

OACNS Spotlight

Volume 69, Issue 1
Summer 2008

The Official Newsletter of the Oklahoma Association of Clinical Nurse

• THE PURPOSE OF OACNS:

- To become a cohesive, supportive group to promote the practice of CNSs
- To unite as Advanced Practice Nurses for the advancement of the practice of nursing

• THE GOALS OF OACNS:

- To address issues impacting the advanced practice of CNSs
- To increase visibility of the CNSs through participation on appropriate state and local committees
- To act as a resource group and provide continuing education programs for CNSs
- To support the coalition of advanced practice groups, such as CNSs, ARNPs, CRNAs, and CNMs

• OFFICERS:

President -Stephanie Moore
President Elect - April Merrill
Secretary - Rise` Kester
Treasurer - Amy Kluge

• FORMAL BOARD MEMBERS:

Directors-at-Large for:
Programs-Linda Baird
Membership-Sally Tibbals
Public Relations-Empty
Chair of Nominations Committee-
Kimetha Broussard
Junior Student Rep-Katie Lamar
Senior Student Rep-Joe Rawdon
Immediate Past President-
Ruth Ann Fritz
Community Projects-Libby Morris

• INFORMAL BOARD MEMBERS:

APN Coalition- Susan Jones
Administrative Assistant-Sandi Hinds

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Letter From the President

Dear OACNS Colleagues,

I hope that 2008 has proven to be a fruitful year for your patients and your practice. It has gone by quickly for me! However, in these 5 short months, OACNS has accomplished many things & has much to celebrate. Here is a quick summary of some of the OACNS goals and accomplishments for the 2008.

First, OACNS has provided multiple opportunities for continuing education and pharmacology hours. Our first attempt at providing a 2-day pharmacology conference was very successful! We had 100 advanced practice nurses attend in February. The comments were very positive and I know you are asking "Will OACNS do this again?" Based on our comments, it is very possible!

Second, we have contracted with a web designer to begin construction of a website for OACNS. We hope this will provide a venue for communication and important member information.

Finally, the OACNS Board has been in negotiations with The University of Oklahoma College of Nursing Continuing Education Department for a joint endeavor to provide continuing education hours for advanced practice nurses. This partnership will provide OACNS and The OU College of Nursing with the ability to generate revenue. This is but a fraction of the great things OACNS has accomplished this year. Thank you for your support and we hope to see you at the June 12th meeting!

Sincerely,
Stephanie R. Moore



Oct 2008

OACNS Workshop

Linda Baird

The Oklahoma Association of Clinical Nurse Specialists and the University of Oklahoma will be holding a conference for advanced practice nurses on Friday, October 10, 2008 at Saint Francis Hospital in Tulsa. The majority of speakers will be advanced practice nurses sharing information from their practice setting and experience in caring for patients with a variety of health problems. Tentative topics include Anxiety, Neurological exams, Cardiac care, Technology in the ICU, Geriatric population needs, Political implications, Pharmacology, and the use of Simulation in nursing practice. Concurrent sessions will be offered to better meet each person's learning needs. Applications will be made for both Continuing Education Units and Pharmacology Hours for this conference.



Meet the OACNS Board Officers

Susie Jones

As we move forward with growth and advancement of the CNS role in Oklahoma it is only appropriate that we recognize again the 2008 OACNS officers. Thanks to these dedicated individuals for everything they do for all of us.

- President-Stephanie Moore (1 year term)
- President Elect-April Merrill (2 year term)
- Secretary-Rise' Kester (2 year term)
- Director-at-large-Linda Baird (2 year term)
- Nominating Chair-Kimetha Broussard (2 year term)
- Junior Rep- Katie Lamar (1 year term)
- Senior Rep-Joe Rawdon (1 year term)

Positions that will be open for election in the fall of 2008 include:

- Treasurer –
Currently held by Amy Kluge
- Director-at-large Membership -
Currently held by Sally Tibbals

Each of these terms are 2 year terms.

If interested in running for either of these positions in the fall, please contact Kimetha Broussard.

Elections occur at the fall membership meeting.

Watch your email and future newsletters for further announcements.



