

Official Publication of the

# Nevada State Board of NURSING



# Nevada Nursing News

# WORDS

## From the Executive Director



Happy 2026 to all of you. As we enter 2026, I am reminded of the great work the NSBN and its board has done over the last year. Here are some highlights of the year 2025.

In November we said good-bye to two long standing board members, Richelle O'Driscoll (Consumer member) and Ovidia McGuinness (LPN member). We thank them for their long-standing work and dedication to the Board of Nursing. We said hello to two new members: Cheri Glockner, Consumer member and Silvia Acosta, LPN member. Both new members will bring a level of expertise to the board that is always welcome.

In October, we finally moved the Las Vegas office from its old location to a new location on Eastern Avenue. The new location provides more space and a more desirable environment for staff and customers.

We completed the 2025 legislative session with some needed changes to our regulations. AB 319 was passed into legislation and now allows RNs and APRNs to delegate to medical assistants. This bill passage was a direct result of identifying a need within the healthcare community and working collaboratively with the Nevada Board of Medical Examiners. Thank you to everyone who supported this initiative.

Our NSBN Advisory Committees were very busy working to make the practice of nursing better in our state. The Nurse Practice Advisory Committee put forth a new practice decision regarding cosmetic procedures. The work the committee did on this decision was outstanding and will provide clarification of the scope of practice of nurses working in this environment.

The Education Advisory Committee has been working on revising current regulations affecting all regulatory aspects of nursing education in our state.

The Disability Advisory Committee has revised some of the policies helping nurses with substance use disorders.

Our committees work very hard to ensure that nursing practice in Nevada is current and reflective of practice trends.

Our Board worked very hard, often making difficult decisions regarding nursing practice. I am very proud of the work they do and their on-going commitment to the betterment of nursing.

I wish you all a very happy, healthy and prosperous new year.

# Nevada State Board of **NURSING**



On October 1, 2025 the Nevada State  
Board of Nursing's Las Vegas office  
moved to:

**5820 S. Eastern Ave., Ste 200  
Las Vegas, NV 89119**



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

# **Message From the President**



## **Addressing Workplace Violence in Nursing Practice**

**By Cheryl Maes, PhD, APRN, FNP-BC**

Workplace violence is a serious and ongoing challenge in healthcare, affecting nurses across hospitals, clinics, long-term care facilities, and community settings. Nurses may face verbal threats, intimidation, and even physical assaults from patients, visitors, or colleagues. These incidents can cause emotional stress, burnout, absenteeism, and staff turnover, all which impact patient safety and quality of care.

Despite its prevalence, workplace violence is often underreported. Nurses may fear retaliation, perceive such incidents as “part of the job,” or be uncertain about reporting procedures. Underreporting makes it difficult for healthcare organizations to identify risks, implement prevention strategies, and ensure safe practice environments.

Research demonstrates that comprehensive, evidence-based strategies can significantly reduce workplace violence and support nursing staff. Clear, non-punitive reporting systems encourage nurses to report incidents promptly without fear of repercussions. Training programs in de-escalation techniques, conflict resolution, trauma-informed care, and situational awareness equip nurses with the skills to handle challenging situations safely. Environmental and administrative safeguards, such as controlled access to clinical areas, adequate staffing, well-lit workspaces, security personnel, and safe patient-handling policies, further reduce risks. Leadership engagement is essential; a culture of zero tolerance for violence and active managerial support fosters resilience and empowers nurses to speak up. Involving nurses directly in the design and implementation of safety initiatives ensures interventions are practical, context-specific, and more likely to succeed.

Addressing workplace violence strengthens the nursing workforce, improves patient care, and fosters a culture where all healthcare professionals feel safe and supported. Promoting awareness, implementing clear safety policies, and encouraging collaboration across healthcare organizations are essential steps in prevention. Regulatory bodies, including state boards of nursing, play an important role in supporting safe practice environments and the well-being of nurses. By prioritizing workplace safety, healthcare systems can help nurses provide high-quality care while maintaining their own resilience and well-being.

### References

- Cai, J., Wu, S., Wang, H., Zhao, X., Ying, Y., Zhang, Y., & Tang, Z. (2023). The effectiveness of a workplace violence prevention strategy based on situational prevention theory for nurses in managing violent situations: A quasi-experimental study. *BMC Health Services Research*, 23(1), 1164. <https://doi.org/10.1186/s12913-023-10188-1>
- Qasem, I., & Gillespie, G. (2025). Intervention and strategies to prevent workplace violence from patients and visitors against nurses: An integrative review. *Journal of Advanced Nursing*, 80(2), 456–472. <https://pubmed.ncbi.nlm.nih.gov/40922538/>
- Spencer, C., Sitarz, J., Fouse, J., & DeSanto, K. (2023). Nurses' rationale for underreporting of patient and visitor-perpetrated workplace violence: A systematic review. *BMC Nursing*, 22(1), 134. <https://doi.org/10.1186/s12912-023-01226-8>

