the pulse

practical news for licensed practical nurses

April 2008

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Oh Canada! CLPNA Competency Profile Seeds Expansion to 8 Provinces

"All the flowers of tomorrow are in the seeds of yesterday." (Proverb)

It originated in Alberta - with the leadership and vision of the CLPNA and Alberta Health and Wellness. It promised to change the face of the profession - and has and will with its articulation of the soul of what LPNs are, what they do, and where they are headed. It's caught on - spreading its way across Canada in a very few years. The year was 1998. The Alberta Health Professions Act required that each profession have an established system of continuing competency; the only problem was that none of the health professions had such a system already in place. So began, with the guidance of Alberta Health and Wellness, the CLPNA's development of a detailed and comprehensive Competency Profile for LPNs. A first of its kind in Alberta, the profile clearly articulates the role of the LPN via a description of the knowledge, skills, attitudes, behaviours, and clinical judgments of the profession as they move from novice to expert in practice.

The project captured the spirit and dedication of 600 participating LPNs, and was published in 2000 as a public document. It didn't go unnoticed. The use of a common framework to capture and document LPN competencies in Alberta was akin to making all of the passing plays and setting up other LPN associations for a tip-in goal. Alberta's expertise and documentation was made available to other provinces, offering the ability to quickly generate a detailed validation process cost effectively in a short amount of time, versus two or more years it might take another province to build the work from the ground up. Since 2000, seven provinces have used the Alberta framework to build their own respective Competency Profiles; Manitoba, Saskatchewan, and B.C. did so in 2005, and the four Atlantic provinces will have completed their profiles in March, 2008. The Canada-wide expansion of this initiative was funded by Health Canada.

For Dr. Bill DuPerron, Director of Education and Immigration at Alberta Health and Wellness, who spearheaded the Alberta process and has facilitated the work across Canada, the results will generate a compelling horizon for LPN practice in Canada. "For the individual provinces the Competency Profile is a powerful educational tool to make the health system aware, in very clear terms, what the LPN's legislated scope of practice is. Many employers haven't been aware of it, and it's a real eye opener in terms of highlighting the advanced skill set LPNs possess in some jurisdictions." Dr. DuPerron notes three intended benefits of generating the Competency Profiles: 1) Better Mobility - a common set of terms and definitions for competencies will reduce obstacles to registration, employability and inter-provincial mobility of LPNs across Canada; 2) Training Excellence - within each province, a detailed Competency Profile can be used to ensure educational institutions are providing relevant and timely training for LPNs; and 3) More Effective Utilization - employers can use the Profiles for job descriptions, nurse resource planning, and more effective utilization of LPNs. Dr. DuPerron sees the generation of a common national competency framework for LPNs as a significant additional benefit to the initiative that will trickle down to the provinces and practicing LPNs. "The Competency Profile creates a common conversation point for the role, responsibility, and scope of practice of the LPN in Canada. There's a sum that is greater than the parts when many provinces work together - it creates a more powerful voice that can carry the LPN messages and influence evidence-based decision making for politicians, senior government officials, and CEOs of health authorities."

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PUBLIC INFORMATION

The PULSE is the official Publication of the College of Licensed Practical Nurses of Newfoundland and Labrador

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Usual editions are April, August and December. The editor welcomes feedback and suggestions from readers on this newsletter.

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MISSION

The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) protects the public through the promotion of efficient, ethical nursing care, regulation of licensed practical nursing practice, the licensure of Practical Nurses and setting the strategic direction for the organization.

VISION

To foster a professional environment where Licensed Practical Nurses (LPNs) are respected, valued as integral members of the nursing team and provide quality health care services in Newfoundland and Labrador.

VALUES

We Believe:

- Licensed Practical Nursing practice is founded on professionalism, compassion and caring
- Licensed Practical Nurses are accountable for their actions
- Licensed Practical Nurses take responsibility for lifelong learning aimed at building and maintaining professional competency and
- Partnerships with key stakeholders are essential to enhancing the profession.

The CLPNNL has the legislative responsibility for regulating the practice of LPNs in Newfoundland and Labrador. In doing so, the CLPNNL serves to protect the public, and it supports the Vision and promotes the Values of LPNs by providing leadership and supporting the integrity of the profession.

