



# Massachusetts Board of Registration in Nursing

## Board News

July 2015

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### Mission

The mission of the Board of Registration in Nursing is to protect the health, safety and welfare of the citizens of the Commonwealth through the fair and consistent application of the statutes & regulations governing nursing practice and nursing education.

### Board Members

Katherine Gehly, CNP, Chairperson

Pat Gales, RN, Vice-Chairperson

Anthony J. Alley, RN

Margaret Beal, CNM

Joan Killion, LPN

Barbara Levin, RN

Ann-Marie Peckham, RN

E. Richard Rothmund, Public Member

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Susan Taylor, RN

Christine Tebaldi, CNP

Cheryl Urena, LPN

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# Board Chair and Executive Director Retire June 30, 2015

Members of the Massachusetts Board of Registration in Nursing honored Chairperson, Sandra Kelly, MS, CNP (APRN seat), and Executive Director, Rula Harb, MS, RN, for their service and commitment to the Board's public protection mission during the Board's May and June, 2015, meetings. Both Ms. Kelly and Ms. Harb retired on June 30, 2015.

A certified Adult Nurse Practitioner in Hematology/Oncology, Palliative Care and Radiation Oncology at the Hallmark Health Cancer Center prior to her retirement, Ms. Kelly has served as a member of the Board since 2008 and was elected to the office of Chairperson in June 2010. Later that year, Ms. Kelly welcomed nurses from across the state to the Board's Centennial Celebration, noting in her opening remarks that the Board's "...commitment to patient safety is evidenced by its willingness to engage in partnerships and collaborative dialogue with its constituents; to make evidence-based policy decisions; and to promote a patient safety culture that recognizes nursing as a complex process requiring both safe, competent nursing practice and the safest possible practice environments."

Ms. Kelly is widely recognized for her dedication to ensuring integrity, transparency, professional dialogue and excellence in regulatory practice. Among its many accomplishments under her leadership, the Board:

- promulgated amendments to 244 CMR 4.00 incorporating many of the standards of contemporary advanced practice nursing promoted by the national Advanced Practice Registered Nurse Consensus Model as well as the new statutory requirements recognizing independent nurse midwifery practice, the prescriptive practice authority of nurse anesthetists in the immediate perioperative period and the authority of nurse practitioners to certify documents related to a patient's physical or mental health;
- endorsed calls for all nurses to practice to the full extent of their education and training, and support for the independent practice of Advanced Practice Registered Nurses;
- created a regulatory framework for the use of social and electronic media by nurses in the Commonwealth; and
- initiated an evaluation of the regulations governing delegation (244 CMR 3.05) and the approval and operation of Registered Nurse and Practical Nurse education programs (244 CMR 6.00) for currency and relevance.

Appointed as the Board's Executive Director in 2005, Ms. Harb oversaw the daily operations of the Board including the licensure of over 146,000 nurses and the operation of 75 pre-licensure nursing education programs with a 2014 enrollment of over 13,000 nursing students, as well as the Board's Substance Abuse Rehabilitation Program. Originally appointed to the position of Nursing Education Coordinator in 1997, she also served as the Board's Associate Executive Director from 1999 to 2005. Ms. Harb's achievements during her tenure as Executive Director include:

- elected to the Board of Directors of the Massachusetts Coalition for the Prevention of Medical Errors (2005-2009), a public-private partnership whose mission is to improve patient safety;
- promoted a "just culture" regulatory environment, fostering education among regulators in patient safety science, and individual and systems accountability;
- directed an analysis of disciplinary actions by the Board and the subsequent publication of evidence-based error prevention recommendations for use by individual nurses, educators, employers and regulators;

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- led the creation of the Nurse-Employer Medication Safety Partnership Model, a non-disciplinary strategy to cultivate a long-term care practice environment supportive of medication error recognition and disclosure by nurses, assuring that errors are addressed at the facility level before they result in serious patient harm requiring reporting to state oversight agencies;
- guided the implementation of new regulations designed to reduce barriers to reciprocal licensure by non-US educated nurses and to expand the Board's recognition of evidence-based standardized measures of English proficiency;
- led the development and implementation of the 2014 amendments to the nursing board's regulations governing advanced nursing practice, removing the decades-old non-statutory barriers to practice for the state's 10,000 Advanced Practice Registered Nurses and incorporating many of the contemporary APRN practice standards promoted by the national consensus model; and
- as a strong proponent of data-driven decision making, engaged stakeholders in the establishment of a sustainable system for the ongoing collection of data to assess, forecast and inform nursing workforce development.

A native of Beirut, Lebanon, Ms. Harb graduated from the American University of Beirut and Boston University. Prior to her appointment to the Board's staff, she was the Director of the Brockton Hospital School of Nursing.

## Nursing Board Elects Fiscal Year 2016 Officers

At their June 2015 meeting, Board members elected its Fiscal Year 2016 officers including Chairperson, Katherine Gehly, MS, CNP, Assistant Division Dean for Nursing at Middlesex Community College and a certified Pediatric Nurse Practitioner. She holds the Board's Associate Degree educator seat.



*Immediate past Board Chairperson, Sandra Kelly (center) congratulates newly elected officers, Kathy Gehly (left), and Pat Gales.*

Newly elected Vice-Chairperson, Patricia Gales, MS, RN, appointed to the Board's Practical Nurse educator seat, is employed as a consultant having retired last year as the Director of the Upper Cape Cod Regional Technical School Practical Nurse Program.

For a list of the Board's Fiscal Year 2016 meeting dates, visit the Board's website at [www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn), click on "About the Board of Registration in Nursing" and then click on the link to the [BORN calendar](#). Please note that minutes of the Board's regularly scheduled monthly meetings are available on the [Minutes and Agendas of Previous Board Meetings](#) webpage.

# Five Nursing Board Member Vacancies

Currently, there are five board member vacancies:

- Registered Nurse in advanced practice (1);
- Licensed Practical Nurses (2);
- Physician (1); and
- Consumer (1).

Appointments to the Board are made by the Governor for a three year term; members may serve no more than two consecutive terms or until a successor is appointed. Qualified nurse members must

- hold a current Massachusetts nursing license;
- possess at least eight years of nursing practice experience in the ten years immediately preceding appointment;
- and be employed in nursing in the Commonwealth.

All members must be a Massachusetts resident, and are subject to the State Conflict of Interest and Ethics Law in accordance with M.G.L. Part IV, Title I, c. 268A.

The composition of the 17-member Board is established at M.G.L., Chapter 13, §13, and includes a total of

- nine Registered Nurses,
- four Licensed Practical Nurses,
- one physician,
- one pharmacist,
- and two public members.

Both the Registered Nurse and Licensed Practical Nurse members are required to include representation from long-term care, acute care, and community health practice settings.

