

Board of Nursing

May 7 & 8, 2018

Public Board Book

as of 4/26/18

(additional material may be submitted  
to the board at the meeting)

## Agenda Item 2

### APRN Scope and Credentialing Bodies

#### APRN Alliance



**ALASKA BOARD OF NURSING**  
**ADVANCED PRACTICE CERTIFICATION PROGRAMS**

**Approved Certification Programs for Advanced Nurse Practitioners:**

1. **Council on Certification of Nurse Anesthetists (CCNA)**
  - Initial certification of Nurse Anesthetists
2. **National Board on Certification & Recertification of Nurse Anesthetists (NBCRNA)**
  - Renewals of Nurse Anesthetists
3. **National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties (NCC)**
  - Woman's Health Care Nurse Practitioner (formerly OB/GYN Nurse Practitioner)
  - Neonatal Nurse Practitioner
4. **The National Certification Board of Pediatric Nurse Practitioners & Nurses (NCBPNP/N)**
  - Pediatric Nurse Practitioner *now PNCB*
5. **American Midwifery Certification Board (AMCB)**
  - Nurse Midwives
6. **American College of Nurse Midwives (ACNM)**
  - Nurse Midwives
7. **American Nurses Credentialing Center (ANCC)**
  - Adult Nurse Practitioner
  - Family Nurse Practitioner
  - Pediatric Nurse Practitioner
  - Gerontological Nurse Practitioner
  - Acute Care Nurse Practitioner
  - Adult Psychiatric/Mental Health Nurse Practitioner
  - Family Psychiatric/Mental Health Nurse Practitioner
8. **American Academy of Nursing Practitioners (AANP)**
  - Family Nursing Practitioner
  - Adult Nurse Practitioner
  - Gerontological Nurse Practitioner
8. **American Association of Critical-Care Nurses (AACN)**
  - Acute Care Nurse Practitioner

Proposed definition of professional APRN organization:

A professional APRN organization is a professional group whose members, as a group, practice in an advanced practice registered nurse role and whose practice is with a population foci group defined in 12 AAC 44.380(b). Professional APRN organizations defines scopes of practice, promotes standards of practice, conducts and promotes research, provides avenues for education and promotes continued professional development of APRNs within the group.



# CAMPAIGN FOR APRN CONSENSUS

Feb. 3, 2012

## Requirements for Accrediting Agencies and Criteria for APRN Certification Programs

### Preface

#### Purpose

The purpose of the *Requirements for Accrediting Agencies and the Criteria for Certification Programs* is to provide criteria for an external review process that would ensure boards of nursing of the suitability of advanced practice certification examinations for regulatory purposes, and their compatibility with the requirements of The Consensus Model.

#### Definitions

**Accrediting Agency** – an organization which establishes and maintains standards for professional nursing programs and recognizes those programs that meet these standards.

**APRNs** – Advanced practice registered nurses, including certified nurse midwives (CNMs), clinical nurse specialists (CNSs), certified registered nurse anesthetists (CRNAs), and certified nurse practitioners (CNP).

**Certifying Body** – a non-governmental agency that validates by examination, based on pre-determined standards, an individual nurse's qualifications and knowledge for practice in a defined functional or clinical area of nursing.

**Certification Program** – an examination designed by a certifying body to evaluate candidates for advanced practice nursing.

**External Review Process** – a review process by an accrediting body to assure appropriate standards are met.

**The Consensus Model** – A document defining APRN practice, describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

**APRN Roles** – Certified Nurse Practitioner, Certified Registered Nurse Anesthetist, Certified Nurse Midwife and Clinical Nursing Specialist.

**Population Foci** – family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related or psych/mental health.

## Requirements for Accrediting Agencies

- 1. Accrediting agency must have standards for accreditation that are sufficiently rigorous to ensure that the agency is a reliable authority regarding quality of the program it accredits.**
  - A. Accreditation standards effectively address the quality of the program.
  - B. Standards development and revision process includes input from the field, reflective of advanced nursing practice in the four described roles and six population foci.
  - C. Standards regarding national application are realistic.
    - Standards are consistent with the requirements of Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education July 7, 2008
- 2. Accrediting agency must have effective mechanisms for evaluating a program's compliance with the agency's standards in order to reach a decision to accredit the program.**
  - A. Accrediting agency evaluates whether a program is successful in achieving its objectives.
  - B. Accrediting agency consistently applies and enforces its standards.
    1. Has effective controls against inconsistent application of agency's standards;
    2. Bases decisions on published standards; and
    3. Has reasonable basis for determining that the information the agency relies on for making accrediting decisions is accurate.
  - C. Accrediting agency evaluates the accredited program every five years, and monitors throughout the accreditation period to ensure that the credentialing program remains in compliance with the agency's standards.
  - D. Accrediting agency has documentation that is evidenced-based.
  - E. Accrediting agency evaluates the program for consistency with the requirements of Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education, July 7, 2008.
- 3. Accrediting agency must provide a detailed description of the agency's survey process.**
  - A. Frequency of review is a minimum of five years.
  - B. Copies of agency's survey forms, guidelines are available.
  - C. Procedures used to notify accredited agencies' deficiencies and procedures used to monitor the correction of the deficiencies are in place.
  - D. Accreditation decision categories (e.g., full, provisional, partial, etc.) are available and are reported to NCSBN.
  - E. Information about the individuals who perform surveys for the accrediting agency is available.
    1. Education experience requirements that individuals must meet are established;
    2. In-service training is provided; and
    3. Policies and procedures with respect to an individual's participation in the survey or accreditation decision process of any program with which the individual is professionally or financially affiliated.
- 4. Accrediting agency must have a data management and analysis system with respect to its accreditation decisions including the kinds of reports, tables, etc.**
- 5. Accrediting agency must have procedures for responding to and for the investigation of complaints against certifying bodies.**
- 6. Accrediting agency must have policies and procedures with respect to the withholding or removal of accreditation status for certifying bodies that fail to meet standards or requirements including:**
  - A. Notification to National Council in writing of any program that has had its accreditation removed, withdrawn or revised or has had any other remedial or adverse action taken against it by the accrediting agency within 30 days of any such action taken.
  - B. Notification within 10 days of a deficiency identified in any accrediting entity when the deficiency poses an immediate jeopardy to public safety.
- 7. Accrediting agency must submit to the National Council:**
  - A. A copy of any annual report prepared by the agency.
  - B. Notice of final accrediting findings and actions taken by the agency with respect to the program it accredits.
  - C. Any proposed change in the program's policy, procedures or accreditation standards that might alter the program's scope of recognition.

## Criteria for Evaluating Certification Programs

Criteria	Elaboration
<b>I. The program is national in the scope of its credentialing.</b>	<ul style="list-style-type: none"> <li>A. Advanced practice nursing standards are identified by national organizations.</li> <li>B. Credentialing services are available to nurses throughout the United States and its territories.</li> <li>C. There is a provision for public representation on the certification board.</li> <li>D. A tested body of knowledge exists related to advanced nursing practice in a role and population.</li> <li>E. The certification board is an entity with organizational autonomy.</li> </ul>
<b>II. Conditions for taking the examination are consistent with acceptable standards of the testing community and are intended to ensure minimal competence to practice at an advanced level of nursing.</b>	<ul style="list-style-type: none"> <li>A. Applicants do not have to belong to an affiliated professional organization in order to apply for certification offered by the certification program.</li> <li>B. Eligibility criteria ensure minimal competence to practice at an advanced level of nursing.</li> <li>C. Published criteria are enforced.</li> <li>D. Is in compliance with the American Disabilities Act.</li> <li>E. Sample application(s) are available.               <ul style="list-style-type: none"> <li>1. Certification requirements included</li> <li>2. Application procedures include:                   <ul style="list-style-type: none"> <li>▪ procedures for assuring congruence between education and clinical experience, and the APRN role and population(s) being certified;</li> <li>▪ procedures for validating information provided by candidate; and</li> <li>▪ procedures for handling omissions and discrepancies.</li> </ul> </li> <li>3. Professional staff responsible for credential review and admission decisions.</li> <li>4. Examination should be administered frequently enough to be accessible but not so frequently as to over-expose items.</li> </ul> </li> <li>F. Periodic review of eligibility criteria and application procedures to ensure that they are relevant, fair and equitable.</li> </ul>

Criteria	Elaboration
<b>III. Educational requirements are consistent with the requirements of the advanced practice population focus.</b>	<ul style="list-style-type: none"> <li>A. Active U.S. registered nurse licensure is required.</li> <li>B. Graduation from a graduate advanced practice education program meets the following requirements:               <ul style="list-style-type: none"> <li>1. Education program offered by an accredited college or university offers a graduate or post graduate degree in advanced nursing practice.</li> <li>2. If graduate or post-graduate certificate programs are offered, they must be offered through institutions meeting criteria B.1.</li> <li>3. The clinical and didactic program includes, but is not limited to:                   <ul style="list-style-type: none"> <li>▪ Biological, behavioral, medical and nursing sciences relevant to practice as an APRN in the specified role and population foci;</li> <li>▪ Legal, ethical and professional responsibilities of the APRN; and</li> <li>▪ Include at a minimum, three separate comprehensive <b>graduate-level</b> courses (the APRN Core) in:                       <ul style="list-style-type: none"> <li>• Advanced physiology/pathophysiology, including general principles that apply across the lifespan;</li> <li>• Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and</li> <li>• Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.</li> </ul> </li> </ul> </li> <li>4. The clinical and didactic program meets the following criteria:                   <ul style="list-style-type: none"> <li>▪ Curriculum is consistent with current competencies of the specific role and population focus.</li> <li>▪ Curriculum meets the requirements for clinical and didactic coursework as described in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification &amp; Education, July 7, 2008</li> <li>▪ Both direct and indirect clinical supervision must be congruent with current advanced practice nursing standards and nursing accreditation guidelines</li> <li>▪ Supervised clinical practice relevant to the role and population focus of APRN</li> </ul> </li> </ul> </li> <li>C. All individuals, without exception, seeking a national certification must complete a formal didactic and clinical advanced practice program meeting the above criteria.</li> </ul>
<b>IV. The standard methodologies used are acceptable to the testing community such as incumbent job analysis study, logical job analysis studies.</b>	<ul style="list-style-type: none"> <li>A. A nursing organization exists that establishes standards for the advanced level nursing practice in one of the four described roles and one of six described population foci.</li> <li>B. Exam content based on a job/task analysis.</li> <li>C. Job analysis studies are conducted at least every five years.</li> <li>D. The results of the job analysis study are published and available to the public.</li> <li>E. There is evidence of the content validity of the job analysis study.</li> </ul>
<b>V. The examination represents entry-level practice, with minimal, though critical competencies, in the advanced nursing practice role and population.</b>	<ul style="list-style-type: none"> <li>A. Entry-level practice in the advanced practice role and population focus is minimal competency in all areas of practice and is defined by the job analysis studies.</li> <li>B. The exam has a purpose statement and a focus.</li> </ul>

Criteria	Elaboration
<b>VI. The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to the clients.</b>	<ul style="list-style-type: none"> <li>A. The job analysis includes activities representing knowledge, skills and abilities necessary for competent performance.</li> <li>B. The examination reflects the results of the job analysis study.</li> <li>C. Knowledge, skills and abilities, which are critical to public safety, are identified.</li> <li>D. The examination content is oriented to described educational curriculum practice requirements and accepted standards of care.</li> </ul>
<b>VII. Examination items are reviewed for content validity, cultural bias and correct scoring using an established mechanism, both before use and periodically.</b>	<ul style="list-style-type: none"> <li>A. Each item is associated with a single cell of the test plan.</li> <li>B. Items are reviewed for currency at least every three years.</li> <li>C. Items are reviewed by members of under-represented gender and ethnicities who are active in the field being certified. Reviewers have been trained to distinguish irrelevant cultural dependencies from knowledge necessary to safe and effective practice. Process for identifying and processing flagged items is identified.</li> <li>D. A statistical bias analysis is performed on all items.</li> <li>E. All items are subjected to an "unscored" use for data collection purposes before their first use as a "scored" item.</li> <li>F. A process to detect and eliminate bias from the test is in place.</li> <li>G. Reuse guidelines for items on an exam form are identified.</li> <li>H. Item writing and review is done by qualified individuals who represent the roles and the population foci.</li> </ul>
<b>VIII. Examinations are evaluated for psychometric performance.</b>	<ul style="list-style-type: none"> <li>A. Reference groups used for comparative analysis are defined.</li> </ul>
<b>IX. The passing standard is established using acceptable psychometric methods, and is re-evaluated periodically.</b>	<ul style="list-style-type: none"> <li>A. Passing standard is criterion-referenced.</li> </ul>
<b>X. Examination security is maintained through established procedures.</b>	<ul style="list-style-type: none"> <li>A. Protocols are established to maintain security related to:               <ul style="list-style-type: none"> <li>1. Item development (e.g., item writers and confidentiality, how often items are re-used);</li> <li>2. Maintenance and integrity of question pool;</li> <li>3. Printing and production process;</li> <li>4. Storage and transmission of examination is secure;</li> <li>5. Administration of examination (e.g., who administers, who checks administrators);</li> <li>6. Ancillary materials (e.g., test keys, scrap materials);</li> <li>7. Scoring of examination; and</li> <li>8. Occurrence of a crisis (e.g., exam is compromised, etc).</li> </ul> </li> </ul>
<b>XI. Certification is issued based upon passing the examination and meeting all other certification requirements.</b>	<ul style="list-style-type: none"> <li>A. Certification process is described, including the following:               <ul style="list-style-type: none"> <li>1. Criteria for certification decisions are identified;</li> <li>2. Meeting all requirements and passing results are verified; and</li> <li>3. Procedures are in place for appealing decisions.</li> </ul> </li> <li>B. A mechanism is in place for communicating with candidate.</li> <li>C. There is due process for the follow up of complaints.</li> <li>D. Confidentiality of nonpublic candidate data is maintained.</li> </ul>

Criteria	Elaboration
<b>XII. A retake policy is in place.</b>	<ul style="list-style-type: none"> <li>A. Failing candidates permitted to be reexamined at a future date.</li> <li>B. Failing candidates informed of procedures for retakes.</li> <li>C. Test for repeating examinees should be equivalent to the test for first time candidates.</li> <li>D. Repeating examinees should be expected to meet the same test performance standards as first time examinees.</li> <li>E. Failing candidates are given information on content areas of deficiency.</li> <li>F. Repeating examinees are not exposed to the same items when taking the exam previously.</li> </ul>
<b>XIII. Certification maintenance program, which includes review of qualifications and continued competence, is in place.</b>	<ul style="list-style-type: none"> <li>A. Certification maintenance requirements are specified (e.g., continuing education, practice, examination, maintenance of an active RN license, etc).</li> <li>B. Certification maintenance procedures include: <ul style="list-style-type: none"> <li>1. Procedures for assuring match between continued competency measures and APRN role and population(s);</li> <li>2. Procedures for validating information provided by candidates; and</li> <li>3. Procedures for issuing re-certification.</li> </ul> </li> <li>C. Professional staffs oversee credential review.</li> <li>D. Certification maintenance is required a minimum of every 5 years.</li> </ul>
<b>XIV. Mechanisms are in place for communication to boards of nursing for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice.</b>	<ul style="list-style-type: none"> <li>A. Communication mechanisms address: <ul style="list-style-type: none"> <li>1. Permission obtained from candidates to share information regarding the certification process;</li> <li>2. Procedures to provide verification of certification and scores to boards of nursing;</li> <li>3. Procedures for timely notification to boards of nursing regarding changes of certification status, including testing without passing [notification to BON within 30 days]; and</li> <li>4. Procedures for notification of changes in certification programs (qualifications and/or test plan) to boards of nursing and to NCSBN.</li> </ul> </li> </ul>
<b>XV. An evaluation process is in place to provide quality assurance in its certification program.</b>	<ul style="list-style-type: none"> <li>A. Internal review panels are used to establish quality assurance procedures, annually. <ul style="list-style-type: none"> <li>1. Composition of these groups (by title or area of expertise) is described;</li> <li>2. Procedures are reviewed; and</li> <li>3. Frequency of review, as defined.</li> </ul> </li> <li>B. Procedures are in place to insure adherence to established QA policy and procedures. <ul style="list-style-type: none"> <li>1. Procedures for review of quality assurance are publically posted.</li> </ul> </li> </ul>

Revised 2- 12



National Council of State Boards of Nursing

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Agenda Item 3

Volunteer Hours

AK Nurses Association

**From:** [Maroney, Lisa K \(CED\)](#)  
**To:** [Bernth, Gail A \(CED\)](#)  
**Subject:** FW: Increase in Volunteer Hours Required for RN Licensure.  
**Date:** Tuesday, March 13, 2018 10:55:38 AM

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**From:** Kaye Houlihan <kayeh55@gmail.com>  
**Sent:** Thursday, March 08, 2018 3:38 PM  
**To:** Maroney, Lisa K (CED) <lisa.maroney@alaska.gov>  
**Subject:** Increase in Volunteer Hours Required for RN Licensure.

