	4
Part IV: Student Enrollment	7
Associate of Applied Science in Nursing Program	7
Bachelor of Science in Nursing Program	8
Graduate Programs	8
Part V: Resources and Facilities Data	8
Part VI: Program Evaluation	9
NCLEX Pass Rates	9
Post-Graduation Employment	9
Licensure	9
Undergraduate and Graduate Employment	10
Systematic Plans of Evaluation	10
Additional Faculty Development	10
Part VII: Projected Changes	11
Undergraduate	11
Graduate:	11
Part VIII: Post Graduate Activities	11
Part IX: Accreditation	11

Part I: Purpose, Philosophy, Objectives

Mission, Vision, and Core Values

The Mission, Vision, and Core Values of the School of Nursing (SON) have not changed:

The mission of the SON is to promote the health and wellbeing of people and communities by fostering excellence and innovation in nursing education, research and health care.

The vision of the SON is to be a leader in the transformation of nursing in Alaska dedicated to improving local and global health outcomes.

The core values of the SON were developed by the faculty to convey the values that underlie their approach to teaching and partnering with community clinical agencies. The core values are:

- Excellence – We strive for the best, to continually improve ourselves and our endeavors.
- Respect – We treat each person in a manner that recognizes the intrinsic value.
- Integrity – We demonstrate unwavering honesty and decency as a human being.
- Caring – We display kindness and concern for all, especially those in need.

Objectives

Each program has end of program student learning outcomes (EPSLOs) that, using a backward design approach, are met through a curriculum guided by professional standards.

Associate of Applied Science in Nursing (AAS)

The AAS program curriculum is guided by the National League for Nurses Competencies (NLN, 2010) and the Quality and Safety Education for Nurses Competencies (QSEN, 2012) to meet the following EPSLOs:

- Utilize critical thinking skills to assess and diagnose nursing needs and to prioritize, plan, implement, and evaluate care for patients and their families in institutional and community-based settings.
- Effectively communicate verbally, in writing and electronically with health team members, patients and their families.
- Plan, implement and evaluate care that is safe, evidence-based, caring, and developmentally and culturally sensitive within ethical, legal and professional standards.
- Coordinate care of small groups of patients in collaboration with other members of the health care team.
- Develop a plan for lifelong learning and continuing professional development.

Bachelor of Science in Nursing (BS)

The BS program curriculum is guided by the American Association of Colleges of Nursing *The Essentials: Core Competencies for Professional Nursing Education* (2021) for entry-level to meet the following EPSLOs:

- Demonstrate clinical reasoning by making evidence-based nursing judgments through the use of intellectual, interpersonal, and technical competencies to promote safe and effective client-centered care.
- Implement caring behaviors in the practice of professional nursing using established standards, evidence-based practice, and innovation to prevent illness and promote and restore health in order to meet the changing needs of diverse individuals, families, groups, and communities.
- Utilize principles of management and leadership to collaborate as a member of the inter-professional care team.

- Compare and contrast the roles of the professional nurse in promoting optimal healthcare policies locally, nationally, and globally.
- Develop an individualized plan for ongoing professional development and professional identity using a technological platform.

Master of Science (MS) and Graduate Certificate (GC) in Nursing

The MS and GC programs have one set of EPSLOs for all three options:

- Apply nursing theory, best practices and scholarly evidence to the advanced nursing practice role for which the student is being prepared.
- Apply ethical, legal and professional standards and policy to advanced nursing practice with an emphasis on the role for which the student is being prepared.
- Collaborate across disciplines and in partnership with key stakeholders to improve health for diverse populations.
- Create a plan for self-directed, lifelong learning and professional development.
- Demonstrate professional competence in the advanced nursing practice role for which one is being prepared.
- Use emerging information, health technologies and healthcare data to promote safety and quality care to improve health.

Fittingly, the curriculum for each option is guided by professional standards within the role focus. The MS Family Nurse Practitioner (FNP) and MS Psychiatric Mental Health Nurse Practitioner (PMHNP) curricular frameworks are guided by American Association of Colleges of Nursing *The Essentials: Core Competencies for Professional Nursing Education* (2021) for the advanced-level. Additionally, the programs also use the 2022 National Task Force *Standards for Quality Nurse Practitioner Education* (6th Ed.) and the National Organization of Nurse Practitioner Faculties *Nurse Practitioner Role Core Competencies* (2022) guide the curriculum. The MS-NLDR-Education option is guided by the *National League of Nurses Nurse Educator Competencies and Task Statements* (NLN, 2020).

Program Changes

Associate of Applied Science in Nursing (AAS)

The Associate of Applied Science in Nursing program added NS A230 Pathophysiology for Health Professions, a three-credit course. The course is taken concomitantly with NURS A120 and 120L, Nursing Fundamentals and associated laboratory. The content was previously integrated throughout the AAS curriculum with the majority of the content included in the Pharmacology course. In addition, one credit has been added to NURS A125: Adult Nursing I to build upon course outcomes.

Bachelor of Science in Nursing (BS)

No curricular changes have been made in the Bachelor of Science in nursing programs.

Graduate Programs (Master of Science in Nursing Science and Doctor of Nursing Practice)

- The Master of Science in Nursing Science (MS) and Graduate Certificate (GC) in Family Nurse Practitioner (FNP) option developed a plan to increase direct patient care clinical hours to 750. The plan is in compliance with the 2022 Standards for Quality Nurse Practitioner Education (6th Ed) which are used by the Accreditation Commission for Education in Nursing (ACEN). ACEN requires an increase in hours for all new students, effective July 1, 2025. Those students already in the FNP options will have the choice to increase direct patient care hours or continue with the number of direct hours according to the course catalog of the year admitted to the program.

- MS and GC in Psychiatric-Mental Health Nurse Practitioner (PMHNP) options developed a plan to increase direct patient care clinical hours to 750. The plan is in compliance with the 2022 Standards for Quality Nurse Practitioner Education (6th Ed) which are used by the Accreditation Commission for Education in Nursing (ACEN). ACEN requires an increase in hours for all new students, effective July 1, 2025. Those students already in the PMHNP options will have the choice to increase direct patient care hours or continue with the number of direct hours according to the course catalog of the year admitted to the program.
- The GC in Nursing Leadership in Education adjusted the course requirements to ensure the curriculum met the National League for Nursing certification exam eligibility requirements. In making the change, the graduate certificate option went from 15 to 13 credits.
- There were no changes made to the MS in Nursing Leadership in Education.
- There were no changes made to the Doctor of Nursing Practice program.

Part II: Administrative Structure

Administrative Structure at UAA College of Health and the School of Nursing

UAA College of Health Administrators:

- Dean of College of Health (8/2024-6/2025) – Dr. Debbie Craig – (dicraig@alaska.edu)
- Interim Dean of College of Health (6/2025-current) – Kathryn Craft – (kcraft@alaska.edu)
- Associate Dean of Clinical Health Sciences – Dr. Cary Moore – (ccmoore2@alaska.edu)

UAA School of Nursing Administrators:

- Director – Dr. Carla M. Hagen – (cmhagen@alaska.edu)
- Associate Director – Dr. Kristin Lutz – (kflutz@alaska.edu)
- Associate Director – Assessment, Evaluation & Quality – Dr. Susan Tavernier (sstavernier@alaska.edu)

Additional Leadership and Coordination Roles

Undergraduate

- Co-Chairs
 - Marisa Bune, MS, APRN, NP-C
 - Janet Hargrove, MS, RN (8/2024-6/2025)
- Coordinator - Recruitment and Retention of Alaska Natives in Nursing
 - Christina Claw, BSN
- Academic Advisors
 - Dr. Lisa Ernest, DNP, APRN, CPNP-BC, PPCNP-BC
 - Christine Kube, MSN, RN
 - Rodger Lewerenz, MSN, RN
 - Kathy Stephenson, MSN, RN

Graduate

- Chair: Vacant; responsibilities administratively completed by Dr. Susan Tavernier
- Program Coordinators
 - Nursing Leadership in Education – Rodger Lewerenz, MSN, RN, NPD-BC
 - Family Nurse Practitioner - Dr. Morgan Brissette, DNP, FNP-BC
 - Psychiatric Mental Health Nurse Practitioner - Dr. Jessy Frye, DNP, PMHNP, BC

Part III: Faculty Membership – 2024-2025

Full and Part-Time Faculty Membership 2024-2025

Faculty AY 24-25	Program(s) Type RN, MS, APRN	Credentials	Course(s) of Facilitation Role (C) – Coordinator/ Lead (A) - Assist	Related Experience
Averyt, Stephanie	RN	Clinical Instructor BSN, RN	A	Medical-Surgical
Baker, Keri	RN, APRN	Assistant Professor PhD, MSc, MSN, ENP, FNP-C	C	Fundamentals, FNP
Bock, Amy	RN	Clinical Instructor MS, BSN, RN	A	Medical-Surgical, Emergency
Brenner, Cecilia	RN	Assistant Professor MSN, RN	A	Emergency, Medical-Surgical, Mental Health
Brisette, Morgan	APRN	Assistant Professor DNP, APRN, FNP-BC	C	DNP, FNP
Bune, Marisa	RN	Assistant Professor MSN, APRN, NP-C	C	Leadership
Burke, Bonnie	RN	Assistant Professor MS, BSN, RN	A	Fundamentals
Campbell, Jennifer	RN	Assistant Professor MS, BSN, RN	C	Medical-Surgical
Chapman, Katherine	RN	Clinical Instructor MSN, BSN, RN	A	Medical-Surgical
Claw, Cristina	RN	Clinical Instructor BSN, RN	A	Medical-Surgical Nursing
Coffman, Leah	RN, MS	Assistant Professor DNP, MSN, APRN, FNP-C	C	FNP, Pediatric, Medical-Surgical
Colburn, Judson	RN	Assistant Professor MSN, RN	A	Fundamentals, Leadership
Cubit, Buffie	RN, APRN	Assistant Professor MSN, RN	C	Fundamentals, Health Assessment
Ernest, Lisa	RN	Assistant Professor DNP, APRN, CPNP-PC, PNP-BC	C	Medical-Surgical, Pediatric, Neonatal
Foster, Olivia	RN	Clinical Instructor MS, BS, RN	A	Medical-Surgical Infection Preventionist
Frye, Jessy	APRN	Assistant Professor DNP, APRN, PMHNP-BC	C	Mental Health, PMHNP
Garcia, Amber	RN	Clinical Instructor MBA, BSN, RN	A	Medical-Surgical
Hacke, Rachael	APRN	Assistant Professor DNP, MSN, APRN, PMHNPC-BC, FNP-C	C	Mental Health, PMHNP
Hargrove, Janet	RN	Assistant Professor MSN, BSN, RN	C	Medical-Surgical, Leadership
Howard, Mia	RN	Assistant Professor MSN, BSN, RN	A	Medical-Surgical
Jimenez, Jennifer	RN	Clinical Instructor BSN, RN	A	Medical-Surgical
Kaiser, Rita	RN	Assistant Professor MSN, BSN, RN	A	Pediatric, Obstetrics, Community Health

Ketelsen, Nina	RN	Assistant Professor MSN, RN	C	Medical-Surgical, Emergency, ICU
Kube, Christine	RN	Assistant Professor MSN, BSN, RN	C	Medical-Surgical
La Grander, Emily	RN	Assistant Professor MSN, BSN, RN	C	Obstetrics
Lewerenz, Rodger	RN, MS	Assistant Professor MSN, BSN, RN	C	Medical-Surgical, Cardiac, Leadership
McKee, Katie	RN	Clinical Instructor BSN, RN	A	Pediatric
Meskis, Susan	RN	Assistant Professor DNP, MSN, RN	C	Obstetrical, Leadership Nursing
Moon, Heather	RN	Assistant Professor MSN, BSN, RN	A	Medical-Surgical
Provencher, Heide	RN, APRN	Assistant Professor MSN, FNP-C	C	FNP, Orthopedics, Primary Care, Oncology
Reed, Melissa	RN	Assistant Professor DNP, MSN, RN	C	Mental Health Community Health
Shull, Katie	RN	Assistant Professor MSN, RN	C	Obstetrical, Medical- Surgical
Smith, Vianne	RN, MS	Assistant Professor MSN, RN	C	Pediatric, Community Health
Stephenson, Kathleen	RN, MS	Professor MSN, RN	C	Pediatric Nursing
Stoeckler, Rebecca	RN	Assistant Professor MSN, APRN, FNP-C	C	Medical-Surgical
Tatela, Michelle	RN	Assistant Professor BSN, RN	A	Fundamentals
Tavernier, Susan	APRN	Associate Director PhD, APRN-CNS, AOCN	C	Statistics
Thorn, Christopher	RN	Assistant Professor MSN, RN	A	Pharmacology, Medical Surgical
Toscano, Sharyl	RN, APRN	Professor PhD, MS, RN	C	Pediatric Nursing, Research
Trujillo, Angelia	RN, APRN	Professor DNP, MSN, WHNP-BC, AFN- C, DF-AFN	C	Community Health, Forensic
Varney, Peter	RN	Assistant Professor MSN, RN	A	Medical-Surgical
Werth, Claire	RN	Assistant Professor MSN, BSN, RN	A	Obstetrical, Mental Health, Community
Wettin, Emily	RN	Assistant Professor MSN, CNL, RN	A	Fundamentals, Medical-Surgical
White, Rachelle	RN	Assistant Professor MSN, CFCS, CFCN, RN	A	Fundamentals, Medical-Surgical
Workman, Erin	RN	Clinical Instructor BSN, RN	A	Medical-Surgical, WOCN

Adjunct Faculty Membership 2024-2025

Adjunct Faculty AY24-25	Program(s) Type RN, APRN	Credentials	Course(s) of Facilitation Role (C)-Coordinator/Lead (A)-Assist	Related Experience
Binkley, Briana	RN	MSN, BSN, RN	A	Medical-Surgical
Brunquist, Stacy	RN	MSN, APRN	A	Obstetrics, Pediatric
Burch, Whitney	RN	BSN, RN	A	Medical-Surgical
Camasi, Sue	RN	MSN, RN	A	Medical-Surgical
Cammack, Katherine	RN	MSN, RN	A	Medical-Surgical
Carter, Sonja	RN	BSN, RN	A	Obstetrics
Dihle, Megan	RN	BSN, RN	A	Medical-Surgical
Dunton, Teresa	RN	BSN, PMHNP, RN	A	PMHNP
Eastman, Leisa	RN	MSN, BSN, RN	A	Medical-Surgical
Erickson, April	RN	DNP, CRNA	A	Pathophysiology
Fontaine, Chris	RN	MSN, BSN, RN	A	Medical-Surgical
Hershey, Annie	RN	BSN, RN	A	Obstetrics
Hacker, Nancy	RN	BSN, RN	A	Medical-Surgical
Jones, Cristy	RN	BSN, RN	A	Medical-Surgical
Kvernik, Carolyn	RN	BSN, RN	A	Fundamentals
LaMay, Julie	RN	BSN, RN	A	Medical-Surgical
Lee, Traci	RN	BSN, RN	A	Fundamentals
Letuli, Amber	RN	BSN, RN	A	Fundamentals, Medical-Surgical
McQuilkin, Mary	RN	MPH, MSN, NP, RN, AAHIVS	A	Population/Public Health/FNP
Merritt, Lazarus	RN	BSN, RN	A	Medical-Surgical
Morrell, Julie	APRN	DNP, RN, CPHQ, CPPS, HACP	C	Nursing Administration
Roberts, Ashley	RN	BSN, RN	A	Medical-Surgical
Schubert, Christine	RN	MSN, BSN, RN	A	Medical-Surgical
Spanogle, Caitlin	RN	BSN, RN	A	PMHNP
Strubinger, Jessica	RN	BSN, RN	A	Medical-Surgical
Wellman, Kathaleen	APRN	DNP, FNP-BC, PCPNP-BC, ANP	C	Leadership

Part IV: Student Enrollment

Total Enrollment of Undergraduate Students by Semester and Program

Semester	AAS	BSN	RNBS	Total
Fall 2024	89	204	6	299
Spring 2025	76	214	11	301

Associate of Applied Science in Nursing Program

In 2024-2025 the AAS program was delivered in Anchorage, Bethel, Homer, Juneau, Kenai, Ketchikan, Kotzebue, Sitka, MatSu, Petersburg, and Valdez. Due to faculty shortage and no student applicants, no new students were admitted to Dillingham or Valdez in 2024-2025.

Total Enrollment of AAS Students by Semester and Site

Site	Fall 2024	Spring 2025
Anchorage	7	2
Bethel	8	8
Dillingham	0	0
Homer	12	11
Juneau	12	12
Kenai	19	19
Ketchikan	8	8
Kotzebue	4	4
MatSu	7	0
Nome	3	3
Petersburg	2	2
Sitka	3	3
Valdez	4	4
Total	89	76

Admission Cohort Sizes for the AAS Program by Site and Semester

Site	Fall 2024	Spring 2025	Total Admission 2024-2025
Bethel	3	0	3
Dillingham	0	0	0
Homer	6	0	6
Juneau	5	0	5
Kenai	11	0	11
Ketchikan	4	0	4
Kotzebue	1	0	1
Petersburg	2	0	2
Nome	3	0	3
Sitka	3	0	3
Valdez	0	0	0
Total	38	0	38

Bachelor of Science in Nursing Program

In 2024-2025 the BSN program was delivered in Anchorage, Fairbanks, and Mat-Su. The RNBS is delivered online to students across the State.

Total Enrollment of BSN Students by Site and Semester

Site	Fall 2024	Spring 2025
Anchorage	141	152
Fairbanks	38	37
Kodiak	3	3
Mat-Su	22	22
RNBS	6	11
Total	210	225

Admission Cohort Sizes for the BSN Program by Site and Semester

Site	Fall 2024	Spring 2025	Total Admission
Anchorage	44	50	94
Fairbanks	21	0	21
MatSu	14	0	14
RN-to-BS	4	5	5
Total	79	55	139

Graduate Programs

Graduate Program Enrollment

Program:	Enrollment in AY 2024-2025
Family Nurse Practitioner (FNP) MS	20
FNP Certificate	0
Psychiatric-Mental Health Nurse Practitioner (PMHNP) MS	14
PMHNP Certificate	6
Nursing Leadership - Education (NLDR-Edu) MS	7
NLDR-Edu Certificate	0
Doctor of Nursing Practice	4
Total:	51

The graduate programs are delivered online with onsite intensives for statewide program delivery options.

Part V: Resources and Facilities Data

UAA School of Nursing Budget 2024-2025

Budget Category	FY25 Expenditures
Personnel (salary and benefits)	\$7,799,387
Travel	\$94,171
Contractual Services	\$286,337
Commodities	\$134,937
Total General Funds Expenditures	\$8,314,831

The current funding has been sufficient for the past several years. State Appropriation, student tuition and fees, the Workforce initiative and the UA Foundation have provided adequate funds to cover normal operating expenditures (personnel, benefits, travel, contractual, commodities, minor equipment).

Currently the Program funds most major capital expenditures through quasi-State Appropriation (Technical Vocational Education Program grants and Strategic Investment), UA Foundation funds, and Federal grants. These sources have been sufficient to cover the need for capital acquisition. The Program does not foresee any issues with having sufficient operating funds, as noted above major equipment purchases are funded through requests to State, Federal, and the UA Foundation. Those State and Federal funds are expected to be available in the future. The UA Foundation accounts have current balances in excess of \$1.3 million and are scheduled to receive annual contributions for the next several years.

Part VI: Program Evaluation

NCLEX Pass Rates

Associate of Applied Science in Nursing Program – Percentage of Graduates Passing NCLEX

	April 2022 to March 2023	April 2023 to March 2024	April 2024 to March 2025
Total Number of Graduates Tested	91	68	62
Number Passing	77	61	56
Percent Passing	84.62%	89.71%	90.32%

Bachelor of Science in Nursing Program – Percentage of Graduates Passing NCLEX

	April 2022 to March 2023	April 2023 To March 2024	April 2024 to March 2025
Total Number of Graduates Tested	65	116	109
Number Passing	58	103	92
Percent Passing	89.23%	88.79%	84.40%

Nurse Practitioner Certification Pass Rates

Exam Year	FNP 1st Attempt		PMHNP 1st Attempt	
	ANCC Exam	AANP Exam	ANCC Exam	AANP Exam
2022	100% (6/6)	100% (3/3)	100% (5/5)	Not applicable
2023	100% (7/7)	No Report#	100% (6/6)	Not Applicable
2024	91.67% (11/12)	No Report#	100% (3/3)	No Data*

#No Report: Certifying body does not provide pass rate if <3 took the exam

*No Data: No one took the exam during the reporting period

Post-Graduation Employment

Licensure

Graduates Applied for Licensure – April 2024 – March 2025

- AAS Graduates – 88.7% obtained licensure in Alaska
- BS Graduates - 94.4% obtained licensure in Alaska

- FNP Graduates – 85% obtained licensure in Alaska
- PMHNP Graduates – 25% obtained licensure in Alaska

Undergraduate and Graduate Employment

Job placement data for all UAA School of Nursing programs was collected during May 2025. This was accomplished through a comprehensive process which included:

- Survey distribution via email to all graduates utilizing UAA and personal emails
- Faculty verification of graduate job placement
- Direct phone outreach

Overall, 54.8% of the undergraduate graduate’s employment status was verified. Of those verified 96% were employed within six months of graduation. For the Graduate programs, 88% of graduates responded of whom 80% were employed within six months. The graduate employment rate may be influenced by the amount of time required to certify and license as a Nurse Practitioner. Thus, the employment rate for graduate students will begin collecting data 12 months after graduation rather than at the six-month interval. Raw data and percentages of employment of respondents within each program who were employed in nursing within six months is outlined in the table below.

Job Placement Rate for 2024-2025 graduates

Program	AAS	BS	RN-BS	MS-FNP	MS-PMHNP	NLDR-Educ
Response Rate	47% (34/73)	58% (63/108)	100% (5/5)	85% (11/13)	100% (3/3)	100% (1)
Job Placement Rate	94% (32/34)	97% (61/63)	100% (5/5)	73% (8/11)	100% (3/3)	100% (1)

Moving forward, the process of gathering job placement rate data will include a two-survey process and a follow up phone call if target response rate is not met.

Analysis of the job placement data is shared with the UAA School of Nursing Community Advisory Board in the Fall annually, and the UAA Program Student Learning Outcomes Assessment Report which are submitted in the Fall every two years.

Systematic Plans of Evaluation

The faculty revised the systematic plans of evaluation for each program.

A variety of direct outcome assessment methods for each end-of-program student learning outcomes were organized into Systematic Plans of Evaluation. Specific and measurable expected levels of achievement were determined for each assessment method, as well as time frames for analyzing the assessment data at regular intervals.

The School of Nursing also implemented a comprehensive evaluation of graduating students and alumni using Benchworks by Elantra, a third-party nursing survey platform. The survey results are benchmarked with other nursing programs with a similar Carnegie classification and also with all programs in the US who also use Benchworks by Elantra. The survey closed at the end of August and results are pending.

Additional Faculty Development

The School of Nursing hosted a three-day faculty retreat for all faculty across the State of Alaska. Forty-six faculty attended, with the key focus in these areas:

- The use and practice of Mindfulness at work

- State of the School of Nursing address
- ACEN Accreditation visit plans, roles
- Programmatic planning

Part VII: Projected Changes

Undergraduate

The undergraduate faculty continue the integration of the Tanner Clinical Judgment Model into the undergraduate curriculum. The School of Nursing will also be integrating competency-based education through the American Association of Colleges of Nursing *The Nursing Essentials: Core Competencies for Professional Nursing* (AACN, 2021).

Graduate:

The APRN faculty are continuing the necessary curricular work to create the BSN to DNP pathway in alignment with NONPF and *The Nursing Essentials: Core Competencies for Professional Nursing* (AACN, 2021). The Post-Master's DNP will continue to support Master's prepared advanced practice nurses in Alaska to complete a terminal degree. As previously described, students admitted to the FNP and PMHNP options in Fall 2025 will complete a total of 750 direct patient care clinical hours.

Part VIII: Post Graduate Activities

UAA School of Nursing continues to focus on building stronger academic clinical partnerships, which has provided more robust clinical learning experiences for nursing students. These partnerships build direct pathways for employment opportunities. One of our academic clinical partnerships includes a Dedicated Education Unit (DEU) that provides the continuity of a learning environment and the continuity of the same staff nurses working with students and UAA SON Clinical Instructors.

The UAA School of Nursing is committed to supporting and promoting student diversity throughout Alaska. The Recruitment and Retention of Alaska Natives into Nursing (RRANN) program continues to assist nurse majors and pre-majors on University of Alaska campuses statewide by offering tutoring services, material lending, group meetings to help students connect with peers, and student success facilitators that offer career and personal advice to aid students in successfully completing the UA Nursing program. Under the support of the Premera grant, facility improvements in the nursing skills labs were completed last year and were ready for use in Fall 2025 at both the Bethel and Ketchikan campuses.

The SON has both undergraduate and graduate student nurse associations, which are supporting professional career planning. This along with the two nursing honor societies (Alpha Delta Nu through OADN for AAS graduates and Sigma Theta Tau – Theta Omicron for BS and MS graduates).

The UAA School of Nursing Community Advisory Board (CAB) continues to be very engaged and helpful over this past academic year in supporting the School of Nursing. The CAB also actively supported the SON in the preparation for the Accreditation Commission for Education in Nursing accreditation site visit.

Part IX: Accreditation

The Associate of Applied Science in Nursing, the Bachelor of Science in Nursing Science, the Master of Science in Nursing Science, and the Graduate Certificates in Family Nurse Practitioner, Nursing Education and Psychiatric-Mental Health Nurse Practitioner are all accredited by the Accreditation Commission for Education in Nursing (ACEN). ACEN completed an on-site visit March 24 - 27, 2025. On

September 25, 2025, the UAA School of Nursing received notice that ACEN has awarded ongoing accreditation to all three programs without stipulation from Spring 2025 to Spring 2033. ACEN also noted that our programs were found to have the following as an area of strength:

Standard 1 Mission and Administrative Capacity and Resources, Criterion 1.3

- The University of Alaska Anchorage faces significant and unique challenges in promoting its mission to offer nursing education programs across the state. However, strong governmental and community support enables the School of Nursing to provide access to multiple programs, including in remote areas where resources are scarce. Through collaboration with the Recruitment and Retention of Alaska Natives into Nursing program, state/community funding, and the dedication of nursing faculty, nursing leadership, and the community, the university and the School of Nursing are able to overcome these barriers. This collective effort supported by a highly engaged Community Advisory Board, expands educational access that would otherwise be unavailable and supports the development of Alaska's future healthcare workforce (particularly among Alaska Native populations) while contributing to improved health outcomes in isolated communities.

The Doctor of Nursing Practice in Nursing Science is accredited by the Commission on Collegiate Nursing Education (CCNE) with full accreditation approval until 2032.

Alaska Board of Nursing



Break

Alaska Board of Nursing



APU School of Nursing Report



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Nursing

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8161

Email: BoardOfNursing@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfNursing

Annual School of Nursing Report

Please complete this form and return it to the board at the address above. Attach additional pages, as needed.

12 AAC 44.140. REPORTS. By October 1 of each year, unless otherwise designated by the board, nursing education programs shall submit to the board reports related to faculty, students, and current curriculum, as follows:

- (1) changes or new developments in the purpose, philosophy, objectives, conceptual framework, and subsequent curriculum changes;
- (2) changes in the administrative structure;
- (3) update on faculty membership;
- (4) student enrollment statistics;
- (5) resources and facilities data update;
- (6) a program evaluation and plan for program improvement;
- (7) projected changes for the school of nursing and curriculum for the next year;
- (8) results of studies of postgraduate activities relative to ongoing employment and accomplishments of graduates.

PART I Purpose, Philosophy, Objectives

Report any changes or new developments in the purpose, philosophy, objectives, conceptual framework, and subsequent curriculum changes.

Purpose, Philosophy, Objectives

There have been no changes to the APU Mission Philosophy or Objectives.

APU mission: provides a world-class, hands-on, culturally responsive educational experience in collaboration with our students, communities, and Tribal partners.

APU Nursing Program mission: to prepare culturally safe, caring, and innovative nurse leaders who exemplify excellence in nursing practice, while honoring Alaska's Indigenous heritage and healthcare needs of all communities.

Conceptual Framework- There have been no changes to the purpose, philosophy, end of program student learning objectives or conceptual framework of these programs. APU continues to use Culturally Safe Healthcare as the conceptual framework. Many of our APU faculty presented the cultural safety framework at the National Alaska Native American Indian Nurses Association conference in August and Dr. Murray was invited to speak on a panel on best practices to support Alaska Native and Indigenous students. Annette Rearden and Dr. Diane Droutman also presented on the application of Culturally Safe Principles in Nursing education.

Recent Curriculum Changes - The LPN to RN Bridge pathway was fully approved through the undergraduate council at APU and eight students were admitted in the summer of 2025. Data will be collected on these students regarding program attrition rates and NCLEX pass rates. Current faculty reports that these bridge students are very well prepared to come into the RN program in the second semester.

There were programmatic changes to the Associate degree program in the 2024-2025 academic year. The total number of credits to complete the associate degree program was changed from 72 to 69-72 to accommodate credit differences in transfer credits for pre-requisite foundation studies to support our affiliation agreements

with Iḷisaġvik College in Utqiagvik.

We have hired a new full-time faculty member this fall. Assistant Professor Krista Malevich MSN, RN has come on board this fall semester as she is working full time with our foundation's faculty. Danielle Kern resigned from her full time position this summer but remains an adjunct faculty teaching Culturally Safe Healthcare. We are hiring an additional full-time faculty member.

APU nursing has had significant community involvement over the last year. We have hosted two health fairs on campus for our community and the Anchorage and Wasilla area that were well attended. This month the students and faculty participated in the ASD career expo.

PART II Administrative Structure

Report any changes in the administrative structure. Provide current contact information for Director and liaison to the Alaska Board of Nursing.

There have been administrative structure changes at APU. Provost Hilton Hallock passed away suddenly in May 2025, and the structure of the university changed after her passing. APU has appointed Associate Professor Renee Georg as the Academic Dean of the University, Janelle Vanasse remains the president. The Institute of Health Leadership has been split with Dr. Stephanie Morgan as the Director of Counselling, Psychology and Health Sciences and Dr. Marianne Murray as the Director of all nursing programs. Associate Professor Lisa Moore remains the program coordinator for the associate degree program and Assistant Professor Staci Seagle is the program coordinator for the licensed practical nurse certificate program.

