



Kansas State Board of **NURSING**

Fiscal Year 2024 Annual Report

(July 1, 2023 – June 30, 2024)

Message from the Executive Administrator

Welcome to the Kansas State Board of Nursing Annual Report for FY 2024.



Welcome to the new format for the KSBN Annual Report. During FY 24 all Board member positions were filled, which contributes to a robust Board. We have a variety of expertise among the Board members. We finished our fourth year as a member state of the Nurse Licensure Compact and continue to see the number of multistate RN and LPN licenses increase. The decreased number of healthcare workers in Kansas continues to be a challenge. KSBN continues to look for effective methods of communication with our licensees and stakeholders. Each division in the agency continues to monitor their performance metrics and seek to become more efficient. The Kansas State Board of Nursing was honored to receive the 2023 NCSBN Regulatory Achievement Award. We hope you find the information included in this annual report helpful. If you have feedback, I can be contacted at: carol.moreland@ks.gov.
Carol Moreland, MSN, RN



Carol Moreland, MSN, RN

The mission of the Board of Nursing is to assure the citizens of Kansas safe and competent practice by nurses and mental health technicians.

BOARD MEMBERS

7/1/2023 – 6/30/2024

Julianna Rieschick, RN, MSN, NEA-BC, President

07/01/2017 – 06/30/2025 (second term)

Rebecca Sander, MSN, RN, Vice President

7/28/2016 – 7/30/2024 (second term)

Andrea Watson, RN, BSN, OCN, CCRP, Secretary

07/01/2020 – 06/30/2024

Adri Gouldsmith, LPN

07/01/2019 – 06/30/2027 (second term)

Melissa Oropeza, DNP, APRN-BC, CGRN

07/01/2021 – 06/30/2025

Lori Owen, LPN

07/01/2021 – 06/30/2025

Michaela Hysten, MSN, BSN, RN

7/1/2019 – 6/30/27 (second term)

Ruth L. M. Burkhart , DNP, MSN, MA, RN-BC, LPCC

7/1/2022 – 6/30/26

Geovannie Gone, Public Member

07/01/2020 – 06/30/2024

Michelle Terry, Public Member

07/01/2022 – 06/30/2026

Brenda Sharpe, Public Member

07/01/2019 – 06/30/2027 (second term)

KANSAS STATE BOARD OF NURSING STAFF

7/1/23 – 6/30/24

Administration:

Carol Moreland, MSN, RN, CPM, Executive Administrator
Adrian Guerrero, CPM, Director of Operations
Jill Simons, Executive Assistant
Sharon Oxby, Senior Administrative Assistant

Education:

Janelle Martin, MHSA, RN, Nursing Education Compliance Officer
Vacant, Education Specialist, C.N.E.
Stacy Johnson, Senior Administrative Assistant

Discipline:

Rachel Kenney-Townsend, Assistant Attorney General
Vacant, Assistant Attorney General
Megan Hughes, Senior Administrative Assistant

Investigative:

Linda Davies, BSN, RN, Practice Specialist
Vacant, Senior Administrative Specialist
Ruth Humbert, RN, Investigator
Vacant, BSN, RN, Investigator
Debra Quintanilla, RN, CPM, Investigator
Vacant RN, Investigator
Abbie Stutzman, BSN, RN, Investigator
Stacy Scott, BSN, RN, Investigator
Susanne Forman, BSN, MBA, RN, Investigator (Part-Time)
Evan Faulkner, Special Investigator
Mara Hurley, Special Investigator
Christy Ryan, LPN, Investigator (Part-Time)

Licensure:

RaeAnn Byrd, CPM, Licensing Supervisor
Karen McGill, Senior Administrative Assistant
Barbara Bigger, Senior Administrative Assistant
Jackie Mercer, Senior Administrative Assistant

Online Assistance:

Anthony Blubaugh, Program Developer III
Kolton Colhouer, eGov Support Analyst/Technology Support Consultant

ADMINISTRATION

FY 24 was the fifth year since implementation of the Nurse Licensure Compact (NLC) in Kansas. LPNs and RNs who reside in Kansas have the option to obtain a multistate nursing license if they apply and meet the eleven uniform licensure requirements. Applicants also have the choice of a single state nursing license. Licensees who currently hold a nursing license in Kansas can continue to have a single state license or apply for a conversion to a multistate nursing license. The number of member states in the NLC continued to grow as more states implement the NLC. More states are putting forth legislation to join the NLC. The multi-state nursing license makes it possible to mobilize nurses faster. There continues to be an opportunity for more education to our licensees regarding the NLC, the advantages of having a multistate license, and the process to obtain a multistate license.

The quarterly KSBN Committee and Board meetings were held in-person during FY 24. The Board continues to stream the committee and Board meetings, so they are more accessible to our licensees and the public. Observers of the committee and Board meetings have the option of watching the meetings live on YouTube and recordings of the meetings are placed on our website after the meetings have ended. A link to the YouTube viewing is always included on the committee and Board agendas.

Effective July 1, 2023, national certification in the role and population foci is required for an applicant for APRN licensure in Kansas. Board staff continue to provide education and clarification about the change for advanced practice nurses in which they no longer need a collaborative agreement to practice and a protocol to prescribe controlled substances.

A highlight of FY 24 for the KSBN Board and Staff was the honor of receiving the 2023 NCSBN Regulatory Achievement Award. It was received during the annual awards ceremony during the NCSBN Annual Meeting and Delegate Assembly, held in Chicago on August 16 – 18, 2023. This award recognizes the member board or associate member that has made an identifiable, significant contribution to the mission and vision of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare. Julianna Rieschick, Board President, accepted the award for KSBN.

There continue to be challenges for the Board of Nursing, but forward progress has continued during FY 24. KSBN continues to explore ways to better meet the needs of our customers. The staff continues to be dedicated to public protection. Thank you for everyone's support during FY 24. We are very proud and grateful to the nurses who continue to provide care for the citizens of Kansas.



PERFORMANCE METRICS

Objective 1: Process licensure applications accurately and in a timely manner

Performance measures for objective 1:

95% of licensure applications will be processed within 2 business days after receipt of all required information and entered accurately into the licensing database.

PERFORMANCE MEASURES	FY 24
Percentage of renewal applications	100%
Percentage of initial through examination applications	100%
Percentage of reinstatement applications	100%
Percentage of endorsement applications	100%
Percentage of advanced practice applications	100%
Percentage of licensure application information entered accurately	99%

Objective 2: Oversee nursing programs, which includes surveying each nursing program once every 5 – 10 years and receiving an annual report from each nursing program.

Performance measures for objective 2:

100% of all nursing programs will be surveyed as per schedule 100% of the nursing programs will submit an annual report.

