

BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

SUITE 309, EMBLETON BUILDING

922 QUARRIER STREET



Garnette Thorne, B.S.N., M.S., R.N.
Executive Secretary

TELEPHONE
(304) 348-3596

CHARLESTON, WEST VIRGINIA 25301

NOTICE OF PUBLIC HEARING OR COMMENT PERIOD ON PROPOSED RULE
PUBLIC HEARING

AGENCY: WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

RULE TYPE: LEGISLATIVE

RULE TITLE:

SERIES I: POLICIES, REQUIREMENTS AND RECOMMENDATIONS FOR ACCREDITED PROGRAMS OF PROFESSIONAL NURSING IN WEST VIRGINIA

SERIES II: CRITERIA FOR THE EVALUATION AND ACCREDITATION OF PROFESSIONAL NURSING IN WEST VIRGINIA

SERIES III: REQUIREMENTS FOR REGISTRATION AND LICENSURE AS A REGISTERED PROFESSIONAL NURSE

SERIES IV: LEGAL STANDARDS OF NURSING PRACTICE FOR THE REGISTERED PROFESSIONAL NURSE IN WEST VIRGINIA

A PUBLIC HEARING ON THE ABOVE PROPOSED RULE(S) WILL BE HELD AT 9:30 A.M. TO 4:00 P.M. ON JULY 9, 1985 AT SOUTH BRIEFING ROOM, SCIENCE AND CULTURE BUILDING, CAPITOL COMPLEX, CHARLESTON, WEST VIRGINIA.

COMMENTS ARE LIMITED TO: ORAL _____ WRITTEN _____ BOTH X

COMMENTS MAY ALSO BE MAILED TO: SUITE 309, EMBLETON BUILDING, 922 QUARRIER STREET, CHARLESTON, WEST VIRGINIA 25301

THE DEPARTMENT REQUESTS THAT PERSONS WISHING TO MAKE COMMENTS AT THE HEARING MAKE AN EFFORT TO SUBMIT WRITTEN COMMENTS IN ORDER TO FACILITATE A REVIEW OF THESE COMMENTS.

THE ISSUES TO BE HEARD SHALL BE LIMITED TO THE PROPOSED RULE.

FILED

1985 MAY 29 PM 4:44
SECRETARY OF STATE

Garnette Thorne, M.S.N., R.N.
EXECUTIVE SECRETARY

BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

SUITE 309, EMBLETON BUILDING

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CHARLESTON, WEST VIRGINIA 25301

PROPOSED RULES

STATE REGISTER FILING

AGENCY: WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

CONTACT PERSON: MISS GARNETTE THORNE, R.N., M.S. PHONE (304) 348-3596

TYPE OF RULE: LEGISLATIVE

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SERIES I: POLICIES, REQUIREMENTS AND RECOMMENDATIONS FOR ACCREDITED PROGRAMS OF PROFESSIONAL NURSING IN WEST VIRGINIA

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CHAPTER 30 ARTICLE 7 SERIES I - II - III - IV

AUTHORITY 30-7-4(a)

- NEW RULE
- AMENDMENTS TO EXISTING RULE
- REPEAL OF EXISTING RULE
- NOTICE OF HEARING
- NOTICE OF AGENCY APPROVAL (legislative rules only)
- NOTICE OF AGENCY ADOPTION (interpretive & procedural rules only)
- FINAL FILING
- FIRST EMERGENCY FILING
- SECOND EMERGENCY FILING

FILED

1985 MAY 29 PM 1:44

SECRETARY OF STATE

FISCAL NOTE FOR PROPOSED RULES **FILED**

1985 MAY 29 PM 1:44

Rule Title: Policies, Requirements and Recommendations for Accredited Programs of Professional Nursing in West Virginia

Type of Rule: X Legislative Interpretive Procedural

Agency WV BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES Address Suite 309, Embleton Bldg. 922 Quarrier Street Charleston, WV 25301

1. Effect of Proposed Rule	ANNUAL		FISCAL YEAR		
	Increase	Decrease	Current	Next	Thereafter
Estimated Total Cost	\$	\$	\$	\$	\$
Personal Services	976,475		976,475.	+	+
Current Expense	37,675		37,675.	10%	10%
Repairs and Alterations	2,100		2,100.		
Equipment	51,770		51,770.		
Other					

2. Explanation of above estimates. The above estimates are based on the current cost of a typical two year nursing program times 5 programs and the cost for implementing a typical baccalaureate program times 5 programs. There would be no decrease in cost but the colleges would lose vocational money now being paid for educating the associate degree students.

3. Objectives of these rules:

1. To improve the quality of nursing care in West Virginia in order to safeguard life and health.
2. To enable the Board to carry out its function to:
 - (1) prescribe standards for educational programs preparing persons for licensure as registered professional nurses;
 - (2) provide for surveys of such educational programs;
 - (3) accredit such programs; and to
 - (4) deny or withdraw accreditation of educational programs.
3. To implement a cost effective way of educating nurses.

4. Explanation of Overall Economic Impact of Proposed Rule.

A. Economic Impact on State Government.

It would increase the cost of nursing education. Although if we only educated nurses in 2 types of programs one type of program for the R.N. and one type of program for the L.P.N., it should decrease the cost to the State.

B. Economic Impact on Political Subdivisions; Specific Industries; Specific groups of citizens.

The nurse desiring to become a registered professional nurse would have to graduate from a four (4) year program. Registered professional nurses are now educated in 2, 3, and 4 year programs although they do not obtain the same education. Some of the students would have the cost of 1 or 2 more years of college. The Board of Regents would be responsible for establishing programs in the State Colleges.

C. Economic Impact on Citizens/Public at Large.

None

Date May 28, 1985

Signature of Agency Head or Authorized Representative

Barnette Hoome, MSN, R.N.

WEST VIRGINIA LEGISLATIVE RULES
WEST VIRGINIA BOARD OF EXAMINERS FOR
REGISTERED PROFESSIONAL NURSES
CHAPTER 30 - 7
SERIES I

Title: Policies, Requirements and Recommendations for Accredited
Programs of Professional Nursing in West Virginia

- Section 1. General
2. Definition of terms
 3. Purposes of the Law. Who may practice
 4. Powers of the Board
 5. Purpose of Accreditation
 6. Policies for Accreditation of Professional
Nursing Programs
 7. Establishment of a New Program of Professional
Nursing
 8. Accreditation of Nursing Program
 9. Loss of Accreditation
 10. Closing of a Program
 11. Reports from Nursing Programs to the Board

OFFICE OF THE
SECRETARY OF STATE

1965 MAY 29 PM 1:45

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WEST VIRGINIA LEGISLATIVE RULES
WEST VIRGINIA BOARD OF EXAMINERS FOR
REGISTERED PROFESSIONAL NURSES
CHAPTER 30 - 7
SERIES I

FILED

1985 MAY 29 PM 1:45

TITLE: Policies, Requirements and Recommendations for
Accredited Programs of Professional Nursing in
West Virginia

Section 1. General

1.1 Scope - These Legislative Rules establishes the Administrative Rules and Regulations for Registered Professional Nurses Education, Licensure and Practice in the State of West Virginia.

