



THE COLLEGE OF

REGISTERED PSYCHIATRIC NURSES of MANITOBA

2011 Annual Report

Board of Directors of the CRPNM 2009-2011



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RPN
President



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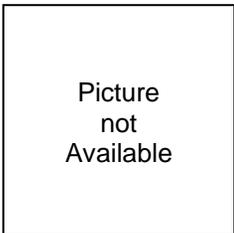
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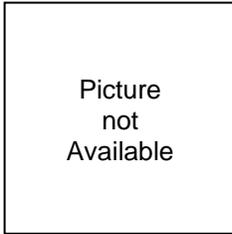
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Lawrence McInnes
LLB, QC



Leslie Orlikow



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Glenda Zelmer
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CRPNM Staff



Annette Osted
RPN
Executive Director



Laura Panteluk
RPN, BSPN
Practice Consultant/
Deputy Registrar



Barb Palz
CGA
Accountant



Laurie Cenerini
Administrative
Assistant

THE COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA

The mission statement of the College of Registered Psychiatric Nurses of Manitoba is to ensure that the public of Manitoba receives safe, effective psychiatric nursing services. This is done through three main goals:

1. The CRPNM administers *The Registered Psychiatric Nurses Act*, its regulations and the CRPNM by-laws effectively.
2. The CRPNM provides support to Registered Psychiatric Nurses for safe, effective practice.
3. Registered Psychiatric Nurses are full participants in the development, implementation, provision and evaluation of mental health services.

Under each of those goals are Core Functions and Strategies used to actualize the mission statement. The human resources used to put this into action include a Board of Directors, one-third of whom are public representatives; standing and ad hoc committees and a small staff complement.

The standing or legislated committees are:

- the Appointments Committee which recruits public representatives to sit on the board of directors and committees of the College;
- the Discipline Committee which is used by the College in the prosecution of members or former members who are alleged to have breached the Code of Ethics, Standards of Psychiatric Nursing Practice or expected competencies; or who have demonstrated problems with conduct or fitness to practice;
- the Investigation Committee which receives and reviews all complaints about the conduct, behaviour and/or practice of members or former members and determines disposition of the matter in accordance with section 23 of *The Registered Psychiatric Nurses Act*;
- the Psychiatric Nursing Education Approval Committee which makes recommendations to the board of directors about the Standards and criteria used for the evaluation of the psychiatric nursing education program and oversees the actual evaluation process.

Each of these committees also includes a membership of which one-third are public representatives. The CRPNM also has a Professional Practice Committee that addresses professional practice concerns. The CRPNM also takes part in inter-provincial committees on Code of Ethics and Standards; on registration examinations; and on the registration of internationally educated psychiatric nurses.

The CRPNM has a complement of 3 full-time and one part-time staff positions. The full-time positions are that of Executive Director, Practice Consultant/Deputy Registrar and Administrative Assistant. The Accountant/Business Services Manager position is one of 15 hours per week.

A group of volunteers ensures that the profession and/or the College is represented at various activities that may be held at local, regional, provincial, national and international levels.

FAREWELL

This is the 35th annual report that I prepare as Executive Director of the RPNAM/CRPNM. The time has flown by very quickly and the long strides that the profession has taken over the years have made those years worthwhile and even rewarding both professionally and personally. When I first started in this position, I would often hear persons say "I'm just a psychiatric nurse". Thirty-five years later, there has been a shift in our profession's culture. We now are proud to say "I am a Registered Psychiatric Nurse".

We are members of a profession that is a true partner in meeting the health care needs of the people who live in Manitoba. I am confident that, within the next decade, there will be regulatory processes for Registered Psychiatric Nurses throughout Canada.

I would like to salute all the members of boards of directors and committee volunteers with whom I have had the privilege to work during the past 35 years. It has been a lot of work and a long journey and I hope that you are all proud of the contributions that you have made.

There have been various staff persons who have also participated in the journey so far. In their name, I thank Laura Panteluk, Laurie Cenerini and Barb Palz by saying what wonderful travelling companions they have been. I wish them, future boards of directors and the profession as a whole continued growth and recognition through its competence, its collaboration and its courage.

Annette Osted, RPN

Annual Report of the President and Executive Director of the CRPNM

The past year has been one of celebration and accomplishment for the College of Registered Psychiatric Nurses of Manitoba. In 2010, the profession of Psychiatric Nursing in Manitoba celebrated 50 years of legislation and, after 80 years of psychiatric nursing education in the Province, the Government approved a Masters in Psychiatric Nursing program.

Manitoba has been a leader in Psychiatric Nursing Education in Canada. In the early 1920's, education specific for a nursing cohort that would be prepared to work in the asylums began in this Province. The program evolved over the years and in 1960, the profession received its first legislation. The education programs continued to develop under the leadership of some formidable individuals, including Anne Stanley, Kay Armstrong and John Kellie. The profession talked about having access to university education as early as 1968. The profession took responsibility for the approval of education programs only in 1980. Prior to that, psychiatric nursing education programs were accountable to a Government Committee.

In 1986, a post-diploma degree program was established for Registered Psychiatric Nurses at Brandon University. It was the first such program in Canada. Finally Registered Psychiatric Nurses were given credit towards a degree that was both credible and relevant to their profession. In 1995, all psychiatric nursing education was transferred to Brandon University a four-year undergraduate degree in psychiatric nursing, the Bachelor of Science in Psychiatric Nursing, was established. This program is offered completely at both the Brandon and Winnipeg sites. Again, this was a first in Canada. Much work was involved by the profession in the promotion of both of these programs- for their establishment and, at first, also for their sustainability.

In 2010, the Government of Manitoba announced that they had approved Brandon University's submission for a Masters in Psychiatric Nursing program. This is another first for the Province of Manitoba. Although the regulatory body was very supportive in this effort, the work in the development of the proposal was solely that of the faculty at Brandon University with special efforts made by Dr. Dean Care and Dr. Renee Robinson. This MPN will provide a much-needed opportunity for Registered Psychiatric Nurses to continue their studies without having to leave the profession to do so. Many RPNs have taken undergraduate, graduate and doctoral studies. They will now be leaders in assisting in the ongoing development and teaching of this MPN program.

Much time and effort was spent in the development of the document "Understanding Scope of Practice". This was initially a collaborative effort with the College of Licensed Practical Nurses and the College of Registered Nurses. However, due to some difficulties encountered in the development of the columns at the end of the document (see Other Publications on www.crpnm.mb.ca) the document is now a joint publication by the College of Registered Nurses of Manitoba (CRNM) and the College of Registered Psychiatric Nurses of Manitoba (CRPNM). The document's text talks about the differences in the context of practice for each of the regulated nursing professions. The three regulatory bodies hope to be able to work together towards an updated decision-making document. Staff from the three regulatory bodies have made presentations on scope of practice to the Boards of Directors of each of the professions as well as to a Board meeting of the Manitoba Nurses Union.

The CRPNM has been involved in a Psychiatric Nursing Planning Group for the last couple of years. This group was established as a result of a meeting held with the Minister of healthy Living and representatives from the Minister of Health and the Minister of Advanced Education and Literacy. The group was chaired by Terry Goertzen, Assistant Deputy Minister in the Department of Health. The Report was presented to the Minister of Health and the Minister of Advanced Education and Literacy in January 2011 and we are waiting for the Ministers' release of the document before putting it on our website.

Much time and thought has gone into the Regulated Health Professions Act and its implications for the profession of Psychiatric Nursing in Manitoba. The issue of "reserved acts" in that legislation provides for some interesting discussions. The CRPNM Board of Directors has already gone through two consultations on this issue and there will be more such discussions once we have received input from the registrants at large as well as from members of the public.

Elsewhere in this report there is information about investigations and disciplinary hearings; about the Psychiatric Nursing Education Approval Committee; and about our finances. You will also be able to get information about our participation in the Registered Psychiatric Nurses of Canada.

On May 2,3 & 4, 2013, the CRPNM will host the sixth RPNC World Congress for Psychiatric Nurses. The planning has begun in earnest under the leadership of the co-chairs, Isabelle Jarrin and Ryan Shymko. We hope that by that time, we will have some good progress made in the area of Advanced Practice for Registered Psychiatric Nurses.