Dr. Marianne Murray DNP, MSN, RN, CHSE remains the Director of all nursing programs. Dr. Murray remains the liaison to the Alaska Board of Nursing.

Dr. Marianne Murray DNP, RN, CHSE

Director of Nursing Programs

Phone: (907) 564-8258

E-mail: mmurray@alaskapacific.edu

PART III Faculty Membership

- 12 AAC 44.090. FACULTY.** (a) There must be a sufficient number of qualified faculty to meet the purposes and objectives of the nursing education program.
- (b) Unless waived by the board, the maximum number of students per faculty member is eight in clinical areas involving direct care of patients or clients.
- (c) Nursing faculty who teach in a program offering the practical nurse certificate shall
- (1) be currently licensed as a registered nurse in Alaska;
 - (2) have a minimum of a baccalaureate degree in nursing; and
 - (3) have one year of clinical nursing experience relevant to areas of responsibility.
- (d) Nursing faculty who teach in a program offering the associate degree or the baccalaureate degree in nursing shall
- (1) be currently licensed as a registered nurse in Alaska;
 - (2) have a minimum of a masters degree in nursing; and
 - (3) have one year of clinical nursing experience relevant to areas of responsibility.
- (e) Adjunct faculty may be used for instruction of nursing courses and shall
- (1) be currently licensed as a registered nurse in Alaska;
 - (2) have a minimum of a baccalaureate degree in nursing;
 - (3) have one year of clinical nursing experience relevant to areas of responsibility;
 - (4) be supervised by qualified nursing faculty.
- (f) Faculty with comparable education will, in the board's discretion, be considered to have met the degree requirement of (c)(2), (d)(2), or (e)(2) of this section.
- (g) Faculty are responsible for developing, implementing, and evaluating the purpose, philosophy and objectives of the nursing program.
- (h) For purposes of AS 08.68.800(a)(5), if an education program outside this state has students in this state doing clinical rotations, and if the time that a faculty member spends determining grades for those students, for clinical coursework performed during those rotations, and in combination with the time, if any, that the faculty member spends on other nursing education or nursing consultation activities in this state, exceeds 20 working days within a licensing period, the faculty member must be currently licensed as a registered nurse in this state.

Authority: AS 08.68.100, AS 08.68.290, AS 08.68.800.

PART III Faculty Membership (continued)

Faculty (F)- Faculty (A)-Adjunct	Program(s) Type LPN, RN, APRN	Credentials	Course(s) of Facilitation Role (C)-Coordinator/Lead (A)-Assist	Related Experience
F-Benoit, Catherine	RN	MSN, RN	NUR 26500-Med surg 1 C-NUR 20500-Pathopharm 1	USAF ER Trauma Med Surg Community Health
F-Butler, Katie	RN	FNP – Pediatric	A-NUR 38500-Med Surg 2 A-NUR 26500-Med Surg 1 A-NUR 37500-Families	FNP Pediatric Specialty
F-Davis, Jessica	RN	FNP, RN	A-NUR 38500-Med surg 2 A-NUR 37500-Families	FNP, Acute, Med Surg, ER
F-Droutman, Diane	LPN, RN	PhD, RN	C-NUR 26000-Behavioral Health-RN C-NUR 10700 Health and Wellness-LPN	Long Term Care, Behavioral Health
A-Kern, Danielle	LPN, RN	MSN, RN	HS 20500 Culturally Safe Healthcare	School Nursing Pediatrics
F-Malevich, Krista	RN	MSN, RN	A-NUR 20000-Foundations A-NUR 26500-Med Surg 1	ICU Nursing, Nursing Education
F-Moore, Lisa	RN	MSN, RN	Coordinator ADN program C-NUR 37500-Families C-HS 20500-CSH	OB, Peds, Nursing Education
F-Murray, Marianne	LPN, RN	DNP, RN	Coordinator RN to BSN program Coordinator LPN to RN program C-HS 20500 CSH, NUR 49800, NUR 49900	ER, Flight Nursing, Nursing Leadership Nursing Education, Simulation

F-Rearden, Annette	LPN, RN	MSN, RN	C-NUR 38500 Med Surg 2	ER, Med Surg, Rural Nursing, Nursing Education
F-Seagle, Staci	LPN	MSN, RN	Coordinator LPN program A-Nur 10600-Pharm-LPN NUR 10100-Foundations-LPN	Long Term Care, School Nursing, Perioperative Nursing, Simulation, Nursing Education
F--Slenkamp, Sean	RN	MSN, RN	A-NUR 20000-Foundations	ICU, Cardiac Care, Emergency
F-Tremblay, Ammie	RN	MSN, RN	C-NUR 20000-Foundations C-NUR 22001-Community Health	OB, Community Health, Med Surg
F-Unwin, Rebecca	RN	MSN, RN	C-NUR 26500Med Surg 1 C-NUR 27500-Pharm 2	ICU, Nursing Management
A-Cole, Alicia	LPN	MSN, RN	A-NUR 10100-Foundations-LPN A-NUR 10600 - Pathopharmacology	Med Surg
A-Glasser, Paula	RN	MSN, RN	A-NUR 20000-Foundations	OB, Community Health, Med Surg
A-Martin, Mary	LPN, RN	DNP, RN University of Huntsville	A-NUR 20000-Foundations	Nursing Education Simulation
A-Merli, Emili	LPN, RN	BSN, RN	A-NUR 10100 A-NUR 10600 A-NUR 26500	Long Term Care, Geriatrics, Nursing Management
A- McCall Valentine, Erica	LPN, RN	MSN, RN	A-NUR 10100 A-NUR 10600 A-NUR 26500	ICU, Nursing Management
A-Coleman, Jinny	RN	BSN, RN	A-NUR 26500-Med Surg 1	OB Nursing, Med surg Nursing
A-Fields, Shelbie	RN	BSN, RN	A-NUR 26500-Med Surg 1 NUR 27500 A-Pathopharmacology 2 A-NUR 37500-Families	Med Surg
A-Jones, Penelope	RN	BSN, RN	A-NUR 26500 Med Surg 1	Quality, Risk, Nursing Education
A-Kaiser, Rita	LPN	MSN	A-Nur 10600-Pathopharm-LPN A-NUR 10100-Foundations-LPN	Community Health, Pediatrics OB
A-Bolstridge, John	RN	MSN	A-NUR 26500-Med Surg 1	ER, Mental Health, Quality
A-Obeidi, Liana	RN	MSN	A-NUR 26500-Med Surg 1	ER, Leadership and Management, Nursing Education
A-Sterret, Ben	RN	MSN	A-NUR 26500-Med Surg 1 A-NUR 27500-Pathopharm 2 A-NUR 37500-Families	ER, Leadership and Management, Nursing Education

<p>We have hired a new full-time faculty member this fall. Assistant Professor Krista Malevich MSN, RN has come on board this fall semester as she is working full time with our foundation's faculty. Danielle Kern resigned from her full time position this summer but remains an adjunct faculty teaching Culturally Safe Healthcare. We are in the process of hiring another full-time faculty member.</p>				

PART IV Student Enrollment

Report any student enrollment statistics below.

15 students are currently enrolled in the RN to BSN program.

62 students are currently enrolled in the ADN program (61 students in Anchorage, 1 in Utqiagvik)

8 students are currently enrolled in the LPN to ADN bridge program option (3 students in Anchorage, 3 in Fairbanks, and 2 in Juneau)

14 students are currently enrolled in the LPN program (1 student in Fairbanks, 4 in Juneau, and 9 Anchorage)

Total 99 students

We continue to have significant interest in all our programs and the LPN to RN tract has gained significant interest. We were pleased to accept many of our graduates from our Associate Degree Nursing program into our Bachelor of Nursing program.

We have spent considerable time updating our website so that students can find information quickly. We have also updated our admissions process and have identified an internal admissions committee. The creation of this additional committee assisted us in streamlining the admission process for potential students.

PART V Resources and Facilities Data

Report any updates to resources and facilities data.

We have increased our resources in the simulation lab by hiring a simulation technician and lab coordinator: Exavien Brennan. Exavien has been instrumental in keeping all four lab spaces running at maximum capacity Monday – Friday. Currently we do have overlap with LPN and ADN students on Thursdays. The students attend medication lab together.

We maintain an 8:1 ratio in the lab setting and in the clinical setting. In Anchorage we have four simulation labs that accommodate 8 students easily for hands-on training. We have updated all our lab areas to include distance delivery capabilities with projectors, screens, microphones, and cameras to help provide seamless distance delivery. Our classrooms are updated to support distance delivery with smart boards, cameras, projectors, and microphones throughout the classroom. Faculty received training on these new technological tools. Student funding resources have increased through workforce partnerships and a Department of Labor Nursing Expansion Grant. We provide funding for students in both the LPN and ADN programs to pay for licensing fees and NCLEX exam costs, which has especially helped our rural students with the cost of flying into Anchorage.

PART VI Program Evaluation

Report current program evaluation and plan(s) for program improvement.

At APU, we have a systematic approach to evaluating our nursing programs. This process is driven by our End of Program Student Learning Outcomes and data required by our accrediting body, ACEN.

Each fall and spring, our faculty holds retreats to review program outcomes and develop plans to address any areas for improvement. To gain a broader perspective on student clinical performance, we invited adjunct faculty from Fairbanks, Juneau, and Utqiagvik to join us in May and August.

During these meetings, we also focused on improving our methods for teaching clinical reasoning. This led to the integration of more case studies and simulations, which have been effective in promoting critical thinking.

Additionally, we have revamped our remediation process to be more student-centered. We now systematically track students' ATI focused reviews and meet with any student who is struggling to understand the remediated content. We use Mountain Measurement to compare our NCLEX results against national averages and identify specific curriculum areas that may be below the national benchmark.

We are full partners with Assessment Technology Institute and each May we receive a detailed data report indicating areas on the content mastery series of exams and the NCLEX predictor exam where we can bolster our teaching and concepts to promote clinical reasoning.

Dashboards for Program Outcomes

Associate Degree Program 2024-2025

Key Strategic Program Measure	Target Measure Description/Definition	Target Measure Success		
		Red: Not Met	Yellow: Partially Met	Green: Measure Met
ADN Program Completion Rate	At least 65% of students will complete the program in three semesters (100% of program length)			Completion rate 82 %
NCLEX-RN Licensure Exam Pass Rate	At least 80% of all first-time test-takers during the calendar year will pass the NCLEX–RN.			84 % first- time pass rate
Graduate Job Placement	ELA: 90% of graduates will obtain employment as an RN within one year of graduation			100%

Fall 2024 ADN NCLEX data

21 graduates

18 passed first attempt (86%)

3 have retaken and passed

Spring 2025 ADN NCLEX data

29 graduates

24 passed first attempt (83%)

1 has not taken

2 have retaken and passed

2024-2025 Disaggregate Data

Anchorage

Students starting program: 45

Completed on time: 37

Completion rate: 82%

Attrition rate: 18%

Utiagvik

Students starting program: 5

Completed on time: 4

Completion rate: 80%

Attrition rate: 20%

LPN Program 2024-2025				
Key Strategic Program Measure	Target Measure Description/Definition	Target Measure Success		
		Red: Not Met	Yellow: Partially Met	Green: Measure Met
LPN Program Completion Rate	At least 60% of students will complete the program in two semesters (100% of program length)			Completion rate 88%
NCLEX-PN Licensure Exam Pass Rate	At least 80% of all first-time test-takers during the calendar year will pass the NCLEX –PN. 29/33			87.5% first-time pass rate
Graduate Job Placement	ELA: 80% of graduates will obtain employment as an LPN within one year of graduation			96%

Spring 2025 LPN NCLEX data

29 graduates
 24 graduates attempted NCLEX
 21 passed NCLEX first attempt (87.5%)
 5 have not taken NCLEX
 2 have retaken and passed NCLEX
 1 has not retaken the exam yet

Disaggregate:

Anchorage

Students starting program: 12
 Completed on time: 10
 Completion rate: 83%
 Attrition rate: 17%

Bethel

Students starting program: 4
 Completed on time: 4
 Completion rate: 100%
 Attrition rate: 0%

Fairbanks

Students starting program: 11
 Completed on time: 10
 Completion rate: 81%
 Attrition rate: 9%

Juneau

Students starting program: 5
 Completed on time: 4
 Completion rate: 80%
 Attrition rate: 20%



PART VII Projected Changes

Report any projected changes for the school of nursing and curriculum for the next year.

We do not anticipate any major changes to our curriculum in the upcoming year. Our primary focus is preparing for the ACEN accreditation visit scheduled for September 15-17, 2026.

While no major changes are planned, we will continue to ensure our curriculum meets the needs of our students. We may make minor adjustments, such as adding more simulations to promote active learning and improve clinical competence, if our program evaluation indicates a need.

PART VIII Postgraduate Activities

Report results of studies of postgraduate activities relative to ongoing employment and accomplishments of graduates.

Our nursing graduates have been spotted all over Alaska working in various settings. Many of our graduates are working full-time at ANMC and have stayed in their positions for over two years. Some of our graduates are now precepting our senior students. We have completed a 6-month post-graduation survey on all our graduates. The post graduate surveys revealed that students felt the program prepared them adequately for practice and the program met the end of program objectives. We have also held annual meetings with our community stakeholders who have shared that our students are well prepared for practice. Many of our graduates now have leadership positions in nursing throughout the state.

PART IX Accreditation

Report the accrediting body and the date accreditation is due for renewal.

Our ACEN accreditation date is September 15-17, 2026. This accreditation visit will evaluate the LPN, ADN, and BSN programs. The Board will receive a copy of the self-study report before the visit, the BON will be invited to attend the visit, and the results of the accreditation visit will be promptly shared.

Alaska Board of Nursing



Charter College
School of Nursing Report



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Nursing

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

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Annual School of Nursing Report

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- (1) changes or new developments in the purpose, philosophy, objectives, conceptual framework, and subsequent curriculum changes;
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- (3) update on faculty membership;
- (4) student enrollment statistics;
- (5) resources and facilities data update;
- (6) a program evaluation and plan for program improvement;
- (7) projected changes for the school of nursing and curriculum for the next year;
- (8) results of studies of postgraduate activities relative to ongoing employment and accomplishments of graduates.

PART I Purpose, Philosophy, Objectives

Report any changes or new developments in the purpose, philosophy, objectives, conceptual framework, and subsequent curriculum changes.

The purpose, philosophy, objectives, and conceptual framework of the Associate of Applied Science in Nursing program at Charter College remains unchanged. Curriculum objectives remain unchanged, curriculum content has been updated to reflect changes in evidence-based practice, and all textbooks and e-books are in the latest available edition. Textbooks for the Medical Surgical Nursing I and II, Gerontological and Community Health, Maternal Child Nursing, and Pediatric Nursing have been updated this year to the most current edition. The textbook for Pharmacology for Nursing currently Lilley, L.L., Collins, S.R, & Snyder, J.S. (2020). Pharmacology and the nursing process. (10th ed.). Elsevier. The textbook for Mental Health has been updated from Videbeck, S.L. (2016). Psychiatric mental health nursing (7th ed.). Philadelphia, PA: Lippincott to Halter, M. (2022). Varcarolis' Foundations of Psychiatric-Mental Health Nursing (9th ed.). Elsevier.

The conceptual framework has been expanded from the Nursing Process to include the NCSBN Clinical Judgment Measurement Model (nscbn.org 2022). The next annual faculty retreat will be held in November 2025 at which time faculty will review syllabi, curriculum, exams, exam pass rates, and course effectiveness. Effectiveness is evaluated using the NCLEX pass rates, job placement, and retention rate in accordance with ABHES and ACEN accreditation.

The blended delivery for didactic courses is being implemented and provides our adult learners the flexibility to maintain their personal responsibilities while working to achieve their education and career goals.

Lesson plans for clinical simulated experiences have been updated to include clinical judgment scenarios and aspects of realism. Debriefing has been included in each simulation experience to facilitate reflexive discourse and discussion to enhance the student's learning experience and align with the recommendations of the NCSBN for clinical simulations.

PART II Administrative Structure

Report any changes in the administrative structure. Provide current contact information for Director and liaison to the Alaska Board of Nursing.

The program administration remains unchanged. The Dean of Nursing is the administrator of the Nursing program. The Dean of Nursing reports directly to the Dean of Education, Christy Ruiz, MBA, who reports to the Chief Academic Officer, Joel Nelson, MBA, who reports to the CEO, Joshua Swayne, MS. The Associate Dean of Nursing provides support for the Dean. Additionally, the Dean of Nursing fosters and maintains an excellent working relationship with the Campus Manager and the Dean of Education to manage the budget for the nursing program. Contact information for Dean of Nursing Cynthia D. Booher PhD, RN, CNE Cynthia.Booher@chartercollege.edu phone 907-777-1312 or 907-727-5719 and Associate Dean of Nursing, Daniel Booher MSN, RN Daniel.booher@chartercollege.edu phone 907-777-1304

PART III Faculty Membership

12 AAC 44.090. FACULTY. (a) There must be a sufficient number of qualified faculty to meet the purposes and objectives of the nursing education program.

(b) Unless waived by the board, the maximum number of students per faculty member is eight in clinical areas involving direct care of patients or clients.

(c) Nursing faculty who teach in a program offering the practical nurse certificate shall

- (1) be currently licensed as a registered nurse in Alaska;
- (2) have a minimum of a baccalaureate degree in nursing; and
- (3) have one year of clinical nursing experience relevant to areas of responsibility.

(d) Nursing faculty who teach in a program offering the associate degree or the baccalaureate degree in nursing shall

- (1) be currently licensed as a registered nurse in Alaska;
- (2) have a minimum of a masters degree in nursing; and
- (3) have one year of clinical nursing experience relevant to areas of responsibility.

(e) Adjunct faculty may be used for instruction of nursing courses and shall

- (1) be currently licensed as a registered nurse in Alaska;
- (2) have a minimum of a baccalaureate degree in nursing;
- (3) have one year of clinical nursing experience relevant to areas of responsibility;
- (4) be supervised by qualified nursing faculty.

(f) Faculty with comparable education will, in the board's discretion, be considered to have met the degree requirement of (c)(2), (d)(2), or (e)(2) of this section.

(g) Faculty are responsible for developing, implementing and evaluating the purpose, philosophy and objectives of the nursing program.

(h) For purposes of AS 08.68.800(a)(5), if an education program outside this state has students in this state doing clinical rotations, and if the time that a faculty member spends determining grades for those students, for clinical coursework performed during those rotations, and in combination with the time, if any, that the faculty member spends on other nursing education or nursing consultation activities in this state, exceeds 20 working days within a licensing period, the faculty member must be currently licensed as a registered nurse in this state.

Authority: AS 08.68.100, AS 08.68.290, AS 08.68.800.

PART III Faculty Membership (continued)

Faculty (F)- Faculty (A)-Adjunct	Program(s) Type LPN, RN, APRN	Credentials	Course(s) of Facilitation Role (C)-Coordinator/Lead (A)-Assist	Related Experience
Andrews, Laurel (A)	RN	BSN	Fundamentals A pharmacology A	Medical Surgical, school nurse, urgent care, long term care
Booher, Cynthia(F)	RN	Phd,RN	Pharmacology- A fundamentals-A Mental Health A	Medical Surgical, ICU, long term care leadership
Booher,Daniel(F)	RN	MSN,RN	Gerontology-A,NCLEX review-A Medical Surgical -A	long term care, school nurse, Cardiac ICU, medical surgical, leadership
Bowerfind,Merisue(A)	RN	BSN,RN	Medical Surgical-A Fundamentals A Pharmacology-A	medical surgical, OR and recovery, Acute Care, ICU
Cole,Ryan (A)	RN	BSN,RN	Fundamentals lab-C Pharmacology lab -C medical surgical -A	OR Army corps flight nursing ER PACU
Coste, Elizabeth(F)	RN	MSN,RN	Medical Surgical lab-C Medical Surgical 2 lab, Medical surgical lecture -A Medical	long term care specialty care, medical surgical
Cuff, Lisa	RN	DNP,FNP,RN	Pediatrics-C Leadership-C	FNP, pediatrics, leadership
Eason,Laurie(A)	RN	BSN,RN	fundamentals-A pharmacology-A	OR and recovery medical surgical
Estes,Danelle(A)	RN	MSN,RN	Fundamentals-A, Pharmacology-A Obstetrics-A	Medical surgical, long term care Womens health/OBGYN pediatrics
Glasser Paula(A)	RN	MSN,RN	medical surgical -A pediatrics-A	midlevel, new nurse residency, medical surgical, peds
Hamilton, Heather	RN	MSN,RN	Maternitylab-C, pediatrics-A	maternity, womens health pediatrics
Herman, Katelyn	RN	MSN,RN	Gerontology-C NCLEX review-A	Medical Surgical, OR and recovery, long term care

PART IV Student Enrollment

Report any student enrollment statistics below.

As of September 26, 2025, active enrollment is 144 students spanning cohorts 27 through 30. As reported to ABHES and the ACEN for the 2023-2024 reporting period, retention was 85%, and the licensure pass rate was 90%. ABHES requires reports for the employer verified placements and the ACEN requires job placement for students reporting placement. ABHES job placement report for 2023-2024 was 74%. ACEN job placement report for 2023-2024 was 97%. Retention, placement rates, and licensure pass rate continue to meet the goals for accreditation through ABHES and ACEN. The next report will be submitted to ABHES in November 2025 for the 2023-2024 reporting period. We have recently had our ABHES reaccreditation visit and had zero citations and were recommended to be reaccredited.

PART V Resources and Facilities Data

Report any updates to resources and facilities data.

The nursing program has 10 classrooms furnished with computers, desks, projectors, and podiums. Laptop computers are available for in-class use. The students have access to a laptop loaner program to help with issues that may occur with personal computers and the computer lab on campus.

We have maintained the science lab, three nursing skills labs, two simulations suites, and the debriefing rooms.

The College has maintained complete partnerships with HESI and Elsevier to gain access to virtual textbooks, skills checklists and videos, NCLEX review, shadow health and SIM Chart. For the sciences we have Anatomy.TV, and Em-Care's database which offer current resources for instructor and student research. Additionally, the College provides Nurse Think Notebook, Skyscape Nursing Resource Suite, and Nurse Think Clinical Judgment Simulations, for all instructors and students. Shadow Health Clinical Simulations have been added to the Pharmacology Lab, Mental Health Clinical, Pediatric Clinical, and Maternal/Child Clinical. These resources ensure the nursing faculty and students have access to current, evidence-based research.

PART VI Program Evaluation

Report current program evaluation and plan(s) for program improvement.

The nursing program continues to exceed the end of program outcomes each year as described above. The nursing program continues to meet the pass rate, on-time graduation rate, and job placement rates required to meet the corresponding criterion within the ACEN Accreditation Standards for ADN Programs. Additionally, the nursing program continues to meet the accreditation standards for ABHES.

The nursing program offers support for students who are not successful on the NCLEX with their first attempt. We have built and implemented a post-graduate remediation plan which provides nursing graduates access to study materials and faculty support to prepare for their second attempt at the NCLEX. The post-graduate remediation plan is designed to ensure the success of our graduates beyond the requirements of academic completion in the AAS in Nursing program.

Faculty development is current and ongoing. Faculty this year will present at the Alaska simulation conference, Trending Topics conference and nationally at the Organization of Associate Degree nurses. Charter College supports the AAS in Nursing program to secure hiring and orientation of additional adjunct faculty is conducted in a timely manner to ensure the required faculty are available to support the nursing students in achieving the program outcomes.

PART VII Projected Changes

Report any projected changes for the school of nursing and curriculum for the next year.

The blended nursing program allowed on-campus space to accommodate added sections of labs and clinical simulations needed for cohorts of 50 students. We are working on expanding our clinical partnerships within the community. We have added virtual clinical simulated experiences such as the hearing voices simulation for our mental health courses to supplement the clinical hours in the specialty clinical courses where we find limited clinical opportunities.

Charter is also in the process of developing a licensed practical nurse program. We are currently in the process of awaiting accreditation by ACPE and Alaska board of nursing. Once accreditation has been obtained here then we will move forward with ACEN candidacy. The time line is structured to begin classes by late 2026-early 2027.

PART VIII Postgraduate Activities

Report results of studies of postgraduate activities relative to ongoing employment and accomplishments of graduates.

Job placement for the nursing graduates is excellent. of the nursing graduates for 2023-24 21 % responded regarding job placement and 74% of the students responding held jobs requiring an RN license. Of the 2023-24 nursing graduates 92 % hold jobs in Alaska and 0.58 percent percent held out of state licenses. Nursing graduates report that they are enrolling in continuing education programs after they complete the orientation requirements and are working in bedside patient care. Many are looking to move through the system for further education and to increase the many opportunities they will have in nursing.

PART IX Accreditation

Report the accrediting body and the date accreditation is due for renewal.

The College is institutionally accredited by ABHES through February 28, 2026. We have recently had our ABHES reaccreditation visit and had zero citations and were recommended to be reaccredited. The nursing program is programmatically accredited by ACEN; the most recent accreditation decision made by the ACEN Board of Commissioners for the associate nursing program is continuing accreditation from March 2021 through Fall 2028.

Alaska Board of Nursing

Agenda Item #10



Charter College

LPN Program Request

Introduction:

- Program's mission, philosophy, and learning outcomes.

Charter College's nursing program is guided by a mission and philosophy focused on career-oriented, student-centered education. The overarching goal is to prepare students for successful careers in nursing through a combination of academic knowledge, hands-on training, and real-world experience.

Mission

Charter College's mission is to be a leader in providing private postsecondary, career-focused education. They aim to serve a diverse student population in a collaborative and student-centered learning environment. The ultimate objective is to assist graduates in advancing, enriching, or changing their careers by equipping them with the necessary skills for a specific profession.

Philosophy

The philosophy of the nursing program is rooted in a belief that education should be practical and directly applicable to the workforce. This is achieved through a unique educational model that emphasizes:

Accelerated, career-specific curriculum

The program focuses on the knowledge and skills essential for an entry-level registered nursing position, without unnecessary electives.

Blended learning format

A combination of online and on-campus instruction provides students with the flexibility to balance their studies with other life commitments while still receiving hands-on training.

Hands-on experience:

A required clinical rotation is a key component, allowing students to apply their knowledge in a real-world healthcare setting and gain practical experience.

- Preparation for licensure

The curriculum is designed to prepare students for the National Council Licensure Examination for Registered Nurses (NCLEX-RN), which is required for professional practice.

Faculty credentials and organizational chart.

Full-time Faculty	Program(s) Type LPN, RN, APRN	Credentials	Course(s) of Facilitation Role Coordinator/Lead - C Assist - A	Related Experience
Booher, Cynthia	RN	PhD, RN	Pharmacology- A Fundamentals- A Mental Health-A	Medical surgical ICU Long term care
Booher, Daniel	RN	MSN, RN	NCLEX review-C, A Medical Surgical- A	Long term care Hospice Medical surgical
Cole, Ryan	RN	BSN	Fundamentals lab-C Pharmacology Lab-C Fundamentals lecture- A Pharmacology lecture- A	OR Army corps Flight nursing Er PACU
Coste, Elizabeth	RN	MSN	Medical Surgical Lab-C Medical Surgical 2- Lab -C Medical Surgical 1 lecture- A Medical Surgical 2- lecture- A	Long term care Medical surgical
Cuff, Lisa	APRN	DNP, FNP, RN	Pediatrics-C Leadership- C	Family Nurse Practitioner Management
Lenichek, Sandy	RN	MSN	Medical surgical 1 lecture- C Medical Surgical 2- C	Medical surgical Quality Management
Moreno, Annabel	RN	MSN	Mental Health-C Fundamentals- A	Mental health Medical surgical Management
Grace Renner (F)	RN	MSN	Lab and simulation coordinator	Oncology Medical surgical
Spear, Tony	RN	MSN	Fundamentals lecture- C. Pharmacology lecture- C	Medical Surgical Home health
Walker, Ted	RN	MSN	Fundamentals lab-C Pharmacology lab-C Leadership- A	Medical Surgical OR Leadership
Adjunct Faculty	Program(s) Type LPN, RN, APRN	Credentials	Course(s) of Facilitation Role Assist - A	Related Experience

Andrews, Laurel	RN	BSN	Fundamentals lab - A Pharmacology lab - A	Medical Surgical Acute care clinic School nursing
Bowerfind, Merisue	RN	BSN	Medical Surgical - A Fundamentals - A Pharmacology - A	Medical Surgical OR, and Recovery Acute Care, ICU
Eason, Laurie	RN	BSN	Fundamentals- A Pharmacology- A	OR Medical Surgical
Estes, Danelle	RN	BSN, MSN	Fundamentals - A Pharmacology - A Obstetrics - A	Medical-Surgical Women's Health/OB Pediatrics
Glasser, Paula	RN	MSN	Medical surgical- A	Education OB
Hamilton, Heather	RN	MSN	Maternity Pediatrics	MATERNITY Pediatrics
Herman, Katelyn	RN	ADN, MSN	Pharmacology - C Gerontology/Community- C	Medical Surgical Recovery/OR
Jackson, Jeffrey	RN	MSN	Medical Surgical- A	Medical surgical informatics
Kern, Danielle	RN	MSN	Menta; Health-A Fundamentals- A Pharmacology-A	Medical Surgical Long term Care School nursing
Lyons, Val	RN	MSN	(A) Fundamentals Pharmacology Medical Surgical	Medical surgical Skilled nursing
Lund, Melissa	RN	BSN, MSN, DNP	Pharmacology - Gerontology/Community - A Medical Surgical - A	Medical Surgical Mental Health Long-term Care
Martin, Mary	RN	DNP	(A) Pediatrics Medical surgical Pharmacology Maternity	Medical surgical Pediatrics Maternity leadership administration
Morris, Rachel	RN	BSN	Fundamentals- A Pharmacology-A Medical Surgical-A	Education Medical surgical
Pack, Samantha	RN	BSN	Fundamentals-A Pediatrics- A	Medical surgical Pediatrics Public Health

Palaniuk, Victoria	RN	MSN	Pediatrics-A Maternity-A	NICU Mother. Baby OB
Perez-Montero, NAhir	RN	MSN	Fundamentals-A Pharmacology-A	Medical surgical Education Long term care
Petersen, Kati	RN	BSN	Fundamentals-A Pharmacology-A Medical surgical-A	Medical surgical Acute care Long term care
Tremblay, Ammie	RN	MSN	Medical Surgical-A OB-A	Ob Education Medical surgical
Woldow, Jamie(A)	RN	MSN	Leadership-A Medical surgical-A	Administration Leadership Mental health Medical surgical

Need for Program:

Alaska’s healthcare sector is the largest economic sector in the state, accounting for \$3.4 billion in direct wages and 44,310 year-round jobs in 2023, with a total employment impact of 75,402 jobs statewide when considering indirect and induced effects. Despite this, Alaska faces a significant and growing healthcare workforce shortage, particularly in nursing roles, including Licensed Practical Nurses (LPNs).

