Oklahoma Board of Nursing

Fiscal Year 2021 Annual Report

Including Nursing Education Program
and Nurse Population Data
July 1, 2020 to June 30, 2021

Oklahoma Board of Nursing

FY 2021

Annual Report and Statistical Data for the Fiscal Year Ended June 30, 2021

J. Kevin Stitt, Governor

Kim Glazier, M.Ed., RN, Executive Director

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Board Members

Name	Term Expires	Geographic District
Carmen Nickel, MS, RN Nursing Education	*5/31/2020	2
Patricia 'Liz' Massey, DNP, RN, NEA-BC, NE-BC Nursing Service Acute Care	5/31/2021	5
Mandy Nelson, DNP, APRN-CNS Advanced Practice Nursing	5/31/2021	1
Janice 'Jan' Palovik, MSA, RN	5/31/2022	3
Shelly Swalley, MS, RN Nursing Education	5/31/2023	8
Kathy O'Dell, DNP, RN, CEN, NEA-BC Nursing Service Acute Care	5/31/2024	6
Kyle Leemaster, MBA, RN Nursing Service	5/31/2025	4
Marilyn Turvey, BS, LPN	5/31/2021	8
Cathy Abram, M.Ed., LPN Long Term Care	5/31/2022	7
Lindsay Potts, LPN	5/31/2023	2
Georgina 'Gina' Calhoun Public Member	co-term w/ Governor	3
Kathryn N. Taylor Public Member	co-term w/ Governor	2

The Board is composed of eleven members appointed by the Governor: six Registered Nurses, three Licensed Practical Nurses, and two public members. Members serve for a period of five years, except for public members, who serve coterminously with the Governor.

*Board Member serves until replacement appointment is made.

Mission~Vision~Values

Mission

Public Protection Through Nursing Regulation.

Vision

Top Ten Nursing Board.

Values

Collaborative

Integrity

Accountable

Growth Mindset

General Functions

1.   Prescribe standards for educational programs preparing persons for licensure or certification as Advanced Practice Registered Nurses, Registered Nurses, Licensed Practical Nurses, or Advanced Unlicensed Assistants.
    A. Provide for surveys of nursing education programs according to the *Rules.*
    B. Approve nursing education programs and advanced unlicensed assistant training programs that meet the prescribed standards.
    C. Deny or withdraw approval of educational programs for failure to meet or maintain prescribed standards.

2.   Administer the National Council Licensure Examination (NCLEX) for Registered and Practical Nurses in accordance with the National Council of State Boards of Nursing, Inc., contract.

3.   Administer the advanced unlicensed assistant certification examination in accordance with the contractual agreement with the test service.

4.   Provide initial licensure and renewal of licensure of duly qualified applicants, including:
    A. Licensure by examination for new graduates.
    B. Licensure by endorsement for nurses licensed in other states or educated in foreign countries.
    C. Reinstatement of lapsed license and return to active status applications.

5.   Issue/renew license to Advanced Practice Registered Nurses meeting established requirements.

6.   Issue/renew prescriptive authority recognition to Advanced Practice Registered Nurses meeting established requirements.

7.   Maintain a Peer Assistance Program for nurses whose competencies may be compromised by drug abuse or dependency.

8.   Investigate complaints of alleged violations of the *Oklahoma Nursing Practice Act* and *Rules* of the Board.

9.   Conduct hearings upon charges calling for disciplinary action.

10. Promulgate rules to implement the *Oklahoma Nursing Practice Act.*

11. Maintain records of all licensed nurses and advanced unlicensed assistants. Provide the records for public inspection under the provisions of the *Open Records Act.*

Organization

(as of June 30, 2021)

Executive

Kim Glazier, RN, M.Ed.
Executive Director

Brad Moore, BS, CPO
Business Manager

Sandra Ellis, CPM
Executive Assistant

Regulatory Services Division

Jackye Ward, RN, MS
Deputy Director for Regulatory Services

Gina Stafford, RN, BSN
Associate Director, Nursing Practice

Terri Walker, RN, MS
Nursing Education Consultant

Darcy Hammond, RN, MS
Licensing Manager

Melanie Russell, BA
Licensing Specialist

Jeannia Jackson, RN, BSN
Licensing Analyst

Janet Campbell
Legal Secretary

Romelda Daniels, BA
Administrative Technician/Receptionist

Dana Hall, AA
Administrative Technician

Darma Miner
Administrative Technician

Karen Murdock
Administrative Technician

Keziah Price
Administrative Technician

Peer Assistance Program

Jenny Barnhouse, DNP, RN
Program Coordinator

Marcia Cordry, RN, BSN
Case Manager

Erica McArthur, RN, BSN
Case Manager

Amy Tomlinson, BA
Legal Secretary

Investigative Division

Lisa Griffitts, RN, MS
Director

Sara Chambers, RN, MS
Nurse Investigator

Terrie Kiker, APRN-CNS, MS
Nurse Investigator

David Nessel, RN, BSN
Nurse Investigator

Mark Stroud, RN, BSN, MBA
Nurse Investigator

April Short, RN, BSN
Nurse Investigator

Vacant
Nurse Investigator

Robin Bryant, BA
Legal Secretary

Andrea Denman, AA
Legal Secretary

Teena Jackson
Legal Secretary

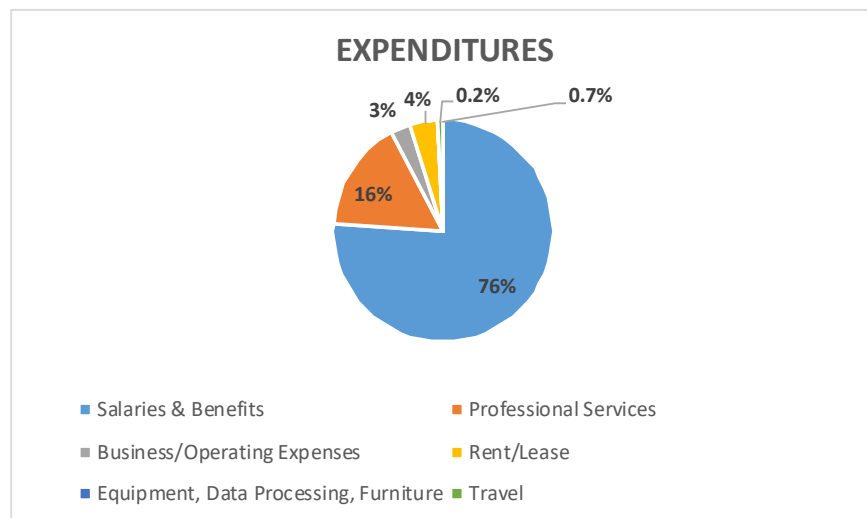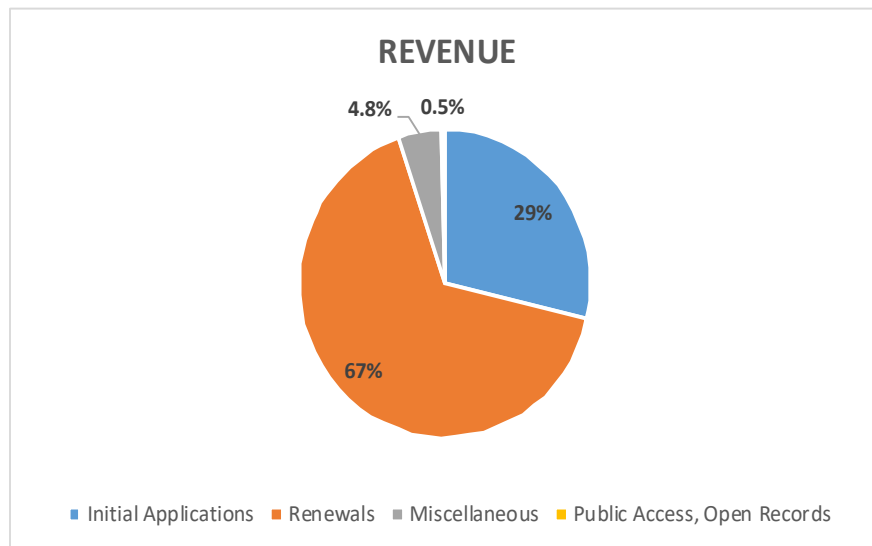# Executive

Executive Division Information

The Executive Division of the agency consists of the Executive Director, Kim Glazier, and supporting staff, Brad Moore, Business Manager, and Sandra Ellis, Executive Assistant. Ms. Glazier provides executive oversight to the agency as a whole, and serves as principal operations officer, managing the Board's resources and staff. Ms. Glazier ensures standards are enforced, as defined in the *Oklahoma Nursing Practice Act* and its *Rules*, in accordance with the *Administrative Procedures Act*, the *Open Records Act,* and the *Open Meetings Act*, as the agency carries out the Board's mission. The Executive Director functions as the administrative agent for the Board, interpreting and executing the intent of the Board's policies and guidelines to the public, nursing profession and other agencies, and acts as the Board's liaison to the public, executive and legislative branches of state government, nurses, organizations, and the media. Under the Executive Director's direction, many centralized functions of the agency essential to all other divisions are carried out, including rulemaking, business operations such as purchasing and procurement, budgeting, accounting, and human resources-related activities.

FY 2021 Budget

The Board does not receive any appropriations of tax money. The licensure fees paid constitute the agency's main financial support. The fiscal year 2021 gross revenue was $3,997,894.70 and expenses totaled $3,644,580.75. The graphs below depict the breakdown of revenue and expenses.

The Board is required to pay 10% of all fees collected to the Treasury of the State of Oklahoma and these funds are credited to the General Revenue Fund for appropriation by the legislature to various other agencies and services of state government. The Board paid $386,609.98 out of the gross revenue above to the General Revenue Fund in Fiscal Year 2021.

REVENUE

4.8%   0.5%

29%

67%

■ Initial Applications ■ Renewals ■ Miscellaneous ■ Public Access, Open Records

EXPENDITURES

3%   4%   0.2%   0.7%

16%

76%

■ Salaries & Benefits   ■ Professional Services

■ Business/Operating Expenses   ■ Rent/Lease

■ Equipment, Data Processing, Furniture ■ Travel

FY 2021 Strategic Plan Accomplishments

Strategic Plan Goal #1: Operate efficiently and effectively in compliance with all applicable laws, regulations and policies governing operations.

1. Of the 46,479 licensure applications submitted during FY 2021, ninety-nine percent were submitted online with an average processing time for all applications of 2.0 calendar days.
2. In alignment with the agency strategic plan, the conversion from the current licensing database to a turnkey license management system, Optimal Regulatory Board System (ORBS), was completed in October 2020. 191,967 licensee records were mapped and migrated to ORBS, while 43 applications with default and conventional checklists were configured in the new system. ORBS efficiencies include digitizing paper processes, allow for electronic upload of third-party documents required for application completion, decreased manual input of data and comprehensive disaster recovery implementation. The ORBS Message Center has decreased the number of telephone calls received from applicants/licensees and allows for tracking communication through the communication log versus searching through callback books to track correspondence.
3. Related to removal of regulatory barriers, effective September 11, 2020, submission of Faculty Qualification Records for nursing education and/or Advanced Unlicensed Assistants programs are required only for Nurse Administrators. Faculty Qualification Records for all other faculty of nursing education programs will be maintained by the program.
4. On February 3, 2020, Executive Order 2020-03 was filed with the Oklahoma Secretary of State. The Executive Order charged all state agencies to undertake a critical and comprehensive review of agency administrative Rules to identify costly, ineffective, duplicative, and outdated regulations and to issue a report thereon. The report, with proposed Rules changes, was presented to the Board on July 22, 2020, for discussion and input and was filed according to Executive Order 2020-03 on July 23, 2020, prior to the due date of August 1, 2020. The proposed Rules changes included in the report were presented to the Board for discussion during the September Board meeting and were approved by the Board during the January 2021, Board meeting. The proposed Rules were published in the Register on August 16, 2021, and were effective on August 26, 2021.
5. On October 13, 2020 with the Board's implementation of ORBS, disciplinary action is available immediately at the time of entry by Regulatory staff the discipline, as provided by Investigative Division staff, into the ORBS database, to include the disciplinary Order. This action mirrors and coincides with the disciplinary action entered in Nursys and the NPDB.
6. In August, 2020, the Peer Assistance Program implemented FSSolution's CaseFLO, a body fluid testing and case management software. This software affords program participants access to a confidential web-based monitoring system 24 hours per day, 7 days per week. Implementation of this software supports the shift of the program in moving to a telework model due to the integration of paperless document management and e-communication features.

Strategic Plan Goal #2: Ensure accountability to the *Oklahoma Nursing Practice Act*.

1. In evaluating regulatory Rules restrictions pursuant to Phase I of Executive Order 2020-03, alignment with statutory requirements was maintained.

Strategic Plan Goal #3: Predict and respond to upcoming challenges and opportunities.

1. In FY 2021, the Board Education Informal Disposition Panel (IDP) evaluated national study data provided to nursing regulatory boards by the National Council of State Boards of Nursing (NCSBN). The data resulted from three national studies including Delphi study, a com-

prehensive literature review, five-year annual report study from Boards of Nursing around the nation and five years' worth of nursing education program survey visit documents from various Boards of Nursing. Analysis of the study findings resulted the identification of 18 quality indicators for successful nursing education programs, 11 warning signs for high-risk programs, and eight outcome measurements. The NCSBN also provided to nursing regulatory boards, an annual report format for consideration in replacing the current data collection efforts at the state level. Participation in the NCSBN Annual Report process yields a link to the report to provide to Board-approved nursing education programs for completion of the report, an aggregate report that has been statistically- analyzed for comparison of state nursing education programs at the national level, and a Performance Indicator for each nursing education program approved by the Board of Nursing. In addition to reviewing the NCSBN Annual Report, the Education IDP, in October 2020, conducted a comparison of Board's Rule language to the NCSBN Quality Indicators recommending no changes to current Rules and participation in the NCSBN Annual Report process. The Education IDP recommendations for no Rules changes, as well as participation in the NCSBN Annual Report process at the end of each fiscal year, were presented and approved by the Board during the November 2020 Board meeting.

