

Guam Board of Nurse Examiners

Thursday, April 10, 2025 at 3:00 PM

Join Zoom Meeting

<https://us06web.zoom.us/j/83595847834?pwd=qsgGFl8p3a141jQYJLbJ6dhQ6XtOY.1>

Meeting ID: 835 9584 7834

Passcode: 846962

MINUTES

Item		Discussion	Responsible Party	Reporting Timeframe	Status
I	Call to Order	Chaired by: Greg Woodard	Chair	1504	Called to Order
	Proof of Publication		Chair	1504	Confirmed
	Roll Call	<div> GBNE Members: <u>Virtual Attendance:</u> <input checked="" type="checkbox"/>Greg Woodard, APRN-NPC, AOCNP, Chair <input checked="" type="checkbox"/>Anna Varghese, RN, DNP, Vice Chair <input checked="" type="checkbox"/>Charlotte Huntsman, GMRC, Public Member <input checked="" type="checkbox"/>Philip John Calalo, DNP, RN, Treasurer <input type="checkbox"/>Brenda Manzana, LPN, Secretary <input checked="" type="checkbox"/>Gia Ramos, RN <input checked="" type="checkbox"/>Margarita Gay, Member </div> <div> Other Attendees: <u>Present at HPLO:</u> Don Sulat, DPHSS/HPLO Breanna Sablan, HPLO Relita Sumaylo, DPHSS Kaysie Lee, HPLO <u>Virtual Attendance:</u> Mark Peiper, Public Joseph Blanco, Public Jolene Toves, Guam Daily Post Amanda Lee Shelton, DPHSS Deputy Director Joaquin Blaz, DPHSS </div>	GBNE	1505	Quorum Established
II	Adoption of Agenda	<i>Motion to Approve: Dr. Varghese; 2nd: G. Ramos.</i>	GBNE	1506	Unanimously Adopted,
III	Approval of Minutes	<p>Minutes dated 03/13/2025</p> <p>B. Sablan stated a correction regarding the minutes, specifically addressing a statement found in the second paragraph of page six. She clarified that the mention of hiring an off-island expert in Saipan was incorrect and should be retracted, as it pertained to a different board and not the current one. She emphasized that the related complaint is still active and proceeding through the procurement process.</p> <p><i>Motion to Approve as Amended: G. Woodard; 2nd: M. Gay.</i></p>	GBNE	1507	Unanimously Approved as Amended
IV	Treasurer's Report	<p>G. Woodard noted that financial documents had been previously distributed by B. Sablan and G. Ramos. Board members were invited to raise any concerns or questions they may have regarding the financials at this point in the meeting.</p> <p>Dr. Calalo raised a question regarding the upcoming NCSBN conferences, noting that a board member had inquired about the exact amount appropriate for those attending the events. He</p>	Dr. Calalo	1509	Noted

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		<p>requested clarification on whether that information was available.</p> <p>B. Sablan clarified that the financial report includes a general allocation for travel related to the NCSBN conferences, but no specific amount is designated per traveler. The total amount appropriated for fiscal year 2025 is \$3,600.</p> <p>There was some initial confusion with another section of the financial report, leading G. Ramos to say that the allocated amount for travel appears to be relatively low.</p> <p>G. Woodard clarified during the discussion that the \$3,600 allocation likely represents the board's portion of expenses, as the NCSBN typically covers major costs such as lodging and airfare for conference attendees.</p> <p>G. Ramos continued with a question regarding the specific purpose of the allocated funds. B. Sablan clarified the \$3,636.50 designated to cover travel expenses not paid by NCSBN. For instance, in the case of the upcoming NCSBN annual meeting in August, G. Woodard and Dr. Varghese, are confirmed attendees. B. Manzana also shared interest in attending, the travel allocation would be used to support the participation of additional members, should NCSBN not cover a third person.</p> <p>G. Ramos questioned, based on past experiences, whether NCSBN does cover the expenses for three attendees.</p> <p>B. Sablan expressed uncertainty for the current year, as NCSBN has not yet released specific details regarding funding for the upcoming annual meeting. Typically, the expenses for two attendees are covered, with only partial coverage provided for a third person.</p> <p>G. Ramos asked if details from NCSBN for the upcoming annual meeting should be released soon, considering it is scheduled for August. G. Woodard and B. Sablan confirmed the August 15th schedule.</p> <p>G. Ramos recalled that in previous years, up to four attendees may have been covered. She agreed to wait for official confirmation of what will be covered this year.</p> <p>G. Woodard asked if there was anything further to report from the treasurer to which Dr. Calalo responded that there was nothing additional to add. G. Woodard then followed up to confirm with Dr. Calalo whether his question regarding the travel allocation had been adequately addressed.</p>			
V	Committee Reports	<p>Rules and Regulations (Proposed).</p> <p>Dr. Varghese reported that the committee's work had already been endorsed after revisions, noting that the APRN portion, as well as aspects related to education and practice, had been discussed and approved in a previous board meeting. She then turned to B. Sablan for further clarification on the status of the matter.</p> <p>B. Sablan informed the board that she had already distributed the updated rules and regulations, which included the assigned attorney's review, comments, and edits. Additionally, she shared language provided by FBI legal counsel concerning the NLC. She emphasized the need to collaborate closely with the Rules and Regulations Committee to incorporate this language into the current draft, so it can be resubmitted for further review and feedback from the assigned</p>	GBNE	1515	Noted, Board Will Meet April 24 th for the Rules and Regulations

