



The Pulse

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Quarterly circulation approximately 18,000 to all RNs, LPNs, and Student Nurses in Montana.



RN Continuing Education Requirements

NEW MT BOARD OF NURSING REGULATIONS

As you may be aware, MNA brought a proposal to the Board of Nursing (BON) to adopt rules pertaining to continuing education requirements for RNs in October 2007. Because MNA believes that continuing professional education is a key element of continued competence, we urged the Board to consider this as an initial step toward development of a comprehensive approach to demonstrating continued competence for professional nurses. In October 2010, those rules were adopted by the BON and can now be found on the BON website—see reference at the end of this section. Don't forget to check the relevant definitions in ARM 24.159.301 as well as the mandatory CE section ARM 24.159.2100.

While employers of nurses are not responsible to provide continuing nursing education (CNE) programs that qualify as continuing education, many of them have done so for many years. Please see the list of MNA Approved Providers of CNE in this newsletter. Also, several healthcare organizations are considering obtaining Approved Provider status or are submitting individual applications for approval so they can award CNE contact hours to nurses who attend their programs. These actions serve to strengthen the base of support for professional nurses in Montana and surrounding states, including Alaska, and we greatly appreciate the opportunity to advance the profession of nursing.

Below are highlights of the newly adopted CNE requirements for RN and LPN licensure:

Continuing education is intended to accomplish the following:

- provide new knowledge and skills to assist with advanced clinical decision making/clinical reasoning;
- offer greater depth of knowledge and skills in a particular nursing role or practice;
- enhance professional attitudes and behaviors;
- address new and developing standards of nursing practice.

All RNs and LPNs must complete 24 contact hours during each two-year license renewal period. To qualify as contact hours, continuing education courses must be approved by an accrediting organization or provided by an academic institution of higher learning, a continuing education provider, or an APRN certifying body.



Barb Swehla

The responsibility to obtain the contact hours belongs to the nurse, not the employer. So, if your employer is providing CNE, please show your appreciation and take advantage of it! There are a number of reputable CNE providers via the internet, but you must make sure that the provider is approved or accredited! If you see the required CNE statement indicating a relationship with the American Nurses Credentialing Center's Commission on Accreditation (ANCC), the CNE contact hours awarded will be accepted by the Board of Nursing, among others.

Examples of education that are NOT considered continuing education:

- classes in basic life support, first aid, or cardiopulmonary resuscitation;
- advanced life support classes, such as ACLS, PALS, NRP, TNCC, except when it is the first time a nurse has taken the course;
- agency-specific orientation or in-service program designed for work at a specific institution or for a specific employer that teaches and tests for skill competency or addresses institution-based or employer-based standards of nursing practice;
- personal development activity that educates individuals on topics pertaining to financial management, personal hygiene or beautification, personal conduct, or other topics that do not pertain specifically to the practice of nursing;
- attendance at professional meetings or conventions, except those portions for which continuing education contact hours have been awarded by a qualifying provider;
- participation in community service or volunteer practice; and
- participation as a member in a professional organization.

The BOD plans to conduct retrospective random audits of the completion of continuing education by licensees following each renewal period, so the first expected audit is winter of 2013. Nurses are required to retain proof of completion of continuing education for a specified time period and must cooperate with the Board when submission of CNE documentation is requested. Each nurse is responsible for maintaining his/her own CNE records.

Please feel free to call or email MNA if you have any questions about continuing nursing education!

This document was prepared 1-2011 to use as a quick reference to Montana Board of Nursing (BON) regulations relating to continuing education for RNs. The complete regulations, including rule history, are on the BON's website: www.nurse.mt.gov LINK: http://bsd.dli.mt.gov/license/bsd_boards/nur_board/rules.asp



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Happy New Year from the Montana Nurses Association



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Greetings from Western Montana Labor Relations Specialist

Bill Smith

From your MNA Labor Relations Specialist from the “West.”

Just a short update on what has been happening over the last few months.

Several contracts have been settled which include:

1. Bozeman Deaconess Hospital
2. Butte Silver Bow City County Health Department
3. St. John’s Hospital in Libby
4. Northern Montana Hospital in Havre
5. St. Patrick’s Hospital in Missoula

At this time, there are no grievances and there are two cases in arbitration.



Greetings from Eastern Montana Labor Relations Specialist

Amy Hauschild RN-C

2011 will undoubtedly be filled with excitement for nurses in Eastern Montana. The nurses are beginning the year scheduling Professional Conference Committee (PCC) meetings with MNA and their employers. PCC is one of the most valuable tools in a collective bargaining agreement CBA. In this setting, RNs, MNA staff and Hospital Management meet regularly to discuss issues facing the nurses in the workplace. Patient safety and quality improvement are paramount in the discussions. This format is ideal for dialoguing and problem solving in a collaborative manner. I cannot tell you how many times nurses all over the state have said to me *“if only Management would sit and listen to us- we have so many good ideas.”* The rank and file employees are sometimes the ones that know how to best solve problems in their own environments. Nurses who are fortunate enough to have language in their CBA mandating such meetings are happier and more satisfied with their working conditions; they feel as though they are listened to and can actually in many cases positively impact their patients, co-workers, departments and facilities. I am reminded of the old adage *“happy nurses make happy patients.”* I find this to be very much a true statement.

Many more issues are effectively resolved with face to face dialogue.

We will be bargaining 2 contracts in 2011.



Website Introduction

Montana Nurses Association is pleased to announce we have launched our new, and improved, website. The web address is the same, www.mtnurses.org, but the new site has several great new features.

We’ve simplified the navigation so you can easily and quickly find what you’re looking for.

We hope you enjoy our new website! Please feel free to send us feedback.

MNA

The Pulse

Official Publication of the Montana Nurses Association

CONTACTING MNA

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Monday through Friday

WHO WE ARE

The Montana Nurses Association is a professional association for Registered Nurses, including Advanced Practice Registered Nurses, students, and retired nurses in Montana. MNA provides collective bargaining services, continuing education, and professional networking opportunities. MNA advocates on behalf of nurses before the Montana Legislature, the Montana Board of Nursing, and other public policy bodies.

MISSION STATEMENT

The Montana Nurses Association promotes professional nursing practice, standards and education; represents professional nurses; and provides nursing leadership in promoting high quality health care.

CONTINUING EDUCATION

The Montana Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. Montana Nurses Association (OH242 12/01/2011) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

MNA

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Leah Lyson, Administrative Assistant II

Questions about your nursing license? Contact the Montana Board of Nursing at: www.nurse.mt.gov

WRITER’S GUIDELINES:

MNA welcomes the submission of articles and editorials related to nursing or Montana nurses for publication in *The Pulse*. Authors should limit item size to between 250-300 words and, where appropriate, provide resource and reference support. MNA has the right to accept, edit or reject proposed material. **Please send articles to: leah@mtnurses.org. The next submission deadline is Friday March 25th** for publication in the April issue.

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Welcome to New Montana Nurses Association Staff

MNA is pleased to welcome Gabriel Kristal, MNA's new Labor Director. Gabriel brings an extensive background in what he describes as the three key components of collective bargaining: new organizing, contract negotiations, and contract enforcement.

"It's all organizing," says Gabriel, "in that the work is similar in all three phases, specifically building the strong, member-led collective bargaining units giving the association strength necessary to promote the greatest standards for our members and our patients. This will be the guiding principle behind what I hope to achieve as Labor Director."

Gabriel has a B.A. in communication from Boise State University and has spent the last 11 years organizing and representing healthcare workers in California. Most recently, he is very proud of having organized a bargaining unit of 1000 RNs at the flagship hospital of one of the country's largest healthcare providers.

