Indiana State Board of
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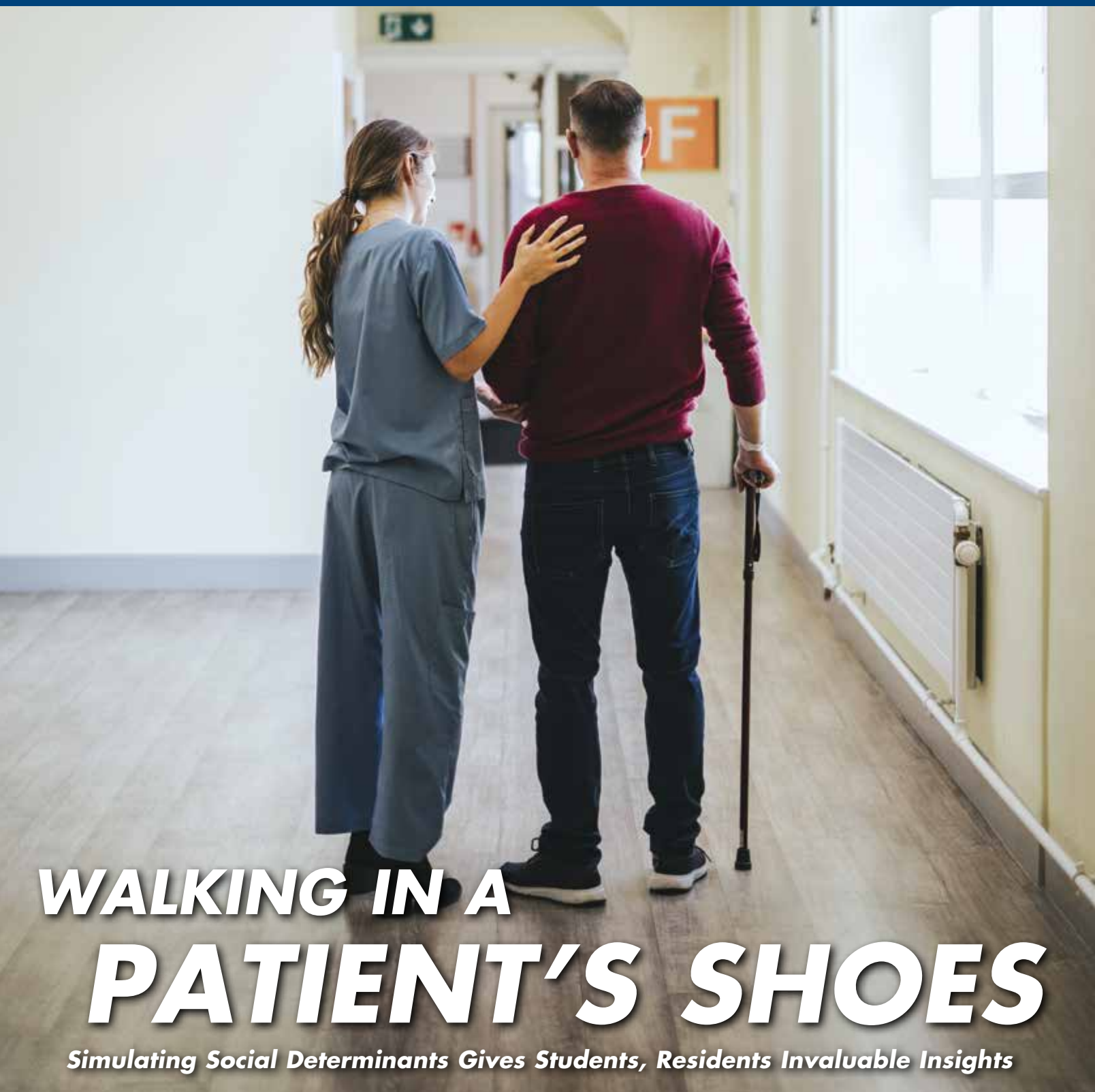

WALKING IN A PATIENT'S SHOES

Simulating Social Determinants Gives Students, Residents Invaluable Insights

Official Publication Indiana State Board of Nursing

Oaklawn Psychiatric ad pending

Professional Licensing Mission Statement

Our mission is to provide the highest level of customer service for Hoosier licensees, be a catalyst for business growth and make Indiana the best place to live and work.

Office Location
Indiana Professional Licensing Agency
Indiana State Board of Nursing
Indiana Government Center South Building
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Indianapolis, IN 46204

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Indiana Professional Licensing Agency

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From the **President**

Kim Cooper, RN, MSN
President, Indiana State Board of Nursing

Greetings!

