Health Care Fraud: Stopping Nurse Imposters

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ABSTRACT

Nurse Practice Acts are laws that regulate nursing licensure and ensure that all nurses meet the minimum standards for safe practice. A nurse imposter has not met these requirements but provides false and misleading information to others with the expectation that they will believe that the individual really is a licensed nurse or nurse practitioner. Once imposters penetrate the health care environment, they endanger patient welfare and the integrity of the profession. Advanced practice registered nurses should implement reactive and proactive strategies to minimize the nurse imposter's ability to penetrate and undermine the health care system.

Keywords: health care fraud, identity theft, nurse imposter, Nurse Practice Act, professional integrity, professional regulation and licensure
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Nurses have received the distinct honor of being recognized as members of a profession with high moral and ethical integrity.[1] Advanced practice registered nurses (APRNs) by extension share this same distinction. APRNs and nurses are regulated by their state board of nursing (BON) and must complete a rigorous educational program that involves theory and practice. They must pass national examinations to become a registered nurse (RN), and then, after their advanced practice graduate education, for certification as an APRN. All nurses and APRNs experience enculturation into a profession during their education that includes adherence to the professional code of ethics.[2] We should be alarmed but not surprised when we learn of others who want to pass themselves off as APRNs.

DEFINITION

A "nurse imposter" is a deceitful or distressed individual who has found ways to modify his or her apparent educational qualifications or create a fraudulent nursing license with the intent to deceive others. A nurse imposter may also be a licensed nurse who misrepresents his or her credentials and experience to become identified as someone with additional expertise outside his or her actual scope of practice; for example, an RN who poses as an APRN. An imposter seeks a position in health care while gaining the trust of individual patients, the business community, and other providers.[3-5] Every state has a Nurse Practice Act (NPA), enforced by a state BON, that requires anyone representing himself or herself as a nurse to first obtain nursing licensure.

Most nurse imposters are *not* members of the nursing profession. They have not learned the nursing process, practiced under faculty supervision, nor been socialized into the profession and its values. They are attracted to the idea of being a nurse and then act to assume the identity and pose as a nurse in the community. Nurse imposters are violating the state NPAs, as well as various criminal codes. They are also at high risk of incurring civil liability on a number of grounds for themselves and for their employers.

MOTIVATION

Motivation is important to identify because it helps us predict the risk of this behavior in our society. Webster's

Dictionary[6] defines motivation as a driving force, influence, and incentive. Motivation drives fraud, and the American Association of Certified Fraud Examiners (www.acfe.com) identifies it as 1 of the 3 essential elements of fraud. The motivation of a nurse imposter may be financial gain or fear of loss of socioeconomic benefits related to a regional nursing shortage, a psychological need for recognition and belonging, or the perceived need to be someone she or he is not. An imposter may also be aware that nurses work with medications and may seek controlled substances, either for personal use or for diversion and sale on the street. Posing as a nurse provides the imposter with access to such medications.

Imposters can also gain access to confidential health care information, such as individual dates of birth and Medicare numbers, which can be sold or used to engage in identity theft for health care fraud. These have been motivating factors for nurse imposters.[3-5]

In recent years the financial security of APRNs compared to the general population has grown. The unemployment rate in 2008 ranged from 4.8% to 7.3%; however, nurses and APRNs held 2.6 million jobs.[6] The Bureau of Labor Statistics reports that the median annual wages of all RNs in 2008 was $62,450 and the average was $65,130. This average salary increased to $67,720 in 2010. The average salary in 2010 for all occupations in the United States was $44,410.[7] The American Academy of Nursing reports that the annual salary of an advanced practice nurse in 2008 was $84,250.[8] These data illustrate why the nursing profession may be viewed as granting access to a secure and substantial income and other benefits of employment, increasing its attractiveness for some health care frauds.

While some nurse imposters have never attended nursing school, others have training in another health care field. That makes it easier for them to pass themselves off as nurses. Others have attended part of a nursing program or even graduated from a nursing school in the United States or in another country but have never taken or been successful in passing the National Council Licensure Examination (NCLEX).[3,4] The nursing licensure exam provides a transition from nursing student to professional nurse. A background or the acquisition of health care knowledge may provide an individual with additional motivation or more opportunity to assume the role of a nurse or an APRN.