2011 is a year of transition for staff. The Executive Director is retiring after close to 35 years in that position. Change is challenging but it is also rejuvenating. We look forward to seeing the ongoing evolution of the organization but, especially of the profession of Psychiatric Nursing in Manitoba and throughout Canada.

Report on Registration
 Laura Panteluk RPN, BSPN
 Deputy Registrar

To meet its public protection mandate, the CRPNM ensures valid and timely registration and the prevention of unauthorized practice by implementing policies and processes for initial and continued registration. These policies and processes are consistent with requirements of the *Registered Psychiatric Nurses Act* and its attendant regulation.

The CRPNM online registration verification system has been available since 2004 to assist employers in meeting their obligations under the *Registered Psychiatric Nurses Act*. This verification site is used extensively by employers as it allows them to confirm the registration status of their RPN employees during the registration renewal period and throughout the year.

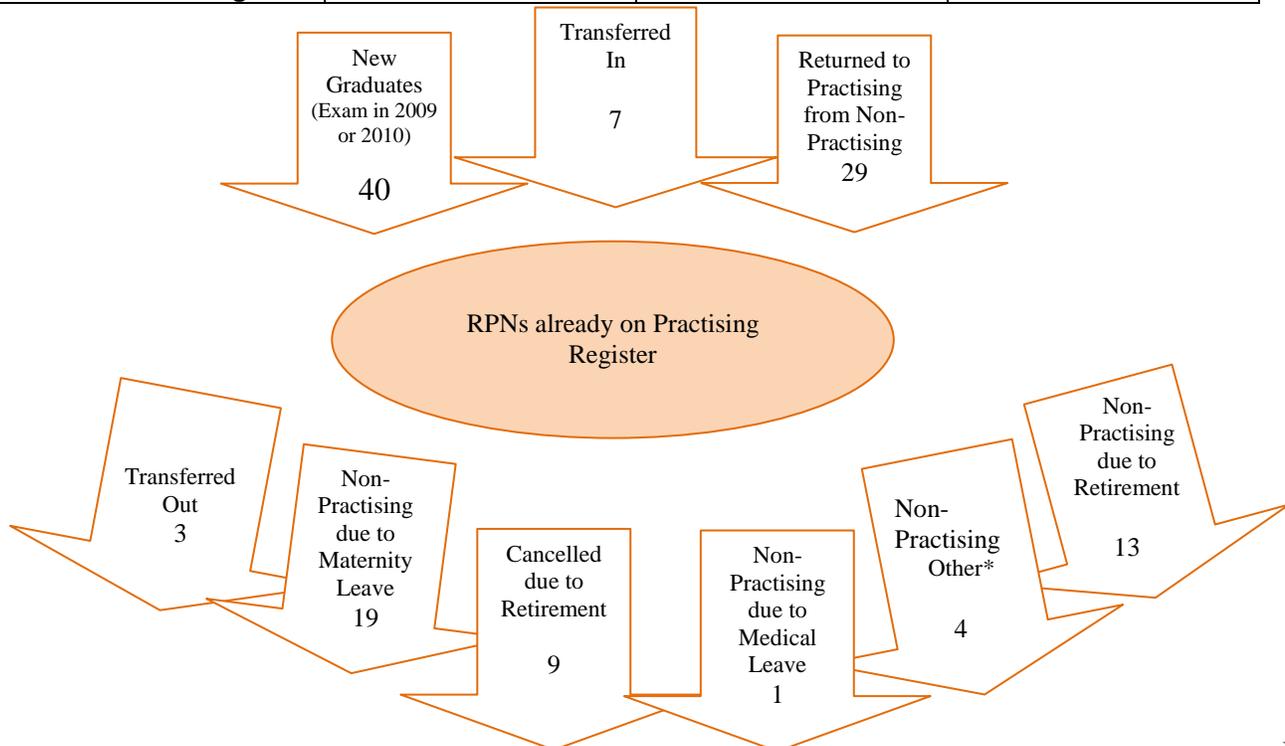
Complete employment information is a requirement of the *Registered Psychiatric Nurses Act* but is also essential for accurate psychiatric nurse data and for health human resource planning. On an annual basis, the CRPNM submits registration data, in aggregate form, to Manitoba Health, Health Workforce Strategies and the Canadian Institute for Health Information (CIHI) for the purposes of health human resource planning. The CRPNM does not share personal member information with other persons or agents except where required by law.

The *Fair Registration Practices in Regulated Professions Act* was proclaimed on April 15, 2009 and established the Office of the Manitoba Fairness Commissioner (OMFC). At times specified by the Fairness Commissioner regulators, like the CRPNM, will be required to review their registration practices and to provide a reports to the OMFC. The CRPNM has been engaged in a number of capacity development activities (reported elsewhere in this report) with the OMFC over the past year. These activities have assisted the CRPNM to be proactive and ready for the anticipated registration review process and to meet its obligations for reporting under the *Fair Registration Practices in Regulated Professions Act*.

The CRPNM works to ensure the accuracy of the data and works with others, like Manitoba Health, to put the data in context for a comprehensive approach to health human resources planning. The CRPNM registration data is one source of data that is used for planning. The data in this report was captured at December 31, 2010. The following report identifies the demographics of the current RPN workforce; where the current supply of RPNs comes from; and, the utilization, in terms of place of work, of the current RPN workforce.

Registration Statistics

	December 31, 2008	December 31, 2009	December 31, 2010
Practising Registrants	971	963	980
Non-Practising	61	70	61



Note: the numbers do not add up to the total as cancellations due to non-renewal or suspensions due to the CRPNM's complaints/investigation process have not been captured.

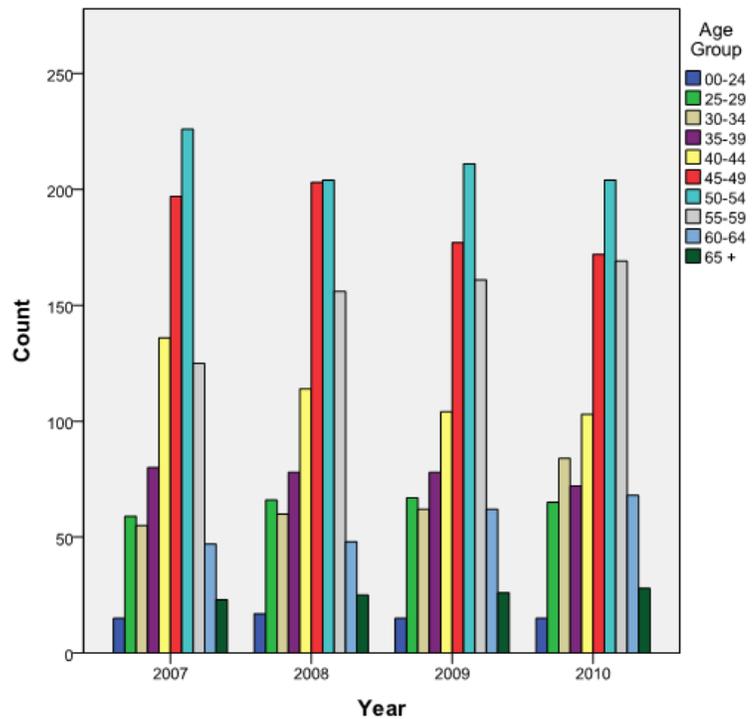
***the Non-Practising 'Other' category represents movement to the Non-Practising register due to unemployment or a lack of practice hours**

The above diagram shows the movement to and from the Practising register in 2010. In the 2009 registration year, a total of 45 RPNs moved from the Practising to Non-Practising register due to maternity leave, medical leave or retirement. It was anticipated that more than 50% of these RPNs were only temporarily unavailable to the workforce. The return to the workforce is demonstrated in 2010 when 29 RPNs returned to the Practising register.

