

# Professionalism in the Nursing Profession and the Board of Nursing: What is a Nurse's responsibility to professionalism?

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March 19, 2026 0830-1000  
Albuquerque, Embassy Suites



## Agenda & Objectives

### Introduction

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Participants will be able to correctly identify the hallmarks of a profession;

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Participants will be able to correctly identify the role of the licensee in maintaining the profession;

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Participants will better understand the role of the New Mexico Board of Nursing;

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Participants will be able to articulate the process for addressing violations of the Nursing Practice Act.

# But first, What are the Hallmarks of a Profession?

A profession is an occupation which requires specialized training  
(Blais & Hayes, 2016).

A profession requires prolonged training and formal qualifications  
(Ritchie & Gilmore, 2013).

A profession ensures competent performance of individuals within its ranks  
(ANA, 2021).

Professions are distinguished by certain specific characteristics:

- national body of authority; (do we have?)
- formal educational requirements; (do we have?)
- autonomy of practice; (do we have?)
- adherence to a code of ethics; (do we have?)
- expanding and verifying knowledge; (do we have?)
- regulation and ensurance of standards; (do we have?)
- common culture and values among the membership. (do we have?)  
(Joel & Kelly, 2006).


## LACE:

Licensure by the state

Accreditation of Educational Institutions

Competency and Certification

Education and Expertise



Think about a case in the news  
where you heard that a nurse  
failed to uphold her/his duty to a  
patient.

WHAT DOES THAT DO TO YOUR PROFESSION?

MOST TRUSTED?

# Why does the Board of Nursing exist?

Protect the Public.

Who is the Public?

Do we trust each other?

What if it's my child? My mother? My grandfather?

Being attended by a nurse who seems to have no regard for safety measures.....



# New Mexico Board of Nursing Authority

Established in 1923

Governor by State Statute appoints a seven-member Board of Nursing

The Board by statute hires a nurse executive to operate the board of nursing agency

The Board by statute follows a somewhat complex procedure to change rules



There is created a seven-member “board of nursing.” The board shall consist of four licensed nurses, one preferably a licensed practical nurse, and three members who shall represent the public and shall not have been licensed as a registered or licensed practical nurses, nor shall the public members have any significant financial interest, direct or indirect in the profession regulated. §61-3-3. A.



## THERE IS A DIFFERENCE:

New Mexico Statutes Annotated, NMSA>laws.

### **ARTICLE 3 Nursing**

#### **61-3-1. Short title.**

Chapter 61, Article 3 NMSA 1978 may be cited as the "Nursing Practice Act".

**History:** 1953 Comp., § 67-2-1, enacted by Laws 1968, ch. 44, § 1; 2003, ch. 276, § 1; 2003, ch. 282, § 1; 2003, ch. 307, § 4.

New Mexico Administrative Code, NMAC>rules.

Simply put, rules are a special category of law written by state agencies to support, clarify, or implement specific laws enacted by the legislature called statutes.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING  
CHAPTER 12 NURSING AND HEALTH CARE RELATED PROVIDERS  
PART 1 GENERAL PROVISIONS

16.12.1.1 ISSUING AGENCY: New Mexico Board of Nursing.

## ROLE OF NEW MEXICO BOARD OF NURSING

- 7-Member Board appointed by the Governor  
Recommendations from Nursing Associations  
- NMNA, NMNPC, Others
- Board members are volunteers
- Board members donate hundreds of hours
- The Board hires the Executive Director  
The Board promulgates rules based on needs,  
Patient Safety and Nurse Professionalism:
- Protect the public
- Nurses are the public too
- Professions regulate themselves
- Or someone else will do it.....



