

BOARD OF REGISTERED NURSING

# BRN Report

*winter 2011*



## The BRN Report

Julie Campbell-Warnock, Editor

Louise Bailey, M.Ed, RN, Associate Editor

Stacie Berumen, Managing Editor

Design and Production Assistance: Department of  
Consumer Affairs Public Affairs Office and Office of  
Publications, Design & Editing

Contributors: Katie Daugherty, Pamela Hegje, Millie Lowery,  
Miyo Minato, Leslie Moody, Christina Sprigg,  
Carol Stanford, Alcidia Valim, Nikki West, California  
Institute for Nursing & Health Care

## Officers

Louise Bailey, M.Ed, RN, Executive Officer

## Board Members

Douglas Hoffner, Vice President

Darlene Bradley, PhDc, MSN, CNS, CCRN, CEN, FAEN, RN

Dian Harrison, MSW

Erin Niemela

Richard L. Rice

Catherine M. Todero, PhD, RN

## Next Board Meeting

See the BRN Web site at [www.rn.ca.gov/about\\_us/meetings.shtml](http://www.rn.ca.gov/about_us/meetings.shtml) for the latest dates and locations of upcoming Board and Committee meetings.

## The BRN Office Has Moved

We are now located at:

1747 North Market Boulevard, Suite 150

Sacramento, CA 95834

Our mailing address and phone number are the same.



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## Purpose

The purpose of the *BRN Report* is to inform registered nurses of current laws related to nursing, Board policies and activities, and issues pertaining to the regulation of nursing practice and education.

# Important Information Regarding Sunset of the California Board of Registered Nursing on December 31, 2011

On October 9, 2011, Governor Brown returned Senate Bill 538 to the Senate without his signature. This Bill would have extended the Board of Registered Nursing until 2016. The Governor did not sign the Bill due to provisions that would allow the BRN to hire sworn investigators. These sworn investigators would have expanded pension benefits that the Governor opposes. The Governor asked the Legislature, when it reconvenes in January, to send him legislation that restores the BRN as soon as possible and in the interim directed his administration to take all actions necessary under the law to protect consumers and nurses until the Board is reconstituted in January.

On November 16, 2011, the Board of Registered Nursing voted to accept an Interagency Agreement which delegates administrative, non-discretionary duties to the Department of Consumer Affairs (DCA). This Agreement allows the BRN to continue operating

until the Board is reconstituted by the Legislature and Governor sometime after January 2, 2012. As a result, effective January 1, 2012 and pursuant to the Interagency Agreement between the BRN and DCA, the BRN staff will continue their functions at the same location.

In the interim period between the BRN's sunset and when it is reconstituted, the BRN will be under DCA and named the "Registered Nursing Program." The current BRN Executive Officer, Louise Bailey, will continue to direct activities as the Registered Nursing Program Manager. The RN program will continue to operate, administer the Nursing Practice Act, and implement existing policies. Both the BRN and DCA are working to make the interim period as seamless as possible.

The interagency agreement can be found on the BRN website at [www.rn.ca.gov/pdfs/agreement.pdf](http://www.rn.ca.gov/pdfs/agreement.pdf).

# Meet Our Most Recently Appointed Board Members

Meet our two most recently appointed Board Members who serve as part of the policy-setting body for the board.

**Darlene Bradley, PhDc, MSN, CNS, CCRN, CEN, FAEN, RN\*** is the Nurse Administrator Member of the Board and was appointed in December of 2010 by Governor Schwarzenegger. Dr. Bradley is currently the Director for Emergency and Trauma Services at UC Irvine Medical Center. She is a Board-certified emergency nurse, critical care nurse, and nursing executive. She is a clinical nurse specialist in emergency, trauma, and critical care, and a fellow in the Academy of Emergency Nursing. Dr. Bradley has also held the position of Supervisory Nurse Clinician with the National Disaster Medical Systems since 1983, and the Operations Chief and Chief Nursing Officer for Ca-1 Disaster Medical Assistance Team. She is the Director of Operations for the Center for Disaster Medical Sciences and a faculty member in the School of Nursing for the University of Phoenix since 1995.

*\*Photo not available*



**Douglas Hoffner** serves the Board as a public member and was appointed by the Governor in December 2010. Mr. Hoffner was appointed by Governor Schwarzenegger as Undersecretary of the California Labor & Workforce Development Agency in February 2007. He also served as both Acting Secretary and Undersecretary in 2008-2009. Mr. Hoffner has also served as a Deputy Cabinet Secretary for Governor Schwarzenegger. His portfolio included the Business Transportation and Housing (BTH), Labor Workforce and Development and State and Consumer Services Agencies. From 2004-2006 he served as the Assistant Director of Legislation for the State's Department of General Services. Prior to entering the executive branch, Mr. Hoffner was the Executive Director for Connerly and Associates from 1999-2004 and Legislative Director to Assemblyman Fred Aguiar from 1995 to 1998. Mr. Hoffner is currently serving as Board Vice President.

# What Does the BRN do?

## Background

Most nurses only interact with the BRN when they apply for licensure and when they renew their license every two years. Some may wonder what the Board does other than these activities. Did you know the Board regulates more than 389,000 licensees and 89,000 certificate holders? On average, the BRN receives more than 38,000 calls each month and responds to numerous e-mails. In addition to processing more than 35,000 applications per year and renewing approximately 180,000 licenses, the BRN performs a variety of roles and functions. Following is a brief summary of some of the work done by the BRN. Please visit our Web site at [www.rn.ca.gov](http://www.rn.ca.gov) for further information about BRN services and for FAQs for applicants, licensees, and for the enforcement and diversion programs.

## Enforcement

The majority of the BRN's budget is spent on enforcement activities. The Board's mission is to protect the health and safety of consumers and promote quality registered nursing care in California. The BRN takes this mission very seriously and the Enforcement Division is one way the BRN carries out this mission. The Board has the authority to take disciplinary action against the licenses of registered nurses that have violated the Nursing Practice Act. Enforcement actions protect patients from nurses who have committed violations such as gross negligence, incompetence, patient abuse, fraud, theft, serious criminal convictions, or drug-related offenses.

Annually the BRN receives almost 8,000 complaints. If a serious violation is substantiated, the case is referred to the Attorney General's Office for possible action against a license. If a case involves criminal activity it is referred to the local district attorney for prosecution. The Board has the authority to cite and fine licensees for minor violations such as non-compliance with address change

notification and continuing education audit violations. One of the benefits of the Cite and Fine Program is the ability to take action against a person for unlicensed practice and provide this information to the public via the BRN Web site.