Having grown up in Idaho 150 miles south of Missoula, Gabriel says that he is very excited to be back in the mountains. He brings a passion for skiing, distance running, and just about anything else that can be done outdoors. Other interests include labor history, biology, and independent films.



Gabriel Kristal

Sheri Smith, MSN, RN, has recently accepted a temporary position at Montana Nurse's Association. She will be assisting in continuing education while Barb Swehla, serves as the interim executive director.

Sheri is from just outside of Chicago, Illinois. She graduated with both her BSN and MSN from Lewis University in Romeoville, Illinois. Prior to her move she has begun working on her EdD at Northern Illinois University and is in hopes of completing her studies here in Montana. Sheri is also a member of Sigma Theta Tau.

For 27 years Sheri's specialty of nursing was Emergency Trauma with some time spent in the O.R. and Orthopedic. She has held numerous positions such as ED educator, Trauma Coordinator at a Level II Trauma Center and Emergency Services Coordinator.

At present she is completing her fourth year as a nursing faculty member at UM-Helena where she is responsible for both RN and PN students. She is in her 7th year at University of St. Francis in Joliet, Illinois where she is an online course designer and nursing instructor.

Sheri lives in Helena with her husband Bill and sons Bill and Tom.



Sheri Smith

MNA is excited to introduce our new Administrative Assistant II, Leah Lyson. She has been busy organizing and implementing various functions related to membership applications, publishing the *PULSE* newsletter, facilitating convention registration (and keeping us on track), and other administrative activities since August 2010.

She comes to us with a Bachelor of Arts degree in Communications with a minor in Women's Studies from Washington State University. Her background includes marketing, human resources and administration. She also worked 3 seasons as a Guest Services Supervisor for the Arizona Cardinals Football Organization managing a staff on the corporate suite level providing excellent diplomatic customer service to the business suite holders, athletes and celebrities.

In her spare time, Leah is planning an August wedding, spending time with her family, and trying to keep up with her 5 month old English lab puppies. Leah and her fiancé enjoy snowboarding, hiking, boating, traveling, attending concerts and discovering the Big Sky country.



Leah Lyson

Public Ranks Nurses as Most Trusted Profession

11th Year In Number One Slot in Gallup Poll

SILVER SPRING, MD—For the 11th year, nurses were voted the most trusted profession in America in Gallup's annual survey that ranks professions for their honesty and ethical standards. Eighty-one percent of Americans believe nurses' honesty and ethical standards are either "high" or "very high."

"It's extremely gratifying to know that the public continues to hold the profession in such high esteem," remarked ANA President Karen J. Daley, PhD, MPH, RN, FAAN. "The public's high regard for the profession, coupled with nurses' education and skills, makes nurses well positioned to play a major role in the transformation of the nation's health care system."

Both the Accountable Care Act and the Institute of Medicine's recently released report on the Future of Nursing call for a larger role for nurses in providing patient-centered care in a reformed health care system.

Since being included in the Gallup poll in 1999, nurses have received the highest ranking every year except in 2001, when fire fighters received top honors. Results were based on telephone interviews with more than 1,000 adults.

Nursing and Health Care in the 2011 Montana Legislature

Don Judge



Don Judge

Perhaps the best description or prediction of just how Montana nursing and health care will come out of the 2011 Montana Legislature is—“We just don’t know yet.” While it is true that literally dozens of bill draft requests have been submitted regarding health care delivery and health care insurance plans, currently nothing has progressed to the point of helping us determine the legislative mood of the session.

Frankly, it looks as though much of the legislative attention will be focused on economic development, environmental regulation, taxation, public pensions, workers’ compensation and Montana’s relationship with the federal government. But, with the number of health care related draft requests submitted, it’s clear that the MNA will have a busy session.

Recent press and legislative hallway conversations have confirmed that the Republican Leadership is moving to at least hold a hearing on a bill to reject what they often call “Obamacare” alias National Health Care Reform, on Wednesday, January 13th to coincide with a similar move in the U.S. House of Representatives on that date. Although much fanfare will likely result from this event, the legislative process will dictate that no action of ultimate significance will occur.

More importantly, several individual bills draft requests seem to imply that the mood of the new GOP majority may be to reduce insurance mandates, restrict the ability of the State Auditor to participate in complying with state authority regarding the national health care reform act, and in general look at ways to cut the state budget, which by necessity will include limiting access or benefits in the arena

of health care administrated by the Department of Public Health and Human Services.

Ironically, efforts to reduce Montana’s reliance on Medicaid dollars—both state and federal—could have a tremendous negative financial impact on health care providers and access in those rural areas mostly represented by these newly-elected representatives. A presentation by officials of DPHHS to the joint appropriations sub-committee on DPHHS’s budget showed that Montana’s health care providers, including hospitals, derive over 19% of their annual revenue from Medicaid patients. Marginal rural health care access could clearly be impacted by any attempt to drastically reduce this budget.

We will again see efforts to impose a “freedom to choose” mantra in Montana health care, which essentially means that health care delivery without licensing or regulation would be available from any variety of witch doctors and voodoo purveyors to a vulnerable public. Hopefully sane minds will prevail once again on this fight but again, it’s a wait and see just who these newly elected legislators are.

Several bill draft requests have been introduced by members of both parties to address concerns about Montana’s Medical Marijuana situation, including regulation, taxation and outright repeal. A number of draft requests by members of both

parties have also been submitted to address Montana’s increasing recognition of the tragedies surrounding multiple DUI offenders, and a few to address distractive driving and mandatory seat belt use.

Conversations with legislators have led me to believe that the ongoing battle between hospitals and non-affiliated medical provider operations will draw some legislative attention and we will see an effort to limit the ability of public school districts to adopt comprehensive, age-appropriate sex education in their schools. This is obviously a reaction to the plan adopted last fall by the Helena School District.

All in all it looks to be a busy session regarding health care coverage and delivery, but as yet very little positive proposals have come forward regarding the practice of nursing directly. As your lobbyist I’ll be actively monitoring and tracking the legislative activities, assisting the MNA in preparation for testifying on bills and making suggestions as to the best strategy for contacting legislators on issues of importance to you. In addition, when individual members of the MNA are unable to make it to the Capitol to testify I’ll be doing that on your behalf.

I want to thank the MNA for this opportunity to continue the work I’ve done for Montana nurses in the 2007 and 2009 Legislative Sessions.

I may be of assistance in contacting the below named legislator(s).
- PLEASE PRINT -

SEN/REP: _____

SEN/REP: _____

SEN/REP: _____

SEN/REP: _____

Name: _____ Telephone: _____

Fax: _____ Email: _____

House District: _____ Senate District: _____

Please print the above information and fax to MNA at (406) 442-1841 or email to:
leah@mntnurses.org.

Initiative on the Future of Nursing

On November 30, 2010, a Regional Awareness Meeting for the Initiative on the Future of Nursing (IFN) was held at MHA, an Association of Montana Health Care Providers. The meeting, hosted by Casey Blumenthal, MHA VP, and Cynthia Gustafson, Executive Director of the BON, included nurses (and others) from MNA, providers, education, and state agencies.

The IFN is a two-year effort of the Institute of Medicine and the Robert Wood Johnson Foundation to find solutions to the continuing challenges facing the nursing profession, and to build upon nursing based solutions to improve quality and transform the way Americans receive health care.

Led by Donna Shalala, the IOM 18-member committee was charged with developing a transformational report on the future of nursing, with solutions to improve the quality of patient care while controlling costs.