Monica Arencon-Smith,  
MSN, APRN, FNP-BC  
Nurse Member  
Bernalillo County  
Chair  
Term ends 07/01/2028



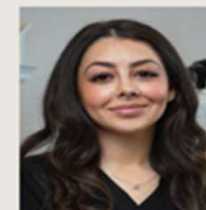
Dr. Jacqueline Kaiser,  
DNP, APRN-CRNA  
Nurse Member  
Bernalillo County  
Vice Chair  
Term ends 07/01/2026



Pam Cordova,  
MA, BS  
Public Member  
Valencia County  
Term ends 07/01/2026



Candi Miller-Morris,  
MSN, RN, CNS, CCRN  
Nurse Member  
Chaves County  
Term ends 7/1/2027



Kasey A. Serrano  
LE  
Public Member  
Sandoval County  
Secretary  
Term ends 7/1/2028



Dr. Emily Haozous  
PhD, RN, FAAN  
Nurse Member  
Santa Fe County  
Term ends 7/1/2029

# NEW MEXICO BOARD OF NURSING WEBSITE

## License Compact

## Nursing Practice Act

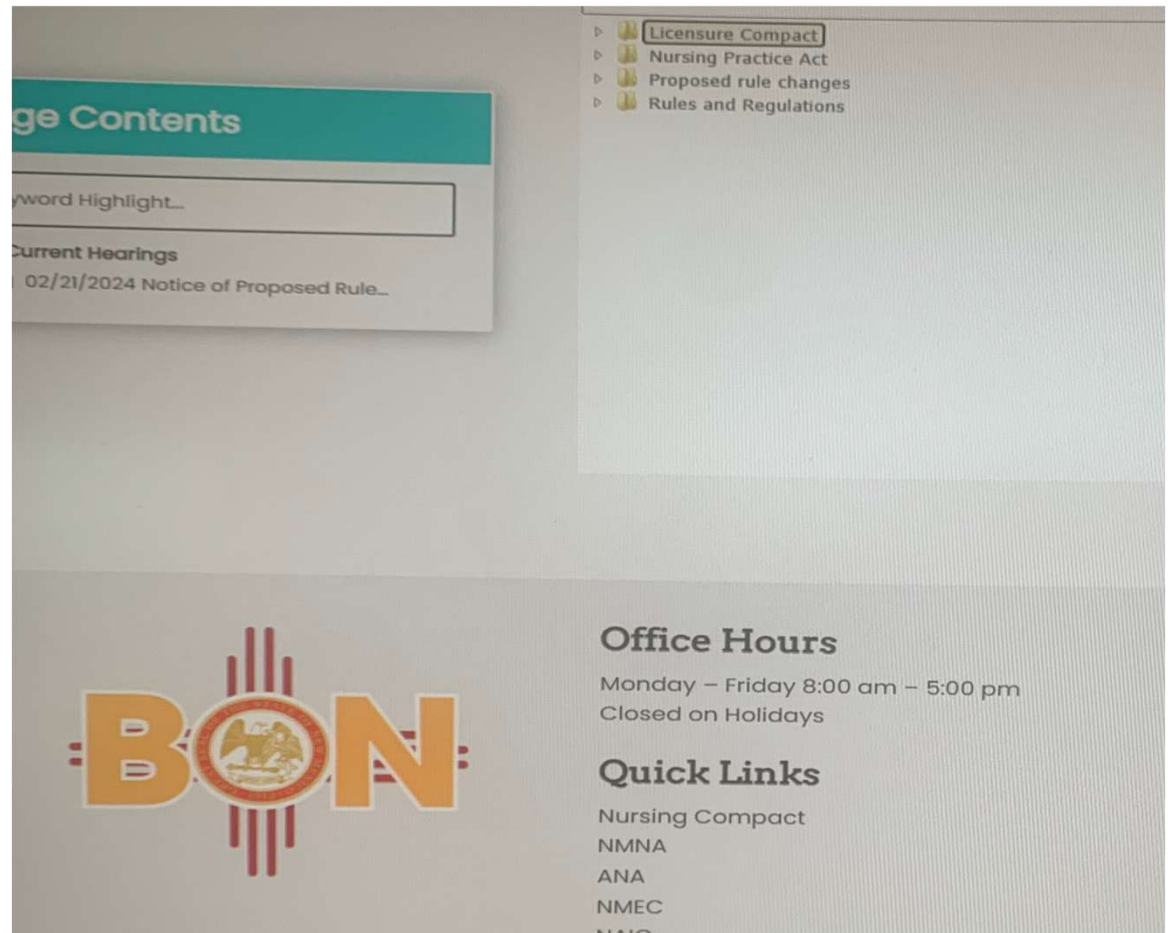
Lactation Care Provider Act

Uniform Licensing Act

## Proposed Rule Changes

## Rules and Regulations

1. General Provisions (Definitions)
2. Nurse Licensure (Scope of Practice)
3. Nursing Education Programs
4. Hemodialysis Techs
5. Medication Aides
9. Management of Chronic Pain with CS
10. Management of Medical records
11. Lactation Care Providers
12. Discipline and Application Denials
13. Diversion Program for Chemically Dependent Nurses
14. Nursing practice in Aesthetic Health Care Practices



# LACE:

## Licensure by the state:

### 61-3-5. License required.

A. Except as otherwise provided in the Nursing Practice Act, no person shall use the title "nurse" unless the person is licensed or has been licensed in the past as a registered nurse or licensed practical nurse under the Nursing Practice Act.

B. Except as otherwise provided in the Nursing Practice Act, unless licensed as a registered nurse under the Nursing Practice Act, no person shall:

(1) practice professional nursing;

A. In accordance with the procedures contained in the Uniform Licensing Act [61-1-1 to 61-1-31 NMSA 1978], the board may deny, revoke or suspend any license held or applied for under the Nursing Practice Act, reprimand or place a licensee on probation or deny, limit or revoke the multistate licensure privilege of a nurse desiring to practice or practicing professional registered nursing or licensed practical nursing as provided in the Nurse Licensure Compact [61-3-24.1 NMSA 1978] upon grounds that the licensee, applicant or nurse:

- (1) is guilty of fraud or deceit in procuring or attempting to procure a license or certificate of registration;
- (2) is convicted of a felony;
- (3) is unfit or incompetent;
- (4) is intemperate or is addicted to the use of habit-forming drugs;
- (5) is mentally incompetent;