# Hot Topics for Nurse Practitioners to Watch in 2026

By Susan S. VanBeuge, DNP, APRN, FNP-BC, FAANP, FAAN



## Advanced Practice Nursing Trends in 2026: Workforce, Technology, and Scope of Practice

Advanced practice nurses (APNs) are increasing their role and footprint in the healthcare system we know today. Advanced practice nurses include advanced practice registered nurses (APRN), certified registered nurse anesthetists (CRNA), clinical nurse specialists (CNS), and certified nurse midwives (CNM) (National Council State Boards of Nursing APRN Consensus Model, 2008). These roles are defined in the Nevada State Board of Nursing (NSBN) regulations for their scope and population focus (NSBN, 2026). As a new year unfolds, the APN role will play an integral part in the delivery of health care, leadership, and technological advancement in every aspect of delivery of care. Critical issues at play for 2026 are projected as workforce, technology advancement and implementation, and evolving regulatory frameworks regarding scope of practice. In this article, there will be three principal areas of focus: workforce trends, technology acceleration in practice, and expanding scope of practice in the United States.

### Workforce Trends

The workforce continues to grow and broaden with a robust advanced practice nursing presence. Findings in the 2024 National Nursing Workforce Study conducted by the National Council State Boards of Nursing (NCSBN) found that over 138,000 nurses left the profession between 2022 and 2024, and almost 40% report intent to leave by 2029 (Smiley, R, et al, 2024). This staggering number and forecast does not bode well for the health and wellbeing for the U.S. or Nevada. It highlights the importance of retaining and effectively utilizing our APN workforce to their greatest potential.

Nurse practitioners (NPs) represent the largest and fastest growing segment of the APN workforce. In 2025, there were more than 461,000 NPs licensed in the United States (American Association of Nurse Practitioners [AANP], 2025) and the growth is continued in 2026 and beyond. Trends for the NP workforce are seen in the areas of primary care, behavioral and mental health, chronic disease, and older adults. All these areas have increased need and gaps in providers. In multiple states and health care system, NPs provide care autonomously, have their own patient panels, managing complex and acute care across the lifespan (AANP, 2025).



Certified registered nurse anesthetists (CRNA) are also in high demand. In Nevada, there are two programs open to train CRNAs. Across the United States, there are approximately 65,000 CRNAs, with workforce projections for continued growth in various settings to include outpatient procedures, rural and critical access hospitals (American Association of Nurse Anesthesiology [AANA], 2024). In some rural communities, CRNAs may serve as the sole anesthesia provider, reinforcing the essential role in maintaining surgical access to care and patient safety.

### **Technology Acceleration**

Technology adoption is a way of life in health care that has accelerated across all advanced practice roles. Telehealth is firmly embedded in practice for routine care delivery. Once thought of a future health care, this was quickly overcome and mastered during the COVID-19 pandemic. In 2026, APNs will continue to navigate the evolving landscape of federal and state telehealth policies and rules as they change and adapt to patient needs and access to care. In early 2026, until January 30, Medicare has several COVID era telehealth flexibilities in place. However, as of January 31, 2026, most services will revert requiring rural locations, with some exceptions for behavioral health and certain visit types. Providers should consult [Telehealth.HHS.gov](https://www.hhs.gov/telehealth) for specific rules and changes (Telehealth.HHS.gov, 2025).

Artificial intelligence (AI) has become part of practice from support with documentation efficiency, risk stratification tools, image interpretation, and communication workflow. As AI becomes a bigger part of practice, rules and policy will follow for its use and implementation. For example, the U.S. Food and Drug Administration has released 2025 draft guidelines for the use of AI-enabled medical device software (U.S. Food and Drug Administration, 2025). The draft guidelines focus on recommendations for a comprehensive approach to the management of risk utilizing AI-enabled software. As APNs, our role as leaders, providers, and practice owners demonstrates the need to be engaged in ongoing AI governance, ethical oversight, and continuous quality assurance to ensure patient safety and quality of care.

### **Expanding Scope of Practice**

Scope of practice is an ongoing conversation for advanced practice nurses of all types. In the United States in 2025, there are currently 27 states, Washington D.C, and two U.S. territories who have granted APRNs full practice authority (AANP, 2025). Nevada is one of those states and has had this distinction since 2013. Full practice authority (FPA) is described as allowing independent evaluation, diagnosis, and treatment without mandatory physician collaborative agreement or supervisory agreement (AANP, 2025). The momentum to continue until all states have achieved continues today as workforce shortages for primary care providers remains high (HRSA Health Workforce, 2024). The projected shortage of primary care physicians is said to be over 87,000 by 2037, with more in the nonmetro areas. APNs may alleviate these shortages to provide safe, effective, and timely access to care.