2. On March 15, 2020, Governor Stitt issued Executive Order 2020-07 (which was last amended by Executive Order 2020-13 dated April 8, 2020) declaring an emergency caused by the impending threat of COVID-19 to the health and safety of Oklahomans. Further on April 2, 2020, the Governor declared a health emergency in the State of Oklahoma as defined in 63 O.S. § 6104. Pursuant to the Third Amended Executive Order 2020-20, filed July 30, 2020, and for as long as the Executive Order remained in effect, the following actions continued through the work of the Board of Nursing: Nurses holding a license issued by any state that is party to the Emergency Management Compact were allowed to apply for a temporary, single state nursing license to practice in OK at no cost to the applicant; license expiration dates occurring during the emergency were extended during the Order, and expiration dates were set to expire 14 days following withdrawal or termination of the Order; OK licensed RNs and LPNs with nursing licenses which had not been in an active status for less than five years were allowed to reinstate to a single state temporary licensure, at no cost, waiving continuing qualifications, and AUAs whose certificates had not been in an active status for less than two years were allowed to recertify to a temporary license, at no cost, waiving continuing qualification requirements; and, the requirements for OK Tax Commission compliance for nursing licensure was waived for renewal or reinstatement of a lapsed or inactive license or certificate. Through pandemic emergency rules, authorized by Executive Order, the Board of Nursing continued to allow the following: out-of-state APRNs to become licensed in OK in the same role and with the same certification currently held in another state; non-licensed graduates of Board-approved nursing education programs were allowed to practice with a Temporary Permit and under conditions listed in the emergency rules; and, nursing students in RN and LPN nursing education programs were allowed to participate in patient care consistent with the Board's Employment of Nursing Students or Non-Licensed Graduates Guidelines. From the first Executive Order issued through the Third Amended Executive Order 2020-20 issued on July 30, 2020, all occupational licenses that were to expire during the health emergency were to be extended 14 days beyond the withdrawal or termination of the Executive Order. Effective with the Sixth Amended Executive Order, filed on October 23, 2020, language extending expiration dates of occupational licensees was modified to read that the occupational licenses "will expire sixty (60) days following the issuance of this order." The Board responded timely by moving out expiration dates of licensees with expiration dates falling within the term of the order to 60 days beyond the issuance of the order. Effective with the Ninth Amended Executive Order, all occupational

licenses extended during any previous order were set to expire on January 30, 2021. Through January 30, 2021, a total of 5,397 nursing licenses had expiration dates extended. Pursuant to Executive Order 2021-07, nurses holding a license issued by any state that is party to the Emergency Management Compact were allowed to practice in Oklahoma until May 11, 2021. On May 3, 2021 Executive Order 2021-11 was filed, withdrawing and rescinding the Second Amended Executive Order 2021-07. The Board again responded timely in noticing individuals granted temporary licensure through Executive Order and pursuant to the Pandemic Emergency Rules of license expiration dates. In addition, all licensees and nursing education programs were provided notice of the termination of pandemic emergency rules. From March 15, 2020 to May 4, 2021, 953 individuals obtained Oklahoma temporary out-of-state licensure through the Emergency Management Compact; and, for the same period of time 72 individuals obtained temporary reinstatement pursuant to the Pandemic Emergency Rules.

3. During COVID-19 declared emergency, 46% (6/13) of Regulatory Services staff teleworked. With the implementation of Optimal Regulatory Board System (ORBS) on October 13, 2020, application review, approval and issuance was provided online. Once paper applications migrated to ORBS as "Pre-ORBS in Progress" were complete or expired (approximately October 2021), the need to pull hard copy applications from office files was eliminated. All job duties were evaluated to identify those that are independent and can be performed asynchronous. Related ongoing projects include identification of job responsibilities that can be restructured and agency office space needs, software and equipment to support a telework environment.

4. An assessment of the Investigative Division staff was conducted to determine job duties that can be completely performed via telework. Assessment findings provided that 66% of the Investigative Division staff can effectively telework. Teleworking staff work independently while maintaining communication with the in-office staff (legal secretaries) via telephone, email and secure messaging using the ORBS identification number, unique to each individual, in the ORBS database; however, not available to the public. The telework is sustainable with the nurse investigators able to be 100% telework, allowing ID to decrease space requirements in the OBN physical office.

5. An assessment of the Peer Assistance Program staff was conducted to determine job duties that can be completely performed via telework and of the associated resources needed to support the telework model. Assessment findings indicated that currently, 75% of Program staff (Program Coordinator and Case Managers) were effectively teleworking. Teleworking staff work independently while maintaining communication with in-office staff (Legal Secretary) via telephone, email, and secure messaging via the case management software. This model supports the agency's 5 years strategic goal of agency telework participation by 50%.

Strategic Plan Goal #4: Champion A Positive, Values Based Workplace Culture

1. Revisions to the investigative process were assessed by the nurse investigators as a result of the Pandemic and their 100% telework. Revisions include 100% telephonic investigative conferences; 100% telephonic administrative reviews with Board legal counsel; use of electronic communication with other nurse investigators, legal secretaries and Regulatory staff using the unique, confidential ORBS identification number; and 100% electronic 1st, 2nd and 3rd reviews of legal documents prior to dissemination. As 100% telework continues, the investigative process will be frequently assessed to identify additional revisions.

2. The Oklahoma State Employee Engagement Survey (EES) is an annual survey distributed to all state government employees to assess employee perceptions in the workplace. The

survey measures employees' perception toward the agency's work culture, satisfaction, and engagement in their work. Two measures of focus in this year's state report included employee satisfaction and employee engagement, both measures associated with higher productivity and retention. The agency's employee engagement score was 92% compared to the overall state score of 77%, and the employee satisfaction score was 92% compared to the overall state score of 75%. Meetings were held with all agency staff to review the outcomes of the EES and to solicit input for improvement related to survey questions that scored below the benchmark. Through this process, themes emerged and Communication was selected as the top area for improvement for FY 2022.

Savings, Efficiencies and Shared Services:

1. In alignment with the agency strategic plan, conversion from the current licensing database to a turnkey license management system, Optimal Regulatory Board Service (ORBS), was completed in October 2020. 191,967 licensee records were mapped and migrated to ORBS, while 43 applications with default and conventional checklists were configured in the new system. ORBS efficiencies include digitizing paper processes, allow for electronic upload of third-party documents required for application completion, and decreased manual input of data and comprehensive disaster recovery implementation. ORBS is offered at no cost to nursing regulatory boards. Converting to this licensure database system from an end- of- life customized licensing system on an AS400 system has cost savings of $159,391.34 during FY 2021 and a cost avoidance of $195,690.81 during FY 2022.
2. Efficiencies resulting from the implementation of the ORBS system for the Investigative Division has allowed for the reporting of nursing practice complaints to come to the Board through the ORBS Complaint Portal. The use of the Complaint Portal allows the reporting party to provide a variety of essential information to Investigative Division staff elicited through the questions in the Complaint Portal.
3. Revisions in the Oklahoma Nursing Practice Act in 2015 granted authority to the Executive Director to accept identified agreed Orders on behalf of the Board. The continued use of Corrective Action Orders and Executive Director Orders decreases the resources for compensation of Board members' travel with the decreased days for Informal Disposition Panel hearings. In FY 2021, the Executive Director issued a combined total of 81 Corrective Action and Executive Director Orders. Comparing FY 2021 to FY 2017, savings to the Board includes a 50% reduction in the number of days for administrative licensure settlement hearings (Informal Disposition Panel) and a 72% reduction in the number of Informal Disposition Panel hearings.
4. With the implementation of revised Rules on September 11, 2020, the requirement for all nursing education programs to submit a Faculty Qualification Record to the Board of Nursing was removed. The nursing education programs maintain the records, along with criteria and job descriptions on-site. In not having to receipt in, review and request additional clarifying information, the Nursing Education consultant freed up approximately 158 hours this fiscal year that can be spent in assisting with licensing services, preventing the need to hire additional part-time staff to meet the licensing demands of the agency.

Regulatory Services

Introduction

The purpose of the Regulatory Services Division is to provide nursing regulation in three areas: education, practice, and licensing. The Oklahoma Board of Nursing is responsible for the approval of nursing education programs in the State of Oklahoma that lead to initial licensure as an Advanced Practice Registered Nurse, Registered Nurse or Licensed Practical Nurse, as well as for the approval of programs preparing individuals for certification as Advanced Unlicensed Assistants. The Board regulates nursing practice by reviewing issues and questions related to the practice of nursing in accordance with statutes and rules. The Board issues declaratory rulings and develops guidelines that assist nurses, employers, and the public with interpreting and applying the Oklahoma Nursing Practice Act and Rules. Various committees and task forces of the Board ensure stakeholders have input into practice and education decisions. Education and practice activities are coordinated through the Regulatory Services Division. The Regulatory Services Division also processes licenses for Advanced Practice Registered Nurses, Registered Nurses, and Licensed Practical Nurses; as well as certificates for Advanced Unlicensed Assistants and prescriptive authority recognition for Advanced Practice Registered Nurses; in accordance with statutory requirements. In addition, the Regulatory Services Division provides support services for the agency in reception of incoming calls and visitors, mail processing, and open records. Twelve staff members are employed in the Regulatory Services Division.

Licensure, Certification, and Recognition Activities

New Licenses Issued By Examination

The Board administers the National Council Licensure Examination (NCLEX) for Registered Nurses (NCLEX-RN) and Licensed Practical Nurses (NCLEX-PN) under contract with the National Council of State Boards of Nursing, Chicago, Illinois. The NCLEX examination is developed and administered by Pearson VUE, Bloomington, Minnesota, under the auspices of the National Council of State Boards of Nursing.

Registered Nurse Licensure Examination Statistics
(First Time Oklahoma-Educated Writers by Calendar Year)*

	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	1 & 5 Year Variances
Number of Candidates	2,127	2,083	2,035	2,060	2,192	↑ 6.4% & ↑ 3%
Oklahoma Pass Rate	83.78%	86.27%	88.75%	89.42%	85.31%	↓ 4.1% & ↑ 1.5%
National Pass Rate	84.56%	87.12%	88.30%	88.18%	86.58%	↓ 1.6% & ↑ 2%

*Includes Oklahoma-educated candidates applying for licensure in other states

Licensed Practical Nurse (LPN) Licensure Examination Statistics
(First Time Oklahoma-Educated Writers by Calendar Year)*

	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	1 & 5 Year Variances
Number of Candidates	1,181	1,228	1,207	1,088	939	↓ 13.7% & ↓ 20.5%
Oklahoma Pass Rate	87.72%	86.64%	86.83%	87.41%	87.75%	↑ 0.3% & ↔ 0%
National Pass Rate	83.70%	83.85%	85.93%	85.63%	83.09%	↓ 2.5% & ↓ 0.6%

*Includes Oklahoma-educated candidates applying for licensure in other states

Students who are enrolled in RN education programs are eligible to apply to take the NCLEX-PN examination as equivalent candidates after completion of specified course work and are included in the numbers above. The numbers above include any tester educated in Oklahoma, applying for licensure in any state.

The number of first-time NCLEX-RN candidates who were educated in Oklahoma has increased in the past year and steadily since CY 2018. The NCLEX-RN pass rate for Oklahoma graduates peaked in CY 2019. The NCLEX-RN pass rate for Oklahoma has been above the national pass rate in two of the past five years.

The number of first-time NCLEX-PN candidates who were educated in Oklahoma decreased over the past year and steadily since CY 2017. The NCLEX-PN pass rate for Oklahoma graduates peaked in CY 2020. The NCLEX-PN pass rate for Oklahoma graduates has remained steady and continues to exceed the national pass rate.

NCLEX testers and pass rates are reported by calendar year, which is consistent with the reporting of NCLEX pass rates. Throughout the remainder of the report, the numbers are reported by fiscal year.

NCLEX-PN Pass Rates of Candidates for PN Equivalency
Number of First-Time Candidates by Calendar Year
(With NCLEX Pass Rate in Parentheses)

	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	1 & 5 Year Variances
Partial RN Program Completion	134 (92.54%)	135 (90.37%)	190 (93.68%)	145 (92.41%)	138 (92.75%)	↓ 4.8% & ↑ 2.9% ↑ 0.3% & ↑ 0.2%
RN Graduate	4 (100%)	4 (50%)	2 (50%)	3 (100%)	2 (100%)	↓ 33.3% & ↓ 50% ↔ 0% & ↔ 0%

The number of students enrolled in RN programs who choose to take the practical nurse examination through equivalency varies throughout the years, with no noticeable explanation. The NCLEX-PN pass rate for the LPN equivalency candidates this past year was significantly higher than the pass rate for graduates from LPN programs and higher than the national pass rate. It is unknown how many of those individuals seek employment as Licensed Practical Nurses.

Initial Applications for Oklahoma Licensure by Examination
(Includes First Time and Rewrite Applicants)

	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Registered Nurse	2,596	2,396	2,452	2,611	2,611	↔ % & ↑ 0.6%
Licensed Practical Nurse	1,485	1,513	1,483	1,219	1,087	↓ 10.8% & ↓ 26.8%
Total Applicants	4,081	3,909	3,935	3,830	3,698	↓ 3.5% & ↓ 9.4%
# Reporting Arrests	325	255	232	237	240	↑ 1.3% & ↓ 26.2%
% Applicants Reporting Arrests	10%	6.5%	5.9%	6.2%	6.5%	↑ 0.3% & ↓ 3.5%

Initial applications for licensure by examination includes both first time and rewrite candidates. It is noted that rewrite candidates may submit more than one application during the year, as they may retake the examination as often as every 45 days. Registered Nurse examination applications remained steady over the past 5 years. Licensed Practical Nurse applications peaked in 2018 and then have shown a steady decrease since then. Total numbers of exam applicants has remained steady over the past 5 years with the most noticeable decrease occurring in 2021.

Beginning January 1, 2013, a national fingerprint-based criminal background check was added as a requirement as opposed to just a state-based criminal background check. The past four years have shown a consistent percentage of applicants who report an arrest on their applications. It is of note that of all the application types requiring a fingerprint criminal background check, 36.6% of applicants with a criminal history did not report any or all of their criminal history on their applications.

Processing Time for Initial Applications for Licensure by Examination

	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
# days from receipt of completed application to approval	4.9	4.2	4.4	2.2	2.2	↔ % & ↓ 55.1%

The average processing time continues to remain well under the Board's established maximum time parameter and with staff continuing to look for efficiencies in streamlining and organizing licensing processes, the processing time was lowered by 55% from 5 years ago.