- (6) is guilty of unprofessional conduct as defined by the rules and regulations adopted by the board pursuant to the Nursing Practice Act;
- (7) has willfully or repeatedly violated any provisions of the Nursing Practice Act, including any rule or regulation adopted by the board pursuant to that act;
- (8) was licensed to practice nursing in any jurisdiction, territory or possession of the United States or another country and was the subject of disciplinary action as a licensee for acts similar to acts described in this subsection. A certified copy of the record of the jurisdiction, territory or possession of the United States or another country taking the disciplinary action is conclusive evidence of the action; or
- (9) uses conversion therapy on a minor.

# LACE:

## Licensure by the state:

- Practicing without a valid license
- Failure to maintain a license by maintaining CEs
- Failure to disclose past felonies
- Failure to disclose past disciplines (other states)
- Failure to report a violation of the NPA by others
- Failure to provide a client with your first and last name
- Failure to maintain a valid email, address, phone number
- Failure to maintain a current employer in your portal

## Solutions:

Know the law and the rules

Add BON website to your favorites

Always tell the truth on any application

# LACE:

## Accreditation of Nursing Schools:

- BON surveys all undergraduate programs in NM
- If your facility is accepting students?
- BON will ask for feedback from employers
- Fraudulent schools, Be aware

## Solutions:

BON Website > Approved Schools

We are still in the “Operation Nightingale” crisis:

- Fraudulent Schools
- Fraudulent Individuals
- Fraudulent Instructors

# LACE:

## Certification & Competency

- Lifelong learning
- Continuing education
- National certification (Covers CE requirement)
- Self-assessment of your learning needs
- You are responsible for your competence
- You are required to know the NPA
- States are different

## Solutions:

Start a portfolio (What, where, when)

Save every CE you ever do

Save every course you ever take

# LACE:

## Education & Experience

- Selective about what experiences you need
- Selective about your continuing education
- Solicit feedback from your supervisors
- Get a great mentor
- Live outside the box > National conference
- Participate with the BON on a committee
- Engage with your profession

## Solutions:

Start a portfolio (What, where, when)

Plan: Where do I see myself in:

- One year
- Three years
- Five years

## Here is the right question:

Look around at your colleagues.

