

AZBN

NURSING REGULATORY

VOLUME 4 • ISSUE 4 eNEWSLETTER



Celebrating Success with the 1803 Grant

The Arizona Nurses grant, funded under project 1803, has achieved outstanding results in Program Year 2, Quarter 1.

Licensing / Certification Statistics

Significant strides have been made to improve the processing time of initial applications even with the increasing number of applications.

PUBLISHED BY**ARIZONA STATE BOARD OF NURSING**

1740 West Adams Street, Suite 2000

Phoenix, AZ 85007

Phone: 602.771.7800

www.azbn.gov**Designer & Editor**

Rebeca Hensler

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License/Certificate Holder Statistics

RN 114,595	LPN 10,906	CNA 22,041	LNA 8,030	NP 16,769
CNS 121	CNM 349	CRNA 1,466	CMA 171	LHA 417

Updated 12/31/24. The nurse statistics are updated weekly on azbn.gov.

Board Members & Meetings

Board Members

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Lisa Smith, PhD, RN, CNE
Member

Margi Schultz, PhD, RN, CNE, PLNC, FAADN
Member

Shareedah Z. Al-Hark, LPN
Member

Next Meeting

Jan 2025	
30 Thursday 8:00am	31 Friday 8:00am

Mission

The mission of the Arizona State Board of Nursing is to protect and promote the welfare of the public by ensuring that each person holding a nursing license or certificate is competent to practice safely. The Board fulfills its mission through the regulation of the practice of nursing and the approval of nursing education programs. The mission, derived from the Nurse Practice Act, supersedes the interest of any individual, the nursing profession, or any special interest group.

Interested in a past meeting?

Meeting minutes and audio are available on our website.

Visit azbn.gov/board-meetings to learn more.

Disciplinary Action

Any disciplinary action taken during the board meetings can be viewed quarterly on our website at azbn.gov/discipline.

View [Our Committees](#) on page 19

Celebrating Success

Positive Outcomes in the 1803 Arizona Nurses Grant

The three-year, \$75 million grant awarded to the Arizona State Board of Nursing has achieved outstanding results in Program Year 2, Quarter 1 (PY2 Q1), demonstrating a remarkable commitment to developing the future nursing resources for Arizona. The grant's focus on preceptor training, transition to practice, nursing specialty development, and expanding APRN transition to practice activities has yielded exceptional outcomes across multiple programs, showcasing the potential for a statewide model for nursing transition to practice. Below, we highlight the most significant achievements from the quarter's data.

BROAD REACH ACROSS ARIZONA

The grant funded 33 programs across 18 health systems, spanning 59 facilities located in both urban and rural areas of Arizona. This statewide approach ensures that resources and opportunities reach diverse communities, fostering equitable support for nursing development and addressing varying healthcare needs across the state.

“33 programs across 18 health systems, spanning 59 facilities”

IMPRESSIVE ACHIEVEMENTS IN PRECEPTOR AND PRECEPTEE TRAINING

The impact of the grant in PY2 Q1 is evident in the training of a significant number of preceptors and preceptees:

- **1734 preceptees trained**, meeting **28%** of the grantee commitment goals for the year.
- **1569 preceptors trained**, achieving **32%** of grantee goals for Year 2.

These figures highlight the strong progress made in just one quarter, setting a solid foundation for

NOTABLE AGGREGATED DATA HIGHLIGHTS

PY2 Q1 saw remarkable outcomes in specific focus areas, including:

- **1117 nursing student preceptees**, reflecting the program's commitment to fostering early exposure and development for future nurses.
- **144 new graduate RNs**, showcasing robust support for nurses transitioning from education to practice.
- **23 extern pre-licensure RNs**, providing opportunities for hands-on clinical learning.
- **390 specialty RNs**, emphasizing the grant's focus on advanced training in critical areas of healthcare.
- **6 new facilities offering clinical practice sites for student registered nurse anesthetists (SRNAs)**, providing 20 in-state residency placements and 420 precepted specialty cases.

These results underscore the program's success in addressing key priorities, from nurturing nursing students to preparing nurses for specialized roles.

continued from page 4

BUILDING THE FOUNDATION FOR A STATEWIDE TRANSITION-TO-PRACTICE MODEL

The data generated by these programs is critical in validating the fundamentals necessary for constructing a comprehensive statewide model for nursing transition to practice. By analyzing outcomes and identifying best practices, the Arizona Nurses grant is laying the groundwork for a sustainable, standardized, and scalable approach to support nurses at all stages of their careers.