NOTICE OF THE ANNUAL GENERAL MEETING of THE COLLEGE OF LICENSED PRACTICAL NURSES OF NEWFOUNDLAND AND LABRADOR

The Annual General Meeting will be held on
June 19, 2008 (Thursday) at 1900 hrs
at the Holiday Inn
180 Portugal Cove Road
St. John's, NL

Agenda for the Annual General Meeting

Presentation of the Annual Report
Approval of the Financial Statements & Auditor's Report for 2007/08
Appointment of the Auditor for 2008/09
Presentation of the Excellence in Practice Award

Please note that the professional development workshops will not be held this year. *If you plan to attend the Annual General Meeting on June 19th please RSVP to the College's Office (Patricia McCarthy) at 709-579-3843 ext 21 prior to June 13, 2008.*

Continued from front page.

Asked whether he envisions a future in which all LPNs across Canada perform the same function, have a common Competency Profile, and have the same educational requirements, Dr. DuPerron thinks there's a path in that direction but notes it depends on the vision of leadership in the various jurisdictions. "Alberta has the broadest scope of LPN practice in Canada and it reflects an integral and improved efficiency role that the province envisions for the LPN. Alberta is seeking to set a standard of educational and practice excellence that can be a guidepost for others to follow." Utilization of LPNs in Alberta still has its challenges; however there has been progress since the introduction of the Competency Profile in 2000. A 50% utilization rate indicated in the 2007 LPN Survey is up from 33% in 2002. Dr. DuPerron also notes that the national project has made it clear that Alberta's utilization rates relative to scope of practice opportunities are the highest in Canada. "Clearly there's more work to be done to raise broad awareness of the scope and role of the LPN in Alberta. The CLPNA has made great strides forward in using the Profile as a lever to communicate, educate, and influence mindsets - starting with the LPN profession itself and moving on from there." He adds, "LPNs are THE great untapped treasure in the health sector. If employers would use LPNs, as well as RNs, to their full scope of practice there is a huge efficiency to be gained within the system while maintaining quality of care." What is clear is that the CLPNA has established a sentinel on the landscape - a landmark document that will nourish the heart of the profession. Mahatma Ghandi said "We must become the change we wish to see in the world." In the midst of rapid change in the health sector, the Competency Profile leaves the profession well equipped to deal with a rapidly changing world. It is a tool by which to forge a progressive, integral role for the LPN in the health profession. It is a lever to use to talk to others in very concrete terms about the value of the profession. But at its heart effective change is a dialogue not a shouting match. It takes time…and time will be a friend of the LPN profession. After all, Canadians are of an evolutionary rather than revolutionary nature.

With the Competency Profile, Saskatchewan now has the foundation that supports our role in the nursing family. It is a tool that both illustrates and concretizes the LPN scope of practice. Employers and government use it to identify what is within the scope of practice of the LPN. LPNs use it to understand the professional scope within which they work and for which they are accountable. Regulatory bodies use it to learn the Competencies that fall within the LPN scope of practice. I am sure it has contributed to the greater professional respect and legitimacy now afforded to LPNs in this province. On the national stage, the Competency Profile will be an invaluable tool for understanding scope of practice similarities and differences among jurisdictions. In the short term, it will engender higher levels of trust between those jurisdictions that identify comparable scopes of practice.

Chris Bailey
Executive Director
Saskatchewan Association of Licensed Practical Nurses

PEI has completed the initial steps in the development of a continuing Competency Profile. Many of the 60 LPN's who attended the focus group expressed that they believe the Profile will assist employers with development of job descriptions that better maximize the LPN competency set. Focus group discussion clearly identified a need for LPN continuing education in PEI. The PEI LPN Registration Board and the LPN Association of PEI would like to thank the College of LPNs of Alberta and Alberta Health and Wellness for providing PEI with this opportunity. To have a common LPN profile across the country will assist with mobility and a more common scope of practice across the country.

Genevieve Poole
Registrar
Prince Edward Island Licensed Practical Nurses Registration Board

As LPNs in Newfoundland and Labrador have traditionally been underutilized relative to their scope of practice in some employment settings, the Competency Profile will serve as a valuable tool to inform employers and other key stakeholders in Newfoundland and Labrador of the educational preparation of LPNs. It will also serve as the basis for the development and implementation of a Continuing Competency Program (CCP) for LPNs. The CCP will assist the College of Licensed Practical Nurses of Newfoundland and Labrador in fulfilling its mandate of public protection.