Ms. Maroney,

I am writing in reference to the regulation under review requiring an increase in volunteer hours for RN licensing .I understand this requirement is under review to increase the current requirement from 30 hrs to 60 hrs. It seems unfair to be changing the requirement more than halfway through the current licensing period. If an increase is going to be made, it only seems fair to change the requirement at the beginning of the upcoming renewal period, 2018-2020, which is less than 9 months away. If the change is made now, it will leave alot of nurses scrambling to obtain the increased required hours. I have been a nurse in Juneau for over 37 yrs. I for one will not be able to renew my license if this changes during this current license period.

so I am asking if the decision is made to increase the required hours,the committee or persons working on making this change , defer it until the upcoming licensing renewal period.

Respectfully,  
Kaye Houlihan, RN

Agenda Item 5

Charter College

Janice Floyd PhD, MSN, RN



February 14, 2018

Gail Berth MSN, ANP  
Executive Administrator  
Alaska Board of Nursing  
550 West Seventh Avenue, Suite 1500  
Anchorage, AK 99501-3567

Dear Gail:

This letter is being written to respectfully request a letter of support from the Board of Nursing regarding Charter College pursuing a RN to BSN curriculum.

On February 6, 2018, ABHES issued the enclosed letter granting initial institutional accreditation to the College. Charter will begin the steps necessary to seek program approval from ACPE and ABHES and begin the candidacy process for ACEN.

While the curriculum is in development, the College proposes it will be composed of 90 transfer credits from an AAS in Nursing program toward the required 180 for the Bachelor's degree. The program is primarily delivered in an online format and designed to be completed in 70 weeks. We are excited about the possibility of expanding the nursing offerings to our graduates and other interested registered nurses. We anticipate the BS in Nursing program will begin January 7, 2019.

A letter from the Board in support of our program will go a long way in helping us gain the ACPE and ACEN approvals we seek. I would be happy to appear before the Board to answer any questions you may have.

Kindest regards,

Janice G. Floyd, RN  
Dean of Nursing  
Charter College

The Bachelor of Science in Nursing program is to prepare registered nurses to become professional members of the nursing society. Emphasis is placed on the development of health assessment across the lifespan with culturally appropriate methods. Graduates will practice evidence-based nursing for the managing of acute and chronically ill patients across the lifespan. The baccalaureate prepared nurse will be a change agent and exhibit the ability to transition patients from one healthcare setting to another. The baccalaureate nurse recognizes the relationship of genetics and genomic health in prevention, screening, prognostics, selection of treatment, monitoring treatment effectiveness and end of life care. The baccalaureate nurse will communicate effectively with members of the healthcare team, their patients and families to deliver patient/family centered care. In addition to attendance in all courses, students will be required to complete out-of-class assignments. These assignments include, but are not limited to reading, exercises and problem solving, projects, research, papers, and presentations. A student can anticipate out-of-class activities that equal about two (2) hours for every one (1) hour of lecture, and about one (1) hour for every one (1) hour of lab. The baccalaureate nurse is positioned to take on entry level leadership and management positions in the field of nursing.

**Program Outcomes:**

Upon successful completion of this program, graduates should be able to:

1. Perform comprehensive physical, behavioral, psychological, spiritual, socioeconomic, and environmental assessments of health and illness parameters in patients and populations using developmental and cultural awareness approaches.
2. Recognize the relationship of genetics and genomics to health promotion, prevention, screening, diagnostics, prognostics, selections of treatment, and monitoring of treatment effectiveness, including family history and “Healthy People 2020” objectives.
3. Implement patient/family centered care that reflects understanding of human growth and development, pathophysiology, medical management, and nursing management throughout the health-illness continuum across the lifespan for patients and global populations.
4. Communicate effectively and professionally through spoken and written forms of communication to all members of the healthcare team demonstrating leadership and management techniques for safe, effective care.
5. Deliver evidence-based care to patients/families and populations across the lifespan.
6. Provide palliative and end of life care to patients and populations with cultural awareness across the lifespan.
7. Provide patient/family/community teaching that emphasizes developmental age and stage as well as healthcare literacy to promote patient involvement and optimal health outcomes.
8. Implement evidence-based practice interventions including leadership and management techniques to the care of acute and chronic patients and populations across the lifespan.
9. Evaluate patient/family/community outcomes to use evidence-based nursing to improve nursing interventions for acute and chronic patient/families/communities across the lifespan.
10. Advocate for seamless transitions to care between settings promoting safe, effective care and quality improvement throughout the healthcare organization.

BS in Nursing (RN to BSN) Curriculum Plan				
Course	Lecture Hours	Lab Hours	Clinical Hours	Total Quarter Credits
<b>Term 1</b>				
GE3115 Research Statistics	45			4.5
SC3000 Pathophysiology	45			4.5
GE3330 Advanced Written and Oral Communication Practices	45			4.5
<b>Term 2</b>				
GE3415 Diversity and Cultural Awareness	45			4.5
GE4560 Economic Performance, Political Structures, and Personal Responsibility	45			4.5
GE3410 Logic and Reasoning	45			4.5
<b>Term 3</b>				
NU3000 Comprehensive Physical Assessment	50	40		7.0
NU3005 Professional Communications in Nursing	50			5.0
<b>Term 4</b>				
NU3010 Nursing in a Global Society	50			5.0
NU3020 Community Health Nursing	50		75	7.5
<b>Term 5</b>				
NU3030 Nursing Leadership and Finance	50		90	8.0
NU3040 Nursing Research and Evidence-Based Practice	50			5.0
<b>Term 6</b>				
NU4010 Nursing Informatics	50			5.0
NU4020 Quality and Safety in Nursing	50		75	7.5
<b>Term 7</b>				
NU4030 Professionalism and Critical Thinking in Nursing	50			5.0
NU4040 BSN Practice Experience Capstone	50		90	8.0
<b>Total General Education</b>	270			27.0
<b>Total Nursing</b>	870	40	330	63.0
<b>Transfer Credit:</b> 27 General Education 63 Nursing or a health care related field				90.0
<b>Total Program</b>	<b>770</b>	<b>40</b>	<b>330</b>	<b>180.0</b>



ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS | ABHES

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February 6, 2018

Ms. Heather Allen  
Campus President  
Charter College  
17200 SE Mill Plain Boulevard, Suite 100  
Vancouver, WA 98683

Dear Ms. Allen:

*Charter College, Vancouver, Washington, ID#: I-387*  
*Charter College, East Wenatchee, Washington, ID#: I-387-01*  
*Charter College, Fife, Washington, ID#: I-387-02*  
*Charter College, Lacey, Washington, ID#: I-387-03*  
*Charter College, Pasco, Washington, ID#: I-387-04*  
*Charter College, Yakima, Washington, ID#: I-387-05*  
*Charter College, Anchorage, Alaska, ID#: I-387-06*  
*Charter College, Wasilla, Alaska, ID#: I-387-07*  
*Charter College, Canyon Country, California, ID#: I-387-08*  
*Charter College, Lancaster, California, ID#: I-387-09*  
*Charter College, Oxnard, California, ID#: I-387-10*  
*Charter College, Billings, Montana, ID#: I-387-11*  
*Charter College, Missoula, Montana, ID#: I-387-12*  
*Charter Institute, Farmington, New Mexico, ID#: I-387-13*

The Commission, at its January 2018 meeting, reviewed your institution's application for an initial grant of accreditation, including the Self-Evaluation Report, the on-site Visitation Reports, the institution's response to the reports, and the institution's financial history. Based on review and discussion, the Commission acted to grant the institution initial accreditation through **February 28, 2022**.

This grant of accreditation includes the separate classroom space located at **5911 Old Seward Highway Anchorage, AK 99518**.

The following programs are included in this grant of accreditation:

**VANCOUVER, WASHINGTON (ID#: I-387)**

<b>Program</b>	<b>Total Clock Hours</b>	<b>Length in Weeks</b>	<b>Academic Credit Hours</b> <input checked="" type="checkbox"/> quarter <input type="checkbox"/> semester	<b>Method of Delivery</b>	<b>Credential Awarded</b>
Allied Health	380	20D/E	90	Blended; Full Distance Education	Associate of Applied Science
Applied Technology	385	20D/E	90	Blended; Full Distance Education	Associate of Applied Science
Aviation: Concentration in Fixed Wing	2135	120D/E	197.5	Blended	Bachelor of Science
Business Administration	915	50D/E	180	Blended; Full Distance Education	Bachelor of Science
Business Administration	380	20D/E	90	Blended; Full Distance Education	Associate of Applied Science
Business Office Administration	760	40D/E	72	Blended; Full Distance Education	Certificate
Commercial Aviation: Concentration in Fixed Wing	1230	70D/E	110.5	Blended	Associate of Applied Science
Computer Information Systems	2025	100D/E	180	Blended; Full Distance Education	Bachelor of Science
Computer Networking Systems	1265	60D/E	108	Blended; Full Distance Education	Associate of Applied Science
Computer Technician	860	40D/E	72	Blended; Full Distance Education	Certificate
Dental Assisting †	915	40D/E	69	Blended	Certificate
Health Care Administration	1100	60D/E	196.5	Blended; Full Distance Education	Bachelor of Science
Heating, Ventilation, Air Conditioning, and Refrigeration	835	40D/E	72	Blended	Certificate
Medical Assistant	895	40D/E	69	Blended	Certificate
Medical Office Administrative Assistant	765	40D/E	72	Blended; Full Distance Education	Certificate
Paralegal Studies	1015	55D/E	99	Blended; Full Distance Education	Associate of Applied Science
Pharmacy Technician	880	40D/E	69	Blended	Certificate
Welding	835	40D/E	72	Blended	Certificate

† The Dental Assisting program complies with standards outlined in Chapter VIII- DA I of the *Accreditation Manual*.



**PROGRAMS IN TEACH-OUT:**

<b>Program</b>	<b>Total Clock Hours</b>	<b>Credential Awarded</b>	<b>Projected Date of Last Graduate</b>
Paralegal Studies	1015	Associate of Applied Science	February 18, 2018

Upon completion of the program, the institution is reminded to submit a Notification of Discontinuation of Program and/or Delivery Method which can be found at <https://www.abhes.org/forms>.

**EAST WENATCHEE, WASHINGTON (ID#: I-387-01)**

<b>Program</b>	<b>Total Clock Hours</b>	<b>Length in Weeks</b>	<b>Academic Credit Hours</b> <input checked="" type="checkbox"/> quarter <input type="checkbox"/> semester	<b>Method of Delivery</b>	<b>Credential Awarded</b>
Medical Assistant	895	40D/E	69	Blended	Certificate

**FIFE, WASHINGTON (ID#: I-387-02)**

<b>Program</b>	<b>Total Clock Hours</b>	<b>Length in Weeks</b>	<b>Academic Credit Hours</b> <input checked="" type="checkbox"/> quarter <input type="checkbox"/> semester	<b>Method of Delivery</b>	<b>Credential Awarded</b>
Dental Assisting †	915	40D/E	69	Blended	Certificate
Medical Assistant	895	40D/E	69	Blended	Certificate
Pharmacy Technician	880	40D/E	69	Blended	Certificate

† The Dental Assisting program complies with standards outlined in Chapter VIII- DA I of the *Accreditation Manual*.

**LACEY, WASHINGTON (ID#: I-387-03)**

<b>Program</b>	<b>Total Clock Hours</b>	<b>Length in Weeks</b>	<b>Academic Credit Hours</b> <input checked="" type="checkbox"/> quarter <input type="checkbox"/> semester	<b>Method of Delivery</b>	<b>Credential Awarded</b>
Medical Assistant	895	40D/E	69	Blended	Certificate
Pharmacy Technician	880	40D/E	69	Blended	Certificate

**PASCO, WASHINGTON (ID#: I-387-04)**

<b>Program</b>	<b>Total Clock Hours</b>	<b>Length in Weeks</b>	<b>Academic Credit Hours</b> <input checked="" type="checkbox"/> quarter <input type="checkbox"/> semester	<b>Method of Delivery</b>	<b>Credential Awarded</b>
Dental Assisting †	915	40D/E	69	Blended	Certificate
Heating, Ventilation, Air Conditioning, and Refrigeration	835	40D/E	72	Blended	Certificate
Medical Assistant	895	40D/E	69	Blended	Certificate

† The Dental Assisting program complies with standards outlined in Chapter VIII- DA I of the *Accreditation Manual*.

**YAKIMA, WASHINGTON (ID#: I-387-05)**

<b>Program</b>	<b>Total Clock Hours</b>	<b>Length in Weeks</b>	<b>Academic Credit Hours</b> <input checked="" type="checkbox"/> quarter <input type="checkbox"/> semester	<b>Method of Delivery</b>	<b>Credential Awarded</b>
Heating, Ventilation, Air Conditioning, and Refrigeration	835	40D/E	72	Blended	Certificate
Medical Assistant	895	40D/E	69	Blended	Certificate

**ANCHORAGE, ALASKA (ID#: I-387-06)**

<b>Program</b>	<b>Total Clock Hours</b>	<b>Length in Weeks</b>	<b>Academic Credit Hours</b> <input checked="" type="checkbox"/> quarter <input type="checkbox"/> semester	<b>Method of Delivery</b>	<b>Credential Awarded</b>
Allied Health	380	20D/E	90	Blended; Online**	Associate of Applied Science
Business Administration	380	20 D/E	90	Blended; Online**	Associate of Applied Science
Business Administration	915	50D/E	180	Blended; Online**	Bachelor of Science
Business Office Administration	760	40D/E	72	Blended; Online**	Certificate
Computer Information Systems	2025	100D/E	180	Blended; Online**	Bachelor of Science
Computer Networking Systems	1265	60D/E	108	Blended; Online**	Associate of Applied Science
Computer Technician	860	40D/E	72	Blended; Online**	Certificate
Health Care Administration	1100	60D/E	196.5	Blended; Online**	Bachelor of Science
Heating, Ventilation, Air Conditioning, and Refrigeration	835	40D/E	72	Blended	Certificate
Medical Assistant	895	40D/E	69	Blended	Certificate
Medical Office Administrative Assistant	765	40D/E	72	Blended; Online**	Certificate
Nursing	1570	80D	108	Residential	Associate of Applied Science
Paralegal Studies	1015	55 D/E	99	Blended; Online**	Associate of Applied Science
Welding	835	40D/E	72	Blended	Certificate

\*\*Program delivery of "online" per the State of Alaska is considered Full Distance Education for ABHES.

# **PROGRAMS IN TEACH-OUT:**

<b>Program</b>	<b>Total Clock Hours</b>	<b>Credential Awarded</b>	<b>Projected Date of Last Graduate</b>
Computer Technician	860	Certificate	February 18, 2018
Paralegal Studies	1015	Associate of Applied Science	March 25, 2018

Upon completion of the program, the institution is reminded to submit a Notification of Discontinuation of Program and/or Delivery Method which can be found at <https://www.abhes.org/forms>.