ADVANCING A STATEWIDE NURSING NETWORK

In Year 2, the initial activities for the development of a statewide nursing network, NursNet, have begun to take shape. This initiative aims to formalize a structure for nursing partnerships across Arizona, supporting:

- New nurse preceptor programs.
- Specialty training initiatives.
- Advanced practice RN transition-to-practice support systems.


NursNet represents a transformative step forward in uniting health systems, academic institutions, and nursing professionals to collaborate on shared goals. By fostering partnerships and creating a centralized support network, NursNet will enhance the effectiveness and reach of nursing development programs across the state.

RECOGNIZING EXCELLENCE AND LOOKING AHEAD

These impressive results highlight the effectiveness of the Arizona Nurses grant in fostering a culture of learning, mentorship, and specialty skill development. The grant’s success is a testament to the hard work and dedication of participating organizations, preceptors, and preceptees. By investing in nursing education and training, this initiative is shaping the future of healthcare in Arizona.

As we celebrate these accomplishments, we remain committed to building on this foundation. Continued collaboration, innovation, and resource allocation will ensure the sustained growth and success of these programs. Together, we are not only transforming the nursing profession but also enhancing the quality of care for patients across Arizona.

Let us extend our heartfelt congratulations to all nurses and grant settings involved in making the 1803 Arizona Nurses grant a resounding success at the start of Year 2!

 <h1>E-Notify</h1> <p>Get real-time license expiration and status updates via email</p>	IN ARIZONA	
	818 Institutions Enrolled	83,849 Nurses Self-Enrolled
	97,192 Nurses Enrolled by their Institution	64.8% Total Active Nurses Self-Enrolled



Contact us for a Demo nursysenotify@ncsbn.org

nursys[®]

Join more than 16,000 health care institutions using e-Notify to protect their patients.

NCSBN created Nursys, the only national database for licensure verification of registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs).

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- Live and dynamic RN and LPN/VN updates sent securely from all boards of nursing
- APRN data and updates from participating boards of nursing*
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You can also obtain the **NCSBN ID** for each of your nurses, allowing you to identify your nurses with a unique nurse identifier (UNI) on electronic health records and various databases for documentation, education, research and training purposes.

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* See nursys.com for participating BONs.



Expiring in 2025? Renew Early!

Now accepting applications for renewal on Arizona APRN/RN/LPN licenses.

If your license/certificate is expiring in 2025 you may now submit your application for renewal. We start accepting renewal applications six months before the due for renewal date. For more information view the [Licensure Renewal Notice](#).



Don't be late!

Remember, a late for renewal occurs after the license is due for renewal on April 1st and before the expiration of the license on August 1st.

If you continue to work on your Arizona license after 5/1/2025, you will be assessed a late fee for every month you work on the due for renewal license. If the license is not renewed, it will expire on 8/2/2025.

Preparation for renewal should begin by reviewing the renewal information on our website. Visit azbn.gov/renewal for more info.

TIPS FOR SUCCESS

1. An APRN, CRNA, CNM, or CNS certification expires when your RN license expires.
2. When renewing, renew your RN first and then any AP certificates. If you hold more than one APRN credential number, you will need to renew each separately.
***Make sure you are selecting the link to renew the APRN, NOT to apply for a new population foci.*
3. Ensure that you have met the minimum 960 hours of practice or more in the past 5 years to meet renewal eligibility for your license or certification.

Alternatives to practice hour requirements for a RN renewal include:

- Graduated & obtained a degree from a nursing program within the past 5 years
OR
 - Completed an Arizona Board approved refresher course in the past 5 years
OR
 - Obtained an advanced nursing degree in the past 5 years (i.e. LPN to RN, RN to BSN, masters, or doctorate).
4. APRNs that do not meet the practice requirements or who have not graduated from an APRN program in the last 5 years should refer to the Nurse Practice Act Rule R4-19-506 to determine coursework and precepted clinical practice requirements.
 5. APRNs who hold an active DEA license, must complete a minimum of three hours of opioid-related, substance use disorder-related or addiction-related continuing education (ARS 32-3249.02).
 6. If you wish to inactivate or retire your license, you must make this request through your Arizona Nurse Portal.

You will not receive a hard copy of your license. All license or certificate information for LPN/RN/APRN can be verified through Nursys.com.

Red flags of Unsafe Practice

What colleagues need from nursing leadership to feel comfortable reporting unsafe practices.

