

VOL. 14 NUMBER 1 SPRING 2018

WYOMING

Nurse

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Transition to Nursing for Army and Air Force Veterans**



Official Publication Wyoming State Board of Nursing

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WYOMING Nurse

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Mission: To serve and safeguard the people of Wyoming through the regulation of nursing education and practice.

Vision Statement: Acknowledging the dynamic nature of healthcare, provides the climate, collaboration and regulatory framework for nurses to practice to the fullest extent of their scope.

Values: Excellence, Ethics, Education, Safety and Competence.

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"Serving and safeguarding the people of Wyoming through the regulation of nursing education and practice"

REPORTER

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Greetings

Cynthia LaBonde, MN, RN
Executive Director



THE 2018 WYOMING LEGISLATIVE SESSION

RENEWAL preparation has **BEGUN**. The next renewal period is October 1 through December 31, 2018! There is NO late renewal period. Watch for emails and reminders in the Wyoming Nurse Reporter and WSBN website!

The 2018 Wyoming Legislative session recently ended. Though this legislative session was a shortened budget session, there were several bills the WSBN Legislative Committee was tracking which could affect nursing licensure and practice. These bills ran the gamut from applicant criminal convictions to volunteer health care. Seven (7) bills passed that may have implications for nursing. The summaries below are provided courtesy of the Legislative Service Office and can be located at <http://legisweb.state.wy.us/2018/billreference/BillReference.aspx?type=ALL>

House Bills

HB0099—Prescription and possession of FDA approved drugs.
Subject: Allowing for the prescription and possession of drugs approved by FDA.

- Existing law prohibits practitioners from prescribing any form of marijuana and declares any such prescription invalid. This act creates an exception for the prescription and possession of any drug that has received final approval from the US Food and Drug Administration.
- Effective 7/1/2018.
- Applicable to Advanced Practice Registered Nurses (APRNs).

HB0157—Health care providers-sexual assault protections-2.
Subject: Protection of patients from sexual assault by health care providers.

- Specifies all health care licensing boards may discipline licensees for sexual misconduct.

- Provides that a health care provider is a person in a “position of authority” for the purpose of sexual assault crimes.
- Provides that sexual contact by a health care provider during treatment constitutes second degree sexual assault.
- Prohibits a health care provider convicted of misdemeanor sexual battery on a patient from expunging the conviction from their criminal record.
- Requires all health care licensing boards to conduct a review of their administrative rules and to issue any new rules or amendments which may be necessary to protect patients from sexual assault.
- Effective multiple dates.
- Applicable to nurses and nursing assistants.

Senate Files (SF)

SF0031—Veterans’ Skilled Nursing Center.

Subject: Authorizing planning and design for a skilled nursing center for veterans.

- Among other requirements, this bill requires the Joint Labor, Health and Social Services Interim Committee and the Department of Health to conduct a joint study on the availability of personnel to staff a veterans’ skilled nursing center, existing available nursing home beds and the demand for a veterans’ skilled nursing center in the state.
- Effective immediately.
- Applicable to future nursing staff.

SF0042—Professional licensing-applicant criminal records.

Subject: Stating policy and amending statutes so a person’s criminal record shall not automatically disqualify the person from being licensed or certified for a profession or occupation and specifying a disqualifying offense shall relate to the profession or occupation.

- This bill prohibits those who adjudicate professional or occupational licensing, certification or registration application from imposing a blanket denial due to an applicant's criminal record and states supporting public policy.
- A disqualifying criminal offense must relate to the profession or occupation or to the ability to practice the profession or occupation before disqualification may be considered. The bill also provides a board, commission, commissioner or authority may only consider evidence of a conviction more than twenty years old in limited situations.
- The bill requires professional licensing boards, commissions, commissioners and authorities to review their rules for consistency with the bill.
- The bill provides immunity from civil liability for any board, commission, commissioner or authority acting in accordance with the statutory provisions created by the bill W.S. 33-1-304.
- Applicable to nursing licensure applicants with criminal records.



SF0066—Volunteer Health Care.

Subject: Volunteer providing health care to low income persons granted state liability coverage.

- Among other requirements, this act grants licensing boards the authority to grant continuing education credit to providers who provide volunteer care to low income persons.
- Effective 7/1/18.
- Applicable to nurses.

SF0078—Opioid addiction task force.

Subject: Opioid addiction-education, prevention and treatment.

- Creates the Opioid Addiction Task Force to study issues relating to opioid addiction, including education, preventions and treatment.
- Establishes the membership and duties of the Task Force.
- Effective immediately.
- Opioid addiction-education, prevention and treatment applicable to nurses and nursing assistants.

SF0083—Controlled substance prescription tracking.

Subject: Controlled substance prescription tracking program amendments.

- This bill requires the Board of Pharmacy to enroll a health care practitioner in the computerized controlled substance prescription tracking program if the practitioner is registered with the Board to dispense controlled substances in Schedules II through V.
- This bill requires dispensers of controlled substances in Schedules II through V to electronically file with the Board information regarding prescriptions for those substances no later than the close of business following the day a controlled substance is dispensed. This bill allows the Board to grant a reasonable time extension to a dispenser who is unable to satisfy the electronic filing requirements.
- This bill authorizes the Board to exempt prescriptions that are dispensed in certain inpatient health care settings, as determined by the Board in consultation with other health care practitioner licensing boards, from the electronic filing requirements.
- Effective immediately.
- Applicable to APRNs who prescribe controlled substances in Schedules II through V.

In the next several months, WSBN will be reviewing/revising our Administrative Rules and Regulations to ensure we meet the Legislative mandates intended in these new bills.

Welcome to...



Caitlin Casner

Hello! My name is Caitlin Casner, and I am the new Office Support Specialist for the Wyoming State Board of Nursing. I am a Wyoming native, as is my husband. We have two wonderful children, a nine year old boy and a seven year old girl. We own a small business, and in our free time we love to camp and ride on our four wheeler. I am very glad to have the opportunity to work for the Wyoming State Board of Nursing, and hope to be here for a long time.