1.2 Authority - W.Va. Code 30-7-4 (a)(b)

1.3 Filing Date -

1.4 Effective Date - July 1, 1992

1.5 Repeal of Former Rule - These Legislative Rules repeals West Virginia Board of Examiners for Registered Professional Nurses rules filed December 17, 1982.

Section 2. Definition of terms:

2.1 The term "Board" means the West Virginia Board of Examiners for Registered Professional Nurses.

2.2 The term "professional nursing program" means an education unit charged with responsibility to prepare its graduates for practice as professional nurses, with a minimum of a baccalaureate degree in nursing, and qualified to meet licensing requirements in West Virginia. This unit shall be structured in a university, or college.

2.3 An "accredited professional nursing program" is one which has met the requirements of the law and of the Board, as outlined in this MANUAL, and is currently approved by the Board.

2.4 A "provisionally accredited professional nursing program" is one which either has been temporarily approved but has not been in operation long enough to qualify for full accreditation, or one which fails to meet the requirements of the law and of the Board, and has received notification of its deficiencies.

2.5 A "professional nursing program or school" is one conducted by a college or university, or in cooperation with a college or university, and which leads to the minimum of a baccalaureate degree.

Board of Registered Nurses
Legislative Rules
Chapter 30-7
Series 1 Sec. 2

2.6 "Requirements" are mandatory conditions which a professional nursing program must meet in order to be accredited.

2.7 "Recommendations" are suggestions for the guidance of programs of professional nursing in the development of their programs.

2.8 A "credit hour" is that credit assigned for one hour of lecture per week, or two to four hours of lab per week, per semester.

2.9 "Registered professional nursing", Article 7, Chapter 30, Section 1, Code of West Virginia states: "... (b) The "practice of registered professional nursing" shall mean the performance for compensation of any service requiring substantial specialized judgment and skill based on knowledge and application of principles of nursing derived from the biological, physical and social sciences, such as responsible supervision of a patient requiring skill in observation of symptoms and reactions and the accurate recording of the facts, or the supervision and teaching of other persons with respect to such principles of nursing, or in the administration of medications and treatments as prescribed by a licensed physician or a licensed dentist, or the application of such nursing procedures as involve understanding of cause and effect in order to safeguard life and health of a patient and others." (1945,c.96, §1; 1965,c.120)

Section 3. Purposes of the Law. Who May Practice

3.1 Article 7, Chapter 30, Section 2, Code of West Virginia states: "...in order to safeguard life and health, any person practicing or offering to practice registered professional nursing in this state for compensation shall hereafter be required to submit evidence that he or she is qualified so to practice, and shall be licensed as hereinafter provided. After the thirtieth day of June, one thousand nine hundred sixty-five, it shall be unlawful for any person not licensed under the provisions of this article to practice or to offer to practice registered professional nursing in this state, or to use any title, sign, card or device to indicate that such person is a registered professional nurse." (1945,c.96,§2; 1965,c.120)

3.2 ONLY PERSONS HOLDING A CURRENT WEST VIRGINIA LICENSE MAY PRACTICE REGISTERED PROFESSIONAL NURSING IN WEST VIRGINIA.

Section 4. Powers of the Board

4.1 Article 7, Chapter 30, Section 4, Code of West Virginia states "...The board is hereby authorized and empowered to:

(a) Adopt and, from time to time, amend such rules and regulations, not inconsistent with this article as may be necessary to enable it to carry into effect the provisions of this article;

(b) Prescribe standards for educational programs preparing persons for licensure to practice registered professional nursing under this article;

(c) Provide for surveys of such educational programs at such times as it may deem necessary;

(d) Accredit such educational programs for the preparation of practitioners of registered professional nursing as shall meet the requirements of this article and of the board;

(e) Deny or withdraw accreditation of educational programs for failure to meet or maintain prescribed standards required by this article and by the board;

(f) Examine, license and renew the license of duly qualified applicants;

(g) Conduct hearings upon charges calling for discipline of a licensee or revocation or suspension of a license..."
(1945,c.96,§6; 1965,c.120)

Section 5. Purpose of Accreditation

5.1 Protection of the public through evaluation of pre-service professional nursing programs in terms of the criteria hereinafter set forth.

5.2 Improvement in the quality of nursing care through the improvement of nursing education.

5.3 Guidance of prospective students in the selection of approved nursing programs.

5.4 Assurance of eligibility for state licensure to graduates of state accredited nursing programs.

Section 6. Policies for Accreditation of Professional Nursing Programs

6.1 Philosophy, Purpose and Objectives

There shall be no standardization. Each program shall be expected to have a clearly stated educational philosophy, purposes, and objectives which are realistic, educationally and socially acceptable, and which meet public expectation.

6.1.1 A program shall be expected to show that its program is designed to achieve the purposes stated, and that the faculty is competent to carry out the program.

6.2 Curriculum

A professional nursing program shall be judged by the total curriculum offered. The adequacy of instruction shall be evaluated on the basis of the methods used, the grading system, the performance of students on standardized tests and the state licensing examinations. The faculty shall endorse and teach ethical practices which are in keeping with the American Nurses' Association Code of Ethics, the philosophy and purposes of the school, and the expectations of students and the public.

6.3 Administration

The administration of the professional nursing program shall be evaluated in terms of the general system of administrative control, administration of the curriculum, and business administration, including financial accounting, projected expenditures, and the system of records and reports.

6.4 Faculty

Faculty competency shall be evaluated in terms of the individual's general and professional education and experience, and also in terms of the ability and adequacy of the group. Instructors should be prepared in their chosen fields, and well grounded in teaching techniques and functions. Such factors as professional, social and civic interests and activities, contributions to the nursing literature, and professional growth will be given consideration.

6.5 Students

Policies for students shall be evaluated by consideration of: the criteria for admission, promotion and graduation; provisions for orienting and counseling students; extra-professional activities; disciplinary procedures; and financial assistance.

6.6 Resources, Facilities and Services

6.6.1 The physical facilities shall be evaluated in terms of the adequacy and maintenance of offices, classrooms, laboratories, auditorium, and recreational facilities and resources.

6.6.2 The facilities of the library shall be evaluated on the basis of the number and variety of authoritative up-to-date general and special reference and other books, journals and periodicals. Evidence of their use shall be considered.

6.6.3 Clinical facilities shall be evaluated (1) in terms of their potential for implementation of the curriculum, (2) the ratio of patients to students, and (3) standards of nursing care.

