

# Nevada State Board of **NURSING**



ANNUAL REPORT

FISCAL YEAR 2024/2025

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## OUR MISSION

*The mission of the Nevada State Board of Nursing is to protect the public's health, safety, and welfare through effective regulation of nursing.*



Nevada State Board of  
**NURSING**

# ABOUT THE BOARD

The Nevada State Board of Nursing was established in 1923 by the Nevada legislature to regulate nursing practice. The seven-member Board, appointed by the Governor, consists of three registered nurses, one advanced practice registered nurse, one licensed practical nurse, one certified nursing assistant, and one consumer member. Currently, the Board establishes and receives recommendations from six standing advisory committees. The Board also appoints a Nevada licensed registered nurse to serve as the Executive Director.

The Board's regulatory responsibilities have evolved to keep pace with nursing practice innovations, thereby enhancing public protection by ensuring that licensees and certificate holders practice safely, competently, and ethically. The Board's functions include:

## **Administration**

- Establishing and maintaining minimum practice standards.
- Developing and adopting regulations.
- Utilizing Board appointed-advisory committees to ensure stakeholder input.
- Conducting outreach and providing education through publications, presentations, and social media.
- Collaborating with consumers, individual groups, organizations, and other regulatory agencies.

## **Education, Licensure, and Certification**

- Approving schools of nursing and nursing assistant and medication-aide certified training programs.
- Licensing advanced practice registered nurses, registered nurses, and licensed practical nurses.
- Issuing certificates to nursing assistants and medication-aides certified.
- Certifying registered nurse anesthetists and emergency medical service registered nurses.
- Approving continuing education/training providers for ongoing competency.

## **Investigation and Compliance**

- Investigating complaints against licensees and certificate holders alleging violations of the Nurse Practice Act.
- Conducting disciplinary proceedings.
- Administering remediation and rehabilitation programs, including monitoring licensees and certificate holders on disciplinary probation.
- Administering the Board's alternative program for nurses and CNAs recovering from substance use disorders.

# NSBN BOARD MEMBERS



**Cheryl Maes, PH.D., APRN, FNP-BC**  
**Board President**



**Elizabeth Trilops, RN, MBA, HCM**  
**Board Vice-President**



**Elizabeth De Leon Gamboa**  
**MSN, Ed., RN, CPHQ, CCM, CMCN**  
**Board Secretary**



**Ovidia McGuinness, LPN**



**Richelle O'Driscoll**  
**Consumer Member**



**Carla Doran**  
**MSN Ed., RN, iCNA, CNE**



**Tyler Johnson, B.S., CNA**



# MESSAGE FROM THE EXECUTIVE DIRECTOR AND BOARD PRESIDENT FY 24/25

The Nevada State Board of Nursing has been very busy this year. We said goodbye to a long-standing RN Board member, Dr. Susan VanBeuge. Dr. VanBeuge also served as the NSBN Board President for two years. We said hello to our newest RN Board member, Carla Doran. Board member Doran is an RN from Las Vegas and brings many years of experience to the Board.

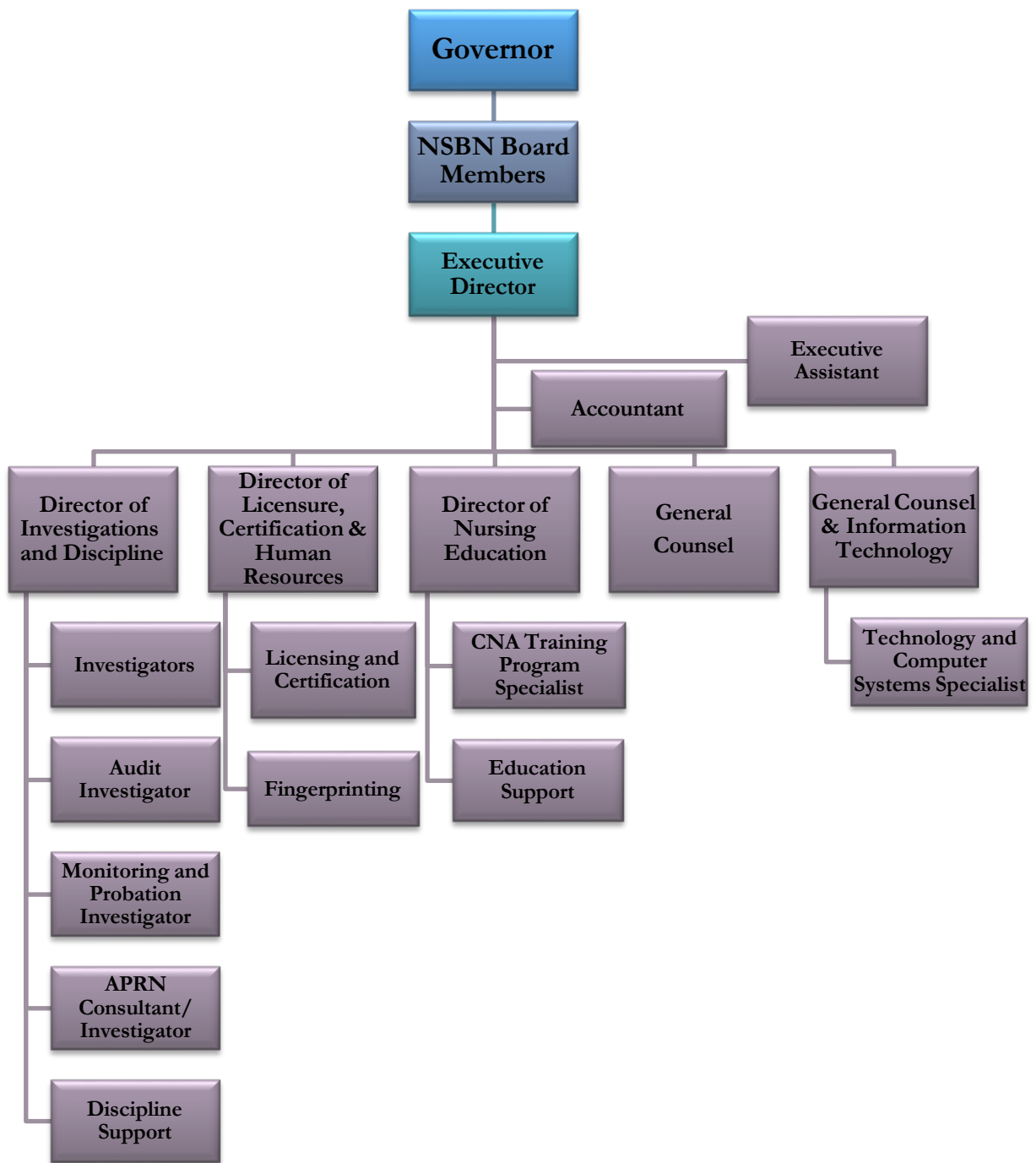
The Nevada Legislature met for its 83<sup>rd</sup> session and the NSBN was busy providing input to several bills. Many bills we were involved with either did not make it to a committee or died during the session. SB 34 was put forward by the Nevada Patient Protection Commission that included not only the Nurse Licensure Compact but several other compacts. Unfortunately, the bill did not reach a hearing and died. AB 319 was introduced by the Board of Medical Examiners, which changed many of their statutes; this included changing language regarding who can delegate to medical assistants. The language was changed to now allow RNs and APRNs to delegate to medical assistants. We want to thank the staff at the Board of Medical Examiners for their collaboration in changing the delegation definition for medical assistants. SB 165 introduced a new licensure type, Behavioral Health Wellness Practitioner. These individuals are now licensed and regulated through the Board of Psychiatric Examiners. Psychiatric Nurse Practitioners will be able to delegate and supervise these individuals under the new ruling.

Our Board continues to provide regulatory oversight while protecting the public by continuing to attend on-going continuing education and conferences regarding regulation at both the national and international level. We are proud of the work done by the Board this year and will continue pushing forward to improve nursing regulations and protection of the public.

*Cathy Dinauer, MSN, RN, FRC*  
Executive Director

*Cheryl Maes, Ph. D., APRN, FNP-BC*  
Board President

# ORGANIZATIONAL STRUCTURE





# BOARD STAFF

## Executive Director

**Catherine Dinauer, MSN, RN, FRE**

## Executive Staff

**Fred Olmstead, Esq.**

General Counsel

**Kimberly A. Arguello, Esq.**

General Counsel & Information Technology

**Sam McCord, BSN, RN**

Director of Investigations and Discipline

**Michelle Johnson, EdD, MS, APRN, CPNP-PC**

Director of Nursing Education

**Gail Trujillo, MS, CPM, SHRM-CP**

Director of Licensure and Certification & Human

Resources

**Corina Jimenez**

Executive Assistant

## Investigation & Monitoring

**Kerry Palakanis, DNP, FNP-C, APRN**

APRN Consultant & Investigator

**Elaine Ralph, MSN, RN, FN-CSp**

Monitoring and Probation Investigator

**Cynthia Peterson, RN, CLNC, CHCQM**

Investigator

**Joe Christman, RN**

Investigator

**Ray Martinez**

Investigator

**Christie Daliposon**

Investigator

**Cydnee Perez**

Audit Investigator

## Licensure & Certification

**LaShaun Thompson**

Licensure and Certification Lead

**Ariadna Ramos Zavala**

Licensing and Certification Specialist

**Sandy Webb**

Licensing and Certification Specialist

**Luz Mata**

Licensing and Certification Technician

**Amanda Russell**

Licensing and Certification Technician

**Sonia Vazquez**

Licensing and Certification Technician

**Courteney Baccei**

Fingerprint Specialist

**C. Ryan Mann, MSN, RN**

Application Eligibility Specialist

## Support

**Kristie Neuhauser**

Accountant

**Rhoda Hernandez**

Technology and Computer Systems Specialist

**Gabriela Hernandez-Aguilar**

Management Assistant

**Anyssa Vasquez**

Management Assistant

## Education Department

**Tamara Pachak, MSN, RN**

CNA Training Program Specialist

# OPERATIONS OF THE BOARD

## Strategic Goals

- ✓ Promote a culture of safety for consumers of health care.
- ✓ Provide leadership in legislative processes related to health care and nursing.
- ✓ Conduct consumer and nurse outreach.
- ✓ Promote and collaborate in nursing education, practice, and research for evidence-based regulation.
- ✓ Emphasize transparency of communication and information.
- ✓ Support effective utilization of technology.
- ✓ Participate in and promote state, national, and global nursing regulatory initiatives.
- ✓ Support nursing regulatory activities through quality initiatives.

Protection of the public is at the forefront of all the Board's decision-making processes. The Board continues removing unnecessary regulatory barriers to practice and facilitating a robust nursing workforce in Nevada.