Wendy Wood Neeson

Wendy Wood Neeson is a Family Nurse Practitioner Certified by the American Academy of Nurse Practitioners. She completed her nursing AAS degree at Sheridan College in 1999. Continuing her education at the University of Wyoming, Wendy received her Bachelor of Science degree in Nursing in 2001 and Master of Science-Nursing in 2005.

Wendy has worked in many clinical settings including family practice, general surgery, women's health, aesthetics, urgent and emergent care. She has a special interest in aesthetics and primary care.

Wendy currently works as a FNP in private practice in Sheridan, Wyoming and also is the E.A. Whitney Endowed Nursing Chair at Sheridan College.

Wendy enjoys sharing her knowledge of health and wellness with others as both clinical preceptor and guest speaker. Her presentations have been heard in secondary and post-secondary schools, and local and national conferences.

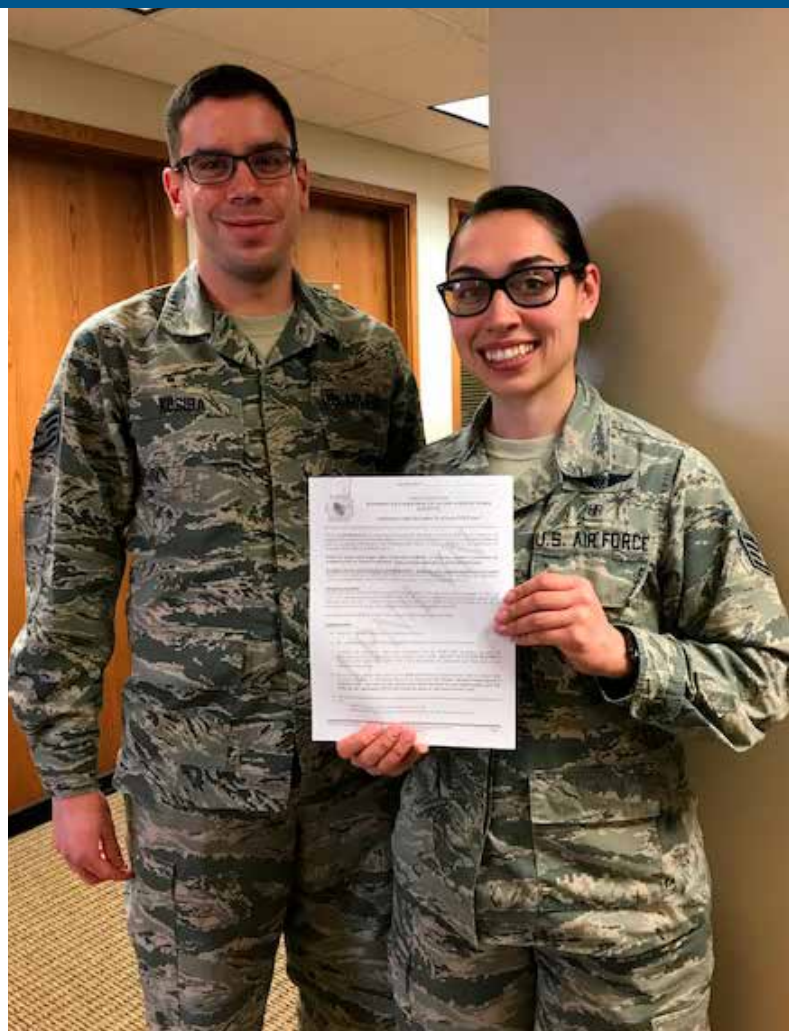
Wendy is active in her local community having served on the Sheridan County Fair Board, Sheridan County Rodeo Board, and Sheridan County Cowgirls Board. Wendy enjoys spending time in the mountains, hiking, traveling, history, yoga, and most of all spending time with her family including her husband George and their five children.

WYOMING STATE BOARD OF NURSING

Authorizes Army LPN & Air Force Medic Graduates to Test for NCLEX-PN Exam

THE WYOMING STATE BOARD OF NURSING supports legislative efforts to transition veterans into the civilian workplace. We value the contributions veterans have made in the military and acknowledge their training and experience. Our goal is to help veterans safely and competently enter civilian careers in nursing. The National Council of State Boards of Nursing (NCSBN) with consultation from leading experts in the areas of nursing and military education, conducted an in-depth analysis of the health care specialist (medic), corpsman and airman curricula, and compared these with a standard LPN/VN curriculum. The standard LPN/VN curriculum developed for this project is comparable to the LPN/VN curriculum approved by the Wyoming Board of Nursing. In addition, NCSBN staff reviewed the Army LPN program and compared it with the standard LPN/VN curriculum; the analysis is provided within the report referenced below, along with recommendations.

A standard LPN/VN curriculum, comparable to those approved by WSBN, was necessary for this review and analysis. NCSBN staff, with experience in curriculum development and LPN/VN nurse education, consulted a national expert in LPN/VN curriculum development and produced a standard LPN/VN curriculum to be used for these analyses. The elements of the standard LPN/VN curriculum developed for this project were considered minimal core requirements for an LPN/VN program. Although variation



TESSA R. HEISER, SSgt, WY ANG and first WSBN LPN Military Equivalency Applicant. Good luck, Tessa!

exists across the country and some LPN/VN programs may integrate, present, or outline the content differently, this is a comprehensive standard curriculum that is representative of the minimum didactic and clinical requirements necessary for practical/vocational nursing education in the United States.

The Wyoming State Board of Nursing has approved and accepted **US Army LPN Program and the US Air Force BMTCP 4N051 (5 Skill Level) program** as comparable to a standard LPN/VN program approved by the Board. Therefore, veteran graduates of these two programs can be authorized to take the NCLEX-PN exam by the Wyoming State Board of Nursing, with additional licensing requirements explained in our Rules and on our application.

WSBN supports veterans entering the nursing profession. We would like these hard working individuals to succeed and experience long and rewarding careers in the field of nursing.

References

National Council of State Boards of Nursing. (2016). *Report. A Comparison of Selected Military Health Care Occupation Curricula with a Standard Licensed Practical/Vocational Nurse Curriculum.* Chicago, Illinois.