Workforce Need:

- 320 LPNs were employed in Alaska in 2023.
- The average wage for LPNs was \$74,260/year or \$35.70/hour, placing Alaska 4th highest nationally for LPN pay.

- The location quotient for LPNs is 0.24, the lowest among all tracked healthcare roles, meaning LPNs are significantly underrepresented in Alaska compared to national averages.
- Annual worker churn for LPNs is 32%, requiring 107 new hires annually just to replace turnover, with an additional 3 hires projected annually due to growth, totaling 110 LPNs needed per year.
- However, only 13 LPNs graduated in 2023, with 30 expected in 2024, and a projected 43 in 2025, leaving an annual shortfall of over 60 new LPNs required per year to meet workforce demand.

Geographic Gaps & Rural Needs

- 64% of healthcare jobs are in Anchorage, with rural and non-metropolitan areas struggling most to recruit and retain licensed nurses.
- Rural and long-term care facilities often rely on LPNs to fill frontline roles due to their flexibility and lower cost compared to RNs, yet training opportunities remain sparse outside of urban hubs.

Financial & Operational Impact

- Due to severe shortages, many facilities rely on traveling healthcare workers, costing up to 56% more than staff wages. In 2023 alone, Alaska spent an additional \$66 million on travel nurse premium funds that could be better invested in building an in-state nursing workforce.

A state-approved LPN program would:

- Directly respond to Alaska's documented shortage, addressing the 110 LPNs needed annually to meet turnover and growth demands.
- Improve rural healthcare access by training Alaskans who are more likely to remain in-state and serve their communities.
- Relieve pressure on RN roles, enabling LPNs to take on supportive and independent responsibilities in long-term care, assisted living, and outpatient settings.
- Expand the healthcare workforce pipeline, complementing Alaska's goals of reducing dependency on nonresident and travel staff.

Budget:

See separate sheets.

Resource Requirements:

The Licensed Practical Nurse (LPN) program is currently supported by dedicated instructional and clinical training resources that ensure students receive a comprehensive, hands-on education aligned with Alaska Board of Nursing requirements.

Classroom Space

We have fully equipped classrooms that accommodate up to 100 students, providing a conducive environment for both lecture-based and interactive instruction. The classrooms include:

- Audio-visual technology to support multimedia teaching.
- Ergonomic seating and flexible workspace layouts
- Secure storage for instructional materials and student resources

Clinical Skills Lab

Our program has access to a functioning clinical skills lab designed to prepare students for real-world patient care. The lab includes:

- Hospital beds with high-fidelity manikins and basic care simulators
- Equipment for vital signs monitoring, wound care, catheterization, IV insertion, and medication administration
- Sanitation stations, PPE, and clinical supplies that meet infection control standards.
- A designated space for student practice, checkoffs, and instructor-led demonstrations

Nursing Skills Kit

To ensure students are well-equipped for their practical training, a comprehensive skills kit will be provided at the start of the program. This kit contains the necessary supplies for all required skills. Additional supplies will be available on a need's basis throughout the program.

The kit includes the following items:

- **Dual head stethoscope:** For accurate patient auscultation.
- **Utility shears:** Essential for safely cutting dressings, bandages, and other materials.
- **Penlight:** Used for pupillary assessments and general patient examination.
- **Dressing change tray:** A complete set for performing sterile dressing changes.

- **Tracheostomy clean and care tray:** Contains the tools required for tracheostomy maintenance.
- **Foley tray:** A pre-packaged kit for sterile catheter insertion.
- **Ostomy Water Wear tape and Ostomy pouch:** Supplies for ostomy care.

Please note that syringes and needles will not be included in the individual kits. These items will be supplied as needed within the lab environment to ensure proper control and safety protocols are maintained.

Clinical Partnerships

We currently have established clinical partnerships with the following facilities to support student clinical hour completion:

- Maple Spring Assisted Living – Provides practical experience in geriatric care, medication assistance, and activities of daily living (ADLs).
- Polaris Care Center – Offers clinical opportunities in rehabilitative and long-term care, supporting skill development in patient mobility, charting, and communication.
- Pioneer Home – A state-operated long-term care facility that immerses students in elder care, chronic condition management, and culturally competent nursing practice.
- Centennial Post Acute

These partnerships ensure our students gain diverse clinical experiences in supportive, real-world settings while helping address workforce shortages in Alaska's long-term care system.

Agreements with clinical partner sites.

The institution maintains formal affiliation agreements with all clinical partners to ensure compliance with regulatory requirements and to uphold the quality of clinical education. These agreements clearly outline the roles, responsibilities, and expectations of both the academic program and the clinical site. Copies of all current and active affiliation agreements are securely maintained on file and can be provided to the Board of Nursing upon request. This process ensures that all documentation is readily available for review while safeguarding the confidentiality and integrity of contractual agreements with our clinical partners.

Cost per student

See the separate budget for full details. The cost for the student will be 34,860.00 for the program or 553.33 per credit.

Curriculum:

a. Prerequisites

None needed. Students will be able to come into the programs and receive all their requirements within the four terms of the program. Please see attached.

b. Course outline

Please see the attached curriculum

[Description of the LPN program.docx](#)

Plan for accreditation:

1: Institutional and State Approval

This initial phase focuses on securing foundational approvals and laying the groundwork for the program's operation.

2.1 State-Level Approval

- Application to the Alaska Board of Nursing: The program will submit a comprehensive application for initial program approval to the Alaska Board of Nursing.
 - Required Documentation:
 - Curriculum plan (theory, lab, and clinical hours).
 - Program's mission, philosophy, and learning outcomes.
 - Faculty credentials and organizational chart.
 - Description of physical facilities, equipment, and learning resources.
 - Agreements with clinical partner sites.
 - Program's admissions and progression policies.
- Response to Board Feedback: Address any questions or recommendations from the Board of Nursing to secure full state approval.

2.2 Program Foundation

- **Curriculum Development:** The curriculum is designed to meet the Alaska Board of Nursing requirements and align with the standards of both ACEN and ABHES. The curriculum focuses on providing a strong foundation in nursing theory, clinical skills, and patient care.
- **Faculty and Staffing:** see the faculty table.
- **Infrastructure and Resources:** Ensure physical facilities, lab equipment, and library resources are sufficient to support the program's educational needs. Formalize agreements with clinical sites to secure student placements.

2: ACEN Accreditation Process

This phase begins after securing state approval and focuses specifically on the ACEN accreditation process.

Eligibility and Candidacy

- **Eligibility Application:** The program will submit an eligibility application to ACEN, providing evidence of institutional accreditation and state approval from the Alaska Board of Nursing.
- **Candidacy Presentation:** Upon being deemed eligible, the program will prepare a "mini" self-study report, known as the Candidacy Presentation. This presentation will cover key criteria related to:
 - Administrative capacity and resources.

- Faculty qualifications.
 - Curriculum.
 - Outcomes.
- Granting of Candidacy: ACEN will review the Candidacy Presentation. If successful, the program will be granted Candidate status, which is the official first step toward initial accreditation.

Self-Study and Site Visit

- Self-Study Report (SSR): The program will prepare a comprehensive Self-Study Report, a detailed narrative document that demonstrates compliance with all ACEN Standards and Criteria.
- Submission of SSR: The completed Self-Study Report will be submitted to ACEN.
- Site Visit: A team of ACEN peer evaluators will conduct a site visit to validate the information in the Self-Study Report, interview faculty, students, and administrators, and tour the facilities.
- Evaluation Review Panel (ERP): After the site visit, the ERP will review the SSR and Site Visit Report to make an independent recommendation on the program's compliance.
- Board of Commissioners' Decision: The ACEN Board of Commissioners will review all reports and recommendations to make the final accreditation decision.

3: ABHES Accreditation Process

The ABHES process can run in parallel with the ACEN process, with some overlap in documentation and reporting.

Application and Self-Evaluation Report (SER) (Months 6-12)

- **Application for Accreditation:** The program will submit the initial application to ABHES.
- **Self-Evaluation Report (SER):** The program will prepare a Self-Evaluation Report (SER) that addresses all ABHES accreditation standards. The SER will include a Program Effectiveness Plan (PEP), which is an annual report used for the ongoing evaluation of program outcomes.

4.0 Onsite Visit and Final Review

- **Onsite Accreditation Visit:** A team of ABHES peer evaluators will conduct an onsite visit to assess the program's compliance with the standards, review documentation, and conduct interviews.
- **Response to Visit Report:** The program will be given an opportunity to respond to the Onsite Visit Report and address any identified areas of non-compliance.
- **Accreditation Decision:** The ABHES Commission will review all documentation and reports to make a final accreditation decision.

Timeline:

Phase	Activity	Estimated Time
Phase 1	State approval	1-6 months
Phase 1 A	ACP approval	1-6 months
Phase 2	ACEN candidacy and self-study	6-24 months
Phase 2 A	ABHES Application	6-24 months
Completion	Final decisions	24 months

Accrediting Bureau of Health Education Schools. (2025). *Accreditation Manual*.

Author. <https://www.abhes.org/accreditation-manual>

Accreditation Commission for Education in Nursing. (2023). *Accreditation Manual*.

Author.

<https://resources.acenursing.org/space/AM/1842642947/2023+Accreditation+Manual>

Rain Coast Data. (2024). *Alaska Healthcare Workforce Analysis 2024*. Alaska Hospital & Healthcare Association.

Description of the program

The certificate is designed to meet the following End-of-Program Student Learning Outcomes:

1. **Analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan:** Use identified clinical cues to determine the delivery of safe, person-centered care to persons and analyze clinical cues to determine appropriate nursing interventions.
2. **Demonstrate effective interprofessional communication and teamwork to promote patient care outcomes.** Understand communication within the context of a collaborative team approach to improve client safety and quality improvement. Use appropriate communication techniques to contribute to interprofessional team efforts in patient care
3. **Uphold ethical, legal and professional standards in all aspects of nursing practice demonstrating professional accountability.** Apply ethical principles, legal requirements and professional codes to clinical decision making
4. **Use informatics, healthcare technologies and data analytics to improve safety and enhance care delivery.** Use informatics tools and healthcare data to promote safe. Effective care.
5. **Apply cultural humility to adapt nursing care approaches that respects the unique needs, values and preferences of diverse individuals and populations.** use cultural humility to adapt nursing care to reflect the unique needs and preferences of individuals and populations.
6. **Deliver holistic, culturally responsive nursing care** that meets the diverse needs of individuals, families, and communities.

Licensure:

The State of Alaska licenses nurses for professional practice. To receive initial licensure as a licensed practical nurse (LPN) in Alaska, candidates must have received their degree from a board approved, nationally accredited nursing program. Candidates must also successfully pass the NCLEX-PN exam and pass a State background check. Each LPN candidate must submit a notarized application, a completed fingerprint card, official transcripts, and nursing program verification forms when applying for initial licensure through examination through the Alaska Board of Nursing. For information about licensure in other states, see <https://www.ncsbn.org/>.

Minimum Graduation Credit Requirement: 63 term credits) 42 semester credits

Course Number	Course Name	Credit hours	Term taken	HESI exam/sherpath product
	Anatomy and Physiology for the LPN	4 semester hours or 6 term hours 2 lecture hours and 2 lab hours blended	Term 1	They have a book and a HESI exam
	Policies for the Licensed Practical nurse	3 semester hours or 4.5 term hours online	Term 1	
	Psychology Introduction to psychology	3 semester hours Or 4.5 term hours online	Term 1	
	Fundamentals of Practical Nursing	7 semester hours or 10.5 term hours broken down to 1 lecture hours and 4 hour lab, and 2 hour of clinic (60 hours) blended	Term 2	They have a book and a HESI exam
	Pharmacology for the Licensed Practical Nurse	5 semester hours or 7.5 term hours Broken down into 1 hours of lecture	Term 2	Sherpath, dosage calculation and Pharmacology

		2 hour lab and 2 hours clinical (60 hours) blended		
	Medical Surgical one for the Licensed Practical Nurse	10 semester hours or 15 term hours 4 lecture hours, 4 hours of lab and 2 hours of clinic (60 hours of Clinic) blended	Term 3	Sher path and HESI exam Medical surgical and nutrition
	Specialty nursing	3 semester hours or 4.5 term hours 1 hour lecture and 1 hour of clinic (30 hours) Online except clinical	Term 4	No sherpath they have three separate ones but I am not sure they will get enough of any with only 6 hours of lecture
	Gerontology	3 semester hours or 4.5 term hours	Term 4	Online no clinic with this component
	Preceptorship	4 semester hour or 6 term hours 4 clinic hours for 120 hours All in person	Term 5	Sher path exam
	NCLEX Prep	2 semester hour Or 3 term hours Online except for live review	Term5	Exit exam works just like compass

330 hours of clinic

200 hours of lab

Anatomy and Physiology one:

This course provides Licensed Practical Nursing (LPN) students with a foundational understanding of human anatomy and physiology. Emphasis is placed on the structure and function of body systems and how they work together to maintain homeostasis. Students will explore cellular biology, tissues, and all major organ systems with clinical correlations relevant to practical nursing. The course supports the development of clinical reasoning by connecting anatomical and physiological concepts to common health conditions, nursing assessments, and interventions. Instructional methods include lecture, interactive activities, and laboratory experiences to reinforce learning and application.

Course Objectives:

Upon successful completion of this course, students should be able to:

1. List and define the principle directional terms and major regional anatomical terminology.
2. Classify the levels of structural organization from an atom to an organism.
3. Explain homeostasis as it relates to body function and illustrate an example of a homeostatic mechanism.
4. Identify primary macromolecule terms and basic functions; recall examples of micronutrients.
5. Recognize gross anatomy of organ systems and be able to list and locate the 11 major organ systems and the associated organs.
6. List the primary functions of all organ systems.

Policies for the Licensed Practical nurse: (5 weeks online)

This course focuses on the role of the licensed Practical nurse in healthcare settings. Emphasis on legal and ethical aspects of health care and skills needed to transition to practice. In addition, concepts of leadership and management within the practical nurse role are emphasized. Including discussions on nursing history

Course Objectives:

1. **Explain** the legal and ethical responsibilities of the Licensed Practical Nurse in accordance with state nurse practice acts and professional standards.

2. **Identify** institutional policies, procedures, and protocols that impact safe client care and guide nursing practice in a variety of healthcare settings.
3. **Demonstrate** accountability by adhering to policies related to documentation, delegation, scope of practice, and client confidentiality (HIPAA).
4. **Apply** professional standards and facility policies when responding to real-world clinical scenarios involving client rights, safety, and quality of care.
5. **Recognize** the importance of continued professional development and participation in quality improvement initiatives as part of policy compliance and ethical practice.

What does this course look like:

Week 1: Who is a nurse? Difference between a Licensed Practical Nurse and a registered nurse?

Week 2: What does the licensed practical nurse do and how are they an integral part of the interdisciplinary team?

Week 3: Nursing code of ethics- ANA

Week 4: What can an LPN delegate?

Week 5:

Mapped to EPSLO'S

Course Objective	Bloom's level	Mapped Epslo's
Explain the legal and ethical responsibilities of the Licensed Practical Nurse in accordance with state nurse practice acts and professional standards.	Understand	Uphold ethical, legal and professional standards in all aspects of nursing practice demonstrating professional accountability.
Identify institutional policies, procedures, and protocols that impact safe client care and guide nursing practice in a variety of healthcare settings.	Remember	Use informatics, healthcare technologies and data analytics to improve safety and enhance care delivery.

		Analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan.
Demonstrate accountability by adhering to policies related to documentation, delegation, scope of practice, and client confidentiality (HIPAA).	Apply	Uphold ethical, legal and professional standards in all aspects of nursing practice demonstrating professional accountability.
Apply professional standards and facility policies when responding to real-world clinical scenarios involving client rights, safety, and quality of care.	Apply	Analyze cues to deliver safe, evidence-based, person-centered care across the lifespan. Uphold ethical, legal, and professional standards in all aspects of nursing practice, demonstrating professional accountability.
Recognize the importance of continued professional development and participation in quality improvement initiatives as part of policy compliance and ethical practice.	Create	Uphold ethical, legal and professional standards in all aspects of nursing practice demonstrating professional accountability. Use informatics, healthcare technologies and data analytics to improve safety and enhance care delivery.

Introduction to Psychology (5- weeks online)

This course is a comprehensive overview of the scientific study of behavior and mental processes. It will familiarize students with the scientific methods used in the field of psychology. It will also introduce various topics within the field, such as consciousness, motivation, learning, memory, cognition, development, personality, psychological disorders and their treatments, social psychology, and the biological bases of behavior. This course will help

students understand diversity and how our diverse experiences impact the psychological development and experiences of individuals

Week 1: the psychology instructor will map out a we get close

Week 2:

Week 3:

Week 4:

Week 5:

Fundamentals of Practical Nursing

Focuses on nursing responsibilities and interventions used by the practical nurse to support basic needs. Topics include homeostasis, health assessment, therapeutic communication, electronic documentation, the nursing process, critical thinking, psychosocial health, grief and loss, nutrition, and geriatric care. Nursing skills are taught and evaluated in the lab in conjunction with the lecture course. Including 30 hours of clinical

Course Objectives:

1. Apply the nursing process at a beginning level of skill to interpret and manage human responses of clients to their actual or potential health problems.
2. Demonstrate fundamental nursing psychomotor skills in a safe manner.
3. Utilize organizational skills and time management concepts in setting priorities for clinical performance.
4. Monitor client outcomes to evaluate the effectiveness of psychobiological interventions
5. Utilize the nursing process in the care of all clients

What does this course look like

Week 1: Perfusion/clotting

Week 2: Gas exchange/mobility/pain and fatigue

Week 3: Fluid and electrolytes/ Acid-Base

Week 4: Thermoregulation/ Inflammation/infection and Immunity

Week 5: Elimination

Week 6: Intracranial regulation/sensory and perception/cognition

Week 7: Glucose regulation/Hormonal regulation

Week 8: professional identity/safety/Patient education

Mapped to EPSLO'S

Course Objective	Bloom's level	Mapped Epslo's
Apply the nursing process at a beginning level of skill to interpret and manage human responses of clients to their actual or potential health problems.	Apply	Analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan.
Demonstrate fundamental nursing psychomotor skills in a safe manner.	Apply	Analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan..
Utilize organizational skills and time management concepts in setting priorities for clinical performance.	Apply	Demonstrate effective interprofessional communication and teamwork to promote patient care outcomes.
Monitor client outcomes to evaluate the effectiveness of psychobiological interventions.	Evaluate	Analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan. Use informatics, healthcare technologies and data analytics to improve safety and enhance care delivery.
Utilize the nursing process in the care of all clients.	Apply	Analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan.

Syllabus for this course:

[Fundamentals for the Licensed Practical nurse \(1\).docx](#)

Pharmacology for the licensed Practical nursing

Covers core principles of pharmacology, including pharmacodynamics and pharmacokinetics, with an emphasis on safe medication administration and dosage calculations. Uses a systems-based approach to explore nursing implications, client safety, risk mitigation, health literacy, and culturally competent care across the lifespan. **Including 30 hours of clinical participation**

Course Objectives:

1. **Explain** the principles of pharmacokinetics, pharmacodynamics, and drug classifications relevant to practical nursing practice.
2. **Identify** common medications, their therapeutic uses, side effects, contraindications, and interactions across body systems.
3. **Demonstrate** safe and accurate medication administration techniques, including dosage calculation, documentation, and adherence to the "Five Rights" of medication administration.
4. **Apply** clinical judgment to monitor clients for therapeutic and adverse effects of medications, and report findings appropriately.
5. **Utilize** evidence-based drug references and resources to ensure safe, legal, and ethical medication administration within the LPN scope of practice.

What does this course look like?

Week 1: Professional identity/ safety

Week 2: Perfusion/clotting

Week 3: Gas exchange/mobility/pain and fatigue

Week 4: Fluid and electrolytes/ Acid-Base

Week 5: Thermoregulation/ Inflammation/infection and Immunity

Week 6: Elimination

Week 7: Intracranial regulation/sensory and perception/cognition

Week 8: Glucose regulation/Hormonal regulation

Mapped to EPSLO'S

Course Objective	Bloom's level	Mapped Epslo's
Explain the principles of pharmacokinetics, pharmacodynamics, and drug classifications relevant to practical nursing practice.	Understand	Analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan.
Identify common medications, their therapeutic uses, side effects, contraindications, and interactions across body systems.	Remember	Analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan.
Demonstrate safe and accurate medication administration techniques, including dosage calculation, documentation, and adherence to the "Five Rights" of medication administration.	Apply	Analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan. Uphold ethical, legal and professional standards in all aspects of nursing practice demonstrating professional accountability.
Apply clinical judgment to monitor clients for therapeutic and adverse effects of medications and report findings appropriately.	Apply	Analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan. Use informatics, healthcare technologies and data analytics to improve safety and enhance care delivery.
Utilize evidence-based drug references and resources to ensure safe, legal, and ethical medication administration within the LPN scope of practice.	Apply	Uphold ethical, legal and professional standards in all aspects of nursing practice demonstrating professional accountability.

		Use informatics, healthcare technologies and data analytics to improve safety and enhance care delivery.
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Syllabus:

[Pharmacology for the Licensed Practical nurse.docx](#)

Medical Surgical for the Licensed Practical nurse

Focuses on the role of the practical nurse in caring for adult clients with common medical-surgical conditions. Emphasizes the use of the nursing process to provide safe, evidence-based care across body systems. Topics include fluid and electrolyte balance, perioperative care, infection control, and management of chronic and acute illnesses. Clinical judgment, prioritization, and client education are integrated throughout. **Including 60 hours of clinical participation**

Course Objectives:

1. **Demonstrate** safe, evidence-based nursing care to adult clients experiencing common acute and chronic medical-surgical conditions across body systems.
2. **Identify** signs, symptoms, and complications of frequently encountered disorders in medical-surgical nursing to promote early intervention and prevent deterioration.
3. **Utilize** the nursing process to develop appropriate care plans that include prioritized nursing diagnoses, interventions, and measurable client outcomes.
4. **Collaborate** with members of the interdisciplinary healthcare team to ensure continuity of care and support optimal client outcomes in the medical-surgical setting.
5. **Apply** principles of pharmacology, fluid and electrolyte balance, and infection control in the management of clients with medical-surgical health problems.

What does this course look like?

Week 1: Perfusion/clotting

Week 2: Gas exchange

Week 3: mobility/pain and fatigue

Week 4: Fluid and electrolytes/ Acid-Base

Week 5: Thermoregulation/ Inflammation/infection and Immunity

Week 6: Elimination

Week 7: Intracranial regulation/sensory and perception/cognition

Week 8: Glucose regulation/Hormonal regulation

Week 9: HESI and review

Week 10: HESI

Mapped to EPSLO'S

Course Objective	Bloom's level	Mapped Epslo's
Demonstrate safe, evidence-based nursing care to adult clients experiencing common acute and chronic medical-surgical conditions across body systems.	Apply	Analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan.
Identify signs, symptoms, and complications of frequently encountered disorders in medical-surgical nursing to promote early intervention and prevent deterioration.	Remember	Analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan.
Utilize the nursing process to develop appropriate care plans that include prioritized nursing diagnoses, interventions, and measurable client outcomes.	Apply	Analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan.
Collaborate with members of the interdisciplinary healthcare team to ensure continuity of care and support optimal client outcomes in the medical-surgical setting.	Apply	Demonstrate effective interprofessional communication and teamwork to promote patient care outcomes.
Apply principles of pharmacology, fluid and electrolyte balance, and infection control in the management of clients with medical-surgical health problems.	Apply	Uphold ethical, legal and professional standards in all aspects of nursing practice demonstrating professional accountability.

		Use informatics, healthcare technologies and data analytics to improve safety and enhance care delivery.
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Syllabus:

[Medical Surgical nursing for the Licensed Practical Nurse.docx](#)

Specialty nursing

Introduces practical nursing to specialty areas of care, including mental health, pediatrics, and maternity nursing. Emphasizes holistic, age-appropriate, and culturally sensitive care across the lifespan. Focuses on the nurse's role in supporting clients and families through developmental, emotional, and reproductive health needs using the nursing process and evidence-based practice. **Including 24 hours of clinical. (8 hours in each discipline)**

Course Objectives:

1. **Describe** the unique physiological, emotional, and developmental needs of clients across the lifespan in the areas of mental health, maternity, and pediatrics.
2. **Demonstrate** safe, culturally sensitive nursing care to pediatric clients, pregnant clients, and clients with mental health conditions using evidence-based practices.
3. **Identify** common disorders, treatment modalities, and nursing interventions related to mental health, maternal, and pediatric care.
4. **Apply** principles of growth and development, family-centered care, and therapeutic communication when caring for children, childbearing families, and clients with psychiatric conditions.
5. **Participate** in interdisciplinary collaboration to promote safety, emotional well-being, and positive outcomes for specialty populations in a variety of healthcare settings.

What does this course look like

Week 1: Maternity- perfusion/clotting and gas exchange

Week 2: Maternity-mobility/pain/fatigue and glucose and hormonal balance

Week 3: Maternity-thermoregulation/inflammation/infection and community

Week 4: Pediatrics- perfusion/clotting and gas exchange

Week 5: Pediatrics-glucose and hormonal regulation, acid/base and fluid and electrolyte

Week 6: Pediatrics-intracranial regulation, mobility, pain fatigue

Week 7: Mental Health

Week 8: Mental Health

Week 9: Mental Health

Mapped to EPSLO'S

Course Objective	Bloom's level	Mapped Epslo's
Describe the unique physiological, emotional, and developmental needs of clients across the lifespan in the areas of mental health, maternity, and pediatrics.	Understand	Apply cultural humility to adapt nursing care that respects the unique needs, values, and preferences of diverse individuals and populations.
Demonstrate safe, culturally sensitive nursing care to pediatric clients, pregnant clients, and clients with mental health conditions using evidence-based practices.	Apply	Analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan. Apply cultural humility to adapt nursing care that respects the unique needs, values, and preferences of diverse individuals and populations.
Identify common disorders, treatment modalities, and nursing interventions related to mental health, maternal, and pediatric care.	Remember	Analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan.

<p>Apply principles of growth and development, family-centered care, and therapeutic communication when caring for children, childbearing families, and clients with psychiatric conditions.</p>	<p>Apply</p>	<p>Demonstrate effective interprofessional communication and teamwork to promote patient care outcomes.</p> <p>Apply cultural humility to adapt nursing care that respects the unique needs, values, and preferences of diverse individuals and populations.</p>
<p>Participate in interdisciplinary collaboration to promote safety, emotional well-being, and positive outcomes for specialty populations in a variety of healthcare settings.</p>	<p>Apply</p>	<p>Demonstrate effective interprofessional communication and teamwork to promote patient care outcomes.</p>

Syllabus:

[Specialty nursing for the Licensed Practical Nurse .docx](#)

Gerontology:

This course introduces students to the principles and practices of gerontological nursing, with a focus on the aging process and the unique needs of older adults. Students will explore normal physiological, psychological, and developmental changes associated with aging, as well as common acute and chronic health conditions affecting the geriatric population. Emphasis is placed on promoting functional independence, safety, dignity, and quality of life for older adults in a variety of care settings. Students will apply evidence-based interventions, demonstrate effective communication, and incorporate cultural sensitivity and ethical considerations into the care of older adults. The role of the LPN in interdisciplinary care planning, health promotion, and end-of-life care is highlighted throughout the course.

Course Objectives:

- **Describe** the normal physical, cognitive, and psychosocial changes associated with aging.

- **Explain** how common chronic conditions affect the health and functioning of older adults.
- **Demonstrate** safe and effective nursing interventions to promote mobility, nutrition, and skin integrity in geriatric clients.
- **Analyze** assessment findings to identify actual and potential health problems in older adults.
- **Develop** individualized care plans that address the physical, emotional, social, and spiritual needs of aging clients.
- **Evaluate** the effectiveness of nursing interventions in maintaining or improving the quality of life for older adults.

What does this course look like?

Week 1: Perfusion/clotting

Week 2: Gas exchange

Week 3: mobility/pain and fatigue

Week 4: Fluid and electrolytes/ Acid-Base

Week 5: Thermoregulation/ Inflammation/infection and Immunity

Week 6: Elimination

Week 7: Intracranial regulation/sensory and perception/cognition

Week 8: Glucose regulation/Hormonal regulation

Week 9- HESI and review

Week 10: HESI

Mapped to EPSLO'S

Course Objective	Bloom's level	Mapped Epslo's
Describe the normal physical, cognitive, and psychosocial changes associated with aging.	Remember	Apply cultural humility to adapt nursing care that respects the unique needs, values, and preferences of diverse

		individuals and populations.
Explain how common chronic conditions affect the health and functioning of older adults.	Understand	Analyze cues to deliver safe, evidence-based, person-centered care across the lifespan.
Demonstrate safe and effective nursing interventions to promote mobility, nutrition, and skin integrity in geriatric clients.	Apply	-Analyze cues to deliver safe, evidence-based, person-centered care across the lifespan. -Use informatics, healthcare technologies and data analytics to improve safety and enhance care delivery.
Analyze assessment findings to identify actual and potential health problems in older adults.	Analyze	Analyze cues to deliver safe, evidence-based, person-centered care across the lifespan. Uphold ethical, legal, and professional standards in all aspects of nursing practice, demonstrating professional accountability.
Develop individualized care plans that address the physical, emotional, social, and spiritual needs of aging clients.	Create	Apply cultural humility to adapt nursing care that respects the unique needs, values, and preferences of diverse individuals and populations. Demonstrate effective interprofessional communication and teamwork to promote patient care outcomes.
Evaluate the effectiveness of nursing interventions in maintaining or improving the quality of life for older adults.	Evaluate	Use informatics, healthcare technologies and data analytics to improve safety and enhance care delivery. Analyze cues to deliver safe, evidence-based,

		person-centered care across the lifespan.
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Syllabus:

[Gerontology for the Licensed Practical Nurse .docx](#)

Preceptorship

This culminating practicum integrates concepts and skills from the practical nursing program. Emphasizes development of leadership, clinical judgment, time management, and independence in managing client care. Students engage in increasingly complex clinical experiences in simulation labs, acute care, and long-term care settings. Focus areas include prioritization, delegation, pharmacology, documentation, and interdisciplinary collaboration. Students apply communication, cultural competence, and evidence-based practice to provide safe, patient-centered care. The course reinforces quality improvement, ethical and legal responsibilities, and professional standards for the Licensed Practical Nurse. Including 96 hours of preceptorship

Course Objectives:

1. **Integrate** knowledge, skills, and attitudes from previous coursework to deliver safe, person-centered nursing care under the supervision of a licensed preceptor.
2. **Demonstrate** increasing independence and accountability in performing nursing interventions, documentation, and clinical decision-making within the scope of LPN practice.
3. **Utilize** clinical judgment to prioritize care, manage time effectively, and respond appropriately to changes in client conditions in a real-world clinical setting.
4. **Collaborate** effectively with healthcare team members while maintaining professional communication, ethical behavior, and respect for cultural diversity in patient care.
5. **Reflect** on clinical experiences to identify areas of personal growth, strengths, and opportunities for continued development as an entry-level practical nurse.