New Licenses Issued By Examination

Level of Licensure	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Registered Nurse	1,858	1,842	1,963	1,925	1,942	↑ 0.9% & ↑ 4.5%
Licensed Practical Nurse	1,087	1,150	1,068	883	925	↑ 4.8% & ↓ 14.9%
Total	2,945	2,992	3,031	2,808	2,867	↑ 2.1% & ↓ 2.7%

The number of Registered Nurse and Licensed Practical Nurse licenses issued fluctuates yearly in relation to the total number of applications received and the Pass Rate.

New Licenses Issued by Endorsement

The Board may issue a license to practice without examination to any applicant who has been duly licensed as a Registered Nurse or Licensed Practical Nurse, in another state, territory, the District of Columbia or another country, if such applicant meets the requirements for licensure in the State of Oklahoma.

Initial Applications for Licensure by Endorsement

Level of Licensure	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Registered Nurse	3,433	2,169	1,091	1,261	1,006	↓ 20.2% & ↓ 70.7%
Licensed Practical Nurse	352	224	199	186	130	↓ 30% & ↓ 63.1%
Total	3,785	2,393	1,290	1,447	1,136	↓ 21.5% & ↓ 70%

Over the past five years, the number of applications for RN and LPN licensure by endorsement had varied widely. A significant decrease occurred beginning in the 3rd quarter of FY 2018 that was expected as this Board joined the enhanced Nurse Licensure Compact (eNLC) that was implemented nationwide on January 19, 2018. The eNLC allows those nurses who have a multi-state license in another compact party state that is their primary state of residence, to practice in or provide care to Oklahoma-based patients without the need to obtain and maintain a single state Oklahoma license.

New Licenses Issued By Endorsement

Level of Licensure	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Registered Nurse	2,472	1,814	1,216	982	792	↓ 19.3% & ↓ 68%
Licensed Practical Nurse	188	139	116	121	83	↓ 31.4% & ↓ 55.9%
Total	2,660	1,953	1,332	1,103	875	↓ 20.7% & ↓ 67.1%

In association with the decrease in the number of applications submitted, the number of new licenses issued by endorsement for RNs and LPNs has decreased this past year.

Number of Certified Verifications Provided to Other States

Level of Licensure	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Registered Nurse	3,038	1,231	5,136	2,193	3,836	↑ 74.5% & ↑ 26.3%
Licensed Practical Nurse	492	209	285	133	218	↑ 63.9% & ↓ 55.7%
Total	3,530	1,440	5,421*	2,326	4,054	↑ 74.3% & ↑ 14.8%

*Since FY 2019, all certified verifications for Registered Nurses and Licensed Practical Nurses were provided through Nursys of the National Council of State Boards of Nursing.

Certified verification of licensure from the original state of licensure is generally requested by a licensing board in another state when the nurse applies for a license in that state. It is noted that certified verifications are provided for nurses with active licenses in Oklahoma, as well as those who were initially licensed in Oklahoma, but who no longer hold an active license.

Processing Time for Endorsement Applications

Type of Function	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Processing time to issue a license for a completed endorsement application	5.2 days	4.2 days	3.4 days	2.8 days	6.9 days	↑ 146.4 % & ↑ 32.6%
Processing time for a completed certified verification	2.8 days	2.4 days	N/A*	N/A*	N/A*	N/A & N/A

*Processing time for a completed certified verification does not apply, as the verification is processed by Nursys.

The average processing time for endorsement applications increased significantly in the past year. With the implementation of the new licensing database, the uploading of required documents by the applicants have prompted modification in the processing of applications.

Multistate Licenses Issued

The enhanced Nurse Licensure Compact (eNLC), which was enacted by the state of Oklahoma in April 2016, was implemented nationwide on January 19, 2018, in accordance with the date set by the Interstate Commission of Nurse Licensure Compact Administrators, the governing body of the eNLC. The eNLC is an updated version of the original Nurse Licensure Compact, allowing registered nurses and licensed practical nurses to have one multistate license (MSL), with the ability to practice in person or via telehealth in both their home state (primary state of residence) and other eNLC party states. An MSL is not automatically granted to all nurses licensed in Oklahoma; individuals interested in an MSL must apply. All applicants for an MSL are required to meet the same licensing requirements, which include federal and state background checks.

Number of Multistate Applications for Existing Active Oklahoma Licensees Received

Level of Licensure	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Existing Active Licensee Registered Nurse		2,010	1,899	1,682	2,194	↑ 30.4% & N/A
Existing Active Licensee Licensed Practical Nurse		220	429	394	736	↑ 86.8% & N/A
Total		2,230	2,328	2,076	2,930	↑ 41.1% & N/A

Number of Multistate Applications for Existing Active Oklahoma Licensees Processed

Level of Licensure	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Existing Active Licensee Registered Nurse		1,782	1,851	1,527	2,029	↑ 32.9% & N/A
Existing Active Licensee Licensed Practical Nurse		158	371	334	589	↑ 76.3% & N/A
Total		1,940	2,222	1,861	2,618	↑ 40.7% & N/A

Processing Time for Multistate Applications for Existing Active Oklahoma Licensees

Level of Licensure	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Existing Active Registered Nurse and Licensed Practical Nurse Active Licensees		1.1 days	0.9 days	1.6 days	2.4 days	↑ 50% & N/A

Since the Board began accepting applications for multistate licensure for the Existing Active Oklahoma licensee, it was not possible to predict the number of applications to be received. The number of applications received over the past 4 years has varied widely. Overall, the processing time is approximately 2 days.

License Renewal, Reinstatement and Return to Active Status

The *Oklahoma Nursing Practice Act* requires licenses and certificates to be renewed every two years according to a schedule published by the Oklahoma Board of Nursing. Renewal applications, accompanied by the renewal fee, must be submitted by the end of the birth month in even-numbered years for Registered Nurses and APRNs, in odd-numbered years for Licensed Practical Nurses and Advanced Unlicensed Assistants.

Number of Renewal Applications Processed

Type of Renewal	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Registered Nurse and Licensed Practical Nurse	29,600	31,344	26,128	29,827	26,986	↓ 9.5% & ↓ 8.8%
Advanced Practice Registered Nurse and Prescriptive Authority Recognition	2,508	3,267	3,100	3,927	4,127	↑ 5.1% & ↑ 64.6%
Advanced Unlicensed Assistant	242	218	172	144	139	↓ 3.5% & ↓ 42.6%
% Nurses/AUAs Renewing Online	99.2%	99.2%	98.9%	99.1%	99.3%	↑ 0.2% & ↑ 0.1%

Overall, the number of renewals is reflective of the number of licensed nurses and certified AUAs. The large percentage of increase seen among Advanced Practice Registered Nurses with Prescriptive Authority Recognition is reflective of the associated increase in their overall numbers over the past five years.

Number of Applications for Reinstatement/Return to Active Status

Type of Reinstatement	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Registered Nurse and Licensed Practical Nurse	1,284	1,244	1,545	1,388	1,054	↓ 24.1% & ↓ 17.9%
Advanced Practice Registered Nurse	25	40	68	48	76	↑ 58.3% & ↑ 204%
Prescriptive Authority	24	48	71	35	58	↑ 65.7% & ↑ 141.7%
Advanced Unlicensed Assistant	11	16	27	20	18	↓ 10% & ↑ 63.6%
Total	1,344	1,348	1,711	1,491	1,206	↓ 19.1% & ↓ 10.3%

Licensees / certificants reinstate their license / certificate for a variety of undocumented reasons such as returning to active status a license that has lapsed, returning to the work force after a period of inactivity or returning to Oklahoma to work. There are an equal number of undocumented reasons for not returning a license / certificate to an active status. Due to the variety of reasons prompting reinstatement, it is expected that the overall number of reinstatement applications would fluctuate.

Processing Time for Licensure Renewal and Reinstatement/Return to Active

Type of Function	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
# days from receipt of completed renewal application to processing	1.6 days	1.6 days	1.7 days	1.7 days	0.2 days	↓ 88.2% & ↓ 87.5%
# days from receipt of completed reinstatement application until processing	2.2 days	2.2 days	1.8 days	2.7 days	2.7 days	↔ % & ↑ 22.7%

The processing time for renewal applications in FY 2021 showed a dramatic decrease due to the implementation of some automatic features of the new licensing system.

The processing time for reinstatement applications showed the best processing time for the past 5 years in FY 2019, and continues to remain well under the Board's established maximum time parameter.

Other Licensee and Public Requests and Activities

The Regulatory Services Division is also responsible for modifications to licensure records, providing closed school transcripts, processing open records and written verification of licensure requests, providing address lists and labels when requested, and receiving visitors into the office. The following table reflects these activities:

Other Licensee and Public Requests and Activities

Type of Function	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Change of Address*	391	870	618	619	263	↓ 57.5% & ↓ 32.7%
Duplicates or Modifications**	1,482	1,771**	1,496	1,399	1,530	↑ 9.4% & ↑ 3.2%
Open Records Requests	162	108	68	63	19	↓ 69.8% & ↓ 88.3%
Address Lists and Labels	93	66	86	76	54	↓ 28.9% & ↓ 41.9%
Visits to Board Office	5,136	5,161	4,825	2,805	0***	↓ 100% & ↓ 100%
Written Verifications	750	558	508	363	364	↑ 0.003% & ↓ 51.5%
Closed School Transcripts	27	11	23	17	9	↓ 47.1% & ↓ 66.6%

*In FY2008, nurses gained the ability to enter address changes online. Although these address changes are reviewed by the Administrative Technician prior to download, they are not counted in the number of address changes processed. In FY 2018, a significant increase in the number of written change of address requests is noted, primarily due to transitioning process of online forms to include the declaration of primary state of residence.
**FY2018 Duplications or Modifications data revised.
***FY2021 the agency was closed to the public due to the COVID-19 pandemic.

Advanced Practice Registered Nurse Licensure

Four roles of Advanced Practice Registered Nurses (APRNs) are licensed in Oklahoma:
1) Certified Nurse Practitioner (APRN-CNP); 2) Certified Nurse Midwife (APRN-CNM); 3) Clinical Nurse Specialist (APRN-CNS); and 4) Certified Registered Nurse Anesthetist (APRN-CRNA).

Number of APRNs Licensed in Oklahoma

Type of License	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
APRN-CNP	2,517	2,952	3,418	3,977	4,197	↑ 5.5% & ↑ 66.7%
APRN-CNM	65	70	64	71	74	↑ 4.2% & ↑ 13.8%
APRN-CNS	277	283	287	292	289	↓ 1% & ↑ 4.3%
APRN-CRNA	713	729	725	787	784	↓ 0.4% & ↑ 10%
Total	3,572	4,034	4,494	5,127	5,344	↑ 4.2% & ↑ 49.6%

The number of Advanced Practice Registered Nurses has risen dramatically over the past five years. The APRN-CNP role has shown the most sustained increase over the past 5 years.

Number of New APRN Licenses Issued

Type of License	FY 2017	FY 2018*	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
APRN-CNP	405	512	727	640	447	↓ 30.2% & ↑ 10.4 %
APRN-CNM	4	9	3	14	5	↓ 64.3% & ↑ 25%
APRN-CNS	13	15	16	11	6	↓ 45.5% & ↓ 53.9%
APRN-CRNA	45	68	99	91	62	↓ 31.9% & ↑ 37.8%
Licenses issued through AS400 database from 7/1/2020 through 9/30/2020	n/a	n/a	n/a	n/a	**181	n/a
Total	467	612	845	756	701	↓ 7.3% & ↑ 50.1%

*FY 2018 data revised.
**On October 13, 2020, the Board of Nursing converted to a new licensing database, Optimal Regulatory Board System (ORBS). Licenses issued through the previous database (AS400) during FY 2021 – Quarter 1 (July 1, 2020 – September 30, 2020) are noted.

The number of new APRN licenses issued is based on the total number of applications received which has fluctuated over the past 5 years.

Processing Time for APRN Licensure Applications

Type of Function	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
# days from receipt of completed APRN application to processing	2 days	2.7 days	2.7 days	2.4 days	4.1 days	↑ 70.8% & ↑ 105%

Processing times for advanced practice licensure applications showed a significant increase last year; however, times continue to be well under the Board's established maximum time parameter.

Number of Advanced Practice Registered Nurses with Prescriptive Authority

Type of License	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
APRN-CNP	2,169	2,480	2,886	3,281	3,396	↑ 3.5% & ↑ 56.6%
APRN-CNM	50	54	51	55	57	↑ 3.6% & ↑ 14%
APRN-CNS	182	191	202	213	200	↓ 6.1% & ↑ 9.9%
APRN-CRNA*	443	479	507	561	543	↓ 3.2% & ↑ 22.6%
Total	2,844	3,204	3,646	4,110	4,196	↑ 2.1% & ↑ 47.5%

*The APRN-CRNA applies for authority to select, order, obtain, and administer drugs, rather than the authority to prescribe.

The number of Advanced Practice Registered Nurses with prescriptive authority continues to rise, reflective of the increased numbers of Advanced Practice Registered Nurses. Currently, 78.5% of Advanced Practice Registered Nurses hold prescriptive authority recognition.

Number of Prescriptive Authority Recognitions Issued

Type of License	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
APRN-CNP	326	362	535	428	308	↓ 28% & ↓ 5.5%
APRN-CNM	3	6	3	6	5	↓ 16.7% & ↑ 66.7%
APRN-CNS	13	15	13	12	3	↓ 75% & ↓ 76.9%
APRN-CRNA	58	57	61	72	35	↓ 51.4% & ↓ 39.7%
Recognitions Issued through AS400 database from 7/1/2020 through 9/30/2020	N/A	N/A	N/A	N/A	145*	N/A
Total	400	440	612	518	485	↓ 6.4% & ↓ 21.3%

*On October 13, 2020, the Board of Nursing converted to a new licensing database, Optimal Regulatory Board System (ORBS). Licenses issued through the previous database (AS400) during FY 2021 – Quarter 1 (July 1, 2020 – September 30, 2020) are noted.

The number of prescriptive authority recognitions issued has varied widely over the past five years among the different APRN roles.

Number of Changes in Supervising Physicians

Number of Changes	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Total	1,103	1,370	1,460	1,515	1,358	↓ 10.4% & ↑ 23.1%

The number of changes over the past five years has risen until FY 2021, consistent with the increased number of Advanced Practice Registered Nurses with prescriptive authority recognition.