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The imposter may also be motivated by some of the intrinsic and extrinsic factors that attract newly licensed nurses. Newton et al[9] indicated that the decision to become a nurse is based on both intrinsic and extrinsic motivation. A survey of RNs and students listed working to help others, having a challenging occupation, and enjoying the reputation of the profession as some of the intrinsic incentives to choose nursing as a profession.[10] Flexible hours, independence, and job security were chosen as the major extrinsic incentives.[11]

Nurse practitioners (NPs) should be aware of these motivators as red flags, but there is little that an APRN can do to eliminate them. For a fraudulent act to occur, such as misrepresenting oneself as a nurse, all 3 elements of the "Fraud Triangle" must be present: motivation or perceived need, rationalization, and opportunity.[12] What nurses can do is focus on removing opportunity through prevention and early detection.

WHY SHOULD APRNs VIEW NURSE IMPOSTERS AS A SERIOUS THREAT?

Although their exact numbers are not known, nurse imposters pose a serious threat to the public welfare and damage the integrity of our profession.[13] This is a unique threat, because nurses have special access to the most vulnerable members of our society. The fact that patients seldom have the opportunity to select their nurses or the expertise to evaluate them before receiving care means that employers, human resource specialists, and other health care workers are faced with a heavier responsibility for ensuring that effective and efficient surveillance systems are in place to ensure competency and intercept an imposter. The infiltration of imposters into the workforce may directly influence both the reality and the societal views regarding the safety and security of the entire health care workforce, not just the reputation of nursing.

Within the framework of the National Council of State Boards of Nursing ([NCSBN] https://www.ncsbn.org/index.htm) and pursuant to the laws of their individual state, BONs establish model regulations to allow for some consistency in protecting public health and safety and educating employers and the society about nurse imposters. State BONs govern applicants seeking licensure for practice and renewing licensures and discipline licensees who violate state NPA and BON regulations.

In the health care environment, vigilance and surveillance are crucial aspects in preventing the nurse imposter from gaining access to patients and the broader community. BONs cannot accomplish this without the support of the nursing community. For the imposter there can be serious consequences for engaging in this illegal activity. While the NCSBN and BONs work to bring this issue to the attention of nurses and employers through their Web sites and other strategies within their limited means, there is a paucity of literature that focuses on nurse imposters, including their impact on health care outcomes and how we can stop them. In this article we provide an overview of nurse imposter categories and illustrative scenarios of imposter activities, describe reporting standards and issues surrounding reporting, discuss the impact of this problem on our health care system, and identify strategies to help APRNs become a more proactive part of the solution to this problem.

NURSE IMPOSTER CATEGORIES
The literature describes several categories of nurse imposters, which include:
- Unlicensed individuals who have never attended a nursing program
- Unlicensed individuals who have attended a nursing program but never graduated
- Unlicensed individuals who have attended a nursing program and graduated but were unsuccessful on NCLEX or national certification examination
- Unlicensed individuals, through identify theft5 [5]

The term *nurse imposter* implies that the individual posing as a nurse is uneducated. However, as noted earlier, many nurse imposters have had some previous exposure to the health care system, either through previous employment or education. The imposter can become employed partly because he or she can navigate the common inconsistencies in the hiring process.

Licensure remains the standard as a gateway into the practice setting.[14] Some licensed individuals have been categorized as imposters by the BONs because they are operating outside their legal scope of practice or the jurisdiction of their licensure.[14] Examples of these violations are:
- Individuals who are licensed in 1 state yet practicing in another that is not included within the Nursing Multi-state Licensure Compact
- Individuals who are licensed in another discipline but seeking employment as a nurse

NURSE IMPOSTER SCENARIOS
These hypothetical cases are based on the review of the literature and illustrate the distinction between unlicensed and licensed imposters. They also serve to alert APRNs to the type of situation that may raise red flags for them in a practice setting.

Case 1
One imposter was discovered during a raid in which many licenses of various kinds were recovered. The facility was unable to validate the "nurse's" licensure status, and she could not produce verification of her status. She was reported to the BON, and investigators found that she was not licensed; rather, she had placed her name on someone else's license.[3] This is an example of an unlicensed individual who wanted to be a nurse and stole or counterfeited the paper nursing license of a real nurse.

Case 2
A woman represented herself as an RN. She was certified as a nursing assistant and had completed a nursing program, but she was not successful on the licensure examination. She was employed and began working in an assisted living facility as the case manager RN.