Additionally, among the nine Registered Nurses, there must be

- one representative from each level of nursing education whose graduates are eligible to write nursing licensure examinations (baccalaureate and higher degree programs are considered be considered one level);
- two Registered Nurses in advanced practice, at least one of whom is employed providing direct patient care at the time of appointment;
- one Registered Nurse who is currently employed as a nursing service administrator and who is responsible in that role for agency or service wide policy development and implementation; and
- two Registered Nurses not authorized in advanced nursing practice and who provide direct patient care.

The statute also specifies that the consumer board member must be knowledgeable in consumer health concerns and have no current or prior association, directly or indirectly, with the provision of health care.

Individuals who are interested in an appointment to the Board should submit a letter of intent and current resume to James Lavery, Director, Division of Health Professions Licensure, 239 Causeway Street, Boston, MA 02114.

## Rula Harb Is the 2015 Recipient of the NCSBN McManus Award

Rula Harb, former Executive Director of the Massachusetts Board of Registration in Nursing, will receive the prestigious R. Louise McManus Award from the National Council of State Boards of Nursing during the Council's annual meeting in August 2015. The McManus Award recognizes Ms. Harb's many contributions to excellence in nursing regulation as well as her visionary leadership in public protection and patient safety through innovation, collaboration and public accountability.

## Board Staff Host Portuguese Nurse Regulators

Germano Couto, President, and Raul Fernandes, Head of Office, Ordem dos Enfermeiros, the regulatory agency governing nursing practice in Portugal, met with Executive Director, Rula Harb, MS, RN, and staff of the Massachusetts Board of Registration in Nursing (Board) on November 13, 2014, to learn about nursing regulation in the United States and in particular, the Board's use of best practices in its regulation of nursing practice and entry-level education in the Commonwealth.



*President Couto, Ordem dos Enfermeiros (center right) and Head of Office, Raul Fernandes (center left) pictured with Board staff.*

# Updates on Nursing Practice Laws and Regulations

## Domestic Violence Training Requirement for Licensure

[M.G.L. c. 260, § 9 of the Acts of 2014](#) now requires the boards of registration in medicine, nursing, nursing home administrators, physician assistants, social workers, psychologists and allied mental health and human services to promulgate regulations establishing standards that require training on the issue of domestic and sexual violence as a condition of licensure and license renewal.

Information about the Board's promulgation of the new regulations and how nurses can comply with this new requirement will be posted on its website when it is available. Nurses are encouraged to consult the website regularly to stay abreast of further developments.

## New CNP Requirement to Inform Patients: Palliative and End-Of-Life Care Options

In compliance with [M.G.L. c. 111, §227](#), amendments to the Department of Public Health (DPH) regulations at 105 CMR governing health care facility licensure have been approved by the Public Health Council. As a result, each hospital, clinic and long-term care facility (levels I through IV) in the Commonwealth is now required to provide its attending health care practitioners with culturally and linguistically suitable information regarding the availability of palliative care and end-of-life-options for distribution to appropriate patients.

To that end, the DPH, in collaboration with numerous hospice and palliative care experts from across the Commonwealth, has published an informational brochure, *Know Your Options: A Guide for Patients with Serious Advancing Illness*. Designed to help patients and their advocates make informed choices

regarding palliative and end-of-life care, the brochure is available in nine languages (Arabic, Cape Verdean, Chinese, Haitian Creole, Khmer, Portuguese, Russian, Spanish, and Vietnamese).

Facilities may opt to create and distribute their own educational materials containing information specified in regulation.

Each facility is also required to establish a policy to guide its attending health care practitioners in identifying appropriate patients and ensuring that they receive an informational brochure in a timely manner.

A "health care practitioner", as defined in the new regulations, means a physician or nurse practitioner who has primary responsibility for the care and treatment of the patient. The new regulations also define an "appropriate patient" to mean a patient whose attending health care practitioner has:

- diagnosed a terminal illness or condition which can reasonably be expected to cause the patient's death within six (6) months, whether or not treatment is provided, provided that the attending health care practitioner determines that discussion of palliative care services is not contraindicated;
- or determined that discussion of palliative care services is consistent with the patient's clinical and other circumstances and the patient's reasonably known wishes and beliefs.

For additional information regarding the regulatory amendments or to download the DPH brochure as a PDF, visit [www.mass.gov/dph/eol](http://www.mass.gov/dph/eol).

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## Public Health Council Amends Regulations: Implications for CNP and CNM Practice

The Massachusetts Public Health Council (PHC), at its November 12, 2014, meeting, approved amendments relative to the use of the state's Prescription Monitoring Program (PMP), fulfilling the statutory mandates of Chapter 244 of the Acts of 2012 and Chapter 38 of the Acts of 2013.

The amendments at 105 CMR 700.000: *Implementation of M.G.L. c. 94C* are designed to:

- better inform clinical decision making by prescribers using the state's PMP;
- permit prescribers to prescribe naloxone to a person other than the ultimate user; and
- ensure consistency with new rules regarding prescriptions issued by physician assistants.

According to Deborah S. Allwes, BS, BSN, RN, MPH, former Director, MA Bureau of Health Care Safety and Quality<sup>1</sup>, the changes will improve public health and safety by:

- requiring certain PMP participants to utilize the PMP prior to issuing to a patient, for the first time, a prescription for a Schedule II or III narcotic drug, or for a drug product containing a benzodiazepine;
- outlining those times when a registered individual prescriber does not have to utilize the PMP, such as during emergency care, or other identified circumstances;
- enabling the Department to issue guidance on PMP utilization prior to prescribing commonly

abused and addictive prescription drug products in Schedules IV and V;

- allowing for the use of delegates, a class of PMP users who, as authorized support staff, may use the system (as designated by the Department) on behalf of a registered participant; and
- creating a process by which access to the MA Online PMP may be suspended or revoked if a user violates the terms and conditions for use of the system.

Prescribing Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs) will automatically be enrolled in the online PMP. The automatic PMP enrollment of all prescribers, including physicians, dentists and podiatrists, in addition to APRNs and PAs, will occur simultaneously with the renewal of the prescribers' MA Controlled Substance Registration.

For further information, visit the [online Prescription Monitoring Program](#) or contact the MA Drug Control Program by telephone at (617) 983-6700 or by email at [dcp.dph@state.ma.us](mailto:dcp.dph@state.ma.us).

In addition, the PHC also amended 105 CMR 721.000: *Standards for Approved Prescription Forms in Massachusetts* by eliminating the requirement that a prescription issued by a Certified Nurse Midwife (CNM) include the name of the CNM's supervising physician since, in light of the enactment of Chapter 24 of the Acts of 2012, physician supervision of the CNM's prescriptive practice is no longer mandated.

<sup>1</sup> Prescription Monitoring and Drug Control Program Advisory to Licensed Prescribers and Dispensers dated 11/20/14.