I was recently engaged in a conversation with a group of colleagues about the nursing profession and the value placed on nurses by the public. We all agreed that nursing is a profession that has instant name recognition accompanied by positive feelings. Nearly everyone has had some interaction with a nursing professional. When both adults and children are asked about nurses their responses contain messages of trust and respect in the profession. Nurses are found in nearly every aspect of our lives. The term nurse comes from the Latin word "nutrix" which means to nourish. This is indeed what nurses do. Nurses are charged with working to ensure that the needs of the patient/client are met. The boundaries of nursing care is determined by the needs of the individual, credentials of the practitioner and the practice setting.

Gallup polls have ranked the most trusted professions since the 1970s. Professions viewed by participants as being worthy of inclusion has varied each year. Nursing has the distinction of being not only on the list but has held the number one position every year. The exception is 2001, when in the wake of 9/11, nursing ranked in second place and fire fighters moved to the top of the list. Nurse consistently has been regarded as more ethical and trustworthy than other professions including other healthcare team members, clergy and teachers!

With these feelings about the role of nursing in our society it is clear that nurses have a continued responsibility to protect the profession by upholding the high expectations in our profession. To do so, nurses must join together in this common goal. Not only should nursing seek to provide quality care, but nurses should strive to care for and uplift each other on this professional journey. This can be done by letting the process of nursing "begin at home." Caregivers who are supported, respected, and professionally nourished will in turn be increasingly strong practitioners in the care arena and also will be able to return the favor by extending a hand to their fellow nurse. So, please join me in working to strengthen this amazing profession known as nursing!

Yours in service,

Kim Cooper, RN, MSN
President, Indiana State Board of Nursing

Indiana State Board of Nursing Meeting Dates for 2019

All meetings will be held in the Indiana Government Center South located at 402 W. Washington Street, Indianapolis, Indiana 46204 and will begin at 0830.

- Administrative Law Judge Meetings (ALJ) will be held in Conference Room
- Full Board meetings (Full) will be held in the Auditorium

ALJ	**FULL**
January 3	January 17
February 7	February 21
March 7	March 21
April 4	April 18
May 2	May 16
June 6	June 20
July no meeting	July 18
August 1	August 15
September 5	September 19
October 3	October 17
November 7	November 21
December 5	December 12

ISBN meetings will be broadcast for viewing on Feb. 21; May 16; August 15 and Nov. 21, 2019. The link may be obtained by calling the PLA office at 317-234-2043.

INDIANA STATE NURSING ASSISTANCE PROGRAM (ISNAP)

The ISNAP program changed providers on July 1, 2018. Since that time there have been questions that are common among employers, treatment providers and monitoring participants. Here are the answers to the most common questions we receive.

What happened to ISNAP? Did it go away?

No! The monitoring program is still called ISNAP or the Indiana State Nursing Assistance Program. The program is still under the auspices of the Board of Nursing and the Indiana Professional Licensing Agency. The only difference is who manages the monitoring program. The new provider for ISNAP is IPRP or Indiana Professionals Recovery program.

Who is ISNAP for?

If you are a nurse who is struggling with substance abuse, you are not alone! In fact, the American Journal of Nursing estimates that 3-6 percent of nurses are currently engaged in active drug or alcohol use and addiction. Being impaired can feel isolating, overwhelming and hopeless, but there is hope. As a health care professional, successfully engaging our program:

- Allows you to continue working as a nurse in the field you love
- Provides you the support and encouragement you need to find the appropriate resources for your recovery
- Equips you with the skills to help you return to work and remain abstinent from substance abuse

What are the costs?

The evaluation with ISNAP, the case management services are free of charge. If monitoring is required the participant pays for any substance abuse treatment services from an outside provider and any drug screening that is required.

How do I contact ISNAP?

The best way to contact us is by phone. Our toll-free number is 844-687-7309. If you want to get familiar with our staff and program feel free to visit us at www.inprp.org If you would like to receive our monthly newsletter email us at info@INPRP.org

What is the difference between a self-referral and regulatory referral?

- **Self-Referral or Voluntary Admission**
  Often those struggling with substance use disorder seek help on their own. Many contact ISNAP for assistance. Confidential help is available if you are proactive and voluntarily self-report your situation to ISNAP. Higher levels of confidentiality can be offered, which leads to little or no effect on your licensing status and career path. But this can only happen if you reach out for help before you are terminated from work due to intoxication, testing positive on a drug screen with your employer or someone files a consumer complaint against your license. During voluntary admission or self-referral, you will be able to remain active in your health care profession while being monitored, as long as you remain compliant in the program.
- **Regulatory or Mandatory Admission**
  Too often nurses struggling with an addiction deny they have a problem until it's too late to be proactive. Good meaning nurses wait until they encounter legal problems such as: caught being impaired at work, testing positive on a drug screen, being accused of diverting medication or have had a consumer complaint filed against their license. In these cases, the matter gains the attention of either the Board of Nursing or the Office of the Attorney General. At that point, a mandatory referral to ISNAP is made and you will be considered a regulatory referral. Depending upon the nature of your case, the board and the Attorney General may place your license on probation, suspend or revoke your nursing license, thus preventing you from working as a nurse.