## **WASILLA, ALASKA (ID#: I-387-07)**

<b>Program</b>	<b>Total Clock Hours</b>	<b>Length in Weeks</b>	<b>Academic Credit Hours</b> <input checked="" type="checkbox"/> quarter <input type="checkbox"/> semester	<b>Method of Delivery</b>	<b>Credential Awarded</b>
Medical Assistant	895	40D/E	69	Blended	Certificate

## **CANYON COUNTRY, CALIFORNIA (ID#: I-387-08)**

<b>Program</b>	<b>Total Clock Hours</b>	<b>Length in Weeks</b>	<b>Academic Credit Hours</b> <input checked="" type="checkbox"/> quarter <input type="checkbox"/> semester	<b>Method of Delivery</b>	<b>Credential Awarded</b>
Dental Assisting †	915	40D/E	69	Blended	Certificate
Medical Assistant	895	40D/E	69	Blended	Certificate

† The Dental Assisting program complies with standards outlined in Chapter VIII- DA I of the *Accreditation Manual*.

## **LANCASTER, CALIFORNIA (ID#: I-387-09)**

<b>Program</b>	<b>Total Clock Hours</b>	<b>Length in Weeks</b>	<b>Academic Credit Hours</b> <input checked="" type="checkbox"/> quarter <input type="checkbox"/> semester	<b>Method of Delivery</b>	<b>Credential Awarded</b>
Dental Assisting †	915	40D/E	69	Blended	Certificate
Heating, Ventilation, Air Conditioning, and Refrigeration	835	40D/E	72	Blended	Certificate
Medical Assistant	895	40D/E	69	Blended	Certificate

† The Dental Assisting program complies with standards outlined in Chapter VIII- DA I of the *Accreditation Manual*.

## **OXNARD, CALIFORNIA (ID#: I-387-10)**

<b>Program</b>	<b>Total Clock Hours</b>	<b>Length in Weeks</b>	<b>Academic Credit Hours</b> <input checked="" type="checkbox"/> quarter <input type="checkbox"/> semester	<b>Method of Delivery</b>	<b>Credential Awarded</b>
Aeronautics: Concentration in Fixed Wing	2050	120D/E	191.5	Blended	Bachelor of Science
Aeronautics: Concentration in Rotor	2020	120D/E	190	Blended	Bachelor of Science
Aviation: Concentration in Fixed Wing	2135	120D/E	197.5	Blended	Bachelor of Science

Aviation: Concentration in Rotor	2095	120D/E	195.5	Blended	Bachelor of Science
Aviation: Concentration in Fixed Wing	1315	70D/E	116.5	Blended	Associate of Applied Science
Aviation: Concentration in Rotor	1275	70D/E	114.5	Blended	Associate of Applied Science
Commercial Aviation: Concentration in Fixed Wing	1230	70D/E	110.5	Blended	Associate of Applied Science
Commercial Aviation: Concentration in Rotor	1200	70D/E	109	Blended	Associate of Applied Science
Dental Assisting †	915	40D/E	69	Blended	Certificate
Medical Assistant	895	40D/E	69	Blended	Certificate
Veterinary Assistant	920	40D/E	69	Blended	Certificate

† The Dental Assisting program complies with standards outlined in Chapter VIII- DA I of the *Accreditation Manual*.

#### **BILLINGS, MONTANA (ID#: I-387-11)**

Program	Total Clock Hours	Length in Weeks	Academic Credit Hours	Method of Delivery	Credential Awarded
			<input checked="" type="checkbox"/> quarter <input type="checkbox"/> semester		
Medical Assistant	895	40D/E	69	Blended	Certificate

#### **MISSOULA, MONTANA (ID#: I-387-12)**

Program	Total Clock Hours	Length in Weeks	Academic Credit Hours	Method of Delivery	Credential Awarded
			<input checked="" type="checkbox"/> quarter <input type="checkbox"/> semester		
Medical Assistant	895	40D/E	69	Blended	Certificate

#### **FARMINGTON, NEW MEXICO (ID#: I-387-13)**

Program	Total Clock Hours	Length in Weeks	Academic Credit Hours	Method of Delivery	Credential Awarded
			<input checked="" type="checkbox"/> quarter <input type="checkbox"/> semester		
Medical Assistant	895	40D/E	69	Blended	Certificate

Please provide ABHES with an update on the status of the institution's accreditation by the Accrediting Council of Independent Colleges and Schools (ACICS), specifically including information regarding any pending negative actions such as show cause or compliance warning. Please inform ABHES of this status and supply any relevant correspondence to/from ACICS no later than **May 1, 2018**. ABHES may require additional documentation to address any concerns related to compliance with ABHES standards or policies.

You are reminded to notify the ABHES office of any changes in ownership, program content (including total hours, courses, or credit hours in the current programs), or change in delivery method (e.g., traditional to distance or vice versa) prior to implementation.

Please contact the ABHES office if you would like an electronic copy of ABHES logos. When publicizing your accredited status, you must use one of the statements as described in the *Accreditation Manual*.

Accreditation by ABHES signifies that the institution has met the eligibility criteria and evaluation standards of ABHES as evidenced during its most recent on-site review and continues to comply with the policies and procedures for maintenance of accreditation as established by ABHES.

As a reminder, continuous compliance is a requirement to maintain accreditation. The Commission can withdraw accreditation at any time if it determines that an institution is not complying with its policies or standards, **and there is a maximum timeframe for required compliance (see III.C. of the *Accreditation Manual*)**. This includes instances where the retention, licensing and/or credentialing, or employment rates fall below 70 percent as reported on the institution's or program's annual report and as prescribed by the *Accreditation Manual* or when the reported rates cannot be validated.

As a reminder, institutions accredited by ABHES must submit audited financial statements to the Commission no later than six months after the institution's fiscal year end. See Chapter III.A.10 in the *Accreditation Manual* for more information.

While ABHES is recognized by the U.S. Secretary of Education, various credentialing bodies, and postsecondary institutions throughout the country, accreditation does not guarantee Title IV or other financial aid eligibility, credentialing opportunities for graduates, or the ability to transfer credits to other institutions. It is the responsibility of institutions accredited by ABHES and individuals seeking to train at an ABHES-accredited institution to explore all necessary aspects associated with their objectives.

As applicable, the institution is encouraged to correspond directly with the U.S. Department of Education and to maintain continuous awareness and understanding of the rules and regulations governing eligibility and continued participation in federal financial aid programs.

The U.S. Department of Education and the appropriate state-licensing agency have been notified of this action.

Please note the **ABHES identification number** above and use that number on all correspondence sent to ABHES. If you have any questions concerning this correspondence, please contact the ABHES office at (703) 917-9503.

Congratulations on achieving accreditation by ABHES!

Sincerely,

A handwritten signature in dark ink, reading "Florence Tate". The signature is written in a cursive style with a large, stylized initial "F".

Florence Tate  
Executive Director

Attachment: Certificate of Accreditation

c: David Barshes, Charter College – East Wenatchee

Ms. Heather Allen

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February 6, 2018

Timothy Allen, Charter College – Fife  
Bruce Higdon, Charter College – Lacey  
Mellinda Renteria, Charter College – Pasco  
Daisy Mendoza, Charter College – Yakima  
Joshua Bicchinella, Charter College – Anchorage  
Melissa Rigas, Charter College – Wasilla  
Jill James, Charter College – Canyon Country  
Kimberly Thunderbird, Charter College – Lancaster  
Paul Dilger, Charter College – Oxnard  
Andrea Kenney, Charter College – Billings  
Shelley Flesch, Charter College – Missoula  
Tammy Wilhelm, Charter Institute – Farmington  
Mary Margaret Coughlin, ABHES

## Agenda Item 6

### CNA Online Pilot Program Review

**Review of Re: Pilot Program Proposal Utilizing Blended Learning with Institute for Professional Care Education's (IPCed) (from Petersburg General Hospital LTC)**

The pilot program was for curriculum only. 46 hours of online video base/interactive learning for instructor led lecture/classroom time was substituted. Instructor said there would be at least 20 hours of in classroom/lecture time in addition to the online hours. (60 hours is required)

Proposal letter was dated 10/13/2017 to the Alaska Board of Nursing and the Board accepted the proposal at the November 2017 meeting.

5 students participated in the pilot course November 6 – December 26, 2017. 4 students passed their NA tests (written and skills) on their first attempt. 1 student failed the skills portion and passed the written portion.

Skills the 1 student failed:

(1) BP Step 12 “After obtaining reading using BP cuff and stethoscope, records both systolic and diastolic pressures each within plus or minus 8 mm of evaluator’s reading” – Student 102/78 and Proctor 116/64

(2) Applies One Knee-High Elastic Stocking, Step 9 “Signaling device is within reach and bed is in low position” and Step 10 “After completing skill, wash hands”

Summary:

The proposed online curriculum met our program guidelines.

The training program did what they said they would do in their proposal letter to the Board.

4 students passed both written and skills test. 1 student passed the written portion and failed the skills portion of the NA test. The steps that the student failed were mainly related to skills not the curriculum portion. If the student was in the classroom for the extra 46 hours, which she did online, it probably would not have made a difference in these failed skill steps.

Recommend:

Approve the use of the on-line CNA education to supplement in-person classroom hours. The current required didactic is 60 hours. Recommend a maximum of on-line hours be 40.

Joan Green RN  
Nurse Consultant



Petersburg Medical Center

CNA Course 2017

Attendance Log for: [REDACTED]

November:

6<sup>th</sup>: 09-1730 (8 lecture) ☒ PRESENT ☐ ABSENT  
7<sup>th</sup>: 09-1730 (8 lecture) ☒ PRESENT ☐ ABSENT  
9<sup>th</sup>: 09-1730 (6 hours lecture 2 hours skills) ☒ PRESENT ☐ ABSENT  
14<sup>th</sup>: 09-1730 (4 hours lecture 4 hours skills) ☒ PRESENT ☐ ABSENT  
16<sup>th</sup>: 09-1730 (4 hours lecture 4 hours skills) ☒ PRESENT ☐ ABSENT  
17<sup>th</sup>: 09-1730 (6 hours lecture 2 hours skills) ☒ PRESENT ☐ ABSENT  
20<sup>th</sup>: 09-1730 (5 hours lecture 3 hours skills) ☒ PRESENT ☐ ABSENT  
24<sup>th</sup>: 09-1730 (5 hours lecture 3 hours skills) ☒ PRESENT ☐ ABSENT  
25<sup>th</sup>: 09-1730 (8 hours lecture) ☒ PRESENT ☐ ABSENT  
28<sup>th</sup>: 09-1730 (5 hours lecture 3 hours skills) ☒ PRESENT ☐ ABSENT  
30<sup>th</sup>: 09-1500 (4 hours lecture 1.5 hours skills) ☒ PRESENT ☐ ABSENT

December:

4<sup>th</sup>: 09-1730 (8 hours lecture) ☒ PRESENT ☐ ABSENT  
7<sup>th</sup>: 09-1730 (8 hours skills) ☒ PRESENT ☐ ABSENT  
8<sup>th</sup>: 09-1730 (2 hours lecture 6 hours skills) ☒ PRESENT ☐ ABSENT  
14<sup>th</sup>: 06-1800 (12 hours clinical) ☒ PRESENT ☐ ABSENT  
15<sup>th</sup>: 06-1800 (12 hours clinical) ☒ PRESENT ☐ ABSENT  
18<sup>th</sup>: 06-1800 (12 hours clinical) ☒ PRESENT ☐ ABSENT  
19<sup>th</sup>: 06-1800 (12 hours clinical) ☒ PRESENT ☐ ABSENT  
26<sup>th</sup>: 06-1800 (12 hours clinical) ☐ PRESENT ☐ ABSENT

Make up hours (please describe/list):

Totals:

73 hours lecture  
36.5 hours skills  
48 hours clinical

Attendance Verified By Instructor (printed name): Angela Menish, RN

Signature of Instructor: [Signature] Date: 12/19/17

Petersburg Medical Center

CNA Course 2017

Attendance Log for: [REDACTED]

November:

6<sup>th</sup>: 09-1730 (8 lecture) ☒ PRESENT ☐ ABSENT  
7<sup>th</sup>: 09-1730 (8 lecture) ☒ PRESENT ☐ ABSENT  
9<sup>th</sup>: 09-1730 (6 hours lecture 2 hours skills) ☒ PRESENT ☐ ABSENT  
14<sup>th</sup>: 09-1730 (4 hours lecture 4 hours skills) ☒ PRESENT ☐ ABSENT  
16<sup>th</sup>: 09-1730 (4 hours lecture 4 hours skills) ☒ PRESENT ☐ ABSENT  
17<sup>th</sup>: 09-1730 (6 hours lecture 2 hours skills) ☒ PRESENT ☐ ABSENT  
20<sup>th</sup>: 09-1730 (5 hours lecture 3 hours skills) ☒ PRESENT ☐ ABSENT  
24<sup>th</sup>: 09-1730 (5 hours lecture 3 hours skills) ☒ PRESENT ☐ ABSENT  
25<sup>th</sup>: 09-1730 (8 hours lecture) ☒ PRESENT ☐ ABSENT  
28<sup>th</sup>: 09-1730 (5 hours lecture 3 hours skills) ☒ PRESENT ☐ ABSENT  
30<sup>th</sup>: 09-1500 (4 hours lecture 1.5 hours skills) ☒ PRESENT ☐ ABSENT

December:

4<sup>th</sup>: 09-1730 (8 hours lecture) ☒ PRESENT ☐ ABSENT  
7<sup>th</sup>: 09-1730 (8 hours skills) ☒ PRESENT ☐ ABSENT  
8<sup>th</sup>: 09-1730 (2 hours lecture 6 hours skills) ☒ PRESENT ☐ ABSENT  
14<sup>th</sup>: 06-1800 (12 hours clinical) ☒ PRESENT ☐ ABSENT  
15<sup>th</sup>: 06-1800 (12 hours clinical) ☒ PRESENT ☐ ABSENT  
18<sup>th</sup>: 06-1800 (12 hours clinical) ☐ PRESENT ☒ ABSENT  
19<sup>th</sup>: 06-1800 (12 hours clinical) ☐ PRESENT ☒ ABSENT  
26<sup>th</sup>: 06-1800 (12 hours clinical) ☐ PRESENT ☐ ABSENT

Make up hours (please describe/list):

2<sup>nd</sup> January 06-18 12 Hours Clinical  
3<sup>rd</sup> January 06-18 12 Hours Clinical

Totals:

73 hours lecture  
36.5 hours skills  
48 hours clinical

Attendance Verified By Instructor (printed name): Angela Menish

Signature of Instructor: [Signature] Date: 1/5/2018

Petersburg Medical Center

CNA Course 2017

Attendance Log for: [REDACTED]

November:

6<sup>th</sup>: 09-1730 (8 lecture) ☒ PRESENT ☐ ABSENT  
7<sup>th</sup>: 09-1730 (8 lecture) ☒ PRESENT ☐ ABSENT  
9<sup>th</sup>: 09-1730 (6 hours lecture 2 hours skills) ☒ PRESENT ☐ ABSENT  
14<sup>th</sup>: 09-1730 (4 hours lecture 4 hours skills) ☒ PRESENT ☐ ABSENT  
16<sup>th</sup>: 09-1730 (4 hours lecture 4 hours skills) ☒ PRESENT ☐ ABSENT  
17<sup>th</sup>: 09-1730 (6 hours lecture 2 hours skills) ☒ PRESENT ☐ ABSENT  
20<sup>th</sup>: 09-1730 (5 hours lecture 3 hours skills) ☒ PRESENT ☐ ABSENT  
24<sup>th</sup>: 09-1730 (5 hours lecture 3 hours skills) ☒ PRESENT ☐ ABSENT  
25<sup>th</sup>: 09-1730 (8 hours lecture) ☒ PRESENT ☐ ABSENT  
28<sup>th</sup>: 09-1730 (5 hours lecture 3 hours skills) ☒ PRESENT ☐ ABSENT  
30<sup>th</sup>: 09-1500 (4 hours lecture 1.5 hours skills) ☒ PRESENT ☐ ABSENT

December:

4<sup>th</sup>: 09-1730 (8 hours lecture) ☒ PRESENT ☐ ABSENT *left early sick - present for 3 1/4 lecture*  
7<sup>th</sup>: 09-1730 (8 hours skills) ☒ PRESENT ☐ ABSENT  
8<sup>th</sup>: 09-1730 (2 hours lecture 6 hours skills) ☒ PRESENT ☐ ABSENT  
14<sup>th</sup>: 06-1800 (12 hours clinical) ☒ PRESENT ☐ ABSENT  
15<sup>th</sup>: 06-1800 (12 hours clinical) ☒ PRESENT ☐ ABSENT  
18<sup>th</sup>: 06-1800 (12 hours clinical) ☒ PRESENT ☐ ABSENT  
19<sup>th</sup>: 06-1800 (12 hours clinical) ☒ PRESENT ☐ ABSENT  
26<sup>th</sup>: 06-1800 (12 hours clinical) ☐ PRESENT ☐ ABSENT

Make up hours (please describe/list):

Totals:

18.25 hours lecture  
36.5 hours skills  
48 hours clinical

Attendance Verified By Instructor (printed name): Angela Menishyan

Signature of Instructor: [Signature] Date: 12/19/17



Petersburg Medical Center

CNA Course 2017

Attendance Log for: [REDACTED]

November:

- 6<sup>th</sup>: 09-1730 (8 lecture) ☒ PRESENT ☐ ABSENT  
7<sup>th</sup>: 09-1730 (8 lecture) ☒ PRESENT ☐ ABSENT  
9<sup>th</sup>: 09-1730 (6 hours lecture 2 hours skills) ☒ PRESENT ☐ ABSENT  
14<sup>th</sup>: 09-1730 (4 hours lecture 4 hours skills) ☒ PRESENT ☐ ABSENT minus 1<sup>o</sup> lecture  
16<sup>th</sup>: 09-1730 (4 hours lecture 4 hours skills) ☒ PRESENT ☐ ABSENT minus 1 1/2<sup>o</sup> skills  
17<sup>th</sup>: 09-1730 (6 hours lecture 2 hours skills) ☒ PRESENT ☐ ABSENT minus 1 1/2<sup>o</sup> skills  
20<sup>th</sup>: 09-1730 (5 hours lecture 3 hours skills) ☒ PRESENT ☐ ABSENT  
24<sup>th</sup>: 09-1730 (5 hours lecture 3 hours skills) ☒ PRESENT ☐ ABSENT  
25<sup>th</sup>: 09-1730 (8 hours lecture) ☒ PRESENT ☐ ABSENT  
28<sup>th</sup>: 09-1730 (5 hours lecture 3 hours skills) ☐ PRESENT ☒ ABSENT present for 3<sup>o</sup> skills  
30<sup>th</sup>: 09-1500 (4 hours lecture 1.5 hours skills) ☒ PRESENT ☐ ABSENT

December:

- 4<sup>th</sup>: 09-1730 (8 hours lecture) ☐ PRESENT ☒ ABSENT present for 3 3/4<sup>o</sup> lecture  
7<sup>th</sup>: 09-1730 (8 hours skills) ☒ PRESENT ☐ ABSENT stayed 1<sup>o</sup> extra make up - 1 hour skills  
8<sup>th</sup>: 09-1730 (2 hours lecture 6 hours skills) ☒ PRESENT ☐ ABSENT stayed 1 1/2<sup>o</sup> extra make up - 1 1/2 skills  
14<sup>th</sup>: 06-1800 (12 hours clinical) ☒ PRESENT ☐ ABSENT  
15<sup>th</sup>: 06-1800 (12 hours clinical) ☒ PRESENT ☐ ABSENT  
18<sup>th</sup>: 06-1800 (12 hours clinical) ☒ PRESENT ☐ ABSENT  
19<sup>th</sup>: 06-1800 (12 hours clinical) ☒ PRESENT ☐ ABSENT  
26<sup>th</sup>: 06-1800 (12 hours clinical) ☐ PRESENT ☐ ABSENT

Make up hours (please describe/list):

Totals:

12.75 hours lecture  
36 hours skills  
48 hours clinical

Attendance Verified By Instructor (printed name): Angela Menish, RN

Signature of Instructor: [Signature] Date: 12/19/17

Petersburg Medical Center

CNA Course 2017

Attendance Log for: [REDACTED]

November:

6<sup>th</sup>: 09-1730 (8 lecture) ☒ PRESENT ☐ ABSENT  
7<sup>th</sup>: 09-1730 (8 lecture) ☒ PRESENT ☐ ABSENT  
9<sup>th</sup>: 09-1730 (6 hours lecture 2 hours skills) ☒ PRESENT ☐ ABSENT  
14<sup>th</sup>: 09-1730 (4 hours lecture 4 hours skills) ☒ PRESENT ☐ ABSENT  
16<sup>th</sup>: 09-1730 (4 hours lecture 4 hours skills) ☒ PRESENT ☐ ABSENT  
17<sup>th</sup>: 09-1730 (6 hours lecture 2 hours skills) ☒ PRESENT ☐ ABSENT  
20<sup>th</sup>: 09-1730 (5 hours lecture 3 hours skills) ☒ PRESENT ☐ ABSENT  
24<sup>th</sup>: 09-1730 (5 hours lecture 3 hours skills) ☐ PRESENT ☒ ABSENT  
25<sup>th</sup>: 09-1730 (8 hours lecture) ☒ PRESENT ☐ ABSENT  
28<sup>th</sup>: 09-1730 (5 hours lecture 3 hours skills) ☒ PRESENT ☐ ABSENT  
30<sup>th</sup>: 09-1500 (4 hours lecture 1.5 hours skills) ☒ PRESENT ☐ ABSENT

December:

4<sup>th</sup>: 09-1730 (8 hours lecture) ☒ PRESENT ☐ ABSENT  
7<sup>th</sup>: 09-1730 (8 hours skills) ☒ PRESENT ☐ ABSENT stayed 1<sup>st</sup> extra make-up - 1 hours skills  
8<sup>th</sup>: 09-1730 (2 hours lecture 6 hours skills) ☒ PRESENT ☐ ABSENT stayed 1 1/2<sup>nd</sup> extra make-up - 1 1/2<sup>nd</sup> skills  
14<sup>th</sup>: 06-1800 (12 hours clinical) ☐ PRESENT ☒ ABSENT came in at 1600 - 2 hours clinical  
15<sup>th</sup>: 06-1800 (12 hours clinical) ☒ PRESENT ☐ ABSENT  
18<sup>th</sup>: 06-1800 (12 hours clinical) ☒ PRESENT ☐ ABSENT  
19<sup>th</sup>: 06-1800 (12 hours clinical) ☒ PRESENT ☐ ABSENT  
26<sup>th</sup>: 06-1800 (12 hours clinical) ☐ PRESENT ☐ ABSENT

Make up hours (please describe/list):

2<sup>nd</sup> January 06-16 - 10 hours clinical

Totals:

160 hours lecture  
31 hours skills  
48 hours clinical

Attendance Verified By Instructor (printed name): Angela Menish

Signature of Instructor: [Signature] Date: 1/5/2018

## C.N.A. Class Evaluation 2017

Please rate the following items on a scale from 1-5; with 1 meaning strongly disagree and 5 meaning strongly agree. Please take your time with this evaluation, your answers will help us to improve future classes, and will remain confidential. Responses will NOT impact your grade, or any future hiring decisions.

\*\*\*Please pay special attention to the areas on IPCed as this is a brand new addition to this course. Comments on this section are much appreciated!\*\*\*

- 1) My instructor(s) seemed organized.

	Strongly disagree					Strongly agree
	1	2	3	4	5	
	1	2	3	4	5	

- 2) In general the class was well organized.

Strongly disagree					Strongly agree
1	2	3	4	5	

- 3) The materials provided helped me to learn, and were easy to use and understand.

Strongly disagree					Strongly agree
1	2	3	4	5	

Mostly. IPCed had issues

- 4) The homework assigned was relevant to the section being covered, and helped me to learn.

Strongly disagree					Strongly agree
1	2	3	4	5	

- 5) The classroom environment was clean and comfortable. Distractions were kept to a minimum.

Strongly disagree					Strongly agree
1	2	3	4	5	

- 6) My instructor(s) were knowledgeable.

	Strongly disagree					Strongly agree
Angela	1	2	3	4	5	
Rosa	1	2	3	4	5	

YES!

- 7) I felt comfortable asking questions of my instructor(s). Questions and requests were responded to in a timely manner.

	Strongly disagree					Strongly agree
Angela	1	2	3	4	5	
Rosa	1	2	3	4	5	

- Strongly disagree                      Strongly agree
- 1          2          3          4          5

- Strongly disagree                      Strongly agree
- 1                  2                  3                  4                  5

- Strongly disagree                      Strongly agree
- 1          2          3          4          5

### Technology:

- Strongly disagree      1      2      3      4      5      Strongly agree

- Strongly disagree                      Strongly agree
- 1                  2                  3                  4                  5

- Strongly disagree      Strongly agree
- 1      2      3      4      5

- Strongly disagree                      Strongly agree
- 1                      2                      3                      4                      5

- Strongly disagree                      Strongly agree
- 1                  2                  3                  4                  5

Strongly disagree                      Strongly agree

1          2          3          4          5

- Strongly disagree                      Strongly agree
- 1          2          3          4          5

- Strongly disagree      1      2      3      4      5      Strongly agree

videos rarely worked

### Overall Class Ratings:

- 1) Overall I feel like I learned the necessary skills needed to begin providing safe and effective C.N.A. level nursing care.

Strongly disagree

Strongly agree

2

3

4

5

- 2) I would recommend this class to others.

Strongly disagree

Strongly agree

1

2

3

4

5

## Comments:

Class was informative, organized and I'm confident in my job due to what I learned in the class.



## C.N.A. Class Evaluation 2017

Please rate the following items on a scale from 1-5; with 1 meaning strongly disagree and 5 meaning strongly agree. Please take your time with this evaluation, your answers will help us to improve future classes, and will remain confidential. Responses will NOT impact your grade, or any future hiring decisions.

\*\*\*Please pay special attention to the areas on IPCed as this is a brand new addition to this course. Comments on this section are much appreciated!\*\*\*

- 1) My instructor(s) seemed organized.

	Strongly disagree					Strongly agree
	1	2	3	4	5	
	1	2	3	4	5	

- 2) In general the class was well organized.

Strongly disagree					Strongly agree
1	2	3	4	5	

- 3) The materials provided helped me to learn, and were easy to use and understand.

Strongly disagree					Strongly agree
1	2	3	4	5	

- 4) The homework assigned was relevant to the section being covered, and helped me to learn.

Strongly disagree					Strongly agree
1	2	3	4	5	

- 5) The classroom environment was clean and comfortable. Distractions were kept to a minimum.

Strongly disagree					Strongly agree
1	2	3	4	5	

- 6) My instructor(s) were knowledgeable.

	Strongly disagree					Strongly agree
Angela	1	2	3	4	5	
Rosa	1	2	3	4	5	

- 7) I felt comfortable asking questions of my instructor(s). Questions and requests were responded to in a timely manner.

	Strongly disagree					Strongly agree
Angela	1	2	3	4	5	
Rosa	1	2	3	4	5	

- Strongly disagree                      Strongly agree
- 1          2          3          4          5

- Strongly disagree                      Strongly agree
- 1                  2                  3                  4                  5

- Strongly disagree                      Strongly agree
- 1          2          3          4          5

Technology:

- Strongly disagree      1      2      3      4      5      Strongly agree

- Strongly disagree                      Strongly agree
- 1                  2                  3                  4                  5

- Strongly disagree      Strongly agree
- 1      2      3      4      5

- Strongly disagree      1      2      3      4      5      Strongly agree

- Strongly disagree      1      2      3      4      5      Strongly agree

Strongly disagree      1      2      3      4      5      Strongly agree

- Strongly disagree      Strongly agree
- 1      2      3      4      5

- Strongly disagree                      Strongly agree
- 1                  2                  3                  4                  5
- (The number 5 is circled)

Overall Class Ratings:

- 1) Overall I feel like I learned the necessary skills needed to begin providing safe and effective C.N.A. level nursing care.

Strongly disagree

Strongly agree

1 2 3 4 5

- 2) I would recommend this class to others.

Strongly disagree

Strongly agree

1 2 3 4 5

Comments:

I really enjoyed the class I learned a lot.  
Thank you very much.

## C.N.A. Class Evaluation 2017

Please rate the following items on a scale from 1-5; with 1 meaning strongly disagree and 5 meaning strongly agree. Please take your time with this evaluation, your answers will help us to improve future classes, and will remain confidential. Responses will NOT impact your grade, or any future hiring decisions.

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- 1) My instructor(s) seemed organized.

	Strongly disagree					Strongly agree
	1	2	3	4	5	
	1	2	3	4	5	

- 2) In general the class was well organized.

Strongly disagree					Strongly agree
1	2	3	4	5	

- 3) The materials provided helped me to learn, and were easy to use and understand.

Strongly disagree					Strongly agree
1	2	3	4	5	

- 4) The homework assigned was relevant to the section being covered, and helped me to learn.

Strongly disagree					Strongly agree
1	2	3	4	5	

- 5) The classroom environment was clean and comfortable. Distractions were kept to a minimum.

Strongly disagree					Strongly agree
1	2	3	4	5	

- 6) My instructor(s) were knowledgeable.

	Strongly disagree					Strongly agree
Angela	1	2	3	4	5	
Rosa	1	2	3	4	5	

- 7) I felt comfortable asking questions of my instructor(s). Questions and requests were responded to in a timely manner.

	Strongly disagree					Strongly agree
Angela	1	2	3	4	5	
Rosa	1	2	3	4	5	

- 8) Classroom materials were handed out, and grades posted in a timely manner.

Strongly disagree                      Strongly agree

1            2            3            4            5



- 9) There was plenty of time and space provided to practice skills.

Strongly disagree                      Strongly agree

1            2            3            4            5



- 10) The times scheduled for class time, skill time, and clinical time were effective in helping me maximize my learning potential.

Strongly disagree                      Strongly agree

1            2            3            4            5



## IPCed Materials:

### Technology:

- 1) The website was easy to navigate/user friendly.

Strongly disagree                      Strongly agree

1            2            3            4            5



- 2) I understood what I needed to do to successfully complete each online module.

Strongly disagree                      Strongly agree

1            2            3            4            5



- 3) Videos opened and sound worked as intended.

Strongly disagree                      Strongly agree

1            2            3            4            5



- 4) The tests for the modules were easy to navigate and complete.

Strongly disagree                      Strongly agree

1            2            3            4            5



- 5) I experienced minimal "crashes" within the online course.

Strongly disagree                      Strongly agree

1            2            3            4            5



### Content:

- 1) The IPCed materials were interactive and engaging.

Strongly disagree                      Strongly agree

1            2            3            4            5



- 2) The IPCed materials were very helpful in my learning of the classroom content.

Strongly disagree                      Strongly agree

1            2            3            4            5



- 3) I preferred the IPCed materials to the face-to-face lectures.

Strongly disagree                      Strongly agree

1            2            3            4            5



Overall Class Ratings:

- 1) Overall I feel like I learned the necessary skills needed to begin providing safe and effective C.N.A. level nursing care.

Strongly disagree

Strongly agree

1

2

3

4

5

- 2) I would recommend this class to others.

Strongly disagree

Strongly agree

1

2

3

4

5

Comments:

The only thing I would recommend for ~~future~~ future classes would be ~~before~~ before having the students try a new skill, show them first before having them attempt it. It helped me a lot seeing it first before trying it.



## C.N.A. Class Evaluation 2017

Please rate the following items on a scale from 1-5; with 1 meaning strongly disagree and 5 meaning strongly agree. Please take your time with this evaluation, your answers will help us to improve future classes, and will remain confidential. Responses will NOT impact your grade, or any future hiring decisions.

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	Strongly disagree					Strongly agree
	1	2	3	4	5	
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Strongly disagree					Strongly agree
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- 3) The materials provided helped me to learn, and were easy to use and understand.