EXAMPLES THAT MAY INDICATE A NURSE IS NOT PRACTICING SAFELY

Behavioral Red Flag

- Frequently crossing professional boundaries with patients
- Engaging in flirtatious or overly personal behavior with patients
- Keeping secrets with or for patients
- Showing favoritism toward certain patients
- Speaking poorly about colleagues or the workplace to patients
- Meeting patients outside of work settings

Clinical Red Flag

- Frequent medication errors or near-misses
- Poor documentation or charting practices
- Failure to follow safety protocols and procedures
- Lack of clinical knowledge or skills for their position
- Reluctance to ask for help when needed

Workplace Behavior Red Flag

- Chronic tardiness or absenteeism
- Mood swings, irritability, or inappropriate anger
- Signs of substance abuse
- Withdrawing from activities or colleagues
- Frequent patient complaints

SUGGESTIONS TO HELP COLLEAGUES FEEL MORE COMFORTABLE REPORTING CONCERNS

Set up explicit guidelines

- Have written protocols for reporting concerns about colleagues
- Ensure policies protect against retaliation for those who report in good faith.

Promote a Culture of Safety

- Emphasize that reporting is about patient safety, not punishment
- Encourage open communication about errors and near-misses
- Recognize staff who speak up about safety issues

Provide Multiple Reporting Options

- Allow for anonymous reporting mechanisms
- Offer both formal and informal channels to raise concerns

Educate Staff

- Train all staff on recognizing unsafe practices
- Guide how and when to report concerns
- Emphasize everyone's responsibility in maintaining a safe environment

Follow Through on Reports

- Investigate all reports promptly and thoroughly
- Provide feedback to those who report on actions taken
- Demonstrate that the organization takes safety concerns seriously

SOP Committee Call for Members

The Scope of Practice Committee is currently recruiting nurses who are interested in volunteering to serve on the Scope of Practice Advisory Committee for a two-year term beginning August 2025 through August 2027.

The Committee has a rich and diverse membership, which include nursing professionals from various areas and specialties throughout the state.

The purpose of the Scope of Practice Committee is to draw together a diverse membership, including but not limited to staff, nurses, administrators, and faculty members, which represent various healthcare settings throughout the state. The Committee responds to questions regarding scope of practice which are assigned by the Board or which arise when questions are received from the public. Issues relating to LPNs, RNs and APRNs are addressed in the Scope of Practice committee.

Examples of the work product of the committee are found in the Advisory Opinions and Position Statements, i.e. statements developed by the committee and approved by the Board. Advisory Opinions and Position Statements are developed to guide nursing practice in relation to a specific nursing activity.

The committee meets a minimum of four times per year. The meetings are generally held from 12:00pm - 4:00pm in a Board Room at 1740 West Adams, Suite 2000, in Phoenix.

If you are interested in applying to serve as a volunteer on the AZBN Scope of Practice Committee, please submit your resume by March 31, 2025.

Interested in applying?

Submit your resume by Mar. 31, 2025.

Email Shannon Bitza
sbitza@azbn.gov

OR

Mail Shannon Bitza
Arizona State Board of Nursing
1740 West Adams, Suite 2000
Phoenix, Arizona 85007

Committee Goals

1. Review and Revise current advisory opinions.
2. Respond to the changing health care environment by addressing scope of practice issues and developing advisory opinions when appropriate.
3. Discuss and deliberate scope of practice issues when requested and make recommendations to the Board regarding specific issues.

Nurse Imposters

Nurse imposters are individuals who pose as licensed nurses without holding the required credentials or qualifications. These imposters can be particularly dangerous, as they may engage in healthcare practices without proper knowledge, putting patients at risk.

Characteristics

- **Lack of Valid License**

The primary defining feature of a nurse imposter is that they don't possess a current, active nursing license issued by the appropriate regulatory body.

- **Unlawful Practice**

These individuals engage in the illegal practice of nursing, which includes performing tasks and making decisions they are unqualified and unauthorized to do.

- **Misrepresentation**

Nurse imposters may falsely use titles such as "registered nurse" or "RN," or "Nurse Practitioner," or "NP" and impersonate a registered nurse or pretend to be licensed as an APRN to practice nursing.

Categories

1. **Never Licensed**

Individuals who have never completed a nursing program or obtained a nursing license. Some imposters create fake credentials, licenses, or certifications to pass as registered nurses (RNs) or licensed practical nurses (LPNs). This often involves falsifying documents or presenting false information to employers or patients. Some APRNs have a fraudulent RN license and have completed an advanced practice nursing program.

2. **Previously Licensed**

Persons who may have completed a nursing program and obtained a license at one time but are not currently licensed.

3. **Revoked License**

Some imposters may have had their nursing license revoked but continue to practice.

4. **Practicing Out of Scope**

In some cases, licensed healthcare professionals like LPNs or RNs perform tasks beyond their legal scope of practice before being licensed.

5. **Using Another Nurse's Identity**

Identity theft is another form of nursing imposter. Some individuals might steal or borrow a licensed nurse's license number or credentials and use that information to secure a job or perform nursing duties.