OACNS
Membership Meeting
Presents

Lexapro and Nebivolol
from
Forest Pharmaceuticals

Speaker: Dr. Brittingham
Place: Ted's - Annex
2836 N.W. 68th
Oklahoma City, OK

Thursday, June 12, 2008 - 6:30 PM

Come join us
Dinner - Free for members
\$10 non members

Please RSVP to
Sandi Hinds
sandi.hinds@integrisk.com

CREDENTIALING CONFUSION

Susie Jones

There has been a great deal of uncertainty about the information that has been circulated by the American Nurse Credentialing Center (“ANCC”) regarding the use of credentials by national certifying bodies for specific certification examinations. The Oklahoma Nursing Practice Act (“ONPA”) provides title protection for all of the advanced practice nurse categories (Clinical Nurse Specialist, Certified Nurse Midwife, Advanced Registered Nurse Practitioner and Certified Registered Nurse Anesthetist). Only individuals who meet specified requirements in the ONPA and have been recognized by the Oklahoma Board of Nursing (“Board”) may use these titles. The ONPA requires that if you are recognized by the Board in one of the advanced practice nurse areas and provide or may provide direct care to patients, an insignia or badge identifying the license and recognition by the Board is mandated. That is, both the RN and advanced practice nurse category of recognition by the Board (which is CNS for this group) are your required credentials by the Board.

The Board *does not* have jurisdiction over national certifying bodies (ANCC, AACN, etc.) and the **certification** credentials they designate for use by certified advanced practice nurses. As a result, certification credential changes by a national certifying body do not require approval by the Board. Hopefully, this will help to clarify some of the confusion.

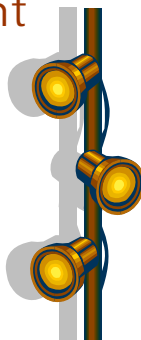
For a complete list of the certifying bodies and exams appropriate for initial recognition, please see the Guidelines for APN certifying body recognition – <http://www.ok.gov/nursing/prac-natlcert.pdf> .

OACNS New

Administrative Assistant

In March the OACNS Board hired a new administrative assistant to assist the officers with their duties.

We would like to welcome Sandi Hinds who brings many skills to the organization including organizational skills, computer, and website skills. You can meet her at the June 12th membership meeting.





CORE CNS EXAM FOR SPECIALITIES WITH NO ADVANCED PRACTICE EXAM Susan Goodwin, CNS, CPAN

Boards of nursing are beginning to require an advanced practice exam for new clinical nurse specialists (CNS) for their initial certification. Many smaller specialties, such as perianesthesia or rehabilitation, do not have an advanced practice exam, but have a specialty exam that is open to any RN. A newly graduated CNS whose specialty does not offer an advanced practice exam currently must take an advanced practice exam in a related field, such as adult health or critical care. Although this meets the letter of the law, it is only a partial substitute, as it does not provide proof of advanced nursing certification in one's chosen specialty.

The American Nurses Credentialing Center (ANCC) and the National Association of Clinical Nurse Specialists (NACNS) have joined forces to create a core CNS exam. This core CNS exam will be available to CNSs who have no advanced practice exam in their specialty. As the name implies, the exam will test core CNS concepts and practices, but will have no specialty content. The demonstration of specialty-specific competencies will be accomplished by a yet to be determined method. However, the most likely methods will be a portfolio that displays a practitioner's individual competency in his/her specialty or certification in the specialty with a non-advanced practice exam.

The core CNS exam committee is comprised of 11 CNSs from around the USA; I am honored to a member of this committee. The first meeting was held in February 2008, in which the test blue print was constructed. At the second meeting in May, the members reviewed and revised the test questions submitted by the item writers. Two additional meetings will be held in 2008 to review the questions submitted by item-writers, and review the practice exams.

Two practice exams will be constructed to analyze the questions. Both may be mailed in the fall of 2008; one may be mailed in the spring of 2009. The exams will be offered to members of NACNS, as well as a sampling of nurses certified through ANCC. There will be either CEUs or a financial incentive offered to those who complete and return the practice exam.

The first core CNS exam will be offered in 2009. It was initially projected for May, but may be moved to the fall of 2009. This will provide an opportunity for newly graduated CNSs in 'smaller' specialties to demonstrate their competency in their chosen area. Thanks to ANCC and NACNS for identifying and meeting this need.