Strongly disagree					Strongly agree
1	2	3	4	5	

- 4) The homework assigned was relevant to the section being covered, and helped me to learn.

Strongly disagree					Strongly agree
1	2	3	4	5	

- 5) The classroom environment was clean and comfortable. Distractions were kept to a minimum.

Strongly disagree					Strongly agree
1	2	3	4	5	

- 6) My instructor(s) were knowledgeable.

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Angela	1	2	3	4	5	
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Strongly disagree

Strongly agree

1 2 3 4 5

- 9) There was plenty of time and space provided to practice skills.

Strongly disagree

Strongly agree

1 2 3 4 5

- 10) The times scheduled for class time, skill time, and clinical time were effective in helping me maximize my learning potential.

Strongly disagree

Strongly agree

1 2 3 4 5

## IPCed Materials:

### Technology:

- 1) The website was easy to navigate/user friendly.

Strongly disagree

Strongly agree

1 2 3 4 5

- 2) I understood what I needed to do to successfully complete each online module.

Strongly disagree

Strongly agree

1 2 3 4 5

- 3) Videos opened and sound worked as intended.

Strongly disagree

Strongly agree

1 2 3 4 5

- 4) The tests for the modules were easy to navigate and complete.

Strongly disagree

Strongly agree

1 2 3 4 5

- 5) I experienced minimal "crashes" within the online course.

Strongly disagree

Strongly agree

1 2 3 4 5

### Content:

- 1) The IPCed materials were interactive and engaging.

Strongly disagree

Strongly agree

1 2 3 4 5

- 2) The IPCed materials were very helpful in my learning of the classroom content.

Strongly disagree

Strongly agree

1 2 3 4 5

- 3) I preferred the IPCed materials to the face-to-face lectures.

Strongly disagree

Strongly agree

1 2 3 4 5



Overall Class Ratings:

- 1) Overall I feel like I learned the necessary skills needed to begin providing safe and effective C.N.A. level nursing care.

Strongly disagree

Strongly agree

1 2 3 4 5

- 2) I would recommend this class to others.

Strongly disagree

Strongly agree

1 2 3 4 5

Comments:

Loved the class! Instructors are extremely helpful and very attentive. Would love to do this all over again! Highly recommended to all my friends. The online classes were great, we had a minor issue with sound quality but after our instructors spoke with technical support we never had any issues.

## C.N.A. Class Evaluation 2017

Please rate the following items on a scale from 1-5; with 1 meaning strongly disagree and 5 meaning strongly agree. Please take your time with this evaluation, your answers will help us to improve future classes, and will remain confidential. Responses will NOT impact your grade, or any future hiring decisions.

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	1	2	3	4	5		
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- 8) Classroom materials were handed out, and grades posted in a timely manner.

Strongly disagree                      Strongly agree

1            2            3            4            5

- 9) There was plenty of time and space provided to practice skills.

Strongly disagree                      Strongly agree

1            2            3            4            5

- 10) The times scheduled for class time, skill time, and clinical time were effective in helping me maximize my learning potential.

Strongly disagree                      Strongly agree

1            2            3            4            5

## IPCed Materials:

### Technology:

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Strongly disagree                      Strongly agree

1            2            3            4            5

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1            2            3            4            5

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- 4) The tests for the modules were easy to navigate and complete.

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Strongly disagree                      Strongly agree

1            2            3            4            5

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Strongly disagree                      Strongly agree

1            2            3            4            5

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Strongly disagree                      Strongly agree

1            2            3            4            5

### Overall Class Ratings:

- 1) Overall I feel like I learned the necessary skills needed to begin providing safe and effective C.N.A. level nursing care.

Strongly disagree

Strongly agree

1

2

3

4

5

- 2) I would recommend this class to others.

Strongly disagree

Strongly agree

1

2

3

4

5

Comments:

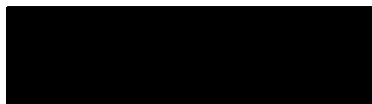
This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Petersburg Medical Center  
P.O. Box 589 – Petersburg, AK 99833  
(907) 772-4291

### NURSE AIDE SKILLS CHECKLIST

Student's Name:



Date: 12/14/17

SKILL:	Demonstration/Practice Dates		Initials
	Performance (S) or (U) for each date (see codes below)		
Hand Hygiene	11/9/17 (S)	12/14/17 (S)	RLM
Gloving	11/9/17 (S)	12/14/17 (S)	RLM
Donning and Removing PPE	11/9/17	12/15/17	RLM
Vital Signs:	---	---	---
Temperature	11/24/17 (S)	12/14/17 (S)	RLM
Pulse	11/14/17 (S)	12/14/17 (S)	RLM
Respirations	11/24/17 (S)	12/14/17 (S)	RLM
Blood Pressure	11/24/17 (S)	12/14/17 (S)	RLM
Pulse Oximetry	11/24/17 (S)	12/14/17 (S)	RLM
Body Mechanics:	---	---	---
Ambulate using transfer belt	11/09/17 (S)	12/15/17 (S)	RLM
Transfers using transfer belt	11/09/17 (S)	12/15/17 (S)	
Positioning	12/07/17 (S)	12/14/17 (S)	RLM
Range of Motion Knee/Ankle	11/24/17 (S)	12/15/17 (S)	RLM
Range of Motion Shoulder	11/24/17 (S)	12/15/17 (S)	RLM

Codes: (S) Satisfactory performance of a skill (U) Unsatisfactory performance of a skill



SKILL:	Demonstration/Practice Dates Performance (S) or (U) for each date (see codes below)	Initials
<b>Hygiene:</b>	---	---
Bed Bath	11/16/17 (S) 12/14/17 (S)	RM
Tub/Shower (bathing)	11/16/17 (S) 12/18/17 (S)	Am
Shampoo	12/18/17 (S) 12/18/17 (S)	Am
Skin Care	11/16/17 (S) 12/14/17 (S)	RM
Mouth Care	11/16/17 (S) 12/14/17 (S)	RM
Denture Care	11/16/17 (S) 12/19/17 (S)	RM
Foot Care	11/17/17 (S) 12/18/17 (S)	RM
Perineal Care	11/20/17 (S) 12/14/17 (S)	RM
Catheter Care	11/20/17 (S) 12/14/17 (S)	RM
<b>Measurements:</b>	---	---
Height	11/20/17 (S) 12/14/17 (S)	RM
Weight	11/20/17 (S) 12/14/17 (S)	RM
Intake	11/17/17 (S) 12/14/17 (S)	RM
Output	11/17/17 (S) 12/15/17 (S)	Am
<b>Other:</b>	---	---
Wheelchair & Stretcher	11/14/17 (S) 12/14/17 (S)	RM
Mechanical Lift	11/14/17 (S) 12/14/17 (S)	RM
Urinal	11/16/17 (S) 12/14/17 (S)	RM
Bedpan	11/16/17 (S) 12/14/17 (S)	RM
Toileting	11/17/17 (S) 12/14/17 (S)	RM
Grooming	11/16/17 (S) 12/14/17 (S)	RM
Dressing/Undressing	11/24/17 (S) 12/14/17 (S)	RM
Elastic Stocking	11/24/17 (S) 12/14/17 (S)	RM
Feeding Technique (eating and hydration)	11/17/17 (S) 12/14/17 (S)	RM
Specimen Collection (non-invasive)	11/20/17 (S) 12/19/17 (S)	RM
End of Life/Post Mortem Care	12/08/17 (S) 12/19/17 (S)	RM
Reporting and Recording	11/24/17 (S) 12/14/17 (S)	RM
BLS-HCP	11/30/17 (S) 11/30/17 (S)	RM

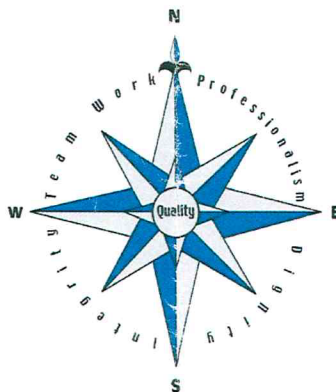
Am/RM 11/2/18  
Instructor/Initials

Date

Am/RM 11/2/18  
Instructor/Initials

Date

Codes: (S) Satisfactory performance of a skill (U) Unsatisfactory performance of a skill



Petersburg Medical Center  
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### NURSE AIDE SKILLS CHECKLIST

Student's Name:



Date: December 14, 2017

SKILL:	Demonstration/Practice Dates		Initials
	Performance (S) or (U) for each date (see codes below)		
Hand Hygiene	11-9-17 (S)	12-14-2017 (S)	Run/Am
Gloving	11-9-17 (S)	12-14-2017 (S)	Run/Am
Donning and Removing PPE	11-9-17 (S)	12-14-2017 (S)	Run/Am
Vital Signs:	---	---	---
Temperature	11-24-17 (S)	12-14-17 (S)	Run
Pulse	11-14-17 (S)	12-14-17 (S)	Run
Respirations	11-24-17 (S)	12-14-17 (S)	Run
Blood Pressure	11-14-17 (S)	12-14-17 (S)	Run
Pulse Oximetry	11-24-17 (S)	12-14-17 (S)	Run
Body Mechanics:	---	---	---
Ambulate using transfer belt	11-9-17 (S)	12-14-2017 (S)	Run/Am
Transfers using transfer belt	11-9-17 (S)	12-14-2017 (S)	Run/Am
Positioning	12-7-17 (S)	12-14-2017 (S)	Run
Range of Motion Knee/Ankle	11-24-17 (S)	12-15-17 (S)	Run
Range of Motion Shoulder	11-24-17 (S)	12-15-17 (S)	Run

Codes: (S) Satisfactory performance of a skill (U) Unsatisfactory performance of a skill



SKILL:	Demonstration/Practice Dates Performance (S) or (U) for each date (see codes below)		Initials
Hygiene:	---	---	---
Bed Bath	11.16.17 (S)	12.14.17 (S)	RLM
Tub/Shower (bathing)	11/16/17 (S)	12.15.17 (S)	RLM
Shampoo	12/15/17 (S)	12.15.17 (S)	RLM
Skin Care	11.16.17 (S)	12.14.17 (S)	RLM
Mouth Care	11.16.17 (S)	12.14.17 (S)	RLM
Denture Care	11.16.17 (S)	12.18.17 (S)	RLM
Foot Care	11.17.17 (S)	12.15.17 (S)	RLM
Perineal Care	11.20.17 (S)	12.14.17 (S)	RLM/Am
Catheter Care	11.20.17 (S)	11.20.17 (S)	RLM/Am
Measurements:	---	---	---
Height	11.20.17 (S)	11.20.17 (S)	RLM
Weight	11.20.17 (S)	12.14.17 (S)	RLM
Intake	11.17.17 (S)	12.14.17 (S)	RLM
Output	11.17.17 (S)	12.14.17 (S)	RLM
Other:	---	12.14.17 (S)	---
Wheelchair & Stretcher	11.14.17 (S)	12.14.17 (S)	RLM/Am
Mechanical Lift	11.14.17 (S)	12/14/17 (S)	RLM/Am
Urinal	11.16.17 (S)	12.15.17 (S)	RLM
Bedpan	11.17.17 (S)	11.17.17 (S)	RLM
Toileting	11.17.17 (S)	12.14.17 (S)	RLM
Grooming	11.16.17 (S)	12.14.17 (S)	RLM
Dressing/Undressing	11.24.17 (S)	12.14.17 (S)	RLM
Elastic Stocking	11.24.17 (S)	12.14.17 (S)	RLM
Feeding Technique (eating and hydration)	11.17.17 (S)	12.14.17 (S)	RLM/Am
Specimen Collection (non-invasive)	11.20.2017 (S)	12/19/17 (S)	RLM
End of Life/Post Mortem Care	12.8.17 (S)	12.19.17 (S)	RLM
Reporting and Recording	11.24.17 (S)	12.14.17 (S)	RLM/Am
BLS-HCP	11.30.17 (S)	11/30/17 (S)	RLM

RLM/Am  
Instructor/Initials

1/2/18  
Date

RLM/Am  
Instructor/Initials

1/2/18  
Date

Codes: (S) Satisfactory performance of a skill (U) Unsatisfactory performance of a skill





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### NURSE AIDE SKILLS CHECKLIST

Student's Name: [REDACTED]

Date: 12/14/17

SKILL:	<u>Demonstration/Practice Dates</u> Performance (S) or (U) for each date (see codes below)		<u>Initials</u>
Hand Hygiene	11/9/17 (S)	12/14/17 (S)	Rm/Am
Gloving	11/9/17 (S)	12/14/17 (S)	Rm/Am
Donning and Removing PPE	11/9/17 (S)	12/14/17 (S)	Rm/Am
Vital Signs:	---	---	---
Temperature	11/24/17 (S)	12/14/17 (S)	Rm
Pulse	11/14/17 (S)	12/14/17 (S)	Rm
Respirations	11/24/17 (S)	12/14/17 (S)	Rm
Blood Pressure	11/14/17 (S)	12/14/17 (S)	Rm
Pulse Oximetry	11/24/17 (S)	12/14/17 (S)	Rm
Body Mechanics:	---	---	---
Ambulate using transfer belt	11/9/17 (S)	12/14/17 (S)	Rm/Am
Transfers using transfer belt	11/9/17 (S)	12/14/17 (S)	Rm/Am
Positioning	12/7/17 (S)	12/14/17 (S)	Rm/Am
Range of Motion Knee/Ankle	11/24/17 (S)	12/15/17 (S)	Rm/Am
Range of Motion Shoulder	11/24/17 (S)	12/15/17 (S)	Rm/Am

Codes: (S) Satisfactory performance of a skill (U) Unsatisfactory performance of a skill

SKILL:	Demonstration/Practice Dates Performance (S) or (U) for each date (see codes below)		Initials
Hygiene:	---	---	---
Bed Bath	11/10/17 (S)	12/14/17 (S)	RLH
Tub/Shower (bathing)	11/14/17 (S)	12/15/17 (S)	RLH
Shampoo	12/15/17 (S)	12/15/17 (S)	RLH
Skin Care	11/16/17 (S)	12/15/17 (S)	RLH
Mouth Care	11/16/17 (S)	12/15/17 (S)	RLH
Denture Care	11/16/17 (S)	12/18/17 (S)	RLH
Foot Care	11/17/17 (S)	12/15/17 (S)	RLH
Perineal Care	11/20/17 (S)	12/14/17 (S)	RLH/Am
Catheter Care	11/20/17 (S)	11/20/17 (S)	RLH/Am
Measurements:	---	---	---
Height	11/20/17 (S)	11/20/17 (S)	RLH
Weight	11/20/17 (S)	12/14/17 (S)	RLH
Intake	11/17/17 (S)	12/14/17 (S)	RLH
Output	11/17/17 (S)	12/14/17 (S)	RLH
Other:	---	---	---
Wheelchair & Stretcher	11/14/17 (S)	12/14/17 (S)	RLH/Am
Mechanical Lift	11/14/17 (S)	12/14/17 (S)	RLH/Am
Urinal	11/16/17 (S)	12/19/17 (S)	RLH
Bedpan	11/17/17 (S)	11/17/17 (S)	RLH
Toileting	11/17/17 (S)	12/14/17 (S)	RLH
Grooming Dressing/Undressing	11/14/17 (S)	12/15/17 (S)	RLH
Elastic Stocking	11/24/17 (S)	12/14/17 (S)	RLH
Feeding Technique (eating and hydration)	11/17/17 (S)	12/14/17 (S)	RLH/Am
Specimen Collection (non-invasive)	11/20/17 (S)	12/19/17 (S)	RLH/Am
End of Life/Post Mortem Care	12/8/17 (S)	12/8/17 (S)	RLH
Reporting and Recording	11/24/17 (S)	12/14/17 (S)	RLH/Am
BLS-HCP	11/30/17 (S)	11/30/17 (S)	RLH

RLH/RLH  
Instructor/Initials

1/2/18  
Date

RLH/Am  
Instructor/Initials

1/2/18  
Date

Codes: (S) Satisfactory performance of a skill (U) Unsatisfactory performance of a skill



