

**WEST VIRGINIA  
SECRETARY OF STATE**

**KEN HECHLER**

**ADMINISTRATIVE LAW DIVISION**

Form #3

**FILED**

Aug 15 12 43 PM '94

OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE

**NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE  
AND  
FILING WITH THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE**

West Virginia Board of Examiners for  
AGENCY: Registered Professional Nurses TITLE NUMBER: 19

CITE AUTHORITY §39-7-4 and §30-1-4

AMENDMENT TO AN EXISTING RULE: YES \_\_\_ NO x

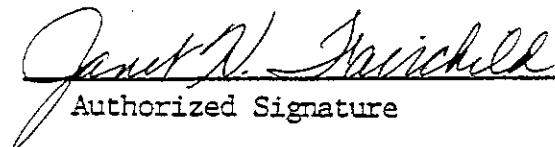
IF YES, SERIES NUMBER OF RULE BEING AMENDED: \_\_\_\_\_

TITLE OF RULE BEING AMENDED: \_\_\_\_\_

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: 19CSR11

TITLE OF RULE BEING PROPOSED: Continuing Education

THE ABOVE PROPOSED LEGISLATIVE RULE HAVING GONE TO A PUBLIC HEARING OR A PUBLIC COMMENT PERIOD IS HEREBY APPROVED BY THE PROMULGATING AGENCY FOR FILING WITH THE SECRETARY OF STATE AND THE LEGISLATIVE RULE MAKING REVIEW COMMITTEE FOR THEIR REVIEW.

  
Authorized Signature

16.00  
5.40 (w/10 Comments)

DATE: AUGUST 15, 1994

TO: LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

FROM: WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

LEGISLATIVE RULE TITLE: CONTINUING EDUCATION

1. Authorizing statute(s) citation §30-7-1 and §30-1-4

2. a. Date filed in State Register with Notice of Hearing

JUNE 29, 1994

b. What other notice, including advertising, did you give of the hearing?

SPECIAL EDITION OF THE RN NEWSLETTER

c. Date of Hearing(s) JULY 29, 1994

d. Attach list of persons who appeared at hearing, comments received, amendments, reasons for amendments.

Attached  No comments received

e. Date you filed in State Register the agency approved proposed Legislative Rule following public hearing: (be exact)

AUGUST 15, 1994

f. Name and phone number(s) of agency person(s) to contact for additional information:

JANET H. FAIRCHILD, MS, RN 558-3596

3. If the statute under which you promulgated the submitted rules requires certain findings and determinations to be made as a condition precedent to their promulgation:

a. Give the date upon which you filed in the State Register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.

JUNE 29, 1994

b. Date of hearing: JULY 29, 1994

c. On what date did you file in the State Register the findings and determinations required together with the reasons therefor?

AUGUST 15, 1994

d. Attach findings and determinations and reasons:

Attached YES

Janet H. Fairchild, M.S., R.N.  
Executive Secretary



TELEPHONE:  
(304) 558-3596  
(304) 558-3728  
FAX (304) 558-3666

STATE OF WEST VIRGINIA  
**BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES**  
101 Dee Drive  
Charleston, WV 25311-1620

May 9, 1994

The Honorable Ken Heckler  
Secretary of State  
Building 1, Suite 157-K  
1900 Kanawha Blvd., East  
Charleston, WV 25305-0770

Dear Mr. Heckler,

The Board in session May 4 - 5, 1994 approved for filing proposed legislative rule 19CSR11 titled Continuing Education.

A brief summary of the rule follows:

This legislative rule establishes requirements for continuing education for re-licensure of registered professional nurses. It defines terms used in the rule; sets forth the amount of continuing education required per phase-in year, and each reporting period thereafter; sets forth exceptions to continuing education requirements; identifies approved providers of continuing education; sets forth minimum standards for approved providers; sets forth acceptable continuing education activities; and describes activities that are not acceptable continuing education activities.

The Board's rationale for proposing this rule follows:

The Board hereby finds that with the rapidly changing technological advances in the science of nursing, with the evolutionary changes in the health care delivery system already beginning to occur, and with health care reforms being proposed both nationally and within the state, that the safety of the public will be better assured with the implementation of mandatory continuing education for re-licensure of registered professional nurses.

Sincerely,

A handwritten signature in cursive script that reads "Janet H. Fairchild".

Janet H. Fairchild M.S., R.N.  
Executive Secretary

**APPENDIX B**

**FISCAL NOTE FOR PROPOSED RULES**

Rule Title: 19CSR11 Continuing Education

Type of Rule:  Legislative     Interpretive     Procedural

Agency: WV Board of Examiners for Registered Professional Nurses

Address: 101 Dee Drive  
Charleston, WV 25311-1620

**1. Effect of Proposed Rule**

	ANNUAL FISCAL YEAR				
	INCREASE	DECREASE	CURRENT 94	FY 95	HEREAFTER
<b>ESTIMATED TOTAL COST</b>	\$30,000	\$ -	\$ -0-	\$ -0-	\$ 30,000
PERSONAL SERVICES	25,000	-	-0-		25,000
CURRENT EXPENSE	5,000	-	0		5,000
REPAIRS & ALTERNATIONS	-	-	-0-		-
EQUIPMENT	-	-	-0-		-
OTHER	-	-	-		-

1996 FY

**2. Explanation of above estimates:**

Expenses for implementation will begin to be incurred during the license renewal period fall 1996 with required "auditing" of license renewal forms for compliance with continuing education requirements. Additional personnel/staff time will be necessary for implementation.

**3. Objectives of these rules:**

The objective of the rule is to require mandatory continuing education for license renewal of the registered professional nurse.

Rule Title: 19CSR11 Continuing Education

4. Explanation of Overall Economic Impact of Proposed Rule.

A. Economic Impact on State Government.

-none-  
This Board is a special revenue agency.

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

The individual, registered professional nurse will incur expenses related to maintaining (mandatory with rule) continuing education to assure continued professional competence.

C. Economic Impact on Citizens/Public at Large.

No direct impact on citizens or public at large.

Date: May 9, 1994

Signature of Agency Head or Authorized Representative

Jane H. Fairchild

**TITLE 19  
LEGISLATIVE RULES  
STATE BOARD OF EXAMINERS  
FOR REGISTERED PROFESSIONAL NURSES**

**SERIES 11  
CONTINUING EDUCATION**

**§19-11-1.General.**

- 1.1. Scope. -- This legislative rule establishes requirements for continuing education for re-licensure of registered professional nurses.
- 1.2. Authority. -- West Virginia Code §30-7-4 and §30-1-4.
- 1.3. Filing Date. -- \_\_\_\_\_.
- 1.4. Effective Date. -- \_\_\_\_\_.

**§19-11-2.Definition of Terms.**

- 2.1. "Approved provider" means a local, state, or national agency, organization or association recognized by the board.
- 2.2. "Audit" means the selection of licensees for verification of satisfactory completion of continuing education requirements during a specified time period; or the selection of approved providers for verification of adherence to continuing education approved provider requirements during a specified time period.
- 2.3. "Continuing education" means those learning activities intended to build upon the educational and experiential basis of the registered professional nurse for the enhancement of practice, education, administration, research, or theory development to the end of improving the health of the public.
- 2.4. The practice of "registered professional nursing" according the West Virginia Code §30-7-1 (b) . . . "shall mean the performance for compensation of any

service requiring substantial specialized judgement 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; . . ."

- 2.5. "College credit courses" means those courses offered by a recognized educational institution, and may be approved as continuing education.
- 2.6 "Independent study" means a program of learning designed by an approved provider for the registered professional nurse who completes the program at the individual's pace, e.g., home study, programmed instruction.
- 2.7. "Self-study" means a program of learning designed by the licensee to enhance knowledge and skill and not offered by an approved provider.

**§19-11-3.Continuing Education.**

- 3.1. Continuing education requirements for re-licensure.
  - 3.1.1. Each applicant for renewal of a license, if the license is currently active, or reinstatement of a license if a license is lapsed or on the non-practicing list, shall verify that he or she has satisfactorily completed thirty (30) contact hours of continuing education during the prescribed two (2) year

reporting period.

Units of measurement used for continuing education courses are as follows:

- a. A contact hour is a unit of measurement that describes 50 minutes of an approved, organized learning experience, either didactic or clinical experience;
- b. 1 continuing education unit (C.E.U.) = 10 contact hours of instruction;
- c. 1 successfully completed academic semester hour = 15 contact hours of instruction; and
- d. 1 successfully completed academic quarter hour = 10 contact hours of instruction.

3.1.2. Beginning January 1, 1997, each registered professional nurse with an active license to practice registered professional nursing in West Virginia shall complete thirty (30) contact hours of continuing education, as approved by this rule, every two calendar years. On or before December 31, 1999, and every other December 31 thereafter, each registered professional nurse shall file a report of such continuing education activities with the board at the time the licensee files an application for renewal of his or her license to practice registered professional nursing in West Virginia.

3.1.3. The board shall not grant credit for identical continuing education

activities submitted during any two (2) year report period. Continuing education credits from a previous two (2) year reporting period may not be used, nor shall credits be accumulated for use in a future two (2) year reporting period.

3.2. Exceptions to continuing education requirements.

The board shall exempt from the continuing education requirements a licensee who qualifies for exceptions set forth in this rule.

3.2.1. A licensee who obtains a license for the first time in West Virginia during the first twelve months of any twenty-four month reporting period shall complete twelve (12) contact hours in approved continuing education activities, as set forth in this rule, before the end of the current reporting period. A licensee who obtains a license for the first time in West Virginia during the second twelve (12) months of any twenty-four (24) month reporting period is exempt from the continuing education requirements for the entire reporting period.

3.2.2. A licensee who claims the following exception shall retain evidence of government service or active duty with the military and shall present such evidence to the board upon request. A licensee who is a government employee working as a registered professional nurse outside the United States or who is serving on active duty with the military for more than three (3) months, but less than twelve (12) months of any twenty four (24) month reporting period is required to complete twelve (12) contact hours

of approved continuing education activities as set forth in this rule, before the end of the current reporting period. A licensee who is a government employee working as a registered professional nurse outside the United States or who is serving on active duty with the military for more than twelve (12) months of any twenty-four (24) month reporting period is exempt from the continuing education requirements for the entire period.

3.2.3. The board may grant a waiver to a licensee who has a physical or mental disability or illness during all or a portion of the two (2) year reporting period. A waiver provides for an extension of time or exception from some or all of the continuing education requirements. Any licensee may request an application for a waiver from the board. The board shall approve or deny an application for waiver after review of the application. The board shall not grant an exception from continuing education requirements for more than one (1), two (2) year reporting period, as set forth in this rule.

3.3. Failure to meet requirements or exceptions to requirements.

The board may take the following actions if a licensee fails to meet the continuing education requirements or the conditions for exceptions for continuing education requirements for renewal of licensure.

3.3.1. The board may place the license on inactive status without penalty and may waive the continuing education requirements, providing the licensee notifies the board in writing of his or her desire to have the board place

his or her license on inactive status before the last (business) day of the reporting period. This written notification must be submitted with the completed renewal application indicating the desire to place the license on inactive status. The board shall not charge a fee to place the license on inactive status.

3.3.2. The board shall lapse the license of any person who fails to notify the board, in writing, prior to the last (business) day of the reporting period that he or she wishes to place his or her license on the inactive status.

3.4. Reinstatement of a license from inactive or lapsed status.

A person wishing to reinstate a license from an inactive status or from lapsed status shall comply with the following requirements. The person shall:

3.4.1. make application for reinstatement of the license from an inactive status or lapsed status;

3.4.2. meet the continuing education requirements as set forth in this rule;

3.4.3. pay the fee for reinstatement of lapsed license as specified in West Virginia Code §30-7-8 of fifty dollars (\$50.00); and

3.4.4. submit legible copies of certificates of attendance at continuing education offerings, transcripts of courses taken, notices received from the board granting special approval of informal offerings from non-approved providers, and other information as requested by the board.