## State-wide Accomplishments

The NSBN continues to listen to concerns from nurses and healthcare providers regarding the practice of nursing and the challenges to providing care. The NSBN collaborates with stakeholders to enhance the practice of nursing and reduce unnecessary barriers. This has resulted in regulatory changes to the Nurse Practice Act.

The NSBN continues to provide educational presentations to stakeholders regarding nursing practice and education in Nevada.

The NSBN approved new nursing programs and certified nursing assistant programs. The NSBN is committed to eliminating barriers to practice.

The NSBN works with Legislators to identify recommendations to improve the nursing pipeline and workforce strategies.

Our Advisory Committees put forth new and enhanced practice decisions to improve the practice of nursing in Nevada.

## Professional and Collaborative Relationships

Board staff continues to participate in national and state-wide committees, task groups, and the National Council of State Boards of Nursing (NCSBN). Staff provide input with other regulatory boards across the nation and work collaboratively.

# Nursing Education Programs

The Board of Nursing has jurisdiction over nursing education and training programs that prepare students for initial nursing licensure or CNA certification. The Board reviews every program application following Nevada Revised Statutes (NRS) requirements and Nevada Administrative Code (NAC) regulations.

## Fiscal Year 2024/2025 Nursing Programs

- ✓ Fully approved nursing programs in Nevada: 17
- ✓ Programs approved to conduct only the clinical portion of the program in Nevada: 5
- ✓ Programs under Provisional or Conditional Approval\*: 6

*\* Schools with provisional approval meet Nevada laws and regulations' initial requirements to offer a nursing education program in Nevada. To obtain full approval, they must gain national accreditation (which they cannot do until after their first class is graduated), and they must achieve a first-time pass rate of 80 percent or higher on the NCLEX (an annual average).*

*\* Graduates from a school with provisional rather than full approval will be eligible for Nevada licensure; however, graduates will have to check with other states regarding their licensure requirements.*

*\* Schools with conditional approval meet complete approval requirements but have not maintained a first-time pass rate of 80 percent or higher on the NCLEX for two consecutive years.*

## Fiscal Year 2024/2025 Nursing Examination Pass Rates

The Board annually adopts the National Council Licensure Exam (NCLEX) as determined by NCSBN as the official competency examination for registered nurse (RN) and practical nurse (LPN) licensure in the State of Nevada.

- ✓ Nevada NCLEX-RN average pass rate: 88.19%
- ✓ National NCLEX average pass rate: 88.28%
- ✓ Nevada NCLEX-PN average pass rate: 83.90%
- ✓ National NCLEX-PN average pass rate: 86.75%

<b>Graduates from Nevada Nursing Programs</b> (post licensure and graduate programs are not regulated by the Board)	<b>22/23</b>	<b>23/24</b>	<b>24/25</b>
PhD - University of Nevada, Las Vegas	5	4	7
PhD - University of Nevada, Reno	X	2	X
DNP- Touro University	27	23	31
DNP - University of Nevada, Las Vegas	4	5	1
DNP - University of Nevada, Reno	40	38	46
Post MSN Certificate- Touro University	2	5	5
Post MSN Certificate - University of Nevada, Las Vegas	3	4	9
Post MSN Certificate - University of Nevada, Reno	16	13	10
MSN- Roseman University	17	17	18
MSN- Touro University	43	36	21
MSN - University of Nevada, Las Vegas	6	62	63
MSN - University of Nevada, Las Vegas DEMSN	X	X	88
MSN - University of Nevada, Reno	23	20	23
RN to BSN- College of Southern Nevada	4	3	13
RN to BSN - Great Basin College	20	8	13
RN to BSN - Las Vegas College	X	0	6
RN to BSN -Truckee Meadows Community College	5	3	0
RN to BSN - Nevada State University	126	127	95
RN to BSN- Touro University	13	13	22
RN to BSN - University of Nevada, Reno	22	14	32
BSN- Arizona College	185	248	216
BSN- Chamberlain University	170	173	191
BSN - Galen College of Nursing	X	X	X
BSN- Grand Canyon University	X	15	59
BSN - Nevada State University	236	188	232
BSN - Roseman University	177	176	204
BSN- Unitek College	X	62	81
BSN - University of Nevada, Las Vegas	252	242	225
BSN - University of Nevada, Reno	128	179	159
ADN - Carrington College, Las Vegas	X	13	46
ADN - Carrington College, Reno	141	183	168
ADN - Galen College of Nursing	X	X	X
ADN - Nevada Career Institute	X	X	X
AAS - Great Basin College	27	26	27
AAS - Las Vegas College	112	133	110
AAS - Western Nevada College	44	54	47
AAS - College of Southern Nevada	97	169	141
ASN - Truckee Meadows Community College	58	55	63
LPN - Las Vegas College	52	56	97
LPN - College of Southern Nevada	16	22	31
LPN- Unitek College	42	56	38
<b>Total</b>	<b>2,071</b>	<b>2,447</b>	<b>2,638</b>

\*=no data available X=no graduates/new program

## Fiscal Year 2024/2025 Nursing Assistant Examination Pass Rates:

The Board adopted the Credentia Nurse Aide Credentialing Services examination effective January 1, 2023, as the official competency examination for nursing assistant certification in Nevada. There are two components to the test, a written exam or oral, and a skills exam. Students must complete both components with a passing score to qualify for a CNA Certificate in Nevada.

- ✓ Written/Oral exam Nevada pass rate: 93%
- ✓ Skills exam Nevada pass rate: 74%
- ✓ Overall Nevada pass rate (candidates took both exams and passed): 87%

# BOARD ADVISORY COMMITTEES

Committee meeting dates, agendas, and minutes are available for review on the Nevada State Board of Nursing website or by calling the Board to request a hard copy.

## Advanced Practice Registered Nurse Committee

The Advanced Practice Registered Nurse Committee advises the Nevada State Board of Nursing on matters or issues related to advanced nursing practice.

**Committee Chair: Kerry Palakanis, DNP, FNP-C, APRN**

### Members:

- Lowryanne Vick., DNP, APRN, ACNP-BC – Las Vegas – September 2027
- Danielle Barisone, MSN, RNFA, AGPCNP-BC, CNOR – Reno-March 2026
- Amanda Cormican, APRN, CPNP-PC – North Las Vegas, September 2025
- Andrea Hill, DNP, APRN, FNP-BC – Las Vegas, September 2025
- Rebecca Scarpa, DNP, APRN – Reno – November 2025
- Dominic M. Etli, FNP-C - Las Vegas – November 2026
- Gregory Jones CRNA, MS, BSN-Reno-September 2027
- Crystal Huffaker, DNP, APRN, FNP-BC – Henderson – February 2027
- Karen Wagner, MS, PNP, FNP-BC – Reno – February 2027
- Samantha Peckham, DNP, APRN, AGACNP-BC, FNP-BC, ENP-C, CNE, ACUE, Las Vegas – February 2027

### Description & Accomplishments:

- Reviewed, discussed, and approved Scope of Practice Requirements and Limitations for RNs and LPNs performing Aesthetic/Cosmetologic Procedures.
- Reviewed and discussion related to APRN scope of practice in performing water-jet assisted liposuction, lipotransfer and other surgical procedures. Identified as not being within the scope of practice.
- Reviewed and discussed, quarterly reports of the scope of APRN practice questions received by Board Staff

## CNA & MA-C Advisory Committee

A committee with its membership defined by statute, NRS 632.072, to advise and make recommendations to the Board on matters relating to nursing assistants and medication aides certified. \*

**Committee Chair: Tamara Pachak, MSN, RN, CNA Training Program Specialist**

### Members:

- M. Jeanne Hesterlee, RN (Bureau of Health Care Quality and Compliance) - Carson City - Indefinite
- Robert Kiss (termed out September 2024 (Long Term Care), Reno and Holly Wesner, RN - Lovelock - September 2027
- Rhonda Meyer, RN, (Division of Healthcare Financing and Policy) - Elko - Indefinite
- Carla Doran MSNed, RN (resigned position September 2024) and Sara Hartwich, RN (RN Member) - Las Vegas – September 2027
- Claudette Lachowicz, RN (termed out January 2025) and Jama DeYoe, RN (Home Health Representative) – Las Vegas, March 2028
- Mila Revilla, RN (termed out January 2025) (Acute Care Representative) – Las Vegas, and Kendall Valdez, RN– Carson City – March 2028
- Marie Coe (Division of Aging Services – Reno – Indefinite
- Judy Gmouh, LPN (LPN Member) – Dayton – May 2026
- Jacob Watts, MBA, CNA (CNA Member) – Carson City – May 2027
- Gail McGuill, MSN, RN (AARP) – Henderson – Indefinite

*\*Medication-aides certified were created by statute, NRS 632.291, in 2011. No MA-Cs have been employed in Nevada, and none are currently certified in Nevada.*

### Description & Accomplishments:

- Continuously reviewed CNA state competency exam pass rates.
- Our new college of nursing assistant training program in three locations and one new high school assistant training program was approved.
- Provided information during CNA Advisory meetings regarding Credentia, (recently) owning the content on the written and skills state competency exams.
- Provided information during CNA Advisory meetings on workshops hosted by NSBN and Credentia.
- Added the application and removal of female and male external urine collection devices to the NSBN CNA Skills Guidelines.
- Revised and added performs care of an established stoma on the abdomen, changing the pouch, release air from the pouch, and providing skin care, which does not include changing, replacing, cutting, or modifying an ostomy barrier device (wafer) to the NSBN CNA Skills Guidelines.
- Provided the committee with information and updates from the NSBN staff regarding CNA Scope of Practice questions, audits, application questions, and the fingerprinting process.

## **Disability Advisory Committee**

The Disability Advisory Committee advises and reports to the Board regarding Nurses and CNAs with disabilities or practice issues that impact the delivery of safe and effective nursing.

The Disability Advisory Committee is a committee appointed by the Board, consisting of at least six persons knowledgeable concerning any condition, diagnosis, or addiction that may affect the safe practice of nursing. The Committee advises and reports to the Board on matters related to the protection of the public through the safe practice of nursing by any person who:

- (a) Has previously practiced nursing while, with or without good cause, the person's physical, mental, or emotional condition has impaired their ability to act in a manner consistent with the established or customary standards of nursing; or
- (b) Is participating in the Alternative Program for Chemically Dependent Nurses established by the Board to serve as an alternative to disciplinary action for persons licensed or certified pursuant to the provisions of chapter 632 of NRS who have a substance use disorder.