Petersburg Medical Center  
P.O. Box 589 – Petersburg, AK 99833  
(907) 772-4291

### NURSE AIDE SKILLS CHECKLIST

Student's Name: [REDACTED]

Date: 01/02/2018

SKILL:	Demonstration/Practice Dates			Initials
	Performance (S) or (U) for each date (see codes below)			
Hand Hygiene	11/9/17(S)	12/14/17(S)	12/15/17(S)	ren / am
Gloving	11/9/17(S)	12/14/17(S)	12/15/17(S)	ren / am
Donning and Removing PPE	11/9/17(S)	12/14/17(S)	12/15/17(S)	ren / am
Vital Signs:	---			---
Temperature	12/8/17(S)	12/14/17(S)		ren / ren
Pulse	12/8/17(S)	12/14/17(S)		ren / ren
Respirations	12/8/17(S)	12/14/17(S)		ren / ren
Blood Pressure	12/8/17(S)	12/14/17(S)		ren / ren
Pulse Oximetry	12/8/17(S)	12/14/17(S)		ren / ren
Body Mechanics:	---			---
Ambulate using transfer belt	11/9/17(S)	12/19/17(S)		ren / ren
Transfers using transfer belt	11/9/17(S)	12/19/17(S)		ren / ren
Positioning	12/7/17(S)	12/14/17(S)		ren / am
Range of Motion Knee/Ankle	12/7/17(S)	12/14/17(S)		ren / ren
Range of Motion Shoulder	12/7/17(S)	12/14/17(S)		ren / ren

Codes: (S) Satisfactory performance of a skill (U) Unsatisfactory performance of a skill



SKILL:	Demonstration/Practice Dates Performance (S) or (U) for each date (see codes below)	Initials
<b>Hygiene:</b>	---	---
Bed Bath	11/16/17(S) 12/14/17(S) 12/14/17(S)	RM/AM
Tub/Shower (bathing)	12/18/17(S)	RM/AM
Shampoo	12/14/17(S) 12/18/17(S)	RM/AM
Skin Care	11/16/17(S) 12/14/17(S)	RM/AM
Mouth Care	11/16/17(S) 1/2/18(S)	RM/AM
Denture Care	11/16/17(S) 1/2/18(S)	RM/AM
Foot Care	11/17/17(S) 12/14/17(S)	RM/AM
Perineal Care	11/20/17(S) 12/15/17(S)	RM/AM
Catheter Care	11/20/17(S) 12/15/17(S)	RM/AM
<b>Measurements:</b>	---	---
Height	11/20/17(S) 1/2/18(S)	RM/AM
Weight	11/20/17(S) 12/18/17(S) 12/16/17(S)	RM/AM
Intake	11/17/17(S) 1/2/18(S)	RM/AM
Output	11/17/17(S) 12/19/17(S)	RM/AM
<b>Other:</b>	---	---
Wheelchair & Stretcher	11/14/17(S) 12/14/17(S)	RM/AM
Mechanical Lift	11/14/17(S) 12/14/17(S)	RM/AM
Urinal	11/16/17(S) 12/18/17(S)	RM/AM
Bedpan	11/17/17(S) 12/14/17(S)	RM/AM
Toileting	11/17/17(S) 12/18/17(S)	RM/AM
Grooming		
Dressing/Undressing	11/16/17(S) 12/15/17(S)	RM/AM
Elastic Stocking	12/17/17(S) 12/18/17(S)	RM/AM
Feeding Technique (eating and hydration)	11/17/17(S) 12/14/17(S)	RM/AM
Specimen Collection (non-invasive)	11/20/17(S) 1/2/18(S)	RM/AM
End of Life/Post Mortem Care	12/19/17(S)	RM/AM
Reporting and Recording	12/17/17(S) 12/15/17(S)	RM/AM
BLS-HCP	11/30/17(S)	RM/AM

  
Instructor/Initials

1/2/18  
Date

 1/2/18  
Instructor/Initials Date

Codes: (S) Satisfactory performance of a skill (U) Unsatisfactory performance of a skill



Petersburg Medical Center  
P.O. Box 589 – Petersburg, AK 99833  
(907) 772-4291

### NURSE AIDE SKILLS CHECKLIST


Student's Name: [REDACTED]

Date: 01/03/2018


SKILL:	Demonstration/Practice Dates Performance (S) or (U) for each date (see codes below)	Initials
Hand Hygiene	11/9/17(S) 12/14/17(S) 12/15/17(S)	RM/AM
Gloving	11/9/17(S) 12/14/17(S) 12/15/17(S)	RM/AM
Donning and Removing PPE	11/9/17(S) 12/15/17(S)	AM
Vital Signs:	---	---
Temperature	11/24/17(S) 12/14/17(S) 12/15/17(S)	RM/AM
Pulse	11/24/17(S) 12/14/17(S) 12/15/17(S)	RM/AM
Respirations	11/24/17(S) 12/14/17(S) 12/15/17(S)	RM/AM
Blood Pressure	11/24/17(S) 12/14/17(S) 12/15/17(S)	RM/AM
Pulse Oximetry	11/24/17(S) 12/14/17(S) 12/15/17(S)	RM/AM
Body Mechanics:	---	RM---
Ambulate using transfer belt	11/9/17(S) 12/15/17(S)	RM/AM
Transfers using transfer belt	11/9/17(S) 12/15/17(S)	RM/AM
Positioning	12/17/17(S) 12/14/17(S)	RM/AM
Range of Motion Knee/Ankle	11/24/17(S) 12/15/17(S)	AM
Range of Motion Shoulder	11/24/17(S) 12/15/17(S)	AM

Codes: (S) Satisfactory performance of a skill (U) Unsatisfactory performance of a skill

SKILL:	Demonstration/Practice Dates Performance (S) or (U) for each date (see codes below)	Initials
<b>Hygiene:</b>	---	---
Bed Bath	11/16/17(S) 12/14/17(S)	RM/AM
Tub/Shower (bathing)	12/15/17(S) 1/2/18(S)	RM/AM
Shampoo	12/15/17(S) 1/2/18(S)	RM/AM
Skin Care	11/16/17(S) 12/14/17(S)	RM/AM
Mouth Care	11/16/17(S) 12/14/17(S)	RM/AM
Denture Care	11/16/17(S) 1/3/18(S)	RM/AM
Foot Care	11/17/17(S) 1/3/18(S)	RM/AM
Perineal Care	11/20/17(S) 12/14/17(S)	RM/AM
Catheter Care	11/20/17(S) 1/3/18(S)	RM/AM
<b>Measurements:</b>	---	---
Height	11/20/17(S) 1/2/18(S)	RM/AM
Weight	11/20/17(S) 12/14/17(S)	RM/AM
Intake	11/17/17(S) 12/14/17(S)	RM/AM
Output	11/17/17(S) 12/15/17(S) 1/3/18(S)	RM/AM
<b>Other:</b>	---	---
Wheelchair & Stretcher	11/14/17(S) 12/14/17(S)	RM/AM
Mechanical Lift	11/14/17(S) 12/14/17(S)	RM/AM
Urinal	11/16/17(S) 12/14/17(S)	RM/AM
Bedpan	11/17/17(S) 12/14/17(S)	RM/AM
Toileting	11/17/17(S) 12/14/17(S)	RM/AM
Grooming		
Dressing/Undressing	11/16/17(S) 12/14/17(S)	RM/AM
Elastic Stocking	11/24/17(S) 12/14/17(S)	RM/AM
Feeding Technique (eating and hydration)	11/17/17(S) 12/15/17(S)	RM/AM
Specimen Collection (non-invasive)	11/20/17(S)	AM
End of Life/Post Mortem Care	12/18/17(S)	RM/AM
Reporting and Recording	11/24/17(S) 12/14/17(S)	RM/AM
BLS-HCP	11/30/17(S)	RM

  
Instructor/Initials

1/3/18  
Date

 / AM 1/3/2018  
Instructor/Initials Date

Codes: (S) Satisfactory performance of a skill (U) Unsatisfactory performance of a skill

			Exams - 60 Points   60%		
Name	TOTAL	AVG	Final Exam	Skills Final	Mid-Term Test
			100	100	60
	95%	93%	88	93	56
	92%	88%	73	95	46
	89%	82%	80	78	51
	94%	94%	97	91	52
	96%	96%	83	100	53



			Quizzes - 20 Points   20%		
Name	TOTAL	AVG	BLS Exam Written	BLS Skills Exam	IPCEd Completion
			100	100	100
	95%	97%	92	100	100
	92%	97%	92	100	100
	89%	97%	92	100	100
	94%	95%	84	100	100
	96%	99%	96	100	100



			Participation/Behavior Skills/Clinical - 20 Points   20%	
Name	TOTAL	AVG	LTC/SNF/AC Clinicals Participation	Skills Lab Participation
			100	100
	95%	100%	100	100
	92%	98%	100	95
	89%	100%	100	100
	94%	95%	100	90
	96%	95%	100	90

## Agenda Item 9

### Licensing Reports

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

Educated in Alaska

TESTED DURING 1st Quarter 2018 (Jan. 1-March 31 ,2018)

NURSING PROGRAM	FIRST TIME TESTERS	PASS	PASS%	FAIL	FAIL%
-----------------	--------------------	------	-------	------	-------

AVTEC LPN	0	0	0%	0	0%
AVTEC A.A.S	0	0	0%	0	0%
UAA A.A.S	54	44	81%	10	19%
UAA B.S.N.	42	36	86%	6	14%
CHARTER A.D.N	2	2	100%	0	0%

REPEAT TESTERS	PASS	PASS%	FAIL	FAIL%
----------------	------	-------	------	-------

0	0	0%	0	0%
2	0	0%	2	100%
5	3	60%	2	40%
3	3	100%	0	0%
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.

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

Y.T.D Totals (Jan 1-December 31, 2018)

NURSING PROGRAM	FIRST TIME TESTERS	PASS	PASS%	FAIL	FAIL%
AVTEC LPN	0	0	100%	0	0%
AVTEC A.A.S	0	0	0%	0	0%
UAA A.A.S	54	44	81%	10	19%
UAA B.S.N.	42	36	86%	6	14%
CHARTER A.D.N	2	2	100%	0	0%

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

Y.T.D Totals (Jan 1-December 31, 2017)

<b>NURSING PROGRAM</b>	<b>FIRST TIME TESTERS</b>	<b>PASS</b>	<b>PASS%</b>	<b>FAIL</b>	<b>FAIL%</b>
<b>AVTEC LPN</b>	1	1	100%	0	0%
<b>AVTEC A.A.S</b>	0	0	0%	0	0%
<b>UAA A.A.S</b>	118	108	92%	10	8%
<b>UAA B.S.N.</b>	93	87	94%	6	6%
<b>CHARTER A.D.N</b>	43	43	100%	0	0%

# RETIRED STATUS SUMMARY

3rd Quarter FY 18(January 1-March 31, 2018)

LICENSE STATUS/TYPE	3rd Quarter Total	Running Total YTD	GRAND TOTAL: CURRENT RETIRED LICENSES (since 9/7/16)
---------------------	-------------------------	-------------------------	--

RETIRED LICENSES	RN	0	1
	LPN	0	0
	ANP	0	0
	CRNA	0	0
	<b>TOTAL:</b>	<b>0</b>	<b>1</b>

**49**

REINSTATED RETIRED	RN	0	0
	LPN	0	0
	ANP	0	0
	CRNA	0	0
	<b>TOTAL:</b>	<b>0</b>	<b>0</b>

**Note:**

\*Total Retired number may fluctuate due to reinstatements.

# LICENSING SUMMARY

3rd Quarter FY 18 (January 1-March 31, 2018)

LICENSE TYPE/METHOD		3rd Quarter Total	Running Total YTD	Total Active
RN	Exam	102	229	14,299
	Endorsement	421	1172	
	<b>Total:</b>	<b>523</b>	<b>1401</b>	
LPN	Exam	1	1	864
	Endorsement	15	54	
	<b>Total:</b>	<b>16</b>	<b>55</b>	
ANP		<b>33</b>	<b>113</b>	<b>1100</b>
CRNA		<b>3</b>	<b>11</b>	<b>182</b>
PERMITS	RN	41	83	<b>Note:</b> *Exam permits become void when an applicant is unsuccessful on their exam.
	LPN	2	8	
	ANP	2	5	
	CRNA	0	0	
	<b>TOTAL:</b>	<b>45</b>	<b>96</b>	
REINSTATE	RN	37	115	
	LPN	0	5	
	ANP	0	4	
	CRNA	0	1	
	<b>TOTAL:</b>	<b>37</b>	<b>125</b>	
ANP PRECEPTORSHIP		<b>13</b>	<b>35</b>	<b>47</b>
<b>GRAND TOTAL:</b>		<b>670</b>	<b>1,836</b>	<b>15,425</b>

License Type	July 1, 2017 to March 31,2018	July 1, 2016 to 6/30/2017	July 1, 2015 to 6/30/2016	July 1, 2014 to 6/30/2015
<b>RN</b>				
RN Exam	229	293	262	294
RN Endorsement	1172	1826	1419	1312
Total licenses issued	1401	2119	1681	1606
Total ACTIVE licensees	14299	12793	13234	11397
<b>LPN</b>				
LPN Exam	1	6	18	17
LPN Endorsement	54	81	111	107
Total licenses issued	55	87	129	124
Total ACTIVE licensees	864	804	947	811
<b>ANP</b>				
Total licenses issued	113	153	100	106
Total ACTIVE licensees	1100	994	959	851
<b>CRNA</b>				
Total licenses issued	11	28	24	15
Total ACTIVE licensees	182	170	178	153
<b>PERMITS</b>				
RN	83	174	141	171
LPN	8	18	20	21



License Type	July 1, 2017 to March 31,2018	July 1, 2016 to 6/30/2017	July 1, 2015 to 6/30/2016	July 1, 2014 to 6/30/2015
ANP	5	6	2	3
CRNA	0	0	0	0
TOTAL	96	198	163	195
<b>REINSTATEMENTS</b>				
RN	115	190	150	224
LPN	5	12	17	25
ANP	4	10	8	11
CRNA	1	2	0	4
TOTAL	125	214	175	264
ANP Preceptorships	35	34	24	18
Total active	47	34	24	17
<b>Grand Totals</b>				
Licenses/permits issued	1836	2619	1958	2328
Total Active licenses	15425	14795	15342	13223
<b>Retired status licenses</b>				
Retired Licenses	1	49	0	0
Reinstated Retired licenses	0	1	0	0

License Type	July 1, 2017 to March 31,2018	July 1, 2016 to 6/30/2017	July 1, 2015 to 6/30/2016	July 1, 2014 to 6/30/2015
TOTAL Retired Licenses	49	48	0	0
<b>CNA</b>				
Permanent Certificates Issued	373	615	490	594
Reinstatements	7	24	32	28
Temporary Certificates Issued	50	227	110	143
TOTAL Permanent Licensees	2331*	3297	3773	3251

## Agenda Item 10

### Division Update

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

Board of Nursing  
Schedule of Revenues and Expenditures

	FY 12		FY 13		FY 14		FY 15		FY16		FY17		FY18 1st & 2nd Qtr	
Licensing Revenue	\$	998,899	\$	2,515,011	\$	1,024,727	\$	2,589,410	\$	1,063,761	\$	2,847,309	\$	435,295
Allowable Third Party Reimbursement		-		-		2,497		6,744		1,620		1,693	\$	383
Total Revenue		998,899		2,515,011		1,027,224		2,596,154		1,065,381		2,849,002		435,678
Direct Expenditures														
Personal Services		710,446		721,394		850,867		919,911		983,406		1,095,073		547,537
Travel		17,814		22,013		26,960		33,063		18,344		19,814		4,873
Contractual		342,033		302,175		289,470		294,532		282,701		362,166		117,771
Supplies		2,408		3,195		3,681		3,274		2,975		2,522		589
Equipment		-		-		-		-		-		-		-
Total Direct Expenditures		1,072,701		1,048,777		1,170,978		1,250,780		1,287,426		1,479,575		670,769
Indirect Expenditures*		938,601		1,201,327		798,751		682,300		808,047		1,079,880		539,940
														-
Total Expenses		2,011,302		2,250,104		1,969,729		1,933,080		2,095,473		2,559,455		1,210,709
Annual Surplus (Deficit)		(1,012,403)		264,907		(942,505)		663,074		(1,030,092)		289,547		(775,031)
Beginning Cumulative Surplus (Deficit)		2,312,387		1,299,984		1,564,891		622,386		1,285,460		255,368		544,915
Ending Cumulative Surplus (Deficit)	\$	1,299,984	\$	1,564,891	\$	622,386	\$	1,285,460	\$	255,368	\$	544,915	\$	(230,116)

\*Due to changes in calculation methodology in the new payroll system, Personal Services for the first and second quarters of FY18 are estimated at 50% of FY17 expenses. They will be reconciled as actuals in FY18 third quarter reports.

