A regular meeting of the State Board of Nursing for South Carolina was held on May 29-30, 2003 in Room 108, Kingstree Building, 110 Centerview Drive, Columbia, South Carolina. Public notice of this meeting was properly posted at the Board of Nursing Offices, in the Lobby of the Kingstree Building, and provided to all requesting persons, organizations, and news media in compliance with the South Carolina Freedom of Information Act. A quorum was present at all times.

Rose Kearney-Nunnery, Board President, called the meeting to order at 8:32 a.m. on Thursday, May 29, 2003, and at 8:43 a.m. on Friday, May 30, 2003. The mission of the Board was announced as follows: The mission of the State Board of Nursing for South Carolina is the protection of public health, safety, and welfare by assuring safe and competent practice of nursing.

A motion was made to approve the meeting agenda as presented. The motion received a second. The motion carried.

The following items were adopted on the consent agenda:

1.1

2.1a Licensure Statistics
2.1b Continuing Education in Other States
2.1c Licensing Abortion Clinics
2.2a Legislative Update
2.4a NCSBN -Compact Participation Update
2.4e NCSBN – Internet Wire
5.1 Summary Statistics on Advanced Practice
5.2 Minutes of April 17, 2003 Nursing Practice and Standards Committee
5.3 Recommended Membership Appointment for the Nursing Practice & Standards Committee
6.1 Approval of April 10, 2003 Disciplinary Review Committee (DRC) Minutes
6.2 Approval of April 24, 2003 Investigative Review Committee (IRC) Minutes
6.3 Unlicensed Practice (Not Appearing)
6.5a Approval of Panel Members - Elaine J Robb, RN
6.5b Approval of Panel Members – Carolyn Swinton, RN
7.1b ACON Disaster Preparedness Update
7.5 USC Aiken- Notice of ADN Program Closure
8.2 Licensure Announcements

A motion was made to adopt the Consent Agenda with the removal of items 2.2b Proviso; 2.4b NCSBN Mid Year Meeting; 2.4c NCSBN - Executive Officer Meeting; 7.1a ACON Minutes; 7.2 Nurse Education Program Site Survey Letter; and 8.5 For Information: Police/Procedure Change-Guidelines for Administrator’s Licensure Recommendations. The motion received a second. The motion carried.


A motion was made to approve the minutes of the November 20, 2002 Public Forum Minutes held at the Fire Academy in Columbia as presented. The motion received a second. The motion carried.

A motion was made to approve the minutes of the January 30-31, 2003 Board Meeting with editorial changes. The motion received a second. The motion carried.

A motion was made to approve the minutes of the January 31, 2003 Public Meeting held in Columbia with editorial changes. The motion received a second. The motion carried.

A motion was made to approve the minutes of the February 6, 2003 Public Meeting held in Greenville with editorial changes. The motion received a second. The motion carried.

A motion was made to approve the minutes of the February 11, 2003 Public Meeting held in Florence as presented. The motion received a second. The motion carried.

A motion was made to approve the minutes of the February 19, 2003 Public Meeting held in Charleston as presented. The motion received a second. The motion carried.

A motion was made to approve the minutes of the March 20-21, 2003 Board Meeting with editorial changes. The motion received a second. The motion carried.

A motion was made to approve the minutes of the April 16, 2003 Conference Call Board Meeting as presented. The motion received a second. The motion carried.

A motion was made to approve the minutes of the April 29, 2003 Conference Call Board Meeting as presented. The motion received a second. The motion carried.

**ADMIRISTER’S REPORT**

Meeting with Representative David Mack

Ms. Bursinger reported that she had again met with Representative David J. Mack, III at his request. Representative Mack is interested in healthcare and the nursing shortage. He asked the
causes of the nursing shortage and for possible solutions. Representative Mack would like to see the funds currently going into the General Fund from the 10% proviso returned to the Board for use in nurse retention and solutions to the nursing shortage. He is interested in the revised Nurse Practice Act. Representative Mack is interested in and supportive of nursing.

Lisa Maseng, LLR Legislative Liaison met with Senator Harvey S. Peeler, Jr. Senator Peeler is Chairman of the Senate Medical Affairs Committee and is interested in the Nurse Practice Act.