**Committee Chair: Elaine Ralph, MSN, RN, FN-CSp Monitoring and Probation Investigator**

### **Members:**

- Richard Angelastro, MSN, RN - Las Vegas - November 2026
- Brenda Delgado, DNP, APRN, FNP-BC – Las Vegas, March 2027\*
- Beth Kiehn, APRN - Reno – September 2024
- Theresa Lemus, MBA, BSN, RN, LADC – Reno – November 2025\*
- Janice Lemak, BSN - RN – Reno – May 2027\*
- Jordana Myles, MEd, BSN, RN, NCSN, - Las Vegas – March 2027\*
- Jeanine Packham DNP, ACNP-BC, CCRN-CMC, PHN – Reno – November 2026\*
- Van Robier Santiaguel, MSN, RN, CHPN, CPHQ – Las Vegas – November 2026\*
- Kayla Sullivan, DNP, RN – Las Vegas – May 2027\*

### **Description & Accomplishments:**

- The Committee continues to focus on education and early intervention of substance use issues for the nursing professional.
- Members are finalizing updates to the Alternative to Discipline Program FAQ section on the Board website.



## Education Advisory Committee

The Education Advisory Committee advises and reports to the Board on education and continuing education matters. The Committee consists of representatives from nursing education, nursing associations, and employers.

**Committee Chair: Michelle Johnson, EdD, MS, APRN, CPNP-PC, Director of Nursing Education**

### Members:

- Claudette Lachowicz, DNP, RN, iCNA – Las Vegas - May 2028
- Bobbi K. Handy, MSN-Ed, RN, CNE, DNPc (Galen College of Nursing) – Las Vegas - May 2028\*
- Serena (Nina) Marcellus, APRN, RN, CHSE, CNE-cl (Nevada State University) - Henderson - September 2027
- Tamara Mette (Great Basin College) – Elko – May 2026\*
- Marianne Jeppson, MSN, RN, CPEN Gardenville – September 2027\*
- Angela Silvestri-Elmore, PhD, APRN, FNP-BC, CNE – Las Vegas – September 2026
- Sherry Akins, DNP, RN – Las Vegas – March 2026\*
- Nichole Artam, BSN, RN, CEN – Gardenville – March 2026\*
- Victoria Squier, DNP, RN, CNL, NE-BC, EBP(CH), EBP-C, CNE (Unitek College) - Reno – January 2028\*
- Jill Rankin, DNP, RN (Arizona College), Las Vegas – May 2028
- Erin Van Kirk, MSN, RN – September 2027
- Janelle Willis MSN, RN, CNE (Nevada State University) – Las Vegas – March 2027\*
- Dawn Horton, BSN, RN, iCNA (Great Basin College) – Pahrump – September 2026\*
- Brian C. Oxhorn, PhD, RN (Roseman University) – September 2024
- Kimberly Baxter, DNP, APRN, FNP-BC- May 2025
- Nancy Hency Cywinski, RN, BSN, MS, NHA- April 2025

### Description & Accomplishments:

- Recommended approval of change to NAC 632.675(1) reducing required full-time faculty ratios from greater than 50% to 35%.
- Simulation sub-committee discussed several aspects of a “tool kit: and supported Serena (Nina) Marcellus project of an open access model for simulation faculty.
- Simulation sub-committee to submit reoccurring articles on simulation to the Nevada Nursing News Newsletter
- Presentation from EmployNV regarding nursing scholarships and employment opportunities.
- Reviewed quarterly NCLEX first-time pass rates.

## **Nursing Practice Advisory Committee**

The Nursing Practice Advisory Committee advises and reports to the Board on establishing a scope of practice for nursing in this state. The Committee consists of at least ten persons knowledgeable in all nursing practice areas in Nevada and trends in national nursing practice.

### **Committee Chair: Sam McCord, BSN, RN, Director of Investigations and Discipline**

#### **Members:**

- Michelle McNary, LPN-RN-July 2024
- Carrie Hintz, DNP, PhD, RN, CEN - Reno - July 2027\*
- Marilyn Jeanne Hesterlee, RN – Carson City – Indefinite
- Ginger Evors (Fidel), MSN, RN, OCN, CNL-Las Vegas- May 2025
- Sheryl Bennett, MSN, RN, NCSN, LSN – Reno – March 2026\*
- Michelle Janati-Ataei, RN, BSN – Las Vegas – July 2027\*
- Lan Cabatingan, MSN, APRN, FNP-BC – Las Vegas – March 2026\*
- Nettie Kinder, RN- Las Vegas- May 2025
- Pamela Adzima, MHA, BSN, RN- Las Vegas, May 2025
- Arlene Diaz, BSN, RN- Las Vegas - July 2027\*
- Jeanine Young, MEd, BSN, RN – Henderson – March 2026\*
- Hazel Church, RN, MHA, CPHQ – Henderson – July 2025\*
- Monica Green, MSN, RN, CCRN, - Carson City – January 2027\*

#### **Description & Accomplishments:**

- Reviewed, discussed, researched and drafted updates to the practice decision titled: School Nursing to include Emergency Administration of Intra Nasal Epinephrine by a “Qualified Person”
- Reviewed, discussed, researched and approved revisions to the practice decision titled: Apprentice Nurse Skill List, to include administration of IV antibiotics via IV push with additional supervision requirements.
- Reviewed, discussed and researched updates to two practice decisions titled: Insertion of External Jugular Peripherally Inserted Central Catheters (EJ PICC) and External Jugular Peripheral Intravenous Catheters (EJ PIV). The research resulted in two new practice decisions titled Central Venous Access Device Insertion and Peripheral Vascular Access Device Insertion. Approved by the Board September 2025.
- Committee and multiple subcommittee meetings researched, drafted and submitted for Board approval a new practice decision addressing training and supervision requirements for LPNs, RNs and APRNs in the role of administering cosmetic procedures

## **Licensed Practical Nurse Advisory Committee**

The LPN Advisory Committee (LPNAC) advises and reports to the Nevada State Board of Nursing on matters or issues related to the licensed practical nurse. The Committee consists of individuals who are knowledgeable in areas concerning LPN practice.

**Committee Chair: Sam McCord, BSN, RN, Director of Investigations and Discipline**

### **Members:**

- Christy Coss, RN- Washoe Valley- November 2025
- Samantha Polfer, BSN, RN, CCHP-RN – Gardenville - September 2027
- Janai McFarland, LPN – Las Vegas- November 2027
- Carl Balcom, DNP, MBA, RN, NEA-BC, CHE, FACHE-Las Vegas- September 2026
- Michelle McNary, LPN-Reno- January 2025\*
- Cheri Crumley, LPN-Reno- May 2026

### **Description & Accomplishments:**

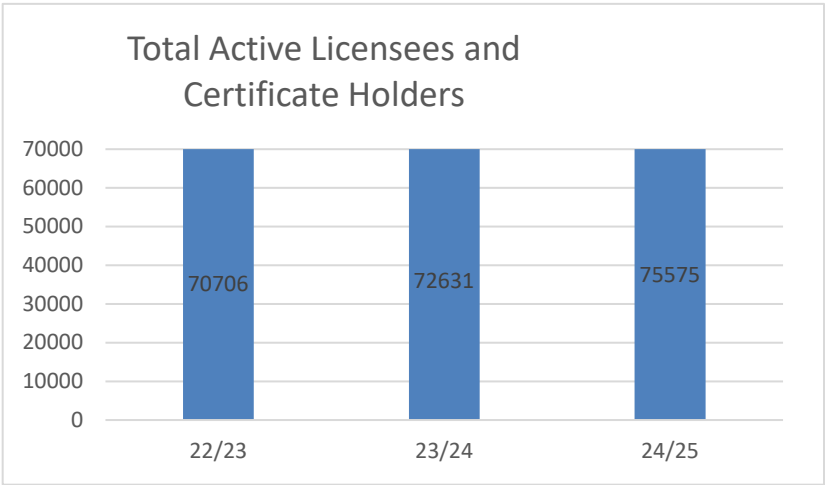
- Reviewed, discussed, and acted to update the practice decision document titled: Out of Hospital Administration of IV solutions and Medications to include scope of practice for LPNs.
- Reviewed, and researched NRS/NAC addressing and defining the LPN role with focused assessments and determined current Nevada statutes and administrative codes amply define the LPN scope in Focused Assessments.
- Reviewed, discussed, researched and approved of the draft practice decision titled: Scope of Practice Requirements and Limitations for RNs LPNs performing Cosmetic Procedures. This decision was ultimately approved by the board in 2025.
- Reviewed, discussed and updated the practice decision titled; The LPN Scope of Practice Regarding Phlebotomy and Blood Sampling Collection.
- Reviewed, discussed and updated the practice decision titled; Respirator/Ventilator to include new references and language.
- Reviewed and discussed, scope of practice questions to the board report to assess items for future committee attention.

# ANNUAL REVIEW BY THE NUMBERS

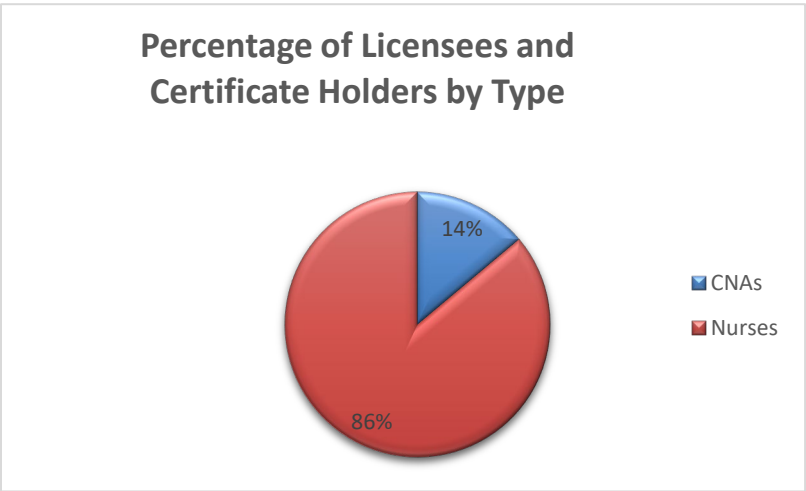
The Board reviews a minimum of three years of statistical data annually to identify trends in licensure, certification, investigation, discipline, continuing education, audits, and compliance. The data is collected contemporaneously throughout the fiscal year, from July 1 through June 30.