UNDERSTANDING NUTRITIONAL INSULIN

April Merrill, RN & Rise' Kester, CNS



For years patients with high blood sugars were treated with sliding scale insulin rather than basal/bolus methods. Nutritional insulin is our body's largest insulin requirement, and it is very patient specific. We also know that patients in the hospital do not eat consistently or on a fixed schedule, and they are frequently made NPO for tests and procedures. Therefore carbohydrate counting with insulin is the safest and most effective means of controlling blood glucoses related to carbohydrate intake.

Patients who are not able to eat or meet their caloric requirements are often given parenteral nutrition (TPN) and/or tube feeds (TF). Carbohydrate counting with insulin is again a very effective method for controlling blood glucose levels in these patients. However, insulin administered for TPN/TF is dosed prior to the nutritional intake as opposed to after a PO meal. This causes confusion for some and can lead to hypoglycemia if not understood. If you are using the Hyperglycemia Management Protocol for your patient on TPN/TF and dosing regular insulin subcutaneous every 4 hours, then the dose of insulin you give your patient is for the carbohydrates in the TPN/TF they are going to receive in the next 4 hours, NOT for the carbs they already received. This is completely opposite for PO intake. If a patient is eating by mouth then you wait until the patient is finished eating, count the carbs, and give aspart insulin for the carbs they have just finished.



What is Palliative Care?

Stephanie Bates, RN, MSN



How we die says a lot about our society. Technological advances have made it possible to keep the human body alive even after the brain has ceased to function. The thought of being kept alive, attached to machines, and subjected to lack of privacy and dignity may prompt many individuals to think about their future care. Most people die after a long period of illness, with gradual deterioration until a final active phase where there are multiple hospitalizations. The end of a life is probably the most intensely personal and certainly one of the most powerful emotional periods in life that every human endures (Angood, 2003).

Medicine has narrowly focused on the treatment of disease, without paying adequate attention to the suffering associated with disease or the person who is suffering (Ray, et al., 2006). Palliative care, also known as comfort care, provides a smooth transition for the patient between actively seeking a cure to symptom management and comfort care on to hospice. Hospice is a part of palliative care but for the dying patient. Optimal palliative care for the dying should minimize the suffering of the patient and family, provide an opportunity for closure, and ensure the use of interventions appropriate only for comfort care.

Recognition that the patient is dying may come from any member of the patient's care team or family. Diagnosing a dying patient is very complex, but often nurses, who spend the most time with patients, may be the first to recognize the signs. These signs may include being bed bound, only able to take sips of fluids, no longer able to take oral medications, sleeping for longer periods throughout the day and decreasing level of consciousness. The nurse should seek consultation from the medical staff that the patient's condition has deteriorated and that the person is truly dying. A consensus from all members of the care team should be made.

A meeting with members of the patient's family should be held and the goals of treatment, which now focus on the end of life care of the dying patient, should be agreed upon.

Cancer patients are traditionally viewed as the primary recipients of palliative care, but it is increasingly recognized that good palliative care is important in the management of patients with any incurable disease, whatever the diagnosis. Dementia, chronic respiratory disease, chronic heart failure, motor neuron disease, and Parkinson's disease are an example of just a few appropriated diagnoses for palliative care. Since the majority of people die at an older age, this is a particularly relevant to those caring for geriatrics.

Patients and health care providers have a therapeutic relationship based on trust. We promise our patients that we will be there for them and they, in turn, believe we will be. After many years caring for the dying patient, it became obvious that some patient's end of life is a very peaceful experience while others can be very traumatic and heart wrenching. The difference comes from a variety reasons: numerous providers, incompetence, fickle decisions, and the lack of use of evidence based end of life care. Some providers are clueless when it comes to proper end of life care for the patient and the family.

Care of the dying is a part of healthcare where one would hope to achieve excellence. Professionals are expected to provide the best evidence-based care possible at this time of a persons life optimizing the chance the dying person has a peace filled and dignified death.

Interventions during the dying process have certain criteria which are related to whether the intervention will improve symptom relief, improve functional status, or ameliorate emotional, psychological or spiritual concerns.