As we look towards 2026, the future is bright for APNs. Advanced practice nurses bring knowledge, skills, and nursing ability to settings within hospitals and in the community. Nurses bring technology, innovation, resilience, leadership, and humanity to every patient interaction. Through technology and changing policy and regulation, APNs lead to improving the health and well-being of our community, state, and country through high-quality, patient-centered care.

**References:**

- American Association of Nurse Anesthesiology (2024). 10 Things you Should Know About CRNAs/Nurse Anesthesiologists. Downloaded from <https://www.aana.com/about-us/about-crnas/>
- American Association of Nurse Practitioners (2025). NP Fact Sheet and Workforce Data. Downloaded from [https://storage.aanp.org/www/documents/NP\\_Infographic.pdf](https://storage.aanp.org/www/documents/NP_Infographic.pdf)
- Bureau of Health Workforce (2024). State of Primary Care Workforce, 2024. Downloaded from <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-primary-care-workforce-report-2024.pdf>
- National Council State Boards of Nursing (2008). APRN Consensus Model. Downloaded from <https://www.ncsbn.org/nursing-regulation/practice/aprn.page>
- Nevada State Board of Nursing, 2026. Downloaded from <https://nevadanursingboard.org/>
- Smiley, Richard A.Kaminski-Ozturk, NicoleReid, MichaelaBurwell, PatriciaOliveira, Carrie M.Shobo, YettyAllgeyer, Richard L.Zhong, ElizabethO'Hara, CharlieVolk, AudreyMartin, Brendan et al. Journal of Nursing Regulation, Volume 16, Issue 1, S1 - S88
- Telehealth.HHS.gov (2025). Telehealth policy updates. Downloaded from <https://telehealth.hhs.gov/providers/telehealth-policy/telehealth-policy-updates>
- U.S. Food & Drug Administration (2025). Artificial Intelligence Guidance Document. Downloaded from <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/artificial-intelligence-enabled-device-software-functions-lifecycle-management-and-marketing>





### **An Introduction from our new CNA program coordinator!**

We are pleased to welcome Claudette A. Lachowicz, DNP, RN, iCNA, as our new CNA Training Program Specialist under the direction and guidance of Dr. Michelle Johnson, Director of Nursing Education. Dr. Lachowicz will oversee and evaluate the systems, policies and regulations, and guide and police the CNA Training Programs in our state. She transitioned to this new role on January 12, 2026, and has been orienting with Ms. Tamara Pachak, the outgoing CNA Training Program Specialist, who has joined the Investigation and Monitoring team under Mr. Sam McCord. This assignment reflects our continued commitment to strengthening our organization with experienced professionals who support our mission to protect the public from nursing malpractice.

Dr. Lachowicz brings 33 years of nursing experience, with a strong background in CNA Training Programs. She has helped multiple institutions establish, sustain, and improve program viability, demonstrating consistent focus on regulatory standards and best practices, and aligning closely with the Nurse Practice Act throughout the Las Vegas area since 2012.

In her new role, Dr. Lachowicz will provide oversight to all CNA training programs and instructors to ensure compliance with state and federal regulations. Her expertise will contribute to our ongoing efforts to maintain a standardized professional nursing workforce to protect the public.

We are confident that Dr. Lachowicz's professionalism, experience, and dedication will be a valuable addition to our organization. Please join us in welcoming her to the team and wishing her continued success as she begins this new chapter with the Nevada State Board of Nursing.



# WHAT IS A.I.?

Part 2 of 3-part  
series



## **The Ethical Paradox of AI in Nursing Education: Faculty Embrace, Student Restriction**

Dr. Necole Leland, UNLV School of Nursing

Artificial intelligence (AI) is reshaping healthcare and higher education in unprecedented ways. Generative AI tools like ChatGPT, Claude, and Gemini now assist in writing, analysis, simulation, and even the personalization of learning. Nurse educators, like faculty across higher education, are beginning to recognize the value of incorporating AI into their workflow and teaching practices (Kejingyun & Mingjun, 2025; Chan et al., 2025). AI-driven innovations such as intelligent tutoring, simulation-based training, and AI-enhanced evaluation of student performance offer real potential for improving educational outcomes (Wei et al., 2025; Reed & Dodson, 2024).