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## CNPs to Use New Electronic Death Registration System

Effective September 1, 2014, all death registrations are now managed through the Vitals Information Partnership (VIP) Electronic Death Registration System (EDRS). As a pre-requisite to the submission of an electronic death certificate, a medical certifier must register with the state (the grace period for registering death records by paper has expired).

With the enactment of M.G.L. c. 112, §80I, in November 2012, a nurse practitioner is now authorized to sign a death certificate for persons who have been under the nurse practitioner's care. For other decedents, the nurse practitioner may sign the death certificate provided their certification of the information on the death certificate, including cause of death, does not expand the scope of the nurse practitioner's practice. Accordingly, a medical certifier is a physician or nurse practitioner who initiates the death certificate process and is primarily responsible for documenting the decedent's cause(s) of death.

Electronic death records should be certified by the medical certifier within 24 hours of the time of death, although in some cases, the certification of the electronic death records must be completed sooner in order to meet religious obligations.

For additional information related to medical certifiers using the VIP EDRS, visit the [VIP EDRS website](#) or [email vip@state.ma.us](mailto:vip@state.ma.us).

## Nursing Practice Updates From the Board

During Calendar Year 2014, the Board of Registration in Nursing responded to 1,951 inquiries from nurses, employers and health care organizations related to standards of nursing practice, advanced nursing practice, continuing education, statutes and regulations governing nursing, and trends in health care delivery.

### Board Issues New and Revised Advisory Rulings

The following Advisory Rulings have been updated by the Board of Registration in Nursing since July 2014:

- 9204: *Infusion Therapy*
- 9301: *Peripherally Inserted Central Catheters*
- 9305: *Foot Care*
- 9324: *Accepting, Verifying, Transcribing and Implementing Prescriber Orders*
- 0901: *Advisory Ruling on Pain Management (see Pain Management Advisory Updated In Light Of NTSB Safety Recommendation)*
- 1001: *Management of Patients Receiving Analgesia by Catheter Technique*

In addition, the Board has issued a new Advisory Ruling 1401: *Enhancing the Disclosure of Unanticipated Outcomes*. The Advisory Ruling promotes effective disclosure of unanticipated outcomes to patients and their families by licensed nurses and advanced practice registered nurses when applicable under [M.G.L Chapter 233, §79L](#), and the policies of the employing facility.

These and all other Advisory Rulings are based on a systematic review of numerous sources of information and evidence-based standards of practice by the Board's Nursing Practice Advisory

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Panel. In each advisory, the Board affirms that the licensed nurse is responsible and accountable for acquiring and maintaining the knowledge, skills and abilities (i.e. competencies) necessary to practice in accordance with accepted standards. The BORN's [Advisory Rulings on Nursing Practice](#) can be found in the Nursing Practice section of the Board's website.

## Pain Management Advisory Updated in Light of NTSB Safety Recommendation

The Board of Registration in Nursing has updated its [Advisory Ruling 09-01: Management of Pain](#) providing guidance to Licensed Practical Nurses, Registered Nurses and Advanced Practice Nurses in promoting patient access to appropriate, therapeutic and effective assessment, diagnosis and management of acute and chronic pain.

The Advisory Ruling update incorporates a National Transportation Safety Board (NTSB) recommendation that health care providers educate their patients about the effect their medical condition and medication use may have on their ability to safely operate a vehicle in any mode of transportation.

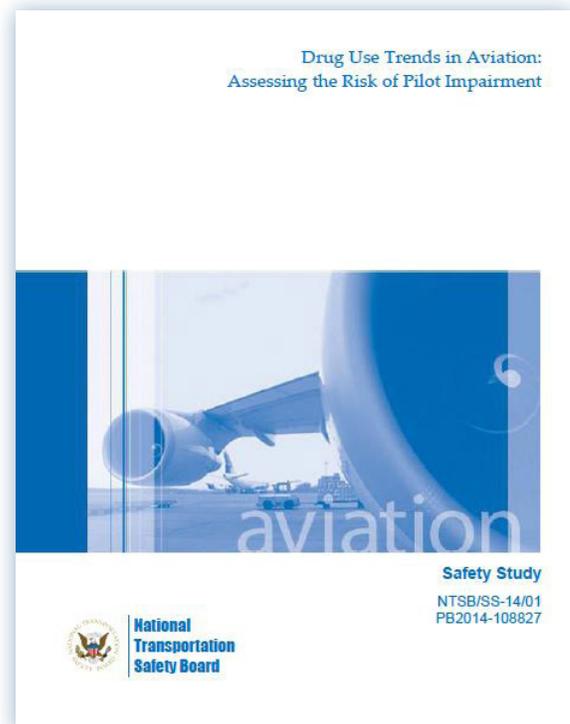
In its study, *Drug Use Trends in Aviation: Assessing the Risk of Pilot Impairment* (September 2014), the NTSB examined the prevalence of over-the-counter (OTC), prescription and illicit drugs identified by toxicology testing of 6,677 pilots who died in a total of 6,587 aviation accidents between 1990 and 2012. The goals of the study were to describe the prevalence of drug use among fatally injured pilots over time and to evaluate the need for safety improvements.

Study results revealed increasing trends in pilots' use of all drugs, drugs used to treat potentially impairing conditions, potentially impairing drugs, and illicit drugs. The most common potentially impairing drug

used by the pilots was diphenhydramine, an active ingredient in many OTC allergy formulations, cold medicines and sleep aids. The use of illicit drugs was found in only a small number of instances. However, the percentage of pilots testing positive for marijuana use increased during the study period.

Other findings include:

- the proportion of pilots testing positive for at least one drug increased from 10% to 40%; more than 20% of all pilots from 2008-2012 were positive for a potentially impairing drug and 6% of all pilots were positive for more than one potentially impairing drug; and
- during the most recent five years studied, 8% of all pilots tested positive for controlled substances; hydrocodone and diazepam each accounted for 20% of the positive findings.



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This study identified several safety issues including the need to:

- enhance the precautionary information about potentially impairing drugs and conditions provided to pilots;
- enhance communication among prescribers, pharmacists and patients about transportation safety risks associated with some drugs and medical conditions;
- develop and publicize FAA policy regarding marijuana use; and
- research the relationship between drug use and accident risk.

As a result, the NTSB issued a “Safety Recommendation” to all 50 states, the District of Columbia and the Commonwealth of Puerto Rico that included a recommendation that state guidelines regarding prescribing controlled substances for pain be updated to specify that health care providers will discuss with patients the effect their medical condition and medication use may have on their ability to safely operate a vehicle in any mode of transportation.

In response, a [Joint Alert](#) was issued November 2014 and updated March 2015 by the Boards of Dentistry, Nursing, Pharmacy and Physician Assistants within the Division of Health Professions Licensure. The Joint Alert refers to 244 CMR 4.06<sup>1</sup> and 244 CMR 4.07(3)<sup>2</sup> as well as the Board’s Advisory Ruling 0901.