I was arrested and convicted of a DUI. Do I have to report this to the board?

Yes, you must report this to the board. Every two years nursing professionals are required to renew their license. On the renewal application you are required to answer the following six questions.

1. Since you last renewed, has any health professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending?
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contender to any offense, misdemeanor, or felony in any state?
4. Since you last renewed have you had a malpractice judgment against you or settled a malpractice action?
5. Have you been reprimanded, disciplined, demoted or terminated in the scope of your practice or as another health care professional?
6. Since you last renewed have you been excluded from being a Medicare or Medicaid provider?

Answering "yes" to any question or giving false information to any question will require a personal appearance before the Board of Nursing. The result may be a mandatory or regulatory referral to ISNAP. If you know you will answer "yes" on any of these questions in advance of your actual renewal, it is best to contact ISNAP and seek help before matters get worse.

I've heard I will be placed on a 3 Year RMA. Is that always true?

First what is an RMA? RMA stands for Recovery Monitoring Agreement. This is the agreement you make with ISNAP that outlines what is required of you. Once you are evaluated by one of our master's level case managers, they will work with you to develop a practical plan to help you maintain your recovery and the profession you love. Depending up the severity of the problem, an RMA can range anywhere from one to three years.

Written by Terry Harman, D.Min., PhD, LCAC, LMHC, LMFT Program Director for ISNAP

By Terry Harman, D.Min., PhD, LCAC, LMHC, LMFT

CBD

IS IT READY FOR PRIME TIME?

Unless you have been living under a rock for the past year you have probably noticed the avalanche of information out there about CBD or Cannabidiol. There is so much hype and chatter out there it can be difficult to make sense of it all. Is it legal or not? Is CBD marijuana or does it just come from marijuana? Does CBD contain THC? I heard there's a new CBD drug approved by the FDA, that means it's safe and effective right? Let's spend a few minutes unpacking this subject and getting some clarity before we click 'submit your order' and wait by the mailbox for the CBD, especially if you are a healthcare professional in monitoring for Substance Use Disorder.

Without diving into the political debate too much, let's just recognize the fact that there is a sweeping change in the public opinion (and state laws) regarding the use of marijuana and it's constituent chemicals. Whether you agree or disagree with legalization many experts recognize that this wave has started and is likely to be unstoppable at this point. It's probably going to happen, for better or worse. But even though some of our neighboring states have started this process, legalization is not in the immediate future for us in Indiana.

Earlier this year Indiana Governor Eric Holcomb signed a law that specifically allows the sale and use of CBD oil as long as it contains less than 0.3% THC and is made from hemp rather than marijuana. So this means that you can walk into a business and purchase CBD legally as long as it meets the states requirements for purity and origin. So far so good, it's legal on the state level. What about on the Federal level? This is where it get's tricky because the DEA has not changed it's position that CBD is still synonymous with marijuana, they are still one in the same. The DEA has officially recognized and scheduled the new FDA approved drug Epidiolex, which is "pure" CBD and contains less than 0.1% THC. It is FDA approved for a couple of very specific types of seizure disorders and not for many

of the indications CBD is purported to be effective for like joint inflammation, anxiety, etc. All other formulations of CBD (i.e. all of those not named Epidiolex and sold by GW Pharmaceuticals) are still considered by the DEA to be marijuana and covered by the federal ban.