6.7 Evaluation

The evaluation of a nursing program shall include attention to the policies adopted by the faculty for self-study and improvement.

Section 7. Establishment Of A New Program of Professional Nursing

7.1 Application for Legal Accreditation

7.1.1 An institution desiring to be accredited by the Board for the preparation of practitioners of registered professional nursing shall file an application with the Board, together with the information required and a fee of fifty dollars.

7.1.2 The institution shall submit written evidence that:
(a) it is prepared to give a program of nursing education which meets the standards prescribed by the Board and (b) it is prepared to meet all other standards prescribed in this article and by the Board.

7.2 Instruction and Practice in the Nursing Program

7.2.1 Instruction and practice may be secured in one or more institutions approved by the Board.

7.2.2 The institution or institutions with which the school is to be affiliated shall be surveyed by the executive secretary of the board.

7.2.3 If, in the opinion of the Board, the requirements for an accredited school to prepare practitioners of registered professional nursing are met, it shall approve the school as an accredited school.

Section 8. Accreditation of Nursing Program

8.1 Visits and Surveys

8.1.1 The Board shall establish dates for the executive secretary to survey all nursing programs.

8.1.2 The executive secretary shall prepare a written report of the visit to submit to the Board.

8.2 Maintenance of Accreditation Standards

If the Board determines that an accredited program is not maintaining the standards required by the Board, notice thereof in writing specifying the defect or defects shall be immediately given to the school.

8.3 Accreditation of an Existing Program When Ownership and Control Are Changed

8.3.1 When a change of ownership and control of a program is contemplated, a ninety day notice of such intended change shall be sent to the Board.

8.3.2 The controlling body expecting to assume responsibility for the program shall immediately make application for accreditation according to the procedure outlined in the law.

8.3.3 If the information submitted is satisfactory to the Board and if the owner or controlling body which will be responsible for the new program desires to comply with the recommendations of the Board, it may be provisionally accredited.

Section 9. Loss of Accreditation

9.1 Loss of Accreditation Through Failure to Meet Standards

A school which fails to correct deficiencies to the satisfaction of the Board within a reasonable time shall be removed from the list of accredited schools.

9.2 Loss of Accreditation Through Change of Organization

When a program changes ownership or control, accreditation will be automatically withdrawn. (For procedure whereby program may be continued see 8.3)

9.3 Loss of Accreditation When Last Student Graduates

The accreditation of a program will be automatically withdrawn on the day the last student completes curriculum requirements of the program that is closing.

Section 10. Closing of a Program

10.1 The Board shall be advised in writing of the intent to close the program by those responsible for it.

10.2 A plan which will safeguard the quality of instruction and practice during the closing period, and provide for transfer of students and custody of records shall be submitted to the Board for consideration and approval.

Board of Registered Nurses
Legislative Rules
Chapter 30-7
Series 1 Sec. 11

Section 11. Reports from Nursing Programs to the Board

11. The following reports are to be submitted to the Board:

11.1 Qualifications of Faculty and The Nurse Administrator.

At the time of appointment the school shall submit to the Board on special forms, a record of the qualifications of the faculty member or the nurse administrator.

11.2 Major Changes in the Nursing Curriculum or the Nursing Program.

11.2.1 Nine copies of the proposed major changes in the curriculum or nursing program pattern currently approved by the Board shall be sent to the Board office one month in advance of a regular Board meeting.

11.2.2 Changes shall not be effected unless and until official approval is received.

11.2.3 Whenever possible the nurse administrator should plan to be present at the board meeting to explain and clarify points as they come up for discussion and consideration.

11.2.4 Major changes are considered to be:

(1) Changes in philosophy, purposes, objectives, conceptual framework and implementation thereof, other than sentence structure.

(2) Change in total number of credits of the nursing program.

(3) Change, addition, or deletion of clinical facilities.

11.2.5 The copies of the request for major changes in the curriculum or program are to include:

(1) Old curriculum and/or program

(2) New curriculum and/or program.

(3) Rationale for change.

11.3 Annual Report of Nursing Program

An annual report is required from each program on forms furnished by the Board. The original and eight copies of the report should be submitted to the Board. Included in the report shall be data on:

11.3.1 Progress toward achievement of plans and objectives of the program as stated in previous annual report.

11.3.2 Description of the preparation and qualifications of faculty members. The continued professional development and other accomplishments of the faculty.

11.3.3 Policies used for selection, promotion, and graduation of students.

11.3.4 Policies followed in safeguarding the health and well being of students.

11.3.5 Data on current student enrollment (including admissions, graduations, and attrition); and faculty responsibilities.

11.3.6 Development, evaluations, and changes in the school curriculum plan.

11.3.7 Annual fiscal report for the nursing program.

11.4 Self-Evaluation Study

11.4.1 At the request of the Board the faculty of a nursing program shall engage in a thorough evaluation of the nursing program. The study shall be based on the rules and regulations, "Criteria for the Evaluation and Accreditation of Professional Nursing Programs."

11.4.2 The Self-Evaluation activities shall include:

11.4.2.1 An evaluation of the validity of the philosophy and the objectives in terms of current trends and needs in nursing education.

11.4.2.2 An evaluation of the extent to which the nursing program is achieving the objectives, based on an analysis of all of its activities.