PERFORMANCE MEASURES	FY 24
Percentage of nursing programs surveyed per schedule	100%
Percentage of nursing programs submitting an annual report as per regulation	100%

Objective 3: Oversee approved continuing education providers, which includes receiving an annual report from the long-term continuing nursing education providers, five-year renewal application from long-term continuing education providers and applications for single nursing continuing education providers are reviewed in a timely manner.

Performance measures for objective 3:

80% of long-term continuing nursing education providers submit an annual report.

80% of long-term continuing nursing education providers submit five-year renewals as per schedule.

PERFORMANCE MEASURES	FY 24
Percentage of long-term continuing nursing education providers submitting an annual report	81%
Percentage of long-term continuing nursing education providers submitting five-year renewals as per schedule.	85%

Percentage of applications for single nursing continuing education providers reviewed within 2 weeks of receiving application

Objective 4: Investigate reported complaints in a timely manner and decrease unlicensed individuals from practicing

Performance measures for objective 4:

Professional staff will review 90% of complaints received in agency within 2 weeks of date received in agency
 60% of investigations will be completed within 9 months of opening the case
 Number of unlicensed individuals practicing nursing will decrease

PERFORMANCE MEASURES	FY 24
Number of complaints received in agency and reviewed by Professional Staff	766
Percentage of complaints received in the agency that are reviewed by Professional Staff within 2 weeks of date received	96%
Number of investigations opened	638
Percentage of investigations completed within 9 months of assigning the case	93%
Number of nurses practicing without a current nursing license	100%
Number of individuals presenting themselves as a nurse but have no nursing license (imposter)	5
Number of applications with legal history reviewed:	1,368

Objective 5: Discipline licensees who violate the Nurse Practice Act

Performance measures for objective 5:

Licensees who violate the Nurse Practice Act are disciplined via initial orders, consent orders, evidentiary hearings, denied licenses, revoked licenses, limited and/or suspended licenses or diversion agreements.

PERFORMANCE MEASURES	FY 24
Number of initial orders, consent orders and evidentiary hearings	24
Number of denied licenses	10
Number of revoked licenses	6
Number of limited and/or suspended licenses	13
Number of diversion agreements	1
Total fines deposited in state general fund for violations of the Nurse Practice Act	\$3,900

Objective 6: Board and committee members are oriented to their roles and responsibilities

Performance measures for objective 6:

100% of Board members and committee members are oriented to their roles and responsibilities.

PERFORMANCE MEASURES	FY 24
Percentage of new Board members oriented to their role and responsibilities	100%
Percentage of new committee members oriented to their role and responsibilities	100%
Percentage of Board members who attended annual KOMA training	100%

KORA Open Records Requests FY 24

	Total Requests	Mailing Addresses	Open Records	# In Process (Pending)	# Referred to Another Agency	# Cancelled	# Completed
1st Qtr. (7/1/23 – 9/30/23)	67	36	31	6	0	9	52
2nd Qtr. (10/1/23 – 12/31/23)	64	30	34	5	2	3	54
3rd Qtr. (1/1/24 – 3/31/24)	70	33	37	8	0	3	59
4th Qtr. (4/1/24 – 6/30/24)	57	30	27	11	0	8	38

	Average Days to Produce	Median Days to Produce
1st Qtr. (7/1/23 – 9/30/23)	8	6
2nd Qtr. (10/1/23 – 12/31/23)	10	6
3rd Qtr. (1/1/24 – 3/31/24)	19	14
4th Qtr. (4/1/24 – 6/30/24)	18	12

FY 2024 BUDGET OVERVIEW

The Kansas State Board of Nursing (KSBN) is a fee funded agency. This means the agency operates on the revenue received from licensees and receives no revenue from the State General Fund. KSBN contributed \$100,000 to the State General Fund in FY 24. The Legislature appropriates to KSBN the amount that can be spent from the fee fund. The Board of Nursing raised the licensure fees effective July 1, 2019 (beginning of FY 20) to include the multi-state license option and to cover the anticipated revenue loss from licensees who would not be renewing their license because of having a multistate license from another member state of the Nurse Licensure Compact.

KSBN receives revenues from four sources:

1. Clerical Services (issuing verifications, name changes, etc)
2. Other Services (continuing nursing education and nursing program annual fees)
3. Licensing Services (licensure fees for initial licenses, renewals, reinstatements, endorsements, etc)
4. Fingerprints (fee charged by the KBI for processing of fingerprints and issuing a criminal background report)

KSBN expenditures include four areas:

1. Salaries and Wages (includes salaries and benefits for 27 FTE positions)
2. Contractual Services (includes office rent, peer assistance program, hearings conducted by a hearing officer in the Office of Administrative Hearings, legal counsel through the Attorney General's Office, communication, copy machines and maintenance of software programs)
3. Commodities (includes office supplies)
4. Capital Outlay (includes technology plan and hardware to keep Board Members and agency functioning efficiently via electronic means)

KSBN Fee Fund includes:

1. Beginning fund balance (amount carried over from the prior fiscal year)
2. Total revenue received
3. Total expenditures
4. Ending fund balance (amount at the end of

the fiscal year that will be the starting balance for the next fiscal year)

Fee Fund Balance Guidelines Purpose: The Board has established these guidelines to ensure that the agency maintain a sufficient balance in the fee fund to ensure continuous operation of the agency if there was a decrease in revenue or an emergency in which all equipment, furniture, supplies, office space, etc. were destroyed by a natural or manmade disaster. The State of Kansas is self-insured and the agency is a fee funded agency which receives no state general funds.

Fee Fund Balance Guidelines Policy: The agency is required to submit a biennial budget. During the budget process, the fee fund is reviewed. The fee fund balance should be reviewed by the Board after the budget has been submitted to the Governor and receiving the Governor's recommendations.

The following criteria will be applied to determine the balance to be maintained in the fee fund:

1. The replacement cost of all physical assets
2. The cost for temporary relocation of office for up to six months of expenses
3. Six months of operating expense

FY 24 Revenue:

Licensing Services (fees): \$3,367,488
 Clerical Services: \$17,600
 Other Services: \$19,940
TOTAL: \$3,405,028

FY 24 Expenditures:

Salaries and wages: \$1,806,621
 Contractual Services: \$1,404,496
 Commodities: \$22,494
 Capital Outlay: \$725,715
TOTAL: \$3,959,326

FY 24 Fee Fund:

Beginning Fund Balance: \$4,776,598
 Total Revenue Received: \$3,405,028
 Total Expenditures: \$3,959,326
Ending Fund Balance: \$4,222,300

LICENSING

The Kansas State Board of Nursing Licensing Department is dedicated to ongoing enhancements in order to effectively address the requirements of our applicants, licensees, and citizens of the State of Kansas.

Throughout the past year, the Licensing Department has adeptly navigated evolving executive orders and regulatory changes while ensuring the seamless operation of our online and electronic services to cater to the needs of our applicants. These dynamic changes have been meticulously integrated into revised business processes to facilitate thorough and expeditious review of applications, thereby expediting their integration into the much-needed Kansas workforce.