Paul D. Fisher, LPN
Executive Director/Registrar
College of the Licensed Practical Nurses of Newfoundland

The LPN profession in our province has undergone a significant transformation since the introduction of the LPN Competency Profile. It allowed for the validation of the current role and responsibilities of LPNs in Nova Scotia based on their current education, practice, and legislation. The Profile has become even more important and timely in light of a recent report (Jan. 2008 - 'Provincial Health Services Operational Review') that calls for a complete review and transformation of current models of care delivery. The Report listed 103 recommendations, and none pleases us more than the recommendation to "have LPNs work to their full scope of practice as listed within their provincial Competency Profile." From a national perspective, the validation of provincial competencies allows other jurisdictions to conduct a gap analysis and it opens the door to broader issues, including labour mobility and perhaps even a future day when national competencies for LPNs are established. Our sincere thanks to both CLPNA and Alberta Health and Wellness (especially Dr. Bill DuPerron) for the opportunity to make competency profiling a reality in Atlantic Canada.

Ann Mann
Executive Director/Registrar
College of Licensed Practical Nurses of Nova Scotia

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Information for LPNs Who Have Completed the Primary Care Paramedic Program

The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) in collaboration with the Centre for Nursing Studies (CNS) have completed a detailed assessment of the course content of the Primary Care Paramedic Program. This assessment has determined that the Health Assessment component of the Primary Care Paramedic Program is equivalent to the post basic Health Assessment course for Licensed Practical Nurses (LPNs) currently being offered through the CNS. Therefore, those LPNs who have successfully completed the Primary Care Paramedic Program can submit their certificate for the completion of this program to the CLPNNL and they will be granted equivalency for having completed the Health Assessment Course for LPNs.

Documentation: The Court's Perspective

By Joanna Noble, RN, CRM Supervisor, Risk Management, Health Insurance Reciprocal of Canada (HIROC)

Documentation is not a task most nurses look forward to but it is necessary as a health professional. It is required by legislation, regulatory bodies and employers. Your documentation acts as a permanent, accurate and complete account of the care provided to each patient. In addition, it provides valuable data to assist with administrative, utilization and research efforts, and acts as legal evidence to substantiate care rendered.

Nurses should consider their records as the most credible source of information about their judgment and critical thinking relating to the care provided. From the Court's perspective, the health record is considered one of the most detailed and reliable sources of evidence when the care provided to a patient is under scrutiny. Because the documents are "made contemporaneously by someone having personal knowledge of the matters then recorded and who are under a duty to make that entry or record", they are regarded as proof of the facts. In order to challenge the validity of the record, legal counsel for the patient must prove the documents are not the correct version of the facts.

Should a legal claim arise, a complete copy of the health record and related records are disclosed as evidence to all parties in the action, including the hospital and/or nurse's legal counsel (defense) and the patient's legal counsel (plaintiff). Related records may include (but are not limited to) X-rays, paging records, shift records, 'crib notes', email and fax correspondence and any anecdotal notes prepared by nurses after the incident. Nurses should bear in mind such records may be subject to discovery and are not private or confidential.

The records are analyzed with a fine-tooth comb to accurately recreate the care and the events leading up to the incident in question. Plaintiff's counsel will look for "lapses, errors, amendments, deletions, inconsistencies, late entries and vague entries as evidence that the hospital and/or nurses fell below the standard" of care required. Defense counsel will look for evidence to substantiate the health practitioner's recollection of events. The health records are often shared with clinical experts who comment on whether the nursing care provided met the requisite standards.

Legal claims continue to demonstrate that even the most competent, caring and dedicated nurse may be vulnerable in the absence of good documentation. Poor documentation can have a negative impact on your credibility, the value of the records as evidence, expert opinion, which could lead to a finding of negligence. To illustrate the use of heath records in legal claims, three Canadian cases are outlined below.