Legal Implications

Impersonating a nurse is unlawful and can cause serious consequences.

- **Citations and Fines**

May issue citations and fines to individuals found practicing without a license.

- **Criminal Charges**

Nurse imposters can face severe criminal charges, including fraud, identity theft, forgery, and practicing without a license. Depending on the severity of the offense, these charges can lead to fines, probation, or imprisonment. Federal charges may also apply if the imposture involves Medicare or Medicaid fraud, as this impacts federal healthcare programs.

- **Civil Liability**

If a nurse imposter harms a patient because of malpractice, the individual can face civil lawsuits for negligence or medical malpractice. In addition to the imposter, healthcare institutions that employ the individual may also face liability under vicarious liability or negligent hiring.

- **Disciplinary Actions**

Licensed individuals practicing out of scope or using false credentials can face disciplinary actions from state nursing boards, including license revocation, suspension, or fines.

- **Patient Safety Concerns**

Legal cases involving nurse imposters often come to light after patient harm or near-harm situations. In such cases, healthcare facilities may face scrutiny from regulatory bodies such as The Joint Commission or state health departments, leading to increased oversight, fines, and potential shutdowns.

CSPMP Reminder

Are you an Advanced Practice Provider? Do you hold a DEA certificate? If so, make sure that you have registered with the Arizona State Board of Pharmacy Controlled Substances Prescription Monitoring Program (CSPMP). Even if you do not prescribe controlled substances, you must be registered with the Arizona CSPMP program if you hold an Active Arizona DEA.



The CSPMP provides a report that allows prescribers and pharmacists to review controlled substances that have been prescribed to a patient. Additionally, this report assists providers in treating patients and identifying and deterring drug diversion.

As a prescriber, you are required to review this report when first prescribing a controlled substance to a patient, and at minimum every 90 days while continuing to prescribe for the patient.

If you need to register for a CSPMP account, visit pharmacympm.az.gov for further information. After visiting pharmacympm.az.gov and utilizing the available resources, if you have any additional questions, you may contact the CSPMP administrators via email at mpm@azpharmacy.gov or the Arizona State Board of Nursing at csmpm@azbn.gov.

Grant Success Story

HonorHealth Night Shift Adjunct Faculty Program

The Night Shift Adjunct Faculty Program at HonorHealth has emerged as a transformative initiative, significantly enhancing clinical education opportunities during nighttime hours. With eight dedicated night shift adjunct faculty members, the program has expanded support for both preceptors and students, fostering a strong clinical training environment for night shift.

KEY SUCCESSES

1. Increased Capacity for Preceptees and Preceptors

The program has been instrumental in growing the number of preceptors available during night shifts. This expansion has created more opportunities for students to complete their clinical rotations, offering greater flexibility to accommodate the busy schedules of both students and faculty.

Impact

- Each year we have increased capacity: Fall of 2022 0-night shift cohorts scheduled, in Fall of 2023 with 11-night shift cohorts scheduled, and in Fall of 2024 with 33-night shift cohorts scheduled.
- Every semester, active night shift adjunct faculty members provide consistent support, ensuring that clinical education runs smoothly even during the night.

2. Rotation Completion

The program's night adjunct faculty members have successfully completed their rotations, contributing to the ongoing development of student clinical skills in a night shift setting. This experience has been particularly valuable in exposing students to the unique challenges and opportunities presented by night shift work.

Impact

- Night shift adjunct faculty have played a critical role in expanding the clinical capacity at HonorHealth, ensuring that students receive comprehensive and well-rounded clinical exposure, regardless of the time of day.

3. Preceptor Testimonial

One of the night shift adjunct faculty shared their positive experience working with students in Labor & Delivery/Postpartum. They noted the importance of exposing students to the unique dynamics of night shift work, especially in labor and delivery, where many procedures like inductions often begin late at night. The faculty member praised the welcoming environment at HonorHealth's Shea facility, which ensured students felt included and supported during their rotations.

- "I had the opportunity to work with L&D/Postpartum during a night adjunct role. I thought it was so helpful to the students and allowed them to see the difference in the role of a night nurse. With

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labor and delivery, I felt night shift is so important because it shows the full flow of what happens and behind the scenes. I loved that it allowed the students to see the start of an induction as most moms come in the middle of the night to start the induction. Everyone at Shea was so wonderful and open to the students and made sure to make them feel included.” - Night Shift Adjunct Faculty

Conclusion

The HonorHealth Night Shift Adjunct Faculty Program has made significant strides in broadening clinical education capacity and offering essential support to both students and faculty during night shifts. The successful completion of night adjunct rotations and glowing feedback from participants highlighted the program’s impact on enhancing clinical training and preceptorship, especially in the unique context of nighttime healthcare delivery.