3.5. Audit of licensees.

The board may select any licensee who holds a current license to audit for

compliance with continuing competence requirements.

3.5.1. To comply with the audit request from the board, a licensee shall submit legible copies of certificates of attendance at continuing education offerings, transcripts of courses taken, notices received from the board granting special approval of informal offerings from non-approved providers, and other information as requested by the board.

3.5.2. The licensee shall submit the required documents within thirty (30) days of the date he or she receives notification of the audit. The board may grant an extension of time for submission of the documents, on an individual basis, and in cases of hardship, providing the licensee makes a written request for an extension of time and provides justification for such request.

3.5.3. Licensees are required to keep certificates of attendance at continuing education offerings, letters verifying special approval from informal offerings from non-approved providers, transcripts of courses, and documentation of compliance with exceptions for a two (2) year period following submission of continuing education activities to the board.

3.5.4. The board shall notify the licensee of the satisfactory completion of the audit.

3.5.5. If a person fails to submit the audit information requested by the board or meet standards in subsection 3.1.2. or 3.1.3. of this rule, the board shall not renew a license before such audit is completed.

3.5.6. The board shall take action as prescribed in §19CSR9, Disciplinary Action, against any licensee who submits false information to the board.

3.2.7. A licensee who fails to notify the board of a current mailing address is not absolved from the audit requirements. The board shall not renew a license before the audit is completed.

**§19-11-4. Continuing Education Providers.**

4.1. The board may recognize as approved providers an agency which meets minimum provider standards as outlined in section 4.2. and 4.5. of this rule.

4.1.1. The board shall consider written requests to designate other local, state or national agencies, organizations and associates as approved providers.

4.1.2. The board shall maintain a current list of approved providers which shall be available to the public upon request. Providers who fail to meet the minimum acceptable provider standards shall be notified, in writing, of specific deficiencies and given a limited period of time to correct deficiencies. An approved provider who does not correct deficiencies within the specified time period may be removed from the list of approved providers.

4.2. Minimum standards for approved providers.

4.2.1. The duration of the activity shall be at least one (1) contact hour.

4.2.2. The provider shall prepare written objectives, in measurable terms, which describe what a licensee can expect to learn.

4.2.3. The program content shall relate to the program objectives.

- 4.2.4. The provider shall furnish the instructor's qualifications in the subject areas to be taught to the participant, in writing.
- 4.2.5. The provider shall establish a written method to determine whether the participant has achieved the stated objectives of the offering. Methods may include but are not limited to self-evaluation check lists or tests.
- 4.2.6. The provider shall furnish a written statement of completion to each participant who completes each continuing education activity. The statement shall be signed by the instructor or an individual designated by the instructor, and shall contain the following information: the name of the continuing education offering, the number of contact hours, the date of the offering, and the name of the participant.
- 4.2.7. The provider shall maintain a record of individuals who attend a continuing education offering for a period of not less than three (3) years.
- 4.3. Independent study.
  - 4.3.1. Independent study activities may include learning, such as educational television, audio cassettes, and printed media, designed as programmed learning units.
  - 4.3.2. Contact hour equivalents for approved independent study shall be based on contact hours awarded by the approved provider.
- 4.4. Self study.
  - 4.4.1. Self study may include activities which the licensee determines will enhance skills and knowledge of nursing, such as reading professional

journals, watching educational television and listening to audio cassettes that are not designed as programmed learning units, and are not approved by an approved provider.

4.4.2. The board shall base contact hour equivalents for self study on the actual time spent by the licensee on the self study activity.

4.4.3. The board will permit credit of a total of five (5) contact hours of self study toward the continuing education requirement for any two (2) year reporting period.

4.5. Continuing education subjects.

4.5.1. Continuing education offerings shall reflect the educational needs for the learner in order to meet the health care needs of the consumer and may consist of one or more of the following subject areas:

- a. Professional nursing practice and special health care problems;
- b. The biological, physical, social and behavioral sciences;
- c. The legal aspects of professional nursing practice;
- d. Management of health care personnel and patient care;
- e. Teaching and learning process for health care personnel or for patients; and
- f. Subjects relating to professional nursing practice which are required as part of a formal nursing program and which are more advanced than those completed for original licensure.

4.5.2. The following activities are not acceptable for continuing education credit:

- a. Job related clinical practice;
- b. Development and presentation of programs as part of the licensee's on-going job responsibilities;
- c. Orientation and update of policies and procedures specific to the licensee's employing facility; and
- d. Activities which are part of a licensee's usual job responsibility.

ORIGINAL

BEFORE  
THE WEST VIRGINIA BOARD OF EXAMINERS FOR  
REGISTERED PROFESSIONAL NURSES

PUBLIC HEARING  
SERIES 11  
CONTINUING EDUCATION

FRIDAY, JULY 29, 1994  
10:00 A.M.  
101 DEE DRIVE  
CHARLESTON, WEST VIRGINIA

DATE: Aug. 2, 1994  
NINETY DAYS FROM THE ABOVE DATE THE  
TAPES OF THIS MATTER WILL BE ERASED  
SO THAT THEY MAY BE REUSED UNLESS  
WE HEAR FROM YOU INDICATING YOUR  
REASONS WHY THIS SHOULDN'T BE DONE.  
JANET T. SURFACE  
ALUM CREEK, WEST VIRGINIA 25003  
PHONE (304) 756-3302 756-3611

JANET T. SURFACE  
COURT REPORTERS  
62 MUIRFIELD DRIVE  
HURRICANE, WEST VIRGINIA 25526-9018  
PHONE (304) 757-0622

## APPEARANCES:

JANET H. FAIRCHILD, MS, RN,  
Executive Secretary,  
West Virginia Board of Examiners  
for Registered Professional Nurses,  
101 Dee Drive,  
Charleston, West Virginia 25311-1620;

RUTH PEARSON, MS, RN,  
Board Secretary,  
Huntington, West Virginia;

PATSY HASLAM, RN, EDD,  
Board Member,  
Beckley, West Virginia.

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EXECUTIVE SECRETARY FAIRCHILD: Good

morning.

I am Janet Fairchild, Executive Secretary for the State Board of Nursing.

We have with us today two of our six Board members. We have Ruth Pearson on my right; Patsy Haslam across the table.

At this time we will begin the public hearing to receive oral and written comments on legislative rule, proposed legislative rules, Series 11, continuing education.

A staff member of the Board is going around right now to get your signatures on the sign-in sheet. Please indicate on the sign-in sheet that you wish to speak to the rules. If you wish to submit written comments, we will also submit those to the hearing. I mean to our court reporter here.

So at this time we are open to hearing the first person who signed up who wants to speak to the rules.

Would Irene Caldwell like to speak?

MS. IRENE CALDWELL: No.

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EXECUTIVE SECRETARY FAIRCHILD: Would Billie  
Fabre?

MS. BILLIE FABRE: No.

EXECUTIVE SECRETARY FAIRCHILD: Would Lisa  
Toothman?

MS. LISA TOOTHMAN: No.

EXECUTIVE SECRETARY FAIRCHILD: Would Lois  
Fauler?

MS. LOIS FAULER: No.

EXECUTIVE SECRETARY FAIRCHILD: Would  
Elizabeth Smith like to speak?

MS. ELIZABETH SMITH: No.

EXECUTIVE SECRETARY FAIRCHILD: Would Joanne  
Light?

MS. JOANNE LIGHT: Pass.

EXECUTIVE SECRETARY FAIRCHILD: Pardon?

MS. LIGHT: No.

EXECUTIVE SECRETARY FAIRCHILD: Would Twyla  
Wallace like to speak?

MS. TWYLA WALLACE: I would like to pass for  
right now.

EXECUTIVE SECRETARY FAIRCHILD: Would

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Barbara Banonis like to speak to the rule?

MS. BARBARA BANONIS: No.

EXECUTIVE SECRETARY FAIRCHILD: Would Fay--

MS. FAY WOJTOWICZ: Wojtowicz?

EXECUTIVE SECRETARY FAIRCHILD: Yes.

MS. FAY WOJTOWICZ: No.

EXECUTIVE SECRETARY FAIRCHILD: Would Karen Shaffer like to speak?

MS. KAREN SHAFFER: No.

EXECUTIVE SECRETARY FAIRCHILD: Would Anne Gibson like to speak?

MS. ANNE GIBSON: No.

EXECUTIVE SECRETARY FAIRCHILD: Cheryl Frakes?

MS. CHERYL FRAKES: Frakes.

EXECUTIVE SECRETARY FAIRCHILD: Okay.

MS. CHERYL FRAKES: No.

EXECUTIVE SECRETARY FAIRCHILD: Judy Nicholas?

MS. JUDY NICHOLAS: No.

EXECUTIVE SECRETARY FAIRCHILD: Shirley Shears?

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MS. SHIRLEY SHEARS: No.

EXECUTIVE SECRETARY FAIRCHILD: Linda

Huffen?

MS. LINDA HUFFEN: No.

EXECUTIVE SECRETARY FAIRCHILD: Bonnie

Nelson?

MS. BONNIE NELSON: No.

EXECUTIVE SECRETARY FAIRCHILD: Ramona

Freshour?

MS. RAMONA FRESHOUR: I would like to  
reserve.

EXECUTIVE SECRETARY FAIRCHILD: Susan--

MS. SUSAN BRUNETTI-COULLARD: Brunetti-

Couillard?

EXECUTIVE SECRETARY FAIRCHILD: Yes. Thank

you.

MS. SUSAN BRUNETTI-COULLARD: No.

EXECUTIVE SECRETARY FAIRCHILD: It's so

small.

Joan Propst?

MS. JOAN PROPST: I would.

First, let me state for the record

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that my name is Joan Propst. I am a registered nurse licensed to practice in the State of West Virginia. I have five years of experience working with the process of continuing education in nursing and six years of teaching experience in a baccalaureate degree program in nursing. I am qualified by education and experience to discuss continuing education for registered nurses.

A biographical data form is attached with my written testimony and is labeled Exhibit 1.

The testimony which I and my colleague, Paula Staud, provide today is given on behalf of the West Virginia Nurses Association. The West Virginia Nurses Association is the largest single professional organization for registered nurses in the State of West Virginia.

The West Virginia Nurses Association recognizes health care as a fundamental right and nursing care as a major component of health care. The nature of nursing is reflected in deliberate human action designed to assist people throughout the life span with health-related activities. Inherent in nursing are specialized knowledge and abilities which

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are attained through formal education and are reflective of the changing needs of society. For nurses in a rapidly changing society, maintenance of nursing competence demands constant effort in order to promote and improve the health care of clients.

The participation in continuing education activities provides one means by which nurses may enhance competence and maintain the standards of nursing practice. One means of ensuring the advancement of the discipline of nursing is through continuing education. To insure the public that continuing education activities meet established educational standards, a peer review process was developed by the West Virginia Nurses Association. WVNA believes that a variety of persons and groups share the responsibility for contributing to the quality of services through continuing education in nursing. These persons and groups are the individual nurse, the employer, the sponsor of continuing education, and the West Virginia Nurses Association.

On behalf of the West Virginia Nurses Association, I would like to salute the Board of

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Examiners for Registered Professional Nurses for proposing these rules. I'm sure they will be beneficial to nursing in West Virginia. And we would like to offer our comments in the spirit of cooperation.

The process we undertook to formulate this testimony was twofold. Copies of the proposed rule was reviewed by nurses in a self-study group atmosphere on at least two separate occasions. Those comments have been synthesized into this testimony.

In undertaking the formulation of any new rule, a definition of terms is of paramount importance. For that reason we suggest that you conform the terms you use in the rule as much as possible with those propounded by the American Nurses Credentialing Center. While the ANCC is not the only nationally recognized credentialing body for registered nurses, it is certainly the largest and most well known. Also many nurses in advanced practice keep and maintain their certification through ANCC programs. So it would be beneficial for all involved if there existed some continuity with regard to program

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definition.

With my written testimony we are providing a glossary used by the ANCC and drawn from the American Nurses Association's Standards for Continuing Education in Nursing. The glossary is labeled as Exhibit 2.