Case 3
A graduate nursing student, Mr J, had completed 50% of his graduate coursework. He was registered as a nurse in his current state. When he went for his job interview at an area non-acute care agency, he presented his resumé. Under the section labeled Education, he indicated a master of science in nursing degree from a family NP program. The agency addressed Mr J as if he were a graduate from that program and referred to him as an APRN. Mr J did not correct the office manager

and was hired as an APRN with the understanding that he had completed a master's program and certification. The office manager did not take the time to verify credentials, later arguing that she trusted people and did not have time to check all credentials. Mr J was not discovered until a patient tried to verify his credentials with the BON.

Cases 2 and 3 are examples of a licensed individual who is operating outside his scope of practice for economic or socioeconomic gain.

Case 4

A family NP, Ms S, was working in another state and recently relocated. She had an interview with a physician who asked her, "How does this process work?" She informed the physician that she was an APRN, had a current license, was nationally certified, and had her own liability insurance. The physician reviewed her resumé and verified that she appeared qualified for the position. Unfortunately, this individual had not yet received a license in the new state. The individual began to work, although her application was still being processed and had not yet been validated by the BON the new state. This is an example of an individual who, although licensed in another state, is functioning outside of her legally recognized licensure in the new state.

Case 5

Ms J completed medical school training in Russia but was denied licensure as a physician and as a nurse in the US. She then presented her legitimate transcript from Russia, along with a forged license and certification, to become hired as an NP by a group of private physicians. She exhibited clinical skills and was an excellent worker—always willing to come in early, stay late, skip vacations, and perform a wide variety of tasks. This behavior pleased her employers, and they saw no reason to be concerned about her qualifications.

It was not until agents from the Federal Bureau of Investigations and the Department of Justice showed up at their office door that the physicians realized that she had been passing their provider numbers and the per-

sonal identifiers of multiple patients to her husband, who was part of a group that had submitted fraudulent bills to Medicare. Her fellow APRN in the office stated that she had observed some "unusual" practices for an APRN by Ms J but attributed them to "cultural" differences.

This is an example of an unlicensed individual with some specialized knowledge who penetrated the health care system to obtain illegal access to information, which she used to promote a fraudulent billing scheme. This case also illustrates a practice that failed to adequately secure protected health information as required by law and an APRN who did not intervene when she saw activities that failed her "sniff test."

PROACTIVE STRATEGIES: PREVENTING IMPOSTERS' SUCCESS

As with many other things, an ounce of prevention is worth a pound of cure in stopping nurse imposters. APRNs reading through each of the above situations should be able to identify actions that could have prevented the imposter's success.

State BONs adopt regulations that address practicing without a license, practicing beyond one's scope of practice, or falsifying credentials. These regulations rely on agency systems in which there is proper verification of credentials to minimize opportunities for the nurse imposter to obtain a position. The processes of credentialing, privileging, demonstrating competencies, and evaluating APRNs all present opportunities to minimize the risk of being misled by an imposter.

Standardized hiring processes, in which there is consistent evaluation of an individual's credentials, serve as impediments for potential nurse imposters. Employers have the responsibility to verify applicants' knowledge and abilities to meet professional expectations and standards. Verification of education and licensure must be mandatory and based *only* on original documents received from their primary source, not documents delivered by the nurse, to ensure their integrity. This must be combined with licensure verification through an appropriate and secure Web site, such the BONs.

Sheets et al[5] state that assessing and examining these credentials, plus thoroughly reviewing resumés and validating

> **Standardized hiring processes serve as impediments for potential nurse imposters.**

references, are vital aspects that must be completed prior to hire. In addition, the reviewer must be diligent in addressing inconsistencies within the application, including contradictory dates and gaps in the employment history. Various BONs have developed technology-based systems that verify individual credentials and registries that list nurses who have suspended or revoked licenses. The Maryland BON (MBON) Web site provides an example of a secure, technology-based system that should be used to verify individual licenses online. The MBON is also an example of a state agency that does not distribute paper licenses. This removes 1 strategy that nurse imposters have successfully used in the past: altering a paper license and presenting it to obtain employment (Woodson, personal communication, 2011).[14]

Lewis[15] suggested that potential employers should complete a thorough inspection, including recognizing any of the following red flags[15]:

- Failure to provide a license in a state that provides paper licenses
- Presentation of a photocopied license
- Failure to provide an original license
- Numerous errors and lack of judgment regarding basic nursing

Verification of nursing licensure on a national level is becoming easier, thanks to the work of BONs through the NCSBN, which has developed the electronic Nursys system (www.nursys.org) to share information about licensure verification, disciplinary actions, and other communication among the various BONs in different states.[16] Unfortunately, the design of Nursys is such that nurse imposters' failure to report their employment or placement sometimes poses a barrier to successfully using the system to identify them. Nevertheless, 44 states participate in Nursys, and for them this national licensure database is becoming a useful tool for verification.