11.4.2.3 Identification of the methods by which the objectives may be more fully attained.

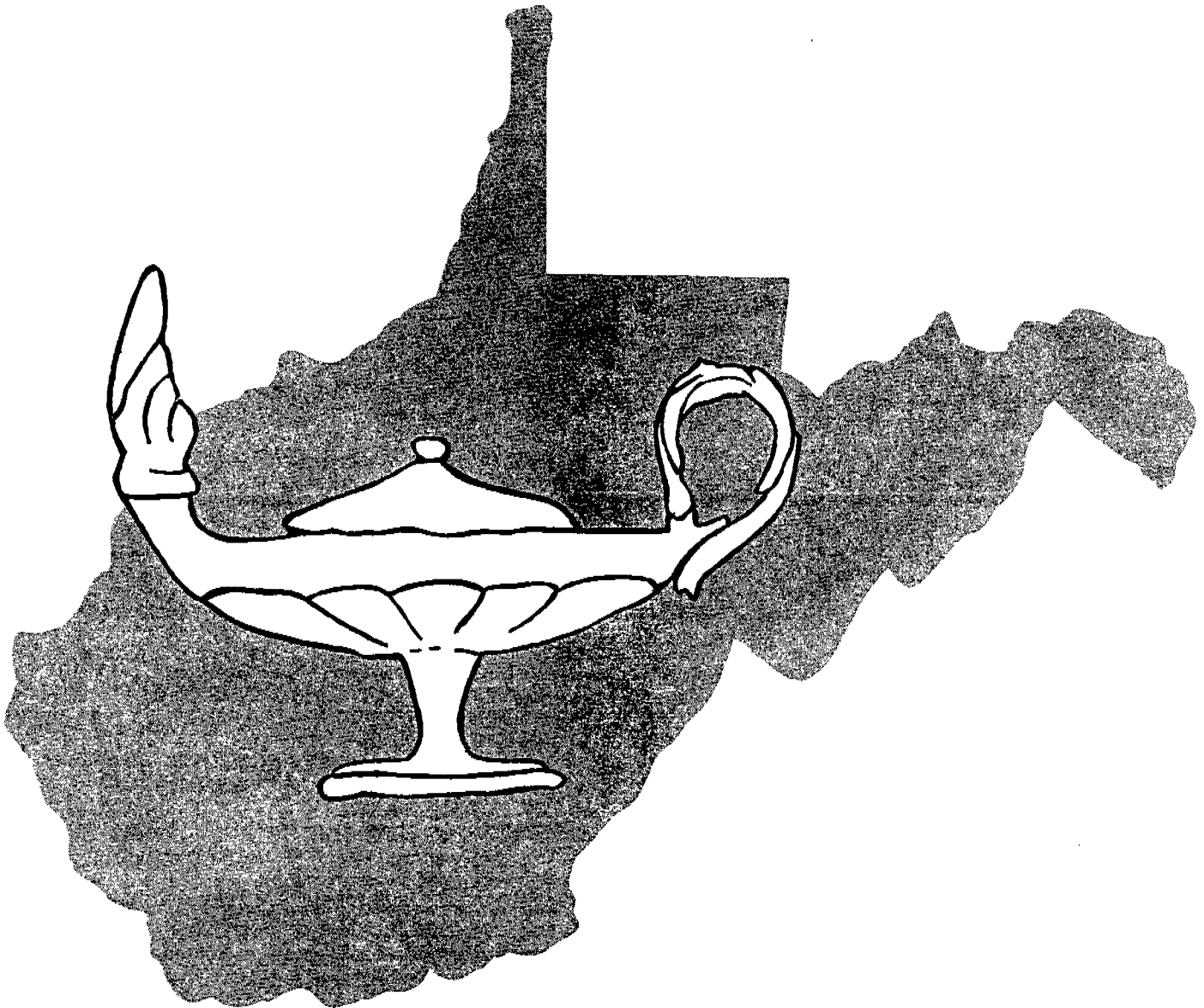
11.5 The Written Self-Evaluation Report

11.5.1 The Self-Evaluation Report shall follow the format provided by the Board.

11.5.2 Submit nine copies of the written Self-Evaluation Report along with nine copies of the current catalog to the Board one month prior to the scheduled Board visit.

11.5.3 The Self-Evaluation Report and the Visitors' Report will be used by the Board for the evaluation of the nursing program for accreditation status.

R.N. Newsletter



STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
SUITE 309, EMBLETON BUILDING, 922 QUARRIER STREET, CHARLESTON, WV 25301

SPRING 1985

NUMBER 17

The Board's Responsibility In Standards Of Nursing Education

The Board in evaluating its activities and establishing goals of the Board studied the Nurse Practice Act as to the duties of the Board. Among the duties listed in West Virginia Code, Chapter 30, Article 7, Section 4 are: (a) Adopt and, from time to time amend such rules and regulations, not inconsistent with this article, as may be necessary to enable it to carry into effect the provisions of the Article. (b) Prescribe standards for educational programs preparing persons for licensure to practice registered professional nursing under this article; and (d) Accredited such educational programs for the preparation of practitioners of registered professional nursing as shall meet the requirements of this article and of the Board.

Chapter 30, Article 7, Section 2 states: "In order to safeguard life and health, any person practicing or offering to practice registered professional nursing in this State for compensation shall hereafter be required to submit evidence that he or she is qualified so to practice, and shall be licensed as hereinafter provided".

The Board studied the definition of "registered professional nursing" in Chapter 30, Article 7, Section 1 and then explored that definition in the context of today's nursing practice and educational requirements as compared to nursing practice and nursing education requirements in 1945 when the legislation was enacted.

The West Virginia Code Chapter 30, Article 7, Section 1b defines registered professional nursing as:

(b) The practice of "registered professional nursing" shall mean the performance for compensation of any service requiring substantial **specialized judgment and skill** based on **knowledge and application of principles of nursing** derived from the **biological, physical and social sciences**, such as responsible supervision of a patient requiring skill in observation of symptoms and reactions and the accurate recording of the facts, or the supervision and teaching of other persons with respect to such principles of nursing, or in the administration of medications and treatments as prescribed by a licensed physician or a licensed dentist, or the application of such nursing procedures as involve understanding of cause and effect in order to safeguard life and health of a patient and others. (1945, c. 96, §1; 1965, c. 120) (Bold face indicated by Board for emphasis.)

The Board studied the meaning of the word "substantial" as used in the definition of professional nursing. Webster defines substantial as:

1. a. consisting of or relating to substance.
b. not imaginary or illusory: REAL, TRUE, c. IMPORTANT, ESSENTIAL.
2. ample to satisfy and nourish: FULL
3. a. possessed of means: WELL TO DO
b. considerable in quantity: significantly large
4. firmly constructed: STURDY
5. being largely but not wholly that which is specified.

Webster defines substance as "1a: essential nature: ESSENCE b: a fundamental or characteristic part or quality."

The Board, after examining and evaluating the definitions of substantial and the word as used in the definition of nursing, that is, "service requiring substantial **specialized judgment and skill** based on **knowledge and application of principles of nursing** derived from the biological, physical and social sciences" and the complexity of nursing as it is evolving today concluded that it requires extensive study of nursing, biological, physical and social sciences for a nurse to gain the insight needed to make the judgment required. Such study is usually found in professional education.