**House Bill 4001 – Lewis Blackman Hospital Patient Protection Act.**
This bill came about after the death of a young man in a South Carolina hospital. This bill would require all hospital personnel to wear identification badges, which the Board of Nursing already requires of nurses. It would also require that patients be given information on how to contact their attending physician, head nurse for the unit, nursing supervisor and medical director at any time. Nurses are concerned about home telephone information being given out. The South Carolina Hospital Association also has concerns about this bill.

**H3539 - Code of Ethics**
This bill was introduced to amend Nursing Regulations adopting of the American Nurses Association's *Code of Ethics for Nurses With Interpretive Statements (2001 Edition)*, as the code of ethics for all licensed nurses in South Carolina. The code of ethics defines the essentials of honorable behavior for the licensed nurse and establishes them as enforceable requirements for nurses practicing in South Carolina. This bill was passed by the Senate and House and enrolled for ratification on March 19, 2003. It became law without the Governor’s signature with an effective date of March 26, 2003.

**H3154 – Diabetes School Care Act**
Representative Joe Brown introduced this bill. The bill is in committee and has had opposition because it addresses only diabetes and not other serious health conditions affecting school children.

**S381 – School Nurse in Every Elementary School**
Bills requiring a nurse in every school have now been introduced every legislative session for more than 25 years. The bills have not passed citing a lack of funding. This bill requires a nurse in every elementary school only. The bill has not moved from committee.

At the Unlicensed Assistive Personnel (UAP) Conference, Ms. Bursinger spoke with other states that are facing similar problems. Many states allow UAPs to provide medications. They have found no increase in medication errors. In Nebraska, nurses are allowed to choose and train UAPs to be medication aids. The nurse chooses whether or not this task should be delegated. After training, the medication aid is responsible and liable for their actions. Administration of medication in schools is only part of the UAP issue.

**Compact**
The South Carolina Hospital Association introduced legislation to enact the National Council of State Boards of Nursing Multi-State Nurse Licensure Compact (Compact). This legislation would provide for the reciprocal practice of nursing among Compact party states and provides for information sharing among those states.

**Practitioner Remediation and Enhancement Partnership (PREP)**
Two more facilities have signed memoranda of understanding to join PREP. Ms. Bursinger will be providing in-service training to Colleton Medical Center on June 18, 2003. Magnolia Manor is expected to sign shortly. Ms. Bursinger met with representatives from Orangeburg Regional Medical Center to present the PREP program.

---

**SPECIAL PROJECTS**
---
Nursing Multi-State Nurse Licensure Compact (Compact) Update
Ms. Bursinger reported on a National Council of State Boards of Nursing (Multi-State Nurse Licensure Compact (Compact) conference call. Compact legislation introduced in Missouri did not pass. There are currently 18 states participating in the Compact. The most recent states to join the Compact are New Mexico, Virginia and Nevada.

Nursys Info
Nursys is a service of the National Council of State Boards of Nursing (NCSBN). States may choose to participate in this service to provide licensure verification for other states rather than processing them in house. Nurses pay Nursys to provide the information to other states when applying for licensure. This service is now available to the public. Anyone can go to the NCSBN web site to verify a nurse’s license. Twenty-six states currently utilize this service. There is some concern that discipline is being loaded on Nursys several times a month rather than on a daily basis. The Board requested more information on the advantages and disadvantages of utilizing the Nursys service to provide license verification for South Carolina licensees instead of issuing them directly from our board office.

2003 NCSBN Delegate Assembly, Alexandria, Virginia
The 2003 Delegate Assembly will be held on August 5-9, 2003 in Alexandria, Virginia. Two delegates are needed for this assembly. As requested, travel requests will be submitted for approval for Dr. Kearney-Nunnery, Ms. Martin, and Ms. White to represent the Board. Ms. Bursinger and Mr. Hayden will represent Board staff.

PRESIDENT’S REPORT
The Board reviewed mission statements from other boards of nursing and feel the mission statement should be as succinct as possible. The mission statement, by laws and strategic plan will be taken up at a later meeting.

REPORTS/UPDATES
The Recovering Professionals Program (RPP) report was delayed due to a staff illness. The regular quarterly report along with additional financial information will be presented at the July 2003 board meeting.

Mr. Wilson reported that the Board of Medical Examiners has reviewed the Nurse Practice Act revision draft and has some concerns. One of their concerns is that prescriptive authority for advanced practice registered nurses is expanded to include Schedules III and IV. They understood that this change would not be made in the Nurse Practice Act revision but would be considered at a future date with changes in the Advanced Practice section and introduced as a separate initiative. There were also concerns about continuing education for advanced practice registered nurses with prescriptive authority. It was noted that their Board was reviewing an older version of the Nurse Practice Act draft and that some of the concerns had been addressed. The Board of Medical Examiners has been provided with the most current Nurse Practice Act draft. They will discuss this draft at their August 4-6, 2003 meeting.