What does this course look like?

Week 1: The focus of this class will be their preceptorship hours and grand rounds each week to discuss the issues

Week 2:

Week 3:

Week 4:

Week 5:

Week 6:

Week 7:

Week 8:

Week 9:

Week 10:

Mapped to EPSLO'S

Course Objective	Bloom's level	Mapped Epslo's
Integrate knowledge, skills, and attitudes from previous coursework to deliver safe, person-centered nursing care under the supervision of a licensed preceptor.	Synthesize/ Create	Analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan.
Demonstrate increasing independence and accountability in performing nursing interventions, documentation, and clinical decision-making within the scope of LPN practice.	Apply	Uphold ethical, legal and professional standards in all aspects of nursing practice demonstrating professional accountability.
Utilize clinical judgment to prioritize care, manage time effectively, and respond appropriately to changes in client conditions in a real-world clinical setting.	Apply	Analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan. Use informatics, healthcare technologies and data analytics to

		improve safety and enhance care delivery.
Collaborate effectively with healthcare team members while maintaining professional communication, ethical behavior, and respect for cultural diversity in patient care.	Apply	Demonstrate effective interprofessional communication and teamwork to promote patient care outcomes. Apply cultural humility to adapt nursing care that respects the unique needs, values, and preferences of diverse individuals and populations. Uphold ethical, legal and professional standards in all aspects of nursing practice demonstrating professional accountability
Reflect on clinical experiences to identify areas of personal growth, strengths, and opportunities for continued development as an entry-level practical nurse.	Evaluate	Uphold ethical, legal and professional standards in all aspects of nursing practice demonstrating professional accountability.

Syllabus:

[Preceptorship for the Licensed Practical Nurse .docx](#)

NCLEX Prep

Designed to prepare practical nursing students for the NCLEX-PN licensure exam. Emphasizes test-taking strategies, content review, and clinical judgment skills across all major areas of nursing practice. Students complete practice questions, simulated exams, and focused remediation to build confidence and competence for licensure success.

Course Objectives:

1. **Apply** clinical judgment and critical thinking skills to answer NCLEX-style questions across all areas of practical nursing practice.
2. **Identify** personal areas of strength and weakness through diagnostic testing and targeted review of NCLEX-PN content categories.
3. **Demonstrate** effective test-taking strategies, including time management, question dissection, and elimination techniques, to improve exam performance.
4. **Interpret** NCLEX-PN-style questions to determine the most appropriate nursing action based on client safety, priority setting, and scope of practice.
5. **Develop** and implement a personalized study plan using evidence-based resources and NCLEX performance data to enhance exam readiness.

What does this course look like?

Week 1: This will depend on their exit exam and what is shown to be needed to prepare students for the NCLEX PN.

Week 2: Translating questions

Week 3: Translating answers

Week 4: Decision tree

Week 5: Decision tree and more questions

Week 6: lots of questions

Week 7: Live review

Week 8: Final exit exam and new study plan for the NCLEX

Week 9:

Week 10:

Mapped to EPSLO'S

Course Objective	Bloom's level	Mapped Epslo's
Apply clinical judgment and critical thinking skills to answer	Apply	Analyze cues to deliver safe, evidence-based,

NCLEX-style questions across all areas of practical nursing practice.		person-centered nursing care across the lifespan.
Identify personal areas of strength and weakness through diagnostic testing and targeted review of NCLEX-PN content categories.	Remember	Uphold ethical, legal and professional standards in all aspects of nursing practice demonstrating professional accountability.
Demonstrate effective test-taking strategies, including time management, question dissection, and elimination techniques, to improve exam performance.	Apply	Use informatics, healthcare technologies and data analytics to improve safety and enhance care delivery.
Interpret NCLEX-PN-style questions to determine the most appropriate nursing action based on client safety, priority setting, and scope of practice.	Analyze	analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan. Uphold ethical, legal and professional standards in all aspects of nursing practice.
Develop and implement a personalized study plan using evidence-based resources and NCLEX performance data to enhance exam readiness.	Create	Use informatics, healthcare technologies and data analytics to improve safety and enhance care delivery. Uphold ethical, legal and professional standards in all aspects of nursing practice.

Schedule: I wonder if we could do this as an evening and weekend program. They would come to lecture online during the week from 5-7 (this may allow us to have some of our regular instructors help if we can give them a contract for the extra time) then we will have lab on the weekends since it is lab heavy we would have class on Saturday and 8-1630 to allow a lunch break and get their eight hours in. We

can front load the labs and then have Saturday and Sunday at the end of the term for clinic. (See schedule below)

Synchronous live lecture

Term	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1-week 1		Anatomy Lecture 3.5 Lab 5:30-7:30 In person		Psychology 5-6:30	Policies 5-8	Psychology 5-6:30	
1-week 2		Anatomy Lecture 3.5 Lab 5:30-7:30 In person		Psychology 5-6:30	Policies 5-8	Psychology 5-6:30	
1-week 3		Anatomy Lecture 3.5 Lab 5:30-7:30 In person	Testing in person 5-7	Psychology 5-6:30	Policies 5-8	Psychology 5-6:30	
1-week 4		Anatomy Lecture 3.5 Lab 5:30-7:30 In person		Psychology 5-6:30	Policies 5-8	Psychology 5-6:30	
1-week 5		Anatomy Lecture 3.5 Lab 5:30-7:30	Testing in person 5-7	Psychology 5-6:30	Policies 5-8	Psychology 5-6:30	

		In person					
1-week 6		Anatomy Lecture 3.5 Lab 5:30-7:30 In person		Psychology 5-6:30	Policies 5-8	Psychology 5-6:30	
1-week 7		Anatomy Lecture 3.5 Lab 5:30-7:30 In person	Testing in person 5-7	Psychology 5-6:30	Policies 5-8	Psychology 5-6:30	
1-week 8		Anatomy Lecture 3.5 Lab 5:30-7:30 In person		Psychology 5-6:30	Policies 5-8	Psychology 5-6:30	
1-week 9		HESI exam for Anatomy					
1-week 10		HESI exam for anatomy					
2-Week 1	Fundamentals lab 8-1630		Fundamentals 5-6		Pharmacology lecture 5-6		Fundamentals 8-1630
2-Week 2	Fundamentals lab 8-1630		Fundamentals 5-6		Pharmacology lecture 5-6		Fundamentals 8-1630
2-week 3	Fundamentals	Testing in person	Fundamentals 5-6		Pharmacology lecture		Pharmacology 8-1630

	lab8-1630	5-8			5-6		
2-week 4	Pharmacology 8-1630		Fundamentals 5-6		Pharmacology lecture 5-6		Pharmacology 8-1200 13-1500-safety exam
2-week 5	Clinical readings 8-1630	Testing in person 5-8	Fundamentals 5-6		Pharmacology lecture 5-6		Simulation 10-1400
2-week 6	Clinic 7-7 pm-fundamentals		Fundamentals 5-6		Pharmacology lecture 5-6		Clinic 7 a-7 p pharmacology
2-week 7	Clinic 7-7 pm-fundamentals	Testing in person 5-8	Fundamentals 5-6		Pharmacology lecture 5-6		Clinic 7 a-7 p pharmacology
2-week 8	Clinic 7-7 pm-fundamentals		Fundamentals 5-6		Pharmacology lecture 5-6		Clinic 7 a-7 p pharmacology
2-week 9	Clinic 7-7 pm-fundamentals	HESI exam 1 3-8					Clinic 7 a-7 p pharmacology
2-week 10		HESI exam 2 3-8					
3-week 1	Medical Surgical Lab 8-1630		Medical Surgical 5-7		Medical surgical 5-7		Medical Surgical Lab 8-1630
3-week 2	Medical Surgical Lab 8-1630		Medical Surgical 5-7		Medical surgical 5-7		Medical Surgical Lab 8-1630
3-week 3	Medical Surgical Lab 8-1630	Testing in person 5-8	Medical Surgical 5-7		Medical surgical 5-7		Clinical readings 8-1630

3-week 4	Medical surgical - Simulation 10-1400		Medical Surgical 5-7		Medical surgical 5-7		Medical Surgical I clinic 7a-7p
3-week 5	Medical surgical Clinic 7a-7p	Testing in person 5-8	Medical Surgical 5-7		Medical surgical 5-7		Medical Surgical I clinic 7a-7p
3-week 6	Medical surgical Clinic 7a-7p		Medical Surgical 5-7		Medical surgical 5-7		Medical Surgical I clinic 7a-7p- makeup or second group starts
3-week 7	Medical surgical clinic- 7a-7p second group if needed	Testing in person 5-8	Medical Surgical 5-7		Medical surgical 5-7		Medical surgical clinic- 7a-7p second group if needed
3-week 8	Medical surgical clinic- 7a-7p second group if needed		Medical Surgical 5-7		Medical surgical 5-7		
3-week 9		HESI Exam					
3-week 10		HESI Exam					
4-week 1	HESI exit exam and clinical readiness		NCLEX review 5-7				

	8-1630						
4-week 2			NCLEX review 5-7				
4 week 3			NCLEX review 5-7				
4- week 4			NCLEX review 5-7				
4- week 5			NCLEX review 5-7				
4- week 6			NCLEX review 5-7				
4- week 7			NCLEX review 5-7				
4- week 8	Exit exam two						Live NCLEX review
4- week 9	Live NCLEX review	Live NCLEX review in person					
4- week 10							

Timeline

Timeline for the candidacy is to get it in this fall to be put in candidate status in spring and to have a initial visit maybe Dec 2026- Jan 2027 and possibly have the do the initial LPN and the continuing at the same time

<https://www.acenursing.org/resources/faqs-candidacy-and-initial-accreditation>

Books:

El Sevier has the same resources for the LPN program. We can get Ser path 360 for the LPN and get as much access for the LPN students and we do for the RN students. Vickie is sending information on what they have

Standard 4

EPSLO	Course Objectives	Formative Assessments	Summative Assessments
1. Analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan.	Apply clinical judgment to prioritize nursing interventions for diverse patient populations.	Case study analysis, simulation lab practice, patient scenario worksheets	Final clinical evaluation, HESI/ATI exams, capstone project
2. Demonstrate effective interprofessional communication and teamwork to promote patient care outcomes.	Utilize SBAR and other communication tools in simulated and clinical settings.	Peer role-play, interprofessional simulations, group debriefings	Team presentation, clinical preceptor evaluation, simulation rubric
3. Uphold ethical, legal, and professional standards in all aspects of nursing practice demonstrating professional accountability.	Identify and respond to ethical dilemmas using a decision-making framework.	Reflective journal entries, classroom discussions, ethics case reviews	Written ethics analysis, clinical professionalism rubric, final practicum evaluation
4. Use informatics, healthcare technologies, and data analytics to improve	Navigate electronic health records (EHR) to document and	EHR lab exercises, technology integration	Informatics competency check-off, documentation

safety and enhance care delivery.

retrieve patient information accurately.

quizzes, data interpretation activities

assignments, summative EHR scenarios

5. Apply cultural humility to adapt nursing care approaches that respect the unique needs, values, and preferences of diverse individuals and populations.

Integrate cultural assessments into patient care plans.

Cultural sensitivity role-play, cultural competence case studies

Culturally competent care plan, simulation with diverse patient scenarios

Licensed Practical Nurse (LPN) Program Overview

Program Length: 50 weeks (5 terms of 10 weeks each)

Delivery Format: Classroom, lab, and clinical learning experiences

Program Goal: To prepare students with the knowledge, skills, and professional standards required to practice as safe, competent, and compassionate Licensed Practical Nurses and to succeed on the NCLEX-PN examination.

Program Highlights

- No Prerequisites Required: Students can begin immediately—Anatomy & Physiology and Psychology are included in the curriculum.
- Hands-On Training: 330 clinical hours in diverse healthcare settings and 200 hours in the nursing skills lab.
- Comprehensive Curriculum: Focused on foundational knowledge, clinical competence, and professional readiness.
- NCLEX Preparation: Integrated throughout coursework with a dedicated capstone review course.

Curriculum Sequence

Term 1	Anatomy & Physiology, Psychology, Policies for the Licensed Practical Nurse
Term 2	Fundamentals of Nursing, Pharmacology for the Practical Nurse
Term 3	Medical-Surgical Nursing I
Term 4	Specialty Nursing: Introduction to Mental Health, Maternity, and Pediatrics, Gerontological Nursing
Term 5	Preceptorship (Capstone Clinical Experience), NCLEX-PN Preparation

Clinical & Lab Experience

- Clinical Hours: 330 hours in diverse healthcare settings, supervised by experienced faculty.
- Lab Hours: 200 hours in a fully equipped skills lab, simulating real-world nursing environments.

End-of-Program Student Learning Outcomes (EPSLOs)

- Analyze cues to deliver safe, evidence-based, person-centered nursing care across the lifespan.
- Demonstrate effective interprofessional communication and teamwork to promote patient care outcomes.
- Use informatics, healthcare technologies, and data analytics to support clinical decision-making, improve safety, and enhance care delivery.
- Apply cultural humility to adapt nursing care approaches that respect the unique needs, values, and preferences of diverse individuals and populations.
- Apply ethical, legal, and professional standards to nursing practice while demonstrating accountability and professional integrity.
- Deliver holistic, culturally responsive nursing care that meets the diverse needs of individuals, families, and communities.

Charter College
Expected Revenue Template

Program **Certificate in Practical Nursing**

	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	Total 12 mos
Gross Revenue	4,980	30,876	26,892	27,788	26,892	44,720	58,664	52,987	58,664	86,652	89,540	83,664	592,321
Less Discounts	(872)	(5,403)	(4,706)	(4,863)	(4,706)	(7,826)	(10,266)	(9,273)	(10,266)	(15,164)	(15,670)	(14,641)	(103,656)
Net Revenue	4,108	25,473	22,186	22,925	22,186	36,894	48,398	43,714	48,398	71,488	73,870	69,023	488,665
Faculty Costs	2,229	8,913	11,544	11,042	10,541	11,042	13,517	13,517	13,517	12,903	13,517	11,059	133,343
Books	2,000	-	2,000	1,800	1,800	3,800	3,800	3,800	3,800	-	5,800	5,800	34,400
Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
Certification Costs	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Controllables	996	6,175	5,378	5,558	5,378	8,944	11,733	10,597	11,733	17,330	17,908	16,733	118,463
Total Controllables	5,225	15,088	18,922	18,400	17,719	23,786	29,050	27,914	29,050	30,233	37,225	33,592	286,206
Campus Contribution Margin (CCM)	(1,117)	10,385	3,264	4,525	4,467	13,108	19,348	15,800	19,348	41,255	36,645	35,431	202,459
Facilities (Rent)													-
Advertising Costs	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	30,000
IT Costs	500	500	500	500	500	500	500	500	500	500	500	500	6,000
Bad Debt	199	1,235	1,076	1,112	1,076	1,789	2,347	2,119	2,347	3,466	3,582	3,347	23,695
Depreciation													-
Total Overhead	3,199	4,235	4,076	4,112	4,076	4,789	5,347	5,119	5,347	6,466	6,582	6,347	59,695
Operating Margin	(4,316)	6,150	(812)	413	391	8,319	14,001	10,681	14,001	34,789	30,063	29,084	142,764

Alaska Board of Nursing



Adjourned for Lunch

Alaska Board of Nursing



UAF CTC LPN School of Nursing
Report

UAF CTC LPN PROGRAM UPDATES NOV 2025



AGENDA

Faculty Update

Students Admissions

Curriculum Development

Faculty Meeting Minutes

NCLEX-PN Pass Rates

Accreditation Status



FACULTY UPDATES

- Nurse Administrator position filled by Audrey McDaniel (no longer in an interim status). She holds an Alaska RN license, has an MSN degree, and 11 years of RN nursing experience, of which 3 years were in academia.
- Full-Time Faculty position filled by Laura Fowle. She holds an Alaska RN license, has a master's degree in Management and Leadership and a BSN. She is a retired Army Nurse with over 29 years of nursing experience.
- Application received for an adjunct faculty, awaiting interviews





STUDENT ADMISSIONS

- LPN Program begins on August 25, 2025 with a projected completion date of August 2026.
- Completed interviews of 25 potential candidates and selected 20 for two concurrent cohorts of 10 each. Selections were made utilizing a selection rubric.
- 19 students currently enrolled across two concurrent cohorts, one comprising 9 students and the other with 10 students with projection to graduate in August 2026



CURRICULUM DEVELOPMENT

- Identified course, HLTH F100 – Medical Terminology, (3.0 credits) is required for graduation from the LPN program and must be completed by the end of the 2nd semester. It is not a pre-requisite for admission to the LPN program. Will add this to the curriculum map. This brings the overall program to 34 credit hours.



FACULTY MEETING MINUTES

Nothing significant to report.

NCLEX-PN PASS RATES FOR COHORT #1

# Students Enrolled	# Students Completed	# Students Tested	NCLEX-PN 1 st Time Pass Rate	NCLEX-PN Overall Pass Rate
8	5 (62%)	5	3 (60%)	4 (80%)

- UAF CTC LPN Program remains in a provisional approval status by AKBON.
- The Kaplan contract started in the 3rd semester of the first cohort. Moving forward, Kaplan will be introduced at the beginning of the 1st semester for all future cohorts. Kaplan NCLEX-PN questions will be incorporated into curriculum as homework assignments, test questions, and clinical scenarios.
- Kaplan offers a remedial course for students that failed the NCLEX-PN. Of the 2 students that failed, one completed the course and passed the NCLEX on the next attempt. Will encourage the 2nd student to do the same.
- Of the 4 students who passed the NCLEX, three have been hired into LPN positions. Pending S.S. update, as she only passed NCLEX on 8/6/25. S.S. had until 30SEP25 to be hired into an LPN position. Have reached out multiple times with no response

ACCREDITATION STATUS

- Accredited by ACEN as of 04/10/2025. Due for renewal Fall 2029
- Provisionally approved by AKBON until achieve 80% first-time pass rate for a year.

Audrey McDaniel

907-455-2955

armcdaniel@alaska.edu





THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Nursing

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8161

Email: BoardOfNursing@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfNursing

Annual School of Nursing Report

Please complete this form and return it to the board at the address above. Attach additional pages, as needed.

12 AAC 44.140. REPORTS. By October 1 of each year, unless otherwise designated by the board, nursing education programs shall submit to the board reports related to faculty, students, and current curriculum, as follows:

- (1) changes or new developments in the purpose, philosophy, objectives, conceptual framework, and subsequent curriculum changes;
- (2) changes in the administrative structure;
- (3) update on faculty membership;
- (4) student enrollment statistics;
- (5) resources and facilities data update;
- (6) a program evaluation and plan for program improvement;
- (7) projected changes for the school of nursing and curriculum for the next year;
- (8) results of studies of postgraduate activities relative to ongoing employment and accomplishments of graduates.

PART I Purpose, Philosophy, Objectives

Report any changes or new developments in the purpose, philosophy, objectives, conceptual framework, and subsequent curriculum changes.

The course HLTH F100 – Medical Terminology (3.0 credits) is a graduation requirement for the LPN program and must be completed by the end of the second semester. This course is not a prerequisite for admission to the program. It will be added to the curriculum map, increasing the total program credit hours to 34.

Kaplan resources were introduced in the third semester of the first cohort and are now incorporated beginning in the first semester for the current and all future cohorts. Kaplan NCLEX-PN questions will be integrated into the curriculum as homework assignments, test questions, and clinical scenarios to enhance student learning and preparedness.

PART II Administrative Structure

Report any changes in the administrative structure. Provide current contact information for Director and liaison to the Alaska Board of Nursing.

The UAF CTC Dean position is currently filled by Kevin Alexander in an interim role.

The Director of Allied Health programs role is now filled by Kenneth Berndt.

Nurse Administrator position now filled by Audrey McDaniel and a full-time faculty position added and filled by Laura Fowle

Currently looking to hire an Adjunct faculty to the LPN certificate program. Application received and awaiting interviews

PART III Faculty Membership

12 AAC 44.090. FACULTY. (a) There must be a sufficient number of qualified faculty to meet the purposes and objectives of the nursing education program.

(b) Unless waived by the board, the maximum number of students per faculty member is eight in clinical areas involving direct care of patients or clients.

(c) Nursing faculty who teach in a program offering the practical nurse certificate shall

- (1) be currently licensed as a registered nurse in Alaska;
- (2) have a minimum of a baccalaureate degree in nursing; and
- (3) have one year of clinical nursing experience relevant to areas of responsibility.

(d) Nursing faculty who teach in a program offering the associate degree or the baccalaureate degree in nursing shall

- (1) be currently licensed as a registered nurse in Alaska;
- (2) have a minimum of a masters degree in nursing; and
- (3) have one year of clinical nursing experience relevant to areas of responsibility.

(e) Adjunct faculty may be used for instruction of nursing courses and shall

- (1) be currently licensed as a registered nurse in Alaska;
- (2) have a minimum of a baccalaureate degree in nursing;
- (3) have one year of clinical nursing experience relevant to areas of responsibility;
- (4) be supervised by qualified nursing faculty.

(f) Faculty with comparable education will, in the board's discretion, be considered to have met the degree requirement of (c)(2), (d)(2), or (e)(2) of this section.

(g) Faculty are responsible for developing, implementing and evaluating the purpose, philosophy and objectives of the nursing program.

(h) For purposes of AS 08.68.800(a)(5), if an education program outside this state has students in this state doing clinical rotations, and if the time that a faculty member spends determining grades for those students, for clinical coursework performed during those rotations, and in combination with the time, if any, that the faculty member spends on other nursing education or nursing consultation activities in this state, exceeds 20 working days within a licensing period, the faculty member must be currently licensed as a registered nurse in this state.

Authority: AS 08.68.100, AS 08.68.290, AS 08.68.800.

PART III Faculty Membership (continued)

Faculty (F)- Faculty (A)-Adjunct	Program(s) Type LPN, RN, APRN	Credentials	Course(s) of Facilitation Role (C)-Coordinator/Lead (A)-Assist	Related Experience
F	LPN	RN, MSN	C	>11 years nursing experience and approximately 4 years teaching ex
F	LPN	RN, BSN, MA	C	>25 years nursing experience with 2 years in hospital education
F	LPN	MD	A	>20 years practicing medicine and 6 years teaching experience

PART IV Student Enrollment

Report any student enrollment statistics below.

The LPN program currently has 19 students enrolled across two concurrent cohorts, with one cohort comprising 9 students and the other 10 students. Both cohorts are projected to graduate in August 2026.

Of the 19 enrolled students, 17 are female and 2 are male. The cohort represents diverse backgrounds, including 1 Alaska Native/American Indian, 1 Hawaiian/Pacific Islander, 1 Hispanic/Latino, 3 Asian American, 5 Black/African American, and 8 Caucasian/White students. The average age of students in the program is 30 years.

PART V Resources and Facilities Data

Report any updates to resources and facilities data.

The LPN program has a dedicated skills laboratory equipped with two hospital beds and simulation resources, including two mannequins, an Alaris IV pump with IV pole, an EKG machine, and other essential equipment. A Laerdal Nursing Anne simulation mannequin has been purchased, delivered, and installed. Faculty training on the Nursing Anne mannequin, provided by a Laerdal trainer, is scheduled for October 9, 2025.

PART VI Program Evaluation

Report current program evaluation and plan(s) for program improvement.

The program received accreditation from ACEN in May 2025. As part of ongoing program improvement, Kaplan resources will be incorporated at the start of the first semester for both current and future cohorts. Kaplan-PN questions will be integrated into the curriculum as homework assignments, test questions, and clinical scenarios. Additionally, clinical packets have been developed and will be utilized during clinical rotations to support students learning progression and enhance the development of critical thinking skills.

PART VII Projected Changes

Report any projected changes for the school of nursing and curriculum for the next year.

The program is currently structured over three semesters, with each semester consisting of one lecture course, one skills laboratory, and one clinical rotation. Beginning next year, the curriculum is projected to undergo revisions by removing the clinical rotation from the first semester and introducing a three-credit lecture course, Foundations of Mental Health Care for the Licensed Practical Nurse. This adjustment will provide increased instructional time dedicated to mental health content and allow for enhanced learning outcomes within the second-semester lecture course.

PART VIII Postgraduate Activities

Report results of studies of postgraduate activities relative to ongoing employment and accomplishments of graduates.

Of the five students who graduated from the first cohort, four have successfully passed the NCLEX-PN examination. Three graduates have secured employment as LPNs, while one student has not responded to multiple contact attempts regarding employment status. The student who did not pass the NCLEX has been contacted, provided encouragement, and informed about the remedial course offered through Kaplan. At this time, the student has not indicated plans to retake the exam.

PART IX Accreditation

Report the accrediting body and the date accreditation is due for renewal.

Accreditation is through ACEN and due for renewal Fall 2029

Alaska Board of Nursing

Agenda Item #12



Nurse Aide Program Updates

Nurse Aide Licensing & Training Program Report

November 2025
FY26 Q1 Quarterly Board Meeting

Alaska Board of Nursing



Licensing Report



Quarterly Nurse Aide Certification Statistics

FY26 Quarter 1

(July 2025 - September 2025)

CNA Certifications by Recent Fiscal Quarter (oldest first):

	<i>New Permanent certificates issued</i>	<i>Reinstatements</i>	<i>Temporary certificates issued</i>	<i>Emergency Courtesy Certificates issued</i>	<i>Total permanent certificates</i>
FY 26 Quarter 1 7/1/25 – 9/30/25	107	5	19	0	2,915
FY 26 Quarter 2 10/1/25 – 12/31/25					
FY 26 Quarter 3 1/1/26 – 3/31/26					
FY 26 Quarter 4 4/1/26 – 6/30/26					

CNA Certifications by Recent Fiscal Quarter (oldest first):

	<i>New Permanent certificates issued</i>	<i>Reinstatements</i>	<i>Temporary certificates issued</i>	<i>Emergency Courtesy Certificates issued</i>	<i>Total permanent certificates</i>
FY 24 Quarter 1 7/1/24 – 9/30/24	124	2	28	0	2,404
FY 24 Quarter 2 10/1/24 – 12/31/24	93	7	30	0	2,523
FY 24 Quarter 3 1/1/25 – 3/31/25	119	0	29	0	2,650
FY 24 Quarter 4 4/1/25 – 6/30/25	146	7	18	0	2,824

Training Program Report



33 State Approved Nurse Aide Training Programs

*Kodiak College- removed due to inactivity

NURSE AIDE REGISTRY

Certification of nurse aides and maintenance of the nurse aide abuse registry are responsibilities of the Board of Nursing. The Board also makes final certification decisions and takes disciplinary action against nurse aides who violate the law. The Nurse Aide Registry Program is staffed by the Division of Corporations, Business, and Professional Licensing.

Alaska statutes prohibit unlicensed practice. Specifically, AS 08.68.360 states that the practice of professional or practical nursing for compensation by a person who is not licensed, or whose license is suspended, or revoked, or expired, is declared to be inimical to the public welfare and to constitute a public nuisance.

Customer Contact Form

Do you have questions about your professional license?
Please fill out our [Customer Contact Form](#) for the fastest response.


Certification Information

- [New Certificate Holder Information](#)
#08-4227, Revised 09/27/2024
- [State Approved Nurse Aide Training Programs](#)
#08-4943, Revised 01/30/2025
- [Credentia](#)
Nurse Aide Testing Services
- [Nurse Aide Exam Process Timeline](#)

Online Applications for Certification

Newly Approved Instructors







Newly Approved Instructors

FY26 Q1

12 AAC 44.840

- Denali Center: 1 New Instructor
- UAF CTC Fairbanks: 1 New Instructor
- Mat-Su CNA: 1 New Instructor

***Approximately 90 Active Instructors**



Training Program Reviews



Training Program Reviews

12 AAC 44.857

On site reviews completed FY26 Q1 (for program reapprovals due)

1. SEARHC Wrangell 9/8/2025
2. Kodiak High School 9/10/2025
3. Providence Seward Mountain Haven 9/11/2025
4. Kenai Peninsula College/KPSD-Soldotna 9/11/2025
5. Heritage Place 9/12/2025
6. Central Peninsula Hospital 9/12/2025
7. South Peninsula Hospital 9/12/2025
8. Prince William Sound College- Cordova 9/16/2025
9. UAS Sitka 9/17/2025
10. Petersburg Medical Center 9/18/2025
11. UAS Ketchikan 9/29/2025

All program documentation has been reviewed to ensure curriculum compliance is met, a tour of the classroom, skills and clinical site completed.

These programs have met the requirements set forth in regulations. Recommend these training programs be granted re approval for the next two years pursuant to 12 AAC 44.857.