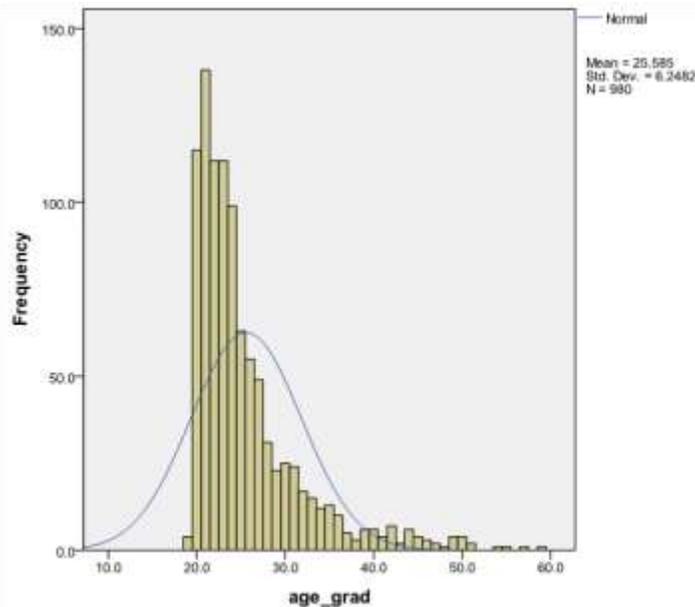
The number of RPNs who have cancelled their registration due to retirement has remained consistent in 2009 and 2010. The number of RPNs who have moved from the Practising register to the Non-Practising register due to retirement has increased only slightly in 2010 (n=2). These RPNs may subsequently decide to return to the Practising register.

Demographics of the Current Supply

The average age of RPNs on the Practising register in 2010 was 47.14. A 2008 to 2009 comparison of age groups showed that the biggest increase in the number of RPNs was in the 60-64 year old age group. However, when 2009 and 2010 are compared, the larger increase was in the 30-34 year old age group.



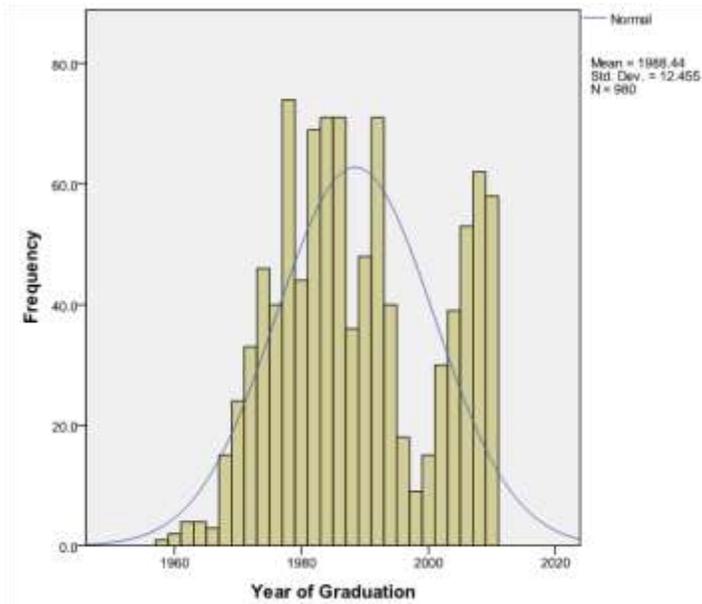
Age at Graduation (2010)



Over the years, it is noted that the age at graduation is increasing. Although the average age at graduation in 2010 was 25.58, this graph shows that there were some graduates aged 40 and over. The increased age at graduation could mean that psychiatric nursing is being chosen, by some, as a second career. In that context, it is likely reasonable to expect that the RPN will remain in the workforce longer than the common age of retirement when they have graduated later in life.

As the average age of the graduates increases so does the average age of the workforce. However, there is still overall evidence of renewal.

Average Year of Graduation (2010)



This graph shows the year of graduation for those RPNs on the Practising register in 2010. The transition from the diploma to the baccalaureate psychiatric nursing education program explains the low in the 1998 and 1999 years. In 2010, the average year of graduation for RPNs on the Practising register was 1988.

Supply- New Graduates

The CRPNM keeps data on the number of graduates who wrote the registration examination and who subsequently register. The number of graduates in the calendar year is defined as those individuals who have met all the requirements for registration except for the successful completion of the CRPNM registration examination. These individuals have met all of the requirements for completion of the Bachelor of Science in Psychiatric Nursing (BScPN) education program.

Registration Exams

YEAR	TOTAL NUMBER OF GRADUATES WHO WROTE THE REGISTRATION EXAM	# & PERCENT WHO DID NOT REGISTER	REASON
2010	39	3 (7.6%)	1 transfer to AB; 1 transfer to BC; 1 unknown
2009	34	7 (20%)	2 transfer to SK; 2 transfer to BC; 3 unknown
2008	40	7 (17%)	5 transfer to SK; 1 transfer to AB; 1 unknown
2007	33	6 (18%)	2 transfer to SK; 2 transfer to AB; 1 transfer to BC; 1 unknown
2006	43	10 (23%)	2 transfer to SK; 2 transfer to AB; 5 transfer to BC; 1 unknown

Thirty eight (38) BScPN students have informed the CRPNM of their intention to write the CRPNM registration exam in May or November of 2011. On average, 95% of new graduates pass the registration exam on their first attempt.

New Graduates who were New Registrants

There were thirty six (36) new registrants who completed the BScPN and registration exam in the 2010 calendar year. A new graduate may choose not to register in the year when they complete the psychiatric nursing education program. Most often this happens when the new graduate writes the registration exam in November. They might choose not to register until January 1 of the new year.

For example, half of the new graduates who wrote the CRPNM registration examination in November 2009 did not register until 2010. In the past five years, we have had an average of an 82% retention rate of new psychiatric nursing graduates with the highest rate of retention in 2010 at 92.4%.

Supply- Out-of-Province/Out-of-Country

Migration Report (January 1-December 31, 2010)

Transfer Region	Transferred In	Transferred Out
Alberta	2	0
British Columbia	3	2
Other Country	2	0
Other Province	0	1
Saskatchewan	0	2
Total	7	5

Note: The “transferred out” data is collected when a RPN has requested that the CRPNM confirm their registration to another psychiatric nursing jurisdiction. This is one of the requirements under the endorsement agreement. Although this confirmation is provided it does not always mean the member left the province. However, in most cases it does. As of December 31, 2010, the CRPNM was aware that 3 RPNs had transferred to another psychiatric nursing jurisdiction.

The *RPN Mutual Endorsement Agreement* allows for mobility of RPNs between the four western provinces that regulate the psychiatric nursing profession in Canada. Although there are many reasons that RPNs may choose to move to another province, wages and recruitment incentives are often factors in the decision. The “transferred in” numbers are actual numbers.

As noted elsewhere in this report, the CRPNM has been piloting an applicant tracking system for internationally educated psychiatric nurse applicants. Over the 2010 year, there has been an increase in the number of requests for application packages. Increasingly, internationally educated psychiatric nurses are choosing Manitoba as their province of residence. There has been an increase of internationally educated psychiatric nurses transferring to Manitoba from the other Western provinces. For example, 3 of the 7 RPNs who have transferred to Manitoba under the *RPN Mutual Endorsement Agreement* received their basic psychiatric nursing education outside of Canada.

