

Braving New Pathways

Leading the Way for Regulatory Transformation



2021 NCSBN Annual Meeting

Aug. 18-19, 2021 | Business Book



NCSBN
Leading Regulatory Excellence

Table of Contents

Section I: Meeting Resources

| | |
|--|---|
| Business Agenda of the 2021 Delegate Assembly | 5 |
| Standing Rules of the Delegate Assembly | 6 |

Section II: Committee Reports

Reports with Recommendations

| | |
|---|-----|
| Summary of Recommendations to the 2021 Delegate Assembly | 11 |
| Report of the Board of Directors (BOD) | 12 |
| Attachment A: Annual Strategic Progress Report October 2020 – May 2021 | 17 |
| Report of the Leadership Succession Committee (LSC) | 22 |
| Attachment A: 2021 LSC Brochure | 24 |
| Attachment B: 2021 Slate of Candidates | 25 |
| Report of the Model Act and Rules Committee | 40 |
| Attachment A: Proposed Model Act Language Revisions – Redlined Version | 42 |
| Attachment B: Proposed Model Act Language Revisions – Clean Version | 73 |
| Attachment C: Proposed Model Rules Language Revisions – Redlined Version | 94 |
| Attachment D: Proposed Model Rules Language Revisions – Clean Version | 143 |
| Report of the NCLEX® Examination Committee (NEC) | 165 |
| Attachment A: Annual Report of Pearson VUE for the NCLEX® | 174 |
| Attachment B: Next Generation NCLEX® Test Design | 187 |

Informational Reports

| | |
|--|-----|
| Report of the Awards Committee | 189 |
| Attachment A: 2021 Awards Brochure | 191 |
| Report of the Finance Committee | 207 |
| Attachment A: Report of the Independent Auditors FY20 | 209 |
| Report of the National Nurse Aide Assessment Program (NNAAP®) and the Medication Aide Certification Examination (MACE®) | 226 |

Section III: NCSBN Resources

| | |
|--|-----|
| Orientation Manual for Delegate Assembly Participants | 231 |
| NCSBN Organizational Chart | 239 |
| NCSBN Bylaws | 240 |
| Save the Date: 2022 NCSBN Annual Meeting | 252 |

Membership

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership is comprised of the nursing regulatory bodies (NRBs) in the 50 states, the District of Columbia and four U.S. territories—American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are three exam user members. There are also 27 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

Mission

NCSBN empowers and supports nursing regulators in their mandate to protect the public.

Vision

Leading regulatory excellence worldwide.

Values

Collaboration: Forging solutions through respect, diversity and the collective strength of all stakeholders.

Excellence: Striving to be and do the best.

Innovation: Embracing change as an opportunity to better all organizational endeavors and turning new ideas into action.

Integrity: Doing the right thing for the right reason through honest, informed, open and ethical dialogue.

Transparency: Demonstrating and expecting openness, clear communication and accountability of processes and outcomes.

Purpose

The purpose of NCSBN is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.

NCSBN's programs and services include developing the NCLEX-RN® and NCLEX-PN® Examinations, performing policy analysis and promoting uniformity in relationship to the regulation of nursing practice, disseminating data related to the licensure of nurses, conducting research pertinent to NCSBN's purpose and serving as a forum for information exchange for members.

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together nursing regulatory bodies (NRBs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world.

Copyright ©2021 National Council of State Boards of Nursing, Inc. (NCSBN®)

All rights reserved. NCSBN®, NCLEX®, NCLEX-RN®, NCLEX-PN®, NNAAP®, MACE®, TERCAP®, Nursys®, Nursys e-Notify®, Safe Student Reports® and Transition to Practice® are registered trademarks of NCSBN and may not be used or reproduced without written permission from NCSBN.

Permission is granted to boards of nursing to use or reproduce all or parts of this document for licensure related purposes only. Nonprofit education programs have permission to use or reproduce all or parts of this document for educational purposes only. Use or reproduction of this document for commercial or for-profit use is strictly prohibited. Any authorized reproduction of this document shall display the notice: "Copyright by the National Council of State Boards of Nursing, Inc. All rights reserved." Or, if a portion of the document is reproduced or incorporated in other materials, such written materials shall include the following credit: "Portions copyright by the National Council of State Boards of Nursing, Inc. All rights reserved."

Address inquiries in writing to NCSBN Permissions: 111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277

Section I: **Meeting Resources**

Business Agenda of the 2021 Delegate Assembly

Wednesday, Aug. 18, 2021

2:10–2:40 pm

Opening Ceremonies

- Introductions
- Announcements

Opening Report

- Credentials Report

Adoption of Standing Rules

Adoption of Agenda

Report of the Leadership Succession Committee

- Presentation of the 2021 Slate of Candidates
- Nominations from Floor

2:45–3:05 pm

President's Address

3:05–3:25 pm

CEO's Address

3:35–4:15 pm

Candidate Forum

4:15–5:15 pm

Committee Forums

Thursday, Aug. 19, 2021

1:45–2:15 pm

Elections

3:10–3:25 pm

Election Results

3:25–4:00 pm

Board of Directors' Recommendation

- Approve the proposed revisions to the NCSBN Model Practice Act & Rules.

NCLEX® Examination Committee Recommendation

- Approve the Next Generation NCLEX® (NGN) test design and polytomous scoring methods.

New Business

Adjournment

Note: Business conducted during the Delegate Assembly will be continuous, advancing through the agenda as time and discussion permit.

Standing Rules of the Delegate Assembly

1. Virtual Meeting

The 2021 NCSBN Annual Meeting will be conducted using a digital meeting platform. The meeting will begin promptly at the hour announced and order must be maintained at all times. This virtual meeting shall be considered the same as an in-person meeting of the Delegate Assembly. Everyone joining the meeting must immediately mute their microphone and close their video feed. These shall remain muted and closed until directed by the Chair to open them when recognized to speak.

2. Credentialing Procedures and Reports

- A. The President shall appoint the Credentials Committee, which is responsible for registering and accrediting delegates and alternate delegates. Delegates will be provided an invitation to the meeting platform(s) and electronic voting platform.
- B. Per the NCSBN bylaws, delegates authorized to cast one vote will be allowed one vote only; delegates authorized to cast two votes will be allowed two votes only.

3. Meeting Conduct

- A. Meeting Conduct
 - 1. Delegates must sign in using the provided link(s) and password(s).
 - 2. To facilitate a timely reporting of the presence or absence of a quorum, Delegates should sign into the digital meeting platform by:
 - i. 1:00 pm Central on Wednesday, Aug. 18, 2021
 - ii. 1:00 pm Central on Thursday, Aug. 19, 2021
 - 3. The voting strength of the Delegate Assembly will be determined by the number of Delegates registered by:
 - i. 1:00 pm Central on Wednesday, Aug. 18, 2021
 - ii. 1:00 pm Central on Thursday, Aug. 19, 2021
 - 4. All attendees shall be ready to conduct business at least five minutes before the scheduled meeting time.
 - 5. Should any attendee lose their connection during the meeting, this will have no impact on the presence of the quorum and the meeting shall proceed as if the participant had simply stepped out of the meeting room.
 - 6. All attendees have a right to be treated respectfully. There shall be no videotaping, audio recording, photographing, screenshots or captures of the sessions or the resulting digital feed without the written permission of NCSBN.

4. Agenda

- A. Business Agenda
 - 1. The Business Agenda is prepared by the President in consultation with the Chief Executive Officer and approved by the Board of Directors.

B. Consent Agenda

1. The Consent Agenda contains agenda items that do not recommend actions.
2. The Board of Directors may place items on the Consent Agenda that may be considered received without discussion or vote.
3. An item will be removed from the Consent Agenda for discussion or vote at the request of any delegate.
4. All items remaining on the Consent Agenda will be considered received without discussion or vote.

5. Motions or Resolutions

- A. Only delegates, members of the Board of Directors, and the NCLEX® Examination Committee may present motions or resolutions to the Delegate Assembly. Resolutions or motions made by the NCLEX® Examination Committee are limited to those to approve test plans pursuant to Article X, Section 1(a) of the bylaws of the National Council.
- B. All motions, resolutions and amendments shall be sent via email to NCSBN at resolutions@ncsbn.org by 5:00 pm Central on July 30, 2021, using a fillable form that can be accessed at <https://www.ncsbn.org/motions.htm>. On receipt of any motions or resolutions these will be forwarded to the chair of the resolutions committee by Aug. 2, 2021 in order for them to be presented at the Delegate Assembly Meeting.
- C. The Resolutions Committee will evaluate motions and resolutions during a virtual meeting prior to the start of the Delegate Assembly in accordance with the following established criteria:
 - a) Determination of consistency with NCSBN articles of incorporation, bylaws, mission, vision, strategic initiative(s), objectives, and policies;
 - b) Determination of relationship to ongoing programs and services;
 - c) Will not duplicate concurrent programs and services;
 - d) Determination that no negative legal or business implications are anticipated; and
 - e) Financial impact, including budget estimates of expense and/or revenue and funding.
- D. The Resolutions Committee shall review motions and resolutions submitted by the deadline of 5:00 pm Central on July 30, 2021. This review shall be completed by Aug. 6, 2021.
- E. At the Resolutions Committee meeting, those proposing resolutions or motions will be asked to attend this virtual meeting along with the Committee. The Resolutions Committee will evaluate each resolution or motion in accordance with the established criteria. During the Delegate Assembly's consideration of the motion or resolution, the Committee Chair shall notify the Delegate Assembly of the Committee's review, analysis, and evaluation of each resolution and motion referred to the Committee.
- F. Any proposed new business should be submitted electronically to NCSBN at newbusiness@ncsbn.org by 5:00 pm Central on July 30, 2021.
- G. During the sessions of Delegate Assembly, only amendments and procedural motions will be allowed from the floor.

6. Debate at Business Meetings

- A. Order of Debate: Delegates shall have the first right to speak. Staff and board of directors may speak only after all delegates have spoken. Non-delegate members may submit questions in writing in the virtual platform only. Non-NCSBN members (guests) will not be given the opportunity to speak or submit questions.

- B. Any delegate, staff or board of director's member who wishes to speak shall use the "raise your hand" icon in the digital meeting platform to indicate they wish to speak. The President will call on individuals to speak or type in question/comment in the order of "hands raised". When recognized by the Chair, speakers shall, open their microphone before stating their name and Member Board or organization. Delegates may also submit a written question/comment instead of using microphone. On completion of their intervention they should close their microphone..
- C. No person may speak in debate more than twice on the same question on the same day, or longer than four (4) minutes per speech, without permission of the Delegate Assembly, granted by a majority vote without debate.
- D. For the purpose of a point of order, a question of privilege, orders of the day, a parliamentary inquiry or an appeal, between speakers the delegate shall "raise their hand" then address the emcee using the chat feature who will let the Chair and parliamentarian know and indicate that a delegate has an interrupting motion. Any of these motions takes priority over regular debate.
- E. A timekeeper will signal when the allotted time has expired.
- F. The Delegate Assembly may go into executive session by a majority vote. The enacting motion shall specify those permitted to attend beside the regular delegates and officers of NCSBN.

7. Nominations and Elections

- A. Any member who intends to be nominated from the floor is encouraged to submit their completed nomination form by June 30, 2021 and meet with the Leadership Succession Committee by July 13, 2021. This submission should include a short biographical sketch of the nominee.
- B. After proper submission of intent to nominate someone from the floor, the delegate making the nomination from the floor shall have two minutes to list the qualifications of the nominee.
- C. If the candidate has pre-prepared a video then this will be shown with the other candidates for the position being contested. If the candidate does not submit a video, they will be given the allotted time to make a self-statement at the end of the videos being shown for the contested position.
- D. Due to the unusual circumstances electioneering for candidates is prohibited.
- E. The voting strength for the election shall be determined by those registered by 1:00 pm Central on Wednesday, Aug. 18, 2021 and 1:00 pm Central on Thursday, Aug. 19, 2021.
- F. Election for officers, directors, and members of the Leadership Succession Committee shall be held during the Delegate Assembly meeting on Aug. 18, 2021.
- G. If more than one position is listed on a ballot, each delegate may cast one vote for each position. Cumulative voting for individual candidates is not permitted. Voting will be done electronically.
- H. If no candidate receives the required vote for an office and repeated balloting is required, the president shall immediately announce run-off candidates and the time for the run-off balloting.
- I. If, on the first ballot, no candidate for officer or director receives a majority vote, or if not all positions on the ballot are filled by a candidate receiving a majority vote, the run-off balloting shall proceed as follows:
 - 1. Where only one open position is on the ballot, the run-off shall be limited to the two candidates receiving the highest number of votes.
 - 2. If there is more than one position on the ballot and only one position is not filled by a candidate(s) receiving a majority vote on the first ballot, the run-off shall be limited to the two unelected candidates receiving the highest number of votes on the first ballot.

3. If more than one position is not filled by a candidate(s) receiving a majority vote on the first ballot, the runoff shall be limited to up to twice the number of candidates as there are open positions to be filled on the second ballot, the candidates to be selected for inclusion on the second ballot will be in the order of the votes received on the first ballot.
4. In the event there remains an unfilled position after the second ballot, the candidate receiving the fewest votes on the second ballot shall be removed from the next run-off ballot.
5. If there is a tie vote on the third ballot or if a position remains unfilled after the third ballot, the final selection shall be determined by drawing lots.

8. Forums

- A. The purpose of scheduled forums is to provide information helpful for decisions and to encourage dialogue among all delegates on the issues presented at the forum. All delegates are encouraged to attend forums to prepare for voting during the Delegate Assembly. Forum facilitators will give preference to voting delegates who wish to raise questions and/or discuss an issue. Guests will not be able to raise questions.
- B. Open Forum: Open Forum time may be scheduled to promote dialogue and discussion on issues by all attendees. Attendee participation determines the topics discussed during an Open Forum. The President will facilitate the Open Forum.
- C. To ensure fair participation in forums, the forum facilitators may, at their discretion, impose rules of debate.

Section II: **Committee Reports**

Summary of Recommendations to the 2021 Delegate Assembly

Board of Directors' (BOD) Recommendation:

1. Adopt the proposed revisions to the NCSBN Model Practice Act & Rules.

Rationale:

The proposed revisions to the Model Act and Rules are recommended by the Model Act and Rules Committee. These changes are sought to update and streamline content and ensure whatever possible that actions are based on sound evidence.

Fiscal Impact:

None.

Leadership Succession Committee (LSC) Recommendation:

2. Present the 2021 Slate of Candidates.

Rationale:

The LSC has prepared the 2021 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all candidates, and attention to the goals and purpose of NCSBN. Full biographical information and application responses for each candidate are posted in the Business Book under the Report of the LSC.

Fiscal Impact:

Incorporated into the FY22 budget.

NCLEX® Examination Committee (NEC) Recommendation:

3. Approve the Next Generation NCLEX® (NGN) test design and polytomous scoring methods.

Rationale:

The NEC reviewed and accepted the Next Generation NCLEX® (NGN) test design for incorporating clinical judgment items and case studies along with the new polytomous scoring methods to be approved by the Delegate Assembly.

Fiscal Impact:

Incorporated into the FY22 budget.

Report of the Board of Directors (BOD)

Highlights of Business Activities

Oct. 1, 2020 – May 31, 2021

Strategic Implementation

Strategic Plan 2020–2022

Due to the atypical nature of the year, with many members and staff needing to deal with urgent COVID-19 related issues time was diverted away from making planned progress on the strategic directions. As a result, the Board of Directors (BOD) reviewed the planned objectives and combined two (Objectives 7 and 8) and suspended Objective 11 due to the need to take on additional priority work resulting from experiences of dealing with COVID-19. In the case of Objectives 7 and 8, this results in a closer mapping between the course content of the International Center for Regulatory Scholarship (ICRS) and the associated competencies required by roles embedded in nurse regulatory bodies. In relation to Objective 11, that was looking at continuing competence, it was decided to delay this work until after the launch of Next Generation NCLEX (NGN) as it is believed that NGN may offer new ways of assuring continuing competence.

Due to the challenges of delivering testing during the COVID-19 crisis work on developing a secure, legally defensible, reliable and valid remote proctoring model has been initiated. This work now replaces the previous Objective 11.

Throughout the year work has been ongoing to develop a project management office that is standardizing the approach that we take to capturing progress on each of the strategic objectives. Progress is then available to staff and the management in the form of a series of dashboards. All currently active objectives have been integrated into the system, staff have been provided the necessary training and the BOD is currently beta testing the interface so they can access progress in real time.

Creating a Compact Nation:

Progress continues to be made with the adoption of the Nurse Licensure Compact (NLC) and the number of endorsing bodies have continued to increase. Indeed, this year along with progress in several states the NLC was adopted by one of the territories and interest has been sparked in another. In addition, with regards to endorsing bodies, they are increasingly active in coalitions play a role in lobbying for the passage of the NLC and often provide testimony. With regards the APRN Compact, progress has been slow but it is anticipated that as legislatures look to learn lessons from the COVID-19 crisis, progress in adoption of the APRN Compact will increase.

Section II: **Committee Reports**

Board Members

Jay P. Douglas, MSM, RN, CSAC, FRE

Virginia, Area III, President

Adrian Guerrero, CPM

Kansas, Area II, Treasurer

Cynthia LaBonde, MN, RN

Wyoming, Area I Director (Term began Aug. 12, 2020; Retired May 31, 2021)

Lori Scheidt, MBA-HCM

Missouri, Area II Director

Phyllis Polk Johnson, MSN, RN, FNP-BC

Mississippi, Area III Director

Valerie Fuller, PhD, DNP, AGACNP-BC, FNP-BC, FAANP

Maine, Area IV Director

Cathy Borris-Hale, MHA, RN

District of Columbia, Area IV, Director-at-Large

Anne Coghlan, MScN, RN

Ontario, Exam User Member, Director-at-Large

Amy Fitzhugh, JD

North Carolina, Area III, Director-at-Large

Mark Majek, MA, PHR, SHRM-CP

Texas, Area III, Director-at-Large

James D. Cleghorn, MA

Georgia, Area III, President (Term began Aug. 12, 2020; Resigned Sept. 5, 2020)

Staff

David Benton, RGN, PhD, FFNF, FRCN, FAAN

Chief Executive Officer

Allex Hernandez, MA

Senior Manager, Executive Office

Board Meeting Dates

Aug. 14, 2020 (Post Delegate Assembly, Virtual Meeting)

Next Generation NCLEX®

Work on the NGN continues to progress rapidly. Test design for incorporating clinical judgment items and case studies along with the new polytomous scoring methods have been determined and will be voted on at the NCSBN Annual Meeting. The Examinations department has been providing a wide range of outreach efforts to inform stakeholders of the research and development work. Webinars and video resources have been produced and an increasing number of scientific papers were published and presented at prestigious conferences virtually and in scholarly journals.

COVID-19 Response

While COVID-19 brought many challenges, it has provided the opportunity to look afresh at several issues. Great success in developing metrics that help monitor pinch-points in the availability of testing was developed. Furthermore, the strategic relationship with our testing provider Pearson VUE has been strengthened and as a result there is an increase in both operational and strategic leadership dialogue to anticipate and intervene on issues before they turn into problems.

Because of issues raised on the routine Executive Officer and Operational Issues group call, NCSBN was able to convene several task and finish groups that worked on matters that involved stakeholders from across the nursing community. Through NCSBN's membership in the Tri-Council for Nursing, several pieces of work were initiated and guidance documents produced. These documents were then disseminated by all members of the Tri-Council. Issues such as finding solutions to clinical placements, increasing the usage of simulation, and protecting nurses from increased cyber threats were all addressed.

Each of the members of the Tri-Council realized that there was a need to learn lessons from our COVID-19 experiences and as a result funding was sought and obtained from The American Nurses Foundation to host and document a summit that brought together key opinion leaders from the five organizations and a diverse range of stakeholders. The event explored six major themes:

- **Equity and Health Equity**
- **Ethics**
- **Nursing Workforce**
- **Innovation**
- **Inter-professional Emergency Planning and Response**
- **Mental Health and Well-being**

Each of these themes were elaborated through a series of priority topics – 22 in all. A report of the event has been produced and each organization is looking at the roles it may play both individually and collectively in ensuring that the issues identified are addressed and lessons for the future learned.

With the new presidential administration, NCSBN has been reaching out to provide up-to-date information on the nursing workforce. This information has been used as part of the Federal Strategic Response to ensure that there are enough competent staff to administer the COVID-19 vaccine. These early interactions with the new administration have provided a sound foundation for further work in the years ahead.

Board Meeting Dates, continued

- Sept. 21–22, 2020** (BOD Meeting, Virtual)
- Oct. 19–20, 2020** (Strategy Retreat, Virtual)
- Dec. 14–15, 2020** (BOD Meeting, Virtual)
- Feb. 8–9, 2021** (BOD Meeting, Virtual)
- May 11–13, 2021** (BOD Meeting, Virtual)
- July 12–13, 2021** (BOD Meeting, Virtual)

Attachments

Attachment A:

[NCSBN STRATEGIC PLAN Fiscal Year 2020–2022 \(FY20–22\) Annual Strategic Progress Report October 2020 – May 2021](#)

References

[Proposed Model Act Language Revisions – Redlined Version](#) (page 42)

[Proposed Model Act Language Revisions – Clean Version](#) (page 73)

[Proposed Model Rules Language Revisions – Redlined Version](#) (page 94)

[Proposed Model Rules Language Revisions – Clean Version](#) (page 143)

Recommendations to the Delegate Assembly:

1. Adopt the proposed revisions to the NCSBN Model Act and Rules.

Rationale:

The proposed revisions to the Model Act and Rules are recommended by the Model Act and Rules Committee. These changes are sought to update and streamline content and ensure whatever possible that actions are based on sound evidence.

Fiscal Impact: None

Leadership Succession Committee (LSC) Recommendation:

2. Present the 2021 Slate of Candidates.

Rationale:

The LSC has prepared the 2021 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all candidates, and attention to the goals and purpose of NCSBN. Full biographical information and application responses for each candidate are posted in the Business Book under the Report of the LSC.

Fiscal Impact: Incorporated into the FY22 budget.

NCLEX® Examination Committee (NEC) Recommendations:

3. Approve the Next Generation NCLEX® (NGN) test design and polytomous scoring methods.

Rationale:

The NEC reviewed and accepted the NGN test design for incorporating clinical judgment items and case studies along with the new polytomous scoring methods to be approved by the Delegate Assembly.

Fiscal Impact: Incorporated into the FY22 budget.

FY21 Highlights and Accomplishments

Strategic Partnership Meeting Attendance by BOD and/or NCSBN Staff

- AACN Dean's Annual Meeting
- ANA Membership Assembly
- Federation of Associations of Regulatory Boards (FARB) Annual Forum
- Florence Nightingale Foundation Event
- INRC Meeting
- NAM Opioid Collaborative State Licensing Boards Symposium
- NRAS 2021 Meeting
- Royal College of Nursing Fellows Meeting
- Tri-Council for Nursing Summit
- Tri-Council Meeting
- Tri-Regulators Meeting

Governance and Policy

- The BOD identified and appointed board liaisons to the various committees and mentors for those newly appointed Board Members.
- The BOD appointed Phyllis Polk Johnson to the vacant Director-at-Large position.
- The BOD reviewed education and advocacy efforts in Washington, D.C. throughout the year, including collaborative efforts with the government relations firm Prime Policy Group.
- The BOD reviewed and discussed various environmental issues at each meeting. Topics included occupational licensure, the opioid crisis, and issues emerging from boards of nursing responding to COVID-19.
- The BOD continuously reviewed performance outcome data from NCSBN-hosted education meetings and conferences.
- The BOD continuously reviewed and discussed performance measures and outcome data related to the NCSBN Strategic Plan.
- The BOD determined the education session content for the Midyear and Annual Meetings.
- The BOD held a virtual retreat in October to review the current purpose, mission, values and vision of the organization and to initiate the development of the strategic initiatives and objectives for the 2020 to 2022 triennium.
- The BOD reviewed and discussed the annual environmental assessment report.
- The BOD set the initial FY22 board meeting and retreat dates.

Finance

- The BOD reviewed and discussed the three-year financial forecast and approved the proposed budget for FY21.
- The BOD approved quarterly financial statements throughout the fiscal year.
- The BOD reviewed and discussed the impact of COVID on the financial position of NCSBN.
- The BOD approved the proposed audit plan for FY20.
- The BOD approved the annual banking resolution authorizing the CEO to establish and maintain banking accounts.
- The BOD accepted the independent auditor's report for the NCSBN 403(b) defined contribution retirement plan for the year ended June 30, 2020.
- The BOD accepted the report of the independent auditors for the financial statements for the year ended Sept. 30, 2020.
- The BOD reviewed the 2020 IRS 990 form.
- The BOD reviewed and discussed NCSBN's investment portfolio performance throughout the fiscal year.
- The BOD reviewed and discussed NCSBN's risk management strategies and confirmed that they were appropriate for the risk tolerance of the organization.

Testing

- The BOD reviewed the NCLEX update reports on the NCLEX examination program.
- The BOD reviewed update reports on the National Nurse Aide Assessment Program (NNAAP®) and the Medication Aide Certification Examination (MACE®) program.
- The BOD approved minor revisions to various NCLEX policies.
- The BOD was kept informed on progress related to NGN regarding scoring and test design.

Information Technology (IT)

- Progress and update on information exchange between Canadian regulatory bodies and member boards.
- NCSBN participation in the HRSA funded Provider Bridge portal. Integrated Nursys e-Notify® with Provider Bridge system.
- Update on the built of NCSBN modern data warehouse and data storage architecture which provides technical support structure for strategic initiative 3.
- Update on ORBS 3.0 and other related activities for the 12 ORBS implemented NRBs.
- The BOD received a yearly report on the NCSBN data security program, compliance activities, audit results, cyber security roundtable for the NRBs. It also included incident reporting around Harvard Research Group.
- NCSBN continues to leverage CLOUD technology and port and transfer applications from on-premises infrastructure to the Azure CLOUD infrastructure.
- Implementation of Multifactor Authentication for NCSBN members to access NCSBN Passport (gateway application for member for NCSBN systems and tools)
- Nursys® member notification technology was heavily leveraged by various members to post additional COVID-19 related messages per state executive orders.

Nursing Regulation and Research

- The BOD reviewed and discussed Annual Environmental Assessment Report.
- The BOD reviewed two reports on the usage of NLC Support funds.
- The BOD reviewed and discussed the Annual Research Agenda.
- The BOD received and discussed the results of the 2020 National Workforce Study.
- The BOD reviewed and discussed the results of the *Evaluating the Efficacy of the AEDP: A Survey of Canadian Nurse Leaders Study*.
- The BOD received and discussed the results of the Discipline Efficiency Study.
- The BOD reviewed and approved proposed revisions to Policy 12.16 Nurse Alert Feature Use in Nursys.
- The BOD reviewed and approved the Model Acts and Rules Committee Report.

Attachment A:

NCSBN STRATEGIC PLAN

Fiscal Year 2020–2022 (FY20–22)

Annual Strategic Progress Report

October 2020 – May 2021

Strategic Initiative A: Promote agile regulatory systems for relevance and responsiveness to change.

Objective 1:

Develop, pilot and evaluate regulatory excellence accreditation systems that use a mixed methods approach including organizational self-assessment, external peer-review and quantitative metrics.

FY21 Accomplishments

- The project team collected a total of 303 reports (110 sunrise reports from nine states and 193 reports from 24 states) to be used in a literature review and thematic analysis.
- The first analysis identified current quantitative measures performed by the organization that could be useful in the development of efficiency and effectiveness of nurse regulatory practices.
- The sunrise report draft was submitted to the *Journal of Nursing Regulation* (JNR) for publication.

Future Activities

- There are three publications planned for future submission to NCSBN's JNR.
- One draft is a literature review across multiple occupational licensures within the U.S. and other countries with similar processes.
- The two others are drafts regarding best practices among sunrise and sunset provisions in occupational licensure within participating states in the U.S.
- Following the immense review, next steps for the objective involve taking these findings and translating them into a tool to be used to promote efficiency and effectiveness for nursing regulatory accreditation excellence.

Objective 2:

Right Touch Regulation: Develop and advocate for implementation of risk-based regulatory approaches and decision-making frameworks that improve efficiency and effectiveness and optimize public protection.

FY21 Accomplishments

- Completed initial review of 13 total frameworks and compiled results.
- Completed synthesizing the data

Future Activities

- Complete model draft.
- Conduct training on model usage and launch.
- Develop and implement model.

Objective 3:

Use data and technology to proactively identify markers of both competent and conduct-prone licensees to proactively and efficiently protect the public.

FY21 Accomplishments

- NCSBN modern data warehouse framework is deployed.
- Current work involves exploration of ingestion of various different structured and unstructured data sets.

Future Activities

- Future work will focus on report building of various NCSBN websites and social media data analytics, and evaluation of ingestion of NCSBN data sets with personally identifiable information (PII).

Strategic Initiative B: Champion regulatory solutions to address borderless health care delivery.

Objective 4:

Ensure an agile and accessible workforce of APRNs practicing to the full scope of their licensure via an APRN compact, building upon the success of the NLC and championed through diverse stakeholder collaborations.

FY21 Accomplishments

- The approval of the APRN Compact has allowed for completion of the first two outputs and have moved us toward completion of other outputs.
 - The first two outputs were completed with the Delegate Assembly vote to approve the APRN Compact.
- Developed an APRN Compact Campaign.
- Identified APRN Compact states.
- Introduced of APRN Compact bills.
- Identified *Nursing America* states for 2021.

Future Activities

- Introduction of additional APRN Compact bills.
- APRN Compact going into effect with seven states in the compact.
- Identifying *Nursing America* states for 2022.
- Adoption of Consensus Model elements in 2022 *Nursing America* campaign.

Objective 5:

Analyze education credentials for internationally-educated nurses to determine gaps in fraud detection and how to address them using the exchange of nurse licensure, discipline and education information beyond borders.

FY21 Accomplishments

- Output 1- Board of Nursing (BON) Credential Evaluation Process
 - Gathered questions, comments review (for boards of nursing requirements for foreign credential evaluation process).
 - Developed the survey-based questions and BON current process.
 - Administered the survey with BON.
 - Evaluated the survey.

- Took a deep dive with specific boards as needed to get clarity.
- Output 2 – Review of Existing Fraud Tool Kit
 - Reviewed the existing fraud tool kit and identified the gaps.

Future Activities

- Identify the gaps and determine the mitigation strategies for Output 1.
- Review English Proficiency test and provide recommendations.

Objective 6:

Collaborate with international regulatory bodies to develop telehealth standards for licensure including a common regulatory terminology that facilitates communication and stimulates research.

FY21 Accomplishments

- The Environmental Scan article on Telehealth for 2021 was submitted.
- An extensive Telehealth Nursing Literature Review draft for the JNR was completed.
- Two breakout session discussions on telehealth with international participants occurred. Results were compiled and the central findings were presented during the all-conference debrief.

Future Activities

- For FY22, publish *International Guidelines for Telehealth Practice*, share the guidelines and develop additional resources.

Strategic Initiative C: Expand the active engagement and leadership potential of all members.

Objective 7:

Develop and deploy a regulatory leadership program to build a pipeline of regulatory leaders that increases the capacity and capability of our members and engages regulators worldwide to enrich learning experiences and increase impact.

FY21 Accomplishments

- Built courses and recruited faculty.
 - Added six additional classes to the program, including our first course offered in Mandarin.
 - Introduced new staff within Nursing Regulation to the ICRS Program, including three new instructors to teach courses on negotiation, parliamentary procedure and Canadian administrative law.
- Launched newly designed website to market the courses to a wider audience.
- Implemented an eCommerce System for payment.
- Launched registration to Non-NCSBN Members for ICRS.

Future Activities

- Arrange for academic credit to be available through ICRS.
- Create plan to phase out NCLEX Review Courses from the Learning Extension.
- Plan and host the ICRS Leadership Institute.
- Create the ICRS Fellowship Program.
- Determine next steps for the program.

Objective 8:

Develop a competency-based leadership succession model that promotes diversity to increase member participation.

FY21 Accomplishments

- The NCSBN Engagement Portal was reviewed with Member Relations.
- A budget request for model job description development was submitted.
- Diversity recruitment literature review was initiated.
- Leadership succession development model literature review was initiated.

Future Activities

- Develop solicitation & elections framework.
- Revise NCSBN Bylaws (as determined).

Strategic Initiative D: Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence.

Objective 9:

Continue to develop assessment processes that ensure the fidelity as well as the readability/validity of measurement of entry to practice.

FY21 Accomplishments

- Scoring models completed.
- Finalized item type and item development requirements.
- Finalized and validated technology requirements with Pearson VUE to support publishing and delivery of NGN content and polytomous CAT methodologies.
- Finalized and validated algorithms to be used for polytomous CAT selection and scoring to be implemented by Pearson VUE in upcoming development cycles.
- Special Research Section implemented successfully in the PN exam, and continued delivery in RN was successful.
- Publishers submitted webinars to provide updates to educational and test preparation groups.
- Began requirements analysis with Pearson VUE for item import tool for historical NGN item content.
- Working with Pearson VUE on the integration of data elements required for NGN driver delivery and metadata in Exam Developer content management system.
- Beta-testing requirements plan for NGN exam were finalized.
- Internal development with Content for an item writing graphic user interface (GUI) to help facilitate remote NGN panels continues.
- Four manuscripts submitted for publication:
 - Two accepted.
 - Two awaiting initial review.

Future Activities

- FY22, continue to:
 - Provide information and resources to the public related to on-going NGN developments;
 - Analyze requirements with Pearson VUE for item import tool for historical NGN item content;

- Work with Pearson VUE on the integration of data elements required for NGN driver delivery and metadata in Exam Developer content management system; and
- Work on internal development with content for an item writing GUI.

Objective 10:

Investigate new uses of exam items to develop a core global nurse competence assessment that includes entry-to-practice exams to support international regulatory bodies in assessing minimal competency of domestic and internationally educated nurses that provides a means of calibrating performance across jurisdictions.

FY21 Accomplishments

- Drafted and reviewed business model for global core nursing exam.
- Drafted and reviewed business model for expert training.
- Populated startup cost for test development and psychometric milestones.
- Completed gap analysis of NCLEX archive items.

Future Activities

- Create proposed global core test plan.
- Propose item banking needs for new exam.
- Develop templates and/or outlines for expert training products.

Objective 11:

Collate and review studies to determine the value of requiring proof of continued competency and identify the reliability of methods for assessing continuing competence.

FY21 Accomplishments

- There were 24 documents/articles that met the inclusion criteria for analysis and were collected for the literature review.
- Team members were asked questions to get their insight on the process that should be followed to deliver the proposed product, examples of innovative approaches currently being used in healthcare or other disciplines related to continued competence, and the role of soft skills in continued competence assurance.

Future Activities

- Objective 11 was cancelled therefore further work on it has been suspended.

Report of Leadership Succession Committee (LSC)

Committee Recommendations to the Delegate Assembly:

1. Present the 2021 Slate of Candidates

Rationale:

The LSC has prepared the 2021 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all candidates, and attention to the goals and purpose of NCSBN. Full biographical information and application responses for each candidate are posted in the Business Book under the Report of the LSC.

Fiscal Impact:

Incorporated into the fiscal year 2022 (FY22) budget.

Background

This report represents a summary of the activities of the Leadership Succession Committee (LSC) during fiscal year 2021 (FY21) and the slate of candidates for the National Council of State Boards of Nursing (NCSBN) Officers and the Leadership Succession Committee.

In FY21, the LSC held three virtual meetings: October and December 2020 and a two-day meeting in April 2021. At the April meeting the LSC interviewed members who had completed an application to run for an office on the Board of Directors (BOD) and the LSC. Interviews were conducted via a virtual platform.

LSC activities leading up to the preparation of the annual slate of candidates is a year-long membership engagement process. The LSC supported several activities to inform, engage and encourage members to seek an elected NCSBN office or serve on the LSC. With LSC engagement activities limited to virtual initiatives, the committee sought new ways to connect with the membership to encourage participation in the candidate process. LSC members collaborated with NCSBN Marketing to develop a new theme, imagery and graphics to promote the annual campaign.

New this year was the promotion of the LSC campaign on NCSBN Knowledge Networking calls. LSC members presented information on BOD and LSC positions and answered questions related to running for office and the time commitment. At the March 2021 Midyear Meeting, the LSC hosted virtual networking “lounges” that gave members an opportunity to engage with committee members to ask questions about running for office and serving on the BOD and the LSC.

Committee Members

Sara Griffith, MSN, RN

North Carolina, Area III Member, Chair

Shirley Brekken, MS, RN, FAAN

Minnesota, Area II, Member-at-Large

Tammy Buchholz, DNP, RN, CNE, FRE

North Dakota, Area II Member

Gretchen Koch, MSN, RN

Oregon, Area I Member

Greg Kohn, MM

Wyoming, Area I, Member-at-Large

Jennifer Laurent, PhD, FNP-BC

Vermont, Area IV Member

Sherry Richardson, MSN, RN, CMSRN

Tennessee, Area III, Member-at-Large

Committee Staff

Alicia Byrd

Director, Member Relations

Rachel Pupiromrat

Associate, Member Relations

Committee Meeting Dates

Oct. 28, 2020 (Virtual Meeting)

Dec. 8–9, 2020 (Virtual Meeting)

April 7–9, 2021 (Virtual Meeting)

Relationship to Strategic Plan

Strategic Initiative C:

Expand the active engagement and leadership potential of all members.

Attachments

Attachment A:

[2021 LSC Brochure](#)

Attachment B:

[2021 Slate of Candidates](#)

FY21 Highlights and Accomplishments

- Designated Qualtrics, an online platform, to support the member application process.
- Developed a webpage on the NCSBN website for members to access LSC candidate resources that included the following:
 - Link to the candidate application for BOD and LSC positions
 - BOD and LSC application questions
- Directed candidates, when scheduled for an interview with the LSC, to the following NCSBN resources to assist with their preparation for candidate interviews: NCSBN Mission and Vision Statements, NCSBN Bylaws, NCSBN 2020–2022 Strategic Plan, NCSBN 101 Course and NCSBN COVID-19 Resources.
- Provided a virtual platform that supported a video candidate interview process.
- Collaborated with NCSBN Marketing to:
 - Develop a new theme and graphics for the FY21 LSC campaign; and
 - Develop a video to promote, encourage and support a member's path to leadership which was presented to the membership at the midyear meeting.
- Participated on multiple NCSBN Knowledge Networking calls to promote the FY21 campaign and to answer questions about the LSC Brochure and the BOD and LSC positions.
- Hosted a virtual lounge throughout the Midyear Meeting to meet with members.
- Sent an electronic Leadership Recognition Card to the membership during the Midyear Meeting. The LSC Chair encouraged members to fill out the card to acknowledge themselves or another member as a potential leader.
- Contacted members via email who had been acknowledged on a Leadership Recognition Card and followed up with members who had requested information on running for office.
- Conducted an annual review of applicant/candidate resources:
 - BOD: interview and application questions, and rubric
 - LSC: interview and application questions and rubric
 - Candidate slate and denial letters
 - Incumbent interview questions
- Conducted candidate interviews April 7 and 9, 2021 and sent letters to members who were approved to be placed on the FY21 slate of candidates.
- Held a webinar to inform candidates about the candidate portal on the NCSBN website.
 - Posted candidates campaign materials to the candidate portal
- Scheduled a webinar for Marketing to prepare candidates for the Annual Meeting candidate virtual recorded presentations.

Committee Recommendations to the Delegate Assembly


- Adopt the FY21 slate of candidates presented by the LSC through determination of qualifications and geographic distribution for the inclusion on a ballot for the election of the BOD and the LSC.

Future Activities

- Develop a video to promote the FY22 campaign for BOD and LSC.

Attachment A: 2021 LSC Brochure

Looking Forward: 2021 Prepare Now!



IGNITE THE
LEADER
WITHIN

2021 ELECTION POSITIONS

BOARD OF DIRECTORS

President-elect (2021–2024)

- Assist the president and performs the duties of the president in the president's absence
- Assumes the office of the president at the conclusion of the president's term and fills any vacancy in the office of the president
- The President-elect shall have served NCSBN as either a delegate, a committee member, a director or an officer before being elected to the office of President-elect

Treasurer (2021–2023)

- Serves as the chair of the Finance Committee
- Assures quarterly reports are presented to the Board of Directors, and that annual financial reports are provided to the Delegate Assembly

Area I – IV Directors (2021–2023)

- Ensures geographic diversity on the Board of Directors
- Serves as a representative of all member boards
- Transacts the business and affairs, and acts on behalf of NCSBN

LEADERSHIP SUCCESSION COMMITTEE

Area I Member (2021–2023), Area III Member (2021–2023)

- Present a slate of candidates through determination of qualifications and geographic distribution for the inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee

TIME COMMITMENT

BOARD OF DIRECTORS


Two 3-day meetings, three 2-day meetings and one 2-day strategy retreat per year, in addition to Midyear and Annual Meetings

LEADERSHIP SUCCESSION COMMITTEE

Two 2-day meetings and one 3-day meeting per year, in addition to Midyear and Annual Meetings

LEADERSHIP SUCCESSION COMMITTEE STAFF

Alicia Byrd
Director, Member Relations
abyrd@ncsbn.org



NCSBN

Leading Regulatory Excellence

111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277
312.525.3600
www.ncsbn.org

Attachment B: 2021 Slate of Candidates

The following is the slate of candidates developed and adopted by the LSC. Each candidate profile is taken directly from the candidate's nomination form/application form. The Candidate Forum will provide the opportunity for candidates to address the 2021 Delegate Assembly.

Board of Directors

President-elect

Phyllis Johnson Mississippi, Area III [page 26](#)

Treasurer

Adrian Guerrero Kansas, Area II [page 28](#)

Area I Director

Susan VanBeuge Nevada, Area I [page 30](#)

Area II Director

Lori Scheidt Missouri, Area II [page 32](#)

Area III Director

VACANT

Area IV Director

Karen Evans Maryland, Area IV [page 34](#)

Leadership Succession Committee

Area I Member

VACANT

Area III Member

Sandra Culpepper Mississippi, Area III [page 36](#)

Janice Hooper Texas, Area III [page 37](#)

Meredith Parris North Carolina, Area III [page 38](#)

Note: Candidates' responses were edited to correct for formatting and have not been altered in any other way.

Detailed Information, as taken directly from application forms and organized as follows:

1. Name, Jurisdiction, Area
2. Present board of nursing position, board of nursing name
3. Application Questions:

Board of Directors:

1. Describe your professional, regulatory and community experience.
2. What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?
3. Of the four strategic initiatives within the NCSBN 2020-2022 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

Leadership Succession Committee:

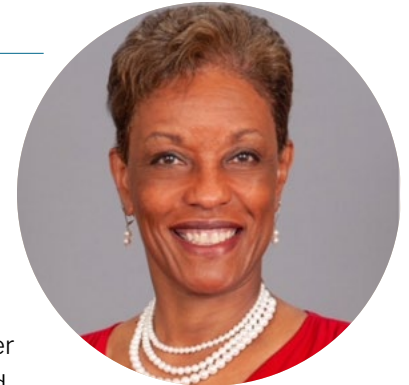
1. Describe your professional and community experience related to leadership succession planning and/or recruitment strategies.
2. What personal attributes and involvement with NCSBN (e.g. attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls, and NCSBN committee member) make you a strong fit for the Leadership Succession Committee?
3. What does leadership mean to you and identify the attributes of effective leaders?

Board of Directors

President-elect

Phyllis Johnson, MSN, FNP-BC

Executive Officer, Mississippi Board of Nursing



Describe your professional, regulatory and community experience.

Phyllis Polk Johnson is the CEO/Executive Director of the Mississippi Board of Nursing. She brings 40 years of experience in nursing and health care leadership to her role. Board-certified as a Family Nurse Practitioner, she has held numerous clinical and managerial responsibilities. Phyllis is a member of several professional organizations, including the Mississippi Association of Nurse Practitioners, Mississippi Nurses Association, American Nurses Association, and Sigma Theta Tau International Nursing Honor Society. She currently serves on the Board of Directors of the National Council of State Boards of Nursing (NCSBN) and the American Red Cross Mississippi Region Southwest Chapter. In July 2018, she was selected as one of the 50 Leading Businesswomen in the state of Mississippi by the Mississippi Business Journal. This culminated in her being selected as the 2019 Mississippi Business Journal Businesswoman of the Year in February 2019. As recognition of her leadership, the Mississippi Legislature honored her with a Resolution in April 2019. Appointed to the Governor's Opioid and Heroin Drug Task Force in December 2016, Phyllis has been instrumental in developing rules and regulations at the Board pertaining to the prescribing practices of Advanced Practice Nurses. Other appointments include the Governor's COVID-19 Advisory Board, the NCSBN National Licensure Compact Executive Committee, the Mississippi Board of Medical Licensure's Advisory Committee for Physician Assistants, and the Advisory Committee for the Project Change Initiative of My Brother's Keeper. In 2013, Phyllis retired from the United States Navy Reserves at the rank of Commander. She is a proud member of Delta Sigma Theta Sorority, Inc., where she is active in the Jackson Mississippi Alumnae Chapter.

What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?

I've had the distinct pleasure to serve as the Area III Director on the NCSBN Board of Directors (BOD) since October 2020. Additionally, I have served as a member of the Nurse Licensure Compact (NLC) Executive Committee for two years (2018-2020). Through my participation on the BOD and the NLC Executive Committee, I feel that I demonstrate the characteristics needed to fulfill the responsibilities of the Board of Directors and the position of President-Elect. The Board and staff of the Mississippi Board of Nursing are supportive of this endeavor and understand the commitment that it entails. I embody the core values of honor, courage, and commitment in all my endeavors personally and professionally. These values coupled with integrity are the epitome of any leadership position and these are characteristics I strive to display daily.