Certification of Advanced Unlicensed Assistants

Advanced Unlicensed Assistants (AUAs) complete a 200-hour training program, which is designed to build upon basic skills traditionally performed by nursing assistants working in health care settings. A list of Board-approved AUA training programs is available on the Board's website: www.nursing.ok.gov. Specific core skills, legal and ethical aspects of health care and appropriate personal behaviors are presented in a format that combines classroom lecture/discussion, demonstration/practice lab and clinical application. Upon satisfactory completion of the course work, graduates of these training programs are eligible to take the AUA certification examination. This examination is developed by Oklahoma Department of Career and Technology Education and is approved by the Oklahoma Board of Nursing. Upon successful completion of the certification examination, the Board-certified AUA may perform the skills that are identified on the *Approved Skills List for Performance by Board-Certified Advanced Unlicensed Assistants*, under the supervision of Registered Nurses and Licensed Practical Nurses in acute care settings.

Advanced Unlicensed Assistants

Certifications	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
# New Certifications	63	52	68	38	63	↑ 65.6% & ↔ %
Total # AUAs Certified	573	539	527	453	404	↓ 10.8% & ↓ 29.5%

While the number of new AUA certifications varies greatly over the years, the total number of certified AUAs has decreased every year.

Nursing Practice/Advanced Nursing Practice Activities

Summary of Practice Activities

Category	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
# Practice Calls	1,650	2,456*	1,788	2,015	2,109	↑ 4.7% & ↑ 27.8%
# Practice Letters	65	60	70	80	71	↓ 11.2% & ↑ 9.2%
# Requests for Declaratory Rulings	0	0	0	0	0	↔ % & ↔ %
# Declaratory Rulings, Policies & Guidelines Reviewed by Board	13	12	15	10	14	↑ 40% & ↑ 7.7%
# Meetings Attended as Board Representative	12	10	21	14	7	↓ 50% & ↓ 41.7%
# Presentations	12	7	14	13	8	↓ 38.5% & ↓ 33.2%

*From FY 2017 to FY 2018, there is a notable increase in the number of practice calls primarily related to the implementation of the enhanced Nurse Licensure Compact on January 19, 2018.

Written Responses to Practice Questions

For FY 2021, there were 71 written responses to practice related issues, as compared to 80 responses in FY 2020. The highest number of practice letters were to health care facilities, followed by clinics. The written response variances of the FY 2020 report and FY 2021 report note a decrease of 11.2 percent. The **types of issues** and **settings** addressed in the practice letters are summarized on the following pages.

Types of Issues Addressed in Practice Letters

Type of Issue	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Scope of Practice	19	22	25	21	16	↓ 23.8% & ↓ 15.8%
Delegating & Training Unlicensed Persons	0	2	6	4	2	↓ 50% & ↑ 100%
Compact States Related/ License Requirement	4	11	10	0	0	↔ % & ↓ 100 %
Telephone Triage & Case Management	0	0	0	0	0	↔ % & ↔ %
Esthetics & Medical Questions	1	0	1	0	0	↔ % & ↓ 100%
Emergency Screening [EMTALA]	0	0	0	0	0	↔ % & ↓ 100%
Pronouncement of Death By Nurses	2	1	0	0	0	↔ % & ↓ 100%
Medication-Related	1	3	1	5	6	↑ 20% & ↑ 500%
CEU & Continuing Qualification-Related	0	0	0	0	2	↑ 100% & ↑ 100%
Primary Source Verification	0	0	0	2	0	↑ 100% & ↔ %
Patient Care-Related	3	1	2	9	3	↓ 66.7% & ↔ %
Survey/Publication	0	0	0	0	0	↔ % & ↔ %
OBN Regulation of Nurses	6	2	4	1	6	↑ 500% & ↔ %
Licensure Requirements	2	2	3	16	14	↓ 12.5% & ↑ 600%
APRN Prescriptive Authority	17	13	15	16	16	↔ % & ↓ 5.9%
Resource Information	1	0	0	1	3	↑ 200% & ↑ 200%
Certification	1	1	2	3	1	↓ 66.7% & ↔ %
School Nurse/Staff or Nursing Education-Related	7	1	0	1	1	↔ % & ↓ 85.7%
Billing Information-Related	1	0	0	1	1	↔ % & ↔ %
Total	65	60	70	80	71	↓ 11.2% & ↑ 9.2%

Settings of Practice Letters

Settings	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Medical Center	19	21	29	24	18	↓ 25% & ↓ 5.3%
RN, LPN, or APRN	15	18	11	11	12	↑ 9.1% &↓ 20 %
Specialty Organization/ Health Care Provider	9	4	7	1	4	↑ 300% & ↓ 55.5%
OK State Department of Health	1	1	1	1	2	↑ 100% & ↑ 100%
Other State or Federal Agency	4	4	1	2	0	↓ 100% & ↓ 100%
School Nurse/ Staff or Nursing Education	7	0	3	4	6	↑ 50% & ↓ 14.3%
Medical Office/Clinic/ Ambulatory Center	3	7	14	19	16	↓ 15.8% & ↑ 433.3%
Long Term Care Facility/Agency	2	2	0	8	1	↓ 87.5% & ↓ 50%
NCSBN/Boards of Nursing	0	0	0	0	0	↔ % & ↔ %
Publication/Survey	0	0	0	0	0	↔ % & ↔ %
Other	1	1	4	3	6	↑ 100 % & ↑ 500%
Credentialing Agency/ Proprietary Corporation	4	3	0	7	6	↓ 14.3% & ↑ 50%
Total	65	60	70	80	71	↓ 11.3% & ↑ 9.2%

Practice Calls and Visits

During FY 2021, 2,109 practice calls and visits were documented compared to 2,015 in FY 2020. This notes an increase of 4.7 percent in practice calls and visits.

Practice Visits and Calls

Issue	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
General Scope of Practice	413	376	396	449	406	↓ 9.6 % & ↓ 1.7%
Delegation	81	83	101	84	71	↓ 15.5% & ↓ 12.3%
Aesthetics & Skin Care	40	88	101	115	130	↑ 13% & ↑ 225%
Employment-Related	117	159	172	227	183	↓ 19.4% & ↑ 56.4%
Staffing or Abandonment	77	79	102	145	160	↑ 10.3% & ↑ 107.8%
CEUs	23	49	37	94	76	↓ 19.1% & ↑ 230.4%
Licensing	315	1,094*	270	306	648**	↑ 111.8% & ↑ 105.7%
APRN Prescriptive Authority	279	275	259	226	232	↑ 2.6% & ↓ 16.8%
APRN Scope of Practice	210	219	228	239	146	↓ 38.9% & ↓ 30.5%
Other	95	34	122	130	57	↓ 56.2% & ↓ 40%
Total	1,650	2,456	1,788	2,015	2,109	↑ 4.7% & ↑ 27.8%

*From FY 2017 to FY 2018, the significant increase in Licensing is related to the implementation of the enhanced Nurse Licensure Compact (eNLC) on January 19, 2018. As is reflected in the Classification of Callers or Visitors table that follows, 530 calls were related to multistate licensure (MSL) through the eNLC.

**From FY 2020 to FY 2021, the significant increase in Licensing is related to the implementation of notification of expiration of license by email and calls for those without email.

Classification of Callers or Visitors

Type of Caller/Visitor	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Registered Nurse	487	578	492	510	491	↓ 3.7% & ↑ 0.82%
Licensed Practical Nurse	216	373	333	403	650	↑ 61.3% & ↑ 200.9%
Advanced Practice Registered Nurse	473	524	423	551	458	↓ 16.9% & ↓ 3.2%
Advanced Unlicensed Assistant	12	4	10	8	9	↑ 12.5% & ↓ 25%
CMA or CNA	25	21	22	32	17	↓ 46.9 % & ↓ 32%
School Nurse or School Staff	20	16	30	27	30	↑ 11.1% & ↑ 50%
Nursing Education	34	7	16	12	10	↓ 16.7% & ↓ 70.6%
Employer or Supervisor	203	194	249	203	199	↓ 2% & ↓ 2%
Physician or Office Staff	53	104	93	132	92	↓ 30.3% & ↑ 73.6%
Public	44	26	45	39	22	↓ 43.6% & ↓ 50%
Staffing Agency	16	33	13	19	51	↑ 168.4% & ↑ 218.8%
OK State Dept. of Health	14	6	6	12	9	↓ 25% & ↓ 35.7%
Other State/Federal Agency	6	5	9	9	15	↑ 66.7% & ↑ 150%
Credentialing Company or Payor	6	1	8	9	6	↓ 33.3% & ↔ %
Pharmacy	25	22	23	30	31	↑ 3.3% & ↑ 24%
Attorney or Staff	15	12	16	19	19	↔ % & ↑ 26.7%
Other /MSL-Related Calls	1	530	0	0	0	↔ % & ↓ 100%
Total	1,650	2,456	1,788	2,015	2,109	↑ 4.7% & ↑ 27.8%

Declaratory Rulings, Position Statements, Policies, and Guidelines Developed, Reviewed, Revised, or Rescinded

The following Board documents related to nursing practice were developed, revised or reviewed without revision, or rescinded this fiscal year:

1. *Licensure Verification and Photocopying of Nursing Licenses,* #OBN-02, July 2020 [Revised]
2. *CRNA Inclusionary Formulary,* #P-50A, November 2020 [Revised]
3. *Exclusionary Formulary for Advanced Practice Registered Nurses with Prescriptive Authority,* #P-50B, November 2020 [Revised]
4. *Formulary Advisory Council Procedure for Amending the Formulary*, #P-50, November 2020 [Reviewed]
5. *Advanced Practiced Registered Nurse (APRN) Certification Examinations Approved by the Oklahoma Board of Nursing,* #P-52A, November 2020 [Reviewed]
6. *Advanced Practiced Registered Nurse Certification Examinations No Longer Approved by the Oklahoma Board of Nursing*, #P-52B, November 2020 [Reviewed]
7. *Limited Obstetric Ultrasound and Limited Ultrasound in a Reproductive Medicine Setting Examinations Performed by Registered Nurse Guidelines*, #P-13, January 2021 [Revised]
8. *Policy on Names*, #OBN-03, January 2021 [Revised]
9. *Licensure Verification and Photocopying of Nursing Licenses*, #OBN-02, January 2021 [Revised]
10. *APRN E-Prescribe Request for Extension Policy,* #P-56, January 2021 [Revised]
11. *Issuance of Temporary Licenses for Advanced Practice Registered Nurses, Registered Nurses and Licensed Practical Nurses by Endorsement into Oklahoma,* #P-09, March 2021 [Reviewed]
12. *Refresher Courses for Advanced Practice Registered Nurses Policy,* #P-54, March 2021, [Reviewed]
13. *Position Statement on Entry Into Practice,* #OBN-Position Statement, March 2021 [Reviewed]
14. *CRNA Inclusionary Formulary,* #P-50A, May 2021 [Revised]

Articles Published Related to Nursing Practice Issues

All articles listed were published in the newsletter of the Oklahoma Board of Nursing, unless otherwise noted.

- **September 2020:**
  ◊ *New Online Oklahoma Nurse Portal effective Tuesday, October 13, 2020*
- **December 2020:**
  ◊ *New Online Nurse Portal*
  ◊ *Covid-19 Vaccine Information*
  ◊ *Temporary Licensure Reinstatement Pursuant to Pandemic Emergency Rules*
  ◊ *Requirements for APRNs Adding a New Specialty and National Certification*
  ◊ *Oklahoma Health Alert Network*
  ◊ *Advanced Nursing Education-Assault Nurse Examiners Program*
- **March 2021:**
  ◊ *Omission of Fingerprint Submission will Delay Multistate Licensure*
  ◊ *Oklahoma Board of Nursing Warns APRNs of Spoofing Phone Scam*
  ◊ *2021 Nurse Corps Scholarship Program*
  ◊ *Do You Want a License Expiration Reminder?*

◊   *Name and Address Changes*
- **May 2021:**
  ◊   *Agency Information Related to Executive Order 2021-11*

Meetings and Presentations

The Associate Director for Nursing Practice attended and provided input/directions in 7 meetings this fiscal year. In addition, the Associate Director for Nursing Practice made eight (8) virtual presentations to groups of licensees and other stakeholders.

Education Activities

The Oklahoma Board of Nursing holds the responsibility for setting standards for nursing education and conducting survey visits to programs to ensure standards are met. The Board reviews and approves requests for new programs and program changes. The Board further maintains records verifying faculty qualifications and collects data on program, faculty and student characteristics. The following paragraphs summarize nursing education activities in FY 2021.

Number of Nursing Education Programs

Types and Numbers of Programs	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
# Advanced Practice Registered Nurse Programs					4
# Baccalaureate Programs/Campuses*	15/25	14/24	14/24	15/24	15/28
# Associate Degree Programs/Campuses	17/29	15/27	15/28	14/26	14/26
# Practical Nursing Programs/Campuses	29/49	29/49	30/47	30/47	31/48
Total	61/103	58/100	59/99	59/98	60/102

*RN-BSN not included

The total number of nursing education programs increased, with the total number of campuses also increasing. Specific to registered nursing education programs, four baccalaureate nursing education campuses opened. Practical nursing education programs gained one new program. The Oklahoma Board of Nursing has continued to work actively with other entities, including the Oklahoma State Regents for Higher Education, the Oklahoma Department of Career and Technology Education, the Oklahoma Hospital Association, the Oklahoma Nurses Association, and the Institute for Nursing Education, to address issues related to shortages in clinical space and qualified faculty.

Percentage of Full-Time Faculty Holding a Masters Degree in Nursing or Higher

Type of Program	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Advanced Practice Registered Nursing					100%
Baccalaureate Degree*	99.5%	100%	99.5%	96.8%	98.7%
Associate Degree	93.8%	92.9%	90.4%	92.9%	93.3%
Practical Nursing	39.8%	46.4%	48.9%	47.1%	44.3%

*RN-BSN not included

APRN programs are required to employ full-time faculty with a master's or higher degree in nursing. RN nursing education programs are required to employ full-time faculty with a master's or higher degree in nursing, or a baccalaureate degree in nursing plus evidence of continued progress toward a master's or higher degree in nursing with a completion of a minimum of six (6) semester hours per calendar year. The percentage of full-time faculty employed in baccalaureate nursing education programs holding a master's degree or higher in nursing remained steady from FY 2017 to FY 2019, declining in FY 2020 and increasing in FY 2021. The associate degree programs have experienced decreases in the percentage of master's prepared or higher degree faculty from FY 2017 with a steady increase since 2019. PN nursing education programs require nursing faculty to hold a minimum of an associate degree or diploma in nursing, with evidence of continued progress toward a baccalaureate degree in nursing with a completion of a minimum of six (6) semester hours per calendar year. The percentage of practical nursing faculty with a master's degree in nursing or higher increased peaked in FY 2019 and has steadily decreased since.