A DAY IN THE LIFE OF A VOLUNTEER NURSE AT THE CAPITOL

*AS DESCRIBED BY THE WYOMING
NURSES ASSOCIATION*

THE NURSE OF THE DAY program provides basic volunteer medical services, consultations and referrals on a limited, as-needed basis for legislators, staff and lobbyists—and occasionally visitors—in the Capitol (Jonah Building) during the legislative session.

Services at Medical Aid Station are provided as a courtesy by the Wyoming Hospital Association and the Wyoming Medical Society, and operate on a totally volunteer basis.

The Nurse of the Day is generally asked to report to the Jonah Building before the morning session convenes, is free to leave the building for lunch, and usually ends the day around mid-afternoon. When in the Jonah Building, the nurse is given a cell phone and the Medical Aid Station is also equipped with a direct phone line.

Services provided by the Nurse of the Day program are very limited and given only on a voluntary basis. Therefore, the Medical Aid Station does not qualify—nor should it be considered—as the “first responder” option in medical emergency situations. The Nurse of the Day can provide basic health care services such as blood pressure checks or treatment of colds, flu, headaches, minor injuries etc. Referrals will be made for more complex or chronic health care problems. The Medical Aid Station is equipped with basic emergency supplies, such as a portable AED (automatic external defibrillator), but all volunteers are instructed to dial 911 in the case of an emergency situation.

Reference

The Wyoming Nurses Association. (Feb 28, 2018). Retrieved from <http://www.wyonurse.org/nurse-day-capitol/> on March 14, 2018.



Continuing to Serve! United States Veterans and Wyoming State Representatives pose with Jennifer Burns, volunteer nurse for the day. House Members of the 64 th Wyoming Legislature from left to right; Rep. Timothy Hallinan, Rep. Mike Greear, Rep. Tim Salazar, Rep. Lars O. Lone, Rep. Jim Blackburn, Rep. Tyler Lindholm, Rep. Jerry D. Paxton, and Rep. Eric Barlow. Thank you for your service!



U.S. Senator John Barrasso visits with Jennifer Burns of the Board of Nursing staff and Carolyn Paseneaux, Director of the Wyoming Healthcare Association at the Jonah Building in Cheyenne in February.



THE BATTLEFIELD NURSE

She served her country thru the war
she never did complain
she held their hands
she nursed their wounds
in snow
and cold
and rain
When mortars smashed
around the tents
the surgery didn't stop
so many lives were saved that day
upon that mountain
top
And when . . . the night time
finally came
and she . . . had time to rest . . .
she still found strength
to hold the hands
of wounded
in their tents
And one day she grew older
and left — all that she loved
and one night
she did pass away
to Father
God
above
They say that few remember her
but all she helped
will say . . .
that they will
never — once forget
unto
their
dying day

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**AD SPACE RESERVED
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Happy Nurse Week !

A History Presented by the American Nurses Association



NATIONAL NURSES WEEK begins each year on May 6th and ends on May 12th, Florence Nightingale's birthday. These permanent dates enhance planning and position National Nurses Week as an established recognition event. As of 1998, May 8 was designated as National Student Nurses Day, to be celebrated annually. And as of 2003, National School Nurse Day is celebrated on the Wednesday within National Nurses Week (May 6-12) each year.

The nursing profession has been supported and promoted by the American Nurses Association (ANA) since 1896. Each of ANA's state and territorial nurses associations promotes the nursing profession at the state and regional levels. Each conducts celebrations on these dates to recognize the contributions that nurses and nursing make to the community. The ANA supports and encourages National Nurses Week recognition programs through the state and district nurses associations, other specialty nursing organizations, educational facilities, and independent health care companies and institutions.

A Brief History of National Nurses Week

1953 Dorothy Sutherland of the U.S. Department of Health, Education, and Welfare sent a proposal to President Eisenhower to proclaim a "Nurse Day" in October of the following year. The proclamation was never made.

1954 National Nurse Week was observed from October 11 - 16. The year of the observance marked the 100th anniversary of Florence Nightingale's mission to Crimea. Representative Frances P. Bolton sponsored the bill for a nurse week. Apparently, a bill for a National Nurse Week was introduced in the 1955 Congress, but no action was taken. Congress discontinued its practice of joint resolutions for national weeks of various kinds.

1972 Again a resolution was presented by the House of Representatives for the President to proclaim "National Registered Nurse Day." It did not occur.

1974 In January of that year, the International Council of Nurses (ICN)

proclaimed that May 12 would be "International Nurse Day." (May 12 is the birthday of Florence Nightingale.) Since 1965, the ICN has celebrated "International Nurse Day."

1974 In February of that year, a week was designated by the White House as National Nurse Week, and President Nixon issued a proclamation.

1978 New Jersey Governor Brendon Byrne declared May 6 as "Nurses Day." Edward Scanlan, of Red Bank, N.J., took up the cause to perpetuate the recognition of nurses in his state. Mr. Scanlan had this date listed in Chase's Calendar of Annual Events. He promoted the celebration on his own.

1981 ANA, along with various nursing organizations, rallied to support a resolution initiated by nurses in New Mexico, through their Congressman, Manuel Lujan, to have May 6, 1982, established as "National Recognition Day for Nurses."

1982 In February, the ANA Board of Directors formally acknowledged May 6, 1982 as "National Nurses Day." The

action affirmed a joint resolution of the United States Congress designating May 6 as “National Recognition Day for Nurses.”

1982 President Ronald Reagan signed a proclamation on March 25, proclaiming “National Recognition Day for Nurses” to be May 6, 1982.

1990 The ANA Board of Directors expanded the recognition of nurses to a week-long celebration, declaring May 6 - 12, 1991, as National Nurses Week.

1993 The ANA Board of Directors designated May 6 - 12 as permanent dates to observe National Nurses Week in 1994 and in all subsequent years.

1996 The ANA initiated “National RN Recognition Day” on May 6, 1996, to honor the nation’s indispensable registered nurses for their tireless commitment 365 days a year. The ANA encourages its state and territorial nurses associations and other organizations to acknowledge May 6, 1996 as “National RN Recognition Day.”

1997 The ANA Board of Directors, at the request of the National Student Nurses Association, designated May 8 as National Student Nurses Day.