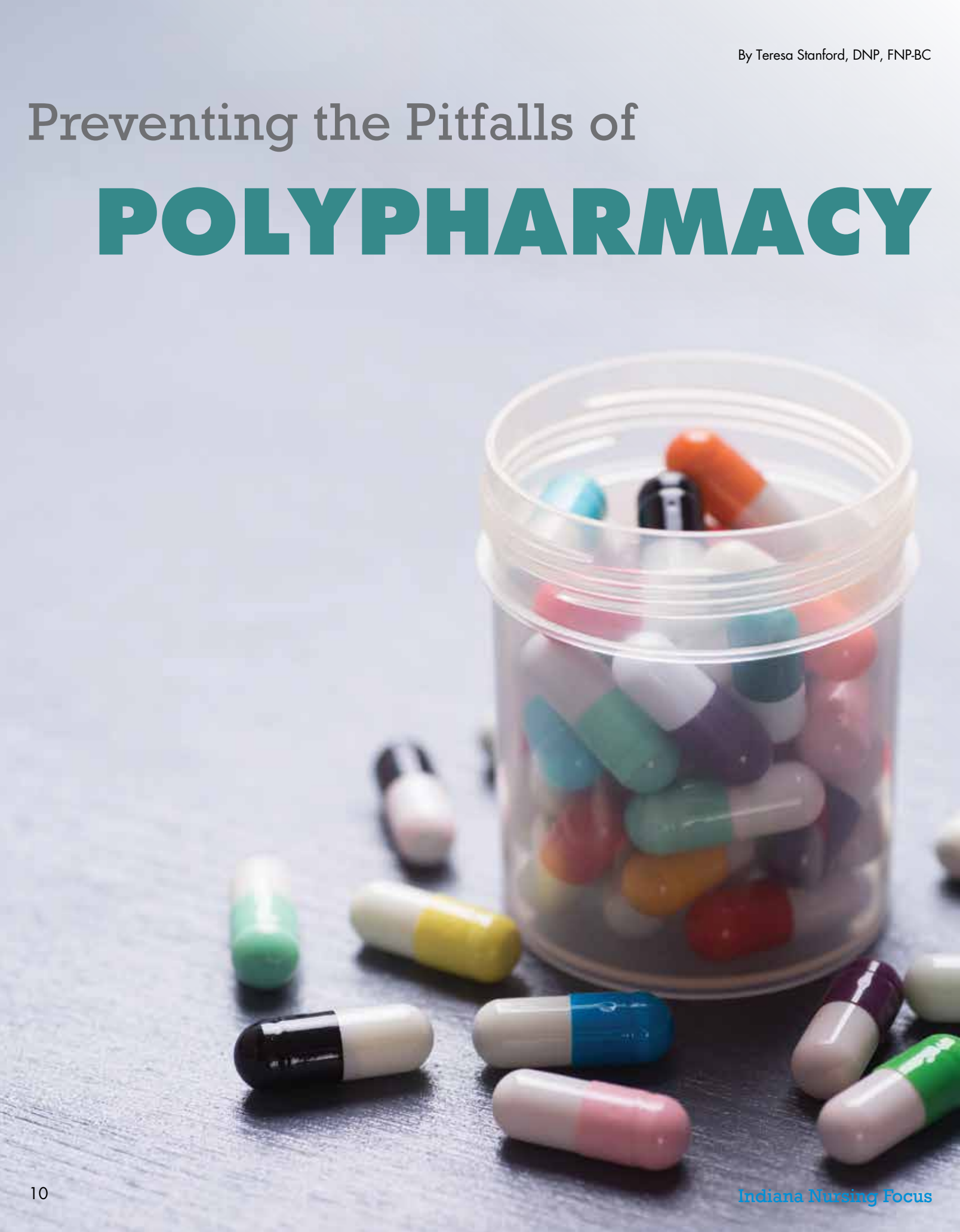
What about effectiveness? It's FDA approved, so it must be safe and effective right? The answer is 'Sort of.' The FDA approved CBD to treat two rare seizure disorders called Lennox-Gastaut Syndrome and Dravet Syndrome. Thus far it is not approved for generalized seizure disorders or any of the many other conditions that people claim it works for. Does it work for insomnia, anxiety, joint pain and mood? Maybe, we just don't know. The marijuana plant contains hundreds of compounds with a wide range of possible effects that we are only beginning to understand. Of these many compounds CBD is definitely the front-runner when it comes to popularity, but we still don't really know if many of these are truly effective.

The possibilities are very exciting however. Think of how wonderful it would be to identify a substance that effectively controls pain but has no mood or mind-altering effects and was non-addictive! My response is "yes please." But the fact of the matter is we are just not there yet. Public opinion suggests that CBD will be found to be effective and the current popularity is because it really works. However it's just as likely that scientific data will emerge to determine that it's nothing more than placebo. I am excited to see where the research takes us.

Lastly, and perhaps most importantly, what about drug testing? If you are in monitoring for Substance Use Disorder and subject to drug screening you are best advised to avoid CBD products entirely. The fact of the matter is CBD products sold on the internet often contain high enough levels of THC to trigger a positive drug screen and there is no way for a drug testing company or Medical Review Officer to tell the difference. A drug screen positive for THC is positive for THC plain and simple. When testing highly accountable professionals such as those in health care, where patient safety is at risk, we just can't take a chance with the potential for an impaired provider.