The IFN recommendations, which were announced in October 2010, included a plethora of system improvements including proven, solution-oriented ways to solve the nursing and nurse faculty shortages in the U.S., to ensure that the benefits of nurse-led models of care can be realized throughout

the health care system. The recommendations also focused on the role of nurses in health care promotion, disease prevention and care at the end of life including avoiding expensive conditions that are more affordable to treat at the outset.

On November 30 and December 1, 600 of the nation’s top health leaders from government, business, public health, academia and other sectors came together in Washington, DC, to discuss how to turn the report into action in order to advance nursing education, interprofessional collaboration, the scope of nursing practice and elevating nurses to positions of leadership.

The participants viewed the broadcast of this National Summit being held simultaneously; they were very enthusiastic about the Initiative and the meeting. Lively discussion was followed by a simple action plan outline, to move forward in 2011.

The Foundation created a special campaign website for sharing research, educational resources, template materials and ideas. More information is available at <http://thefutureofnursing.org/>. For information about becoming involved in Montana’s effort, please contact Casey Blumenthal, casey@mtha.org, or Cynthia Gustafson, cgustafson@mt.gov.

Another Perspective on Marijuana as Medicine

Kate Eby, MN, APRN, FNP

The most recent edition of the *Pulse* contained an editorial article arguing that marijuana does not have a place as a medical treatment. While the author of this article makes many valid points, it is important to consider the other side of the argument—that



Kate Eby

is, that medical marijuana is an effective and safe treatment for certain conditions, and is supported by many well-known and well respected organizations such as the American Nurses Association (ANA), the American College of Physicians (ACP), and the American Public Health Association (APHA). While the American Medical Association (AMA) does not take a position of supporting smoked marijuana for medical uses, or state-based medical marijuana programs, they do support the reclassification of marijuana from a Schedule I substance to allow further study of its therapeutic properties (2009). The Montana Nurses Association (MNA) has elected not to support the current Medical Marijuana Act in Montana, a law that many advocates and detractors alike believe is poorly written.

Certainly, we have all seen the explosion in medical marijuana use since President Obama indicated that he would not pursue federal action against users of medical marijuana. Most of us can agree that much of the current use of medical marijuana is inappropriate. The real problem is the disconnect between popular opinion, federal policy, and scientific evidence.

In their 1999 report “Marijuana and Medicine: Assessing the Science Base,” the Institute of Medicine (IOM) noted that “for patients such as those with AIDS or who are undergoing chemotherapy and who suffer simultaneously from severe pain, scientific studies support medical use of marijuana for treatment in the United States” (as cited by ANA, 2008). The IOM went on to note that in comparison to other drugs, both legal and illicit, “dependence among marijuana users is relatively rare and dependence appears to be less severe than dependence on other drugs” (as cited by ANA, 2008).

In 2008, ANA released its position statement “In Support of Patients’ Safe Access to Therapeutic Marijuana.” It noted that “marijuana (cannabis) has been used medicinally for centuries. It has

been shown to be effective in treating a wide range of symptoms in a variety of conditions.” ANA supports education of nurses and healthcare providers on evidence-based, therapeutic uses of medical marijuana, protection for patients using medical marijuana & providers prescribing medical marijuana in compliance with state laws, and reclassification of marijuana from Schedule I to a less restrictive category (ANA, 2008). This document notes marijuana’s efficacy in treating conditions such as nausea and vomiting associated with chemotherapy, stimulating the appetite of patients with wasting syndrome associated with HIV/AIDS and cancer, decreasing spasticity, pain, and tremor in multiple sclerosis, spinal cord injuries, and other trauma, and decreasing suffering from chronic pain.

Despite this evidence, and despite support from groups such as ANA, ACP, and APHA, the federal government has continued to maintain marijuana as a Schedule I controlled substance, which limits its therapeutic use as well as the ability of scientific researchers to further study it as a valid medical option. While there are pharmaceutical medications that may provide relief to patients suffering from certain conditions, not all therapeutic compounds found in cannabis are contained in these medications.

This editorial is not meant to support the current medical marijuana law, nor is it meant to promote the use of medical marijuana in Montana. Rather, it is meant to encourage a rational and non-reactive approach by nurses to the topic of medical marijuana. Frustration with the inappropriate use of medical marijuana may tempt some observers to reject its therapeutic uses entirely, a reaction which may cause undue pain and suffering in those patients who truly stand to benefit from its use.

My recommendations: 1) support revisions to the Montana Medical Marijuana Law that will limit its availability to recreational users while supporting its use by those with valid medical conditions; 2) reclassify marijuana from a Schedule I controlled substance into a less restrictive category, allowing further study of its therapeutic value; 3) mandate that marijuana growers and distributors be included in the tax-base, in the same way that manufacturers of other medications are.

Reference

American Medical Association. (2009). *Use of cannabis for medicinal purposes*. Retrieved from: <http://www.ama-assn.org/ama1/pub/upload/mm/443/csaph-report3-i09.pdf>

American Nurses Association. (2008). *In support of patients’ safe access to therapeutic marijuana*.

NFN National Labor Academy

May 14th /15th, 2011 Chicago, Illinois

MNA’s national labor affiliate—the *National Federation of Nurses* (NFN) is seeking 10 collective bargaining RNs from Montana to attend the annual labor academy in May, 2011. This year’s event will be held in Chicago, Illinois. The 2011 academy theme addresses the ongoing and growing problem of violence



Amy Hauschild

in the workplace. Strategies to identify, resist and overcome violence in the workplace through union activities, contract language enforcement, labor management committees, regulatory actions as well as other means will be presented. This year’s program will be memorable with experts in the field presenting. It is a wonderful opportunity for Montana staff nurses to obtain labor education, gain powerful knowledge about workplace violence and network with other RNs from all over the country. It is amazing how much we all have in common.

One of the best aspects of this opportunity is much, if not all, of the costs associated with the trip will be covered by the NFN and MNA. MNA will reimburse for travel and lodging. NFN will cover all the costs of the program and food/entertainment will be provided while at the academy. Beverages and off site food/entertainment costs will be borne by the attendees. MNA will assist with travel arrangements.

If you would like to take advantage of this expense paid educational offering, please contact Amy Hauschild at ahauschild@mtnurses.org or call (406) 431-0508. Our goal is to send 10 RNs from a diverse geographical area within our state who have **NOT** attended a labor teaching event in the past. Preference will be given to first time attendees. Please send your statement of interest by 3-15-11. If you have questions, please do not hesitate to call. This is a wonderful opportunity you will not want to miss.

MNA APPROVED PROVIDERS
St. Vincent Hospital & Health Sciences Billings MT
Kalispell Regional Medical Center Kalispell MT
Benefis Healthcare Systems Great Falls MT
St. Peter’s Hospital Helena MT
Community Medical Center Missoula MT
Bozeman Deaconess Hospital Bozeman MT
St. Patrick Hospital & Health Sciences Center Missoula MT
Billings Clinic Billings MT
Montana Geriatric Education Center Missoula MT
St. James Healthcare Butte MT
MHA – An Association of Healthcare Providers Helena MT
Providence Alaska Learning Institute Anchorage AK
South Peninsula Hospital Homer AK
Bartlett Regional Hospital Juneau AK
State of Alaska Public Health Nursing Anchorage AK
Mat-Su Regional Medical Center Palmer AK
Alaska Native American Center Anchorage AK
Fairbanks Memorial Hospital Fairbanks AK
Central Peninsula General Hospital Soldatna AK
Pioneer Homes of Alaska Anchorage AK
Alaska Regional Hospital Anchorage AK
Wrangell Medical Center Wrangell AK

Subchapter 21

RN Continuing Education Requirements

This document was prepared 1-2011 to use as a quick reference to Montana Board of Nursing (BON) regulations relating to continuing education for RNs.