What is Palliative Care? (Continued from page 5)

If they do not contribute positively to the patient's comfort and quality of life, they should be discontinued. There are five domains of good end-of-life care: receiving adequate pain and symptom management, avoiding inappropriate prolongation of dying, achieving a sense of control, relieving burden, and strengthening relationships with loved ones (Truog, et al., 2001).

Nurses have already reformed the way babies come into the world. Now it is time to help reform the way people depart from this world (Dobbins, 2005). It is important to remember that what occurs at the dying patient's bedside determines the family's memory of the death. If the patient is treated with empathy, excellent communication takes place and symptoms are controlled, this very trying time can be deeply meaningful to all involved (Griffie, Nelson-Marten, and Muchka, 2004). All patients in the last weeks/days/hours of life should have access to a multidisciplinary approach to end of life care that ensures that the patient's physical, cultural, psychosocial and spiritual needs, and the family support needs are appropriately addressed.

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2007 NACNS Selects Oklahoman for CNS Nurse of the Year

Congratulations to Susan K.B. Jones as she was selected 2007 Clinical Nurse Specialist of the Year by the National Association of Clinical Nurse Specialists (NANCS). She was recognized at the awards luncheon in March 2008 at a NACNS national conference.

Check out the full story of Susie's accomplishments and honors in the Summer 2008 edition of the Oklahoma Nurse, a newsletter from the Oklahoma Nurses Association, and the May/June 2008 issue of *Clinical Nurse Specialists: The Journal for Advanced Nursing Practice* has the achievement on the front page.

February '08 Pharmacology Workshop Update

The Oklahoma Association of Clinical Nurse Specialists and the University of Oklahoma sponsored a Pharmacology workshop on February 22 and 23, 2008. It was held at Baptist Integris Medical Center Conference Center in Oklahoma City. There were 26 speakers presenting a variety of topics including Psych/Mental Health, Pediatrics, Cardiac, Sepsis, Diabetes, Hypertension, and Pain. The focus of the presentations was both the disease process itself and the medication management of each disease.

The workshop was attended by approximately 100 CNS and NP's each day. A total of 16 pharmacology credit hours were awarded for this workshop through the Oklahoma Board of Nursing. Continuing Education Units were also offered for this workshop through The University of Oklahoma.

This was the first workshop of its kind to be sponsored by the Oklahoma Association of Clinical Nurse Specialists, and there are plans to offer this type of a workshop again in the future to assist advanced practice nurses in Oklahoma to obtain the pharmacology credits that they need to renew their license with the Board of Nursing.



Legislative Briefing

...It's not over until the Fat Lady Sings!

Jane Nelson, CAE
ONA Executive Director



As I write this Legislative Update, there are still two days until the end of session. So predicting all that may happen is impossible. However, I can provide you with what has happened (or not happened) this year regarding nursing. ONA added a new feature this year to its website (www.oklahomanurses.org) —a live link to ONA's tracking list. This provided nurses with immediate access to the bills and current bill text that ONA was tracking. Thanks to all that served as Nurse of the Day, we had a good coverage at the Capitol this year for this important program.

As you know we were successful in keeping SB 1638 (APRN recognition movement to the Board of Medical Licensure) and SB 1523 (Retail Health Clinics) at bay. So far we have not seen this language re-appear in amendments. The Governor signed the rule changes proposed by the Board of Nursing, which included the APRN prescriptive authority change for Schedule III to V. Until the Legislature adjourns they have the ability to take action against these rules. State Medical has been convincing in using the argument that this puts patients at risk resulting in the introduction of two resolutions (one in each house) by Representative Doug Cox and Senator Cliff Branan. SCR 98 was introduced May 13 and HJR 1110 was introduced May 21. We are working to contain these resolutions, and believe we have, so that they aren't adopted in the final days. If we are successful, then these rules will go into effect on July 1.

Mid-April SB 1577, which started as a Chiropractic Bill was amended by Representative Derby on the floor of the House to the Anesthesiology Assistants Act. It was enacted by the House and Senate and was signed by the Governor. Anesthesiology, State Medical, OHA and several hospitals lobbied for the bill. ONA worked with the CRNA group to do what we could to get the bill reconsidered as well as talking with the Governor.