*Motions attached

2025 Self Evaluations

12 AAC 44.855

The programs due for Self Evaluations in 2025 have met compliance:❖

1. Alaska CNA
2. Alaska Native Medical Center
3. Denali Center
4. Don Young Alaska Job Corps
5. Mat-Su CNA
6. Providence Anchorage
7. Providence Valdez
8. UAF CTC Fairbanks



No On-Site reviews scheduled:
FY26 Q2



New Training Program Requests



New Training Program Requests
12 AAC 44.830

1. **Polaris Nurse Aide Training Program- Anchorage**

Polaris Transitional Care
910 Compassion Drive
Anchorage, Alaska 99504

Tammy Rose

2. **Norton Sound Health Corporation - Nome**

Norton Sound Health Corporation
1000 Greg Kruschek Ave
Nome, Alaska 99762

Angela Koehler

New Training Program Requests 12 AAC 44.830

All documentation reviewed to include- application, syllabus, course calendar, textbook, classroom and clinical curriculum, checklists, final exams and program instructors. Documentation and curriculum outline meet requirements set forth in regulations. Recommendation for these facilities to be granted provisional approval under 12 AAC 44.830.

Once provisional approval is granted, the training facilities would be authorized to conduct training until the board's final decision on the application for approval is made after a site visit is made during the first course offerings.

*Motions Attached

Upcoming Events

- **15th Annual Nurse Aide Instructor Conference**

Wednesday December 10th, 2025

&

Thursday December 11th, 2025

- *Tentatively all Virtual*



• If you are interested in becoming a Test Site or becoming a Nurse Aide Evaluator- please go to [Alaska | Credentia](#) or contact the Board of Nursing for any questions. If any additional contact information is needed from Credentia, please contact the BON.



<https://career.credentia.com>

<https://credentia.com/contact-credentia>



Questions?



Thank you



Kelly Olson, RN

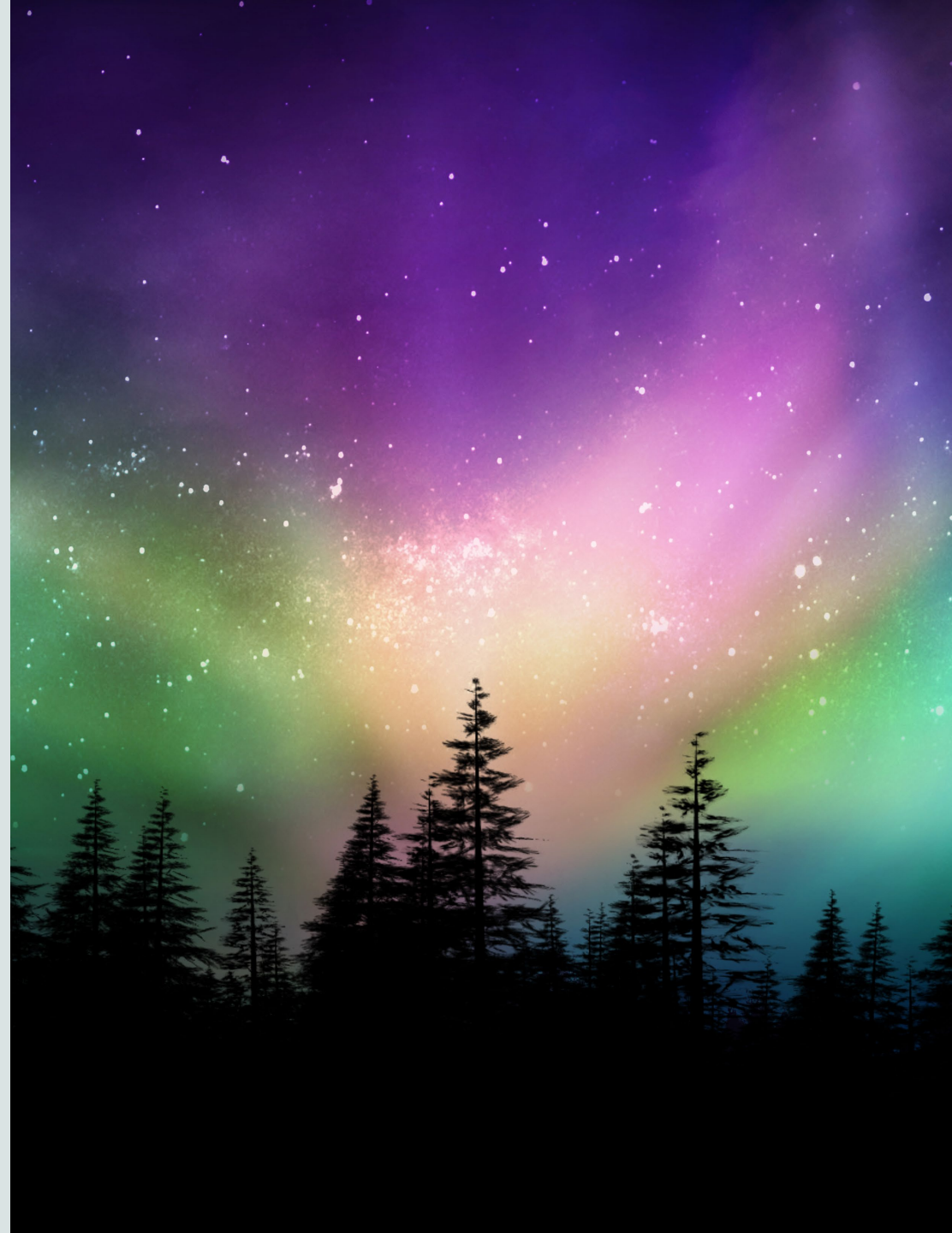
Nurse Consultant 1

Alaska Board of Nursing

Corporations, Business and Professional Licensing

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(907) 269-8098



Alaska Board of Nursing

Agenda Item #13



LPN Apprenticeship- Request for
Support

Alaska Board of Nursing

Agenda Item #14



Medication Administration
Course Approval Request



Medication Administration



agenda

INTRODUCTION
3

WHAT ARE MEDICATIONS
4

THE IMPORTANCE OF
CORRECT MEDICATION
ADMINISTRATION
5

THE MEDICATION RIGHTS
6

UNDERSTANDING THE
GUIDELINES
11

Understanding Medication Administration

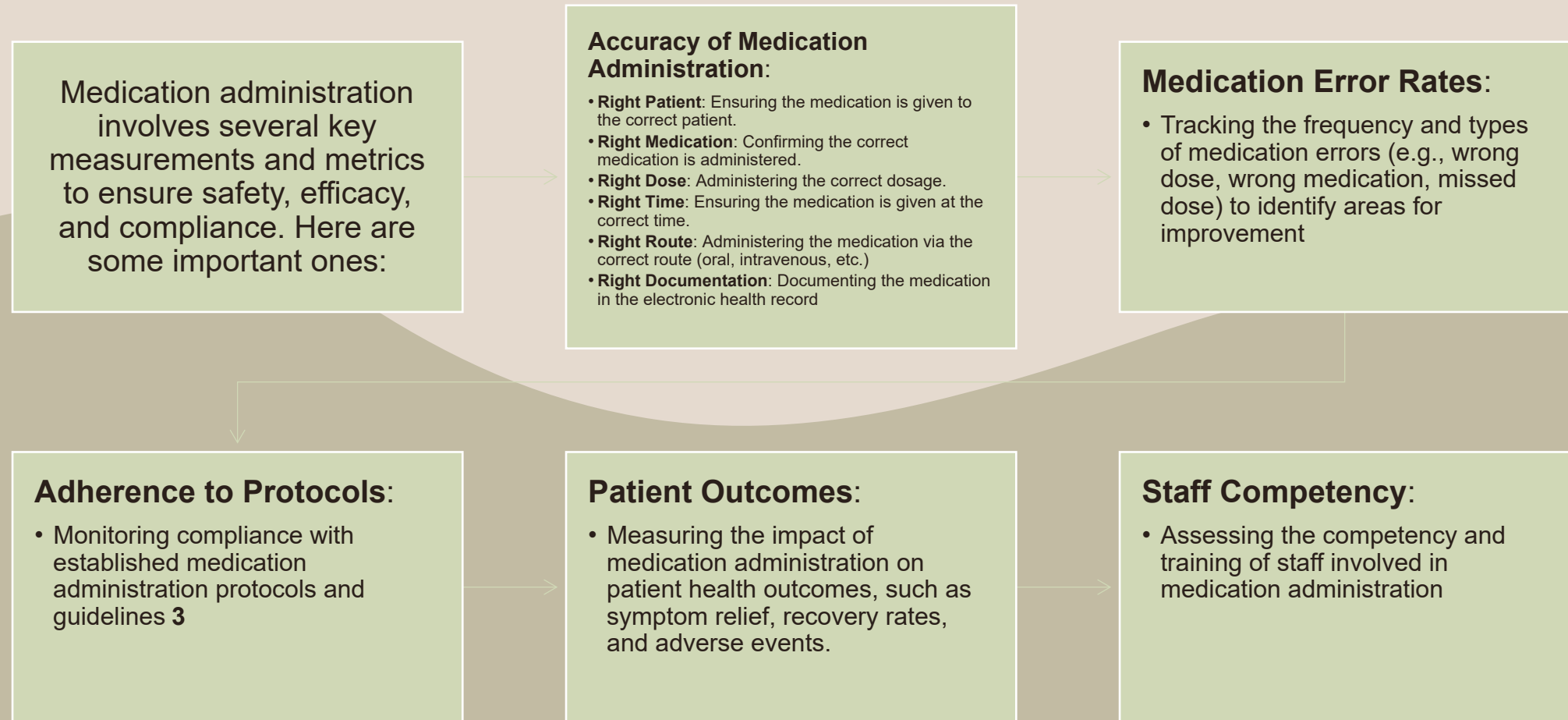


Medication Administration

Medication administration in healthcare settings involves the process by which healthcare professionals provide medications to patients. This process includes several key steps to ensure safety and efficacy:

- 1. Prescription:** A healthcare provider prescribes the medication based on the patient's diagnosis and health status.
- 2. Transcription:** The prescription is transcribed into the patient's medical record.
- 3. Dispensing:** Pharmacists prepare and dispense the medication.
- 4. Administration:** Healthcare professionals administer the medication to the patient, following the prescribed dosage and route (e.g., oral, intravenous).
- 5. Monitoring:** Patients are monitored for therapeutic effects and potential adverse reactions.
- 6. Documentation:** Each step is documented in the patient's medical record to ensure continuity of care and legal compliance

Measurements and Metrics Regarding Medication Administration



Types of Medications

Prescription medications are pharmaceutical drugs that can only be dispensed to individuals with a valid prescription from a licensed healthcare provider. These medications are regulated due to their potential for misuse and require professional supervision for safe use

Over-the-counter (OTC) medications are drugs that can be purchased without a prescription. They are considered safe and effective for use by the general public when following the directions on the label

Controlled substances are drugs or chemicals whose manufacture, possession, and use are regulated by the government due to their potential for abuse and dependence. These substances are categorized into five schedules based on their medical use and potential for abuse

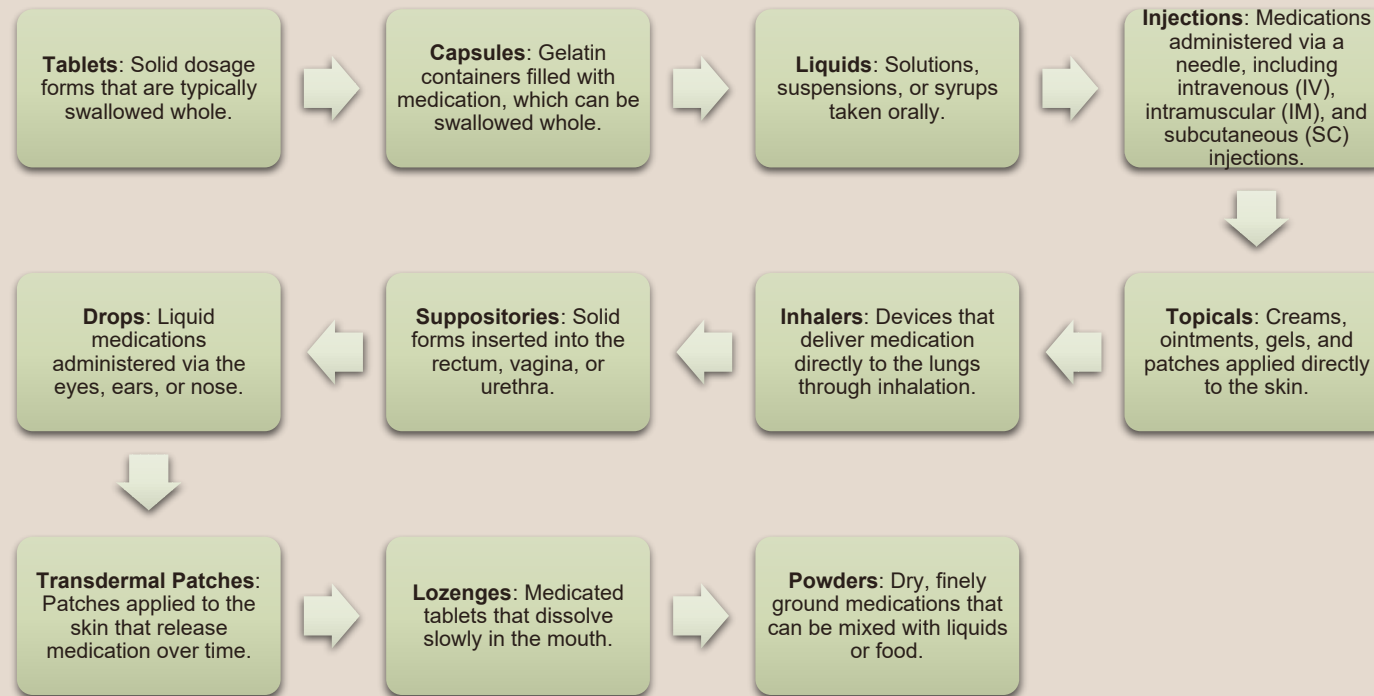
Time sensitive medications are drugs that need to be administered at specific times to ensure their effectiveness and safety. Examples include medications that must be taken with or without food, or at the same time each day, such as insulin, antibiotics, and anticoagulants

Medications for chronic conditions are drugs used to manage long-term health issues that require ongoing treatment. These include medications for diseases like diabetes, hypertension, asthma, and arthritis

Psychotropic medications are drugs that affect behavior, mood, thoughts, or perception. They are used to treat mental health disorders such as depression, anxiety, schizophrenia, and bipolar disorder

PRN (Pro Re Nata) medications are drugs that are taken as needed, rather than on a regular schedule. They are used to treat symptoms that occur intermittently, such as pain or insomnia

Forms of Prescribed and Over-the-Counter Medications



Weight Conversions

Metric	Equivalent
1000 mcg	1 mg
1000 mg	1 g
1000 g	1 kg
1 kg	2.2 lb
1 oz	28.35 g

Weight Conversions Continued

Metric	Equivalent
1000 mL	1 L
1 mL	1 cc
1 tsp	5 mL
1 tbsp	15 mL
1 oz	30 mL
1 cup	240 mL
1 pint	480 mL
1 quart	960 mL
1 gallon	3840 mL

Medication Abbreviations

Common Medical Abbreviations

a.c.: Before meals (Latin: ante cibum)

b.i.d.: Twice a day (Latin: bis in die)

h.s.: At bedtime (Latin: hora somni)

p.c.: After meals (Latin: post cibum)

p.o.: By mouth (Latin: per os)

PRN: As needed (Latin: pro re nata)

q.d.: Every day (Latin: quaque die)

q.h.: Every hour (Latin: quaque hora)

q.i.d.: Four times a day (Latin: quater in die)

t.i.d.: Three times a day (Latin: ter in die)

stat: Immediately (Latin: statim)

The 6 Rights of Medication Administration

Right Patient: Verify the patient's identity using at least two identifiers (e.g., name and date of birth).

Right Medication: Ensure the medication being administered matches the prescription.

Right Dose: Confirm the correct dosage as prescribed.

Right Route: Administer the medication via the correct route (e.g., oral, intravenous).

Right Time: Give the medication at the correct time as prescribed.

Right Documentation: Accurately document the administration of the medication in the patient's medical record

State of Alaska Self-Administration Guidelines

Alaska statutes on medication self-administration in residential substance use treatment facilities are designed to ensure safe and effective medication management for individuals undergoing treatment. Key aspects include:



Regulation and Policy: Alaska regulates substance use disorder (SUD) residential facilities under its Behavioral Health Services regulations. These regulations include guidelines for medication self-administration, ensuring that individuals can safely manage their medications



Licensure and Certification: Facilities must be accredited by recognized bodies such as the Commission on Accreditation of Rehabilitation Facilities (CARF) and must comply with state-specific requirements for licensure and certification



Medication Management: Policies must be in place for medication administration, including self-administration, which involves the person served applying the medication to their own body



Monitoring and Documentation: Facilities are required to monitor and document medication administration to ensure compliance and safety

CARF Guidelines for Self-Administration

CARF (Commission on Accreditation of Rehabilitation Facilities) guidelines for medication self-administration in substance use residential programs are designed to ensure safe and effective medication management. Here are some key aspects:

Medication Management: CARF standards require that residential programs have clear policies for medication management, including self-administration. This involves the person served applying the medication to their own body, whether by oral ingestion, injection, inhalation, or other means .

Training and Education: Programs must provide thorough training and education to individuals on how to self-administer their medications safely. This includes understanding the medication's purpose, dosage, timing, and potential side effects

Assessment of Capability: Regular assessments are conducted to ensure that individuals are capable of self-administering their medications. This includes evaluating cognitive and physical abilities

Monitoring and Documentation: Continuous monitoring and accurate documentation are essential to track the progress and safety of individuals self-administering their medications

Compliance with Regulations: Programs must comply with state-specific regulations and CARF standards to ensure the safety and well-being of individuals

State of Alaska Guidelines for Self-Administration Continued

According to the state of Alaska and CARF (Commission on Accreditation of Rehabilitation Facilities) guidelines, a staff member can assist with medication self-administration by handing the correct dose to a patient



EDUCATION AND TRAINING: STAFF MEMBERS MUST BE PROPERLY TRAINED AND EDUCATED ON THE PROCEDURES FOR ASSISTING WITH MEDICATION SELF-ADMINISTRATION. THIS INCLUDES UNDERSTANDING THE MEDICATION, ITS DOSAGE, AND THE CORRECT ADMINISTRATION METHOD



PATIENT CAPABILITY: THE PATIENT MUST BE ASSESSED TO ENSURE THEY CAN SELF-ADMINISTER THE MEDICATION SAFELY. THIS ASSESSMENT INCLUDES EVALUATING THE PATIENT'S COGNITIVE AND PHYSICAL ABILITIES



DOCUMENTATION AND MONITORING: THE PROCESS MUST BE THOROUGHLY DOCUMENTED, AND THE PATIENT SHOULD BE MONITORED FOR ANY ADVERSE REACTIONS OR ISSUES WITH THE MEDICATION



COMPLIANCE WITH POLICIES: THE FACILITY MUST HAVE CLEAR POLICIES AND PROCEDURES IN PLACE THAT COMPLY WITH STATE REGULATIONS AND CARF STANDARDS. THESE POLICIES SHOULD OUTLINE THE ROLES AND RESPONSIBILITIES OF STAFF MEMBERS IN ASSISTING WITH MEDICATION SELF-ADMINISTRATION

Definition of How to Store Medications in a Residential Substance Use Treatment Facility in Alaska

Alaska State Statute

According to the Alaska Administrative Code, medications in residential substance use treatment facilities must be stored in a locked, permanently affixed storage container. If refrigeration is required, the storage container must also be locked. Medications must be in their original containers and properly labeled with the name of the individual, the name of the medication, dosage, expiration date, and directions for administration

CARF Guidelines

The Commission on Accreditation of Rehabilitation Facilities (CARF) guidelines emphasize the importance of secure storage to prevent theft, misuse, and contamination. Medications should be stored in a locked cabinet or room, accessible only to authorized personnel. Temperature-sensitive medications must be stored according to manufacturer recommendations, such as in a refrigerator with consistent temperature control

DEA Guidelines

The DEA requires that controlled substances be stored in a securely locked, substantially constructed cabinet. Access to the storage area should be limited to authorized personnel only. Facilities must implement effective controls and procedures to prevent theft and diversion of controlled substances. Accurate records of the receipt, storage, and dispensing of controlled substances must be maintained and regularly reconciled

Second Review of Medications

DEA Guidelines – Narcotic Treatment Program Manual

The DEA's Narcotic Treatment Program (NTP) Manual outlines key requirements for medication administration and self-administration in residential settings^[1]:

Self-Administration Protocols

Take-Home Doses: Must be authorized by a licensed practitioner and documented thoroughly.

Second Review Requirement:

- A second review or verification is required when controlled substances are dispensed for self-administration.
- This includes:
 - **Documentation of patient eligibility**
 - **Verification of dosing schedule**
 - **Secure packaging and labeling**
 - **Diversion control measures**

Security and Oversight

Controlled substances must be stored in locked cabinets or safes.

Only authorized personnel may access medication storage.

Facilities must maintain a **Diversion Control Plan** to prevent misuse or theft.

Unsupervised doses (e.g., take-home medications) must be tracked with dispensing logs and patient agreements.

CARF Standards for Residential Substance Use Programs

CARF requires that programs offering medication services—including self-administration—adhere to the following^[2]:

Written Policies: Facilities must have clear policies for medication self-administration, including:

- Staff oversight
- Documentation
- Emergency protocols

Second Review: When medications are self-administered, a second staff member must verify:

- Correct medication
- Correct dose
- Correct time

Training: Staff must be trained in medication management and documentation procedures.

Second Review of Medications Continued



According to Alaska DHSS and the 1115 Behavioral Health Waiver:



Self-Administration Guidelines:

Residents may self-administer medications if deemed competent.

Staff must monitor and document each administration.

A second review is required for controlled substances or high-risk medications.



Storage Requirements:

Medications must be stored securely.

Controlled substances must be kept in locked containers with limited access.



Licensing and Oversight:

Facilities must be licensed and follow DHSS protocols for medication services.

Accreditation by CARF or similar bodies is required.

Universal Precautions for Medication Administration



Hand Hygiene: Wash hands thoroughly with soap and water before and after administering medications



Use of Gloves: Wear non-latex or latex gloves when coming into contact with blood, mucous membranes, or any open skin lesions



Aseptic Technique: Use aseptic techniques when preparing and administering medications to prevent contamination



Clean Preparation Area: Prepare medications in a designated clean area, away from potential sources of contamination

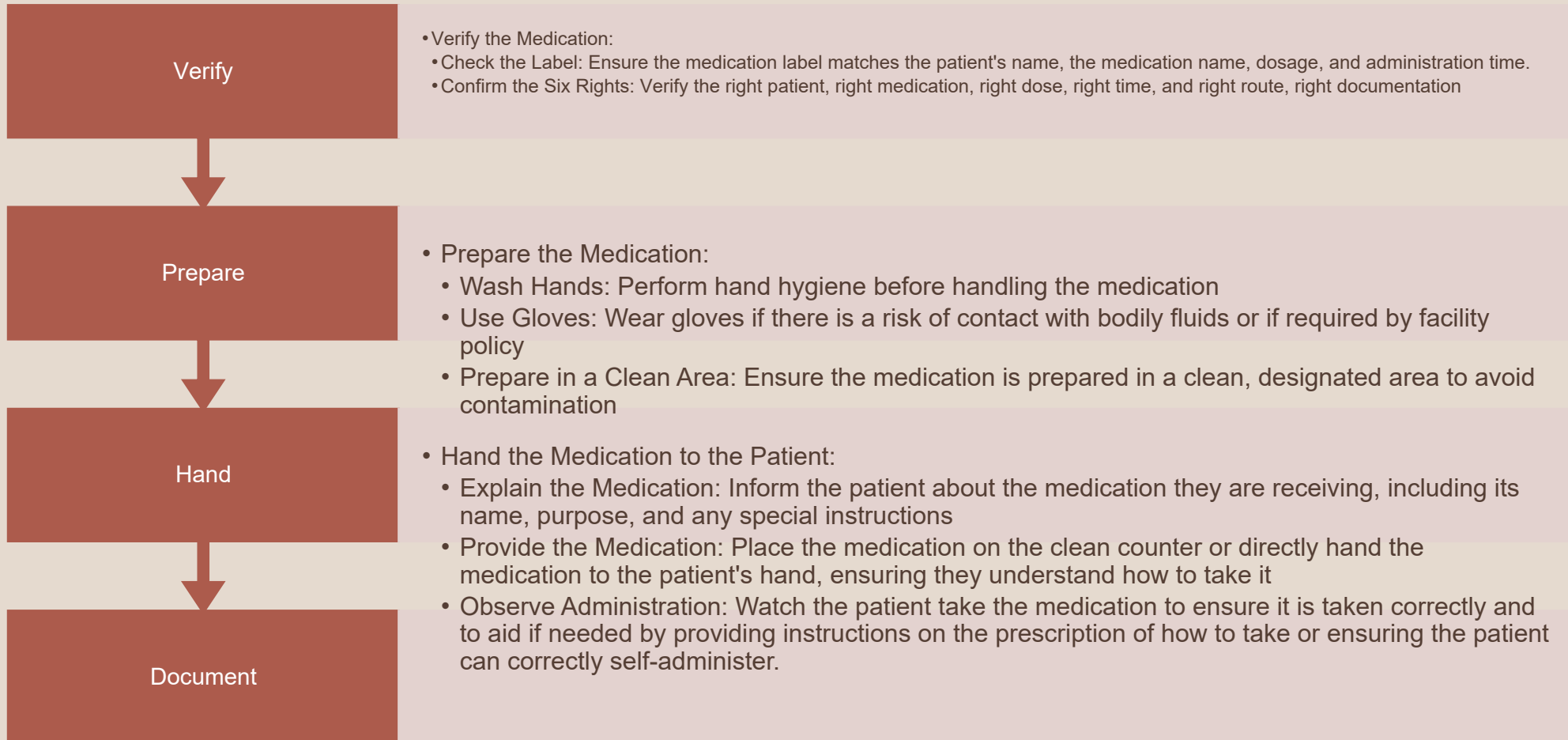


Disinfection: Disinfect the access diaphragms of medication vials before inserting a device into the vial



Proper Disposal: Dispose of needles, syringes, and other sharps in designated sharps containers to prevent injury and contamination

Step-by-Step Process for Handing Medication to a Patient



Effects of Medications

Desired effects refer to the intended therapeutic outcomes of a medication. For example, pain relief from analgesics, reduced inflammation from anti-inflammatory drugs, or improved mood from antidepressants

Side effects are unintended reactions to a medication that can range from mild to severe. Common side effects include nausea, dizziness, and headaches. Severe side effects might include liver damage or allergic reactions

Anaphylaxis is a severe, potentially life-threatening allergic reaction that can occur rapidly after exposure to an allergen, including certain medications. Symptoms include hives, swelling, difficulty breathing, and shock

Extra-pyramidal effects are drug-induced movement disorders, often associated with antipsychotic medications. Symptoms include tremors, rigidity, bradykinesia (slow movement), and tardive dyskinesia (involuntary movements)

Drug-to-drug interactions occur when one medication affects the activity of another, potentially leading to reduced effectiveness or increased risk of adverse effects. For example, combining certain antidepressants with blood thinners can increase bleeding risk

Toxicity refers to the harmful effects of a medication when taken in excessive amounts or when the body cannot properly metabolize it. Symptoms can include organ damage, severe allergic reactions, or even death

Adverse Effect Response

Steps to Take

Immediate Response:

- **Assess the Situation:** Quickly evaluate the patient's condition and symptoms.
- **Provide Care:** Administer necessary first aid or emergency care. For severe reactions like anaphylaxis, have the patient use an epinephrine auto-injector if available (if prescribed).
- **Stop Medication:** Discontinue the medication causing the adverse effect

Notify Appropriate Personnel:

- **Contact Healthcare Provider:** Inform the prescribing physician or healthcare provider immediately
- **Report to Supervisor:** Notify the facility supervisor or manager
- **Emergency Services:** If the situation is critical, contact emergency services (911) immediately.

Documentation:

- **Record Details:** Document the adverse event in the patient's medical record, including the time, symptoms, actions taken, and outcome
- **Incident Report:** Complete an incident report form detailing the adverse event **5**
- **FDA Reporting:** Report the adverse event to the FDA using MedWatch Form 3500 for healthcare professionals **2**

Alaska Poison Control: 800-222-1222

FDA MedWatch:

- **Phone:** 1-800-FDA-1088
- **Online Reporting:** FDA MedWatch

Limitations of Medication Self-Administration to Note

Limitations a. Crushed medications can be prepared by the pharmacy only

Each delegation is patient specific as per the regulations

Delegation requires patient specific guidelines for documentation of delegated task.

PRN medications management for unstable medical conditions requiring ongoing assessment and adjustment of dosage or timing of administration is non-delegatable.