We also feel that early on we should address the question of the approved provider. Something we do not find discussed in the rules is the status of the providers approved by the West Virginia Nurses Association. This gets heavily into nursing education nomenclature. So please bear with me.

The West Virginia Nurses Association is approved by the American Nurses Credentialing Center, a branch of the American Nurses Association, to participate in the continuing education process in two fashions.

The first is to provide continuing education. Many of you may be familiar with this from attending annual conventions. The continuing education contact hours nurses receive there are provided by the West Virginia Nurses Association under its approved

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provider status from the American Nurses Credentialing Center.

The second way WVNA participates in the continuing education process is through the approval of continuing education activities from sources outside WVNA. I believe even the Board of Examiners has had an offering approved. WVNA also approves entities to be providers of continuing education. For instance, Wheeling Hospital, the home hospital of the Board chair, is a provider of continuing education. Every two years its continuing education department submits to the West Virginia Nurses Association an application for provider status.

A peer review team of registered nurses reviews the application and if it meets the guidelines established by the American Nurses Credentialing Center grants the entity provider status. With provider status the entity can offer whatever continuing education activities it chooses and at the end of each calendar year makes a report to WVNA on the offerings it has provided.

The purpose of this rather lengthy

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explanation is to form a twofold question. First, will participants in single offerings which have been approved by the West Virginia Nurses Association be able to count contact hours towards relicensure?

Notice these offerings have been approved by the WVNA; they are not being offered by WVNA. If not, would the organization seeking approval for the offering also have to get approval from the nursing board as a provider?

Secondly, would the continuing education offerings provided by approved WVNA providers, such as Wheeling Hospital, be eligible for use for relicensure without the approved providers also applying to the West Virginia Board of Examiners for Registered Professional Nursing for provider status?

It would seem a great duplication of work to force providers to seek dual approval, particularly in light of the fact that WVNA has a rigorous approval process which has just received national recognition. The West Virginia Board of Examiners for Licensed Practical Nurses has held that an approved provider with the West Virginia Nurses

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Association does not need to seek provider status from the LPN Board. If that is your goal, and we hope it is, we would suggest that specific language be included in the rule.

For purposes of the rule, a workable definition may be: An accredited approver is an eligible organization credentialed by the American Nurses Credentialing Center or other nationally recognized credentialing organization recognized by the West Virginia Board of Examiners for Registered Professional Nurses, which has submitted to an in-depth analysis to determine its capacity to approve quality continuing education over an extended period of time.

An added benefit of adopting this definition would be that it would automatically provide for the Board a vehicle to evaluate continuing education offerings done outside of the State of West Virginia and provided by an approved, by a provider approved by another entity accredited by the American Nurses Credentialing Center.

In line with this we would like to

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suggest the Board revise the rule to make clear that continuing education hours used by nurses in advanced practice to maintain their certification also may be accepted for relicensure.

We would suggest you delete 2.5 and 2.6, the definitions of formal offering and informal offering, and rather formulate a definition of continuing education, paren, 2.3, such as: Continuing education is those learning activities intended to build upon the education and experiential bases of the professional nurse for the enhancement of practice, education, administration, research, or theory development to the end of improving the health of the public. College credit courses offered by a recognized educational institution may be approved as continuing education.

We would suggest 2.7, independent study, and 2.8, self study, be deleted and the following inserted in lieu thereof: Independent study means a self-paced learning activity developed for individual use which may be offered, paren, provider directed, or self-prescribed, paren, self-directed.

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We would suggest that 3.1.1.a and 3.1.1.b be deleted and that the following definition be included by contact hour: A contact hour is a unit of measurement that describes fifty minutes of an approved, organized learning experience, either didactic or clinical experience.

From the standpoint of successful administration of a program, we question the wisdom of a one-year relicensure period and a two-year continuing education reporting period. If the relicensure period is going to remain an annual one, we would suggest an annual continuing education reporting period.

If the Board plans on going to a two-year relicensure period, which is probably a wise move, then we understand the two-year continuing education system. To make things simpler, it would seem wiser during the one-year phase-in period to have the continuing education requirement at fifteen hours instead of twelve as the rule states.

Both the study groups that reviewed these proposed rules saw a problem with the dates noted in 3.1.3. Since we now get our license renewal

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applications sometime in October for renewal by January, we would be effectively prevented from using continuing education credits earned in November and December to renew our licenses. That could also become problematic for the Board because the Board could not justly deny someone their license if they were taking continuing education classes after license applications were issued. We urge you to review these dates and make the reporting dates convenient for both the licensees and the Board.

At this time I will conclude my testimony. Paula Staud will present the remainder of our concerns.

Again please let me stress that the West Virginia Nurses Association supports continuing education for nurses and applauds the Board for its actions.

Thank you.

EXECUTIVE SECRETARY FAIRCHILD: Thank you.

I believe the next person we have on the list is Paula Staud.

Paula, you may begin.

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MS. PAULA STAUD: For the record, my name is Paula Staud and I am a registered nurse licensed to practice in the State of West Virginia. I have five years of experience as a director of nursing in an acute care, one-hundred-bed hospital and thirteen years' experience as a nursing educator. Most of this time has been spent in the associate degree level, and this fall I will begin teaching in a baccalaureate program. My experience has made me see the need for continuing education for registered nurses. A copy of my biographical data form is attached to this written testimony.

It is the feeling of the West Virginia Nurses Association that the fee for reinstatement of a license from an inactive or lapsed status may be too small and should probably be increased when other statutory changes which may be required by the addition of continuing education are placed into the code. The small amount of the reinstatement fee would not encourage nurses to complete their continuing education hours in the amount of time allotted.

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We would also like the Board to make clear how far back a licensee can be requested to produce information for an audit. We would suggest that the audit request go back no more than the period immediately prior to the Board's current reporting period.

The provisions in the rule which probably generated the most discussion in our study groups was the section dealing with continuing education providers. We would first like to salute the Board of Examiners for acknowledging that valuable continuing education can be obtained from sources other than nursing, although we certainly endorse the fact that a majority of a nurse's continuing education courses should come from a nursing background.

Because of this we feel that while continuing education courses offered by any of those designated providers named may have a valuable influence on nursing, they should not be given carte blanche approval status. Many of the programs may not have anything to do with a nurse's practice. And noting their immediate provider status in the rule

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could cause some monumental judgment difficulties on the part of the nurse and on the Board of Examiners, notwithstanding the provisions of Section 4.5 of the rule.

For this reason we would suggest that Section 4.1 be rewritten as follows: The Board may recognize as approved providers an agency which meets minimum provider standards in subparagraph 4.2 and 4.5 of this rule.

This would allow the Board some leeway during its audit process and in judging whether or not the continuing education offerings were valid for the practice of nursing.

We also believe the Board must clearly delineate the difference between continuing education and in-service. While in many cases it is a function of how the material is presented and reported, we do not want nurses who have attended in-service courses coming in jeopardy of losing their licenses when they discover that their institutions may not have undertaken to meet continuing education requirements, even though they would have been accredited as

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providers by the provisions in the rules. As one way to prevent this we would suggest the Board require all continuing education activities to be approved before they are offered.

Policing of providers is also a concern. While the rule notes providers who fail to meet the minimum acceptable provider standards shall be notified in writing of specific deficiencies and given a limited period of time to correct the deficiencies, the rule does not state how this policing is to be done and what criteria are to be established.

The amount of paperwork involved in starting a continuing education program is mind boggling. And we feel the Board may have underestimated its resources in planning on policing these organizations. We would also wonder just colloquially how amenable the West Virginia State Medical Association or other health professional group would be to a provider inspection by the West Virginia Board of Examiners for Registered Professional Nurses.

As we stated earlier, we feel one of the minimum standards for approved providers should be

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that all offerings must be approved prior to the offering being given. We also suggest that 4.2.6 and 4.2.7 be deleted and the following be substituted in lieu thereof: The provider shall furnish a written statement of completion to each participant who completes each continuing education activity. The statement shall be signed by the instructor or an individual designated by the instructor and shall contain the following information: the name of the continuing education offering, the number of contact hours, and the date. Certificate of attendance is standard in continuing education circles, not certification of successful completion.

Like my colleague, Joan Propst, let me say again that the West Virginia Nurses Association endorses continuing education for registered nurses and is willing to work with the Board of Examiners to perfect the rules to make them useful tools in the furtherance of our profession.

Thank you.

EXECUTIVE SECRETARY FAIRCHILD: Thank you.

The next person who is listed that

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she would like to speak is Tammy Sarab.

MS. TAMMY SARAB: Hello. My name is Tammy Sarab. I am licensed to practice in the State of West Virginia. I also am a certified registered nurse anesthetist.

And my concerns address the issue that as an advanced practitioner I would like to make a few comments about that.

Dear Board of Examiners for Registered Professional Nurses: I am here to express my concern about the proposed continuing education requirements for license renewal. I am a certified registered nurse anesthetist. Our profession supports and requires continuing education for renewal of our CRNA status every two years. The concern that we have is about Section 4.5.2.

As this section stipulates certain continuing education credit will not be accepted toward completion of the required thirty CEUs to renew one's registered nurse license. The one statement that has me most concerned is the one that relates to job or clinical practice.

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As I have stated earlier, our professional organization and certifying body, which is the American Association of Nurse Anesthetists, requires forty CEUs every two years. As a CRNA, I am required by my employer to maintain my CRNA status for my employment. So in essence the forty CEUs that I am required to maintain my CRNA status is part of my job activities. And that is where the concern comes into play.

I hope that you understand that continuing education is very important to me personally. And I recognize this by the action the Board is taking by making this a requirement for all registered nurses and I also applaud this effort.

However, if, as a CRNA, I was not allowed to utilize the CEUs that I obtained through my clinical practice and was required to additionally obtain thirty CEUs that could not be used toward this requirement, this would put me and other colleagues of mine in a great difficult situation. I believe that it was not the intent of the Board of Examiners to exclude any relevant CEUs and I accept that.

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I also believe that employers around our State of West Virginia are trying to provide opportunities for continuing education for both RNs and registered nurses that are in advance practice to help meet requirements through their accrediting organizations, such as some requirements that we have that come through JCAH.

I ask the Board of Examiners to consider this entire section and how it will affect RNs and advanced practitioners that are already trying to pursue the continuing education requirement.

And one proposal I have is that in the appreciation that certain advance practitioners already have a requirement to meet continuing education units, to receive those that you would consider accepting the forty CEUs, for example, that I must have through my professional organization, as completion of the same CEUs that would be a requirement for RN licensure.

The proof of the CEUs could be easily documented from our professional organization as, that we have a current CRNA certification and active license

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status. And that in essence would help eliminate some of the duplicate paperwork that would go into effect. In other words, I am asking that as a CRNA that if we would provide proof of our certification active status to the Board, would that be considered proof of meeting the requirement for the basic RN licensure for the State of West Virginia?

Thank you very much.

EXECUTIVE SECRETARY FAIRCHILD: Thank you.

Would Ada Price like to speak?

MS. ADA PRICE: No.

EXECUTIVE SECRETARY FAIRCHILD: Would Ann Harms like to speak?

MS. ANN HARMS: No.

EXECUTIVE SECRETARY FAIRCHILD: Would John Law like to speak?

MR. JOHN LAW: No.

EXECUTIVE SECRETARY FAIRCHILD: Anne Matics?

MS. ANNE MATICS: No.

EXECUTIVE SECRETARY FAIRCHILD: Janet Caruthers?

MS. JANET CARUTHERS: No.

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EXECUTIVE SECRETARY FAIRCHILD: Patsy

Haslam?

MS. PATSY HASLAM: No.

EXECUTIVE SECRETARY FAIRCHILD: Would some of those folks who deferred till later, like to speak now?

A VOICE: My points were covered.

MS. TWYLA WALLACE: I am Twyla Wallace, a registered nurse in West Virginia. And I also represent Concerned Nurses of West Virginia, which is made up of licensed practical nurses and registered nurses from all programs.