Now for some good news SB 1640 which directs insurance companies that already provide coverage for behavioral and mental health services to reimburse master's level prepared providers including APRNs was signed by the Governor. This has been three or more years in the works running into stumbling blocks each year. Interestingly, this bill had little opposition. In fact, the insurance companies including Blue Cross Blue Shield had little problem. This will take effect November 1.

Other Bills:

- SB163 (English only) The House amendments were rejected by the Senate and the bill was sent to conference with instructions. To date, there has been no report from the conference committee.
- HB 2531 has been amended to include the Patient's Bill of Rights (covers all medically deemed services by all providers) and the Autism language continues to sit on the House general order.
- HB3126 Stem Cell Cures and Therapies Act-Signed by the Governor
- HB3115—includes Stephanie's Law which provides coverage for necessary services during Clinical Trials has been on the House agenda.
- HB3060 Cord Blood signed by the Governor'
- SB1656 creating a 16-member Medical Home Task Force (including APRN) administered by the Insurance Dept. signed by the Governor

This provides you with a snapshot of Legislative Activities. If you have been watching specific bills that aren't listed, I urge you to go to www.oklahomanurses.org, Legislative Activities, Track State Legislation and click on the area you are interested in along with or to read the articles that are available. If you have questions or need further information please contact the ONA office at 405.840.3476 or ona.ed@oklahomanurses.org.



OU College of Nursing Update

The OU College of Nursing graduated 22 Clinical Nurse Specialists this May. 20 of these were Acute Care CNS's. The 20 Acute Care CNS graduates also received the Graduate ELNEC (End of Life Nursing Education Consortium) Trainer Certificate which will allow them to train the nurses in their facilities in End of Life Care, participate in Palliative Care Teams or set up Palliative Care Programs in their facilities. We are expecting 20 new Acute Care CNS students beginning the pathway in the Fall semester.

The job situation for our CNS graduates continues to be quite good. Our graduates are in demand in both health care facilities and as mid level providers in practice with physicians.

Know of someone that is interested in becoming a CNS? Ask them to call a faculty member so we can help them get started-Sally Tibbals, Dr. Rebecca Phillips, or Stephanie R. Moore. Applications to the Clinical Nurse Specialists program are accepted each January. Interviews for the program occur in the spring of each year.

Leigh Ann Morrill , BSN one of our CNS students, has been awarded a Fellowship for the HRSA Neurovascular Fellowship Program (NET SMART). The program is a collaborative endeavor offered by Arizona State University and the University of Alabama/Birmingham (UAB) merging expertise from two leading US centers with highly diverse populations. Ann Wojner Alexandrov PhD, CCRN, FAAN is the NET-SMART-APN's Principal Investigator and Project Director. The program consists of several modules you complete on the web and then you spend 80 hours at the UAB Stroke Center. They still have openings so if you want to find out more about the program contact Dr. Alexandrov at www.netsmart-stroke.com/Site_2/APN.html.



ANNOUNCEMENTS

- To all Psychiatric/Mental Health CNSs, there is a monthly dinner meeting. For more information, contact Partners in Mental Health 405-286-4350. Ragina Holiman, CNS rholiman@cox.net
- There are a variety of courses designed to assist the advanced practice nurse with opportunities for professional development. These include 2 courses on Psycho Pharmacology. One of them is 18 hours of Pharm credit and the other is 36 hours of Pharm credit.
- There are also individual 1 hour presentations that can be purchased individually or in groupings. These 1 hour presentations are from the recent OACNS Pharmacology workshop. There are a total of 8 presentations that are 1 hour in length. Some of the 8 topics include: Renal Precautions, Heart Failure, Infection control, COPD. All of these presentations are approved by the Oklahoma Board of Nursing for Pharmacology hours. Please visit our web site at: <http://ce.nursing.ouhsc.edu> or call Sandra McConnell at 405-271-2062 to arrange to view these Pharmacology presentations.

Important NACNS Deadlines

1. June 28 is the deadline for submitting abstracts for the 2009 NACNS conference. Student poster abstracts are due December 1, 2008, follow this link for more info: www.nacns.org
2. NACNS is recruiting abstract reviewers. If you are interested please respond to info@nacns.org, please reply by June 15 and indicate the best email address to reach you in June/July Please consider that the reviews must be completed during the time period, July 15-31. The submissions will all be done on-line again this year and all correspondence with the reviewers will be done via email.