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		<p>attorney.</p> <p>Dr. Varghese expressed her willingness to coordinate to meet whenever needed.</p> <p>B. Sablan inquired about the current composition of the committee. Dr. Varghese recalled that K. Hitosis, the former APRN member, had previously participated in the revision efforts. Dr. Varghese noted that G. Woodard would now take his place to continue the review process. She was uncertain about whether Dr. Calalo had also been involved, though Dr. Varghese could confirm that she and K. Hitosis had conducted a substantial portion of the previous revisions.</p> <p>G. Woodard, Dr. Varghese, and B. Sablan coordinated their schedules to set a meeting date for further discussion on the rules and regulations. After considering conflicts such as Good Friday and the CNA examinations on April 25th, they agreed to meet on Thursday, April 24th at 2:00 PM at the HPLO office.</p>			
VI	Nursing Education	<p>Dr. Varghese reported receiving a request from Indiana University concerning an LPN to BSN program proposed in partnership with GRMC as the clinical site. It was noted that, despite the involvement of an established university, the board must require comprehensive documentation, including a memorandum of understanding, curriculum details, accreditation status, the structure of the LPN to BSN pathway, progression criteria, and faculty qualifications. These materials must align with the board's regulatory framework, particularly the criteria outlined in Standard Six, from section 6.1A through approximately 6.8. Emphasis was placed on the importance of adherence to all applicable rules and regulations, not only because this involves more than just a clinical site, but also due to the board's responsibility to ensure public and community safety in the approval of such programs.</p> <p>G. Woodard affirmed that the proposal from Indiana University involves not only clinical training at GRMC but also includes didactic instruction.</p> <p>Dr. Varghese further clarified that although Indiana University's letter of request referenced only clinical placements, the inclusion of didactic components would necessitate full program approval. It was emphasized that approval would not be limited to clinical training alone, but would encompass the entire program, requiring submission of documentation such as memoranda of understanding, curriculum details, and accreditation verification. She noted that no communication had yet been received from GRMC regarding the proposal. She suggested that a representative or faculty member involved in the program should attend a future board meeting to provide clarification and address any questions. Given the scope of what appears to be a new program, she stressed the importance of adhering to established standards and regulatory procedures before granting approval. G. Woodard agreed that Indiana University must adhere to the same standards and regulatory requirements as any other university operating on Guam.</p> <p>G. Ramos directed a question confirming that the letter in question originated from Indiana</p>	Dr. Varghese	1519	Noted. B. Sablan will Draft a Memo to the OAG for Further Clarification