The complete regulations, including rule history, are on the BON’s website: www.nurse.mt.gov LINK: http://bsd.dli.mt.gov/license/bsd_boards/nur_board/rules.asp

24.159.2101 STANDARDS FOR CONTINUING EDUCATION

- (1) Continuing education for nurses is formal training that:
 - (a) provides new knowledge and skills to assist with advanced clinical decision making;
 - (b) offers greater depth of knowledge and skills in a particular area of nursing role or practice;
 - (c) enhances professional attitudes and behaviors;
 - (d) advances career goals;
 - (e) promotes professional development and currency in nursing practice;
 - (f) supports innovation and creativity in nursing practice;
 - (g) implements change within the individual’s nursing practice and within healthcare; or
 - (h) addresses new and developing standards of nursing practice.
- (2) To qualify as contact hours, continuing education courses must be approved by an accrediting organization or provided by an academic institution of higher learning, a continuing education provider, or an APRN certifying body.

24.159.2102 BIENNIAL CONTINUING EDUCATION REQUIREMENTS

- (1) All licensees must verify on the renewal application the completion of continuing education contact hours during the two-year license renewal period:
 - (a) practical nurses must complete a minimum of 24 contact hours during the two-year renewal period;
 - (b) registered nurses must complete a minimum of 24 contact hours during the two-year renewal period; and
 - (c) APRNs must complete a minimum of 40 contact hours during the two-year renewal period that meet the requirements set forth in ARM 24.159.1425, in addition to the ten contact hours of the continuing education required for maintaining prescriptive authority, as set forth in ARM 24.159.1468.

- (2) Excess continuing education contact hours may not be carried over for credit during the following two-year renewal period.
- (3) The board may prorate the contact hour requirement for nurses who are licensed for less than two years.
- (4) Licensees holding dual nursing licensure are required to meet the continuing education requirements for only the most advanced level of licensure.
- (5) Licensees seeking reactivation or reinstatement of an inactive license must complete 24 contact hours of continuing education during the two-year period immediately preceding application for reinstatement.
- (6) Licensees may submit a written request prior to the renewal deadline for a waiver or time extension for all or a portion of continuing education requirements on the grounds of extreme hardship.

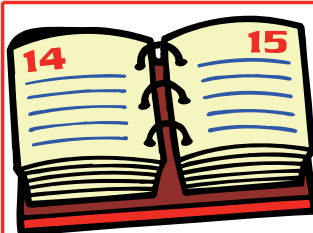
24.159.2104 NONACCREDITED ACTIVITIES

- (1) The following activities may not be used by a licensee to satisfy the continuing education requirements set forth in this chapter:
 - (a) classes in basic life support, first aid, or cardiopulmonary resuscitation;
 - (b) repetition of a continuing education class with identical content and course objectives within a single renewal period;
 - (c) agency-specific orientation or in-service program designed for work at a specific institution or for a specific employer that teaches and tests for skill competency or addresses institution-based or employer-based standards of nursing practice;
 - (d) personal development activity that educates individuals on topics pertaining to financial management, personal hygiene or beautification, personal conduct, or other topics that do not pertain to the practice of nursing or healthcare;
 - (e) self-directed study such as reading of texts or journal articles for which continuing education contact hours have not been awarded by an accrediting organization;
 - (f) participation in clinical practice or research for which contact hours have not been awarded by an accrediting organization;
 - (g) attendance at professional meetings or conventions, except those portions for which continuing education contact hours have been awarded by an accrediting organization;
 - (h) participation in community service or volunteer practice; and
 - (i) participation as a member in a professional organization.

24.159.2106 AUDITING OF CONTACT HOURS

- (1) The board may conduct a retrospective random audit of the completion of continuing education by licensees during each two-year renewal period.
- (2) The board shall notify licensees of the audit by U.S. mail.
- (3) Licensees shall respond to the notice of audit by the date specified in the notice by submitting proof of completion of continuing education for the renewal period specified by the board. Proof may consist of copies of the continuing education certificates issued by the continuing education provider, transcripts with course descriptions or other verified documentation of course completion.
- (4) Licensees must retain proof of completion of continuing education for the period of no less than two years following the last day of the renewal period during which the continuing education was obtained.
- (5) The audit may include five percent of each license category during each renewal period.
- (6) Failure to respond to a board notice of audit may result in disciplinary action against the licensee.

SAVE THE DATES



MARK YOUR CALENDAR

Montana Nurses Association

LEGISLATIVE DAY LUNCHEON

Thursday, February 17, 2011
12:00 – 1:00 PM
Montana Capitol Rotunda

Join us for lunch and meet our legislators

Learn about the current legislative topics of concern to nurses

406-442-6710 Leah@mtnurses.org





Certified Nurses Day
A day to recognize certified nurses
March 19th

Certified Nurses Day is a special day of recognition to celebrate the contribution of board certified nurses to the advancement of nursing professionalism and to higher standards and better outcomes in patient health.

Big Sky Pulmonary Conference
March 17-19, 2011
Huntley Conference Center - Big Sky, MT

The Big Sky Pulmonary Conference is a continuing education conference for health professionals, which will highlight promising methods of preventing and managing respiratory illness and associated risk factors according to evidence based guidelines. The theme of this year's conference is Team Based Pulmonary Care: Best Practices and Emerging Research. Interested parties can register online at: <https://www.umt.edu/ce/secure/cps/bigskypulmonary/>.





Save the Date
2nd Annual APRN Pharmacology Conference
April 15-16, 2011

- Contact hours for face-to-face pharmacology content
- Specialty hours that apply to your practice needs
- Meet the CE requirements for certification as an APRN
- Socials and breaks provided

Registration Information will be available on-line by March 1st

Montana Nurses Association (OH-242 12/01/2011) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Mark your calendar!

Montana Nurses Association
E & G W (Council on Economic and General Welfare)



Labor Retreat at Chico Hot Springs — April 17-18-19, 2011

Plan to attend and network with nurses from around Montana regarding:

- collective bargaining
- issues facing nurses in the workforce, and
- powerful ways to promote your professional practice.

Continuing nursing education contact hours are offered!

Register early because space is limited. On-line registration will be available after March 2011 at www.mtnurses.org.

Labor Relations Department





save the date

2011 Cardiovascular HEALTH SUMMIT

APRIL 8, 2011
BEST WESTERN GREAT NORTHERN HOTEL
HELENA, MT

SPONSORED BY:






Who should attend?

- Physicians
- Nurses
- Dietitians
- Pharmacists
- Pharmacy technicians
- Pulmonary rehabilitation specialists
- Exercise physiologists

Any health professional interested in cardiovascular health

For more information, contact Michelle Quinn by phone at (406) 243-4866 or by e-mail at michelle.quinn@umontana.edu.

Upcoming Conference



Celebrating Nursing Theory's Contribution to Leadership
Keynote speaker: Dr. Jacqueline Fawcett

April 7th-9th, 2011 in Bozeman Montana
(King International Nursing Group, Montana State University College of Nursing, Zeta Upsilon Chapter STTI)

This conference emphasizes the role of nursing theory in leadership.

- For information on this conference go to www.kingnursing.org, click on documents (brochure and call for abstracts).
- To register, click on the event calendar, click on April 2011, and click on the conference link.
- For questions, contact Dr. Christina Sieloff at sieloffc@hotmail.com.

