What New LNCs Get Wrong

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New LNCs often struggle with obstacles that aren't real. They're myths. These misconceptions circulate constantly, so let's separate fact from fiction and give you a clearer path forward.

Myth 1: You must be certified to get started.

Truth: Certification is optional. Attorneys hire LNCs for clinical expertise, documentation analysis, pattern recognition, and clear communication. Your RN license and clinical background matter most.

Myth 2: You need nursing malpractice insurance.

Truth: LNCs don't provide patient care. Business-related risks may require insurance, but not malpractice coverage.

Myth 3: You must be licensed in the lawsuit's state.

Truth: LNCs aren't practicing nursing. Your RN license must be active and unencumbered, not tied to the state of the case, unless an attorney specifically requests it.

Myth 4: You can be an LNC without being an RN.

Truth: The LNC role is built on RN-level education, judgment, documentation expertise, and scope of practice. LPNs/LVNs bring value, but most attorneys rely on RN analysis.

Myth 5: An encumbered license is fine.

Truth: Restrictions, monitoring, or disciplinary actions are major red flags. They affect credibility, employability, expert eligibility, attorney trust, and the LNCC credential.

Myth 6: You must offer every LNC service.

Truth: Start with core services - merit reviews, chronologies, summaries, identifying missing records, and deviations from standards of care. Expand later.

Myth 7: You should charge low rates until you 'prove yourself.'

Truth: Rates depend on context. Subcontractors earn less because the contractor secures the client. For your own clients, charge competitively.

If you have an active, unencumbered RN license, solid clinical experience, and clear communication skills, you're already positioned for success.