CRPNM Awards for Excellence Recipients

2010

Psychiatric Nursing Practice: Dorthea Davis

Psychiatric Nursing Education: Kitty Buckboro and Debra Melanson

Psychiatric Nursing Leadership: Annette Byblow

Special Contribution to the Profession:
Richard Stefanyshyn

Special 50th Anniversary Award:
The Faculty of the Bachelor in Science in Psychiatric Nursing Program

RPNC Award for Professional Leadership (Manitoba):
Dr. Renee Robinson

2011

Psychiatric Nursing Practice:
Karen Burgess and Mary Beth Dunning

Psychiatric Nursing Education: Mallory Schmitz

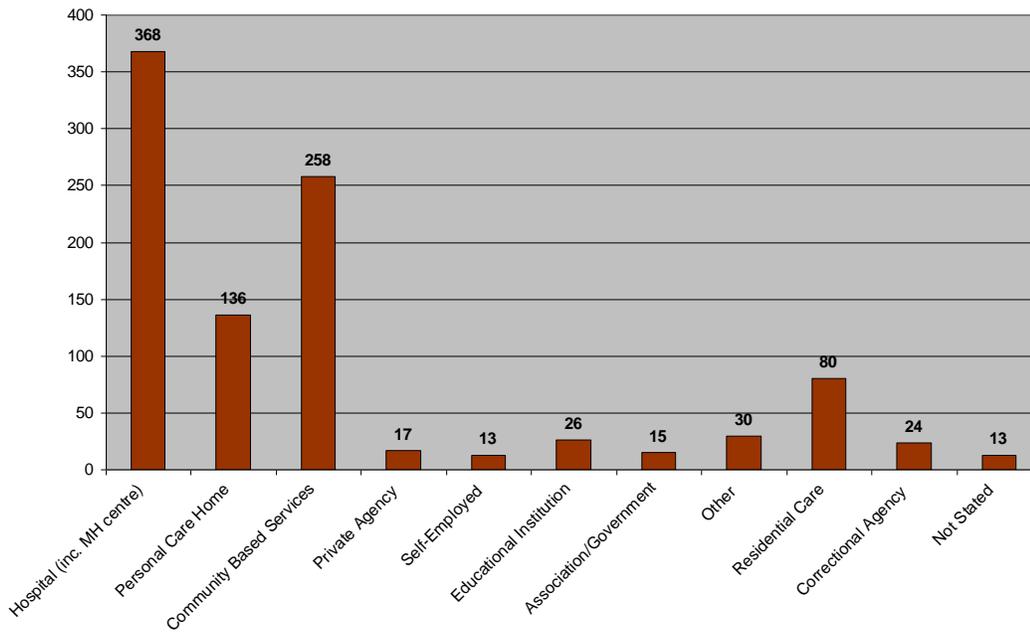
Psychiatric Nursing Leadership: Laura Panteluk

Volunteer Recognition Award:
Brian Bjorklund and Myrna Mitchell

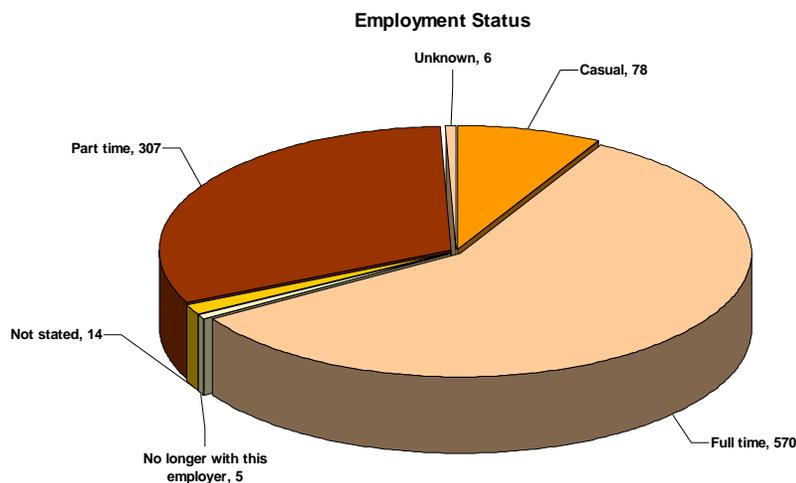
Outstanding Contribution Award: Deborah Handziuk

Utilization of the Current RPN Supply

Practising Registrants Place of Work 2010



Place of work is reported on the annual registration renewal application. Community based services includes community mental health, family services and home care. Due to small numbers for business/industry and unknown, these have been collapsed and are represented in the “other” category.



58% of RPN's in Manitoba work full time. For those that work part-time and casual, the majority do so by choice.

Report of the Practice Consultant
Laura Panteluk, RPN, BSPN

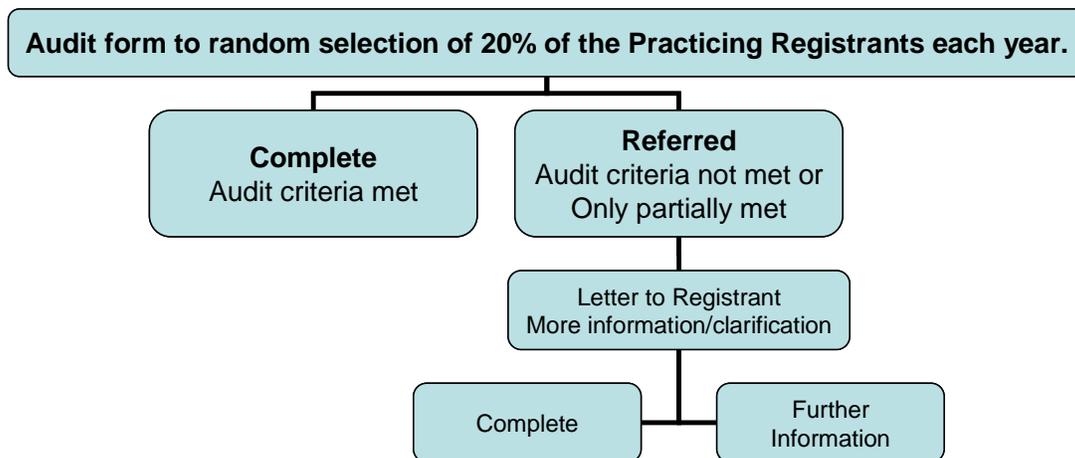
Providing practice consultation and support is one of the ways that the CRPNM supports RPNs in their practice. Supporting professional practice by assisting RPNs to understand and apply the *Standards of Psychiatric Nursing Practice* and the *CRPNM Code of Ethics* meets the CRPNM's public protection mandate by promoting good practice and preventing poor practice. The CRPNM Practice Consultant provides presentations to workplaces and to students on a variety of professional practice issues and is available for consultation to individual RPNs and to employers.

The CRPNM Practice Consultant also participates in, or provides support to, various local, provincial or inter-provincial/national committees that address professional practice issues. Currently, the CRPNM is participating in various "scope of practice" committees that are examining the utilization of RPN's in various practice environments in Manitoba.

At an inter-provincial/national level, the CRPNM has taken the lead in a number of activities that address both professional practice and registration. One of these activities include a multi-jurisdictional funding application for the development of national entry level competencies, an updated competency profile for the profession in Canada and a diagnostic or feasibility study to examine the facilitators and barriers to the regulation of the psychiatric nursing profession in all provinces and territories in Canada. Other activities relate the registration exam and national standards for

CPRNM Continuing Competence Program

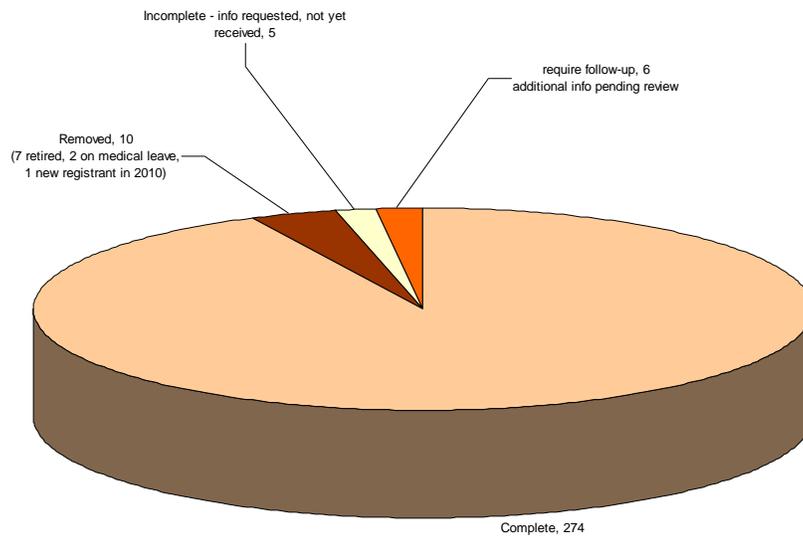
Registered Psychiatric Nurses have long engaged in efforts and activities to maintain their competence. However, the requirement that RPNs document and formalize these processes is still relatively new for some RPNs. The audit process reminds RPNs that they are required to keep documentation of a self assessment, a learning plan and their continuing competence activities and requires that RPNs engage in a reflective practice process. Since 2006, the audits have revealed that the vast majority of RPNs are engaging in the continuing competence program requirements and they are using creative and innovative approaches to meet their ongoing professional development needs.