Montana Nurses Association (OH-242 12/01/2011) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.


2010 Official Election Results

Terms begin on January 1, 2011

Montana Nurses Association would like to congratulate all of the 2010 election winners.
The MNA team looks forward to working with you and we know that, together, we can make this next year one of the best!

BOARD SECRETARY


ONE-YEAR TERM - JAN 2011 - DEC 2011



BRYNN BURBACH,
BSN, CCRN, RN
MISSOULA

BOARD TREASURER

ONE-YEAR TERM - JAN 2011 - DEC 2011



IDA WILSON,
BSN, RN
BOZEMAN

BOARD DIRECTOR-AT-LARGE

TWO-YEAR TERM - JAN 2011 - DEC 2012



DIANNE VELASQUEZ,
RN
MISSOULA



LINDA REIS,
RN
SIDNEY

REPRESENTATIVE TO THE BOARD FOR:

COUNCIL ON PRACTICE & GOVERNMENT AFFAIRS (CPGA)

TWO-YEAR TERM - JAN 2011 - DEC 2012



LaDONNA MAXWELL,
MS, APRN
GREAT FALLS



TERESA HENRY
MS, RN
BOZEMAN



TINA HEDIN
CEN, RN
BILLINGS



SUSAN FINN
BSN, CCRN, CNRN, CEN, RN
BILLINGS


ECONOMIC & GENERAL WELFARE - EXECUTIVE COMMITTEE

TWO-YEAR TERMS EACH - JAN 2011 - DEC 2012

ONE-YEAR TERM - JAN 2011 - DEC 2011




MELISSA COBB,
BA, OCN, RN
HELENA
Two-year term



SUE NOEM,
BSW, RN
HELENA
Two-year term




DAYLYN STRUBLE
RN-BC
HELENA
Two-year term




LORIE VAN DONSEL
AASN
FORSYTH
One-year term

COUNCIL ON CONTINUING EDUCATION


TWO-YEAR TERM - JAN 2011 - DEC 2012




MARY THOMPSON,
RN
MONTANA CITY




ELIZABETH KINION
BSN, MSN, FNP-BC, FAAN
BOZEMAN



MOLLY PROTHEROE
RN
HELENA



DEBBY LEE
BSN, RN
DENTON



PAM WINDMUELLER
BSN, RN
GREAT FALLS

No PICTURE
AVAILABLE

PAULA ROMAN
RN-BC
GREAT FALLS

NOMINATING COMMITTEE

ONE-YEAR TERM - JAN 2011 - DEC 2011



BRENDA DONALDSON,
RN, CDL
LEWISTOWN



ANNE BURRELL
RN
BILLINGS



KALLIE KUJAWA
BA, RN

REPRESENTATIVE TO THE BOARD FOR:

COUNCIL ON ECONOMIC & GENERAL WELFARE

TWO-YEAR TERM - JAN 2011 - DEC 2012




VICKY RAE BYRD
OCN, RN
HELENA

NFN DIRECTOR

(NATIONAL FEDERATION OF NURSES)

ONE-YEAR TERM - JAN 2011 - DEC 2011



BRENDA DONALDSON
CDL, RN
LEWISTOWN

BOARD - DIRECTOR-AT-LARGE:

COLLECTIVE BARGAINING MEMBER

ONE-YEAR TERM - JAN 2011 - DEC 2011




DAYLYN STRUBLE
RN-BC
HELENA

REPRESENTATIVE TO THE BOARD:

COUNCIL ON ADVANCED PRACTICE (CAP)

ONE-YEAR TERM - JAN 2011 - DEC 2011




BARB PRESCOTT
DNP, FNP-BC
BOZEMAN

CAP CHAIR-ELECT:

ONE-YEAR TERM - JAN 2011 - DEC 2011


ASSUMES CAP CHAIR JAN 2012 - DEC 2012



KEVEN COMER
MN, FNP-BC, APRN
BOZEMAN


CAP SECRETARY:

ONE-YEAR TERM - JAN 2011 - DEC 2011



REBECCA STURDEVANT
MSN, FNP
KALISPELL






CALL for PRESENTERS


99th Annual Convention

Best Western Great Northern Hotel—Helena, MT
October 6-8, 2011



Montana Nurses Association

Continuing Education ...
Your goal –
Our mission



Submission Deadline—May 15, 2011

You are invited to submit a proposal for presentation during the 2011 convention on any topic you believe would enhance the professional practice of registered nurses. The following topics were suggestions or requested by attendees at our last convention:

<ul style="list-style-type: none">• Alternative Medicine• Environmental Impacts of Healthcare• APRN Rx Topics• Cardiology- Hypertension• Dermatology-Eczema• Radiology• Gastroenterology• Environmental Health Issues• Geriatrics- Precautions in meds• Infectious Diseases - MRSA• Immunization Update• Fibromyalgia• Legal implications in Nursing• Osteoporosis• Wound Care	<ul style="list-style-type: none">• Asthma• Legislative Update• Leadership• Orthopedic Care• Oncology• Patient / Nurse Safety• Pediatrics• Podiatry• Women’s Health-Menopause• Public Health• Nursing Retention• Surgical Interventions• Mental Health- PTSD, Pediatric mental health issues
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The goal of the MNA Convention is to provide continuing nursing education opportunities to help nurses expand their knowledge base about various nursing issues, to learn what the Association has accomplished during the past year, to carry out the business of the Association, and to network with other nursing professionals.

Continuing education contact hours and Rx contact hours for APRNs (as content supports) will be awarded for select sessions.

Please go to the **NEW** MNA website at **www.mtnurses.org** to download a proposal form. You may also contact Barb Swehla at barb@mt nurses.org or 406-442-6710 for any questions.

2011 MNA Nursing Scholarship



It's time to start thinking about nominating recipients for the MNA 2011 \$500 Nursing Student Recognition Scholarship. Please review the following scholarship description and go to MNA's **NEW** website at www.mtnurses.org to download a scholarship nomination form. You can also contact Leah at the MNA office leah@mt nurses.org or 406-442-6710 to obtain nomination forms. Entries must be received by the MNA office no later than September 15, 2011.

\$500 Nursing Student Recognition Scholarship

This award recognizes an outstanding senior nursing student to encourage interest and participation in a state professional nursing association. Each scholarship recipient has promoted nursing as a profession and has demonstrated achievements that are significant to continuing professional growth and community involvement.

2011 MNA Awards



It's time to start thinking about nominating recipients for the MNA 2011 awards. Please review the following awards descriptions and go to MNA's **NEW** website at www.mtnurses.org to download an award nomination form. You can also contact Leah at the MNA office at leah@mt nurses.org or 406-442-6710 to obtain nomination forms. Entries must be received by the MNA office no later than September 1, 2011.

Political Nurse Leadership Award

—*founded in honor of Mary Munger, RN*

This award recognizes a member who has made significant contributions to nursing practice and health policy through political and legislative activity. A candidate must:

- Promote the nursing profession in political and health care arenas,
- Advance the knowledge of nurses, politicians, and policy makers concerning nursing and health care issues,
- Demonstrates political leadership at the district, state, or national levels,
- Serve as a mentor and role model to other nurses in the political process,
- Seek opportunities to advance Nursing's legislative agenda through grassroots activity.

Distinguished Nurse of the Year Award

—*founded in honor of Trudy Malone, RN*

This award recognizes a member of MNA for outstanding contributions made to professional nursing. A candidate must:

- Demonstrate dynamic leadership in promoting excellence in nursing,
- Demonstrate the knowledge of current issues in relation to the goals of the nursing profession,
- Show a keen awareness and commitment to professional nursing ethics,
- Initiate positive action toward the improvement of patient care,
- Demonstrate the ability to work well with other members of the health care team.