1 Requires the Advanced Practice Registered Nurse (APRN) to engage in health education and counseling for patients.

2 Requires the APRN, prior to prescribing a hydrocodone-only extended release medication that is not in an abuse deterrent form, to thoroughly assess the patient, including an evaluation of the patient’s risk factors, substance abuse history, presenting condition(s), current medication(s) and to discuss the risks and benefits of the medication with the patient.

## Pre-Licensure Nursing Education

### Board-Approved Nursing Education Programs

M.G.L. c. 112, §81A and §81C, authorize the Board of Registration in Nursing to establish regulations governing the approval and operation of Registered Nurse and Practical Nurse education programs located in the Commonwealth.

As of July 1, 2015, the Board has approved the operation of 75 Registered Nurse and Practical Nurse education programs:

- 27 Practical Nurse Programs
  - Pre-requisite Approval Status: Salter College
  - Initial Approval Status: Mildred Elley School
  - Full Approval Status: all other Practical Nurse Programs
- 20 Registered Nurse—Associate Degree Programs (all programs hold Full Approval status)
- 20 RN—Baccalaureate Degree Programs
  - Initial Approval Status: Westfield State University
  - Full Approval Status: all other Baccalaureate Degree Programs
- 1 RN—Hospital-based Diploma Program
- 7 RN—Entry level Graduate Degree Programs

A list of all Board approved nursing education programs is available on the Board’s website at <http://www.mass.gov/eohhs/docs/dph/quality/boards/rnnecpro.pdf>.

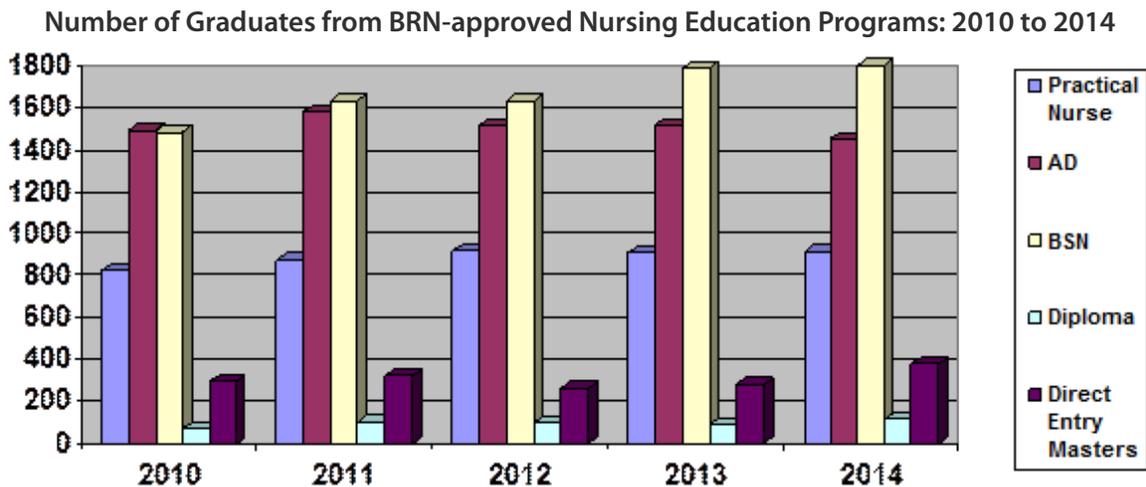
Board actions related to individual nursing education programs during Fiscal Year 2015 is contained in the Board’s monthly meeting minutes available on the [Minutes and Agendas of Previous Board Meetings](#) webpage.

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## Five Year Comparison Indicates Increase in Number of Graduates from Basic Baccalaureate Degree and Direct Entry Graduate Programs Continues

The total number of graduates from Board-approved Registered Nurse education programs increased in 2014 (n=3,771) compared to 2010 (n=3,341). Similarly, the number of graduates from Board-approved Practical Nurse education programs increased in 2014 (n=908) compared to 2010 (n=820). Of particular note, the number of graduates from pre-licensure Baccalaureate Degree nursing programs increased from 1,484 in 2010 to 1,826 in 2014. Direct Entry Graduate programs also experienced an increase in graduations over the last five years: 380 graduates in 2014 compared to 295 in 2010. A slight decline in the number of graduates was noted among Associate Degree Registered Nurse programs: 1450 in 2014 compared to 1494 in 2010.



Source: MA BRN data compiled from Admissions/Graduates/Enrollments as reported by BRN-approved nursing education programs

## 2014 NCLEX® Performance of Massachusetts Graduates

The 2014 pass rate of first-time writers of the National Council Licensure Examination for Registered Nurses (NCLEX-RN) who graduated from Board-approved Registered Nurse education programs was 80.83%. The 2014 performance of all U.S.-educated Registered Nurse program graduates during the same period was 81.79%. The pass rate for graduates of Board-approved Practical Nurse education programs who wrote the National Council Licensure Examinations for Practical Nurses (NCLEX-PN) for the first time during 2014 was 88.62% compared to 82.16% for all U.S.-educated Practical Nurse program graduates tested during 2014.

The NCLEX-RN and NCLEX-PN are valid and reliable assessments of the competencies needed to perform safely and effectively as a newly licensed, entry-level Registered Nurse or Licensed Practical Nurse. The NCLEX exams are administered Monday through Friday using computer adaptive testing (CAT) which merges computer technology with the latest measurement theory to increase the efficiency of the exam process. The NCLEX has been administered using CAT since 1994 when it replaced the pencil-and-paper version of what many nurses refer to as "Boards." For information on the 2014 NCLEX pass rate for individual Board-approved nursing education programs, visit the Board's [NCLEX by School](#) webpage.

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## BRN English Proficiency Policy Now Recognizes MELAB among Other English Proficiency Exams

Members of the Massachusetts Board of Registration in Nursing (Board), at their November 2014 meeting, approved revisions to Licensure Policy 06-01: Board-designed Test of English Proficiency and Required Minimum Cut Scores to recognize the Michigan English Language Assessment Battery (MELAB). In taking this action, the Board considered the findings and recommendations of the Standard Setting Panel convened by the National Council of State Boards of Nursing which used a recognized standard setting process to identify cut scores sufficient for safe and effective entry-level nursing practice.

[Licensure Policy 06-01](#) is designed to identify those tests of English proficiency and their corresponding minimum cut score that the Board has designated as acceptable in fulfilling compliance with its regulations at 244 CMR 8.02(1)(c), 8.03(1)(c) and 8.04(1)(c), (2)(d) and (3)(d) which require an applicant for initial nurse licensure by examination or by reciprocity to demonstrate English proficiency if the applicant is a graduate of an approved nursing education program whose language of instruction or textbooks, or both, was not English. It is available on the Licensing page of the Board's website at [www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn).

## Easier Transfers Designed to Advance Nurses' Education

Beginning this fall, nurses seeking to advance their educations at Massachusetts public colleges and universities will benefit from a more streamlined and less expensive process for transferring credits.