By Teresa Stanford, DNP, FNP-BC

Preventing the Pitfalls of POLYPHARMACY



As Advanced Practice Nurses, one notable challenge is polypharmacy in the adult over 65. Despite best efforts, polypharmacy can have significant negative outcomes for patients in the population group. The average older adult has six or more chronic conditions. For each of these conditions, the patient will often receive at least six to eighteen total prescriptions. Although there is no standard number of medications, polypharmacy is considered using more medications than medically necessary.

Providers must comply with evidenced-based (EB), clinical practice guidelines (CPGs) often adding to the plethora of drugs in the patient's treatment plan. Use of over-the-counter (OTC) medications is not generally reported by patients "because they are non-prescription and really should not count." Many older adults also take some type of supplement or herbal medication which can have an adverse reaction when combined with their prescribed agents. The most underreported medication found on home visit was benzodiazepines.

Criteria for prescription use in the elderly

Beers and Ouslander noted illness in the older adult caused by medications may be the most significant treatable health problem. According to JAMA, the rate of adverse drug reactions for persons over 65 is more than twice the rate for persons under age 65. In 1991, Dr. Mark Beers developed a list, commonly referred to as Beer's List. This list, updated in 2015, identifies medications having potential risks greater then benefits for people over 65. This list provides EB recommendations concerning the prescribing of medications in the geriatric patient. Beer's Criteria is not intended to supersede a provider's clinical judgement or individual patient needs but is considered as one of the most accurate consensus-based lists available. It should be noted that this is only intended to be a part of appropriate prescribing. In prescribing practices, never let the treatment be the problem. When prescribing any medications to elderly patients carefully examine risks versus benefits. Make sure each medication is tailored to that individual patient's needs. Never use the rule "once on a medication, always on a medication." Use evidence available, pharmacological data, and clinical judgement to predict risk of continuing or stopping medications and document these decisions. Consult with other prescribers in this evaluation of risks vs benefits.

How should a provider avoid polypharmacy pitfalls?

Discontinue any unnecessary medications or any medications that do not have an indication. Avoid treating adverse effects of one medication with an additional medication. Reconcile the actual medications the patients bring with them to the medication list. At least annually, have the patient bring all medications from home including prescription, OTC medications, vitamins, and herbal remedies for comparison.

Remember, when switching from one medication to another, notify the pharmacy of the new changes to ensure proper discontinuation of the previous medication(s). Also, periodically compare your patients' medication list with that of the pharmacy or pharmacies. You may not be aware of other prescribers caring for this patient. Always reconcile and validate how medications are being taken vs how they were prescribed.

Try non-pharmacological interventions when possible. Balance risks vs. benefits. Start low, go slow. Avoid a pill for every illness. Avoid inappropriate medications. Discontinue unnecessary medications/ supplements. Monitor for adverse effects and don't treat adverse effects with additional medication(s). Polypharmacy is often unavoidable. Make it a goal to decrease the number of medications for your patients whenever possible. Patients expect to receive a prescription at an office visit, and it is estimated that two-thirds of all clinic visits will end with issuance of a prescription. Before writing that prescription, make sure the treatment is the best option for that patient and not just a request. Examine your prescribing practice. Is your prescribing a part of the solution or a part of the problem?

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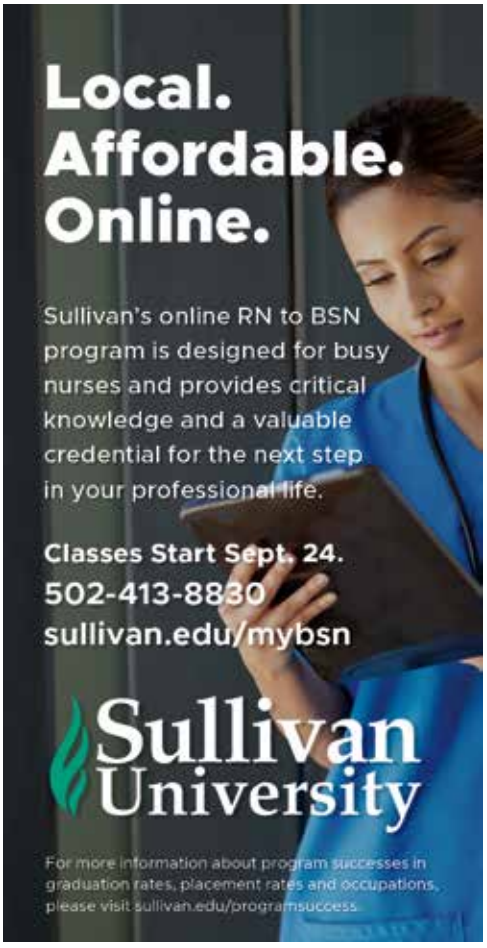
"Try non-pharmacological interventions when possible. Balance risks vs. benefits. Start low, go slow."