(Alaska Board of Nursing, 2021)

Patient Bill of Rights Regarding Medication Administration

Right

Right to Information:

- Patients have the right to receive clear and comprehensive information about their medications, including the name, purpose, potential side effects, and any alternatives

Right

Right to Refuse Medication:

- Patients can refuse any medication or treatment, even if it is recommended by their healthcare provider. This decision should be respected and documented

Right

Right to Safe Administration:

- Medications must be administered safely and accurately, following the "Five Rights" of medication administration: right patient, right medication, right dose, right time, and right route

Right

Right to Privacy and Confidentiality:

- Patients have the right to privacy regarding their medication administration and medical records. Information should only be shared with authorized personnel

Right

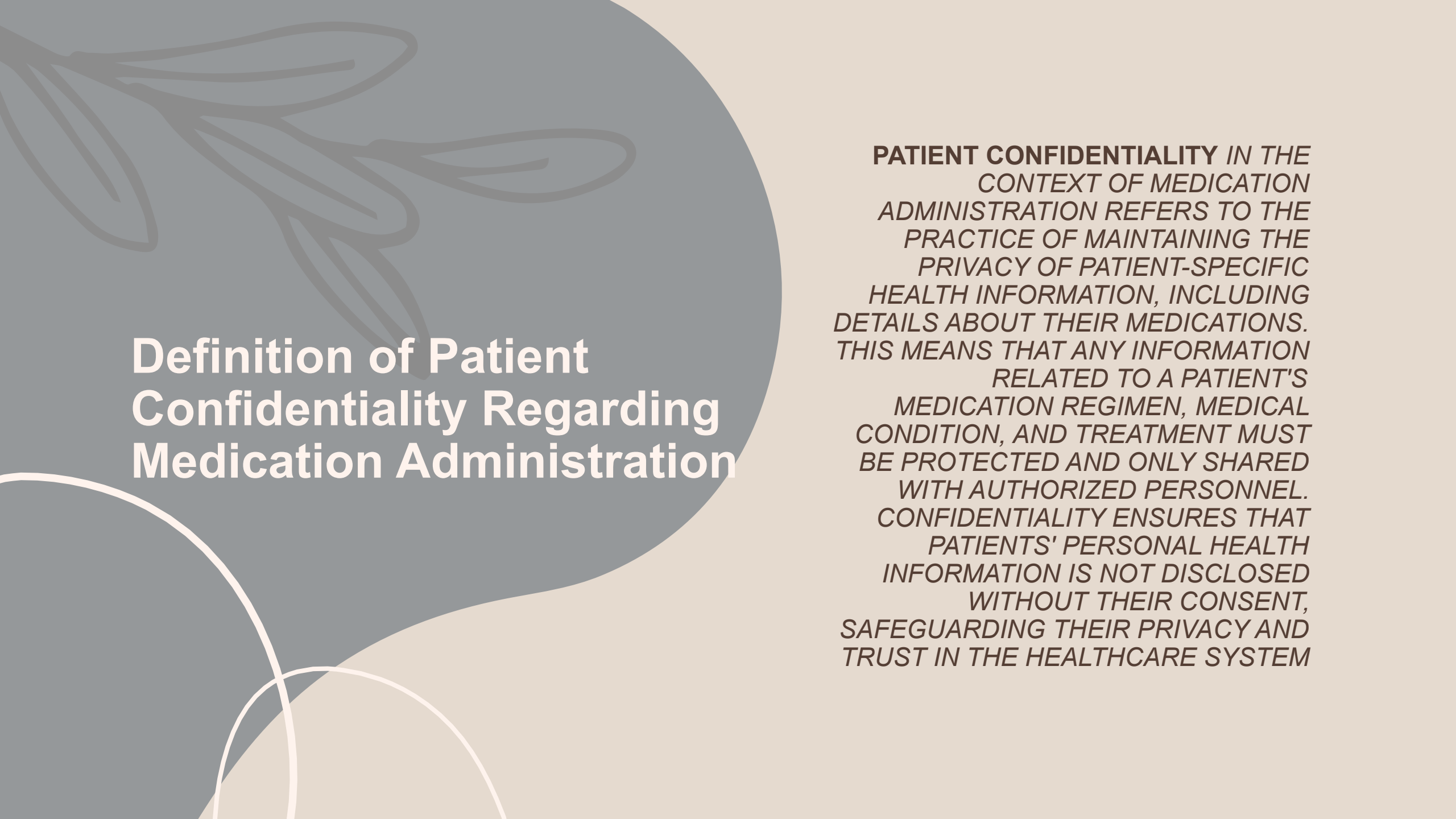
Right to Report Errors:

- Patients can report any medication errors or adverse reactions without fear of retribution. Healthcare providers must address and document these reports promptly

Right

Right to Participate in Care Decisions:

- Patients have the right to be involved in decisions about their medication regimen, including discussing options and preferences with their healthcare provider



Definition of Patient Confidentiality Regarding Medication Administration

PATIENT CONFIDENTIALITY IN THE CONTEXT OF MEDICATION ADMINISTRATION REFERS TO THE PRACTICE OF MAINTAINING THE PRIVACY OF PATIENT-SPECIFIC HEALTH INFORMATION, INCLUDING DETAILS ABOUT THEIR MEDICATIONS. THIS MEANS THAT ANY INFORMATION RELATED TO A PATIENT'S MEDICATION REGIMEN, MEDICAL CONDITION, AND TREATMENT MUST BE PROTECTED AND ONLY SHARED WITH AUTHORIZED PERSONNEL. CONFIDENTIALITY ENSURES THAT PATIENTS' PERSONAL HEALTH INFORMATION IS NOT DISCLOSED WITHOUT THEIR CONSENT, SAFEGUARDING THEIR PRIVACY AND TRUST IN THE HEALTHCARE SYSTEM

Common Medication Administration Errors

1.Prescribing Errors: These include incorrect drug selection, dosage, or duration of therapy. For example, prescribing a medication that the patient is allergic to

2.Transcription Errors: Mistakes made while transcribing the prescription into the patient's medical record, such as incorrect dosage or medication name

3.Dispensing Errors: Errors that occur in the pharmacy, such as providing the wrong medication or incorrect dosage

1.Administration Errors: These include giving the medication to the wrong patient, administering the wrong dose, or using the wrong route (e.g., oral instead of intravenous)

2.Monitoring Errors: Failure to monitor the patient for side effects or therapeutic effects, leading to potential harm

Consequences of Medication Administration Errors

Medication errors can have serious consequences for patients, healthcare providers, and the healthcare system as a whole. Here are some of the key consequences:



Physical Harm: Medication errors can lead to adverse drug reactions, allergic reactions, or even death. For example, administering the wrong dosage of a medication can cause overdose or insufficient therapeutic effect




Psychological Impact: Patients may experience anxiety, stress, or loss of trust in healthcare providers following a medication error



Economic Costs: Medication errors can result in increased healthcare costs due to additional treatments, hospitalizations, and legal fees

Consequences of Medication Administration Errors Continued

Legal Consequences: Healthcare providers may face legal action, including malpractice lawsuits, which can result in financial penalties and loss of professional licenses



Impact on Healthcare Providers: Providers involved in medication errors may experience emotional distress, guilt, and a decrease in job satisfaction

Nursing Delegation Review

12 AAC 44.950 – Standards for Delegation of Nursing Duties to Other Persons

This regulation outlines the conditions under which a **licensed nurse in Alaska** may delegate nursing duties to others, including **unlicensed assistive personnel (UAPs)**. Key points include:

Scope of Practice: The delegated task must be within the nurse's scope of practice.

Patient Assessment: A registered nurse must assess the patient to ensure the condition is **stable and predictable**.

Training & Competency: The person receiving the delegation must be **trained and competent**, with documentation of training.

No Complex Judgment: Tasks requiring **professional nursing judgment or complex skills** cannot be delegated.

Written Instructions: Nurses must provide **written instructions** detailing:

- Task procedures
- Expected outcomes
- How to observe/report complications
- Documentation procedures

Supervision: The delegating nurse must provide **ongoing supervision and evaluation** of outcomes. Another nurse may assume responsibility if they reassess the patient and delegation plan

Nursing Delegation Review Continued

12 AAC 44.965 – DELEGATION OF THE ADMINISTRATION OF MEDICATION

THIS SECTION GOVERNS THE DELEGATION OF **MEDICATION ADMINISTRATION**, CONSIDERED A **SPECIALIZED NURSING TASK**. IT BUILDS ON THE STANDARDS IN 12 AAC 44.950 AND 44.960. HIGHLIGHTS INCLUDE:

ELIGIBLE DELEGATES: MEDICATION MAY BE DELEGATED ONLY TO:

HOME/COMMUNITY-BASED SERVICES PROVIDERS

RESIDENTIAL SUPPORTED LIVING PROVIDERS

SCHOOL SETTING PROVIDERS (FOR STUDENTS ≤21 YEARS)

CERTIFIED NURSE AIDES IN LICENSED LONG-TERM CARE FACILITIES

CERTIFIED MEDICAL ASSISTANTS

TRAINING REQUIREMENT: DELEGATES MUST COMPLETE A **BOARD-APPROVED MEDICATION ADMINISTRATION COURSE**.

WRITTEN INSTRUCTIONS MUST INCLUDE:

MEDICATION DETAILS (BRAND/GENERIC, DOSAGE, TIMING)


STORAGE AND ADMINISTRATION PROCEDURES

EXPECTED OUTCOMES AND CONTRAINDICATIONS

POTENTIAL INTERACTIONS

HOW TO REPORT SIDE EFFECTS, ERRORS, OR MISSED DOSES

ACTIONS TO TAKE IF THE DELEGATING NURSE IS UNAVAILABLE AND MEDICATION ORDERS CHANGE



Strategies to Reduce Medication Administration Errors

1. USE OF TECHNOLOGY: IMPLEMENTING ELECTRONIC HEALTH RECORDS (EHRS) AND COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE) SYSTEMS CAN MINIMIZE TRANSCRIPTION AND DISPENSING ERRORS

2. STANDARDIZED PROTOCOLS AND CHECKLISTS: UTILIZING STANDARDIZED GUIDELINES AND CHECKLISTS ENSURES THAT ALL STEPS IN MEDICATION ADMINISTRATION ARE FOLLOWED CORRECTLY

3. MEDICATION RECONCILIATION: REGULARLY UPDATING AND VERIFYING A PATIENT'S MEDICATION LIST TO AVOID DRUG-DRUG INTERACTIONS AND ENSURE CORRECT DOSAGES

4. MEDICAL TEAM TRAINING AND SIMULATION: CONDUCTING REGULAR TRAINING AND SIMULATIONS TO IMPROVE COMMUNICATION AND PREPAREDNESS FOR HIGH-RISK SITUATIONS

5. PATIENT EDUCATION AND INVOLVEMENT: EDUCATING PATIENTS ABOUT THEIR MEDICATIONS AND ENCOURAGING THEM TO BE ACTIVE PARTICIPANTS IN THEIR CARE

6. MINIMIZE CLUTTER: KEEPING WORKSPACES ORGANIZED TO REDUCE THE RISK OF ERRORS DURING MEDICATION PREPARATION AND ADMINISTRATION

7. UNIT DOSE PACKAGING: USING UNIT DOSE PACKAGING TO ENSURE MEDICATIONS ARE IN READY-TO-ADMINISTER FORMS, REDUCING THE RISK OF DOSING ERRORS

Consequences of Non-Compliance



Financial Penalties: Non-compliance can result in substantial fines and penalties. For example, businesses may face fines reaching millions of dollars for failing to adhere to regulations



Legal Repercussions: Organizations and individuals may face legal actions, including lawsuits, sanctions, and revocation of licenses or permits



Reputational Damage: Non-compliance can severely damage an organization's reputation, leading to loss of trust among customers, partners, and the public



Operational Disruptions: Non-compliance can lead to operational disruptions, including increased scrutiny from regulatory bodies and the need for corrective actions



Patient Safety Risks: In healthcare, non-compliance can compromise patient safety, leading to adverse health outcomes and increased liability for healthcare providers

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thank you

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Methadone
and
Suboxone
Treatment in
Residential
Programs


Guidelines, Safety,
and Best Practices

Presenter: Rachael
Hacke, DNP, APRN,
PMHNP, FNP



Introduction to Opioid Use Disorder (OUD)

Opioid Use Disorder is a chronic condition characterized by compulsive opioid use despite harmful consequences. Medication-Assisted Treatment, or MAT, combines medications with counseling and behavioral therapies. Residential programs offer structured environments ideal for initiating and maintaining MAT.



What is Methadone?

- Full opioid agonist

- Used for OUD and chronic pain

- Administered orally (liquid/tablet)

- Requires daily supervised dosing in certified Opioid Treatment Programs (OTP)

What is Suboxone?

- Partial opioid agonist
- Combination of buprenorphine (partial agonist) and naloxone (antagonist)
- Administered as sublingual film or tablet
- Can be prescribed for home use



Uses and Benefits

- Both reduce cravings and withdrawal symptoms

- Improve treatment retention and reduce overdose risk

- Suboxone has lower misuse potential related to its ceiling effect while Methadone is more effective for patients with high opioid tolerance

Administration in Residential Programs

- Methadone: Daily supervised dosing

- Suboxone: May be self-administered under supervision

- Integration with counseling and behavioral therapy



DEA Guidelines for Prescription and Use

- Methadone: Schedule II, only dispensed in OTPs; with strict guidelines, it can be sent home with patients

- Suboxone: Schedule III, can be prescribed by DEA-registered providers

- No longer requires X-waiver for buprenorphine

Storage Guidelines (DEA, CARF, Alaska Statutes)

- Store in a securely locked, substantially constructed cabinet

- Limit access to authorized personnel

- Maintain inventory logs and protocols

- Use alarm systems in high-risk areas

Identifying Overdose

Methadone Overdose:

- Respiratory depression
 - Disorientation
 - Cold, clammy skin
 - Constricted pupils
-

Suboxone Overdose:

- Extreme drowsiness
 - Shallow breathing
 - Confusion
-

Common Side Effects

Methadone:

-
- Nausea, sedation, constipation, dizziness

Suboxone:

-
- Mouth irritation, headache, insomnia, swelling

Adverse Effects

Methadone:

- QT prolongation
- Respiratory depression
- Risk of overdose

Suboxone:

- Liver issues
- Allergic reactions
- Precipitated withdrawal if misused



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Understanding Narcotic Medications

What Are Narcotic Medications?

Definition: Narcotic medications, also known as opioids, are drugs that relieve pain by acting on the central nervous system.

Examples: Morphine, codeine, oxycodone, hydrocodone.

Mechanisms of Action

Binding to Receptors: Narcotics bind to opioid receptors in the brain, spinal cord, and other areas, reducing the perception of pain.

Types of Receptors: Mu, delta, kappa, and nociceptin receptors.


Side Effects of Narcotic Medications



COMMON SIDE EFFECTS: NAUSEA,
VOMITING, CONSTIPATION,
DROWSINESS, DIZZINESS.



OTHER EFFECTS: ITCHINESS, DRY
MOUTH, SWEATING.



Severe Adverse Effects

Respiratory Depression: Slowed or stopped breathing.

Addiction and Dependence: High potential for misuse and addiction.

Other Severe Effects: Hypotension, bradycardia.

Signs of a Narcotic Overdose

Symptoms: Pinpoint pupils, unconsciousness, respiratory depression.

Other Signs: Pale or clammy skin, blue lips or fingernails.

How to Treat a Narcotic Overdose

- Immediate Actions: Administer naloxone, call emergency services.
 - Narcan (naloxone) is used to reverse the effects of a narcotic overdose.
 - Administer Narcan intranasally or intramuscularly as per instructions.
- Call emergency services immediately after administering Narcan.
- Follow-Up Care: Monitor for complications, provide supportive care.



Identifying Signs of Narcotic Misuse

- Look for signs such as frequent requests for early refills, discrepancies in medication counts, and changes in behavior.

- Monitor patients for signs of sedation, euphoria, or withdrawal symptoms.

Storing Narcotic Medications

Regulations: CARF, DEA, and Alaska state statutes require secure storage to prevent theft and diversion.

Storage Methods: Use of safes, locked cabinets, and restricted access.

- Store narcotic medications in a locked cabinet or safe with restricted access.
- Handle medications with clean hands and use appropriate equipment to avoid contamination.
- Keep an accurate inventory of all narcotic medications and reconcile regularly.

Counting Narcotic Medications

Procedures: Count at each shift change, verify with another staff member.

Documentation: Record counts in a narcotic log book.


- Narcotic medications should be counted by two staff members to ensure accuracy.

- Counts should occur at the beginning and end of each shift.

- Document the count in the narcotic logbook, including date, time, and signatures of both staff members.

Documenting a Narcotic Count

Details to Include: Drug name, strength, quantity, date, and signatures of staff members.



Accuracy: Ensure counts match the physical inventory.

Handling Narcotic Count Discrepancies



Immediate Actions: Confirm discrepancy, secure inventory, report to supervisor, incident report.



Investigation: Determine cause, take corrective actions.

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Alaska Board of Nursing

Agenda Item #15



Advisory Opinion Request

To:

Alaska Board of Nursing

Division of Corporations, Business and Professional Licensing

P.O. Box 110806

Juneau, AK 99811-0806

From:

Dandria N. Vlastnik, RN

Operative Room RN, Alpine Surgery Center

Subject: Request for Advisory Opinion on RN Scope of Practice – Use of Operative Note Templates for Pain Injection Procedures

Dear Members of the Alaska Board of Nursing,

I am writing to respectfully request an Advisory Opinion regarding the scope of practice for registered nurses in Alaska as it relates to documentation of operative/procedure notes in pain management cases.

I am a licensed registered nurse in the State of Alaska, currently employed as an Operating Room/Outpatient Surgery Center RN at Alpine Surgery Center. Part of my role includes perioperative nursing care for patients undergoing pain management procedures such as facet joint injections, epidural steroid injections, and medial branch injections.

The question concerns the appropriate role of the RN in documentation of the operative note. Specifically, our facility uses pre-created operative note templates for these procedures. At times, RNs are asked to:

1. Populate the operative note template with procedural details (e.g., site, level, laterality, medications, times). This is encouraged to be done before the procedure is performed
2. Make edits or adjustments to the template content as needed, and
3. Forward the completed draft to the proceduralist for review, additional editing, and final signature.

I respectfully request clarification on the following points:

1. Does using a pre-created operative note template in this way, with provider review and signature, fall within the RN's scope of practice as documentation assistance/scribing, rather than independent authorship?
2. Is there any distinction between scribing (inputting dictated or directed content) versus authoring an operative note under Alaska nursing regulations?
3. Are there specific limitations, training requirements, or policy safeguards the Board recommends for RNs who support physicians in this type of documentation role?
4. Does the Board consider this function to be within RN scope only when performed under direct provider oversight with mandatory provider review and signature?
5. Is using a template and precharting the operative note an appropriate task or does the template need to be scribed in real time or post procedure?

My goal is to ensure that this practice complies with Alaska Statutes, the Nurse Practice Act, and nationally recognized standards (ANA, AORN, CMS, The Joint Commission).

Thank you for your consideration of this request. I look forward to the Board's guidance on this matter so that I, my colleagues, and my facility may ensure safe practice and compliance.

Respectfully submitted,

Dandria N. Vlastnik, RN

Alaska Board of Nursing

Agenda Item #16



Advisory Opinion Request

From: [Terra Colegrove](#)
To: [Wolf, Patty J \(CED\)](#)
Cc: [Terra Colegrove](#)
Subject: Request for Guidance/Opinion on Nurse Responsibility in Co-Caring Units
Date: Thursday, September 11, 2025 1:31:27 PM
Attachments: [2024 Co-Caring FAQ.pdf](#)
[Untitled attachment 00025.htm](#)

Dear Alaska Board of Nursing,

Last year, Providence Alaska Medical Center (PAMC) implemented a co-caring/team-based model on the 4N unit and the Progressive Care Unit (PCU). According to PAMC, co-caring is defined as:

"Co-Caring is a new model of nursing care delivery including a collaborative partnership of bedside nurse, bedside nursing assistant, and virtual nurse, who provide patient care onsite and virtually via in-room audio and video. This model redistributes the current primary bedside nursing workload across the Co-Caring team.

The team consists of a bedside and a virtual nurse who work collaboratively to address the patient's on-site needs. The bedside nurse handles all direct patient-care duties, while the virtual nurse handles tasks such as discharge planning, medication management, patient education, and other patient-care tasks that do not require a bedside presence. Each member of the bedside care team can practice at the top of their scope to deliver high-quality care and exceptional patient experience."

We are writing to seek clarification regarding the scope of responsibility for patient care in units where both virtual nurses and bedside nurses are part of the care team.

Specifically, the hospital has stated that there is no policy explicitly outlining the division of roles and responsibilities between virtual and bedside nurses. PAMC has indicated that "Co-Caring units adhere to policies that are applicable to nursing care across Providence," but this has not clarified who holds ultimate responsibility for patient care within this model.

As care delivery models continue to evolve—particularly with the integration of virtual nursing alongside traditional bedside care—clear guidance is essential to ensure accountability, patient safety, and compliance with Alaska's nursing regulations.

Attached is the Co-Caring/Virtual Nursing FAQ that PAMC provided us.

Thank you for your attention. We look forward to hearing from you.

Regards,
Terra Colegrove RN
Providence Registered Nurses, President
Alaska Nurses Association | AFT #1953
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Co-Caring/Virtual Nursing FAQ

What is Co-Caring?

Co-Caring is a new model of nursing care delivery including a collaborative partnership of bedside nurse, bedside nursing assistant, and virtual nurse, who provide patient care onsite and virtually via in-room audio and video. This model redistributes the current primary bedside nursing workload across the Co-Caring team.

The team consists of a bedside and a virtual nurse who work collaboratively to address the patient's on-site needs. The bedside nurse handles all direct patient-care duties, while the virtual nurse handles tasks such as discharge planning, medication management, patient education and other patient-care tasks that do not require a bedside presence. Each member of the bedside care team can practice at the top of their scope to deliver high quality care and exceptional patient experience.

Why are we using Co-Caring?

We are committed to improving access to health care and providing high-quality care for our patients. According to the AHA, the U.S. will need more than 200,000 bedside nurses each year to meet increasing health care needs. By 2030, there will be a shortage of 13 million nurses worldwide. It will be difficult to sustain the current nursing care model with this projected shortage of nurses, and we must evolve and innovate our model of care delivery. Through the Co-Caring model, we intend to empower the care team to practice at the top of their scope in an environment that optimizes their ability to keep the patient at the center.

Care Team Roles & Responsibilities*

What does a virtual nurse do?

The virtual nurses primary focus is to assist with the admission database, medication reconciliation, patient education, discharge navigation. There are opportunities for the virtual nurse to do additional functions like monitoring for deterioration, chart auditing (core measures, quality initiatives, review of missed cares), rapid response/code blue support, patient rounding, pain reassessment, pre-procedure check lists and other tasks to help support the bedside team and improve patient experience.

What does a bedside nurse do?

The bedside nurse will do physical assessments, pain assessment physical patient cares, bedside procedures, medication administration, hands on patient education, release orders, lab reviews, rapid response/code blue initiation and documentation, and hourly rounding.

What are shared responsibilities for virtual nurses and bedside nurses?

Shared responsibilities and tasks that can be completed by the virtual nurse and bedside nurse working together includes two-nurse skin check (for areas that are visible to the virtual nurse), dual sign-off on medications, blood administration, and mentoring new Nurses.

What does a nurse assistant (NA) do?

Nurse assistants will answer call lights, assist with ambulation, eating, bathing, and dressing, reposition patients and round with the bedside nurse. Nursing assistants may also be assigned additional tasks based on their scope and training in the Co-Caring unit. Expanding the NA's scope of care offers them new responsibilities and growth and allows them to better support the bedside care team.

How does case management, pharmacy, providers, etc. interact with the virtual nurse?

All members of the care team may interact with the virtual nurse, as they may enter the patient's room during a virtual nurse visit and see the virtual nurse on the television. Since the virtual nurse is a member of the care team, other members of the team can expect to be contacted by the virtual nurse regarding the care of the patient, just as they would expect to interact with the bedside team. For example, the virtual nurse could reach out to the pharmacist regarding a medication question, or they may contact the provider regarding orders on the patient's chart, etc.

The virtual nurse is a key member of the patient's care team, and all members should expect to interact and engage with the virtual nurse.

**These are not comprehensive lists of the responsibilities of each member of the care team. Roles and responsibilities are established during the implementation of the Co-Caring model and may vary based on unit type, boards of nursing, and other factors.*

Does working in a Co-Caring unit affect my licensure?

The virtual nurse will work under their own license and will be licensed in the state where they are working and where the patient is located. Nurses who provide care virtually are caregivers who have the same job description and requirements as other nurses working in the unit. All licensed caregivers assigned to a patient are responsible for the care they provide to the patient under their state board of nursing statutes and regulations.

Will this new model take away nursing jobs?

Co-Caring will create more nursing jobs through the implementation of the virtual nurse who will work virtually from home. The model will also increase the number of nursing assistants and other supportive roles to help support care at the bedside.

If this model is adding more nurses, why not just add more nurses to the bedside and keep our current model of care, primary nursing?

There are many nurses who want to be part of the workforce but may not be able to work in a bedside capacity. By bringing a virtual nurse role to the team, providence recognizes the value of every nurse and the contributions they make to the profession. Providence is excited to have virtual nurses added to the dyad of the team to provide their skill and knowledge and have all caregivers working at the top of their licensure in different capacities to meet the needs of our patients and community.

Patient Experience

How do we know the Co-Caring model is safe for our patients?

It is safe to care for patients virtually with the proper technology and workflows and together with bedside nursing. This model includes nurses and nursing assistants at the bedside to respond to in-person patient care needs, as well as an additional RN. This model's intent is to enhance the care experience for the patient and caregiver.

What if my patient refuses the Virtual Nurse?

Our patients will be informed and educated on admission, to the co-caring model, nursing resources and benefit from having a dyad of caregivers providing cares. In the event a patient refuses, their request will be honored.

Unit Operations

How do the number of bedside dyad (RN and CNA) assignments adjust throughout the shift to provide care for the patients on the unit? Will we be taking on more patients in the event we have call outs or are short staffed?

It would adjust in the same way a unit currently adjusts their staffing throughout the shift to support the census. Co-Caring patient assignments would be created based on the availability of bedside staff to accommodate the model. If, for some reason, there is not enough staff to create the bedside care team model, assignments should be adjusted based on the acuity of the patients. The goal is to have as many bedside care dyads as possible to deliver the full Co-Caring model.

How do we schedule our Lunch and 15-minute breaks within this model?

Providence and the Alaska Nurses Association (AaNA) have mutual interest in ensuring nursing caregivers get their breaks. A subcommittee was established several years ago to look at ways to address units that are reporting missed meal breaks. The staffing committee(s) also are another avenue for caregivers and leaders to look for solutions to address missed breaks. The co-caring units will be bringing this forward to their respective staffing committees on the units to look at ways to address and be proactive to identify PDSA cycles for improvement.

How do you handle rapid responses, code blues, and other events on a Co-Caring unit?

Rapid responses and code blues should be initiated per our unit facility policy. There is an

opportunity to engage the virtual nurses in the rapid response and code blues on the Co-Caring unit. The virtual nurses can also escalate patient deterioration through the designated workflows and initiate those events, if necessary.

What is the reporting structure for virtual nurses?

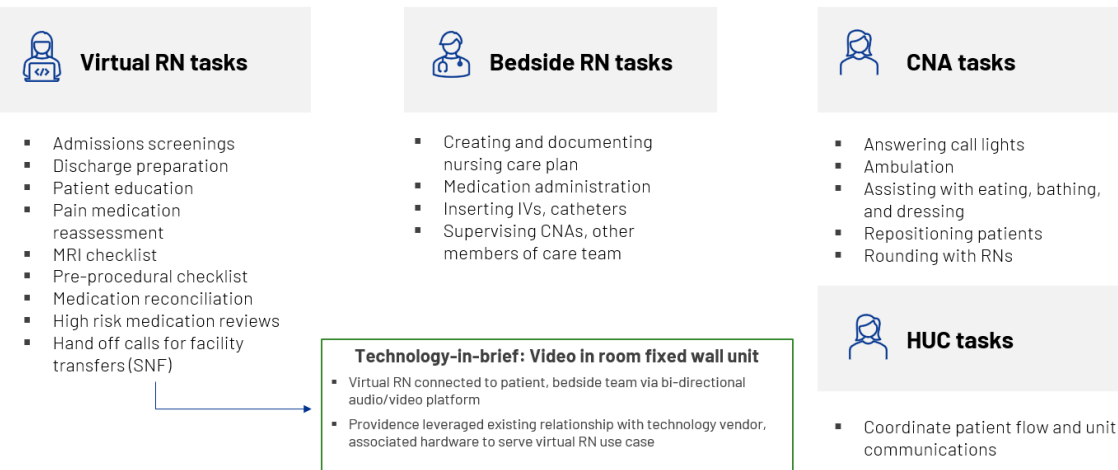
Currently virtual nurses will report to the manager of the telehealth unit. The goal is to ensure that virtual nurses support the unit and staff assigned, so they can become an integrated member of that Co-Caring unit(s).

What are the tasks that each discipline is primarily responsible for completing? How will this offload the bedside nurses' responsibilities?

Three initial workflows have been identified to give back time and capacity for the bedside nurse to provide direct patient care. These three workflows are admission, education, and discharge (DC).

Example of the delegation of tasks based on caregiver role (Bedside RN, Virtual RN, and NA Co-Caring Model):

Delineation of tasks based on caregiver role



This delineation tasks are not exhaustive and with involvement of the caregivers in the PCU and 4N professional governance councils, additional tasks have been and will continue to be developed as bedside nurses and remote nurses develop unit processes and identify other cares that can be assumed by the remote nurse.

How will our supporting caregivers be held accountable for their practice, proactivity, and keeping productive with lower patient assignment's?

The nursing assistants/certified nursing assistants have had several meetings to discuss the new model and expected delivery of care in this role. Education has been held to re-educate to the fundamentals to ensure consistency in delivery of care. In addition, as we enter this new model of care, leaders will be meeting with all disciplines if any concerns arise related to practice, proactivity and meeting patient/unit needs. Performance will be continually monitored as we are all invested in making this a success for you as caregivers and the patients we serve.

Questions from Co-Caring/Virtual Nursing Virtual Town Hall

There are many published, peer-reviewed studies that have determined lowering ratios and assisting with hands-on care is better for patient and nurses' safety. The only "study" for co-care and virtual nurses was done by Providence in Providence hospitals. Can you speak to concerns that this implementation is contrary to published research?

The research that exists on safe patient staffing ratios is based on a primary nursing model of care delivery. There are studies that demonstrate in a primary nursing model, a reduction in RN hours can have a negative impact on patient safety. It is important to understand, however, that these studies do not translate to Co-Caring.

Co-Caring is a shift from a primary nursing model to a collaborative team-based model in which one bedside RN will care for a cohort of patients with the assistance of a dedicated CNA or PCT and a virtual nurse. Shifting to this model means that total caregiver hours will actually increase, and each patient will have two RNs caring for them.

Due to the fact that patient care duties are now being appropriately allocated among the three members of the care team, the bedside RN is able to work at the top of their license and focus their time on direct patient care. Patient and caregiver safety are extremely important. We are watching outcome data closely to ensure that nothing that we do results in harm to our patients or our teams. We are currently collecting data from live Co-Caring sites, and so far, many indicators point to improved patient safety and quality of care. In fact, a [recent study](#) performed on a virtual nursing unit at New York-Presbyterian Hospital showed that HCHAPS top-box scores improved in several areas when a virtual nurse was part of the team, versus no virtual nurse, and we are seeing the same here at Providence.

Co-Caring and virtual nursing are still very new concepts, and we will continue to apply learnings based on the data we collect. We are also attaching a list of research-based articles (at the end) that were utilized in forming this model.

What exactly will be the staffing change in the affected units? How many patients will each bedside nurse be responsible for?