## Diversion

The BRN Diversion Program was created in 1985 as an alternative to disciplinary action for RNs whose practice may be impaired due to chemical dependency or mental illness. The Diversion Program has proven to be an effective method of intervention and is an alternative to the more lengthy and costly disciplinary process. The Program has very stringent entrance and participation requirements and allows for immediate intervention and removal from practice which contrasts with the discipline process which can take months, even years, before the license can be removed or restricted. The Diversion Program is a voluntary, confidential program enabling an RN to focus on recovery. The RN is closely monitored for compliance with their rehabilitation program and returns to work only after being deemed safe to practice by experts assigned to their case.

## Nursing Education Program Approval

The Board approves nursing programs in California which is necessary to ensure that nursing programs are adequately preparing nurses to provide competent and safe care that will not cause patient harm. The Nursing Education Consultants at the BRN review and monitor nursing programs to make sure they are in compliance with the statutory and regulatory educational requirements of the Nursing Practice Act. The Board currently has 148 approved pre-licensure nursing programs, 22 nurse practitioner programs and four nurse-midwifery programs. The ongoing monitoring and review includes periodic site visits for ongoing program approval.

# Effective January 1, 2011, New Fees Implemented

Effective January 1, 2011, the BRN increased fees for registered nurse renewals and licensure, including temporary licenses, interim permits and delinquent fees. This was the first fee increase by the BRN since July of 1991. The increased fees are necessary for the Board to perform its public protection mandate, and to function in an effective, efficient, and timely manner. Below is the new fee schedule for those that were increased. A listing of all fees can be found on the BRN Web site at [www.rn.ca.gov/about\\_us/fees.shtml](http://www.rn.ca.gov/about_us/fees.shtml).

## Board of Registered Nursing Fee Increase: Effective January 1, 2011

	Old Fee	New Fee
<b>APPLICATION FEE INCREASE:</b>		
Exam Application	\$75	\$150
Repeat Exam Application	\$75	\$150
Endorsement Application	\$50	\$100
Interim Permit Fee	\$30	\$50
Temporary License Fee RN	\$30	\$50
Temporary License Fee NP	\$30	\$50
Temporary License Fee NA	\$30	\$50
Temporary License Fee NMW	\$30	\$50
Temporary License Fee PHN	\$30	\$50
<b>LICENSE AND CERTIFICATE RENEWALS AND DELINQUENT FEES:</b>		
Registered Nurse License Renewal	\$85	\$140
a. Renewal Fee \$75 to \$130		
b. RN Education Fund \$10		
Penalty Fee for Untimely RN renewal	\$37	\$65
Nurse Midwife Certificate Renewal	\$50	\$75
Penalty Fee for Untimely NMW renewal	\$25	\$37
Nurse Anesthetist Certificate Renewal	\$50	\$75
Penalty Fee for Untimely NA renewal	\$25	\$37
Clinical Nurse Specialist Certificate Renewal	\$50	\$75
Penalty Fee for Untimely CNS renewal	\$25	\$37
<b>MISCELLANEOUS FEE INCREASE:</b>		
Returned check fee	\$15	\$30

## GUEST COLUMNIST

# New Graduate RN Transition Programs

Contributed by Nikki West, MPH, Project Manager, California Institute for Nursing & Health Care

It would appear, on the surface, that after so much work to increase the number of graduating nurses in California, that our efforts have been too successful in overcoming educational undercapacity and reducing the nursing shortage. Not really. The economy has created a tight job market and employers are filling the few slots they have with experienced nurses, who are working more and delaying retirement, thus taking jobs that new graduates were expected to fill. In addition, many healthcare employers no longer have the budgets for traditional new graduate transition training programs. A survey of employers led by the California Institute for Nursing & Health Care (CINHC) in 2009 indicated that approximately 40 percent of new graduates in 2010 would not be hired in hospitals. A survey of new graduate RNs conducted in 2010 with support from the California Board of Registered Nursing (BRN), California Student Nurses Association (CSNA), Association of California Nurse Leaders (ACNL), the California Community Colleges Chancellor's Office (CCCCO), and the UCLA School of Nursing, validated that 43 percent had not found jobs in nursing. California's new nurses have fewer opportunities to gain experience and transition successfully into practice.

At CINHC ([www.cinhc.org](http://www.cinhc.org)) we are publicizing that this temporary decline does not signal the end of a chronic shortage. Rather, as the economy recovers and the newly insured begin to seek care, the demand for nurses will increase sharply. Older nurses will scale back hours and retire. Previous estimates of RN demand will become reality: The California Employment Development Department estimates that 10,900 new nurses each year are required to replace retiring nurses.

To meet the anticipated demand for RNs, we need to find a solution to retain new graduate nurses. In addition to this immediate

situation, there is another factor in place. The recent Institute of Medicine's Initiative on the Future of Nursing (IOM/IFN) released a report titled *The Future of Nursing: Leading Change, Advancing Health*, which highlights the importance of preparing new graduate RNs to transition from education to service. The IOM/IFN report clearly recommends to "implement nurse residency programs." California has been identified by the IOM/IFN as an Action Coalition state to implement the recommendations. The California Action Coalition's structural home is at CINHC, with CINHC's Executive Director, Deloras Jones, serving on the Executive Committee.

In light of the new graduate RN hiring crisis and the charge of the IOM to implement nurse residencies, California nursing leaders have come together to respond. CINHC has partnered with organizations, including the Gordon and Betty Moore Foundation in Palo Alto, CA, Kaiser Permanente Fund for Health Education at the East Bay Community Foundation, and Kaiser Permanente National Patient Care Services, to fund and implement new graduate RN transition programs. These pilot programs, housed in schools of nursing in partnership with hospitals and community-based healthcare agencies, provide 12 to 18-week experiences for newly graduated, licensed RNs. These are collaborative programs with the new graduates enrolled as special student status in the academic setting. While these programs do not guarantee employment, they provide licensed RNs an opportunity to improve their competence, confidence, and professional skills — smoothing the transition from education to employment.

Four school-based, unpaid, pilot training programs were established in the San Francisco Bay Area at Samuel Merritt



University, University of San Francisco, California State University-East Bay, and a collaboration of South Bay Area schools, including San Jose State University and San Jose/Evergreen Community College District through the Workforce Institute (a division of the San Jose Evergreen Community College District that provides customized education, professional development, and skills upgrade training).

Depending on the needs of regional employers, the pilot programs include experiences in acute area specialties (e.g., labor and delivery, emergency room, critical care, or operating room), nonacute healthcare setting (e.g. long-term care, hospice, public and community health, school nursing, or home health), or focus on developing more advanced generalist skills. Some programs include college credit, applicable towards a higher degree in nursing education, and all provide an industry-recognized certificate. The programs are based on principles from successful hospital-based residency models, which have demonstrated the ability to raise the baseline level of patient care quality and content, the competencies from the Quality and Safety for Education of Nurses (QSEN) model and the statewide Association of California Nurse Leaders (ACNL) initiative to apply the QSEN competencies to the skill level of the professional nurse.