Each July, the CRPNM randomly selects 20% of those RPN's who have not yet been audited. Over the five year period ending in 2010 all of the RPNs on the Practising register at the time of the audit selection, will have been subject to an audit on their participation in the CRPNM Continuing Competence Program. It was not a matter of if a RPN is audited it was simply a matter of when

In July of 2010, all remaining RPNs were selected for the audit.

2010 Audits

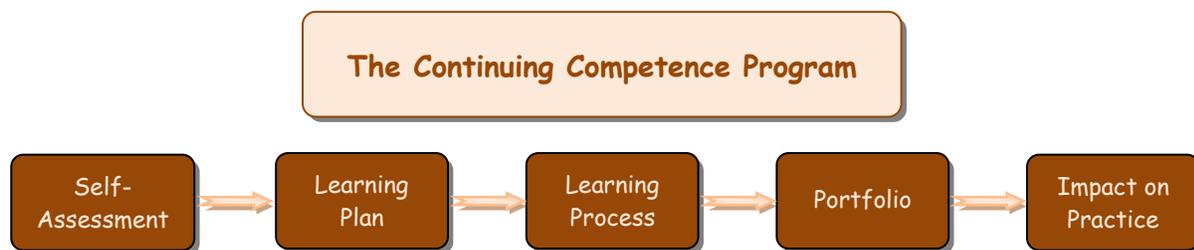


At the end of the five year cycle the CRPNM engaged in an evaluation process of the Continuing Competence Program, the continuing competence package and the audit process. The CRPNM audit questionnaire was designed to facilitate part of this evaluation. The last page of the audit asked specific questions about the Continuing Competence Program package as well as the usefulness of the various components of the Continuing Competence Program. Respondents were asked to answer these questions using a rating scale. There was also a space for further suggestions to improve the program.

All of the responses have been entered into Survey Monkey™ to facilitate the analysis of the program evaluation data. A small committee of RPN auditors, with research experience, is reviewing this data and the suggestions provided by RPNs. In addition to the survey data, the CRPNM will conduct an administrative review of the audit processes and seek feedback from the RPN audit teams.

This review data will assist the CRPNM to gain insight into the effectiveness of the program and its processes and will support the Board of Directors to make informed decisions about any changes to the program, including the plan for the next 5 year audit cycle.

- Auditors:**
- Karen Clements
 - Colleen Cobbe
 - Tina Curtis
 - Linda Fey
 - Isabelle Jarrin
 - Jane Karpa
 - Karen Walsh
 - Teri Kehler
 - Jocelyn Meroniuk-Vezey
 - Dee Thomas



ADVANCED PRACTICE COMMITTEE

Over the past year, the CRPNM has been gathering information and exploring the concepts of advanced psychiatric nursing practice. Much of the work to date has focused on the development of relationships with key stakeholders and a review of Canadian and international literature. A small working/planning committee has been established to begin to look at the issues related to client needs, system readiness, workforce planning and integration, education and regulation. The inaugural meeting of the advanced practice committee will occur in May 2011.

The primary driver for the development of an advanced practice role for RPNs must be client need. For this reason, the CRPNM, as part of Registered Psychiatric Nurses of Canada, is developing a funding application to conduct a needs assessment for advanced psychiatric nursing roles. The application is in its development phase as RPNC is currently examining the possible methodology of such a study and the potential funding sources.

The development of the regulations under the new Regulated Health Professions Act includes a process and a framework for the profession to apply for an expanded scope of practice. There are very detailed and specific requirements to guide us through such a process.

The CRPNM has begun to have conversations with key stakeholders who will be important in supporting us and guiding us in this process. These have included the College of Physicians and Surgeons (CPSM); the Manitoba Pharmaceutical Association (MPhA); the College of Registered Nurses of Manitoba (CRNM); a RN-EP at a primary health care clinic; the School of Health Studies at Brandon University; and, Manitoba Health and its legislative unit. The CRPNM is grateful for the support in principle, and guidance that these stakeholders have provided to date.

The CRPNM would also like to acknowledge the unique contribution that each of the planning committee members bring: The Chair, Marg Synyshyn, RPN, BHS (Psych Nursing), MA (an management/employer perspective); Amber Gilberto, RPN, BScPN (a practice perspective); Dr. Dean Care, Dean School of Health Studies, Brandon University (an education perspective); and Dr. Larry Mackie (a systems perspective).

CRPNM PSYCHIATRIC NURSING EDUCATION APPROVAL COMMITTEE

As previously reported, the PNEAC had conducted an approval process for the Bachelor of Science in Psychiatric Nursing program at Brandon University in 2009. That process resulted in a full four-year approval for the program. The faculty have done a commendable job in refining the program .

As usual, the PNEAC does follow-up on any recommendations made by the approval consultant. The last follow-up meeting between the Committee and the faculty was held on March 16th, 2011. The Committee and faculty members discussed the significant progress that has been made in most of the areas.

The regulatory bodies for the profession of Psychiatric Nursing in western Canada have determined that they will work together to develop national standards for approval of psychiatric nursing education programs in Canada. The CRPNM Standards are now a regulation under The Registered Psychiatric Nurses Act. These appear to be acceptable in the other provinces. A meeting will therefore be held to develop criteria and processes for the standards.

The PNEAC is chaired by Atlanta Sloane-Seale and also includes Doreen Fey, Patrick Griffith, Isabelle Jarrin and Sharon Taylor.

ANNUAL REPORT OF THE INVESTIGATIONS COMMITTEE

Fourteen new **complaints** were received during 2010. All but five of these were completed during 2010. The other five were completed in the first two and a half months of 2011.

ID Number	Complaint	Disposition
2010-1	Incompetence and irresponsibility in practice.	In lieu of an investigation, the person formally withdrew from the profession.
2010-2	Verbal and physical abuse of patients. Poor communication skills.	In lieu of a disciplinary hearing, the person formally withdrew from the profession.
2010-3	One-time error in judgment.	No further action. Complaint on file for two years. .
2010-4	Boundary issues.	Conditions placed on practice.
2010-5	Poor record-keeping. Poor follow-up with clients.	To investigation.
2010-6	Illness seriously affecting practice and behaviour.	In lieu of investigation, formally withdrew from the profession.
2010-7	Incompetence.	In lieu of investigation, formally withdrew from the profession.
2010-8	Colleague complained re personality.	No further action.
2010-9	Colleague complaint of harassment.	No further action.
2010-10	Error in judgment.	Record of complaint on file indefinitely.
2010-11	Inappropriate behaviour in workplace.	Conditions placed on practice.
2010-12	Health problems affecting practice.	To investigation.
2010-13	Health problems affecting practice.	Conditions related to practice and health.
2010-14	Complaint from client about being touched.	No further action.

Number of complaints received per year

Year →	2004	2005	2006	2007	2008	2009	2010
# complaints	9	9	22	6	4	8	14

Some complaints can be resolved in two hours while others will take two months or more for a variety of reasons. The CRPNM does not involve legal counsel at this stage of the process. However, more RPNs are attending the Investigation Committee interviews accompanied by their lawyer so the CRPNM process will have to be reviewed in that light.

One complainant from 2009 was very dissatisfied with the outcome of the review of a complaint. The matter was sent for further investigation. An attempt at mediation was made. The complainant was still unsatisfied and wrote to the Board of Directors about their feelings about the process. No further action took place.

Christine Prociuk, RPN, BA, Chair on behalf of the Investigations Committee :
 Brian Bjorklund, BA Arlene MacLennan, RPN, RN Myrna Mitchell, MA Kris Lischynski, RPN, BScMH

CRPNM DISCIPLINE COMMITTEE

Three matters were referred to disciplinary hearings in 2010. One is a person about whom two previous complaints had been received; two investigations done; and two referrals to hearings with no witnesses willing to come forward at the time of the hearing. We were able to obtain that person's resignation from the profession.