In certain units at PAMC, we are moving from a primary nursing model of care to what we call "Co-Caring." Before primary nursing was popularized in the 90's, some nurses worked in team-based models. This is similar to Co-Caring, with a few important enhancements. In the primary nursing model, one RN is responsible for a cohort of patients and shares one to two CNAs and/or PCTs with all other RNs on the unit. The number of other nurses that the PCT or CNA is shared with is dependent on the unit. Therefore, the actual model supporting patient care varies unit-to-unit.

Moving from primary nursing to Co-Caring means each nurse will have their own dedicated PCT or CNA to assist in the care of their patient assignment, and, in addition, each nurse will have the assistance of an independently licensed virtual RN to provide care virtually for their patients. Prior to Co-Caring, on an average Med Surg unit, there would be one nurse caring for around five patients and sharing a PCT or CNA with other nurses. Moving to Co-Caring, we will now be a team of three caring for an average of a six-patient load.

What hospitals and in what units is this model being used. It is my understanding that St. Peter is no longer using it, is that correct?

Thank you for the question, no, this is incorrect. Co-Caring began as a pilot at Covenant Medical Center in Lubbock, where it is still being used. Co-Caring has been spread to 2 additional units and a 3rd unit will go up on the model in December 2024 at Covenant Medical Center- bringing the total count of units to 4 units by the end of this year. It is also active in two sites in the South Puget Sound at Providence St. Peter's and Providence Centralia, and at two other sites in Inland Washington including Kadlec and Holy Family. It is still very much active at St. Peter's and has been very successful. You can learn more about the success of the model at St. Peter's by watching [this video](#).

The co-care model prescribes a dyad pairing of RN and CNA/PCT. For a unit like the PCU, where we are initially expecting to transition to a 5 to 1 patient: nurse ratio, while maintaining a 6:1 patient to PCT ratio, does this fundamentally challenge the co-care model which prioritizes nurse and PCT co-operation on a one-to-one basis?

Part of going live with a new model is to test out theories and assumptions. We will evaluate the PCT to RN partnership to determine the best method.

Considering we are Magnet status; was Shared Governance involved prior for discussions and concerns prior?

Yes, Shared Governance was absolutely used to understand concerns and to garner good ideas from the caregivers. The Shared Governance process will continue as this is the best method for the leaders to partner with the caregivers to hear their perspectives.

Shouldn't PAMC be keeping patient loads the same until "we" work through all the bugs associated with the co-caring model?

Based on feedback from the bedside RNs and techs, PAMC decided to delay the changing of assignments to work through the "bugs".

The promotional article for co-care mentioned drastically reduced turnover for first year RNs, which you addressed again a few minutes ago. What happened to the turnover rate for more experienced nurses? Especially being a new nurse myself, I find that I continually rely on my more experienced co-workers when challenges arise.

The reduced RN turnover rate included all bedside RNs. This was not specific to first year RNs. The virtual nurses are highly experienced RNs. One of the benefits to newer nurses on the Co-Caring units is having the assistance of the experienced RNs available to them 24/7 when challenges arise, or a second set of eyes is needed. All nurses are highly encouraged to use the virtual nurses for this purpose. This is one of the ways this program brings value to our teams.

Can the virtual nurses answer call lights?

Due to technology restrictions, the virtual nurse cannot answer call lights directly at this time. We are actively exploring how we could enable the virtual nurses to answer call lights. However, the virtual nurses can be requested by the bedside team to address patient and/or family questions at any time. Virtual nurse assistance in answering family questions is noted as a significant benefit by the bedside team.

Is Providence actually ready to implement this Co-care model given we already have challenges staffing PCTs with our current staffing ratios? On PCU our PCTs went to decreased ratios on Wednesday to prepare for Co-care and on Thursday a PCT got pulled into a 1:1 at 0930 and for remainder of the day PCTs went to an increased ratio. What is the plan for inadequate staffing under the co care model?

Thank you for this question! PAMC is employing a number of strategies to ensure that we have enough PCTs. In anticipation of the change in the model of care, PAMC worked with the system to develop a CNA training program that was approved by the AK Board of Nursing. The goal is to eventually have all newly hired PCTs and our existing PCTs go through the program. In addition, PALI did develop an intro PCT training program. Understanding that our PCTs and CNAs may be our future nursing workforce, we believe investing in these programs not only addresses the needs of co-caring units but the entire facility and is a pipeline for our nursing workforce.

Are these numbers of less turnover and better retention completely attributable to co-care and virtual nursing, or are there extrinsic factors such as moving away from a pandemic attributing to what nurses are experiencing now

We cannot assume that the decreased turnover is completely attributable to any one factor. However, to evaluate the impact of Co-Caring on turnover, we use two methods of comparison: 1) Difference in the turnover rate on the same unit before and after implementation of Co-Caring, and 2) Current turnover on Co-Caring units compared to all other units. Results from each of these comparisons demonstrate a favorable impact of Co-Caring on RN turnover.

Is co-caring a virtual nurse 24/7 or is it just during day shift?

Yes, the Co-Caring virtual nurses will be available 24/7.

If there is something that the VRN misses - whose license does that fall on? VRN or Floor RN?

The care that is provided by each caregiver is on the license of that caregiver. The virtual nurses are licensed to practice in the state of Alaska.

Are the other hospitals teaching hospitals? How does the student nurse fit into this model?

Currently, student nurses participate in clinical rotations at the bedside on Co-Caring units as they do on other units. We have seen this heighten recruitment of new graduates on some of the med/surg Co-Caring units. We are working on the development of Virtual Nursing Clinical rotations, as well. This is not yet in place but will allow the student nurse to experience working as

a bedside RN in this collaborative team-based model with a virtual RN, as well as exposing the student RN to the practice of virtual nursing.

Admission and discharge questions and pt education is certainly important, but a lot of our patients on the med surg floors are there for placement and are going to be there for a while. A giant part of our shift is passing meds, doing physical assessments, PRN meds, getting patients to the bathroom, cleaning patients, changing linens, grabbing waters/drinks. The most common pt education situations are related to the medications that I'm passing which I then provide that education since that's necessary for consent. Can we expand on the "etc" that the virtual nurses do that can ease our way as nurses?

This is a fantastic question and really highlights the need for us to create workflows that bring value to our units. We must first start with identifying activities that do not require an RN license and considering if these activities can be included in the work of the PCTs, recalling that we will have more PCTs to care for our patients. If there is something that does not require an RN license, but we don't think it can be passed on to the PCT, we need to consider how to address the barrier to make this possible. Then, we need to consider what activities currently performed by the bedside RN do require an RN license, but do not require the RN to be physically present. We need to include these duties within the virtual RN workflow. If there are barriers to doing this, we need to address these barriers. The virtual RN can do much more than Admission, Discharge and Education. The "etc" is truly up to us – we define the workflows that will bring value to our patients and our teams.

According to the AACN's official website the nursing shortage is projected to shrink over the next 10 years, from 78,610 needed nurse in 2025 to 63,720 needed full-time nurses in 2030. The theme of nursing shortages has been re-occurring throughout the co-care discussion, but it seems that the nursing shortage may already be a self-resolving issue.

This is a good question. While the above information is correct, it is only looking at one part of the challenge. Here is a link to the above referenced fact sheet: [Nursing Shortage Fact Sheet \(aacnnursing.org\)](https://www.aacnnursing.org) for you to reference.

When we look at the data comprehensively the "shortage" may be resolving in the current number of positions needing to be filled, however the demand for nurses will increase leaving us with a continued nursing staff shortage. (see below)

Explore Workforce Projections

Projected Supply and Demand of Healthcare Workers Through 2036

All Health Workforce	Allied Health	Behavioral Health	Long-Term Care	Oral Health	Primary Care	Women's Health
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All Health Workforce

The All Health Workforce category covers all providers. For example, nurse practitioners in this group are all nurse practitioners in the U.S.

Data displayed are for only the selected occupation within this occupation group.

Occupation

- Registered Nurses
- Rheumatology Physicians
- Thoracic Surgery Physicians
- Urology Physicians

Rurality

- Metro
- NonMetro
- Total

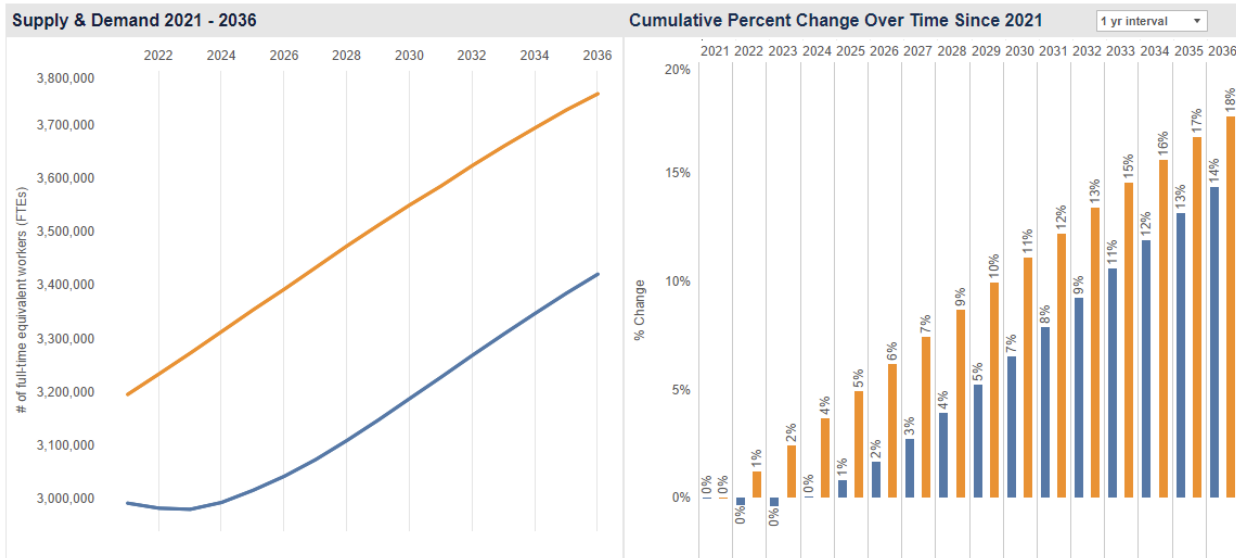
Registered Nurses

Assess patient health problems and needs, develop and implement nursing care plans, and maintain medical records. Administer nursing care to ill, injured, convalescent, or disabled patients. May advise patients on health maintenance and disease prevention or provide case management.

Year 2021 2036

Supply & Demand Trends	U.S. Map	What if? Scenarios
Change in Total Supply 2021 - 2036	Change in Total Demand 2021 - 2036	Total Percent Adequacy 2036
429,090 ▲ 14%	563,300 ▲ 18%	91%
Starting Value: 2,992,550 Ending Value: 3,421,640	Starting Value: 3,196,310 Ending Value: 3,759,610	

Supply
Demand



Date created: October 3, 2024

Click to navigate to alternate table view

Source: Department of Health and Human Services, Health Resources and Services Administration, Health Workforce Projections. Available at <https://bhwr.hrsa.gov/data-research/review-health-workforce-research>

Retrieved from [Workforce Projections \(hrsa.gov\)](https://www.hrsa.gov/workforce-projections) on Oct. 3, 2024.

So, when a patient signs a consent to treat, they are consenting to the co-caring model, unlike a surgical consent?

Yes, that is correct.

Are all the virtual nurses physically in and going to stay in the state of Alaska?

No, the virtual nurses will not all be physically located in the state of Alaska, but they will all have Alaska state nursing licenses and are members of the AaNA bargaining unit.

What are the concerns that expanding this "team" just offsets accountability. Such as something getting missed because now there's multiple caregivers and not a primary nurse being able to monitor each pt easier since they have a smaller ratio?

We are actually seeing great benefits to patient safety through early recognition and early rescue. Virtual nurses are highly experienced, licensed RNs who are able to assist with increased rounding and monitoring of patients. Patients on Co-Caring units have the benefit of two RNs caring for them. There are numerous safety stories coming from Co-Caring units throughout Providence. For example, in one ministry a virtual nurse was able to detect the onset of a stroke in a patient and was quickly able to activate a response, resulting in timely critical care for the patient. In another ministry, A virtual RN was rounding and saw that the patient's oxygen had come off. The vRN contacted the bedside nurse who was able to assess and put the oxygen back on the patient. The patient's oxygen level had dropped to 78%. With the quick intervention the patient oxygen level recovered.

If the Co-care model is supposed to decrease workload and burnout why is providence increasing our ratios alongside implementing this model?

Transitioning from a primary model to a team-based model means that responsibilities are now shared with three people, versus one RN who shares a PCT or CNA with other RNs. Moving to this model will shift many responsibilities to the virtual RN. Patient ratios will reflect this new model but will also be determined by the specific needs of the unit.

Is the bed price for patients increasing with the co care model?

No

Did you increase your RN ratios during or post go live on your other pilot units and still have a decrease in RN turnover?

Patient assignments were adjusted on all Co-Caring units according to the transition from a Primary Nursing model of care delivery to a collaborative team-based model. If the workflows are appropriately designed and the model is implemented accordingly, the workload of the bedside team will not increase in the Co-Caring model.

Heard that Sacred Heart ended their co care trial, why?

Sacred Heart has not yet started their Co-Caring journey. All sites that implemented Co-Caring are still live in the model. No unit that has implemented Co-Caring has abandoned it. As with many implementations, timing is everything, and we did have one ministry in the Puget Sound decide not to go live with Co-Caring after realizing that timing was not right, due to many factors.

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Alaska Board of Nursing



Review/Assign Action Items

Alaska Board of Nursing



Chair Final Comments/Adjourn

Alaska Board of Nursing

Agenda Item #1



Roll Call/Call to Order

Alaska Board of Nursing Executive Session



The public attendees will wait in the waiting room.

Alaska Board of Nursing



Break

Alaska Board of Nursing
Agenda Item #20



Advisory Opinions

Alaska Board of Nursing
Board Policy
At Home English Proficiency Exams

Subject:	At Home English Proficiency Exams
Implemented:	May 2022
Updated:	

The Alaska Board of Nursing will not accept the Online IELTS Indicator Test or the TOEFL At Home Test at this time as recommended by the National Council of State Boards of Nursing, as it has been determined that at home tests are not a reliable indicator of English proficiency. The Board will continue to monitor advancements in remote proctoring technology and may allow the use of at home tests in the future.

Alaska Board of Nursing

Agenda Item #21



International Education Consultants



April 2025

Dear Executive Director::

Josef Silny & Associates, Inc., International Education Consultants (JS&A) was founded in 1987 in order to provide the highest quality of foreign credential evaluations and translations. I personally have over 50 years of professional experience in the field, including 16 years as the Director of International Admissions at the City University of New York and the University of Miami. At both universities I was responsible for evaluating foreign academic credentials and admission into undergraduate and graduate programs, including nursing. Our company has been a member of the National Association of Credential Evaluation Services (NACES) since 1989. NACES is essentially an accreditation body for foreign credential evaluation companies.

Our staff of 90 includes 41 highly qualified foreign credential evaluators who speak many different foreign languages. We have been evaluating foreign academic credentials for Boards of Nursing since 2008. Currently, we provide foreign credential evaluations to 32 State Boards of Nursing. These are listed in the attached application on page 4.

In addition, our company is approved by the U.S. Department of Homeland Security of the USCIS to issue the Certification for Health Care Workers for Registered and Licensed Practical Nurses.

All academic credentials and the letter of good standing must be sent to us directly by the issuing institutions and we also verify them. We complete all non-rush evaluations in 10 business days.

This is to request that your Board of Nursing adds our company as an approved foreign credential evaluation service. I will be glad to provide any information you may need. My email address is jsilny@jsilny.org.

We look forward to hearing from you.

Sincerely yours,

Josef Silny
President

Josef Silny & Associates, Inc.
International Education Consultants
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E-Mail: info@jsilny.org
www.jsilny.org

REPORT OF EVALUATION OF EDUCATIONAL CREDENTIALS

NAME: Mr. Sample

DOB: 01/01/2001

COUNTRY: Philippines

PURPOSE OF Montana

EVALUATION: Board of Nursing

April 2, 2025

In response to Ms. Sample's request, the following is an evaluation of her academic credentials from the Philippines for consideration by the Montana Board of Nursing. This evaluation was prepared based on official original academic credentials sent directly and verified to be authentic by the University of San Carlos.

Ms. Sample attended the University of San Carlos from 2007 to 2011. Founded in 1595, the University of San Carlos is a private institution of higher education accredited by the Commission on Higher Education (CHED) in the Philippines. In order to be admitted into the University of San Carlos, applicants must have graduated from a high school in the Philippines and passed an entrance examination. This is the equivalent of graduation from a college preparatory program at an accredited high school in the United States.

Ms. Sample completed the undergraduate program in Nursing and graduated from the University of San Carlos with the degree of Bachelor of Science in Nursing on April 18, 2011. This is the equivalent of the U.S. degree of Bachelor of Science in Nursing earned at a regionally accredited institution of higher education in the United States.

Ms. Sample holds the Registered Nurse license (#XXXX) issued by the Professional Regulation Commission in the Philippines on March 23, 2012. This license is currently in good standing and it has never been suspended or revoked. It will expire on August 28, 2024. Ms. Sample's license was verified to be authentic through the verification website of the Professional Regulation Commission of the Philippines.

Below is the course-by-course evaluation of Ms. Sample's undergraduate study at the University of San Carlos in terms of U.S. courses, semester credit hours and grades:

<u>COURSES</u>		<u>CREDITS</u>	<u>GRADES</u>
First Semester 2007-2008:			
CHEM2A	General and Inorganic Chemistry	3.00	C
CHEM2AL	General and Inorganic Chemistry Laboratory	1.00	C-
CWTS11	Civic Welfare Training Service I	3.00	A
ENGL1	Communication Arts I (English)	3.00	C
FILI1	Sining NG Pakikipagtalastasan	3.00	B
MATH15A	College Algebra I	3.00	C
PE11G	Self Testing Activities	1.00	A
PHIL2	Logic	3.00	C-
PSYC1	General Psychology	3.00	C
REED10	Man in Search of God	3.00	C
Second Semester:			
CHEM25	Organic Chemistry with Biochemistry	3.00	C-
CHEM25L	Organic Chemistry with Biochemistry Laboratory	1.00	B
CWTS12	Civic Welfare Training Service II	3.00	A
ENGL2	Communication Arts II (English)	3.00	B
FILI2	Filipino Sa Iba't-Ibang Larangan	3.00	A
HIST17	Rizal Course	3.00	B
PE12	Rhythmic Activities	1.00	A
PHIL25	Philosophy of the Human Person	3.00	B
REED20	Man the Christian Believer	3.00	C
SOCIO104X	Rural-Urban Sociology	3.00	B

First Semester 2008-2009:

ANPH11LX	Human Anatomy and Physiology Laboratory	1.00	C
ANPH11X	Human Anatomy and Physiology	3.00	C-
HC1	Health Care I	3.00	C
HC1L	Health Care I Laboratory	3.00	C
HE1	Health Ethics	3.00	C
LIT1	Literatures of the Philippines	3.00	C
PE13	Fundamentals in Games and Sports	1.00	A
POSC12N	Philippine Government and New Constitution	3.00	C

Second Semester:

CS11	Computer Operations	3.00	C
HC2	Health Care II	3.00	C
HC2L	Health Care 2 Laboratory	1.00	C
HE2	Health Economics with Taxation Land Reform	3.00	B
MATH35	Introduction to Probability and Statistics	3.00	C-
PE14G	Recreational Activities	1.00	A
PHYS40	Introduction to University Physics	3.00	C
REED40	The Christian Witness in the World	3.00	B
STS1	Science, Technology, Society	3.00	C

Summer 2009:

BIO113	Microbiology and Parasitology	3.00	C-
BIO113NL	Microbiology and Parasitology Laboratory	1.00	C
NCM501200	Foundations of Nursing	3.00	B
NUTR1N	Nutrition	3.00	C

First Semester 2009-2010:

NCM501201	Promotive and Preventive Nursing Care Management I	6.00	C-
NCM501201A	Community Health Development	3.00	B
NCM501201B	Strategies of Health Education	3.00	C
NCM501201L	Promotive and Preventive Nursing Care Management I	6.00	C
REED50	The Christian Call to Holiness	3.00	B

Second Semester:

HIST15	Early and Modern Philippine History	3.00	A
NCM501202	Curative and Rehabilitative Care Management I	6.00	C
NCM501202A	Introduction to Nursing Research	3.00	B
NCM501202L	Curative and Rehabilitative Care Management I Laboratory	6.00	B
REED60X	Basic Ecclesial Community	3.00	B

Summer 2010:

NCM501203	Nursing Enhancement Skills	3.00	C
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First Semester 2010-2011:

ENGL3	Aural-Oral Communication	3.00	B
HUMN1	Survey of Arts	3.00	A
NCM501204	Curative and Rehabilitative Care Management II	6.00	C
NCM501204L	Curative and Rehabilitative Care Management II Laboratory	6.00	C

Second Semester:

HIST26	Asian History and Civilization	3.00	B
LIT2	Literature of the World	3.00	A
NCM501205	Nursing Management and Leadership	6.00	C
NCM501205RLE	Nursing Management and Leadership Laboratory	6.00	B
SPCH61	Business and Professional Speaking	3.00	A

While the language of instruction and textbooks was English, there is no evidence that faculty and students were native speakers of English.

This evaluation is a statement solely of educational equivalence; only the qualified authorities can determine whether an individual educated abroad can be licensed in the United States.

This evaluation was prepared exclusively for the Montana Board of Nursing and may not be used for any other board of nursing or for educational purposes.

In summary, it is the judgment of Josef Silny and Associates, Inc., International Education Consultants, that Ms. Sample has the equivalent of the U.S. degree of Bachelor of Science in Nursing earned at a regionally accredited institution of higher education in the United States.

Sincerely,

Laure Priolet
Senior International Education Consultant
LHP: 008

Palina Lippman
Senior International Education Consultant

Attachment of Nursing Theory and Clinical Clock Hours and Required Coursework for Registered Nursing Programs

Client's Name: Ms. Sample

Institution: The University of San Carlos

Address: Nasipit, Talamban, Cebu City 6000, Philippines

Date of Graduation: April 18, 2011

Language of Nursing Instruction: English

Language of Nursing Textbooks: English

<u>Nursing Education Categories</u>	<u>Completed by Applicant Theory Clock Hours</u>	<u>Completed by Applicant Clinical Clock Hours</u>	<u>Integrated in:</u>
<u>Medical:</u>	216	306	NURS 14/24/34
<u>Surgical:</u>	216	402	NURS 14/24/34
<u>Obstetric:</u>	180	351	NURS 25/35
<u>Pediatric:</u>	180	351	NURS 25/35
<u>Psychiatric - Mental Health</u>	180	357	NURS 37

Total number of Theory Clock hours completed: 972 Hours.

Total number of Clinical Clock hours completed: 1,767 Hours.

REFERENCES FOR THE PHILIPPINES

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Handbook on the Placement of Foreign Graduate Students 1990 Edition, Edited by William J. Paver. Washington, D.C.: National Association for Foreign Student Affairs, 1990.

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Alaska Board of Nursing

Agenda Item #22



Licensing Reports



Licensing Statistics

*by fiscal year



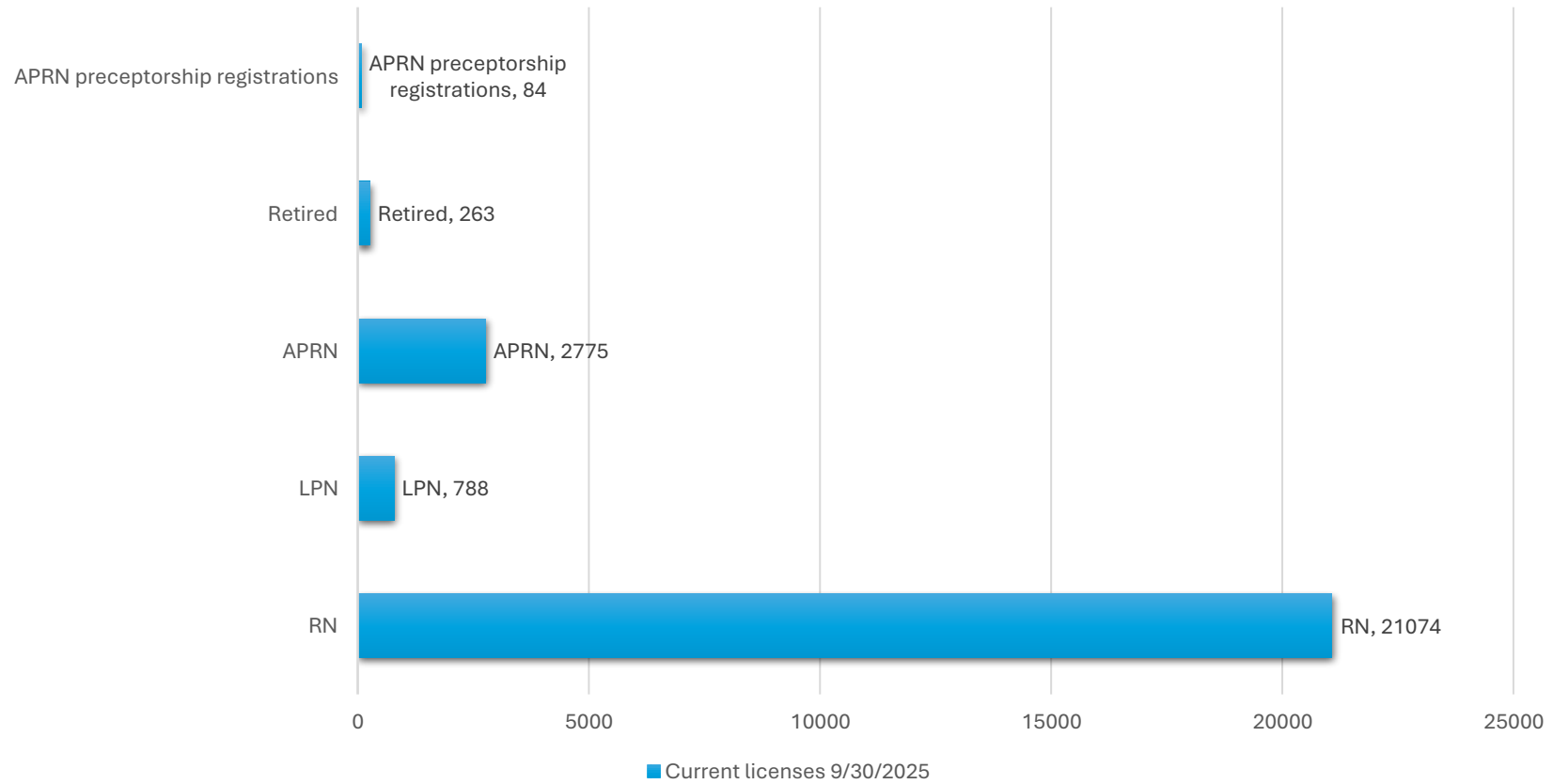
LICENSING SUMMARY

Fiscal 1st Quarter 2026 (July 1 2025,-September 30, 2025)

LICENSE TYPE/METHOD		1st Quarter Total		Total Active
RN	Exam	87		
	Endorsement	738		
	Total:	825		21,074
LPN	Exam	11		
	Endorsement	25		
	Total:	36		788
APRN		162		2775
PERMITS	RN	167		
	LPN	7		
	APRN	0		
	TOTAL:	174		
REINSTATE	RN	70		
	LPN	5		
	APRN	4		
	TOTAL:	79		
RETIRED		0		
ANP PRECEPTORSHIP		28		84
GRAND TOTAL:		1304		24,721

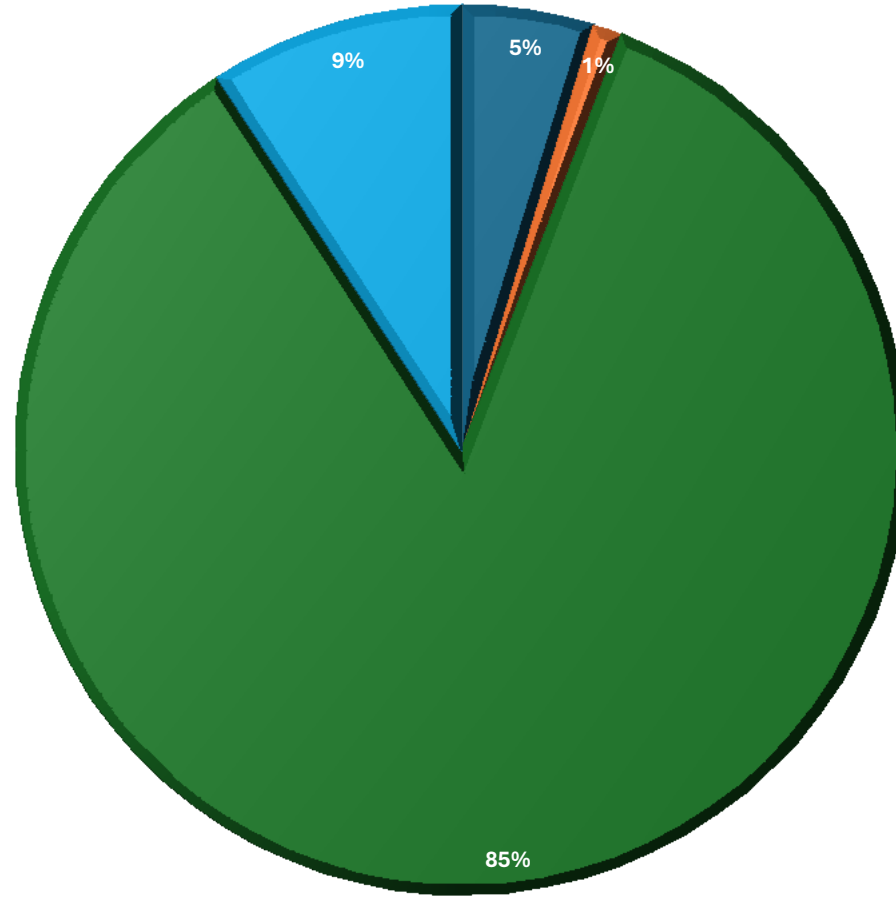
Note:
*Exam permits become void when an applicant is unsuccessful on their exam.