Univ of S Indiana ad pending

Hamilton Center ad pending

By Ramonda Housh,
MNSc, APRN, CNP, C-PNP

HOW TO POSITIVELY INFLUENCE the FUTURE OF NURSING

As a nurse educator, I often get the opportunity to visit with nursing students following their clinical experiences, read their anonymous feedback from their clinical days and at times, I am fortunate enough to attend clinical with them. As we know, the nursing profession is practicebased and clinical experience is vital to the nursing student's education. The clinical experiences of the nursing student help to shape and prepare the new graduate nurse as they enter the workforce.

One common concern I hear from students across our state is that they often do not feel welcome in the clinical setting by the staff nurses. Too often, I hear, "They wanted us to work as an aide and I didn't have the opportunity to follow the nurse and learn the nurses' role." Learning activities and goals can be negatively influenced if they are treated with hostility, disrespect, or even ignored. This attitude interferes with the ability for the student to engage in the communication necessary to meet their educational goals. (Davey, 2003)

Unfortunately, poor treatment of nursing students is not uncommon and is often a direct result of being short staffed. The staff nurse may have an increased workload, lack teaching skills, or even feel threatened by the nursing student. (Davey, 2003)

Patient care is a priority, and as I discuss with my students, being able to do total care is valuable. After all, the best assessment comes during the bed bath, right? However, as we all know, students get many opportunities to do the fundamental skills in their early semesters of school. Once the students enter the hospital on the Medical-Surgical floor, it is vital that they learn to assess and respond to their assessment findings; perform skills that require nursing education and training, such as insertion and discontinuation of IVs and catheters; perform medication administration on multiple patients so they learn how to manage more than one patient at a time and become familiar with a variety of medications.

The nursing students' education is highly dependent on the staff nurse caring for the patient(s) the students are assigned to that day. No, it is not the staff nurses' responsibility to educate the student, but as we all recall as former students, the nurse is who we were watching and learning from; the

one we strived to model our behavior after and be like when we graduated and became a licensed nurse. Studies have shown "… that the relationship between the staff and the nursing students is the single most crucial factor in creating a positive learning environment." (Cahill, 1996)

I recently had the opportunity to attend clinical with my students at a large facility in central Arkansas. The nurses at this facility were phenomenal and were eager to educate and engage with the nursing students. They quizzed the student, showed them not only their role, but explained to them why things were done the way they were. The attitudes, professionalism and collegiality modeled by the nurses at this facility made me proud of our profession, and the students experienced one of the best clinical experiences they have had thus far. Students were eager to say that the welcoming attitude and professionalism demonstrated by their nurses made their clinical experience amazing, and they truly learned so much from them.

So, how can you make a difference? There are certain characteristics of a good clinical teacher that have been identified. As a staff nurse who has nursing students on their unit, you can be instrumental in assisting in their education. The characteristics that will benefit the profession and future of nursing include being supportive and encouraging, approachable and friendly, helpful, understanding, and most importantly, welcoming.

How do you make a student feel welcome? Staff nurses can help orient the student to the unit, the routine, and the people they will encounter; introduce students to other healthcare professionals involved in the care of their patients; encourage students to engage in all aspects of their patients' care; and involving the student in the problem-solving and decision-making process.

By acting as a role model, you can have a significant effect on the educational experience of nursing students who are soon to become our future nurses. Recognize that you have valuable skills and knowledge to share with the students and that by being patient, welcoming, and positive, YOU can have a positive influence on the future of nursing!

"The characteristics that will benefit the profession and future of nursing include being supportive and encouraging, approachable and friendly, helpful, understanding, and most importantly, welcoming."

WALKING IN A PATIENT'S SHOES

Simulating Social Determinants Gives Students, Residents Invaluable Insights

Too much of medical school and residency is focused on identifying disease and prescribing a course of action to address the diagnosis … but what happens when the 'right' answer doesn't mesh with the real world?

Helping students and young physicians truly provide patient-centered care was the driving force behind the launch of a unique simulation program created by the University of Tennessee College of Medicine - Chattanooga in cooperation with Erlanger Medical Center. "Walking in our Patient's Shoes" flips the script by having young medical professionals try to follow 'doctor's orders' while navigating a host of issues ranging from a lack of transportation and funds to unsafe environments and food deserts.