A second person signed an agreement with the College on the morning of the hearing, in the presence of our lawyer. The agreement dictates strict conditions on this person's practice.

The third person's lawyer and CRPNM counsel arrived at an agreed submission at the hearing. The accused pleaded guilty to most of the charges and the sentence was the seven months suspension that had already been imposed on the person.

On another note, one complaint that began in late 2007 went to investigation and then to hearing. It has finally been concluded now that we have received, through her lawyer, the costs of \$2500.00 from her. Norma MacMillan has also agreed never to apply for registration as a RPN.

The following persons have voluntarily withdrawn from the profession in lieu of an investigation or a hearing:

O. Ewert D. Kruchkowski B. Karatchuk B. Garrioch

The Discipline Committee is chaired by Marg Synyshyn, RPN, BHSC(Psy.Nsg.), MA

Debra Anderson, RPN

Jeff Gunter, RPN

Ken Krahn, RPN

Deb Melanson, RPN

Jocelyn Meroniuk-Vezey, RPN

Claudette Moquin, RPN

Robert Sokoliuk, RPN

Dixie Tomchuk, RPN

Debra Wikstrom, RPN

And public representatives:

Kristen Kroeker, Nia Massey, Ken Nairne and Linda Perry

REPORT FROM THE BOARD OF DIRECTORS RATIONALE FOR THE PROPOSED INCREASE IN REGISTRATION FEES

There are several major projects taking place in the next two to three years. This includes the requirement that the College do a major consultation with registrants about the Regulated Health Professions Act and the Regulations that will apply to Registered Psychiatric Nurses. These discussions will include consultations on the scope of practice for RPNs.

Another major project will be the needs assessment for advanced practice roles for RPNs both in Manitoba and in Canada. Although we are trying to obtain some funding for most of this, the College has to be prepared to support the project in financial terms as well as with human resources.

These of course, are projects over and above the regular operations of the College as a regulatory body.

The Board is proposing that the practicing registration fees increase by 5% for 2012; and 4% each for 2013 and 2014. This would affect the fees as follows:

2010 & 2011	\$432.00 + GST (5%)=	\$453.60
2012	432.00 x 5% = 453.60 +GST =	\$476.28
2013	453.60 x 4% = 471.74 + GST =	\$495.33
2014	471.74 x 4% = 490.61 + GST =	\$515.14

The members have told us in the past that they prefer to know what is coming ahead of time so the Board has planned for the next three years. Although it is difficult to plan for every eventuality, the Board tries to foresee what is coming in terms of the College's legislated responsibilities.

Registered Psychiatric Nurses, as a profession, have taken on the responsibility for self-governance. The CRPNM is accountable to the legislature for administering *The Registered Psychiatric Nurses Act* and to conduct its affairs and govern its members in the public interest. The College is accountable to its registrants/members for the efficient implementation of the legislated mandate.

The College of Registered Psychiatric Nurses of Manitoba has the same legislated mandate as do other colleges for regulated health professions in Manitoba, including the College of Registered Nurses of Manitoba (CRNM). The CRNM has about 11,000 registrants. The CRPNM must implement the same regulatory functions with resources from only about 1,000 registrants. Our profession has met its responsibilities quite well and has grown in its education and in its practice while doing so. Registered Psychiatric Nurses understand this and have supported their College in its mandate.

We urge all registrants to read all of the annual reports so that there is a true understanding of the CRPNM's mandate and functions.



REGISTERED PSYCHIATRIC NURSES OF CANADA A Summary of Projects

The Registered Psychiatric Nurses of Canada has been involved in various national projects over the past few years. This has been especially true during the past ten years, beginning with a small representation on the Canadian Nursing Advisory Committee and a larger presence on the National Nursing Sector Study. Here are some of the projects in which the profession is involved at the national level.

The National Nursing Assessment Service: The three nursing professions in Canada are collaborating, with funding from the Federal Government, to explore an initiative that is looking at creating a business model for setting up a National Nursing Assessment Service. This includes the creation of a database of nursing programs in different parts of the world. The Project is now carrying out an exercise to harmonize the requirements across the regulatory colleges (and the nursing professions) and is also looking at the development of a database and a business model. Laura Panteluk represents psychiatric nursing regulatory bodies on the steering and management committees for this project. Barbara Lowe, Executive Director of the CRPNA represents the RPNC.

Foreign Credentials Recognition Office (FCRO) The Foreign Credentials Recognition Office helps foreign trained workers succeed in Canada. The FCRO has prepared profession-specific fact sheets that are meant to provide basic information to enable internationally educated professionals to initiate as much of the licensure, settlement and preparation process as possible, pre-arrival. In October 2009, Laura Panteluk was invited to work with the FCRO, on behalf of RPNC, to develop the RPN Fact Sheet. The fact sheet went live on-line in February 2010.

The CRPNM Practice Consultant/Deputy Registrar is also involved in similar project with the Canadian Information Centre for International Credentials (CICIC).

As the representative of the regulatory bodies for RPNs, Laura is working on a subcommittee that is developing a proposal for a report/discussion paper on **off-shore testing**. The subcommittee has representation from all three nursing groups and the FCRO and is developing a funding proposal to examine all the issues related to providing registration exams outside of Canada.

Elizabeth Taylor, Practice Consultant with the College of RPNs in Alberta was our representative on the subcommittee established to develop **National Fluency Standards**.

Elizabeth Taylor and a psychiatric nursing educator from Alberta are representing the profession on a committee established by the Canadian Association of Schools of Nursing to look at bridging programs.

Staff Mix: Regulated Nurses and Assistive Healthcare Workers The RPNC is participating in another project that is funded by the Foreign Credential Recognition Program through the Canadian Nurses Association (CNA). This will involve updating and revising the 2005 *Evaluation Framework to Determine the Impact of Nursing Staff Mix Decisions* and to develop policy/educational documents, based on current literature and expert opinion. Annette Osted and Patrick Griffith from Winnipeg are representing the RPNC. This project will be presented at the 2011 Congress of the International Council of Nurses. A RPNC representative will participate in the presentation.

Inter-Provincial Collaboration The overwhelming majority of inter-provincial activities/projects are related to regulatory responsibilities. This has resulted in the development and validation of a new National Code of Ethics and Standards of Psychiatric Nursing Practice and the ongoing review, analysis and development of the registration examination. Other inter-provincial discussions are around the Mutual Endorsement Agreement and the criteria used to assess internationally educated psychiatric nurses.

The RPNC World Congress for Psychiatric Nurses A major activity of the RPNC is the RPNC World Congress for Psychiatric Nurses. The first one was held in Vancouver in 2002 and since then there was one in Winnipeg in 2004, Calgary in 2006, Regina in 2008 and a second one in Vancouver in 2010. These very successful congresses encourage Registered Psychiatric Nurses and their colleagues to share the knowledge that they gain through research and/or experiences. The next RPNC World Congress will be held in Winnipeg in May 2013.

Regulation in the Yukon As of August 1, 2009, Registered Psychiatric Nurses can be registered in the Yukon and therefore can be employed as Registered Psychiatric Nurses. Thank you to the small group of psychiatric nurses and to some of the Yukon's government employees who worked hard to make this happen. Assessment of qualifications will have to be made by one of the four provincial regulatory bodies.

Strategic Planning

The RPNC Board of Directors held a facilitated strategic planning session in January 2011. The Vision Statement was revised to read: **Optimal mental health for all people of Canada.** The mission statement of the organization is as follows:

To provide leadership for the profession of psychiatric nursing by:

- working collaboratively on regulatory issues in the public interest;**
- achieving common standards in education, registration and practice; and,**
- being a voice, nationally and internationally, for excellence in the profession.**

The following goals were set, each being identified as either short-term or long-term:

1. To develop national entry-level competencies
2. To develop a new national registration examination
3. To review and revise the Mutual Endorsement Agreement
4. To plan for the development of a National Nursing Assessment Service
5. To update the Competency Profile of the profession
6. To establish national standards, criteria and processes for approval of psychiatric nursing education programs
7. To support regulation of psychiatric nursing across Canada
8. To maintain currency of practice documents
9. To maintain an international forum for knowledge sharing/transfer
10. To explore the concept of advanced practice in psychiatric nursing
11. To build and maintain the RPNC infrastructure
12. To build and sustain relationships helpful to RPNC goals.