Stephanie Burgess, Chairperson of the Advanced Practice Task Force of the Board’s Advisory Committee on Nursing will meet with Timothy J. Kowalski, D.O., Secretary of the Board of Medical Examiners to discuss continuing education for advanced practice registered nurses with prescriptive authority. Ms. Burgess has met with Lee Ann Bundrick, Administrator of the Board of Pharmacy regarding education in drugs and prescribing. Ms. Bundrick suggested including drug...
laws in the continuing education for advanced practice registered nurses prescriptive authority. Ms. Burgess agreed that this would be helpful.

No changes will be made to the Nurse Practice Act until after Ms. Burgess meets with Dr. Kowalski and the Board of Medical Examiners reviews the current draft at their August 4-6, 2003 meeting and provides their comments for consideration.

Ms. Bursinger reported that Senator Michael Fair had stated that he would oppose the composition of the Board listed in the current draft of the Nurse Practice Act. Ms. Bursinger explained to Senator Fair the need for continued diversity on the Board.

PROGRAM NURSE CONSULTANT – PRACTICE

Mr. Barnwell provided the Board with a report on the Board approved refresher courses.

The Board discussed some problems with preceptors in facilities. Some facilities are not sure as to the level of preceptor needed for a refresher course candidate. Often there is little contact with the refresher course provider. There are differences in preceptors for refresher course candidates and for nursing education students.

A motion was made to ask the Advisory Committee on Nursing as well as the Deans and Directors Council to provide input on the best practices and guidelines for selection, qualifications, and functions of preceptors for nursing education and refresher courses. The motion received a second. The motion carried unanimously.

Margaret Cunningham and Pam Bartley of Area Health Education Consortium (AHEC) appeared before the Board to discuss Legal Aspects Workshops. Mr. Barnwell reported that Maggie Johnson has provided Legal Aspects of Nursing workshops under contract with the Board of Nursing. The nursing community and nurses under disciplinary agreements with the Board utilize these workshops. Approximately ten to twelve workshops are provided per year at employers’ requests. These workshops are mostly provided in the upstate and in Horry County. Workshop lengths vary from three to six hours and are tailored to specific sponsor requests. Workshops were consistently rated as “very good” to “outstanding.” Most of these programs are not approved for continuing education hours. Mr. Barnwell has provided an average of four to eight in-service programs annually for association meetings and for facilities tailored to address specific problem areas.

The Board of Nursing and AHEC staffs have collaborated on a plan to provide eight workshops per year. There would be two workshops for each per AHEC region – Mid Carolina, Pee Dee, Upstate and Lowcountry. These workshop dates would be published through AHEC and the Board in the South Carolina Nurse and on the Board’s web site. Workshop objectives will cover the Board of Nursing functions, types of law, malpractice and liability insurance, continued competency, Nurse Practice Act in legal practice, discipline, complaints, abandonment, workplace issues, Code of Ethics, Recovering Professionals Program (RPP), documentation, delegation, medications and the Advisory Opinions. Workshops are planned to begin in September 2003 and are to be provided in September – November and February - May in alternating AHEC regions.

A motion was made to approve the Legal Aspects Workshop with plans to better meet the requirements of the Board and licensed nurses. The motion received a second. The motion carried.

At their January 30, 2003 meeting, the Board asked the Advisory Committee on Nursing (ACON) to review the draft advisory opinion regarding nurses in a school selecting, training, determining
competency and providing indirect oversight of unlicensed school personnel in the provision of medications and make recommendations to the Board. After discussion at their April 15, 2003 meeting, the ACON voted not to support the draft advisory opinion on medications and other nursing procedures in school settings; to support efforts to have a nurse in every school; to support nursing by nurses and not delegating nursing to unlicensed personnel; and to strongly recommend that the Board enforce laws regarding the practice of nursing by persons without a license in schools. Cathy Young-Jones of the Department of Health and Environmental Control and Department of Education appeared before the Board to discuss the ACON’s recommendation. Ms. Young-Jones reported that State Superintendent of Education Inez Tenenbaum would like to meet to discuss the issue of provision of emergency medications. She will work to set the meeting up in August.