Spearheaded by Mukta Panda, MD, MACP, FRCP-London, Assistant Dean of Medical Student Education and a professor in the Department of Medicine at UT, and facilitated by Erlanger chaplains Greg Daniel, BCC, and Jeremy Lambert, BCC, the popular program started with residents in 2011 and was expanded to include medical students in 2014.

"A patient with diabetes: you write a prescription, tell them to eat nutritious foods and get 30 minutes of exercise daily … but to a patient living on food stamps who has no transportation and lives in a zip code where it's not safe outside of the house, that feels impossible," said Panda. "I found it was really difficult for me to articulate that the patient population we saw really needed a lot more than just writing a prescription or doing a procedure."

Putting providers in patients' shoes drives home the impact social determinants play on compliance in a way that didactic lectures hadn't been able to achieve previously. Many medical students and residents, noted Panda, hadn't personally experienced the types of tough choices faced by a lot of patients seen in clinical practice.

The interactive learning experience also helped meet a number of goals

for both the university and hospital including fostering holistic, patient-centered care; providing future physicians with enhanced knowledge and tools to improve population health; and addressing key hospital metrics including readmissions and length of stay, that more realistically mirrored a patient's specific circumstances. Other professionals, including a lawyer from Legal Aid, have been worked into the scenarios over the years, as well. "You do not work alone as a physician," said Panda. "It is truly patient-centered care, and you are the pivot. It's a partnership between you and the patient and the patient's family, nurses, pharmacist, chaplain, social worker and all the other care providers that might be involved in the care," she enumerated.

While the foundational seminars are comprised of 60 to 90 minute sessions, Panda said the lessons learned are applied daily. The teams also meet each weekday for about 15 minutes at the end of their interdisciplinary rounds to discuss action plans and coordinated care. "The learning from this seminar is reinforced every day," said Panda. "It's become a part of the culture."

Not only has the course continuously received overwhelmingly positive responses from participants, but the impact of the seminar also was evident in an informal research format. Using a control group of young medical professionals in Middle Tennessee who had not taken the seminar or had involvement in the interdisciplinary rounds, Panda said the Chattanooga students and residents had significantly higher empathy scores. "They've changed the way they actually see their patients and take their patient's histories," she said of those completing the course.

A vocal advocate for holistic care, Panda said it's equally important to look at a patient's spirituality and how that impacts patient care and satisfaction. When patients are seen as spiritual beings in a human body, she continued, the shift in perception has also been shown to enhance physician engagement while decreasing burnout. "The programs we are talking about are all about the human

Continued on page 18 >

> ***"In today's healthcare environment, one of the important aspects of our vocation as healthcare providers is to reignite the joy of medicine ... and that will only happen if we reignite the reason we went into medicine in the first place."***
>
> ***— Dr. Mukta Panda***

connection and looking at that person as a human which are significantly impacted by adherence to a medical plan.

"We took actual patient scenarios, and we flipped the roles," explained being and not just as a patient with diabetes," Panda said. Dr. Mukta Panda. She added students were given a budget, the exact clinical scenario a de-identified patient presented with prior to admission, and the discharge instructions provided to that patient. Other useful details were found in the patient's social history. "We wanted to teach them a social history taken on a patient is more than just 'Do you smoke or drink? We also talked to them about spiritual support because spiritual support is one of the important components of holistic care," Panda continued.

Working in teams, the students had to navigate the four weeks of time between discharge and the follow-up appointment, while meeting all the requirements of daily life alongside some unexpected surprises. "Do you pay the rent or the babysitter so you can go to work? Do you not take your insulin this month because the car broke down?" Panda said of the real-world scenarios the teams faced.

She explained the interactive exercise was facilitated by discussions about community resources that might be available to help patients address barriers and rethinking how providers could lay out a treatment plan.

"In today's healthcare environment, one of the important aspects of our vocation as healthcare providers is to reignite the joy of medicine … and that will only happen if we reignite the reason we went into medicine in the first place," she concluded.

The unique University of Tennessee College of Medicine - Chattanooga program was recently featured as part the Tennessee Center for Patient Safety Leadership Summit, which highlighted successful initiatives fostering an organizational culture of excellence, quality and patient safety.

The Tennessee Center for Patient Safety, a department of the Tennessee Hospital Association, develops and shares hospital and health system success stories and promotes best practices.