The knowledge of nursing, biological, physical and social sciences has expanded since 1945 when nursing was defined in the Code and the knowledge required for nursing practice could be learned in hospital based apprentice diploma programs. As knowledge in the health field advanced, nursing began moving from functions which were primarily technical skills and dependent upon the physician for directions to a more independent practice based on nursing principles. Eventually nursing emerged as an independent discipline and a movement started to establish nursing programs in institutions of higher learning. The Board in studying nursing as it exists today and the potential role that nurses could contribute to health care in our State believes that

Resolution On Standards Of Nursing Education For Registered Professional Nursing

WHEREAS The West Virginia Code Chapter 30, Article 7, Section 4(b) authorizes and empowers the Board to:

"Prescribe standards for educational programs preparing persons for licensure to practice registered professional nursing under this article"; and

WHEREAS Chapter 30, Article 7, Section 1 of the Code defines registered professional nursing as: "The practice of "registered professional nursing" shall mean the performance for compensation of any service requiring substantial **specialized judgment and skill** based on **knowledge and application of principles of nursing** derived from the biological, physical and social sciences, such as responsible supervision of a patient requiring skill in observation of symptoms and reactions and the accurate recording of the facts, or the supervision and teaching of other persons with respect to such principles of nursing, or in the administration of medications and treatments as prescribed by a licensed physician or a licensed dentist, or the application of such nursing procedures as involve understanding of cause and effect in order to safeguard life and health of a patient and others. (1945, c. 96, §1; 1965, c. 120)"; and

WHEREAS the Code Chapter 30, Article 7, Section 6 states that an applicant for license shall submit evidence they have completed an accredited program of registered professional nursing education; and

WHEREAS the basic role of the registered nurse is being redefined in broader terms and contemporary medical technology has resulted in new forms of treatment which have increased the complexity of nursing care and the acutely ill hospitalized patients now require continuous management by qualified nurses capable of making decision and responding quickly to fluctuating conditions in patients' conditions which often occurs in unpredictable situations; and

WHEREAS nurses share with physicians and others the growing tensions of ethical and moral patient care dilemmas created by contemporary technology; and

WHEREAS demographic changes such as increased numbers of single parents and elderly population have contributed to the requirement for new types of nursing care to help such patients make the best use of available health care services and become as independent as possible in self-care following acute illness; and

WHEREAS preventive services and patient education practices have gained importance, health maintenance organizations and self care programs are increasing in number and the nature of these agencies requires the services of nurses who have broad theoretical backgrounds with the competencies and skills for assessing physical and psychosocial health status in individuals, families, and groups, and who are prepared to promote health maintenance and to engage in primary health care decision making; and

WHEREAS nursing has evolved, and continues to evolve into a highly complex decision making process based upon physiological and psychological functioning of the person, the substantial specialized judgment and skill based on knowledge and principles called for in the code requires an ever increasing broad theoretical background, competencies and skills for the practice of registered professional nursing which are commonly associated with baccalaureate or higher education. Therefore be it

RESOLVED further, That the applicant applying for initial licensure as a registered professional nurse shall be a graduate of an approved program of nursing with a minimum of a baccalaureate degree in nursing effective as of July 1, 1992; and be it

RESOLVED further, That this change in the rules and regulations does not affect those persons now licensed as registered professional nurses. They shall be deemed to be licensed as registered professional nurses under these rules and regulations and shall be eligible for renewal under the rules for renewal of license now in existence in the West Virginia Code Chapter 30, Article 7, Section 8.

of what must be done to help resolve this problem; and (b) the responsibility for the continuum of care, i.e. maintenance of health, evaluation and management of symptoms and appropriate referrals.

Public Health Nurses traditionally functioned relatively independently while collaborating with the physician, in patients homes, in clinics, and communities. In practice these nurses assessed problems of individuals and families, referred patients for differential medical diagnosis; treated minor illnesses; arranged for referrals to social service agencies and organizations; gave advice and counsel to promote health and prevent illness; supervised health regimens of normal pregnant women and of children; and worked with health related community action programs. Nursing and society long ago recognized the education needed for the Public Health Nurse was professional education and placed public health education in baccalaureate nursing programs. For some reason this type of nursing was not practiced in institutions, i.e. hospitals and clinics. Probably because agreement could not be reached among physicians, hospital heads, and nurses. However, today there is a movement into the health institutions for this type of health care by the nurse as health care costs rise and the demand for care increases.

The nursing profession recognizes that the quality of practice and the quality of education go hand in hand and has always worked toward the improvement of nursing education. When nursing was mainly technical and dependent of focus was on improving the standards of education. As standards improved many diploma programs closed because as education requirements rose the less time the student had to give service to the hospital so that educating nurses was no longer an asset to the institution.

To meet the shortage of nurses and the study of nursing at that time and in an effort to move nursing education into colleges and universities the idea was born to educate technical nurses at the associate degree level in public institutions.

These programs were conceived from two basic premises that have never been retracted and those are: (1) That the function of nursing can and should be differentiated, and (2) That these functions lie along a continuum with professional at one end and technical at the other. This means that there are some functions or tasks of nursing that are common to both the technical and professional nurse.

The role of the technical nurse as conceived was to work under the supervision of a professional nurse, and to give direct care to patients who are assisting in evaluation of care, but does not perform managerial or administrative functions except to a limited degree.

Louis McManus, a professor at Teachers College, Columbia University, proposed that there existed within the scope of nursing a differentiation of functions. She believed that:

The functions of nursing may be conceived as being of a spectrum range. Many functions involve the performance of skills and technical tasks in difficult and complexly and extending on a continuum, from the simplest performed by the mother and others, and easily picked up without training to the most complex function demanding a very high degree of skills and expertise that can be developed only with considerable training. Many functions also demand judgment ranging from that based upon common knowledge to judgment that can be arrived at only by bringing to bear upon professional problems pertinent knowledge from an extensive reservoir of scientific information derived from many fields of study. The functions at one extreme of the range of the spectrum, those demanding a high degree of skill and judgment, must be responsibly of nurses whose educational preparation has been of a professional type. Nurses who perform these functions can be assumed to need and to possess the breadth of scientific information with which to do reflective thinking and to have developed their higher intellectual powers and habits of reasoning, judgment, and drawing inferences about nursing problems.

Most of the associate degree programs in West Virginia today state in their philosophy that they are providing technical nursing education and that their graduates are prepared to function in beginning positions instructed health agencies. They use established nursing standards in caring for individuals who have health problems which are common, recurrent and predictable in outcome.

The West Virginia State Legislature long ago recognized that there were technical and professional functions in nursing when it passed the law

the broad theoretical background, competency and skills and high level of responsibility of today's nursing practice requires a professional education.

"The definition of nursing in the Code continues with: "... such as responsible supervision of a patient requiring skill in observation of symptoms and the accurate recording of the facts" mandates that the nurse observe symptoms and reactions and correlates patient care. The statement further indicates that observation is a service requiring specialized judgment and skill based on knowledge and application of principles of nursing derived from the biological, physical and social sciences.

"The observation of symptoms and reactions and the accurate recording of the fact is vitally important to the client and health care. The nurse must be able to identify even subtle changes and to discriminate when the change is an emergency requiring notification of the physician or whether the change was an expected response to treatment or the disease process. The broader knowledge the nurse possesses the higher the quality of patient care.

"The Code continues "... or in the administration of medication and treatments as prescribed by a licensed physician or a licensed dentist. ..."

Nurses entrusted with the administration of drugs or observing for untoward reactions carry a responsibility second only to that of the physician who prescribes them. The nurse has to know the action of the drug in the body, the correct dosage, the methods of administration, the symptoms of overdosage, and the abnormal reactions that may arise from individual differences. The nurse must also have a functional knowledge of mathematics to calculate problems required in administering drugs.