In late 2010, Kaiser Permanente National Patient Care Services awarded CINHC a grant to launch a formal evaluation of the four CINHC-sponsored transition programs, and nurse researchers from the University of San Francisco School of Nursing are working with CINHC to complete this work. As these programs are new, there is little data available, but what has been collected shows the programs are making a difference. As of the time this article was written, 345 new graduate RNs have been enrolled in the programs, and 70 percent of these participants have earned RN employment positions.

In addition to tracking employability, we are tracking participant competence, confidence, turnover, and ability to efficiently transition

to the workplace. We are also compiling a list of best practice recommendations across the programs, and “cross-walking” our programs to other residency programs across the country.

The work of CINHC to establish transition programs is being applied to the IOM/California Action Coalition initiative, and CINHC is co-leading a team, along with Dorel Harms of the California Hospital Association, to determine the feasibility of implementing residency/transition to practice programs as a standard component of nursing education.

Interest in the programs is growing, and other regions across California are now implementing similar versions. Programs have been established in Central Valley, the Los Angeles/Inland Empire, and in San Diego, through school and clinical partnerships, with funding in various formats. At the end of February 2011, CINHC led a webinar on the New Graduate RN Transition Programs, sponsored by ACNL. More than 150 people registered across the state, and information was shared about the structure of these programs and evaluation data to date. The event also provided an opportunity to answer questions. A recording of the webinar, including the presentation and handouts, is available on CINHC’s Web site at [www.cinhc.org](http://www.cinhc.org).

So much progress has been made in expanding California’s nursing education capacity, we can ill afford to lose recent graduating classes to other states or other professions. Through innovative programs, such as the new graduate RN transition programs, we believe we can keep these concerns from becoming a reality—and use this opportunity to build a bridge to more effectively transition nurses into the workplace.

For more information about new graduate RN transition programs, contact Nikki West at [nikki@cinhc.org](mailto:nikki@cinhc.org).

# BRN Revises Regulations Related to Nursing Education

Staff at the BRN has worked for the past four years on revisions to regulations impacting prelicensure nursing programs under Title 16, California Code of Regulations (CCR), Article 3, or otherwise known as the Nursing Practice Act (NPA). The revised regulations became effective October 21, 2010. The process involved reviewing all sections for clarity and consistency, receiving public comments, and incorporating current educational and professional practice standards that ensure preparation of competent nurses.

**Following is a brief summary of the changes. Web site links to each specific regulation are included:**

- » New program application and initial approval process for prelicensure registered nursing program was clarified (CCR 1421, 1422, and 1423). This facilitates preparation of required reports and provides for more consistency in the review process by BRN staff. The regulation incorporates, by reference, documents used for approval including "Instructions for Institutions Seeking Approval of New Pre-licensure Registered Nursing Program (EDP-P-I-01 3/10)": [www.rn.ca.gov/pdfs/regulations/edp-i-01.pdf](http://www.rn.ca.gov/pdfs/regulations/edp-i-01.pdf)
- » Some definitions were revised in section 1420(a) and new definitions were added for "Affiliated institutions"; "Assistant Director"; "Content Expert"; "Institution of higher education"; "Preceptor"; "Prelicensure registered nursing program"; and "Technology." [www.rn.ca.gov/regulations/title16.shtml#1420](http://www.rn.ca.gov/regulations/title16.shtml#1420)
- » A new section, 1426.1 Preceptorship, was added to provide specific course requirements when a program chooses to offer this course. [www.rn.ca.gov/regulations/title16.shtml#1426.1](http://www.rn.ca.gov/regulations/title16.shtml#1426.1)
- » A new section, 1431 Licensing Examination Pass Rate Standard, was added to establish and define a minimum acceptable first time pass rate of graduates at 75 percent for approved nursing programs. It also outlines the procedures to be followed in the event a program falls below 75 percent. [www.rn.ca.gov/regulations/title16.shtml#1431](http://www.rn.ca.gov/regulations/title16.shtml#1431)
- » New section 1432(2)(A) to (C), Changes to an Approved Program, requires schools to notify the Board within 10 days when there is substantive change in the organization and outlines changes that require prior Board authorization. [www.rn.ca.gov/regulations/title16.shtml#1432](http://www.rn.ca.gov/regulations/title16.shtml#1432)

# Purchasing the Text of the Nursing Practice Act

The Nursing Practice Act (NPA) is the body of California law that mandates the Board to set out the scope of practice and responsibilities for registered nurses. The Practice Act is located in the California Business and Professions Code starting with Section 2700. Regulations which specify the implementation of the law appear in the California Code of Regulations, Title 16, Division 14. Other related statutes are included in the Business and Professions Code, Civil Code, Corporations Code and other miscellaneous codes.

The Nursing Practice Act with regulations and related statutes from other Codes is updated annually and available for purchase. LexisNexis has published the NPA in conjunction with the Board. The cost to purchase a hard copy of the 2011 NPA, which includes a CD, is \$19.00. The 2012 NPA will be available in January 2012 at [bookstore.lexis.com](http://bookstore.lexis.com).

The Nursing Practice Act laws and regulations, which does not include the related statutes from other codes, are also available on the Board's Web site at [www.rn.ca.gov/regulations/npa](http://www.rn.ca.gov/regulations/npa).

## Explanation of Terms

**The following is an explanation of terms which may appear throughout the *BRN Report*:**

**“Board”** refers collectively to the nine appointed members. The “Board” is the Board of Registered Nursing’s policymaking body that has responsibility for interpretation and enforcement of the Nursing Practice Act.

**“BRN”** is the Board of Registered Nursing. This is the State agency within the Department of Consumer Affairs that has the responsibility for implementation of Board policies and programs.

**“NCSBN”** is the National Council of State Boards of Nursing.

**“NCLEX-RN®”** is the National Council Licensure Examination-Registered Nursing

**“NPA”** refers to the Nursing Practice Act with Rules and Regulations. The NPA contains laws and regulations that govern the practice of registered nurses in California. It consists of sections 2700–2838 of the Business and Professions Code and Title 16, Division 14, or the California Code of Regulations. Nurses are responsible for knowledge of subsequent changes in the law. Publication of the *BRN Report* is one mechanism for informing registered nurses of these changes.

**“RN(s)”** is the abbreviation for registered nurse(s).



## THE QUALITY OF NURSING EDUCATION

# An Update on the Proposal to Require Accreditation of Schools Offering RN Education Programs in California

Overseeing the quality of nursing education programs is one of the activities conducted by the BRN to fulfill its mission of public protection. Nurses must receive appropriate education from programs that meet or exceed minimum standards to ensure that the public receives safe and competent nursing care. The BRN approves nursing education programs in California after validating that the program is in compliance with established rules and regulations.