The recently finalized Nursing Education Transfer Policy (NETP) creates a seamless, cost-effective, timely, and transparent pathway for students to progress from community college Associate Degree in Nursing (ADN) programs to the Bachelor of Science in Nursing degree at a state university or UMass. Key benefits of the policy are that it:

- Simplifies and clarifies the process of transferring credits from the associate degree to Bachelor of Science in Nursing (BSN) programs;
- Mitigates the need for individual agreements between public two- and four-year nursing programs;
- Reduces the overall time for transfer students to earn a BSN;
- Reduces costs for students by eliminating unnecessary duplication of coursework and, for students who meet minimum GPA requirements, eliminates the application fee.

Endorsed by the Board of Higher Education last year, the transfer policy is part of a statewide initiative to increase the percentage of nurses with bachelor degrees from just over 55% today to 66% by 2020 and 80% by 2025, the recommendation set by the Institute of Medicine in its 2010 report, *The Future of Nursing: Leading Change, Advancing Health*.

The policy was developed by a project team comprised of nursing deans and faculty, who worked with Department of Higher Education staff and the Massachusetts Action Coalition (MAAC), a statewide coalition of nurse leaders including the Board of Registration in Nursing and representing practitioners, educators, and health care delivery organizations. For more information, visit [Future of Nursing | Campaign for Action](#).

# Complaint Resolution and Patient Safety

The Board of Registration in Nursing (Board) has long supported a patient safety culture that balances individual accountability and system-related factors. As a result, it considers a variety of substantial evidence in its evaluation of a “complaint” or allegation that a nurse has engaged in practice that violates a law or regulation related to that practice including: the nature and related circumstances of the nurses conduct; applicable remedial activities successfully completed by the nurse; employment performance evaluations of the nurse prior to and following the error; any acknowledgment by the nurse of a practice error and its significance; prior repeated or continuing practice-related issues; associated practice environment or systems-related factors; and whether there is a need, in the public’s interest, for an official record of the nurse’s practice-related error.

Based on its evaluation of the evidence, the Board may dismiss a complaint when it determines that it lacks jurisdiction over the person named in the complaint; there is insufficient evidence to support the complaint; the conduct complained of does not warrant disciplinary action; or the nurse has successfully completed the Board’s Substance Abuse Rehabilitation Program (SARP) as determined by the SARP and the Board.

The Board, under the terms of an agreement with a nurse, may impose discipline in the form of a reprimand or probation. Probation consists of a period of time during which a nurse may continue to practice nursing in Massachusetts under terms and conditions specified by the Board. The nurse whose license is subject to probation must comply with the terms and conditions in order to continue to engage in the practice of nursing in Massachusetts. The common terms include active nursing practice requirements, practice setting restrictions, practice supervision and remedial education.

Less frequently, the Board may enter into an agreement with the nurse for a suspension, surrender or revocation of the nurse’s license to practice nursing. For detailed information regarding the Board’s complaint resolution process, visit [244 CMR 7.00: Action on Complaints](#).

During Calendar Year 2014, the Board opened cases involving a total of 285 complaints and closed 210 of which 100 (48%) were resolved through disciplinary action. The top five (5) allegation types presented in investigated complaints were:

1. Alleged drug violations, substance abuse, practicing while impaired (38%, down from 54% in CY 2013)
2. Disciplinary action taken in another jurisdiction (10%, down from 12% in CY 2013)
3. Alleged general practice standard violations (8%, down from 13% in CY 2013)
4. Criminal activity/conviction (6%, up from 5% in CY 2013)
5. Alleged patient abuse (2%, down from 9% in CY 2013)

(Source: BRN CY 2013 and 2014 Annual Reports)

## Disciplinary Action Reporting

Disciplinary action reporting systems are designed to protect the public by making it easier to access data about the health care practitioner who is providing care to a patient. The Board of Registration in Nursing is required to report all disciplinary actions taken against a nurse to The Data Bank, the result of a May 2013 merger of the federal Healthcare Integrity and Protections Databank and the National Practitioner Databank. The Data Bank is intended to combat fraud and abuse in health insurance and health care delivery, and can be accessed by employers, federal

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and state governmental agencies, health insurance plans, medical facilities, individual health care practitioners and the public.

The Board also reports disciplinary action against licensees on its website. It also provides licensee information, including disciplinary actions, to the National Council of State Boards of Nursing NURSYS® database, the only national database for verification of nurse licensure.

### **Betsy Lehman Center Commissions Patient Safety Benchmark Studies**

Named in honor of Boston Globe journalist, Betsy Lehman, who died at age 39 in 1994 as the result of a chemotherapy overdose, the [Betsy Lehman Center](#) (Center) was re-launched in December 2014 as an independent state agency to advance patient safety in Massachusetts through research, dissemination,

and provider and public engagement. The Center, which is established under Chapter 224 of the Acts of 2012 and is supported by the Center for Health Information and Analysis, commissioned three major studies (Harvard School of Public Health, National Academy for State Health Policy and the RAND Corporation) in 2014 to enable it to understand: what has changed in Massachusetts since Ms. Lehman's death; key challenges and opportunities for reducing medical harm today; public awareness and attitudes about patient safety; and how Massachusetts compares to the rest of the nation on policies and initiatives to measure and reduce harm.

Study results are available on-line at <http://chiamass.gov/zeroharm> along with a short documentary film describing the events that prompted the patient safety movement nationally.

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## **Substance Abuse Rehabilitation Program**

The Substance Abuse Rehabilitation Program (SARP) is a voluntary, non-disciplinary approach to substance use among licensed nurses. Established at M.G.L. c. 112, §80F, it is a five-year abstinence-based program to assist nurses whose competency has been impaired by the use of, or dependence on, alcohol and/or other drugs to return to nursing practice.

SARP is designed to protect the public health, safety and welfare by establishing adequate safeguards to maintain professional standards of nursing practice while monitoring and supporting participants' ongoing recovery and their return to safe nursing practice. Nurses requesting admission to the SARP should contact the SARP Coordinators, Dawn Marie DeVaux, MSN, RN, at 617-973-0867 or Valerie Iyawe, MBA, RN, at 617-973-0904.

# Massachusetts Nurse Workforce

## Biennial Nurse Workforce Analyses

The Massachusetts Health Professions Data Series provides workforce data (demographics, education, employment characteristics and future work plans) about Registered Nurses and Licensed Practical Nurses. The data, collected in conjunction with the online license renewal process, provides important information to assess, forecast and inform nursing workforce development. The analyses are published biennially by the Massachusetts Health Care Workforce Center and can be accessed from the Board's [Health Professions Data Series: Registered Nurses and Licensed Practical Nurses](#) page on the Board's website.