## Licensure & Certification

### Total number of Active Licensees and Certificate Holders



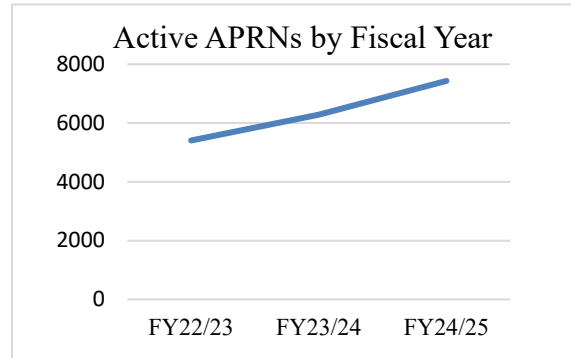
### Total number of Licensees and Certificate Holders by license type for Fiscal year 2024/2025:



## Advanced Practice Registered Nurses

### Number of APRNs with an Active License:

Active APRNs	
<b>FY22/23</b>	5407
<b>FY23/24</b>	6280
<b>FY24/25</b>	7433

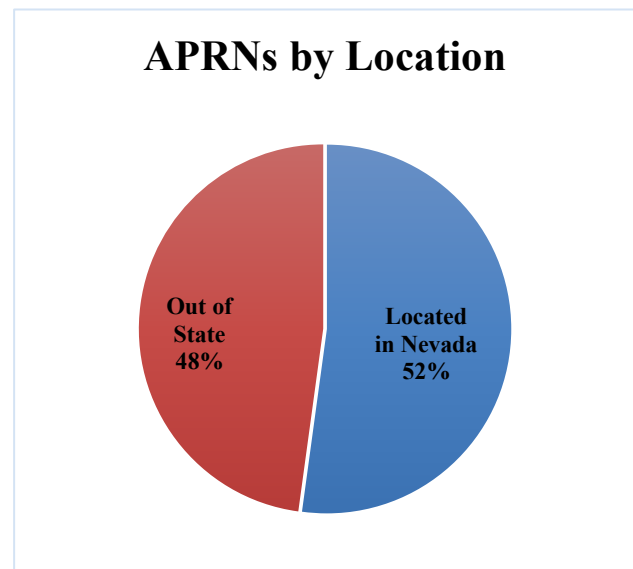


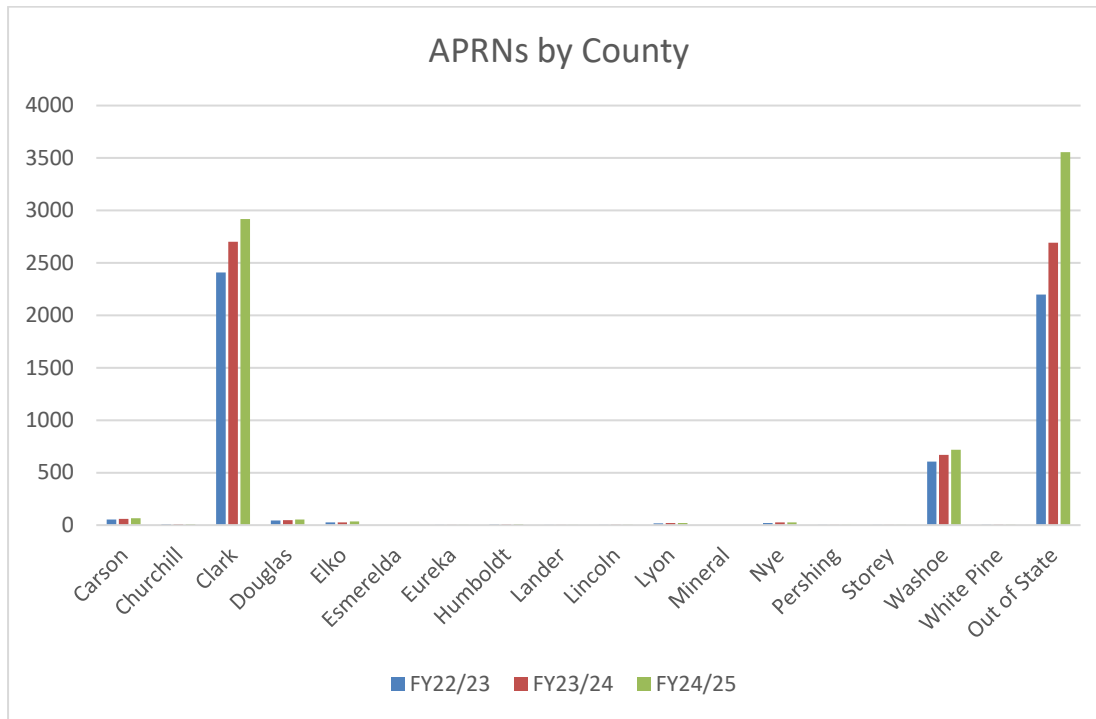
### APRNs by Location:

Although NSBN does not keep statistical data regarding APRN practice locations, the address of record indicates a county of residence. This information is helpful in reviewing the locations of APRNs with active Nevada licensure.

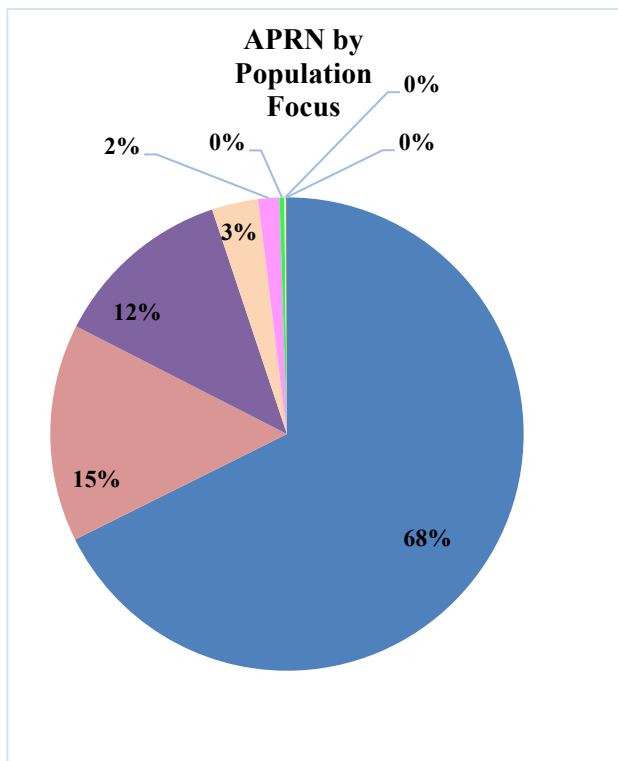
### APRNs by County:

APRNs by County			
	<b>FY22/23</b>	<b>FY23/24</b>	<b>FY24/25</b>
Carson	53	59	66
Churchill	10	12	12
Clark	2410	2702	2919
Douglas	45	46	55
Elko	26	25	35
Esmerelda	0	0	0
Eureka	2	2	2
Humboldt	9	9	10
Lander	2	1	1
Lincoln	2	5	4
Lyon	16	20	19
Mineral	0	0	0
Nye	21	27	26
Pershing	1	1	2
Storey	2	3	3
Washoe	605	671	718
White Pine	4	4	5
Out of State	2199	2692	3556



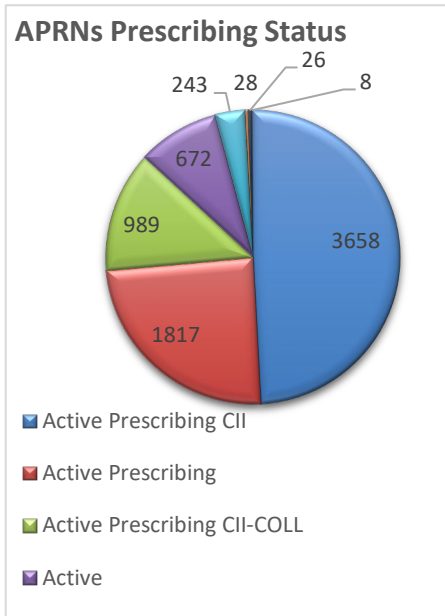


### APRNs by Population Focus



APRNs by Populations of Focus	FY24/25
Family Nurse Practitioner	5295
Adult-Gerontology Nurse Practitioner	1165
Women's Health Care Nurse Practitioner	967
Psychiatric/Mental Health Nurse Practitioner	248
Pediatric Nurse Practitioner	114
Nurse Midwife	25
Neonatal Nurse Practitioner	10
Clinical Nurse Specialist	4

## APRNs by Prescribing Privilege Status:



APRNs in Nevada can have a variety of statuses based upon their number of work hours, years of experience, and other factors.

NSBN is frequently asked to provide statistics related to APRNs and prescribing.

- Active - an APRN qualified for licensure but has not met requirements or chooses not to prescribe medications.

- Active Restricted - an APRN qualified for licensure with a restricted license as a disciplinary measure.

- Active Prescribing - an APRN qualified for licensure and prescribing controlled substances only in schedule III, IV, and V.

- Active Prescribing CII - an APRN qualified for licensure and prescribing controlled substances in schedules II, III, IV, and V.

- Active Prescribing CII D - an APRN qualified for licensure, dispensing, and prescribing controlled substances in schedules II, III, IV, and V.

- Any prescribing status including "COLL" an APRN is qualified for licensure and prescribing or dispensing as identified above under a collaborative agreement with a physician.

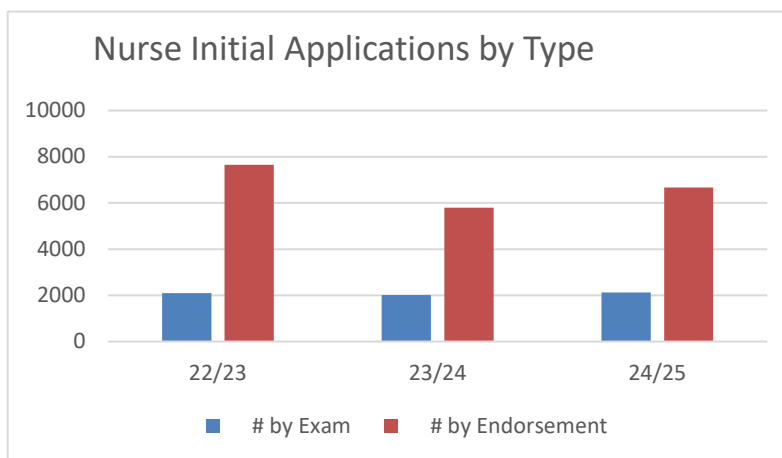
APRNs Prescribing Status	FY 22/23	FY 23/24	FY 24/25
Active Prescribing CII	2854	3150	3658
Active Prescribing	977	1312	1817
Active Prescribing CII-COLL	946	1003	989
Active	436	578	672
Active Prescribing CII D	165	200	243
Active Prescribing CII-COLL-D	15	20	28
Active Prescribing-D	12	16	26
Active Restricted *not included	2	1	8



## Applications

- The total active certificates/licenses continues to rise over the past three years, surpassing 75,500 for the first time in Nevada history.
- Initial applications increased from the past fiscal year.
- The nursing education programs are steadily increasing their number of graduates over the past three years.
- The volume of applications being processed within both of the Board's offices remains high. Staff productivity relative to processing applications at all levels remains very effective as evidenced by the number of those licensed/certified, and in the number of dispositions for those processed through investigations.
- Criminal conviction issues continue to account for the highest numbers of both "Yes" answer and fraudulent applications.
- Staff continue to offer and conduct licensure and certification presentations upon request throughout the state to ensure new graduates are well informed of the application and Board processes.