I just want to say that in view of some of the things that have happened recently with the LPNs who last year was required to have continuing education and practice hours to keep their license, all the fees were raised at that time, starting in '94, from fifteen dollars to twenty-five dollars a year. And it was said that with the requirements of continuing education, contact hours, and practice hours, and fees being raised, that they felt that about fifteen hundred of the seven thousand or so licensed

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practical nurses would not be able to, would be lost because they would not be able to keep up with these requirements. And that also in order to pay for maintaining the continuing education that fees would be raised about five percent per year. And, as I said, '94 was the first year that it was required that they pay this. And now they have, they are asking that the fees go up to forty dollars a year. And so this is going to be hard. They're probably going to lose more LPNs.

So in view of this, I just wonder if the Board of Registered Nurses shouldn't consider, if we are also in the same boat, that our fee is being raised, can we also expect it to go up again in order to maintain continuing education.

It might be wise maybe to wait until the effect on LPNs is seen in maybe a couple of years or something like that. And also some states, such as Colorado, recently in '94, have abandoned the requirement of continuing education because of costs and so on. Also Florida is having a hard time keeping up with all the paperwork and so on that goes into it.

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So I just would like those comments to be considered and think about it.

It might also be a consideration and make more sense if employers required continuing education to be employed in their facility and that it would relate to the practice in which they were. Any time you put a number, a magical number that you must reach to keep your license, the people go for that number rather than content. And then it is difficult for the people to be evaluated. Whereas, if the employer required it, it would be related to their practice and they could be evaluated as to whether indeed competency did improve.

I have already seen in the LPN program among the LPN population that they are going for that magical number. And even if you're in gerontology, you might go take pediatrics or critical care or whatever, anything to just reach that number. So I just want that put in the record for your consideration.

EXECUTIVE SECRETARY FAIRCHILD: Thank you.

There were some other folks that

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wanted to speak and deferred until later. Would you like to speak at this time?

(Pause.)

EXECUTIVE SECRETARY FAIRCHILD: The floor will remain open for anyone who wishes to speak. So just indicate to me when you would like to speak.

(WHEREUPON, the floor remained open for comments until 12:00 noon.)

EXECUTIVE SECRETARY FAIRCHILD: For the record I would like to close the public session for proposed legislative rule 19 CSR 11, continuing education. It is now twelve noon.

I have one additional written set of comments from one of the participants to submit.

So at this time the public hearing is closed, although written comments may still be received through four p.m. today.

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## REPORTER'S CERTIFICATE

I, the undersigned, Janet T. Surface, Stenomask Reporter, do hereby certify that the foregoing is, to the best of my skill and ability, a true and accurate transcript of the proceedings had in the above-styled hearing on the 29th day of July, 1994.

Given under my hand this the 30th day of July, 1994.

Janet T Surface  
Reporter

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PUBLIC HEARING  
 SERIES 11  
 CONTINUING EDUCATION  
 JULY 29, 1994 10:00 AM TO 12 NOON

NAME	ADDRESS	AGENCY/PLACE OF EMPLOYMENT	REQUEST TO SPEAK
1. Irene Calver	1540 Country Club Rd. Mt. Pleasant, WV	MVA Home Health	
2. Phillie Fabre	806 Ridgely Ave. - Frit	Companin Care Corp	
3. Ann Workman	30 Roberts St. Starnett		
4. Lois Fander	13 Carol Dr. Hurricane, WV	Putnam General Hospital	
5. Elizabeth Smith	100 Walnut St. Glenville	School Nurse	
6. Joanne Light	- 1135 Emerald Rd, Chas	Semi - retired	
7. Twyla Wallace	PO Box 1233 Lewisburg, WV	Concerned Nurses of WV	
8. Barbara Rawonis	PEOPLEWORK SOLUTIONS PO Box 8471	S. Charleston WV 25303	

9. Fay Wojtowicz Rt. 1 Box 152C WV D.H.H.R.  
Oak Hill WV 25901

10. Karen Shaffer RR2 Box 159 WV D.H.H.R.  
Wellburg, WV 26070

11. Anne Gibson P.O. Box 77 Hurricane, WV 25526 United Healthcare Corp.

12. Cheryl Frakes 2926 Washington Blvd. United Healthcare Corp.  
Huntington WV 25705

13. RUTH Pearson Huntington WV WV Ret- Reg. Nurses

14. Judy Nicholas Box 92 Montgomery General Hospital  
Pocahontas, WV 25151

15. Shirley Shears PO Box 24 Montgomery General Hospital  
Kimberly, WV 25118

16. Linda Klyfen PO Box 216 Not Working  
Mt Carmel, WV 25139

17. Bonnie Nelson 1047-13th St. Apt. 2 Cabell Huntington Hosp.  
Huntington, WV 25701

18. Gannan Freshman 2504 Broad St. Mt. Joseph Hospine  
Petersburg, WV Paulsenburg

19. Susan Bennett-Saulshead 316 Woodbridge Dr. Mt. Joseph's Hosp  
Martinsburg, WV Paulsenburg

- 20. Jack Thayer Stateville Jail A-B College ✓
- Paula Hand Phillipi WV 26416 Phillipi WV 26416
- 131 Elm St A-B College ✓
- Elkins WV Phillipi
- 22. Tammy S. Sasser 1 Commonwealth Blvd Conc ✓
- Elkins, WV, 25011
- 23. Alva S. Luce 316 Bryanswood Dr practice
- Charleston, W.V.
- 24. Carole H. Harniss 919 Redbank St CAMC
- Charleston, WV 25308
- 25. John L. Law P.O. Box 25311
- Char. 25311
- 26. Arne Matics P.O. Box 978 Clendenin W.Va. 25045 CAMC
- 27. Janet Caruthers 3715 Noyes Ave CAMC
- Charleston, WV 25302
- 28. Patsy Anderson Beckley WV The College of WV and W. Bd of Hig. Education
- 29. Dorothy L. Lumb 1900 4th Ave Char. WV 25312 Private duty nurse
- SELF EMP.
- 30. ✓

July 29, 1994

To: Board of Examiners for Registered Professional Nurses  
From: Tammy L. Sarab, RN, BSN, CRNA  
Re: Continuing Education Requirement for License Renewal

Dear Board,

This letter is written to express concern about the proposed continuing education requirement for license renewal. I am a Certified Registered Nurse Anesthetist. Our profession supports and requires continuing education for renewal of our CRNA status. The concern is about section 4.5.2 in the proposed legislation.

As this section stipulates certain continuing education credit will not be accepted toward completion of the required 30 CEUs. The one statement that has me most concerned is the one that relates to job/clinical practice. As a CRNA I am required by my employer to maintain a current CRNA status. Many of the CEUs that are received toward meeting the obligation come through my employer. Our professional organization the American Association of Nurse Anesthetist requires 40 CEUs every 2 years. I hope you understand that continuing education is a very important aspect of my employment. If I was not allowed to utilize CEUs obtained through my clinical practice, then the proposed additional 30 CEUs for RN license renewal would be difficult to complete and maintain.

I believe it is not the intent of the Board of Examiners to exclude any relevant education. Also I believe that employers are trying to provide opportunities for continuing education for RNs to meet regulation requirement from accrediting organizations.

I ask the Board of Examiners to consider the entire section of 4.5.2 , and how this will affect many RNs trying to already pursue continuing education. Also I ask the Board of Examiners to consider this proposal: Since the CRNA must complete 40 CEUs every 2 years, then could these same CEUs be accepted for the requirement of the continuing education for RN license renewal. The proof of the 40 CEUs could be as easy as documentation from the AANA of current CRNA certification and active status.

Respectfully submitted,



Tammy L. Sarab, RN, BSN, CRNA



Charleston Area  
Medical Center

Charleston, West Virginia

This certificate is granted to

**Tammy L. Sarab**

for having satisfactorily completed the requirements of

**Nurse Anesthesia**

and has earned this acknowledgement.

Dated this **5<sup>th</sup>** day of **August** 19**92**

*Philip H. Goodwin*

*President*

*Nancy L. Sweeney CRNA, MS*

*School Director*

# Council on Certification of Nurse Anesthetists

Be it known that

**Tammy L. Sarab, CRNA**

having satisfied the requirements for

**Certification**

as prescribed by

The Council on Certification of Nurse Anesthetists  
is now entitled to recognition as a

**Certified Registered Nurse Anesthetist**

In Witness thereof, I the Chairman of the Council on Certification  
of Nurse Anesthetists have caused the official seal of the Council on  
Certification of Nurse Anesthetists to be hereto affixed.

January 12, 1993

Date

*Karen L. Zoglavniczky* PhD, CRNA  
Chairman

*Susan L. Caulk* CRNA  
Executive Secretary





**ST.  
JOSEPH'S  
HOSPITAL**

July 28, 1994

TO: Board of Examiners For RNs

FROM: Ramona Freshour  
Administrative Assistant, Nursing  
St. Joseph's Hospital

RE: Series 11 Legislative Rule  
Pertaining to Continuing Education

After careful reviewing of the proposed rule dealing with continuing education, I have the following comments and/or questions:

1) 19-11-3 Continuing Education

3.1.3 - Why can't the period of educational requirements match the period of licensure so that tracking could be resolved yearly as opposed to every two years?

2) 19.11.4 Continuing Education Providers

4.1 - The Board states it will accept educational programs offered by institutions accredited by JCAHO. If WVNA is taken out of the credentialing picture, then an RN must be present on the planning committee for the educational event. Why do we need WVNA involved in programs if the Board accepts programs offered by JCAHO accredited institutions?

If accredited by JCAHO - why do we have to meet minimum standards as outlined?

4.4 Self Study

4.4.3 - How are contact hours measured?


4.5.2 Unacceptable Continuing Education

4.5.2.1 - 4.5.2.4 - Why can't educational opportunities required by JCAHO for reaccreditation (i.e., Universal Precautions, CPR, Safety, etc.) be given some credit instead of nothing at all?

I appreciate your consideration of the above comments.

Thank you.

00083



Testimony of Paula Staud, MSN, RN

*Prepared for West Virginia Board of Examiners for Registered Professional Nurses*

*West Virginia Nurses Association*

*P. O. Box 1946*

*Charleston, WV 25326*

*July 27, 1994*

1 For the record, my name is Paula Staud. I am a registered nurse, licensed to practice in the State  
2 of West Virginia. I have five years of experience as director of nursing in an acute care, 100-bed hospital  
3 and 13 years experience as a nursing educator. Most of this time has been spent teaching at the associate  
4 degree level, but this fall, I begin teaching in a baccalaureate program. My experience has made me see  
5 the need for continuing education for registered nurses. A copy of my biographical data form is attached  
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7 It is the feeling of the West Virginia Nurses Association that the fee for reinstatement of a license  
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9 changes which may be required by the addition of continuing education are placed into the code. The  
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11 hours in the amount of time allotted.

12 We would also like the board to make clear how far back a licensee can be requested to produce  
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15 The provisions in the rule which probably generated the most discussion in our study groups was  
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20 Because of this, we feel that while continuing education courses offered by any of those  
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26 For this reason, we would suggest that section 4.1 be rewritten as follows: "The board may  
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3 We also believe the board must clearly delineate the difference between continuing education and  
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8 As one way to prevent this, we would suggest the board require all continuing education activities to  
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19 As we stated earlier, we feel one of the minimum standards for approved providers should be that  
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26 completion.

27 Like my colleague, Joan Propst, let me say again that the West Virginia Nurses Association

1 endorses continuing education for registered nurses and is willing to work with the Board of Examiners  
2 to perfect the rules to make them useful tools in the furtherance of our profession.

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**AMERICAN NURSES CREDENTIALING CENTER  
COMMISSION ON ACCREDITATION  
BIOGRAPHICAL DATA FORM**

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**NAME:** Paula Staud, RN, MSN

**HOME ADDRESS:** 131 Elm Street  
Elkins, WV 26241

**BUSINESS ADDRESS:** Davis and Elkins College  
Nursing Department  
College Avenue  
Elkins, WV 26241

**TELEPHONE:** (304) 636-7540 H    (304) 636-1900 W

**PRESENT POSITION (TITLE AND DESCRIPTION):**  
Assistant Professor of Nursing. Teach primarily Med-Surg  
Nursing in an Associate Degree Program.