## BRN Invited Member of the Massachusetts Action Coalition (MAAC) Leadership Team

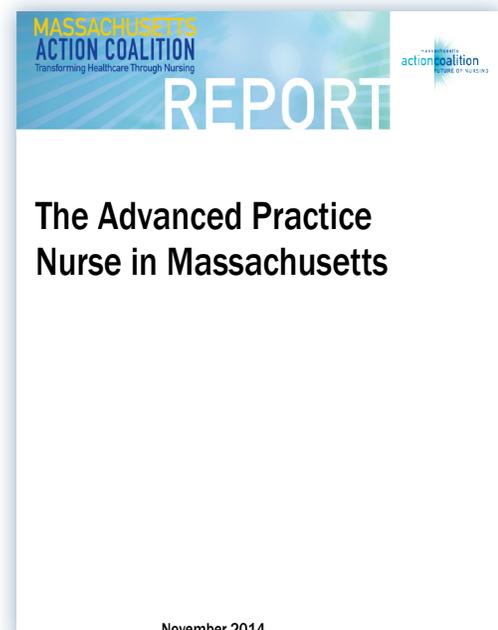
The Board of Registration in Nursing along with the American Nurses Association of MA, MA Senior Care Foundation and the Home Care Alliance of Massachusetts were invited earlier this year to participate for a two-year term as members of the MA Action Coalition's Leadership Team. Convened by the Massachusetts Department of Higher Education and the Organization of Nurse Leaders of Massachusetts and Rhode Island, and guided by the Institute of Medicine report, *The Future of Nursing*, MAAC's mission is to lead the statewide campaign to transform health care through nursing education and practice innovations. Its goals include:

- Build statewide consensus for academic progression for all nurses and implementation of a plan to increase capacity and diversity in the nursing workforce;
- Implementation of a plan for statewide adoption of the Nurse of the Future Nursing Core Competencies in academic and practice settings;

- Utilize data to understand demographics and plan for healthcare workforce needs; and
- Elimination of scope of practice barriers for advanced practice registered nurses and the strengthening of inter-professional collaboration within the healthcare community.

Assistant Director, Carol Silveira, is the Board's representative to the MAAC's Leadership Team.

In addition, Board members, Sandra Kelly and Margaret Beal, along with the Board's Nursing Practice Coordinator, Laurie Talarico, participated in a workgroup convened by MAAC to develop a white paper on advanced practice nursing in the Commonwealth. The white paper includes regional comparisons and a gap analysis of APRN practice as well as a comparative analysis of the Massachusetts statutes governing advanced practice nursing and the National Council of the State Boards of Nursing's Consensus Model for APRN Regulation. The *Massachusetts Action Coalition Report on The Advanced Practice Nurse in Massachusetts* is available by clicking on <http://campaignforaction.org/state/massachusetts>.



# Massachusetts Nurse Licensure

## DHPL License Renewal Is Going Green! Paper Renewal Reminders and Licenses to be Eliminated

Important information for all Massachusetts nurses: the Division of Health Professions Licensure is going green! Effective with the 2018 Registered Nurse (RN) and the 2019 Licensed Practical Nurse (LPN) renewal cycles, license renewal reminders and nursing licenses in paper format will no longer be mailed via the U.S. Postal Service to Massachusetts nurses. Nurses will be expected to initiate renewal of their nursing license without a paper reminder by logging on to <http://onlineservices.hhs.state.ma.us>. Real-time license verification will continue to be available online at <https://checklicense.hhs.state.ma.us/MyLicenseVerification>. The Board of Registration in Nursing will also use email to send updates to Massachusetts nurses.

Remember: the 2016 RN and the 2017 LPN renewal cycles will be the last time Massachusetts nurses will receive a paper license renewal reminder and nursing license via U.S. Mail. Nurses are urged to regularly check the Board's website for further developments.

## RN and LPN Titles: What Do They Represent?

The titles, Registered Nurse and Licensed Practical Nurse, provide evidence of a measure of the nurse's competence including graduation from a Board-approved Registered Nurse or Practical Nurse school, good moral character or moral competence, achievement of a "pass" score on the NCLEX® or State Board Test Pool Examination, and completion of continuing education when renewing a license. They also convey the rights and privileges with which the nurse may practice. In addition, the titles, Registered Nurse and Licensed Practical Nurse, reflect the conduct standards with which the nurse must comply.

Established at 244 CMR 9.03, these standards include, but are not limited to, requirements that the nurse will:

- only engage in the practice of nursing with a valid license issued by the Board on the basis of truthful information related to the qualifications for licensure as a Registered Nurse or Licensed Practical Nurse and which license is not expired, surrendered, suspended or revoked (Standard 1);
- practice nursing in accordance with accepted standards of practice, the authoritative statements that describe a level of care or performance common to the profession of nursing by which the quality of nursing practice can be judged (Standard 5);
- comply with MGL c. 112, §74 through 81C as well as any other laws and regulations related to licensure and practice (Standard 6);
- wear an identification badge which visibly discloses at a minimum his or her first name, licensure status, and if applicable, advanced practice authorization if the nurse examines, observes or treats a patient in any practice setting (Standard 8);
- assume only those duties and responsibilities within his or her scope of practice and for which he or she has acquired and maintained the competencies (Standard 12);
- safeguard a patient's dignity and right to privacy (Standard 17);
- in the event the nurse directly observes another nurse engaged in abuse of a patient; practice of nursing while impaired by substances of abuse; or diversion of controlled substances, report that nurse to the Board in accordance with Board guidelines (Standard 26);
- inform the Board in writing within 30 days of any change of his or her name, address of records or Social Security Number (Standards 26);

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- not endanger the safety of the public, patients or coworkers by making actual or implied threats of violence, or carrying out an act of violence (Standard 43); and
- make complete, accurate and legible entries in all records required by federal and state laws and regulations, and accepted standards of nursing practice. On all documentation requiring a nurse's signature, the nurse must sign his or her name as it appears on his or her license (Standard 45).

The Standards of Conduct at 244 CMR 9.03 is available online on the [Board's regulations webpage](#).

## Nurse Licensure by the Numbers

As of July 1, 2015, a total of 146,361 nurses maintained a current nursing license issued by the Board of Registration in Nursing including:

114,372	Registered Nurses (RN)
1,271	RN Nurse Anesthetists
489	RN Nurse Midwives
8,243	RN Nurse Practitioners
35	RN Clinical Nurse Specialists
830	RN Psychiatric Clinical Nurse Specialists
21,121	Licensed Practical Nurses
146,361	TOTAL

Source: MLO License Summary Report dated 07/01/15.

## Keeping Up To Date with Board News

The Board posts information on its website to alert nurses to licensure requirement revisions or other noteworthy news. In order to keep current, the Board recommends that all nurses subscribe to the Board's RSS feed icon  at [www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn) to be automatically notified via email when the Board posts a "news and alert" item.