However, an ethical paradox has emerged. Many of the same faculty who benefit from AI in their teaching and course development actively discourage and sometimes outright prohibit students from using these very tools. Generative AI in the hands of students is often labeled “cheating” or “academic dishonesty” (Branum & Schiavenato, 2023; Sun & Hoelscher, 2023). This contradiction raises pressing ethical questions: Is it fair for faculty to leverage AI to make their own jobs easier while denying students the opportunity to use AI for learning? What message does this send to the next generation of nurses, who will be expected to master health technologies as part of their professional practice? This article examines the ethical tension surrounding faculty and student use of AI in nursing education. It argues that restricting students from engaging with generative AI while faculty increasingly rely on it is both inequitable and contrary to the mission of preparing competent, technologically literate healthcare professionals.

### **Faculty Use of AI: Benefits and Barriers**

The integration of AI into faculty practice is driven by necessity. Faculty workloads are heavier than ever, with demands to publish, teach, advise, and remain clinically relevant. Generative AI offers a way to streamline course design, create test questions, summarize complex material, and even provide feedback on student writing.

Despite these opportunities, adoption remains inconsistent. Educational literature shows that while faculty are intrigued by AI, they are often skeptical of its educational value (Roganovic et al., 2023; Alexander et al., 2025). Factors influencing adoption include perceived ease of use, peer acceptance, and institutional support (Gonzalez et al., 2014; Jippes et al., 2013; Menzli et al., 2022; Lund & Stains, 2015). Institutional culture also plays a major role. Departments within the same university may differ in their AI adoption depending on leadership attitudes, resources, and training. Structured faculty development has been proposed as a key strategy to support effective and ethical AI integration (Furco & Moely, 2012; Tolentino et al., 2024). Yet the pace of AI development far outstrips the creation of robust frameworks for adoption, leaving many faculty improvising as they go.

### **The Student Paradox: Prohibited from Using AI**

While faculty cautiously experiment with AI, students are often told that using it constitutes academic dishonesty. Many nursing programs have issued strict policies banning generative AI for assignments and assessments. The rationale is understandable since AI can generate essays, exam answers, clinical care plans in seconds, preventing students from thinking for themselves, while also raising concerns about plagiarism and inflated performance. However, students are quick to recognize this inconsistency, and when they see faculty benefiting from AI while being told not to use it themselves, feelings of frustration and disengagement can follow.

Restricting students from engaging with AI carries profound risks for both individuals and the nursing profession. Outright prohibition prevents students from developing the skills necessary to critically evaluate AI-generated content, assess its accuracy, and apply it responsibly in professional decision-making. Perhaps the most immediate concern is the potential for significant skill gaps in the workforce. By barring AI use in the classroom, nursing programs risk graduating students who are unprepared to function effectively in increasingly AI-enabled healthcare environments. From predictive analytics to AI-assisted diagnostic tools, machine learning is becoming embedded in clinical practice, and nurses who lack AI literacy may find themselves at a disadvantage in both patient care and career advancement.

Consider the ethical implications: A faculty member might use AI to draft exam questions or streamline lecture preparation, saving hours of time. Meanwhile, a student who uses AI to brainstorm ideas for a paper or to clarify difficult concepts may be accused of academic misconduct. The asymmetry is glaring.

## **Ethical Concerns: Fairness, Transparency, and Professional Integrity**

At the heart of this paradox lies an ethical question of fairness. Education is fundamentally about equipping students with the tools, skills, and knowledge they need for professional success. When faculty use AI but students are told not to, it creates a gap in opportunity. The very people preparing for practice lose the chance to learn how to use a tool that could shape their profession.

Transparency is another issue. When faculty use AI in hidden ways, such as drafting lectures, creating rubrics, or generating feedback but do not disclose it to students, it undermines the trust relationship essential to teaching. Students may perceive that faculty are benefiting from shortcuts while holding them to an unrealistic standard of “AI-free” work.

Professional integrity also comes into play. The American Association of Colleges of Nursing (AACN) Essential Domain 8.3 states that nursing graduates must “use information and communication technologies to deliver safe patient care.” Understanding how to use these technologies and adapt them to the care provided is a key component in education. To graduate students without AI literacy is to fail this mandate. Moreover, faculty who actively suppress AI use may inadvertently signal that technology should be feared or resisted, which runs counter to the professional expectation that nurses will adapt to rapidly evolving digital health environments.

## **A More Ethical Path Forward**

The solution to this paradox is to establish transparent, consistent, and ethical practices and policies that guide its use. A more equitable and effective approach begins with faculty modeling responsible engagement with AI, openly acknowledging when these tools are incorporated into their teaching and demonstrating both their potential benefits and their limitations. This transparency sets the foundation for students to learn how to use AI appropriately within professional contexts.

Equally important is the intentional integration of AI literacy into the curriculum. Assignments that encourage students to interact with generative AI paired with critical reflection can deepen their understanding of both its strengths and shortcomings. For instance, tasks that require students to compare AI-generated care plans with established, evidence-based guidelines can highlight where the technology aligns with or diverges from best practices, fostering critical thinking rather than dependence.