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	<p>University. Dr. Varghese confirmed that the letter had been sent to GB&E from Indiana University and clarified that it did not originate from GRMC or any other source. It was clarified that the letter from Indiana University was a request for approval of their program, addressed to the board, requesting approval to establish a clinical site in Guam. G. Ramos asked whether the LPNs involved in the program would be under UOG. Dr. Varghese clarified that UOG has no involvement in their program. G. Ramos also wanted clarification that the LPNs participating in the program are not licensed through the board. Dr. Varghese expressed that there are still many unanswered questions regarding the program, as the request letter from Indiana University did not provide sufficient details. She acknowledged having numerous questions about the proposal herself that need to be addressed. G. Ramos raised another question about the board's role in overseeing off-island nursing programs, given that the board would not be responsible for testing, credentialing, or awarding degrees to the nurses involved. She noted that, similar to arrangements with the University of San Francisco for rural healthcare experience in Saipan, the agreement appears to be between the private institution and the university, with the university having oversight over credentialing and determining the appropriateness of clinical sites. She sought clarification on where the board's oversight fits into such partnerships, especially when they do not involve UOG or GCC.</p> <p>Dr. Varghese confirmed that the board only oversees the programs at UOG and GCC. She expressed that the situation was new to her and emphasized that, although the request involves a clinical site, the primary concern is public safety, as the patients are community members. She referenced a recent incident in Florida involving unaccredited programs to highlight the importance of ensuring that any clinical site operates under appropriate standards. While acknowledging that the board is not responsible for controlling the program itself, it was stressed that the board must at least review the program's pathway, as it directly affects local students who will be participating in the program. Dr. Varghese highlighted the responsibility of ensuring that the program aligns with the board's standards to protect the public and the students involved. C. Huntsman, the public member who also works at GRMC, shared that the facility receives numerous requests and maintains several memoranda of understanding with educational institutions seeking to use GRMC as a clinical site. She raised a concern aligned with G. Ramos's earlier point, questioning whether the board would now be expected to exercise oversight over all such schools—many of which are online institutions—that send a small number of students to utilize GRMC for clinical training. She noted that the volume of such requests is significant, prompting the need for clarity on the board's role in these types of partnerships. G. Ramos noted that typically, agreements for clinical placements are made directly between the educational program and the clinical site, with the site assuming responsibility for the students during their training.</p> <p>C. Huntsman clarified that the responsibility in these clinical site agreements is shared. While</p>			

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		<p>liability primarily rests with the school, the clinical facility is also obligated to adhere to specific requirements outlined by the educational institution. These expectations are typically detailed in the memorandum of understanding and function similarly to a checklist that the clinical site must follow to maintain compliance with the school's standards. G. Ramos discussed the broader implications of approving clinical site arrangements for off-island or online nursing programs. It was noted that the responsibility for oversight typically falls to the school's accrediting agency, and most of these universities or online schools are accredited institutions, not issuing fraudulent credentials. However, there was concern that if the Guam Board of Nurse Examiners begins approving such arrangements, it may significantly expand its responsibilities. G. Ramos acknowledged the increasing frequency of these requests due to globalization and the rise of online education. The standard process was outlined, where the educational program negotiates directly with a clinical site and then seeks approval from its accrediting agency to validate that site. She also noted that certain programs, particularly those for nurse practitioners, often do not permit out-of-state clinical placements, requiring students to travel to the home institution for clinical completion. She expressed concern that being involved in approving these types of partnerships could potentially expose the board to additional liability.</p> <p>Dr. Calalo expressed additional concerns regarding the proposed clinical arrangement for the LPN to BSN program, questioning whether it is an advanced-placement LPN program and requesting clarification on the academic level of the students involved. He also highlighted that GRMC, while potentially entering into a memorandum of agreement, is currently limited to providing adult clinical training and does not cover essential areas required for LPN programs, such as maternal-child health, psychiatric care, and community health. He raised the question about who would be responsible for oversight, including accreditation, and whether the board would be expected to conduct site visits during practicum hours. Dr. Calalo also sought clarification on the nature of the program's didactic components—whether they are simulation-based, hands-on, or observational—emphasizing the need for a comprehensive understanding before any approval is considered.</p> <p>Dr. Varghese noted that the board had not yet received the necessary documentation related to the proposed LPN to BSN program. She suggested to compile all the board's questions into an email, with B. Sablan and D. Sulat tasked to formally respond to the request for clarification. She emphasized the need for detailed information regarding the program's structure and progression, including which specific courses would be delivered locally—such as whether the instruction would be limited to fundamentals or medical-surgical nursing, or if it would encompass a broader curriculum, as required for a complete LPN to BSN pathway. She expressed a willingness to either invite a representative from the program to attend a future meeting or to send an official inquiry by email to obtain the necessary information.</p> <p>G. Ramos expressed appreciation for the insights shared and acknowledged Dr. Varghese for</p>			