Our commitment to fostering effective communication with applicants is paramount, whether through online services, in-person consultations, email correspondence, or telephone interactions. We are resolute in our dedication to promptly addressing inquiries and providing comprehensive guidance regarding the prerequisites and maintenance of nursing licensure in the State of Kansas.

The Licensing Department is equally committed to informational and educational initiatives aimed at empowering Kansas nurses with national programs such as Nurse Licensure Compact (NLC), which enables the utilization of a single license across multiple states. We also employ tools like Nursys® eNotify to alert nurses about impending license expirations and CE Broker for streamlined tracking of their continuing education activities within a unified platform.

Maintaining operational efficiency within the predefined timeframes specified in our agency's strategic plan is a paramount objective. We persistently adhere to our performance standards, consistently striving not only to meet but to exceed our set goals. The Licensing Department remains unwavering in its dedication to demonstrating excellence, contributing to the advancement of Kansas as a highly desirable state to practice nursing.

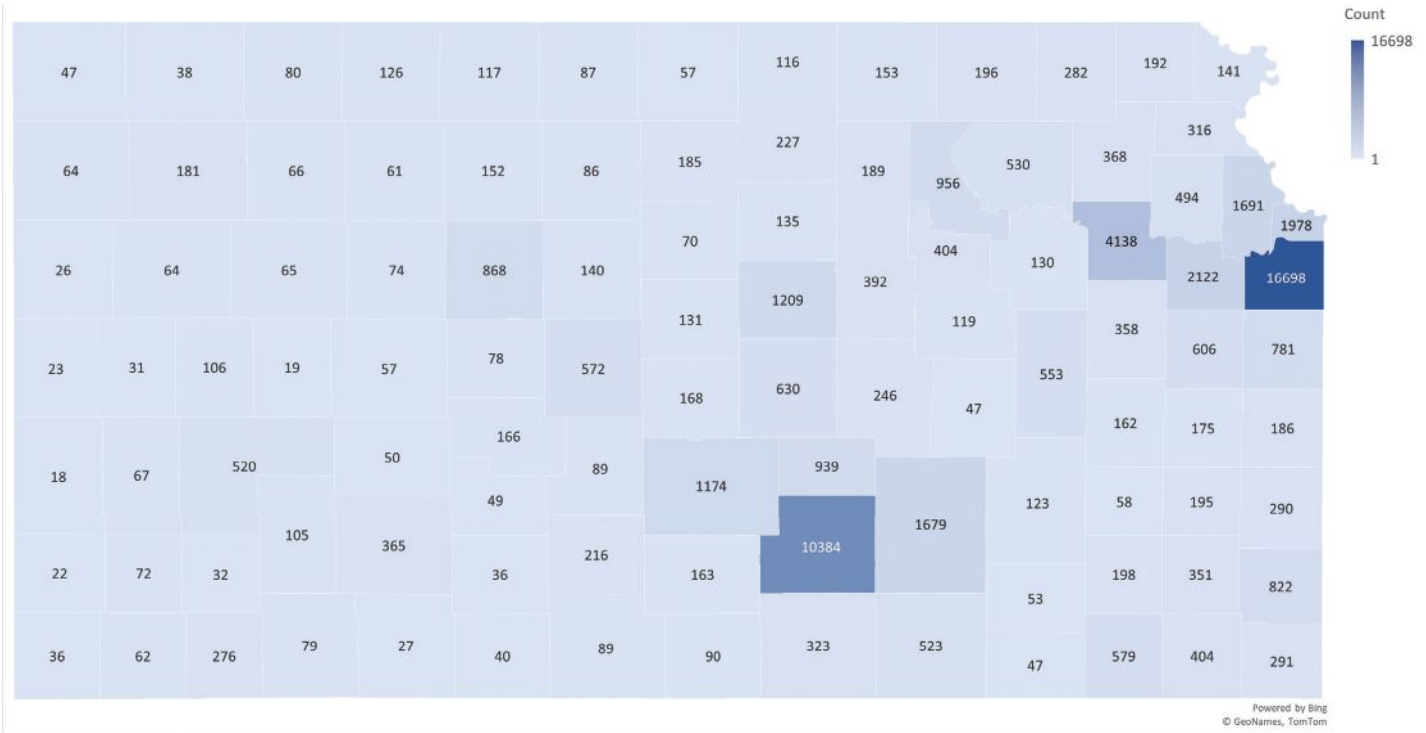
Licensure Totals 6/30/23	
Licensed Mental Health Technician:	38
Licensed Practical Nurse Multistate:	2384
Licensed Practical Nurse Single state:	6828
Registered Nurse Multistate:	18564
Registered Nurse Single state:	34325
Clinical Nurse Specialist:	333
Nurse Midwife:	108
Nurse Practitioner:	7861
Registered Nurse Anesthetist:	1307
TOTAL	71748

FY 24 Applicant Data

Type	New	Reinstatements	Renewals	Totals
Clinical Nurse Specialist	5	2	148	155
Licensed Practical Nurse - Multi-State	533	161	809	1,503
Licensed Practical Nurse - Single-State	287	600	2,890	3,777
Nurse Midwife	13	4	47	64
Nurse Practitioner	921	140	3,386	4,447
Registered Nurse - Multi-State	2,904	36	7,389	10,329
Registered Nurse - Single-State	633	191	15,242	16,066
Registered Nurse Anesthetist	78	21	582	681
Totals	5,374	1,155	30,493	37,022

FY 24 Licenses By County

Total Nurses by County



County	Total	RN	LPN	Nurse Practitioner	Registered Nurse Anesthetist
Allen	195	155	21	17	1
Anderson	175	129	38	6	1
Atchison	316	179	116	17	3
Barber	89	68	18	3	
Barton	572	429	105	31	5
Bourbon	290	243	23	21	1
Brown	192	125	53	11	1
Butler	1679	1327	189	118	25
Chase	47	31	20	2	
Chautauqua	47	26	41	2	
Cherokee	291	219	18	25	3
Cheyenne	47	36	6	3	1
Clark	27	20	7	2	
Clay	189	141	34	13	
Cloud	227	168	56	9	1
Coffey	162	109	37	7	2
Comanche	40	26	38	3	
Cowley	523	351	131	25	10
Crawford	822	630	64	81	11
Decatur	80	54	23	3	
Dickinson	392	265	108	15	4
Doniphan	141	88	46	5	1
Douglas	2123	1651	242	177	27
Edwards	49	33	12	4	
Elk	53	37	7	8	
Ellis	868	633	158	59	12
Ellsworth	131	94	26	10	
Finney	520	375	95	43	4
Ford	365	299	42	20	2
Franklin	606	447	121	31	3
Geary	404	277	90	29	4
Gove	65	42	16	4	3
Graham	61	45	15	1	
Grant	72	55	16	1	
Gray	105	74	22	9	
Greeley	23	17	6		