Mary W. Gazalas, R.N., J.D., cites in her book, **Nursing and the Law**, the case of *Norton v. Argonaut Insurance Co.* The court stated that the same rules which govern the duties and liabilities of physicians in the performance of professional services to their patients applied to nurses as well. The nurse was found negligent in failing to contact the physician before giving the medication when she was in doubt about an order. The nurse must possess a knowledge of pharmacology that gives her the confidence to question the physician if the nurse is in doubt about a medication the physician has ordered. Each nurse is liable for the medication and treatment she administers.

"The Code in ending the definition of professional nursing states "... or the application of such nursing procedures as involve understanding of cause and effect in order to safeguard life and health of a patient and others" ... indicates that the legislature did not intend to restrict the development of nursing practice.

As science and medicine has developed into the highly complex technology of today so has nursing emerged, as medical knowledge increased and grew more complex more of the functions of the physician were delegated to nurses and thus became nursing practice. The roles are still expanding today as medicine is delegating the role of the first assistant at the operating table during surgical operations, the administrators of highly potent and experimental drugs, the monitoring of critically ill patients, and making decisions about their care.

Study groups have recommended that nurses assume greater responsibility for delivering primary health and nursing care in order that the demands for health care can be met.

The Secretary of Health's Education and Welfare Committee To Study Extended Roles for Nurses in their publication, **Extending the Scope of Nursing Practice** defined Primary Care as "(a) a person's first contact in any given episode of illness with the health care system that leads to a decision

regulating practical nursing. West Virginia Code Chapter 30, Article 7A and defined practical nursing as: "The performance for compensation of selected nursing acts in the care of the ill, injured or infirm under the direction of a registered professional nurse or a licensed physician or a licensed dentist, and not requiring the substantial specialized skill, judgment and knowledge required in professional nursing."

Society accepts professional education at the minimum of a baccalaureate degree for all professions except nursing. The professional associations of the different disciplines have set the standard for the education of practitioners of the disciplines. The American Nurses' Association, the professional organization for nurses, House of Delegates passed a resolution at their 1984 convention which calls on the ANA to establish that the baccalaureate as the educational requirement for professional nursing practice be implemented in 5% of the states by 1986, 15% of the states by 1988, 50% of the states by 1992 and 100% of the states by 1995. The National Federation of Licensed Practical Nurses, Inc., House of Delegates in their 1984 convention adopted a resolution calling for the curriculum of the LP/VN's be expanded to a minimum of but not limited to, 18 months and that the graduates be awarded an associate degree in nursing.

Employers of nurses for the most part have not distinguished between the functions of the technical and professional nurse nor have any differences been made in the pay scale. In considering the quality of care provided to patients, the difference between the services that the technical-ly educated nurse and the professionally educated nurse can provide is given little consideration. Part of this is due to the fact that when established the nursing community rejected the title "technical nurse". Graduates of all three types of program - the diploma, the technical and professional - all wrote the same licensing examination for registered professional nursing.

Nursing is changing as health care in the nation is changing. Projected changes in the health care system require expanded knowledge. Patients admitted to the hospital are acutely ill and are being discharged to home before they are well. This requires much complex nursing care in the home.

The Board carefully studied the trends in nursing and the functions of the professional nurse and the functions of the technical nurse and after due deliberations concluded that a baccalaureate in nursing is essential for professional competence. It was deemed necessary to look at nursing responsibilities rather than at nurses in establishing educational standards.

The strengths of the baccalaureate prepared nurse include: clinical competence, analytic skills, independent judgment, communication skills, possession of a broad scientific knowledge base, basic understanding of research principles, commitment to scholarship, ability to supervise and coordinate the work of other health care personnel, ability to assess multiple variables related to the patient, community, health experience, ability to identify community and societal health needs, an ability to plan, implement, and evaluate nursing care in individuals, families and communities.

With these strengths the professional nurse can improve the quality of care and demonstrate cost effectiveness as has been seen in a study funded by the W. K. Kellogg, The Robert Wood Johnson Foundations and the Health Care Financing Administration. As a result of that study the W. K. Kellogg Foundation funded the Mountain State Health Corporation to improve the quality of health care in nursing homes. The grant provides for educating gerontological nurse practitioners. The following is from a press release of the Mountain State Health Corporation.

A major advantage of having a Gerontological Nurse Practitioner (GNP) in the nursing home is that s/he can assess the total health needs of the elderly and integrate a care plan synthesized from a variety of specialists including the primary physician, social worker, physical therapist, occupational therapist, speech therapist, recreational therapist, nutritionist, and others. Through collaboration with all involved persons, the GNP provides a cohesive and coordinated approach to serving the resident.

References

- Nursing home administrators credit the GNP's with several health-related improvements including fewer transfers to hospitals and emergency rooms; decrease in medications as a result of a greater emphasis on nursing care interventions; improved staff morale; and decrease in staff turnover. Hence, in their attention to improving the quality of care, GNP's are demonstrating their cost effectiveness.
- The Board finally concluded that the standard of nursing education must be raised to provide the education commensurate with the responsibility of today's and future practitioners of professional nursing in order to safeguard life and health and comply with society's expectation of professional education.
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- American Nurses' Association Commission on Nursing Education. **A Case For Baccalaureate Preparation In Nursing.** Kansas City, Mo.: American Nurses' Association, 1979.
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- Lesnik, Milton J. and Anderson, Bernice E. **Nursing Practice And The Law.** Philadelphia: J. B. Lippincott Company, 1962.
- McManus, R. Louise. **Regional Planning For Nursing and Nursing Education.** New York: The MacMillan Co., 1948.
- Montag, Mildred. **The Education of Nursing Technicians.** New York: G. P. Putnam's Sons, 1951.
- Mountain States Health Corporation. **"W. K. Kellogg Foundation Grant"** A Press Release. Boise, Idaho: The Corporation, Nov. 1, 1984.
- West Virginia Board of Examiners for Registered Professional Nurses. **West Virginia Code Registered Professional Nurses.** Charleston, WV: The Board, 1981.
- West Virginia State Board of Examiners for Licensed Practical Nurses. **Manual of Recommendations and Requirements for Education and Licensure.** Charleston, WV: The Board, 1981.

Actions Taken By The Board October 16, 17, 18, 19, 1984

— The following newly appointed nurse administrators of nursing programs visited the Board at the Board's request, as is customary, to discuss the programs and to meet each other.

Mrs. Rose Kullenios, Nurse Administrator, Wheeling College
Dr. Margaret Wyatt, Nurse Administrator, West Virginia Institute
of Technology

— Studied the seven reports summarizing the test performance of candidates writing the July 1984 licensure examination.