Of the four strategic initiatives within the NCSBN 2020-2022 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

Of the four strategic initiatives within the NCSBN 2020-2022 Strategic Plan, Strategic Initiative A is one that I have a vested interest in. The focus of this initiative is to promote agile regulatory systems for relevance and responsiveness for change. Currently, I am contributing to the organization's achievement of this initiative by serving as the Board Liaison to Objective 1. Objective 1 focuses on the development, piloting, and evaluation

of a regulatory excellence accreditation system to improve the effectiveness of nursing regulatory boards and strengthen public protection. My involvement also includes meetings with the Project Sponsor to review the focus of the work, data collection, and to provide input related to the quantitative and qualitative metrics received. Utilizing the Trello collaborative web-based project management platform, I've been able to participate in discussions with members of other BON agencies who are involved in this project. Progress on each objective is reported at each Board meeting which allows the opportunity to keep abreast of the work on the other initiatives in the strategic plan. Clearly, uniformity among jurisdictions in the development of regulations and best practices will have a significant impact on decreasing the workforce issues for regulatory entities.

Board of Directors

Treasurer

Adrian Guerrero, CPM

Director of Operations, Kansas State Board of Nursing



Describe your professional, regulatory and community experience.

I've had the honor of serving as the Director of Operations of the Kansas State Board of Nursing (KSBN) for over twenty-one years. I serve as an agency Budget Finance Officer and am responsible for the strategic direction and implementation of advanced technology and business solutions. Additionally, I am responsible for the primary oversight over the Licensing, Human Resources, and Information Technology departments. I have leveraged my knowledge of technology along with my leadership skills to institute innovative solutions to streamline regulatory processes that increased operational efficiency. NCSBN has provided me with numerous opportunities to develop my leadership skills and enhance my knowledge of nursing regulation. Serving in a second term as your NCSBN Treasurer, I pledge to continue to be focused on how we can work TODAY... TOMORROW and TOGETHER... to continue to lead and prepare our organization towards a strategically sound financial future.

NCSBN Experiences:

- NCSBN Board of Directors Treasurer 2019-Present
- NCSBN Board of Directors Area II Director 2015-2019
- Finance Committee Chair 2019-Present
- NCLEX Exam Committee Board Liaison
- CORE Committee Board Liaison
- NLC Policy Committee
- NLC Technology Taskforce
- Nursys® Committee Chair
- Fraud Detection Committee
- Midyear Meeting, 2019 Presenter Alexa, A Regulator's Tool for Voice Enabled A.I.
- Annual Meeting Presenter 2020 Finance Committee Forum, 2008 Nursys®/NPDB
- IT/Operations Conference Presenter 2005, 2006, 2007, 2008, 2010, 2011, 2012, 2013, 2014, 2018, 2020
- Nursys® Users Conference Facilitator 2006, 2007

State Boards & Committees:

- State of Kansas IT Advisory Board
- FOCUS Committee for State Accounting Systems
- IT Executive Project Management Team
- IT Security Council - Architecture Standards Committee
- Health Workforce Committee
- HR Policy Committee

Certifications & Awards:

- 2020 NCSBN Meritorious Service Award
- Topeka's Top 20 Under 40
- University of Kansas Public Management Center
- CPM

Community Experience:

- USD #345 School District IT Committee/Debate Judge
- Church Volunteer

What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?

As the current NCSBN Treasurer and during my two terms as Area II Director, I have demonstrated that I am willing and able to fulfill the responsibilities of the Board of Directors. I remain focused on serving the entire membership by being accessible and ready to listen to the issues and concerns of the membership. I am proud of the reputation that follows me as being a go-to person in areas of finance, operations, technology, and office automation. I make personal connections with those around me and when working in groups, can bring diverse teams together to accomplish a common goal; moreover, I understand complex real-world organizational processes and envision ways to reinvent and streamline those processes. I can recognize when there is a need to change direction to address organizational challenges and stay relevant to those we serve. I understand the necessity to think strategically and as the world continues to change around us, I am someone who keeps my eyes on the horizon, ready to engage new opportunities while keeping a sharp focus on remaining fiscally secure and sound. I have been asked to present and serve as moderator at many conferences and led committees on the state and national level over my seasoned career. In Kansas, I have worked with board members and staff to make the KSBN become a model for others to follow both within our state and across the nation. During my tenure, the KSBN has won several awards including national recognition for e-government licensing, which was innovative, saved time, increased efficiency, and got nurses to work quicker. I am honored to serve the membership on the NCSBN Board of Directors! I remain committed to our mission and to the needs of our membership as we further our vision of Leading regulatory excellence worldwide.

Of the four strategic initiatives within the NCSBN 2020-2022 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

I believe that we must keep sharp focus on Strategic Initiative A - Promote agile regulatory systems for relevance and responsiveness to change. Increased fiscal constraints and continued scrutiny of occupational licensing boards continues to challenge nursing regulators. The ever-increasing pressure to "right-size" governmental regulation and do more with less, may result in budget cuts, consolidation with other agencies, or regulation by other professions. Each of these factors can impact a board's ability to perform the critical functions and services that are essential to protecting the public. NCSBN's creation of a government affairs office based in Washington, D.C. has been tremendously helpful in keeping a pulse on current events happening on Capitol Hill and supporting the membership's ability to be informed and responsive. Another important aspect to remember is that the mission of our nursing regulatory bodies is public protection, which must be the driving force at the center of developing borderless healthcare delivery policies. Through modern technology, state and national borders are becoming invisible. The advances in technology have improved the ability to assure safe nursing care across borders and efficient licensing by the adoption of the nurse licensure compact. This adds to the challenge for regulators due to the ever-increasing use of technology to deliver services to our licensees. Technology can provide real-time information, but safeguards and security measures must be taken to prevent data breaches or fraud. Nursing regulatory bodies have become increasingly dependent on creating, collecting, and analyzing data obtained through the use of technology. Our dependence on technology and access to sensitive information has the potential to place agencies at risk for intrusion and theft. As these threats continue to grow, we will need to continue to analyze our operations to ensure we protect our information assets and maintain public trust in our operations. NCSBN is uniquely able to assist by providing resources, technology, and research to develop and implement strategies to increase operational efficiency and regulatory effectiveness. The CORE program is an example of how we can provide evidence of the effectiveness of the self-regulatory model of nursing regulation. The next few years will continue to present both challenges and opportunities for nurse regulators. NCSBN is in a unique position to assist nursing regulatory bodies with fiscally responsible research, public policy, legislative responses focused on patient safety, and assisting the membership in remaining agile, responsive and relevant. Exciting times are ahead of us! We should continue to seize these opportunities!

Board of Directors

Area I Director

Susan VanBeuge, DNP, APRN, FNP-BC, FAANP Board President, Nevada State Board of Nursing



Describe your professional, regulatory and community experience.

I am humbled and honored to submit my application for the position of Area I Director on the National Council State Boards of Nursing (NCSBN). My experience and leadership in professional, regulatory, and community settings make me an ideal candidate for this position. I have served the Nevada Board since 2006, appointed to the advanced practice advisory committee, then appointed as Board Member in 2015 and recently reappointed to the board until 2024. As the current Board President of the Nevada State Board of Nursing (NSBN), I have the regulatory experience and leadership acumen to be an area director. As Area I Director, I will represent our western geographic diversity while serving as a representative for all members of the NCSBN. My 27-year career as RN and APRN demonstrate depth of experiences from bedside nursing to outpatient clinics, leadership and much in between. I have practiced in the US and in Japan (US civilian), with experiences visiting medical clinics in Africa and the United Kingdom. I teach and practice as an APRN, giving me the experience and knowledge of education, practice, and direct patient care. This knowledge and experience provides the well-rounded depth for me to be your Area I representative. I will work hard for you and serve the entire NCSBN on the Board of Directors.

Below are highlighted leadership experiences representing regulation, education and community engagement.

- President, Nevada State Board of Nursing
- Vice-President, NSBN
- Secretary, NSBN
- Vice-Chair, Primary Care Advisory Council, Nevada Department of Health and Human Services
- Member, Institute of Regulatory Excellence – NCSBN
- Program Director: Doctor of Nursing Practice, University of Nevada, Las Vegas
- Program Director: Master's Program, University of Nevada, Las Vegas
- State Representative, American Association of Nurse Practitioners
- American Association of Nurse Practitioners Certification Board, Content Expert
- Lead Parish Nurse, Desert Spring United Methodist Church

What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?

My personal leadership style is a servant leadership philosophy with a goal to serve others. My philosophy is to put people first and work so others may achieve their very best. This drives me in my roles as a regulator, educator, practitioner, and community leader. I believe this type of leadership philosophy will serve all members of the NCSBN. This type of leadership style blends well with the three duties of a Board of Directors: Duty of Loyalty, Duty of Care, and Duty of Obedience to consistently meet the organizations mission and goals (Leifer & Glomb, 1997). I believe characteristics that describe me include strong leadership skills, collaborative, empathetic, trusting, innovative, data driven, team player, evidence-based decision maker, ability to get along with others, excellent communication skills, and a good listener. Leaders in nursing must possess dynamic skills to be flexible. Over the last year of the COVID-19 pandemic, we have had to flex this muscle often! Being able to remain nimble, creative, innovative, and support nurses has been rewarding and challenging. In my own community, I was able to continue teaching and

graduate students on schedule to further fill our nursing workforce with safe, licensed health care providers. As a volunteer, I am the lead parish nurse working with church leaders to plan our shutdown while simultaneously planning for reopening. When vaccines became available, I worked to obtain immunization appointments for our most vulnerable and have been a regular volunteer at state vaccine clinics. I am honored to be an American Association of Nurse Practitioners Fellow (FAANP), and Leadership for Academic Nursing Fellow (LANP). My strong work ethic, record of publications and presentations over the last 27 years demonstrates my ability to communicate, collaborate, and innovate.

Of the four strategic initiatives within the NCSBN 2020-2022 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

As the Area I Board of Directors member representative, I will contribute to the entire strategic plan, but will focus on initiative B here – Champion regulatory solutions to address borderless health delivery system by assessing current structure in place to promote a borderless system. We have a perfect example in the nurse licensure compact (NLC) in place and adopted by over 34 states with more states pending legislation. NCSBN has been a pioneer in this concept of a borderless system and will continue to lead the way with full implementation of the NLC. Contributions to this initiative have been ongoing in my own state as stakeholders bring forward the NLC legislation in the current session. Previous legislative experience prior to being a board member will provide context, knowledge, and the lived experience to the NCSBN board of directors. Work to make change takes great courage, innovation, and an ability to work with others. My experience working with diverse groups of stakeholders is my strength. I can engage with other professions and use the nursing process to assess, diagnose, plan, implement and evaluate using critical thinking skills. While these skills are taught to respond to health and/or crisis, it serves working through problem solving processes. I believe to have change one must be open to new ideas and be innovative. Utilizing disruptive technology to imagine, conceptualize and implement a borderless system is possible. For example, we should be looking at how to expand APRN practice that allows these valuable providers to practice at the highest level of their license and education to provide better access to care across borders. The APRN licensure compact passed by the delegate assembly in 2020 is an excellent example! I would work to further expand technology utilized in telehealth across borders to allow for exchange of knowledge and skills to improve health care where expertise could be utilized for the improvement of patient care and outcomes. Organizations do not need to be everything to every person, utilizing telehealth would allow concentration of highly specialized people in one center to provider care across a borderless system for all. We have seen a wide expansion of telehealth in the last year, learning valuable lessons while honing the skills of delivery and technology. In striving for a borderless system, a top priority is the protection patient safety. We would need to analyze credentials carefully, decrease fraud and look at ways to make the system seamless yet maintain the highest level of integrity for patient protection. As a board-certified practicing APRN, I welcome the opportunity to serve as the Area I Director to represent and serve all members of the NCSBN. I bring over a quarter century of nursing practice to the table, experience in the legislative process, leadership experience, and a diverse set of skills in service to the board. Please accept my application for Area I Director for the NCSBN.

Board of Directors

Area II Director

Lori Scheidt, MBA-HCM
Executive Director, Missouri State Board of Nursing



Describe your professional, regulatory and community experience.

During my tenure, I was afforded the opportunity to perform nearly every position within our Board due to vacancies. These varied leadership experiences, along with my determination to improve nursing regulation and public protection led to my tenure as the Executive Director of the Missouri State Board of Nursing; a position I have served in since 2001. I earned an Associate in Arts from Columbia College in 1997, a Bachelor of Science in

Computer Information Management from William Woods University in 2000 and an MBA in Healthcare Management from Western Governors University in 2012. I also became Just Culture certified in 2013. I have taken 13 ICRS courses. I currently serve on the NCSBN Board the Area II Director. I had the privilege to serve two years as vice-chair of the Nurse Licensure Compact Administrators. I have served on numerous NCSBN committees as follows:

- Chair, NLC Compliance Committee 2020-Present
- NLC Technology Task Force 2020-Present
- Chair, Fraud Detection Committee 2015
- Discipline Effective Practices Subcommittee 2014-2015
- Chair, Member Board Agreement Review Committee 2013
- Nurse Licensure Models Committee 2011- 2012
- Awards Panel 2004-2006
- CORE 2005
- Nursys Advisory Panel 2003-2004
- Test Service Technical Subcommittee 2001-2002
- Examination Committee 1997-2000
- NCLEX Evaluation Task Force 1996
- Committee for Special Projects (CAT) 1995

I am active on the Center for Patient Safety, having served as chair and now a member of the advisory panel. I am a member of the Missouri Healthcare Workforce Coalition. Through my leadership, our Board has been awarded a Governor's Award for Quality and Productivity for improvements in nursing investigations and NCSBN's Regulatory Achievement Award in 2012. In 2001, I received the NCSBN Outstanding Achievement Award and Meritorious Service Award in 2016 and the R. Louise McManus Award in 2020.

What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?

An adverse health event in my family fueled my passion for public protection work. I believe in what we do and our ability to make a difference. I am motivated and actively engaged in the organization. I possess the duty to care, duty of loyalty and duty of obedience to continue to be a contributing member of the board. I am a strategic thinker and believe my strong and varied board operations background adds perspective and balance to the Board. I am also very driven. If there is a challenge, I will work hard to find a solution. I had my first job when I was 12 years old and haven't stopped working since that time. I am a hard worker and will continue to work hard to further the mission of the National Council of State Boards of Nursing. I pledge to continue to actively listen to the membership and remain engaged with all aspects of the organization.

Of the four strategic initiatives within the NCSBN 2020-2022 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

As Area II Director, I remain actively engaged in working on the strategic initiative to champion regulatory solutions to address borderless health care delivery. Specifically, I have been working with the NCSBN team to analyze education credentials for internationally-educated nurses to determine gaps in fraud detection and how we might address those by utilizing an exchange of nurse licensure, discipline and education information beyond borders. I am seeking re-election to continue this important work! We have surveyed nursing regulatory bodies to get a snapshot of current requirements and processes. I participated in the review and revision the Fraud Detection Manual and Resource Manual on the Licensure of Internationally Educated Nurses. The next steps will be to review credential evaluation agency processes including how identity, education and international licenses are verified. Ultimately, we should be able to determine any gaps in processes. The final outcome would be to enhance public protection and streamline licensure processes for internationally educated nurses. Regulatory boards need to continue to rise to the challenge to offer flexible regulatory options without sacrificing public protection. We need to continue to develop strategic alliances with other agencies and international partners. Having a more thorough understanding of how education and licensure works in other disciplines and countries will widen our body of knowledge and potential solutions. By thinking outside the traditional box, NCSBN can help form these alliances and research various regulatory options to keep the public safe while increasing numbers in the workforce. For NCSBN to accomplish these goals, they need experienced members on the Board of Directors, like myself, with vast regulatory experiences and a strong work ethic to continue moving NCSBN forward.

Board of Directors

Area IV Director

Karen Evans, MSN, RN-BC, SD-CLTN, CLC
Executive Director, Maryland Board of Nursing



Describe your professional, regulatory and community experience.

I have always had a passion for healthcare and mentoring. My passion for healthcare led to me becoming a registered nurse. Throughout my 37-year nursing career, I have worked to bring significant change to the delivery of nursing practice via education, regulatory, and community avenues. I have served in a variety of leadership, faculty and consultant roles in diverse settings including acute and long-term care, nursing education programs and community advisory boards (health in underserved communities and nursing education programs). In my current role as the Executive Director, I lead the largest of 23 health occupations boards in the State of Maryland. I implemented programs and processes that have been instrumental in renewing the Maryland Board of Nursing's status as an accrediting body recognized by the United States Department of Education. I initiated the Practice and Education Committee at the Board to review all Education, training programs, and practice concerns. I have been recognized with several awards from the community as well as from long-term care organizations and universities. In 2013, I received the Maryland Nurses Association Mentoring Award and the Stellar Exemplary Service Award in 2017 for my work in the association and nursing practice. I received the 2011 Nursing Spectrum Excellence Award in Mentoring for the Maryland/District of Columbia/Virginia area. In 2014, I received the Coppin State University Visionary Award for developing the Mary Eliza Mahoney Nursing Honor Society. I currently serve on the NLC Compliance Committee. My Community engagement activities include speaking with high school and nursing students in various districts in Maryland, including underserved communities, about leadership and nursing. I am a frequent presenter at Maryland Nurses Association's annual conventions and Education Day. Other career roles include corporate director of clinical education where I developed education programs, education consultant, and assistant professor of nursing.

What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?

I am an experienced trailblazer whose perseverance and integrity has led to success in empowering and guiding others. I am a transformative leader with a strong focus on accountability. I am dedicated to instilling confidence in my team as well as mentoring and molding future leaders in healthcare. I have learned that in order to achieve outcomes you must always expect the unexpected and be prepared to work hard at conquering insurmountable tasks. I currently oversee the largest health board in the state of Maryland. The Board not only regulates RN, LPN, Advance Practice Nurses and RN Expanded roles, it presides over certificate holders including Certified Nursing Assistants, Geriatric Nursing Assistants, Certified Medicine Aides and Medication Technicians, as well as other license holders such as Electrologists and Direct Entry Midwives. I have worked to bridge the gaps between the Board and the communities we serve by connecting with the community via collaboration, presentations and customer service. In my three years as Executive Director, I have been successful at meeting the Board's strategic initiatives by improving the Board of Nursing's image in the community through innovation, transformation and transparency. My roles and experiences have shaped me to become a well-rounded member of NCSBN's leadership body who is open minded and motivated. I will bring this same open mindedness and drive to NCSBN representing Area IV with a strong, clear, diverse, and collaborative voice.

Of the four strategic initiatives within the NCSBN 2020-2022 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.

As the Area-IV member, I would contribute to Strategic Initiative B: "Champion regulatory solutions to address borderless healthy delivery systems". The Covid 19 pandemic has created an urgent need to improve access to healthcare delivery beyond our borders. Maryland has been on the cutting edge with the Nurse Licensing Compact (NLC) since it became the first state to implement the compact over 34 years ago. My contributions in my own state have been ongoing as our Board is currently working with stakeholders to support implementation of the APRN compact. This will allow these valuable practitioners to provide better access to care across the borders, especially in underserved and rural communities. As an Executive Director, NLC Commissioner and participating member of the Compliance Committee, I am primed to move this initiative forward. I will leverage my experience and knowledge with the legislative process to further expand legislation, assist newly enacted states with the implementation process, and work with credentialing. I will at all times continue to ensure protection of the public through safe nursing practice. It would be my intention to bring my experiences to my role as the Area IV member to accomplish this strategic initiative.

Leadership Succession Committee

Area II Member

Sandra Culpepper, LPN

Board Member, Mississippi Board of Nursing



Describe your professional and community experience related to leadership succession planning and/or recruitment strategies.

Being diligent, proactive, transparent, and enthusiastic is of utmost importance when attempting to engage others to become involved either in their associations or in the community setting. I have been fortunate to have the ability to recruit at nursing programs for the facility I am employed with, am active in recruitment for NAPLN where I am currently a Director, currently I also serve as Secretary for the Mississippi State Board of Nursing, Chair of Office of Nursing Workforce for MSBON that involves working with leaders in Healthcare from across Mississippi as well as Colleges in providing assistance for educational opportunities, and I am also very involved within my own community educating on information regarding healthcare and as always our local youth and High School Athletic Teams in any way that is needed of me. I also volunteer my time with the elderly, just sitting and providing company to them.

What personal attributes and involvement with NCSBN (e.g. attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls, and NCSBN committee member) make you a strong fit for the Leadership Succession Committee?

I have since my tenure with MSBON to attend every Annual and Mid-Year Meeting, I attend other various meetings when offered, I have also assisted with Pearson Vue as a member of both the Nurse Aide division to write test questions and with NCLEX in 2019/2020 as a question reviewer. I have thoroughly enjoyed each one of these endeavors and have learned so much from NCSBN that will enhance my knowledge base. I look forward to continuing to assist and learn as much as possible from great people!

What does leadership mean to you and identify the attributes of effective leaders?

Leadership is a very important role because without strong leaders that are willing to put in just as much work as their team, it simply would not be successful. Leadership means being able to provide an atmosphere that encourages "free thinking" to allow for greater idea population, encouraging others, providing assistance to colleagues, acknowledging ones own or others weaknesses and developing a plan to obtain optimum performance, always being available to listen and give feedback, planning, and most importantly being a person of great character.

Leadership Succession Committee

Area III Member

Janice Hooper, PhD, RN, FRE, CNE, FAAN, ANEF
Lead Nursing Consultant for Education, Texas Board of Nursing



Describe your professional and community experience related to leadership succession planning and/or recruitment strategies.

I served on the previous Nominating Committee years ago for the two-year term (2006-2008). I also have past experience as a member of the Nominating Committee for the Missouri Nurses Association. I have been involved with other NCSBN committees: Innovation in Nursing Education, NCLEX Examination Committee (Chair), and Education Outcomes and Metrics Committee (Chair). I have found that the best way to grow in leadership skills is involvement with organizations (especially NCSBN) and through committee participation. This has also helped me to become a more effective Board staff member.

What personal attributes and involvement with NCSBN (e.g. attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls, and NCSBN committee member) make you a strong fit for the Leadership Succession Committee?

My involvement with NCSBN has been strong for 14 years. The benefits I have gained from this association have motivated me to encourage others to extend themselves and volunteer for service. I have been given the opportunity to attend most major meetings of NCSBN and to participate in presentations at meetings. The most memorable one was being in the "Shark Tank" for an innovative ADN program in a high school! Thank you, NCSBN.

What does leadership mean to you and identify the attributes of effective leaders?

I realized a few years ago how desperately leaders want to know how to be good leaders. At one of our orientation workshops for new program directors (to familiarize them with education rules), I realized the need when a new director remarked after the meeting, "That was good, but I thought you were going to tell us how to be a director!" I decided to add a session on "being an effective director," that has been well-received. We learn from watching others and reflecting on ineffective leaders, but training, mentoring, and encouragement is most helpful. I have seen the Leadership Succession Committee focusing on these aspects and would like to be a part of this movement. What do followers want in an effective leader? They want a leader whom they can trust and is worthy of their following. Important attributes include: a good listener, integrity, honesty, humility, courage, pleasant personality, adaptable to change, seeking to help followers grow, and caring. Being an effective leader is an aspiration for all.

Leadership Succession Committee

Area III Member

Meredith Parris, JD

Staff Attorney, North Carolina Board of Nursing



Describe your professional and community experience related to leadership succession planning and/or recruitment strategies.

Both my professional and personal experiences have allowed me to be engaged in leadership succession planning. In my tenure as a prosecutor, as I advanced into more senior roles in the office, I mentored and encouraged less-experienced attorneys to fulfill the responsibilities of the roles from which I was promoted. It was important to identify the strengths of these individuals and match them with the specific duties assigned to handling certain cases. Observing the way individuals conducted themselves with their colleagues and the public, as well as working directly with them in preparation for trials and in court, enabled me to make informed decisions on who should be promoted into positions requiring more responsibility. As a trial attorney, I am constantly assessing, or “interviewing,” witnesses to evaluate their potential testimony – how does this person present? Are they credible? In this administrative setting, I work with nurses and investigators to bridge the gap of their professional knowledge with the laws and rules of the nursing practice act. As a staff attorney, I have also provided assistance in the hiring process for investigators, legal assistants and other staff. Additionally, in my personal life I have volunteered through the Junior League of Raleigh (“JLR”) for the past ten years to promote and strengthen several different organizations in the community. Through the JLR, I have co-chaired the Stop Abuse for Every Child (SAFEChild) committee and been involved with other committees including Heritage Park Mentoring Students, Brentwood Boys and Girls Club and Government Relations and Public Affairs. In each of these settings, I worked with other volunteers and staff to recruit contributing members for future committees.

What personal attributes and involvement with NCSBN (e.g. attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls, and NCSBN committee member) make you a strong fit for the Leadership Succession Committee?

My dedication and commitment to the mission of protecting the public, team approach and communication skills along with my participation in NCSBN activities combine to present me a strong candidate for this Committee. The work of NCSBN connects state boards of nursing to help promote public safety through regulation and I want to be a part of building these connections. I can work to ensure that nurses practicing in North Carolina follow the laws and rules of practice act, but the mission is further strengthened when other state boards are informed of licensees who struggle in their practice so they can evaluate if that individual needs to be restricted in their practice within that state. I recognize the work I do is reliant on a strong team. I collaborate with nurses, investigators, rulemaking coordinators and even other boards to advance the mission of protecting the public. I am able to efficiently multitask and effectively prioritize my work, which would be an asset to working on the Leadership Succession Committee. Specifically, with NCSBN, I attended a Discipline Case Management conference and a Nurse Licensure Compact training workshop. I have sat in on numerous Discipline Network calls. I refer to the training materials on the website and, particularly with my work during the pandemic, have used NCSBN resources to examine how other boards are handling contested cases in a virtual setting.

What does leadership mean to you and identify the attributes of effective leaders?

Leadership is the manner in which a person or group of people work together to promote and build the mission of an agency from within. Effective leadership starts with knowledge of oneself and the agency. An effective leader must be a person who understands the vision of the agency and helps advance this vision at every level of involvement. Leadership to me doesn't mean "I, alone" but rather is a "we, together" mentality. One cannot work independently to achieve the best results. A leader should understand the value that others bring to the group in advancing the vision of an agency and recognize that no one person can do everything alone. Effective leaders excel in areas of communication. To be a good communicator, one must not only be able to convey ideas but must also listen and incorporate what you learn from others as well. The concept of active listening is crucial from a leadership perspective because it conveys the leader is engaged and recognizes the value of hearing from others. In turn, once others see that their contributions are heard and recognized by leaders within an agency, they are more inclined to participate and step outside their comfort zone. An effective leader sparks this voluntary participation and encourages increased involvement. A good leader exemplifies the enthusiasm they want to see in others. Honesty and Integrity are at the forefront of the manner in which a leader conducts themselves in all aspects of business. Those around a great leader know, based on how the leader has conducted themselves along the way, that the leader is looking to advance the mission of the public. In turn, a leader who is honest and displays integrity helps to build the public's trust and confidence in the mission of the agency. Being reliable helps promote this trust and advance the mission of the agency. A leader must be willing to make difficult decisions and step out of their comfort zone. Especially when looking at advancing the mission of an agency, a leader must be brave in their approach into the unknown. With respect to decision-making and outcomes, a leader should hold themselves accountable for their decisions in addition to acknowledging the contributions of others. In working towards promoting the mission of the agency, a leader should be able to identify issues and work with others towards solutions surrounding these issues.

Report of the Model Act and Rules Committee

Committee Recommendations to the Delegate Assembly:

1. Adopt the proposed revisions to the NCSBN Model Practice Act & Rules

Rationale:

The proposed revisions to the Model Act and Rules are recommended by the Model Act and Rules Committee. These changes are sought to update and streamline content and ensure whatever possible that actions are based on sound evidence.

Fiscal Impact:

None.

Background

In 2018, the Board of Directors (BOD) decided to transition the Standards Development Committee to the Model Act and Rules Committee. The Model Act and Rules Committee completed its third year of work.

Fiscal Year 2021 (FY21) Highlights and Accomplishments

- The charge of this committee is to: *Perform ongoing review, revision and development of the Model Act and Rules to reflect the current regulatory environment and to remove any other language that does not support public safety such as default on student loans.*

Progress to date:

- The committee finished its initial charge to review and revise the Model Act and Rules in 2020. The committee included broad enabling powers in the Model Act and detailed processes and tasks were moved to the Model Rules taking into consideration deregulation trends and anti-trust concerns.
- In light of the changes in health care delivery during the COVID-19 pandemic as well as concerns regarding the virtual nature of Delegate Assembly, the BOD decided to extend the committee's work for an additional year.
- The committee reviewed the Model Act and Rules to ensure its alignment with evidence-based regulation, promoting public protection and an evolving nursing regulatory environment, particularly considering the impact COVID-19 on nursing.

Members

Ruby Jason, MSN, RN, NEA-BC

Oregon, Area I, Chair

Peggy Benson, MSN, MSHA, NE-BC

Alabama, Area III

Dusty Johnston, JD

Texas, Area III

Linda Kmetz, PhD, RN

Pennsylvania, Area IV

Linda Young, MS, RN, FRE, BC

South Dakota, Area II

Amy Fitzhugh, JD

North Carolina, Area III, Board Liaison

Staff

Maryann Alexander, PhD, RN, FAAN

Chief Officer, Nursing Regulation

Rebecca Fotsch, JD

Director, State Advocacy and Legislative Affairs, Nursing Regulation

Nicole Livanos, JD, MA

Associate Director, State Advocacy and Legislative Affairs, Nursing Regulation

Meeting Dates

Oct. 30, 2020

Relationship to Strategic Plan

Strategic Initiative C:

Expand the active engagement and leadership potential of all members.

Strategic Initiative C1:

Support the boards of nursing (BONs) in identifying and achieving policy and legislative change that drives and advances the attainment of the organization's vision and mission.

Strategic Initiative C2:

Promote standardization and the use of evidence-based criteria and decision making when supporting BONs in the achievement of regulatory excellence.

Attachments

Attachment A:

[Proposed Model Act Language Revisions – Redlined Version](#)

Attachment B:

[Proposed Model Act Language Revisions – Clean Version](#)

Attachment C:

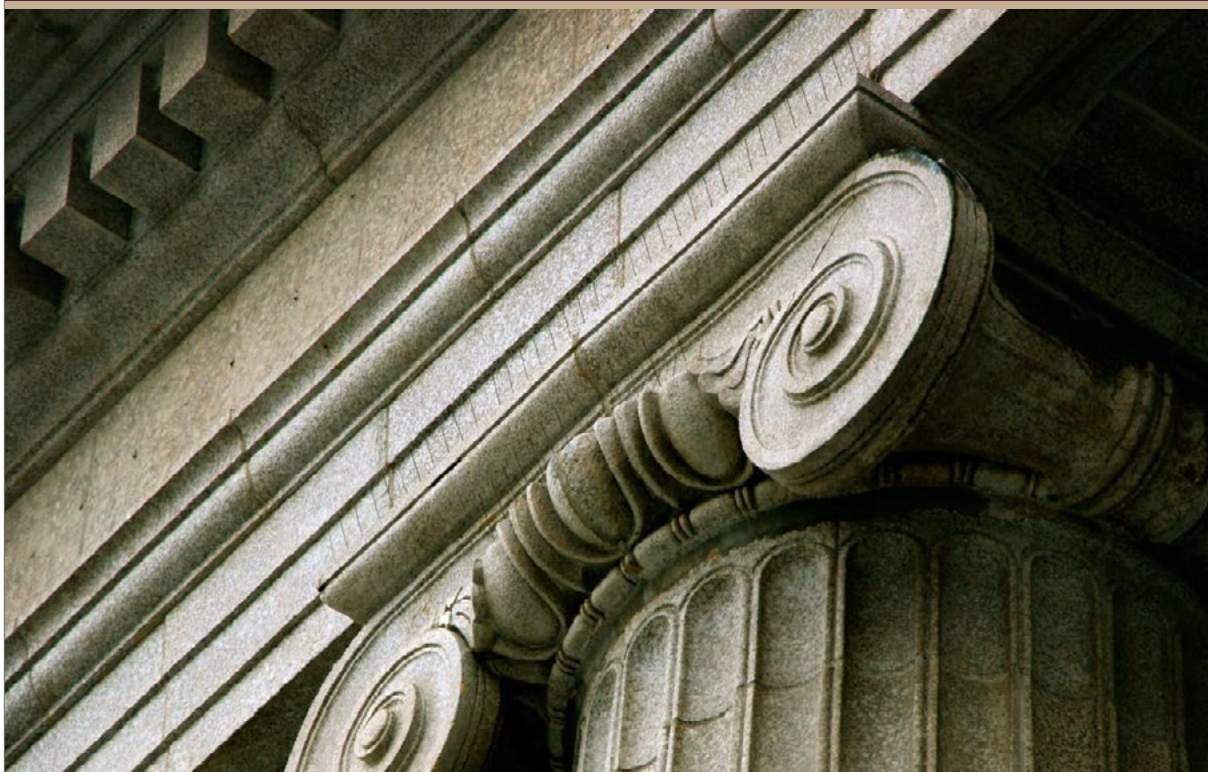
[Proposed Model Rules Language Revisions – Redlined Version](#)

Attachment D:

[Proposed Model Rules Language Revisions – Clean Version](#)

Attachment A: Proposed Model Act Language Revisions – Redlined Version

NCSBN Model Act



■ ■ ■ ■ ■ NCSBN
National Council of State Boards of Nursing

Reading Key:

| | |
|------------------------|-------------------|
| Original document: | change |
| Removed | change |
| Added | change |
| COVID addition | change |
| Moved to Rules | change |
| Moved from Rules | change |
| Move to Rulemaking | change |
| Include in Guidance | change |
| Reorganized within Act | change |

Mission Statement

The National Council of State Boards of Nursing (NCSBN®) provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

Copyright ©2012 National Council of State Boards of Nursing, Inc. (NCSBN®)

All rights reserved. NCSBN®, NCLEX®, NCLEX-RN®, NCLEX-PN®, NNAAP®, MACE®, Nursys® and TERCAP® are registered trademarks of NCSBN and this document may not be used, reproduced or disseminated to any third party without written permission from NCSBN.

Permission is granted to boards of nursing to use or reproduce all or parts of this document for licensure related purposes only. Nonprofit education programs have permission to use or reproduce all or parts of this document for educational purposes only. Use or reproduction of this document for commercial or for-profit use is strictly prohibited. Any authorized reproduction of this document shall display the notice: "Copyright by the National Council of State Boards of Nursing, Inc. All rights reserved." or, if a portion of the document is reproduced or incorporated in other materials, such written materials shall include the following credit: "Portions copyrighted by the National Council of State Boards of Nursing, Inc. All rights reserved."

Address inquiries in writing to NCSBN Permissions, 111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277.

NCSBN MODEL ACT (2012)

Table of Contents

Article I. Title and Purpose 1

Article II. Definitions 1

Article III. Scope of RN, ~~and~~ LPN/VN ~~and~~ APRN Practice 1

Article IV. Board of Nursing (BON)..... 2

Article V. RN, ~~and~~ LPN/VN ~~and~~ APRN Licensure and Exemptions 5

Article VI. Prelicensure Nursing Education 8

Article VII. Discipline and Proceedings 8

Article VIII. Violations and Penalties 11

Article IX. Implementation 12

Article X. Unlicensed Assistive Personnel 13

Article XI. APRN..... 14

Article XII. Nursing Licensure Compact..... 16

Article XIII. APRN Compact 16

Article I. Title and Purpose

- a. This Act shall be known and may be cited as <the JURISDICTION> Nurse Practice Act (NPA), which creates and empowers the board of nursing (BON) to regulate nursing and to enforce the provisions of this Act.
- b. The purpose of this Act is to protect the health, safety and welfare of the ~~residents of this state~~ public.

Article II. Definitions

As used in Articles III through XI of this Act, unless the context thereof requires otherwise:

- a. “Advanced assessment” means the taking by an advanced practice registered nurse (APRN) of the history, physical and psychological assessment of a patient’s signs, symptoms, pathophysiologic status and psychosocial variations in the determination of differential diagnoses and treatment.
- b. “Advanced practice registered nurse” (“APRN”) means an individual with knowledge and skills acquired in basic nursing education; licensure as a registered nurse (“RN”); and graduation from or completion of a graduate-level APRN program accredited by a national accrediting body and current certification by a national certifying body in the appropriate APRN role and at least 1 population focus. “Advanced practice registered nurse” includes certified nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, or clinical nurse specialists. Advanced practice nursing means an expanded scope of nursing in a role and population focus approved by the Board of Nursing, with or without compensation or personal profit, and includes the RN scope of practice. The scope of an APRN includes performing acts of advanced assessment, diagnosing, prescribing, and ordering.
- c. “Clinical learning experiences” means the planned, faculty-guided learning experiences that involve direct contact with patients.
- d. “Competence” means the ability of the nurse to integrate knowledge, skills, judgment, and personal attributes to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice.
- e. ~~“Comprehensive nursing assessment” means collection, analysis and synthesis of data performed by an RN used to establish a health status baseline, plan care and address changes in a patient’s condition.~~
- f. “Delegated responsibility” means a nursing activity, skill, or procedure that is transferred from a licensed nurse to a delegatee.
- g. “Delegatee” means one who is delegated a nursing responsibility by either an APRN, RN, or LPN/VN (where state NPA allows), is competent to perform it, and verbally accepts the responsibility. A delegatee may be an RN, LPN/VN, or nursing assistive personnel.
- h. “Delegating” means transferring to a competent individual the authority to perform a selected nursing task in a selected situation.
- i. “Delegator” means one who delegates a nursing responsibility. A delegator may be an APRN, RN, or LPN/VN (where state NPA allows).
- j. “Eligible for graduation” means having met all program and institutional requirements pending conferment of the degree.
- k. “Encumbered” means a license with current discipline, conditions or restrictions.
- l. ~~“Focused nursing assessment” means recognizing patient characteristics by an LPN/VN that may affect the patient’s health status, gathering and recording assessment data and demonstrating attentiveness by observing, monitoring, and reporting signs, symptoms, and changes in patient condition in an ongoing manner may mean, within the scope of the licensee, the collection, analysis and synthesis of data used to establish a health status baseline, plan care, and address changes in a patient’s condition. to the supervising registered nurse or physician.~~
- m. “Inactive license” means the voluntary termination of an individual’s license to practice nursing or failure to renew a license.
- n. “Internationally educated applicants” means a person educated outside the U.S. who applies for licensure or seeks temporary authorization to practice. ~~means a person educated outside the U.S. who applies for licensure or seeks temporary authorization to practice as a graduate nursing student to complete program objectives.~~
- e. “License” means the legal authority granted by the BON to practice as a registered nurse, licensed practical/vocational nurse, certified nurse midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist. ~~means the authority granted by the BON to practice nursing as an RN, LPN/VN or APRN.~~
- p. “Licensed Nurse” means APRNs, RNs and LPN/VNs.
- q. “Nursing” means a profession focused on the care of individuals, families and populations to attain, maintain or recover optimal health and quality of life from conception to death.
- r. “Patient” means a recipient of care; may be an individual, family, group or community. May also be referred

- to as client.
- s. “Patient-centered health care plan” means, in active collaboration with the patient, incorporating the patient’s values, beliefs and preferences, the identification of desired goals, strategies for meeting goals and processes for promoting, attaining, and maintaining optimal patient health outcomes. ~~means, in collaboration with patient, the identification of desired goals, strategies for meeting goals and processes for promoting, attaining and maintaining optimal patient health outcomes.~~
 - t. “Practical/ Vocational nursing” as a licensed practical/vocational nurse means the performance with or without compensation of acts involving the care of the ill, injured, or infirm or the delegation of certain nursing practices to other personnel as set forth in regulations established by the Board under the direction of a registered professional nurse, an advanced practice registered nurse, a licensed physician, a licensed dentist, or other appropriate healthcare provider which acts do not require the substantial specialized skill, judgment and knowledge required in professional nursing.
 - u. “Professional nursing” as a registered nurse means the performance of professional nursing services with or without compensation by a person who holds a valid license pursuant to the terms of this act, and who bears primary responsibility and accountability for nursing practices based on specialized knowledge, judgment, and skill derived from the principles of biological, physical, and behavioral sciences.
 - v. “Reactivation” means reissuance of a license that has lapsed, expired or been placed on inactive status in absence of disciplinary action.
 - w. “Reinstatement” means reissuance of a license following disciplinary action by the BON.
 - x. “Reissuance” means restoring a license (or authorization to practice) following non-disciplinary licensure action.
 - y. “Supervision” means provision of guidance or oversight by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.
 - z. ~~“Unlicensed Nursing assistive personnel” means any personnel trained to function in a supportive role, regardless of title, to whom a nursing responsibility may be delegated. This includes but is not limited to CNAs, patient care technicians, CMAs, certified medication aides, and home health aides. means any unlicensed personnel, regardless of title, to whom nursing tasks are delegated.~~

Article III. Scope of RN, ~~and~~ LPN/VN and APRN Practice

Section 1. Licensed Practical/Vocational Nurse (LPN/VN)

- a. Licensed Practical/Vocational Nurse is the title given to an individual licensed to practice practical/vocational nursing.
- b. A person may not practice or offer to practice practical/ vocational nursing in this state unless the person is licensed as provided by this chapter.
- c. The practice of licensed practical/vocational nurses shall include the following guided by nursing standards established or recognized by the BON:
- ~~d. An LPN/VN practices, with or without compensation or personal profit, under the supervision of an RN, advanced practice registered nurse (APRN), licensed physician or other health care provider authorized by the state; that is guided by nursing standards established or recognized by the BON; and includes:~~
 1. Collecting data and conducting ~~focused~~ nursing assessments of the health status of patients.
 2. Participating with other health care providers ~~and contributing~~ in the development, ~~and~~ modification ~~and implementation~~ of the patient centered health care plan.
 3. Implementing nursing interventions within a patient centered health care plan.
 4. Assisting in the evaluation of responses to interventions.
 5. Providing for the maintenance of safe and effective nursing care rendered directly or indirectly.
 6. Advocating the best interest of patients.
 7. Communicating and collaborating with patients and members of the health care team.
 8. Providing health care information to patients.
 9. Delegating ~~and assigning~~ nursing interventions to implement the plan of care ~~while maintaining accountability of the outcome.~~
 10. ~~Assigning nursing interventions to implement the plan of care.~~
 11. Wearing identification which clearly identifies the nurse as an LPN/VN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient.
 12. Other acts that require education and training consistent with professional standards as prescribed by the BON and commensurate with the LPN/VN’s education, demonstrated competencies and experience.

Section 2. Registered Nurse (RN)

- a. Registered Nurse is the title given to an individual licensed to practice registered nursing.
- b. A person may not practice or offer to practice as a registered nurse in this state unless the person is licensed as provided by this chapter.
- c. The practice of registered nurses shall include the following guided by nursing standards established or recognized by the BON:
 1. Providing comprehensive nursing assessment of the health status of patients.
 2. Collaborating with health care team to develop and coordinate an integrated patient centered health care plan.
 3. Developing the comprehensive patient centered health care plan, including:
 - a. Applying knowledge based on the biological, psychological and social aspects of the patient's condition.
 - b. Establishing nursing Participates in and establishes patient diagnoses;
 - c. Setting goals to meet identified health care needs; and
 - d. Prescribing nursing interventions.
 4. Implementing nursing care through the execution of independent nursing strategies, and the provision of regimens requested, ordered or prescribed by authorized health care providers.
 5. Evaluating responses to interventions and the effectiveness of the plan of care.
 6. Provides education by:
 - a. Designing and implementing teaching plans based on patient needs or patient populations.
 - b. Teaching the theory and practice of nursing.
 - c. Educating others as appropriate.
 7. Delegating and assigning nursing interventions to implement the plan of care while maintaining accountability of the outcome.
 8. Delegates to another only those nursing measures for which that delegatee has the necessary skills and competence to accomplish safely
 9. Assigning nursing interventions to implement the plan of care.
 10. Providing for the maintenance of safe and effective nursing care rendered directly or indirectly.
 11. Advocating the best interest of patients.
 12. Communicating, consulting, and collaborating with other health care providers team members and others in the management of health care and the implementation of the total health care regimen within and across care settings.
 13. Managing, supervising and evaluating the practice of nursing.
 14. Teaching the theory and practice of nursing.
 15. Participating in development of health care policies, procedures and systems.
 16. Wearing identification that clearly identifies the nurse as an RN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient.
 17. Other acts that require education and training consistent with professional standards as prescribed by the BON and commensurate with the RN's education, demonstrated competencies and experience.