Applications to Nursing Education Programs

Type of Program	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Advanced Practice Registered Nursing					263**	N/A
Baccalaureate Degree*	2,618	2,766	2,484	2,859	3,417	↑19.5% & ↑29.8%
Associate Degree	3,413	3,453	3,750	3,120	3,428	↑ 9.9% & ↑ 0.4%
Practical Nursing	3,180	2,742	2,829	3,414	3,163	↓ 7.4% & ↓ 0.5%
Total	9,211	8,961	9,063	9,393	10,008	↑ 6.5% & ↑ 8.7%

*RN-BSN not included
** APRN Nursing Program applications are not included in the total number of applications. FY 2021 is the first year this data is reported.

The number of individuals applying to advance practice registered nursing programs was 263. The number of individuals applying to baccalaureate degree programs, steadily increased from FY 2017 to FY 2018, decreased in 2019 and increased significantly from 2020 to 2021. The number of applications to associate degree programs reflected a steady increase from FY 2017 to FY 2019, decreased somewhat in 2020, and significantly increased in FY 2021. The number of applications to practical nursing education programs decreased this past year, and remains low compared to FY 2020. There has been a 6.5% increase in total applications in all nursing education programs over the past year.

Admissions to Nursing Education Programs

Type of Program	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Advanced Practice Registered Nursing					128**	N/A
Baccalaureate Degree*	1,759	1,488	1,213	1,236	1,247	↑ 0.9% & ↓ 29.1%
Associate Degree	1,932	1,874	2,077	1,965	1,650	↓ 16% & ↓ 14.6%
Practical Nursing	1,579	1,294	1,147	1,331	1,275	↓ 4.2% & ↓ 19.3%
Total	5,270	4,656	4,437	4,532	4,172	↓ 7.9% & ↓ 20.8%

*RN-BSN not included
** APRN Nursing Program admissions are not included in the total number of admissions. FY 2021 is the first year this data is reported.

Note: Caution should be used in attempting to compare applications to nursing education programs to admissions to nursing education programs as individuals may apply to more than one nursing education program, and thus be counted as an applicant more than one time.

Admissions to advanced practice registered nursing programs was 128. Admissions to baccalaureate degree nursing programs increased slightly in FY 2021 with a peak in admissions seen in FY 2017. Admissions to the associate degree nursing programs declined in FY 2021 with a peak in admissions in FY 2019. Admissions to practical nursing programs decreased in FY 2021 with a peak in admissions seen in FY 2017. Total admissions to Oklahoma nursing education programs decreased by 7.9 % over the past fiscal year.

Student Enrollment in Nursing Education Programs

Type of Program	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Advanced Practice Registered Nursing					299**	N/A
Baccalaureate Degree*	2,682	2,702	2,284	2,042	2,407	↑ 17.9% & ↓ 10.3%
Associate Degree	3,141	2,948	3,217	3,288	2,853	↓ 13.2% & ↓ 9.2%
Practical Nursing	2,194	1,933	1,546	1,632	1,315	↓ 19.4% & ↓ 40.1%
Total	8,017	7,583	7,047	7,362	6,575	↓ 10.7% & ↓ 18%

*RN-BSN not included
** APRN Nursing Program enrollments are not included in the total number of admissions. FY 2021 is the first year this data is reported.

Student enrollment in advanced practice registered nursing programs was 299. Student enrollment in baccalaureate degree nursing education programs increased for FY 2021 after a steady decrease in enrollment from FY 2019 and FY 2020. Enrollment in associate degree nursing ed-

ucation programs increased from FY 2018 to FY 2020 and decreased in FY 2021. Enrollment in practical nursing education programs decreased over the past fiscal year, with the highest enrollment over the past five years occurring in 2017. Associate degree programs have the highest enrollment of the three types of nursing education programs, achieving a record high enrollment in FY 2020. Total overall enrollments in nursing education programs decreased this past fiscal year.

Graduates from Nursing Education Programs

Type of Program	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
Advanced Practice Registered Nursing					72**	N/A
Baccalaureate Degree*	1,197	870	834	859	871	↑ 1.4% & ↓ 27.2%
Associate Degree	1,178	1,140	1,217	1,294	1,323	↑ 2.2% & ↑ 12.3%
Practical Nursing	1,121	1,062	954	852	959	↑ 12.5% & ↓ 14.5%
Total	3,496	3,072	3,005	3,005	3,153	↑ 4.9% & ↓ 9.8%

*RN-BSN not included
** APRN Nursing Program graduates are not included in the total number of admissions. FY 2021 is the first year this data is reported.

Graduates from advanced practice registered nursing programs was 72. The number of nursing graduates from Oklahoma nursing education programs this past fiscal year increased by 4.9% over the previous fiscal year, with FY 2017 having the largest number of graduates over the past five years. Baccalaureate degree nursing programs report a slight increase in graduates of 1.4% over the past year. The number of graduates from associate degree nursing education programs increased this past fiscal year with the number of graduates from practical nursing education programs also increasing.

Admissions of Licensed Nurses in Nursing Education

Category	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	1 & 5 Year Variances
APRN					128	N/A
LPN-ADN	396	351	428	383	342	↓ 10.7% & ↓ 13.6%
LPN-BSN	36	16	22	57	12	↓ 78.9% & ↓ 66.7%
RN-BSN* Traditional Program	350	256	19	358	38	↓ 89.4% & ↓ 89.1%

*Students enrolled in RN-BSN degree completion programs not regulated by the Board are not included in these figures.

Enrollment to an advanced practice registered nursing program requires you hold a registered nursing license. Over the past fiscal year, the number of Licensed Practical Nurses (LPNs) admitted to associate degree nursing education programs decreased, as did the number of LPNs admitted to baccalaureate nursing education programs. The majority of LPNs chose associate degree education as their entry point into registered nursing. The significant increase for admissions of RN-BSN students seen in FY 2020 from the previous fiscal year was attributed to the transitioning of students from RN-BSN programs to traditional BSN programs through advanced standing. FY 2021 saw a decrease of 89.4% in enrollments for RN to BSN students. There is no information regarding the number of RNs enrolled in programs that offer only RN-BSN.

Percentage of Enrolled Students Representing an Ethnic Minority

Type of Program	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Advanced Practice Registered Nursing					36.8%
Baccalaureate Degree*	30.7%	29.6%	29.6%	33.3%	42.8%
Associate Degree	36%	34.1%	35.4%	33.7%	43%
Practical Nursing	26.3%	40.9%	41.3%	40%	47.0%

*RN-BSN not included

Percentages of minority students enrolled in Oklahoma nursing education programs increased over the past year in all nursing education programs with baccalaureate degree nursing education programs showing the highest increase of 9.5%. FY 2021 has the highest enrollment of ethnic minority students in the five-year period. This is the first year for advanced practice registered nursing education programs to report.

Percentage of Male Students Enrolled in Nursing Education Programs

Type of Program	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Advanced Practice Registered Nursing					13.7%
Baccalaureate Degree*	13.7%	15.6%	12%	12%	12.9%
Associate Degree	13.1%	14.2%	12.6%	13.9%	13.2%
Practical Nursing	9.2%	9.3%	9%	7%	7.4%

*RN-BSN not included

While the percent of male students enrolling in nursing education programs has remained relatively small, there was an increase in the percent of male students enrolled in baccalaureate degree nursing education programs and practical nursing education programs over the past year. The percentage decreased slightly for associate degree nursing education programs. This is the first year for advanced practice registered nursing education programs to report.

Average Age (In Years) of Students Enrolled in Nursing Education Programs

Type of Program	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Advanced Practice Registered Nursing					37.6
Baccalaureate Degree*	27.5	25.6	26.3	23.6	25.3
Associate Degree	28.8	29.6	28.2	37.9	27.9
Practical Nursing	27.5	27.7	28	28.1	27.7

*RN-BSN not included

The average age of students enrolled in advanced practice nursing programs was 37.6. The average age of students enrolled in baccalaureate nursing education programs increased over the past year. The average age of students in associate degree nursing education programs and practical nursing education programs has decreased.

Mean Completion Rates of Nursing Education Programs

Type of Program	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Advanced Practice Registered Nursing					87.8%
Baccalaureate Degree*	87.8%	87.1%	86.7%	90.3%	87%
Associate Degree	77.9%	79.8%	80.6%	82.4%	81.5%
Practical Nursing	79.6%	80.2%	81.5%	77.5%	80.7%

*RN-BSN not included

The data continues to support that the majority of students admitted to nursing education programs are successful in completing their programs. The completion rate for baccalaureate degree nursing education programs and associate degree nursing education programs decreased over the past fiscal year. Practical nursing education programs' completion rate increased from over the past fiscal year.

Requests for Program Changes
(Number of Programs Impacted With Percent of Total Programs Noted in Parentheses)

Type of Change	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Change in Curriculum	11 (18%)	5 (8.6%)	5 (8.5%)	3 (5.1%)	4 (6.7%)
Program Format Change	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Extended/Additional Classes	1 (1.6%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
New Nursing Program/Campus	1/2 (1.6%)/(1.9%)	0/2 (0%)/(2%)	1/2 (1.7%)(2%)	1/0 (1.7%)	1/4 (1.7%)/(3.9%)
New APRN Program/Campus					2/0 (50%)

Board Actions Related to Program Approval Status
(Number of Programs Impacted With Percent of Total Programs Noted in Parentheses)

Type of Action	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Routine Survey Visits	8 (13.1%)	7 (12.1%)	4 (6.8%)	1 (1.7%)	8 (13.3%)
Board-Directed Survey Visits	1 (1.6%)	0 (0%)	1 (1.7%)	3 (5.1%)	3 (5%)
Consultative Survey Visits	1 (1.6%)	1 (1.7%)	3 (5.1%)	2 (3.4%)	1 (1.7%)
Warnings Issued	0 (0%)	0 (0%)	1 (1.7%)	2 (3.4%)	0 (0%)
Programs on Conditional Approval	1 (1.6%)	1 (1.7%)	0 (0%)	0 (0%)	1 (1.7%)
Programs/Campuses Closed	5* (8.2%)	5* (8.6%)	4* (6.8%)	1/2 (1.7%)(2%)	0/1 (0%)/(1%)
Pass Rate Reports Required	0 (0.00%)	15 (25.9%)	6 (10.2%)	10 (10.2%)	8 (7.8%)
Follow-Up Reports Required	6 (9.8%)	0 (0%)	1 (1.7%)	11 (11.2%)	2 (2%)

*Programs/campuses closed voluntarily.

Revisions to Education Policies
The following Board documents related to nursing education were developed, revised or re-viewed without revision, or rescinded this fiscal year:
- *Preceptor Policy for Registered Nurses and Licensed Practical Nurses,* #E-02, 1/20/2021 [Revised]]
- *Special Reports from Nursing Education Programs to the Board Guidelines,* #E-06, 3/23/2021 [Revised]
- *Board Decisions Regarding Nursing Education Programs,* #E-10, 3/23/2021 [Revised]

In FY 2021, the Board reviewed reports of survey visits conducted in the following nursing education programs and recommended continuing full approval:
- Western Technology Center, Burns Flat, Practical Nursing Program, Virtual, August 10-12, 2020
- Central Oklahoma College, Oklahoma City, Practical Nursing Program, Virtual, August 17-19, 2020
- Mid-Del Technology Center, Midwest City, Practical Nursing Program, Virtual December 8 -10, 2020
- Canadian Valley Technology Center, El Reno & Chickasha, Practical Nursing Program, Virtual, January 11-13, 2021

- Platt College, Tulsa, Practical Nursing Program, Virtual, January 26-28, 2021
- Red River Technology Center, Duncan, Practical Nursing Program, Virtual, February 10-12, 2021
- Rogers State University, Claremore, Baccalaureate Degree Nursing Program, Virtual, February 23-26 (with ACEN), 2021
- Pontotoc Technology Center, Ada, Practical Nursing Program, Virtual, May 4-5, 2021

In FY 2021, the Board reviewed reports of focus survey visits conducted in the following nursing education programs and recommended continuing full approval:
- Southern Nazarene University, Bethany, Baccalaureate Degree Nursing Program, Virtual, March 3, 2021
- Western Oklahoma State College, Altus, Associate Degree Nursing Program, Virtual, March 9, 2021
- Langston University, Tulsa, Baccalaureate Degree Nursing Program, Virtual, March 15, 2021

In FY 2021, the Board reviewed follow-up reports of focus survey visits conducted in the following nursing education program and recommended conditional approval status with a focus survey visit in one (1) year for one program and removed the warning status of another:
- Redlands Community College, Associate Degree Nursing Program, El Reno, November 2020 with Conditional Status with focus visit in one year
- High Plains Technology Center, Practical Nursing Program, Woodward, January 2021 with Warning removed

At the closure of FY 2021, there were no survey visits pending Board approval.

In FY 2021, the Board reviewed reports of consultative visits conducted in the following nursing education programs:
- MedNoc Training College, OKC, Proposed Practical Nursing Program, Virtual April 26, 2021

NCLEX Pass Rate Reports

Pass rate reports are required when the first-time writer National Council Licensure Examination (NCLEX) pass rate for a nursing education program falls ten percentage points or more below the national average and at least ten candidates wrote the examination [OAC 485:10-3-5 (4)]. NCLEX pass rate reports were submitted in FY 2021 by the following nursing education programs with a Calendar Year 2020 NCLEX pass rate ten percentage points or more below the national average:
- Green Country Technology Center, Practical Nursing Program, Okmulgee
- High Plains Technology Center, Practical Nursing Program, Woodward (January 2021)
- Red River Technology Center, Practical Nursing Program, Duncan
- Tri County Technology Center, Practical Nursing Program, Bartlesville
- Redlands Community College, Associate Degree Nursing Program, El Reno
- Western Oklahoma State College, Associate Degree Nursing Program, Altus
- Langston University, Baccalaureate Degree Nursing Program, Tulsa
- Southern Nazarene University, Baccalaureate Degree Nursing Program, Bethany

A Board subcommittee reviewed the reports in October 2020, and made recommendations for each program. These recommendations were reviewed and accepted by the Board during the November 2020 meeting.