County	Total	RN	LPN	Nurse Practitioner	Registered Nurse Anesthetist
Greenwood	123	85	31	6	
Hamilton	18	14	1	3	
Harper	90	71	10	9	
Harvey	939	749	125	53	7
Haskell	32	24	5	3	
Hodgeman	50	38	6	6	
Jackson	368	262	74	30	1
Jefferson	494	359	100	32	1
Jewell	57	39	16		2
Johnson	16698	13379	1195	1660	348
Kearny	67	54	5	6	2
Kingman	163	129	21	12	1
Kiowa	36	29	6	1	
Labette	404	315	57	22	6
Lane	19	12	7	104	13
Leavenworth	1692	1356	211	4	1
Lincoln	70	50	15		
Linn	186	144	31	9	
Logan	64	47	15	2	
Lyon	553	350	172	22	5
Marion	246	185	42	15	2
Marshall	196	136	51	8	1
McPherson	630	442	162	23	3
Meade	79	69	8	2	
Miami	781	657	70	35	10
Mitchell	185	139	39	6	1
Montgomery	579	432	95	42	4
Morris	119	85	28	4	2
Morton	36	28	6	2	
Nemaha	282	216	52	12	2
Neosho	351	261	59	25	2
Ness	57	43	8	6	
Norton	126	71	51	1	2
Osage	358	236	99	19	1
Osborne	86	54	29	3	
Ottawa	135	96	29	8	2
Pawnee	166	119	31	13	
Phillips	117	72	37	8	
Pottawatomie	530	377	101	47	3

County	Total	RN	LPN	Nurse Practitioner	Registered Nurse Anesthetist
Pratt	216	179	14	14	6
Rawlins	38	27	9	2	
Reno	1174	859	249	51	9
Republic	116	84	27	4	1
Rice	168	118	36	10	1
Riley	956	697	161	70	23
Rooks	152	102	45	4	1
Rush	78	59	13	6	
Russell	140	97	31	11	
Saline	1209	902	239	56	7
Scott	106	81	15	7	2
Sedgwick	10384	7922	1421	768	190
Seward	276	219	30	23	3
Shawnee	4138	3027	726	309	34
Sheridan	66	44	18	4	
Sherman	64	47	15	2	
Smith	87	61	18	6	1
Stafford	89	62	17	7	
Stanton	22	17	3	2	
Stevens	62	51	10	1	
Sumner	323	242	55	16	7
Thomas	181	125	40	11	2
Trego	74	55	16	3	
Wabaunsee	130	94	31	5	
Wallace	26	21	5		
Washington	153	114	25	13	1
Wichita	31	28	30	1	
Wilson	198	154	1	15	
Woodson	58	44	13	1	
Wyandotte	1978	1527	303	124	16
	61863	47181	8776	4624	851

EDUCATION - FY 2024

Nursing and nursing education in Kansas continue to change in the wake of the COVID pandemic and then recovery. For Kansas, all regulations have returned to pre-COVID state, and in 2022, updated regulations went into effect for First-time pass rates for new graduates and simulation was officially held to no more than 50% of clinical hours for any clinical course (evidence-based practice standard). Several nursing programs used the experience of the COVID pandemic to make changes in their programs and moved to a hybrid class delivery for didactic courses. In 2024 and beyond, nursing education is striving to balance hard and soft skills education, as well as support for increasing mental health needs in all populations. In a healthcare environment that is facing higher workloads for nurses, increasing acuity, rapidly changing technology processes and all of this with an aging and diverse population. Nursing programs are continuing to face faculty shortages as retirements increase and the pay differential increase between practice and education. Healthcare partnerships between education and practice are increasingly necessary to keep enrollments in nursing programs increasing and clinical education at an optimal level.

In the National Institute of Health's "Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity," they state that nursing curricula needs to be strengthened so nurses are prepared to help promote health equity, reduce health disparities, and improve health and well-being for everyone. This means that nursing students need to learn to understand and identify social determinants of health, have expanded experiences in the community and have competencies to care for an aging and more diverse population; many with declining mental and physical health.

In the 2023-24 FY, KSBN continued to provide oversight and approval for nursing programs in Kansas with onsite survey visits. No virtual visits were done in the 2024 FY. Fourteen site visits were done: one Initial visit for a new PN program which was approved to admit students, 10 reapproval visits for five PN programs, four ADN and one BSN program, two visits that were a follow up after first graduation visit which is done at the end of the initial approval cycle, and one board mandated site visit. Five of the reapproval visits were completed in conjunction with national accreditation teams for ACEN and CCNE.

Another concern raised in the 2023-24 FY was the issue of number of open positions for nurses, and the perceived issue of not enough seats in nursing programs to help the nursing shortage. KSBN responded to legislative questions with a look at what was really happening in nursing programs.

- In the last 5 years, approved seats in all nursing programs increased by 867 for all program types. It is a combination of new programs and increased seat numbers for existing programs.
- Seats are primarily (689 of the 867) in urban areas (KC, Wichita).
- Breakdown by program type:
 - BSN – 318
 - ADN – 404
 - PN - 145

Stand Alone Practical Nursing Programs

Donnelly College

Flint Hills Technical College

Hutchinson Community College

Johnson County Community College

Kansas City Kansas Community College

Mid-America College of Health Sciences
(KSBN Conditional Approval)

Washburn Institute of Technology

Wichita State University, Campus of Applied Sciences & Technology

1+1 - First Level (PN) and Second Level (ADN)

In a 1+1 nursing program, the school offers an approved PN program in the first year and then a one-year LPN to RN "bridge" program. Admission to the second level of these programs is dependent on passing the PN level and obtaining an LPN license as a condition to admission.

Barton County Community College Coffeyville
Community College

Colby Community College

Fort Hays Tech | North Central -Beloit

Fort Hays Tech | North Central - Hays

Garden City Community College

Highland Community College / Technical Center

Manhattan Area Technical College

Salina Area Technical College

Bi-level Programs – Associate Degree

In order to be licensed as a practical nurse in Kansas the person must have graduated from an approved program. For the Associate Degree programs that wish to allow their students to “stop out,” the Board of Nursing approves the first year of the ADN program as a PN program if the first year meets requirements for the LPN scope of practice. The first year of a bi-level program is reviewed every five (5) years.