From the Wyoming State Board of Nursing to all Wyoming APRNs, RN, LPNs and CNAs. We acknowledge your tireless work and commitment to safe patient care.

Reference:

American Nurses Association. (2017) A Brief History of Nurse’s Week. Retrieved from <https://www.nursingworld.org/education-events/national-nurses-week/nnw-history/>

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A VETERAN'S TRANSITION— FROM PATIENT CARE TO PUBLIC CARE

64th Legislative Session, House Representative, Bill Henderson, and Cheyenne native, enlisted in the U.S. Navy and deployed to Vietnam. Upon his return home to Wyoming, and finding his job furloughed at Union Pacific railroad, he applied for the Veteran Readjustment Program. He was assigned as a Nurse Aide at the Cheyenne Veteran Administration Medical Center on the surgical unit. Duties of the nurse aide were unregulated at that time and included taking patient vital signs, assisting with feeding, bathing and other duties, such as catheters and preparing deceased patients for transfer to the morgue. He received on the job training under the direction of a nurse and attended nurse aide classes. Representative Henderson states, "Life is a building block process—each event contributes to your future success." Referring to his time as a Nurse Aide in the VA he states, "There were both serious and fun situations. I got to see the spectrum of human emotions, and learned that communication is so important in nursing for both the patient and their family."

Representative Henderson attended Laramie County Community College full time, while working 2nd shift at the VA as a Nurse Aide and 3rd shift as a crew caller for the railroad, sometimes working for days straight. He transferred to University of Wyoming in 1972 to complete a Bachelor's degree in Economics. After UW he returned to active Naval service as an Ensign, serving in surface warfare assignments at sea and ashore. He was later stationed in England where he served on exchange with the Royal Navy. Over his naval career, duties included interesting assignments in operations, planning, foreign disclosure officer for Commander in Chief, Pacific Fleet (CINCPACFLT). He retired from the naval service as a Commander after learning many skills and advises new nurses to "listen with your eyes as well as your ears."

Representative Henderson holds an MBA from Webster University and MPA from University of Wyoming. While at UW, he engaged in research on mobile delivery of healthcare to underserved rural areas. He remains an advocate for nurses, rural healthcare and underserved populations. Last general session, he co-sponsored a bill to create an advisory council on palliative care, now known as the Wyoming Advisory Council on Aging of the Wyoming Department of Health.

Representative Henderson's advice to nurses transitioning from military to civilian life. "Be open-minded. Don't wait to make inquiries, and make sure you are comfortable in the area you work. The transition is easier if you try and look at things with an open perspective."



US NAVY'S FIRST CLASS NURSE PRACTITIONER

BY CAITLIN CASNER

In 1967, Diane Mattern enlisted in the U.S. Navy as a nurse. In 1969, she was called to active duty onboard a hospital ship stationed alternately between the coast of the Demilitarized Zone and the coast of the U.S. Naval base in Da Nang. After her tour of duty ended in 1970, Diane returned home to the United States and served at a U.S. Navy Hospital in San Diego. In 1977, Diane left the Navy to marry and returned to Wyoming to raise her family. Diane reentered the Naval Reserves in 1996, and served in the Reserves until 2007, when she retired.

Mattern was selected to be in the first class of the Navy's Nurse Practitioner program, and says that she enjoyed military nursing. Mattern particularly enjoyed the opportunities to travel while in the military, and the lifelong friendships that arose because of her service.

When asked if she had any advice for nurses considering military service, Mattern said those interested should consider all the opportunities military service provides, especially the educational opportunities available to nurses in all stages of their career. Mattern currently resides in Casper and works part time for the Public Health Clinic.

Thank you for your service, Diane!



CONVERSION TABLE FOR EDUCATION HOURS

ADVISORY OPINION

Conversion of Educational Hours

Intent of Advisory Opinion:

In accordance with W.S. 33-21-122 (c) (iii) of the Wyoming Nursing Practice Act (NPA), the Wyoming State Board of Nursing (WSBN) has approved the following Advisory Opinion on the converting education hours. The purpose of this opinion is to guide safe practice.

Introduction: For the purposes of this advisory opinion, the terms “continuing education units”, “contact hours of education”, “continuing medical education”, “in-service hours”, “professional development” and “clock hours”, “semester hours”, and “college quarter hours” are equivalent to the following time frames for satisfactory completion of education hours requirements under the Wyoming Administrative Rules and Regulations (Chapter 2, section 13):

An advisory opinion adopted by WSBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of WSBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training and supervision to assure the safety of their patient population and/or decrease risk.

Within the Scope of Practice/Role of

 X APRN X RN X LPN X CNA

		<i>Clock Hours</i>
<i>CEU</i>	<i>1 unit</i>	<i>1 hr</i>
<i>Contact</i>	<i>1 hr</i>	<i>1 hr</i>
<i>Prof Dev</i>	<i>1 hr</i>	<i>1 hr</i>
<i>In-service</i>	<i>1 hr</i>	<i>1 hr</i>
<i>50-60 Minutes</i>	<i>1 unit</i>	<i>1 hr</i>
<i>CME</i>	<i>1 unit</i>	<i>1 hr</i>
<i>College Semester Hr</i>	<i>1 credit</i>	<i>10 hr</i>
<i>College Quarter Hr</i>	<i>1 credit</i>	<i>7 hr</i>

THE C.A.R.E. ACT

It is rare to see any legislation pass the Wyoming Legislature unanimously, but in March of 2016, Wyoming became the 21st state in the nation to pass the Caregiver Advise, Record, Enable (CARE) Act, with all 90 lawmakers voting in favor of the bill. The law ensures Wyoming's 66,000 family caregivers have support as a loved one is moved into a hospital setting, transfers facilities, and comes home. The Act requires hospitals to: record the name of a caregiver on the medical record of their loved one; inform a caregiver when their loved one is to be discharged to another facility or to their home; and give caregivers education and instruction of the medical tasks they need to perform at home, like managing medication or giving injections. The Act became law on July 1, 2016.