REPORTING AND PENALTIES: REACTIVE STRATEGIES TO STOP NURSE IMPOSTERS

Reporting suspected nurse imposters and taking punitive action when they are discovered are reactive strategies to stop them once they have entered the health care system. Each state BON has procedures for filing, investigating, and resolving complaints filed against licensed individuals. Licensure and certification status is verified early during BON investigations, and in many instances the imposter is unlicensed. Based on random review of various state BON regulations, we found that when the BON has a complaint about a suspected unlicensed individual who may be representing himself or herself as a nurse, another early step in an investigation is likely to include contacting the employer to verify identity. If the BON concludes that the individual is an imposter, the imposter must be notified to immediately cease and desist any functions related to nursing care.

> **APRNs must combat the ignorance of nurse employers and colleagues who may be unaware of the risk of this practice or its red flags.**

Unlicensed individuals and licensed nurses are subject to different penalties for posing as a professional, because BONs can discipline only by limiting or taking away a nursing license, which an unlicensed person does not have. The discovery of an unlicensed individual who is posing as a nurse must be investigated and referred to the local or state law enforcement for possible criminal prosecution. At this point, the BON is no longer in charge of the case, although their investigators may become witnesses for the prosecutor.

According to Sheets et al,[5] there are disparities among states in how the imposter nurse is charged. In some states, practicing nursing without a license is a gross misdemeanor. In other states it is a felony. Some violations are discovered when the imposter is employed by a health care facility that receives Medicare and Medicaid funding. This may result in federal penalties.

During the agency survey process, which is done to accredit certain employers, if the state surveyor is unable to verify that an employee is licensed, the surveyor will address this as a compliance issue for that hiring agency or institution. Various state BONs may fine the agency, or if the BON does not have jurisdiction over agencies, the BON may identify whether a nurse was in a position responsible for hiring the imposter and discipline that nurse. When a health care agency or institution does not have a human resource manager or qualified person verifying credentials,

it may be more susceptible to unknowingly hiring a nurse imposter. Unknowingly hiring an imposter is not an excuse, since employers are required to know whether the person they hire is licensed and minimally qualified. Employers need procedures and policies in place that describe their efforts to comply with security requirements for verifying and monitoring the qualifications all health care workers.

On occasion, when someone impersonates a nurse, some health care professionals are aware of this act and overlook or even assist with the crime. Abetting, encouraging, or assisting someone in a crime is not only a display of disrespect to the health profession but it is a direct violation of law. For example, according to the Annotated Code of Maryland §8-704, "a person may not sell, fraudulently obtain, fraudulently provide, or fraudulently aid or abet the sale, fraudulently obtainment, or fraudulent provision of any record, nursing diploma, license, or license renewal." Anyone who is responsible of such breach violates state law and is subject to a penalty of not more than $5,000 or incarceration not to exceed 1 year. The penalty for such a violation appears to be inconsistent among the different states. In 1 case, an individual who pleaded guilty to being a nurse imposter in Maryland was sentenced to 1 year of prison, a $500 fine, and 3 years of supervised probation.[17] Two nurses in Arizona were convicted of felonies.[18] A similar case in Missouri was reported to local law enforcement but was never prosecuted.[15]

In addition to fines subjected by the courts, the imposter may have to compensate the employer. For licensed nurses who should have acted to report an imposter but did not or who were not imposters but assisted imposters, a penalty is likely to be imposed on their nursing license by the state BON.

REPORTING BARRIERS

Knowing that impersonating a nurse is illegal, why would someone with privileged knowledge of the nurse imposter's identity choose not to report this information? We identified the following possible barriers to reporting:

- **Close contact with the individual.** One nurse imposter altered her spouse's paper license.
- **Fear of retaliation.** For example, the individual who reports the imposter may fear for his or her safety and well-being for disclosing the imposter's identity, a form of retaliation sometimes called "killing the messenger."