Butler Community College

Labette Community College

Neosho Community College

Seward County Community College
(KSBN Conditional approval)

Stand Alone Associate Degree Nursing Programs

Cloud County Community College

Dodge City Community College (*has PN opt-out option*)

Donnelly College (KSBN Conditional approval)

Fort Scott Community College
(KSBN Conditional approval)

Galen College of Nursing (KSBN Initial approval)

Hutchinson Community College

Johnson County Community College

Kansas City Kansas Community College

Rasmussen University

Wichita State University, Campus of Applied Sciences & Technology (KSBN Initial Approval)

Baker University	Hesston College	Rasmussen University
Barclay College (KSBN Initial approval)	Kansas Wesleyan University	University of Kansas
Benedictine College	MidAmerica Nazarene University	University of Saint Mary
Bethel College	Newman University	Washburn University
Emporia State University	Ottawa University	Wichita State University
Fort Hays State University	Pittsburg State University	

BSN Nursing Programs:

Graduate Nursing Programs:

Fort Hays State University:

Doctor of Nursing Practice - Family Nurse Practitioner

MidAmerica Nazarene University:

Master of Science in Nursing - Adult Gerontology
Primary Care NP

Newman University:

Doctor of Nurse Anesthesia Practice (DNAP)

Pittsburg State University:

Doctor of Nursing Practice - Family Nurse Practitioner

University of Kansas:

Post-BSN Doctor of Nursing Practice (DNP)

Post-Master's DNP

- Doctor of Nursing Practice (DNP)
- Adult/Gerontological Nursing Practitioner
- Family Nursing Practitioner
- Nurse Midwife
- Psychiatric/Mental Health Nurse Practitioner
- Doctor of Nurse Anesthesia Practice (DNAP)

University of Saint Mary:

Master of Science in Nursing - Family Nurse Practitioner

Washburn University:

Doctor of Nursing Practice

- Family Nurse Practitioner
- Psychiatric Mental Health Nurse Practitioner
- Post-Graduate Certificates
- Psychiatric Mental Health Nurse Practitioner

Wichita State University:

Doctor of Nursing Practice

- Adult Gerontology Acute Care Nurse Practitioner
- Family Nurse Practitioner
- Psychiatric Mental Health Nurse Practitioners

Undergraduate Information: Admission - Graduation - Attrition					
Programs	PN	ADN	BSN	(All RN)	Total
Met Admission Criteria*	285	387	91	(478)	763
Admissions	1043	1270	1064	(2334)	3377
Graduations	774	901	884	(1785)	2559
Attrition (Academic/ Personal)	180	220	106	(326)	506
Attrition Rate**	17.2%	17.3%	9.9%	(13.9%)	14.9%

*These are numbers of applicants turned away from each program and then added to get a total for Kansas schools. There is no way to document overlap so an applicant turned away from one program might have been admitted elsewhere.

**Attrition is calculated as a percentage of admissions and not the total enrolled for the program. This is to provide consistency in calculation as some programs are one year in length and others are two years.

Graduate Information				
APRN Programs	NP	NMW	RNA	Total
Admissions	116	2	55	172
Graduations	98	7	53	158

Kansas undergraduate nursing programs saw an increase in admissions in FY2024, but number of graduates was slightly lower than the previous year. Attrition rates were higher in all but the BSN category. Attrition rates are reported as a single number for personal and academic withdrawal reasons. Academic withdrawal was 62% of the attrition. ADN had a significant increase in attrition during the 2024 AY while BSN programs saw a significant improvement in attrition rates and also maintained a solid NCLEX first time pass rate in the 2023 CY.

Though admissions numbers did see an increase in FY2024, there are still continuing effects of the COVID-19 pandemic. A primary reason for decreased admits is the continued lack of qualified applicants overall. We have continued to see new graduates struggle to get the support they need with high patient loads and high acuity levels that confront them. Experienced nurses also cite this as an issue in retention.

Education has had some improvement in hiring faculty with schools working to improve salaries in order to be more comparable to industry pay. There is still a significant number of faculty working under degree plans and hire exceptions. This means that they are not meeting the regulatory requirement at the minimal level. Hire exceptions and degree plans are found for

both clinical and didactic faculty. About 51% of hire exceptions are for BSN programs with another 35% for ADN programs. All RN programs require an MSN degree to be faculty for approved programs. Degree plans are 80% for RN programs (BSN & ADN split equally).

Nursing Program Faculty		
Faculty – Highest Degree*	Undergraduate	APRN
Doctorate in Nursing	80	56
Doctorate	38	38
Master's in Nursing	362	7
Master in Other Field	6	1
Baccalaureate in Nursing	115	0
Other Baccalaureate	0	0
Diploma/ADN	0	0
Total Faculty**	601	102
# Full-Time	395	68
% Full-Time	65.7%	66.7%

*Does not include Adjunct faculty for all programs. Some reported only FT and PT.

**Undergraduate faculty includes PN, ADN and BSN programs.

Education: National Licensure Examination Information – CY 2023

Graduate Type	Exam Year	# Candidates	# Passed – 1st Time	% Passed – 1st Time	
Kansas RN	2023	1807	1651	91.4%	
		ADN	878	792	90.2%
		BSN	929	859	92.5%
	2022	1807	1522	81.44%	
U.S. RN	2023	186,374	165,058	88.6%	
		ADN	83,430	73,222	87.8%
		BSN	99,300	89,551	90.2%
	2022	188,005	150,216	79.9%	
Kansas PN	2023	692	657	94.9%	
	2022	641	569	88.8%	
U.S. PN	2023	47,548	41,214	86.7%	
	2022	47,635	38,074	79.9%	

KANSAS RANK NCLEX 1ST TIME PASS RATES – RN CANDIDATES*

NCLEX Year	Jurisdiction	RN –Associate Degree			RN – Baccalaureate			All RN		
		Candidates	% Pass	Rank	Candidates	% Pass	Rank	Candidates	% Pass	Rank
2023	Kansas	881	90.1	32	925	92.4	18	1806	91.3	23
	Missouri	1,525	88.4	39	2,239	91.0	28	3,768	89.9	34
	Oklahoma	1,131	89.6	36	1,153	85.5	50	2,285	87.5	42
	Colorado	719	93.6	11	1,540	92.8	14	2,259	93.1	10
	Nebraska	262	94.3	7	1,025	95.2	4	1,287	95.0	3
2022	Kansas	798	78.1	42	1,073	83.9	25	1,871	81.4	35
	Missouri	1,412	82.6	21	2,381	83.1	26	3,796	83.0	24
	Oklahoma	1,168	81.3	31	1,081	75.8	50	2,250	78.7	43
	Colorado	644	91.8	9	1,502	87.4	11	2,228	87.3	4
	Nebraska	304	81.6	30	1,093	87.6	10	1,397	86.3	10
2021	Kansas	852	79.9	40	1,028	86.3	31	1,880	83.4	36
	Missouri	1,401	85.1	20	2,505	88.2	17	3,926	86.7	20
	Oklahoma	1,243	82.5	34	918	85.1	37	2,192	83.6	34
	Colorado	715	84.6	22	1,567	89.1	11	2,170	87.6	14
	Nebraska	248	83.5	28	1,009	91.5	5	1,349	88.9	7
2020	Kansas	879	83.2	42	1,018	88.7	43	1,897	86.1	45
	Missouri	1,451	88.9	18	2,392	90.7	32	3,926	90	23
	Oklahoma	1,311	83.1	43	879	88.5	45	2,192	85.3	47
	Colorado	693	89.2	14	1,476	91.5	23	2,170	90.7	17
	Nebraska	330	77.6	49	1,019	94.1	7	1,349	90.1	21

**All exam statistics taken from NCSBN publications: 2018-2023 Nurse Licensee Volume and NCLEX® Examination Statistics

NCSBN and NCLEX Background

NCSBN (National Council for State Boards of Nursing) is the organization responsible for developing the NCLEX (national nurse licensure exam) and all the statistical work and publications regarding the exams.