Among nurses, each has different skill sets, experiences, competencies in different areas.

What I am able to do, Tracy cannot do.

What Tracy can do, I cannot do.

The question is never, CAN I do this intervention?

The question is SHOULD I?

Given this patient's situation, with the experience, skills and abilities I have, in the location where I work, and the support team I work with and the technology I have, SHOULD I?

# Scope of Practice: LACE

The Question isn't CAN I?  
The Question is SHOULD I?  
Eight Considerations:

1. Prohibited by the NPA? (Only hard STOP)
2. Consistent w/ evidence-based nursing?
3. Facility policies & procedures in place?
4. Facility necessary education in place?
5. Nurse specific competency in place?
6. Nurse has access to facility resources?
7. Reasonable & prudent nurse do in this setting?
8. Nurse will accept accountability for outcome?



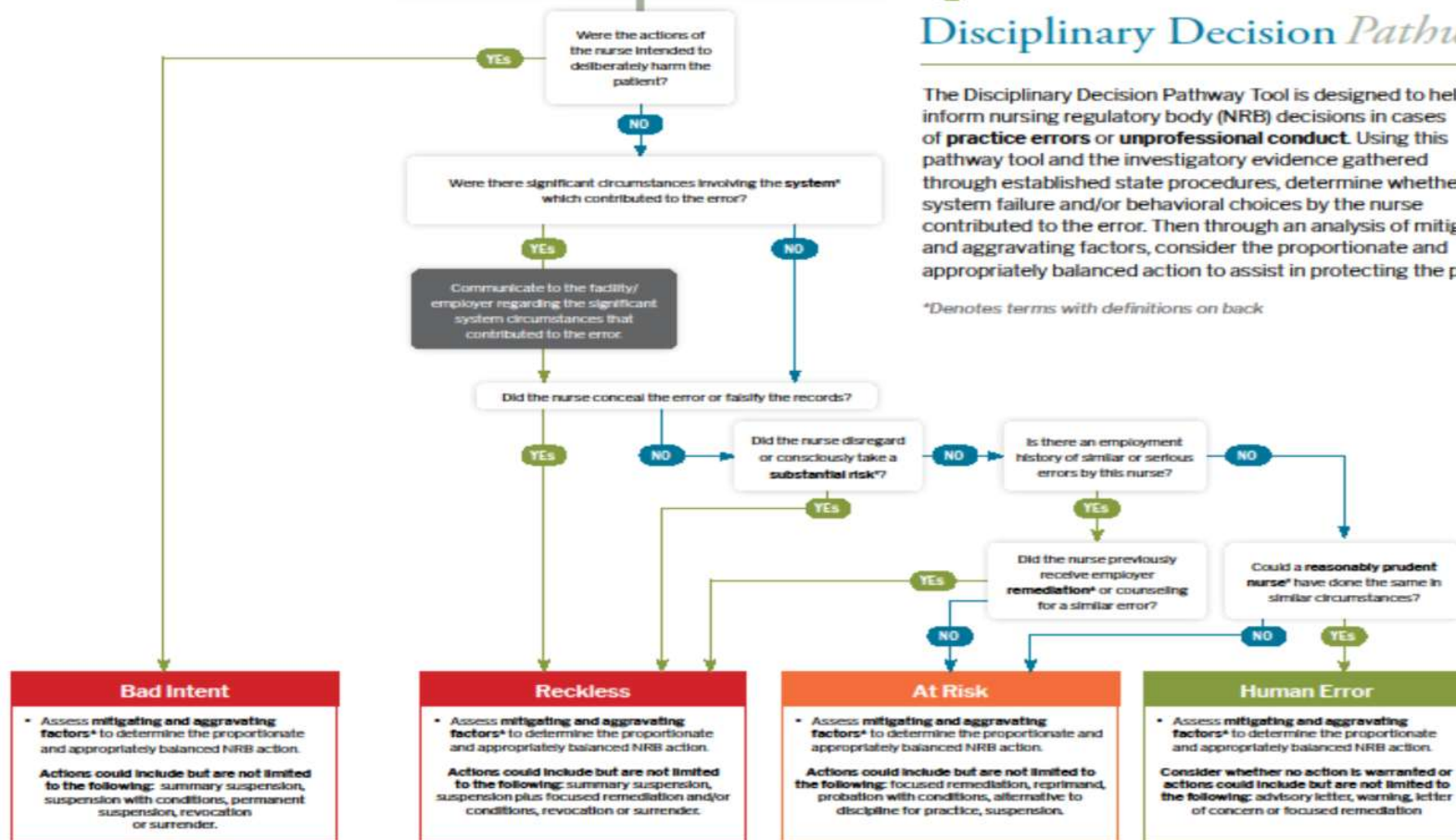
Using the investigatory evidence, answer the questions below:



## Disciplinary Decision *Pathway*

The Disciplinary Decision Pathway Tool is designed to help inform nursing regulatory body (NRB) decisions in cases of **practice errors** or **unprofessional conduct**. Using this pathway tool and the investigatory evidence gathered through established state procedures, determine whether system failure and/or behavioral choices by the nurse contributed to the error. Then through an analysis of mitigating and aggravating factors, consider the proportionate and appropriately balanced action to assist in protecting the public.

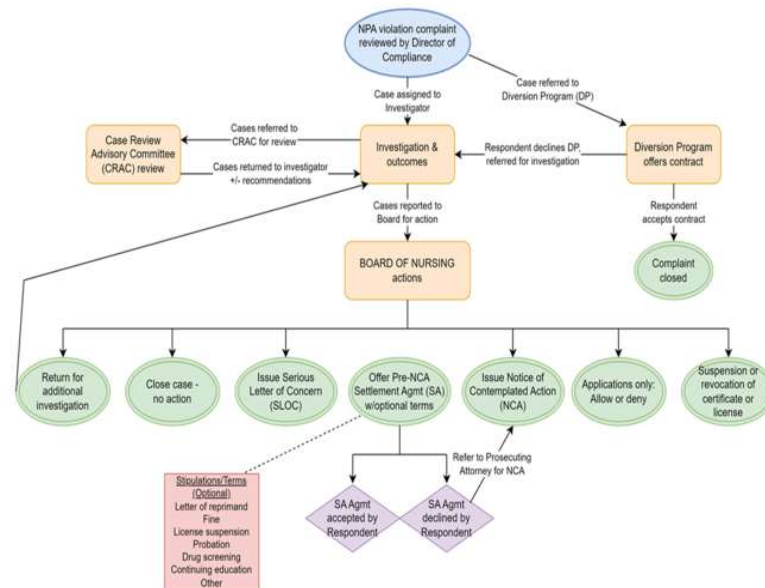
*\*Denotes terms with definitions on back*



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# BOARD PROCESS FOR DISCIPLINING NPA VIOLATIONS

Entire process as per ULA  
 Review documents  
 Hear the case  
 Confirm NPA violation  
 OR  
 Confirm NO NPA  
 If confirmed > action  
 Requires a majority vote



# The Board wants your patients and you to be safe!

The process for taking action on a license is long and complicated.

The Board wants you to have your license.

Is my Board of Nursing information up to date?

Have I disclosed all prior legal issues that will show up in my background check?

Have I promptly responded to any and all communications thru the nursing portal?

As a Nurse Leader, if you don't report a nurse with a problem>violating the NPA, they become someone else's problem and if SUD is the issue? They get sicker....