These family caregivers have a big job but we can help with some basic support — and commonsense solutions — to make their big responsibilities a little bit easier. AARP Wyoming is partnering with our state's hospitals, and nurses to make them aware of the CARE Act and what it means for their patients, and processes within their own facilities. For more information, check out: <https://blog.aarp.org/tag/care-act/> or, in Wyoming, call 307-432-5802.

FAQ: Regarding APRN Job Roles

Q What is the difference between the terms APRN and Nurse Practitioner?

A The term APRN stands for Advanced Practice Registered Nurse and consists of four roles: Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwives, and Certified Registered Nurse Anesthetists. All four roles have full, independent practice authority in the state of Wyoming since approximately 1983. All four roles do not require physician oversight of any kind under the Wyoming Nurse Practice Act. All four roles may treat patients within their identified population foci to the extent of their graduate education and competency.

Q Can FNP's educated in primary care work in a hospital setting?

A The setting is not specific to the care of the patients, however the population foci (type of patients) must be adhered to as defined in the Wyoming Nurse Practice Act and by national standards. For example, an FNP may treat patients in an outpatient clinic of the hospital. Generally, outpatient clinic patrons are not acutely ill and have little chance of being admitted, nor are in acute stages of their illness. A second example, an FNP who specializes in oncology care; may work in a cancer care clinic attached to the hospital, providing outpatient oncology care to patients who will essentially return home at the end of the treatment day. The University of Wyoming has this FNP educational program.

Q Can FNP's educated in primary care work in the Emergency Room?

A Again, the setting is not specific to the care of the patients, it is the population foci (type of patients) that must be adhered to according to the Wyoming Nurse Practice Act. Are the patients being treated for illness such as dog bites, broken bone, back pain, flu, dehydration, UTI or abdominal pain and will most likely return home? Then, they are appropriate

for an FNP. If patients arrive with drug overdose, cardiac arrest, stroke or trauma with the high probability of being admitted to the ICU, and are considered acutely ill and would be out of the population foci of a primary care nurse practitioner. We have 441 FNPs in the state.

Q I am a Cardiologist and I hired an FNP who was a previous cardiac nurse to work in my office. Can she make rounds on our hospital in-patients for me?

A Your usually stable patient is now under care for acute exacerbation of illness, therefore, those admitted patients are not in the scope of the primary care trained FNP. Her previous years of acute care experience as a registered nurse do not expand her population foci from primary care to acute care services as an APRN provider. If you intend to utilize a nurse practitioner in such a capacity, they must be dually certified in primary care and acute care. We have less than 10 dually certified in the state.

Q We want to hire a Nurse Practitioner to work on our Hospitalist team. What kind should we recruit?

A Since the team will only be serving in-patient, acutely ill adult patients, an Adult-Gero Acute Care Nurse Practitioner is most appropriate (AG-ACNP). Please note, this NP will not be able to see pediatric patients as her population is only Adult-Gero. If you require the Hospitalist team to cover pediatric patients, the NP must be a Pediatric

The advertisement is a promotional graphic for the University of Wyoming School of Nursing. It features a yellow and white color scheme. On the left, the UW logo is displayed above the text 'FAY W. WHITNEY SCHOOL OF NURSING'. To the right, it says 'Offering programs to meet your needs BSN • MS • DNP'. The central text reads 'Wyoming's healthcare future never looked so bright!'. Below this, a list of programs is provided: 'ReNEW (Wyoming's shared nursing curriculum):' followed by 'Basic BSN: on-campus BSN' and 'RN-BSN: online completion for RNs and Wyoming ADN grads'. Further down, it lists 'BRAND: Accelerated BSN', 'MS: Online Nurse Educator or Nurse Leader', and 'DNP: Family or Psychiatric Mental Health Nurse Practitioner'. At the bottom left, it says 'University of Wyoming | uwyo.edu/nursing'. On the right side, there is a photograph of Taylor Schumann, a smiling woman with brown hair wearing a white lab coat. Text next to her photo reads 'Taylor Schumann RN-BSN Completion Online'. At the bottom right, the slogan 'GO FOR GOLD' is written in large, bold letters.

As Explained by the Practice Committee

Acute Care Nurse Practitioner (P-ACNP). We have 67 Acute Care Adult-Gero NPs and 18 Pediatric NPs in the state.

Q We have an inpatient psychiatric unit and want an NP to provide care to all admitted mental health patients. Can an FNP oversee the inpatient care?

A The most appropriate provider for these patients is a Psychiatric Mental Health Nurse Practitioner (PMH-NP). A Mental Health NP can provide psychiatric services in primary and/or acutely ill patients across the lifespan. The University of Wyoming has this educational program. An AG-ACNP can also fill this job description, but may treat only adults. We have 85 PMH-NPs in the state.

Q We have recruited a DNP? What is she?

A DNP stands for Doctor of Nursing Practice. It is a level of education not a role. A DNP is the highest terminal degree for clinical practice in nursing. You must ask her what her role is; she may be a DNP Certified Nurse Midwife, or a DNP- FNP (Family Nurse Practitioner of primary care with a doctoral level education). She may be a DNP of nursing education or leadership, not a clinical role or patient provider at all.

Q Can a Certified Nurse Midwife (CNM) deliver babies in a hospital?

A Indeed yes! An unfortunately under-utilized, yet inexpensive option for rural ob/gyn units. Please hire more Certified Nurse Midwives! We have 26 Midwives and 9 Neonatal Nurse Practitioners.

Q procedures can a Certified Nurse Anesthetists do?

A She can perform whatever she was trained for under her graduate education program. The best determinant answer would be from the CRNA herself or the National Association of CRNA. We have 154 CRNAs in the state, another seemingly under utilized provider. Employers are keenly aware of the benefits of having APRNs on their provider teams. Many



evidence based studies show APRNs provide unique emphasis on the health and well-being of the whole person. With a focus on health promotion, disease prevention, and health education and counseling, NPs guide patients in making smarter health and lifestyle choices, which in turn lower patients' out-of-pocket costs. Data shows patients with NPs as their primary care provider often have fewer emergency room visits, shorter hospital stays and lower medication costs. As an employer, work with your credentialing team to develop job descriptions that allow our APRNs to practice to the full extent of their education. Support APRNs who want to return to graduate school by offering tuition reimbursement and flexible hours to complete clinical rotations. Develop a shared governance policy and culture by having APRNs on your leadership teams. Support APRNs with peer to peer opportunities. Stay abreast of national trends and the role APRNs play in filling voids in access to health care in our state. Reach out to the Wyoming State Board of Nursing for advice and assistance, we are here to support! 307-777-6127.