Request for New Programs, Additional Program Offerings, and Program Changes

In FY 2021, the Board did not receive any Step I applications for a new program.

In FY 2021, the Board granted Provisional Approval for the following new programs:
- ATA College, Practical Nursing Program, Tulsa, Provisional Approval, July 2020
- University of Tulsa, Oxley College of Health Sciences, Advanced Practice Registered Nursing Programs, Doctor of Nursing Practice, Tulsa, Certified Registered Nurse Anesthetist, November 2020

In FY 2021, the Board granted Full Approval for (two) advanced practice registered nursing programs:
- University of Tulsa, Oxley College of Health Sciences, Advanced Practice Registered Nursing Programs, Doctor of Nursing Practice, Tulsa, Adult Gerontology Acute Care Nurse Practitioner & Family Nurse Practitioner, November 2020
- Northwestern Oklahoma State University, BSN-DNP Family Nurse Practitioner Program, Alva, March 2021

In FY 2021, the Board approved additional program offerings on extended campuses for the following:
- Oklahoma Christian University, Baccalaureate Degree Nursing Program, Integris Baptist Medical Center, Oklahoma City, January 2021
- University of Oklahoma, Fran and Earl Ziegler College of Nursing, Baccalaureate Degree Nursing Program, Duncan and Norman, May 2021

In FY 2021, the following nursing education program closed:
- Rogers State University, Baccalaureate Degree Nursing Program, Bartlesville, July 2020

In FY 2021, the Board approved curriculum change requests from the following programs:
- Oklahoma State University, Oklahoma City, Associate Degree Nursing Program, Instructional Format Change, March 25, 2021
- Metro Technology Center, Oklahoma City, Practical Nursing Program, Curriculum Change, May 27, 2021
- Southern Oklahoma Technology Center, Ardmore, Practical Nursing Program, Conceptual Framework and Curriculum Change, May 27, 2021

Follow-Up Reports

There were two (2) nursing education program follow-up reports for FY 2021.
- Redlands Community College, Associate Degree Nursing Program, El Reno, Follow-Up Report on Warning Status, November 2020 with Conditional Status
- High Plains Technology Center, Practical Nursing Program, Woodward, Follow-Up Report on Warning Status, January 2021 with Warning removed

Meetings

The Nursing Education Consultant attended and provided input/directions in 11 meetings, which were primarily related to nursing education this fiscal year, as compared to 8 meetings attended in FY 2020.

Other Division Activities

Nursing Education and Nursing Practice Advisory Committee

The purpose of the Advisory Committee on Nursing Education and Nursing Practice is to:
1.   Review annually the minimum standards for approved schools of nursing and make recommendations which would assure the standards are realistic and reflect the trends and present practices in nursing education;
2.   Examine and make recommendations concerning nursing practice issues;
3.   Provide input on the role and scope of safe and competent nursing practice; and
4.   Review annually the *Rules of the Oklahoma Board of Nursing*.

Persons who have served on this committee during the fiscal year are:
Liz Massey, DNP, RN, Board Representative
Kathy O'Dell, DNP, RN, Board Representative
Shelly Swalley, MSN, RN, Board Representative
Kim Stout, RN, Oklahoma Organization of Nurse Executives
Liz Michael, MS, RN, Oklahoma Organization of Nurse Executives
Chris Weigel, MS, RN, Oklahoma Organization of Nurse Executives
Chris King, RN, Oklahoma Organization of Nurse Executives
Karen Vahlberg, BSN, RN, Oklahoma Association for Home Care
Michele Bradshaw, MSN, RN, Oklahoma Nurses Association
Shelly Wells, Ph.D., MBA, MS, APRN-CNS, Oklahoma Nurses Association
Linda Cook, PhD, RN, APRN-CNS, Baccalaureate & Higher Degree Deans Council
Jennifer Gray, PhD, RN, Baccalaureate & Higher Degree Deans Council
Marcia Cullum, MSN, RN, Associate Degree Directors Council
Marietta Lynch, BSN, RN, Oklahoma Association of Health Care Providers
J.R. Polzien, MSN, RN, OK Department of Career & Technology Education
Amanda Churchman, MSN, RN, OK Department of Career & Technology Education
Stephanie Beauchamp, Ed.D., Oklahoma State Regents for Higher Education
Amy Terry, MS, RN, Oklahoma State Department of Health
Dolores Cotton, MS, Med, RN, Practical Schools of Nursing
Sarah McDaniel, LPN, Board-appointed LPN
Nicole Meek, BSN, RN, Board-appointed Representative of AUA Programs
Amber Pagel, BSN, RN, Board-appointed Representative of AUA Programs

Board staff representatives were Gina Stafford, BSN, RN; Terri Walker, MSN, RN, and Jackye Ward, MSN, RN.

Nursing Education and Nursing Practice Advisory Committee meetings were held virtually on November 13, 2020, February 19, 2021 and June 11, 2021.

Advanced Practice Advisory Committee

The purpose of the Advanced Practice Advisory Committee is to:
1. Make recommendation to the Board concerning advanced practice educational programs, national certifying bodies, definitions of scope of practice statements, standards of practice, and other practice-related issues;
2. Advise the Board in the development and enforcement of Rules and Regulations regarding advanced practice;
3. Advise the Board with regard to complaints filed against advanced practitioners, and assists the Board in interpretation of the Scope of Practice and Standards of Care for the Advanced Practitioner; and,
4. Perform other duties as defined by the Board.

Persons who have served on this committee during this fiscal year are:
Tricia Butner, DNP, APRN-CNP, Oklahoma Association of Nurse Practitioners
Margaret Rosales, MSN, APRN-CNP, Oklahoma Association of Nurse Practitioners
Jana Butcher, MSN, APRN-CNP, Oklahoma Chapter of the National Association of Pediatric Nurse Practitioners
Leanna Harkess, MSN, APRN-CNM, CNP, American College of Nurse Midwives, OK Chapter Affiliate
Jill Nobles-Botkin, MSN, APRN-CNM, American College of Nurse Midwives, OK Chapter Affiliate
Dorothy Pointer, MSN, APRN-CNM, American College of Nurse Midwives, OK Chapter Affiliate
Steve McKitrick, BSN, APRN-CRNA, Oklahoma Association of Nurse Anesthetists
Dennis Dodd, BS, APRN-CRNA, Oklahoma Association of Nurse Anesthetists
Randy Hailey, Jr, MSN, APRN-CRNA, Oklahoma Association of Nurse Anesthetists
Carol Stewart, MSN, APRN-CNS, Oklahoma Association of Clinical Nurse Specialists
Elaine Haxton, MSN, APRN-CNS, Oklahoma Association of Clinical Nurse Specialists
Tracey Walker, MSN, APRN-CNS, Oklahoma Association of Clinical Nurse Specialists
Melissa Craft, PhD, APRN-CNS, Board-appointed Faculty from an Oklahoma Advanced Practice Registered Nursing Education Program for Clinical Nurse Specialist Educator
Gina Crawford, DNP, APRN-CNP, Board-appointed Faculty from an Oklahoma Advanced Practice Registered Nursing Education Program for Certified Nurse Practitioner Educator
Mandy Nelson, DNP, APRN-CNS, Board Representative
Jan Pavolik, RN, MSA, Board Representative

Board staff representatives were Gina Stafford, BSN, RN, Terri Walker, MSN, RN, and Jackye Ward, MSN, RN.

The Advanced Practice Advisory Committee were held virtually on October 6, 2020 and February 2, 2021.

CRNA Formulary Advisory Council

The purpose of the CRNA Formulary Advisory Council is to:
1. Develop and submit to the Board recommendations for an inclusionary formulary that lists drugs or categories of drugs that may be ordered, selected, obtained or administered by Certified Registered Nurse Anesthetists authorized by the Board to order, select, obtain and administer drugs.

2. Develop and submit to the Board recommendations for practice-specific standards for ordering, selecting, obtaining and administering drugs for a Certified Registered Nurse Anesthetist authorized by the Board to order, select, obtain and administer drugs pursuant to the provisions of the *Oklahoma Nursing Practice Act*.

The CRNA Formulary Advisory Council is composed of five (5) members:
Appointed by the Oklahoma Association of Nurse Anesthetists
    Victor Long, APRN-CRNA
    Bruce Kennedy, APRN-CRNA

Appointed by the Oklahoma Society of Anesthesiologists
    Jeremy Almon, MD
    Brian Seacat, MD

Appointed by the Oklahoma Pharmaceutical Association
    Mark St. Cyr, DPh

The Oklahoma Board of Nursing representative for CY 2021 was Jan Palovik, M.S.A., RN Board staff representatives were Gina Stafford, BSN, RN, and Jackye Ward, MSN, RN.

Due to the pandemic, the FY 2020 annual meeting of the CRNA Formulary Advisory Council was rescheduled for September 28, 2020, moving the meeting to FY 2021. The CRNA Council reviews and provides recommendations for revision to the *CRNA Inclusionary Formulary*, #P-50, which is then reviewed by the Board for approval. The CRNA Formulary Advisory Council held two virtual meetings consistent with the amendments to the Open Meeting Act, 25 O.S. L. 2011 §301 *et seq*, and signed into law by Governor Stitt on March 18, 2020. The meetings were held virtually September 28, 2020 and April 26, 2021.

Formulary Advisory Council

The purpose of the Formulary Advisory Council is to:
1. Develop and submit to the Board recommendations for an exclusionary formulary that shall list drugs or categories of drugs that shall not be prescribed by advanced practice nurses recognized to prescribe by the Oklahoma Board of Nursing.
2. Develop and submit to the Board recommendations for practice-specific prescriptive standards for each category of advanced practice nurse recognized to prescribe by the Oklahoma Board of Nursing pursuant to the provisions of the *Oklahoma Nursing Practice Act*.

The Formulary Advisory Council is composed of twelve (12) members:
Appointed by the Oklahoma Board of Nursing:
    Kathy O'Dell, DNP, RN
    Leanna Harkess, MSN, APRN-CNM, APRN-CNP
    Tracy Langley, MSN, APRN-CNP
    Robin Potter-Kimball, MSN, APRN-CNS

Appointed by the Oklahoma Pharmaceutical Association:
    Jay Kinnard, DPh
    Deaton Chancey, DPh
    JJ Peek, DPh
    Kacee Blackwell, DPh

Appointed by the Oklahoma State Medical Association:
    Samuel Ratermann, MD
    Edward Legako, MD
    Dana Stone, MD

Appointed by the Oklahoma Osteopathic Association:
    Jason Regan, DO

Gina Stafford, BSN, RN, and Jackye Ward, MSN, RN, served as Board staff representatives.

Due to the pandemic, the Formulary Advisory Council meeting was rescheduled for October 29, 2020 to review the *Exclusionary Formulary for Advanced Practice Registered Nurses with Prescriptive Authority*, #P-50B. Formulary Advisory Council held a virtual meeting consistent with the amendments to the Open Meeting Act, 25 O.S. L. 2011 §301 *et seq*, and signed into law by Governor Stitt on March 18, 2020. The meeting was held virtually October 29, 2020.

Peer Assistance Program

Introduction

The Peer Assistance Program was established in statutes November 1994 to rehabilitate nurses whose competency may be compromised because of the abuse of drugs or alcohol, so that such nurses can be treated and can return to or continue the practice of nursing in a manner which will benefit the public. The program shall be under the supervision and control of the Oklahoma Board of Nursing (59 O.S. § 567.17A). This approach allows the Board to retain control of nursing practice for the protection of the public, which is the mission of the Board.

The Program is administered by the Program Coordinator, a doctorate prepared Registered Nurse, who reports directly to the Executive Director of the Board. The Program employs two other Registered Nurses, one who is certified in Addictions nursing. These Registered Nurses serve as Case Managers. The Program also employs one Legal Secretary.

Program Policies and Guidelines

As a part of the Board's oversight, it approves the program guidelines and periodically reviews and revises those guidelines (OAC 485:10-19-3(a)). In FY 2021, the Board reviewed or revised the following policies of the Program:
Peer Assistance Program Nurse Support Group Criteria, #PA-07
Peer Assistance Program Evaluator Criteria, #PA-18
Peer Assistance Program Counselor Criteria, #PA-05
Peer Assistance Program Evaluation Criteria, #PA-06
Confidentiality Policy, #PA-14
Provider List Procedure, OBN-5

On November 1, 2011 (FY 2012) statutory changes were implemented regarding the licensure status of nurses entering the Program (59 O.S. § 567.17 K). Participation in the Program is no longer non-public. The license status of all nurses in the Program is now marked with Conditions-Peer Assistance during the term of participation. For those participating voluntarily, the conditions are non-disciplinary.

Peer Assistance Committees (PAC)

Peer Assistance Committees function under the authority of the Board in accordance to the Rules of the Board (59 O.S. § 567.17B). The committee members are appointed by the Board of Nursing for three-year terms (OAC 485:10-19-4(d)). They serve voluntarily without pay. The Board appointed or reappointed 3 committee members this year.

The following individuals have served on PAC during FY 2021:

Brandi Beers, RN	Bill Mosher, LPC, LADC
Robin Brothers, PhD, RN	Patty Gail Patten MS, LPC, LADC, LMFT
Deborah Campbell, RN	James Patterson, CADC, ICADC
Suzanne Cannon, MHR, LPC, LADC	Doug Richardson, LADC
Tim Castoe RN	Melissa Rios, LADC
Terri Chapman, BSN, RN*	Kimberly Roberts, APRN-CNS
Laura Clarkson, RN, CARN	Becky Smith, MHR, RN, LADC*
Cathey Chambers, LADC	Sheila St. Cyr, MS, RN-BC
Jeff Hudson, RN	Heather Stranger, MSN, RN
Patti Mason, MA, LADC	Leah Trim, RN
Dianna McGuire, MS, LADC, LPC, NCGCII	

*Denotes committee members who have served since the first year of the program.

During FY 2021, there were 21 individuals who served on committees. Each member averaged 26 hours in committee meetings (not including preparation time for the meeting). This is the equivalent of 3.25 days each of service work to the program.

There are currently 17 individuals still serving on six Committees. Eleven of the current PAC members are licensed nurses, 8 are certified or licensed in addictions and 12 are recovering individuals. Board rules require that each PAC have at least one recovering individual, one individual with a certification in addictions and the majority to be licensed nurses (OAC 485:10-19-4 (b).