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		<p>initiating the discussion. She raised a critical concern regarding whether the board's existing rules and regulations authorize it to exercise oversight over out-of-state nursing programs whose students seek clinical placements through private agreements with local facilities. She stressed the importance of obtaining legal counsel to clarify the board's authority and potential liabilities, especially in scenarios where the board might deny a student the opportunity to complete clinical requirements locally. She noted that such decisions—whether to approve or deny—could expose the board to legal risks, particularly when dealing with programs over which the board has no formal jurisdiction. While public safety remains a key concern, she reiterated the necessity of legal guidance to ensure the board acts within its scope and is prepared for similar future requests, given the increasing prevalence of online programs and student demand for local clinical placement opportunities.</p> <p>B. Sablan clarified that the board does, in fact, have regulatory authority over such matters under its existing rules. She cited 10 GCA Chapter 12, specifically subsection 12.321, which states that any institution intending to conduct a basic preparation program for registered nurses, practical nurses, or advanced practice registered nurses on Guam must apply to the board for accreditation. The statute requires the submission of satisfactory documentation addressing a range of concerns, many of which align with the issues raised during the discussion. She affirmed that this provision establishes the board's oversight responsibilities and authority in regulating nursing education programs operating within Guam. Dr. Varghese reiterated her earlier point regarding the relevance of Standard Six of the nursing education guidelines, which outlines the comprehensive set of requirements the board must assess—whether the program involves clinical training only or includes both clinical and didactic components. She emphasized the importance of reviewing the curriculum, particularly the LPN to BSN progression pathway, and all other elements mandated by regulation. While supporting the need for legal counsel, she acknowledged the delicate balance between denying a program—potentially limiting local educational opportunities—and approving one, which could introduce liability. She also recommended reaching out to the executive director who initially sent the inquiry, noting that she is open to sharing any requested documentation or information to help address the board's questions.</p> <p>G. Ramos expressed appreciation to B. Sablan for highlighting the relevant ruling. It was clarified that the ruling pertains to cases where a program is seeking accreditation with the board. Therefore, the board needs to confirm with Indiana University whether they are seeking accreditation for their program with the board. If this is the case, then the board would be responsible for overseeing it. G. Woodard acknowledged that there are two distinct matters being discussed: one is a school that operates on Guam, while the other concerns a school that seeks to conduct clinicals on Guam. These should be considered as disparate programs. G. Ramos clarified that the law pertains to seeking accreditation, while Indiana is requesting permission to</p>			

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		<p>conduct clinicals on Guam.</p> <p>G. Woodard emphasized that the situation is different from accrediting the program as a school, which is the responsibility of the Indiana Board of Nursing or a national accrediting body. He suggested considering an update to their rules and regulations to clarify that they will accept students for clinicals on Guam only from accredited institutions. G. Ramos agreed that the suggestions were valuable and stressed the importance of obtaining legal advice regarding the law referenced by B. Sablan to ensure clarity on the matter. G. Woodard asked Dr. Varghese to clarify the two accrediting bodies responsible for accrediting schools of nursing. Dr. Varghese clarified that Indiana University is already accredited by ACEN, and the request from the university pertains to a new program allowing students from Guam to complete their clinicals locally. The university is seeking approval for this clinical arrangement, rather than seeking accreditation for the program itself. G. Woodard confirmed that while the students will complete their clinicals in Guam, their degrees will be conferred by Indiana University, not any institution based on Guam.</p> <p>Dr. Varghese acknowledged the need to ask Indiana University several key questions, including the full scope of their program and the courses involved in the LPN to BSN pathway. She suggested holding a work session, rather than a formal meeting, where the board could collectively draft their questions and concerns. During this session, they could also seek legal advice. Afterward, they could review and approve the program at the next board meeting and communicate the necessary information via email. B. Sablan clarified that since the nursing board does not have an assigned attorney from the Office of the Attorney General, any legal advice needed would have to be requested by the board. The board would need to bring their questions to the Attorney General's office for review and guidance. Dr. Varghese reiterated that the board members hold a work session to compile their questions about the Indiana University LPN to BSN program. She mentioned that she already had about 10 questions and expected other members to have additional questions as well. Once the questions are compiled, they will send them to B. Sablan. B. Sablan confirmed this process and stated that she would send the final draft of the memo to the board members for review before submitting it.</p>			
VII	Executive Officer's Report	A. GBNE Complaints		1542	
		<p>1. GBNE-CO-20-007/1, 2, 3, 4, 6 & 7 Received 9/16/20.</p> <p>R. Sumaylo reported that the status of the matter remains unchanged as they are still waiting for someone to look over things. G. Woodard confirmed that the status of the case remains unchanged, as funding previously requested for an off-island consultant had been denied. However, the board intends to re-submit the funding request in hopes of progressing toward a resolution. It was acknowledged that the delay is frustrating, but at this time, no further developments were reported. B. Sablan clarified that the funding for the off-</p>	GBNE		On-Going Board must Proceed with a Formal RFP Process to Obtain Required Service to Close the Case