Case 1 – *Busy Day*

During an investigation of a case involving an infant with meconium aspiration syndrome and quadriplegic cerebral palsy following a labour and delivery, defense counsel for the hospital and its nurse obtained two expert opinions. Armed with only the health record, the experts were asked to comment on whether the standard of care was met. The composite summary of the experts' opinion follows:

Experts, Dr. Right and Nurse Petra, are critical of the sparse nursing documentation throughout the labour, both on the fetal monitoring strip and chart. In fact, Dr. Right observed that there is essentially "no writing on the strip [making] it difficult to determine if the nurse observed the concerning bradycardia features on the strip." Nurse Petra notes "the nurse [made] no record of the concerning bradycardia pattern or the deceleration of the FHR to the 60s. And there is no indication [in the records] why a vaginal exam was not conducted or oxygen administered which would be standard and expected nursing response." In absence of good records, Nurse Petra concluded the care provided was "way below the standard of care…the nurse failed to recognize and appreciate how urgently the patient needed to be treated".

During the investigation the nurse suggested the "sparse" documentation was indicative of the typically busy day on the unit.

In response to related allegations (failure to call for a timely C-section), the co-defendant obstetrician suggested the nurse's failure to notify her of the bradycardia in at timely manner impacted the timing of the C-section.

The case is in litigation. In addition, the mother launched a formal complaint with the nurse's regulatory body and an investigation is pending.

Lessons learned

This case reminds nurses of the level of scrutiny their records will face during legal action and the need to:

- Record frequently, accurately and completely.
- Not assume a "frantic day" will be accepted as an excuse for poor documentation – it does not provide evidence as to the quality of the care provided.
- Record all calls and pages, including the time and message conveyed.
- Always document:
- What care was provided
- To whom
- When
- Why
- And all outcomes.

Case 2 – *Charting by Exception*

During a routine check Nurse Tye witnessed another client, Mr. Janus, inappropriately touching Mr. Smith, when she entered his room. Her notes indicate a "disoriented" Mr. Janus was escorted out of the room and immediate care was provided to Mr. Smith.

Mr. Smith's substitute decision maker launched a legal action against the facility and several nurses alleging they had failed to prevent "physical and psychological abuse" endured by Mr. Smith. The key issue raised was whether the nurses noted Mr. Janus' "odd behaviour" and "disorientation" over the months and weeks prior to the incident, and if so, what action was taken to protect other clients.

Mr. Janus' health record revealed that there were no nursing entries recorded over a six day period prior to the event. Further, a behaviour assessment was not conducted at the time of admission, despite facility policy. In response, the nurses indicated their routine assessments had been conducted. The findings were not recorded as only a significant change in behaviour would trigger an entry in the chart.

The nurses' version of events was challenged by compelling reports made by other clients, staff and Mr. Smith's nephew, of similar incidents involving Mr. Janus.

In addition to litigation, a formal investigation was initiated by the regulatory body involving five of the nurses.

Lessons learned

This case emphasizes the nurses' ability to prove that their routine assessments of Mr. Janus took place was hampered by poor records.

- Nursing charting by exception guidelines:
- All supplementary forms and checklists should be completed in full.
- Ensure baseline assessments are conducted and the findings recorded at the time of in-take or admission. In absence, the care team has limited information on which to base when exceptional charting should take place.
- When documenting clients' or their substitute decision makers' concerns, consider using quotes to identify who made the concern.
- Ensure you document the outcomes, not simply that an assessment has taken place.

Case 3 – *Memory Limitations*

This case involved a child who suffered serious brain injury during the course of labour and delivery. One nurse, unable to recall the events of labour and delivery in detail, relied heavily on the chart as one would expect five years later. However due to incomplete and questionable records, the nurse was unable to disprove the allegations that she failed to provide adequate care. She was found liable for the baby's injuries.

After considering the evidence, the Court indicated:

My criticism of the defendant Hospital is not confined to the lack of care of its nursing staff. The hospital chart contains alterations and additions which compel me to view with suspicion the accuracy of many of the observations which are recorded.

The chart also contains at least one entry which was discovered during this trial to have been made after the fact. That also casts suspicion on the reliability of those who made the entries and undermines the accuracy of medical opinions based upon these entries and observations.

The records failed not only in the defense of the case, "they caused additional difficulties since several medical witnesses relied upon the chart during their testimony. As such, those witnesses' testimonies were considered like their records, "unsatisfactory, incomplete and unreliable.'

Lessons learned

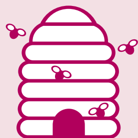
- Failure to document an accurate, honest and timely account of the care provided impacts credibility and impairs the health practitioner's ability to rely on the record during testimony.
- Poor documentation can contribute to findings of negligence.
- Late entries should be rare, not a normal part of nurses' normal practice. If late entries are required, they need to be identified as such. Do not falsify the record by attempting to hide the fact the entry took place sometime after the encountered.