It is required by law for a nurse to report a perceived violation of the NPA:

- Good faith
- Let the BON investigate
- Exonerate as well as Implicate

## 2025-2026 Rules Changes:

Part 1 - Definitions (added from Part 2)

Part 2 – Retired (Nursing Licensure)

Part 3 – Nursing Education Programs

Part 4 – CHTs

Part 9 – Controlled Substances

Part 10 – Health Care Records

Part 12 – Discipline and Applications

Part 13 – Alternative to Discipline

Part 15 – LPN Licensure

Part 16 – RN Licensure

Part 17 – APRN Licensure

New in 2026:

Part 5 – Medication Aides

- Stakeholder input – Extensive
- CEs for CMAs
- Changes in program oversight
- Process changes
- Proposed rule changes on website
- Public hearing forthcoming
- Written Public input solicited
- Plan is for implementation in July 2026

## Part 12 – Discipline and Application Denials

16.12.12.7 DEFINITIONS: J. Unprofessional Conduct: Social Media:

- (6) Misconduct involving inappropriate disclosures on social media, includes but is not limited to, when a licensee has:
- (a) violated the ethical and legal obligation to protect the confidentiality of information or knowledge concerning a patient or the patient's family;
  - (b) negligently or willfully acted in a manner inconsistent with the practice of nursing by mismanaging patient/family's medical information or care by violating patient rights to confidentiality;
  - (c) disseminating any information or images about a patient or information gained in the nurse/patient relationship with anyone unless there is a patient care-related need to disclose the information or other legal obligation to do so;
  - (d) revealed a privileged communication regarding any patient;
  - (e) disregarded the duty to maintain professional boundaries in the use of electronic media;
  - (f) failed to follow the nursing practice act by bullying colleagues or a complainant; and
  - (g) disregard a duty to maintain the professional workplace and trust of the team by avoiding disparaging comments about colleagues on social media

## Part 13 – Alternative to Discipline

- Name change from “Diversion Program”
- Voluntary
  - Cold Call from a Nurse
  - Complaint received, Nurse opts for ATD program rather than Discipline
  - First year of testing provided without charge to Nurse
  - Wrap around services: Social Worker, RAC member support
- Involuntary
  - No
  - Discipline office monitors via Board Order
  - Testing is the nurse’s responsibility
  - Often the license is probationary, suspended, rarely revoked (unless harm to self or others)

## Part 15 – LPN Licensure

- Clarification of Scope of Practice: this section in detail.
- LPNs are in a dependent role, Must be supervised by an RN or Provider
  - NM is an expanded scope of practice state (ex. IV therapy)
  - However, no IV controlled substances.
  - Contribute to a plan of care
- Identification requirement
- Artificial Intelligence
- New Licensing Category: Reserve LPN (RLPN), Medical Reserve Corps

## Part 15 – LPN Licensure

### 16.12.15.12 STANDARDS OF LICENSED PRACTICAL NURSING PRACTICE:

- A. The LPN scope of practice in the nursing process is limited and focused. The LPN practices in an interdependent role when carrying out nursing care and a dependent role when carrying out medical regimens.

The LPN may administer drugs, medications, treatments, tests, injections, and vaccinations, whether or not the piercing of tissues is involved and whether or not a degree of independent judgment and skill is required under the direction of an RN or licensed provider (APRN, MD, DO, DDS, or PA).

Such direction must be for acts within the scope of licensed practical nurse practice and the licensed provider.

The LPN implements nursing care plans developed by the RN or other authorized health care practitioners. The LPN performs care in routine nursing situations. Functions of a LPN define a routine nursing situation which is relatively free of complexity, and the clinical and behavioral state of the client is relatively stable, requiring care based upon a comparatively fixed and limited body of knowledge.

The LPN may assist the RN in complex nursing situations by carrying out selected aspects of the care.

LPNs do not supervise RNs.

## Part 15 – LPN Licensure

### 16.12.15.12 STANDARDS OF LICENSED PRACTICAL NURSING PRACTICE:

G. The licensed practical nurse shall identify themselves by name and licensure category and shall provide their license number when requested. Additionally, this includes identification of themselves based on their license as verified by a state board or national database. In a clinical setting, a nurse who earned a doctoral degree may use the title of doctor but must also simultaneously include their licensure category and education.