Resources:

<http://www.nursingworld.org/EspeciallyForYouAdvancedPracticeNurses>
<https://www.aanp.org/>
<https://www.apna.org/i4a/pages/index.cfm?pageid=3844>
<https://www.nbcrna.com/>

BOARD TALK

BOARD MEETINGS

A seven (7) member Board appointed by the Governor, the Wyoming State Board of Nursing (WSBN) consists of five (5) registered nurses, one (1) licensed practical nurse and one (1) consumer member. Meetings are open to the public. Agendas are posted on the Board's website.

BOARD MEETING DATES

May 10th, 2018

June 14th, 2018

July 16 - 18th, 2018 Sheridan Wyoming

STATE HOLIDAYS — WSBN'S OFFICE IS CLOSED:

Monday, May 28th, 2018

Wednesday, July 4th, 2018

EXECUTIVE DIRECTOR

Cynthia LaBonde, MN, RN

PRACTICE & EDUCATION CONSULTANT, ASSIST. TO THE EXECUTIVE DIRECTOR

Jennifer Burns, MJ, MSN,
RN-BC, NE-BC, PHNA-BC

LICENSING SUPERVISOR

Lisa Hastings

LICENSING SPECIALIST

Raymie Bingman & Stephanie Martin

FISCAL & HUMAN RESOURCES (HR) COORDINATOR

Cindy Stillahn

COMPLIANCE AND DISCIPLINE (C&D) MANAGER

Victoria Pike, J.D., RN

LEGAL ASSISTANT

Kara Aguirre

INVESTIGATIVE ASSISTANT

Joey Clure

OFFICE SUPPORT SPECIALIST II

Caitline Casner

COME TALK TO THE BOARD

During each regularly scheduled meeting at WSBN, Board members hold a Public Forum for people to talk to them on nursing-related issues.

If you want to speak during the Public Forum, check the meeting agenda for the date and time it will be held. If multiple individuals wish to address the Board, time is divided equally among those who wish to speak.

For more detailed information regarding the Public Forum, please contact the Office Support Specialist at the Board office. The contact number is (307) 777-3425.

WE'LL COME TALK TO YOU

Board staff will come speak to your organization on a range of nursing-related topics, including nursing education, continuing education, licensure and discipline processes as well as the Nurse Practice Act (NPA).

YOU'RE IN GOOD COMPANY!

Active Wyoming Licenses/certificates as of April 2018 :

CNA: 6,745 APRN: 820 LPN: 1,229 RN: 13,383 Multistate Licenses: 123

BOARD COMMITTEES

WSBN is advised by and appoints members to five standing committees. These are the Application Review Committee (ARC), Discipline Committee (DC), Legislative Committee (LC), Practice Committee (P) and the Education Committee (Ed).

Further information on the committee's charge as well as meeting dates may be found on WSBN's website at: <https://nursing-online.state.wy.us/Default.aspx?page=68>

MOVING?

The law requires you to inform the Board when you have a change in your contact information. The easiest and fastest way for you to update your information is to email our office at wsbn-info-licensing@wyo.gov. You may also call the office at 307-777-7601, or mail a letter to the Wyoming State Board of Nursing, 130 Hobbs Ave, Ste B, Cheyenne, WY 82002. Please remember to provide your name, license/certificate number, former and current addresses.

WSBN ACCOMPLISHMENTS

Marjory Christensen was voted by the Members as Board President at the February board meeting. Charlotte Mather was voted as Vice-President and Susan Howard as Secretary. A strong welcome to our newly appointed APRN Member, Wendy Wood Neeson!

Jennifer Burns, Practice and Education Consultant received her Master of Science in Nursing from Grand Canyon University.

CNA SKILLS/WRITTEN EXAM TESTING AND SCHEDULING INFORMATION:

Please contact our new vendor Prometric at their website www.prometric.com, for more information.

The full statutory citation for disciplinary actions can be found on the WSBN website at <https://nursing-online.state.wy.us>. Each individual nurse is responsible for reporting any actual or suspected violations of the Nurse Practice Act. To submit a report, use the online complaint form or to receive additional information, contact Compliance & Discipline at 307-777-5281, Wyoming State Board of Nursing, 130 Hobbs Ave, Suite B, Cheyenne, Wyoming, 82002.

Letter of Reprimands - 19

Summary Suspensions - 6

Revocations - 1

Suspensions - 13

Denials - 0

Voluntary Surrenders- 5

Conditional Licenses - 10

Reinstatements - 4

What is a Notice of Warning?

By: Kara Aguirre, Legal Assistant and Joey Clure, Investigative Assistant

Wyoming Statute § 33-21-122(e) of the Nurse Practice Act states: “this act does not require the Board of Nursing to act upon violations of the provision of the act whenever, in the Board’s opinion, the public interest will be served adequately by a suitable written notice of warning to affected parties.”

A Notice of Warning (NOW) can be issued by the Board as a case closure document for investigations or application matters. A NOW is a letter sent to the licensee or certificate holder explaining specific provisions of the Nurse Practice Act or the Boards Rules related to the type of conduct alleged in the complaint or previous behavior of the applicant. The Board’s intent in issuing a NOW is to inform the licensee/certificate holder of what the Board considers a violation/disciplinable conduct. The licensee or certificate holder is warned if the conduct was to occur in the future, he or she may face discipline on their license or certificate.

A NOW is **not** discipline on the licensee’s license or the certificate holder’s certificate. A NOW is not reported to their employer, National Practitioner’s Data Bank, NURSIS or the Board’s website.

Licensure Statistics

Quarter 4 & 1
October 1, 2017–March 31, 2018

The full statutory citation for licensing requirements can be found on the WSBN website at <https://nursing-online.state.wy.us>. To submit an application, use the online forms appropriate to your discipline. For additional information, contact Licensing at 307-777-7616, Wyoming State Board of Nursing, 130 Hobbs Ave, Suite B, Cheyenne, Wyoming, 82002.