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**EDUCATION (INCLUDE BASIC PREPARATION THROUGH HIGHEST DEGREE HELD):**

	<b>DEGREE</b>	<b>INSTITUTION</b>	<b>MAJOR AREA</b>	<b>YEAR</b>
		<b>name</b>	<b>OF STUDY</b>	
1.	<u>BSN</u>	<u>WV University</u>	<u>Nursing</u>	<u>1968</u>
2.	<u>MSN</u>	<u>WV University</u>	<u>Nursing</u>	<u>1985</u>
3.				

**Use the space below to briefly describe your professional experience or areas of expertise (including publications) which contribute to your particular involvement with the organization seeking accreditation.**

5 years experience as Director of Nursing in an acute care, 100-bed hospital.  
13 years experience as Nursing educator - mostly spent in ADN level - but some experience with ADN. Clinical areas of expertise: Medical-Surgical Nursing, management, critical care.



Testimony of Joan Propst, EdD, MSN, RN-CS

*Prepared for West Virginia Board of Examiners for Registered Professional Nurses*

*West Virginia Nurses Association  
P. O. Box 1946  
Charleston, WV 25326*

*July 27, 1994*

1 Let me state for the record that my name is Joan Propost. I am a registered nurse, licensed to  
2 practice in the State of West Virginia. I have five years of experience working with the process of  
3 continuing education in nursing and six years of teaching experience in a baccalaureate degree program  
4 in nursing. I am qualified by education and experience to discuss continuing education for registered  
5 nurses. A biographical data form is attached with my written testimony and labeled as Exhibit 1. The  
6 testimony which I and my colleague Paula Stuard provide today is given on behalf of the West Virginia  
7 Nurses Association. The West Virginia Nurses Association is the largest single professional organization  
8 for registered nurses in the State of West Virginia.

9 The West Virginia Nurses Association recognizes health care as a fundamental right and nursing  
10 care as a major component of health care. The nature of nursing is reflected in deliberate human action  
11 designed to assist people throughout the life span with health-related activities. Inherent in nursing are  
12 specialized knowledge and abilities which are attained through formal education and are reflective of the  
13 changing needs of society. For nurses in a rapidly changing society, maintenance of nursing competence  
14 demands constant effort in order to promote and improve the health care of clients.

15 The participation in continuing education activities provides one means by which nurses may  
16 enhance competence and maintain the standards of nursing practice. One means of ensuring the  
17 advancement of the discipline of nursing is through continuing education. To assure the public that  
18 continuing education activities meet established educational standards, a peer review process was  
19 developed by the West Virginia Nurses Association. WVNA believes that a variety of persons and  
20 groups share the responsibility for contributing to the quality of services through continuing education  
21 in nursing. These persons and groups are: the individual nurse, the employer, the sponsor of continuing  
22 education and the West Virginia Nurses Association.

23 On behalf of the West Virginia Nurses Association, I would like to salute the Board of Examiners  
24 for Registered Professional Nurses for proposing these rules. We will they be beneficial to nursing in  
25 West Virginia, and we would like to offer our comments in the spirit of cooperation.

26 The process we undertook to formulate this testimony was two-fold. Copies of the proposed rule  
27 were reviewed by nurses in a self-study group atmosphere on at least two separate occasions. Those

1 comments have been synthesized into this testimony.

2 In undertaking the formulation of any new rule, a definition of terms is of paramount importance.  
3 For that reason, we suggest you conform the terms you use in the rule as much as possible with those  
4 propounded by the American Nurses Credentialing Center. While the ANCC is not the only nationally  
5 recognized credentialing body for registered nurses, it is certainly the largest and most well-known. Also,  
6 many nurses in advanced practice keep and maintain their certification through ANCC programs, so it  
7 would be beneficial for all involved if there existed some continuity with regard to program definition.  
8 With my written testimony, we are providing a glossary used by the ANCC and drawn from the American  
9 Nurses Association's *Standards for Continuing Education in Nursing*. The glossary is labeled as Exhibit  
10 2.

11 We also feel that early on, we should address the question of the approved provider. Something  
12 we do not find discussed in the rules is the status of the providers approved by the West Virginia Nurses  
13 Association. This gets heavily into "continuing education nomenclature," so please bear with me.

14 The West Virginia Nurses Association is approved by the American Nurses Credentialing Center,  
15 a branch of the American Nurses Association, to participate in the continuing education process in two  
16 fashions.

17 The first is to provide continuing education. Many of you may be familiar with this from  
18 attending annual conventions. The continuing education contact hours nurses receive there are provided  
19 by the West Virginia Nurses Association under its approved provider status from the American Nurses  
20 Credentialing Center.

21 The second way WVNA participates in the continuing education process is through the approval  
22 of continuing education activities from sources outside WVNA. I believe even the Board of Examiners  
23 has had an offering approved. WVNA also approves entities to be providers of continuing education.

24 For instance, Wheeling Hospital, the home hospital of the board chair, is a provider of continuing  
25 education. Every two years its continuing education department submits to the Virginia Nurses  
26 Association an application for provider status.

27 A peer review team of registered nurses reviews the application, and, if it meets the guidelines  
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1 established by the American Nurses Credentialing Center, grants the entity provider status. With provider  
2 status, the entity can offer whatever continuing education activities it chooses and, and the end of each  
3 calendar year, makes a report on WVNA on the offerings it has provided.

4 The purpose of this rather lengthy explanation is to form a two-fold question.

5 01. Will participants in single offerings, which have been approved by the West Virginia  
6 Nurses Association, be able to count contact hours towards relicensure?

7 Notice, these offerings have been approved by the WVNA, they are not being offered by the  
8 WVNA. If not, would the organization seeking approval for the offering also have to get approval from  
9 the Nursing Board as a provider?

10 02. Would the continuing education offerings provided by approved WVNA providers, such  
11 as Wheeling Hospital, be eligible for use for relicensure without the approved providers  
12 also applying to the West Virginia Board of Examiners for Registered Professional  
13 Nursing for provider status?

14 It would seem a great duplication of work to force providers to seek dual approval, particularly  
15 in light of the fact that WVNA has a rigorous approval process which has just received national  
16 recognition. The West Virginia Board of Examiners for licensed Practical Nurses has held that an  
17 approved provider with the West Virginia Nurses Association does not need to seek provider status  
18 from the LPN Board. If that is your goal, and we hope it is, we would suggest that specific language be  
19 included in the rule.

20 For purposes of the rule, a workable definition may be: "An Accredited approver is an eligible  
21 organization credentialed by the American Nurses Credentialing Center or other nationally recognized  
22 credentialing organization recognized by the West Virginia Board of Examiners for Registered  
23 Professional Nurses which has submitted to an in-depth analysis to determine its capacity to approve  
24 quality continuing education over an extended period of time."

25 An added benefit of adopting this definition would be that it would automatically provide for  
26 the board a vehicle to evaluate continuing education offerings done outside of the state of West Virginia  
27 and provided by a provider approved by another entity accredited by the American Nurses Credentialing  
28

1 Center.

2 In line with this, we would like to suggest the Board revise the rule to make clear that continuing  
3 education hours used by nurses in advanced practice to maintain their certification also be acceptable for  
4 relicensure.

5 We would suggest you delegate 2.5 and 2.6, the definitions of "formal offering" and "informal  
6 offering" and rather formulate a definition of continuing education (2.3) such as: "Continuing education  
7 is those learning activities intended to build upon the educational and experiential bases of the  
8 professional nurse for the enhancement of practice, education, administration, research, or theory  
9 development to the end of improving the health of the public. College credit courses offered by a  
10 recognized educational institution may be approved as continuing education."

11 We would suggest 2.7, independent study, and 2.8, self-study, be deleted and the following  
12 inserted in lieu thereof: "Independent study means a self-paced learning activity developed for individual  
13 use which may be offered (provider-directed) or self-prescribed (self-directed.)"

14 We would suggest that 3.1.1.a. and 3.1.1.b. be deleted and that the following definition be  
15 included by contact hour: "A contact hour is a unit of measurement that describes 50 minutes of an  
16 approved, organized learning experience, either didactic or clinical experience."

17 From the standpoint of successful administration of a program, we question the wisdom of a one-  
18 year relicensure period and a two-year continuing education period. If the relicensure period is going to  
19 remain an annual one, we suggest an annual continuing education period.

20 If the board plans on going to a two-year relicensure period, which is probably a wise move, then  
21 we understand the two-year continuing education system. To make things simpler, it would seem wiser  
22 during the one-year phase-in period to have the continuing education requirement at 15 hours instead of  
23 12 hours, as the rule states.

24 Both the study groups that reviewed these proposed rules saw a problem with the dates noted  
25 in 3.1.3. Since we now get our license renewal applications sometime in October for renewal by January,  
26 we would be effectively prevented from using continuing education credits earned in November and  
27 December to renew our licenses. That could also become problematic for the board, because the board

1 could not justly deny someone their license if they were taking continuing education classes after license  
2 applications were issued. We urge you to review these dates and make the reporting dates convenient  
3 for both the licensees and the board.

4 At this time, I will conclude my testimony. Paula Staud will present the remainder of our  
5 concerns. Again, please let me stress that the West Virginia Nurses Association supports continuing  
6 education for nurses and applauds the board for its actions.

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**AMERICAN NURSES CREDENTIALING CENTER  
COMMISSION ON ACCREDITATION  
BIOGRAPHICAL DATA FORM**

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**NAME:** Joan Propst, Ed.D., RN-CS

**HOME ADDRESS:** 2 Ratcliffe Lane  
Philippi, WV 26416

**BUSINESS ADDRESS:** West Virginia University Hospitals  
P.O. Box 8225 Medical Center Drive  
Morgantown, WV 26506-8225

**TELEPHONE:** (304) 457-4742

**PRESENT POSITION (TITLE AND DESCRIPTION):**

Director, Nursing Staff Development. Responsible for  
the assessment, development, coordination, delivery, and  
evaluation of the continuing education needs of nursing  
staff.

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**EDUCATION (INCLUDE BASIC PREPARATION THROUGH HIGHEST DEGREE HELD):**

DEGREE	INSTITUTION name	MAJOR AREA OF STUDY	YEAR
1. B.S.	Alderson - Broaddus College	Nursing	1979
2. M.S.N.	WV University	Nursing	1985
3. Ed.D.	WV University	Educ. Admin.	1993

**Use the space below to briefly describe your professional experience or areas of expertise (including publications) which contribute to your particular involvement with the organization seeking accreditation.**

Five years of experience working with the process of continuing education in nursing. Six years of teaching experience in a baccalaureate degree program in nursing. Educationally and experientially prepared in the area of professional continuing education.

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**GLOSSARY**

This glossary is drawn from the glossary in the American Nurses Association's *Standards for Continuing Education in Nursing*. The selected definitions are frequently used in the context of accreditation and may in some cases require further elaboration in order to carry out the accreditation process. The definitions from the standards are in ordinary type; operational elaboration or, if necessary, definition by the ANCC Commission on Accreditation is in *the type printed in italics*.

**Accreditation** A voluntary process for appraising and granting recognition to a provider or eligible approval body that meets established standards based on predetermined criteria. *For purposes of the accreditation system, this is interpreted to mean a voluntary process in which an institution, organization, or agency submits to an in-depth analysis to determine its capacity to provide or approve quality continuing education over an extended period of time.*

**Accredited Approver** *For purposes of the accreditation system, an eligible organization credentialed by ANCC after having submitted to an in-depth analysis to determine its capacity to approve quality continuing education over an extended period of time.*

**Accredited Provider** *For purposes of the accreditation system, an eligible organization credentialed by ANCC after having submitted to an in-depth analysis to determine its capacity to provide quality continuing education over an extended period of time.*

**Adult Learning Principles** Approaches to adults as learners based on recognition of the individual's autonomy and self-direction, life experiences, readiness to learn, and problem-orientation to learning. Approaches include mutual, respectful collaboration of teachers and learners in planning, diagnosing needs, formulating objectives, designing sequences, and evaluating learning. Learning activities tend to be experiential and inquiry focused.