The following new and revised advisory opinions were recommended by the Nursing Practice and Standards Committee:

Advisory Opinion #12 regarding telephone orders: Extraneous words and the reference to other unnamed state regulations were removed. Not all state regulations regarding licensed health care agencies require that a registered nurse (RN) or licensed practical nurse (LPN) accept all telephone orders.

A motion was made to approve revised Advisory Opinion #12 regarding telephone orders as presented. The motion received a second. The motion carried unanimously.

Advisory Opinion #25 regarding emergency endotracheal intubation: Minor wording changes were made and the first sentence in the response was modified. It is the Committee’s position that there is no need to mention that certified registered nurse anesthetists (CRNA) may intubate, and also that references to ACLS, PALS, and NRP training, which do not require skill competency in endotracheal intubation, be deleted. The clear requirement in the advisory opinion for “special education and training” is sufficient to require the registered nurse (RN) to have had training prior to attempting emergency endotracheal intubation.

A motion was made to approve revised Advisory Opinion #25 regarding emergency endotracheal intubation amending the draft by combining paragraphs #1 and #2. The motion received a second. The motion carried unanimously.

Advisory Opinion #34 regarding blood administration in the home: The Committee believes that a stipulation “providing the environment is supportive to emergency medical care” be added. This stipulation would require that, at a minimum, a working telephone be available.

A motion was made to approve revised Advisory Opinion #34 regarding blood administration in the home as presented. The motion received a second. The motion carried unanimously.

Advisory Opinion #46 regarding certified registered nurse anesthetists (CRNA) inserting cardiovascular monitoring lines: The Board requested that the Committee and Advanced Practice Subcommittee develop an advisory opinion regarding CRNA practice and invasive lines. The draft advisory opinion presented is based on the Board’s January 30, 2003 position statement.

A motion was made to approve Advisory Opinion #46 regarding certified registered nurse anesthetists (CRNA) inserting cardiovascular monitoring lines adding the sentence “CRNA education and preparation provide the knowledge base for this skill.” The motion received a second. The motion carried unanimously.
Mr. Barnwell reported that first letters have sent to the 5% of advanced practice registered nurses (APRN) randomly selected for audit this year. Second letters were sent to 4 of the 48. Two APRN will be receiving a third letter explaining the possible disciplinary actions for not responding.

Mr. Barnwell provided the Board with a draft policy regarding penalties for providing incomplete or false information on applications for licensure or renewal. Under this policy, staff would make appropriate inquiries regarding the statement or document to ascertain whether an incomplete or false submission occurred. The Administrator, Program Nurse Consultant and Regulatory Compliance Manager would review the information to determine the seriousness of the incomplete or false information. If the incomplete or false information is considered material to the application, the matter is referred to the Compliance Section for action. For a first offense, the policy requires the APRN to cease practice until all requirements have been satisfied, a private reprimand, and a civil penalty. Second or greater offenses will require a personal appearance before the Board.

A motion was made to approve the Policy on Civil Penalties for Providing Incomplete or False Statements or Documents Regarding Licensure / APRN Recognition Requirements as revised by changing the penalty on the first offense from $500 to $500-$1,500, citing the Administrative Procedures Acts and Chapter 1 of Title 40 (“Engine Act”), removing “recognition” from the policy title, and reverse the words “false” and “incomplete” in the title and throughout the policy. The motion received a second. The motion carried unanimously.

The Board reviewed cases and recommendations from hearing panels. Respondents appeared before the Board.

6.4a –This case was continued. Respondent submitted a doctor’s excuse for their inability to attend this hearing due to a medical condition.

6.4b –Respondent was properly notified and appeared without counsel to present a Stipulation and Petition and to respond to questions from the Board.

A motion was made to accept the Stipulation and Petition and that prior to reinstatement Respondent must have an evaluation by the Recovering Professionals Program (RPP) with their recommendation to re-license, upon relicensure Respondent will be on one year probation with registered nurse on-site, on-shift supervision, in an approved employment setting with no home health or agency, and quarterly employer reports. The motion received a second. The motion carried unanimously.