From the Oklahoma Board of Nursing February Newsletter

SUPERVISING PHYSICIAN INFORMATION AVAILABLE ON WEBSITE

In our continuing efforts toward improvement of services, we have implemented an automated system that allows Certified Nurse Midwives (CNM), Advanced Registered Nurse Practitioners (ARNP) and Certified Nurse Specialists (CNS) with prescriptive authority, as well as employers, pharmacists and other stakeholders to verify current supervising physician information on the Board's website: www.ok.gov/nursing. Click on the link for "License Verification" and enter the nurse's name or license number to verify the license status. From there, click on the link for "APN/RX" to verify the advanced practice recognition, prescriptive authority recognition, and list of supervising physicians. As a result of this automated system and ease of supervising physician verification online, the process for supervising physician changes has changed somewhat. The request for supervising physician changes will be processed within 14 days of receipt of the completed information into the Board office. After 14 days, you may verify the completion of the changes by using the Board's website. Those applying for initial prescriptive authority recognition may verify current supervising physicians as indicated above following the approval and processing of their initial application.

NEW RULES PROPOSED BY THE BOARD OF NURSING AFFECTING APNS

The first area of proposed revisions affects advanced practice nurses who hold prescriptive authority recognition. Advanced practice nurses who meet specified requirements are able to apply for prescriptive authority recognition from the Oklahoma Board of Nursing. They can prescribe medications, with the exception of those listed on an exclusionary formulary on file with the Board. Currently, advanced practice nurses with prescriptive authority recognition can only prescribe a 7 day supply of Schedule III-V drugs (which include controlled substances regulated by the Drug Enforcement Administration). The revised rule changes the maximum supply of Schedule III-V drugs that may be prescribed by the advanced practice nurse from 7 to 30 days. This change was recommended by the Formulary Advisory Committee to the Oklahoma Board of Nursing. (See the [section titled legislative update for further information regarding this rule change](#)).

In Subchapter 16, continuing education categories have proposed revisions to ensure the advanced practice nurse with prescriptive authority receives initial and continuing education that prepares them to prescribe in their area of practice. For initial application, proposed revisions limit the category of education to Category A or Category B, in order to ensure the initial education in prescriptive authority provides opportunities for participation and interaction by the advanced practice nurse. For renewal, the proposed revisions allow the advanced practice nurse to submit Category A, B, or C continuing education for up to 100% of the requirements, in order to facilitate attainment of the necessary education.

The rule revisions may be reviewed on the website: www.ok.gov/nursing/proprules07.pdf.



Career Opportunities:

- Hi Nurse friends! Wondering if anyone knows anyone interested in a position for a nurse type navigator for breast cancer and to do genetic risk assessments. I have accepted a job with Dr. Dexeus in Enid to be his midlevel provider. This allows me to be closer to my family and amazing benefits and salary. My current job is great and flexible. I have the best boss in the world. Pretty much 8:30-5 with 2 days early W and F 0650-3:30. This is a very autonomous position here @ Baptist. Let me know if you know anyone. Janey N. L. Hammons, MS, RN ph: 405.951.2691 Janey.Leachman-Hammons@integris-health.com
- Scott Roberts Associates is a nursing recruitment firm assisting clients in the Boston area in the hiring of nursing specialist, management, and executive level professionals. We offer a \$1000 "Thank You Bonus" to anyone referring a candidate who is hired by our client. We can be reached at: Maryellen Kiley, 617-846-4002, 877-846-4002(toll free), 617-846-0404(fax #), E-mail...mkiley-sroberts@comcast.net Some of Boston's leading hospitals are currently seeking experienced nursing professionals for Clinical **Nurse Specialist** positions. Known as one of the major medical and academic cities in the country Boston has everything to offer. A city full of history and at the same time a trendy, urban enclave with top rated museums and universities. Whether you enjoy a quiet walk in the Boston Commons and Cambridge's Collegial Harvard Square or the excitement of acclaimed restaurants and the theater ...it's all hear! And not too far away is sun and fun at Cape Cod or enjoying winter activities in the Berkshire mountains. Boston is truly a great place to live and "Work"!