**Appeal** *For purposes of the accreditation system, a process that allows the applicant to obtain a redetermination by an appellate body with regard to an adverse decision made by an original decision-making body.*

**Approval (Continuing Education)** A voluntary process for appraising and granting recognition of a provider or a program that meets established standards based on predetermined criteria. *For purposes of the accreditation system, a decision made by an accredited approver that the criteria for approval of continuing education have been met.*

**Approval Unit** *For purposes of the accreditation system, the administrative body responsible for coordinating all aspects of the continuing education approval process.*

**Behavioral Objective** An intended outcome of instructions stated as a specific behavior of the learner that can be measured by performance.

**Constituency** *For purposes of the accreditation system, providers that an accredited federal nursing service or specialty nursing organization identifies as being eligible to submit continuing education activities to its approval body. Constituency must be identified at the time of application for accreditation.*

**Contact Hour** A unit of measurement that describes 50 minutes of an approved, organized learning experience, either didactic or clinical practice. *For purposes of the accreditation system, contact hours also may be awarded for offerings organized as independent study.*

**Content** Subject matter or definitive information about an educational activity which relates to the behavioral objectives.

**Continuing Education** Those learning activities intended to build upon the educational and experiential bases of the professional nurse for the enhancement of practice, education, administration, research, or theory development to the end of improving the health of the public.

**Continuing Education Unit (CEU)** Ten contact hours of participation in an organized continuing education experience that meets the criteria published by the national Council on the Continuing Education Unit, including responsible sponsorship, capable direction, and qualified instruction.

**Coproduce** *For purposes of the accreditation system, the process for planning, developing, and implementing an educational activity by two or more providers.*

**Criteria** Indicators by which standards may be measured and evaluated.

**Curriculum Vitae** *For purposes of the accreditation system, a succinct resume which specifies education and professional qualifications.*

**Deferral** *For purposes of the accreditation system, a decision made to delay action on an application.*

**Denial** *For purposes of the accreditation system, a decision made by the appropriate body to disapprove the application.*

**Director** Individual responsible for bringing together and managing elements needed for a continuing education provider unit or program; coordinator.

**Educational Design** A plan for instruction consisting of a minimum of a documented assessment of learning needs, behavioral objectives, content outline, teaching methods, learning experiences, resource utilization plan, and evaluation strategies.

**Evaluation** A systematic process by which a judgment is made about consequences, results, effects, or merit of a continuing education provider unit or continuing education program in order to make subsequent decisions. *For purposes of the accreditation system, evaluation is a systematic assessment of administration, program and learning outcomes.*

**Federal Nursing Service** *For purposes of the accreditation system, a governmental or quasi-governmental entity that is national in scope and provides nursing services, e.g. Army Nurse Corps.*

**Goal** Broadly stated objective. *For purposes of the accreditation system, this is further defined as a statement of broad direction or general intent.*

**Guidelines** *For purposes of the accreditation system, statements for direction in implementing criteria and policies.*

**Independent Study** *For purposes of the accreditation system, a self-paced learning activity developed for individual use which may be institutionally offered (provider-directed) or self-prescribed (self-directed).*

**Inservice Education** Activities intended to assist the professional nurse to acquire, maintain, and/or increase competence in fulfilling the assigned responsibilities specific to the expectations of the employer.

**Interdisciplinary Continuing Education** Planned, organized learning experiences designed for a target audience of members of two or more separate but interrelated professions.

**Monitor** *For purposes of the accreditation system, a periodic assessment to determine continuing compliance with the criteria.*

**Need (Educational)** Knowledge, skills, or attitudes that are absent but necessary to attain more desirable conditions and are capable of being satisfied by learning experiences.

**Needs Assessment** Process by which a discrepancy between what is desired and what exists is identified.

**Offering** *For purposes of the accreditation system, an offering is a single educational activity that may be presented once or repeated.*

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**Orientation** The means by which new staff are introduced to the philosophy, goals, policies, procedures, role expectations, physical facilities, and special services in a specific work setting. Orientation is provided at the time of employment and at other times when changes in roles and responsibilities occur in a specific work setting.

**Philosophy** A statement of beliefs.

**Planning Committee** *For purposes of the accreditation system, a group of knowledgeable persons, including potential participants or representatives of target audience, brought together for the purposes of planning an educational activity.*

**Program** A planned, organized effort directed toward accomplishing educational objectives; in continuing education, an individual offering or group of offerings; in nursing education, a planned, organized effort leading to an academic degree. *For purposes of the accreditation system, a program is a series of offerings/educational sessions with a common theme and common overall goals. Attendees may be allowed to choose among several individual/concurrent educational session. An example of a program might be a conference or course (with multiple sessions).*

**Provider** An individual, institution, organization, or agency responsible for the development, implementation, evaluation, financing, record keeping, and maintenance of a quality assurance mechanism for a continuing education offering, program or a total continuing education curriculum; sponsor.

**Provider Unit** The administrative body responsible for coordinating all aspects of the nursing continuing education activities sponsored by a provider.

**Purpose** A statement describing why and for whom an educational program has been designed.

**Quality Assurance** An internal process to ensure the excellence of continuing education activities. The process includes measurement of the degree to which intents or goals are met, and the introduction of changes based on information supplied by the measurement with the view toward improvement of the total continuing education effort.

**Reconsideration** *For purposes of the accreditation system, a process that allows the applicant to obtain reconsideration of an adverse decision on an application for accreditation or approval by submission of clarifying materials to the original decision-making body.*

**Resources** Individuals, materials, space, and funds needed to implement an educational program.

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**Resubmission** For purposes of accreditation, a process which provides for review and action on applications which have been previously submitted and withdrawn prior to committee action.

**Revoke** For purposes of the accreditation system, to rescind approved/ accredited status.

**Site Visit** For purposes of the accreditation system, on-location review of an applicant to verify, clarify, and amplify documentation of a written application and thus to establish the applicant's capacity to meet the criteria.

**Specialty Nursing Organization** For purposes of the accreditation system, a national nursing body that has a majority of voting members who are registered nurses that practice in a specialized nursing area, as so defined in the organization's scope of practice statement. The organization has in place bylaws that identify as a purpose and function the improvement of health care and the advancement of nursing.

**Sponsor** See Provider.

**Staff Development** A process consisting of orientation, inservice education, and continuing education for the purpose of promoting the development of personnel within any employment setting, consistent with the goals and responsibilities of the employer.

**Standard** A norm that expresses an agreed-upon level of excellence that has been developed to characterize, to lead to criteria for measurement, and to provide guidance in achieving excellence in education.

**Target Audience** Group for which a learning experience has been designed.

**Teaching Methods** A system of instructional procedures based upon educational principles.

July 12, 1994

Board of Examiners for Registered Professional Nurses  
101 Dee Drive  
Charleston, WV 25311-1620

Dear Board of Examiners:

This letter is written to voice our concerns and opinions regarding a part of the proposed Series II Legislative Rule pertaining to Continuing Education.

Proposed: 3.2 Exceptions to Continuing Education Requirements.

#2 "A licensee who resides outside of West Virginia and who holds a current active license to practice in a state other than West Virginia which also has mandatory continuing education is exempt from the continuing education requirements set forth in this rule."

In response to the above proposal:

There are those nurses who reside in West Virginia and also hold licenses to practice in other states and have met the requirements for continuing education in those states. Why would they not be exempt such as those nurses who do not live in West Virginia? They have all met the same requirements.

Please accept this letter in lieu of our attendance at the public hearing on July 29, 1994.

Thank you.

Sincerely,

*Kellogg J. McWhorter # 025192*  
*Joyce A. Brannen # 024704*  
*Sharon A. Randolph # 028655*  
*J. A. Wesson # 026887*  
*Michelle Durden # 036140*  
*Brenda McCreary # 023440*  
*Vicki Higginbotham # 036700*  
*Jane Hume*

DM/jlp

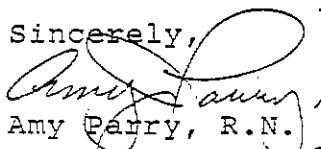
July 7, 1994

Janet Fairchild  
West Virginia Board of Examiners  
For Registered Professional Nurses  
101 Dee Drive  
Charleston, WV 25311-1620

Dear Janet,

I am writing you in response to receiving the R.N. Newsletter of public hearings for Series 3 Legislative Rule and Series 11 Legislative Rule. I am presently living and working in Florida and still retain my West Virginia nursing license (the state of original licensure). Unfortunately I can not come to the public hearing and would like my views known. Working in Florida I am required to have 24 continuing education units every two years at time of renewal. I think 30 hours is too many hours to obtain and that one hour per month is adequate. Also Florida use to ask the provider and then the nurse to send in proof of completed classes and this provided additional paperwork and record keeping. At least for the past four years, the state of Florida requires the nurse to keep records of 24 hours of continuing education every two years and be able to prove that the hours were obtained only if the nurse were of those who are randomly audited at time of license renewal. I like this and think the West Virginia Board should consider this to keep down costs and record keeping. I do agree that nurses should have and be required to have continuing education. The courses that I attended increased my knowledge and skills in nursing. I am also just completing my bachelor degree in nursing and realize what a good nursing education I received in West Virginia at Parkersburg Community College which is now Parkersburg branch of West Virginia University. Enclosed is my copy of Florida Board of Nursing Nursing Record with areas for renewal and continuing education hours highlighted that may be helpful in explaining my thoughts and what is required by Florida that merits review by West Virginia. Thank you for notifying me of the public hearing.

Sincerely,

  
Amy Parry, R.N.

9209 Seminole Blvd. #73  
Seminole, FL 34642

# NURSING RECORD



A World-Class Service Organization

DEPARTMENT OF PROFESSIONAL REGULATION NEWSLETTER  
FOR NURSES LICENSED BY THE STATE OF FLORIDA

VOL. 6, NO. 2, WINTER 1992

## MESSAGE FROM THE CHAIRMAN

### Avoiding discipline as you renew your nursing license

By Betty Ann Taylor, RN, MSN, CNA  
Chairman, Florida Board of Nursing

It may seem hard to believe, but license renewal forms will soon be mailed to nurses throughout Florida. As you get ready to turn your calendars to 1993, the Department of Professional Regulation (DPR) is preparing your licensure renewal form. Over the next two years nurses will find themselves being disciplined by the Board because they didn't manage the renewal process properly. How can you avoid discipline while renewing your nursing license? Here are some suggestions that may help you.

**Be sure that DPR has your current address on file.** Your renewal notice will be mailed to your last known address. If you have moved and the post office is no longer forwarding your mail, your renewal notice will be returned to Tallahassee. The Board of Nursing does not maintain an employment file of nurses and cannot assist in redirecting your renewal notice to you. Your license will not be renewed until you contact DPR to inquire about your license renewal and provide them with a current mailing address. If you continue to work after your license's expiration date, you will be in violation of the Nurse Practice Act (F.S. 464). If you fail to keep DPR apprised of your current address, you will be in violation of a Board of Nursing rule.



Betty Ann Taylor

#### Make every effort to complete your continuing education (CE) requirements as early as possible.

While you have until the expiration date of your current license to obtain the requisite contact hours, you cannot properly renew your license until all hours have been earned. While your intentions may be to earn the contact hours before your license's expiration date, you cannot be assured that you will. Canceled courses, personal and family illness and transportation problems may prevent you from actually completing the CE criteria. If you have not earned the contact hours and proceed to renew your license, you will be falsifying the renewal documents and therefore, will be in violation of the Nurse Practice Act. During every renewal cycle, nurses are disciplined for having signed the renewal forms before meeting the CE requirements.

**Know your CE requirements.** If you cannot prove that you have met them, you may be in violation of the Nurse Practice Act for falsifying records and/or renewing your license through misrepresentations.