1803 Advisory Board

The 1803 Advisory Board meets on the first Thursday of the quarter at 3pm. The meetings are held virtually and open to the public.

For information on listening to upcoming meetings, visit the [1803 Advisory Board webpage](#).

Members	Stakeholder Group
Heidi Sanborn	Arizona Nurses Association
Vicki Buchda	Arizona Hospital Association
Stephanie Barendt	Arizona Organization of Nurse Leaders
Anthony Sandoval	Arizona Health Care Association (LTC)
Tomi St. Mars	AHCCCS - DHS
Brittney Kaufmann	Health System Alliance of Arizona
Joey Ridenour	Arizona State Board of Nursing
Carolyn McCormies	Arizona State Board of Nursing
Kathy Kenny (ASU)	Arizona Nursing Deans and Directors
Margi Schultz (Maricopa CC)	Arizona Nursing Deans and Directors
Doug Lowden	Northern Arizona Healthcare
Anthony Santarelli (Kingman)	Nurse Practice Executives/CNEs
Jason Bezozo	Nurse Practice Executives/CNEs
Michelle Watson (LifePoint)	Nurse Practice Executives/CNEs
Rhonda Thompson (Phx Childrens)	Nurse Practice Executives/CNEs
Joy Upshaw (TMCAZ)	Nurse Practice Executives/CNEs
Deborah Aders	Yuma Regional Medical Center
Zaida Dedolph	Governor’s Office Liaison
Peggy Jenkins	University of Arizona
Kelly Larsen	CRNA/SRNA
Kendra Elliott	CRNA/SRNA

NEXT MEETING

Jan 2025

9

Thursday
3:00pm

The members of this group have a keen interest in developing practice ready nurses in our state. They each have a role in the Intesectional Interface of Stakeholders.

Scope of Practice

Updated Advisory Opinions & Position Statements

An advisory opinion is an official opinion of the Arizona State Board of Nursing regarding the practice of nursing as it relates to a specific standard of care.

The Scope of Practice Committee reviews and revises advisory opinions on a rolling schedule, but AOs may be reviewed earlier if a concern is brought before the committee.

Controlled Substances for the Treatment of Chronic Pain

This Position Statement was revised to include updated opioid related training requirements. The guidelines were revised and references updated.

[View the AO](#)

Determination of Death

General requirements and references were updated in this Advisory Opinion.

[View the AO](#)

Bone Marrow Aspiration

The course of instruction and rationale were revised. References were updated in this Advisory Opinion.

[View the AO](#)

Where can I find Scope of Practice Resources?

On the AZBN website under the tab "Scope of Practice" you can find the most current Advisory Opinions, Position Statements and Frequently Asked Questions.

You can also review the Nurse Practice Act under the "Rule & Law" section of the website.

[Advisory Opinions & Position Statements](#)

[Frequently Asked Questions](#)

[Nurse Practice Act](#)

Administration of Naloxone



Katie Hobbs
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

1740 W Adams Street, Suite 2000
Phoenix, AZ 85014-3655
Phone (602) 771-7800
Home Page: www.azbn.gov

An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

OPINION: Administration of Naloxone: The Role of the School Nurse
APPROVED: 11/24
ORIGINATING COMMITTEE:
SCOPE OF PRACTICE COMMITTEE

Within the Scope of Practice of X LPN X RN

ADVISORY OPINION ADMINISTRATION OF NALOXONE: THE ROLE OF THE SCHOOL NURSE

STATEMENT OF SCOPE

It is within the legal authority and Scope of Practice of a nurse (RN or LPN) to administer over-the-counter naloxone in school settings without a standing order in an emergency situation.

I. GENERAL REQUIREMENTS

- A. Comprehensive written policy and procedures are developed and maintained by the school/employer
- B. Training on how to administer naloxone, including assessment, documentation and post-administration care
- C. Training on how to recognize the signs and symptoms of an opioid overdose

II. RATIONALE

One of the primary reasons for stocking Naloxone (commonly known as Narcan) in schools is the importance of being prepared for emergencies. Naloxone is a life-saving medication that can rapidly reverse the effects of an opioid overdose. In summary, having Naloxone available in schools is a proactive safety measure that can save lives, increase access to this life-saving medication and address the rising rates of youth overdoses. The role of nurses in distributing and administering this medication is pivotal.