### Nurse initial applications by type:



### Nurse initial applications by outcome:

Applications are sent to investigation if the applicant answers "Yes" to one or more of the eligibility screening questions, if the criminal background check is positive, or if any other evidence is discovered that indicates the application is potentially fraudulent. The Board may sanction an applicant in the form of denial of licensure, formal disciplinary action, or ordering the licensee to be placed on a term of monitoring or probation. When an investigation results in no violations found, the applicant is cleared for processing.

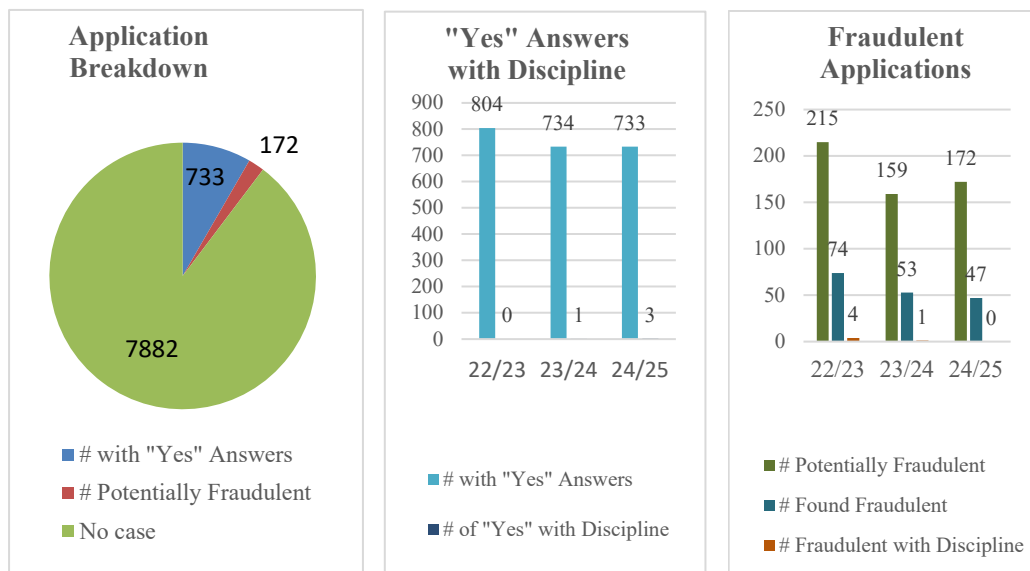
Applications are valid for one year from the date received by the Board. Failure to submit all required documentation within one-year results in a lapsed status. Pending applications remain in process on the last day of the fiscal year.

Total Initial Nurse Applications	22/23	23/24	24/25
Total number of active licenses	61077	62511	65090
# Nurse Initial Applications	9735	7805	8787
# by Exam	2091	2009	2122
# by Endorsement	7644	5796	6665
# with "Yes" Answers	804	734	733
% with "Yes" Answers	8.3%	9.4%	8.3%
# of "Yes" with Discipline	0	1	3
% "Yes" with Discipline	0.0%	0.1%	0.4%
# Potentially Fraudulent	215	159	172
% Potentially Fraudulent	2.2%	2.0%	2.0%
# Found Fraudulent	74	53	47
# Fraudulent with Discipline	4	1	0
No case	8716	6912	7882

"Yes" Dispositions	22/23	23/24	24/25
Accepted by Board	9	6	8
Probation/Monitoring	1	4	5
Denied by Board	0	0	1
Denied by Staff	0	0	0
Cleared by Staff	604	689	639
Lapsed after one year	44	44	33
Reprimand/Fine/CE	0	0	0
Pending <i>not incl in total disp</i>	46	53	47
Total Dispositions	704	743	686

### 2024/2025 Nurse Application Breakdown:

Endorsement applications decreased by 24% last year and increased this year by 14%. The total number of active licensees continued to grow steadily. Staff continues to review more than 10% of licensure applications for “Yes” answers or possible fraudulent applications. No significant trends are noted in this process for the past three years.

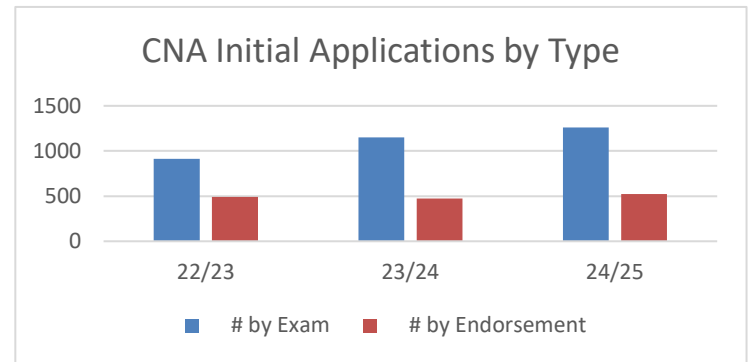


### Nursing Assistant initial applications by type:

Endorsement applicants hold an active certificate in another state or jurisdiction seeking certification in Nevada. Exam applicants are recent graduates applying for a nursing assistant certificate in Nevada.

### Nursing Assistant initial applications by outcome:

Applications are valid for one year from the date received by the Board. Failure to submit all requested documentation within that year results in the application lapsed status. An application may be sent to investigation if the criminal background check is positive, if the applicant answers "Yes" to one or more of the eligibility screening questions, or if evidence is discovered that indicates the application is potentially fraudulent. The Board may sanction an applicant in the form of denial of a certificate, formal disciplinary action, or ordering the certificate holder to be placed on a term of monitoring or probation. When an investigation results in no violations found, the applicant is cleared for processing. Pending applications remain in process on the last day of the fiscal year.



Total CNA Applications	22/23	23/24	24/25
Total number of CNAs	9629	10120	10485
# Initial CNA applications	1405	1625	1782
# by Exam	914	1151	1260
# by Endorsement	491	474	522
# with "Yes" answers	214	219	265
% with "Yes" answers	15.2%	13.5%	14.9%
# of "Yes" with discipline	0	0	0
% "Yes" with discipline	0.0%	0.0%	0.0%
# potentially fraudulent	153	127	138
% potentially fraudulent	10.9%	7.8%	7.7%
# found fraudulent	58	40	45
# fraudulent with discipline	1	1	0
No case	1038	1279	1379

"Yes" Dispositions	22/23	23/24	24/25
Accepted by Board	3	6	5
Probation/Monitoring	3	5	3
Denied by Board	0	0	0
Denied by Staff	0	0	0
Cleared by Staff	170	195	211
Lapsed after one year	9	21	12
Pending <i>not incl in total disp</i>	29	27	34
Total Dispositions	214	254	231

### Nurse and Nursing Assistant Fraudulent Applications:

Total Initial Applications	22/23	23/24	24/25
Total of initial applications	11140	9430	10569
Total potentially fraud app	368	286	310
% of potentially fraud apps	3.30%	3.03%	2.93%
Total number found fraudulent	132	91	92
% of apps investigated found fraudulent	35.87%	31.82%	29.68%

## Nurse and CNA Renewal applications by outcome:

An application may be sent to investigation if the criminal background check is positive, if the applicant answers "Yes" to one or more of the eligibility screening questions, or if evidence is discovered that indicates the application is potentially fraudulent. The Board may sanction an applicant in the form of denial of a certificate, formal disciplinary action, or ordering the certificate holder to be placed on a term of monitoring or probation. When an investigation results in no violations found, the applicant is cleared for processing. Applications are valid for one year from the date received by the Board, or the application is considered incomplete and lapsed. Pending applications remain in process on the last day of the fiscal year.

Total Renewal Applications	22/23	23/24	24/25
Total renewal applications	29343	30613	32439
Total "Yes" renewal applications	333	306	376
% with "Yes" renewal applications	1.13%	1.00%	1.16%
Total "Yes" with discipline	3	0	4
Total potentially fraud app	68	95	66
% of potentially fraud apps	0.23%	0.31%	0.20%
Total number found fraudulent	22	36	22
% of apps investigated found fraudulent	32.35%	37.89%	33.33%

A historical trend has existed for decades regarding renewal applications, in that more people came due for renewal during even years, than in odd years. However, since the pandemic, there is less of a difference being noted. No significant changes were noted regarding Yes answers and fraudulent applications.

## Complaint Investigation & Discipline

Investigation and discipline support public protection. Complaints submitted to the Board are sent to investigation when there are allegations of alleged violations of the Nevada Nurse Practice Act. When an investigation is initiated, board staff ensure that nurses and nursing assistants (respondents) are given due process, which requires adequate notice and description of the charges, the right to hire an attorney at their own expense, and to have a hearing or the opportunity for a hearing. Respondents also have the right not to respond to allegations, not to participate in settlement negotiations, not to sign anything, the right to see the complaint, and the right to appeal any Board action.

After a thorough investigation, the Board may: close a complaint with no further action; offer remediation generally in the form of targeted education to address the practice breakdown; offer or order a non-disciplinary program such as practice monitoring; discipline the respondent via an application denial, a reprimand, a fine, a term of probation, a term of suspension, revocation, or voluntary surrender of license/certificate.

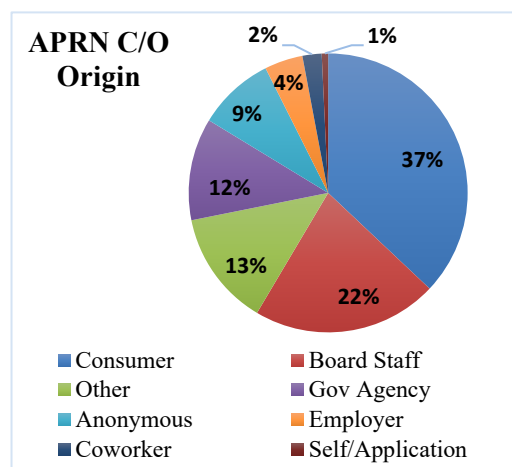
## APRN Complaint Investigations & Discipline Statistics:

<b>Total Number of Active Licensees</b>	<b>22/23</b>	<b>23/24</b>	<b>24/25</b>
Total licensed APRNs	5407	6280	7433
Percent change from previous year	22%	16%	18%
<b>Complaints Received/Investigated</b>	<b>22/23</b>	<b>23/24</b>	<b>24/25</b>
Total complaints received	153	171	202
Total of complaints opened to investigation	77	115	135
Percentage of complaints by total NV APRNs	2.83%	2.72%	2.72%
<b>Discipline Outcome Statistics</b>	<b>22/23</b>	<b>23/24</b>	<b>24/25</b>
Total number of discipline outcomes	16	25	26
Percent of licensees receiving discipline	0.30%	0.40%	0.35%
Percent of discipline to complaints	10.46%	14.62%	12.87%
<b>Days to Open and Resolve Complaints</b>	<b>22/23</b>	<b>23/24</b>	<b>24/25</b>
Average number of days to Case Review	97.5	83	40

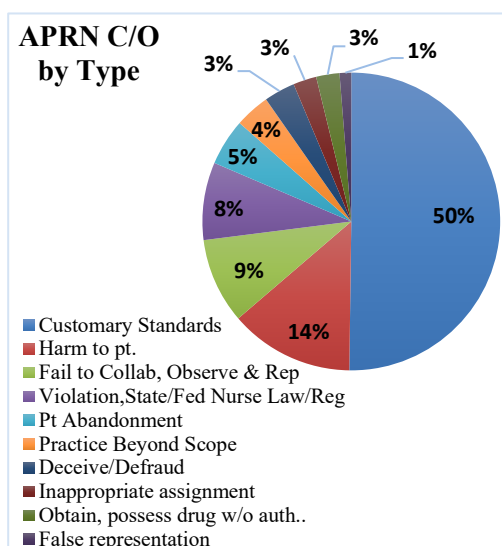
The number of new APRN license holders continues to increase by a greater percentage than any other level of licensure for four consecutive years and rose by 18% in FY2023/24. This increase amounts to 1,153 newly Nevada licensed APRNs.