If you held an active Florida nursing license during the entire current biennium (beginning April 1, 1991), you need 24 hours of continuing education. If you received your license by endorsement during the biennium, you need one hour of CE for each month you possessed your Florida license. The Board has the authority to fine nurses up to \$100 and to suspend their license for one month for each hour of incorrectly reported continuing edu-

See Chairman's Message, page 3

### Many thanks to all who helped after Hurricane Andrew

The Board wishes to express heartfelt appreciation to the many, many nurses who participated in the effort to assist the victims of the

devastation caused by Hurricane Andrew in South Florida. Andrew made landfall on Monday, Aug. 24, 1992, and wreaked havoc not only on the community and the lives and homes of its residents, but also on the health system through-



out Dade, Broward, and Monroe Counties.

To assist in coping with the seemingly endless demands that were placed on the private and public health care delivery systems, the Governor promulgated an Executive Order on Aug. 28th to provide relief. The outpouring of help was incredible.

Great courage and human kindness were displayed by the hundreds of volunteer nurses and others whose actions went far above and beyond the call of duty. Their dedication, commitment, and unselfish service to others reflects credit upon the entire profession. Bravo. Well done and thank you to each and every one of you!

Carol J. Mollohan, RN, CS, MPH  
1542 Mt. Vernon Rd.  
Charleston, WV 25314

TO: West Virginia Board of Examiners  
for Registered Professional Nurses

DATE: July 11, 1994.

RE: Series 11 Legislative Rule

I have the following questions concerning continuing education:

How does the process already in place with WVNA/ANA for approval of continuing education offerings fit into the rule?

In the past, I have been approved by WVNA to provide a particular continuing education offering as an individual. I would hope that individual approval could continue. Institutions are not always willing to offer a topic outside their particular interests. If institutions offer a topic, overhead charges increase the cost.

What provisions will there be for accepting continuing education approved by another professional group, e.g., social workers, educators, or counselors, or by an out of state institution?

The American Nurses Credentialing Center has authorized my use of such continuing education to meet ongoing certification requirements because content for my specialty, community health nursing with emphasis on parent-child interaction and child development, is often not offered as nursing continuing education.

Please raise these issues in the hearing and respond to my questions after the hearing. Thank you for this opportunity to have input into the rules governing our profession.



AMERICAN ACADEMY OF FAMILY PHYSICIANS (AAFP) headquartered in Kansas City, Missouri, is a professional organization founded in 1947 as the American Academy of General Practice. The name was changed in 1971 since Family Practice had become a medical specialty with residency training programs in February 1969. As of 1989 to be eligible for membership in the AAFP, a physician must be a graduate of an ACGME approved Family Practice Residency program.

Since 1947 the AAFP has required its members to complete 150 hours of approved Continuing Medical Education every three years to be recertified for membership. It is the only medical specialty organization to require CME completion to retain membership.

At least 75 of the required 150 hours must be AAFP Prescribed credit, which means the course has been reviewed by the national AAFP CME Committee and meets the required standards. 75 hours can be from elective credit that does not have to be approved by the AAFP or have family practice input.

Only 25 CME hours must be from group learning activities, a conference at a site with other physicians, i.e. the WV AAFP Family Practice Weekend & Sports Medicine Conference or the April Annual Scientific Assembly.

Those residents graduating in July 1994 will not have to be recertified for membership and have the required 150 hours until December 31, 1997.

AMERICAN BOARD OF FAMILY PRACTICE - (ABFP) located in Lexington, Kentucky, is a separate and autonomous body which acts as the certifying agency for the specialty of Family Practice and works with other groups to contribute to the education process of family physicians. All candidates for the ABFP examination must have completed 36 calendar months in an ACGME accredited Family Practice residency program.

If the candidate passes the exam and is Board Certified in Family Practice, he/she must be recertified after six years (physicians are allowed a one year grace period to be reexamined if they do not pass the exam the sixth year, but cannot go over seven years). In addition, they cannot sit for the exam if they cannot document 300 hours of approved CME in the past six years. AAFP active membership for the past six years serves as documentation since members must complete 150 hours every three years.

WEST VIRGINIA BOARD OF MEDICINE - is a regulatory Board that grants a license to physicians to practice medicine in the state and can revoke or suspend the license. Physicians must be re-licensed every two years. In 1991 the WV State Legislature passed a law that now requires completion of 50 hours of CME every two years for re-licensure. If audited by the Board of Medicine, a physician is required to produce proof of attendance of CME hours. WV AAFP can assist with proving these CME hours.



## CONTINUING MEDICAL EDUCATION REQUIREMENTS FOR MEMBERS

*American Academy of Family Physicians' members should inform sponsors and producers of Continuing Medical Education (CME) programs, e.g., hospitals, medical schools and other organizations, of the Academy's CME requirements. If such organizations wish to have their courses and programs reviewed for approval by the Academy, they must follow the criteria, definition and rules of the Academy as defined in "Requirements for Eligibility of CME Courses and Programs for AAFP Approval" (Instruction Sheet for Reprint 102). For review for approval of Enduring Materials, see definitions and procedures offered in "Information and Rules Regarding Approval of Enduring Materials" (Instruction Sheet for Reprint 103).*

### GENERAL REQUIREMENTS

1. To be eligible for reelection to membership each AAFP Active member must complete 150 hours of approved continuing medical education (CME) every three years, of which A MINIMUM OF 75 MUST BE PRESCRIBED CREDIT; each Affiliate member must complete 50 hours of CME per year, of which A MINIMUM OF 25 MUST BE PRESCRIBED.
2. A minimum of 25 of the required 150 hours must be obtained from group learning activities.
3. Each constituent (state) chapter shall have the option of requiring its members to obtain a portion of their CME credit from that chapter's produced or approved programs. In such case, no more than 25 hours may be required from these programs, which must be identified appropriately by the chapter.
4. It shall be the responsibility of each individual member to report hours of CME activity appropriately on such forms as may be required by the AAFP or the constituent chapter.
5. CME credits for Academy members may be obtained from the following sources: (Sources A through J are for Prescribed credit hours which require that the program is intended primarily for physicians, has family practice input by an AAFP member, and has prior approval from the AAFP Commission on Continuing Medical Education. Sources K through N are for Elective credit hours which do not require family practice input. Sources O and P outline alternative processes for obtaining CME credit.)
  - A. National Academy or constituent chapter produced or cosponsored programs approved by the AAFP Commission on Continuing Medical Education.
  - B. Medical school produced, or cosponsored CME programs with the department or division of family practice in that school, or in cooperation with the constituent chapter of the AAFP, and approved by the AAFP Commission on Continuing Medical Education.
  - C. Seminars and other CME programs designed for Academy members, planned and produced in cooperation with family practice residency programs, and approved by the AAFP Commission on Continuing Medical Education.
  - D. Formal scientific meetings or programs offered by hospitals, and approved by the AAFP Commission on Continuing Medical Education.
  - E. Individually planned training in a teaching hospital. Credit to be individually determined by the AAFP Commission on Continuing Medical Education. *Limit of 50 hours per week, with a maximum of 150 hours per year.*
  - F. Mini-residency/fellowship programs designed for practicing physicians, and approved by the AAFP Commission on Continuing Medical Education. *Limit of 50 hours per week, with a maximum of 150 hours per year.*
  - G. Enduring materials with formal family practice planning input by an AAFP member, including courses in American Family Physician; other national Academy or constituent chapter produced self-assessment home study; individual study or audiovisual courses; medical school correspondence courses, and other audiovisual programs of an enduring nature, and approved by the AAFP Commission on Continuing Medical Education. *Hour-for-hour credit to be allowed as specified upon completion of each course or module.*
  - H. Other formalized scientific CME, including special programs in states without medical schools, and approved by the AAFP Commission on Continuing Medical Education.

I. Teaching medical students, residents, physicians, physician assistant students, or nurse practitioner students. *Limit of 20 hours per year, with a maximum of 60 hours per three-year period.*

J. Publication in a state or national "refereed" journal of original scientific or socioeconomic research pertaining to patient care, public or community health. *Limit of 15 hours per paper, with a maximum of 45 hours per three-year period.*

#### SOURCES FOR ELECTIVE CREDIT

K. Presentation or publication of an original scientific or socioeconomic paper pertaining to medical care at the national Academy, constituent chapter or other medical society level. (A member applying for credit under this provision will submit a copy of the presentation or publication to the appropriate committee of the constituent chapter.) *Limit of 10 hours per paper, with a maximum of 30 hours per three-year period.*

L. Preparation and presentation at the national Academy or constituent chapter level of a scientific medical exhibit. *Limit of 15 hours per three-year period.*

M. Any educational activity produced by an organization or institution approved by the Accreditation Council for Continuing Medical Education or which meets the criteria for the AMA Physician's Recognition Award Category 1 credit.

N. Other worthwhile medical educational group experience and programs, which may or may not be documentable, that are not necessarily produced by an accredited institution or organization but are of a nature of enrichment to the family physician. (Examples of such group activities include informal hospital education activities, journal clubs and study groups) *Limit of 25 hours per three-year period.*

#### ALTERNATIVE SOURCES FOR CREDIT

O. AAFP members who have participated in especially designed continuing medical education, e.g. mini-residency/fellowship programs; courses or programs of specific benefit to a member's practice for which the responsible institution/organization did not apply for AAFP credit, are eligible to apply to the Commission on Continuing Medical Education for appropriate AAFP credit on an individual basis.

P. Hours spent in any continuing medical education activity not specifically noted above may be submitted to the appropriate constituent chapter committee for consideration of credit. That committee has the option to award Prescribed or Elective credit to any offering where the AAFP Definition of Continuing Medical Education has been applied to the offering and the criteria met, or to reject any hours not specifically approved by the AAFP Commission on Continuing Medical Education. If there is doubt as to whether the activity meets the AAFP Definition of Continuing Medical Education the advice of the regional advisor must be sought.

(The above requirements and sources of credit were adopted by the Academy's Congress of Delegates in October 1988.)

#### AAFP DEFINITION OF CONTINUING MEDICAL EDUCATION

Continuing medical education is that process within the scope of family practice which provides information and activities designed to maintain and improve the ability of the family physician to provide high quality patient care.

This education process encompasses all the areas usually encountered by the family physician necessary to carry out their responsibilities.

*For further information contact:*  
CME Accreditation Services  
Division of Education  
American Academy of Family Physicians  
8880 Ward Parkway  
Kansas City, Missouri 64114-2797  
WATS LINE (800) 274-2237  
Alaska and Missouri Call COLLECT (816) 333-9700

**AMERICAN ACADEMY OF FAMILY PHYSICIANS**  
8880 Ward Parkway, Kansas City, Missouri 64114

The American Academy of Family Physicians is the national association of family doctors. It is one of the largest national medical organizations, with more than 72,000 members in 50 states, D.C., Puerto Rico, the Virgin Islands, and Guam. Until October 3, 1971, it was known as the American Academy of General Practice. The name was changed in order to reflect more accurately the changing nature of primary health care.

The Academy was founded in 1947 to promote and maintain high quality standards for family doctors who are providing continuing comprehensive health care to the public. Other major purposes of the Academy include:

- To provide responsible advocacy for and education of patients and the public in all health-related matters;
- To preserve and promote quality cost-effective health care;
- To promote the science and art of family medicine and to ensure an optimal supply of well-trained family physicians;
- To promote and maintain high standards among physicians who practice family medicine;
- To preserve the right of family physicians to engage in medical and surgical procedures for which they are qualified by training and experience;
- To provide advocacy, representation and leadership for the specialty of family practice;
- To maintain and provide an organization with high standards to fulfill the above purposes and to represent the needs of its members.

Realizing that the family doctor's effectiveness depends on sound, up-to-date continuing education, the founders wrote into the Bylaws the requirement that members must complete a minimum of 150 hours of approved continuing education every three years to retain membership.

This guarantee of competence is met through continuing education programs, publication or presentation of original scientific papers, medical school or postgraduate teaching, residency training, etc. Accurate and current records are kept to ensure that individual requirements are met; if they are not, the member is dropped from the rolls. The requirement, unique at time of origin, has through the years become a standard for an increasing number of other medical groups.