MNA Award for Advanced Practice Registered Nurse of the Year

This award recognizes an APRN who has demonstrated excellence in their practice specialty area and who has made significant contributions to health care and the professional growth of APRNs. A candidate must:

- Demonstrate excellence as an APRN and as a role model for other APRNs and the nursing profession in general,
- Be involved as a preceptor, educator, advocate, in the political arena, etc.,
- Have made a significant contribution to the improvement of health care for individuals, families or communities,
- Be creative in his/her approach to nursing care,
- Have a positive effect on clients and on colleagues,
- Utilize current research in practice.

Economic & General Welfare Achievement Award

—*founded in honor of Eileen Robbins, RN*

This award recognizes nurses at the local unit level who have influenced their work setting through collective bargaining activities. A candidate must:

- Demonstrate commitment to professional nursing via individual practice competency and continuing educational growth,
- Use contract language to define, monitor, and enhance nursing practice in the work environment,
- Function as an active leader within the local unit through past or present elected office and committee participation.

MNA Historian Award

This award recognizes an MNA member who has demonstrated a consistent, distinct interest in nursing history. A candidate must:

- Participate in preservation of historical nursing documents,
- Promote interest in nursing history,
- Promote MNA's History & Literary Endowment Fund.

Excellence in Nursing Education Award

—*founded in honor of Peggy Mussehl, RN (Continuing Education), and Anna Shannon, RN (Formal Education)*

This award recognizes a member(s) of MNA for professional nurse contributions in the field of either formal education and/or continuing education. A candidate must:

- Have significant involvement and commitment to advancing nursing education,
- Expand the body of nursing knowledge through research or other scholarly activities,
- Challenge learner to achieve optimal level of accomplishment.

MNA Award for Excellence for Advanced Practice Registered Nurse Advocate of the Year

This award recognizes a non-APRN in Montana who has made a significant contribution to the state of health care and/or the practice of APRNs in Montana. A candidate must be a/an:

- Community leader who has made a significant contribution to individuals, families communities and the health care system,
- Individual who has had a positive impact on the professional growth of APRNs.

Friend of Nursing Award

—*founded in honor of Barbara Booher, former MNA Executive Director*

This award recognizes a non-nurse who has advocated for and/or significantly advanced nursing in Montana. The candidate must:

- Show significant long-term contributions made by a non-nurse to Montana's professional nursing community,
- Facilitate significant accomplishments for the Association,
- Play a key role in assisting major successes within the professional nursing community.

Promotion of Nursing Excellence in Media Arts

—*founded in honor of Lynn Hebert, RN*

This award recognizes a member of MNA for contributions in the field of journalism. The candidate must:

- Significantly contribute to news print publication(s) of timely articles and/or photographs regarding nurses/nursing;
- Actively contribute to the promotion of excellence in nursing through any or all media modes.

January is Cervical Cancer Awareness Month

It's time to brush up on cervical cancer prevention tips and learn what you can do to protect yourself, your friends, your daughters, your mothers, as well as those women who access health services.

More than 11,000 women in the U.S. are diagnosed with cervical cancer each year. Worldwide, cervical cancer is the second most common cancer in women.

Cervical cancer is the **most preventable** cancer because it's the only cancer with a single known primary cause: HPV (human papillomavirus).

Eight out of 10 women are estimated to get HPV at some point in their lives. HPV can persist in some women and cause abnormal cells to develop into cervical cancer.

Two decades ago, there was little understanding of the link between HPV and cervical cancer. Today, HPV-targeted approaches are available to prevent cervical cancer. While Pap testing looks for abnormal cervical cell, HPV screening identifies women with the "high-risk," cancer-causing types of HPV infections.

HPV testing helps women learn their HPV status, and helps doctors and nurses identify, and keep a closer eye on, women who are at greatest risk for cervical disease—enabling monitoring and treatment to be put in place before cervical cancer can ever develop. For women age 30 and older, the Pap and HPV tests together provide the best screening protection against cervical cancer. For young girls, HPV vaccination can prevent future infections of the two most common cancer-causing HPV strains.

- What should I do to protect myself?**
- Ages 9-26: Consider an **HPV vaccine**.
 - Age 21 and older: Get a regular **Pap test**.
 - Age 30 and older: Ask for an **HPV test** together with your Pap test.

GARDASIL—HPV Vaccine

GARDASIL is the only human papillomavirus (HPV) vaccine that helps protect against 4 types of HPV. In girls and young women ages 9 to 26, GARDASIL helps protect against 2 types of HPV that cause about 75% of cervical cancer cases, and 2 more types that cause 90% of genital warts cases. In boys and young men ages 9 to 26, GARDASIL helps protect against 90% of genital warts cases.

GARDASIL may not fully protect everyone, nor will it protect against diseases caused by other HPV types or against diseases not caused by HPV. GARDASIL does not prevent all types of cervical cancer, so it's important for women to continue routine cervical cancer screenings. GARDASIL does not treat cancer or genital warts. GARDASIL is given as 3 injections over 6 months.

Source: American Society for Colposcopy and Cervical Pathology, American Cancer Society, National Cancer Institute, MERCK

To read more articles like this go to "Well & Informed, Coalition for a Healthy Flathead," Flathead City-County Health Department at www.flatheadhealth.org under Health Promotion.

FIT KIDS = HAPPY KIDS

Healthy Futures for Montanans

The 2011 *Healthy Families* theme, **FIT KIDS = HAPPY KIDS**, will address the current epidemics of poor nutrition (too many calories, not enough nutrients) and inactivity in children. According to Kim Pullman, "the solutions are actually simple, inexpensive, and involve every adult in the Treasure State. We are all role models for kids," she says. "While parents are children's first and most powerful role models, young people often copy the behaviors of other important adults, like grandparents, teachers, and coaches."

The **FIT KIDS = HAPPY KIDS** campaign will offer parents and other adults practical, easy-to-use tips on tasty nutrition and fun physical activity that fit our Montana lifestyles. This information can help anyone:

PLAN MORE EFFECTIVELY: Healthy, active lifestyles often just need a little bit of advance planning. Eating smart and being active aren't complicated and they can easily fit into the most hectic of schedules. For example, planning a power breakfast at home can be as simple as setting the table the night before.

EAT TOGETHER OFTEN: For kids, family meals mean nutrition, security, and success all rolled into a simple event. Family-style meals (at home, childcare, or church) are about more than the food on the table. They are about talking together, laughing together, and adults being positive role models for children.

PLAY TOGETHER OFTEN: Like family-style meals, fun family activities are a time for children to copy adults doing things that are good for their bodies (and their brains). Having active fun together can be as simple as getting outside to build a snow fort or a family of snow people in the winter.

ENJOY THE BENEFITS OF GOOD HEALTH: Healthy eating and active lifestyles for children are not about restrictive diets and grueling exercise routines. In order to be fit and happy, kids need plenty of delicious nutrition and fun activities with their parents, grandparents, uncles, aunts, teachers, and coaches.

*Source: Dayle Hayes, MS, RD (www.nutritionforthefuture.org/) developed this information for **Eat Right Montana**, a coalition promoting healthy eating and active lifestyles.*

Past and current issues of Eat Right Montana's monthly nutrition and physical activity **Healthy Families** newsletters can be downloaded free at www.eatrightmontana.org/eatrighthealthyfamilies.htm.