## A Reminder: Massachusetts Registered Nurses Renew in 2016

All Massachusetts Registered Nurses will renew their nursing license during 2016. Registered Nurse (RN) license renewals occur on the RN's birthday in even-numbered years. A "renewal reminder" will be mailed to your last known address of record 90 days before the license expiration date (i.e. your birthday in the applicable year). The 2016 renewal reminder will direct the RN to the appropriate Division of Health Professions Licensure website to renew your license online. Nurses can quickly and easily renew their nursing license 24/7 through a secure Internet connection using VISA or MasterCard, or an electronic check. Once the online renewal is complete, your renewed license status will immediately appear on the Board's license verification site.

If you do not renew online by 11:59 pm on the license expiration date, your license becomes "Expired" automatically. Practice with an expired license is illegal and grounds for Board discipline. A civil administrative penalty for unlicensed practice of up to \$2,500 and/or six months of imprisonment may be imposed [ref: MGL c. 112, §65A]. Please note that renewal reminders in paper format will no longer be mailed to RNs after the 2016 RN renewal cycle.

When renewing a Registered Nurse license, Advanced Practice Registered Nurses (APRN) will renew their Board authorization to practice at the same time. The Board advises APRNs to review the information on the renewal reminder carefully. During the renewal process, APRNs will be requested to provide specific certification information, such as:

- Name of Board approved certifying organization
- Certification number
- Certification expiration date

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APRNs are required to have current certification from a Board approved certifying organization; an APRN is not authorized to practice without current certification [ref: 244 CMR 9.04(4) and 244 CMR 4.05]. Should APRN certification lapse for any reason, the APRN must inform the Board by completing a [Request to Change Advanced Practice Registered Nurse Authorization to "Expired" form](#). Once the certification process is successfully completed, an APRN may complete a [Request to Change Advanced Practice Registered Nurse Authorization from "Expired" to Current" form](#). Upon receipt of the form, the Board verifies the certification as current, updates the Board's license verification site and the APRN may return to practice.

It is an APRN professional responsibility to meet the initial and continued certification requirements of the Board approved certifying organization. APRNs should contact the certifying organization for additional certification information.

When completing the renewal process, all nurses attest under penalties of perjury to compliance with:

- State tax and child support laws
- [Mandatory reporting laws](#)
- All Board laws and regulations including continuing education requirements

As a reminder, effective January 1, 2011, M.G.L. c. 94C, § 18(e), requires all APRN prescribers, during each APRN authorization renewal period, to complete education relative to: effective pain management; identification of patients at high risk for substance abuse; and counseling patients about the side effects, addictive nature and proper storage and disposal of prescription medications. Please note that M.G.L. c. 94C, § 18(e) does not specify a minimum number of contact hours required to comply with this law. By signing the APRN renewal form, the nurse attests under the penalties of perjury to compliance

with this continuing education requirement. Consult the Practice and Prescriptive Guidelines page of the Board's website for detailed information regarding "Educational Requirement As of 1-1-11."

## Continuing Education Programs

The Board receives frequent inquiries regarding the Board's regulatory requirements at [244 CMR 5.00](#) for continuing education (CE) programs. It is the responsibility of each licensed nurse to determine whether or not the learning experience provides a planned experience that augments the knowledge, skills and attitudes for the enhancement of their individual nursing practice.

In general, CE programs approved by a professional review process or by other jurisdictions' boards of nursing satisfy the Massachusetts continuing educational requirements. However, it remains the responsibility of the licensee to determine whether or not the program satisfies all the Board's regulatory requirements. The Board provides a [checklist](#) to assist nurses when making this determination.

A CE program does not require the approval of the Board or of a professional nursing organization in order for the nurse to meet the Board's regulations for license renewal. CE program approval is a voluntary peer review process usually conducted by a professional nursing association, or, as is the case in some states, through that state's board of nursing. The Board provides a [checklist for providers](#) to assist in determining whether or not a CE program satisfies the Board's regulatory requirements.

Continuing education requirements to maintain certification status, including APRN certification, through a professional organization are separate from the Board's requirements. In order for licensed nurses to maintain their certification status, most

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certifying organizations require that a portion of their CE program requirements receive approval through a specific peer review process. Check with the organization that provides your certification for additional information.

Frequently asked questions and responses related to continuing education are detailed on the Board's website at: [www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/nursing/faq/continuing-education-.html](http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/nursing/faq/continuing-education-.html).

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## Information From the National Council of State Boards of Nursing

### Revised Nurse Licensure Compact Model Adopted in May 2015 at Special Delegate Assembly

A special Delegate Assembly of the National Council of State Boards of Nursing (NCSBN®), [www.ncsbn.org](http://www.ncsbn.org), approved the revised Nurse Licensure Compact (NLC) and the Advanced Practice Registered Nurse Compact (APRNC) in May 2015.

The NLC allows for registered nurses (RN) and licensed practical/vocational nurses (LPN/VN) to have one multistate license, with the ability to practice in both their home state and other NLC states. There are currently 25\* states in the NLC. The APRNC allows an advanced practice registered nurse to hold one multistate license with a privilege to practice in other APRN compact states.

Boards of nursing (BONs) were the first health care provider regulatory bodies to develop a model for interstate practice with the original adoption of the NLC in 1997 and its implementation in 2000. While other health care provider regulatory bodies are just getting started in this process, the NLC has been operational and successful for more than 15 years.

Influenced by the growing need for nurse mobility and clarification of the authority to practice for many nurses currently engaged in telenursing or interstate practice, BONs have worked over the past several years to revise the NLC to ensure it reflects best practices and provides for continued high standards of public protection. The new NLC and APRNC are the result of their diligent work.

To learn more about the NLC view "[The Nurse Licensure Compact Explained](#)". Additional information about the NLC and APRNC can be found [at https://www.ncsbn.org/compacts.htm](https://www.ncsbn.org/compacts.htm).

\*NLC states include: Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Nebraska, Montana, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin.

In Massachusetts, HB2002, an earlier version of the NLC, was filed in January of this year for review by the state Legislature during its 2015-2016 session.

# Nursing Board (BRN) and Division of Health Professions Licensure (DHPL) Staff

The Board of Registration in Nursing is one of nine boards of registration that comprise the Massachusetts Division of Health Professions Licensure: Dentistry, Genetic Counselors, Nursing, Nursing Home Administrators, Perfusionists, Pharmacy, Physician Assistants, Respiratory Care, and Community Health Workers.

## New Colleagues are Welcomed as We Say Farewell to Others

During Fiscal Year 2015, the Board of Registration in Nursing recently welcomed Registered Nurses, Sherri Muise and Jean Scranton, as Division of Health Professions Licensure Compliance Officers. In addition, the Board and its staff extended our appreciation to the following staff members as they departed for new opportunities: Monique Moore, Administrative Assistant; Rula Harb, Executive Director; Caron Robertson, Deputy Executive Director; Mary Strachan, Board Counsel; and Sarah Varghese, Nursing Education Coordinator.