In addition, institutions must develop clear and nuanced AI use guidelines that distinguish between acceptable and unacceptable uses of AI. Instead of relying on blanket prohibitions, educational practices should encourage AI use for activities such as brainstorming, drafting, and tutoring, while continuing to prohibit unacknowledged submission of AI-generated work. This approach ensures academic integrity while still promoting innovation. Supporting faculty is also essential. Structured development programs can build educators’ confidence in adopting AI tools and help align messaging to students. When faculty are knowledgeable and comfortable with these technologies, they are better positioned to teach students how to use them responsibly. By ensuring that all students have access to AI tools and the training to use them effectively, institutions can help level the playing field and avoid widening existing educational disparities.

## Conclusion

Generative AI represents both a challenge and an opportunity for nursing education. The ethical paradox of faculty benefiting from AI while restricting student use cannot be ignored. Doing so undermines fairness, transparency, and professional preparation.

Healthcare will continue to integrate AI into systems to boost productivity and increase quality of care. Nurse educators must prepare students to engage with these technologies critically and ethically. Anything less risks producing graduates unprepared for the realities of modern nursing practice. Faculty cannot ethically claim the benefits of AI for themselves while denying them to their students. Instead, they must lead the way in building an educational culture where AI is not feared or forbidden, but responsibly embraced for the betterment of teaching, learning, and patient care. Ultimately, embracing AI as a shared tool for both faculty and students aligns education with the realities of modern nursing and safeguards the profession's integrity in a rapidly evolving digital age. Nursing education must lead AI literacy, not lag behind.

## References

- Alexander, P., Johnson, R., & Patel, S. (2025). Faculty perspectives on generative artificial intelligence in higher education. *Journal of Higher Education Innovation*, 42(1), 15–28.
- Branum, C., & Schiavenato, M. (2023). Academic integrity in the age of artificial intelligence: Challenges for nursing education. *Nurse Educator*, 48(6), 311–315.
- Chan, A., Wu, Y., & Hernandez, L. (2025). Artificial intelligence applications in nursing education: Emerging opportunities and challenges. *Nursing Education Perspectives*, 46(2), 78–85.
- Furco, A., & Moely, B. (2012). Faculty development and the integration of service-learning pedagogy. *Journal of Higher Education Outreach and Engagement*, 16(2), 63–80.
- Gonzalez, R., Gozman, D., & Lee, S. (2014). Technology adoption in higher education: Factors influencing faculty use of digital innovations. *Educational Technology Research and Development*, 62(5), 647–663.
- Jippes, M., Majoor, G., & Rethans, J. (2013). Influences on the adoption of educational innovations by teachers. *Academic Medicine*, 88(1), 146–154.
- Kejingyun, L., & Mingjun, Z. (2025). Generative AI in health professions education: A framework for faculty adoption. *Nurse Education Today*, 128, 105–114.
- Lund, T., & Stains, M. (2015). Impact of departmental climate on the diffusion of educational innovations among STEM faculty. *CBE—Life Sciences Education*, 14(1), 1–12.
- Menzli, J., Ortega, V., & Chen, H. (2022). Institutional culture and the adoption of educational technologies. *Innovations in Higher Education*, 47(3), 229–242.



- Moore, G. C., & Benbasat, I. (1991). Development of an instrument to measure the perceptions of adopting an information technology innovation. *Information Systems Research*, 2(3), 192–222.
- Reed, S., & Dodson, L. (2024). The role of AI in enhancing nursing faculty teaching practices. *Journal of Nursing Education*, 63(4), 215–222.
- Roganovic, S., Lee, J., & Brown, T. (2023). Generative AI in education: Faculty skepticism and adoption barriers. *Educational Review*, 75(4), 512–528.
- Ronquillo, C., Currie, L., & Rodney, P. (2021). The state of nursing informatics in education: Gaps and opportunities. *Nursing Outlook*, 69(2), 123–131.
- Sidhu, J., & George, S. (2021). Faculty beliefs and the adoption of digital technology in higher education. *Teaching in Higher Education*, 26(7–8), 962–978.
- Simms, K. (2024). Teaching students to work with generative AI: Strategies for nursing education. *Nurse Educator*, 49(1), 45–50.
- Sun, L. (2024). Practical approaches for faculty integration of generative AI in nursing curricula. *Journal of Professional Nursing*, 40(2), 101–108.
- Sun, Y., & Hoelscher, D. (2023). Policing AI in academia: Faculty responses to generative AI in student work. *Higher Education Policy Review*, 35(3), 279–293.
- Tolentino, J., Kim, E., & Harper, G. (2024). Designing faculty development programs for AI integration. *Innovative Higher Education*, 49(1), 87–102.
- Wei, J., Patel, K., & Anderson, M. (2025). Simulation and assessment innovations with AI in nursing education. *Clinical Simulation in Nursing*, 80, 15–22.