During the public comment period of the recent nursing education regulatory revisions, several respondents recommended that the Board require accreditation of the institutions of higher education that provide or affiliate with schools of nursing. Concerns expressed related to schools' lack of accreditation included the potentially impaired ability of students or graduates to transfer credit for completion or advancement of their education, ensuring that the total academic environment supports professional development, comparability with other professions' minimum standards, and ensuring that the school has recognized authority to confer a degree.

After hearing these comments, the Board determined that more information was needed. BRN staff gathered and presented additional information at the February 2011 Board meeting, where members of the public also presented input on the issue. Recognizing the variations of perspective and opinions presented at this meeting, the Board requested the BRN staff to provide the stakeholders with additional time and opportunity to submit their opinions prior to the Board proposing regulatory language.

Four public forums were conducted at locations in San Diego, Los Angeles, Fresno, and Sacramento during the period of April 26 through June 14, 2011. The forums were attended by a variety of representatives from private and public schools, national accrediting agencies and other stakeholders. Written input was also solicited and received by the BRN during this period and included submissions from practicing nurses as well as nursing students. Although there was a variety of opinions regarding the preferred type of accreditation, all public forum participants, as well as those who submitted their opinions in writing, agreed that accreditation should be required of schools offering or affiliating with registered nursing programs.

A summary of all input received at the forums and per written submission was presented at the June 2011 Board meeting. Additional input was presented by public participants in attendance at this meeting. The Board directed BRN staff to pursue establishing legislated language that will clarify BRN authority to require institutional accreditation of schools which provide or affiliate with programs of registered nursing education. Once this is accomplished, BRN staff will then begin the development of proposed regulatory language which will provide more specific parameters regarding the accreditation requirement. Public review and input will once again be requested when the regulatory proposal language is drafted.

Information regarding this can be found on the BRN Web site at [www.rn.ca.gov/about\\_us/meetings#special](http://www.rn.ca.gov/about_us/meetings#special) under "Special Meetings."

## BRN Provides Information on Financial Assistance for Nursing Students

The BRN has recently updated the financial assistance section on our Web site to include scholarship and loan information from various sources. There are many financial assistance opportunities for nursing students, both for pre-licensure and postlicensure education. Some require commitments from students to work in particular settings after licensure or completion of their education. If you are currently in school or are planning on returning, or know of others interested in nursing, check out this information on our Web site at [www.rn.ca.gov/careers/financial-aid.shtml](http://www.rn.ca.gov/careers/financial-aid.shtml).

## Check for BRN Approval when Considering a Nursing Program

When considering a nursing program in California, make sure to check out the BRN Web site at [www.rn.ca.gov/schools/programs.shtml](http://www.rn.ca.gov/schools/programs.shtml) to ensure the program is approved by the BRN. The BRN will not qualify an applicant to take the National Council Licensing Examination (NCLEX), or to be licensed, after completion of an unapproved nursing program located in California. If any portion of the instruction is completed at or through an unapproved nursing program, that portion will not be counted. See the BRN Web site [www.rn.ca.gov/pdfs/schools/unaccredited.pdf](http://www.rn.ca.gov/pdfs/schools/unaccredited.pdf) for additional information.

## Phony Registered Nursing Educational Programs

There has been a significant increase in inquiries and complaints involving unapproved distance learning programs and nursing programs where didactic education is received in California and clinical training is obtained in the Philippines or another foreign country. If you are aware of any nursing program operating in California which is not approved by the BRN and not listed on the BRN Web site please contact the Board's Enforcement Division at 916.557.1213. Any licensee found to be involved with or operating an unapproved registered nursing program may be investigated and referred to the Attorney General's Office for possible disciplinary action against your registered nursing license up to and including license revocation. Unlicensed individuals operating an unapproved registered nursing program will be investigated and could be referred to the local District Attorney and/or the Attorney General's Office for civil and/or criminal action.

## Update on BRN Investigations

In the past, whenever the BRN had a case that needed a formal investigation the only option was to send it to the Department of Consumer Affairs (DCA), Division of Investigation (DOI). The DOI investigates cases for many of the 39 boards and bureaus within the DCA with approximately 42 sworn investigators. The BRN has been criticized in the media for the length of time to complete the investigative and disciplinary portions of the enforcement process.

As a result of the media criticism, in July 2010, former Governor Arnold Schwarzenegger authorized the BRN to hire its own Special Investigators. However, the BRN was unable to receive immediate authorization to hire the Special Investigators which included the need for approval from the Department of Personnel Administration in the midst of a hiring freeze and the absence of a valid hiring list.

In July of 2011, the BRN was finally able to begin hiring for Northern California, while remaining within the confines of Governor Brown's hiring freeze. A Supervising Special Investigator and four Special Investigators have been hired for the Northern California area. They have undergone extensive training and have been paired up with a retired annuitant BRN Special Investigator to shadow. It is anticipated that it will take six to 12 months before they are able to fully function independently.

In Southern California, the BRN is in the process of recruiting and hiring additional Special Investigators and a Supervising Special Investigator. The BRN is currently authorized to hire a total of 14 Special Investigators and two Supervising Special Investigators statewide. The BRN anticipates that hiring investigators who are trained to focus on only registered nursing cases will improve the investigative process and create quicker case completions in order to meet the DCA's and BRN's goal of completing the disciplinary complaint process to an average of 12–18 months.

## When You Need Information...STAT! check our Web site at [www.rn.ca.gov](http://www.rn.ca.gov)

Our Web site, [www.rn.ca.gov](http://www.rn.ca.gov), provides the latest information about upcoming Board events, licensing and renewals, links to other healthcare-related sites, scope of practice, the Diversion Program, discipline, and much, much more.

**Do you want to renew your license?** Do it online!

**Do you want to get a licensure application form?** Get one online!

**Do you want to find out what colleges offer nursing programs?** Check online!

Check out the Web site and let the Webmaster know what you think by sending an e-mail to [webmasterbrn@dca.ca.gov](mailto:webmasterbrn@dca.ca.gov). The Board welcomes your comments and suggestions!





## The BRN Needs Nurses

Times are tough out there. Jobs are not as plentiful as they used to be. The BRN needs nurses to fill our Nursing Education Consultant (NEC) positions both in Education and Enforcement. If you have the following you qualify to compete in an open exam:

- » A valid California registered nurse license, **and**
- » Five years of active work experience in the field of nursing which must include at least three years as a member of the teaching faculty in a U.S. State-approved registered nurse, practical nurse, vocational nurse, or psychiatric technician program or in a regionally accredited postlicensure program, **or**
- » Five years of experience in the field of nursing which must include at least three years as a clinical specialist, nurse practitioner, or in-service educator in a hospital, clinic, or private practice setting, **and**
- » A master's degree in nursing or a related field from an accredited college or university.