Section 3. APRN Title and Scope of Practice

- a. Title
 1. Advanced Practice Registered Nurse (APRN) is the title given to an individual licensed to practice advanced practice registered nursing within one of the following roles: certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM) or clinical nurse specialist (CNS).
- b. Population focus shall include:
 1. Family/individual across the lifespan.
 2. Adult-gerontology.
 3. Neonatal.
 4. Pediatrics.
 5. Women's health/gender-related.
 6. Psychiatric/mental health.
- c. In addition to the RN scope of practice and within the APRN academic education and national certification, role and population focus, APRN practice shall include:
 1. Conducting an advanced assessment.
 2. Ordering and interpreting diagnostic procedures.
 3. Establishing a diagnosis.
 4. Prescribing, ordering, administering, and dispensing therapeutic measures and, pharmacological agents including over-

- the-counter, legend, and controlled substances.
5. Delegating and assigning therapeutic measures to assistive personnel
 6. Consulting with other disciplines and providing referrals to health care agencies, health care providers and community resources.
 7. Other acts that require education and training consistent with professional standards and commensurate with the APRN education, certification, demonstrated competencies and experience

Article IV. Board of Nursing (BON)

Section 1. Membership, ~~Nominations, Qualifications, Appointment and Term of Office~~

- a. The BON shall consist of <> members to be appointed by the <applicable authority> ~~governor. Nominations for appointment may be made to the governor by any interested individual, association or any other entity.~~
- b. The membership of the BON shall be <> RNs, <> LPN/VNs, <> APRNs, and <> ~~members representing the public members.~~
- c. Each RN member shall be a resident in this jurisdiction, ~~licensed in good standing~~ hold an active unencumbered license under the provisions of this chapter, be currently engaged in RN practice and have no less than five years of experience as an RN, at least three of which immediately preceded appointment.
- d. Each LPN/VN member shall be a resident in this jurisdiction, ~~licensed in good standing~~ hold an active unencumbered license under the provisions of this chapter, be currently engaged in LPN/VN practice and have no less than five years of experience as an LPN/VN, at least three of which immediately preceded appointment.
- e. Each APRN member shall be a resident in this jurisdiction, ~~licensed in good standing~~ hold an active unencumbered license under the provisions of this chapter, be currently engaged in APRN practice and have no less than five years of experience as an APRN, at least three of which immediately preceded appointment.
- f. The public member(s) of the BON shall be a resident of this jurisdiction and shall not be, nor shall ever have been, a person who has ever had any material financial interest in the provision of ~~nursing health care~~ services or who has engaged in any activity directly related to ~~nursing health care~~ services.
- g. Members of the BON shall be appointed for a term of <> years. Terms shall be staggered. ~~Appointment of a person to an unexpired term is not considered a full term for this purpose. Each member may serve until a qualified successor has been appointed. At the expiration of a term, or if a vacancy occurs, the [appointing authority] shall appoint a new board member. The appointee's term expires on <> in the <> year of appointment.~~
- h. ~~No member shall serve more than <> two consecutive full terms or <> consecutive years. The completion of an unexpired portion of a full term shall not constitute a full term for purposes of this section. Any member initially appointed for less than a full term shall be eligible to serve two additional terms.~~
- i. Each term of office shall expire at midnight on the last day of the term of the appointment or at midnight on the date on which any vacancy occurs. If a replacement appointment has not been made, the term of the member shall be extended until a replacement is made.

Section 2. Officers

- a. The BON shall elect officers ~~from its members. Officers elected by the BON shall~~ who shall serve a term of <> years, beginning <> and ending <>.
- b. The <first officer> shall preside at board meetings and shall be responsible for the performance of all duties and functions of the BON required or permitted by this Act. In the absence of the first officer, the <second officer> shall assume these duties.
- c. Additional offices may be established and filled by the BON at its discretion.

Section 3. Meetings

- a. The BON shall meet at least ~~quarterly~~ <> for the purpose of transacting business ~~in person or electronically~~. A majority of the members of the BON constitutes a quorum; however, if there is a vacancy on the BON, a majority of the members serving constitutes a quorum. A BON member is required to attend meetings or to provide proper notice and justification of inability to do so. Unexcused absences from meetings may result in removal from the BON.
- b. ~~One meeting shall be designated for the purpose of electing officers and BON reorganization and planning.~~
- c. ~~The BON may meet additional times.~~ Additional meetings may be called by the <first officer> of the BON or at the request of ~~two-thirds~~ <> of the board members.
- d. ~~The Board may adopt rules with respect to calling, holding and conducting regular and special meetings and attendance at meetings. The BON shall give official and public notice of the place and time of the meeting. Board~~

~~meetings and hearings shall be open to the public. In accordance with the law, the BON may, at its discretion, conduct part of the meeting in executive session closed to the public.~~ Notice of all board meetings shall be given in the manner and pursuant to requirements prescribed by the jurisdiction's applicable statutes and rules and regulations.

Section 4. Guidelines

- a. The BON may develop guidelines to assist board members in the evaluation of possible conflicts of interests. Members shall recuse themselves from the discussion and abstain from voting when a conflict arises.
- b. The BON may develop guidelines to assist board members in the disclosure of ex parte communications.
- c. The BON may develop other guidelines as needed that would support governance and direction of work.

Section 5. Vacancies, Removal and Immunity

- a. Any vacancy that occurs for any reason in the membership of the BON shall be filled by the ~~governor~~ [applicable authority] in the manner prescribed in the provisions of this article regarding appointments. A person appointed to fill a vacancy shall serve for the unexpired portion of the term.
- b. The <applicable authority> ~~governor~~ may remove any member from the BON for neglect of any duty required by law, for incompetence, for unprofessional or dishonorable conduct or any other reason pursuant to jurisdictional law. ~~The general laws of this jurisdiction controlling the removal of public officials from office shall be followed in dismissing board members.~~
- c. All members of the BON shall have immunity from individual civil liability while acting within the scope of the duties as board members pursuant to jurisdictional law.
- ~~d. In the event that the entire BON, an individual member or staff is sued, the attorney general shall appoint an attorney to represent the involved party, or pursuant to jurisdictional law.~~

Section 6. Powers and Duties

The BON shall be responsible for the interpretation and enforcement of the provisions of this Act. The BON shall have all of the duties, powers and authority specifically granted by and necessary to the enforcement of this Act, as well as other duties, powers and authority as it may be granted by appropriate statute, including:

- a. Make, adopt, amend, repeal and enforce such administrative rules consistent with the law, as it deems necessary for the proper administration of this Act and to protect public health, safety and welfare.
- b. Develop and enforce standards and processes for nursing education programs.
- c. Provide consultation, conduct conferences, forums, studies and research on nursing education and practice.
- d. Provide consultation or guidance regarding the interpretation and application of the jurisdiction's nursing law and regulation.
- ~~e. Maintain Participate or hold membership in national organizations that develop national licensure examinations and exclusively promote the improvement of the legal standards of the practice of nursing for the protection of public health, safety and welfare. that promote the provisions of this chapter.~~
- f. Grant temporary permits for qualified applicants as set forth in rule.
- g. License qualified applicants for RN, LPN/VN and APRN licensure and regulate their practice.
- h. Develop standards for maintaining competence of licensees and requirements for returning to practice.
- ~~i. Certify and regulate unlicensed nursing assistive personnel (UAP), including certified nursing assistants (CNAs) and medication assistants certified (MACs).~~
- j. Implement the discipline process, in person or virtually, in accordance with jurisdictional law.
- k. Issue subpoenas in connection with investigations, inspections and hearings either in person or electronically.
- l. Develop and enforce standards for nursing practice.
- ~~m. Issue advisory opinions, interpretive statements and declaratory statements regarding the interpretation and application of the jurisdiction's nursing law and regulation.~~
- ~~n. Regulate the manner in which nurses announce their practice to the public.~~
 - ~~1. Issue subpoenas in connection with investigations, inspections and hearings.~~
 - ~~2. Obtain access to records as reasonably requested by the BON to assist the BON in its investigation; the BON shall maintain any records pursuant to this paragraph as confidential data.~~
 - ~~3. Order licensees to submit and pay for physical, mental health or chemical dependency evaluations for cause.~~
 - ~~4. Prosecute alleged violations of this Act.~~
 - ~~5. Conduct hearings, compel attendance of witnesses and administer oaths to persons giving testimony at hearings, consistent with administrative rules.~~
 - ~~6. Provide alternatives to discipline:

 - ~~a. Establish alternative programs for monitoring of nurses who agree to seek treatment of substance use~~~~

- ~~disorders, mental health or physical health conditions that could lead to disciplinary action by the BON as established by rule; and~~
- ~~b. Establish programs to educate and re-mediate nurses with practice concerns who meet criteria established in rule.~~
- o. Discipline ~~nurses a license or certification issued under this act~~ for violation of any provision of this Act.
- p. Maintain a record of all persons regulated by the BON.
- q. Regulate the practice of nursing, which occurs in the jurisdiction where the patient is located at the time.
- ~~r. Maintain records of proceedings as required by the laws of this jurisdiction.~~
- s. Collect, analyze, and share ~~and analyze~~ data regarding nursing education, nursing practice and nursing resources. Data may be collected with license applications.
- ~~t. Submit an annual report to the governor summarizing the BON's proceedings and activities.~~
- ~~u. Appoint and employ a qualified RN individual to serve as executive officer. and approve such additional staff positions as may be necessary, in the opinion of the BON, to administer and enforce the provisions of the Act.~~
- ~~v. Delegate to the executive officer those activities that expedite the functions of the BON, including employing professional and support staff, investigators, legal counsel and other personnel necessary for the BON to carry out its functions.~~
- w. Adopt a seal that shall be in the care of the executive officer and shall be affixed only in a manner as prescribed by the BON.
- x. Share current significant investigative information with other regulatory bodies and law enforcement entities.
- ~~y. Withdraw a license issued in error.~~
- z. Conduct criminal background checks for ~~nurse licensure in accordance with state and federal law under Section 9 of Article V of this Act.~~ applicants regulated under this act.
- aa. In the event of a declared state of emergency in this state, the Board may waive the requirements of this Article to allow emergency health services to the public.
- ~~bb. Issue a cease and desist order for any violation of this Act.~~
- ~~cc. Adopt criteria for recognizing national certifying bodies for APRN roles and population foci~~

Section 7. Financial

- a. The BON is authorized to establish by rule appropriate fees for licensure by examination, reexamination, endorsement, reinstatement, reactivation and such other fees and fines as the BON determines necessary.
- b. All fees collected by the BON shall be administered according to the established fiscal policies of this jurisdiction and in such manner as to adequately implement the provisions of this Act.
- c. The BON may accept grants, contributions, devices, bequests and gifts that shall be kept in a separate fund and shall be used by the BON to enhance the practice of nursing.
- d. The BON may receive and expend funds in addition to appropriations from this jurisdiction, provided such funds are received and expended for the pursuit of the authorized objectives of the BON, such funds are maintained in a separate account, and periodic reports of the receipt and expenditures of such funds are submitted to the ~~<applicable authority>~~ governor.
- e. All fees collected by the BON shall be retained by the BON. The monies retained shall be used for any of the BON's duties, including but not limited to, the addition of full-time equivalent positions for program services and investigations. Monies retained by the BON pursuant to this section are not subject to reversion to the general fund of the jurisdiction.

Section 8. Executive Officer

- a. The executive officer shall be responsible for:
1. The performance of administrative responsibilities of the BON.
 2. Employment of personnel needed to carry out the functions of the BON.
 3. The performance of any other duties as necessary to the proper conduct of BON business and to the fulfillment of the BON's responsibilities as defined by this Act.
- ~~b. The BON shall monitor and periodically evaluate the effectiveness of the executive officer.~~

Article V. RN, ~~and~~ LPN/VN and APRN Licensure and Exemptions

Section 1. Titles and Abbreviations for Licensed Nurses

Only those persons who hold a license ~~or privilege to practice~~ to practice nursing in this state shall have the right to use the following title abbreviations:

- a. Title: "Registered Nurse" and the abbreviation "RN."

- b. Title: "Licensed Practical/Vocational Nurse" and the abbreviation "LPN/VN."
- c. Only those persons who hold a license or privilege to practice advanced practice registered nursing in this state shall have the right to use the title "advanced practice registered nurse" and the roles of "certified registered nurse anesthetist," "certified nurse-midwife," "clinical nurse specialist" and "certified nurse practitioner;" and the abbreviations "APRN," "CRNA," "CNM," "CNS" and "CNP," respectively.
- d. The abbreviation for the APRN designation of a certified registered nurse anesthetist, a certified nurse-midwife, a clinical nurse specialist and for a certified nurse practitioner will be APRN, plus the role title, i.e., CRNA, CNM, CNS and CNP.
- e. It shall be unlawful for any person to use the title "APRN" or "APRN" plus their respective role titles, the role title alone, authorized abbreviations or any other title that would lead a person to believe the individual is an APRN, unless permitted by this Act.

Section 2. Examinations

- a. The BON shall authorize ~~administration~~ the a national examination for applicants for licensure as RNs or LPN/VNs.
- b. The BON may employ, contract and cooperate with any entity in the preparation of a national examination and process for determining results of a uniform licensure examination. When such an examination is utilized, the BON shall restrict access to questions and answers.
- c. The Board shall give an examination, at the time and place it determines, to applicants for licensure to practice as a registered nurse or licensed practical nurse. The Board shall adopt rules governing qualifications of applicants, the conduct of applicants during the examination, and the conduct of the examination. The applicants shall be required to pass the examination as defined by the board.
- ~~d. The BON shall determine whether a licensure examination may be repeated, the frequency of reexamination and any requisite education prior to reexamination.~~

Section 3. Licensure by Examination

- ~~a. The Board shall provide for an examination for licensure to practice as a registered nurse or licensed practical nurse. The applicants shall be required to pass the examination as defined by the board. An applicant for licensure by examination to practice as an RN or LPN/VN who must successfully meets the applicable requirements, as determined by the BON by rule. of this section shall be entitled to licensure as an RN or LPN/VN, whichever is applicable.~~
- b. The Board shall provide for an examination for licensure to practice as a registered nurse or licensed practical nurse. The applicants shall be required to pass the examination as defined by the board. The Board shall adopt rules which identify the criteria which must be met by an applicant in order to be issued a license. When the Board determines that an applicant has met those criteria, passed the required examination, submitted the required fee, and has demonstrated to the Board's satisfaction that he or she is mentally and physically competent to practice nursing, the Board may issue a license to the applicant.
- c. For internationally educated applicants, in addition to any requirements in rule, successful passage of an English proficiency exam that includes the components of reading, speaking, writing and listening, except for applicants from countries where English is the native language, and the nursing program where the applicant attended was taught in English, used English textbooks and clinical experiences were conducted in English.
- ~~d. The Board shall give an examination, at the time and place it determines, to applicants for licensure to practice as a registered nurse or licensed practical nurse. The Board shall adopt rules governing qualifications of applicants, the conduct of applicants during the examination, and the conduct of the examination. The applicants shall be required to pass the examination as defined by the board. The Board shall adopt rules which identify the criteria which must be met by an applicant in order to be issued a license. When the Board determines that an applicant has met those criteria, passed the required examination, submitted the required fee, and has demonstrated to the Board's satisfaction that he or she is mentally and physically competent to practice nursing, the Board shall issue a license to the applicant.~~
- e. An applicant shall:
 1. Submit a completed application and fees as established by the BON.
 2. Graduate or be eligible for graduation from a <your jurisdiction> BON-approved prelicensure program or a program that meets criteria comparable to those established by the <your jurisdiction> BON in its rules.
 3. Pass an examination authorized by the BON.
 4. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.
 5. Report any substance use disorder in the last five years.

6. Report any actions taken or initiated against a professional or occupational license, registration or certification.
 7. Have committed no acts or omissions that are grounds for disciplinary action as set forth in Article VII of this Act; and
 8. ~~Meet other criteria established by the BON in rule.~~
- f. Graduates from an RN preclicensure program may take the LPN/VN licensure examination if they have completed a BON approved LPN/VN role delineation course. The BON shall by rule set standards for approval of the role delineation course.
 - g. The BON shall promulgate rules to carry out the purposes of this section.

Section 4. Licensure by Examination of Internationally Educated Applicants

Requirements for licensure by examination of internationally educated applicants, include:

- a. Graduation from a international RN or LPN/VN preclicensure education program that (a) has been approved by the authorized accrediting body in the applicable country and (b) has been verified by an independent credentials review agency to be comparable to a licensing board-approved preclicensure education program; Successful passage of an English proficiency exam that includes the components of reading, speaking, writing and listening, except for applicants from countries where English is the native language, and the nursing program where the applicant attended was taught in English, used English textbooks and clinical experiences were conducted in English.
- b. ~~Graduation from a nursing program comparable to a BON-approved preclicensure RN or LPN/VN program, whichever is applicable, and meet all other requirements of section 3.~~
- c. The BON shall promulgate rules to carry out the purposes of this section. ~~Applicant must submit a credentials evaluation by a credentials review agency for the level of licensure being sought.~~
- d. ~~Successful passage of an English proficiency exam that includes the components of reading, speaking, writing and listening, except for applicants from countries where English is the native language, and the nursing program where the applicant attended was taught in English, used English textbooks and clinical experiences were conducted in English.~~
- e. ~~Disclosure of nursing licensure status in country of origin, if applicable.~~
- f. The BON shall promulgate rules to carry out the purposes of this section.

Section 5. Licensure by Endorsement

The Board may, without examination, issue a license to an applicant who is duly licensed as a registered nurse or licensed practical nurse under the laws of another state, territory of the United States, the District of Columbia, or international country, determined by criteria developed by the BON in rules.

- a. An applicant for licensure by endorsement to practice as an RN or LPN/VN shall:
 1. Submit a completed application and fees as established by the BON.
 2. A. Graduate from a <your jurisdiction> BON-approved preclicensure program or a program that meets criteria comparable to those established by the <your jurisdiction> BON in its rules; or
B. Graduate from a international RN or LPN/VN preclicensure education program that (a) has been approved by the authorized accrediting body in the applicable country and (b) has been verified by an independent credentials review agency to be comparable to a licensing board-approved preclicensure education program.
 3. Successful passage of an English proficiency exam that includes the components of reading, speaking, writing and listening, except for applicants from countries where English is the native language, and the nursing program where the applicant attended was taught in English, used English textbooks and clinical experiences were conducted in English.
 4. Hold a license as an RN or an LPN/VN that is not encumbered.
 5. Pass an examination authorized by the BON.
 6. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
 7. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.
 8. Report any substance use disorder in the last five years.
 9. Report any actions taken or initiated against a professional or occupational license, registration or certification
 10. Report current participation in an alternative to discipline program in any jurisdiction.
 11. Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for disciplinary action as set forth in Article VII of this Act.
 12. Be proficient in English language as set forth in the BON rules.

13. Submit verification of licensure status directly from the U.S. jurisdiction of licensure by examination, or a coordinated licensure information system.
 14. Meet continued competency requirements as set forth by the BON.
 15. Meet other criteria established by the BON in rule.
- b. Temporary Permits for licensure by endorsement
1. The BON may issue time-limited authorization to practice nursing through the granting of temporary permits, as set forth in BON rules.
 2. Any person who has been approved as an applicant for licensure by endorsement and has been granted a temporary permit shall have the right to use the titles < > and abbreviations < > designated by the state. The BON shall promulgate rules to carry out the purposes of this section.

Section 6. APRN Licensure

- a. An applicant for initial licensure to practice as an APRN shall meet the requirements established by the BON in rules.
1. Submit a completed written application and appropriate fees as established by the BON.
 2. Hold a current RN license or privilege to practice and shall not hold an encumbered license or privilege to practice as an RN in any state or territory.
 3. Have completed an accredited graduate or post-graduate level APRN program in one of the four roles and at least one population focus.
 4. Be currently certified by a national certifying body recognized by the BON in the APRN role and population foci appropriate to educational preparation.
 5. Report any criminal conviction, nolo contendere plea, Alford plea or other plea arrangement in lieu of conviction.
 6. Have committed no acts or omissions that are grounds for disciplinary action as set forth in Article VII of this Act.
 7. Provide other evidence as required by rule.
- b. The BON may issue a license by endorsement to an APRN licensed under the laws of another state if, in the opinion of the BON, the applicant meets the qualifications for licensure in this jurisdiction. An applicant for APRN licensure by endorsement shall:
1. Submit a completed written application and appropriate fees as established by the BON.
 2. Hold a current license or privilege to practice as an RN and APRN in a state or territory.
 3. Not have an encumbered license or privilege to practice in any state or territory.
 4. Have completed an accredited graduate or post-graduate level APRN program in one of the four roles and at least one population focus or meets the standards for grandfathering as described in section 7 of this Article.
 5. Be currently certified by a national certifying body recognized by the BON in the APRN role and at least one population focus appropriate to educational preparation.
 6. Meet continued competency requirements as set forth in BON rules.
 7. Report any conviction, nolo contendere plea, Alford plea or other plea arrangement in lieu of conviction.
 8. Have committed no acts or omissions, which are grounds for disciplinary action in another jurisdiction.
 9. Provide other evidence as required by the BON in its rules.
- c. The BON may issue an initial license or license by endorsement to a applicant from an international APRN education program if the applicant meets the requirements set forth in rules.
- d. If a graduate from an international APRN education program the BON must verify the program applicant that (a) has been approved by the authorized accrediting body in the applicable country.
- e. Passage of an English proficiency examination, if a graduate of a prelicensure education program not taught in English or if English is not the individual's native language, that includes the components of reading, speaking, writing and listening.
- f. APRN licenses issued under this Act shall be renewed at least every < > years according to a schedule established by the BON. An applicant for APRN license renewal shall:
1. Submit a renewal application as directed by the BON and remit the required fee as set forth in rule.
 2. Maintain national certification in the appropriate APRN role and at least one population focus, authorized by licensure, through an ongoing certification maintenance program of a nationally recognized certifying body recognized by the BON.
 3. Meet other requirements set forth in rule.
 4. The BON may reactivate or reinstate an APRN license as set forth in BON rules.
 5. The duties of licensees are the same as previously stated in Article V Section 9 for RNs and LPN/VNs.

Section 7. Renewal of RN and LPN/VN Licenses

- a. RN and LPN/VN licenses issued under this Act shall be renewed every < > years according to a schedule established by the BON.

- b. An applicant for renewal of license to practice as an RN or LPN/VN shall: meet the requirements to renew licensure as an RN or LPN/VN, whichever is applicable.
 - 1. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.
 - 2. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
 - 3. Report any substance use disorder in the last five years.
 - 4. Report any actions taken or initiated against a professional or occupational license, registration or certification.
 - 5. Report current participation in an alternative to discipline program in any jurisdiction.
- c. A renewal license shall be issued to an RN or LPN/VN who submits an application, remits the required fee and satisfactorily completes any other requirements established by the BON as set forth in rules.
- d. No license shall be renewed unless the RN or LPN/VN shows evidence of continued competence as specified in BON rule.
- e. Failure to renew the license shall result in forfeiture of the right to practice nursing in this jurisdiction.
- f. In the event of a declared state of emergency in this state, the board may delay licensure renewal dates for any licensees in this state.
- g. The BON shall promulgate rules to carry out the purposes of this section.

Section 8. Reactivation of License

- a. Applicants for RN or LPN/VN licensure reactivation shall: meet the requirements for reactivation of licensure as an RN or LPN/VN, whichever is applicable.
 - 1. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.
 - 2. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
 - 3. Report any substance use disorder in the last five years.
 - 4. Report any actions taken or initiated against a professional or occupational license, registration or certification.
 - 5. Report current participation in an alternative to discipline program in any jurisdiction.
- ~~b. A reactivated license shall be issued to an RN or LPN/VN who submits an application, remits the required fee and satisfactorily completes any other requirements established by the BON as set forth in rules.~~
- c. No license shall be reactivated unless the RN or LPN/VN shows evidence of continued competence as specified in BON rule.
- d. The BON shall promulgate rules to carry out the purposes of this section.

Section 9. Reinstatement of License

- a. Applicants for RN or LPN/VN licensure reinstatement shall meet the requirements for reinstatement of licensure as an RN or LPN/VN, whichever is applicable.
 - 1. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.
 - 2. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
 - 3. Report any substance use disorder in the last five years.
 - 4. Report any actions taken or initiated against a professional or occupational license, registration or certification.
 - 5. Report current participation in an alternative to discipline program in any jurisdiction.
- b. No license shall be reinstated unless the RN or LPN/VN shows evidence of continued competence as specified in BON rule.
- c. The BON shall promulgate rules to carry out the purposes of this section.

Section ~~8.~~ Duties of Licensees 10. Duty to Report

- ~~a. The nurse shall comply with the provisions of this Act. The burden of responsibility is on the licensee to know and practice according to the laws and regulations of this jurisdiction.~~
- b. The nurse shall report their actions, or the actions of those licensed under this act, in a timely manner, to the BON those acts or omissions that are violations of the Act or grounds for disciplinary action as set forth in Articles VII and VIII of this Act.
- c. A nurse shall report to the BON, in a timely manner, a felony arrest or indictment, and any conviction or finding of guilt, or entering into and agreed disposition of a felony offense under applicable state or federal criminal law. The nurse shall also report to the BON, in a timely manner, any arrest or indictment for the possession, use, or sale of any controlled substance or driving while impaired.
- d. The licensee shall, in response to BON inquiries, provide relevant and truthful personal, professional or demographic

information requested by the BON to perform its duties in regulating and controlling nursing practice in order to protect the public health, safety and welfare.

- e. Failure to provide the requested information may result in non-renewal of the license to practice nursing or licensure disciplinary action.

Section 11. Criminal Background Checks

Each applicant for licensure as an APRN, CNP, CNM, CRNA, CNS, RN, LPN and [any other licensee/registree under this act] shall submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check pursuant to <state statute> and Public Law 92-544. The <state agency or appropriate entity responsible for managing fingerprint data> may exchange this fingerprint data with the Federal Bureau of Investigation (FBI).

Except as provided in paragraph (c), criminal convictions may be reviewed by the BON on a case-by-case basis to determine eligibility for licensure.

- a. If an applicant's criminal history record check reveals a conviction. The Board shall consider all of the following factors regarding the conviction:
- (1) The level of seriousness of the crime.
 - (2) The date of the crime.
 - (3) The age of the applicant at the time of the conviction.
 - (4) The circumstances surrounding the commission of the crime, if known.
 - (5) The nexus between the criminal conduct of the applicant and the practice of nursing
 - (6) The applicant's prison, jail, probation, parole, rehabilitation, and employment records since the date the crime was committed.
 - (7) The subsequent commission by the person of a crime.
- b. The BON shall determine whether an applicant or licensee is mentally and physically capable of practicing nursing with reasonable skill and safety. The Board may require an applicant or licensee to submit to a mental health examination by a licensed mental health professional designated by the Board and to a physical examination by a physician or other licensed health care professional designated by the Board. The Board may order an applicant or licensee to be examined before or after charges are presented against the applicant or licensee. The results of the mental health examination or physical examination shall be reported directly to the Board and shall be admissible into evidence in a hearing before the Board.
- c. All individuals convicted of a sexual offense involving a minor or performing a sexual act against the will of another person, including those without the mental capacity to consent, shall be subject to a BON order for evaluation by a qualified expert approved by the BON. If the evaluation identifies sexual behaviors of a predatory nature the BON shall deny licensure.

Section 12. Exemptions

No provisions of this Act shall be construed to prohibit:

- a. The practice of nursing by a student currently enrolled in and actively pursuing completion of an approved prelicensure nursing education program, or a graduate nursing program involving nursing practice, ~~if all the following are met:~~ according to criteria established by the board in rules.
1. The student is participating in a program located in this jurisdiction and approved by the BON or participating in this jurisdiction in a component of a program located in another jurisdiction and approved by a BON that is a member of NCSBN.
 2. The student's practice is under the auspices of the program.
 3. The student acts under the supervision of an RN serving for the program as a faculty member or teaching assistant.
 4. The student in a graduate program preparing for APRN licensure must be a licensed RN and under the supervision of qualified faculty/preceptor, licensed in the state of clinical practice.
- b. The provision of nursing services to family members or in emergency situations.
- ~~e. Caring for the sick when done in connection with the practice of religious tenets of any church and by or for its members.~~
- d. The individual is engaging in the practice of nursing by discharging official duties while employed by or under contract with the United States government or any agency thereof.
- e. The activities of an individual currently licensed to practice nursing in another jurisdiction, if the individual's license has not been revoked, the individual is not currently under suspension or on probation, and the individual engages in temporary activities as determined by the board, including travel to and within the state, teaching

activities, consultation with health care providers located within the state, activities involving program accreditation. ~~one of the following:~~

- f. In the event of a declared state of emergency in this state, an individual who retired from licensed practice of practical nursing, registered nursing, or advanced practice registered nursing in this state in the last < > years shall be issued a temporary license to practice for <time period> from the date of issuance. The individual must have retired with an unencumbered license to qualify for a temporary license.
- g. In the event of a declared state of emergency in this state, an individual who voluntarily deactivated their license to practice practical nursing, registered nursing, or advanced practice registered nursing in this state in the last < > years shall be issued a temporary license to practice for <time period> from the date of issuance. The individual must have become inactive with an unencumbered license to qualify for a temporary license.
 - 1. ~~The individual is engaging in the practice of nursing as an employee of an individual agency or corporation located in the other jurisdiction in a position with employment responsibilities that include transporting patients into, out of, or through this state, as long as each trip in this state does not exceed seventy two hours.~~
 - 2. ~~The individual is consulting with an individual licensed in this state to practice any health related profession.~~
 - 3. ~~The individual is engaging in activities associated with teaching in this state as a guest lecturer at a nursing education program, continuing nursing education program or in service presentation, or the individual is teaching didactic content, via distance education, for an approved prelicensure program.~~
 - 4. ~~The individual is conducting evaluations of nursing care that are undertaken on behalf of a nationally recognized accrediting organization.~~
 - 5. ~~The individual is providing nursing care to an individual who is in this state on a temporary basis, not to exceed six months in any one calendar year, if the nurse is directly employed by or under contract with the individual or a guardian or other person acting on the individual's behalf.~~
 - 6. ~~The individual is providing nursing care during any disaster, natural or otherwise, that has been officially declared to be a disaster by a public announcement issued by an appropriate federal, state, county or municipal official.~~

Article VI. Prelicensure Nursing Education

Section 1. Definition and Purpose of Nursing Education Standards

Nursing education standards are the evidence-based criteria used to monitor the quality of the nursing program. Early intervention, when the standards are not met, will assist the programs to make improvements before warning signs are evident and sanctions are necessary. The purpose of nursing education standards is to ensure that graduates of nursing education programs are prepared for safe and effective nursing practice.

Section 2. Prelicensure Nursing Education Standards

All nursing education programs shall meet these standards:

- a. Administrative Requirements
 - 1. The program has criteria for admission, progression and student performance.
 - 2. Written policies and procedures have been vetted by faculty and students and are readily accessible.
 - 3. The program shall hold students responsible for professional behavior, including honesty and integrity, while in their program of study.
- b. Program Administrator
 - 1. Of an RN program shall be doctorally prepared and has a degree in nursing.
 - 2. Of a PN program shall have a graduate degree and a degree in nursing.
 - 3. Shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved;
 - 4. Has institutional authority and administrative responsibility over the program.
 - 5. Shall be responsible for completing the BON's annual report, consisting of aggregate program data as determined by the BON, by their deadline.
- c. Faculty

1. At a minimum, 35% of the total faculty (including all clinical adjunct, part-time and other faculty) are employed at the institution as full-time faculty.
2. In RN programs, faculty shall:
 - i. Hold a graduate degree.
 - ii. Faculty who teach clinical courses, whether didactic or clinical, shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the state where the program is approved.
3. In PN programs, faculty shall:
 - i. Hold a BSN degree.
 - ii. Faculty shall clinical courses shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the state where the program is approved.
4. Faculty can demonstrate that they have been educated in basic instruction of teaching and adult learning principles and curriculum development. This may include the following:
 - i. Methods of instruction
 - ii. Teaching in clinical practice settings
 - iii. How to conduct assessments, including test item writing
 - iv. Managing “difficult” students
5. Faculty demonstrate participation in continuing education related to nursing education and adult learning pedagogies.
6. The school provides substantive and periodic workshops and presentations devoted to faculty development.
7. Formal mentoring of new and part-time faculty takes place by established peers.
8. Clinical faculty have up-to-date clinical skills and have had recent experience in direct patient care.
9. Simulation faculty are certified, or are planning to be certified within the next 5 years.

d. Students

1. English as a second language assistance is provided.
2. Assistance is available for students with learning or other disabilities.
3. All students have books and resources necessary throughout the program and strategies to help students who can't afford books and resources.
4. Remediation strategies are in place at the beginning of each course and students are aware of how to seek help. This should include processes to remediate errors and near misses in the clinical setting.
5. Students shall meet health standards and criminal background requirements.

e. Curriculum and Clinical Experiences

1. There is a sound foundation in biological, physical, social and behavioral sciences.
2. A systematic evaluation of the curriculum is in place.
3. Didactic and clinical content include prevention of illness and the promotion, restoration and maintenance of health in patients, communities and populations, across the lifespan and from diverse social, cultural, ethnic and economic backgrounds.
4. Didactic courses and clinical experiences shall include content in the areas of medical/surgical, obstetric, pediatric, psychiatric/mental health and community health nursing.
5. Quality and safety are integrated into the curriculum, including clinical judgment, skill in clinical management, supervision, delegating effectively, emergency preparedness, interprofessional communication, time management and navigation and understanding of health care systems.
6. Practice/academic partnerships are implemented.
7. Legal and ethical issues and professional responsibilities are integrated into didactic and clinical experiences.
8. Distance education methods are consistent with the curriculum plan.
9. 50% or more of clinical experiences in each course is direct care with patients.
10. A variety of clinical settings are used, and the patient population is diverse.

f. Teaching and Learning Resources

1. The fiscal, human, physical (including access to a library), clinical and technical learning resources shall be adequate to support program processes, security and outcomes.

2. The simulation lab is accredited or with plans to be within 5 years.
3. Programs shall assess students with learning disabilities and tailor the curriculum to meet their needs.

Section 3. Determination of Compliance with Standards

- a. Accreditation by a national nursing accrediting body, set forth by the USDE, is required, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval.
 1. Nursing programs must submit to the BON copies of accreditation related correspondence with the national nursing accrediting agency within 30 days of receipt.
 2. The BON shall identify the required correspondence that the programs must submit.

Section 4. Purposes of Prelicensure Nursing Education Program Approval

- a. To promote the safe practice of nursing by implementing standards for individuals seeking licensure as RNs and LPN/VNs.
- b. To grant legal recognition to nursing education programs that the BON determines have met the standards.
- c. To ensure graduates meet the educational and legal requirements for the level of licensure for which they are preparing and to facilitate their endorsement to other states and countries.
- d. To provide the public and prospective students with a published list of nursing programs that meets the standards established by the BON.

Section 5. Establishment of a New Prelicensure Nursing Education Program

Before establishing a new nursing education program, the program shall contact the BON and complete the process outlined below:

- a. Phase I – Application to BON. The proposed program shall provide the following information to the BON:
 1. Governing institution approval and ongoing support.
 2. Evidence of adequate financial support that can be provided on an ongoing basis.
 3. Availability of educational resources, such as human, physical (including access to a library), clinical and technical learning resources.
 4. Evidence of the institution meeting state requirements, and regional or national accreditation by an accredited agency recognized by the USDE.
 5. Evidence of the nursing program actively seeking pre-accreditation or candidate accreditation from a USDE recognized national nursing accrediting agency.
 6. Evidence of adequate numbers of clinical partnerships.
 7. Availability of a qualified faculty and program director.
 8. A proposed time-line for initiating the program.
- b. Phase II – Initial Approval for Admission of Students. The proposed program shall provide the BON with verification that the following program components and processes have been completed:
 1. Employment of a qualified director.
 2. A comprehensive program curriculum.
 3. Establishment of student policies for admission, progression, retention and graduation.
 4. Policies and strategies to address students' needs including those with learning disabilities and English as a international language; and remediation tactics for students performing below standard and for when clinical errors or near misses occur.
 5. Creation of an emergency preparedness plan for addressing situations including but not limited to a reduction in the availability of student clinical sites, a transition from in-person to virtual learning platforms, and a need for increased use of simulation.
- c. Phase III – Full Approval of Program. The BON shall fully approve the program upon:
 1. Completion of BON program survey visit.
 2. A comprehensive program curriculum.
 3. Submission of program's ongoing systematic evaluation plan.
 4. Employment of qualified faculty.
 5. Additional oversight of new programs will take place for the first 7 years of operation.

- May include progress reports periodically on program leadership, consistency of faculty, numbers of students and trends of NCLEX pass rates, along with the regularly collected BON annual reports.

Section 6. Continuing Approval of a Prelicensure Nursing Education Program

- Every <> years previously approved nursing education programs with full program approval status will be evaluated for continuing approval by the BON.
- Warning signs that might trigger a focused site visit include:
 - Complaints from students, faculty and clinical agencies.
 - Turnover of program administrators, defined by more than 3 in 5 years.
 - Frequent nursing faculty turnover/cuts in numbers of nursing faculty.
 - Decreasing trend in NCLEX pass rates, based on the jurisdiction's NCLEX pass rate standard.
- The BON shall review and analyze various sources of information regarding program performance, including, but not limited to:
 - Periodic BON survey visits and/or reports.
 - Annual report data.
 - Evidence of being accredited by a USDE recognized national nursing accredited agency.
 - BON recognized national nursing accreditation visits, reports and other pertinent national nursing accreditation documents provided by the program.
 - Results of ongoing program systematic evaluation.
- Continuing approval will be granted upon the BON's verification that the program is in compliance with the BON's nursing education administrative rules.

Section 7. Conditional Approval of Prelicensure Nursing Education Program

- The BON may grant conditional approval when it determines that a program is not fully meeting approval standards.
- If the BON determines that an approved nursing education program is not meeting the criteria set forth in these regulations, the nursing program shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies.

Section 8. Withdrawal of Approval

- The BON shall withdraw approval if, after proper notice and opportunity, it determines that:
 - A nursing education program fails to meet the standards of this Rule.
 - A nursing education program fails to correct the identified deficiencies within the time specified.

Section 9. Appeal

A program denied approval or given less than full approval may appeal that decision. All such actions shall be in accordance with due process rights.

Section 10. Reinstatement of Approval

The BON may reinstate approval if the program submits evidence of compliance with nursing education standards within the specified time frame.

Section 11. Closure of Prelicensure Nursing Education Program and Storage of Records

- A nursing education program may be closed due to withdrawal of BON approval or may close voluntarily.
- Provisions shall be made for maintenance of the standards for nursing education during the transition to closure.
- Arrangements are made for the secure storage and access to academic records and transcripts.
- An acceptable plan is developed for students to complete a BON approved program.
- Confirmation shall be provided to the BON, in writing, that the plan has been fully implemented.

Section 12. Prelicensure Nursing Education Program Closed Voluntarily

The program shall submit to the BON:

- a. Reason for the closing of the program and date of intended closure.
- b. An acceptable plan for students to complete a BON approved program.
- c. Arrangements for the secure storage and access to academic records and transcripts.

Section 13. Innovative Approaches in Prelicensure Nursing Education Program

A nursing education program may apply to implement an innovative approach by complying with the provisions of this section. Nursing education programs approved to implement innovative approaches shall continue to provide quality nursing education that prepares graduates to practice safely, competently and ethically within the scope of practice as defined in <jurisdiction's> Act.

Section 14. Purposes

- a. To foster innovative models of nursing education to address the changing needs in health care.
- b. To assure that innovative approaches are conducted in a manner consistent with the BON's role of protecting the public

Section 15. Eligibility

- a. The nursing education program shall hold full BON approval without conditions.
- b. There are no substantiated complaints in the past 2 years.
- c. There are no rule violations in the past 2 years.

Section 16. Application

- a. A description of the innovation plan, with rationale, shall be provided to the BON at least < > days before the BON meeting.

Section 17. Standards for Approval

- a. Eligibility criteria in Section 15 are met.
- b. The innovative approach will not compromise the quality of education or safe practice of students.
- c. Resources are sufficient to support the innovative approach.
- d. Timeline provides for a sufficient period to implement and evaluate the innovative approach.

Section 18. Review of Application and BON Action

- a. If the application meets the standards, the BON may:
 - 1. Approve the application; or
 - 2. Approve the application with modifications as agreed between the BON and the nursing education program.
- b. If the submitted application does not meet the criteria in 6.3.2 and 6.3.4., the BON may deny approval or request additional information.

Section 19. Requesting Continuation of the Innovative Approach

- a. If the innovative approach has achieved the desired outcomes, the program may request that the innovative approach be continued.
- b. Request for the innovative approach to become an ongoing part of the education program must be submitted < > days prior to a regularly scheduled BON meeting.
- c. The BON may grant the request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with core nursing education criteria.

Section 20. Simulation

A prelicensure nursing education program ("program") may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours per course. A program that uses simulation shall adhere to the standards set in

this section.

Section 21. Evidence of Compliance

A program shall provide evidence to the board of nursing that these standards have been met.

Section 22. Organization and Management

- a. The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.
- b. Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.
- c. There shall be a budget that will sustain the simulation activities and training of the faculty.

Section 23. Facilities and Resources

The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

Section 24. Faculty Preparation

- a. Faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation.
- b. Faculty involved in simulations, both didactic and clinical, shall engage in on-going professional development in the use of simulation.

Section 25. Curriculum

- a. The program shall demonstrate that the simulation activities are linked to programmatic outcomes.

Section 26. Policies and Procedures

The program shall have written policies and procedures on the following:

- a. Short-term and long-term plans for integrating simulation into the curriculum;
- b. Method of debriefing each simulated activity; and
- c. Plan for orienting faculty to simulation.

Section 27. Evaluation

- a. The program shall develop criteria to evaluate the simulation activities.
- e. Students shall evaluate the simulation experience on an ongoing basis.

Section 28. Annual Report

- a. The program shall include information about its use of simulation in its annual report to the board of nursing.

Section 29. State of Emergency

- a. During a declared state of emergency, the board may authorize approved nursing education programs to implement mitigation efforts to address, including but not limited to, the availability of clinical placement sites, transition to virtual learning from in-person platforms, and changes in use of simulation. The program shall keep records of any mitigation policies or strategies used and shall include the information in the annual report submitted to the board.

Section 1. Education Approval Standards

- ~~a. The BON shall, by rule, set standards for the establishment and outcomes of prelicensure nursing education programs, including clinical learning experiences, and approve such programs that meet the requirements of this Act and BON rule.~~
- ~~b. The BON shall set requirements for the continuing approval of prelicensure nursing programs.~~
- ~~c. The BON may deny or withdraw approval or take such action as deemed necessary when prelicensure nursing education programs fail to meet the standards established by the BON, provided that all such actions shall be in accordance with ~~the~~ jurisdiction's Administrative Procedures Act and/or BON rule.~~
- ~~d. The BON may reinstate approval of a prelicensure nursing education program upon submission of satisfactory evidence that the program meets the standards established by the BON.~~
- ~~e. The BON where the program has legal domicile determines the approval process when education crosses state/jurisdiction borders.~~

~~Section 2. Closure of Prelicensure Nursing Education Programs~~

~~The BON shall, by rule, identify the process for prelicensure nursing education programs that cease operation.~~

~~Section 3. Provision for Innovative Approaches in Prelicensure Nursing Education Programs~~

~~The BON shall, by rule, identify the process for implementing innovative approaches in prelicensure nursing education programs.~~

Article VII. Discipline and Proceedings

Section 1. Discipline

Grounds for Discipline. The BON may discipline a licensee or deny a license to an applicant for any one or a combination of the following:

- a. Convicted or found guilty, or has entered into an agreed disposition, of a felony offense or misdemeanor offense related to the practice of nursing under applicable state or federal criminal law
- b. Confidentiality, patient privacy, consent or disclosure violations.
- c. Misconduct or abuse.
- d. Fraud, deception or misrepresentation.
- e. Unsafe practice, substandard care or unprofessional conduct.
- f. Drug or alcohol related offenses.
- g. Revocation, suspension, or denial of, or any other action relating to, the person's license or privilege to practice nursing in another jurisdiction or under federal law
- h. Other violations of the Act or administrative rules adopted under this act, board orders issued under this act, and any applicable federal or state law.

The Board retains jurisdiction over an expired, inactive, or voluntarily surrendered license. The Board's jurisdiction over the licensee extends for all matters, known or unknown to the Board, at the time of the expiration, inactivation, or surrender of the license.

~~Section 1. Authority~~

~~Section 2. Authority For any one or combination of the grounds set forth in Sections 2 and 3 below, the~~

~~For any one or combination of the grounds set forth in Section 1 above, the BON is granted the authority~~ is authorized to take the following disciplinary action on a license: deny, revoke, suspend, place on probation, summarily issue an emergency limitation or suspension thereof, reprimand or censure, restitution, or other publicly known conditions and findings, accept voluntary surrenders or limitations and place any other limitations or restrictions as necessary, -or any other action as warranted by the facts of the case ~~a license or impose the following discipline on a license:~~ in accordance with the state administrative procedure act.

~~a. Revoke a license.~~

~~b. Place a license on probation.~~

- ~~e.— Place a license on suspension.~~
- ~~d.— Summarily issue emergency limitation or restriction of a license subject to Section 10 of this Article.~~
- ~~e.— Summarily issue an emergency suspension of a license subject to Section 10 of this Article.~~
- ~~f.— Reprimand or censure a license.~~
- ~~g.— Accept a voluntary surrender of a license.~~
- ~~h.— Accept other voluntary limitation or restriction of a license.~~
- ~~i.— Place other limitations or restrictions on a license.~~
- ~~j.— Deny license renewal.~~
- ~~k.— Deny initial issuance of license.~~
- ~~l.— Impose a fine or monetary penalty.~~
- ~~m.— Impose other publicly known conditions or findings.~~
- ~~n.— Impose restitution.~~
- ~~o.— Recover the costs of the proceedings resulting in disciplinary action against a nursing license. The cost of proceedings shall include, but is not limited to: the cost paid by the BON to the office of administrative hearings and the office of the attorney general or other BON counsel for legal and investigative services; the costs of a court reporter and witnesses; reproduction of records; BON staff time, travel and expenses; and BON members' per diem reimbursements, travel costs and expenses.~~
- ~~p.— Any other action as warranted by the facts in the case.~~

Section 3 (NEW): Civil Penalties

- a. Impose fine or monetary penalty.
- b. Recover the costs of the proceedings resulting in disciplinary action against a nursing license. The cost of proceedings shall include, but is not limited to: the cost paid by the BON to the office of administrative hearings and the office of the attorney general or other BON counsel for legal and investigative services; the costs of a court reporter and witnesses; reproduction of records; BON staff time, travel and expenses; and BON members' per diem reimbursements, travel costs and expenses.