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		island consultant had not been denied, but rather the procurement method initially used was not approved. The attempt to process it as a small purchase through a purchase order was rejected because it involved professional services. Therefore, the board must now proceed with a formal RFP process in order to secure the necessary services. G. Woodard expressed appreciation for the explanation provided regarding the procurement issue.			
		B. NCSBN Travel R. Sumaylo reported upcoming travel plans related to the National Council of State Boards of Nursing, outlining four key trips as listed below. These include a virtual REXPN conference scheduled for April 17, 2025, and an in-person System Case Management conference in Santa Rosa, California, from April 29 to 30. Additionally, the board noted attendance at the Nurse Licensure Compact (NLC) annual meeting in Chicago, Illinois, from August 12, 2025, and participation in the NCSBN Board of Directors meeting also in Chicago, slated for December 1 through 10, 2025. It was noted that the virtual conference would not require travel, and the board planned to verify the accuracy of the December dates due to its length. G. Woodard noted that he and Dr. Varghese would be attending the NCSBN annual meeting, with the possibility of a third participant pending confirmation. While no additional board members had yet expressed interest in attending the other scheduled events, it was acknowledged that attendance would likely depend on the availability of funding from NCSBN. R. Sumaylo confirmed that for the NCSBN annual meeting scheduled for August 12th, 2025, G. Woodard, Dr. Varghese, and B. Manzana had expressed interest in attending. However, final participation would depend on available funding from the NCSBN. As for the Board of Directors meeting in December, no board members had yet indicated interest in attending. R. Sumaylo confirmed she would verify how many attendees the NCSBN would fund for the August annual meeting. In response, G. Ramos expressed interest in attending if an extra slot became available or if someone else backed out. R. Sumaylo acknowledged and thanked G. Ramos for her interest. G. Woodard added that he believed attendance at the August meeting was mandatory for him. However, he requested confirmation on whether his attendance was indeed required and noted he would yield his spot for G. Ramos if it was not mandatory. G. Ramos affirmed that it would be beneficial for G. Woodard to attend the meeting in person.			Noted
		1. Virtual REx-PN Conference - April 17, 2025			Noted
		2. Discipline Case Management - April 29-30, 2025 / Santa Rosa, CA			Noted
		3. NLC/Annual Meeting - August 12-15, 2025 / Chicago, IL			Noted
		4. Board of Directors Meeting - December 1-10, 2025 / Chicago, IL			Noted

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VIII	New Business	<p>A. LPN SCOPE OF PRACTICE</p> <p>R. Sumaylo provided an update regarding a request from the Guam Regional Medical City. GRMC sought clarification on whether a LPN, in collaboration with a licensed respiratory therapist, could perform tasks typically within the respiratory therapist's scope of practice. These tasks included inhalation treatment, incentive spirometry, barometry, oxygen assistance with intubation procedures, and high-flow oxygen management following a respiratory therapist's assessment. Essentially, GRMC inquired if these activities fall under the LPN's scope of practice. G. Woodard noted that the scope of practice for LPNs is outlined in the Nurse Practice Act, and there doesn't appear to be any specific restriction preventing LPNs from performing the tasks in question. However, the responsibility lies with the facility to determine what specific duties a provider, such as an LPN, is allowed to perform within that facility.</p> <p>Dr. Varghese acknowledged that the scope of practice for LPNs is clearly defined, but ultimately, it is the responsibility of the facility to train LPNs and implement SOPs to guide their practice. Like how critical care nurses are trained to perform procedures beyond the typical RN scope, each institution has the authority to determine the specific procedures that LPNs are allowed to perform, provided there are appropriate protocols in place. G. Ramos asked Dr. Varghese if LPNs receive education on respiratory therapy, particularly focusing on oxygenation as part of their adult health and medical-surgical nursing curriculum. Dr. Varghese clarified that it teaches adult health, medical surgical nursing. G. Ramos also agreed that it is up to the facility to determine if they want to implement in-house certifications to allow LPNs to perform certain procedures related to respiratory therapy.</p> <p>Dr. Calalo mentioned that at GMH, some LPNs are assigned to the respiratory department, where they undergo competency training specific to their scope of practice. The LPNs are allowed to administer breathing treatments, but only for stable patients, particularly in medical-surgical, surgical, and regular telemetry units. However, they are not permitted to perform intubations or arterial blood gas procedures. Dr. Varghese acknowledged that the scope of practice for LPNs is already defined, and they should not exceed those boundaries. However, oxygenation is part of their education, and organizations or agencies can establish skill checkoffs and align them with the scope of practice. Additionally, LPNs can work under the supervision or guidance of a respiratory therapist for certain tasks. Dr. Calalo agreed, stating at GMH, the practice for administering breathing treatments involves co-signing by an RN. G. Woodard explained GRMC would need to outline the practice for LPNs, ensuring they operate within the scope of the Guam Nurse Practice Act. The broad nature of the scope is intentional, as it allows for the incorporation of new</p>	GBNE		Noted