The statistics for the NCLEX include 55 U.S. states and territories. In 2023, over 320K NCLEX exams were administered across all testing sites. There were over 235K U.S. candidates (RN and PN) who took the exam for the first time. Another 87K exams were given to U.S. candidates taking the exam subsequent times. About 35K internationally-educated nurse (IEN) candidates took the exam in 2022.

Because passing the NCLEX exam is usually the final step in the licensing process, the number of people passing the exam ("pass rate") is a good indicator of how many new nurses are entering the profession in the U.S. With the need for nurses still on the rise, we are also seeing more IEN's entering the U.S. and practicing here. They are also required to pass the NCLEX exam even if they have passed licensure exams in their own countries. Although IEN first-time pass rates tend to be lower than those that are U.S. educated, the numbers still factor into the nurse workforce.

In 2023, the top five countries contributing nurses to the U.S. workforce [that were educated outside the U.S.] are: Philippines (7.7K, up from 4.6K in 2021), India (1.5K, up from 717), South Korea (961), Kenya (705), and Nigeria (661). This number is up 46% from 2021. First-time pass rates for IENs are 43.3% for RN and 50.4% for PN (comparative U.S. rates are above).

Continuing Nursing Education

Continuing Nursing Education FY 24

The Kansas State Board of Nursing (KSBN) recognizes nurses as adult learners with continuing education needs as professionals and licensees and requires 30 contact hours of continuing nursing education for relicensure in accordance with K.S.A. 65-1117. KSBN has established the following options for acquisition of CNE:

- Kansas State Board Approved Long-Term CNE Providers and Single-Program Providers
- Individual Offering Approval (IOA)
- College Course Credit (with IOA)
- Providers approved by other state boards of nursing or national nursing organizations/ associations
- Participation as a member of a nursing organization board of directors or state board of nursing

I. LONG-TERM CNE PROVIDERS

A. Definition - Long-Term Providers are persons, organizations or institutions approved by the Board to implement multiple offerings for CNE credit towards RN, LPN and LMHT relicensure.

7 Providers Please visit the Education Division of our web site for a complete list of providers:

<https://ksbn.kansas.gov>

FY 24 - 99

FY 23 - 108

FY 22 - 93

FY 21 - 97

FY 20 - 98

C. CNE Total Interactive Offerings and Contact Hours

FY 2024: 1,530 offerings – 17,848.5 contact hours

FY 2023: 2,942 offerings – 20,123.8 contact hours

FY 2022: 2,567 offerings – 15,040.3 contact hours

FY 2021: 2,145 offerings – 14,598.4 contact hours

FY 2020: 2,122 offerings – 15,541.6 contact hours

The average contact hours per offering was 11.7 in FY24.

G. CNE Participant Hours by License Category

	FY 2024	FY 2023	FY 2022	FY 2021	FY 2020
RN	17,753	45,794	17,273	15,802	19,307
LPN	1,247	1,605	1,238	777	1,192
LMHT	50	33		43	31
APRN	1,245	2,152	2,303	1,418	1,723
Total	20,295	49,584	20,814	18,040	22,253

Legal

FY2024 (7/1/2023 – 6/30/2024)

KSBN Investigative Division continues to evaluate operations to efficiently meet performance-based budget (PBB) metrics and agency strategic initiatives. Directive from KSBN Board in FY 23 was to review case investigation processes to have cases presented timelier to the Board for disciplinary outcomes. Beginning in October 2023, the Investigative Committee members began meeting every 6 weeks to review cases. An after-action discussion occurred after each meeting to evaluate this new process. KSBN staff focus for FY 24 included 1) reviewing internal case processing and 2) facilitating educational opportunities.

The KSBN staff continued to follow the NCSBN study published in the Journal of Nursing Regulation that provided a guide for determining regulatory caseload per investigator (60 cases/investigator), average number of business days to investigate a case of unprofessional conduct (177 days), and the number of processing steps (10) for cases to be investigated (Martin & Kaminski-Ozturk, 2022). KSBN data for FY 24 was compiled and compared to these guidelines. KSBN caseload per investigator was significantly higher than the study's average, reflected as 150/investigator. KSBN processing of an investigation is comparable to the study's metric of 177 business days while KSBN had lower processing steps involved in case investigation (7).

The total number of cases presented and reviewed by the KSBN Board's Investigative Committee equaled 2,133. Of the 766 complaints received, 112 alleged drug related violations, comprising 15% of the total complaints received. The number of nurses practicing without a current nursing license equaled 100, while 1 individual was investigated for imposter status.

Throughout FY 24, KSBN investigative staff discussed barriers to processing, as well as defined a system to prioritize cases to work. Cases originating from a sworn complaint, indicated a current report of unprofessional conduct, and/or were likely to cause or lead to patient harm were opened. Examples include, conduct resulting in patient death, multiple drug diversions, the mental health of the licensee, allegations of patient abuse, working impaired, and if the licensee was reported by multiple facilities. Twenty percent (20%) of written complaints filed with the KSBN are sworn, or about 153 for FY 24. KSBN does not accept verbal complaints. Data for FY 24 further reflect that:

- 766 complaints received led to 638 new cases assigned;
- 291 new cases assigned were opened and worked within FY 24;
- 93% of cases opened in FY 24 were completed within 177 business days;
- 128 cases were not assigned due to originating from an unsworn complaint, no licensee was identified, KSBN had no jurisdiction (i.e. a complaint regarding a facility), and/or the allegation was not a violation of the KNPA. KSBN Board continues to perform a quarterly audit of complaints not warranting a case be opened.
- PBB metric for review of complaints indicates that complaints were reviewed within an average of 9 days once received. Thereby, 96% of complaints were reviewed in less than 14 days, meeting the metric of greater than 90%. The changes implemented in July 2020 continue to demonstrate an efficient process is maintained.

The reporting of unprofessional conduct is increasing. The standards identified from the NCSBN study prompted a review of internal case processing to identify barriers that are beyond the agency's control. The brainstorming of potential solutions was done by the investigative division staff. The barriers identified as most pressing included:

1. Facility response to subpoena

Subpoenas are sent to facilities requesting documents relating to the allegations on the complaint. In FY 24, there was a reported increase in facility staff turnover in the risk management area. Barriers identified included facilities requesting extensions to produce documents beyond the established 21 days or completely failed to respond to the subpoena entirely. Facilities that had closed increased investigation time until KSBN staff discovered the custodian of records and where the records were stored to then submit a second subpoena. Finally, the submission of electronic medical records in digital format posed a security risk for KSBN.