## Part 15 – LPN Licensure

### 16.12.15.13 LICENSE PRACTICAL NURSING PRACTICE AND ARTIFICIAL INTELLIGENCE:

- A. The nurse remains accountable for decisions, actions, and intervention derived from or involving artificial intelligence (AI) and is responsible for maintaining the standards of LPN practice.
- B. AI shall be considered a decision-support tool. It may augment but must not replace the clinical reasoning and judgment of the LPN.
- C. The LPN must demonstrate a basic understanding of AI technologies they use and an awareness that there may be inherent biases. [

## Part 15 – LPN Licensure

16.12.15.10 RESERVE LICENSED PRACTICAL NURSE: A. The emergency reserve practical nurse (RLPN). The purpose of the reserve license practical nurse is to allow specific LPNs to enroll in the medical reserve corps and to respond to a public health emergency as declared by the cabinet secretary of the department of health or by the governor.

- (1) A licensed practical nurse with a license that is in good standing, and who does not wish to maintain an active licensed practical nursing license may apply to be a reserve licensed practical nurse (RLPN).
- (2) A licensed practical nurse with a license that was in good standing, and who does not wish to reactivate their licensed practical nursing license may apply to be a reserve licensed practical nurse (RLPN).
  - (a) The RLPN must provide verification of enrollment in the medical reserve corps.
  - (b) The RLPN must maintain continuing education as required by the medical reserve corps.
  - (c) The RLPN must participate in exercises and emergencies as required by the medical reserve corp.

NOTE: Not a license for employment!

## LPN – IV Therapy Program

- As promised
- An agency with an LPN IV training program doesn't need to use the module from NM BON
- NM BON created one to assist small facilities
- You can modify for your purposes
- NM BON module will meet the state's education requirement
- Currently in last review by the NM BON Advisory Committee

## Part 16 – RN Licensure

- Clarification of Scope of Practice – Sedation (YES) & Anesthetics (NO)
- Identification requirement
- Artificial Intelligence
- New Licensing Category: Reserve LPN (RLPN), Medical Reserve Corps
- National Certification (Qualifying) in lieu of CEs into CE Broker

## Part 16 – RN Licensure

### 16.12.16.12. H STANDARDS OF REGISTERED NURSING PRACTICE:

(4) Administration of anesthetics is restricted to an anesthesia provider; pursuant to Section 61-3-6 NMSA 1978. However, RNs may maintain anesthetic medication drips on intubated and mechanically ventilated patients. RNs with education and competency may also administer anesthetic medications under the supervision of a qualified airway specialist, acting as a “provider’s third hand,” and assist with airway management when the provider is unable to free their hands or otherwise administer anesthetics during airway management. This restriction does not apply to surface or air transport RNs providing emergency airway care while in direct communication with their medical director or while following approved medical protocols.

(5) An RN may administer ketamine at a very-low dose only in the following situations:

- (a) for providing moderate sedation for diagnostic or therapeutic procedures;
- (b) for analgesia or management of psychiatric disorders, and
- (c) for palliative (end of life) care;
- (d) A very-low dose permitted under this rule, means a dose of ketamine that is a fraction of the anesthetic maintenance dose and will not exceed a moderate sedation level of consciousness for non-ventilated patients.

Proper protocols, training and education of the RN must be in place to assure patient/client safety, rescue equipment is readily available, and the supervising provider is knowledgeable of the medications and can intervene if assistance is required.

## Part 16 – RN Licensure

Identification Requirement:

16.12.16.12. G. STANDARDS OF REGISTERED NURSING PRACTICE:

The nurse shall identify themselves by name and licensure category and shall provide their license number when requested.

Additionally, this includes identification of themselves based on their license as verified by a state board or national database.

In a clinical setting, a nurse who has earned a doctoral degree may use the title of doctor but must also simultaneously include their licensure category and education.