— Received letter from Dean Phyllis Higley, Dean of Nursing at Marshall University informing the Board of Marshall's intent to close the Associate Degree Nursing Program in 1988 and planning a generic baccalaureate nursing program beginning fall of 1986.

— Received two letters from Patricia Richardson, Practical Nursing Coordinator of the Wood County Technical and Career Center; one regarding unlicensed persons in general performing tasks of health care and the other informing Board of a post-graduate course for licensed practical nurses.

— Held an administrative disciplinary hearing.

— Received Ruth Pearson and Sheila Trudy, visitors from the Health Department to discuss "Draft of Position Statement for Limited Medication Assistance/Administrators by Unlicensed Personnel" drafted by the Health Department's Health Committee on Non Licensed Personnel Providing Medications.

— Completed questionnaire "Trend Analysis Survey" as requested by the National Council of State Boards of Nursing.

— Noted that Connecticut has set a minimum of 267 hours of theory and 800 hours of laboratory clinical practice hours in a nursing program for graduates eligible to be licensed in that state.

— Received report from the Nursing Service Advisory Committee to the Board.

— Noted the U.S. Department of Health and Human Services is doing a survey of registered nurses.

— Noted that Dr. Benjamin Shimborg with the Center for Occupational and Professional Assessment, Educational Testing Service will speak on licensing boards structure in other states and the pros and cons of autonomous versus centralized board structure at the subcommittee B of the State Legislature Government Operation and Organization meeting October 21, 1984.

— Received notification from National Council State Board of Nursing that Barbara Jean Lilly Knopp, nurse faculty member at Parkersburg Community College was selected as an item writer to write questions for future use in the licensure examination. Patsy Haslem, Bluefield State College Nursing Faculty, was selected as an alternate.

— Noted that the National Council State Board of Nursing selected the American College Testing Program to conduct a wide range study of current nursing practice.

The Board heard a report of the public hearing held September 5, 1984 at the Board Office on proposed administrative rules and regulations for the legal standards of nursing practice for the registered professional nurse.

— Worked on draft #8 of Curriculum content for the technical and professional nursing programs.

— Heard report from Attorney General's Office that a specific complaint must be filed before Board can take action against lay mid-wives. Problem will continue to be investigated.

— Heard report from the Executive Secretary that the problem of the licensed practical nurse practicing independently had been resolved through a meeting of Region VI area Agency on Aging.

— Declared that the use of clinical preceptors is not appropriate for technical level of nursing education.

— Continued to discuss preparation for raising standards of nursing education. Discussed changes to be made in manual.

— The following on-site visitors' report and the School's annual report submitted to the Board were studied and the programs approved for one year:

— Bluefield State College Associate Degree Nursing Program

— Parkersburg Community College Associate Degree Nursing Program
Salem College Associate Degree Nursing Program

— Annual reports submitted to the Board by the following nursing schools were studied and the programs approved for one year:

Alderson-Broadus Baccalaureate Nursing Program
Davis and Elkins Associate Degree Nursing Program
Fairmont State College Associate Degree Nursing Program
Joint Baccalaureate Nursing Program of Salem College and
United Hospital Center

Marshall University Associate Degree Nursing Program
Ohio Valley General Hospital Diploma Nursing Program
Shepherd College Associate Degree Nursing Program
Southern West Virginia Community College Associate Degree
Nursing Program

St. Mary's Hospital Diploma Nursing Program
University of Charleston Associate Degree Nursing Program
West Virginia College Baccalaureate Nursing Program
West Virginia University Baccalaureate Nursing Program
West Virginia Northern Community College Associate Degree
Nursing Program

Wheeling College Baccalaureate Nursing Program

— The following school was continued on provisional approval: West Virginia Institute of Technology Associate Degree Nursing Program.

— Request for curriculum changes submitted by the following schools were approved:

Alderson-Broadus Baccalaureate Nursing Program
Davis and Elkins Associate Degree Nursing Program
Fairmont State Associate Degree Nursing Program
Marshall University Associate Degree Nursing Program
Southern West Virginia Community College

— Compiled list of nursing programs to have survey visits in 1984-85.

1) Alderson-Broadus Baccalaureate Nursing Program
2) Fairmont State College Associate Degree Nursing Program
3) Shepherd College Associate Degree Nursing Program
4) Southern West Virginia Community College Associate Degree
Nursing Program
5) West Virginia University Baccalaureate Nursing Program
6) West Virginia Wesleyan Baccalaureate Nursing Program

Board Meeting December 7, 1984

- Letter from the National League for Nursing advising the Board that NLN accreditation visits would be made to St. Mary's Hospital School of Nursing, the upper division nursing program at West Liberty State College, and Marshall University, during February, March and April 1985.
- Curriculum changes were approved as requested by the nursing programs at Bluefield State College and Davis & Elkins College.
- Received request from the Health Department for the Board to review and comment on the proposed "Clinical Policy" addressing medication assistance by unlicensed personnel in situations where patient self-administers medicine in non-medically oriented agencies.
- Approved the proposed 85-86 budget.
- Received the report from the study, Educational Goals of Students Enrolled in Nursing Programs.
- Received the report on Proposed National Council State Boards of Nursing Goals, Objectives and Strategies.
- Voted to publish a statement on dispensing of drugs by nurse practitioners and verbal/telephone orders in the newsletter, because of the number of inquiries received in the Board office.

March 18, 19, 20, 1985 Board Meeting

- The Board welcomed the new lay member, Mrs. Judy Nystrom, of Welch to the Board.
- Draft #9 of curriculum of Schools of Professional Nursing was amended and draft #10 was adopted. Draft #10 will become section 5 of the Board's administrative rules and regulations. Draft #9 of Curriculum of the Technical Nurse was amended and Draft #10 was adopted.
- The document, The Board's Responsibility for Standards of Nursing Education, was adopted as amended.
- Draft #3 of the Resolution on Standards of Nursing Education was adopted by the Board.
- Draft #3 of proposed Board's Administrative Rules and Regulations were amended. Draft #4 was adopted by the Board. The major areas of revision have to do with the curriculum and sets the minimal preparation for writing the licensure examination as a registered professional nurse at the baccalaureate degree in nursing after July 1992. Established May 16, 1985 as the date for a public hearing on the amended rules and regulations. (This date was later changed to July 9, 1985.)
- Voted to publish the documents, Resolution on Standards of Nursing Education and the Board's Responsibility for Standards of Nursing Education, in the **RN Newsletter**.
- Heard a report from the WVNA-RN Board Liaison Committee on Standards of Nursing Education.
- Draft #6 of Legal Standards of Nursing Practice was amended and Draft #7 adopted by the Board.
- The Board received the following communications:
 - Letter from Ruth Jones, Nurse Administrator of St. Mary's Hospital School of Nursing, inquiring about entry into practice.
 - Letter from Dr. Clyde Campbell, President of West Liberty State College, informing the Board of the College's intent to establish a generic baccalaureate nursing program.
 - Letter from Judith Osbourne, Nurse Administrator, Parkersburg Community College, requesting guidelines for an acceptable ratio part time to full time faculty.
- Letter from Jean McElowney, Nurse Administrator of A.D. Nursing Program at Salem College, informing the Board that the Associate Degree Nursing Program would close with the graduation of the class admitted September 1984.