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		<p>technologies. Ultimately, it is the responsibility of the facility to credential its staff and bear the liability if issues arise.</p> <p>M. Gay expressed concern that while LPNs are trained in basic and advanced life support, including understanding intubation, the act of assisting with intubation is considered invasive and typically falls outside the LPN scope of practice. At GMH, RNs are allowed to assist in intubation procedures, but LPNs are not. Therefore, if LPNs are involved in such settings, they must be closely monitored, and an RN should oversee any activities related to intubation, as it is not considered within the LPN's authorized scope. G. Woodard provided clarification that the inquiry from GRMC did not request LPNs to perform intubations themselves. Rather, it pertained to LPNs assisting with intubation procedures, not conducting them independently. It was also noted that while intubation falls within the respiratory therapist's scope of practice, they do not frequently perform the procedure themselves. The request was not aimed at altering the LPN scope of practice to include intubation, but rather at confirming whether assisting in such procedures, under proper supervision, aligns with existing practice boundaries.</p> <p>It was confirmed by R. Sumaylo that the request from GRMC was specifically for LPNs to assist with the intubation procedure, not to perform the intubation. G. Woodard added supportive tasks such as suctioning would be the assistance LPNs would provide. M. Gay apologized for her misunderstanding. R. Sumaylo inquired about the board's position, specifically asking for clarification on whether the proposal was for facilities to establish a formal scope of practice for LPNs engaging in any respiratory therapy-related care for patients. In response, G. Woodard clarified that the facility intending to have LPNs perform respiratory therapy-related duties must be credential of those individuals accordingly. It was emphasized that there is no need to amend the Guam Nurse Practice Act, as the tasks in question are already encompassed within the existing scope of practice. R. Sumaylo acknowledged the clarification provided by G. Woodard. Lastly, G. Woodard discussed the distinction between scope of practice and credentialing, affirming that the scope of practice falls under what we do as a board, while credentialing is the responsibility of the employing institution. G. Woodard clarified this distinction, and board members were invited to provide further input or corrections if needed. Dr. Calalo confirmed G. Woodard's clarification.</p>			
		B. APPOINTMENT of ADVISORY COMMITTEE			Unanimously Tabled
		B. Manzana was not present to report. <i>Motion to Table: G. Woodard; 2nd: G. Ramos.</i>			
		C. NCLEX Exam			
		1. Joseph Cha			Noted, The Board Opposed Approval of the
		J. Cha was not present. R. Sumaylo asked the board if they wanted to know			

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		<p>why he was invited to the board meeting, with a suggestion to either address the matter during the current meeting or transfer it to the next one. G. Woodard thought he was applying to take the NCLEX exam. R. Sumaylo clarified that J. Cha wanted to challenge the NCLEX RN exam despite not having completed his BSN or AD program. This was the main issue he was seeking to address Dr. Varghese inquired about the details of the program J. Cha had attended, asking for clarification on what exactly the question was regarding his situation. R. Sumaylo clarified that J. Cha did not graduate from any of the accredited universities as a BSN, and he wanted to challenge the NCLEX RN exam despite not having completed his BSN. The question raised was whether it is necessary to have a BSN to take the RN exam, seeking confirmation on the requirement. Dr. Varghese explained to apply to take the NCLEX, if he has not done an RN program, then his transcripts would need to be reviewed. According to R. Sumaylo, J. Cha had completed a two-year accredited nursing program in Florida.</p> <p>Dr. Varghese emphasized that before applying for NCLEX the board would need to review its transcripts to ensure that he had completed an accredited nursing program and met all the necessary credit requirements. This was particularly important due to a past incident in Florida where a similar situation caused significant issues for both the candidate and the educational institution. She discussed the need to be cautious and to request Cha's transcripts for proper evaluation before making any decision on his eligibility to take the exam. G. Woodard questioned why someone wouldn't request that in Florida if one went to school in Florida. Dr. Calalo raised concern whether the program he attended was even accredited to begin with. Dr. Varghese emphasized the need to confirm whether the program he attended in Florida was accredited either by the board or a national accrediting body. Dr. Calalo noted this red flag, pointing out that even BSN-trained nurses sometimes make fundamental errors, raising further concern about approving a candidate who had not formally completed a nursing degree. Both Dr. Calalo and Dr. Varghese firmly opposed approval under these circumstances.</p>			Candidate
		D. NEW APPLICATIONS			
		<p>1. Marc Peiper M. Piper, a nurse practitioner currently residing in Florida, addressed the Guam Board of Nurse Examiners to express his appreciation for the Board's organization and efficiency, which he contrasted favorably with the Florida Board of Nursing. He noted that his issue, which involved reinstatement complications due to Florida's separation of RN and APRN licensures in 2018,</p>			Noted, Issue was Resolved Previously.