Section 2. Accountability

- ~~e.— Each nurse is required to know and comply with the requirements of this Act and related rules.~~
- ~~d.— All individuals licensed or privileged under this Act shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.~~

Section 3. Grounds for Discipline

The BON may discipline a licensee or deny a license to an applicant for any one or a combination of the following:

- ~~a.— Non-compliance with federal, jurisdictional or contractual requirements.~~
- ~~b.— Criminal conviction or adjudication in any jurisdiction including, but not limited to being convicted of, pleading guilty to, entering a plea of nolo contendere or no contest to, or receiving a deferred judgment or suspended sentence.~~
- ~~c.— Confidentiality, patient privacy, consent or disclosure violations.~~
- ~~d.— Misconduct or abuse.~~
- ~~e.— Fraud, deception or misrepresentation.~~
- ~~f.— Unsafe practice, substandard care or unprofessional conduct.~~
- ~~g.— Improper supervision or allowing unlicensed practice.~~
- ~~h.— Drug related offenses.~~
- ~~i.— Other violations of the Act or administrative rules adopted thereunder.~~

Section 4. Procedure

The BON shall establish a disciplinary process by rule based on the Administrative Procedure Act of the Jurisdiction of <JURISDICTION>.

Section 5. Immunity and Protection from Retaliation

- a. Any person **one**, including BON staff or BON member, or organization reporting in good faith information to the

BON under this article shall be immune from civil action. ~~who in good faith reports to the BON information relating to alleged violations of this Act or administrative rules shall not be subject to a civil action for damages as a result of reporting such information.~~

- b. Any licensed health care professional who examines an applicant or licensee under this act at the request of the BON shall be immune from suit for damages by the individual examined if the examining health care professional conducted the examination and made findings or diagnoses in good faith. The immunity does not extend to willful or wanton behavior by the licensed health care professional.
- c. A person may not suspend, terminate, or otherwise discipline, discriminate against, or retaliate against anyone who reports, or advises on reporting, in good faith under this section.
- d. A person who in good faith reports violations in accordance with this Article has a cause of action against a person who violates subsection b., and may recover:
 - 1. The greater of:
 - a. Actual damages, including damages for mental anguish even if no other injury is shown; or
 - b. \$5,000.
 - 2. Exemplary damages.
 - 3. Court costs.
 - 4. Reasonable attorney's fees.
- e. In addition to the amount recovered under subsection c., a person whose employment is suspended or terminated in violation of this section is entitled to:
 - 1. Reinstatement in the employee's former position or severance pay in an amount equal to three months of the employee's most recent salary.
 - 2. Compensation for wages lost during the period of suspension or termination.

Section 6. Notification

- ~~a.—The BON shall communicate disciplinary actions taken as set forth in rule and may report to other entities.~~
- ~~b.—The BON may notify certification programs when an APRN has an encumbered license or privilege to practice.~~

Section 7. Alternative to Discipline Monitoring Program

~~The BON may establish through rule an alternative to discipline program for nurses with substance use disorder or mental health conditions.~~

Section 8. Practice Remediation Program (PRP)

~~The BON may establish through rules a practice remediation program to offer an alternative to discipline program for early identification and remediation of practice deficiencies of the nurse to promote effective nursing practice and public safety.~~

Section 9. Reporting

- a. Licensees shall report, within 30 days of the event, the following: change of address, criminal convictions, malpractice claims, or discipline or complaints pending in another jurisdiction or by another professional licensing board.
- b. A licensed nurse, ~~or any individual~~, shall report ~~names of individuals~~ a nurse to the BON if the nurse, ~~or individual~~, has reasonable cause to suspect that a nurse or an applicant engaged in conduct that may constitute grounds for disciplinary action under this Act, ~~except for minor incidents as described in rule.~~
- c. Persons required to report under this section include: employers of RNs, LPN/VNs, or APRNs; jurisdictional agencies required to license, register or survey a facility or agency employing a licensee under this act; an insurer providing professional liability insurance pertaining to the practice of a licensee under this act; and a court administrator who receives a judgment relevant to the licensee's fitness to practice.
- ~~d.—Duty to report by others:

 - 1.—Hospitals, nursing homes, temporary staffing agencies and other employers of RNs, LPN/VNs or APRNs shall report to the BON the names of any licensee or applicant for nursing licensure whose conduct may constitute grounds for disciplinary action under this Act.
 - 2.—A jurisdictional agency that licenses, registers or certifies a hospital, nursing home, home health agency or other type of health care facility or agency section, or surveys one of these facilities or agencies shall report to the BON when that agency has evidence that the nurse has engaged in conduct that may constitute grounds for disciplinary action under this Act.~~

- ~~3. Each insurer that provides professional liability insurance that covers claims arising from providing or failing to provide nursing care shall report to the BON any payment made on behalf of a nurse in a claim or lawsuit.~~
- ~~4. The court administrator of any court of competent jurisdiction shall report to the BON any judgment or other determination of the court that adjudges or includes a finding that a nurse is:

 - ~~a. Mentally ill;~~
 - ~~b. Mentally incompetent;~~
 - ~~c. Chemically dependent;~~
 - ~~d. Dangerous to the public;~~
 - ~~e. Guilty of a crime;~~
 - ~~f. Guilty of a violation of federal or jurisdictional narcotics laws or controlled substances act;~~
 - ~~g. Guilty of operating a motor vehicle while under the influence of alcohol or a controlled substance;~~
 - ~~h. Guilty of an abuse or fraud under Medicare or Medicaid;~~
 - ~~i. Appointed a guardian; or~~
 - ~~j. Committed under the laws of the jurisdiction.~~~~
5. A person who is required to report a nurse under this section because the nurse is impaired or suspected of substance use disorder or mental illness may report to the alternative to discipline program instead of reporting to the BON. Alternative to discipline programs have a duty to report to the BON any nurse's failure to comply with the program requirements or termination from the program.
- ~~e. Minor incidents are exceptions to reporting requirements when the continuing practice by the subject nurse does not pose a risk of harm to a patient or others and can be addressed through corrective action by the nurse's employing health care facility. The BON shall adopt rules governing reporting of minor incidents. The BON may evaluate a complaint and determine that it is a minor incident under this section.~~
- ~~f. The BON may seek an order from a court of competent jurisdiction for a report from any of the parties stipulated in this Article if one is not forthcoming voluntarily.~~
- ~~g. Any organization or person reporting in good faith information to the BON under this Article shall be immune from civil action as provided in Article VII, Section 5.~~
- ~~h. Any licensed health care professional who examines a nurse at the request of the BON shall be immune from suit for damages by the nurse examined if the examining health care professional conducted the examination and made findings or diagnoses in good faith.~~

Section 10. Emergency Action

- a. Summary Suspension
 1. The BON is authorized to summarily suspend the license of a nurse without a hearing if:
 - a. The BON finds that there is probable cause to believe that the nurse has violated a statute or rule that the BON is empowered to enforce and continued practice by the nurse would create imminent and serious risk of harm to others; or
 - b. The nurse fails to obtain a BON ordered evaluation.
 2. The suspension shall remain in effect until the BON issues a stay of suspension or a final order in the matter after a hearing or upon agreement between the BON and licensee.
 3. ~~Upon request of the nurse, the~~ The BON shall schedule a disciplinary hearing to be held under the Administrative Procedures Act, to begin no later than <> days after receipt of the request. The licensee shall receive at least <> days notice of the hearing.
- ~~b. Automatic Suspension

 1. ~~Unless the BON orders otherwise, a license to practice nursing is automatically suspended if:

 - ~~a. A guardian of a nurse is appointed by order of a court under sections <REFERENCE TO GOVERNING JURISDICTIONAL LAW>;~~
 - ~~b. The nurse is committed by order of a court under <REFERENCE TO GOVERNING JURISDICTIONAL LAW>; or~~
 - ~~c. The nurse is determined to be mentally incompetent, mentally ill, chemically dependent or a person dangerous to the public by a court of competent jurisdiction within or without this jurisdiction.~~~~
 2. ~~The nurse shall petition the BON for reinstatement. The BON may terminate the suspension after a hearing or upon agreement between the BON and the nurse.~~~~
- c. Injunctive Relief
 1. The BON, or any prosecuting officer, upon a proper showing of the facts, is authorized to petition a court of competent jurisdiction for an order to enjoin:
 - a. Any person who is practicing nursing within the meaning of this Act from practicing without a valid license, unless exempted under ~~Article V~~ this Act;
 - b. Any person, ~~firm, corporation, institution or association~~ from employing, ~~with or without compensation,~~

- any person who is not licensed to practice nursing under this Act or exempted under ~~Article V~~ this Act;
- c. Any person, firm, corporation, institution or association from operating a school of nursing without approval;
 - d. Any person whose license has been suspended or revoked from practicing as an RN, LPN/VN or APRN; or
 - e. Any person from using the title “nurse,” “licensed practical/vocational nurse,” “registered nurse,” “advanced practice registered nurse” or their authorized abbreviations unless licensed or privileged to practice nursing in this jurisdiction.
2. The court may, without notice or bond, enjoin such acts and practice. A copy of the complaint shall be served on the defendant and the proceedings thereafter shall be conducted as in other civil cases.
- d. The emergency proceedings herein described shall be in addition to, not in lieu of, all penalties and other remedies provided by law.

Article VIII. Violations and Penalties

Section 1. Violations

No person shall:

- a. Use the title “nurse,” “registered nurse,” “licensed practical/vocational nurse,” “advanced practice registered nurse,” their authorized abbreviations, or any other words, abbreviations, figures, letters, title, sign, card or device that would lead a person to believe the individual is a licensed nurse unless permitted by this Act.
- b. Employ, for compensation or without compensation, a ~~nurse~~ person that does not have the authority to ~~without verifying the nurse’s authority to~~ practice nursing in this jurisdiction.
- c. Engage in the practice of nursing as defined in the Act without a valid, current license or privilege to practice, except as otherwise permitted under this Act.
- ~~d. Practice nursing under cover of any diploma, license, or record that was illegally or fraudulently obtained, or that was signed or issued unlawfully or under fraudulent representation.~~
- ~~e. Practice nursing during the time a license is suspended, revoked, surrendered, inactive, lapsed or otherwise prohibited to practice by agreement or order.~~
- f. Fraudulently obtain or furnish a license.
- ~~g. Knowingly employ unlicensed persons in the practice of nursing.~~
- h. Conduct a program for the preparation for licensure under this chapter, unless the BON has approved the program.
- ~~i. Otherwise violate, or aid or abet another person to violate, any provision of this Act.~~
- j. Engage in ~~irregular~~ inappropriate behavior in connection with the licensure or certification examination, including, but not limited to, the giving or receiving of aid in the examination or the unauthorized possession, reproduction, or disclosure of examination questions or answers.
- k. ~~Act in violation of Article VII section 5.~~ Otherwise violate, or aid or abet another person to violate, any provision of this Act.

Section 2. Penalties

- a. Violation of any provision of this Article shall also constitute a [class] misdemeanor/crime.
- b. The BON may impose on any person violating a provision of this Act a civil penalty not to exceed <\$> for each count or separate offense.

Section 3. Criminal Prosecution

Nothing in this Act shall be construed as a bar to criminal prosecution for violation of the provisions of this Act.

Section 4. Civil Penalties

~~The BON may, in addition to any other sanctions herein provided, impose on any person violating a provision of this Act or Administrative Rules a civil penalty not to exceed <\$> for each count or separate offense.~~

Article IX. ~~Implementation~~ Severability

Section 1. Persons Licensed Under a Previous Law

- a. Any person holding a license to practice nursing as an RN in this jurisdiction that is valid on <EFFECTIVE DATE> shall be deemed to be licensed as an RN under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.

- b. Any person holding a license to practice nursing as an LPN/VN in this jurisdiction that is valid on < EFFECTIVE DATE > shall be deemed to be licensed as an LPN/VN under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.
- c. Any person holding a license to practice nursing as an APRN in this jurisdiction that is valid on < EFFECTIVE DATE > shall be deemed to be licensed as an APRN under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.
- d. Any person eligible for reactivation of a license as an RN, LPN/VN or APRN, respectively, under provisions, conditions and standards prescribed in this Act by applying for reactivation according to rules established by the BON. Application for such reactivation must be made within < > months of the effective date of this Act.
- e. Any person holding an inactive license to practice nursing as an RN, LPN/VN or an APRN on <EFFECTIVE DATE> because of failure to renew may become licensed as an RN, LPN/VN or APRN, respectively, under the provisions of this Act by applying for reactivation according to rules established by the BON. Application for such reactivation must be made within < > months of the effective date of this Act.
- f. Those licensed under the provisions of this Article shall be eligible for renewal of such license under the conditions and standards prescribed by this Act.

Section 2. Severability

The provisions of this Act are severable. If any provision of this Act is declared unconstitutional, illegal or invalid, the constitutionality, legality and validity of the remaining portions of this Act shall be unaffected and shall remain in full force and effect.

Section 3. Repeal

~~The laws specified below are repealed, except with rights and duties that have matured, penalties that were incurred and proceedings that were begun before the effective date of this Act. <LIST STATUTES TO BE REPEALED, FOR EXAMPLE THE CURRENT NPA OR APPROPRIATE SECTIONS.>~~

Article X. Unlicensed Assistive Personnel

Section 1. Certified Nursing Assistant (CNA)

~~A CNA is an unlicensed person individual who has been determined by the BON to meet the education and certification requirements of this Act and rule and is supervised by a licensed nurse.~~

Section 2. Medication Assistant Certified (MAC)

- a. ~~An MAC is a CNA with additional education and training as set forth in rule who may administer medications as prescribed by an authorized provider and delegated by a supervising licensed nurse within the parameters set forth in rule.~~
- b. ~~An MAC shall perform medication administration and related tasks only.~~

Section 3. Delegation

~~The BON shall promulgate rules regarding delegation including conditions for delegation and the tasks, functions and activities that may be delegated to CNAs and MACs.~~

Section 4. Nursing Assistive Personnel

- a. ~~The BON shall:

 1. ~~Maintain a list of BON approved training programs.~~
 2. ~~Establish testing and certification requirements.~~
 3. ~~Establish recertification requirements.~~
 4. ~~Assess fees, consistent with state and federal requirements.~~
 5. ~~Conduct state and federal criminal background checks on all applicants.~~
 6. ~~Adopt an application process in rule.~~~~
- b. ~~Each applicant for CNA or MAC certification shall submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check pursuant to <state statute> and Public Law 92-544. The <state agency responsible for managing fingerprint data> may exchange this fingerprint data with the FBI.~~
- c. ~~Each individual who successfully meets all requirements for certification shall be certified.~~

- d. ~~An applicant whose certificate or listing in another jurisdiction has been disciplined or who has had a criminal conviction may not be eligible for certification.~~
- e. ~~All persons certified under this Article shall meet the requirements of the BON as established in rule.~~
- f. ~~The BON shall require the periodic renewal of certifications.~~

Section 5. Titles and Abbreviations

~~A person shall not use the titles “certified nursing assistant,” “medication aide certified,” or the abbreviations “CNA” or “MAC” unless the person has been duly certified under this Article.~~

Section 6. Education and Training Program Approval

~~The BON shall adopt rules governing the approval and re-approval of education and training programs for CNAs and MACs.~~

Section 7. CNA and MAC Competency Evaluation

~~The BON shall set forth in rule criteria for acceptable CNA and MAC competency evaluations.~~

Section 8. Disciplinary Procedures

- a. ~~For any one or a combination of grounds, the BON shall have the authority to:~~
 - 1. ~~File a letter of concern if the BON believes there is insufficient evidence to support direct action against the CNAs and MACs.~~
 - 2. ~~Indicate on the certificate the existence of any substantiated complaints against the certificate holder.~~
 - 3. ~~Deny certification or recertification, suspend, revoke or accept the voluntary surrender of a certificate if a CNA or MAC commits an act of unprofessional conduct.~~
 - 4. ~~Refer criminal violations of this Article to the appropriate law enforcement agency.~~
 - 5. ~~Revoke the certificate or not issue a certificate or recertification to an applicant who has a criminal conviction.~~
 - 6. ~~Issue a public reprimand for a violation of statute or rule.~~
 - 7. ~~Recover costs of case prosecution.~~
 - 8. ~~In addition to any other disciplinary action it may take, impose a civil penalty of not more than one thousand dollars per violation.~~
- b. ~~Grounds for denial, suspension, revocation of a certificate or other discipline of a CNA or MAC include the inability to function with reasonable skill and safety for the following reasons:~~
 - 1. ~~Substance use disorder.~~
 - 2. ~~Patient neglect, abuse or abandonment.~~
 - 3. ~~Fraud or deceit, which may include, but is not limited to:~~
 - a. ~~Filing false credentials;~~
 - b. ~~Falsely representing facts on an application for initial certification, reinstatement or certificate renewal; or~~
 - e. ~~Giving or receiving assistance in taking the competency evaluation.~~
 - 4. ~~Boundary violations.~~
 - 5. ~~Performance of unsafe patient care.~~
 - 6. ~~Performance of acts beyond the tasks, functions and activities that may be delegated to a CNA or MAC under BON rule.~~
 - 7. ~~Misappropriation or misuse of property.~~
 - 8. ~~Misappropriation of money or property of a patient or resident by fraud, misrepresentation or duress.~~
 - 9. ~~Criminal conviction.~~
 - 10. ~~Failure to conform to the standards of CNA or MAC.~~
 - 11. ~~Violation of privacy or failure to maintain the confidentiality of patient or resident information.~~
 - 12. ~~Any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public.~~
- e. ~~The BON shall comply with the provisions of the <JURISDICTION> Administrative Procedures Act for taking disciplinary actions against certificates.~~
- d. ~~The BON shall maintain records of disciplinary actions and make available all disciplinary findings of the CNA or MAC.~~
- e. ~~The BON shall notify the <relevant state and federal agencies> of the disciplinary action.~~

Article XI. APRN

Section 1. Title and Scope of Practice

a. Title

1. Advanced Practice Registered Nurse (APRN) is the title given to an individual licensed to practice advanced practice registered nursing within one of the following roles: certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM) or clinical nurse specialist (CNS), and who functions in a population focus as set forth in rule. An APRN may serve as primary or acute care provider of record.

b. Population focus shall include:

1. Family/individual across the lifespan.
2. Adult-gerontology.
3. Neonatal.
4. Pediatrics.
5. Women's health/gender-related.
6. Psychiatric/mental health.

c. In addition to the RN scope of practice and within the APRN academic education and national certification, role and population focus, APRN practice shall include:

1. Conducting an advanced assessment.
2. Ordering and interpreting diagnostic procedures.
3. Establishing primary and differential diagnoses diagnosis.
4. Prescribing, ordering, administering, dispensing and furnishing therapeutic measures and, as set forth in Section 5 of this Article pharmacological agents including over-the-counter, legend, and controlled substances.
5. Delegating and assigning therapeutic measures to assistive personnel.
6. Consulting with other disciplines and providing referrals to health care agencies, health care providers and community resources.
7. Wearing identification which clearly identifies the nurse as an APRN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient.
8. Other acts that require education and training consistent with professional standards and commensurate with the APRN's education, certification, demonstrated competencies and experience.

d. APRNs are licensed independent practitioners within standards established or recognized by the BON. Each APRN is accountable to patients, the nursing profession and the BON for:

1. Complying with the requirements of this Act and the quality of advanced nursing care rendered.
2. Recognizing limits of knowledge and experience.
3. Planning for the management of situations beyond the APRN's expertise.
4. Consulting with or referring patients to other health care providers as appropriate.

Section 2. Licensure

a. An applicant for initial licensure to practice as an APRN shall:

1. Submit a completed written application and appropriate fees as established by the BON.
2. Hold a current RN license or privilege to practice and shall not hold an encumbered license or privilege to practice as an RN in any state or territory.
3. Have completed an accredited graduate or post-graduate level APRN program in one of the four roles and at least one population focus.
4. Be currently certified by a national certifying body recognized by the BON in the APRN role and population foci appropriate to educational preparation.
5. Report any criminal conviction, nolo contendere plea, Alford plea or other plea arrangement in lieu of conviction.
6. Have committed no acts or omissions that are grounds for disciplinary action as set forth in Article VII of this Act.
7. Provide other evidence as required by rule.

b. The BON may issue a license by endorsement to an APRN licensed under the laws of another state if, in the opinion of the BON, the applicant meets the qualifications for licensure in this jurisdiction. An applicant for APRN licensure by endorsement shall:

1. Submit a completed written application and appropriate fees as established by the BON.
2. Hold a current license or privilege to practice as an RN and APRN in a state or territory.
3. Not have an encumbered license or privilege to practice in any state or territory.
4. Have completed an accredited graduate or post-graduate level APRN program in one of the four roles and at least one population focus or meets the standards for grandfathering as described in section 7 of this Article.

5. Be currently certified by a national certifying body recognized by the BON in the APRN role and at least one population focus appropriate to educational preparation.
 6. Meet 5.6.1 requirements as set forth in BON rules.
 7. Report any conviction, nolo contendere plea, Alford plea or other plea arrangement in lieu of conviction.
 8. Have committed no acts or omissions, which are grounds for disciplinary action in another jurisdiction.
 9. Provide other evidence as required by the BON in its rules.
- c. APRN licenses issued under this Act shall be renewed at least every < > years according to a schedule established by the BON. An applicant for APRN license renewal shall:
1. Submit a renewal application as directed by the BON and remit the required fee as set forth in rule.
 2. Maintain national certification in the appropriate APRN role and at least one population focus, authorized by licensure, through an ongoing certification maintenance program of a nationally recognized certifying body recognized by the BON.
 3. Meet other requirements set forth in rule.
- d. The BON may reactivate or reinstate an APRN license as set forth in BON rules.
- e. The duties of licensees are the same as previously stated in Article V Section 8 for RNs and LPN/VNs.

Section 3: Titles and Abbreviations

- a. Only those persons who hold a license or privilege to practice advanced practice registered nursing in this state shall have the right to use the title “advanced practice registered nurse” and the roles of “certified registered nurse anesthetist,” “certified nurse-midwife,” “clinical nurse specialist” and “certified nurse practitioner;” and the abbreviations “APRN,” “CRNA,” “CNM,” “CNS” and “CNP,” respectively.
- b. The abbreviation for the APRN designation of a certified registered nurse anesthetist, a certified nurse-midwife, a clinical nurse specialist and for a certified nurse practitioner will be APRN, plus the role title, i.e., CRNA, CNM, CNS and CNP.
- c. It shall be unlawful for any person to use the title “APRN” or “APRN” plus their respective role titles, the role title alone, authorized abbreviations or any other title that would lead a person to believe the individual is an APRN, unless permitted by this Act.

Section 4. APRN Education Program Approval

Education Section 1. Approval Standards

- a. The BON shall, by rule, set standards for the establishment and outcomes of prelicensure nursing education programs, including clinical learning experiences, and approve such programs that meet the requirements of this Act and BON rule.
- b. The BON shall set requirements for the continuing approval of prelicensure nursing programs.
- c. The BON may deny or withdraw approval or take such action as deemed necessary when prelicensure nursing education programs fail to meet the standards established by the BON, provided that all such actions shall be in accordance with < jurisdiction’s Administrative Procedures Act > and/or BON rule.
- d. The BON may reinstate approval of a prelicensure nursing education program upon submission of satisfactory evidence that the program meets the standards established by the BON.
- e. The BON where the program has legal domicile determines the approval process when education crosses state/jurisdiction borders.

Section 2. Closure of Prelicensure Nursing Education Programs

The BON shall, by rule, identify the process for prelicensure nursing education programs that cease operation.

Section 3. Provision for Innovative Approaches in Prelicensure Nursing Education Programs

- a. The BON shall, by rule, identify the process for implementing innovative approaches in prelicensure nursing education programs.
- b. The BON shall, by administrative rules, set standards for the establishment and outcomes of APRN education programs, including clinical learning experiences, and approve such programs that meet the requirements of the Act and BON rules.

- c. The BON shall, by administrative rules, identify the process for determining APRN education program compliance with standards which shall include accreditation by a national nursing education program accrediting body.
- d. The BON shall set requirements for the establishment of a new APRN education program. New programs will be preapproved by an APRN accrediting body.

Section 5. Prescribing, Ordering, Dispensing and Furnishing Authority

- a. The BON shall grant prescribing, ordering, dispensing and furnishing authority through the APRN license.
- d. Prescribing, ordering, dispensing and furnishing shall include the authority to:
 - 1. Diagnose, prescribe and institute therapy or referrals of patients to health care agencies, health care providers and community resources.
 - 2. Prescribe, procure, administer, dispense and furnish pharmacological agents, including over the counter, legend and controlled substances.
 - 3. Plan and initiate a therapeutic regimen that includes ordering and prescribing non-pharmacological interventions, including, but not limited to, durable medical equipment, medical devices, nutrition, blood and blood products, and diagnostic and supportive services including, but not limited to, home health care, hospice, and physical and occupational therapy.

Section 6. Discipline

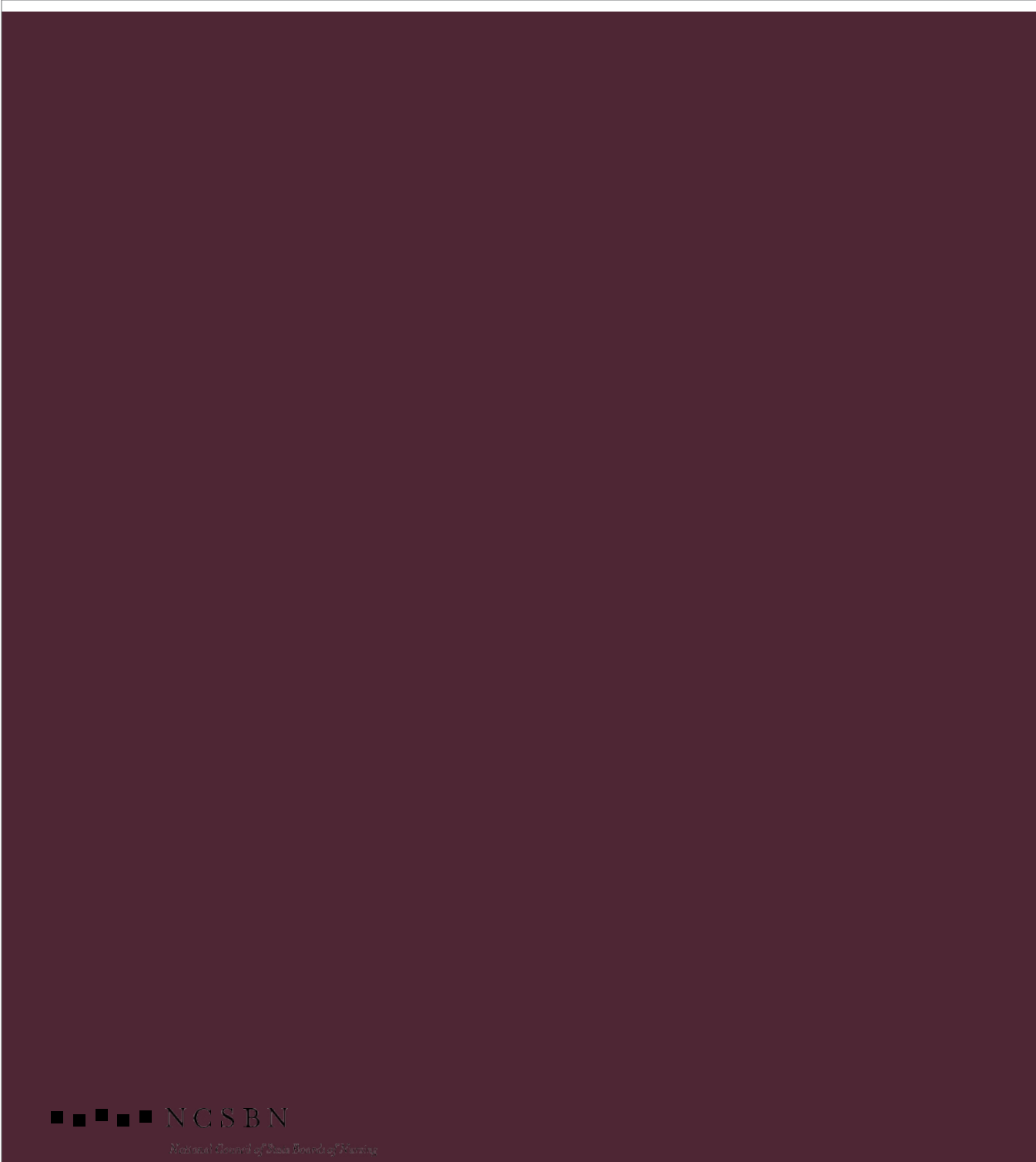
APRN discipline and proceedings shall be the same as stated in Article VII for RNs and LPN/VNs.

Section 7. Implementation

Any person holding a license to practice nursing as an APRN in this state that is valid on Dec. 30, 2015, shall be deemed to be licensed as an APRN under the provisions of this Act with their current privileges and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.

Article XII. Nursing Licensure Compact

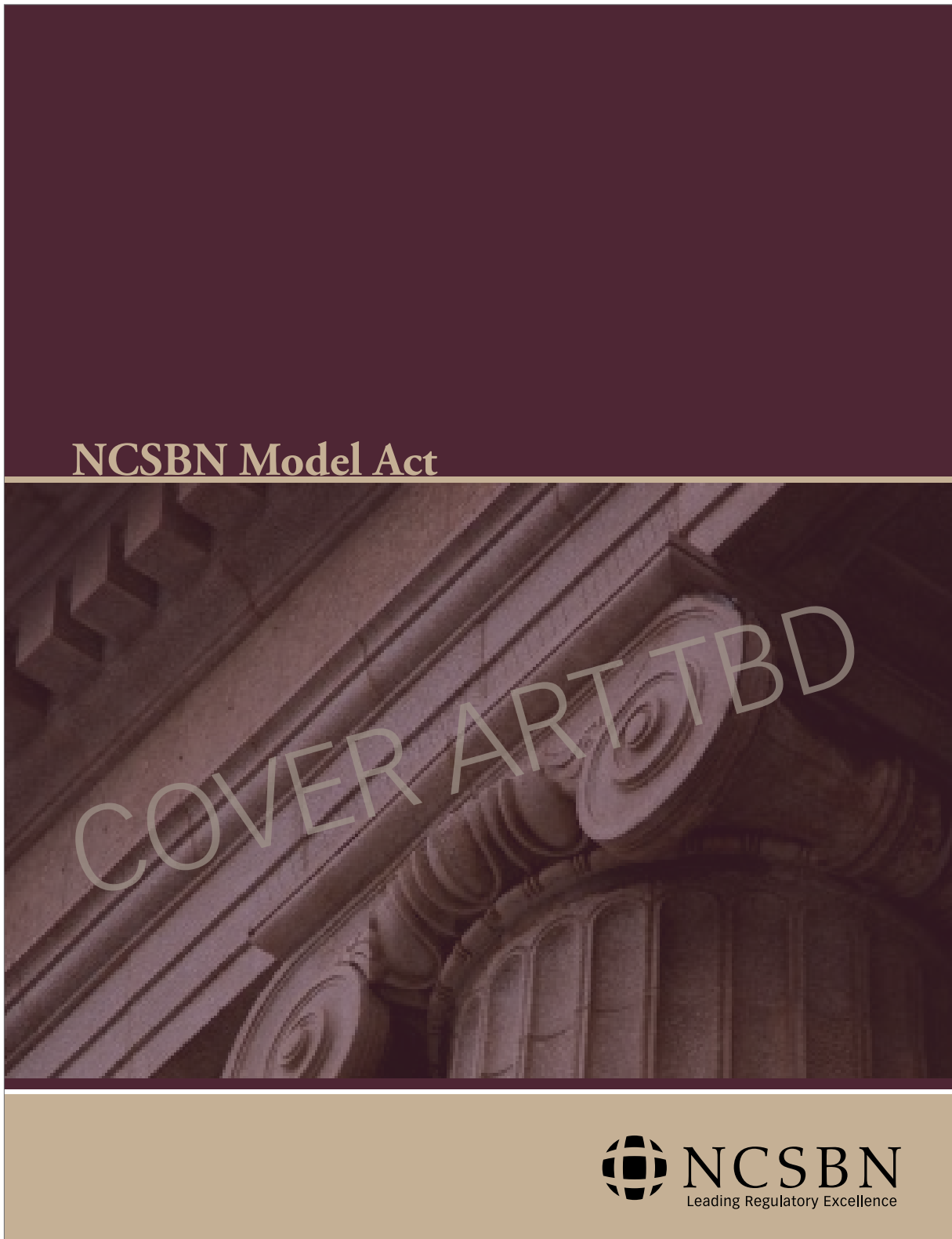
Article XIII. APRN Compact



111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277
312.525.3600
312.279.1032 fax
www.ncsbn.org

updated 09/14

Attachment B: Proposed Model Act Language Revisions – Clean Version



**Mission Statement**

The National Council of State Boards of Nursing (NCSBN®) empowers and supports nursing regulators in their mandate to protect the public.

Copyright ©2012, 2021 National Council of State Boards of Nursing, Inc. (NCSBN®)

All rights reserved. NCSBN®, NCLEX®, NCLEX-RN®, NCLEX-PN®, NNAAP®, MACE®, Nursys® and TERCAP® are registered trademarks of NCSBN and this document may not be used, reproduced or disseminated to any third party without written permission from NCSBN.

Permission is granted to boards of nursing to use or reproduce all or parts of this document for licensure related purposes only. Nonprofit education programs have permission to use or reproduce all or parts of this document for educational purposes only. Use or reproduction of this document for commercial or for-profit use is strictly prohibited. Any authorized reproduction of this document shall display the notice: "Copyright by the National Council of State Boards of Nursing, Inc. All rights reserved." or, if a portion of the document is reproduced or incorporated in other materials, such written materials shall include the following credit: "Portions copyrighted by the National Council of State Boards of Nursing, Inc. All rights reserved."

Address inquiries in writing to NCSBN Permissions, 111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277.

NCSBN MODEL ACT (2021)
Table of Contents

Article I. Title and Purpose..... 1

Article II. Definitions 1

Article III. Scope of RN, LPN/VN and APRN Practice 2

Article IV. Board of Nursing (BON) 3

Article V. RN, LPN/VN and APRN Licensure and Exemptions..... 5

Article VI. Prelicensure Nursing Education 8

Article VII. Discipline and Proceedings 13

Article VIII. Violations and Penalties..... 15

Article IX. Severability..... 15

Article X. APRN 15

Article XI. Nursing Licensure Compact..... 17

Article XII. APRN Compact 17

Article I. Title and Purpose

- a. This Act shall be known and may be cited as <the JURISDICTION> Nurse Practice Act (NPA), which creates and empowers the board of nursing (BON) to regulate nursing and to enforce the provisions of this Act.
- b. The purpose of this Act is to protect the health, safety, and welfare of the public.

Article II. Definitions

As used in Articles III through XI of this Act, unless the context thereof requires otherwise:

- a. “Advanced assessment” means the taking by an advanced practice registered nurse (APRN) of the history, physical and psychological assessment of a patient’s signs, symptoms, pathophysiologic status, and psychosocial variations in the determination of differential diagnoses and treatment.
- b. “Advanced practice registered nurse” (“APRN”) means an individual with knowledge and skills acquired in basic nursing education; licensure as a registered nurse (“RN”); and graduation from or completion of a graduate-level APRN program accredited by a national accrediting body and current certification by a national certifying body in the appropriate APRN role and at least 1 population focus. “Advanced practice registered nurse” includes certified nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, or clinical nurse specialists. Advanced practice nursing means an expanded scope of nursing in a role and population focus approved by the Board of Nursing, with or without compensation or personal profit, and includes the RN scope of practice. The scope of an APRN includes performing acts of advanced assessment, diagnosing, prescribing, and ordering.
- c. “Clinical learning experiences” means the planned, faculty-guided learning experiences that involve direct contact with patients.
- d. “Competence” means the ability of the nurse to integrate knowledge, skills, judgment, and personal attributes to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice.
- e. “Delegated responsibility” means a nursing activity, skill, or procedure that is transferred from a licensed nurse to a delegatee.
- f. “Delegatee” means one who is delegated a nursing responsibility by either an APRN, RN, or LPN/VN (where state NPA allows), is competent to perform it, and verbally accepts the responsibility. A delegatee may be an RN, LPN/VN, or nursing assistive personnel.
- g. “Delegating” means transferring to a competent individual the authority to perform a selected nursing task in a selected situation.
- h. “Delegator” means one who delegates a nursing responsibility. A delegator may be an APRN, RN, or LPN/VN (where state NPA allows).
- i. “Eligible for graduation” means having met all program and institutional requirements pending conferment of the degree.
- j. “Encumbered” means a license with current discipline, conditions, or restrictions.
- k. “Inactive license” means the voluntary termination of an individual’s license to practice nursing or failure to renew a license.
- l. “Internationally educated applicants” means a person educated outside the U.S. who applies for licensure or seeks temporary authorization to practice.
- m. “License” means the legal authority granted by the BON to practice as a registered nurse, licensed practical/vocational nurse, certified nurse midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist.
- n. “Licensed Nurse” means APRNs, RNs and LPN/VNs.
- o. “Nursing” means a profession focused on the care of individuals, families, and populations to attain, maintain, or recover optimal health and quality of life from conception to death.
- p. “Nursing assessment” means may mean, within the scope of the licensee, the collection, analysis, and synthesis of data used to establish a health status baseline, plan care, and address changes in a patient’s condition.
- q. “Nursing assistive personnel” means any personnel trained to function in a supportive role, regardless of title, to whom a nursing responsibility may be delegated. This includes but is not limited to CNAs, patient care technicians, CMAs, certified medication aides, and home health aides.
- r. “Patient” means a recipient of care; may be an individual, family, group, or community. May also be referred to as client.
- s. “Patient-centered health care plan” means, in active collaboration with the patient, incorporating the patient’s values, beliefs and preferences, the identification of desired goals, strategies for meeting goals and processes for promoting, attaining, and maintaining optimal patient health outcomes.
- t. “Practical/ Vocational nursing” as a licensed practical/vocational nurse means the performance with or without compensation of acts involving the care of the ill, injured, or infirm or the delegation of certain nursing practices to other

personnel as set forth in regulations established by the Board under the direction of a registered professional nurse, an advanced practice registered nurse, a licensed physician, a licensed dentist, or other appropriate healthcare provider which acts do not require the substantial specialized skill, judgment and knowledge required in professional nursing.

- u. “Professional nursing” as a registered nurse means the performance of professional nursing services with or without compensation by a person who holds a valid license pursuant to the terms of this act, and who bears primary responsibility and accountability for nursing practices based on specialized knowledge, judgment, and skill derived from the principles of biological, physical, and behavioral sciences.
- v. “Reactivation” means reissuance of a license that has lapsed, expired, or been placed on inactive status in absence of disciplinary action.
- w. “Reinstatement” means reissuance of a license following disciplinary action by the BON.
- x. “Reissuance” means restoring a license (or authorization to practice) following non-disciplinary licensure action.
- y. “Supervision” means provision of guidance or oversight by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

Article III. Scope of RN, LPN/VN and APRN Practice

Section 1. Licensed Practical/Vocational Nurse (LPN/VN)

- a. Licensed Practical/Vocational Nurse is the title given to an individual licensed to practice practical/vocational nursing.
- b. A person may not practice or offer to practice practical/ vocational nursing in this state unless the person is licensed as provided by this chapter.
- c. The practice of licensed practical/vocational nurses shall include the following guided by nursing standards established or recognized by the BON:
 1. Collecting data and conducting nursing assessments of the health status of patients.
 2. Participating with other health care providers and contributing in the development, modification and implementation of the patient centered health care plan.
 3. Implementing nursing interventions within a patient centered health care plan.
 4. Assisting in the evaluation of responses to interventions.
 5. Providing for the maintenance of safe and effective nursing care rendered directly or indirectly.
 6. Advocating the best interest of patients.
 7. Communicating and collaborating with patients and members of the health care team.
 8. Providing health care information to patients.
 9. Delegating nursing interventions to implement the plan of care while maintaining accountability of the outcome.
 10. Assigning nursing interventions to implement the plan of care.
 11. Wearing identification which clearly identifies the nurse as an LPN/VN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient.
 12. Other acts that require education and training consistent with professional standards as prescribed by the BON and commensurate with the LPN/VN’s education, demonstrated competencies and experience.

Section 2. Registered Nurse (RN)

- a. Registered Nurse is the title given to an individual licensed to practice registered nursing.
- b. A person may not practice or offer to practice as a registered nurse in this state unless the person is licensed as provided by this chapter.
- c. The practice of registered nurses shall include the following guided by nursing standards established or recognized by the BON:
 1. Providing nursing assessment of the health status of patients.
 2. Collaborating with health care team to develop and coordinate an integrated patient centered health care plan.
 3. Developing the comprehensive patient centered health care plan, including:
 - a. Applying knowledge based on the biological, psychological, and social aspects of the patient’s condition.
 - b. Participates in and establishes patient diagnoses;
 - c. Setting goals to meet identified health care needs; and
 - d. Prescribing nursing interventions.
 4. Implementing nursing care through the execution of independent nursing strategies, and the provision of regimens requested, ordered or prescribed by authorized health care providers.
 5. Evaluating responses to interventions and the effectiveness of the plan of care.

6. Provides education by:
 - a. Designing and implementing teaching plans based on patient needs or patient populations.
 - b. Teaching the theory and practice of nursing.
 - c. Educating others as appropriate.
7. Delegating nursing interventions to implement the plan of care while maintaining accountability of the outcome.
8. Delegates to another only those nursing measures for which that delegatee has the necessary skills and competence to accomplish safely
9. Assigning nursing interventions to implement the plan of care.
10. Providing for the maintenance of safe and effective nursing care rendered directly or indirectly.
11. Advocating the best interest of patients.
12. Communicating, consulting, and collaborating with other health care team members and others in the management of health care and the implementation of the total health care regimen within and across care settings.
13. Managing, supervising and evaluating the practice of nursing.
14. Teaching the theory and practice of nursing.
15. Participating in development of health care policies, procedures and systems.
16. Wearing identification that clearly identifies the nurse as an RN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient.
17. Other acts that require education and training consistent with professional standards as prescribed by the BON and commensurate with the RN's education, demonstrated competencies and experience.

Section 3. APRN Title and Scope of Practice

- a. Title
 1. Advanced Practice Registered Nurse (APRN) is the title given to an individual licensed to practice advanced practice registered nursing within one of the following roles: certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM) or clinical nurse specialist (CNS).
- b. Population focus shall include:
 1. Family/individual across the lifespan.
 2. Adult-gerontology.
 3. Neonatal.
 4. Pediatrics.
 5. Women's health/gender-related.
 6. Psychiatric/mental health.
- c. In addition to the RN scope of practice and within the APRN academic education and national certification, role and population focus, APRN practice shall include:
 1. Conducting an advanced assessment.
 2. Ordering and interpreting diagnostic procedures.
 3. Establishing a diagnosis.
 4. Prescribing, ordering, administering, and dispensing therapeutic measures and, pharmacological agents including over-the-counter, legend, and controlled substances.
 5. Delegating and assigning therapeutic measures to assistive personnel.
 6. Consulting with other disciplines and providing referrals to health care agencies, health care providers and community resources.
 7. Other acts that require education and training consistent with professional standards and commensurate with the APRN's education, certification, demonstrated competencies and experience.

Article IV. Board of Nursing (BON)

Section 1. Membership

- a. The BON shall consist of < > members to be appointed by the <applicable authority>.
- b. The membership of the BON shall be < > RNs, < > LPN/VNs, < > APRNs, and < > public members.
- c. Each RN member shall be a resident in this jurisdiction, hold an active unencumbered license under the provisions of this chapter, be currently engaged in RN practice and have no less than five years of experience as an RN, at least three of which immediately preceded appointment.
- d. Each LPN/VN member shall be a resident in this jurisdiction, hold an active unencumbered license under the provisions

of this chapter, be currently engaged in LPN/VN practice and have no less than five years of experience as an LPN/VN, at least three of which immediately preceded appointment.

- e. Each APRN member shall be a resident in this jurisdiction, hold an active unencumbered license under the provisions of this chapter, be currently engaged in APRN practice and have no less than five years of experience as an APRN, at least three of which immediately preceded appointment.
- f. The public member(s) of the BON shall be a resident of this jurisdiction and shall not be, nor shall ever have been, a person who has ever had any material financial interest in the provision of health care services or who has engaged in any activity directly related to health care services.
- g. Members of the BON shall be appointed for a term of < > years. Terms shall be staggered. Appointment of a person to an unexpired term is not considered a full term for this purpose. Each member may serve until a qualified successor has been appointed. At the expiration of a term, or if a vacancy occurs, the <appointing authority> shall appoint a new board member. The appointee's term expires on < > in the <> year of appointment.
- h. No member shall serve more than <> consecutive full terms or <> consecutive years.

Section 2. Officers

- a. The BON shall elect officers who shall serve a term of < > years, beginning < > and ending < >.
- b. The <first officer> shall preside at board meetings and shall be responsible for the performance of all duties and functions of the BON required or permitted by this Act. In the absence of the first officer, the <second officer> shall assume these duties.
- c. Additional offices may be established and filled by the BON at its discretion.

Section 3. Meetings

- a. The BON shall meet at least <> for the purpose of transacting business in person or electronically. A majority of the members of the BON constitutes a quorum; however, if there is a vacancy on the BON, a majority of the members serving constitutes a quorum. A BON member is required to attend meetings or to provide proper notice and justification of inability to do so. Unexcused absences from meetings may result in removal from the BON.
- b. Additional meetings may be called by the <first officer> of the BON or at the request of <> of the board members.
- c. The Board may adopt rules with respect to calling, holding, and conducting regular and special meetings and attendance at meetings. Notice of all board meetings shall be given in the manner and pursuant to requirements prescribed by the jurisdiction's applicable statutes and rules and regulations.