- **Staffing.** Especially where there is a nursing shortage, there could be greater reluctance to hire, train, and replace the individual; thus, the existing employer may be pressured to determine that "minor" work infractions do not warrant dismissal, especially if they can somehow be "fixed." In 1 case, a nursing school dean faced opposition from higher administrators when she notified them that she needed to dismiss a nurse faculty member who was discovered, during a comprehensive check before an accreditation visit, to be unlicensed for more than a decade. If faculty members are hard to find and the nurse could somehow obtain a license in the state, why not keep her?
- **Conspiracy to commit fraud.** An agency may have hired the imposter knowing that the individual was not licensed to practice nursing but anticipating a mutual profit from the fraudulent representation.
- **Surveillance systems.** Failure to perform required reference, license, and background checks may leave a "trusting" employer vulnerable to nonreporting for a long time.
- **Fines.** Potential monetary penalties, fines, or superfines imposed as a part of state regulations or under the regulations from the Centers for Medicaid & Medicare Services (CMS) for hiring an unlicensed/uncertified employee may pressure an employer to hide a past or present employed imposter to avoid the fine.
- **Position and role of the imposter.** The imposter may work in a supervisory capacity, and be involved with verification of the employees and management, able to modify personal data and remain undetected and unreported.
- **Ignorance on the part of the imposter's employer or colleagues of requirements and procedures for reporting.** Those who are unaware of the risks and the proper way to respond are clearly handicapped in their ability to effectively report. Increasing investment in BON Web sites and the NCSBN are making it easier to contact the BONs about suspected imposters.

It is not possible to know the number of nurse imposters in our midst each year, but BON staff face this problem and discuss this as a serious and recurring issue at their NCSBN meetings.[14] APRNs must combat the ignorance of nurse employers and colleagues who may

be unaware of the risk of this practice or of its red flags, including overeager acceptance of long work hours, inconsistencies in work history, activities outside the normal scope of practice, and gaps in basic knowledge.

Ensuring that proper resources are in place for the screening of applicants for nursing licensure at the BON and applicants for nursing jobs in the job sector, and that these follow the same stringent guidelines that would detect the imposter after he or she is fired, will go a long way toward stopping imposters. APRNs often have input into the hiring procedures, hiring interviews, and applicant evaluations. The hiring process must include direct examination of an original paper license to ensure that it has not been altered or direct online verification at a known and secure site. All references must be carefully validated and contacted for amplification and identification of possible conflicts that diminish their credibility. Verification of graduation from an accredited and approved nursing school should be done by requiring that original transcripts be sent directly to the employer by the school that created them. Important documents delivered by the applicant should not be accepted. There must be systems in place, such as examining and copying photo IDs, to determine whether the individual applicant has stolen the identity of another licensed nurse.

The role of the APRN in pre-employment interviews can be critical. An experienced professional is most likely to identify red flags related to incompetence, a questionable education, or inappropriate expectations of the role.

IMPACT OF NURSE IMPOSTERS ON THE HEALTH CARE SYSTEM

The gravest impact of imposters is the actual or potential harm to patients. Lewis[15] noted, "Nurse imposters pose a significant threat to public safety." Fines and imprisonment are minimal consequences in comparison to the threats to the public welfare. As health care professionals, APRNs recognize the importance of ensuring the necessary education and licensure to provide care. APRNs also recognize that maintaining the ethical principles that guide the profession are part of our obligation to the public. Nurse imposters undermine the public safety as well as the public trust essential for effective care.

APRNs AND THE SOLUTION

What can APRNs do to stop imposters? APRNs can play a lead role in identifying, reporting, and preventing this fraud on our profession and our patients.

Prevention is always preferred over punishment. While the fraudster's tools are becoming more sophisticated with technology, so are our tools for prevention. Online licensure and electronic verification of licensees help to maintain a safe nursing workforce. Hiring processes and technology-based licensure systems are critical components to ensuring secure verification of an individual's credentials and should be part of an evaluation of the risks and solutions in the hiring system. APRNs can promote the development and use of local, state, and national registries that integrate a comprehensive system of information to enhance prevention of this threat in the future.

It is important for APRNs to support a health care system that properly verifies all credentials and the skill levels of health care team members. APRNs should take proactive steps to ensure that this is being addressed by their state regulators, especially at their BON, and in their work places in the health care system.

Nurse imposters present a safety risk to patients, a security risk to the privacy and the protection of personal information of patients and providers, and a threat to the integrity of our health care system. They threaten the image of nurses and the societal trust that health care professionals work so hard to uphold. Assuring that all who hold themselves out to the public as APRNs or as nurses are properly qualified and licensed to do so is the responsibility of all stakeholders, including APRNs, who are among our best educated and best informed nursing leaders, whether on the front line delivering primary care or in the conference room deciding policy. JNP

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