The following are numbers of applications processed in each discipline for the last two quarters:

CNA by Exam - 363

CNA by Endorsement - 83

CNA by Recertification - 50

LPN by Exam - 44

LPN by Endorsement - 15

LPN by Relicensure - 7

RN by Exam - 80

RN by Endorsement - 532

RN by Relicensure - 52

APRN by Exam - 3

APRN by Endorsement - 57

APRN by Relicensure - 8

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Questions: alucy@sweetwatermemorial.com

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Save the Date!

Tuesday, July 17, 2018

Wyoming State Board of Nursing



Quarterly Board Meeting and Luncheon

12:30 p.m. Luncheon

1:30 p.m. – 2:30 p.m. Public Forum

**Sheridan Memorial Hospital Support
Services Building**

61 Gould Street, Sheridan, WY

Please RSVP to Caitlin Casner by June 17, 2018

Caitlin.casner@wyo.gov or (307) 777-3425

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CONGRATULATIONS TO OUR WYOMING NURSING GRADUATES!

Program	Students Expected	Pinning Date	Graduation Date
University of Wyoming	42 Basic BSN 68 BSN Completion 19 BRAND 14 DNP	Convocation May 11th	May 12th
Casper College	28 RN 31 LPN	May 11th	May 11th
Central Wyoming College	Riverton - 22 ADN Jackson - 8 ADN	May 10th May 13th	May 11th May 13th
Eastern Wyoming Community College	12 RN	April 28th	May 4th
Laramie County Community College	31 RN	May 12th	May 12th
Northern Wyoming Community College	Gillette - 28 RN & 31 LPN Sheridan - 29 RN	May 10th May 12th	May 11th May 12th
Northwest College	Sheridan - 29 RN Powell - 25 RN	May 12th May 4th	May 12th May 5th
Western Wyoming Community College	31 RN	May 18th	May 18th



The U.S. Nursing Workforce in 2018 and Beyond

Reprinted with permission from the Journal of Regulatory Nursing



Nursing is at the heart of health care. Sufficient numbers of nurses at all levels and the ability to forecast and plan for shortages is integral to safe and quality patient care. For this reason, NCSBN has acted to ensure that researchers have the data required to monitor future workforce needs. In 2017, NCSBN collaborated with the National Forum of State Nursing Workforce Centers to conduct a national workforce study to assess and describe the current RN and LPN workforce (in press). The findings data will be published in the July 2018 issue of the *Journal of Nursing Regulation*.

Individual boards of nursing (BONs) are also collecting workforce data with licensure renewals, which are being deposited into NCSBN's National Nursing Workforce Repository. When all boards can provide these data, nursing will have a profound and accurate database, including population data, with which to analyze the workforce and make predictions.

It is expected that 2018 will be a historic and landmark year for nursing regulation and the nursing workforce. The enhanced Nurse Licensure Compact (eNLC), nursing regulation's newest licensure model, was officially implemented on January 19, 2018. Currently adopted by

29 states, the eNLC enables nurses to receive a multistate license in their state of residence with the privilege to practice in all other states that joined the compact. The eNLC increases public protection as it: (a) mandates specific nursing licensure requirements for participating states; (b) provides improved access to care through greater workforce mobility, allowing nurses to migrate to locations with the greatest need and job availability; (c) enhances telehealth nursing, which can expand the workforce into shortage areas; and, (d) perhaps most importantly, mobilizes nursing care quickly, efficiently, and safely during a disaster. For military spouses who are nurses and who may have to frequently move and change jobs, the eNLC offers an opportunity for many to move without being relicensed. In addition, nurses with compact/multistate licenses have the flexibility to care for patients across state borders without the time and expense of obtaining additional licenses.

In 2018 and beyond, workforce mobility will be vital for patients' access to care and nurses' access to jobs as studies predict both shortages and surpluses in the nursing workforce. Currently, the number of employed registered nurses (RNs) per population in each state varies widely, from fewer than 700 RNs per 100,000 population in

Nevada to over 1,500 RNs per 100,000 in the District of Columbia (U.S. Department of Labor, Bureau of Labor Statistics, 2017a; U.S. Census Bureau, 2017). Other states with approximately 700 RNs per 100,000 people are California, Georgia, Oklahoma, and Utah. Conversely, South Dakota (1,402 per 100,000), Massachusetts (1,250 per 100,000), and Delaware (1,189 per 100,000) have the highest ratios of employed RNs per population along with the District of Columbia.

The ratio of employed LPNs/VNs is between 65 and 70 per 100,000 people in Alaska, Oregon, and Utah and over 400 per 100,000 in Arkansas and Louisiana (U.S. Department of Labor, 2017a; U.S. Census Bureau, 2017). States with shortages include Maine and most of the western states except for California, which has slightly more VNs per 100,000 population than its neighboring states. (Figure 1 provides a broad comparison of the numbers of RNs and LPNs across the country.)

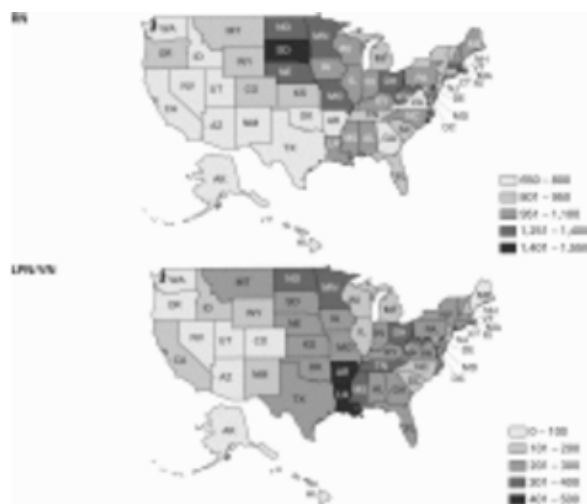


Figure 1 — RN and LPN/VN Employment by State**
Source: U.S. Department of Labor, 2017; U.S. Census Bureau, 2017

A number of studies published in 2017 indicated that the nursing workforce needs will continue to fluctuate according to state and region of the country. In 2017, the Health Resources and Services Administration (HRSA) released national projections for the U.S. nursing workforce through 2030 (HRSA, 2017a). Projections made from the Health Workforce Microsimulation Model used nurse data from the American Community Survey along with information reflecting the economy and labor markets. The model estimated the growth in RN supply (39%) will outpace the growth in RN demand (28%) by

2030 resulting in an excess of almost 300,000 RNs nationally. For LPNs, the growth in supply is estimated to be 26% while the growth in demand is expected to be 44%. This imbalance could result in national-level shortage of 151,000 LPNs by 2030; however, the report indicates a shortage of this magnitude is unlikely because LPNs can be educated relatively quickly.