APPLICABLE STATUTES

ARS 36-2267. Administration of opioid antagonist; exemption from civil liability; definition

A. A person may administer an opioid antagonist that is prescribed or dispensed pursuant to section 32-1979 or 36-2266 in accordance with the protocol specified by the physician, nurse practitioner, pharmacist or other health professional or that is received from a county health department pursuant to section 36-192 to a person who is experiencing an opioid-related overdose.

Continues on next page >>

B. A person who in good faith and without compensation administers an opioid antagonist to a person who is experiencing an opioid-related overdose is not liable for any civil or other damages as the result of any act or omission by the person rendering the care or as the result of any act or failure to act to arrange for further medical treatment or care for the person experiencing the overdose, unless the person while rendering the care acts with gross negligence, wilful misconduct or intentional wrongdoing.

C. For the purposes of this section, "person" includes an employee of a school district or charter school who is acting in the person's official capacity.

III. REFERENCES

Arizona Department of Health Services (2024). *Opioid Prevention*. <https://www.azdhs.gov/opioid/>

Gage CB, Powell JR, Ulintz A, et al. Layperson-Administered Naloxone Trends Reported in Emergency Medical Service Activations, 2020-2022. *JAMA Netw Open*. 2024;7(10):e2439427. doi:10.1001/jamanetworkopen.2024.39427

Nursing Education Programs

Approved programs

Program Type	Nov 2024
Pre-Licensure (ADN, BSN, MSN, & PN)	81
APRN (Advanced Practice Nurse)	76
CMA (Certified Medical Assistant)	24
CNA (Certified Nursing Assistant)	125
CRNA (Certified Registered Nurse Anesthetist)	6
LHA (Licensed Health Aide)	14
Refresher (PN / RN)	9
Total	335

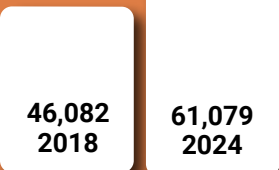
Licensing / Certification By the Numbers