The total number of complaints received increased notably from 171 to 202, a 17% increase. This increase is also represented in the number of complaints opened to investigation rising to 135 compared to 115 in the previous period. It is important to note that the complaints by total of licensed APRNs has remained constant at 2.72%. During this period the percentage of complaints leading to a disciplinary outcome decreased by 2%. Additionally, the percentage of complaints leading to a disciplinary outcome decreased slightly from 14.6% to 12.8%. When looking at the percentage of complaints to discipline over the last three years the average is 12.65%, consistent with this year's rate.

APRN investigations completed in FY2024/25 were concluded in an average of 40 business days, a significant decrease when compared to 83 business days in the previous year. The three-year average to complete investigations is 73 business days. Disciplinary outcomes of completed practice-related investigations resulted in the following actions: 1 Voluntary Surrender, 7 Probations, and 18 Reprimands.



Origin of APRN Complaints	
Consumer	50
Board Staff	29
Other	18
Gov Agency	16
Anonymous	12
Employer	6
Coworker	3
Self/Application	1



Types of APRN Complaints	
Customary Standards	119
Harm to pt.	32
Fail to Collab, Observe & Rep	22
Violation, State/Fed Nurse Law/Reg	20
Pt Abandonment	12
Practice Beyond Scope	9
Deceive/Defraud	8
Inappropriate assignment	6
Obtain, possess drug w/o auth..	6
False representation	3

The origin of complaints did not vary notably from the prior year. Consumer driven complaints remained the most common, followed by government agency complaints that were primarily referred to the nursing board by the Board of Medical Examiners when APRN complaints are submitted to their attention.

The only notable change in the origin of complaints was a 50% increase in anonymous complaints.

## Nurse Complaint Investigations & Discipline Statistics:

<b>Total Number of Active Licensees</b>	<b>22/23</b>	<b>23/24</b>	<b>24/25</b>
Total licensed nurses (LPN, RN)	61077	62511	65090
Percent change from previous year	7%	2%	4%
<b>Complaints Received/Investigated</b>	<b>22/23</b>	<b>23/24</b>	<b>24/25</b>
Total complaints received (LPN, RN)	377	370	399
Total of complaints opened to investigation	190	213	232
Percentage of complaints by total NV nurses	0.31%	0.34%	0.36%
<b>Discipline Outcome Statistics</b>	<b>22/23</b>	<b>23/24</b>	<b>24/25</b>
Total discipline outcomes	42	50	62
Percent of licensees receiving discipline	0.07%	0.08%	0.10%
Percent of discipline to complaints	11%	14%	16%
<b>Days to Open and Resolve Complaints</b>	<b>22/23</b>	<b>23/24</b>	<b>24/25</b>
Average number of days to Case Review	127	100	109

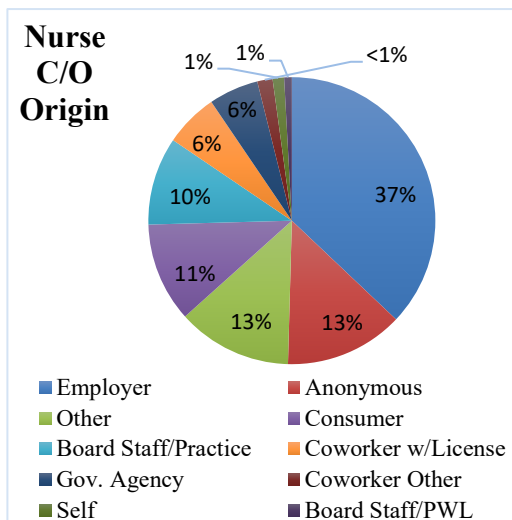
The total number of RN/LPN licensees (65,090) increased by 4% in FY24/25. This was a notable increase from the unusually low 2% growth in the prior fiscal year. LPNs accounted for 4,642 of the total number. The total increase resulted in 4,013 more licensed nurses (RN/LPN) since FY22/23. The number of complaints per licensed nurse did not change significantly with an increase of 0.34% to 0.36%. Of the 399 complaints received, roughly the same percentage warranted investigation as in FY23/24. The number of complaints investigated has increased consistently by 10% over the last three years. The number of practice-related disciplinary outcomes at 62 represented a 2% increase in complaints leading to discipline. The average days to case review (109) was consistent with prior years.

Disciplinary outcomes of completed practice-related investigations resulted in the following actions:

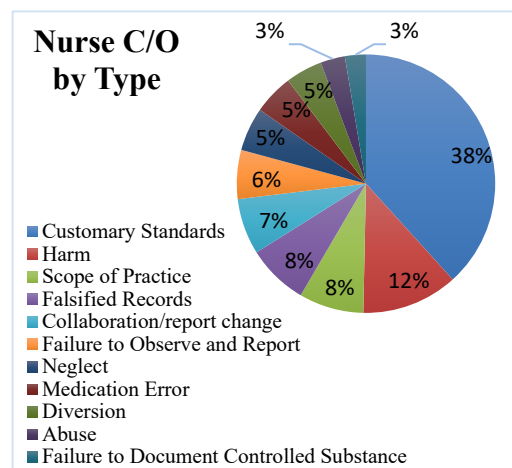
RN actions: 5 Revocations, 3 Voluntary Surrenders, 11 Probations, and 35 Reprimands.

LPN actions: 1 Probation and 7 Reprimands.





Origin of Nurse Complaints	
Employer	86
Anonymous	31
Other	30
Consumer	26
Board Staff/Practice	23
Coworker w/License	14
Gov. Agency	13
Coworker Other	4
Self	3
Board Staff/PWL	2



Type of Nurse Complaints	
Customary Standards	175
Harm	55
Scope of Practice	37
Falsified Records	35
Collaboration/report change	32
Failure to Observe and Report	28
Neglect	25
Medication Error	23
Diversion	21
Abuse	14
Failure to Document Controlled Substance	12

The origin of complaints ranked identically with the prior year. Employer-driven complaints were the most common, followed by board staff generated complaints largely received via the board email access. Consumer generated complaints were received through the board's website complaint portal and board email. Anonymous complaints were 135 of the totals, essentially equal to 12% in the prior year.

The most notable changes in complaints by type were:

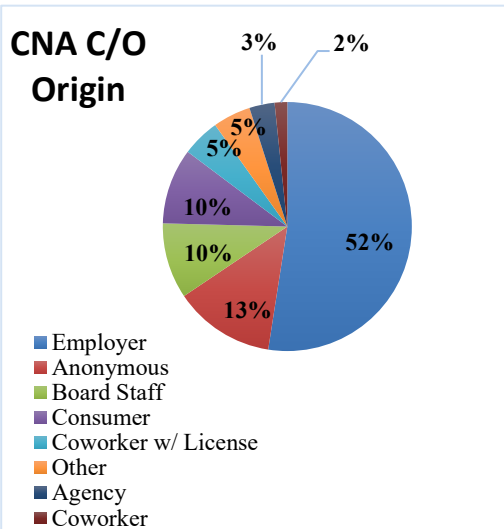
- A notable decrease in complaints related to scope of practice at 37 compared to 51. (In FY23/24, scope complaints doubled from 27 to 51. Notably this year showed a reverse of that trend).
- A notable decrease in medication error related complaints from 35 to 23.
- An increase in complaints related to neglect from 17 to 25.
- Complaints for failing to collaborate/report a change in condition decreased from 47 to 32.

## CNA Complaint Investigations & Discipline Statistics:

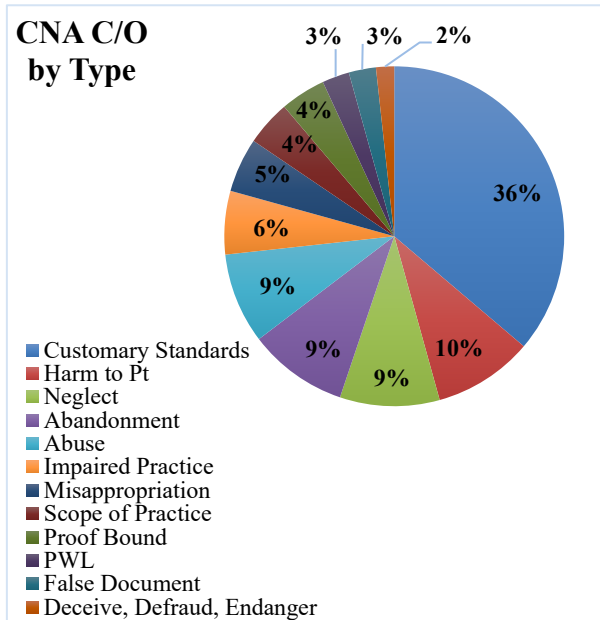
<b>Total Number of Active Certificate Holders</b>	<b>22/23</b>	<b>23/24</b>	<b>24/25</b>
Total certificated CNAs	9629	10120	10485
Percent increase from previous year	-0.20%	5.10%	3.61%
<b>Complaints Received/Investigated</b>	<b>22/23</b>	<b>23/24</b>	<b>24/25</b>
Total complaints received	75	61	73
Total of complaints opened to investigation	59	45	55
Percentage of complaints by total NV CNAs	0.78%	0.60%	0.70%
<b>Discipline Outcome Statistics</b>	<b>22/23</b>	<b>23/24</b>	<b>24/25</b>
Total discipline outcomes	13	14	13
Percent of certificate holders receiving discipline	0.14%	0.14%	0.12%
Percent of discipline to complaints	17.33%	22.95%	17.81%
<b>Days to Open and Resolve Complaints</b>	<b>22/23</b>	<b>23/24</b>	<b>24/25</b>
Average total days from Opened to Case Review	112	92	85

The total number of certificate holders over the last two fiscal years has increased by an average of 4% resulting in 856 more certificate holders when compared to FY2022/23. The number of complaints received increased moderately consistent with the higher number of certificate holders in FY2024/25. The number of practice-related complaints that warranted an investigation was (55) representing an increase from the previous year (45). The percentage of the investigated cases that led to a disciplinary action was essentially unchanged despite the increase in investigations opened.