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		<p>had been resolved. He confirmed that his application for endorsement had been approved and had no additional concerns, concluding his remarks by thanking the Board. G. Woodard acknowledged the confusion surrounding licensure requirements in many states, particularly the need to maintain both RN and APRN licenses separately. He expressed hope that this might change in the future but accepted the current regulations as they stand. M. Piper shared that he initially obtained his license over 20 years ago and had always maintained a single license covering both RN and APRN roles. However, when the state of Florida separated the two licenses, he missed the change due to his facility handling his credentialing at the time. Despite the confusion, the issue has since been resolved, and he expressed his appreciation to the board for their time and support. R. Sumaylo inquired whether M. Piper would be able to endorse his RN license, and it was clarified that there were no issues preventing endorsement. G. Woodard expressed general agreement and supported the endorsement process to proceed without any special provisions, if no problems were identified.</p>			
		<p>2. Hugo Blanco H. Blanco was present but had no audio. R. Sumaylo noted that H. Blanco was attempting to obtain his RN licensure using an evaluation from NACES. However, the standard accrediting body typically used for this process is CTFNS. H. Blanco inquired whether the NACES evaluation would be acceptable in place of CTFNS. G. Woodard inquired whether the use of CTFNS, rather than NACES, is specifically outlined in the scope of practice or in the rules and regulations governing RN licensure. He asked Dr. Varghese for clarification, given her familiarity with the regulatory requirements.</p> <p>Dr. Varghese clarified that the Board typically accepts credential evaluations from either the CGFNS or World Education Services, WES, both of which are recognized global evaluators. She stated that the Board is not familiar with NACES, particularly in the context of international credentials, and emphasized the importance of using widely recognized agencies like CGFNS or WES for the evaluation of foreign nursing education. G. Woodard stated that the Board's rules and regulations require the use of recognized evaluation services such as CGFNS or WES, and therefore, special exceptions cannot be made outside of these established guidelines. G. Ramos suggested that the Board inquire with the NCSBN to clarify if newer educational transcript evaluation services, such as NACES, are acceptable. She noted that new evaluation services often emerge, and it would be beneficial for the Board to confirm their legitimacy with NCSBN. She also indicated that such services would likely need</p>			Applicants May Only Apply Through one of the Two Organizations Accepted by the GBNE Rules and Regulations.

Item		Discussion	Responsible Party	Reporting Timeframe	Status
		<p>accreditation or certification from NCSBN to be recognized as an approved education evaluation service.</p> <p>G. Woodard mentioned that even if NCSBN approves an educational transcript evaluation service, the Board would still need to update its own rules and regulations to officially recognize the service. Approval from NCSBN alone would not automatically align with the Board's existing standards. G. Ramos noted that the current regulations specify CGFNS and WES, but there is flexibility for modifications as changes occur in the industry. As new companies emerge and others close, the Board should remain open to adding new evaluation services to its approved list. G. Woodard agreed that while the Board should remain open to new evaluation services, the process must be structured and cannot involve immediate acceptance of new services without proper consideration and review. G. Ramos emphasized that the foremost consideration in accepting new evaluation services would be whether they are recognized and accepted by the NCSBN as an approved Education Evaluation Service.</p> <p>A motion was proposed by G. Ramos to request confirmation from NCSBN regarding whether NCES is recognized as part of the accredited Educational Evaluation Services. If NCES is approved, the board would then explore how to incorporate it into the list of accrediting Educational Evaluation Services for the Guam Board of Nurse Examiners, though it may take some time to complete the process. While awaiting confirmation from NCSBN regarding the accreditation status of NCES, R. Sumaylo discussed how to proceed with H. Blanco's case, whether to have him wait for the decision or take further action in the meantime. G. Woodard suggested that he should apply to one of the other two organizations that are already accepted, implying that this could be a suitable alternative while the board waits for further clarification regarding the NCES accreditation. Dr. Varghese expressed agreement with G. Woodard's suggestion, emphasizing that while it is beneficial to inquire with NCSBN, the board should proceed with the existing accreditation bodies for the time being.</p> <p><i>Motion to Follow the Rules and Regulations of the GBNE: G. Woodard; 2nd: M. Gay.</i></p>			
		<p>E. APPROVED APPLICATIONS</p> <p>R.Sumaylo highlighted that there were 16 approved CNAs, 20 approved RNs, four APRN applications, three CRNA applications, and three prescriptive applications.</p>			Noted
		<p>1. Courtney Van Meter Camacho, CNA</p>			Approved

