PURPOSE
On August 1, 2013 Minnesota’s newly revised Nurse Practice Act was signed into law. It was informed by statewide listening sessions conducted for a variety of stakeholders and held by the Minnesota Board of Nursing’s Practice Committee in the summer of 2012. The revisions were made expressly to provide greater clarity and to remove barriers to practice for registered nurses and licensed practical nurses, as well as meet the needs of consumers of nursing now and into the future.

LEARNING OBJECTIVES
• Describe the revisions made to Minnesota’s Nurse Practice Act and why changes were made.
• Compare and contrast the old with the new Practice Act language to become familiar with the differences.
• Identify what implications the changes will have for the day-to-day practice of an RN and an LPN in all provider settings.

AUDIENCE
Licensed professional nurses working in the following settings:
• Home Care Agencies
• Housing with Services/Assisted Living
• Skilled Nursing Facilities
• Hospice

PRESENTERS
RENE CRONQUIST, BA, JD, RN, Director of Practice and Policy; and ANN M. JONES, PhD, RN, Director of Education and Credentialing, Minnesota Board of Nursing, Minneapolis

ABOUT THE AUDIO CONFERENCE FORMAT
This lower tech educational delivery option will allow you to train multiple staff, while promoting ease in asking questions during facilitated Q & A time. Participants will also be able to follow along with the electronic handouts that will be sent to all registered facilities that can be shown on a computer screen with or without an LCD projector.

CEUs
CEUs are not available for this audio conference.

REGISTRATION INFORMATION AND FEES
Aging Services of Minnesota Members - $75 per phone line
Prospective Members - $95 per phone line
Registration fee includes the cost of the conference call and handouts. Dial-in information and handouts will be sent prior to the audio conference to confirmed participants.
REGISTRATION FORM

Minnesota’s Newly Revised NURSE PRACTICE ACT
Tuesday, September 10, 2013 (Audio Conference)

NAME _____________________________________ TITLE ___________________________________
E-MAIL (required) ______________________________________________________________________
ORGANIZATION _________________________________________________________________________
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