## BRN and DHPL Staff as of July 1, 2015

### BRN Executive Director

Vacant

### BRN Deputy Executive Director

Vacant

### BRN Program Staff

Kathleen Ashe, MS, RN, Nursing Education Coordinator  
 Heather Cambra, RN, JD, Complaint Resolution Coordinator  
 Dawn Marie DeVaux, RN, MSN, SARP Coordinator  
 Amy Fein, BSN, RN, JD, Complaint Resolution Coordinator  
 Valerie Iyawe, MBA, RN, SARP Coordinator  
 Kevin Keenan, Licensing Coordinator  
 Carol A. Silveira, MS, RN, Assistant Director  
 Laurie Talarico, MS, CNP, Nursing Practice Coordinator

### BRN Administrative Staff

Stewart Allen, Administrative Assistant  
 Shalonda Hall, Administrative Assistant

### Legal Staff

Olajumoke Atueyi, JD, Board Counsel  
 Vita Berg, JD, Chief Board Counsel

### DHPL Director

James Lavery

### Legal Staff

Jodi Greenburg, Chief Prosecutor  
 Richard Banks, Prosecuting Counsel  
 Sean Casey, Prosecuting Counsel  
 Eugene Langner, Prosecuting Counsel  
 Anne McLaughlin, Prosecuting Counsel  
 Patricia Blackburn, Prosecuting Counsel  
 Beth Oldmixon, Prosecuting Counsel  
 Michelle Fentress, Prosecuting Counsel  
 Jason Barshak, Chief Hearings Officer  
 Beverly Kogut, Administrative Hearing Counsel

### Probation Monitor

Karen Fishman

### Investigative Staff

Marjorie Campbell, RN, JD, Manager, Office Public Protection  
 Philip Beattie, Compliance Officer  
 Carey Lambert, RN, Compliance Officer  
 Mary Matthews, RN, Compliance Officer  
 Sherri Muise, RN, Compliance Officer  
 Ellen Sandler, RN, Compliance Officer  
 Jean Scranton, RN, Compliance Officer  
 Maryann Sheckman, RN, Compliance Officer

## BORN Quick Links

Questions About...	BORN Web Page (CTRL + click to follow link)	Telephone/Email
<ul style="list-style-type: none"> <li>Scheduled Board meetings and agenda</li> <li>List of Board members</li> <li>Emergency and holiday closure</li> </ul>	<a href="#">About the Board...</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>Board address and telephone numbers</li> <li>Directions to Board office</li> <li>List of Board staff members</li> <li>Board email address</li> </ul>	<a href="#">Contact Us</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>Nursing laws and regulations</li> </ul>	<a href="#">Statutes, Rules &amp; Regulations</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>BORN-approved Registered Nurse (RN) and Licensed Practical Nurse (LPN) education programs</li> </ul>	<a href="#">RN and LPN education programs</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>Records custodian, closed LPN education programs</li> </ul>	<a href="#">Closed LPN program, records custodian</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>NCLEX pass rates by RN &amp; LPN education program</li> </ul>	<a href="#">NCLEX pass rates</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>License applications</li> </ul>	<a href="#">Advanced Practice Licensure by exam (NCLEX)</a> <a href="#">Licensure by reciprocity</a>	Professional Credential Services 877-887-9727 (within US) 615-880-4275 (outside US) <a href="mailto:nursebyexam@pcshq.com">nursebyexam@pcshq.com</a> <a href="mailto:nursebyreciprocity@pcshq.com">nursebyreciprocity@pcshq.com</a>
<ul style="list-style-type: none"> <li>Other license-related forms</li> </ul>	<a href="#">Change of Address or Name or Duplicate License</a> <a href="#">Request to remove APRN authorization</a> <a href="#">Request to reinstate APRN authorization</a> <a href="#">Affidavit to Verify Social Security Number or Date of Birth</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>License renewal</li> </ul>	<a href="#">Online license renewal</a>	617-973-0900 or 800-414-0168 <a href="mailto:renew.bymail@state.ma.us">renew.bymail@state.ma.us</a>

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Questions About...	BORN Web Page (CTRL + click to follow link)	Telephone/Email
<ul style="list-style-type: none"> <li>• License fees</li> <li>• Good moral character licensure requirement</li> <li>• Important information for new nurse licensees</li> <li>• Verification of nurse licensure</li> <li>• Imposter alerts</li> </ul>	<a href="#">Licensing</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>• Name or address change form</li> <li>• Duplicate license request form</li> </ul>	<a href="#">Name, address, duplicate</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>• License information confidentiality form</li> </ul>	<a href="#">Information confidentiality</a>	617-973-0921
<ul style="list-style-type: none"> <li>• Online license verification</li> </ul>	<a href="#">Check-A-License</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>• Online alerts</li> </ul>	<a href="#">Alerts</a>	
<ul style="list-style-type: none"> <li>• Practice Scope: decision making guidelines</li> </ul>	<a href="#">Decision making guidelines</a>	<a href="mailto:Laurie.Talarico@MassMail.state.ma.us">Laurie.Talarico@MassMail.state.ma.us</a>
<ul style="list-style-type: none"> <li>• Advisory rulings</li> </ul>	<a href="#">Advisory rulings</a>	<a href="mailto:Laurie.Talarico@MassMail.state.ma.us">Laurie.Talarico@MassMail.state.ma.us</a>
<ul style="list-style-type: none"> <li>• Preparing for APRN practice</li> <li>• Guidelines and prescriptive authority</li> <li>• Guideline audit tool</li> <li>• FAQ's</li> </ul>	<a href="#">Advanced practice</a>	<a href="mailto:Laurie.Talarico@MassMail.state.ma.us">Laurie.Talarico@MassMail.state.ma.us</a>
<ul style="list-style-type: none"> <li>• Continuing Education including FAQ's</li> </ul>	<a href="#">Continuing education</a>	617-973-0900 or 800-414-0168 <a href="mailto:Laurie.Talarico@MassMail.state.ma.us">Laurie.Talarico@MassMail.state.ma.us</a>
<ul style="list-style-type: none"> <li>• Substance Abuse Rehabilitation Program</li> </ul>	<a href="#">SARP</a>	617-973-0904 or 617-973-0931 <a href="mailto:Valerie.lyawe@MassMail.state.ma.us">Valerie.lyawe@MassMail.state.ma.us</a> <a href="mailto:Dawn.Devaux@MassMail.state.ma.us">Dawn.Devaux@MassMail.state.ma.us</a>
<ul style="list-style-type: none"> <li>• Filing a complaint information</li> <li>• Disciplinary action list</li> </ul>	<a href="#">Complaint resolution</a>	617-973-0865

## Contacting the Board

[www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn)  
Email: [nursing.admin@state.ma.us](mailto:nursing.admin@state.ma.us)

Telephone: 617-973-0900  
Toll-free: 800-414-0168

239 Causeway Street  
Suite 500, 5<sup>th</sup> Floor  
Boston, MA 02114