NECs in the Education area will help to ensure new and existing nursing programs meet the laws, regulations and educational requirements. We won't always be in an economic recession and the baby boomers will eventually retire, opening the flood gates for new nurses to enter the healthcare field. California still needs nurses to care for the aging population and all consumers.

NECs who join the Enforcement team will be entering a new frontier as the BRN establishes new and exciting processes. The Enforcement NECs will triage incoming complaints to determine appropriate jurisdiction, will decide if formal investigation is warranted, will create investigation case plans, work closely with our new BRN investigators as well as the Division of Investigation, run our Expert Witness Program, and make recommendations for case closure or referral for possible citation and fine or disciplinary action.

Some additional perks: We've moved to a brand new green-certified office, we have free parking, we're close to shopping, and we offer flexible work schedules.

If you meet the qualifications listed above and are interested in a new opportunity, please visit [www.dca.ca.gov/about\\_dca/jobs/nursing\\_edu.pdf](http://www.dca.ca.gov/about_dca/jobs/nursing_edu.pdf) for more information. We look forward to working with you!

# Reminders from the Enforcement Division

## Employers: Remember to verify your current and prospective employees' RN licenses

Employers are required to verify all permanent and temporary RN licenses with the BRN pursuant to Business and Professions Code section 2732.05. Verification can be done by visiting the BRN Web site at [www.rn.ca.gov](http://www.rn.ca.gov) and clicking on "Permanent License Verification" and/or "Temporary License and Interim Permit Verification" on the left-hand side of the page. The BRN also has a 24-hour automated voice verification system at 800.838.6828. Callers can verify up to three licenses during BRN office hours and up to 10 after hours and on weekends.

The Enforcement Division has recently received a dramatic increase in the number of complaints involving individuals attempting to use a revoked or surrendered license to obtain employment. This includes complaints involving individuals committing identity theft by using another RN's active and valid license. RNs may not practice on an expired license and they should be immediately removed if this is discovered. Should you become aware of any of these situations, notify the BRN Enforcement Division and provide as much information as possible so the BRN can conduct an investigation if necessary.

## Licensees: Immediately Report Any Name or Address Change

Licensees are required by law (Business and Professions Code section 136 and CCR section 1409.1) to notify the Board of any name or address changes within 30 days of the change. **The Enforcement Division may issue citations and fines to nurses who fail to comply with this requirement.**

## Respond immediately if you receive a Continuing Education Audit

Please make sure that you respond to the BRN by the required date if you receive a letter that states you have randomly been selected for a Continuing Education (CE) Audit.

At the time of license renewal, you are allowed to self-certify that you have completed the required 30 hours of continuing education since your last license renewal. However, California Code of Regulations section 1451(d) states that "Licensees shall keep the certificates or grade slips from academic institutions pursuant to section 1458 (b)(7) for four years from the date they complete approved continuing education courses and must submit such certificates or grade slips to the Board when requested."

Anyone who does not comply with the CE audit or who has not completed the required hours in the last renewal cycle may be referred to the Enforcement Division for review and investigation to determine if disciplinary action is necessary.

## Recent Disciplinary Actions

Information regarding recent disciplinary actions can be viewed on the BRN Web site at [www.rn.ca.gov/enforcement/disfaction.shtml](http://www.rn.ca.gov/enforcement/disfaction.shtml).



## Discipline Record Retention on the Web

The BRN enforcement staff has received many inquiries from licensees and former licensees to have their disciplinary information removed from the BRN Web site. In response to these requests, BRN staff took information to the Board members for resolution. The Board's Diversion/Discipline Committee reviewed information provided by staff and heard public comments. After several meetings, the committee made final recommendations to the full Board and a formal Board web disclosure policy for enforcement actions was developed. The length of retention is based upon the type of disciplinary action that was taken against the licensee. The following chart summarizes the retention timeframes:

Action /Time Record Retained	3 years from date of resolution	3 years from date of completion	10 years from date of completion	Indefinitely
Final Decision Upholding Citation and/or Fine Administrative Hearing	X			
Final Decision Upholding Citation and Fine involving Unlicensed Individual				X
Final Decision Resulting in Public Reprimand		X		
Final Decision Resulting in Probation (with or without license suspension)			X	
Final Decision Resulting in Probation (Tolled)			X	
Final Decision Resulting in License Revocation or Surrender				X
Final Decision, Other			X	

You can find additional information and the complete policy on the BRN's Web site at [www.rn.ca.gov/enforcement/dispaaction.shtml](http://www.rn.ca.gov/enforcement/dispaaction.shtml). This policy is limited to web disclosures, enforcement action are still maintained in licensee files and can be obtained by making a specific request.

### Do you need to verify an RN's license?

If you need to verify a nurse's license, check discipline status, or see if a nurse is licensed in more than one state, then look no further than the National Council of State Boards of Nursing (NCSBN) Nursys® at [www.nursys.com](http://www.nursys.com). Nursys contains personal, licensure, education, verification and discipline information supplied as regular updates by boards of nursing in the United States and its territories. Employers and the public can look up a license and print or download multiple licenses from all participating boards of nursing. For a list of boards of nursing participating in the QuickConfirm license lookup system, visit [www.nursys.com/LQC/QuickConfirmJursisdications.aspx](http://www.nursys.com/LQC/QuickConfirmJursisdications.aspx). This system is helpful for information on nurses licensed in states other than California or in multiple states. Licensure information on California RNs can also be accessed at the BRN Web site [www.rn.ca.gov](http://www.rn.ca.gov) by selecting "Permanent or Temporary License Verification" under the "Quick Hits" list on the home page.



## BRN Diversion Program Protects the Public while Helping One RN at a Time

The BRN's Diversion Program is a voluntary and confidential alternative to the more lengthy and costly disciplinary process for registered nurses who may be suffering from substance use disorders, misuse, or mental illness. The program has been helping RNs licensed in California since 1985. Through June 30, 2011, there have been 1,567 participants who have successfully completed the program. The goal of the program is to protect the public by early identification of registered nurses who may be impaired due to substance abuse disorders, quickly removing them from practice and providing them access to appropriate intervention programs and treatment services. The program was added as another tool to assist the BRN in intervening into the practice of those RNs whose substance abuse or mental illness has not risen to the threshold of actual harm to the public. It is estimated that overall substance abuse of drugs and alcohol is 10 to 15 percent in the general population and that nurses generally misuse at the same rate.