Conclusion

As the case studies reveal, documentation can be a nurse's best friend or worst nightmare during a legal action. To ensure records are useful in the clinical and legal realms, nurses need to be make sure that their documentation is complete, consistent, frequent, accurate and truthful. In absence of good records, the credibility of the practitioner is often challenged, making the defense of the claim difficult.

Special thanks to Arlene Kraft, Sara Chow and Wendy Whelan

What bugs you? Methicillin Resistant Staphylococcus Aureus (MRSA)



What is MRSA?

Methicillin-resistant Staphylococcus aureus (MRSA) is a type of bacteria, a germ that is resistant to certain antibiotics. These antibiotics include methicillin and other more common antibiotics such as oxacillin, penicillin and amoxicillin. Staph infections, including MRSA, occur most frequently among persons in hospitals and healthcare facilities who have weakened immune systems.

Does everybody that comes in contact with MRSA become sick?

No, sometimes the germ lives on the body without causing infection and does not require treatment. If you have an infection with MRSA you will need special antibiotics.

Are certain people at risk of getting MRSA?

People most likely to get MRSA are those who:

- Are seriously ill
- Are hospitalized for a long time
- Have taken many antibiotics

How is MRSA spread?

It is spread from person to person on people's hands or on equipment.

Why are special precautions necessary?

Special precautions are necessary to prevent the spread to other patients in the healthcare facility.

How can we stop the spread?

Careful attention to hygiene is key to avoiding MRSA infections. Wash your hands frequently! Special attention should be paid to hand hygiene, as it is the best way to prevent the spread of infection. Hand hygiene refers to washing your hands with soap and water or using an alcohol hand rub to clean your hands.

What prevention measures should we take?

For more information, visit www.phac-aspc.gc.ca or contact the Infection Control Service for your area of practice.

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By Joanna Noble, RN, CRM Supervisor, Risk Management, Health Insurance Reciprocal of Canada (HIROC)

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Message from the College

One of the strategic directions of the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) has been to ensure the organizational structure is responsive to the growing needs of the CLPNNL. Therefore, in 2005 the CLPNNL Board approved a financial plan for the period of April 1, 2006 – March 31, 2012. In accordance with this financial plan there will be an increase in licensure renewal fees effective for the 2009/10 licensure year. The annual renewal licensure fee will increase by $ 43.36 plus HST. The current licensure renewal fee is $ 155.76 plus HST for a total of $ 176.00 ($ 6.77 bi-weekly). The new fee will be $ 199.12 plus HST for a total of $ 225.00 ($ 8.65 bi-weekly). This reflects an increase of $ 1.88 bi-weekly. **You are reminded that the HST (13%) portion maybe refundable from Canada Customs and Revenue Agency by submitting the Employee and Partner GST/HST rebate application (form code GST370 E(07) with your annual tax return.** The actual increase is $ 1.67 bi-weekly excluding the HST (13%) portion. If you are currently participating in the payroll deduction option with your employer for payment of your licensure fee you need to ensure that your employer is deducting the appropriate amount to reflect the $225.00 fee for 2009/10.

The revenue collected from licensure fees is used to cover operating expenses associated with carrying out regulatory and non regulatory functions of the CLPNNL. The regulatory functions are required by law under the Licensed Practical Nurses' Act. Non regulatory functions are those that enhance the profession of practical nursing.

These functions include

- Setting education standards for Licensed Practical Nurses
- Evaluating Practical Nursing Programs
- Licensure of Practical Nurses
- Administering of the Discipline Process
- Developing and publicizing the functions and areas of competence and Standards of Practice for Licensed Practical Nurses
- Development of documents to educate key stakeholders on the Scope of Practice and Standards of Practice for Licensed Practical Nurses
- Promotion of LPNs during Nursing Week
- Continued education activities
- Publication of newsletters

What Will This Fee Increase Cover?