174,821
TOTAL LICENSEES /
CERTIFICATE HOLDERS
IN 2024



61,079
TOTAL APPLICATIONS
RECEIVED IN 2024

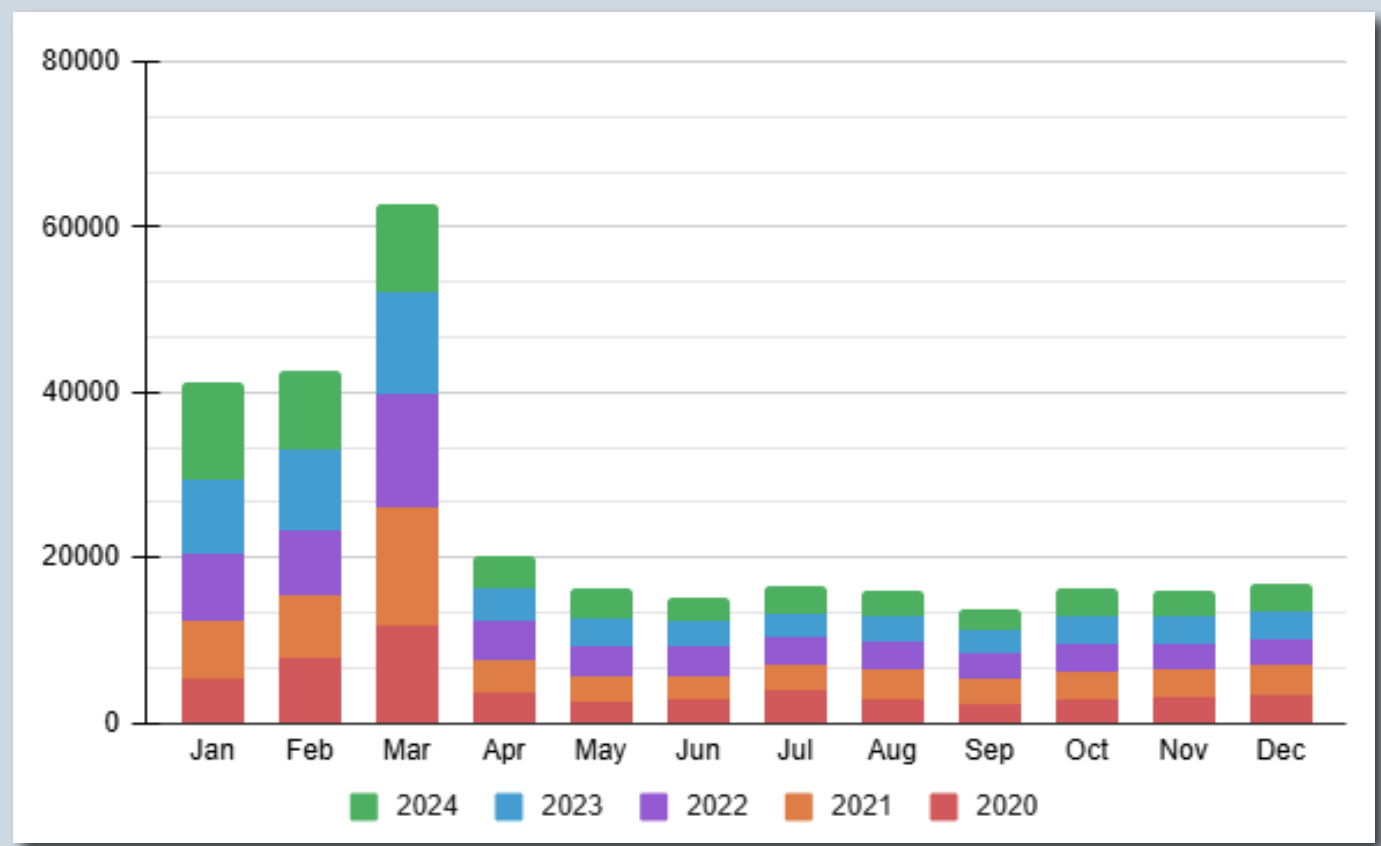


46,082
2018

61,079
2024

**33% INCREASE IN
APPLICATIONS FROM
2018**

Applications Received by Month/Year

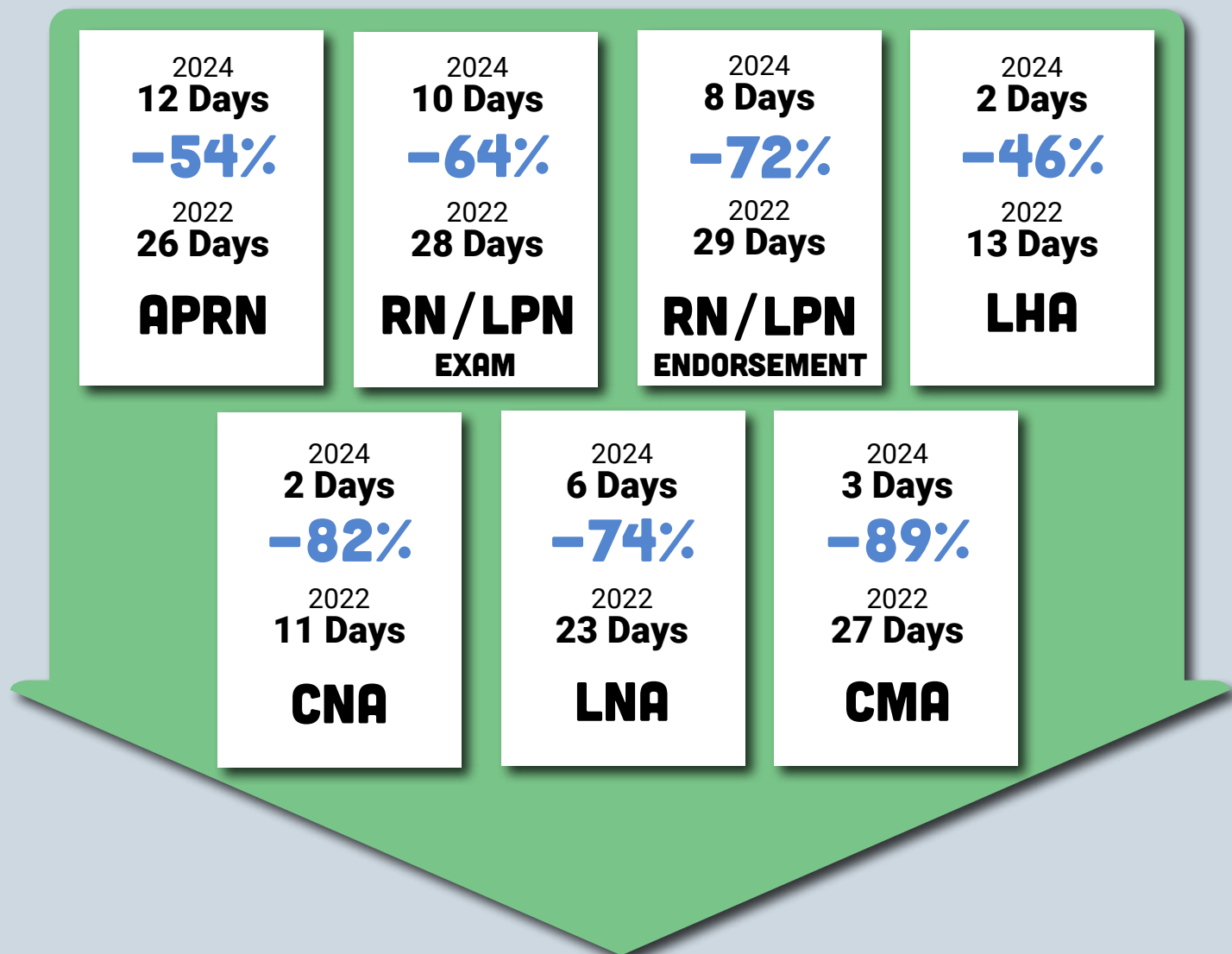


Historically March has the highest number of applications submitted but over the last 2 years January and February have significantly increased.

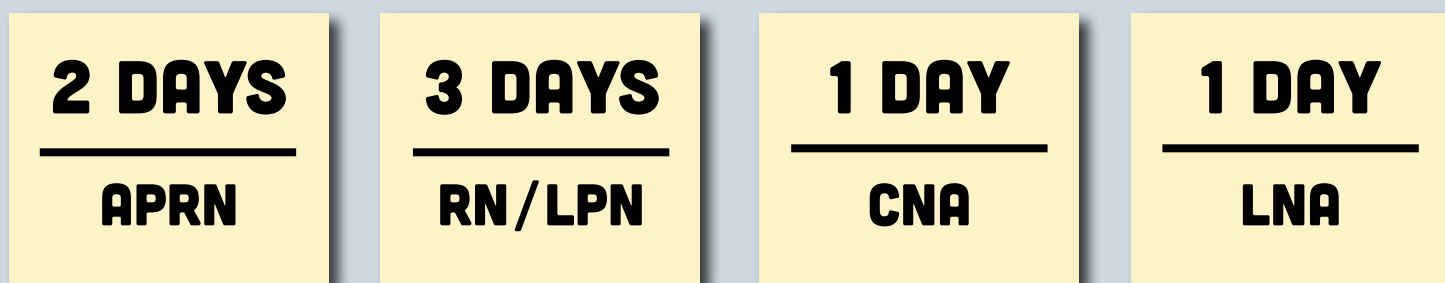
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Number of Days for Processing (Initial Applications)

These are averages over a 1 year period and have been rounded to the closest whole number.



Number of Days for Processing (Renewal Applications)



Scope of Practice Committee

Chair

Carolyn Jo McCormies, RN, MSN, FNP-BC, *Board President*

Co-Chair

Shareedah Al-Hark, LPN, *Board Member*

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Cynthia Sprinkle, RN, MSN-Ed, CEN, TCRN

Debbie Barrett-Bryson, BSN, MSN-Ed, MHA, RNC-OB, CCE, CCM

Dorie Rush, MSN, BSN, RN

AZBN Committees

NEXT MEETING

Feb 2025

11

Monday