To circumvent the facility staff turnover, consistency in assignment of cases was begun. Thereby, the same investigator was assigned to a certain facility

to develop and maintain the relationship. Education was provided to risk managers as to what happens after a complaint is submitted to KSBN. Extensions requested were granted, but the result was noted in the timeline to complete the case timely. Obtaining records from a closed facility or a parent company that is out of state continues to increase case processing times.

2. Contacting licensees and witnesses

Verbal and written statements from licensee and witnesses are part of the discovery phase in case investigation. Barriers to obtaining statements were due to contact information was not up to date, voice mailboxes were full or not set up, or the licensee/witness failed to respond to a request for a statement. Requests for statements are sent by letter to last known address on file at KSBN. A phone call and email may be utilized as well. It was determined that the younger generation responds to electronic communication, so email was used to request the party call and speak with an investigator. The security of email communication was an essential element to maintain, for the privacy of both the licensee, witness, and KSBN. Education was provided to graduating seniors at schools of nursing during their leadership class regarding responding to KSBN when requested and to maintain updated contact information is the licensee's responsibility.

A review of the caseload assigned to each investigator remains a barrier to timely investigation. Vacant positions in the Investigative Division continued to leave the investigator caseload significantly higher than the standard as defined in the NCSBN study.

Applications for licensure that have legal history are reviewed by the Board. The volume of applications processed exceeds 1,300 in FY 24. While applications are good for six (6) months and require time to process, applicants and employers frequently call KSBN to expedite the process. The process is dependent on the applicant submitting all records requested for review by the Board. There is no expedition process. In FY 24, applicants had difficulty in obtaining certified dated court documents, as the court clerks were having applicants use the courts online system to download un-certified, un-dated, and un-stamped court documents. When the request is for certified dated

court documents, and these are not produced, the applicant is made aware, thus increasing the processing of the legal review. Additionally, a cybersecurity issue made access to obtaining any court documents difficult for about 4 months and resulted in decreased turn around for applications requiring legal review. Finally, a court's record retention policy indicates records cannot be obtained. In this instance, the court clerk is asked to supply a letter on the court's letterhead stationary. This requirement is to circumvent any fraudulent attempt to procure a license. This process is explained to the applicant on the KSBN website, to program directors for each school of nursing, and in an email to the applicant when the application is received by the Investigative Division staff.

KSBN Investigative Division implemented the approved use of the KS District Court Public Access Portal (KDCPAP), PACER, Kiteworks, and ArkCase. The KDCPAP and PACER were used to search for court documents when clarification as to status of a court case status was required. Kiteworks allows facilities to securely upload documents electronically and decrease volumes of flash drives received in response to a subpoena for records. ArkCase is a software program that is anticipated to assist with processing open records requests and is in the initial implementation stages.

The KSBN Board's Practice Committee reviewed and finalized the Scope of Practice Decision Tree, which was adopted with permission from the North Carolina Board of Nursing. This is posted on the website, in the agency newsletter, and is sent in response to scope of practice inquiries.

Educational presentations were provided to risk managers, nursing leadership, and schools of nursing during FY 24. Nursing students learned about nursing professionalism, legal/ethical scenarios, the KS Nurse Practice Act, what happens if reported for unprofessional conduct, mental health, and addiction. KSBN teamed with the Kansas Nurse Assistance Program (KNAP) and KU Pharmacist to form an Impaired Healthcare Professional Education Committee with the goal to provide prevention education to medical care professionals on coping with stress, mental health issues, addiction, the reporting of and investigating of drug diversion. In addition, specific practice topics were sent to KAPN, KSNA, KU AHEC, and the Sunflower Connection to present educational programs to their

membership as KSBN has no statutory authority to educate on practice issues.

Kansas Open Records requests are processed by the Investigative Division. Requests received for FY 24 equaled 129. The average days to produce documents pursuant to an open records request for FY 24 is 11 days. The types of documents requested include disciplinary documents, licensing files, education reports, and data. Open records were requested by attorneys, other state boards of nursing, licensee, applicants, and research analysts. KSBN records are maintained pursuant the agency's record retention policy.

KSBN Investigative Division continues to work efficiently in a hybrid environment, with staff alternating being in the office and remote.

Reference

Martin, B. & Kaminski-Ozturk, N. (2022). Evaluating the operational efficiency of nursing regulatory boards' discipline case management, *Journal of Nursing Regulation*, 13(1), 62-69.



Kansas State Board of Nursing

Celebrating 100 Years 1913-1939



- 1913 Legislation established the Kansas State Board for Examination and Registration of Nurses (Laws of Kansas, Chapter 231, 1913).
First Board Meeting at National Hotel in Topeka, KS. Laws and registration were printed.
October 30 - First male nurse approved for licensure.
December 30- First examination, ten applicants.
Board voted to approve reciprocate with all states whose standards are equivalent to, or higher than the state of Kansas requirements.
- 1915 Nurse Practice Amended.
- 1921 Nurse Practice Act Amended.
- 1922 The Board approved to allow the Secretary-Treasurer \$5.00 per diem for time spent on the Board work between examinations, not to exceed 100 days
The Board approved acceptance of registered nurses from another state on the same basis as the original state of licensure having the same standard requirements as Kansas.
- 1923 Board approved a Switzerland licensed nurse for certification in Kansas upon successful completion of the licensure examination, given in English.
The Board discussed ten nurses who were practicing without registration.
- 1924 Nurse surrendered certification due to her conduct.
- 1928 The Office of the Secretary was located in Nurses Home of Newman Memorial County Hospital, Emporia at the of \$15.00 per month.
- 1930 4,707 registered nursing in Kansas.
- 1931 Office of the Secretary relocated to 1012 Chestnut Street, Emporia.
- 1933 Discussion regarding use of color card for re-registration, color changing each year, along with small imprint of the Kansas Seal, making the card difficult to duplicate.
Discussion regarding bank failure and the loss of money for the Board.
Nurse Practice Act was amended.
- 1934 The Board expressed their disapproval of the practice of smoking and drinking of intoxicating liquors in any accredited School of Nursing.
Board meetings were held in Topeka, Wichita, Hutchinson, Newton, Kansas City, Salina, Emporia, Manhattan and Dodge City.
- 1937 Survey of schools of Nursing in Kansas showed that there were 70 schools in 49 cities with 1,301 graduates.
- 1938 A committee was appointed to study the new forms for inspection and the need for changes in the Nurses Registration Laws.
- 1939 A lengthy discussion regarding the need for change in the law concerning the Board's rules and regulations.
A private attorney was retained by the Board to prepare the rules and regulations to comply with present law.
The attorney also prepared proposed legislative acts relating to the registration of nurses.
The Board lost \$655.55 due to failure of the bank that held the Board's funds.