Until the late 1970s, drug addiction in the healthcare industry was largely addressed punitively. Licenses were revoked, careers were crushed, and addicts jailed. That made doctors, nurses, dentists, and pharmacists reluctant to confess addiction or pursue help, further endangering patients. In the 1980s, alternative programs like the BRN Diversion Program began to flourish in several states. Perhaps the most important benefit to the nurse and to the public when the Program is used is that it enhances patient safety by early intervention and quick entry into monitoring. The basic requirements for participation of nurses in the Diversion Program is similar to those in discipline monitoring: Participants must sign a contract, are required to undergo drug testing, workplace monitoring (when returning to work), and take part in group and individual counseling. It is fundamental to the nurse's safe return to practice to provide patient care that has sufficient monitoring and oversight. The BRN is required to provide oversight and it demands both transparency and accountability.

The program's ability to quickly intervene and make treatment available is the premise that led to the establishment of alternative programs. Without these programs, licensing boards

are limited in what they can do to quickly remove a potentially unsafe healthcare professional from practice. There are considerable legal restraints that surround a board's ability to intervene in cases where substance abuse or substance use disorder has not risen to the threshold of actual harm to the public (CLEAR, 1993).

Participants join the Diversion Program either as a self- or Board-referral. Since 1985 there have been more than 4,000 nurses who have entered the program. BRN referrals include those who are offered the program as an alternative to the discipline process. More than half of the RNs offered this alternative accept it. Nurses who are accepted into the program are assigned to one of 14 Diversion Evaluation Committees (DECs) throughout the State. Each DEC consists of three nurses, one physician, and one public member, all with expertise in substance abuse disorders or mental illness. At each DEC, which meets four times a year, the treatment plan for each nurse is developed and the nurse's progress in the program is evaluated. Nurse support groups are also available through the program in various geographic areas around the State.

One measure of the program's success is the relapse or recidivism rate. Data is available based on "self-reporting" of prior participants who are generally very forthcoming with acknowledging past program participation as it is favorable to them to show they have taken steps for recovery when pleading current cases. Since the program began in 1985, there are 40 known instances of relapse or a 4.9 percent recidivism rate.

Results from one of the few recent studies regarding the long-term effectiveness of alternative programs among physicians indicated that alternative programs that provide an appropriate combination of treatment, support and sanctions could effectively help participants manage their addictions. The results of the study showed that approximately three-quarters of U.S. physicians treated for a substance use disorder in physician health programs had favorable outcomes for five years (McLellan, Thomas, Gregory, Campbell, & DuPont, 2008).

There appears to be more similarities than differences between physicians and nurses with substance abuse issues as indicated by results from the monitoring programs, therefore, the research conducted on either professional group generally applies equally to both (Shaw, McGovern, Angres, & Rawal, 2004).

Overall, 70 percent of nurses with a substance use disorder who seek treatment are estimated to successfully return to practice (Young 2008). This indicates that it is a treatable illness and creation of a supportive environment adds to the effectiveness of treatment. Recovering nurses cited support from their colleagues as the most important factor in easing their return to work (Smith & Hughes, 1996).

The National Council of State Boards of Nursing has recently published a manual titled, *Substance Use Disorder in Nursing: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs*. The purpose of the manual is to provide practical and evidenced-based guidelines for evaluating, treating, and managing nurses with a substance use disorder. It is a comprehensive resource of the most current research and knowledge synthesized from both the literature and the field. Excerpts from this manual and cited references are included in this article and the entire manual is available for download at [www.ncsbn.org/SUDN\\_10.pdf](http://www.ncsbn.org/SUDN_10.pdf). The BRN's Diversion Program follows the guidelines as outlined in this manual and the BRN Diversion Program Manager assisted with the compilation and writing of the manual.

RNs in California have found the BRN Diversion Program a lifeline. The program can and does save careers and lives while protecting the public, as stated very well in the following testimonials.



### **A current program participant:**

*"On September 12, 2007, I was accepted into the Diversion Program. I am a surgical nurse with 27 plus years experience in operating room nursing with three years of clean and sober living. With the support and safety net that the Board of Registered Nursing has provided, I am now able to lead a sober, fulfilling and more productive life."*

### **A recent graduate:**

*"I want to bring to the attention of the Department of Consumer Affairs and the California Board of Registered Nursing the incredible value that their nurses Diversion Program provides. In 2003 I had become an impaired nurse due to alcoholism, which began as I — a night shift nurse — tried to find a solution to help me sleep. I worked in a very busy, high risk, high volume labor and delivery unit at a for-profit hospital. I had genetic components for addiction in my family history, and when I began putting alcohol into my body regularly to help with sleep and stress, I soon crossed the line into full blown alcoholism. I needed EVERY BIT of the structure provided by the Diversion Program. At first I was angry and resentful, but I wanted my life and career back. Being a registered nurse was something I worked hard to attain and was proud of my career. It helped that my professional identity was on the line, it helped me realize I needed to take sobriety seriously.*

*Throughout the recovery process, I had the continued monitoring and support of my clinical case manager as well as the Diversion Program. Expert psychologists, doctors and nurses met with me as needed to evaluate me in person, along with my written assignments and monthly reports. I most definitely needed the structure and support of this team. The recovery process has been the hardest road I've ever walked. I listened to the suggestions of the case manager and Diversion Committee. I began to change my thinking and found that I was happier, and best of all, I was getting my life and career back. Today I have a job I love and a stable career. I am able to carry the message of recovery to others I encounter, including my patients that have substance abuse issues. I worked at a treatment center during my recovery process as a case manager and I have been able to carry that knowledge and my own personal experience as I work part time with a team of interventionists as their transport nurse. I am happier than I've ever been in my entire life, and I credit this to my God and the BRN's Diversion Program that provided the structure and support I NEEDED to become a sober, better, more compassionate nurse that understands her patients from all walks of life."*

The BRN Diversion Program provides immediate intervention, help, and hope to RNs who may be suffering from the disease of addiction or mental illness. If you would like to obtain more information regarding this intervention program, please visit our Web site at [www.rn.ca.gov/diversion/index.shtml](http://www.rn.ca.gov/diversion/index.shtml) or call the BRN's Diversion Program at 916.574.7692. To reach the program 24 hours a day via the BRN's contractor, call 800.522.9198.

## References

- Council on Licensure, Enforcement and Regulation (CLEAR), (1993). *The regulatory management of the impaired practitioner*. Resource Briefs, (93-4).
- McLellan, A.; Thomas, S.; Gregory, S.; Campbell, M. & Dupont, R. L. (2008). *Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States*. *British Medical Journal*, 337, a2038. Retrieved from [www.ncbi.nlm.nih.gov/pmc/articles/PMC2590904/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2590904/)
- Shaw, M. F., McGovern, M. P., Angres, & Rawal, P. (2004). *Physicians and nurses with substance use disorders*. *Nursing and Health Care Management and Policy*, 47(5), 561-571.
- Smith, L., & Hughes, P. (1996). *When a chemically dependent colleague returns to work*. *American Journal of Nursing*, 96(2), 32-27.
- Young, L. (2008). *Education for Worksite Monitors of Impaired Nurses*. *Nursing Administration Quarterly*, 32(4), 331-337.