6.4c – Although properly notified, Respondent did not appear to respond to questions from the Board and was not represented by counsel. In their Conclusions of Law, the Panel found that Respondent was in violation of §40-1-110(i). The Panel recommended that should the Respondent apply for reinstatement of license, Respondent must have undergone an evaluation by the Recovering Professionals Program (RPP) with a written recommendation as to Respondent’s ability to safely practice as a nurse. Respondent must follow any treatment plan or monitoring as required. For a period of not less than two years, Respondent’s practice setting shall be strictly limited with no home health or agency, with supervision by a registered nurse on-site, on-shift, and quarterly employer reports.

A motion was made to accept the Hearing Panel’s Findings of Fact, Conclusions of Law and Recommendations. The motion received a second. The motion carried unanimously.
6.4d –Although properly notified, Respondent did not appear to respond to questions from the Board and was not represented by counsel. In their Conclusions of Law, the Panel found that the State did not prove by preponderance of the evidence that the Respondent had violated the Nurse Practice Act. The Panel recommended dismissing the complaint.

A motion was made to accept the Hearing Panel’s Findings of Fact, Conclusions of Law and Recommendations. The motion received a second. The motion carried unanimously.

6.4e – Respondent was properly notified and appeared with spouse but without counsel to respond to questions from the Board. In their Conclusions of Law, the Panel found that Respondent was in violation of §40-33-935 and Regulation 91-19(c)(3). The Panel recommended that prior to the reinstatement of Respondent’s license, Respondent undergo a mental health evaluation, Respondent comply with treatment recommendations, quarterly reports from the mental health provider as well as quarterly employer reports for a period of not less than two years.

A motion was made to accept the Hearing Panel’s Findings of Fact, Conclusions of Law and Recommendations. The motion received a second. The motion carried unanimously.

6.4f – Although properly notified, Respondent did not appear to respond to questions from the Board and was not represented by counsel. In their Conclusions of Law, the Panel found that the State did not prove by preponderance of the evidence that the Respondent violated the Nurse Practice Act. The Panel recommended dismissing the complaint; however, based upon its findings recommends that Respondent be issued a non-disciplinary letter of caution.

A motion was made to accept the Hearing Panel’s Findings of Fact, Conclusions of Law and Recommendations. The motion received a second. The motion carried with three aye and two nay votes and one abstention from voting.

6.4g – Respondent was properly notified and appeared without counsel to respond to questions from the Board. In their Conclusions of Law, the Panel found that Respondent was in violation of §40-33-935(b) and (g). The Panel recommended Respondent’s license remain in a suspended status with an immediate stay, Respondent will be allowed to resume practice only upon receipt of a positive written evaluation from the Recovering Professionals Program (RPP) indicating Respondent’s fitness to safely practice nursing. Respondent must follow any treatment plan or monitoring as required. For a period of not less than two years, Respondent’s practice setting shall be strictly limited with no home health or agency, with supervision by a registered nurse on-site, on-shift, and quarterly employer reports.

A motion was made to accept the Hearing Panel’s Findings of Fact, Conclusions of Law and Recommendations. The motion received a second. The motion carried unanimously.

6.4h – Respondent was properly notified and appeared without counsel to respond to questions from the Board. In their Conclusions of Law, the Panel found that Respondent was in violation of §40-33-935(g) and Regulation 91-19(c)(3)(c). The Panel recommends that Respondent be issued a public reprimand and be required to pay a $500 fine.

A motion was made to accept the Hearing Panel’s Findings of Fact, Conclusions of Law and Recommendations. The motion received a second. The motion carried unanimously.

6.4i – Respondent was properly notified and appeared without counsel to respond to questions from the Board. In their Conclusions of Law, the Panel found that Respondent was in violation of
§40-33-935(g) and Regulations 91-19(c)(3)(b), (c)(3)(f), and (c)(3)(m). The Panel recommended Respondent’s license be suspended for one year, pay a $1,500 fine within 45 days of the final order, attend a legal aspects workshop, attend a 30-hour pharmacology course, and that Respondent not be granted recognition as an advanced practice registered nurse for a period of five years.

A motion was made to accept the Hearing Panel’s Findings of Fact, Conclusions of Law and Recommendations. The motion received a second. The motion carried unanimously.

6.4j – Respondent was properly notified and appeared with attorney Thomas J. LeClair to respond to questions from the Board. In their Conclusions of Law, the Panel found that Respondent was in violation of §40-33-935(g). The Panel recommended that Respondent be required to pay the costs of drug and/or alcohol testing performed during the monitoring period required by the final order immediately and that Respondent’s license be fully reinstated pending final disposition by the Board.