Section 4. Vacancies, Removal, and Immunity

- a. Any vacancy that occurs for any reason in the membership of the BON shall be filled by the <applicable authority> in the manner prescribed in the provisions of this article regarding appointments. A person appointed to fill a vacancy shall serve for the unexpired portion of the term.
- b. The <applicable authority> may remove any member from the BON for neglect of any duty required by law, for incompetence, for unprofessional or dishonorable conduct or any other reason pursuant to jurisdictional law.
- c. All members of the BON shall have immunity from individual civil liability while acting within the scope of the duties as board members pursuant to jurisdictional law.

Section 5. Powers and Duties

The BON shall be responsible for the interpretation and enforcement of the provisions of this Act. The BON shall have all of the duties, powers and authority specifically granted by and necessary to the enforcement of this Act, as well as other duties, powers and authority as it may be granted by appropriate statute, including:

- a. Make, adopt, amend, repeal, and enforce such administrative rules consistent with the law, as it deems necessary for the proper administration of this Act and to protect public health, safety and welfare.
- b. Develop and enforce standards and processes for nursing education programs.
- c. Provide consultation, conduct conferences, forums, studies and research on nursing education and practice.
- d. Provide consultation or guidance regarding the interpretation and application of the jurisdiction's nursing law and regulation.
- e. Participate or hold membership in national organizations that promote the provisions of this chapter.
- f. Grant temporary permits for qualified applicants as set forth in rule.
- g. License qualified applicants for RN, LPN/VN and APRN licensure and regulate their practice.

- h. Develop standards for maintaining competence of licensees and requirements for returning to practice.
- i. Implement the discipline process, in person or virtually, in accordance with jurisdictional law.
- j. Issue subpoenas in connection with investigations, inspections and hearings either in person or electronically.
- k. Develop and enforce standards for nursing practice.
- l. Discipline a license or certification issued under this act for violation of any provision of this Act.
- m. Maintain a record of all persons regulated by the BON.
- n. Regulate the practice of nursing, which occurs in the jurisdiction where the patient is located at the time.
- o. Collect, analyze, and share data regarding nursing education, nursing practice and nursing resources. Data may be collected with license applications.
- p. Appoint and employ a qualified individual to serve as executive officer.
- q. Adopt a seal that shall be in the care of the executive officer and shall be affixed only in a manner as prescribed by the BON.
- r. Share current significant investigative information with other regulatory bodies and law enforcement entities.
- s. Conduct criminal background checks for applicants regulated under this act.
- t. In the event of a declared state of emergency in this state, the Board may waive the requirements of this Article to allow emergency health services to the public.

Section 6. Financial

- a. The BON is authorized to establish by rule appropriate fees for licensure by examination, reexamination, endorsement, reinstatement, reactivation and such other fees and fines as the BON determines necessary.
- b. All fees collected by the BON shall be administered according to the established fiscal policies of this jurisdiction and in such manner as to adequately implement the provisions of this Act.
- c. The BON may accept grants, contributions, devices, bequests, and gifts that shall be kept in a separate fund and shall be used by the BON to enhance the practice of nursing.
- d. The BON may receive and expend funds in addition to appropriations from this jurisdiction, provided such funds are received and expended for the pursuit of the authorized objectives of the BON, such funds are maintained in a separate account, and periodic reports of the receipt and expenditures of such funds are submitted to the <applicable authority>.
- e. All fees collected by the BON shall be retained by the BON. The monies retained shall be used for any of the BON's duties, including but not limited to, the addition of full-time equivalent positions for program services and investigations. Monies retained by the BON pursuant to this section are not subject to reversion to the general fund of the jurisdiction.

Section 7. Executive Officer

- a. The executive officer shall be responsible for:
 - 1. The performance of administrative responsibilities of the BON.
 - 2. Employment of personnel needed to carry out the functions of the BON.
 - 3. The performance of any other duties as necessary to the proper conduct of BON business and to the fulfillment of the BON's responsibilities as defined by this Act.

Article V. RN, LPN/VN and APRN Licensure and Exemptions

Section 1. Titles and Abbreviations for Licensed Nurses

Only those persons who hold a license or privilege to practice nursing in this state shall have the right to use the following title abbreviations:

- a. Title: "Registered Nurse" and the abbreviation "RN."
- b. Title: "Licensed Practical/Vocational Nurse" and the abbreviation "LPN/VN."
- c. Only those persons who hold a license or privilege to practice advanced practice registered nursing in this state shall have the right to use the title "advanced practice registered nurse" and the roles of "certified registered nurse anesthetist," "certified nurse-midwife," "clinical nurse specialist" and "certified nurse practitioner;" and the abbreviations "APRN," "CRNA," "CNM," "CNS" and "CNP," respectively.
- d. The abbreviation for the APRN designation of a certified registered nurse anesthetist, a certified nurse-midwife, a clinical nurse specialist and for a certified nurse practitioner will be APRN, plus the role title, i.e., CRNA, CNM, CNS and CNP.
- e. It shall be unlawful for any person to use the title "APRN" or "APRN" plus their respective role titles, the role title alone, authorized abbreviations or any other title that would lead a person to believe the individual is an APRN, unless permitted by this Act.

Section 2. Examinations

- a. The BON shall authorize a national examination for applicants for licensure as RNs or LPN/VNs.
- b. The BON may employ, contract and cooperate with any entity in the preparation of a national examination and process for determining results of a licensure examination. When such an examination is utilized, the BON shall restrict access to questions and answers.
- c. The Board shall give an examination, at the time and place it determines, to applicants for licensure to practice as a registered nurse or licensed practical nurse. The Board shall adopt rules governing qualifications of applicants, the conduct of applicants during the examination, and the conduct of the examination. The applicants shall be required to pass the examination as defined by the board.

Section 3. Licensure by Examination

- a. An applicant for licensure by examination to practice as an RN or LPN/VN must successfully meet the applicable requirements, as determined by the BON by rule.
- b. The Board shall provide for an examination for licensure to practice as a registered nurse or licensed practical nurse. The applicants shall be required to pass the examination as defined by the board. The Board shall adopt rules which identify the criteria which must be met by an applicant in order to be issued a license. When the Board determines that an applicant has met those criteria, passed the required examination, submitted the required fee, and has demonstrated to the Board's satisfaction that he or she is mentally and physically competent to practice nursing, the Board may issue a license to the applicant.
- c. For internationally educated applicants, in addition to any requirements in rule, successful passage of an English proficiency exam that includes the components of reading, speaking, writing, and listening, except for applicants from countries where English is the native language, and the nursing program where the applicant attended was taught in English, used English textbooks and clinical experiences were conducted in English.
- d. Graduates from an RN prelicensure program may take the LPN/VN licensure examination if they have completed a BON approved LPN/VN role delineation course. The BON shall by rule set standards for approval of the role delineation course.
- e. The BON shall promulgate rules to carry out the purposes of this section.

Section 4. Licensure by Endorsement

The Board may, without examination, issue a license to an applicant who is duly licensed as a registered nurse or licensed practical nurse under the laws of another state, territory of the United States, the District of Columbia, or international country, as determined by criteria developed by the BON in rules.

- a. An applicant for licensure by endorsement to practice as an RN or LPN/VN shall:
 1. Submit a completed application and fees as established by the BON.
 2. Meet other criteria established by the BON in rule.
- b. Temporary Permits for licensure by endorsement
 1. The BON may issue time-limited authorization to practice nursing through the granting of temporary permits, as set forth in BON rules.
 2. Any person who has been approved as an applicant for licensure by endorsement and has been granted a temporary permit shall have the right to use the titles < > and abbreviations < > designated by the state. The BON shall promulgate rules to carry out the purposes of this section.

Section 5. APRN Licensure

- a. An applicant for initial licensure to practice as an APRN shall meet the requirements established by the BON in rules.
- b. The BON may issue a license by endorsement to an APRN licensed under the laws of another state if, in the opinion of the BON, the applicant meets the qualifications for licensure in this jurisdiction.
- c. The BON may issue an initial license or license by endorsement to an applicant from an international APRN education program if the applicant meets the requirements set forth in rules.
- d. APRN licenses issued under this Act shall be renewed at least every < > years according to a schedule established by the BON. An applicant for APRN license renewal shall:
 1. Maintain national certification in the appropriate APRN role and at least one population focus, authorized by licensure, through an ongoing certification maintenance program of a nationally recognized certifying body recognized by the BON.
 2. Meet other requirements set forth in rule.

3. The BON may reactivate or reinstate an APRN license as set forth in BON rules.
4. The duties of licensees are the same as previously stated in Article V Section 9 for RNs and LPN/VNs.

Section 6. Renewal of RN and LPN/VN Licenses

- a. RN and LPN/VN licenses issued under this Act shall be renewed every < > years according to a schedule established by the BON.
- b. An applicant for renewal of license to practice as an RN or LPN/VN shall: meet the requirements to renew licensure as an RN or LPN/VN, whichever is applicable.
- c. A renewal license shall be issued to an RN or LPN/VN who submits an application, remits the required fee and satisfactorily completes any other requirements established by the BON as set forth in rules.
- d. Failure to renew the license shall result in forfeiture of the right to practice nursing in this jurisdiction.
- e. In the event of a declared state of emergency in this state, the board may delay licensure renewal dates for any licensees in the state.
- f. The BON shall promulgate rules to carry out the purposes of this section.

Section 7. Reactivation of License

- a. Applicants for RN or LPN/VN licensure reactivation shall meet the requirements for reactivation of licensure as an RN or LPN/VN, whichever is applicable.
- b. The BON shall promulgate rules to carry out the purposes of this section.

Section 8. Reinstatement of License

- a. Applicants for RN or LPN/VN licensure reinstatement shall meet the requirements for reinstatement of licensure as an RN or LPN/VN, whichever is applicable.
- b. The BON shall promulgate rules to carry out the purposes of this section.

Section 9. Duty to Report

- a. A nurse shall report to the BON, in a timely manner, a felony arrest or indictment, and any conviction or finding of guilt, or entering into and agreed disposition of a felony offense under applicable state or federal criminal law. The nurse shall also report to the BON, in a timely manner, any arrest or indictment for the possession, use, or sale of any controlled substance or driving while impaired.

Section 10. Criminal Background Checks

Each applicant for licensure as an APRN, CNP, CNM, CRNA, CNS, RN, LPN and <any other licensee/registree under this act> shall submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check pursuant to <state statute> and Public Law 92-544. The <state agency or appropriate entity responsible for managing fingerprint data> may exchange this fingerprint data with the Federal Bureau of Investigation (FBI).

Except as provided in paragraph (c), criminal convictions may be reviewed by the BON on a case-by-case basis to determine eligibility for licensure.

- a. If an applicant's criminal history record check reveals a conviction. The Board shall consider all of the following factors regarding the conviction:
 1. The level of seriousness of the crime.
 2. The date of the crime.
 3. The age of the applicant at the time of the conviction.
 4. The circumstances surrounding the commission of the crime, if known.
 5. The nexus between the criminal conduct of the applicant and the practice of nursing.
 6. The applicant's prison, jail, probation, parole, rehabilitation, and employment records since the date the crime was committed.
 7. The subsequent commission by the person of a crime.
- b. The BON shall determine whether an applicant or licensee is mentally and physically capable of practicing nursing with reasonable skill and safety. The Board may require an applicant or licensee to submit to a mental health examination by a licensed mental health professional designated by the Board and to a physical examination by a physician or other licensed health care professional designated by the Board. The Board may order an applicant or licensee to be examined before

- or after charges are presented against the applicant or licensee. The results of the mental health examination or physical examination shall be reported directly to the Board and shall be admissible into evidence in a hearing before the Board.
- c. All individuals convicted of a sexual offense involving a minor or performing a sexual act against the will of another person, including those without the mental capacity to consent, shall be subject to a BON order for evaluation by a qualified expert approved by the BON. If the evaluation identifies sexual behaviors of a predatory nature the BON shall deny licensure.

Section 11. Exemptions

No provisions of this Act shall be construed to prohibit:

- a. The practice of nursing by a student currently enrolled in and actively pursuing completion of an approved prelicensure nursing education program, or a graduate nursing program involving nursing practice, according to criteria established by the board in rules.
- b. The provision of nursing services to family members or in emergency situations.
- c. The individual is engaging in the practice of nursing by discharging official duties while employed by or under contract with the United States government or any agency thereof.
- d. The activities of an individual currently licensed to practice nursing in another jurisdiction, if the individual's license has not been revoked, the individual is not currently under suspension or on probation, and the individual engages in temporary activities as determined by the board, including travel to and within the state, teaching activities, consultation with health care providers located within the state, activities involving program accreditation.
- e. In the event of a declared state of emergency in this state, an individual who retired from licensed practice of practical nursing, registered nursing, or advanced practice registered nursing in this state in the last <> years shall be issued a temporary license to practice for <time period> from the date of issuance. The individual must have retired with an unencumbered license to qualify for a temporary license.
- f. In the event of a declared state of emergency in this state, an individual who voluntarily deactivated their license to practice practical nursing, registered nursing, or advanced practice registered nursing in this state in the last <> years shall be issued a temporary license to practice for <time period> from the date of issuance. The individual must have become inactive with an unencumbered license to qualify for a temporary license.

Article VI. Prelicensure Nursing Education

Section 1. Definition and Purpose of Nursing Education Standards

Nursing education standards are the evidence-based criteria used to monitor the quality of the nursing program. Early intervention, when the standards are not met, will assist the programs to make improvements before warning signs are evident and sanctions are necessary. The purpose of nursing education standards is to ensure that graduates of nursing education programs are prepared for safe and effective nursing practice.

Section 2. Prelicensure Nursing Education Standards

All nursing education programs shall meet these standards:

- a. Administrative Requirements
 1. The program has criteria for admission, progression and student performance.
 2. Written policies and procedures have been vetted by faculty and students and are readily accessible.
 3. The program shall hold students responsible for professional behavior, including honesty and integrity, while in their program of study.
- b. Program Administrator
 1. Of an RN program shall be doctorally prepared and has a degree in nursing.
 2. Of a PN program shall have a graduate degree and a degree in nursing.
 3. Shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved;
 4. Has institutional authority and administrative responsibility over the program.
 5. Shall be responsible for completing the BON's annual report, consisting of aggregate program data as determined by the BON, by their deadline.
- c. Faculty
 1. At a minimum, 35% of the total faculty (including all clinical adjunct, part-time and other faculty) are employed at the institution as full-time faculty.
 2. In RN programs, faculty shall:

- i. Hold a graduate degree.
 - ii. Faculty who teach clinical courses, whether didactic or clinical, shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the state where the program is approved.
3. In PN programs, faculty shall:
 - i. Hold a BSN degree.
 - ii. Faculty clinical courses shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the state where the program is approved.
4. Faculty can demonstrate that they have been educated in basic instruction of teaching and adult learning principles and curriculum development. This may include the following:
 - i. Methods of instruction.
 - ii. Teaching in clinical practice settings.
 - iii. How to conduct assessments, including test item writing.
 - iv. Managing “difficult” students.
5. Faculty demonstrate participation in continuing education related to nursing education and adult learning pedagogies.
6. The school provides substantive and periodic workshops and presentations devoted to faculty development.
7. Formal mentoring of new and part-time faculty takes place by established peers.
8. Clinical faculty have up-to-date clinical skills and have had recent experience in direct patient care.
9. Simulation faculty are certified or are planning to be certified within the next 5 years.
- d. Students
 1. English as a second language assistance is provided.
 2. Assistance is available for students with learning or other disabilities.
 3. All students have books and resources necessary throughout the program and strategies to help students who can't afford books and resources.
 4. Remediation strategies are in place at the beginning of each course and students are aware of how to seek help. This should include processes to remediate errors and near misses in the clinical setting.
 5. Students shall meet health standards and criminal background requirements.
- e. Curriculum and Clinical Experiences
 1. There is a sound foundation in biological, physical, social, and behavioral sciences.
 2. A systematic evaluation of the curriculum is in place.
 3. Didactic and clinical content include prevention of illness and the promotion, restoration, and maintenance of health in patients, communities, and populations, across the lifespan and from diverse social, cultural, ethnic and economic backgrounds.
 4. Didactic courses and clinical experiences shall include content in the areas of medical/surgical, obstetric, pediatric, psychiatric/mental health and community health nursing.
 5. Quality and safety are integrated into the curriculum, including clinical judgment, skill in clinical management, supervision, delegating effectively, emergency preparedness, interprofessional communication, time management and navigation and understanding of health care systems.
 6. Practice/academic partnerships are implemented.
 7. Legal and ethical issues and professional responsibilities are integrated into didactic and clinical experiences.
 8. Distance education methods are consistent with the curriculum plan.
 9. 50% or more of clinical experiences in each course is direct care with patients.
 10. A variety of clinical settings are used, and the patient population is diverse.
- f. Teaching and Learning Resources
 1. The fiscal, human, physical (including access to a library), clinical and technical learning resources shall be adequate to support program processes, security, and outcomes.
 2. The simulation lab is accredited or with plans to be within 5 years.
 3. Programs shall assess students with learning disabilities and tailor the curriculum to meet their needs.

Section 3. Determination of Compliance with Standards

- a. Accreditation by a national nursing accrediting body, set forth by the USDE, is required, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval.
 1. Nursing programs must submit to the BON copies of accreditation related correspondence with the national nursing accrediting agency within 30 days of receipt.
 2. The BON shall identify the required correspondence that the programs must submit.

Section 4. Purposes of Prelicensure Nursing Education Program Approval

- a. To promote the safe practice of nursing by implementing standards for individuals seeking licensure as RNs and LPN/VNs.
- b. To grant legal recognition to nursing education programs that the BON determines have met the standards.
- c. To ensure graduates meet the educational and legal requirements for the level of licensure for which they are preparing and to facilitate their endorsement to other states and countries.
- d. To provide the public and prospective students with a published list of nursing programs that meets the standards established by the BON.

Section 5. Establishment of a New Prelicensure Nursing Education Program

Before establishing a new nursing education program, the program shall contact the BON and complete the process outlined below:

- a. Phase I – Application to BON. The proposed program shall provide the following information to the BON:
 1. Governing institution approval and ongoing support.
 2. Evidence of adequate financial support that can be provided on an ongoing basis.
 3. Availability of educational resources, such as human, physical (including access to a library), clinical and technical learning resources.
 4. Evidence of the institution meeting state requirements, and regional or national accreditation by an accredited agency recognized by the USDE.
 5. Evidence of the nursing program actively seeking pre-accreditation or candidate accreditation from a USDE recognized national nursing accrediting agency.
 6. Evidence of adequate numbers of clinical partnerships.
 7. Availability of a qualified faculty and program director.
 8. A proposed timeline for initiating the program.
- b. Phase II – Initial Approval for Admission of Students. The proposed program shall provide the BON with verification that the following program components and processes have been completed:
 1. Employment of a qualified director.
 2. A comprehensive program curriculum.
 3. Establishment of student policies for admission, progression, retention, and graduation.
 4. Policies and strategies to address students' needs including those with learning disabilities and English as an international language; and remediation tactics for students performing below standard and for when clinical errors or near misses occur.
 5. Creation of an emergency preparedness plan for addressing situations including but not limited to a reduction in the availability of student clinical sites, a transition from in-person to virtual learning platforms, and a need for increased use of simulation.
- c. Phase III – Full Approval of Program. The BON shall fully approve the program upon:
 1. Completion of BON program survey visit.
 2. A comprehensive program curriculum.
 3. Submission of program's ongoing systematic evaluation plan.
 4. Employment of qualified faculty.
 5. Additional oversight of new programs will take place for the first 7 years of operation.
 - May include progress reports periodically on program leadership, consistency of faculty, numbers of students and trends of NCLEX pass rates, along with the regularly collected BON annual reports.

Section 6. Continuing Approval of a Prelicensure Nursing Education Program

- a. Every < > years previously approved nursing education programs with full program approval status will be evaluated for continuing approval by the BON.
- b. Warning signs that might trigger a focused site visit include:
 1. Complaints from students, faculty, and clinical agencies.
 2. Turnover of program administrators, defined by more than 3 in 5 years.
 3. Frequent nursing faculty turnover/cuts in numbers of nursing faculty.
 4. Decreasing trend in NCLEX pass rates, based on the jurisdiction's NCLEX pass rate standard.

- c. The BON shall review and analyze various sources of information regarding program performance, including, but not limited to:
 - 1. Periodic BON survey visits and/or reports.
 - 2. Annual report data.
 - 3. Evidence of being accredited by a USDE recognized national nursing accredited agency.
 - 4. BON recognized national nursing accreditation visits, reports and other pertinent national nursing accreditation documents provided by the program.
 - 5. Results of ongoing program systematic evaluation.
- d. Continuing approval will be granted upon the BON's verification that the program is in compliance with the BON's nursing education administrative rules.

Section 7. Conditional Approval of Prelicensure Nursing Education Program

- a. The BON may grant conditional approval when it determines that a program is not fully meeting approval standards.
- b. If the BON determines that an approved nursing education program is not meeting the criteria set forth in these regulations, the nursing program shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies.

Section 8. Withdrawal of Approval

- a. The BON shall withdraw approval if, after proper notice and opportunity, it determines that:
 - 1. A nursing education program fails to meet the standards of this Rule.
 - 2. A nursing education program fails to correct the identified deficiencies within the time specified.

Section 9. Appeal

A program denied approval or given less than full approval may appeal that decision. All such actions shall be in accordance with due process rights.

Section 10. Reinstatement of Approval

The BON may reinstate approval if the program submits evidence of compliance with nursing education standards within the specified time frame.

Section 11. Closure of Prelicensure Nursing Education Program and Storage of Records

- a. A nursing education program may be closed due to withdrawal of BON approval or may close voluntarily.
- b. Provisions shall be made for maintenance of the standards for nursing education during the transition to closure.
- c. Arrangements are made for the secure storage and access to academic records and transcripts.
- d. An acceptable plan is developed for students to complete a BON approved program.
- e. Confirmation shall be provided to the BON, in writing, that the plan has been fully implemented.

Section 12. Prelicensure Nursing Education Program Closed Voluntarily

The program shall submit to the BON:

- a. Reason for the closing of the program and date of intended closure.
- b. An acceptable plan for students to complete a BON approved program.
- c. Arrangements for the secure storage and access to academic records and transcripts.

Section 13. Innovative Approaches in Prelicensure Nursing Education Program

A nursing education program may apply to implement an innovative approach by complying with the provisions of this section. Nursing education programs approved to implement innovative approaches shall continue to provide quality nursing education that prepares graduates to practice safely, competently, and ethically within the scope of practice as defined in <jurisdiction's> Act.

Section 14. Purposes

- a. To foster innovative models of nursing education to address the changing needs in health care.
- b. To assure that innovative approaches are conducted in a manner consistent with the BON's role of protecting the public.

Section 15. Eligibility

- a. The nursing education program shall hold full BON approval without conditions.
- b. There are no substantiated complaints in the past 2 years.
- c. There are no rule violations in the past 2 years.

Section 16. Application

- a. A description of the innovation plan, with rationale, shall be provided to the BON at least < > days before the BON meeting.

Section 17. Standards for Approval

- a. Eligibility criteria in Section 15 are met.
- b. The innovative approach will not compromise the quality of education or safe practice of students.
- c. Resources are sufficient to support the innovative approach.
- d. Timeline provides for a sufficient period to implement and evaluate the innovative approach.

Section 18. Review of Application and BON Action

- a. If the application meets the standards, the BON may:
 1. Approve the application; or
 2. Approve the application with modifications as agreed between the BON and the nursing education program.
- b. If the submitted application does not meet the criteria in 6.3.2 and 6.3.4., the BON may deny approval or request additional information.

Section 19. Requesting Continuation of the Innovative Approach

- a. If the innovative approach has achieved the desired outcomes, the program may request that the innovative approach be continued.
- b. Request for the innovative approach to become an ongoing part of the education program must be submitted < > days prior to a regularly scheduled BON meeting.
- c. The BON may grant the request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with core nursing education criteria.

Section 20. Simulation

A prelicensure nursing education program (“program”) may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours per course. A program that uses simulation shall adhere to the standards set in this section.

Section 21. Evidence of Compliance

A program shall provide evidence to the board of nursing that these standards have been met.

Section 22. Organization and Management

- a. The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.
- b. Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.
- c. There shall be a budget that will sustain the simulation activities and training of the faculty.

Section 23. Facilities and Resources

The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

Section 24. Faculty Preparation

- a. Faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation.
- b. Faculty involved in simulations, both didactic and clinical, shall engage in on-going professional development in the use of simulation.

Section 25. Curriculum

- a. The program shall demonstrate that the simulation activities are linked to programmatic outcomes.

Section 26. Policies and Procedures

The program shall have written policies and procedures on the following:

- a. Short-term and long-term plans for integrating simulation into the curriculum;
- b. Method of debriefing each simulated activity; and
- c. Plan for orienting faculty to simulation.

Section 27. Evaluation

- a. The program shall develop criteria to evaluate the simulation activities.
- b. Students shall evaluate the simulation experience on an ongoing basis.

Section 28. Annual Report

- a. The program shall include information about its use of simulation in its annual report to the board of nursing.

Section 29. State of Emergency

- a. During a declared state of emergency, the board may authorize approved nursing education programs to implement mitigation efforts to address, including but not limited to, the availability of clinical placement sites, transition to virtual learning from in-person platforms, and changes in use of simulation. The program shall keep records of any mitigation policies or strategies used and shall include the information in the annual report submitted to the board.

Article VII. Discipline and Proceedings**Section 1. Discipline**

Grounds for Discipline. The BON may discipline a licensee or deny a license to an applicant for any one or a combination of the following:

- a. Convicted or found guilty, or has entered into an agreed disposition, of a felony offense or misdemeanor offense related to the practice of nursing under applicable state or federal criminal law.
- b. Confidentiality, patient privacy, consent or disclosure violations.
- c. Misconduct or abuse.
- d. Fraud, deception or misrepresentation.
- e. Unsafe practice, substandard care or unprofessional conduct.
- f. Drug or alcohol related offenses.
- g. Revocation, suspension, or denial of, or any other action relating to, the person's license or privilege to practice nursing in another jurisdiction or under federal law.
- h. Other violations of the Act or administrative rules adopted under this act, board orders issued under this act, and any applicable federal or state law.

The Board retains jurisdiction over an expired, inactive, or voluntarily surrendered license. The Board's jurisdiction over the licensee extends for all matters, known or unknown to the Board, at the time of the expiration, inactivation, or surrender of the license.

Section 2. Authority

For any one or combination of the grounds set forth in Section 1 above, the BON is authorized to take the following disciplinary action on a license: deny, revoke, suspend, place on probation, summarily issue an emergency limitation or suspension thereof, reprimand or censure, restitution, or other publicly known conditions and findings, accept voluntary surrenders or limitations and place any other limitations or restrictions as necessary, -or any other action as warranted by the facts of the case in accordance with the state administrative procedure act.

Section 3. Civil Penalties

- a. Impose fine or monetary penalty.
- b. Recover the costs of the proceedings resulting in disciplinary action against a nursing license. The cost of proceedings shall include, but is not limited to: the cost paid by the BON to the office of administrative hearings and the office of the

attorney general or other BON counsel for legal and investigative services; the costs of a court reporter and witnesses; reproduction of records; BON staff time, travel and expenses; and BON members' per diem reimbursements, travel costs and expenses.

Section 4. Immunity and Protection from Retaliation

- a. Any person, including BON staff or BON member, or organization reporting in good faith information to the BON under this article shall be immune from civil action.
- b. Any licensed health care professional who examines an applicant or licensee under this act at the request of the BON shall be immune from suit for damages by the individual examined if the examining health care professional conducted the examination and made findings or diagnoses in good faith. The immunity does not extend to willful or wanton behavior by the licensed health care professional.
- c. A person may not suspend, terminate, or otherwise discipline, discriminate against, or retaliate against anyone who reports, or advises on reporting, in good faith under this section.
- d. A person who in good faith reports violations in accordance with this Article has a cause of action against a person who violates subsection b., and may recover:
 1. The greater of:
 - a. Actual damages, including damages for mental anguish even if no other injury is shown; or
 - b. \$5,000.
 2. Exemplary damages.
 3. Court costs.
 4. Reasonable attorney's fees.
- e. In addition to the amount recovered under subsection c., a person whose employment is suspended or terminated in violation of this section is entitled to:
 1. Reinstatement in the employee's former position or severance pay in an amount equal to three months of the employee's most recent salary.
 2. Compensation for wages lost during the period of suspension or termination.

Section 5. Reporting

- a. Licensees shall report, within 30 days of the event, the following: change of address, criminal convictions, malpractice claims, or discipline or complaints pending in another jurisdiction or by another professional licensing board.
- b. A licensed nurse, or any individual, shall report a nurse to the BON if the nurse, or individual, has reasonable cause to suspect that a nurse or an applicant engaged in conduct that may constitute grounds for disciplinary action under this Act.
- c. Persons required to report under this section include: employers of RNs, LPN/VNs, or APRNs; jurisdictional agencies required to license, register or survey a facility or agency employing a licensee under this act; an insurer providing professional liability insurance pertaining to the practice of a licensee under this act; and a court administrator who receives a judgment relevant to the licensee's fitness to practice.
 1. A person who is required to report a nurse under this section because the nurse is impaired or suspected of substance use disorder or mental illness may report to the alternative to discipline program instead of reporting to the BON. Alternative to discipline programs have a duty to report to the BON any nurse's failure to comply with the program requirements or termination from the program.

Section 6. Emergency Action

- a. Summary Suspension
 1. The BON is authorized to summarily suspend the license of a nurse without a hearing if:
 - a. The BON finds that there is probable cause to believe that the nurse has violated a statute or rule that the BON is empowered to enforce and continued practice by the nurse would create imminent and serious risk of harm to others; or
 - b. The nurse fails to obtain a BON ordered evaluation.
 2. The suspension shall remain in effect until the BON issues a stay of suspension or a final order in the matter after a hearing or upon agreement between the BON and licensee.
 3. The BON shall schedule a disciplinary hearing to be held under the Administrative Procedures Act, to begin no later than < > days after receipt of the request. The licensee shall receive at least < > days notice of the hearing.
- b. Injunctive Relief
 1. The BON, or any prosecuting officer, upon a proper showing of the facts, is authorized to petition a court of

competent jurisdiction for an order to enjoin:

- a. Any person who is practicing nursing within the meaning of this Act from practicing without a valid license, unless exempted under this Act;
 - b. Any person employing, with or without compensation, any person who is not licensed to practice nursing under this Act or exempted under this Act;
 - c. Any person, firm, corporation, institution or association from operating a school of nursing without approval;
 - d. Any person whose license has been suspended or revoked from practicing as an RN, LPN/VN or APRN; or
 - e. Any person from using the title “nurse,” “licensed practical/vocational nurse,” “registered nurse,” “advanced practice registered nurse” or their authorized abbreviations unless licensed or privileged to practice nursing in this jurisdiction.
2. The court may, without notice or bond, enjoin such acts and practice. A copy of the complaint shall be served on the defendant and the proceedings thereafter shall be conducted as in other civil cases.
- c. The emergency proceedings herein described shall be in addition to, not in lieu of, all penalties and other remedies provided by law.

Article VIII. Violations and Penalties

Section 1. Violations

No person shall:

- a. Use the title “nurse,” “registered nurse,” “licensed practical/vocational nurse,” “advanced practice registered nurse,” their authorized abbreviations, or any other words, abbreviations, figures, letters, title, sign, card or device that would lead a person to believe the individual is a licensed nurse unless permitted by this Act.
- b. Employ, for compensation or without compensation, a person that does not have the authority to practice nursing in this jurisdiction.
- c. Engage in the practice of nursing as defined in the Act without a valid, current license or privilege to practice, except as otherwise permitted under this Act.
- d. Fraudulently obtain or furnish a license.
- e. Conduct a program for the preparation for licensure under this chapter, unless the BON has approved the program.
- f. Engage in inappropriate behavior in connection with the licensure or certification examination, including, but not limited to, the giving or receiving of aid in the examination or the unauthorized possession, reproduction, or disclosure of examination questions or answers.
- g. Otherwise violate, or aid or abet another person to violate, any provision of this Act.

Section 2. Penalties

- a. Violation of any provision of this Article shall also constitute a misdemeanor/crime.
- b. The BON may impose on any person violating a provision of this Act a civil penalty not to exceed <\$> for each count or separate offense.

Section 3. Criminal Prosecution

Nothing in this Act shall be construed as a bar to criminal prosecution for violation of the provisions of this Act.

Article IX. Severability

The provisions of this Act are severable. If any provision of this Act is declared unconstitutional, illegal or invalid, the constitutionality, legality and validity of the remaining portions of this Act shall be unaffected and shall remain in full force and effect.

Article X. APRN

Section 1. Title and Scope of Practice

- a. Title
 1. Advanced Practice Registered Nurse (APRN) is the title given to an individual licensed to practice advanced practice registered nursing within one of the following roles: certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM) or clinical nurse specialist (CNS), and who functions in a population focus as set forth in rule. An APRN may serve as primary or acute care provider of record.

- b. Population focus shall include:
 1. Family/individual across the lifespan.
 2. Adult-gerontology.
 3. Neonatal.
 4. Pediatrics.
 5. Women's health/gender-related.
 6. Psychiatric/mental health.
- c. In addition to the RN scope of practice and within the APRN academic education and national certification, role and population focus, APRN practice shall include:
 1. Conducting an advanced assessment.
 2. Ordering and interpreting diagnostic procedures.
 3. Establishing primary and differential diagnoses diagnosis.
 4. Prescribing, ordering, administering, dispensing and furnishing therapeutic measures and, as set forth in Section 5 of this Article pharmacological agents including over-the-counter, legend, and controlled substances.
 5. Delegating and assigning therapeutic measures to assistive personnel.
 6. Consulting with other disciplines and providing referrals to health care agencies, health care providers and community resources.
 7. Wearing identification which clearly identifies the nurse as an APRN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient.
 8. Other acts that require education and training consistent with professional standards and commensurate with the APRN's education, certification, demonstrated competencies and experience.
- d. APRNs are licensed independent practitioners within standards established or recognized by the BON. Each APRN is accountable to patients, the nursing profession and the BON for:
 1. Complying with the requirements of this Act and the quality of advanced nursing care rendered.
 2. Recognizing limits of knowledge and experience.
 3. Planning for the management of situations beyond the APRN's expertise.
 4. Consulting with or referring patients to other health care providers as appropriate.

Section 2. Licensure

- a. An applicant for initial licensure to practice as an APRN shall:
 1. Hold a current RN license or privilege to practice and shall not hold an encumbered license or privilege to practice as an RN in any state or territory.
 2. Have completed an accredited graduate or post-graduate level APRN program in one of the four roles and at least one population focus.
 3. Be currently certified by a national certifying body recognized by the BON in the APRN role and population foci appropriate to educational preparation.
- b. The BON may issue a license by endorsement to an APRN licensed under the laws of another state if, in the opinion of the BON, the applicant meets the qualifications for licensure in this jurisdiction. An applicant for APRN licensure by endorsement shall:
- c. APRN licenses issued under this Act shall be renewed at least every < > years according to a schedule established by the BON. An applicant for APRN license renewal shall:
 1. Maintain national certification in the appropriate APRN role and at least one population focus, authorized by licensure, through an ongoing certification maintenance program of a nationally recognized certifying body recognized by the BON.
 2. Meet other requirements set forth in rule.
- d. The BON may reactivate or reinstate an APRN license as set forth in BON rules.
- e. The duties of licensees are the same as previously stated in Article V Section 8 for RNs and LPN/VNs.

Section 3: Titles and Abbreviations

- a. Only those persons who hold a license or privilege to practice advanced practice registered nursing in this state shall have the right to use the title "advanced practice registered nurse" and the roles of "certified registered nurse anesthetist," "certified nurse-midwife," "clinical nurse specialist" and "certified nurse practitioner;" and the abbreviations "APRN," "CRNA," "CNM," "CNS" and "CNP," respectively.

- b. The abbreviation for the APRN designation of a certified registered nurse anesthetist, a certified nurse-midwife, a clinical nurse specialist and for a certified nurse practitioner will be APRN, plus the role title, i.e., CRNA, CNM, CNS and CNP.
- c. It shall be unlawful for any person to use the title “APRN” or “APRN” plus their respective role titles, the role title alone, authorized abbreviations or any other title that would lead a person to believe the individual is an APRN, unless permitted by this Act.

Section 4. APRN Education Program Approval

Section 5. Approval Standards

- a. The BON shall, by rule, set standards for the establishment and outcomes of prelicensure nursing education programs, including clinical learning experiences, and approve such programs that meet the requirements of this Act and BON rule.
- b. The BON shall set requirements for the continuing approval of prelicensure nursing programs.
- c. The BON may deny or withdraw approval or take such action as deemed necessary when prelicensure nursing education programs fail to meet the standards established by the BON, provided that all such actions shall be in accordance with <jurisdiction’s Administrative Procedures Act> and/or BON rule.
- d. The BON may reinstate approval of a prelicensure nursing education program upon submission of satisfactory evidence that the program meets the standards established by the BON.
- e. The BON where the program has legal domicile determines the approval process when education crosses state/jurisdiction borders.

Section 6. Closure of Prelicensure Nursing Education Programs

The BON shall, by rule, identify the process for prelicensure nursing education programs that cease operation.

Section 7. Provision for Innovative Approaches in Prelicensure Nursing Education Programs

- a. The BON shall, by rule, identify the process for implementing innovative approaches in prelicensure nursing education programs.
- b. The BON shall, by administrative rules, set standards for the establishment and outcomes of APRN education programs, including clinical learning experiences, and approve such programs that meet the requirements of the Act and BON rules.
- c. The BON shall, by administrative rules, identify the process for determining APRN education program compliance with standards which shall include accreditation by a national nursing education program accrediting body.
- d. The BON shall set requirements for the establishment of a new APRN education program. New programs will be preapproved by an APRN accrediting body.

Section 8. Prescribing, Ordering, Dispensing and Furnishing Authority

- a. The BON shall grant prescribing, ordering, dispensing and furnishing authority through the APRN license.
- b. Prescribing, ordering, dispensing and furnishing shall include the authority to:
 1. Diagnose, prescribe and institute therapy or referrals of patients to health care agencies, health care providers and community resources.
 2. Prescribe, procure, administer, dispense and furnish pharmacological agents, including over the counter, legend and controlled substances.
 3. Plan and initiate a therapeutic regimen that includes ordering and prescribing non-pharmacological interventions, including, but not limited to, durable medical equipment, medical devices, nutrition, blood and blood products, and diagnostic and supportive services including, but not limited to, home health care, hospice, and physical and occupational therapy.

Section 9. Discipline

APRN discipline and proceedings shall be the same as stated in Article VII for RNs and LPN/VNs.

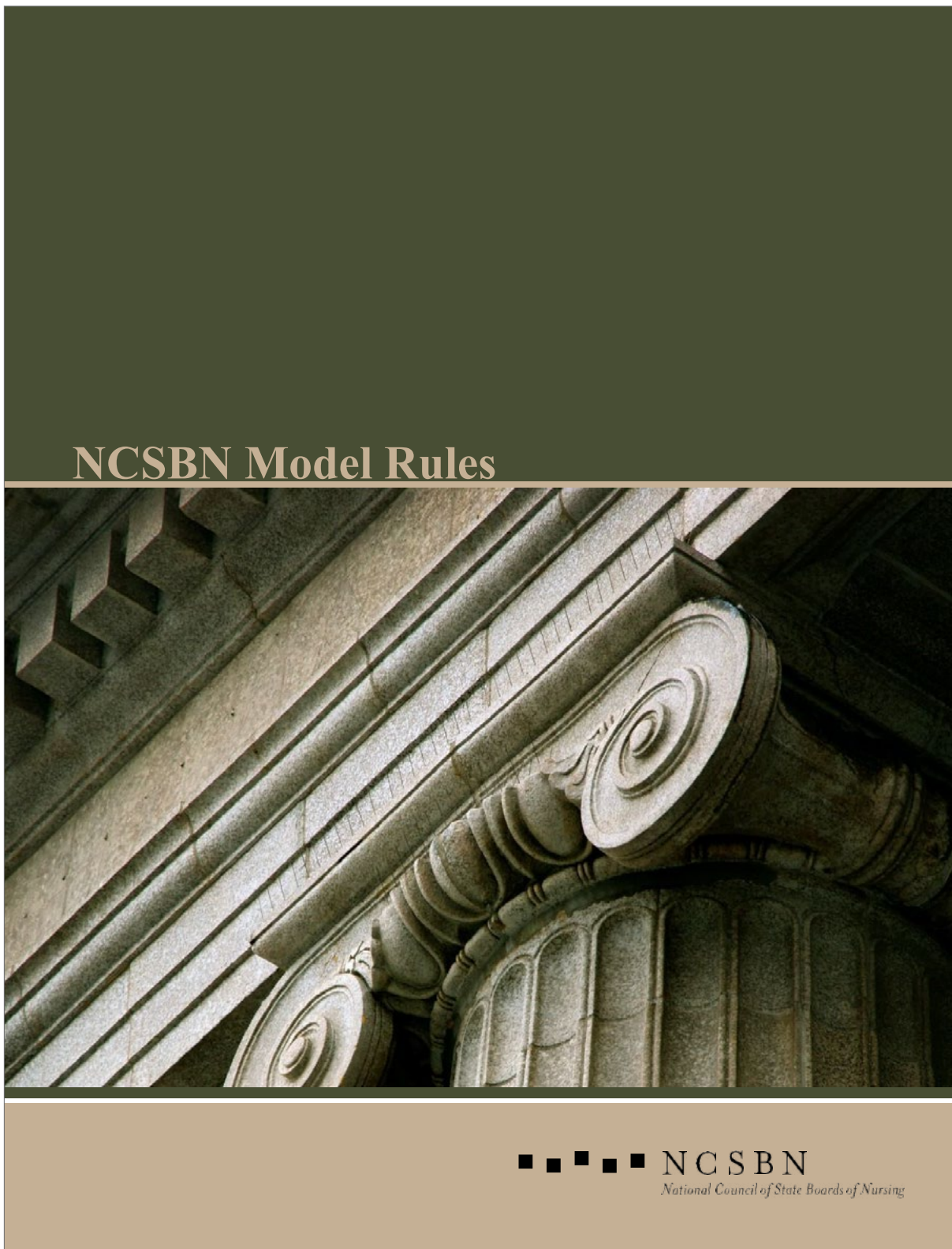
Article XI. Nursing Licensure Compact

Article XII. APRN Compact



111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277
312.525.3600
312.279.1032 fax

Attachment C: Proposed Model Rules Language Revisions – Redlined Version



Reading Key:

| | |
|--------------------------|-------------------|
| Original document: | change |
| Removed | change |
| Added | change |
| Moved to Definitions | change |
| Include in Guidance | change |
| Reorganized within Rules | change |

**Mission Statement**

The National Council of State Boards of Nursing (NCSBN®) provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

Copyright ©2012, 2017 National Council of State Boards of Nursing, Inc. (NCSBN®)

All rights reserved. NCSBN®, NCLEX®, NCLEX-RN®, NCLEX-PN®, NNAAP®, MACE®, Nursys® and TERCAP® are registered trademarks of NCSBN and this document may not be used, reproduced or disseminated to any third party without written permission from NCSBN.

Permission is granted to boards of nursing to use or reproduce all or parts of this document for licensure related purposes only. Nonprofit education programs have permission to use or reproduce all or parts of this document for educational purposes only. Use or reproduction of this document for commercial or for-profit use is strictly prohibited. Any authorized reproduction of this document shall display the notice: "Copyright by the National Council of State Boards of Nursing, Inc. All rights reserved." or, if a portion of the document is reproduced or incorporated in other materials, such written materials shall include the following credit: "Portions copyrighted by the National Council of State Boards of Nursing, Inc. All rights reserved."

Address inquiries in writing to NCSBN Permissions, 111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277.

NCSBN MODEL RULES (2017)

Table of Contents

| | |
|---|---------------|
| Chapter 1. Title and Purpose..... | 1 |
| Chapter 2. Definitions..... | 1 |
| Chapter 3. Scope of RN, and LPN/VN, and APRN Practice..... | 1 |
| Chapter 4. Board of Nursing (BON)..... | 4 |
| Chapter 5. RN, and LPN/VN, and APRN Licensure and Exemptions ... | 5 |
| Chapter 6. Prelicensure Nursing Education..... | 7 |
| Chapter 7. Discipline and Proceedings..... | 14 |
| Chapter 8. Violations and Penalties..... | 26 |
| Chapter 9. Implementation..... | 26 |
| Chapter 10. Unlicensed Assistive Personnel..... | 26 |
| Chapter 11. APRN..... | 35 |
| Chapter 12. Nurse Licensure Compact..... | 40 |
| Chapter 13. APRN Compact..... | 40 |

Chapter 1. Title and Purpose

Chapter 2. Definitions

As used in Chapters 3 through 11 of this Act, unless the context thereof requires otherwise:

- a. “Abandonment” means the intentional leaving a patient for whom the nurse is responsible without providing for another nurse or appropriate caretaker to assume care upon the nurse’s leaving.
- b. “Dual relationship” means when a nurse is involved in any relationship with a patient in addition to the therapeutic nurse- patient relationship.
- c. “NCLEX-PN®” means the National Council Licensure Examinations for Practical Nurses.
- d. “NCLEX-RN®” means the National Council Licensure Examinations for Registered Nurses.
- e. “Nursing faculty” means individuals employed full or part time by an academic institution who are responsible for developing, implementing, evaluating and updating nursing program curricula.
- f. “Preceptor” means an individual at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model, or supervisor in a clinical setting.
- g. “Professional boundaries” means the space between the nurse’s power and the patient’s vulnerability; the power of the nurse comes from the professional position and access to private knowledge about the patient; establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the patient’s needs.
- h. “Professional-boundary crossing” means a deviation from an appropriate boundary for a specific therapeutic purpose with a return to established limits of the professional relationship.
- i. “Professional-boundary violation” means the failure of a nurse to maintain appropriate boundaries with a patient and key parties.
- j. “Sexualized body part” means a part of the body not conventionally viewed as sexual in nature that evokes arousal.
- k. “Sexual misconduct” means any unwelcome behavior of a sexual nature that is committed without consent or by force, intimidation, coercion, or manipulation.
- l. “Simulation” means a technique to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner (Gaba, 2004).
- m. “Debriefing” means an activity that follows a simulation experience, is led by a facilitator, encourages participant’s reflective thinking, and provides feedback regarding the participant’s performance.