- Increased costs associated with administering the discipline process
- Costs associated with the implementation and continuous promotion of the Scope of Practice, Standards of Practice and Competencies of Licensed Practical Nurses
- Costs associated with development of a Competency Profile for the profession
- Development and implementation of a Continuing Competency Program
- Continued membership in the Canadian Council for Practical Nurse Regulators (CCPNR)
- Development of educational matters to promote the CLPNNL role and responsibilities
- Increased cost associated with providing Professional Liability Insurance for LPNs
- Continued participation in the Quality Professional Practice Environment (QPPE) program, in collaboration with the Association of Registered Nurses of Newfoundland and Labrador (ARNNL)
- Decreased revenue due to a decline in membership
- Increased operational cost i.e. office supplies, postage, heat, lights, property and business taxes, insurances, telephone, internet, equipment and property maintenance etc.

PRIOR LEARNING ASSESSMENT RECOGNITION

As a LPN if you have completed any post basic education that included Medication Administration and/or Health Assessment, please contact the CLPNNL to explore what the process is to have that education assessed to determine equivalency with the post basic Medication Administration and Health Assessment Courses for LPNs that are offered through the Centre for Nursing Studies. An administrative fee of $50.00 is required for completion of all equivalency assessments and payment made directly to the Centre for Nursing Studies.

Addition of Immunization Content to the Basic and Post-Basic Courses for Medication Administration

Course content for the Administration of Immunizations was introduced to the Medication Administration Course in the basic Practical Nursing Program in the Fall semester of 2007.

Effective in the Winter semester 2008, course content for the administration of immunizations was introduced to the post basic Medication Administration course.

Effective September 2008, a learning module for the administration of immunizations will be available through the Centre for Nursing Studies for those LPNs who have successfully completed the Medication Administration Course without the immunization content.

Following successful completion of the education component for immunizations, LPNs will be able to practice the immunization competency with "direction-indirect supervision," as defined in the College of Licensed Practical Nurses of Newfoundland and Labrador Scope of Practice, Standard of Practice, Entry Level Competencies document.

EXCELLENCE IN PRACTICE AWARD

Nominations are now being accepted for the 2008 Excellence in Practice Award for LPNs. This award, which is presented annually, recognizes an individual's contribution to the practical nursing profession. The winner will receive a $500.00 scholarship and a framed certificate during the College of Licensed Practical Nurses of Newfoundland and Labrador's (CLPNNL) Annual General Meeting on June 19th, 2008. Guidelines and nomination forms are available from the CLPNNL website (www.clpnnl.ca) or by calling 1-888-579-2576 or 579-3843. The winner will be determined at a meeting of the CLPNNL Selections Committee. The nomination deadline is April 30th, 2008.
Help us acknowledge excellence in practice and nominate a colleague today!

Competency Profile Development – Seeking Your Input

Janice O'Neill, LPN Practice Consultant

As we move into phase II of the Competency Profile document development, we wish to acknowledge and thank all the faculty members of the Practical Nursing Program Centre for Nursing Studies and College of the North Atlantic who participated in the validation session on January 31st, 2008. Appreciation is also extended to Karen Polowick, Consultant who facilitated this session.

The Competency Profile is a very comprehensive, professional and detailed document which includes the knowledge, skills, attitudes and judgments related to a variety of roles held by Licensed Practical Nurses (LPNs) in healthcare settings all across Newfoundland and Labrador. LPN competencies are more than just tasks and skills. Competency includes theoretical knowledge, clinical judgment, critical thinking and technical ability. Some of the competencies have been learned in basic practical nursing education; other competencies have been acquired through advanced training and education; and others from on the job training, experience, continuing education and lifelong learning. No one Licensed Practical Nurse has competence in all aspects of the profile. All LPNs involved in the first phase of the development of the Competency Profile document agree they want a document that is: credible and comprehensive; one that is respected in the employing agencies; one that is designed to accurately reflect the knowledge, skills, attitudes and judgments within the healthcare system and one that will assist in promoting optimal utilization of Licensed Practical Nurses.

The second draft of this document will be introduced to LPNs in another series of smaller group validation sessions, beginning in April/May 2008 for critiquing, input and feedback. I want to invite and encourage involvement of Licensed Practical Nurses representing all areas of practice to participate in the development of this document. This profile will be used to support your professional practice throughout your careers. To create a document that accurately reflects current practice, we need your input! If you are interested in attending a session, please submit your name to Janice O'Neill at 709-579-3843 or 1-888-579-2576, Ext. 27.

Reminder:

For your security and protection of your privacy, measures are being taken by the office of the CLPNNL not to release any information via telephone, e-mail or in person without your full name, license number and complete mailing address. Please keep this information close by when contacting the office to request information!

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