Kansas State Board of Nursing

Celebrating 100 Years 1941-1965



- 1941 An Inspector and Director of Nursing was hired for a salary of \$1,800.00 a year.
- 1943 House Bill No. 25 regarding temporary permits was passed and registered as statute No. 65-1111 and 65-1112.
The Board began discussion regarding the use of the state board question pool for examinations.
Investigation of a Nurse resulted in revocation of her license due to her diverting of opiates (during her employment as the superintendent of a hospital) for her personal use and substituting those taken from 24 different bottles bearing labels of morphine, codeine, dilaudid, hyoscine, atropine and scopolamine, a total of 9,125 tablets.
- 1944 Discussions began regarding the training of practical nurses, and it was decided that schools of practical nursing in Kansas should not be encouraged at this time.
The State Board Test Pool was considered and the Board requested to participate in the Test Pool for 1945.
- 1946 Discussions were held regarding problems related to the State Board Test Pool and more information was requested.
- 1947 Miss Ethel Hastings resigned after 24 years of services as a Board Member and President of the Board.
- 1948 It was recommended that there be mandatory legislation for professional nurses but permissive legislation for the licensure of the practical nurse.
- 1949 House Bill No. 200 changed the name from the Kansas State Board of Examination and Registration of Nurses to The Kansas State Board of Nurse Registration and Nursing Education.
Change in duties mandated by House Bill No. 200 changing the duties of the Secretary-Treasurer of the Board to become the duties of the Executive Administrator.
Miss Cora A Miller became the first Executive Administrator.
Licensure of practical nurses began.
- 1950 Miss Eula Benton was appointed as the second Executive Administrator.
The office moved to the Brinkman Building, West 6th Street, Emporia.
- 1952 Nurses that came into Kansas to assist with the Polio emergency nursing need not be registered in Kansas, as the law makes an exception for emergencies.
- 1955 Each applicant for the state board examination was required to present a picture of themselves at the time of the examination.
- 1957 Office moved to the State Office Building on the 11th floor in Topeka at the cost of \$543.66.
- 1960 Test to be given only in May and November.
- 1962 Nurse Practice Act Amended.
- 1963 Agency name was changed to Kansas State Board of Nursing.
- 1964 The Board was promoted to plan and co-sponsor a conference on Associated Degree Programs for nurses due to the increased interest throughout the state and the nation.
- 1965 Licenses expired on December 31 and every license not renewed by the expiration date was lapsed and not subject to renewal.



Kansas State Board of Nursing

Celebrating 100 Years 1969-1992



- 1969 Discussion with KSNA on House Bill 1454 which would affect the composition of the Board, five professional members and two lay members.
Board moved to third floor at 701 Jackson Street.
- 1970 The Executive Administrator was elected to the Executive Committee of the National Council of State Boards of Nursing.
- 1973 Licensure of mental health technicians.
Mr. Ray Showalter became the Executive Administrator.
- 1974 Two (2) licensed practical nurses were added to the board.
- 1975 Mandatory licensure for practical nurses was established, renewal of license was changed from yearly to biennial and an eleven-member board was established, consisting of five (5) registered nurses (three (3) educators and two (2) nursing service administrators), two (2) licensed practical nurses, two (2) licensed mental health technicians and two (2) public members
- 1976 Certification of advanced practice and continuing education required for on-going nursing licensure.
- 1980 The composition of the board changed to three (3) registered nurses from nursing service and two (2) registered nurses from education.
Lois Rich Schibetta became Executive Administrator.
- 1981 Fee established for accreditation of nursing programs and approval of continuing education providers.
- 1982 Standards for revocation, suspension, and limitation of nursing licenses were adopted.
- 1983 Board reviewed by Sunset Audit and was to continue until 1987.
Received legislative authority to write new regulations for advanced nursing practice certification.
Cooperative effort established for impaired nurses with Kansas State Nurses Association.
- 1984 Regulations written and passed for certification of advanced nursing practice.
- 1986 Legislation passed to authorized nurse anesthetist to practice.
- 1987 Sunset review and passed without difficulty.
First KSBN newsletter
KSBN moved from 503 Kansas Avenue to Landon State Office Building.
- 1988 Mandatory reporting law passed to include all Board of Nursing licensure.
Administrative Procedure Act changed which allowed the board to establish an Investigative Panel and Hearing Panel.
NCLEX test plan went into effect.
- 1989 First peer assistance contract signed.
- 1990 Nurse Practice Act was amended to extend temporary permits to all nurses while attending a refresher course and to allow continuing nursing education providers to renew providerships every five (5) years instead of two (2) years.
- 1992 The Board was granted authority to assess administrative fines for violation of the Nurse Practice Act.



Kansas State Board of Nursing

Celebrating 100 Years 1992-2013



- 1994 Licensed Practical Nurses would be allowed to practice intravenous therapy in an expanded role after attending and passing a standardized I.V. Course approved by the Board.
Computer based testing began and the last paper and pencil NCLEX was given.
- 1996 Revision of the registered nurse anesthetist act.
- 1997 Composition of the Board changed, added a registered professional nurse and removed a licensed mental technician.
- 1999 The Nurse Practice Act amended to say that when an individual fails to pass the licensure examination within 24 months of graduation, the individual must petition the board to retake the examination.
Mary Blubaugh was hired as the Executive Administrator.
- 2000 Extensive changes in the Nurses Practice Act, including allowing Advanced Registered Nurse Practitioners to obtain a D.E.A. number.
- 2001 The Nurse Practice Act amended to a total of 30 continuing education hours to be independent study.
- 2003 The Nurse Practice Act amended for Schools of Nursing including increasing the resurvey visits from five (5) years to five to ten (5-10) years.
The office moved from the 5th floor to the 10th floor of Landon State Office Building.
- 2005 The Nurse Practice Act was amended to clarify the language for the issuance of a temporary permit and decreasing classroom hours from 40 to 30 and required a minimum of 8 hours supervised clinical practice for the I.V. Therapy course.
- 2007 Increased fees for reinstatement licenses, revisions to the Advanced Registered Nurse Program requirements and changed the composition of the board to remove the requirement of a licensed mental health technician as well as adding the third (3) public members which at least one (1) public member shall not have been involved in providing health care.
- 2008 Requirement of original applicant for licensure as a professional nurse, practical nurse or mental health technician to be fingerprinted and submit to a state and national criminal history record check.
- 2010 Gave Registered Nurse Anesthetist the authority to order necessary medications and tests in the peri-anesthetic or peri-analgesia period
- 2011 Title of the Advanced Registered Nurse Practitioner (ARNP) changed to Advanced Practice Registered Nurse (APRN).
- 2012 Changes to the Advanced Practice Registered Nurse regulations including title change, categories to roles, and certification to licensure
- 2013 Celebrated 100 years of regulation for Kansas nurse