Chapter 3. Scope of RN, ~~and~~ LPN/VN, and APRN Practice

3.1.1 Standards Related to Licensed Practical/Vocational Nurse (LPN/VN), RN, and APRN Professional Accountability

The LPN/VN, RN, and APRN: ~~LPN/VN:~~

- ~~a. Practices within the legal boundaries for practical nursing through the scope of practice authorized in the Nurse Practice Act (NPA) and rules governing nursing.~~
- ~~b. Demonstrates honesty and integrity in nursing practice.~~
- ~~c. Bases nursing decisions on nursing knowledge and skills, the needs of patients and licensed practical nursing standards.~~
- d. Accepts responsibility for individual nursing actions, competence, decisions and behavior in the course of ~~practical~~ nursing practice.
- e. Maintains competence through ongoing learning and application of knowledge in ~~practical~~ nursing practice.
- ~~f. Reports violations of the act or rules by self or other licensees.~~

3.1.2 Standards Related to LPN/VN Scope of Practice

The LPN/VN, practicing ~~to the extent of their education and training~~ under the supervision of an RN, advanced practice registered nurse (APRN), ~~licensed~~ physician or other authorized licensed health care provider:

- a. Participates in nursing care, health maintenance, patient teaching, counseling, collaborative planning and rehabilitation, ~~to the extent of his/her generic and continuing education and experience.~~
- ~~b. Conducts a focused nursing assessment, which is an appraisal of the patient’s health status and needs that contributes to ongoing data collection.~~
- c. Plans for patient care, including:
 1. Planning ~~episodic~~ nursing care for a patient whose condition is stable or predictable.
 2. Assisting the RN, APRN, or ~~supervising~~ physician in identification of patient needs and goals.
 3. Determining priorities of care together with the ~~supervising~~ RN, APRN or physician.
- d. ~~Demonstrates attentiveness and~~ Provides patient surveillance and monitoring.
 1. Participating with other health care providers and contributing in the development, modification, and implementation of the patient centered healthcare plan.
- ~~e. Seeks clarification of orders when needed.~~

- ~~f. Assists and contributes in the evaluation of the patient-centered health care plan.~~
- ~~g. Obtains orientation/training for competency when encountering new equipment and technology or unfamiliar care situations.~~
- ~~h. Recognizes patient characteristics that may affect the patient's health status.~~
- i. Implements nursing interventions and prescribed medical regimens in a timely and safe manner.
- j. Documents nursing care provided accurately and timely.
- k. Collaborates and communicates relevant and timely patient information with patients and other health team members to ensure quality and continuity of care, including:
 1. Patient status and progress.
 2. Patient response or lack of response to therapies.
 3. Changes in patient condition.
 4. Patient needs and special requests.
- l. Takes preventive measures to promote an environment that is conducive to safety and health for patients, others and self.
- m. Respects patient diversity and advocates for the patient's rights, concerns, decisions and dignity.
- n. Maintains appropriate professional boundaries.
- ~~o. Participates in the health teaching required by the patient and family.~~
- p. Participates in systems, clinical practice and patient care performance improvement efforts to improve patient outcomes.
- ~~q. Contributes to evaluation of the plan of care by:

 1. Gathering, observing, recording, and communicating patient responses to nursing interventions.
 2. Modifying the plan of care in collaboration with a registered nurse based on an analysis of patient responses.~~
- r. Assigns and delegates nursing activities to assistive personnel. The LPN shall:
 1. ~~Assign nursing care within the LPN scope of practice to other LPNs.~~
 2. Delegate ~~another~~ only those nursing measures for which that person has the necessary skills and competence to accomplish safely. ~~In maintaining accountability for the delegation, an LPN shall ensure that the:~~
 - ~~a. Unlicensed assistive personnel (UAP) has the education, legal authority, and demonstrated competency to perform the delegated task;~~
 - ~~b. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions;~~
 - ~~c. Results of the task are reasonably predictable;~~
 - ~~d. Task does not require assessment, interpretation, or independent decision-making during its performance or at completion;~~
 - ~~e. Selected patient and circumstances of the delegation are such that delegation of the task poses minimal risk to the patient and the consequences of performing the task improperly are not life-threatening;~~
 - ~~f. LPN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable patients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task~~
 - ~~g. LPN provides supervision and feedback to the UAP; and~~
 - ~~h. LPN observes and communicates the outcomes of the delegated task.~~
- ~~s. Functions as a member of the health care team, contributing to the implementation of an integrated patient-centered health care plan.~~
- ~~t. Acts as an advocate for the patient.~~
- ~~u. Assumes responsibility for nurse's own decisions and actions.~~
- ~~v. Attends to patient concerns or requests.~~

Authority: Model Act Article III Section 1

~~3.2.1 Standards Related to Registered Nurse (RN) Professional Accountability~~

The RN:

- ~~a. Practices within the legal boundaries for nursing through the scope of practice authorized in the Nurse Practice Act (NPA) and rules governing nursing.~~
- ~~b. Demonstrates honesty and integrity in nursing practice.~~
- ~~c. Bases nursing decisions on nursing knowledge and skills, the needs of patients and registered nursing standards.~~
- ~~d. Accepts responsibility for judgments, individual nursing actions, competence, decisions and behavior in the course of nursing practice.~~
- ~~e. Maintains competence through ongoing learning and application of knowledge in registered nursing practice.~~
- ~~f. Reports violations of the act or rules by self or other licensees.~~

3.2.2 Standards Related to RN Scope of Practice

The RN:

- a. ~~Conducts a comprehensive nursing assessment.~~ Practices within the legal boundaries for nursing through the scope of practice authorized in the Nurse Practice Act and rules governing nursing.
- b. ~~Applies nursing knowledge based upon the biological, psychological and social aspects of the patient's condition.~~
- e. ~~Detects faulty or missing patient information.~~
- d. ~~Plans nursing care and nursing interventions consistent with the patient's overall health care plan.~~
- e. ~~Utilizes decision-making, critical thinking and clinical judgment to make independent nursing decisions and nursing diagnoses.~~
- f. ~~Seeks clarification of orders when needed.~~
- g. ~~Implements treatment and therapy, including medication administration and delegated medical and independent nursing functions.~~
- h. ~~Obtains orientation/training for competence when encountering new equipment and technology or unfamiliar care situations.~~
- i. ~~Demonstrates attentiveness~~ Provides patient surveillance and monitoring.
- j. Identifies changes in patient's health status and ~~takes appropriate action.~~ ~~comprehends clinical implications of patient's signs, symptoms and changes as part of expected and unexpected patient course or emergent situations.~~
- k. ~~Evaluates the patient's response to nursing care and other therapy, including:~~
 1. ~~Patient's response to interventions.~~
 2. ~~Need for alternative interventions.~~
 3. ~~Need to communicate and consult with other health team members.~~
 4. ~~Need to revise the plan of care.~~
- l. ~~Communicates and consults with other health team members, including:~~
 1. ~~Patient concerns and special needs.~~
 2. ~~Patient status and progress.~~
 3. ~~Patient response or lack of response to interventions.~~
 4. ~~Significant changes in patient condition.~~
- m. Documents nursing care, ~~changes in the patient's condition and all relevant information.~~
- n. ~~Revises care plan as needed.~~
- o. Takes preventive measures to protect patient, others and self.
- p. Delegates to another only those nursing measures for which that person has the necessary skills and competence to accomplish safely.
- q. ~~Provides comprehensive nursing and health care education in which the RN:~~
 1. ~~Assesses and analyzes educational needs of learners.~~
 2. ~~Plans educational programs based on learning needs and teaching-learning principles.~~
 3. ~~Ensures implementation of an educational plan either directly or by delegating selected aspects of the education to other qualified persons.~~
 4. ~~Evaluates the education to meet the identified goals.~~

Authority: Model Act Article III Section 2

3.2.3 Standards Related to APRN Scope of Practice

- a. The APRN shall comply with the standards for RNs as specified in Chapter 3 and to the standards ~~of the national professional nursing associations recognized~~ set forth by the BON. Standards for a specific role and population focus of APRN supersede standards for RNs where conflict between the standards, if any, exists.
- b. APRNs shall practice within standards established by the BON in rule and assure patient care is provided according to relevant patient care standards recognized by the BON, ~~including standards of national professional nursing associations.~~ and other national standards of care.
- c. Discipline of Prescriptive Authority
 1. APRN discipline and proceedings is the same as previously stated for RN and LPN/VN in Chapter 7.
 2. The BON may limit, restrict, deny, suspend or revoke APRN licensure, or prescriptive or dispensing authority.
 3. Additional grounds for discipline related to prescriptive or dispensing authority include, but are not limited to:
 1. Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards.
 2. Selling, purchasing, trading, or offering to sell, purchase or trade drug samples.
 3. Prescribing, dispensing, administering or distributing drugs for other than therapeutic or prophylactic purposes.
 4. Prescribing or distributing drugs to individuals who are not patients of the APRN or who are not within that

nurse's role and population focus.*Authority: Model Act Article III Section 3***3.2.4 Standards Related to RN Responsibility to Act as an Advocate for Patient**

The RN:

- a. Respects the patient's rights, concerns, decisions and dignity.
- b. Identifies patient needs.
- c. Attends to patient concerns or requests.
- d. Promotes safe patient environment.
- e. Communicates patient choices, concerns and special needs with other health team members regarding:
 - 1. Patient status and progress.
 - 2. Patient response or lack of response to therapies.
 - 3. Significant changes in patient condition.
- f. Maintains appropriate professional boundaries.
- g. Assumes responsibility for nurse's own decisions and actions.

3.2.5 Standards Related to RN Responsibility to Organize, Manage and Supervise the Practice of Nursing

The RN:

- a. Assigns to another only those nursing measures that fall within that nurse's scope of practice, education, experience and competence or unlicensed person's role description, including:
 - 1. Assigning nursing care within the RN scope of practice to other RNs.
 - 2. Assigning nursing care to an LPN within the LPN scope of practice based on the RN's assessment of the patient and the LPN's ability.
 - 3. Supervising, monitoring and evaluating the care assigned to an LPN.
- b. Delegates to another only those nursing measures for which that person has the necessary skills and competence to accomplish safely. In maintaining accountability for the delegation, an RN shall ensure that the:
 - 1. Unlicensed assistive personnel (UAP) has the education, legal authority, and demonstrated competency to perform the delegated task.
 - 2. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions.
 - 3. Results of the task are reasonably predictable.
 - 4. Task does not require assessment, interpretation, or independent decision making during its performance or at completion.
 - 5. Selected patient and circumstances of the delegation are such that delegation of the task poses minimal risk to the patient and the consequences of performing the task improperly are not life-threatening.
 - 6. RN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable patients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task.
 - 7. RN provides supervision and feedback to the UAP.
 - 8. RN observes and communicates the outcomes of the delegated task.
- c. Matches patient needs with personnel qualifications, available resources and appropriate supervision.
- d. Communicates directions and expectations for completion of the delegated activity.
- e. Supervises others to whom nursing activities are delegated or assigned by monitoring performance, progress and outcomes; and assures documentation of the activity.
- f. Provides follow-up on problems and intervenes when needed.
- g. Evaluates the effectiveness of the delegation or assignment.
- h. Intervenes when problems are identified and revises plan of care as needed.
- i. Retains professional accountability for nursing care as provided.
- j. Promotes a safe and therapeutic environment by:
 - 1. Providing appropriate monitoring and surveillance of the care environment.
 - 2. Identifying unsafe care situations.
 - 3. Correcting problems or referring problems to appropriate management level when needed.
- k. Teaches and counsels patient and families regarding their health care regimen, which may include, but is not limited to, general information about health and medical condition, specific procedures and wellness and prevention.

Chapter 4. Board of Nursing (BON)

NCSBN Model Rules | www.ncsbn.org

7

41 Membership, Nominations, Qualifications, Appointment and Term of Office**42 Officers****43 Meetings****44 Guidelines****45 Vacancies, Removal and Immunity****46 Powers and Duties****47 Collection of Fees**

- a. The BON ~~shall~~ may collect the following fees:
1. Application for licensure by examination
 - a. RN <>
 - b. LPN/VN <>
 - c. APRN <>
 2. ~~Temporary permit for initial licensure applicant~~
 - a. ~~RN <>~~
 - b. ~~LPN/VN <>~~
 - e. ~~APRN <>~~
 3. Application for licensure by endorsement
 - a. RN <>
 - b. LPN/VN <>
 - c. APRN <>
 4. Temporary permit for endorsement applicant
 - a. RN <>
 - b. LPN/VN <>
 - c. APRN <>
 5. Renewal of licensure
 - a. RN <>
 - b. LPN/VN <>
 - c. APRN <>
 6. ~~Temporary permit to practice for the clinical portion of a nursing refresher course <>~~
 7. Late renewal <>
 8. Reinstatement <>
 9. Certified statement that nurse is licensed in jurisdiction <>
 10. Duplicate or reissued license <>
 11. ~~Returned check~~ Insufficient funds <>
 12. ~~Fee for each level of~~ nursing education program survey and evaluation per level <>
 13. Discipline monitoring <>
 14. Copying costs <>
 15. Criminal background check processing fees <>
 16. Other miscellaneous costs
- b. ~~Fees collected by the BON shall reflect the cost of service provided.~~
- c. All fees collected by the BON are non-refundable.

Authority: Model Act Article IV Section 7

48 Executive Officer**Chapter 5. RN, ~~and~~ LPN/VN, and APRN Licensure and Exemptions****5.1 Titles and Abbreviations for Licensed Nurses**

5.1.1 Titles and Abbreviations for APRNs

- a. Individuals are licensed or granted privilege to practice as APRNs in the roles of certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS) and certified nurse practitioner (CNP) and in the population focus of family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/ gender-related or psychiatric/mental health.
- b. Each APRN shall use the designation "APRN" plus role title as a minimum for purposes of identification and documentation. ~~The APRN with an earned doctorate may use the term doctor or abbreviation "Dr."~~
- c. When providing nursing care, the APRN shall provide clear identification that indicates his or her APRN designation.

Authority: Model Act Article III Section 3

5.2 Examinations

5.3 Application for Licensure by Examination as an RN or LPN/VN

An applicant for licensure as an RN or LPN/VN shall: ~~whichever is applicable, by examination in this state shall submit to the BON the required fees for licensure by examination, as specified in Chapter 4, and a completed application for licensure by examination that provides the following information:~~

- ~~a. Documentation of graduation shall verify the date of graduation or graduation eligibility and the credential conferred. An official transcript is required prior to the issuance of a permanent license.~~
- ~~b. In order to be licensed in this state, all RN applicants shall take and pass the NCLEX-RN®.~~
- ~~c. In order to be licensed in this state, all LPN/VN applicants shall take and pass the NCLEX-PN®.~~
- d. Submit a completed application and fees established by the BON
- e. Graduate or be eligible for graduation from a <your jurisdiction> BON approved prelicensure program or a program that meets criteria comparable to those established by the <your jurisdiction> BON in its rules.
- f. Pass an examination authorized by the BON.
 - 1. All RN applicants shall take and pass the NCLEX-RN®.
 - 2. All LPN/ VN applicants shall take and pass the NCLEX-PN®.
- g. Submit to state and federal criminal background checks.
- h. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.
- i. Report any condition or impairment (including but not limited to substance abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner.
- j. Report any actions taken or initiated against a professional or occupational license, registration or certification.
- k. For an applicant who is a graduate of a prelicensure education program not taught in English, passage of an English proficiency examination that includes the components of reading, speaking, writing and listening
- l. ~~Identification~~ Identify ~~of~~ any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes:
 - 1. The number and status of the license or credential.
 - 2. The original state or country of licensure or credentialing.
- m. Provide employment information including ~~Current~~ current employer if employed in health care, including address, telephone number, position and dates of employment and previous employer in health care, if any, if current employment is less than 12 months.
- n. ~~The date and jurisdiction~~ Provide information regarding whether the applicant previously applied for a license in another jurisdiction and either was denied a license, or withdrew the application or allowed the application to expire, if applicable.
- o. ~~Detailed~~ Provide detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.
- ~~p. Submission of state and federal criminal background checks completed within the last <> months.~~

Authority: Model Act Article V Section 3

5.4 Additional Requirements for Licensure by Examination of Internationally Educated Applicants

In addition to the requirements listed in Section 5.3, the requirements for licensure by examination of internationally educated applicants, includes:

- a. Graduation from a foreign RN or LPN/ VN prelicensure education program that (a) has been approved by the authorized accrediting body in the applicable country and (b) has been verified by an independent credentials review agency top be comparable to a licensing board-approved prelicensure education program;

- b. Acceptable documentation shall verify the date of enrollment, date of graduation and credential conferred. An official transcript and, if not in English, a certified translation is required prior to the approval to take the NCLEX®.
- c. Passage of an English proficiency examination, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, that includes the components of reading, speaking, writing and listening;

Authority: Model Act Article V Section 4

5.4 Application for Licensure by Internationally Educated Applicants

~~An internationally educated applicant for licensure by examination in this state shall submit to the BON required fees for licensure by examination, as specified in Chapter 4 of these rules, and a completed application for licensure by examination that provides the following information:~~

- ~~d. Acceptable documentation shall verify the date of enrollment, date of graduation and credential conferred. An official transcript and, if not in English, a certified translation is required prior to the approval to take the NCLEX®.~~
- ~~e. Credentials shall be reviewed by a credentials review agency to verify the comparability of the international nursing education program to nursing education programs in this jurisdiction.~~
- ~~f. In order to be licensed in this state, all RN applicants shall take and pass the NCLEX-RN®.~~
- ~~g. In order to be licensed in this state, all LPN/VN nurse applicants shall take and pass the NCLEX-PN®.~~
- ~~h. Identification of any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes:

 - ~~1. The license number and status of the license or credential.~~
 - ~~2. The original state or country of licensure or credentialing.~~~~
- ~~i. Current employer if employed in health care, including address, telephone number, position and dates of employment.~~
- ~~j. Previous employer in health care, if any, if current employment is less than 12 months.~~
- ~~k. The date and jurisdiction the applicant previously applied for a license in another jurisdiction and either was denied a license or withdrew the application, if applicable.~~
- ~~l. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background.~~
- ~~m. Submission of state and federal criminal background checks completed within the last <> months.~~

5.5 Application for Licensure by Endorsement as an RN or LPN/VN

- a. An applicant for licensure by endorsement in this state shall ~~submit to the BON the required fees for licensure by endorsement as specified in Chapter 4 and a completed application for licensure by endorsement.~~
 1. Submit a completed application and fees as established by the BON.
 2. Graduate from a <your jurisdiction> BON-approved prelicensure program or a program that meets criteria comparable to those established by the <your jurisdiction>.
 3. Hold a license as an RN or an LPN/VN that is not encumbered.
 4. Pass an examination authorized by the BON.
 5. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
 6. Submit to state and federal criminal background checks.
 7. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.
 8. Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner.
 9. Report any actions taken or initiated against a professional or occupational license, registration or certification.
 10. Report current participation in an alternative to discipline program in any jurisdiction.
 11. Submit verification of licensure status provided directly from the U.S. jurisdiction of licensure by examination, or a coordinated licensure information system.
- ~~b. The BON shall verify licensure by examination by the state of original licensure and receive from that BON information regarding graduation or eligibility for graduation from a nursing education program for the level of license sought, date of original licensure and current licensure status in the jurisdiction.~~
- ~~e. The BON shall also verify date of the applicant's licensure, licensure status or privilege with the state of most recent employment, if different from the state of original licensure.~~
- d. An applicant for licensure by endorsement as an RN or LPN/ VN in this state, whichever is applicable, shall

provide the following information:

1. Evidence of having passed the licensure examination required by this jurisdiction at the time the applicant was initially licensed in another jurisdiction.
- ~~e. Evidence of continued competence, as defined in 5.6.2 below.~~
- f. Identification of any state, territory or country in which the applicant holds a health profession license or credential, if applicable. Required information includes:
 1. The number and status of the license or credential.
 2. The original state or country of licensure or credentialing.
- ~~g. Current employer if employed in health care, including address, telephone number, position and dates of employment.~~
- ~~h. Previous employer in health care, if any, if current employment is less than 12 months.~~
- i. The date and jurisdiction the applicant previously applied for a license in another jurisdiction and either was denied a license or withdrew the application, if applicable.
- j. Detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.
- ~~k. Submission of state and federal criminal background checks completed within the last <> months.~~

Authority: Model Act Article V Section 5

5.5.1 Temporary Permits

- ~~a. A temporary permit is a time limited authorization to practice nursing as specified by the type of permit.~~
- ~~b. The BON may issue, upon request of the applicant, a temporary permit to practice nursing to applicants for endorsement to practice nursing at the applied level of licensure to an individual who submits an application for licensure by endorsement and with verification of current licensure in another jurisdiction.~~
- ~~e. Temporary permits may be issued for a time period not to exceed <> months. Permits are non-renewable and are valid from the submission of a proper request until the date of the BON decision on the application.~~
- ~~d. An applicant may request a temporary permit to practice nursing by submitting application to the BON and paying the required fee, as specified in Chapter 4 of these rules.~~
- ~~e. Upon submission of application for licensure, including submission of request for criminal background check and receipt of verification that the license from another jurisdiction is not encumbered, an applicant for licensure by endorsement may receive a temporary permit to practice nursing.~~

5.6 Renewal of Licenses

The renewal of a license must be accomplished by <date determined by the BON>. Failure to renew the license on or before the date of expiration shall result in the forfeiture of the right to practice nursing in this jurisdiction.

5.6.1 Application for Renewal of License as an RN or LPN/VN

An applicant for license renewal shall submit to the BON the required fee for license renewal, ~~as specified in Chapter 4~~, and a completed application for license renewal that provides the following information:

- ~~a. Evidence of completion of the continued competence requirements specified in 5.6.2 below.~~
- b. Detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.
- c. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.
- d. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations
- e. Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional, or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner.
- f. Report any actions pending, taken or initiated against a professional or occupational license, registration or certification.
- g. Report current participation in an alternative to discipline program in any jurisdiction.
- h. Failure to provide the requested information may result in non-renewal of the license to practice nursing or a disciplinary action.

Authority: Model Act Article V Section 7

5.6.2 Continued Competence

~~***At the present time, evidence does not support any one mechanism for continued competence and further study is warranted.~~

5.6.3 Issuance of License

~~The BON shall renew the license of each renewal applicant who complies with the requirements of this Section.~~

5.7 Reactivation of License Following Failure to Renew

An individual whose license is inactive by failure to renew may apply for reactivation by submitting an application, paying a fee as specified in Chapter 4 of these rules, meeting all practice requirements for renewal of licensure and satisfying the conditions listed below. At any time after a license has been inactive, the BON may require evidence of the licensee's current nursing knowledge and skill before reactivating the licensee to the status of active license. An applicant must:

1. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.
2. Submit to state and federal criminal background checks.
3. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
4. Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely in a competent and professional manner.
5. Report any action taken or initiated against a professional or occupational license, registration or certification.
6. Report current participation in an alternative to discipline program in any jurisdiction.

Authority: Model Act Article V Section 8

5.7.1 Reinstatement Following Disciplinary Action

For those licensees applying for reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specific requirements set forth in the BON's discipline order, is required. An applicant must:

1. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.
2. Submit to state and federal criminal background checks.
3. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
4. Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely in a competent and professional manner.
5. Report any action taken or initiated against a professional or occupational license, registration or certification.
6. Report current participation in an alternative to discipline program in any jurisdiction.

Authority: Model Act Article V Section 9

5.8 Duties of Licensees

5.9 Criminal Background Checks

~~a. All individuals convicted of a sexual offense involving a minor or performing a sexual act against the will of another person shall be subject to a BON order for evaluation by a qualified expert approved by the BON. If the evaluation identifies sexual behaviors of a predatory nature the BON shall deny licensure.~~

~~b. Other criminal convictions may be reviewed by the BON on a case by case basis to determine eligibility for licensure.~~

5.10 Exemptions to Licensure- Nursing Students

1. No provisions of this Act shall be construed to prohibit the practice of nursing if:
 - a. The student is enrolled in a program located in this jurisdiction and approved by the BON or participating in this jurisdiction in a component of a program located in another jurisdiction and approved by a BON.
 - b. The student's practice is under the auspices of the program.
 - c. The student acts under the supervision of an RN serving for the program as a faculty member or teaching assistant.

Authority: Model Act Article V Section 12

5.11 APRN Licensure

5.11.1 Application for Initial Licensure

a. An applicant for licensure as an APRN in this state shall submit to the BON the required fee as specified in Chapter 4, verification of licensure or eligibility for licensure as an RN in this jurisdiction and a completed application that provides the following information:

1. Graduation from an APRN graduate or post-graduate program as evidenced by official documentation received directly from an APRN program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor

organization, as acceptable by the BON.

2. This documentation shall verify the date of graduation; credential conferred; ~~number of clinical hours completed~~; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.
- ~~b. In order to be licensed in this state, all APRN applicants must be currently licensed as an RN or hold a privilege to practice as an RN in this state.~~
- ~~c. In order to be licensed in this state, all APRN applicants must take and pass the appropriate APRN national certification examination in the APRN role and population focus congruent with educational preparation.~~
- ~~d. The BON shall determine whether a certification program can be used as a requirement for licensure of APRNs based upon the following standards:~~
- e. Report any criminal conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.
- f. Requirements for Certification Programs
 1. ~~The program is national in the scope of its credentialing.~~
 2. ~~Conditions for taking the certification examination are consistent with acceptable standards of the testing community and are intended to ensure minimal competence to practice at an advanced level of nursing.~~
 3. ~~Educational requirements are consistent with the requirements of the advanced practice role and population focus.~~
 4. ~~The standard methodologies used are acceptable to the testing community such as incumbent job analysis studies and logical job analysis studies.~~
 5. ~~Certification programs are accredited by a national accreditation body as acceptable by the BON.~~
 6. ~~The examination represents entry level practice, with minimal, though critical competencies, in the advanced nursing practice role and population.~~
 7. ~~The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to patients.~~
 8. ~~Examination items are reviewed for content validity, cultural bias and correct scoring using an established mechanism, both before use and periodically.~~
 9. ~~Examinations are evaluated for psychometric performance.~~
 10. ~~The passing standard is established using acceptable psychometric methods and is reevaluated periodically.~~
 11. ~~Examination security is maintained through established procedures.~~
 12. ~~Certification is issued based upon passing the examination and meeting all other certification requirements.~~
 13. ~~A retake policy is in place.~~
 14. ~~A certification maintenance program, which includes review of qualifications and continued competence, is in place.~~
 15. ~~Mechanisms are in place for communication to BONs for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice.~~
 16. ~~An evaluation process is in place to provide quality assurance in its certification program.~~
- ~~g. Requirements of 5.3.d.i. shall apply to APRNs.~~

Authority: Model Act Article V Section 6

5.11.2 Application of an Internationally Educated APRN

An internationally educated applicant for licensure as an APRN in this state shall:

- a. Graduate from a graduate or post-graduate level APRN program equivalent to an APRN educational program in the U.S. accepted by the BON.
- b. Submit documentation through ~~an official transcript directly from the international nursing education program and verified through~~ a BON approved qualified credentials evaluation process for the license being sought.
- c. Has, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing and listening.
- d. Meet all other licensure criteria required of applicants educated in the U.S.

5.11.3 Application for Licensure by Endorsement

- a. An applicant for licensure by endorsement as an APRN in this state shall submit to the BON the required fee as specified in Chapter 4, verification of eligibility for an license or privilege to practice as an RN in this jurisdiction and a completed APRN application that provides the following information:
 1. Graduation from a graduate or post-graduate level APRN program, as evidenced by an official transcript or other

official documentation received directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or CHEA, or its successor organization, as acceptable by the BON.

2. This documentation shall verify the date of graduation; credential conferred; number of clinical hours completed; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.
 - b. Not have an encumbered license or privilege to practice in any state or territory
 - c. Report any conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction
 - d. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
 - e. Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation.
 - a. Primary source of verification of certification is required.
 - b. ~~If the applicant has not been in clinical practice for more than the past two years, the applicant shall provide evidence of satisfactory completion of 24 contact hours, 12 in pharmacotherapeutics and 12 in the clinical management of patients, within the two years prior to applying for approval to practice.~~
 - c. ~~If the applicant has not been in clinical practice for more than the past five years, the applicant shall provide evidence of satisfactory completion of 45 contact hours of pharmacotherapeutics within the two years prior to application. The applicant must also successfully complete a refresher course approved by the BON or an extensive orientation in the appropriate advanced practice role and population focus, which includes a supervised clinical component by a qualified preceptor. <> hours.~~
 - d. ~~Preceptor must meet the following requirements:

 - i. ~~Holds an active license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus; and~~
 - ii. ~~Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting~~~~
- c. Requirements of 5.3.d.-i. shall apply to APRNs.

Authority: Model Act Article V Section 6

5.11.4 Application for License Renewal

An applicant for license renewal as an APRN shall submit to the BON the required fee for license renewal, as specified in Chapter 4, and a completed license renewal application including:

- a. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background.
- b. Evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of 11.2.1.
- c. Submit a renewal application as directed by the BON and remit the required fee as set forth in rule.

Authority: Model Act Article V Section 6

5.11.5 Quality Assurance/Documentation and Audit

The BON may conduct a random audit of nurses to verify current APRN certification and/or continuing education. Upon request of the BON, licensees shall submit documentation of compliance.

5.11.6 Reinstatement of License

The reinstatement of APRN licensure is the same as previously stated for RNs and LPN/VNs in Chapter 5 plus the following:

- a. An individual who applies for licensure reinstatement and who has been out of practice for more than five years shall provide evidence of successfully completing <> hours of a reorientation in the appropriate advanced practice role and population focus, which includes a supervised clinical component by a qualified preceptor.
- b. Preceptor must meet the following requirements:
 1. Holds an active license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus.
 2. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.
- c. For those licensees applying for licensure reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specified requirements set forth in the BON's discipline order, is required.

Authority: Model Act Article V Section 6

Chapter 6. Prelicensure Nursing Education

6.1 Purpose of Nursing Education Standards

The purpose of nursing education standards is to ensure that graduates of nursing education programs are prepared for safe and effective nursing practice.

- ~~a. Provide criteria for the development, evaluation and improvement of new and established nursing education programs.~~
- ~~b. Ensure candidates are educationally prepared for licensure and recognition at the appropriate level.~~

Authority: Model Act Article VI Section 1

6.1.1 Prelicensure Nursing Education Standards

All nursing education programs shall meet ~~these~~ the following standards:

- a. The purpose and outcomes of the nursing program shall be consistent with the Act and BON promulgated administrative rules, regulations and other relevant state statutes.
- ~~b. The purpose and outcomes of the nursing program shall be consistent with accepted standards of nursing practice appropriate for graduates of the type of nursing program offered.~~
- c. The input of stakeholders shall be considered in developing and evaluating the purpose and outcomes of the program.
- d. A systematic evaluation plan of the curriculum is in place.
- ~~e. The nursing program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement.~~
- f. The curriculum shall provide diverse didactic and clinical learning experiences consistent with program outcomes.
- g. Faculty and students shall participate in program planning, implementation, evaluation and continuous improvement.
- h. The nursing program administrator shall be professionally and academically qualified RN with institutional authority and administrative responsibility for the program.
- i. The nursing program administrator shall be consistent in a nursing program, with no more than 3 nursing program administrators in 5 years.
- j. Professionally, academically and clinically qualified ~~nurse~~ faculty shall be sufficient in number, have a low turnover, and have the expertise to accomplish program outcomes and quality improvement.
- k. The simulation center shall be accredited.
- l. Written an easily accessible policies and procedures that have been vetted by students and faculty.
- m. Formal mentoring of full-time and part-time faculty.
- n. Formal orientation of adjunct faculty.
- o. The school shall provide substantive and periodic workshops and presentations devoted to faculty development.
- p. The program can provide evidence that their admission, progression and student performance standards are based on data.
- q. The fiscal, human, physical (including access to a library), clinical and technical learning resources shall be adequate to support program processes, security and outcomes.
- ~~r. Program information communicated by the nursing program shall be accurate, complete, consistent and readily available.~~

Authority: Model Act Article VI Section 2

6.1.2 Required Criteria for Prelicensure Nursing Education Programs

~~The organization and administration of the nursing education program shall be consistent with the law governing the practice of nursing. The nursing education program shall be an integral part of a governing academic institution that is accredited by an accrediting agency that is recognized by the U.S. Department of Education. The nursing education program shall provide evidence of current accreditation by a national nursing accrediting agency recognized by the United States Department of Education by January 1, 2020.~~

- a. Curriculum shall include experiences that promote clinical judgment; skill in clinical management, supervision and delegation; interprofessional collaboration; quality and safety; and navigation and understanding of health care systems.
 - 1. Distance education methods are consistent with the curriculum plan.
 - ~~2. The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure. Curriculum will be revised as necessary to maintain a program that reflects advances in health care and its delivery.~~
 - ~~3. The curriculum, as defined by nursing education, professional and practice standards, shall include:

 - ~~a. Experiences that promote the development and subsequent demonstration of evidence based clinical judgment, skill in clinical management, and the professional commitment to collaborate in continuously improving the quality and safety of the healthcare system for patients.~~
 - ~~b. Evidence based learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan.~~~~
 - 4. Coursework shall include including, but not be limited to:
 - ~~i. Content Sound foundation in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice;~~

- ii. ~~Content regarding professional responsibilities, legal and ethical issues, history and trends in nursing and health care; and~~
 - iii. Didactic content ~~and supervised clinical experience in the~~ including prevention of illness and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social and economic backgrounds. ~~Patient experiences will occur in a variety of clinical settings and will include:~~
 - iv. Didactic and clinical experiences shall include Medical/ Surgical, obstetrics, pediatrics, Psychiatric/ Mental Health and Community Health.
 - v. 50% or more of clinical experiences, in each course, shall include direct patient care.
 - vi. Clinical experiences shall be supervised and occur directly with patients. Clinical experiences and simulation shall include a variety of clinical settings and are sufficient for meeting program outcomes.
 - 1) ~~The program shall provide clinical hours comparable to those provided by an approved program of equivalent size and program type or, in the case of no equivalent program, clinical hours scaled relative to an approved program.~~
 - 5. The program has processes in place to manage and learn from near misses and errors.
 - 6. The program has opportunities for collaboration with interprofessional teams.
 - 7. Professional responsibilities, legal and ethical issues, history and trends in nursing and health care.
 - 1) ~~Integrating patient safety principles throughout the didactic and clinical coursework.~~
 - 2) ~~Implementing evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing care.~~
 - 3) ~~Providing patient-centered, culturally competent care that recognizes that the patient or designee is the source of control and full partner in providing coordinated care by:~~
 - (a) ~~Respecting patient differences, values, preferences and expressed needs.~~
 - (b) ~~Involving patients/designees in decision-making and care management~~
 - (c) ~~Coordinating and managing patient care across settings.~~
 - (d) ~~Explaining appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve healthy lifestyles.~~
 - 4) ~~Collaborating with interprofessional teams to foster open communication, mutual respect, and shared decision-making in order to achieve quality patient care.~~
 - 5) ~~Participating in quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors, and collaborate in the development and testing of changes that improve the quality and safety of health care systems.~~
 - 6) ~~Using information technology to communicate, mitigate error and support decision making.~~
 - 8. ~~Faculty supervised clinical practice shall include development of skills in direct patient care; making clinical judgments; care and management of both individuals and groups of patients across the lifespan; and delegation to and supervision of, as appropriate to level of education, other health care providers:~~
 - a. ~~The program shall provide clinical hours comparable to those provided by an approved program of equivalent size and program type or, in the case of no equivalent program, clinical hours scaled relative to an approved program.~~
 - b. ~~Clinical experiences shall be supervised by qualified faculty.~~
 - e. ~~All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.~~
 - d. ~~Measurement of students' competencies shall focus on the students' demonstration of care management and decision-making skills when providing patient care in a variety of clinical situations and care settings.~~
 - 9. ~~Delivery of instruction by distance education methods must be consistent with the program curriculum plan and enable students to meet the goals, competencies and outcomes of the educational program and standards of the BON.~~
- b. Students
- 1. ~~The program shall provide students the opportunity to acquire and demonstrate the knowledge, skills, and abilities required for safe and effective nursing practice, in theory and clinical experience, through faculty supervision.~~
 - 2. The program shall hold students accountable for professional behavior, including honesty and integrity, while in their program of study.
 - 3. All policies relevant to applicants and students shall be readily available in writing ~~and vetted by students and faculty.~~
 - 4. Students shall meet health standards and criminal background check requirements.
 - 5. English as a second language assistance is provided.
 - 6. Assistance is available for students with disabilities.
 - 7. All students have books and resources necessary throughout the program.
 - 8. Remediation strategies are in place at the beginning of each course and students are aware of how to seek help.
- c. Administrator qualifications
- 1. Administrator qualifications in a program preparing for LPN/VN licensure shall include:
 - a. A current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved;
 - b. A minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree;

- c. Experience in teaching, ~~and knowledge of learning principles for adult education, including nursing practice and curriculum development, administration, and evaluation;~~ and
- d. A current knowledge of nursing practice at the practical/vocational level.
- 2. Administrator qualifications in a program preparing for RN licensure shall include:
 - a. A current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved;
 - b. A doctoral degree in nursing; or a graduate degree in nursing and a doctoral degree;
 - c. Educational preparation or experience in ~~academic teaching; and knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation; and~~
 - d. Experience in nursing practice and administration; and
 - e. A current knowledge of registered nursing practice.
- d. Faculty
 - 1. There shall be ~~a minimum of 35% of the total faculty, including all clinical adjunct, part-time, or other faculty, are employed at the institution as full-time faculty. sufficient number of qualified faculty to meet the outcomes and purposes of the nursing education program.~~
 - 2. The nursing faculty shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the state where the program is approved.
 - 3. Faculty supervising clinical experiences shall hold a current active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the clinical practicum is conducted.
 - 4. Qualifications for nursing faculty who teach in a program leading to licensure as an LPN/VN should be academically and experientially qualified with a minimum of a ~~graduate degree in nursing or~~ bachelor's degree in nursing ~~with a graduate degree.~~
 - 5. Qualifications for nursing faculty who teach ~~clinical courses, including didactic or clinical experiences,~~ in a program leading to licensure as an RN should be academically and experientially qualified with a minimum of a graduate degree in nursing.
 - 6. ~~Faculty can demonstrate participation in continuing education.~~
 - 7. Interprofessional faculty teaching non-clinical nursing courses shall have advanced preparation appropriate for the content being taught.
 - 8. Clinical faculty, preceptors ~~and adjunct faculty~~ shall demonstrate ~~current clinical experience competencies related to the area of assigned clinical teaching responsibilities and will serve as role models and educators for students. Clinical preceptors may be used to enhance faculty directed clinical learning experiences.~~
 - 9. Clinical preceptors shall have an unencumbered license to practice as a nurse at or above the level for which the student is being prepared, in the jurisdiction where they are precepting students.
 - 10. ~~Simulation faculty are certified.~~

Authority: Model Act Article VI Section 3

6.1.3 Determination of Compliance with Standards

Accreditation by a national nursing accrediting body, set forth by the United States Department of Education (USDE), is required, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval.

~~BON initial and continuing approval is the model used for determining compliance with these standards. National nursing accreditation shall be required by January 1, 2020, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval.~~ Nursing programs must submit to the BON copies of accreditation related correspondence with the national nursing accrediting agency within 30 days of receipt. ~~The BON shall identify correspondence that the programs must submit.~~

Authority: Model Act Article VI Section 4

6.1.4 Purposes of Prelicensure Nursing Education Program Approval

- a. To promote ~~public protection through~~ the safe practice of nursing by implementing standards for individuals seeking licensure as RNs and LPN/VNs.
- b. To grant legal recognition to nursing education programs that the BON determines have met the standards.
- c. To ensure graduates meet the educational and legal requirements for the level of licensure for which they are preparing and to facilitate their endorsement to other states and countries.
- ~~d. To ensure continuous evaluation and improvement of nursing education programs.~~
- e. To provide the public and prospective students with a published list of nursing programs that meets the standards established by the BON.

Authority: Model Act Article VI Section 5

6.1.5 Establishment of a New Prelicensure Nursing Education Program

Before establishing a new nursing education program, the program shall contact the BON and complete the process outlined below:

- a. Phase I – Application to BON. The proposed program shall provide the following information to the BON:
 1. ~~Results of a needs assessment, including identification of potential, and available, students and employment opportunities for program graduates.~~
 2. Identification of sufficient financial and other resources.
 3. Governing institution approval and evidence of financial support that can be provided on an ongoing basis.
 4. ~~Community support.~~
 5. ~~Type of educational program proposed.~~
 6. Evidence of the institution meeting state requirements, and regional or national accreditation by an accredited agency recognized by the USDE U.S. Department of Education.
 7. Evidence of the nursing program actively seeking pre-accreditation or candidate accreditation from a USDE U.S. Department of Education recognized national nursing accrediting agency.
 8. Clinical opportunities and availability of resources.
 9. Evidence of clinical partnerships and availability of resources.
 10. Availability of qualified faculty and program director.
 11. A proposed time line for initiating and expanding the program.
- b. Phase II – Initial Approval for Admission of Students. The proposed program shall provide the BON with verification that the following program components and processes have been completed:
 1. Employment of a qualified director and faculty to develop program.
 2. A comprehensive program curriculum. ~~Overview of total curriculum:~~
 - a. ~~Content;~~
 - b. ~~Schedule (course sequence);~~
 - c. ~~Course descriptions;~~
 - d. ~~Contracts for clinical sites;~~
 - e. ~~Program evaluation plan; and~~
 - f. ~~Course syllabi for first year with identified timeline for submission of syllabi for next years.~~
 3. Establishment of student policies for admission, progression, retention and graduation.
 4. Policy and strategies to address students’ needs including those with learning disabilities and English as a second language; and remediation tactics for students performing below standard.
 5. ~~The BON shall deny initial approval if it determines that a proposed nursing education program is unable to meet the standards for nursing education.~~
 6. When the BON determines that all components and processes are completed and in place, the BON shall authorize the program to admit students.
- c. Phase III – Full Approval of Program. The BON shall fully approve the program upon:
 1. Completion of BON program survey visit ~~concurrent with graduation of first class or eligibility for NCLEX.~~
 2. Submission of program’s ongoing systematic evaluation plan.
 3. Employment of qualified faculty.
 4. Additional oversight of new programs will take place for the first 6 years of operation. This may include progress reports every 6 months on program leadership, consistency of faculty, numbers of students and trends of NCLEX pass rates, along with the regularly collected annual reports to the BON.
 5. ~~Satisfactory completion of survey report that verifies that the program is in compliance with the BON’s Nursing Education Standards.~~
 6. ~~The BON may request periodic reports from the new program regarding initial program operations before granting approval.~~

Authority: Model Act Article VI Section 6

6.1.6 Continuing Approval of Prelicensure Nursing Education Programs

- a. Every < > years previously approved nursing education programs with full program approval status will be evaluated for continuing approval by the BON.
- b. Warning signs that may trigger a focused site visit include:
 1. Complaints from students, faculty and clinical agencies.
 2. Turnover of program administrators, defined by more than 3 administrators in a 5 year period.
 3. Frequent nursing faculty turnover.
 4. Frequent cuts in numbers of nursing faculty.
 5. Decreasing trends in NCLEX pass rates.

- c. The BON may accept all or partial evidence prepared by a program, to meet national nursing accreditation requirements. The BON shall review and analyze various sources of information regarding program performance, including, but not limited to:
1. Periodic BON survey visits, as necessary, and/or reports.
 2. Evidence of being accredited by a ~~USDE U.S. Department of Education~~ recognized national nursing accredited agency.
 3. BON recognized national nursing accreditation visits, reports and other pertinent documents provided by the program.
 4. Results of ongoing program evaluation.
 5. ~~Other sources of evidence regarding achievement of program outcomes including, but not limited to:~~
 - a. ~~Student retention, attrition, and on-time program completion rates;~~
 - b. ~~Sufficient/adequate type and number of faculty, faculty competence and faculty retention/turnover;~~
 - c. ~~Adequate laboratory and clinical learning experiences;~~
 - d. ~~NCLEX pass rates which are at least \geq % for one year for graduates taking the examination for the first time;~~
 - e. ~~Trend data/action planning related to NCLEX performance;~~
 - f. ~~Trend data/action planning related to employer and graduate satisfaction;~~
 - g. ~~Performance improvement initiatives related to program outcomes; and~~
 - h. ~~Program complaints/grievance review and resolution.~~
- d. Continuing approval will be granted upon the BON's verification that the program is in compliance with the BON's nursing education administrative rules.

Authority: Model Act Article VI Section 7

6.1.7 Conditional Approval of Prelicensure Nursing Education Programs

- a. The BON may grant conditional approval when it determines that a program is not fully meeting approval standards.
- b. If the BON determines that an approved nursing education program is not meeting the criteria set forth in these regulations, the nursing program shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies.