\*\* For the first three quarters, indirect costs are based on the prior fiscal year's total indirect amount on a percent of year completed basis

Appropriation	(All)
PL Budget Fiscal Year	2018
Activity Code	(Multiple Items)

Sum of Expenditures		Object Type		
Object Code	Object Name	2000 - Travel	3000 - Services	4000 - Commodities
2005	In-State Non-Employee Airfare	942		
2006	In-State Non-Employee Surface Transportation	12		
2007	In-State Non-Employee Lodging	1,810		
2008	In-State Non-Employee Meals and Incidentals	690		
2009	In-State Non-Employee Taxable Per Diem	144		
2010	In-State Non-Employee Non-Taxable Reimbursement	165		
2012	Out-State Employee Airfare	100		
2013	Out-State Employee Surface Transportation	99		
2015	Out-State Employee Meals and Incidentals	324		
2020	Out-State Non-Employee Meals and Incidentals	358		
2022	Out-State Non-Employee Non-Taxable Reimbursement	229		
3000	Training/Conferences		300	
3001	Test Monitor/Proctor		21,942	
3023	Expert Witness		6,140	
3035	Long Distance		163	
3044	Courier		362	
3045	Postage		2,120	
3046	Advertising		666	
3057	Structure, Infrastructure and Land - Rentals/Leases		1,780	
3066	Print/Copy/Graphics		76	
3067	Honorariums/Stipend		144	
3069	Commission Sales		12	
3088	Inter-Agency Legal		60,204	
3094	Inter-Agency Hearing/Mediation		10,656	
3100	Inter-Agency Safety		13,207	
4001	Equipment/Furniture/Tools/Vehicles			54
4002	Business Supplies			216
4005	Subscriptions			270
4009	Food Supplies			24
4011	Cleaning			21
4016	Laboratory Supplies			5
<b>Grand Total</b>		<b>4,873</b>	<b>117,771</b>	<b>589</b>

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

Board of Nursing  
Schedule of Revenues and Expenditures

	FY 12		FY 13		FY 14		FY 15		FY16		FY17		FY18 1st - 3rd Qtr		
Licensing Revenue	\$	998,899	\$	2,515,011	\$	1,024,727	\$	2,589,410	\$	1,063,761	\$	2,847,309	\$	868,172	
Allowable Third Party Reimbursement		-		-		2,497		6,744		1,620		1,693		\$	814
Total Revenue		998,899		2,515,011		1,027,224		2,596,154		1,065,381		2,849,002			868,986
Direct Expenditures															
Personal Services		710,446		721,394		850,867		919,911		983,406		1,095,073			702,498
Travel		17,814		22,013		26,960		33,063		18,344		19,814			18,225
Contractual		342,033		302,175		289,470		294,532		282,701		362,166			219,615
Supplies		2,408		3,195		3,681		3,274		2,975		2,522			1,074
Equipment		-		-		-		-		-		-			-
Total Direct Expenditures		1,072,701		1,048,777		1,170,978		1,250,780		1,287,426		1,479,575			941,412
Indirect Expenditures*		938,601		1,201,327		798,751		682,300		808,047		1,079,880			809,910
Total Expenses		2,011,302		2,250,104		1,969,729		1,933,080		2,095,473		2,559,455			1,751,322
Annual Surplus (Deficit)		(1,012,403)		264,907		(942,505)		663,074		(1,030,092)		289,547			(882,336)
Beginning Cumulative Surplus (Deficit)		2,312,387		1,299,984		1,564,891		622,386		1,285,460		255,368			544,915
Ending Cumulative Surplus (Deficit)	\$	1,299,984	\$	1,564,891	\$	622,386	\$	1,285,460	\$	255,368	\$	544,915	\$		(337,421)

\*\* For the first three quarters, indirect costs are based on the prior fiscal year's total indirect amount on a percent of year completed basis

Appropriation	(All)
Sub Unit	(All)
Activity Code	(Multiple Items)

Sum of Expenditures		Object Type Code				
Object Code	Object Name	1000 - Personal Services	2000 - Travel	3000 - Services	4000 - Commodities	Grand Total
1011	Regular Compensation	377,418.05				377,418.05
1014	Overtime	1,134.24				1,134.24
1023	Leave Taken	37,003.39				37,003.39
1028	Alaska Supplemental Benefit	25,539.45				25,539.45
1029	Public Employee's Retirement System Defined Benefits	39,052.83				39,052.83
1030	Public Employee's Retirement System Defined Contribution	12,283.21				12,283.21
1034	Public Employee's Retirement System Defined Cont Health Reim	8,887.64				8,887.64
1035	Public Employee's Retirement Sys Defined Cont Retiree Medical	2,450.49				2,450.49
1037	Public Employee's Retirement Sys Defined Benefit Unfnd Liab	28,746.34				28,746.34
1039	Unemployment Insurance	1,298.81				1,298.81
1040	Group Health Insurance	119,808.50				119,808.50
1041	Basic Life and Travel	184.49				184.49
1042	Worker's Compensation Insurance	3,987.03				3,987.03
1047	Leave Cash In Employer Charge	9,365.51				9,365.51
1048	Terminal Leave Employer Charge	4,858.97				4,858.97
1053	Medicare Tax	5,523.51				5,523.51
1062	GGU Business Leave Bank Contributions	513.47				513.47
1069	SU Business Leave Bank Contributions	131.90				131.90
1077	ASEA Legal Trust	525.30				525.30
1079	ASEA Injury Leave Usage	68.57				68.57
1080	SU Legal Trst	84.01				84.01
1970	Personal Services Transfer	23,631.86				23,631.86
2000	In-State Employee Airfare		1,675.94			1,675.94
2001	In-State Employee Surface Transportation		165.04			165.04
2002	In-State Employee Lodging		1,970.10			1,970.10
2003	In-State Employee Meals and Incidentals		810.00			810.00
2005	In-State Non-Employee Airfare		2,976.33			2,976.33
2006	In-State Non-Employee Surface Transportation		12.00			12.00
2007	In-State Non-Employee Lodging		5,564.02			5,564.02
2008	In-State Non-Employee Meals and Incidentals		2,220.00			2,220.00
2009	In-State Non-Employee Taxable Per Diem		144.00			144.00
2010	In-State Non-Employee Non-Taxable Reimbursement		489.21			489.21
2012	Out-State Employee Airfare		100.00			100.00
2013	Out-State Employee Surface Transportation		179.85			179.85
2015	Out-State Employee Meals and Incidentals		924.06			924.06
2020	Out-State Non-Employee Meals and Incidentals		693.30			693.30
2022	Out-State Non-Employee Non-Taxable Reimbursement		301.02			301.02
2970	Travel Cost Transfer		(0.00)			(0.00)
3000	Training/Conferences			700.00		700.00
3001	Test Monitor/Proctor			41,374.17		41,374.17
3023	Expert Witness			6,390.00		6,390.00
3035	Long Distance			495.27		495.27
3044	Courier			576.79		576.79
3045	Postage			4,286.80		4,286.80
3046	Advertising			807.87		807.87
3057	Structure, Infrastructure and Land - Rentals/Leases			2,661.65		2,661.65
3066	Print/Copy/Graphics			75.50		75.50
3067	Honorariums/Stipend			144.00		144.00
3069	Commission Sales			72.00		72.00
3088	Inter-Agency Legal			81,574.24		81,574.24
3094	Inter-Agency Hearing/Mediation			15,878.40		15,878.40
3100	Inter-Agency Safety			64,578.00		64,578.00
4001	Equipment/Furniture/Tools/Vehicles				54.22	54.22
4002	Business Supplies				565.15	565.15
4005	Subscriptions				406.00	406.00
4009	Food Supplies				23.71	23.71
4011	Cleaning				20.59	20.59
4016	Laboratory Supplies				4.51	4.51
Grand Total		702,497.57	18,224.87	219,614.69	1,074.18	941,411.31



## Agenda Item 18

### Civil Fines

## Template for Civil Fines

### CEUs

fines/hr. of missed CEU	CNA \$10/hr *	LPN \$15/hr*	RN \$20/hr*	APRN \$50/hr^*
----------------------------	------------------	-----------------	----------------	-------------------

^Rise in \$/hr charge for APRNs is reflective of their practice, prescriptive authority and potential for harm.

\*Auditees have 30 days from the time of notification of non-compliance to meet the requirements and pay the fines; if no resolution after 30 days – reprimand and suspension until met.

DRAFT

## Lapsed Licenses

	CNA	LPN	RN	APRN
1-30 days	\$1/day	\$2/day	\$7/day	\$25/day
31days+	\$2/day**	\$4/day**	\$14/day**	\$50/day**

\*\*after 90 days (day 91+) 2 week suspension + reprimand + report to NURSYS

DRAFT

Agenda Item 19

Telehealth Regulation

NEW REGULATION – Proposed

Add a new regulation section: Authority AS 08.68.100 (9)

**12 AAC 44.925 Standards of Practice for Telemedicine** (a) an APRN or RN may practice telehealth if the following conditions are met:

- (1) In order to provide care for a patient in the State of Alaska (including diagnosing, treating, rendering an opinion, providing case management) the APRN or RN must be licensed to practice in Alaska under AS 08.68
- (2) An APRN may render a diagnosis, provide treatment, or prescribe, dispense, or administer a prescription drug provided
  - a. The treating APRN, another APRN in the group practice, or a licensed physician in the state must be available to provide follow-up care
  - b. The treating APRN must request that the patient consent to sending a copy of the records to the patient's primary care provider if the treating APRN is not the primary care provider
  - c. A physically separated APRN may prescribe, dispense, or administer a controlled drug only if an RN, LPN, or Community Health Aide is physically present with the patient. (Alternative wording: only if an appropriately licensed health care provider is physically present with the patient)
  - d. An APRN may prescribe, dispense, or furnish a prescription medication to a person without first conducting a physical examination, only if there is an established patient – APRN relationship; except
    - i. For use in emergency treatment
    - ii. For expedited partner therapy for sexually transmitted diseases; or
    - iii. In response to an infectious disease investigation, public health emergency, infectious disease outbreak, or act of bioterrorism.
  - e. The treating APRN or RN must practice in accordance with all relevant laws and practice standards.
  - f. An APRN may not prescribe, dispense, or administer
    - i. a prescription drug in response to an Internet questionnaire or electronic mail message to a person with whom the APRN does not have a prior APRN-Patient relationship
    - ii. an abortion-inducing drug
- (3) A record and documentation of telehealth encounters must be maintained to include:
  - a. A clinical history to establish diagnoses and identify conditions and/or contra-indications to recommended treatment
  - b. A physical exam completed via telehealth technologies, or a previous in-person physical exam by the treating APRN, or a documented physical exam accessible by the treating APRN within the previous \_\_\_\_ days
  - c. Treatment, recommendations, and issuing a prescription via electronic means. The treatment plan will be held to the same standards as those in traditional settings.

- d. Patient informed consent for the use of telemedicine technologies.
  - e. Compliance with HIPPA and medical record retention rules.
- (4) Transmissions, including patient e-mail, prescriptions, and laboratory results must be secure within existing technology to include password protected, encrypted electronic prescriptions, or other reliable authentication techniques.

## 12 AAC 44.990 DEFINITIONS

Add:

(32) “Telehealth” or “telemedicine” means the practice of nursing or medicine using electronic communications, information technology or other means between a licensee in one location, and a patient in another location with or without an intervening healthcare provider.

(32b) “Telehealth” is the remote delivery of healthcare services and clinical information using telecommunications technology. This includes a wide array of clinical services using internet, wireless, satellite and telephone media.

(33) “Telemedicine technologies” means technologies and devices enabling secure electronic communications and information exchange between a licensee in one location and a patient in another location with or without an intervening healthcare provider.

(34) Patient – APRN relationship is establish when there is an in-person physical examination of the patient by the APRN, or another APRN or physician in the same group practice and the patient record is available to the treating APRN.

## Agenda Item 20

### CNA Program Report



## **CNA Board Report for Fiscal Q3/Calendar Q1: January 1 – March 31, 2018**

### **Onsite Visits:**

#### **Caregiver Training Academy (CTA)**

1/11/2018 - An unannounced site visit was made to determine compliance from the 9/20 and 9/26/2017 onsite visits where deficiencies were noted. CTA was not in compliance with record keeping of the clinical training. Their corrective action plan was received and accepted.

3/14/2018 - An unannounced clinical site visit was made at Providence Extended Care (PEC) observing and interviewing CTA students. PEC employees were interviewed regarding the students. No issues.

#### **Chugiak Eagle River Health Education**

2/6/2018 – An unannounced site visit was made to determine compliance from 10/31/2017 onsite visit.  
The program was determined to be in compliance.

#### **UAS – CTC (Fairbanks)**

3/5/2018 - An announced visit was made to observe testing.

### **Proctors:**

3 new proctors were added last quarter: Bethel; Kodiak; Fairbanks

In May or June we will be implementing centralized training for new proctors. This will be in Anchorage to ensure consistent training with a larger number of students than the smaller communities have.

### **Programs:**

KPC (Kenai Peninsula College/KPBAS – Kenai) has requested to be a testing site. An onsite visit by the lead proctor in the area will be done to ensure they are appropriate for written and skills testing.

New instructors at Chugiak – Eagle River; UAF – CTC; UAS - Sitka (They are being added to existing staff).

## **Program Cumulative Annual Overall Pass Rates**

14 programs had pass rates 80% or above.

4 programs had pass rates that fell below 80%. (See attached for quarterly reports). These programs are:

### **Alaska Job Corps (Palmer) 75%**

- Their corrective action plan from 2/28/2018 for the concern of pass rates below 80%, stated:
  1. Problem may be related to the length of training time being drawn out for an average of 6 months to a year;
  2. Implemented mandatory study hall for students who need extra help;
  3. Students have access to 2 videos showing proper CNA skills;
  4. Students have access to a 24 hour online Hartman (text used) site for study;
  5. In the process of reviewing a new Alzheimer's video;
  6. 2 qualified instructors have been reviewing the program and working with students who were trained during instructor transition and change of instructors;
  7. Instructor lessons will be a daily occurrence and help students retain more information by repetition; and
  8. A review of all material, theory and skills, will be mandatory for each student 1:1, with instructor, after clinical and before completion of course and State Exam.

### **Alaska CNA Program (Anchorage) 77.7%**

- Recently changed their clinical site from Alaska Regional Hospital to The Pioneer Home. A site visit is planned for the end of April.

### **Bethel CNA Program 66.7%**

- They had 1 group of testers the fall of 2017. 9 testers. All 9 passed the skills test and 6 passed the written test and
- They have a test scheduled for April 14. Will monitor pass rates.

### **Caregiver Training Academy (CTA) (Anchorage) 73.9%**

- Continued monitoring of this program.

I recommend continued monitoring of these programs.