Mandatory Licensure Law

West Virginia has a mandatory licensure law for registered nurses. It is illegal to practice professional nursing in West Virginia unless a nurse has a West Virginia nursing license to show an employer or clients. The fact that a nurse has applied for a license does not meet the requirement of the law.

The Board's Position On Nurse Practitioners and Medications

A nurse practitioner is a currently licensed professional registered nurse who has gained added knowledge and skills through an organized post-basic course of study and clinical experience. In the future, that knowledge and experience will be obtained in a masters degree nursing program. Nurse practitioners are prepared to provide primary health care to individuals, families, and/or groups of clients in a variety of settings including homes, institutions, offices, industry, schools, other community agencies, and private practice. The practitioner makes decisions about nursing needs of families and clients and labors with other health providers in making decisions and in carrying out health regimes for families and clients.

Primary health care is the basic and lifelong point of contact between the patient and health care system. The point of contact may be any given episode of illness or it may be for continuous health care monitoring. Such care includes prevention of disease, promotion and maintenance of health, assessment of needs, referral of clients or other resources, and long-term management of chronic illnesses.

West Virginia has not promulgated rules and regulations for the nurse practitioner nor does the Nurse Practice Act specifically mention nurse practitioners. However, the definition of registered professional nursing contained in the Code reads:

(b) The practice of "registered professional nursing" shall mean the performance of compensation of any service requiring substantial specialized judgment and skill based on knowledge and application of principles of nursing derived from the biological, physical and social sciences, such as responsible supervision of a patient requiring skill in observation of symptoms and reactions and the accurate recording of the facts, or the supervision and teaching of other persons with respect to such principles of nursing, or in the administration of medications and treatments as prescribed by a licensed physician or a licensed dentist, or the application of such nursing procedures as involve understanding of cause and effect in order to safeguard life and health of a patient and others.

(1945,c.96§1.1965,c.120)

The open end of that definition which reads "... or the application of such nursing procedures as involve understanding of cause and effect in order to safeguard life and health of a patient and others" permits the expansion of nursing into an expanded and extended role as long as the nurse is not practicing medicine or leads the public to believe that she/he is able to practice medicine.

What is considered a landmark decision was made in Missouri in 1983 when nurse practitioners employed by a family planning service in southeast Missouri, performing breast and pelvic examination, dispensing medications and contraceptive, and providing birth control information, all under physicians' standing orders and protocols, were threatened with criminal charges against them for practicing medicine without a license. The Missouri supreme court ruled that the "openended definition of professional nursing (similar to West Virginia's definitions) evidences an intent to avoid statutory constraints on the evolution of new functions for nurses delivering health services" and ruled in favor of the nurse practitioners.

For years nurses in our health care institutions and public health agencies have worked with standing orders of "protocols". That is, an instrument that guides a practitioner in the collection of data and recommends specific action based on that data. If a nurse practitioner is working collaboratively with a physician the two may develop protocols which the nurse executes when assessing a client and the physician need not see the patient. It is the protocol which directs the nurse to order specific therapy, so if a nurse is writing prescriptions or dispensing medicine without a written protocol then the nurse is not practicing professional nursing. If the nurse doing independent or collaborative practice is not permitted to work with protocols then neither can nurses in institutions or public health agencies continue to implement standing orders.

Disciplinary Actions

Violation	Date	License No.	Name
	May 1984	31152	Loudin, Kim
	June 1984	28045	Marks, Harold
	July 1984	18095	Archer, Mary Margaret
	Oct. 1984	31939	Kiser, Linda
Disciplinary Actions taken in other States Against Nurses Licensed in West Virginia:			
			Kinley, Cheryl Elaine Snider Gold
			Armentrout, Melinda Gail Kelly

WV License #29162 Action taken by North Carolina Board of Nursing

WV License #33816 Action taken by South Carolina State Board of Nursing

Schedule Of Fees

State Board Examination	\$70.00
License by Endorsement	\$30.00
Verification of Licensure for Endorsement to another State	\$30.00
Renewal of License	\$10.00
(Due Dec. 31 of current year)	
Delinquent License	\$15.00
Duplicate License	\$1.00
Change of Name and Address	\$2.00
Duplicate Certificate	\$5.00
Transcript	\$5.00
Nurse Practice Act	\$1.50

Board Members

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Associate Professor	Marshall University, School of Nursing
Secretary-Treasurer:	Huntington, WV 25703
Mrs. Laura Lee Wilson, MA, MS, RN	
Associate Professor	Marshall University, School of Nursing
Huntington, WV 25703	
Mrs. Pauline Eads	
Administrative Assistant	Mrs. Elizabeth Hapney
Clerk I	Mrs. Drema Whitmore
Clerk V	

Office Staff

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Director, Division of Local Health	West Virginia Department of Health
Charleston, WV 25305	
Mrs. Lorraine Ritz, MSN, RN, CNA	
Director Nursing Service	Wheehing Hospital
Wheehing, WV 26003	
Jacqueline Stempie, MSN, Ed.D., RN	
Charpenson, Sophomore Nursing	West Virginia University
School of Nursing	Morganstown, WV 26505

Notice of Public Hearing

The Board shall convene a public hearing at 9:30 A.M. to 4:00 P.M. on July 9, 1985 at South Briefing Room, Science and Culture Building, Capitol Complex, Charleston, West Virginia, for the purpose of taking evidence pertaining to the filing of proposed amended rules and regulations which revises the curriculum of professional nursing programs and raise the standard of educational preparation to a baccalaureate degree in nursing to be eligible to write the licensure examination for registered professional nurses as of July 1, 1992, and includes legal standards for nursing practice.

Any citizen or any other interested party may appear in person to present evidence. Any citizen or any other interested party may submit written evidence by mail to the West Virginia Board of Examiners for Registered Pro-

fessional Nurses, Suite 309, Embleton Building, 922 Quarrier Street, Charleston, West Virginia 25301, or in person at the Board office no later than 4:00 P.M., July 9, 1985. The Board requests that parties wishing to comment in person make an effort to submit written copies of their comments at the same time in order to facilitate review of said comments.

The issue to be heard shall be limited to the actual information contained in the proposed rules and regulations mentioned above. Copies of the rules and regulations may be obtained from the Board office.

The amended rules and regulations will be submitted to the 1986 Legislature for approval to become effective July 1, 1992.

OFFICE OF THE SECRETARY OF STATE

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