Authority: Model Act Article VI Section 8

6.1.8. Withdrawal of Approval

- a. The BON shall withdraw approval if, after proper notice and opportunity, it determines that:
 1. A nursing education program fails to meet the standards of this Rule.
 2. A nursing education program fails to correct the identified deficiencies within the time specified.
- ~~b. After January 1, 2020, a program that has not received national nursing accreditation by a U.S. Department of Education recognized agency shall, upon request, be granted a one year extension by the BON to comply with this requirement.~~

Authority: Model Act Article VI Section 9

6.1.9 Appeal

A program denied approval or given less than full approval may appeal that decision. All such actions shall be in accordance with due process rights.

Authority: Model Act Article VI Section 10

6.1.10 Reinstatement of Approval

The BON may reinstate approval if the program submits evidence of compliance with nursing education standards within the specified time frame.

Authority: Model Act Article VI Section 11

6.2 Closure of Prelicensure Nursing Education Program and Storage of Records

- a. A nursing education program may be closed due to withdrawal of BON approval or may close voluntarily.
- b. Provisions shall be made for maintenance of the standards for nursing education during the transition to closure.
- c. Arrangements are made for the secure storage and access to academic records and transcripts.
- d. An acceptable plan is developed for students to complete a BON approved program.
- e. Confirmation shall be provided to the BON, in writing, that the plan has been fully implemented.

Authority: Model Act Article VI Section 12

~~6.2.1. Closure of a Prelicensure Nursing Education Program as a Result of Withdrawal of BON Approval~~

~~The program shall submit to the BON:~~

- ~~a. An acceptable plan for students to complete a BON approved program.~~
- ~~b. Confirmation in writing that the plan has been fully implemented.~~
- ~~c. Arrangements for the secure storage and access to academic records and transcripts.~~

6.2.2. Prelicensure Nursing Education Program Closed Voluntarily

The program shall submit to the BON:

- a. Reason for the closing of the program and date of intended closure.
- b. An acceptable plan for students to complete a BON approved program.
- c. Arrangements for the secure storage and access to academic records and transcripts.

Authority: Model Act Article VI Section 13

6.3 Innovative Approaches in Prelicensure Nursing Education Programs

A nursing education program may apply to implement an innovative approach by complying with the provisions of this section. Nursing education programs approved to implement innovative approaches shall continue to provide quality nursing education that prepares graduates to practice safely, competently and ethically within the scope of practice as defined in the Act.

Authority: Model Act Article VI Section 14

6.3.1 Purposes

- a. To foster innovative models of nursing education to address the changing needs in health care.
- b. To assure that innovative approaches are conducted in a manner consistent with the BON's role of protecting the public.
- ~~c. To assure that innovative approaches conform to the quality outcome standards and core education criteria established by the BON.~~

Authority: Model Act Article VI Section 15

6.3.2 Eligibility

- a. The nursing education program shall hold full BON approval without conditions.
- b. There are no substantiated complaints in the past 2 years.
- c. There are no rule violations in the past 2 years.

Authority: Model Act Article VI Section 16

6.3.3. Application

~~The following information (no longer than <> pages with a 1-page executive summary) shall be provided to the BON at least <> days prior to a BON meeting:~~

- ~~a. A description of the innovation plan, with rationale, shall be provided to the BON at least <> days before the BON meeting. Identifying information (name of nursing program, address, responsible party and contact information).~~
- ~~b. A brief description of the current program, including accreditation and BON approval status.~~
- ~~c. Identification of the regulation(s) affected by the proposed innovative approach.~~
- ~~d. Length of time for which the innovative approach is requested.~~
- ~~e. Description of the innovative approach, including objective(s).~~
- ~~f. Brief explanation of why you want to implement an innovative approach at this time.~~
- ~~g. Explanation of how the proposed innovation differs from approaches in the current program.~~
- ~~h. Rationale with available evidence supporting the innovative approach.~~
- ~~i. Identification of resources that support the proposed innovative approach.~~
- ~~j. Expected impact innovative approach will have on the program, including administration, students, faculty, and other program resources.~~
- ~~k. Plan for implementation, including timeline.~~
- ~~l. Plan for evaluation of the proposed innovation, including measurable criteria/outcomes, method of evaluation, and frequency of evaluation.~~
- ~~m. Additional application information as requested by the BON.~~

Authority: Model Act Article VI Section 17

6.3.4. Standards for Approval

- a. Eligibility criteria in 6.3.2. ~~and application criteria in 6.3.3.~~ are met.
- b. The innovative approach will not compromise the quality of education or safe practice of students.
- c. Resources are sufficient to support the innovative approach.

- ~~d. Rationale with available evidence supports the implementation of the innovative approach.~~
- ~~e. Implementation plan is reasonable to achieve the desired outcomes of the innovative approach.~~
- f. Timeline provides for a sufficient period to implement and evaluate the innovative approach.
- ~~g. Plan for periodic evaluation is comprehensive and supported by appropriate methodology.~~

Authority: Model Act Article VI Section 18

6.3.5. Review of Application and BON Action

- ~~a. Annually the BON may establish the number of innovative approach applications it will accept, based on available BON resources.~~
- ~~b. The BON shall evaluate all applications to determine if they meet the eligibility criteria in 6.3.2 and the standards established in section 6.3.4.~~
- ~~c. The BON shall inform the education program of the approval process timeline within <> days of the receipt of the application.~~
- d. If the application meets the standards, the BON may:
 1. Approve the application; or
 2. Approve the application with modifications as agreed between the BON and the nursing education program.
- e. If the submitted application does not meet the criteria in 6.3.2 and 6.3.4., the BON may deny approval or request additional information.
- ~~f. The BON may rescind the approval or require the program to make modifications if:

 - ~~1. The BON receives substantiated evidence indicating adverse impact; or~~
 - ~~2. The nursing program fails to implement the innovative approach as presented and approved~~~~

Authority: Model Act Article VI Section 19

6.3.6. Periodic Evaluation

- ~~a. The education program shall submit progress reports conforming to the evaluation plan annually or as requested by the BON.~~
- ~~b. The final evaluation report shall conform to the evaluation plan, detailing and analyzing the outcomes data.~~
- ~~e. If any report indicates that students were adversely impacted by the innovation, the nursing program shall provide documentation of corrective measures and their effectiveness.~~
- ~~d. Nursing education program maintains eligibility criteria in 6.3.2.~~

6.3.7. Requesting Continuation of the Innovative Approach

- a. If the innovative approach has achieved the desired outcomes and the final evaluation has been submitted, the program may request that the innovative approach be continued.
- b. Request for the innovative approach to become an ongoing part of the education program must be submitted < > days prior to a regularly scheduled BON meeting.
- c. The BON may grant the request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with core nursing education criteria.

Authority: Model Act Article VI Section 20

6.4 Simulation

A prelicensure nursing education program (“program”) may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours per course. A program that uses simulation shall adhere to the standards set in this section.

Authority: Model Act Article VI Section 21

6.4.1 Evidence of Compliance

A program shall provide evidence to the board of nursing that these standards have been met.

Authority: Model Act Article VI Section 22

6.4.2 Organization and Management

- a. The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.
- b. Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.
- c. There shall be a budget that will sustain the simulation activities and training of the faculty.

Authority: Model Act Article VI Section 23

6.4.3 Facilities and Resources

- a. The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

Authority: Model Act Article VI Section 24

6.4.4 Faculty Preparation

- a. Faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation.
b. Faculty involved in simulations, both didactic and clinical, shall engage in on-going professional development in the use of simulation.

Authority: Model Act Article VI Section 25

6.4.5 Curriculum

- a. The program shall demonstrate that the simulation activities are linked to programmatic outcomes.

Authority: Model Act Article VI Section 26

6.4.6 Policies and Procedures

The program shall have written policies and procedures on the following:

- a. short-term and long-term plans for integrating simulation into the curriculum;
- b. method of debriefing each simulated activity; and
- c. plan for orienting faculty to simulation.

Authority: Model Act Article VI Section 27

6.4.7 Evaluation

- a. The program shall develop criteria to evaluate the simulation activities.
- b. Students shall evaluate the simulation experience on an ongoing basis.

Authority: Model Act Article VI Section 28

6.4.8 Annual Report

- a. The program shall include information about its use of simulation in its annual report to the board of nursing.

Authority: Model Act Article VI Section 29

Chapter 7. Discipline and Proceedings

7.1 Authority

7.2 Accountability

7.3 Grounds for Discipline: behaviors and activities that may result in disciplinary action by the board shall include the following:

- a. ~~Non-Compliance with federal, jurisdictional or contractual requirements including, but not limited to:~~
 1. Failing to meet the initial requirements of a license.
 2. Engaging in conduct that violates the security of the licensure or certification examination or the integrity of the examination results, including, but not limited to:
 - ~~a. Copying, disseminating or receiving of any portion of an examination;~~
 - ~~b. Having unauthorized possession of any portion of a future, current or previously administrated examination;~~
 - ~~c. Violating the standard of test administration;~~
 - ~~d. Permitting an impersonator to take the examination on one's behalf;~~
 - ~~e. Impersonating an examinee;~~
 - ~~f. Communicating with another examinee during the examination;~~
 - ~~g. Possessing unauthorized materials during the examination;~~
 - ~~h. Any other conduct that violates the security or integrity of the exam.~~
 3. Having a license to practice nursing, a multi-state privilege to practice or another professional license or other credential denied for cause, revoked, suspended, or restricted or otherwise

4. Disciplined in this or any other state, territory, possession or country or by a branch of the United States military.
 5. Failing to cooperate with a lawful BON investigation.
 6. Practicing without an active license.
 7. ~~Drug screening violation or failure of a participant in an alternative to discipline program to comply with the program requirements.~~
 8. Failing to comply with continuing education or competency requirements.
 9. Failing to meet licensing board reporting requirements.
 10. Violating or failing to comply with BON order or agreement.
 11. Practicing beyond the legal scope of practice.
 12. ~~Failing to comply with health and safety requirements established by an employer, health facility, or federal or jurisdictional laws or rules.~~
 13. ~~Violating federal or jurisdictional tax code pursuant to the procedural laws and rules of the jurisdiction.~~
 14. ~~Failing to pay child support or delinquent child support pursuant to the procedural laws and rules of the jurisdiction.~~
 15. ~~Defaulting on health education loan or scholarship obligations pursuant to the procedural laws and rules of the jurisdiction.~~
 16. Violating jurisdictional health code.
- b. Criminal conviction or adjudication in any jurisdiction for any crime that bears on a licensee's fitness to practice nursing. ~~under Article VII section 3 of the <Jurisdiction's> Nurse Practice Act.~~
- e. Obtaining, accessing, or revealing healthcare information from a client record or other source, except as required by professional duties or authorized by law. ~~Confidentiality, patient privacy, consent or disclosure violations, including, but not limited to:~~
1. ~~Failing to safeguard the patient's dignity, the right to privacy and confidentiality of patient information. This does not prohibit or affect reporting responsibilities under other statutes such as Child Abuse or Older Adults Protective Services Acts.~~
 2. ~~Failure to obtain informed consent.~~
 3. ~~Failure to comply with patient consultation requirements.~~
 4. ~~Breach of confidentiality.~~
- d. Threatening, harassing, abusing, or intimidating a patient.
- e. Violating boundaries of a professional relationship such as physical, sexual, emotional, or financial exploitation of a patient or a patient's family member or caregiver. Financial exploitation shall include accepting or soliciting money, gifts, loans or the equivalent during the professional relationship. ~~Misconduct or abuse, including, but not limited to:~~
1. ~~Soliciting, borrowing or misappropriating money or property from a patient or a patient's family.~~
 2. ~~Violating principles of professional boundaries. The following principles shall delineate the responsibilities of the nurse regarding the establishment and maintenance of appropriate professional boundaries with a current or former patient and key party. Patient consent to, or initiation of a personal relationship, is not a defense. The nurse shall:~~
 - a. ~~Establish, maintain and communicate professional boundaries with the patient;~~
 - b. ~~Not engage in relationships with patients that could impair the nurse's professional judgment;~~
 - c. ~~Not exploit in any manner the professional relationship with a patient for the nurse's emotional, financial, sexual, or personal advantage or benefit;~~
 - d. ~~Not engage in dual relationships to the extent possible for <years>, making alternate arrangements for care when necessary, if a nurse's ability to provide appropriate care would be impaired due to the nature of the additional relationship with the patient (always avoid dual relationships in mental health nursing);~~
 - e. ~~Not engage in self disclosure to a patient unless it is limited in terms of amount, nature and duration, and does not adversely impact the patient's care and well being;~~
 - f. ~~Recognize the potential for negative patient outcomes of professional boundary crossings;~~
 - g. ~~Not use any confidence of a patient to the patient's disadvantage or for the advantage of the nurse;~~
 - h. ~~Have a clear agreement with the patient regarding financial matters. For nurses practicing independently, arrangements for reimbursement must be made at the initiation of the nurse-patient relationship. A nurse shall not engage in loans to or from a patient and shall not barter with a patient;~~
 - i. ~~Only accept gifts of minimal value from a patient or key party;~~
 - j. ~~Make no statements or disclosures that create a risk of compromising a patient's privacy, confidentiality and dignity. This includes, but is not limited to, statements or disclosures via electronic media; and~~
 - k. ~~Make no suggestions or have no discussions of the possibility of dating or a sexual or romantic relationship after the professional relationship ends.~~
 3. ~~Sexual misconduct, including, but not limited to, the following behavior with a current or former patient or key~~

- party. Patient consent to, or the initiation of a sexual or romantic relationship, is not a defense:
- a. ~~Sexual intercourse;~~
 - b. ~~Touching of the breasts, genitals, anus or any sexualized body part initiated by the nurse or patient, except as consistent with accepted standards of nursing practice;~~
 - e. ~~Rubbing against current or former patient or key party, initiated by the nurse, current or former patient, or key party, for sexual gratification;~~
 - d. ~~Hugging, kissing or caressing of a romantic or sexual nature;~~
 - e. ~~Failing to provide adequate patient privacy to dress or undress, except as may be medically necessary or required for patient safety;~~
 - f. ~~Failing to provide the patient with an appropriate gown or draping, except as may be medically necessary or required for patient safety;~~
 - g. ~~Dressing or undressing in the presence of the patient;~~
 - h. ~~Encouraging masturbation or other sex acts in the presence of the nurse;~~
 - i. ~~Masturbation or other sex acts performed by the nurse in the presence of the current or former patient or key party;~~
 - j. ~~Discussing sexual history, behaviors or fantasies of the nurse;~~
 - k. ~~Behavior, gestures, statements or expressions that may reasonably be interpreted as romantic or sexual;~~
 - l. ~~Making inappropriate statements to current or former patients or key parties regarding their body parts, appearance, sexual history or sexual orientation;~~
 - m. ~~Sexually demeaning behavior, which may be reasonably interpreted as humiliating, embarrassing, threatening, or harmful to current or former patients or key parties;~~
 - n. ~~Showing a current or former patient or key party sexually explicit materials, other than for health care purposes;~~
 - o. ~~Posing, photographing or recording the body or any body part of a current or former patient or key party, other than for health care purposes with consent;~~
 - p. ~~Transmitting information via electronic media that can be reasonably interpreted as sexual or sexually demeaning by the current or former patient or key party; and~~
 - q. ~~Engaging in sexual or romantic conduct with a key party when that person is being manipulated into such a relationship by the nurse.~~
4. ~~Engaging or attempting to engage in sexual or romantic conduct with a former patient if doing so creates a risk that the relationship could cause harm to or exploitation of the former patient. Factors which the BON may consider in determining risk of harm or exploitation include, but are not limited to:~~
 - a. ~~The length of time the nurse-patient relationship existed;~~
 - b. ~~The circumstances of the cessation or termination of the nurse-patient relationship;~~
 - e. ~~The amount of time that has passed since nursing services were terminated;~~
 - d. ~~The nature of the patient's health status and the extent of care received;~~
 - e. ~~The degree of the patient's dependence and vulnerability;~~
 - f. ~~The extent to which there exists an ongoing nurse-patient relationship following the termination of services and whether the patient is reasonably anticipated to become a patient of the nurse in the future; and~~
 - g. ~~Any statements or actions made by the nurse during the course of treatment suggesting or inviting the possibility of sexual or romantic conduct.~~
 5. ~~Due to the unique vulnerability of mental health patients, including patients with substance use or dependency disorders, nurses are prohibited from engaging in or attempting to engage in sexual or romantic conduct with such former patients or key parties for a period of at least two years after termination of nursing services.~~
 6. ~~These rules do not prohibit providing health care services to a person with whom the nurse has a preexisting, established personal relationship where there is no evidence of, or potential for, exploiting the patient; and contact that is necessary for a health care purpose that meets the standards of the profession.~~
 7. ~~Non-sexual dual relationship or boundary violation.~~
 8. ~~Exploiting a patient for financial gain.~~
 9. ~~Abusive conduct toward staff.~~
 10. Disruptive or abusive conduct in the workplace.
 11. ~~Conduct evidencing moral unfitness.~~
 12. ~~Conduct evidencing ethical unfitness.~~
 13. ~~Physical or emotional abuse of a patient.~~
 14. Misappropriation of patient property or other property.
 15. ~~Conflict of interest.~~ Directly or indirectly offering, giving, soliciting, or receiving or agreeing to receive any fee or other consideration to or from a third party or exercising influence on the client for the financial or personal gain of the licensee
 16. Aiding, abetting, directing, or assisting an individual to violate or circumvent any law or rule intended to guide the conduct of a licensed nurse or any other licensed healthcare provider.

- f. Fraud, deception, or misrepresentation in the practice of nursing. ~~including, but not limited to:~~
- ~~1. Committing fraud or deceit in the practice of nursing.~~
 - ~~2. Submitting false documentation or information, such as credentials, letters of recommendations, resumes, curriculum vitae, certificates, educational certificates or transcripts, or licenses to an employer or potential employer for the purpose of securing or maintaining employment.~~
 - ~~3. Submitting false documentation or information to an employer for the purpose of receiving remuneration or reimbursement of costs to which the licensee is not entitled.~~
 - ~~4. Submitting false information in the course of an investigation or as part of any application.~~
 - ~~5. Failing to document and maintain accurate records, includes, but is not limited to:

 - ~~a. Falsifying reports, patient documentation, agency records, or other essential health documents; and~~
 - ~~b. Knowingly making incorrect entries a patient's medical record or other related documents.~~~~
 - ~~6. Improper or abusive billing practices.~~
 - ~~7. Submitting false claims.~~
 - ~~8. Misrepresentation of credentials.~~
 - ~~9. Insurance fraud (Medicare, Medicaid or other insurance).~~
 - ~~10. Providing or ordering unnecessary tests or services.~~
 - ~~11. Filing false reports or falsifying records.~~
 - ~~12. Fraud, deceit or material omission in obtaining license or credentials.~~
 - ~~13. Misleading, false or deceptive advertising or marketing.~~
 - ~~14. Failure to disclose.~~
- g. Unsafe practice, substandard care or unprofessional conduct, including, but not limited to:
- ~~1. Failing or inability to perform registered nursing, practical/vocational nursing or advanced practice registered nursing as defined in Article II of this Act and rule, with reasonable skill and safety.~~
 - ~~2. Departing from or failing to conform to an ethical or quality standard of the nursing profession.~~
 - ~~3. Improperly managing Altering, destroying, or attempting to destroy patient or employer patient records.~~
 - ~~4. Failing to supervise student experiences as a clinical nursing instructor.~~
 - ~~5. Failing to respect and consider the patient's right to freedom from psychological and physical abuse.~~
 - ~~6. Failing to act to safeguard the patient from the incompetent, abusive or illegal practice of any individual.~~
 - ~~7. Discriminating on the basis of age, marital status, gender, sexual preference, race, religion, diagnosis, socioeconomic status or disability while providing nursing services.~~
 - ~~8. Leaving a nursing assignment prior to the proper reporting and notification to the appropriate department head or personnel of such an action.~~
 - ~~9. Knowingly abandon a patient in need of nursing care. Abandonment is defined as the intentional deserting of or leaving a patient for whom the nurse is responsible without providing for another nurse or appropriate caretaker to assume care upon the nurse's leaving.~~
 - ~~10. Knowingly neglect a patient in need of nursing care.~~
 - ~~11. Engaging in conduct or any nursing practice that may create unnecessary danger to a patient's life, health or safety. Actual injury to a patient need not be established.~~
 - ~~12. Demonstrating an actual or potential inability to practice nursing with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material or as a result of any mental or physical illnesses or conditions.~~
 - ~~13. Immediate Causing an immediate threat to the health or safety of a patient or the public.~~
 - ~~14. Unable to practice safely by reason of alcohol or other substance use.~~
 - ~~15. Unable to practice safely by reason of psychological impairment or mental disorder.~~
 - ~~16. Unable to practice safely by reason of physical illness or impairment.~~
 - ~~17. Unable to practice safely.~~
 - ~~18. Delivering sSubstandard or inadequate care.~~
 - ~~19. Substandard or inadequate skill level.~~
 - ~~20. Failure to consult or delay in seeking consultation with supervisor/proctor.~~
 - ~~21. Patient abandonment.~~
 - ~~22. Inappropriate refusal to treat.~~
 - ~~23. Incompetence.~~
 - ~~24. Malpractice.~~
 - ~~25. Negligence.~~
 - ~~26. Patient neglect.~~
 - ~~27. Inadequate or improper infection control practices.~~

- ~~28. Failure to provide medically reasonable and/or necessary items or services.~~
- h. Performing the delegation of a nursing function or undertaking a specific practice without the necessary knowledge, preparation, experience and competency to properly execute the practice that could reasonably be expected to result in unsafe or ineffective patient care.
 - i. Improper supervision or allowing unlicensed practice, including, but not limited to:
 - 1. Delegating a nursing function or a prescribed health function when the delegation could reasonably be expected to result in unsafe or ineffective patient care.
 - ~~2. Accepting the delegation of a nursing function or undertaking a specific practice without the necessary knowledge, preparation, experience and competency to properly execute the practice that could reasonably be expected to result in unsafe or ineffective patient care.~~
 - 3. Failing to supervise the performance of acts by any individual working at the nurse's delegation or assignment.
 - 4. Failing to follow appropriate and recognized standards and guidelines in providing administrative oversight of the nursing organization and nursing services of a health care delivery system or program as a chief administrative nurse.
 - ~~5. Inappropriate or inadequate supervision or delegation.~~
 - 6. Knowingly aiding, abetting assisting, advising or allowing an unlicensed person to engage in the unlawful practice of registered or practical nursing or in violating or circumventing a law or BON regulation or rule.
 - j. Drug related offenses, including, but not limited to:
 - 1. ~~Narcotics violation or other violation~~ Illegally obtaining, possessing, or distributing drugs for personal or other use or other violations of state or federal drug statutes laws.
 - 2. Unauthorized prescribing, dispensing, or administrating medication medicine.
 - ~~3. Unauthorized dispensing of medication.~~
 - 4. ~~Unauthorized administration of medication.~~
 - ~~5. Error in prescribing, dispensing or administering medication.~~
 - ~~6. Diversion of controlled substance.~~

Authority: Model Act Article VII Section 1

7.4 Procedure

7.4.1 Complaint Investigation

~~The BON shall investigate alleged acts or omissions that the BON reasonably believes violate the NPA or Nursing Administrative Rules.~~

7.4.2 Complaint Resolution

- ~~a. Complaints may be settled through informal negotiations with the subject nurse and/or subject nurse's attorney.~~
- ~~b. Negotiated settlements shall be reviewed and approved by the BON to determine whether any proposed remedy is appropriate for the facts as admitted or stipulated.~~
- ~~c. If a complaint cannot be resolved through informal negotiations, the case may be referred for formal administrative hearings.~~
- ~~d. The BON shall review the evidence and record produced at the administrative hearings along with the recommendations of the administrative law judge to determine whether the burden of proof has been met with regards to any violation. The BON is responsible for making complaint resolution decisions.~~

7.5 Immunity

7.5 Notification

- a. The BON shall provide information as required by federal law to federal databanks, to ~~the NCSBN a~~ nationally recognized centralized licensing and discipline databank (Nursys) and may develop procedures for communicating with others in BON policy.
- b. All nurse participants or nurse licensure applicants in alternative programs may be reported to a non-public national database that gives access to all states.

7.6 Alternative to Discipline Monitoring Program

7.6.1 Alternative to Discipline Program for Substance Abuse

7.6.2 Responsibilities of the Program Participation Reporting

- ~~a. The alternative to discipline monitoring program shall have the following functions and responsibilities:~~

- ~~1. Protect the public while monitoring the nurse to assure safe practice.~~
 - ~~2. Encourage early identification, entry into treatment and entry into a contractual agreement for monitoring of compliance with treatment and practice monitoring.~~
 - ~~3. Identify, respond to and report noncompliance to the BON in a timely manner.~~
 - ~~4. Facilitate nurses to enter and maintain an ongoing recovery consistent with patient safety.~~
 - ~~5. Be transparent and accountable to the public by providing information to the public, which also includes:

 - ~~a. Policies and procedures of the program;~~
 - ~~b. Annual reports, audits and aggregate data;~~
 - ~~c. Educational materials and other resources; and~~
 - ~~d. Conferences and continuing education offerings.~~~~
 - ~~6. Provide adequate resources and staffing to implement policies and procedures and all contract requirements.~~
- ~~b. All nurse participants or nurse licensure applicants in alternative programs may be reported to a non-public national database that gives access to all states.~~

7.6.3 Eligibility Criteria

- ~~a. An individual may be admitted to the program if he or she meets the following eligibility criteria:~~
- ~~1. Is an APRN, RN, or LPN/VN in this jurisdiction.~~
 - ~~2. Requests admission in writing.~~
 - ~~3. Admits to substance use disorder.~~
- ~~b. Admission to the program shall be denied if the applicant:~~
- ~~1. Has diverted controlled substances for other than self administration;~~
 - ~~2. Has caused known provable harm to patients;~~
 - ~~3. Has engaged in behavior that has high potential to cause patient harm such as diverting drugs by replacing the drug with another drug; or~~
 - ~~4. Is not eligible for licensure in this jurisdiction.~~
- ~~c. Admission to the program may be denied if the applicant:~~
- ~~1. Has a history of past disciplinary action that is not related to substance use and resulted in probation, revocation or suspension;~~
 - ~~2. Has any pending criminal action or a prior felony;~~
 - ~~3. Has had incidents that may have caused harm, abuse or neglect to patients;~~
 - ~~4. Has been discharged or terminated from the same or any other alternative program for non-compliance;~~
 - ~~5. Is on medication-assisted treatment or therapy;~~
 - ~~6. Has been prescribed controlled substances for dual diagnosis or chronic pain; or~~
 - ~~7. Has had previous and unsuccessful participation and substantial noncompliance with the contractual agreement in the last five years.~~
- ~~d. An applicant's request for admission to the program may be denied if the applicant's participation in the program is determined to pose significant risk for the health care consumer as determined by alternative program staff, a consulting BON member or the treatment provider.~~

7.6.4 Screening and Assessment

- ~~a. All individuals entering into the programs shall undergo appropriate screening and assessment.~~
- ~~b. An individual seeking admission into the alternative program shall initially be screened by staff to determine the person's motivations for entering the alternative program and whether the person meets admission requirements and is willing to participate.~~
- ~~c. The individual seeking admission shall obtain a current chemical dependency evaluation, which may include a complete physical and psychosocial assessment performed by a licensed or certified medical, mental health or psychological specialist.~~

7.6.5 Contracts

- ~~a. The alternative program shall have a written contract, which the participant must sign voluntarily upon entering the program. Each contract shall bear the witnessed signature of the nurse participating in the alternative program and the alternative program coordinator or designated representative.~~
- ~~b. The contract shall address the following areas:~~
- ~~1. The voluntary and non-disciplinary nature of the program.~~
 - ~~2. The program records that are non-public and have necessary exceptions for disclosure such as to the BON members, other state boards and other states' alternative programs regarding the participants in the alternative program.~~

- ~~3. The dates of the nurse's participation and the expected length of participation.~~
- ~~4. The requirements of drug and alcohol screens, 12-step, support, therapeutic meeting attendance and self and supervisory reports.~~
- ~~5. The requirements for work site monitoring upon return to work.~~
- ~~6. The consequences of relapse and noncompliance with the alternative program contract including a dismissal from the alternative program or referral to the BON for disciplinary action because of noncompliance with alternative program contract requirements.~~
- ~~7. The parameters for referral to the BON, including the non-public records of program participation that are shared with the BON.~~
- ~~8. Definitions of relevant terms such as relapse.~~
- ~~9. Appropriate waivers and releases.~~
- ~~10. The period of monitoring which shall be three to five years.~~
- ~~c. The contract shall provide that the participant is expected to:

 - ~~1. Abstain from all alcohol and alcohol-containing products without prior approval from the alternative program.~~
 - ~~2. Abstain from drug use, including all over-the-counter medications and other mind-altering substances unless lawfully prescribed with prior approval of the alternative program.~~
 - ~~3. Obtain a current evaluation of co-occurring conditions such as psychiatric or medical disorders as indicated~~
 - ~~4. Maintain current state nursing licensure, including meeting any continued competence or continuing education requirements.~~
 - ~~5. Cease nursing practice and agree to inactivate their license until or unless approved to continue or return to practice by the treatment professional and the alternative program.~~~~
- ~~d. The participant shall execute any releases that are necessary to sign for monitoring and consents to information exchange between:

 - ~~1. Employer and alternative program.~~
 - ~~2. Healthcare providers and alternative program.~~
 - ~~3. Alternative program and BON.~~
 - ~~4. Treatment professionals and alternative program.~~
 - ~~5. Other state boards and alternative programs.~~~~
- ~~e. The contract shall also provide that the participant agrees to:

 - ~~1. Enter treatment and participate in all treatment recommendations.~~
 - ~~2. Provide counselors with the necessary forms to complete and give back to the program.~~
 - ~~3. Obtain an assessment by a medical doctor who is approved by the alternative program and has a subspecialty in addictions and pain management.~~
 - ~~4. Sign and adhere to pain management contracts if there are pain issues as well as addiction issues.~~
 - ~~5. Undergo any additional evaluation as requested by the alternative program or treatment provider.~~
 - ~~6. Complete substance disorder, dependency or mental health assessment, treatment, continuing care and aftercare.~~~~

7.6.6 Recovery Monitoring Requirements

The participant is expected to:

- ~~a. Attend three 12-step or other approved self-help meetings a week and one peer support group per week and submit documentation to the alternative program at least monthly.~~
- ~~b. Maintain an active and consistent relationship with a sponsor.~~
- ~~c. Select and provide the contact information for one pharmacy for prescription needs, one health care provider for health care needs and one dentist for dental needs to the alternative program.~~
- ~~d. Report any prescriptions for mood-altering drugs as well as over-the-counter medications within 24 hours of receipt of prescription to the alternative program and prior to returning to nursing practice.~~
- ~~e. Notify any and all health care providers of substance use history prior to receiving any prescription.~~
- ~~f. Provide a written statement from the prescribing provider that confirms the provider's awareness of the participant's history of substance use or dependence and the participant's responsibility to confirm any prescription within 24 hours of prescribing.~~
- ~~g. Have practitioners complete medication verification forms and medication logs provided by the program and submit quarterly.~~
- ~~h. Submit medication forms quarterly.~~
- ~~i. Provide written self-reports as specified by the alternative program, but at least monthly.~~
- ~~j. Submit to random drug and alcohol testing at a minimum of two to three times per month for the first 12 months of participating in the alternative program. Drug and alcohol testing may then be gradually reduced in frequency. Upon return to nursing practice, drug screenings must increase for the first 12 months of clinical practice. Drug and alcohol testing may include body fluid testing, hair testing or any other valid and reliable method of testing~~

such as saliva.

7.6.7 Practice Requirements and Limitations

- a. ~~The participant shall limit nursing practice to this state only. Permission to work in any other state requires written approval from the alternative program and the BON in both states.~~
- b. ~~If licensed in another state or seeking licensure in another state, the participant shall authorize the alternative program to release participant information to any other state of licensure or where seeking application for licensure.~~
- c. ~~The participant shall maintain continuous employment in a nursing position for at least one year of the three- to five-year contract in order to be eligible for successful discharge from the program.~~
- d. ~~The participant shall notify and obtain approval from the alternative program of any health care related position or job change prior to making the change or relocating.~~
- e. ~~The participant shall abide by return-to-work restrictions and requirements.~~
- f. ~~The participant shall abide by all policies, procedures and contracts of employer.~~
- g. ~~The participant shall inform all employers or schools of participation in the alternative program and provide a copy of the contract, stipulations or final orders from the BON to any prospective or current nursing position employers.~~
- h. ~~The participant shall ensure that the supervisor at the place of employment is given a copy of the contract and any other necessary forms.~~
- i. ~~The participant shall ensure that the alternative program receives the agreement form signed by the direct supervisor at the place of employment prior to beginning a new or resuming an existing position.~~
- j. ~~The participant shall schedule at least monthly check-in meetings with the supervisor at the place of employment for the purpose of addressing any concerns of either party. Documentation of such meetings shall be available to the alternative program staff if requested.~~
- k. ~~The participant shall notify the alternative program within two days of any change in supervisor, workplace monitor or employment.~~
- l. ~~Any exceptions to work restrictions may be approved in writing by the alternative program. Approval must be obtained from the alternative program prior to any position acceptance, job responsibility change or other related employment activity.~~
- m. ~~The participant shall discontinue access to and administration of controlled substances or any potentially addictive medications for a minimum of six months of returning to work.~~

7.6.8 Program Notification Requirements

- a. ~~The contract shall provide that the participant shall:~~
 - 1. ~~Notify the alternative program within two days if participant has a disciplinary meeting or employment counseling with employer.~~
 - 2. ~~Notify the alternative program within two days of any changes in residency, contact information and for any termination or resignation from employment.~~
 - 3. ~~Report within 24 hours any crimes committed, criminal arrests, citations, or deferred sentences and conviction including a conviction following a plea of nolo contendere.~~
 - 4. ~~Notify the alternative program if a complaint is filed against the license of the participant.~~
 - 5. ~~Report all alcohol or unauthorized substance use regardless of amount or route of administration.~~
 - 6. ~~Obtain a re-assessment by a licensed addiction counselor in the event of relapse or suspected relapse.~~
 - 7. ~~Abide by further recommendations in the event of a relapse or suspected relapse as deemed clinically appropriate.~~
 - 8. ~~Appear in person for all routinely scheduled interviews and any additional interviews with reasonable notice given by the alternative program.~~
 - 9. ~~Inform the alternative program manager verbally and in writing of a pending relocation out of the state.~~
 - 10. ~~Pay all fees and costs associated with being in the alternative program.~~
- b. ~~By signing the contract the participant agrees to the following:~~
 - 1. ~~He or she has had or is having problems with substance use or have a substance use disorder.~~
 - 2. ~~He or she has violated the nurse practice act and that any violation of the contract is a further violation of the nurse practice act and grounds for referral to the BON.~~
 - 3. ~~Entry into the alternative program was voluntary, there was an opportunity to seek advice of legal counsel or personal representative and there was opportunity to clarify any terms or conditions that were not understood.~~
 - 4. ~~He or she has read and will abide by the terms and conditions of the program handbook or manual as well as any new policies or procedures received in writing throughout participation in the alternative program.~~
- c. ~~By signing the contract, the participant waives all rights to appeal, grievances, complaints or otherwise contest licensure actions arising out of alternative program participation, and the right to contest the imposition of discipline arising from a breach of this agreement with the exception of contesting a determination that one or more terms of the agreement have been violated.~~

- ~~d. The identity of participants and the terms of the contract are non-public but may be shared with parties who have an official need to know such as state BON members, other state boards, other state's alternative programs and participant's employers.~~
- ~~e. The participant shall give the supervisor a copy of the contract and any other necessary forms prior to beginning a new or resuming an existing position and agrees to notify the program immediately of any change in supervision. Failure to comply will result in an immediate cease and desist of all work-related activities from the alternative program.~~
- ~~f. Any noncompliance with the contract or unsuccessful termination from the program is unprofessional conduct, is in violation of the rules and laws regarding the practice of nursing and may be used to support any future progressive disciplinary actions.~~
- ~~g. If any single part or parts of the contract are violated by the participant, the remaining parts remain valid and operative.~~
- ~~h. Any unauthorized missed drug or alcohol testing will be considered non-compliance with the program.~~
- ~~i. Any confirmed positive drug screen may be considered noncompliance if the program has not received the proper documentation from the prescribing practitioner.~~
- ~~j. Any confirmed positive drug screen for which the alternative program has not received prior written authorization and confirmation from an approved provider and any drug screen that is confirmed as an adulterated or substituted specimen shall result in the participant ceasing nursing practice until further evaluation and receipt of written authorization to return to practice from the alternative program.~~
- ~~k. Noncompliance with drug and alcohol testing will result in an increased level of testing and will result in a report to the BON.~~
- ~~l. In the event of any non-compliance with any of the terms of the contract in any respect, the alternative program may require the participating nurse to cease practice, notify the nurse's employer and the length and terms of this contract may be extended and modified.~~
- ~~m. In the event of any non-compliance with the terms of the contract, the participant may be discharged from the alternative program or reported to the BON while remaining in monitoring.~~
- ~~n. If discharged from the alternative program for non-compliance or referred to the BON for non-compliance, the BON may use any misconduct that may have occurred while enrolled in the program in disciplinary proceedings and the BON may obtain complete records of participation in the alternative program.~~
- ~~o. The contract does not preclude the program from initiating or taking appropriate action regarding any other misconduct not covered by the contract. Such action could include reporting the offense to the BON.~~

7.6.9 Standards for Treatment Programs

- ~~a. Treatment programs that meet the standards set forth in this rule shall be approved by the alternative program for use by participants.~~
- ~~b. The minimum standards for approved treatment providers include:

 - ~~1. Licensure by the state.~~
 - ~~2. Provide a geographically convenient location for treatment to encourage the participation of family members in the nurse's primary treatment.~~
 - ~~3. Offer family involvement in the treatment.~~
 - ~~4. Adhere to an abstinence-based program.~~
 - ~~5. Adhere to a 12-step philosophy.~~
 - ~~6. Require frequent random and for-cause drug screening with positive results reported to the alternative program.~~
 - ~~7. Development of an individualized initial treatment and a minimum 12-month aftercare program to meet the specific needs of the nurse-patient, based on evaluation by a multidisciplinary team.~~
 - ~~8. Provide information to the alternative program staff on the status of referred patients after appropriate consents to release information are obtained including immediate reports on significant events that occur in treatment that are related to the nurse's ability to practice safely. Information that needs to be communicated includes assessments, diagnosis, prognosis, discharge summary, follow-up recommendations and compliance with treatment.~~~~

7.6.10 Return to Work

- ~~a. Upon entry into the alternative program, the participant agrees that their license will be placed on inactive status until return to work is recommended by the alternative program.~~
- ~~b. In order to ensure patient safety, the nurse's practice must be monitored through the following:

 - ~~1. The participant's supervisor and whenever possible at least one nurse monitor must be identified in the participant's return to work contract.~~
 - ~~2. Supervisors or work-site monitors shall be licensed or privileged to practice nursing, shall not have an encumbered license, shall not be a current participant in any alternative program and shall avoid any conflicts of~~~~

- ~~interest that could impede the ability to objectively monitor the nurse.~~
- ~~3. Supervisors and work-site monitors are nurses who have assumed responsibility for overseeing the participant's practice and at least one monitor or the supervisor must be available on-site in order to intervene if there is a concern or an incident involving the participant.~~
 - ~~4. Supervisors and work-site monitors must be knowledgeable of the participant's nursing role and the nurse's participation in the alternative program including the nurse's return-to-work agreement and any associated practice restrictions.~~
 - ~~5. Nurse monitors or supervisors must provide to the alternative program regular and as-needed reports on the nurse's ability to practice safely.~~
 - ~~6. Nurse monitors, supervisors and program staff must have continuous and ongoing communication to ensure the nurse's compliance with the contract and workplace policies and procedures.~~
 - ~~7. There shall be periodic face-to-face visits with the nurse, work-site monitor or supervisor.~~
 - ~~8. Nurse employers must make reasonable accommodations for nurses with a substance use disorder under the Americans with Disabilities Act of 1990.~~
 - ~~9. The employer shall have the authority to request a for-cause specimen for drug testing when warranted or when requested by the alternative program.~~
 - ~~10. A meeting shall be held with the nurse's co-workers who have a legitimate need to know regarding the nurse's work restrictions.~~
- ~~c. Upon return to work, the participant is not allowed to work any of the following for a minimum of 12 months:~~
- ~~1. Odd schedules such as overtime, night shift or anything in excess of a 12-hour shift.~~
 - ~~2. More than three consecutive 12-hour shifts.~~
 - ~~3. Without direct supervision.~~
 - ~~4. With limited or full access to controlled substances.~~
 - ~~5. In a home health or hospice type of setting, travel, registry or agency, float or on-call PRN pool, tele-nursing and disaster relief nursing.~~
 - ~~6. In any other unsupervised nursing position.~~
- ~~d. If relapse, diversion or other violations of the work-related requirements occur, the alternative program will require the participant to immediately cease practice and the alternative program will notify the employer and the BON.~~
- ~~e. The program will continue to monitor the nurse even after referring the nurse to the BON or the discipline program until the discipline program can begin monitoring or pending board action.~~

7.6.11 Program Completion

A participant successfully completes the program when the participant complies with all terms and conditions of the program as specified in this chapter and the participant's contract.