The RPNC Board of Directors is made up of the Presidents and Executive Directors of each regulatory body. The Practice Consultants/Deputy Registrars also participate in discussions.

<p>Report from the Treasurer Melanie Ferg, RPN</p>
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The main parts of the audited financial statements for the CRPNM for the fiscal year ending December 31, 2010 are printed in this annual report. Copies of the full audit will be available at the Annual General Meeting.

The surplus of \$7,527 in 2010, is slightly higher than the 2009 surplus of \$5,291. Overall revenues were \$505,844 compared to \$444,974 in 2009. The additional revenue was due to a provincial grant received for a registration project, cost recoveries from the annual conference, and the Discipline Committee having ordered that Norma MacMillan pay some of the costs of the investigations and hearing held as a result of complaints against her practice.

Our tenant space continued to be occupied for the full year and we are beginning the fourth year of a five year term which will see the rent revenue increase to \$1,500 per month in November 2011. Interest income was up slightly as the rates on secure investments are recovering.

Statutory functions expenses were \$7,800 over budget. This was the result of the costs of the provincially funded registration project offset by lower than anticipated investigation and hearing expenses.

Corporate functions expenses were higher than projected due to costs associated with the 50th anniversary annual general meeting. Although the total expenses were \$12,900 over budget, cost recoveries in excess of \$6,000 were realized.

Professional functions expenses were \$1,500 below budget in 2010. The most significant cost saving was related to the newsletter which is now prepared in-house and delivered in electronic format. The inter-provincial activities expenses were \$5,000 more than anticipated due in part to the RPNC decision to sponsor events including the Collaborative Mental Health Care Conference and Mental Illness Awareness Week, as well as attendance at the CNA Conference.

The 2010 administration expenses were \$7,800 above budget, mainly attributable to the legal fees expenses related to the tenant lawsuit. This issue has been settled and cost recoveries will be realized in 2011. Building expenses were 3% higher in 2010 than in 2009.

For 2011, the Board of Directors has planned for the hiring of a new Executive Director. This has meant a review of the salary scale of the position to ensure that it is competitive. There is also provision for the recruitment process. Other expenditures have been planned according to information included in some of the other reports.

Melanie Ferg, RPN
Treasurer

COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA
Financial Statements
Year Ended December 31, 2010

COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA
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Year Ended December 31, 2010

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INDEPENDENT AUDITOR'S REPORT

To the Members of College of Registered Psychiatric Nurses of Manitoba

I have audited the accompanying financial statements of College of Registered Psychiatric Nurses of Manitoba, which comprise the statement of financial position as at December 31, 2010, and the statements of revenues and expenditures, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of College of Registered Psychiatric Nurses of Manitoba as at December 31, 2010, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Winnipeg, Manitoba
April 4, 2011

CHARTERED ACCOUNTANT

COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA
Statement of Financial Position
December 31, 2010

	2010	2009
ASSETS		
CURRENT		
Cash	\$ 125,866	\$ 123,728
Term deposits and savings account (Note 3)	14,333	4,380
Accounts receivable	2,960	8,754
Due from RPN Foundation Inc.	551	392
Inventory	1,792	1,922
Interest receivable	1,805	-
Prepaid expenses	10,003	6,773
	157,310	143,949
LONG TERM INVESTMENTS (Notes 2, 3)	482,503	489,860
CAPITAL ASSETS (Notes 2, 4)	127,377	138,754
	\$ 767,190	\$ 772,563
LIABILITIES		
CURRENT		
Accounts payable	\$ 37,118	\$ 37,820
Goods and services tax payable	19,195	19,135
Unearned rent	2,412	2,412
Prepaid membership fees	408,956	406,656
Deferred interest income (Note 3)	20,670	35,228
	488,351	501,251
NET ASSETS		
GENERAL FUND	185,866	189,716
BUILDING AND EQUIPMENT RESERVE FUND	92,973	81,596
	278,839	271,312
	\$ 767,190	\$ 772,563

ON BEHALF OF THE BOARD

_____ Director

_____ Director

COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA
Statement of Revenues and Expenditures
Year Ended December 31, 2010

	2010	2009
REVENUE		
Membership Fees - Practicing	\$ 416,342	\$ 394,156
Membership Fees - Non-practicing	3,178	3,288
Late fees and penalties	2,539	2,559
Interest	18,960	17,533
Rent	15,300	13,500
Annual conference recoveries	6,157	4,266
Examinations	8,800	7,381
Province of Manitoba Grant - Registration Projects	28,768	-
Other	5,800	2,291
	<u>505,844</u>	<u>444,974</u>
EXPENSES		
Statutory functions - schedule 1	126,968	114,632
Corporate functions - schedule 1	93,946	77,076
Professional functions - schedule 1	159,262	136,042
Administration - schedule 1	85,118	79,901
Building - schedule 1	33,023	32,032
	<u>498,317</u>	<u>439,683</u>
EXCESS OF REVENUE OVER EXPENSES FOR THE YEAR	\$ 7,527	\$ 5,291

COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA
Statement of Changes in Net Assets
Year Ended December 31, 2010

	General Fund	Building and Equipment Reserve Fund	2010	2009
NET ASSETS - BEGINNING OF YEAR	\$ 189,716	\$ 81,596	\$ 271,312	\$ 266,021
Excess (Deficiency) of revenue over expenses for the year	7,527	-	7,527	5,291
Utilization of restricted reserve	7,161	(7,161)	-	-
Transfer to restricted reserve	(18,538)	18,538	-	-
NET ASSETS - END OF YEAR	\$ 185,866	\$ 92,973	\$ 278,839	\$ 271,312

COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA
Statement of Cash Flows
Year Ended December 31, 2010

	2010	2009
OPERATING ACTIVITIES		
Cash receipts from members	\$ 468,173	\$ 434,142
Interest received	17,155	17,533
Rent income	15,300	13,500
Cash paid to suppliers	(213,380)	(157,881)
Cash paid to employees and benefits	(261,573)	(251,912)
Goods and services tax	60	455
Cash (deficiency) available from operating activities	<u>25,735</u>	<u>55,837</u>
INVESTING ACTIVITIES		
Purchase of equipment	(7,161)	(3,086)
Purchase of investments	(16,277)	(17,533)
Cash flow used by investing activities	<u>(23,438)</u>	<u>(20,619)</u>
FINANCING AND INVESTING ACTIVITIES		
Advances from (to) related parties	(159)	405
NET INCREASE (DECREASE) IN CASH	2,138	35,623
Cash - beginning of year	<u>123,728</u>	<u>88,105</u>
CASH - END OF YEAR	\$ 125,866	\$ 123,728

COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA
Notes to Financial Statements
Year Ended December 31, 2010

1. PURPOSE OF THE ORGANIZATION

The College is incorporated without share capital under the laws of Manitoba and its principal activities are to establish and maintain standards of education and practice for psychiatric nursing. The College must carry out its activities and govern its members in a manner that serves and protects the public interest as set out in the Registered Psychiatric Nurses Act.

2. SIGNIFICANT ACCOUNTING POLICIES

General

The College follows the restricted fund method of accounting for contributions.

The General Fund accounts for the College's program delivery and administrative activities. This fund reports unrestricted resources.

The Internally Restricted Reserve Fund reports the transfers to restricted reserve from the General Fund and the capital expenditures.

Membership Fees

Membership fees are recorded as revenue in the year that the membership applies.

Capital assets

Capital assets are stated at cost. Amortization is provided on the straight - line basis, using the following annual rates:

Buildings	5%	straight-line method
Office furniture and equipment	20%	straight-line method
Computer equipment	33 1/3%	straight-line method

Use of Estimates

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the reporting period. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the period in which they became known.

Investments

All short-term investments are classified held-for trading and reported at market value.

Long-term investments are classified held-to-maturity investments. The held-to-maturity investments are classified as such because the College has the positive intent and ability to hold the securities until maturity and are recorded at cost plus accrued interest.