## Part 16 – RN Licensure

### 16.12.16.13 REGISTERED NURSING PRACTICE AND ARTIFICIAL INTELLIGENCE:

- A. The nurse remains accountable for decisions, actions, and intervention derived from or involving artificial intelligence (AI) and is responsible for maintaining the standards of RN practice.
- B. AI shall be considered a decision-support tool. It may augment, but must not replace, the clinical reasoning and judgment of the RN.
- C. The RN must demonstrate a basic understanding of AI technologies they use and an awareness that there may be inherent biases.

## Part 16 – RN Licensure

### 16.12.16.10 RESERVE REGISTERED:

- A. The reserve registered nurse (RRN). The purpose of the reserve license registered nurse is to allow specific RNs to enroll in the medical reserve corps and to respond to a public health emergency as declared by the cabinet secretary of the department of health or by the governor.
- (1) A registered nurse with a license that is in good standing, and who does not wish to maintain an active registered nursing license may apply to be a reserve registered nurse.
  - (2) A registered nurse with a license that was in good standing, and who does not wish to reactivate their registered nursing license may apply to be a reserve registered nurse.
    - a) The RRN must provide verification of enrollment in the medical reserve corps.
    - b) The RRN must maintain continuing education as required by the medical reserve corps.
    - c) The RRN must participate in exercises and emergencies as required by the medical reserve corp.
  - (3) The RRN license must be renewed every two years through completion of the application process. There is no fee.

NOTE: Not a license for employment!

## Part 16 – RN Licensure

### 16.12.16.11 CONTINUING EDUCATION:

E. Certification or recertification in the registered nursing specialty: Certification or recertification granted by a national professional organization which uses criteria designed to recognize competence in a specialized area of nursing practice may be used as an approved CE.

- You do not have to enter separate CEs into CE broker. You do need to upload your current certificate of national certification into CE broker.
- National certification must be one of the “qualifying” nurse certifications found on the BON website!

# Certified Medication Aides Proposed Rule Changes

## 16.12.5

Combining CMA I & II, keep CMAII Scope for all as CMA-R

Expanding sites eligible for CMA programs

Definitions added for clarity

Removal of work hour requirement

Move to national testing as foundation, C.N.A. required as eligibility (new CMA types)

Adding Automated medication machines access to scope

Division of accountability with DON and Nurse Educator Sharing responsibilities

Curriculum updates and clarification

Competency requirements outlined

## News & Views

- No longer a mail-out
- Sent electronically
- Catalogued on the Website
- Would love a LTC column!

## Compact License

- A compact license is now \$50.00 more
- Legislature is looking for a way to identify who is working in New Mexico
- Rather than have all nurses automatically get a multi-state, nurses now need to select that option.

## Trends: One more time

- Nurses are letting licenses lapse
- APRNs are letting licenses lapse
- Sign your nurses up for e-Nursys system on NCSBN website>free
- You get alerted when they will expire
- All nurses (if their contact information is current) get two notifications about upcoming license renewal.
- Reminder: National certification=CEs
- Frauds posting as CNA, LPN & RN is up
- Check references, get a picture & share
- Consider a basic test of competence
- Diversion activity is up amongst travelers
- Ask for a urine drug test, if they decline it helps
- Draft your contracts with the right to test
- Draft your contracts that the agency pays for it
- Report, report, report
- It is required that nurses report NPA violations

# My Ask

- Workforce Taskforce Participation
- Support for Part 5 Changes
- Advisory Committees
  - MAAC
  - NPAC
  - APAC
- New & Views
  - LTC Column

## A Few Reminders:



A facility or agency can restrict practice.

However, a facility or agency cannot expand practice beyond the NPA law or rules.

Examples:

APRNs in NM have full scope of practice; a hospital can say “no admissions”

LPNs in NM can administer IV therapy & start IVs; a clinic can say “no by LPN”

CRNAs administer general anesthesia; a hospital cannot say to RN “give anesthesia”

LPNs cannot administer neurotoxins; a spa cannot say to LPN “give BOTOX”

It is your patient and profession. Learn your responsibility for advocacy.



thank you

QUESTIONS?

COMMENTS?

THOUGHTS?

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