The Academy is governed by a Congress of Delegates composed of two delegates from each of the 55 constituent chapters, as well as from resident and student groups. The Congress meets annually immediately prior to the Academy's Annual Scientific Assembly and has sole power to establish policies and define principles. These policies and programs are carried out between annual meetings by the Board of Directors and a number of standing and special commissions and committees. Delegates to the Congress of Delegates elect the Board, which in turn appoints commission and committee members. Constituent chapters are similarly organized.

The Annual Scientific Assembly is the Academy's largest meeting for continuing education, drawing more than 12,000 physicians and visitors.

The Academy was instrumental in the establishment of family practice, a derivative of classical general practice, as medicine's twentieth primary specialty. The AMA's Council on Medical Education and the Independent American Board of Medical Specialties granted approval to a certifying board in family practice, the basic structural requisite of a medical specialty, on February 8, 1969. Examinations have been given annually since 1970; and recertification examinations, annually since 1976. Active ABFP diplomates after the July 1991 examination total more than 38,000. About 85 percent of these are AAFP members.

The Academy maintains national headquarters in Kansas City, Missouri with a professional staff of 200 persons. It publishes a monthly clinical journal for physicians in primary care entitled, *American Family Physician*, with a circulation of 150,000; a monthly all-member news and features publication entitled, *AAFP Reporter*, and a quarterly practice-based research journal, *Family Practice Research Journal*.

## Computerized CME Records Fact Sheet

### AAFP CME Requirements for Re-election to Membership

Active members must accrue at least 150 hours of AAFP prescribed and elective credit within each three-year reporting period, of which:

- o not more than 25 are from enrichment activities
- o not more than 30 are from presentation or publication of an original scientific or socioeconomic paper pertaining to medical care at AAFP, constituent chapter or other medical society level
- o not more than 45 are from publication in a state or national "refereed" journal of original scientific or socioeconomic research pertaining to patient care, public or community health
- o not more than 15 are from preparation and presentation at AAFP or constituent chapter level of a scientific medical exhibit
- o at least 25 are from group learning activities
- o at least 75 must be AAFP prescribed credit

Affiliate members are due for re-election on December 31 of the year in which they enroll and each December 31 thereafter. Active members are due for re-election on December 31 after three years of membership and every three years thereafter. Your current re-election period is noted on the AAFP CME printout below your address.

### Definitions of AAFP Prescribed and Elective Credit

Prescribed credit indicates programs have received prior approval from the AAFP and have family physician input to ensure relevance to family practice. (The AMA accepts AAFP Prescribed credit as equivalent to AMA Category 1 credit for the Physicians Recognition Award.) Programs approved for Elective credit do not require family practice input. (Programs not individually approved by the AAFP but sponsored by an institution accredited by the ACCME for AMA Category 1 credit are automatically acceptable as AAFP Elective credit.)

Programs not accredited by either the AAFP or the ACCME are Nondesigned credit (and are not acceptable in fulfilling your AAFP CME requirements).

### How We Help You Meet the AAFP CME Requirements

- o we automatically record your credits for the CME we offer, including Home Study Self-Assessment, Video CME, Clinical Quiz (American Family Physician) and FPM Quiz (Family Practice Management), each time you submit a quiz card to AAFP, and for the Annual Scientific Assembly if you submit the Assembly Evaluation and CME Reporting Form at the conclusion of the meeting (the CME Reporting booth is in the lobby of the convention hall)
- o we provide easy-to-use yellow and green reporting cards on which to submit all of your other CME
- o we send you a copy of your computer CME record once each year, to allow you to review it for accuracy and completeness

- o we identify AAFP-approved CME in AFP's "CME Calendar" and via phone (by date, location and topic)

#### How to Report Your CME to AAFP

Each January we send you a green personalized card to report credits accrued in the previous year for enrichment activities, teaching, presentation or publication of a paper and preparation and presentation of a scientific medical exhibit. All of your other activities should be reported on your yellow personalized computer reporting cards or on the reverse side of your AAFP CME printout. You may request additional reporting cards and printouts at any time by phone.

#### Benefits of Reporting Your CME to AAFP

Your constituent chapter reviews your CME record to determine your eligibility for AAFP re-election and the AAFP's earned degree of Fellow. In addition, although CME requirements of the AAFP and many other organizations are not equivalent, reporting your CME to AAFP in a timely manner will help you in the following ways:

- o re-election to AAFP Active membership automatically qualifies you for the AMA's Physicians Recognition Award
- o Active members due for recertification need not report CME to the ABFP if they have been active AAFP members for at least five years, re-election has occurred within the preceding three years and sufficient CME (as defined by the ABFP) has been reported to AAFP since the last re-election
- o assures you of a timely computer record which will assist you in reporting your CME to other organizations

#### Please Remember...

- o It is your responsibility to report your CME to AAFP. You can make this effort easier by creating a file in which to keep all CME material and by asking a staff person to maintain the file and submit the information for you.
- o All but 25 of your required hours can be obtained from self-learning activities. Submitting the quiz cards from American Family Physician and Family Practice Management each month will also fulfill your Prescribed credit requirements.
- o You can identify AAFP-approved CME by reading "CME Calendar" in American Family Physician and calling us.
- o Additional reporting cards and/or printouts are available at any time on request.

Computerized CME Records Department  
American Academy of Family Physicians  
8880 Ward Parkway  
Kansas City, Missouri 64114  
1-800-274-2237



SCHOOL OF NURSING  
← 400 Hal Greer Boulevard  
Huntington, West Virginia 25755-9500  
304/696-6750

June 28, 1994

Janet Fairchild, MS, RN  
Executive Secretary  
WV State Board of Examiners  
for Registered Professional Nurses  
101 Dee Drive  
Charleston, WV 25311

Dear Janet:

I have enclosed some comments regarding the draft of Legislative Rules Series 1 and 2 for consideration by the West Virginia Board of Examiners for Registered Professional Nurses.

Sincerely yours,

A handwritten signature in cursive script that reads 'Lynne'.

Lynne B. Welch, RN, EdD  
Dean

/mc

Enclosure

## SUGGESTIONS FOR STATE BOARD

First, this may not be up for consideration at this point, but I believe the title of the board should be just "registered", not "registered professional", in preparation for different testing for baccalaureate level.

### Title 19 Series 1

2.13 add "certified nurse practitioner" in "...prescribed by a licensed physician, certified nurse practitioner, or a licensed dentist...."

5.4 "to write" is an outdated term. Should be "to take the state licensing exam...."

7.1 If "survey" means site visit, I believe it should not be mandatory if a school has full NLN accreditation and the state board scores are deemed acceptable to the Board.

10.1 If a school has NLN accreditation (without a warning), the annual report should be abbreviated and not so repetitive.

### Title 19 Series 2

5.1 Faculty should have a minimum of a masters degree in nursing. (There are doctoral nursing programs which accept non-traditional students.) I also believe it is important to keep this educational standard as a goal to work toward. Faculty have until Jan. 1, 2000 to do this and access to graduate nursing programs is available.

5.2 Board should not require a report on faculty qualifications on appointment. It would be in the annual report. 5.3

states the conditions of employment must be consistent with the parent institution.

7.3 e. Addition of new faculty should not be considered a major change requiring board approval.

Title 19  
Series 3

3.2.1.1.1 Change "sit for" to "take".

3.1.5.2 NCLEX-RN has been adopted, has it not?

3.6.4 Candidate should not have to petition to repeat the exam after just two failures. There should be a time limit such as that they must petition and show action to correct deficiencies if 2 or more years have elapsed since graduation. Definite criteria must be established as to what is acceptable "action".

3.7.1 Endorsement should be if they are licensed to be "registered nurses". Not all states use "registered professional", and again this will eventually become an issue.

Title 19  
Series 11

2.4 Again, insert certified nurse practitioner as one who can prescribe.

3.2.3 Exempt a licensee who is enrolled in at least 6 credit hours for 1 year in a program leading to a higher degree in nursing.

Dr. Judith Sortet



ROBERT C. BYRD  
HEALTH SCIENCES CENTER  
OF WEST VIRGINIA UNIVERSITY

May 24, 1994

Janet Fairchild, MS, RN  
Executive Secretary  
WV Board of Examiners for Rn's  
101 Dee Drive  
Charleston, WV 25311-1620

Dear Janet:

I will be unable to attend the public hearing on July 29 related to the proposed rule on continuing education. However, I wanted to send my input for the record.

I do support mandatory continuing education for licensure renewal of RNs. Such a requirement, although minimal, helps assure quality in nursing services especially in light of the rapid changes occurring in the health care field. The 30 contact hour requirement is quite reasonable. The criteria specifying modes of study and acceptable and nonacceptable activities seem fair and clearly delineated.

Mandatory continuing education is required of RN's in other states and has caused no hardships. Instead, it shows that the practicing nurse is assuming responsibility for life long learning necessary to sustain a viable career.

Sincerely,

Mary Jo Butler, RN, EdD

MJB/an

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School of Nursing—Charleston Division

3110 MacCorkle Avenue Charleston WV 25304-1299 Telephone 304 347-1253

Equal Opportunity/Affirmative Action Institution



ROBERT C. BYRD  
HEALTH SCIENCES CENTER  
OF WEST VIRGINIA UNIVERSITY

May 24, 1994

Janet Fairchild  
WV Board of RN Examiners  
101 Dee Drive  
Charleston, WV 25311-1620

Dear Ms. Fairchild:

Dr. Mary Jo Butler shared with the faculty the proposed changes of the nurse practice act in regards to continuing education and licensure. This letter is in response to those proposed changes.

I wholeheartedly support the mandatory continuing education proposal. I have one reservation regarding the licensure proposal, and that is in regards to the replacement of nursing theory courses with military experience.

I should first explain my bias in regards to this. I have been a nurse for 17 years and in the clinical setting that period of time. I have had the experience of working with a few RN's who were licensed as a result of their military experience. I felt that they fell short of considering the patient holistically and definitely had no consideration on how nursing theory can positively effect health changes in the patient.

I believe that nursing needs to firm up its boundaries and become selective regarding who we allow into this profession. If a military candidate truly wants to be a nurse, I believe we should expect that candidate to enroll and complete nursing theory courses from an accredited college or university.

I also believe given our economic forecast, impending health care reform, and presently the "glut" of nurses in the field, its time to mandate a baccalaureate degree as the minimal educational preparation for nursing licensure.

I hope these comments are helpful. I appreciate the opportunity to voice my views.

Most sincerely,

*Mary Beth Casdorff*

Mary Beth Casdorff, RN, CS, MSN  
Faculty, WVU School of Nursing

MBC/an

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School of Nursing—Charleston Division

3110 MacCorkle Avenue Charleston WV 25304-1299 Telephone 304 347-1253

Equal Opportunity/Affirmative Action Institution

Theresa G. Miller, CRNA  
#3 Heather Court  
Huntington, WV 25705

July 19, 1994

State of West Virginia  
Board of Examiners for R.N.  
101 Dee Drive  
Charleston, WV 25311-1620

Board of Directors of R.N., Licensing:

This letter is in reference to the proposed new program for continuing education for recertification of registered nurses. There are several points that are unclear.

1. Will the nursing board accept continuing education accredited by the American Association of Nurse Anesthetists (AANA). This group was not recognized on your previously published list.
2. Will there be a uniform record keeping service for continuing education credits and recertification. This issue is of concern. I have attended a number of nursing seminars in Kentucky where continuing education has been required for some time. However, their record keeping process was poorly done, resulting in many problems for some R.N.s. Some of the nurses were even denied recertification.
3. Will the time frame for continuing education match the one we already have for our nurse anesthetists certification program. Hopefully, we will not have to duplicate education credits. The AANA has been participants in the continuing education process for years, but more and more the burden of expense has fallen on individuals.

Thank you for taking time to review our concerns. I can be reached at the above address or at (304) 736-4697 if you have further information.

Sincerely,

*Theresa G. Miller, CRNA*

THERESA G. MILLER, CRNA