The Christ College of Nursing ad pending

Disciplinary Actions

Indefinite Suspension—Indefinitely prohibited from practicing for a specified minimum period of time.
Indefinite Probation—License is placed on probation for a specified minimum period of time with terms and conditions.
Renewal Denied—The nurse's license will not be renewed, therefore, she/he does not have a license to practice in Indiana.
Summary Suspension—Immediate threat to the public health and safety should they be allowed to continue to practice. Issued for a period of ninety (90) days but can be renewed with Board approval.
Letter of Reprimand—Letter issued by the Board to the nurse indicating that what she/he did was wrong.
Revoked—An individual whose license has been revoked may not apply for a new license until seven (7) years after the date of revocation.
CEUs—Continuing Education Credits
Fine—Disciplinary fee imposed by the Board.
Censure—A verbal reprimand given by the Board.

November 1, 2018 Board Meeting

NAME	License #	Board Action Taken
Ileen Escue	27023563A	Revoke
Maretta Hostetler	27061327A	Revoke
Amanda Alsup	28138088A	Revoke
Amanda Fulton	28213735A	Fine
Michael Millar	2709561A	Suspension
Zona Skinner	27071437A	Probation
Nakia Murrell	27066285A	Probation
Zina Lowery	27074265A	Probation
Lisa Weighard		Probation
Lois Baumer	27014694A	Probation
Jalea Moore	27030079A	Probation

November 15, 2018 Board Meeting

NAME	License #	Board Action Taken
Anitra Jackson	27050083A	Reprimand/Fine
Margart Andrew	27034644A	Probation
Sherri Preist	28117848A	Probation
Alesia Bacon	28136107A	Probation
Mauren Elmore	28085119A	Ext. of Summary Suspension
Pamela Baldwin	28218286A	Summary Suspension
Jessamyn Rhymer	28213056A	Summary Suspension
Ashely Klimasara	27068262A	Ext. of Summary Suspension
Melisa Hanck	28192136A	Summary Suspension
Tina England	28167957A	Summary Suspension
Jennifer Buehuler	27047134A	Summary Suspension
Erica Cooper	27070734A	Summary Suspension
Shelly Smith	28133958A	Ext. of Summary Suspension
Cindy Noblitt	27038800A	Summary Suspension

November 29, 2018 Board Meeting

NAME	License #	Board Action Taken
Lisa Sallie	27041368A	probation
Lea Elliot	27057787A	probation
Catherine Javier	27072598A	probation
Richard Donoho Jr	27066749A	probation
Rhonda Shields	27071196A	probation

December 13, 2018 Board Meeting

NAME	License #	Board Action Taken
Elizabeth Buskirk	27069347A	Probation
Maria Hesler	27065111A	Probation
Marina Wilson	27043553A	probation
Rashad Wallace	27074672A	Probation
Heather Shofner	27064032A	Probation
Danielle Moody	27062739A	Probation
Charolette Martin	27069331A	Probation
Brittany Martin	28217059A	Probation
Pamela Rullman	28124382A	Revoke
Rebecca Jackson	28140705A	Fine/CEUs
Kelly Hill	28188455A	Probation
Jasemine Patterson	27066512A	Probation
Keisha Reynolds	27068398A	Fine
Sharrone Freeman	27033494A	Probation
Virgina Olds	28183459A	Probation
Melanie Dodd	28218823A	Surrender of license
Julie Dettmer	27052082A	Ext of Summary Suspension
Judy Cotterll	28135028A	Ext of Summary Suspension
Ethan Brewer	28212488A	Ext of Summary Suspension
Allison Barnett	27050211A	Ext of Summary Suspension
Erin Worrell	27058619A	Ext of Summary Suspension
Artivia Redd	27072724A	Ext of Summary Suspension
Jonathon Williams	28234832A	Ext of Summary Suspension
Julie Nash	27046045A	Ext of Summary Suspension
Edra Cannon	28206902A	Ext of Summary Suspension
Diana Conrad	28227312A	Ext of Summary Suspension
Danielle Levall	27055193A	Ext of Summary Suspension
Cynthia Debow	28218177A/ 09000249A	Ext of Summary Suspension
Rebecca Wyeth	28198295A	Ext of Summary Suspension
Alicia Callaway	28188138A	Ext of Summary Suspension
Kelli Hiestand	27063750A	Ext of Summary Suspension
Tia Wagner	28201834A	Ext of Summary Suspension
Joan Crumbliss	28080726A	Ext of Summary Suspension
Jessica Grieg	28175268A	Ext of Summary Suspension
Selena Smith	27054242A	Ext of Summary Suspension
Mary Miller	28097972A	Ext of Summary Suspension
Stacey McKenzie	28167625A/ 71006997A	Ext of Summary Suspension
Mallory Banet	28188790A	Ext of Summary Suspension
Lisa Sheely	28195456A	Ext of Summary Suspension
Kelly Tiemens	28233019A/ 27061357A	Ext of Summary Suspension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