At Boston's medical centers the role of the "CNS" is highly valued and regarded as an integral member of the healthcare team. You will be a mentor and resource helping individuals to grow clinically, academically, professionally and in the areas of research. A good deal of your time will be spent as an educator and prime mover in program development as well as a hands on clinical expert. This is the ideal opportunity for someone who loves to teach and has the ability to guide and support others towards a common goal.

Position- 28 Bed Acute Care Medical Unit, caring for a diverse patient population including, Cardiac, Respiratory, GI, Infectious Disease

Position -Fast paced Out Patient Hem/Onc Clinic, caring for an acute Oncology population in an environment known for the care of cancer patients and as a lead site for the Eastern Cooperative Oncology Group

Position -Will guide and teach nurses in critical care setting in nationally renowned hospital known for the largest number of clinical specialists on staff. Positions available in Transplant, SICU, Burns Plastic and Operating Room Qualified candidates must be Masters prepared with strong background in the related specialties and proven experience in staff development. Excellent Benefits Salary Range: \$100K-\$120K

We are also seeking an experienced **Nurse Practitioner** to work with surgeons in busy breast care practice and candidates for **Nurse Manager** positions in Acute Medical, Surgical Step-Down, Operating Room and Oncology Research.

- Here are some jobs at Norman Regional. Be sure and ask them about what hours you would work. I appreciate your willingness to share our posting with your students and the OACNS group. Here is a link to the posting: <https://www.hrapply.com/nrh/AppJobView.jsp?link=2527&page=AppJobList.jsp&op=reset>Contact for more information: Sue Nicholson, RN, Professional Healthcare Recruiter, Norman Regional Health System, 405-307-1591 snicholson@nrh-ok.com www.normanregional.com
- We at Barnes-Jewish Hospital at Washington University Medical Center a Magnet designated hospital that is ranked among America's Top Ten Hospitals by US News & World Report are diligently looking to fill a CNS position (General Surgery: Vascular, Kidney/Liver Transplant, ENT/Plastics). If you don't have time to write your business plan and are looking to work at a hospital where CNSs are highly valued than St. Louis would be an excellent place to start/extend your career. Please contact Sherry Ford at sherry.ford@bjc.org Or 314-747-6674 if interested.



Membership Application

(Membership year runs from October 1, 2008 to September 30, 2009)

Personal Information

Name: _____ Title: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Primary Email: _____

Are you a NACNS Member? _____ If yes, please give member number: _____)

Are you a member of the Oklahoma Nurse Association: _____ Yes ___ No

Work Information

Place of Employment: _____

Address: _____ City/State: _____ Zip: _____

Work Phone: _____ Fax: _____

Professional Information (Please check all that apply)

- A. Professional Status: CNS Student Other
- B. Position: CNS Staff Nurse Administrator Faculty Consultant Educator
- C. Practice Setting: Nursing School/College/University Acute Care (Hospital) Clinic
 Community/Public Health Other: _____
- D. Patient Population: _____
- E. Specialty: Cardiology ENT Gastroenterology Genetics OB/GYN
 Oncology Orthopedics Neurology Pulmonary Renal Diabetes
 Special Needs Other: _____

Membership entitles you to CNS Spotlight newsletters, reduced tuition at OACNS education offerings and free attendance at membership meetings.

Receive a discount on Regular & Student OACNS Membership dues when you are member of NACNS**

Membership Levels	Regular OACNS Yearly Dues	OACNS Dues if member of NACNS
Regular	\$ 75.00	\$60.00
Associate	\$ 50.00	\$50.00
Student	\$ 25.00	\$10.00

**** (Join NACNS online at www.nacns.org/join.shtml) NACNS Regular Membership Dues: \$125.00**

NACNS Student Membership Dues: \$ 80.00

Mail OACNS dues & applications to:
(Make check payable to OACNS)

OACNS

P.O. Box 12335
Oklahoma City, OK 73157-2335

OFFICE USE

Today's Date: _____

Expiration Date: _____

Check Number: _____

Amount: OACNS _____

Membership # Assigned _____

Entered in Comp _____ Card Issued _____

Revised 5-30-08