(continues)

COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA
Notes to Financial Statements
Year Ended December 31, 2010

2. SIGNIFICANT ACCOUNTING POLICIES *(continued)*

Financial Instruments

The College's financial instruments comprise cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued liabilities, deferred revenue and due to or from related company.

Cash, accounts receivable, accounts payable, accrued liabilities, deferred revenue and due to related company approximates are reported at their fair values on the balance sheet. The fair values are the same as the carrying values due to their short-term nature.

The fair value of short and long-term investments are disclosed in the respective notes to the financial statement.

COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA

Notes to Financial Statements

Year Ended December 31, 2010

3. LONG TERM INVESTMENTS

	<u>2010</u>	<u>2009</u>
AGF Trust - GIC, 4.25%		
Cost \$33,361, Due April 18, 2011	\$ 41,693	\$ 41,693
BMO Advisor Advantage TR GIC 4.30%		
Cost \$50,000, Due December 1, 2011	54,581	54,581
TD Mortgage GIC, 4.61%		
Cost \$50,000, Due April 30, 2012	57,572	57,572
Bank of Nova Scotia GIC, 2.50%		
Cost \$45,000, Due June 4, 2012	45,000	-
Canadian Western Bank GIC, 2.50%		
Cost \$40,000, Due June 4, 2012	40,000	-
Equitable Trust - GIC, 5.05%		
Cost \$33,785, Due October 23, 2012	43,222	43,222
TD Mortgage GIC 4.71%		
Cost \$50,000, Due April 29, 2013	60,583	60,583
HSBC TR GIC 4.55%		
Cost \$29,000, Due December 2, 2013	29,328	34,907
TD Bank Coupon Bond, 4.779%		
Cost \$51,850, Due December 14, 2105	50,000	51,850
Province of P.E.I. - Coupon Bond, 4.25%		
Cost 19,524, Due September 24, 2019	19,524	19,703
Province of B.C. Serial Bond 3.70%		
Cost \$42,341, Due December 18, 2020	41,000	-
AGF Trust - GIC, 1.66%		
Cost \$40,771, Due April 23, 2010	-	41,448
Equitable Trust - GIC, 3.80%		
Cost \$35,156, Due May 17, 2010	-	42,363
Canadian Western Bank - GIC, 4.0%		
Cost \$34,470, Due October 25, 2010	-	41,938
REDEMPTION VALUE OF BONDS & GIC's	<u>482,503</u>	<u>489,860</u>
SHORT-TERM INVESTMENTS, at Market		
Manulife Savings Account	10,696	743
T-Bill Fund	3,637	3,637
Less:		
Deferred Interest Income	<u>(20,670)</u>	<u>(35,228)</u>
NET BOOK VALUE OF INVESTMENTS	<u>\$ 476,166</u>	<u>\$ 459,012</u>
MARKET VALUE OF INVESTMENTS	<u>\$ 471,445</u>	<u>\$ 452,421</u>

COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA
Notes to Financial Statements
Year Ended December 31, 2010

4. CAPITAL ASSETS

	2010		2009	
	Cost	Accumulated amortization	Cost	Accumulated amortization
Land	\$ 28,827	\$ -	\$ 28,827	\$ -
Buildings	356,328	267,506	353,565	258,717
Office furniture and equipment	185,857	176,129	181,459	166,380
	<u>\$ 571,012</u>	<u>\$ 443,635</u>	<u>\$ 563,851</u>	<u>\$ 425,097</u>
Net book value	<u>\$ 127,377</u>		<u>\$ 138,754</u>	

5. BUILDING AND EQUIPMENT RESERVE FUND

The College of Registered Psychiatric Nurses of Manitoba board of directors internally restricted \$92,973 into a Reserve Fund for building and equipment. Transfers of these amounts were made from the General Fund to the Building and Equipment Fund. These internally restricted amounts are not available for unrestricted purposes without approval of the board of directors.

	2010	2009
Internally Restricted Reserve, Beginning of year	\$ 81,596	\$ 63,159
Transfer to restricted reserve - amortization	18,538	21,523
Capital Expenditures for the year	<u>(7,161)</u>	<u>(3,086)</u>
Internally Restricted Reserve, End of Year	<u>\$ 92,973</u>	<u>\$ 81,596</u>

6. SUBSEQUENT EVENTS

Subsequent to year end the College settled a claim made against a former tenant for damages in the amount of \$20,000.

COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA
 Schedule 1 - General Fund Expenses
 Year ended December 31, 2010, with comparative figures for 2009

	Expenses	Salaries and Benefits	2010 Total	Expenses	Salaries and Benefits	2009 Total
Statutory Functions:						
Investigations	\$ 6,935	\$ 9,244	\$ 16,179	\$ 10,675	\$ 12,962	\$ 23,637
Hearings	6,408	2,524	8,933	14,935	3,451	18,387
Examinations/Registration	20,567	49,528	70,095	16,499	38,226	54,725
Registration Projects	25,725	3,043	28,768	-	-	-
Education Approval	674	2,319	2,993	12,267	5,575	17,841
Appeals	-	-	-	43	-	43
	\$ 60,309	\$ 66,659	\$ 126,968	\$ 54,418	\$ 60,214	\$ 114,632
Corporate Functions:						
Annual Conference & Report	\$ 28,925	\$ 16,074	\$ 44,999	\$ 13,164	\$ 14,214	\$ 27,378
Board and Executive	7,123	14,736	21,859	8,587	16,146	24,733
Finance	5,133	21,955	27,088	4,764	20,201	24,965
	\$ 41,181	\$ 52,765	\$ 93,946	\$ 26,515	\$ 50,561	\$ 77,076
Professional Functions:						
Communications	\$ 9,685	\$ 27,847	\$ 37,532	\$ 11,584	\$ 26,383	\$ 37,967
Professional Practice	10,912	30,224	41,136	7,465	29,489	36,954
Research	-	-	-	-	-	-
Newsletter	-	360	360	4,943	3,397	8,340
Special Committees	8,985	20,322	29,307	3,671	18,043	21,715
Inter-Provincial Activities	14,541	29,855	44,397	8,634	11,988	20,623
Other Membership Fees	1,394	-	1,394	908	-	908
Group Liability Insurance	-	-	-	5,786	-	5,786
Library expense	88	-	88	338	-	338
Seminar/Workshops	-	-	-	-	-	-
Foundation	-	5,029	5,029	-	3,412	3,412
	\$ 45,605	\$ 113,657	\$ 159,262	\$ 43,330	\$ 92,712	\$ 136,042
Administration:						
Salaries	\$ -	\$ 37,118	\$ 37,118	\$ -	\$ 39,469	\$ 39,469
Equipment Depreciation	9,749	-	9,749	12,093	-	12,093
Service Contracts	1,146	-	1,146	602	-	602
General Liability Insurance	5,760	-	5,760	5,648	-	5,648
Postage	617	-	617	1,062	-	1,062
Office and Printing Supplies	3,244	-	3,244	4,696	-	4,696
Legal Fees	16,388	-	16,388	4,890	-	4,890
Professional Development	2,296	-	2,296	2,276	-	2,276
Telephone	5,522	-	5,522	5,218	-	5,218
Communication/Web/ Interen	3,278	-	3,278	3,947	-	3,947
	\$ 48,000	\$ 37,118	\$ 85,118	\$ 40,432	\$ 39,469	\$ 79,901
Building:						
Depreciation	\$ 8,789	\$ -	\$ 8,789	\$ 9,430	\$ -	\$ 9,430
Utilities	6,315	-	6,315	6,538	-	6,538
Security	591	-	591	496	-	496
Property Taxes	9,878	-	9,878	9,130	-	9,130
Maintenance	3,077	-	3,077	1,906	-	1,906
Landlord Expense	1,316	-	1,316	1,472	-	1,472
Janitorial	3,060	-	3,060	3,060	-	3,060
	\$ 33,023	\$ -	\$ 33,023	\$ 32,032	\$ -	\$ 32,032
Total	\$ 228,118	\$ 270,199	\$ 498,317	\$ 196,726	\$ 242,957	\$ 439,684