According to the HRSA report (2017) inequitable distributions of nurses exist across states. Seven states are projected to have a RN shortage, and 33 states are projected to have a LPN shortage by 2030. The greatest shortages of RNs are predicted in California, Texas, New Jersey, and South Carolina. Texas and Pennsylvania are expected to have the greatest LPN shortages. Florida, Ohio, Virginia, and New York could expect a surplus of RNs. A LPN surplus is projected for Ohio and California. HRSA's proposed solution is optimal migration (i.e., nurses moving to states where the in-state supply is less than demand). Thus, nurses would move to or work in areas of greater need. The distribution of the nursing workforce is likely to improve as more states join the eNLC.

Buerhaus, Skinner, Auerbach, and Staiger (2017) identified four factors affecting the supply and demand of U.S. nurses in the future: (a) aging baby boomers, (b) the number of nurses retiring, (c) health care reform, and (d) the physician shortage. They also forecast regional shortages, rather than a national shortage. The aging baby boomers may exceed both the clinical capacity of the nursing workforce and the number of new graduates with geriatric expertise. The rate at which RNs retire from the workforce could reduce the number of nurses available, particularly in the New England and Pacific Regions (where the number of RNs per capita is lowest), as well as decrease the overall experience level of the workforce. Changes to the Patient Protection and Affordable Care Act (ACA, 2010), such as provisions to increase efficiency and a shift toward value-based purchasing, could result in greater recognition of the cost efficiency of nurses and the expanded roles of RNs in Medicare accountable care organizations. Finally, the physician shortage (Streeter, Zangaro, & Chattopadhyay, 2017; Streeter, Zangaro, & Chattopadhyay, 2017) is likely to increase demand for nurses providing primary care, particularly to rural and vulnerable populations.

As of November 23, 2017, the U.S. workforce consisted of 4,015,250 RNs and 922,196 LPNs/VNs** (NCSBN, 2017e; NCSBN, 2017e). Of these, 2,857,180 RNs and

702,400 LPNs/VNs were employed in the United States as of May 2016, the most recent statistics available (U.S. Department of Labor, Bureau of Labor Statistics, 2017a U.S. Department of Labor, Bureau of Labor Statistics, 2017a).

Although employment data are not as recent as licensing data, they show that the number of employed RNs in the United States has steadily increased since 2012 (Figure 2a), whereas the number of employed LPN/VNs, despite a slight rise from 2014 to 2016, has decreased substantially since 2012 (Figure 2b).

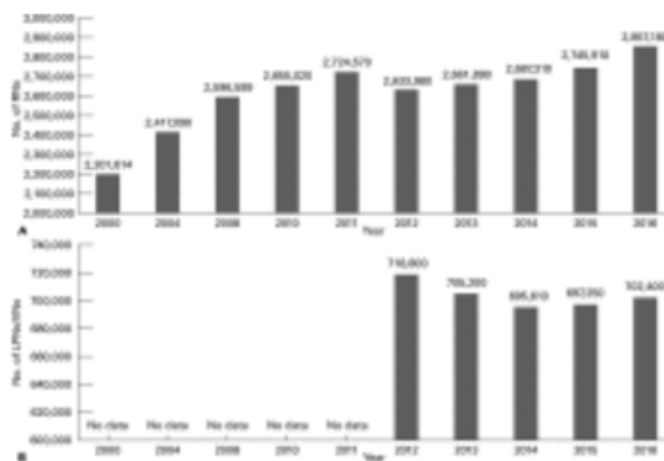


Figure 2 — Number of Employed RNs and LPNs/VNs in the United States, 2000–2016

Source: The data for years 2010 - 2016 are from the U.S. Bureau of Labor Statistics Occupational Employment Statistics (2017a U.S. Bureau of Labor Statistics Occupational Employment Statistics (2017a; 2017b 2017b). The data for 2000, 2004, and 2008 in the RN graph are from the U.S. Department of Health and Human Services Health Resources Services Administration's National Sample Survey of Registered Nurses (2010).

The predominant employers of RNs and LPNs/VNs will be hospitals and long-term care facilities, respectively. According to the most recent data from the U.S. Department of Labor, Bureau of Labor Statistics, RNs held an estimated 3 million jobs in the United States in 2016. Of those, 61% were in hospitals. Hospitals were followed by ambulatory health services (18%), nursing and residential facilities (7%), government facilities (5%), and educational services (3%). The same data showed that LPNs/VNs held approximately 724,500 jobs in 2016. The largest employers of these nurses were nursing and residential care facilities (38%), hospitals (16%), physician offices (13%), home health care services (12%), and government facilities (7%) (U.S. Department of Labor, Bureau of Labor Statistics, 2017a U.S. Department of Labor, Bureau of Labor Statistics, 2017a).

It is anticipated that a greater proportion of nursing employment will be seen in ambulatory and home care settings as health care shifts to those settings (Bauer & Bodenheimer, 2017 Bauer & Bodenheimer, 2017). In fact, Bauer and Bodenheimer (2017) Bauer and Bodenheimer (2017) predict a dramatic shift in the RN role in primary care as the demand for primary care providers and services increases alongside payment models that allow for add-on payments for RN-delivered services in primary care settings. As primary care practices use team models to greater extent, the scope of RNs in primary care will include managing chronic disease, leading complex care management teams, and coordinating care between the primary care practice and communities (Bauer & Bodenheimer, 2017 Bauer & Bodenheimer, 2017).

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