Item		Discussion	Responsible Party	Reporting Timeframe	Status
		2. Noewalh Sanpedro Burnett, CNA			Approved
		3. Anah Marie Flores, CNA			Approved
		4. Isabella Joi Herrera Anderson, CNA			Approved
		5. Martha Agustin, CNA			Approved
		6. Jeamhil Padios Aninag, CNA			Approved
		7. Henry Kokkeler, CNA			Approved
		8. Trisha Yabut Catacutan, CNA			Approved
		9. Alexandra Nicolette Evasco Caguioa, CNA			Approved
		10. Neleh-Jan San Agustin Leon Guerrero, CNA			Approved
		11. Ashley Chua Wan, CNA			Approved
		12. Alora Sotomil, CNA			Approved
		13. Alaysia Bautista, CNA			Approved
		14. Jasmine Perez, CNA			Approved
		15. Geryn Rose Naldoza, CNA			Approved
		16. KC Renzo Cadag, CNA			Approved
		17. Melinda Ong, RN			Approved
		18. Jordan Pertzborn, RN			Approved
		19. Annabelle Solis Pacete, RN			Approved
		20. Alexa Murielle Cruz Go, RN			Approved
		21. Flordeliz P. Cafino, RN			Approved
		22. Loren Gary Birsberger, RN			Approved
		23. Stephanie Pelena Ybarzabal, RN			Approved
		24. Jennifer Veselka, RN			Approved
		25. Courtney Rae Rittenhouse, RN			Approved
		26. Arianne Faith Alvior Diehl, RN			Approved
		27. Kaylee Jane Pittman-Fedewa, RN			Approved
		28. Rosita Maria Diaz Duenas, RN			Approved
		29. Yingying Hu, RN			Approved
		30. Danica Manaloto, RN			Approved
		31. Melinda Ong, RN			Approved
		32. Lyra Lyon McGuire Surrency, RN			Approved
		33. Jade Asante, RN.			Approved
		34. Michael Superfisky, RN			Approved
		35. Dale Pasco, RN			Approved
		36. Jocelyn Barracoso, RN			Approved

Item		Discussion	Responsible Party	Reporting Timeframe	Status
		F. APRN APPLICATIONS			
		1. Melinda Ong			Approved
		2. Lyra Lyon McGuire Surrency			Approved
		3. Jade Asante			Approved
		4. Michael Superfisky			Approved
		G. CRNA APPLICATION			
		1. Michael Superfisky			Approved
		2. Kristin Barth			Approved
		3. Xiaodong Zhai			Approved
		H. PRESCRIPTIVE APPLICATIONS			
		1. Jasmin Sullivan			Approved
		2. Lyra Lyon McGuire Surrency			Approved
		3. Suzanne D. Lobaton			Approved
IX	Next Board Meeting	Next Scheduled Meeting will be Thursday, May 8, 2025 at 3pm.	GBNE	1615	Set Meeting Date.
X	Adjournment	<i>Motion to Adjourn: Dr. Varghese; 2nd: G. Ramos.</i>	GBNE	1616	Adjourned

Minutes Drafted by: FLAME TREE Freedom Center, Inc.

Date Submitted: 4/25/25

Submitted by the GBNE Secretary:

Date: 5/12/25

Approved by the GBNE with or without changes:

[Signature]
[Signature]
APRN-NPC, ACNP

Date: 5/8/25

Certified by or Attested by the Chairperson:

[Signature]
[Signature]
APRN-NPC, ACNP

Date: 5/8/25