

## **Have You Ever Met a Nurse Imposter? Would You Know If You Did?**

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Nurse imposters are people who have not attended or completed a nursing education program or are not eligible for a license as a Licensed Practical Nurse or Registered Nurse. Nonetheless, they practice and offer to practice nursing by using the nursing title, abbreviation, card or other device to indicate that they are licensed to practice nursing.

Nurse imposters are more common than you might think. A devious or desperate person can find ways to alter nursing education credentials as well as a nursing license. The altered nursing education credentials can be presented to nursing boards to obtain licensure or an altered license can be presented to a potential employer. As is true for licensed nurses, most nurse imposters are female.

The following true stories are examples of nurse imposters. The names and circumstances have been changed to protect identities of those associated with them.

### **Jane didn't know what she was doing.**

Jane was trained as a Nursing Assistant, in another state. She was employed by the Human Resources Department to purge personnel files, which in licensed nursing facilities contain photo copies of the employee's nursing license. Jane used a photocopied license, whitened out the actual nurse's name and substituted her own name. Then she re-photocopied it and presented the photo copy to a potential employer. She was hired as a Licensed Practical Nurse at two facilities. The Director of Nursing at one of the facilities became suspicious when Jane used a Stomadhesive paste (used to secure a colostomy appliance to the skin) as a lubricant and glued a patient's inner thighs together.

When asked why she became an imposter, she said she had seen a program on *60 Minutes* where people had gained their professions by becoming imposters as doctors, lawyers and engineers. She thought that her training as a Nursing Assistant would give her sufficient knowledge and skill to represent herself as a Licensed Practical Nurse and obtain higher pay than as a Nursing Assistant. Eventually she attended a nursing education program, passed the licensing examination and became a licensed nurse in another state.

### **Rosemary passed herself off as a Registered Nurse for 8 years.**

How is it possible for someone to practice as a Registered Nurse for 8 years without detection? It happened in a licensed nursing facility in Oregon.

Rosemary began working as a Nursing Assistant in a health care facility and then one day presented evidence of Registered Nurse licensure in the form of a forged nursing license. Rosemary had used the expired license card of another nurse with the actual nurse's license

number, superimposed her own name and changed the license type to Registered Nurse. The license card looked like a legitimate license.

This nurse imposter was so successful that she was promoted at the facility to a resident care manager position with duties such as developing and implementing plans of care for her patients, supervising care provided by Nursing Assistants and Licensed Practical Nurses. Her duties included administration of medications, recognizing and reporting any changes in her patients' conditions, and filling in for the Director of Nursing in that person's absence.

It is interesting to note that all who knew her claimed that no injury came to any patient as the result of her fraudulent practice as a Registered Nurse. In fact, she was complimented on her nursing performance. Furthermore, Rosemary claimed that she would never harm a patient and that she only performed tasks such as bathing and feeding patients, asking others who were qualified and licensed to perform nursing tasks.

Had the facility called the Board of Nursing's license verification phone line, they would have discovered that the license was expired and belonged to a Licensed Practical Nurse and not to the person who presented it to the facility.

Rosemary's deeds did not go unpunished. She was fined by the Board of Nursing for representing herself as a practicing nurse. The facility was fined for hiring an unqualified person to practice nursing. In addition, she was prosecuted by the legal system and was ordered to pay back wages to the facility.

### **Darla was a Director of Nursing.**

This imposter used the altered license of an acquaintance to obtain employment as a staff Registered Nurse in three licensed nursing facilities for more than 7 years. When the license that Darla had used to obtain employment in nursing was closely examined, there were 10 discrepancies on the license, including the wrong number of digits for a license number, wrong expiration date (it was not tied to her birth date), and no issue date.

During her deceitful nursing career, Darla, eventually became the Director of Nursing in one facility, functioned as a nurse consultant to another, went with her church group to third world countries to provide nursing/health care and was prominent on task forces that addressed health care policy in the state for a period of more than 7 years.

It was not until an interpersonal conflict with a co-worker over a child custody dispute, that she was identified as an imposter. She actually gave a deposition in the child custody dispute claiming to be a Registered Nurse for 26 years with a Masters degree in psychiatric nursing. The suspicious co-worker noticed that she disappeared during patient care emergencies and avoided doing any direct nursing care other than the most menial tasks of care that most persons would know how to do. Her suspicions led her to question whether this person had a legitimate nursing license.

Her case was referred to the District Attorney's office for prosecution, but the case was not prosecuted. Practicing as a nurse imposter is a Class C Misdemeanor in Oregon.

**Julie started as an imposter in 1979; a Federal conviction in 2004 stopped her.**

This imposter owned and operated an adult foster care home. In order to obtain a foster home license which permitted Julie to care for clients with greater nursing needs, she represented herself as a Registered Nurse.