Current license counts 9/30/2025

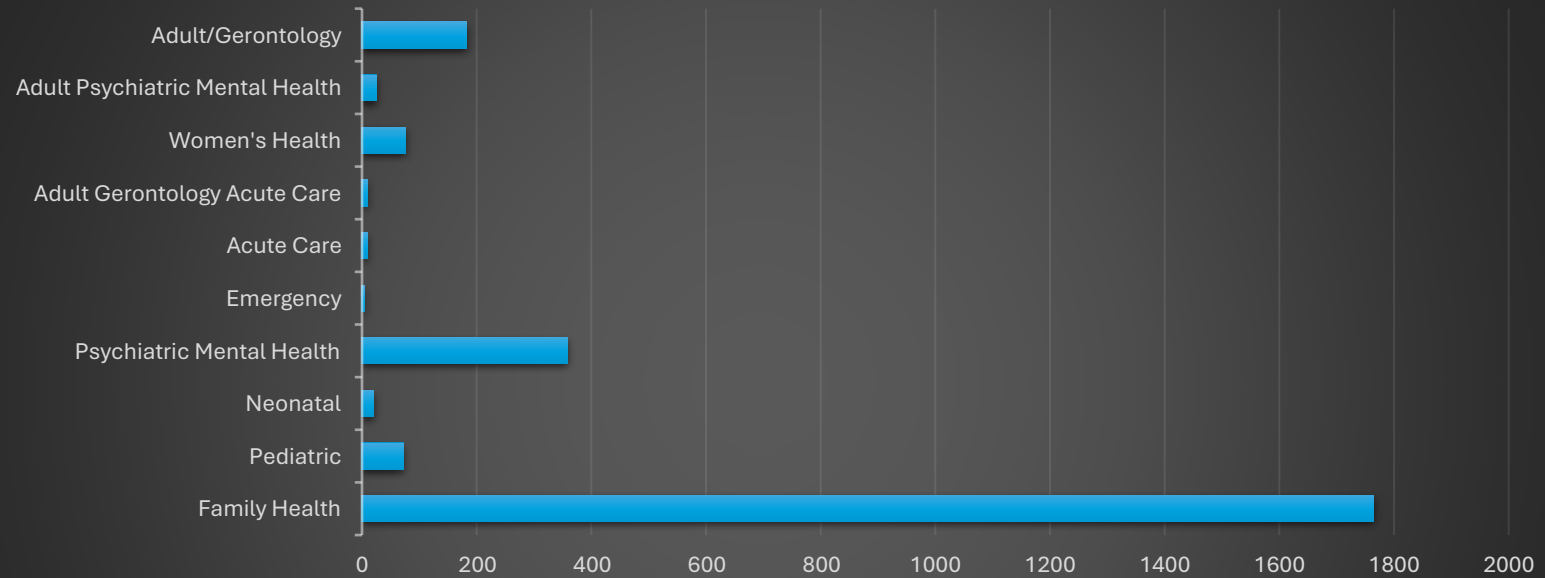


APRN ACTIVE BY ROLE 9/30/2025

■ Certified Nurse Midwife (132) ■ Certified Nurse Specialist (30) ■ Nurse Practitioner (2358) ■ Certified Nurse Anesthetist (255)



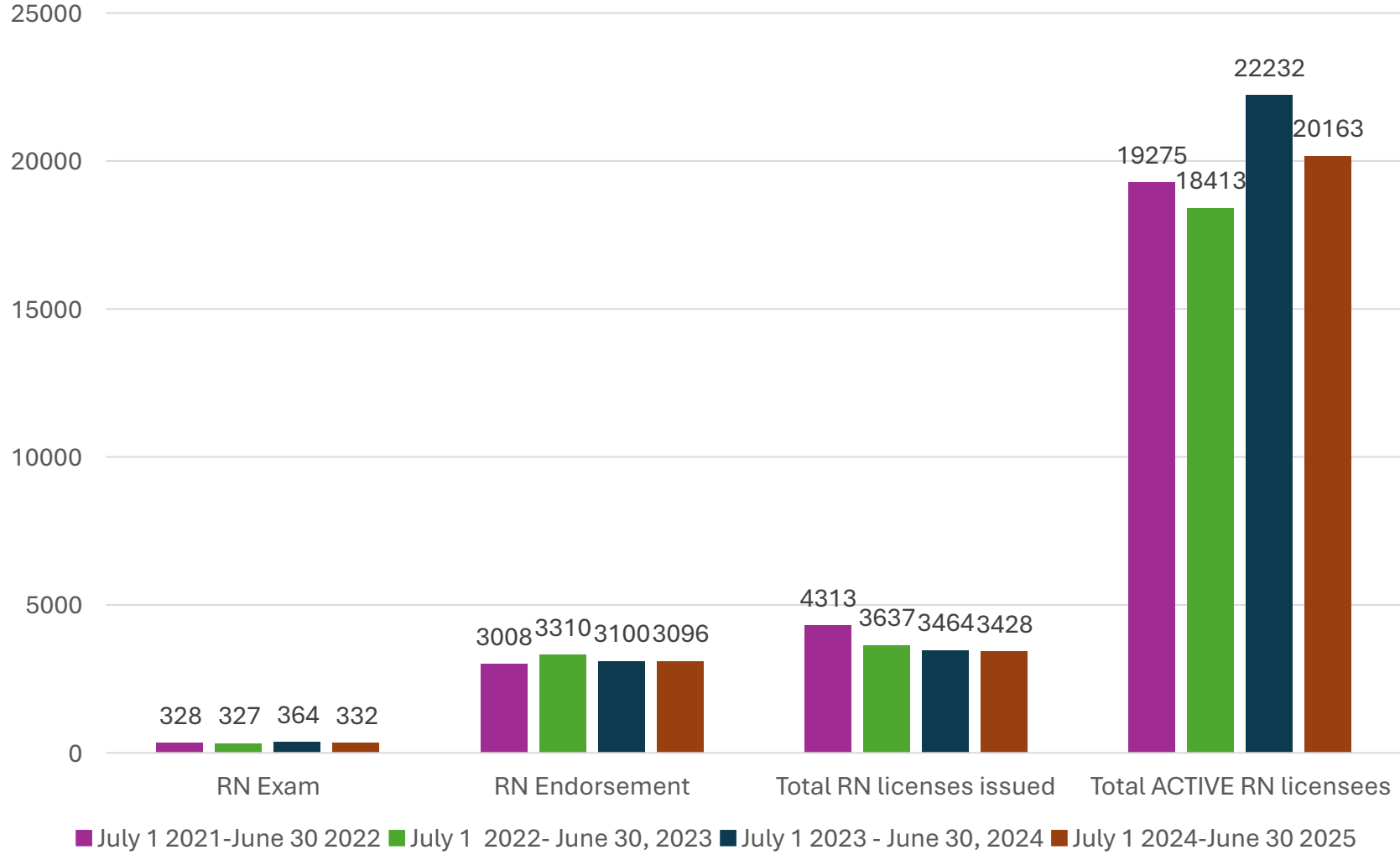
Nurse Practitioner Licenses active by specialty 9/30/2025



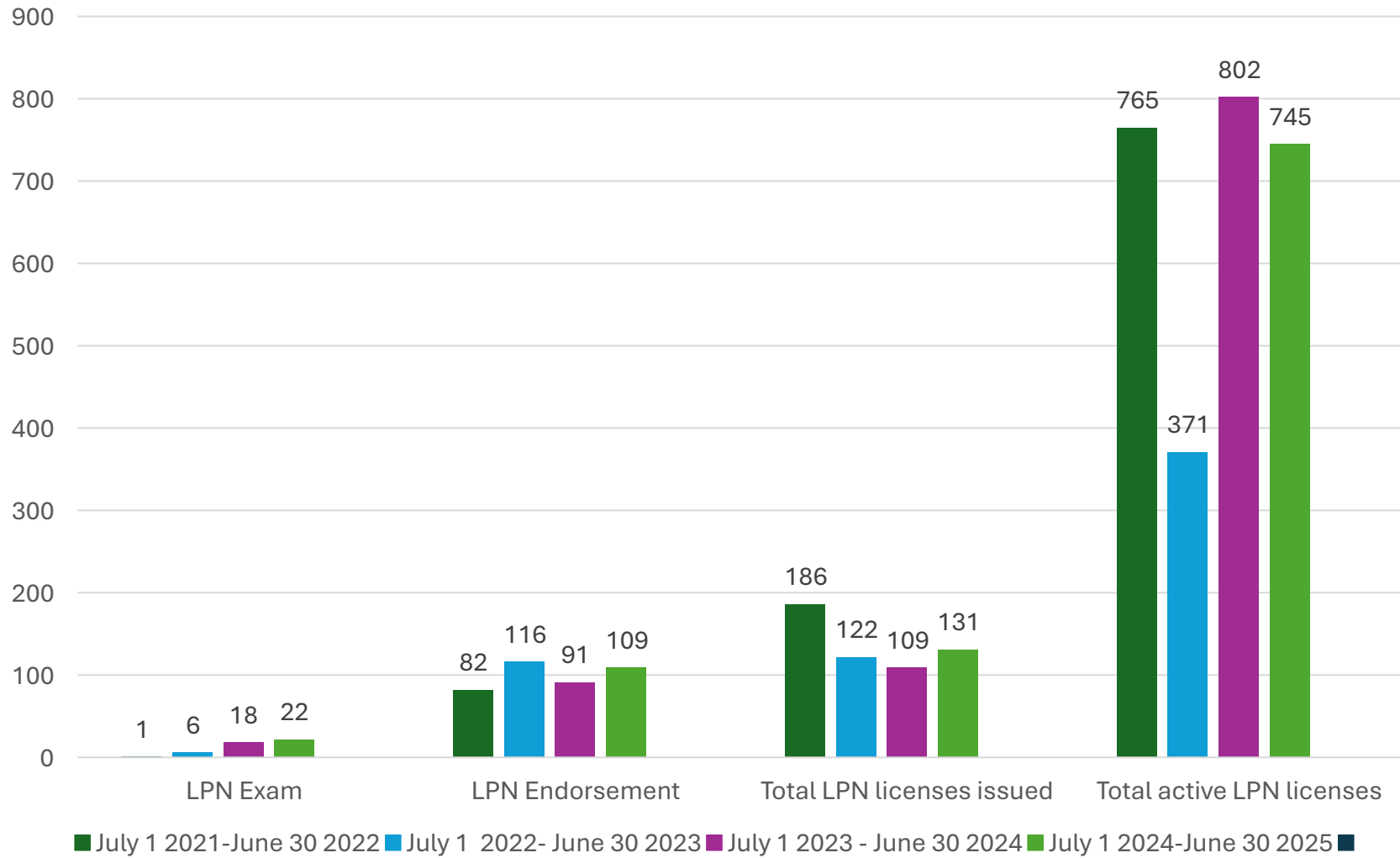
	Family Health	Pediatric	Neonatal	Psychiatric Mental Health	Emergency	Acute Care	Adult Gerontology Acute Care	Women's Health	Adult Psychiatric Mental Health	Adult/Gerontology
■ Nurse Practitioners by specialty	1765	72	20	358	5	9	10	76	26	183

■ Nurse Practitioners by specialty

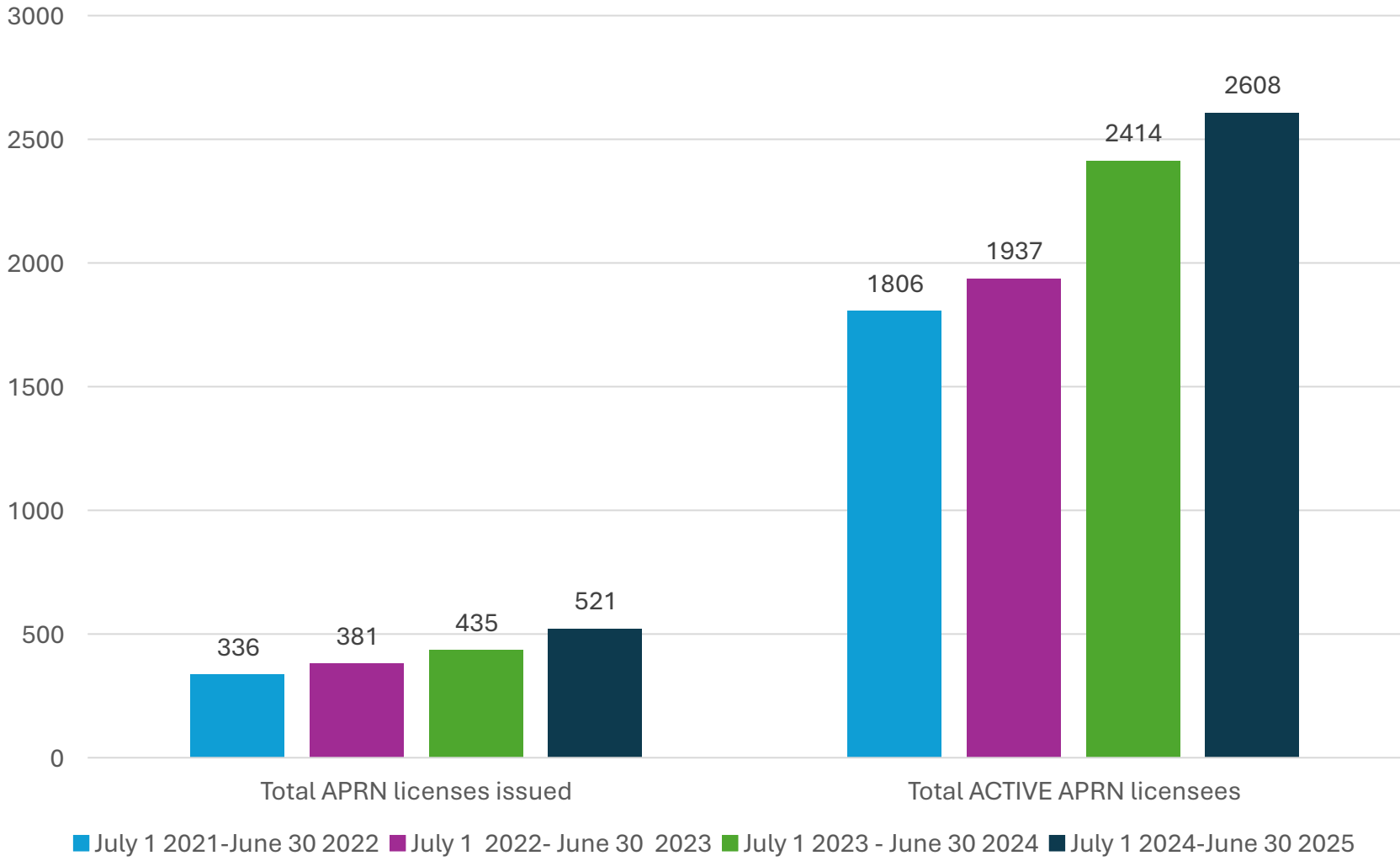
RN license 4 year trends



LPN license 4 year trends



APRN license 4 year trends



NCLEX PASS RATES

*BY CALENDAR YEAR

N.C.S.B.N. EDUCATION PROGRAM SUMMARY

Educated in Alaska

TESTED DURING 3rd Quarter 2025 (July 1, 2025-September 30, 2025)

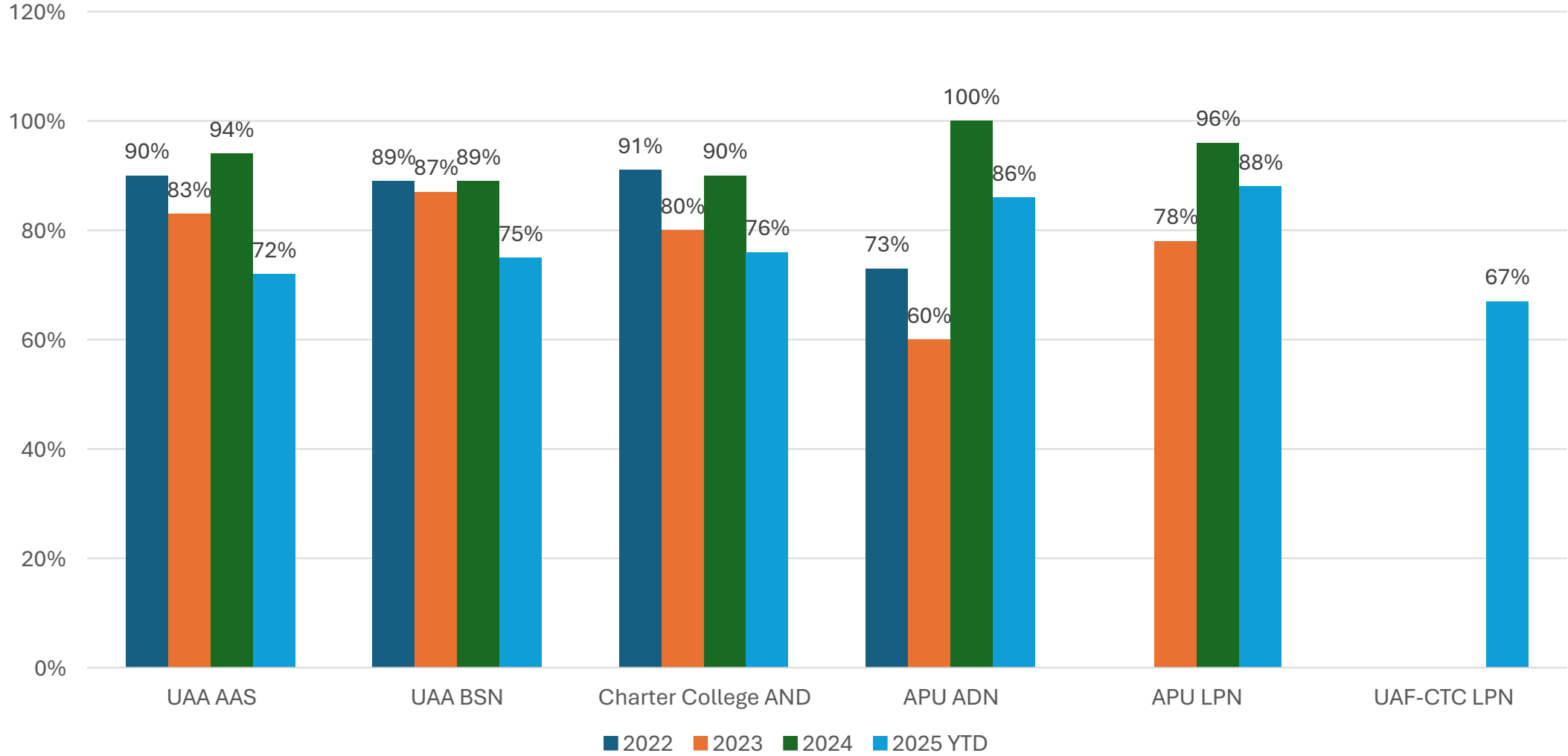
NURSING PROGRAM	FIRST TIME TESTERS	PASS	PASS%	FAIL	FAIL%		REPEAT TESTERS	PASS	PASS%	FAIL	FAIL%
UAA A.A.S	19	11	58%	8	42%		5	2	40%	3	60%
UAA B.S.N.	28	20	71%	8	29%		13	9	69%	4	31%
CHARTER A.D.N	16	14	88%	2	12%		5	2	40%	3	60%
APU ADN	6	3	50%	3	50%		2	1	50%	1	50%
APU LPN	13	11	85%	2	15%		3	1	33%	2	67%
UAF CTC	2	1	50%	1	50%		0	0	0%	0	0%

*NOTE: NCSBN does not provide data on "repeat testers" taken in other states. "First time tester" data shown here reflects testing information from all states, whereas "repeat tester" data reflects only our state. This means there may be a repeat testing candidate in another state not included in these totals.

NCLEX Pass Rate Year to Date Summary

Nursing Program	2022	2023	2024	2025 YTD Jan- Sept. 30 2025
UAA AAS	90% (73/80)	83% (67/81)	94% (75/80)	72% (31/43)
UAA BSN	89% (59/66)	87% (102/117)	89% (99/111)	75% (70/93)
Charter ADN	91% (49/54)	80% (61/76)	90% (62/69)	76% (42/55)
APU ADN	73% (11/15)	60% (12/20)	100% (24/24)	86% (42/49)
APU LPN	--	78% (7/9)	96% (25/26)	88% (22/25)
UAF CTC LPN	--	--	--	67% (4/6)

NCLEX pass rates 4 year trends





THANK YOU

- Madeleine Henderson
- Licensing Examiner 2
- boardofnursing@alaska.gov



Alaska Board of Nursing



Adjourned for Lunch

Alaska Board of Nursing

Agenda Item #23



Division Updates

Alaska Board of Nursing

Agenda Item #24



Definition of Abandonment

U.S. Boards of Nursing – Definitions of Patient Abandonment

This document summarizes how each state’s Board of Nursing defines or frames the concept of patient abandonment. Where a formal definition is not provided, board statements or FAQs describing the concept have been summarized. All entries include source links to the respective board or regulatory agency.

According to the National Council of State Boards of Nursing (NCSBN), **patient abandonment** is defined in the *Model Rules* as:

“*Abandonment* means the intentional leaving a patient for whom the nurse is responsible without providing for another nurse or appropriate caretaker to assume responsibility for the patient.” https://www.ncsbn.org/public-files/21_Model_Rules.pdf?utm_source=chatgpt.com

Jurisdiction	Definition / Framing	Source Link
Alaska	Regulations don’t define the term; the Board addresses abandonment via FAQs and disciplinary guidance.	https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofNursing.aspx
Arizona	Terminating the nurse-patient relationship without adequate and reasonable notice is considered patient abandonment.	https://azbn.gov/sites/default/files/AO-Abandonment-of-Patients.pdf
California	Severing the nurse-patient relationship without reasonable notice after accepting responsibility may be abandonment. Refusal to accept an assignment is not.	https://www.rn.ca.gov/pdfs/regulations/npr-b-01.pdf
Georgia	Board position statement aligns with NCSBN guidance; emphasizes mandatory overtime	https://sos.ga.gov/sites/default/files/forms/38%20Reference%20-%20Position%20Statement%20-%20Patient%20Abandonment.pdf

	concerns and patient safety.	
Illinois	Handled through disciplinary context as unprofessional conduct related to abandonment of patients.	https://www.ilga.gov/agencies/ICAR/Sections
Maryland	Occurs when a nurse terminates the relationship without reasonable notice to ensure continuation of care.	https://health.maryland.gov/mbon/Pages/practice-abandonment.aspx
Massachusetts	Defined as intentionally terminating the nurse-patient relationship without reasonable notice so arrangements for care can be made.	https://www.mass.gov/doc/244-cmr-9-standards-of-conduct-for-nurses/download
Mississippi	The Mississippi Board of Nursing's Position Statement on "Patient Abandonment" sets out the elements required for abandonment: (1) the nurse accepted the assignment or began care; (2) left the assignment or patient without arranging for or providing someone competent to continue care; (3) the abandonment	https://www.msbn.ms.gov/sites/default/files/documents/Abandonment_2001.pdf?utm_source=chatgpt.com

	<p>occurred while the patient still required nursing care. The Board's FAQ directs practitioners to the Position Statement for what constitutes abandonment.</p>	
Minnesota	<p>Occurs when a nurse accepts an assignment but fails to fulfill or properly transfer it, compromising safety.</p>	<p>https://mn.gov/boards/nursing/practice/nursing-practice-topics/patient-abandonment-faq.jsp</p>
Missouri	<p>The Missouri State Board of Nursing has a specific Position Statement titled "Patient Abandonment" which outlines criteria: when a nurse accepts responsibility for a patient-assignment then leaves without arranging for safe continuation of care, that constitutes abandonment. Key point: the nurse must have accepted the patient or assignment and then failed to provide reasonable notification or safe handoff.</p>	<p>https://pr.mo.gov/boards/nursing/positionstatements/Patient%20Abandonment.pdf</p>
Nevada	<p>The Nevada State Board of Nursing (via NAC 632.890 and</p>	<p>https://www.leg.state.nv.us/nac/nac-632.html#NAC632Sec890</p>

	<p>disciplinary actions) treats “patient abandonment” as a type of <i>unprofessional conduct</i>. While there is <i>no standalone statutory definition</i> readily found in the Nurse Practice Act, at least one disciplinary action lists “patient abandonment” under NAC 632.890(22) – indicating the board considers leaving a patient assignment without ensuring safe continuation of care as abandonment.</p>	
New York	<p>Includes abandoning a patient needing immediate care or leaving employment without notice that impairs patient care.</p>	<p>https://www.op.nysed.gov/professions/registered-professional-nursing/abandonment-of-patients-who-need-care-rpn</p>
North Carolina	<p>Abandonment issues hinge on accepted assignments and safe handoff; declining an assignment or no-showing is not abandonment.</p>	<p>https://www.ncbon.com/practice-acts</p>
Ohio	<p>Emphasizes patient safety and proper handoff before leaving employment or assignment.</p>	<p>https://nursing.ohio.gov/</p>

Oregon	Leaving an accepted assignment without proper handoff is unprofessional conduct under OAR 851-045-0070(3).	https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3929
Pennsylvania	Disciplinary cases reference patient abandonment as unprofessional conduct but lack a formal definition.	https://www.pa.gov/agencies/dos/department-and-offices/bpoa/boards-commissions/nursing
Tennessee	Abandonment requires accepted assignment and severing care without notice; refusal of assignments or OT disputes are not abandonment.	https://www.tn.gov/content/dam/tn/health/healthprofboards/nursing/position-statements/Position%20Statements%20May%202025.pdf
Texas	Position Statement 15.6 outlines duty to patient and differentiates between licensure and employment issues.	https://www.bon.texas.gov/practice_bon_position_statements_content.asp.html#15.6
Virginia	Guidance documents adopt articles addressing patient abandonment and related disciplinary action.	https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/guidance/90-41.pdf
Washington	Focuses on whether the nurse accepted the patient and disengaged without ensuring safe handoff or continuity of care.	https://nursing.wa.gov/faq/what-does-washington-state-board-nursing-wabon-consider-patient-abandonment

Key Comparison Points on Patient Abandonment – U.S. Boards of Nursing

This document provides a comparative analysis of how state Boards of Nursing across the United States define and interpret 'patient abandonment.' The information is drawn from official state board regulations, FAQs, and position statements.

1. Core Definition Elements

Across all reviewed jurisdictions, patient abandonment typically occurs when a nurse who has accepted responsibility for patient care terminates that relationship without reasonable notice or appropriate handoff to ensure continuity and safety of care.

Common defining elements include:

- Acceptance of patient assignment before the event.
- Failure to provide adequate notice or ensure continuity of care.
- Patient still required nursing care at the time of departure.
- Intentional disengagement from professional duty.

2. What Does Not Constitute Abandonment

Most boards clarify that certain employment or scheduling disputes do not constitute abandonment. These include refusal of new assignments, resigning with notice, declining overtime, leaving at the end of a scheduled shift, or a 'no-call/no-show' scenario.

3. Variation in Definition Detail

Definitions vary in formality and specificity across states. Some boards have explicit statutory definitions, while others address abandonment under unprofessional conduct or through disciplinary interpretation.

Definition Clarity	States	Notes
Explicit Definition in Statute or Rule	Massachusetts, Mississippi, Missouri	Contain formal definitions or position statements outlining required elements.
Defined Through Board Position Statement or FAQ	Arizona, California, Maryland, Minnesota, New York, North Carolina, Tennessee, Texas, Virginia, Washington	Framed within position statements or guidance documents.
Addressed Through Disciplinary Action or Regulatory Context	Alaska, Illinois, Nevada, Oregon, Pennsylvania, Georgia, Ohio	Referenced in disciplinary actions or general unprofessional conduct clauses.

4. Consistency with NCSBN Guidance

Most boards align with the NCSBN Model Rule, which defines abandonment as: “Intentionally leaving a patient for whom the nurse is responsible without providing another qualified individual to assume care.”

This consistency reflects a national standard focused on patient safety and continuity of care.

5. State-Specific Distinctions

Unique nuances were identified among individual state boards:

- Nevada – Lists abandonment under 'unprofessional conduct' (NAC 632.890) without direct definition.
- Missouri – Clear position statement outlines required elements and emphasizes safe continuation of care.
- Mississippi – Three-part definition matching NCSBN guidance, focusing on accepted care, ongoing need, and safe replacement.
- Texas – Distinguishes between licensure-level abandonment and employment disputes.
- California & North Carolina – Explicitly clarify what is not abandonment, protecting nurses from misclassification.

6. Thematic Summary

Theme	Common Language Across States
Duty to Patient	“Once the nurse accepts responsibility...”
Safe Transition	“Without arranging for continuation of care...”
Reasonable Notice	“Without providing adequate or reasonable notice...”
Unprofessional Conduct	“May constitute unprofessional or unsafe practice...”
Employment vs Licensure	“Employment disputes do not constitute patient abandonment.”

Current FAQ on the BON Website:

What is the Alaska Board of Nursing's definition of abandonment in the workplace?

The Alaska Board of Nursing receives numerous telephone calls from individual nurses and certified nurse aides as well as employers requesting clarification of the abandonment issue. Though the Board regulations do not define the term "abandonment," the Board has investigated and disciplined nurses in the past for issues surrounding the concept of abandonment as it relates to the nurse's duty to the patient. Nurses have been disciplined for failing to use sufficient knowledge, skills or nursing judgement in the practice of nursing as defined by the level of licensure under 12 AAC 44.770 Unprofessional Conduct and 12 AAC 44.870 Unprofessional Conduct.

The Alaska Board of Nursing regulation for nurses is 12 AAC 44.770(11) Unprofessional Conduct "leaving a nursing assignment without properly notifying appropriate personnel."

The Alaska Board of Nursing regulation for certified nurse aides is 12 AAC 44.870(14) Unprofessional Conduct "leaving a certified nurse aide assignment without notifying appropriate supervisory personnel."

Callers also inquire if it is considered abandonment to resign from a position and give less notice than required by a facility. While this is a standard to which most professionals adhere, the Board is concerned with patient safety and will not consider it to be abandonment as long as the nurse or certified nurse aide notified appropriate supervisory personnel and ensured the safety and welfare of the patient, resident, or client.

Alaska Board of Nursing

Agenda Item #25



Strategic Plan

Alaska Board of Nursing
Agenda Item #26



Preliminary work: AO 360

Alaska Board of Nursing

Agenda Item #27



Election of Officers

Alaska Board of Nursing

Agenda Item #28



Develop 2026 Meeting Schedule

Alaska Board of Nursing



For the Good of the Order

Alaska Board of Nursing



Chair Final Comments/Adjourn