## **A Commitment to Care: A Nurse's Path from Military Medicine to the Bedside**

By MICHAEL RYAN G. PRIBHDAS, SSgt, USAF  
Nursing Enlisted Commissioning Student  
University of Nevada, Las Vegas  
AFROTC DET 004

Service has always been the foundation of my life and career. My path into nursing began the moment I joined the United States Air Force and trained as a medic. It was there, long before nursing school, that I discovered my compassion for patient care and the powerful impact healthcare professionals can have on someone's life.

My early experience as a medic was in a family health care clinic, where I honed my skills in an outpatient clinical setting. I learned how to build rapport with patients, manage chronic conditions, and provide preventative care, all while understanding the importance of efficiency, teamwork, and communication. From there, I specialized in Flight Medicine, where my responsibilities expanded significantly. I implemented medical standards across the Air Force and facilitated aeromedical evacuation for critically ill patients while stationed at Osan Air Base in South Korea. Witnessing patients stabilize, recover, and safely transition to higher levels of care solidified my desire to pursue nursing at the highest level.

Later, I was assigned as the sole medic for the 99th Reconnaissance Squadron and deployed twice to the United Kingdom. In this role, I worked alongside a Flight Surgeon to provide healthcare on a remote overseas base, often with limited resources. The immediacy of decision making and the direct impact my care had on mission readiness and individual lives left a lasting

impression on me. Seeing patients improve because of timely, compassionate care resonated deeply and affirmed my calling to become a nurse.

Pursuing a Bachelor of Science in Nursing through the Nurse Enlisted Commissioning Program was both an opportunity and a challenge. Financially, I am incredibly grateful for the Air Force's support. Through NECP, one hundred percent of my tuition was covered, and I continued to receive full active-duty benefits, including pay and healthcare. In return, I will serve an additional four years as a registered nurse, an obligation I welcome wholeheartedly. Having already completed over eleven years of service, I plan to continue serving with the goal of earning a full retirement, potentially reaching twenty-five years. For me, this commitment is not a burden. It is a privilege.

The journey was not without obstacles. The NECP application process began in December 2021 and extended into early 2024, requiring multiple endorsements from my supervisor, First Sergeant, and commander. It was a process that tested both patience and persistence. I applied to the program three times, being selected as an alternate during my first application, not selected on my second, and finally accepted on my third application in 2024. Each attempt reinforced my determination to continue improving and not give up on my goal. Once in the program, the first semester was relentless, demanding constant focus and adjustment. One of my greatest academic challenges came during Level 3, when I nearly did not pass my pediatrics course. That moment tested my resilience and determination, but it also strengthened my resolve to push forward and grow both personally and professionally.

None of this would have been possible without the unwavering support of those around me. First and foremost, I am deeply grateful to my wife, whose belief in me never wavered and who stood beside me through every challenge, encouraging me to pursue my biggest dreams even during the most demanding moments of this journey. I am also thankful for my mentors who are still serving today, especially my Chief Nurse, who believed in me from day one and rated me highly throughout the application process. I am equally grateful to Amy, who spent countless hours helping me write and rewrite multiple versions of my recommendation letters and personal statement for my NECP application, ensuring my story and qualifications were clearly and authentically represented. My mentor of more than five years, Daniel, has guided me through every major personal and professional challenge with steady wisdom and support. I am thankful for my brothers and sisters in the Air Force, who were there for me through it all.

I am also incredibly appreciative of the support I received from the UNLV School of Nursing. Ms. Elizabeth Gardner, Student Affairs Director, played a critical role in helping me secure the necessary documentation to build a strong NECP package. The student success facilitators consistently checked in, offered resources, and ensured we were supported throughout the rigorous program. My clinical instructors Hope, Ana Bel, and Rose, along with my preceptor

Lisa, provided invaluable guidance, modeling what it means to be both an effective clinician and a compassionate educator, and helping shape the foundation of the nurse I am becoming.

As I reflect on this journey, I am honored to be one of the first NECP students to graduate from the UNLV School of Nursing. I am also the first in my family to serve in the military, and I take pride in the legacy I am building. After more than eleven years of service as an enlisted Airman, I am now preparing to commission as a Second Lieutenant officer in the Nurse Corps, a lifelong goal that is finally within reach. This moment represents years of hard work, sacrifice, and resilience, and it stands as proof that perseverance truly pays off.