12:00pm

Heather Burton, MSN, RN

Kim Ponthieux, MSN, RN

Nancy Denke, DNP, ACNP-BC, FNP-BC, FAEN

Scarlett Pegram, RN, BSN, CCRN, TNS, FNE

Shelley Vaughn, DNP, FNP-BC

Sherrie Palmieri, DNP, MBA, RN, CNE, CPHQ

Tamara Wisely, DNP, FNP-BC, WHNP-BC

Tim Porter O'Grady, DM, EdD, ScD, APRN, FAAN, FACCWS

Tracy Thomas, MSN, APRN, CCRN, TCRN, ACSN-BC

Yvonne Graber, RN, MSN, CCRN, NEA-BC

Education Committee

Chair

Lisa Smith, PhD, RN, CNE, *Board Member*

Co-Chair

Margi Schultz, PhD, RN, CNE, PLNC, FAADN, *Board Member*

Board Staff

Shannon Bitza, DNP, AGPCNP-BC, AGACNP-BC

Members

Candice Vaughan Griffin, DNP, RN, NEA-BC

Celia Renteria, DNP, RN

Constance Powers, MSN, RN, CNE

Katherine Kenny, DNP, RN, ANP-BC, FAANP, FAAN

Kathryn Ybarra, RN

Kimberly Day, DNP (IL), RN, CNE, CHSE

NEXT MEETING

Feb 2025

7

Friday

9:00am

Miriam Espinoza, DNP, RN, PMHNP-BC

Pamela Stetina, PhD, RN, CNE

Rhonda Thompson, DNP, MBA, RN, NEA-BC

Sara Lemley, MSN, CNE, RN

Steven Marks, PhD, MS, RN

Tracy Schreiner, DNP, MSN, MBA, RN

Trina Staton, DNP, RN

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