Disciplinary outcomes of completed practice related investigations resulted in the following actions as compared to the previous year's data. (not shown in this report's tables or graphs): Voluntary Surrenders 1, Probations decreased from 7 to 3, Reprimand orders increased from 6 to 7, Revocations were 2.



Origin of CNA Complaints	
Employer	32
Anonymous	8
Board Staff	6
Consumer	6
Coworker w/ License	3
Other	3
Agency	2
Coworker	1



Types of CNA Complaints	
Customary Standards	42
Harm to Pt	11
Neglect	11
Abandonment	11
Abuse	10
Impaired Practice	7
Misappropriation	6
Scope of Practice	5
Proof Bound	5
PWL	3
False Document	3
Deceive, Defraud, Endanger	2

The origin of complaints did not vary notably from the prior year. Facility/employer driven complaints remained the most common, followed by anonymous complaints increasing from 7 to 8.

Complaints generated by board staff were those received via board email and were consumer based at 6. The most notable changes in complaints by type received were:

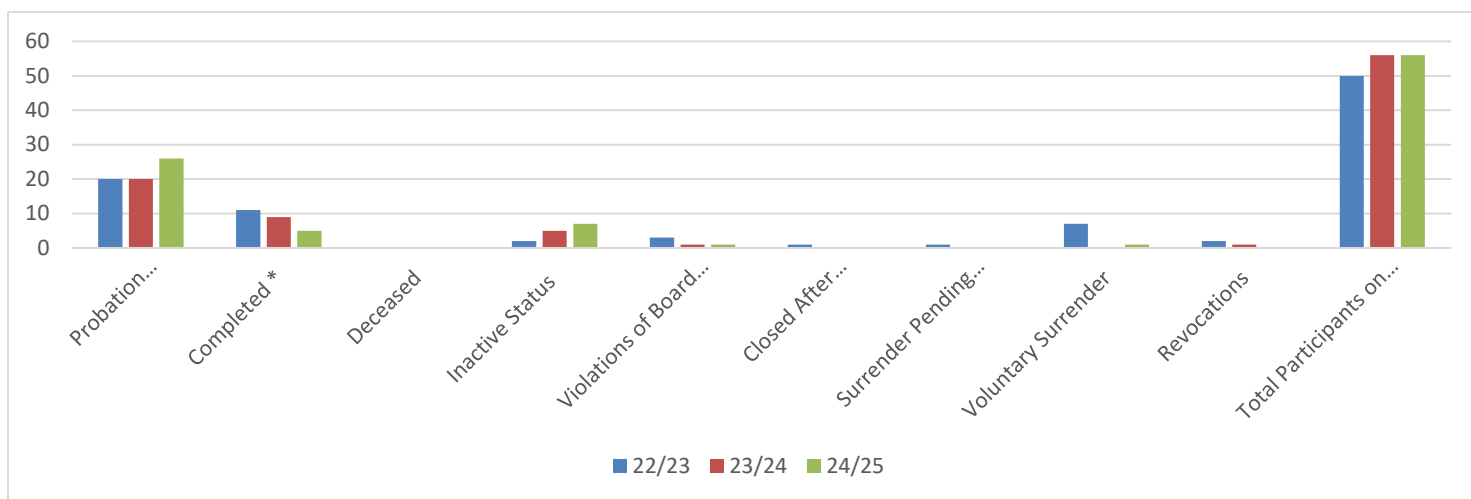
- A notable increase in complaints related to impairment at 7 from none in 2024/25.
- A notable decrease in abuse complaints (after two years of increase) from 17 to 10.
- A nearly 50% increase in complaints related to misappropriation from 3 to 6.
- Complaints related to abandonment increased from 9 to 11.
- Complaints related to neglect increased from 7 to 11.

## Compliance & Monitoring

The Board may place an individual on disciplinary probation or non-disciplinary monitoring with limitations or restrictions on practice to remediate and improve practice, to enhance public safety, and, if qualified, to re-enter nursing practice when a substance use disorder has been identified.

Probation may be 1-5 years in length and may require substance use disorder stipulations, practice stipulations or a combination of both depending on the nature of violation.

### Total number of participants on probation by fiscal year:



Probation Status	22/23	23/24	24/25
Probation Agreement/Order *	20	20	26
Completed *	11	9	5
Deceased	0	0	0
Inactive Status	2	5	7
Violations of Board Orders **	3	1	1
Closed After Investigation	1	0	0
Surrender Pending Hearing	1	0	0
Voluntary Surrender	7	0	1
Revocations	2	1	0
Total Participants on Probation ***	50	56	56

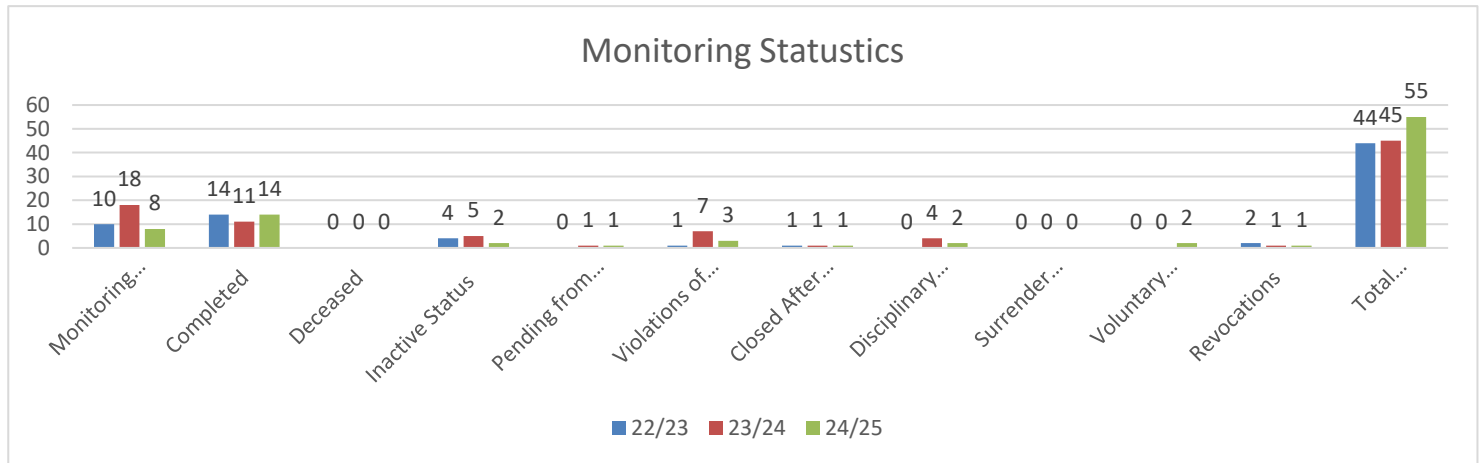
\* Changes in the number of participants and program completion is related to the length of the order/agreement.

\*\* An investigation of an order violation is closed after the violation has been resolved.

\*\*\* As of FY24/25, the number of agreement/orders remains consistent with the number of complaints.

## Total number of participants on monitoring by fiscal year:

Monitoring may be 1 - 5 years in length and may include some or all substance use disorder stipulations.



Monitoring Status	22/23	23/24	24/25
Monitoring Agreement/Order	10	18	8
Completed	14	11	14
Deceased	0	0	0
Inactive Status	4	5	2
Pending from TVS to Monitoring	0	1	1
Violations of Board Orders *	1	7	3
Closed After Investigation	1	1	1
Disciplinary action related to violation	0	4	2
Surrender Pending Hearing	0	0	0
Voluntary Surrender	0	0	2
Revocations	2	1	1
Total Participants on Monitoring **	44	45	55

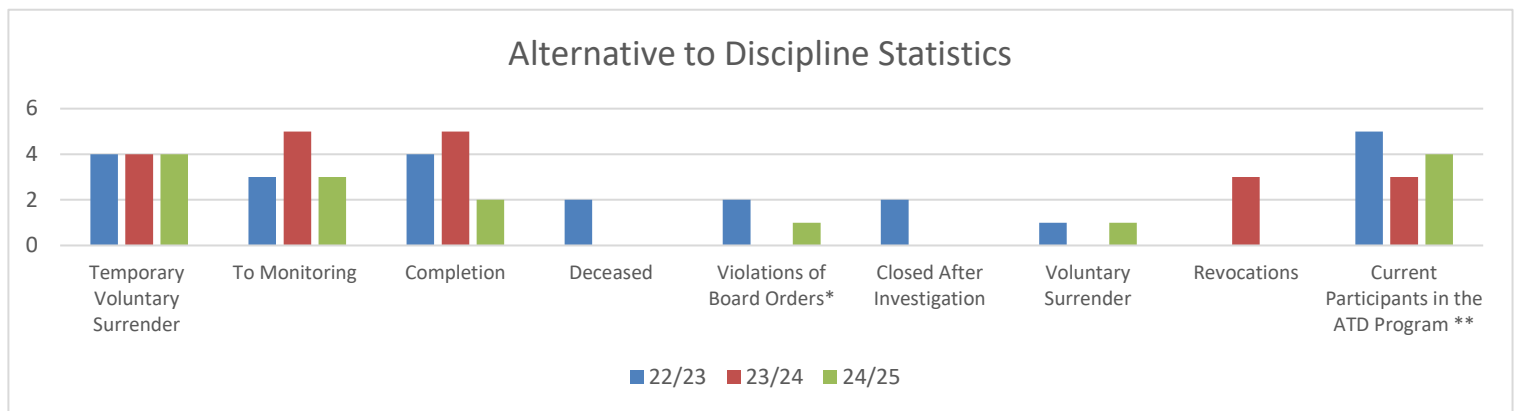
\* The primary violations of Board Orders included positive drug tests, failing to submit quarterly reports and failing to attend meetings.

\* Our current system allows us to identify and address violations in a timely manner, reducing the need to open a complaint.

\*\* As of FY24/25, there is an increase in the total number of participants in the Monitoring program.