## BreEZe—Coming Soon!

The Department of Consumer Affairs (DCA) has procured a contract vendor to develop an updated computer system to replace the existing licensing and enforcement legacy systems, which are more than 20 years old. The Board of Registered Nursing is scheduled to be in the first phase of implementation which is scheduled to begin sometime in 2012. As more information becomes available we will share the highly anticipated new and improved functionalities!



# RNs needed to assist in the NCLEX® item development process

The National Council of State Boards of Nursing (NCSBN) is currently seeking interested RNs from California who may qualify to serve as item writers, item reviewers, or members of the Standard Setting Panel of Judges for the NCLEX® item and examination development process.

## Item Writing Panel

Item writers create the items (questions) that are administered in the NCLEX® examinations. You must have a master's or higher degree (for the NCLEX®-RN exam only), and you must be responsible for teaching basic/undergraduate students in the clinical area OR currently employed in clinical nursing practice and working directly with nurses who have entered practice within the last 12 months. Additionally, you must be currently licensed and practice in California and employed in the United States or its member board jurisdictions. You must be a registered nurse (RN) for the NCLEX®-RN exam or a licensed practical/vocational nurse (LPN/VN) OR RN for the NCLEX®-PN exam.

## Item Review Panel

Item Reviewers examine the items that are created by item writers. You must be currently employed in clinical nursing practice **and** directly working with nurses who have entered nursing practice during the past 12 months, specifically in a precepting or supervising capacity. You must be currently licensed and practice in California and employed in the United States or its member board jurisdictions. You must be a registered nurse (RN) for the NCLEX®-RN exam or a licensed practical/vocational nurse (LPN/VN) OR RN for the NCLEX®-PN exam.

To apply for the Item Writing or Item Review Panel, you can complete an online application at the NCSBN Web site [www.ncsbn.org/1227.htm](http://www.ncsbn.org/1227.htm).

## Mission statement

The Board of Registered Nursing protects the health and safety of consumers by promoting quality registered nursing care in the State of California. We accomplish this through:

- » Licensing registered nurses.
- » Approving nursing education programs.
- » Establishing and upholding competency standards.
- » Intervening with discipline and rehabilitation.
- » Serving as the final authority in the interpretation and enforcement of the Nursing Practice Act.

# NCLEX®-RN exam pass rates

## First-Time U.S. Educated Candidates Seeking Licensure in California

	2009	2010
Total Number Tested	11,524	12,141
Total Number Passed	10,159	10,572
Percent Passed (%)	88.10	87.00

\*Includes California and out-of-state U.S. educated candidates

## Repeat U.S. Educated Candidates Seeking Licensure in California

Total Number Tested	2,371	2,466
Total Number Passed	1,284	1,269
Percent Passed (%)	54.10	51.40

\*Includes California and out-of-state U.S. educated candidates

## First-Time Internationally Educated Candidates Seeking Licensure in California

Total Number Tested	12,288	8,087
Total Number Passed	4,632	2,748
Percent Passed (%)	37.70	34.00

## Repeat Internationally Educated Candidates Seeking Licensure in California

Total Number Tested	11,057	9,463
Total Number Passed	2,354	1,686
Percent Passed (%)	21.30	17.80

Data Source: BRN ATS NCLEX® Reports

# Publications Available from the BRN

The BRN commissions surveys and research to be completed in order to assess the current nursing workforce and review trends in California. Some studies and reports are completed on an as needed basis, according to current issues, and some are completed on a regular basis. The following reports and all of the BRN publications can be found on the BRN Website at [www.rn.ca.gov/forms/pubs.shtml](http://www.rn.ca.gov/forms/pubs.shtml). Authorization is granted by the BRN to reproduce reports.

## Survey of Registered Nurses in California 2010

This report is the seventh in a series of biennial surveys designed to describe licensed nurses in California and to examine changes over time. Previous studies were completed in 1990, 1993, 1997, 2004, 2006, and 2008. The report includes information such as demographics, education, employment, earnings, future plans, and job satisfaction.

Since 1990 the workforce is older, more highly educated, and more ethnically diverse. Approximately 87 percent of actively licensed nurses living in California work in nursing, the majority working as a staff nurse or direct patient care provider in an acute hospital setting. Average earnings of nurses have almost tripled since 1990 and nurse's report higher levels of job satisfaction. In 2010, unlike previous surveys, RNs indicated that finding nursing work was a growing concern.

## 2009–2010 Annual School Survey

This report is based on the Annual School Survey and includes data from nursing programs from August 1, 2009 through July 31, 2010. Historical data

for every year of the past decade is also included and data on enrollments, graduations, faculty, current nursing education issues, etc. is also included. Statewide and regional reports are available for pre-licensure nursing programs, an interactive database, and a report of postlicensure nursing programs.

Overall, the number of student admissions, enrollments, and graduations has increased significantly over the past decade. However, this increase appears to be stabilizing and even declining in some areas. The past decade has also seen a significant increase in the number of programs using clinical simulation, currently 94 percent. The retention rate of students has also significantly increased, from a low of 66.2 percent in 2000–2001 to a current high of 77.1 percent.

## 2010 Sunset Review Report

As legislatively mandated, the Board of Registered Nursing, is required to periodically report to the legislature on the Board's activities and provide information so the legislature may determine the need for the Board to continue regulating the practice of registered nursing. This is called the "Sunset Review" process and also includes recommendations from the legislature to the Board on ways to improve its programs, policies, and procedures. The BRN went through this Sunset Review process in 2010, prepared two reports and responded to 25 issues and recommendations identified by the Senate Committee on Business, Professions and Economic Development and their staff. The reports outline work completed by the BRN since the last Sunset Review in 2002 and an addendum report focuses on the increasing BRN workload and the need for additional staffing.



## **A Study of California Nurses Placed on Probation**

The BRN is responsible for protecting the health and safety of the public by regulating RNs in California. Nurses put on probation by the BRN have been disciplined for behavior that could jeopardize patient health and safety. This study was completed to analyze characteristics of these RNs and their likelihood of recidivism. This study completed in 2009-2010 includes aggregate data that describes 282 RNs who were on probation in 2004 and 2005. Data from a control group of 298 RNs is also presented.

According to this report, nurses on probation most often had the following characteristics: younger and less experienced in nursing; male; earned an ADN as their prelicensure nursing education; had been licensed as an LVN; and worked for a nursing registry. The recidivism rate for nurses on probation was 38 percent, compared to 0 percent for the control group. Nurses were more likely to recidivate if they were on probation for a drug or criminal misconduct offense, had a prior criminal history, changed employers while on probation, or worked at a hospital when the probationary incident occurred.