Over the past few years, I have had the privilege of mentoring fellow Airmen interested in pursuing the NECP pathway. I look forward to continuing that role and becoming a source of guidance for the next generation of Airmen who aspire to commission through this program. I firmly believe that I would not be where I am today without the experiences that shaped me and the people who stood beside me every step of the way. As I move forward in my nursing career, my greatest goal is to pay it forward by serving with compassion, leading with integrity, and uplifting others who are striving to pursue their own path in service and healthcare.

# Honoring Mae Orvis:

A Legacy of Nursing Excellence and Lifelong Learning



## Honoring Mae Orvis: A Legacy of Nursing Excellence and Lifelong Learning

by Sheryl Bennett and Jacqueline Ferdowsali

Mae Orvis, a commodities broker, opera singer, and philanthropist made Reno her home from 1939 until her passing in 1996. Mae and her husband Arthur Emerton Orvis co-founded the Orvis School of Nursing at the University of Nevada, Reno in 1955 making it the oldest nursing school in our state.



Mae Orvis envisioned a nursing school that would "not only be held in high regard for its exemplary programs but also serve as insurance for the health of Nevadans." She left us with a powerful reminder that "the healthcare needs of our citizens can only be addressed through constant attention to the quality of professional education and continued lifelong learning."

## The Mae Orvis Symposium: A Decade of Continuing Her Vision

Each year, the Mae Orvis Symposium gathers nursing professionals for continuing education in the spirit of Mrs. Orvis's dedication to lifelong learning. The 2026 symposium marks a milestone, ten years of honoring Mae Orvis' legacy.

Originally conceived by Dr. Jacqueline Ferdowsali, the Mae Orvis Symposium was initially created to bring together nurses in Nevada and to highlight the Adult-Gerontology Acute Care Nurse Practitioner track at the University of Nevada. Over the past decade, the symposium has grown to encompass the full breadth of nursing's diverse roles. The symposium also sought to prioritize the inclusion of diverse, interprofessional perspectives.



The Orvis School of Nursing leadership is committed to fostering a welcoming and inclusive environment through collaboration to advance knowledge and practice within the nursing profession.



### Preparing Nurses for Tomorrow's Challenges

This year's theme *Future Horizons: Evolving Nursing Roles* a vision that celebrates nursing's adaptability and leadership potential while charting a bold path forward.

Today's nurses face an evolving landscape that demands new competencies and expanded roles. The symposium addresses these challenges head-on through sessions exploring diverse healthcare domains: space medicine and healthcare delivery in extreme environments, global health and humanitarian nursing, approaches to mental health care and suicide prevention, and forensic and trauma-informed nursing for vulnerable populations including those affected by human trafficking.

These topics reflect the realities nurses increasingly encounter in navigating innovations in science, promoting health equity, providing responsive care, and serving populations in crisis. The symposium equips attendees with evidence-based strategies for improving outcomes while identifying opportunities for advocacy and collaboration that empower nurses to influence health policy, education, and practice.

As Mrs. Orvis understood nearly seven decades ago, meeting our populations' healthcare needs requires nurses who embrace continuous learning and rise to meet emerging challenges. The Mae Orvis Symposium carries that vision forward, energizing participants to lead boldly into nursing's future.

Join us virtually on Tuesday, February 17, 2026. For registration information, visit [unnursingconf.com](http://unnursingconf.com)



## **BOARD OF NURSING PRACTICE DECISIONS**

### **2023-2025**

The Nevada State Board of Nursing has been very busy over the past two years making sure that the practice decisions that influence clinical practice are the most up-to-date and utilize the latest evidence-based practice.



There have been updates and new practice decisions posted in the following areas:

- Aesthetic/Cosmetologic Procedures
- Apprentice Nurse Skills List
- Central Venous Access Device Insertion
- CNA Skills Guidelines
- Epidural Catheter Removal
- Hemovac and/or Jackson Pratt Surgical Drain
- IV Hydration Out of Hospital Administration of IV Solution/Medications Low Dose
- Continuous IV Ketamine Treatment Chronic Pain/Depression Nitrous Oxide Outside of the Operating Room
- Peripheral Vascular Access Device Insertion
- Pessary Device Interventions
- Phlebotomy and Blood Sampling Collection (LPN Section)
- School Nursing

<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:a6404562-adc8-4a4c-a4c6-645a94296233>

2026 Board Members



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



Elizabeth Trilops, RN, MBA/HCM,  
Vice President



Elizabeth de Leon-Gamboa, MSN Ed., RN,  
CPHQ, CCM, CMCN,  
Board Secretary



Tyler Johnson, BS, CNA



Carla Doran, MSNed, RN, iCNA, CNE



Silvia Acosta, LPN, CNA



Cheri Glockner

**ADMINISTRATION**

6005 Plumas Street, Suite 100, Reno, NV 89519  
 5820 S. Eastern ave., Suite 200, Las Vegas, NV 89119 888-  
 590-6726

[nursingboard@nsbn.state.nv.us](mailto:nursingboard@nsbn.state.nv.us)  
<https://nevadanursingboard.org/>