PAC Activity

The *Rules of the Oklahoma Board of Nursing* define the PAC responsibilities as determining licensee's acceptance into the program, developing the contract for participation, determining progress, successful completion or termination for failure to comply and reporting all terminations to the Board. They meet with the participants on a regular basis to evaluate progress. (OAC 485: 10-19-4(c))

On a **monthly basis** this past fiscal year the PAC has averaged 3 meetings, volunteered an average of 46 hours, accepted 3 new applicants into the Program and met with an average of 31 nurses to review progress. The PAC reviewed progress with approximately 36% of the participants each month.

PAC Activity in Past Five Years

Activity	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	Variances 1 Year & 5 Year
PAC Meetings	42	45	44	35	37	↑ 6% & ↓ 12%
Scheduled Reviews	715	569	401	246	275	↑ 12% & ↓ 62%
Noncompliance Reviews	136	142	156	104	100	↓ 4% & ↓ 26%
Total Reviews	851	711	557	350	372	↑ 6% & ↓ 56%
Volunteer Hours	790	818	704	539	556	↑ 3 % & ↓ 30%

New Cases

Applicants to the program are screened by the program staff to ensure they meet eligibility requirements as set forth in the *Rules of the Oklahoma Board of Nursing* (OAC 485:10-19-5). Those who meet the requirements are scheduled for an entry appointment with the PAC at which time the PAC determines whether they meet the criteria for acceptance into the program.

New Cases in the Past Five Years

Activity	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	Variances 1 Year & 5 Year
Entry Appointments Scheduled	95	59	64	69	41	↓ 41% & ↓ 57%
Entry Appointments Not Kept	3	3	4	1	2	↑ 100% & ↓ 33%
Entry Appointments Conducted	92	56	60	68	39	↓ 43% & ↓ 58%
Applicants Not Accepted	6	2	2	3	1	↓ 67% & ↓ 83%
Applicants Accepted	86	54	54	60	37	↓ 38% & ↓ 57%
Applicants Declining Contract	0	0	1	3	3	-- & --
Total Entering Program	86	54	54	60	37	↓ 38% & ↓ 57%
Total New Cases	95	59	64	69	41	↓ 41% & ↓ 57%

Of the 41 nurses initiating contact with the Program for participation and completing the application process, 90% (37 nurses) entered the Program, 5% (2 nurses) failed to keep their appointment with the PAC or withdrew the application, 2% (1 nurse) was not accepted into the Program by the PAC. An additional 5 nurses contacted the Program and were interviewed by staff but chose not to make application.

New Cases
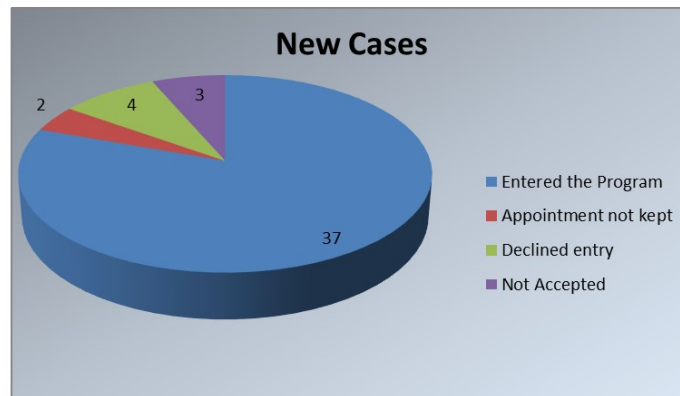
Participants

Nurses enter the program voluntarily either through direct application or referral from the Board of Nursing. The minimum length of participation in the program for successful completion is 24 months. The average length of participation for individuals successfully completing the program during FY 2021 was 32 months.

Termination from the program can occur any time after acceptance into the program. The average length of participation for individuals terminating from the program in FY 2021 was 13 months, compared to 10 months in FY 2020. Eight (40%) of the 20 individuals terminated from the program were in the program 3 months or less. The majority (70%) of individuals terminated from the program had less than one year's participation and 20% were in for 6 months or less.

Nurses who leave the Program for any reason other than successful completion are reported to the Oklahoma Board of Nursing. By law, the Executive Director of the Board must suspend the license of the nurse who voluntarily entered the program with the case scheduled for a Board Hearing. Nurses who entered the program by an order of the Board and leave the program are disciplined as set forth in the order of the Board (59 O.S. § 567.17 I).

Participation by Type of Entry
2017-2021
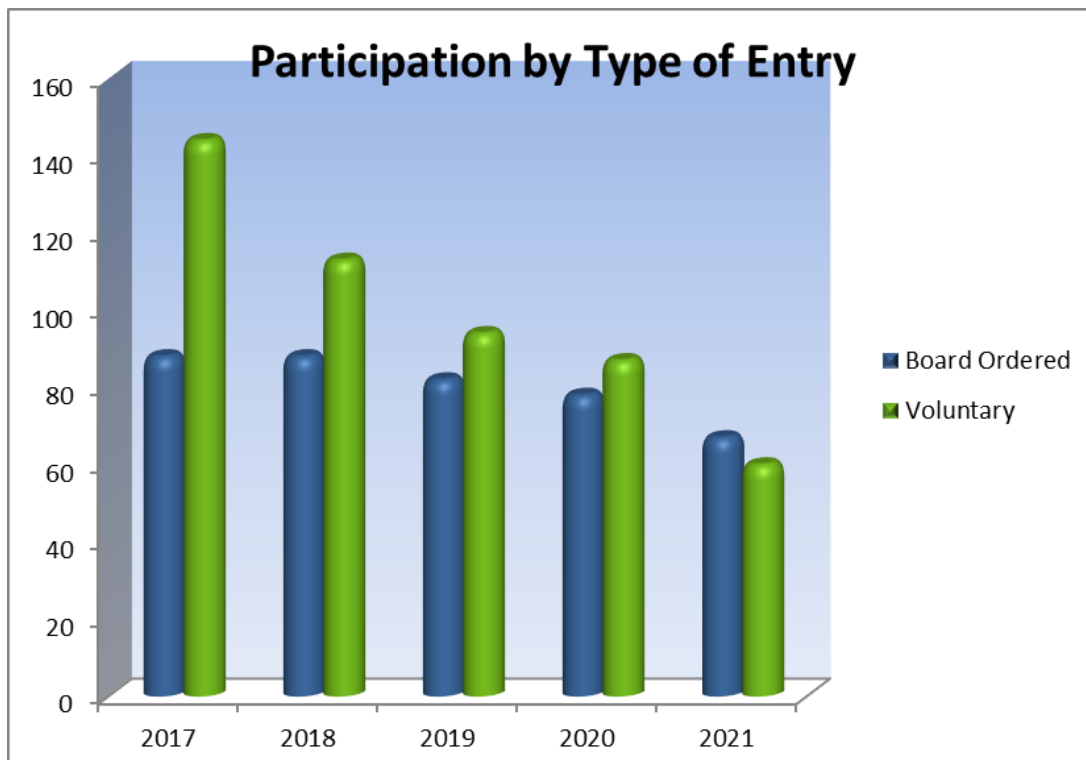
Nurses Entering the Program with Board Action

Activity	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	5 Year Total	Variances 1 Year & 5 Year
Entering	34	28	27	29	20	138	↓ 31% & ↓ 41%
Participants on 6/30	59	54	51	46	48	--	↑ 4% & ↓ 19%
Participants Discharged	20	18	15	20	9	82	↓ 55% & ↓ 55%
Participants Terminated	10	16	16	12	10	64	↓ 16% & --
Total Participation	88	88	82	78	67	194*	↓ 14% & ↓ 24%

(*5 year total participation equal number of participants on 6/30/2021 + discharges and terminations between 7/1/2017– 6/30/2021)

Thirty-three percent of the 194 nurses participating in the program through Board action in the past 5 years have been terminated for noncompliance or withdrawn from the program without completing. Forty-two percent have been discharged for successful completion and twenty-five percent are still in the program.
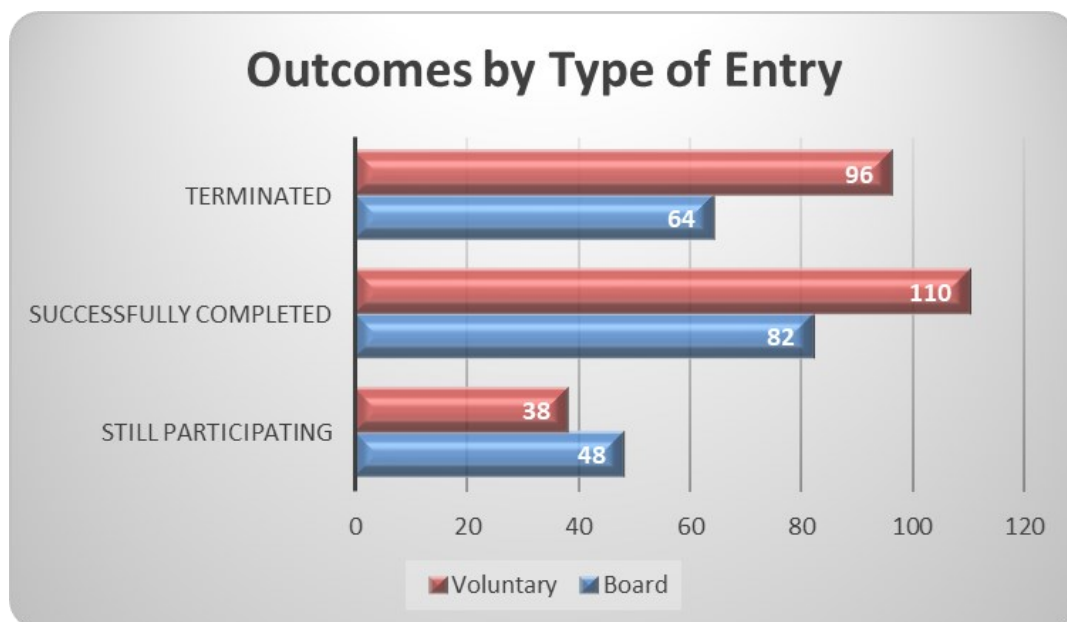
Nurses Entering the Program without Board Action

Activity	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	5 Year Total	Variances 1 Year & 5 Year
Entering	52	26	27	31	17	153	↓ 45% & ↓ 67%
Participants on 6/30	88	68	54	44	38	--	↓ 14% & ↓ 57%
Participants Discharged	27	23	26	22	12	110	↓ 45% & ↓ 56%
Participants Terminated	29	22	14	21	10	96	↓ 52% & ↓ 66%
Total Participation	144	113	94	87	60	244*	↓ 31% & ↓ 58%

(*5 year total participation equal number of participants on 6/30/2021 + discharges and terminations between 7/1/2017 – 6/30/2021)

Forty-four percent of the nurses in the program this year entered without Board Action. In the last five years, nurses entering the program without Board Action have been in the majority. Thirty-nine percent of the 244 nurses participating in the program without Board Action in the last five years have been terminated for noncompliance or withdrawn from the program without completing. Forty-five percent of the 244 nurses participating without Board Action in the past five years have been discharged for successful completion. Sixteen percent are still in the program.

**Outcomes by Type of Entry
2017-2021**

All Nurses Entering the Program

Activity	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	5 Year Total	Variances 1 Year & 5 Year
Participants on 6/30	147	122	105	90	86	550	↓ 4% & ↓ 41%
Participants Discharged	47	41	41	42	21	192	↓ 50% & ↓ 55%
Participants Terminated	39	38	30	33	20	160	↓ 39% & ↓ 49%
Total Participants	233	201	176	165	127	438*	↓ 23% & ↓ 45%
Applicants not Entering	9	4	7	7	6	33	↓ 14% & ↓ 33%
**Total Cases	241	205	183	172	133	471†	↓ 23% & ↓ 45%

(*5 year total participation equal number of participants on 6/30/2021 + discharges and terminations between 7/1/2017 – 6/30/2021.
 **Total cases are the number of total participants in the program during the year plus the number who went through the application process and then did not sign a contract with the program.
† 5 year totals equal the 5 year total participants + 5 year total applicants not entering)

Nurses referred to the program through Board Action account for forty-four percent of the nurses participating the program in the last five (5) years, forty percent of those terminated from the program, and forty-three percent of those successfully completing.

Nurses referred to the program without Board Action account for fifty-six percent of the nurses participating in the program in the past five (5) years, sixty percent of those terminated from the program, and fifty-seven percent of the nurses successfully completing the program in the last five years.

Participation by Licensure

Licensed nurses, including LPN, RN, and APRN, may be considered for participation in the program, provided they meet the eligibility requirements as set forth in the *Rules of the Oklahoma Board of Nursing* (OAC 485:10-19-5). Participation by license level for the past five years is illustrated in the following chart.

Participation by Licensure Type
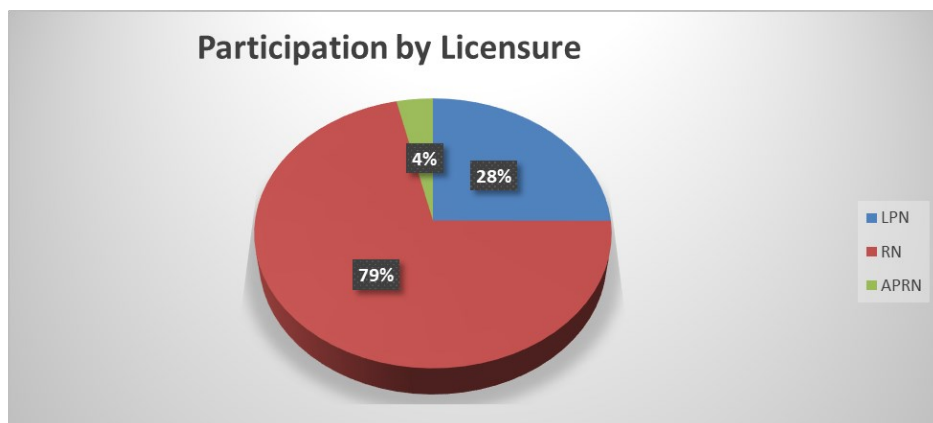
Participation by Gender

Summary of Male Participation FY 2017–FY 2021

Activity	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	5 Year Total	Variances 1 Year & 5 Year
Participants on 6/30	19	21	17	14	16	87	↑ 14% & ↓ 16%
Participants Discharged	8	4	7	8	3	30	↓ 63% & ↓ 63%
Participants Terminated	4	4	7	4	2	21	↓ 50% & ↓ 50%
Total Participation	31	29	31	26	21	67*	↓ 19% & ↓ 32%

(*5 year total participation equal number of participants on 6/30/2021 + discharges and terminations between 7/1/2017 – 6/30/2021)

Males comprised fifteen percent of participants in the program during the past five years. They account for sixteen percent of the nurses discharged for successful completion and thirteen percent of those terminated from the program.