## **Survey of Nurse Practitioners and Nurse-Midwives in California 2010**

This is the first significant study of Advanced Practice Registered Nursing (APRN) practice conducted by the BRN and includes information such as demographics, education, employment, earnings, future plans, job satisfaction, and issues specific to Nurse Practitioner (NP) and Certified Nurse Midwife (CNM) practice. The survey provides a look at the current California workforce of NPs, CNMs, and those with both NP and CNM certificates (dual certified).

The study found that more than 73 percent of these APRNs are working as NPs or CNMs and the average age is slightly older and not as diverse as that of the general RN population. Whether working as an APRN or not, many are employed, or

also employed as an RN. NPs and CNMs work in a wide range of work settings and most report that they always or almost always practice to the fullest extent of their legal scope and report fairly high levels of satisfaction.

## **Survey of Clinical Nurse Specialists in California 2010**

This study provides a look at the current California workforce for Clinical Nurse Specialists (CNSs) and information similar to that collected for NPs and CNMs. Results from the study show that this population is older, less diverse and more educated than the general RN population. While 89 percent are employed in nursing, only 45 percent reported using their CNS certification. CNSs work in a variety of settings and the majority are involved in direct patient care. Nearly 18 percent of currently working CNSs report they will not be working in nursing after 2015, with most of them planning to retire.

## **Forecasts of the RN Workforce in California 2011**

This report provides the most current RN supply and demand projections in California. The forecasts are based on a variety of data sources and indicate that the shortage of RNs identified in 2005 has narrowed and, in fact, there may be a small surplus of nurses at the current time. However, policy makers are cautioned that the forecasts do not account for rapidly changing economic and labor conditions. Possible changes include the number of new RN graduates, interstate migration, and employment rate of older RNs. These factors and any other potential influences on California's nursing shortage such as the limited pool of faculty and noncompetitive salaries, and limited availability of clinical education placements should be continuously monitored. The report indicates that California will likely need to maintain the present number of nursing graduates in order to meet long term healthcare needs of California consumers.

# BRN Activities

The following summarizes the BRN activities for the 2009-2010 and 2010-2011 fiscal years. A fiscal year runs from July 1 through June 30.

## FISCAL YEAR 2009–2010

### Licensing

Applications Received	44,516
Licenses Issued	23,357
Total Licenses	377,177
Active	357,822
Inactive	19,355
Approved RN Prelicensure Programs	148
Continuing Education Providers	3,357

### Enforcement Program

Complaints Received	7,483
Cases Referred to Attorney General	766
Formal Charges Filed	835

### Disciplinary Actions

Revocation	243
Surrender of License	92
Probation	183
Probation with Suspension	1

### Diversion Program

Self-referrals	66
Board Referrals	123
Number of Participants	493
Successful Completions	90

## FISCAL YEAR 2010–2011

### Licensing

Applications Received	36,723
Licenses Issued	22,948
Total Licenses	386,545
Active	366,815
Inactive	19,730
Approved RN Prelicensure Programs	148
Continuing Education Providers	3,437

### Enforcement Program

Complaints Received	7,984
Cases Referred to Attorney General	1,192
Formal Charges Filed	1,050

### Disciplinary Actions

Revocation	272
Surrender of License	155
Probation	281
Probation with Suspension	6

### Diversion Program

Self-referrals	66
Board Referrals	102
Number of Participants	485
Successful Completions	83

# Announcements

## Licensees, have you moved or changed your name?

### Immediately report any name or address change to the BRN

Licensees are required by law to notify the Board if they move or change their name. Title 16, California Code of Regulations section 1409.1, mandates that all licensees notify the Board of any change in name or address within 30 days of the change. The Enforcement Division will soon be issuing citations and fines to nurses who fail to comply with this requirement. You must provide the Board with both the former and new name and your current address as appropriate. It is very important that the Board have current and complete records so licensees receive timely renewal and other important information.

### Address changes may be submitted to the Board by one of the following methods:

1. Download and complete the Change of Address and/or Name for Licensees from the Board's Web site and print and mail to the Board via regular mail or save and e-mail the completed form to [renewals\\_brn@dca.ca.gov](mailto:renewals_brn@dca.ca.gov).
2. Call 916.322.3350 and speak directly with a Board representative.

### Name changes must be submitted to the Board in writing and include:

- » The completed Change of Address and/or Name for Licensees.
- » A copy of the legal documentation certifying the name change.

Name change forms must be printed, completed, signed, and mailed to the BRN's Renewals Unit. More information on name and address changes can be found on the BRN Web site at [www.rn.ca.gov/licensees/ren-address.shtml](http://www.rn.ca.gov/licensees/ren-address.shtml)



# Navigating the Phone System

## Call 916.322.3350 to reach the BRN

When you hear the greeting, you can direct your call by pressing one of the following numbers. You do not need to wait for the greeting or menu to finish before pressing a number.

### **Press “1” to reach the Automated License Verification System.**

Use this option if you know the permanent RN license number and wish to know the status, expiration date, issuance date, advanced practice certification, or other key data. In California, you can also reach this verification service by calling 1.800.838.6828.

### **Press “2” to reach the Examination and Licensing Program.**

This option is for applicants for initial licensure, certification, or examination, and for verification of interim permits and temporary licenses.

### **Press “3” to reach the Renewals Program.**

Use this option to ask a renewal question, file an address change, or to reach other RN licensee services.

### **Press “4” to reach the Diversion Program.**

Use this option to inquire about the rehabilitation program for RNs who may be impaired by chemical dependency or mental illness.

### **Press “5” to file a complaint about a registered nurse.**

This option transfers the caller to the Enforcement Program.

### **Press “6” to obtain recorded information on a variety of topics.**

For example, BRN address; how to endorse from California to another state; application process for continuing education providers; referrals regarding vocational nurses, psychiatric technicians, certified nursing assistants or home health aides.

### **Press “0” for all other inquiries.**

The BRN also has an automated 24-hour, toll-free, license verification number: 1.800.838.6828.

**Also, the BRN Web site, [www.rn.ca.gov](http://www.rn.ca.gov), is available seven days a week, 24 hours a day!**

BOARD OF REGISTERED NURSING  
**BRN Report**  
*winter 2011*

**Board of Registered Nursing**

**Mailing Address**

P. O. Box 944210  
Sacramento, CA 94244-2100

**Street Address**

1747 North Market Boulevard, Suite 150  
Sacramento, CA 95834

**Main Phone**

916.322.3350

**TDD**

916.322.1700

**Verification**

800.838.6828  
[www.rn.ca.gov](http://www.rn.ca.gov)

Fax and e-mail information for each BRN unit is available on the Web site at  
[www.rn.ca.gov/contact\\_us/contact.shtml](http://www.rn.ca.gov/contact_us/contact.shtml).