**Cathy Dinauer, MSN, RN, FRE**

*Executive Director*

Statewide Liaison and Spokesperson,  
 Organizational and Public Management, Fiscal  
 and Human Resource Management

*Legislative and Governmental Relations*

**Fred Olmstead, Esq.**

*General Counsel*

**Kimberly A. Arguello, Esq.**

*General Counsel*

Information Technology Operations

**Sam McCord, BSN, RN**

*Director of Investigations and Discipline*

Case Review, Investigation and Settlement  
 Oversight for application review/compliance, Nursing  
 Practice Advisory and LPN Advisory Committee  
 Chair, APRN Advisory Committee Co-Chair

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

*Director of Nursing Education and Editor*

Nursing Education Programs, CNA Training Programs,  
 Education Advisory Committee Chair, NSBN Nursing  
 News Editor

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

*Director of Licensure & Certification, Human Resources*

Program Management, RN/LPN/APRN Licensure,  
 CNA/CRNA/EMS-RN Certification

**Corina Jimenez**

*Executive Assistant*

**INVESTIGATION & MONITORING**

**Christie Daliposon**

*Investigator*

**Ray Martinez**

*Investigator*

**Brandi Harkey, RN**

*Investigator*

**Tamara Pachak, MSN, RN, iCNA**

*Investigator*

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

*APRN Consultant and Investigator*

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

*Investigator*

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

*Monitoring and Probation Investigator*

Disability Advisory Committee Chair

**Gabriela Hernandez-Aguilar**

*Management Assistant*

**LICENSURE & CERTIFICATION**

**Lashaun Thompson**

*Licensure & Certification Lead*

**Ariadna Ramos Zavala**

*Licensing & Certification Specialist*

**Sandy Webb**

*Licensing & Certification Specialist*

**Luz Mata**

*Licensing & Certification Technician*

**Amanda Russell**

*Licensing & Certification Technician*

**Christina Sahlin**

*Licensing & Certification Technician*

**Courteney Baccei**

*Fingerprint Specialist*

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

*Application Eligibility Specialist*

**EDUCATION**

**Claudette Lachowicz, DNP, RN, iCNA**

*CNA Training Program Specialist*

CNA Advisory Committee Chair

**Anyssa Vasquez**

*Management Assistant*

**IT & ACCOUNTING**

**Rhoda Hernandez**

*Technology & Computer Systems Specialist*

**Kristie Neuhauser, MBA**

*Accountant*

## Board Meeting Dates

All dates and locations are subject to change

\*Virtual/teleconference options available

### \* January 14-15, 2026

NSBN Conference Room  
6005 Plumas Street Ste. 101  
Reno, NV 89519

### \* March 11-12, 2026

Hilton Garden Inn Las Vegas Strip South  
7830 S. Las Vegas Blvd  
Las Vegas, NV 89123

### \* May 13-14, 2026

NSBN Conference Room  
6005 Plumas Street Ste. 101  
Reno, NV 89519

### July 15-17, 2026

Zephyr Point Presbyterian  
Conference Center  
660 Hwy 50  
Zephyr Cove, Nevada 89448

### \*September 16-17, 2026

NSBN Conference Room  
6005 Plumas Street Ste. 101  
Reno, NV 89519

### \*November 18-19, 2026

Hilton Garden Inn Las Vegas Strip South  
7830 S. Las Vegas Blvd  
Las Vegas, NV 89519

## Committee Meetings and Openings

### Advanced Practice Advisory Committee:

February 10, 2026  
May 12, 2026  
August 11, 2026  
November 10, 2026

### Education Advisory Committee:

January 9, 2026  
April 10, 2026  
August 14, 2026  
October 9, 2026

### CNA & Medication Aide – Certified Committee:

April 2, 2026  
August 6, 2026  
October 1, 2026

### LPN Advisory Committee:

February 19, 2026  
May 21, 2026  
August 20, 2026  
November 12, 2026

### Disability Advisory Committee:

January 8, 2026  
April 9, 2026  
July 9, 2026  
October 8, 2026

### Nurse Practice Advisory Committee:

February 3, 2026  
May 5, 2026  
August 4, 2026  
November 3, 2026

**CNA Advisory Committee: 1 opening in May 2026 & 1 medications aides-certified**

**Disability Advisory Committee: 3 openings November 2026**

**Education Advisory Committee: 1 current opening & 1 opening March 2026**

**LPN Advisory Committee: 1 opening May 2026**

**APRN Advisory Committee: 1 opening March 2026**