## Temporary voluntary surrender statistics by fiscal year:

The Alternative-to-Discipline (ATD) Program requires the nurse or CNA to sign a temporary voluntary surrender of license to practice, completion of a Board approved treatment program, attendance at ninety (90) AA/NA meetings for ninety (90) days in a row, abstinence and drug testing, submission of monthly self, counselor, and sponsor reports. After completion of treatment the nurse or CNA may request to return to practice. Once they have completed all requirements and have submitted a fitness for duty report from their provider, indicating they are safe to return to practice, they are placed on a five (5) year period of monitoring agreement with stipulations that include abstinence and drug testing, counseling, attendance at AA/NA and nurse support group meetings, and sponsorship. The nurse or CNA must submit counselor, sponsor, supervisor, and self-reports to the Board on a monthly or quarterly basis.



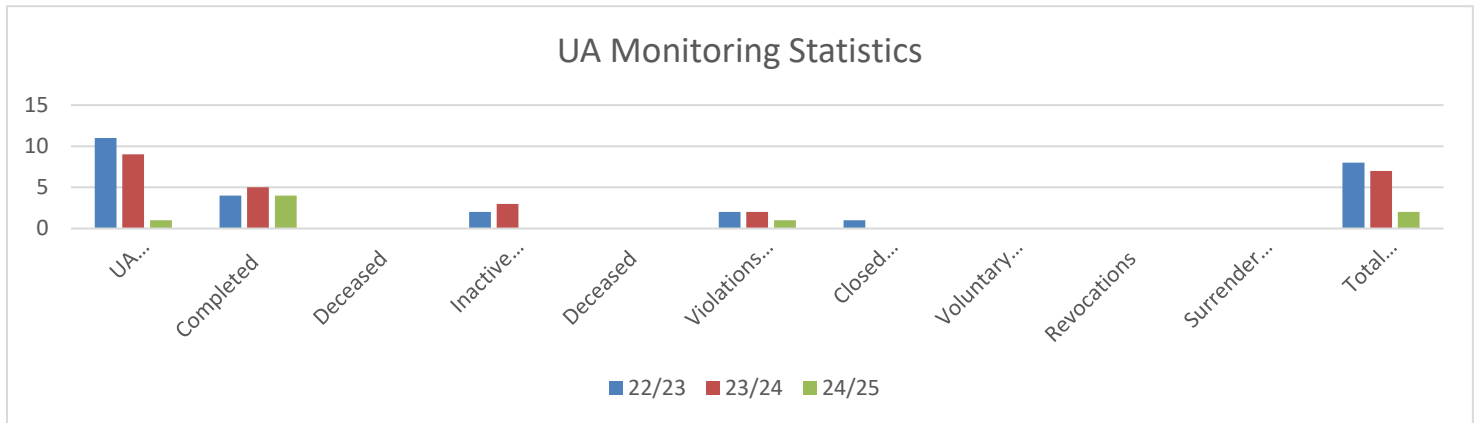
Temporary Voluntary Surrender Status	22/23	23/24	24/25
Temporary Voluntary Surrender	4	4	4
To Monitoring	3	5	3
Completion	4	5	2
Deceased	2	0	0
Violations of Board Orders*	2	0	1
Closed After Investigation	2	0	0
Voluntary Surrender	1	0	1
Revocations	0	3	0
Current Participants in the ATD Program **	5	3	4

\* Violations of the Temporary Voluntary Surrender (TVS) are related to positive drug tests or self-report of relapse

\*\* As of FY24/25, there is a increase in the number of ATD participants.

## Monitoring Urine Analysis Statistics:

Monitoring UAs requires abstinence and drug screens only.



Monitoring UA Status	22/23	23/24	24/25
UA Agreement/Order	11	9	1
Completed	4	5	4
Deceased	0	0	0
Inactive Status	2	3	0
Deceased	0	0	0
Violations of Board Orders	2	2	1
Closed After Investigation	1	0	0
Voluntary Surrender	0	0	0
Revocations	0	0	0
Surrender pending hearing	0	0	0
Total Participants in UA Agreements *	8	7	2

\* As of FY24/25, there is decreased number in participants.



## Continuing Education Audits

### Nurse Continuing Education Audits and Outcomes:

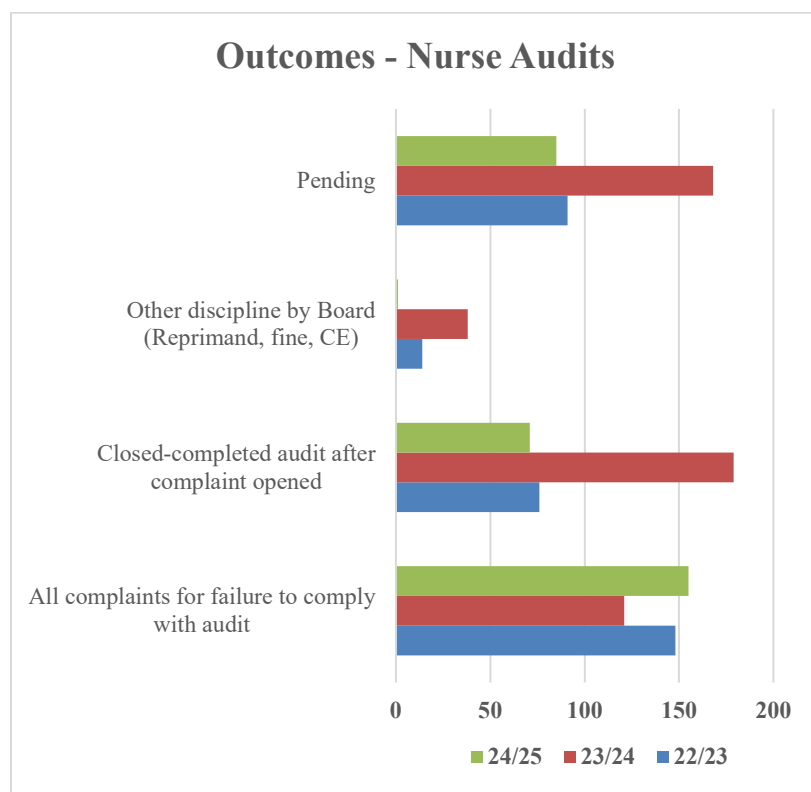
To be eligible for license renewal, RNs and LPNs must complete 30 continuing education (CE) credits within the previous twenty-four months, in addition to completing a one-time board-approved 4 CE bioterrorism course and meeting all other renewal requirements. APRNs must complete 45 CEs directly related to their role or population focus. Certified Registered Nurse Anesthetists (CRNAs) must complete 45 CEs related to practice as a nurse anesthetist and meet all other renewal requirements. The Board audits a minimum of 10% of all nurse renewal applicants each month to ensure compliance with continuing education/competence requirements as attested to on each renewal application. Effective January 1, 2024, all RNs, LPNs, APRNs, and CRNAs must complete a Board approved 4-hour cultural competency course every renewal cycle.

Nurse Audits			
Timeline-Fiscal Year	22/23	23/24	24/25
Total Audits Completed	2568	2715	2894
Total Successfully Completed Requirements	2420	2635	2739
Total Complaints Opened for Failing to Comply	148	80	155

Outcomes-Complaints Based on Failure to Meet Audit Requirements			
Timeline-Fiscal Year	22/23	23/24	24/25
All complaints for failure to comply with audit	148	121	155
Closed-completed audit after complaint opened	76	179	102
Other discipline by Board (Reprimand, fine, CE)	14	38	1
Pending	91	168	85

Percentage of All Renewal Applicants			
Timeline-Fiscal Year	22/23	23/24	24/25
Nurses Audited	10.2%	10.2%	10.3%
Completed without Investigation	94.2%	97.1%	94.6%

Percentage of Nurse Audit Complaints			
Timeline-Fiscal Year	22/23	23/24	24/25
Leading to investigation	5.8%	2.9%	5.4%
Closed after complaint opened	51.4%	147.9%	45.8%
Other discipline by Board	9.5%	31.4%	0.6%

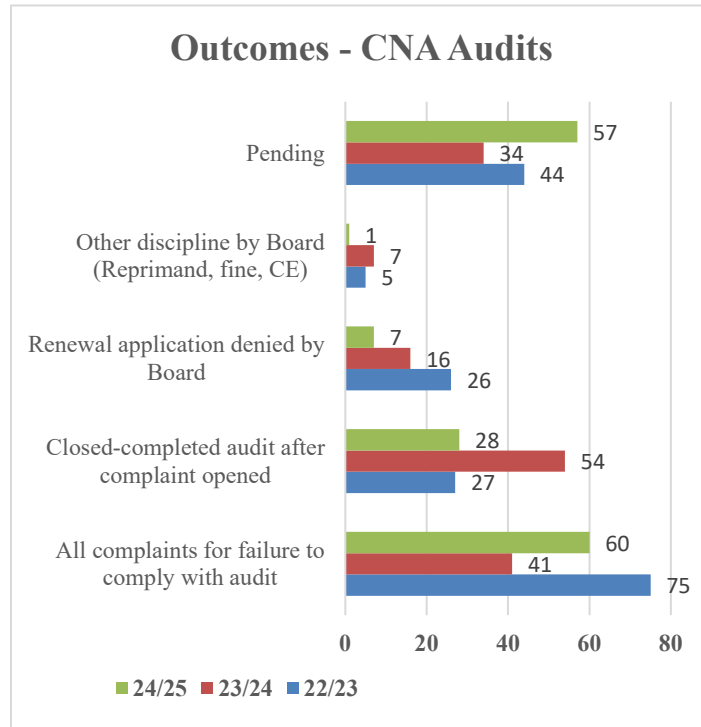


### CNA Continuing Education Audits and Outcomes:

To be eligible for renewal of a certificate, CNAs must complete 24 CE credits or training within the previous twenty-four months and have 40 hours of CNA employment under the direction of a licensed nurse, in addition to meeting other renewal requirements. The Board audits 10% of all CNA renewal applicants each month to ensure compliance with continuing education/competence and employment requirements as attested to on each renewal application.

CNA Audits			
Timeline-Fiscal Year	22/23	23/24	24/25
Total Audits Completed	386	375	401
Total Successfully Completed Requirements	311	334	341
Total Complaints Opened for Failing to Comply	75	41	60

Outcomes-Complaints Based on Failure to Meet Audit Requirements			
Timeline-Fiscal Year	22/23	23/24	24/25
All complaints for failure to comply with audit	75	41	60
Closed-completed audit after complaint opened	27	54	38
Renewal application denied by Board	26	16	7
Other discipline by Board (Reprimand, fine, CE)	5	7	1
Pending	44	34	57



Percentage of All Renewal Applicants			
Timeline-Fiscal Year	22/23	23/24	24/25
CNAs Audited	9.2%	9.1%	9.2%
Completed without Investigation	80.6%	89.1%	85.0%

Percentage of CNA Audit Complaints			
Timeline-Fiscal Year	22/23	23/24	24/25
Leading to investigation	19.4%	10.9%	15.0%
Closed after complaint opened	36.0%	131.7%	46.7%
Other discipline by Board	6.7%	17.1%	1.7%

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