Summary of Female Participation FY 2017–FY 2021

Activity	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	5 Year Total	Variances 1 Year & 5 Year
Participants on 6/30	129	101	88	76	70	464	↓ 8% & ↓ 46%
Participants Discharged	39	37	34	34	18	162	↓ 47% & ↓ 54%
Participants Terminated	35	34	23	29	18	139	↓ 38% & ↓ 49%
Total Participation	203	172	145	139	106	371*	↓ 24% & ↓ 48%

(*5 year total participation equal number of participants on 6/30/2021 + discharges and terminations between 7/1/2017 – 6/30/2021)

Females comprised eighty-five percent of the nurses participating in the program during the past five years. Eighty-four percent of nurses successfully completing the program were female. Eighty-seven percent of the nurses terminated from the program were female.

Relapse Rates

Relapse is defined as unauthorized use of mind-altering, intoxicating, potentially addictive drugs after a period of sustained abstinence. During FY 2021, the total relapse rate was 5%, compared to 3% in FY 2020.

Office Activity

Office Activity by Type

Activity	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	Variances 1 Year & 5 Year
Reports Monitored	5,270	5,265	4,172	3,990	3,274	↓ 4% & ↓ 29%
Educational Presentations	5	7	9	8	3	↓ 11% & ↑ 16%
Applicant Interviews	136	73	74	84	46	↑ 14% & ↓ 42%
Average Time From Application to Entry	6.2	7 days	6 days	10 days	13 days	↑ 66% & ↑ 85%
Average Time to Address	2.5	.21	< 1 day	< 1 day	< 1 day	-- & ↓ 77%
Average Time to Remove from Nursing Practice when Relapse is Identified	1 day	<1 day	< 1 day	< 1 day	< 1 day	-- & --

Thirty-one percent of the participants in the program at the end of the fiscal year had been in for less than one year. Participants in the first year of participation require more intensive monitoring as this is when there is the greatest of risk of relapse.

Addressing noncompliance quickly is an additional safeguard. Noncompliance with the contract may indicate a safety issue with the nursing practice of the individual and be a signal of relapse. For FY 2021, it took an average of <1 day for the program to address noncompliance issues, exceeding the performance measure. The trending decrease in time to address noncompliance with the contract is attributable to the advances in the Program's electronic monitoring software, specifically, push technology and e-communication. The program directs nurses with identified safety issues, relapse behaviors and/or identified relapse to cease nursing practice within one day of identification.

Due to the March 15, 2020 declared emergency caused by the impending threat of COVID 19 to the people of the State of Oklahoma, all Program staff shifted to a teleworking model. With this shift, the Program staff quickly and efficiently put systems in place to conduct 100% of business electronically and telephonically, including Peer Assistance Committee meetings and intake appointments. The FY 2021 4th Quarter agency dashboard indicators, average number of days from termination to licensure action, average number of days to address noncompliance, and average number of days from Peer program application to entry continued to meet the quarter target.

Nurses who voluntarily enter the program do not require a Board hearing, thus utilizing fewer resources within the Agency. This year 60 (47%) of the 127 nurses who participated in the program entered voluntarily. This supports the Board's goal to operate efficiently and effectively.

Office Activity Per Participant

Average Activity Per Participant Per Year	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	5-Year Average
Reports	27	26	24	24	25	25
PAC Reviews	3	3	2.7	2.5	2.3	3

Investigative Division

Introduction

The Investigative Division conducts investigations for allegations of violations of the Nursing Practice Act. The work is accomplished through a priority system and performed by objective fact finding during the investigative process. Evidence is presented during Board hearings by investigative staff. The Division is responsible for monitoring compliance to Board Orders and reporting Board actions to Federal databanks. The Investigative Division is comprised of six Nurse Investigators and three legal secretaries.

The Oklahoma Nursing Practice Act (ONPA) gives the Oklahoma Board of Nursing (Board) the power to: 1) deny, suspend, or revoke any licensure to practice as an Advanced Practice Registered Nurse, Registered Nurse single-state or multistate, or Licensed Practical Nurse, single-state or multistate, or certification as an Advanced Unlicensed Assistant or authorization for prescriptive authority or authority to order, select, obtain and administer drugs; 2) assess administrative penalties; and 3) otherwise discipline applicants, licensees or Advanced Unlicensed Assistants. The Act further states the Board shall impose a disciplinary action pursuant to the above upon proof that the person:

1. Is guilty of deceit or material misrepresentation in procuring or attempting to procure:
   a. a license to practice registered nursing, licensed practical nursing, and/or a license to practice advanced practice registered nursing with or without either prescriptive authority recognition or authorization to order, select, obtain and administer drugs, or
   b. certification as an Advanced Unlicensed Assistant;
2. Is guilty of a felony, or any offense reasonably related to the qualifications, functions or duties of any licensee or Advanced Unlicensed Assistant, or any offense an essential element of which is fraud, dishonesty, or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed, or any conduct resulting in the revocation of a deferred or suspended sentence or probation imposed pursuant to such conviction;
3. Fails to adequately care for patients or to conform to the minimum standards of acceptable nursing or Advanced Unlicensed Assistant practice that, in the opinion of the Board, unnecessarily exposes a patient or other person to risk of harm;
4. Is intemperate in the use of alcohol or drugs, which use the Board determines endangers or could endanger patients;
5. Exhibits through a pattern of practice or other behavior actual or potential inability to practice nursing with sufficient knowledge or reasonable skills and safety due to impairment caused by illness, use of alcohol, drugs, chemicals or any other substance, or as a result of any mental or physical condition, including deterioration through the aging process or loss of motor skills, mental illness, or disability that results in inability to practice with reasonable judgment, skill or safety; provided, however, the provisions of this paragraph shall not be utilized in a manner that conflicts with the provisions of the Americans with Disabilities Act;
6. Has been adjudicated as mentally incompetent, mentally ill, chemically dependent or dangerous to the public or has been committed by a court of competent jurisdiction, within or without this state;
7. Is guilty of unprofessional conduct as defined in the rules of the Board;
8. Is guilty of any act that jeopardizes a patient's life, health or safety as defined in the rules of the Board;
9. Violated a rule promulgated by the Board, an order of the Board, or a state or federal law relating to the practice of registered, practical or advanced practice registered nursing or advanced unlicensed assisting, or a state or federal narcotics or controlled dangerous substance law including, but not limited to prescribing, dispensing or administering opioid

drugs in excess of the maximum limits authorized in Section 2-309I of Title 63 of the Oklahoma Statutes;

10. Has had disciplinary actions taken against the individual's registered or practical nursing license, advanced unlicensed assistive certification, or any professional or occupational license, registration or certification in this or any state, territory or country;
11. Has defaulted and/or been terminated from the Peer Assistance Program for any reason;
12. Fails to maintain professional boundaries with patients, as defined in the Board rules; and/or
13. Engages in sexual misconduct, as defined in Board rules, with a current or former patient or key party, inside or outside the health care setting

Investigation and Disciplinary Process

The number of ONPA alleged violations reported to the Board during FY 2021 that resulted in opened cases for investigation decreased fifteen percent (15%) compared to FY 2020. The number of alleged violations received against licensees/applicants represents 0.4% of the total licensee/applicant population regulated by the Board. Board staff, legal counsel, and/or other governmental agencies complete investigations of alleged violations reported to the Board. During any investigation, the staff emphasizes the Board's commitment to the due process afforded each individual under the provisions of the ONPA and the Administrative Procedures Act as well as the Board's legislative mandate to safeguard the public's health, safety, and welfare.

Investigative Cases Opened

Categories of data compiled about opened investigative cases include the Classification of Licensure/Certification/Applicant, Type of Case, and Location of Case.

Number/Percent of Licensees/Applicants with Cases That Were Opened During FY 2021 Compared to Total Regulated Population

Classification	Number of Licensees/Applicants with Cases Opened*	Number of Licensees Regulated or Applications Received	Percentage of Licensees Regulated or Applications Received with Cases Opened
RN	125	51,104	0.2%
LPN	92	16,233	0.6%
APRN	31	5,403	0.6%
AUA	0	410	0%
NCLEX-RN	18	2,611	0.7%
RN Endorsement	8	1,006	0.8%
NCLEX-LPN	32	1,087	2.9%
LPN Endorsement	3	130	2.3%
Other	0		
Total	309	77,984	0.4%

*Number reflects the number of individuals with cases opened, not the number of cases opened in subsequent tables as 1 individual could have more than one alleged violation reported to the Board during the course of the fiscal year.

Type of Cases Opened

FY 2021	Drug	Nursing Practice	Abuse/ Neglect	Felony	Viol. of Order	Other*	Reinstate- ment Return to Active	PAP Related	Worked Lapsed License	Deceit	Total
Number	51	63	6	21	0	100	31	2	14	21	309
Percentage	17%	20%	2%	7%	0%	32%	10%	1%	5%	7%	100%

*Other types of administrative procedure cases were: hearing on temporary suspensions, request to amend, request to terminate probation, request for inactive status, voluntary surrender or court order surrender of license, misdemeanor, reappear before the Board as ordered, peer assistance related, request for reconsideration of Board decision, lawsuit, renewal application, etc.

Location of Cases Opened

FY 2021	Hospital	Nursing Home	Home Health	*Other Nursing	**Other Non-Nursing	Total
Number	57	42	9	57	144	309
Percentage	18%	14%	3%	18%	47%	100%

*Other nursing settings are physician's office, clinic, hospice, state correction facility, etc.
** Other non-nursing settings are felonies, reinstatements, probation violations, etc.

Types of Cases Opened in Clinical Settings in FY 2021

Type	Hospital	Nursing Home	Home Health	Other Nursing/ Non-Nursing
Drug	29	11	1	10
Nursing Practice	18	18	3	26
Abuse/Neglect	0	3	2	1
Worked Lapsed License	1	0	1	6
Other	9	10	2	158
Total	57	42	9	201

Resolution and Closure of Investigative Cases

Investigative cases are resolved when the Board takes action on the case through Formal Hearings or Informal Disposition Panel Conferences. Investigative cases are closed when Board staff closes a case for no violation of the ONPA, for insufficient evidence, etc. During FY 2021, 44% of the cases were resolved/closed within six months.

FY 2021 Resolution/Closure Based on Length of Time Opened

Board Resolved	Total	Board Staff Closed	Total	Grand Total
Within 6 months	49	Within 6 months	94	143
After 6 months	119	After 6 months	60	179
Totals	168	Totals	154	322

Reasons for Closure by Board Staff

FY 2021	Insufficient Evidence	No Violation	*Other	Total
Total	20	7	127	154
Percentage	13%	5%	82%	100%

*Other reasons for closure of open cases are: no jurisdiction, lapsed license, on advice of legal counsel, resolution of court case, appropriate action by employer, self-referrals to the Peer Assistance Program, etc.

Formal Hearings and Informal Disposition Panel (IDP) Conferences are conducted bi-monthly to resolve open investigative cases. The Board experienced a 1% increase in the total number of hearings in Fiscal Year 2021 compared to Fiscal Year 2020.

Total Number of Informal Disposition Conferences and Formal Hearings

Fiscal Year	Total Number of Informal Disposition Cases	Total Number of Formal Hearings (Full Board)	Total Hearings
2020	94	73	167
2021	94	74	168
Variance	0%	↑ 1%	↑ 1%

During the 2015 legislative session, Corrective Actions for violations of the Nursing Practice Act and/or Rules was added to the Nursing Practice Act. Emergency rules for implementation of Corrective Actions were approved by the Governor on October 26, 2015 allowing the Board to implement Corrective Actions on the November 1, 2015 effective date. During FY 2021, forty-four (44) Corrective Action Orders were issued.

Also during the 2015 legislative session, the Nursing Practice Act was amended granting authority to the Executive Director to accept identified Agreed Disciplinary Orders on behalf of the Board. The law became effective November 1, 2015. The table below indicates the type and number of Agreed Disciplinary Orders issued by the Executive Director during FY 2021.

Agreed Disciplinary Orders Accepted by Executive Director on Behalf of Board

Type of Executive Director Order	Number of Executive Director Orders
Agreed entry into the Peer Assistance Program disciplinary orders	30
Agreed reinstatement/endorsement disciplinary orders when the applicant has practiced without an active Oklahoma license/certificate/recognition	3
Agreed disciplinary orders for the voluntary surrender of a license/certification/recognition	4

Rate and Number of Individuals Disciplined

The Board takes actions on open cases involving licensees or applicants in order to protect the health, safety, and welfare of the public. Those actions include denying licensure/certification (for example upon renewal, application for endorsement, application for licensure/certification by examination), revoking, suspending or otherwise disciplining a licensee or an advanced unlicensed assistive person. The number and rate of nurses disciplined in FY 2021 by type of licensure is shown below.

Number of Individuals Disciplined in FY 2021 by Type of License

Type	Total Number Disciplined	Total Number of Licenses	Rate of Nurses Disciplined
All Individuals	196	73,150	0.2%
RNs	110	51,104	0.2%
LPNs	77	16,233	0.4%
APRNs (licensure & prescriptive authority recognition)	8	5,403	0.1%
AUAs	1	410	0.2%

Nurse Population Data

The nurse population report (APRN, RN and LPN) in Oklahoma for FY 2021 is compiled from information provided by licensees at the time of licensure or renewal of licensure through June 30, 2021, for Advanced Practice Registered Nurses, Registered Nurses and Licensed Practical Nurses.

The summary shows the current fiscal year (2021).

Questions or comments regarding this information should be directed to the Executive Director of the Oklahoma Board of Nursing.

Licensure Count by Type for FY 2021	
RNs	51,104
LPNs	16,233
APRNs	5,344
Prescriptive Authority	4,396
AUAs	410
Nursing Education Programs	63
AUA Education Programs	8
Total Records	201,400

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