A motion was made to accept the Hearing Panel’s Findings of Fact, Conclusions of Law and Recommendations. The motion received a second. The motion carried with one nay vote.

**NURSE CONSULTANT – EDUCATION**

Ms. Bursinger reported that there are new questions on the National Council Licensure Examination (NCLEX). New questions include multiple-choice; fill in the blank, and identifying body parts on the computer. The National Council Delegate Assembly has not yet approved the new format. National Council Delegate Assembly will meet August 5-9, 2003. The questions are currently on the examination but do not count toward the candidate’s score.

Trident Technical College submitted a request for approval of offering lecture content online for selected nursing courses to provide more flexibility for students who may have a variety of schedule constraints. The distance learning would be provided in five different formats to include: one-way video transmission, two-way visual/audio system, satellite delivery, taped courses, and by various online courses.

A motion was made to approve Trident Technical College’s request to offer lecture content online for selected nursing courses. The motion received a second. The motion carried.

Ms. Bursinger reported that a letter was sent to all Board approved nursing education programs in South Carolina explaining that due to current fiscal constraints on state government in lieu of site visits the Board will accept documentation of currently recognized accreditation and annual reports. Although the revised Nurse Practice Act has not been passed, changes can be made due to the budget constraints. The Board will accept copies of recent approval letters from the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE) and annual reports in lieu of South Carolina Board of Nursing site visits and reports. Acceptance of the annual report in lieu of site surveys will continue as long as there are no substantiated complaints or NCLEX deficiencies.

**NURSE CONSULTANT – LICENSING**

Renewal notices for next year will be sent out by October 1, 2003. All licenses including advanced practice registered nurses (APRN) must be renewed no later than January 31, 2004. The Board previously approved biennial renewal. Licenses issued this year will expire in 2006 beginning the first biennial renewal. The fees will not increase but will be doubled since we are collecting for a two-year period. Information regarding biennial renewal will be on the Board’s website in a
conspicuous place and published in the Board’s newsletter in the South Carolina Nurse. The Board discussed changing the license expiration date from January 31 to April 30. This would change the renewal time from October 1 through January 31 to February 1 through April 30. It was asked if the $7 Recovering Professionals Program (RPP) assessment would continue to be charged. The assessment is needed to run the RPP.

A motion was made to affirm biennial renewal beginning this year and to change the biennial renewal period to February 1 through April 30 starting in 2006. The motion received a second. The motion carried.

Currently, when applicants without social security numbers are received, a letter is sent to the applicants explaining that the application will be processed but that a license cannot be issued until their United States security number is received. It sometimes takes an applicant up to a year to get their security numbers. Board of Nursing Regulation 91-13d states that applications are good for one year and that after that time a new application and fee must be submitted. If an applicant for endorsement does not receive their security number within a year of their original application, they must reapply and pay another application fee. Regulation 91-13g states that foreign educated nurses must become licensed within three years of first taking the examination. No changes will be made to the current process. A social security number is required to obtain a nursing license in South Carolina.

Ms. Murphy submitted a recommended change to the Guidelines for Administrator’s Licensure Recommendations. It was recommended that Procedure #4b be changed from “Prior convictions that occurred while in the nursing education program or within two years of the date of application for licensure by examination or application for endorsement (except as listed in #3 in these guidelines).” to read “Prior convictions that occurred while in the nursing education program or within one year of the date of application for licensure by endorsement (except as listed in #3 in these guidelines).”

A motion was made to accept changing two years to one year in Procedure #4b of the Guidelines for Administrator’s Licensure Recommendations as presented. The motion received a second. The motion carried.

Examination candidates and endorsement applicants with convictions and/or prior disciplinary action appeared before the Board requesting approval of their applications.

9.1 NCLEX-RN Candidate - Candidate was properly notified and appeared before the Board without counsel to answer questions.

A motion was made to allow Respondent to take NCLEX-RN and upon successful completion be licensed a registered nurse in South Carolina with one year probation, in a board approved setting including on site, on shift registered nurse supervision, no home health, no agency employment, and quarterly employer reports. The motion received a second. The motion carried unanimously.

9.2 LPN Endorsement Applicant - Applicant was properly notified and appeared before the Board without counsel to answer questions.

A motion was made allow Applicant to be endorsed as a licensed practical nurse in South Carolina. The motion received a second. The motion carried unanimously.

A motion was made to adjourn the meeting at 11:00 a.m. on May 30, 2003. The motion received a second. The motion carried.