Joan Green RN  
Nurse Consultant



THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

Department of Commerce, Community,  
and Economic Development

DIVISION OF CORPORATIONS, BUSINESS  
PROFESSIONAL LICENSING

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

DATE: April 1, 2018  
TO: Alaska Board of Nursing  
FROM: Dave Worrell – CNA Licensing Examiner  
SUBJECT: Nurse Aide Quarterly Report

Quarterly Nurse Aide Statistics **Fiscal Q3/Calendar Q1: Jan. 1 – Mar. 31, 2018**

Permanent certificates issued: **137**

Reinstatements issued: **2**

Temporary certificates issued: **13**

Total permanent nurse aide certificates as of April 1, 2018: **2,333**

<i>Yearly statistics</i>				
	<i>Permanent certificates issued</i>	<i>Reinstatements</i>	<i>Temporary certificates issued</i>	<i>Total Permanent Licensees</i>
<b>FY 17 Quarter 4 4/1/18 – 6/30/18</b>	<b>205</b>	<b>3</b>	<b>67</b>	<b>3,297</b>
<b>FY 18 Quarter 1 7/1/17 – 9/30/17</b>	<b>137</b>	<b>3</b>	<b>16</b>	<b>3,436</b>
<b>FY 18 Quarter 3 10/1/17 – 12/31/17</b>	<b>99</b>	<b>2</b>	<b>21</b>	<b>3,539</b>
<b>FY 18 Quarter 3 1/1/18 – 3/31/18</b>	<b>137</b>	<b>2</b>	<b>13</b>	<b>2,333 (after renewal)</b>

## FY2018 Quarterly Reports:

### Alaska Job Corps (Palmer)

Test Date	First Time Skills	First Time Written	Pass Skills	Pass Written	Skills Pass Rate	Written Pass Rate	Fail Skills	Fail Written	Skills Fail Rate	Written Fail Rate	Passed Both	Overall Pass Rate
Q1 (Jul-Sep 2017)	8	8	8	6	100.0%	75.0%	0	2	0.0%	25.0%	6	75.0%
Q2 (Oct-Dec 2017)	No testers											
Q3 (Jan-Mar 2018)	4	4	3	4	75.0%	100.0%	1	0	25.0%	0.0%	3	75.0%
Q4 (Apr-Jun 2018)												
<b>Year Totals</b>	<b>12</b>	<b>12</b>	<b>11</b>	<b>10</b>	<b>91.7%</b>	<b>83.3%</b>	<b>1</b>	<b>2</b>	<b>8.3%</b>	<b>16.7%</b>	<b>9</b>	<b>75.0%</b>

## FY2018 Quarterly Reports:

### Alaska CNA Program (Anchorage)

Test Date	First Time Skills	First Time Written	Pass Skills	Pass Written	Skills Pass Rate	Written Pass Rate	Fail Skills	Fail Written	Skills Fail Rate	Written Fail Rate	Passed Both	Overall Pass Rate
Q1 (Jul-Sep 2017)	27	27	23	26	85.2%	96.3%	4	1	14.8%	3.7%	22	81.5%
Q2 (Oct-Dec 2017)	11	11	8	11	72.7%	100.0%	3	0	27.3%	0.0%	8	72.7%
Q3 (Jan-Mar 2018)	13	14	11	13	84.6%	92.9%	2	1	15.4%	7.1%	10	74.1%
Q4 (Apr-Jun 2018)												
Year Totals	51	52	42	50	82.4%	96.2%	9	2	17.6%	3.8%	40	77.7%

1 person was unable to take skills due to injury

## FY2018 Quarterly Reports:

### Bethel CNA Training

Test Date	First Time Skills	First Time Written	Pass Skills	Pass Written	Skills Pass Rate	Written Pass Rate	Fail Skills	Fail Written	Skills Fail Rate	Written Fail Rate	Passed Both	Overall Pass Rate
Q1 (Jul-Sep 2017)	No testers											
Q2 (Oct-Dec 2017)	9	9	9	6	100.0%	66.7%	3	0	33.3%	0.0%	6	66.7%
Q3 (Jan-Mar 2018)	No testers											
Q4 (Apr-Jun 2018)												
<b>Year Totals</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>6</b>	<b>100.0%</b>	<b>66.7%</b>	<b>3</b>	<b>0</b>	<b>33.3%</b>	<b>0.0%</b>	<b>6</b>	<b>66.7%</b>

## FY2018 Quarterly Reports:

### Caregiver Training Academy

Test Date	First Time Skills	First Time Written	Pass Skills	Pass Written	Skills Pass Rate	Written Pass Rate	Fail Skills	Fail Written	Skills Fail Rate	Written Fail Rate	Passed Both	Overall Pass Rate
7/15/2017	10	10	10	7	100.0%	70.0%	0	3	0.0%	30.0%	7	70.0%
8/9/2017	1	1	1	1	100.0%	100.0%	0	0	0.0%	0.0%	1	100.0%
8/21/2017	6	6	5	5	83.3%	83.3%	1	1	16.7%	16.7%	4	66.7%
9/26/2017	4	4	3	4	75.0%	100.0%	1	0	25.0%	0.0%	3	75.0%
10/17/2017	9	9	5	9	55.6%	100.0%	4	0	44.4%	0.0%	5	55.6%
11/14/2017	6	6	5	4	83.3%	66.7%	1	2	16.7%	33.3%	4	66.7%
12/19/2017	15	15	15	15	100.0%	100.0%	0	0	0.0%	0.0%	15	100.0%
FY18 Q3	18	18	14	15	77.8%	83.3%	4	3	22.2%	16.7%	12	66.7%
<b>Year Totals</b>	<b>69</b>	<b>69</b>	<b>58</b>	<b>60</b>	<b>84.1%</b>	<b>87.0%</b>	<b>11</b>	<b>9</b>	<b>15.9%</b>	<b>13.0%</b>	<b>51</b>	<b>73.9%</b>



## Agenda Item 22

### Board Correspondence

**From:** Rep. Les Gara  
**To:** [Office-ANC-HSS-DJJ MYC Nursing Staff \(HSS sponsored\); Bernth, Gail A \(CED\)](#)  
**Cc:** [Chambers, Sara C \(CED\)](#)  
**Subject:** House Bill 268 & Voluntary Board Action on Opioids  
**Date:** Wednesday, April 25, 2018 11:47:06 AM  
**Attachments:** [image001.png](#)  
[image004.png](#)  
[HB 268 CS HFIN.PDF](#)

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## ALASKA STATE LEGISLATURE



REPRESENTATIVE LES GARA

April 25<sup>th</sup>, 2018

RE: House Bill 268 & Voluntary Board Action on Opioids

Dear Members of the Board of Nursing:

We all know we are in the midst of a national and statewide opioid epidemic. I am writing to seek your help. In Alaska, on a per capita basis, this epidemic is worse than in many states, destroying lives and families, and costing us significantly in terms of lost lives and work, damaged families, medical costs, and expensive state services.

I appreciate the State Medical Board's recent pending consideration of the Centers for Disease Control's guidelines on advising patients about the potentially fatal dangers of highly addictive opioids, and on advising patients of reasonable alternatives to opioid medications. The CDC has issued this detailed [Guideline for Prescribing Opioids for Chronic Pain](#) in recognition that many, but not all providers are giving this needed information to patients so they can weigh the dangers of opioid addiction.

I also appreciate the Alaska Dental Society's support for the concept stated in our legislation on

this subject, House Bill 268 (attached). This bill asks Boards overseeing providers with prescribing authority to require that prescribers provide outpatients verbal and written information on the potential addictive and health risks of opioids, and alternative medications where appropriate.

Roughly 80% of those addicted to heroin today started out using prescription opioid painkillers. 115 Americans die from opioid overdoses every day. In 2012, Alaska's opioid overdose death rate was twice the national rate. We think Alaskan providers should follow the Center for Disease Control's recommendations that patients be advised of these dangers and follow the lead of other states where medical prescribers are required to provide patients with this potentially life-saving information.

While the bill passed the House Finance and Health and Social Services committees, there is not enough time left in session to pass it through the Senate this year. We will pre-file it next year if we have to, but would rather the prescribing professional Boards voluntarily adopt regulations requiring the provision of this recommended advice. Certainly, the Boards might decide some patients, such as hospice or other patients for whom opioid medicine is necessary, would not receive the advice.

The CDC guidelines make clear this is the right thing to do. Our bill would allow the Boards significant flexibility in adopting regulations and deciding which patients should be subject to them. It also makes clear that sometimes a prescriber will not have time, or the ability to provide this information, so Board sanctions, when they are appropriate, should be left up to the Boards.

We hope to hear your Board will adopt these regulations, requiring medical prescribers to explain the risks and alternatives to opioid medication therapy in their own words, and that they will provide written information as well, since we cannot assume providers have time for long conversations about this issue. We have worked with the state Department of Health and Social

Services, which has included a [weblink](#) providers can use to print a handout with this patient information if providers do not wish to create their own.

Our bill was supported by provider testimony and the following groups this session: the Alaska Advisory Board on Alcoholism and Drug Abuse, Partners for Progress, the Alaska Dental Society, the Alaska Public Health Association, and AARP Alaska.

Please let us know if you intend to adopt regulations on these matters, and if there is any way we can help. We appreciate that many of your members have been proactive in advising patients on this crucial issue.

Thank you.

A handwritten signature in black ink, appearing to read 'Les Gara', with a long horizontal flourish extending to the right.

Rep. Les Gara

---

January-May: State Capitol • Juneau, AK 99801-1182 • (907) 465-2647 • Fax (907) 465-3518  
June-December: 1500 W. Benson Blvd. • Anchorage, AK 99503 • (907) 269-0106 • Fax (907) 269-0109  
Rep.Les.Gara@akleg.gov

March 6, 2018

Gail A Bernth, MSN, APRN  
Executive Director  
Alaska Board of Nursing  
550 West 7<sup>th</sup> Avenue, Suite 1500  
Anchorage, AK 99501

Dear Ms. Bernth,

I am writing to inform the Alaska Board of Nursing that Alaska Pacific University intends to apply for approval of an Associate of Applied Science degree in Nursing. Our goal in establishing the AAS in Nursing is to provide a rigorous and culturally relevant educational program that addresses Alaska's critical nursing shortage. We plan to submit our application in May 2018 in time for your review and consideration at the August 2018 Board meeting. We seek to admit the first students to this program in Fall 2019.

Thank you for providing the "Guidelines for Nursing Education Program Approval" and for offering your assistance to APU as we develop the program and apply for Board approval. If you have any questions about our plans, please feel free to contact me or Dr. Hilton Hallock, Chief Strategy and Accreditation Officer ([hhallock@alaskapacific.edu](mailto:hhallock@alaskapacific.edu); 907-564-8209).

Sincerely,



Robert Onders, MD, JD, MPA  
President

Board of Trustees

Chair: LeeAnn Garrick • Vice Chair: Harry McDonald • Secretary: Lincoln Bean, Sr. • Treasurer: Matt Carle  
Margie Bezona • Trigg Davis • Carol Gore • Jason Hart • Mia Heavener • Chris Hodel • Matt Ione  
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THE STATE  
of **ALASKA**

GOVERNOR BILL WALKER

**Department of Labor and  
Workforce Development**

Office of the Commissioner

Post Office Box 111149  
Juneau, Alaska 99811  
Main: 907.465.2700  
Fax: 907.465.2784

April 17, 2018

Ms. Jennifer Stukey, LPN  
Chair, Alaska Board of Nursing  
Atwood Building  
550 W. 7<sup>th</sup> Ave., Suite 1500  
Anchorage, AK 99501

Madam Chair and Board Members,

I am writing to request that CNA students who reside in rural areas be allowed to take the CNA exam within a day of completing their coursework. This would significantly reduce travel expenses for test-takers from rural Alaska, who currently wait ten days after completing their coursework before taking the CNA exam.

While such a waiting period may not substantially inconvenience students from Anchorage or Fairbanks or Juneau, it can create travel costs in the hundreds of dollars for rural students.

The University of Alaska-Fairbanks has identified additional procedural reforms that would make next-day testing for rural students practical for both instructors and test proctors.

I have heard from many rural residents and employers about the challenges of training and hiring CNAs. Given the importance of this occupation in our health care and long term care systems, we should prioritize more efficient test administration that facilitates participation by rural residents.

Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read "Heidi Drygas".

Heidi Drygas  
Commissioner

cc: Commissioner Mike Navarre, Department of Commerce, Community and Economic Development  
Commissioner Valerie Davidson, Department of Health and Social Services  
President Jim Johnson, University of Alaska



**University of Alaska**  
**Nursing Education Stakeholder Update**  
**UAA School of Nursing Director Marianne Murray - March 21, 2018**

---

Below is a summary of what has been going on in the community and at the School of Nursing/College of Health, focused on our three shared priorities to *(1) expand nursing education with a focus on specialty areas, (2) expand access to nursing education in outreach sites and reduce strain on clinical sites, and (3) streamline the educational pathway in order to decrease time between admission and graduation for nursing majors.*

- We have retained Banu Mufale as our new Academic Partnership Consortium Coordinator (APCC). Banu will facilitate the implementation of our new business model focused on collaborating with healthcare facilities across the state to leverage nursing expertise, and expand nursing education with a focus on high priority specialty areas. Banu will also lead the nursing education working group in this area – stay tuned!
- We have hired a new statewide simulation coordinator, Lisa Behrens, who will not only work with the School of Nursing, but also provide leadership and training for Allied Health Science programs that utilize simulation. Lisa will be based out of the Mat-Su Campus and work closely with all of UA's community/rural campuses. A great example of success to date is our Chair of the AAS program, Annette Rearden, along with WWAMI and the MEDEX program faculty implemented a complex communication IPE Simulation that 96 students participated in, increasing their understanding and knowledge of each other's unique professional roles. This COH teamwork represents positive progress to reduce strain on clinical sites.
- We are also pleased to welcome Rodney Riesland who has started teaching in our FNP graduate program. Rodney is a highly experienced and skilled practitioner. He is eager to share his knowledge with our students and positively impact their learning.
- The Alaska State Board of Nursing has approved our program for another year. The Board found the report very comprehensive. I appreciate everyone's help with providing the information for this document.
- We have submitted a HRSA grant in collaboration with Southcentral Foundation to increase nursing student's clinical experience in primary care areas.
- Work is being done on all of our expansions - We have a clear commitment with the Mat-Su campus for an additional cohort and additional faculty as well as the implementation of the BS program in the valley.
- Opportunities are available for UAA faculty to join with our Rural Research Collaborative that the Rural Deans Network has organized. These are collaborative research opportunities for our faculty to connect and work with faculty from the nine other rural public universities. There are three primary topics, including Big Data, Primary Care access to Care and Behavioral Health and American Indian Alaska Native Health.
- Boise State University has a nationally renowned Simulation center, as well as faculty experts in simulation. I have invited the Boise State faculty team to come to Alaska at the end of spring to discuss best practices in simulation and the NCSBN guidelines for simulation. I will keep you informed if they accept the invitation. If you have an interest in learning more about simulation, please let me know.
- In April, we are hosting the Alaska State Hospital and Nursing Home Association CNO/DNO meeting at UAA.
- The COH continues to move forward with reorganization and restructuring. Many of the programs at the COH are expanding in response to the Board of Regents charge to double the number of health graduates from the COH.
- The COH created an admissions committee to focus on increasing diversity. School of Nursing faculty Kathy Stephenson and Pam Grogan are both on this committee. Please let them know if you have any ideas related to admissions at the College level and nursing admissions.
- We had close to 300 students apply to the Anchorage AAS program (48 seats) and 190 qualified applicants for the BS program (120 seats). We continue to brainstorm and evaluate methods to increase capacity in Anchorage for the BS program now that many of our outreach sites have moved to expanded yearly cohorts. We are also evaluating WHO is applying to our programs. We are very close to implementing our online



application and streamlining our application process. All of the staff are working VERY hard to implement these processes.

- Finally, now that we have our new staff in place, we will initiate a meeting with our Nursing Education Working Groups to identify highest priority action steps for the coming academic year. ***We also look forward to convening another meeting with our valued stakeholders this fall 2018 to solicit additional input on how we can best achieve our shared goals for Alaska.***

**NOTE:** Bonnie Nygard, UAA Director of Workforce Development, will continue to support our efforts, and has agreed to collect ongoing feedback and recommendations. Please submit your ideas to Bonnie via email at [bknygard@alaska.edu](mailto:bknygard@alaska.edu). Thank you for all of your support and continued engagement!