Quit Line Benefits Increase

Many smokers choose to quit as part of a New Year's Resolution. In an effort to provide greater support to those individuals, the Montana Tobacco Quit Line will increase its benefits for a limited time beginning January 1, 2011.

Up from the standard 4-week supply of free nicotine replacement therapy (gum, lozenges or the patch), the Quit Line will offer 6 weeks. The NRT will be distributed in two shipments, one shipment of four weeks and then an additional two weeks upon completion of coaching calls.

In addition, the Quit Line is reducing the monthly co-pay for Chantix from \$0 to \$25 (for up to 3 months). Bupropion is also available for three months at a \$5 co-pay per month.


In order for an individual to receive either the Chantix or Bupropion, they must get a prescription from their health care provider, enroll in the Quit Line and complete the required coaching calls.

Those who enroll in the full range of Quit Line services are seven to 10 times more likely to successfully quit than those who don't get help.

Source: Leslie Deck, MPA, CHES, Flathead City-County Health Department

To read more articles like this go to "Well & Informed, Coalition for a Healthy Flathead," Flathead City-County Health Department at www.flatheadhealth.org under Health Promotion.






Montana Nurses Association

CE

Continuing Education ...
Your goal –
Our mission!



Montana Nurses Association
Education Center

Perfect space for holding educational events and meetings.

Two rooms available

Each with occupancy seating of:
35 classroom-style or 50 theater-style

- Available for day or evening events
- On-site, free, convenient parking
- Audiovisual equipment available for presentation needs
- Kitchen to use for breakfast, lunch or dinner with your meeting

Room rates reduced for continuing education events
approved by MNA.

For more information:
Contact Leah Lyson
406-442-6710
leah@mtnurses.org

Annual Conference of Montana Gerontology Society

In conjunction with the Montana Geriatric Education Center
Save the date for Montana Gerontology Society's 29th Annual Conference

“Aging... It's a Family Affair!” will be held April 13-14, 2011 at the Copper King Hotel and Convention Center, 4655 Harrison Avenue, Butte, Montana. Two exciting keynote speakers have been engaged for the conference.

Francine Russo, author of *They're Your Parents, Too! How Siblings Can Survive Their Parents' Aging Without Driving Each Other Crazy* (Random House, 2010) will present the Wednesday keynote. Her book, widely acclaimed in the media as “groundbreaking,” has won raves from readers and launched Russo on a speaking career.

On Thursday Quentin Schroeter, one of the chief spokespersons for NAMI Montana (the National Alliance on Mental Illness) will relate from the position of a person who is aging himself and living well with mental illness. In 2010, Quentin was presented the Lionel Aldridge award given by the national NAMI organization for “courage, leadership and service” toward persons living with mental illness.

The audience primarily targeted is anyone working or interested in the field of aging: senior service providers, volunteer and Area Agency on Aging Coordinators, activity directors, dieticians, nurse practitioners, nurses, nursing home administrators, pharmacists, physicians, physician

assistants, physical and occupational therapists, psychologists, social workers, and students.

The conference also allows 21 Montana experts to present on their work in one-hour concurrent sessions. Aging brings risks and delights—it involves political and legal conundrums, life and death. The sessions may be informational, hands-on training, disease specific, surprising, controversial, and inspiring. There is something for everyone.

Registration fees will be available for the entire two day conference, Wednesday or Thursday, or for just the keynote sessions.

MGS is a non-profit organization dedicated to enhancing professional development and understanding among people interested and working in the field of aging. Continuing education applications will be submitted to a variety of professional organizations and state licensing agencies, including the Montana Nurses Association, and other disciplines such as social work, pharmacy, OT and PT, nursing home and assisted living administrators.

For detailed information and registration form, visit www.montanagerontology.com after mid February. Questions may also be directed to Joe Gilboy, joeareaV@qwestoffice.net, or Amy Caliendo, amyareaV@qwestoffice.net in Butte at 406-782-5555.



FACT SHEET

Differentiating Between the Montana Nurses Association
and the Montana Board of Nursing

MNA		BON
The Montana Nurses Association promotes professional nursing practice, standards and education; represents professional nurses; and provides nursing leadership in promoting high quality health care.	MISSION	BON has statutory authority to regulate the practice of nurses and medication aides. It has the legal authority and responsibility from the Legislature to protect the public in all matters relating to nursing and medication aide practice and education.
MNA is the state professional nurses association and a collective bargaining agency for registered nurses.	DESCRIPTION	BON is the legal entity charged with the regulation of nursing in Montana as found in statutes and rules. BON regulates the practice of all nurses and medication aides in Montana, beginning with licensure. Combine?
Montana Nurses Association (MNA) 20 Old Montana State Highway (Montana City) Clancy MT 59601 PHONE: (406) 442-6710 FAX: (406) 442-1841 email: info@mtnurses.org web site: www.mtnurses.org	LOCATION	Montana State Board of Nursing (BON) 301 South Park P.O. Box 200513 Helena MT 59620-0513 PHONE: (406) 841-2300 FAX (406) 841-2343 email: nurse@mt.gov web site: www.mt.nurse.gov
MNA Interim Executive Director is Barb Swehla, MN RN	EXECUTIVE STAFF	BON Executive Director is Cynthia Gustafson, RN, PhD
American Nurses Association (ANA) located in Washington, DC.	NATIONAL AFFILIATION	BON is a voluntary member of the National Council of State Boards of Nursing (NCSBN) in Chicago, IL. NCSBN administers the licensure examinations for nurses.
MNA represents over 2000 registered nurse members, including advanced practice registered nurses (APRNs). Membership is typically voluntary, except in cases of specific collective bargaining contracts where membership is required.	MEMBERSHIP	The BON collects licensure and workforce statistics pertaining to APRNs, RNs, LPNs and Medication Aides. The BON also addresses any reports of individuals who may be practicing nursing and are not licensed or qualified to do so.
The Board of Directors (BOD) is a body of elected volunteers of MNA membership according to MNA bylaws. The BOD is accountable to the House of Delegates and is chiefly responsible for providing vision and leadership to accomplish MNA's mission. The BOD is responsible for ensuring fiscal accountability and for setting policy.	BOARD COMPOSITION	BON consists of nine Board members (4 RNs, 3 LPNs, 2 Public) appointed by the Governor and approved by the Montana Senate for four year terms. One of the RN members must be a licensed APRN, one must be a nursing educator, and one must represent a rural community.
MNA's primary revenue sources include membership dues, continuing education application and participant fees.	FINANCES	BON receives budget appropriation from the Legislature with funding from licensure and other approved fees rather than state general funds or tax dollars.
MNA does not issue licenses. The association provides information and access to nursing specialty certification for RNs and APRNs.	LICENSURE	BON issues RN, APRN, LPN, and Medication Aide licenses to those individuals who meet the requirements set forth by statute, rule and board policy.
Establishes professional practice and ethical standards for RNs and APRNs. These standards are researched, generated and published by the ANA and national nursing specialty organizations on an ongoing basis in response to healthcare changes that impact general or specific areas of nursing practice.	STANDARDS OF PRACTICE	BON administers the Statutes and Rules relating to nursing and medication aide practice which collectively represent the <u>minimum</u> standards of nursing practice in Montana. The Legislature establishes licensees' scopes of practice. Only the BON can take action on a nurse's license for unprofessional conduct.
MNA is politically active at the state and national level for the nursing profession, not just its members. The Executive Director may serve as a lobbyist and/or enter into contracts with professional lobbyists. This effort is supported by MNA members at the grassroots level, including those who are designated MNA Healthcare Consultants.	POLITICAL ACTIVITY	The Executive Director and individual Board members may testify to an official position or as informational witnesses upon approval of the Governor's Office. Changes to any statutes that relate to nursing or medication aides must be passed by the legislature and signed by the Governor.
<ul style="list-style-type: none">• Continuing education• Government relations• Collective bargaining• Information dissemination• Nursing practice inquiry support.• Lobbying at the state and national level• Collaborates with community, state and national organizations to address issues of common interest that may have an impact on professional nursing practice	SERVICES PROVIDED	<ul style="list-style-type: none">• Monitor nursing practice for compliance with the statutes and rules pertaining to nursing and medication aide practice• License APRNs, RNs, LPNs, and medication aides, and renew licenses• Publish administrative rules, including declaratory rulings and position statements, to clarify, interpret and enforce the statutes• Contract for a monitoring program for licensees with chemical dependency and mental illness• Maintain a licensure and disciplinary data base• Approve and monitor pre-licensure nursing education programs



MNA extends a warm welcome to the following nurses who have recently joined the association.