Prior to Julie's adult foster home, she worked in a licensed nursing facility as a Registered Nurse. She was found to be an imposter and was warned by the Board to cease representing herself as a nurse. At the time, the Board's sole authority for penalizing an imposter was a \$100 fine, hardly worth pursuing considering that it would cost more than the fine to pursue and prosecute the case. Her adult foster home license was eventually revoked when it was brought to the attention of the licensing agency that she was an imposter.

Julie then enrolled in a nursing education program to obtain a baccalaureate degree in nursing. She was within a few weeks of graduation when someone in the clinical area where she was practicing as a student nurse recognized her as an imposter from the adult foster home days. This information was provided to the Dean of the nursing program who promptly dismissed her from the nursing program. Julie then relocated to an Eastern state and attempted to transfer her nursing school transcript to another baccalaureate program. She told them that she was only able to provide them with the "student copy" of her transcript because there had been a fire in the Registrar's office and an official transcript was not available. Fortunately, this deception was not believed and she was not successful at entering or completing the nursing program.

Julie moved back to the west coast after she obtained birth dates, social security numbers and credentials of two nurses who lived in New York and Canada. She used their identities to obtain a Registered Nurse license. Julie found employment at a hospital and as a nurse at a school district. She was also able to obtain a nurse practitioner credential using another's identity and that nurse's work history. Altogether she used as many as 21 aliases during the years she represented herself as a Registered Nurse. A search of her home revealed numerous documents which she used to steal identities, including school transcripts, birth certificates, "official" seals and social security numbers.

It was not Julie's misrepresentation as a Registered Nurse that stopped her, but her false statements to the U.S. Department of Agriculture in an attempt to obtain a \$1.8 million loan. It eventually came to light that Julie had falsified her credit history and income to purchase a home and posed as a bone marrow donor in order to obtain free airfare. She pled guilty to 21 counts of identity theft, making false statements, concealing assets, mail fraud and wire fraud. The punishment for her guilty plea included imprisonment and fines.

**Nancy obtained a license using falsified credentials and transferred to other states.**

Nancy, another nurse imposter, was able to gain enough information about the licensing process to obtain a license in one state and transfer it to 3 other states before detection.

In her counterfeit process, she used a license number issued to an Oregon nurse in 1930, which were 6 digits in Oregon at that time. When Nancy falsified her credentials, Oregon license numbers were 8 digits. The first 2 digits were the year the license was issued.

Nancy had been in contact with the Oregon State Board of Nursing enough to know the names of persons that worked in the licensing department. When she applied for a license in other states, by interstate endorsement, she used the license number of another person, crafted a seal to affix to her documents to make them look official and then used the name of a person employed by the Oregon Board to verify her licensure. Although Nancy misspelled the name and the signature was not that of the person employed by the Board, her documents looked legitimate enough that she was able to obtain licensure in 3 other states. She worked in one of them for 10 months before detection.

Had the other Boards of Nursing been more aware of what an Oregon seal looked like and other characteristics of a legitimate Oregon license, she would have been detected immediately.

### **John worked in acute care and hospice before detection.**

John, another nurse imposter, graduated from a nursing education program but failed the licensing examination for Registered Nurses five times. Because of his failed attempts to obtain a license, he was required to attend a refresher course in nursing. For this reason he was issued a limited license that allowed him to practice in a clinical site *only* for the purpose of the refresher course. At the same time, he also obtained a certificate as a nursing assistant and used it to apply for work in a hospital setting. He told his nurse manager that he was working on a refresher course and so was allowed to do his clinical experience for that course at the hospital. He did not complete the refresher course, but used the limited license to convince his employer to place him in a temporary staff position while awaiting full licensure from the Board.

Additionally, John altered the limited license to look like a full license to obtain employment in hospice for several months. He then moved to another state, using his forged Oregon license and the work history he had established in Oregon to obtain a license in that state. He was not successful due to good communication between the 2 boards of nursing involved.

### **How can nurse imposters be thwarted?**

- Nursing licenses should be more difficult to alter, that is produced on plastic with a hologram or other image that makes copying the license difficult (many states, including Oregon, do this because of imposter concerns).
- Nursing licenses, like a driver's license, should have the photo of the nurse imbedded in the license for easy identification of the nurse.
- Employers of nurses should be familiar with what a legitimate license looks like and be aware of how alterations can occur. The appearance and format of licenses change over time. It is important to know what a *current* license looks like.

- Prospective employers should have a system in place to verify a nurse license to assure that it is current, not encumbered by any disciplinary sanction and belongs to the person who presents it.
- Employers of nurses should accept only an original, current license of the nurse, and not a photo copy of the license.
- Employers should not photo copy licenses and keep them in personnel files so that they are accessible and potentially available for use by an unauthorized person.
- Co-workers of nurses should be healthy skeptics and raise questions about those who do not appear to have the knowledge and skill required of a licensed nurse.

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