District 1

Christopher Beechwood
Kathleen Bell
Jessica Denney
Kristin Gonnoud
Elizabeth Griffin
Cindy Hotchkiss
Colleen Morris
Jennifer Nau
Andrea Prochaska
Kara Robinson
Darcy Stucke
Leda Werrell

District 2

Sarah Almquist
Olivia Butori
Cindy Cain
Michelle Cummings
Judith DiGiovine
David Ferko
Julie Hammer
Jamie Hogan
Shannon Isakson
Rex Leighty
Tammy Lussy
Megan Rediske
Jennifer Slaughtner
Katelyn Vaala
Walker VanWagoner
Carol Winter
Stephanie Yulga

District 3

Jocelin Jenkins
Lorraine Klompier
Kaitlin Maioli
Tammy McKinney
Shannon O'Malley

District 4

Michelle Mayer

District 5

Shona Ackman
Tiiu Airey
Amanda Anderson
Jessica Beehler
Holly Chapmon
Karissa Chapmon
Kami Doughty
Tracie Fox
Kerry Gardner
Denita Harding
Marcie Hines
Bonnie Hofer
Sandra Jensen
Jerica Johnston
Nancy Kings
Rachael Knox
Gina Mader
Elizabeth McGrath
Lylene Morland
Tena Olson
Suzie Pauley

Brenda Richards
Trina Rodell
Jeanine Shepard
Wendi Simpson
Catherine Smith
Denise Sweet
Jolyn Todd
Tessa Whitney
Natalie Wimmer

District 6

Michael Boerner
Douglas Borah
Corinne DeVries
Joy Duff Schulz
Cheryl Messina
Marcia Ward

District 7

Deborah Cirian
Olivia Hennell
Mary Ann Hulsey

District 8

Jennifer Harrington
Julie Herman
Terry Houchen
Angela Metzenberg
Monica Steele



DISTRICT CONTACTS

District 1

Geni Weber, RN - Missoula
Home: 406-728-4100
Email: gweber@communitymed.org

District 2

Currently Vacant

District 3

Barb Prescott, APRN, DNP, FNP-BC - Bozeman
Home: 406-585-1393
Email: doctorbarb1@msn.com

District 4

Lynne Maierle, RN - Helena
Home: 406-442-6128
Work: 406-444-2397
Email: lmaierle@stpetes.org

District 5

Keri Cross, BSN, RN - Billings
Home: 406-855-2210
Work: 406-657-4000
Email: imbsnrm@yahoo.com

District 6


Sue Swan, RN - Great Falls
Home: 406-265-5703
Email: swans@q.com

District 7

Co-Presidents:
Gwyn Palchak, BSN, RN-C - Kalispell
Home: 406-453-2913
Work: 406-751-4181
Email: cntryclinic@yahoo.com
Karen Skonord, RN - Kalispell
Home: 406-270-8132
Work: 406-756-6554

District 8

Co-Chairs – Sidney
Linda Ries
Home: 406-798-3646
Email: runtcritanim@juno.com
Rebecca Buxcel
Home: 406-776-2303
Email: rpbtcab@midrivers.com



Montana Nurses Association – MEMBERSHIP APPLICATION

20 Old Montana State Highway • Clancy MT 59634 • 406-442-6710 • FAX 406-442-1841 • www.mtnurses.org

Date _____

Last Name / First Name / Middle Initial _____

Home Address _____

City / State / Zip Code _____

Employer Name _____

Employer Address _____

Employer City / State / Zip Code _____

Home Phone Number _____

Cell Phone Number _____

FAX Number _____

Work Phone Number _____

E-mail Address (Please print clearly) _____

Hire Date _____

Basic School of Nursing _____

Graduation Date _____

Credentials _____

RN License Number / State _____

Social Security Number _____

Date of Birth _____

MEMBERSHIP CATEGORY (Check One)

M = Full Membership Dues

☐ Employed – Full-time

☐ Employed – Part-time

R = Reduced Membership Dues

☐ Not Employed

☐ Full-time Student (Basic Degree)

☐ New Graduate (From basic nursing education program, within six months after graduation – first membership year only.)

☐ 62-years-of-age or over and not earning more than Social Security allows.

S = Special Membership Dues

☐ 62-years of age or over - not employed

☐ Totally Disabled

MT State Only Membership Dues

☐ Annual Dues \$205 (Payable to MNA)
(Members covered under Collective Bargaining agreement are not eligible for this type membership.)

Please Note:

\$5.42 of member dues is for the subscriptions to The American Nurse. \$20 is for the subscription to the American Nurse Today.

State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by MNA is not deductible as a business expense. Please check with MNA for the correct amount.

METHOD OF PAYMENT (Choose One)

1. E-PAY - MONTHLY

ELECTRONIC FUNDS TRANSFER (EFT)

☐ Checking Account

This is to authorize **monthly electronic payments** to American Nurses Association, Inc. (ANA). By signing on the line, I authorize my Constituent Member Association (CMA/ANA) to withdraw 1/12 of my annual dues and any additional service fees from my account.

Monthly Electronic Deduction Authorization Signature

Please enclose a **check payable to ANA** for the first month's payment; the account designated by the enclosed check will be drawn on or after the 15th of each month.)



By signing the Electronic Deduction Authorization, or the Automatic Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the above-signed thirty (30) days written notice. Above-signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a \$5 fee for any returned draft or chargeback.

2. CREDIT CARD PAYMENT MONTHLY OR ANNUALLY

☐ Monthly Amount to Charge: _____

☐ Annual \$ _____ . _____

Account #: _____

Expiration Date: ____ / ____

This is to authorize credit card payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize CMA/ANA to charge the credit card listed in the credit card information for the monthly dues on the 1st day of the month per month or when annual renewal is due.

Credit Card Payment Authorization Signature

3. PAYROLL DEDUCTION - MONTHLY

☐ This monthly payment plan is available only where there is an agreement between your employer and the association to make such deduction.

Payroll Deduction Authorization Signature

4. ANNUAL PAYMENT IN FULL

☐ Enclose check **payable to ANA** for annual amount.

To apply for ANA Membership Only:
www.NursingWorld.org

TO BE COMPLETED BY MNA:

STATE _____ DISTRICT _____ REGION _____

EXPIRATION DATE _____

MONTH _____

YEAR _____

EMPLOYER CODE _____

APPROVED BY _____

DATE PROCESSED _____

PAYMENT TYPE _____

AMOUNT _____

CHECK NUMBER (IF APPLICABLE) _____

SPONSOR (IF APPLICABLE) _____

SNA MEMBERSHIP NUMBER _____

DATE APPLICATION RECEIVED _____