7.6.12 Termination from the Program

Participation in the alternative program may be terminated for any of the following reasons:

- ~~a. The participant fails to comply with any of the terms and conditions of the program specified in this chapter.~~
- ~~b. The participant fails to comply with any provision of the participant's contract.~~
- ~~c. The participant is unable to practice according to acceptable and prevailing standards of safe care.~~
- ~~d. The program receives information that indicates that the participant may have committed additional violations of the grounds for disciplinary action or the provisions of this chapter.~~
- ~~e. The participant receives a criminal conviction.~~

7.8 Practice Remediation Program (PRP) Structure

- ~~a. The program shall be directed by a qualified administrator with adult education and teaching expertise.~~
- ~~b. The program shall develop criteria for selection, performance and evaluation of educational providers who participate in the PRP.~~
- ~~c. The program shall report to the BON regarding the utilization of the program and meet specific reporting criteria established by the BON.~~
- ~~d. The program shall make aggregate data regarding operations and outcomes available to the BON and interested others.~~

7.8.1 Identification of Practice Deficiencies

- ~~a. Reports that a nurse may have practice deficiencies may be referred to the PRP for review.~~
- ~~b. Criteria to determine if a licensee's identified practice deficiency can be corrected through participation in the PRP rather than through formal disciplinary action include, but are not limited to:

 - ~~1. The licensee's willingness to participate in the PRP.~~~~

- ~~2. Whether the reported practice deficiency:

 - ~~a. Represented an intentional or willful commission or omission by the licensee;~~
 - ~~b. Represented a single incident or a pattern of behavior by the licensee and, if a pattern of behavior the frequency of the occurrence; and~~
 - ~~c. Involved a vulnerable patient.~~~~
- ~~3. The impact of the practice deficiency on patient care and outcomes.~~
- ~~4. The likelihood of correcting the practice deficiency through remediation.~~
- ~~5. Whether remediation and monitoring of the nurse's practice will provide reasonable assurance that the public will be adequately protected from unsafe practice if the licensee enters the PRP.~~

~~7.8.2 Eligibility Requirements for Participation in the PRP~~

~~A licensee may participate in the PRP if:~~

- ~~a. The licensee is currently licensed to practice nursing in the jurisdiction and is eligible to renew the license.~~
- ~~b. The licensee has not been the subject of formal disciplinary action by any regulatory BON or entity located in this state or in another jurisdiction, unless the BON determines that the previous disciplinary action was for a violation that would not preclude participation in the PRP.~~
- ~~c. The nurse has no pending criminal conviction.~~
- ~~d. The review of the criteria in 7.8.1 determines that the licensee's identified practice deficiency is appropriate to correct through remediation and would not pose a significant risk for the health care consumer, as determined by PRP staff.~~

~~7.8.3 Provisions of the Participatory Agreement for the PRP~~

- ~~a. When a licensee has been determined by the BON to be eligible for the PRP, the licensee shall execute a participatory agreement with PRP, which includes but is not limited to:

 - ~~1. A description of the identified practice deficiency.~~
 - ~~2. The specific remediation the participant must complete, including identification of educational providers and time frame for compliance with the terms of the participatory agreement.~~
 - ~~3. The requirement that the participant pay all expenses the participant incurs as a result of the required remediation.~~
 - ~~4. Requires the participant to notify all employers during the course of participation in the PRP.~~
 - ~~5. The requirement that the participant agree not to practice in any other jurisdiction during the term of the PRP agreement without prior authorization from the other jurisdiction and the PRP.~~
 - ~~6. A monitoring plan and expected progress reports from all employers, education providers and the licensee.~~
 - ~~7. The requirement that the participant sign all waivers necessary to secure all reports required by PRP.~~
 - ~~8. Expectations for successful completion of the program.~~
 - ~~9. The grounds for termination from the PRP.~~~~
- ~~b. A licensee determined eligible for the PRP who refuses to enter into the participatory agreement within the time frame specified by PRP shall be subject to disciplinary action in accordance with Article VII.~~

~~7.8.4 Successful Completion of Program~~

~~A participant successfully completes the program when the participant complies with all terms and conditions of the program, as specified in this chapter and the participant's agreement.~~

~~7.8.5 Termination from the Practice Remediation Program~~

- ~~a. Participation in the PRP may be terminated for any of the following:

 - ~~1. Failure to comply with any term of the participatory agreement entered into by the participant.~~
 - ~~2. Receipt of evidence from the educational provider indicating that the participant has failed to progress through or to successfully complete the remediation in the manner and during the time frame prescribed in the participatory agreement.~~
 - ~~3. Receipt of evidence from the workplace monitor indicating that the participant has continued to demonstrate the practice deficiency.~~
 - ~~4. Failure to complete the remediation.~~
 - ~~5. Failure to maintain eligibility for PRP.~~~~
- ~~b. When a licensee is terminated from PRP for one or more of these reasons, the BON may proceed with disciplinary action in accordance with Article VII. The BON may consider the licensee's termination from the PRP when determining the discipline to be imposed.~~

~~7.8.6 Disclosure of PRP Records~~

- ~~a. Information obtained by the practice program pursuant to an investigation shall be classified as not public information.~~

- ~~b. All records regarding a licensee's participation in the PRP are not public and shall be maintained in the program office in a secure place separate and apart from the BON's record.~~
- ~~e. The records shall be made public only by subpoena and court order.~~
- ~~d. All educational providers and workplace monitors selected to provide remediation by a participant in PRP shall, as representatives of the BON, maintain the privacy of all records regarding the participant's remediation.~~
- ~~e. The PRP shall make regular reports to the BON setting forth, in aggregate, information regarding practice deficiencies, the types of educational interventions undertaken to correct the deficiencies and any other statistical information requested by the BON.~~
- ~~f. Non-public treatment of PRP records shall be cancelled if the nurse defaults on the PRP agreement and does not comply with the requirements of the program.~~

7.9 Reporting

7.9.1 Insurers

~~Four times each year, by the first day of February, May, August and November, each insurer authorized to sell insurance in this jurisdiction and providing professional liability insurance to RNs, LPN/VNs or APRNs shall submit to the BON a report concerning any nurse against whom a malpractice award has been made or who has been a party to a settlement. The report shall contain at least the following information:~~

- ~~a. The total number of settlements or awards.~~
- ~~b. The date the settlement or award was made.~~
- ~~c. The allegations contained in the claim or complaint leading to the settlement or award.~~
- ~~d. The dollar amount of each malpractice settlement or award and whether that amount was paid off as a result of a settlement or of an award.~~
- ~~e. The name and address of the nurse against whom an award was made or with whom a settlement was made.~~

7.9.2 Deadlines and Forms

~~Reports required must be submitted no later than 30 days after the occurrence of the reportable event or transaction. The BON may provide forms for the submission of reports required by this section, may require that the reports be submitted on the forms provided, and may adopt rules necessary to assure prompt and accurate reporting. The BON shall review all reports, including those submitted after the deadline.~~

7.9.3 Minor Incidents

- ~~a. The chief administrative nurse or designee responsible for reviewing incidents of practice breakdown may determine that an incident need not be reported to the BON if all of the following factors exist:

 - ~~1. The potential risk of physical, emotional or financial harm to the patient due to the incident is minimal.~~
 - ~~2. The nurse exhibits a conscientious approach to and accountability for his or her practice.~~
 - ~~3. The nurse has demonstrated the knowledge and skill to practice safely.~~
 - ~~4. The nurse maintains employment at the health care facility where the incident occurred.~~~~
- ~~b. The review of the incident shall include evaluation of the significance of the event in the practice setting, the context of the event, and the presence of contributing or mitigating circumstances in the nursing care delivery system.~~
- ~~c. If an event is determined to be a minor incident:

 - ~~1. An incident/variance report shall be completed according to the employing facility's policy, including a complete description of the incident, patient record number, names of witnesses, identification of subject nurse and action to correct or remediate the problem.~~
 - ~~2. The chief administrative nurse or designee shall maintain a record of each minor incident involving nurses under his/ her supervision.~~~~
- ~~d. The chief administrative nurse or designee shall report to the BON if <> minor incidents involving a nurse are documented within a one year time period; if a nurse leaves employment before completing any employer expectations for reeducation or other remediation; or if the risk of ongoing problems that do not respond to employer remediation expose patients to unsafe nursing care.~~
- ~~e. Nothing in this rule is intended to prevent reporting of a potential violation directly to the BON.~~
- ~~f. Failure to classify an event appropriately in order to avoid reporting may result in violation of the mandatory reporting statute.~~

7.10 Emergency Action

Chapter 8. Violations and Penalties

Chapter 9. Implementation

Chapter 10. Unlicensed Assistive Personnel

10.1 Certified Nursing Assistant (CNA)

10.1.1 Basic Curriculum Required of All CNAs

- ~~a. All CNAs shall complete at least <> hours of instruction which can be met by completing at least <> hours of classroom instruction with <> hours of clinical instruction at a long-term or comparable facility.~~
- ~~b. A CNA training program shall provide a written curriculum plan to each student that includes overall course goals and for each required subject:~~
- ~~1. Measurable learner-centered objectives;~~
 - ~~2. An outline of the material to be taught;~~
 - ~~3. The time allotted for each unit of instruction;~~
 - ~~4. The learning activities or reading assignments;~~
- ~~c. A CNA training program shall provide classroom and clinical instruction regarding each of the following subjects:~~
- ~~1. Communication, interpersonal skills and documentation;~~
 - ~~2. Infection control;~~
 - ~~3. Safety and emergency procedures, including the Heimlich® maneuver and cardiopulmonary resuscitation instruction;~~
 - ~~4. Patient or resident independence;~~
 - ~~5. Patient or resident rights, including:

 - ~~a. The right to confidentiality;~~
 - ~~b. The right to privacy;~~
 - ~~c. The right to be free from abuse, mistreatment, and neglect;~~
 - ~~d. The right to make personal choices;~~
 - ~~e. The right to obtain assistance in resolving grievances and disputes;~~
 - ~~f. The right to care and security of a patient's or resident's personal property; and~~
 - ~~g. The right to be free from restraints;~~~~
 - ~~6. Recognizing and reporting abuse, mistreatment or neglect to a supervisor;~~
 - ~~7. Basic CNA skills, including:

 - ~~a. Taking vital signs, height, and weight;~~
 - ~~b. Maintaining a patient's or resident's environment;~~
 - ~~c. Observing and reporting pain;~~
 - ~~d. Assisting with diagnostic tests;~~
 - ~~e. Providing care for patients or residents with drains and tubes;~~
 - ~~f. Recognizing and reporting abnormal changes to a supervisor;~~
 - ~~g. Applying clean bandages;~~
 - ~~h. Providing perioperative care; and~~
 - ~~i. Assisting in admitting, transferring, or discharging patients or residents;~~~~
 - ~~8. Personal care skills, including:

 - ~~a. Bathing, skin care, and dressing;~~
 - ~~b. Oral and denture care;~~
 - ~~c. Shampoo and hair care;~~
 - ~~d. Fingernail care;~~
 - ~~e. Toileting, perineal and ostomy care; and~~
 - ~~f. Feeding and hydration, including proper feeding techniques and use of assistive devices in feeding;~~~~
 - ~~9. Age specific, mental health, and social service needs, including:

 - ~~a. Modifying the CNA's behavior in response to patient or resident behavior;~~
 - ~~b. Demonstrating an awareness of the developmental tasks associated with the aging process;~~
 - ~~c. Responding to patient or resident behavior;~~
 - ~~d. Promoting patient or resident dignity;~~
 - ~~e. Providing culturally sensitive care;~~
 - ~~f. Caring for the dying patient or resident; and~~
 - ~~g. Interacting with the patient's or resident's family;~~~~
 - ~~10. Care of the cognitively impaired patient or resident including;~~

- a. ~~Addressing the unique needs and behaviors of patients or residents with dementia;~~
- b. ~~Communicating with cognitively impaired patients or residents;~~
- c. ~~Understanding the behavior of cognitively impaired patients or residents; and~~
- d. ~~Reducing the effects of cognitive impairment.~~
- 11. ~~Skills for basic restorative services, including:~~
 - a. ~~Body mechanics;~~
 - b. ~~Resident self-care;~~
 - c. ~~Assistive devices used in transferring, ambulating, eating and dressing;~~
 - d. ~~Range of motion exercises;~~
 - e. ~~Bowel and bladder training;~~
 - f. ~~Care and use of prosthetic and orthotic devices; and~~
 - g. ~~Family and group activities.~~
- 12. ~~Health care team member skills including time management and prioritizing work.~~
- 13. ~~Legal aspects of CNA practice, including:~~
 - a. ~~BON prescribed requirements for certification and re-certification;~~
 - b. ~~Delegation ;~~
 - c. ~~Ethics; and~~
 - d. ~~Advance directives and do not resuscitate orders.~~
- 14. ~~Body structure and function, together with common diseases and conditions of the elderly.~~
 - a. ~~A CNA training program shall provide a student with a minimum of 16 hours instruction in the subjects identified in subsections c.1-6 before allowing a student to care for patients or residents.~~
 - b. ~~A CNA training program shall utilize a CNA textbook that has been published within the previous five years.~~

10.1.2 Standards for CNAs

The CNA shall meet the following standards:

- a. ~~Competently perform nursing tasks and functions as delegated by the nurse and authorized in the Act and rules.~~
- b. ~~Demonstrate honesty and integrity.~~
- c. ~~Base nursing tasks/functions/activities on education, training and the direction of the supervising nurse.~~
- d. ~~Accept accountability for one's behavior and actions while assisting the nurse and providing services to patients.~~
- e. ~~Assist in observing patients and identifying patient needs.~~
- f. ~~Communicate progress toward completing delegated nursing tasks/functions/abilities, as well as any problems or changes in a patient's status.~~
- g. ~~Seek clarification if unsure of expectations.~~
- h. ~~Use educational and training opportunities as available.~~
- i. ~~Take preventive measures to protect patient, others and self.~~
- j. ~~Respect patient's rights, concerns, decisions and dignity.~~
- k. ~~Function as a member of the health care team, contributing to the implementation of an integrated health care plan.~~
- l. ~~Respect patient property and the property of others.~~
- m. ~~Protect confidential information unless obligated by law to disclose the information.~~

10.2 Medication Assistant Certified (MAC)

An MAC is a CNA who meets the additional qualifications and training requirements to administer selected medications under the delegation of a licensed nurse.

10.2.1 Additional Training for MACs

Additional training for MACs shall include <> hours of didactic instruction and <> hours of clinical instruction regarding the following:

- a. ~~Role of the MAC.~~
- b. ~~Medication administration as a delegated nursing function under nursing supervision.~~
- c. ~~Acts that cannot be delegated to MACs, including:~~
 - 1. ~~Conversion or calculation of drug dosage;~~
 - 2. ~~Assessment of patient need for or response to medication; and~~
 - 3. ~~Nursing judgment regarding the administration of PRN medications.~~
- d. ~~Rights of individuals.~~
- e. ~~Legal and ethical issues.~~

- ~~f. Agency policies and procedures related to medication administration.~~
- ~~g. Functions involved in the management of medications, including prescription, dispensing, administration and self-administration.~~
- ~~h. Principles of safe medication storage and disposal of medication.~~
- ~~i. Reasons for medication administration.~~
- ~~j. Classes of drugs, their effects, common side effects and interactions.~~
- ~~k. Reporting of symptoms or side effects.~~
- ~~l. Techniques to check, evaluate and record vital signs as part of safe medication administration.~~
- ~~m. The rights of administration, including right person, right drug, right dose, right time, right route and right documentation.~~
- ~~n. Documentation of medication administration.~~
- ~~o. Prevention of medication errors.~~
- ~~p. Incident reporting.~~
- ~~q. Location of resources and references.~~
- ~~r. Overview of the state agencies involved in the regulation of medication administration.~~
- ~~s. Supervised clinical experience in administering medications.~~

1022—Medication Administration by an MAC

- ~~a. An MAC may perform a task involving the administration of medications when the MAC's assignment is to administer medications under the supervision of a licensed nurse in accordance with provisions of this Act and rules.~~
- ~~b. An MAC shall not perform a task involving the administration of medication when:

 - ~~1. The medication administration requires an assessment of the patient's need for medication, a calculation of the dosage of the medication or the conversion of the dosage;~~
 - ~~2. The supervising nurse is unavailable to monitor the progress of the patient and the effect on the patient of the medication;~~
 - ~~3. The patient is not stable or has changing nursing needs; or~~
 - ~~4. The medication order includes the following medications and routes: <>.~~~~
- ~~e. MACs shall report to the supervising nurse:

 - ~~1. Signs or symptoms that appear life threatening;~~
 - ~~2. Events that appear health threatening;~~
 - ~~3. Medications that produce no results or undesirable effects as reported by the patient; and~~
 - ~~4. Any medication error.~~~~

1023—Standards for MACs

The MAC shall meet the following standards:

- ~~a. Competently perform nursing tasks and functions as delegated by the nurse and authorized in the Act and rules.~~
- ~~b. Demonstrate honesty and integrity.~~
- ~~c. Base nursing tasks/functions/activities on education, training and the direction of the supervising nurse.~~
- ~~d. Accept accountability for one's behavior and actions while assisting the nurse and providing services to patients.~~
- ~~e. Assist in observing patients and identifying patient needs.~~
- ~~f. Communicate progress toward completing delegated nursing tasks/functions/abilities, as well as any problems or changes in a patient's status.~~
- ~~g. Seek clarification if unsure of expectations.~~
- ~~h. Use educational and training opportunities as available.~~
- ~~i. Take preventive measures to protect patient, others and self.~~
- ~~j. Respect patient's rights, concerns, decisions and dignity.~~
- ~~k. Function as a member of the health care team, contributing to the implementation of an integrated health care plan.~~
- ~~l. Respect patient property and the property of others.~~
- ~~m. Protect confidential information unless obligated by law to disclose the information.~~

10.3—Safe Delegation

Nursing tasks/functions/activities that inherently involve ongoing assessment, interpretation or decision-making that cannot be logically separated from the procedure(s) are not to be delegated to nursing assistive personnel.

10.3.1—Criteria

The following criteria shall be used to determine which nursing tasks/functions/activities that may be delegated:

- ~~a. Knowledge and skills of the nursing assistive personnel.~~
- ~~b. Verification of the clinical competence of the nursing assistive personnel by the employing agency.~~
- ~~c. Stability of the patient's condition that involves predictability, absence of risk of complication and rate of change.~~

10.3.2 Variables

The variables in each service setting include, but are not limited to:

- ~~a. The accessible resources and established policies, procedures, practices and channels of communication that lend support to the type of nursing tasks/functions/activities being delegated to nursing assistive personnel.~~
- ~~b. The complexity and frequency of care needed by a given patient population.~~
- ~~c. The proximity of patients to staff.~~
- ~~d. The number and qualifications of staff.~~
- ~~e. The accessibility of the licensed nurse.~~

10.4 CNA and MAC Certification

10.4.1 Application for Certification

- ~~a. An applicant for certification as a CNA shall submit to the BON:

 - ~~1. A completed application form.~~
 - ~~2. Proof of successful completion of an approved CNA education and training program.~~
 - ~~3. Proof of successful completion of a CNA competency evaluation.~~
 - ~~4. Applicable fees.~~
 - ~~5. Applicant's fingerprint information.~~
 - ~~6. Declaration of status of all CNA registration in other jurisdictions.~~~~
- ~~b. An applicant for certification as an MAC shall submit to the BON:

 - ~~1. A completed application form.~~
 - ~~2. Proof of successful completion of an approved MAC education and training program.~~
 - ~~3. Proof of successful completion of an MAC competency evaluation.~~
 - ~~4. Applicable fees.~~
 - ~~5. Applicant's fingerprint information.~~~~
- ~~c. Acceptance of out of state certificates

 - ~~1. The BON may issue a certificate to a CNA who has a current certificate or an equivalent document issued by another state if the BON receives an application pursuant to 10.10.a. and determines that the applicant meets the requirements of this rule.~~
 - ~~2. The BON shall evaluate felony convictions according to rule 5.9.~~~~

10.4.2 Renewal of Certification

- ~~a. The CNA shall submit to the BON:

 - ~~1. A renewal application on a BON form.~~
 - ~~2. The applicable fee.~~
 - ~~3. A verified statement that indicates whether the applicant has been convicted of a crime during the period of time since becoming certified or renewing the certification.~~
 - ~~4. Evidence of completion of <> hours of continued education.~~
 - ~~5. Evidence of completion of <> hours of work as a CNA.~~~~
- ~~b. Upon satisfactory review of the application, the BON shall renew the certification.~~
- ~~c. The MAC shall submit to the BON:

 - ~~1. A renewal application on a BON form.~~
 - ~~2. The applicable fee.~~
 - ~~3. A verified statement that indicates whether the applicant has been convicted of a crime during the period of time since becoming certified or renewing the certification.~~
 - ~~4. Evidence of completion of <hours> of continued education.~~
 - ~~5. Evidence of completion of <hours> of work as an MAC.~~~~
- ~~d. Upon satisfactory review of the application, the BON shall renew the certification.~~

10.4.3 Lapse of Certification

A CNA who has not maintained current certification but wishes to be reinstated:

- ~~a. If the certification has been lapsed for less than <>, the CNA may apply and meet the requirements of 10.4.2.~~
- ~~b. If the certification has been lapsed for more than <>, the CNA shall be required to repeat training and~~

~~competency evaluation for the desired level of certification.~~

10.4.4 Reporting Criminal Convictions

~~The CNA and MAC shall report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction within 90 days.~~

10.5 Titles and Abbreviations

10.6 CNA and MAC Education and Training Programs

10.6.1 Initial Application

- ~~a. An applicant for initial CNA or MAC training program approval shall submit an application packet to the BON least 90 days before the expected starting date of the program. An applicant shall submit application documents that are unbound, typed or word processed, single-sided, and on white, letter-size paper.~~
- ~~b. The application packet for initial program approval shall include all of the following:~~
- ~~1. Name, address, telephone number, and fax number of program.~~
 - ~~2. Identity of the program.~~
 - ~~3. Name, license number, telephone number and qualifications of the program coordinator.~~
 - ~~4. Name, license number, telephone number and qualifications of each program instructor.~~
 - ~~5. Name and telephone number of the person with administrative oversight of the training program.~~
 - ~~6. Accreditation status of the applicant, if any, including the name of the accrediting body and date of last review.~~
 - ~~7. Name, address, telephone number, contact person, program status, and most recent review for all health care institutions where program classroom or clinical instruction will take place.~~
 - ~~8. Medicare certification status, if any.~~
 - ~~9. Documentation of the following:

 - ~~a. Program description, and an implementation plan, including timelines;~~
 - ~~b. Classroom facilities, equipment, and instructional tools available;~~
 - ~~c. Written curriculum, consistent with section 10.1.1 or 10.2.1 for the type of program;~~
 - ~~d. A copy of the documentation that the program will use to verify psycho-motor skills for each student;~~
 - ~~e. A copy of the document issued to the student upon completion of the program;~~
 - ~~f. Textbook author, name, year of publication, and publisher; and~~
 - ~~g. A copy of course policies.~~~~
 - ~~10. For a Medicare or Medicaid certified long-term care facility-based program, a signed, sworn, and notarized document, executed by a program coordinator, affirming that the program does not require a CNA student to pay a fee for any portion of the program including the state competency exam.~~
 - ~~11. For a Medicare or Medicaid long-term care facility-based program, the actual price of a textbook and other loaned equipment, if the CNA program charges a student who does not return these items upon course completion, and any commercially available standard uniform, watch, pen, paper, duty shoes, and other commonly available personal items that are required for the course, for which a student may incur an expense.~~
- ~~c. Following receipt of a complete application packet, the BON shall review the application:

 - ~~1. Schedule an onsite evaluation of the program.~~
 - ~~2. If requirements are met, approve the program for a period not to exceed two years.~~
 - ~~3. Deny approval of the program if the applicant does not meet the requirements.~~~~
- ~~d. A program shall not conduct classes before receiving program approval.~~
- ~~e. If approval is in the best interest of the public, the BON shall grant initial approval to any applicant who meets requirements prescribed by the BON in statute or rule. If the BON denies approval, an applicant may request a hearing by filing a written request with the BON within 30 days of service of the BON's order denying the application for approval.~~

10.6.2 Program Requirements

- ~~a. All CNA training programs shall provide:

 - ~~1. A minimum of one clinical instructor for every <10> students if students perform one or more CNA activities for a patient or resident. The program shall ensure that the instructor is physically present in the health care setting during each performance of a CNA activity for a patient or resident.~~
 - ~~2. An instructor supervised clinical experience for each CNA student, which consists of at least <> hours of direct patient or resident care, and includes at least <> hours caring for long-term care facility residents. If there is no long-term care facility available within a 50-mile radius of the program, the program may conduct clinical~~~~

- sessions in a healthcare institution that provides experiences with patients or residents who have nursing care needs similar to those of long-term care facility residents.
3. ~~A method to ensure that each CNA student is identified as a student by a name badge or another means readily observable to staff, patients, or residents and not utilize students as staff during clinical experiences.~~
 4. ~~Instructional and educational resources for implementing the program, for the planned number of students and instructional staff, including:

 - a. ~~Current reference materials, related to the level of the curriculum;~~
 - b. ~~Equipment in functional condition for simulating patient care, including:

 - i. ~~A patient bed, overbed table and nightstand;~~
 - ii. ~~Privacy curtains and call bell;~~
 - iii. ~~Thermometers, stethoscopes, including a teaching stethoscope, blood pressure cuffs and a balance-type scale;~~
 - iv. ~~Hygiene supplies, elimination equipment, drainage devices and linens;~~
 - v. ~~Hand washing equipment and clean gloves; and~~
 - vi. ~~Wheelchair, gait belt, walker, anti-embolic hose, and cane.~~~~
 - e. ~~Audio-visual equipment and media;~~
 - d. ~~Designated space for didactic teaching and skill practice that provides a clean, distraction-free learning environment for accomplishing the educational goals of the program and is comparable to the space provided by a previously approved program of similar size and type, if any.~~~~
 5. ~~Evidence of successful program completion to the student.~~
 6. ~~A CNA training program shall maintain the following program records for three years:

 - a. ~~Curriculum and course schedule for each cohort group;~~
 - b. ~~Results of state approved written and manual skills testing;~~
 - c. ~~Completed student program evaluation forms, a summary of the evaluations for each cohort group, and measures taken by the program, if any, to improve the program based on student and instructor evaluation; and~~
 - d. ~~A copy of any BON reports, applications or correspondence related to the program.~~~~
 7. ~~A CNA training program shall maintain the following student records for three years:

 - a. ~~A record of the student's name, date of birth, and Social Security number, if available.~~
 - b. ~~Skills checklist for each student that shall include:

 - i. ~~Each of the skills listed in sections 10.1.1 or 10.2.1 as applicable to the type of program;~~
 - ii. ~~The date each skill was practiced or demonstrated;~~
 - iii. ~~The student's satisfactory or unsatisfactory performance of a skill each time it was practiced or demonstrated; and~~
 - iv. ~~The name and signature of the instructor who supervised the student's performance of a skill.~~~~
 - e. ~~Attendance record, which describes any make-up class sessions.~~
 - d. ~~Scores on each test, quiz or exam and, if applicable, whether such test quiz or exam was retaken.~~
 - e. ~~A copy of the certificate of completion issued to the student upon successful completion of the training program.~~~~
 - g. ~~All MAC training programs shall provide:

 1. ~~A minimum of one clinical instructor for every \geq students during the administration of medications to ensure that each administration of medication is verified by a licensed nurse. The program shall ensure that the instructor is physically present in the health care setting during each performance of an MAC activity for a patient or resident.~~
 2. ~~An instructor supervised clinical experience for each MAC student, which consists of at least \leq hours of medication administration.~~
 3. ~~A method to assure that each MAC student is identified as a student by a name badge or another means readily observable to staff, patients or residents and assure that no students are utilized as staff during clinical experiences.~~
 4. ~~Instructional and educational resources for implementing the program, for the planned number of students and instructional staff, including:

 - a. ~~Current reference materials related to the level of the curriculum;~~
 - b. ~~Equipment in functional condition for simulating medication administration;~~
 - c. ~~Audio-visual equipment and media; and~~
 - d. ~~Designated space for didactic teaching and skill practice that provides a clean, distraction-free learning environment for accomplishing the educational goals of the program and is comparable to the space provided by a previously approved program of similar size and type, if any.~~~~
 5. ~~Evidence of successful program completion to the student.~~
 6. ~~An MAC training program shall maintain the following program records for three years:

 - a. ~~Curriculum and course schedule for each cohort group;~~~~~~

- ~~b. Results of state approved testing;~~
- ~~e. Completed student program evaluation forms, a summary of the evaluations for each cohort group, and measures taken by the program, if any, to improve the program based on student and instructor evaluation; and~~
- ~~d. A copy of any BON reports, applications or correspondence related to the program.~~
- ~~7. An MAC training program shall maintain the following student records for three years:~~
 - ~~a. A record of the student's name, date of birth and Social Security number, if available.~~
 - ~~b. Skills checklist for each student that shall include:

 - ~~i. The student's satisfactory or unsatisfactory performance of each medication administration skill each time it was practiced or demonstrated; and~~
 - ~~ii. The name and signature of the instructor who supervised the student's performance of a skill.~~~~
 - ~~e. Attendance record, which describes any make up class sessions.~~
 - ~~d. Scores on each test, quiz or exam and, if applicable, whether such test quiz or exam was retaken.~~
 - ~~e. A copy of the certificate of completion issued to the student upon successful completion of the training program.~~
- ~~h. A CNA and MAC education, training and competency evaluation programs coordinator shall:

 - ~~1. Hold a current RN license or privilege in the state that is not encumbered.~~
 - ~~2. Have at least two years of full time experience as an RN in a health care agency or nursing education program.~~
 - ~~3. For a CNA program, at least one year nursing experience in the provision of long term care services.~~~~
- ~~i. CNA and MAC instructors shall:

 - ~~1. Hold a current RN license or privilege in the state that is not encumbered.~~
 - ~~2. Have a minimum of two years practice experience in a health care facility.~~
 - ~~3. For a CNA training program have at least one of the following:

 - ~~a. A year's experience supervising CNAs;~~
 - ~~b. A year's experience teaching adults; or~~
 - ~~e. Completion of a course in teaching adults.~~~~
 - ~~4. For an MAC training program provide documented evidence of preparation for teaching adults.~~~~

10.6.3 Renewal of Program

- ~~a. A training program applying for renewal of approval shall submit an application packet to the BON before expiration of the current approval. An applicant shall submit application documents that are unbound, typed or word processed, single sided, and on white, letter size paper.

 - ~~1. The application packet shall include the following:

 - ~~a. A program description and course goals;~~
 - ~~b. Name, license number and qualifications of the current program coordinator and instructors;~~
 - ~~e. A copy of the current curriculum plan, which meets the requirements set forth in this Chapter;~~
 - ~~d. Number of classes held, number of students who have completed the program, and the results of the state approved competency evaluation including first time pass rate since the last program review;~~
 - ~~e. A copy of course policies;~~
 - ~~f. Any change in resources, contracts, or clinical facilities since the previous approval;~~
 - ~~g. A copy of current student program evaluation forms, a summary of the evaluations for each cohort group, and measures taken by the program, if any, to improve the program based on student and instructor evaluation;~~
 - ~~h. A sample of the certificate of completion issued to a graduate of the program; and~~
 - ~~i. Textbook author, name, year of publication and publisher.~~~~
 - ~~2. Following receipt of the application packet, a BON representative shall review the application packet for completeness.~~
 - ~~3. Upon receipt and review of a complete application packet the BON, through its authorized representative, shall evaluate the entity offering the program either by site visit or conferring with program representatives.~~
 - ~~4. If the BON finds deficiencies with the program:

 - ~~a. The BON shall notify the program of any deficiencies.~~
 - ~~b. The program shall be allowed <time> for correction.~~
 - ~~e. The program shall notify the BON when the deficiencies have been corrected.~~
 - ~~d. The BON shall conduct a follow up site visit to verify that the program provider has corrected the deficiencies.~~
 - ~~e. If, after follow up review, the program has not corrected the deficiencies, the BON shall deny approval of the program.~~
 - ~~f. A program provider whose application has been denied may request a hearing to appeal the denial of training program approval.~~~~~~

- ~~b. Following evaluation, the BON shall renew program approval for two years if a program complies with requirements of this Article and renewal is in the best interest of the public. If the program does not comply, the BON shall issue a notice of deficiency.~~
- ~~c. If the BON denies renewal of approval, a program may request a hearing by filing a written request with the BON within 30 days of service of the BON's order denying the application for renewal of approval.~~
- ~~d. A program that is denied renewal of approval shall not apply for reinstatement of approval for two years from the date of the denial.~~

10.6.4 Continuation of Approval

- ~~a. The BON shall approve changes in an approved CNA or MAC training program. The BON will base its approval on whether the proposed change meets the requirements of 10.6.2.~~
- ~~b. A training program shall submit written documentation and information to the BON regarding the following changes within 30 days of instituting the change:

 - ~~1. For a change or addition of an instructor or coordinator: the name, license number and documentation of meeting coordinator or instructor requirements of this Section.~~
 - ~~2. For a decrease in the number of program hours: a description of the change, the reason for the change, a revised curriculum outline and a revised course schedule.~~
 - ~~3. For a change in classroom location: the address of the new location, if applicable, and a description of the new classroom.~~
 - ~~4. For a change in a clinical facility: the name of the new facility and a copy of the clinical contract.~~
 - ~~5. For a change in the name or ownership of the facility: the former, present and new name of the facility.~~~~

10.6.5 Site Visits and Investigations

- ~~a. A training program shall permit the BON, or a state agency designated by the BON, to conduct an onsite-scheduled evaluation for initial BON approval and renewal of approval.~~
- ~~b. For reasonable cause, as determined by the BON, a training program shall permit the BON, or a state agency designated by the BON, to conduct an onsite announced or unannounced evaluation of the program.~~

10.6.6 Withdrawal of Approval

- ~~a. The BON shall withdraw approval of CNA and MAC education and training programs when:

 - ~~1. The BON determines that there is not sufficient evidence that the program is meeting standards;~~
 - ~~2. The education institution or health agency loses state approval or licensure;~~
 - ~~3. The program fails to correct deficiencies within the period set by the BON in the notice of deficiency;~~
 - ~~4. The program is noncompliant with federal, state, or if applicable, private postsecondary requirements;~~
 - ~~5. The program fails to permit a scheduled or unannounced onsite evaluation, authorized by this Article~~
 - ~~6. The program loans or transfers program approval to another entity or facility, including a facility with the same ownership;~~
 - ~~7. The program conducts a CNA training program before approval is granted;~~
 - ~~8. The program conducts a CNA training program after expiration of approval without filing an application for renewal of approval before the expiration date; or~~
 - ~~9. The program is conducted by a long-term care facility, charging for any portion of the program.~~~~
- ~~b. The BON shall provide due process rights and adhere to the procedures of the <state administrative procedures act>, providing notice, opportunity for hearing and correction of deficiencies.~~
- ~~c. The BON may consider reinstatement or approval of a training and education program upon submission of satisfactory evidence that the program meets the standards for the type of program after a period of two years.~~

10.6.7 Closing of Education and Training Programs

- ~~a. In order for a program to voluntarily close, the program shall:

 - ~~1. Notify the BON, in writing, stating the reason and planned date of intended closing~~
 - ~~2. Continue program until the committed class schedule for currently enrolled students is completed~~
 - ~~3. Notify the BON of final closing date at least 30 days prior to final closing and~~
 - ~~4. Notify the BON regarding custody and retention of records~~~~
- ~~b. If the BON denies or withdraws approval of any type of training and competency evaluation program, the educational institution or health agency shall cease admitting students and any of the following:

 - ~~1. Close the program after the graduation of all students currently enrolled.~~
 - ~~2. Close the program after the transfer of students to approved programs and submit to the BON a list of students transferred to approved program and date of transfer.~~
 - ~~3. Consider the date on which the last student was transferred the closing date of the program.~~~~

~~e. The program shall comply with the requirements of all applicable state and federal rules and notify the state that the requirements have been fulfilled and give date of final closing.~~

10.7 CNA and MAC Competency Evaluation

~~a. To be approved by the BON, a CNA competency evaluation shall:~~

- ~~1. Cover the topics addressed in 10.1.1.~~
- ~~2. Administer an examination that is psychometrically sound and legally defensible.~~
- ~~3. Be based upon an incumbent job analysis conducted periodically.~~
- ~~4. Include a practical examination demonstrating the applicant's CNA skills.~~
- ~~5. Be administered by the BON or by a person approved by the BON.~~
- ~~6. Notify the applicant of the applicant's performance on the competency evaluation.~~

~~b. To be approved by the BON, an MAC competency evaluation shall:~~

- ~~1. Meet all the requirements of the CNA evaluation.~~
- ~~2. Cover the topics addressed in 10.2.1.~~

~~c. The BON may contract with a test service for the development and administration of a competency evaluation.~~

~~d. The BON shall determine the minimum passing standard on the competency evaluation.~~

10.8 Discipline of CNAs and MACs

Any conduct or practice that is or may be harmful or dangerous to the health of a patient or the public constitutes a basis for disciplinary action on a certificate, including the following:

- ~~a. Failing to maintain professional boundaries or engaging in a dual relationship with a patient, resident, or any member of the patient's or resident's family.~~
- ~~b. Engaging in sexual conduct with a patient, resident, or any member of the patient's or resident's family who does not have a pre-existing relationship with the CNA or MAC, or any conduct in the work place that a reasonable person would interpret as sexual.~~
- ~~c. Leaving an assignment or abandoning a patient or resident who requires care without properly notifying the immediate supervisor.~~
- ~~d. Failing to accurately document care and treatment provided to a patient or resident.~~
- ~~e. Falsifying or making a materially incorrect entry in a health care record.~~
- ~~f. Failing to follow an employer's policies and procedures, designed to safeguard the patient or resident.~~
- ~~g. Failing to take action to protect a patient or resident whose safety or welfare is at risk from potential or actual incompetent health care practice, or to report the practice to the immediate supervisor or a facility administrator.~~
- ~~h. Failing to report signs, symptoms, and changes in patient or resident conditions to the immediate supervisor in an ongoing and timely manner.~~
- ~~i. Violating the rights or dignity of a patient or resident.~~
- ~~j. Violating a patient or resident's right of privacy by disclosing confidential information or knowledge concerning the patient or resident, unless disclosure is otherwise required by law.~~

- ~~k. Neglecting or abusing a patient or resident physically, verbally, emotionally, or financially.~~
- ~~l. Soliciting, or borrowing, property or money from a patient or resident, or any member of the patient's or resident's family.~~
- ~~m. Removing, without authorization, any money, property or personal possessions, or requesting payment for services not performed from a patient, resident, employer, co-worker or member of the public.~~
- ~~n. Use or being under the influence of alcohol, medication, or any other substance to the extent that judgment may be impaired and practice detrimentally affected or while on duty in any work setting.~~
- ~~o. Accepting patient or resident care tasks that the CNA or MAC lacks the education or competence to perform.~~
- ~~p. Removing, without authorization, narcotics, drugs, supplies, equipment, or medical records from any work setting.~~
- ~~q. Obtaining, possessing, using, or selling any narcotic, controlled substance, or illegal drug in violation of any employer policy or any federal or state law.~~
- ~~r. Permitting or assisting another person to use the CNA's or MAC's certificate or identity for any purpose.~~
- ~~s. Making untruthful or misleading statements in advertisements of the individual's practice as a CNA or MAC.~~
- ~~t. Offering or providing CNA or MAC services for compensation without a designated RN supervisor.~~
- ~~u. Threatening, harassing or exploiting an individual.~~
- ~~v. Using violent or abusive behavior in any work setting.~~
- ~~w. Failing to cooperate with the BON during an investigation by:

 - ~~1. Not furnishing in writing a complete explanation of a matter reported under the Act;~~
 - ~~2. Not responding to a subpoena issued by the BON;~~
 - ~~3. Not completing and returning a BON issued questionnaire within 30 days; or~~
 - ~~4. Not informing the BON of a change of address or phone number within 10 days of each change.~~~~
- ~~x. Engaging in fraud or deceit regarding the certification exam or an initial or renewal application for certification.~~
- ~~y. Making a written false or inaccurate statement to the BON or the BON's designee during the course of an investigation.~~
- ~~z. Making a false or misleading statement on a CNA, MAC or health care related employment or credential application concerning previous employment, employment experience, education, or credentials.~~
- ~~aa. Failing to notify the BON, in writing, of any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction within 90 days of the conviction. The CNA or MAC or applicant shall include the following in the notification:

 - ~~1. Name, current address, telephone number, Social Security number and certification number, if applicable;~~
 - ~~2. Date of the conviction; and~~
 - ~~3. Nature of the offense.~~~~
- ~~ab. Practicing in any other manner that gives the BON reasonable cause to believe that the health of a patient, resident, or the public may be harmed.~~

Chapter 11. APRN

5.12 Standards

- ~~d. The APRN shall comply with the standards for RNs as specified in Chapter 3 and to the standards of the national professional nursing associations recognized set forth by the BON. Standards for a specific role and population focus of APRN supersede standards for RNs where conflict between the standards, if any, exists.~~
- ~~e. APRNs shall practice within standards established by the BON in rule and assure patient care is provided according to relevant patient care standards recognized by the BON, including standards of national professional nursing associations, and other national standards of care.~~

5.13 Licensure

5.13.1 Application for Initial Licensure

- ~~h. An applicant for licensure as an APRN in this state shall submit to the BON the required fee as specified in Chapter 4, verification of licensure or eligibility for licensure as an RN in this jurisdiction and a completed application that provides the following information:

 - ~~1. Graduation from an APRN graduate or post-graduate program as evidenced by official documentation received directly from an APRN program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization, as acceptable by the BON.~~~~

2. This documentation shall verify the date of graduation; credential conferred; ~~number of clinical hours completed;~~ completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.
- ~~i. In order to be licensed in this state, all APRN applicants must be currently licensed as an RN or hold a privilege to practice as an RN in this state.~~
- ~~j. In order to be licensed in this state, all APRN applicants must take and pass the appropriate APRN national certification examination in the APRN role and population focus congruent with educational preparation.~~
- ~~k. The BON shall determine whether a certification program can be used as a requirement for licensure of APRNs based upon the following standards:~~
- l. Report any criminal conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.
- m. Requirements for Certification Programs
- ~~1. The program is national in the scope of its credentialing.~~
 - ~~2. Conditions for taking the certification examination are consistent with acceptable standards of the testing community and are intended to ensure minimal competence to practice at an advanced level of nursing.~~
 - ~~3. Educational requirements are consistent with the requirements of the advanced practice role and population focus.~~
 - ~~4. The standard methodologies used are acceptable to the testing community such as incumbent job analysis studies and logical job analysis studies.~~
 5. Certification programs are accredited by a national accreditation body as acceptable by the BON.
 - ~~6. The examination represents entry-level practice, with minimal, though critical competencies, in the advanced nursing practice role and population.~~
 - ~~7. The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to patients.~~
 - ~~8. Examination items are reviewed for content validity, cultural bias and correct scoring using an established mechanism, both before use and periodically.~~
 - ~~9. Examinations are evaluated for psychometric performance.~~
 - ~~10. The passing standard is established using acceptable psychometric methods and is reevaluated periodically.~~
 - ~~11. Examination security is maintained through established procedures.~~
 - ~~12. Certification is issued based upon passing the examination and meeting all other certification requirements.~~
 - ~~13. A retake policy is in place.~~
 - ~~14. A certification maintenance program, which includes review of qualifications and continued competence, is in place.~~
 - ~~15. Mechanisms are in place for communication to BONs for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice.~~
 - ~~16. An evaluation process is in place to provide quality assurance in its certification program.~~
- ~~n. Requirements of 5.3.d. i. shall apply to APRNs.~~

5.13.2 Application of an Internationally Educated APRN

An internationally educated applicant for licensure as an APRN in this state shall:

- e. Graduate from a graduate or post-graduate level APRN program equivalent to an APRN educational program in the U.S. accepted by the BON.
- f. Submit documentation through ~~an official transcript directly from the international nursing education program and verified through~~ a BON approved qualified credentials evaluation process for the license being sought.
- g. Has, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening.
- h. Meet all other licensure criteria required of applicants educated in the U.S.

5.13.3 Application for Licensure by Endorsement

- f. An applicant for licensure by endorsement as an APRN in this state shall submit to the BON the required fee as specified in Chapter 4, verification of eligibility for an license or privilege to practice as an RN in this jurisdiction and a completed APRN application that provides the following information:
 - l. Graduation from a graduate or post-graduate level APRN program, as evidenced by an official transcript or other official documentation received directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or CHEA, or its successor organization, as acceptable by the

BON.

2. This documentation shall verify the date of graduation; credential conferred; number of clinical hours completed; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.
- g. Not have an encumbered license or privilege to practice in any state or territory.
- h. Report any conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.
- i. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
- j. Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation.
 - a. Primary source of verification of certification is required.
 - ~~b. If the applicant has not been in clinical practice for more than the past two years, the applicant shall provide evidence of satisfactory completion of 24 contact hours, 12 in pharmacotherapeutics and 12 in the clinical management of patients, within the two years prior to applying for approval to practice.~~
 - ~~c. If the applicant has not been in clinical practice for more than the past five years, the applicant shall provide evidence of satisfactory completion of 45 contact hours of pharmacotherapeutics within the two years prior to application. The applicant must also successfully complete a refresher course approved by the BON or an extensive orientation in the appropriate advanced practice role and population focus, which includes a supervised clinical component by a qualified preceptor. < > hours.~~
 - ~~d. Preceptor must meet the following requirements:

 - ~~i. Holds an active license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus; and~~
 - ~~ii. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting~~~~
- c. Requirements of 5.3.d.-i. shall apply to APRNs.

5.13.4 Application for License Renewal

An applicant for license renewal as an APRN shall submit to the BON the required fee for license renewal, as specified in Chapter 4, and a completed license renewal application including:

- d. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background.
- e. Evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of 11.2.1.
- f. Submit a renewal application as directed by the BON and remit the required fee as set forth in rule

5.13.5 Quality Assurance/Documentation and Audit

The BON may conduct a random audit of nurses to verify current APRN certification and/or continuing education. Upon request of the BON, licensees shall submit documentation of compliance.

5.13.6 Reinstatement of License

The reinstatement of APRN licensure is the same as previously stated for RNs and LPN/VNs in Chapter 5 plus the following:

- d. An individual who applies for licensure reinstatement and who has been out of practice for more than five years shall provide evidence of successfully completing < > hours of a reorientation in the appropriate advanced practice role and population focus, which includes a supervised clinical component by a qualified preceptor.
- e. Preceptor must the following requirements:
 1. Holds an active license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus.
 2. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.
- f. For those licensees applying for licensure reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specified requirements set forth in the BON's discipline order, is required.

11.3. Titles and Abbreviations

- d. Individuals are licensed or granted privilege to practice as APRNs in the roles of certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS) and certified nurse practitioner (CNP) and in the population focus of family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/ gender-related or psychiatric/mental health.
- e. Each APRN shall use the designation "APRN" plus role title as a minimum for purposes of identification

- and documentation. ~~The APRN with an earned doctorate may use the term doctor or abbreviation "Dr."~~
- f. When providing nursing care, the APRN shall provide clear identification that indicates his or her APRN designation.

6.5 APRN Education

6.5.2 Required Criteria for APRN Education Programs

The BON shall determine whether an APRN education program meets the qualifications for the establishment of a program based upon the following standards:

- a. An APRN program shall appoint the following personnel:
 1. An APRN program administrator whose qualifications shall include:
 - a. A current, active RN or APRN license or privilege to practice that is not encumbered in the state where the program is approved and/or accredited;
 - b. A doctoral degree in a health-related field;
 - ~~c. At least two years of clinical experience as an APRN; and~~
 - ~~d. Current national APRN certification.~~
 2. A lead faculty member who is educated and nationally certified in the same role and population foci and licensed as an APRN shall coordinate the educational component, including curriculum development, for the role and population foci in the APRN program.
 3. Nursing faculty to teach any APRN nursing course that includes a clinical learning experience shall meet the following qualifications:
 - a. A current, active APRN license or privilege to practice that is not encumbered in the state where the program is approved and/or accredited;
 - b. A minimum of a master's degree in nursing or health related field in the clinical specialty;
 - ~~c. Two years of APRN clinical experience; and~~
 - d. Current knowledge, competence and certification as an APRN in the role and population foci consistent with teaching responsibilities.
 4. Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty qualifications for the program level they are teaching.
 5. Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to these areas of content.
 6. Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities ~~and will serve as a role model and educator to the student. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences, but not to replace them.~~
 7. Clinical preceptors will be approved by faculty and meet the following requirements:
 - a. Hold an active license or privilege to practice that is not encumbered as an APRN or physician and practices in a comparable practice focus; and
 - b. ~~Function as a supervisor and teacher and~~ evaluate the individual's performance in the clinical setting.
- b. The curriculum of the APRN nursing education program must prepare the graduate to practice in one of the four identified APRN roles, i.e., CRNA, CNM, CNS and CNP, and at least one of the six population foci, i.e., family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psychiatric/mental health. The curriculum shall include:
 1. Three separate graduate level courses (the APRN core) in:
 - a. Advanced physiology and pathophysiology, including general principles that apply across the lifespan;
 - b. Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and
 - c. Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.
 2. Diagnosis and management of diseases across practice settings including diseases representative of all systems.
 3. Preparation that provides a basic understanding of the principles for decision making in the identified role.
 4. Preparation in the core competencies for the identified APRN role.
 5. Role preparation in one of the six population foci of practice.
- c. Additional required components of graduate or post-graduate education programs preparing APRNs shall include the following:
 1. Each student enrolled in an APRN program shall have an RN license or privilege to practice that is not encumbered in the state of clinical practice, unless exempted from this licensure requirement under Article 5 section 10.

2. Education programs offered by an accredited college or university that offers a graduate degree with a concentration in the advanced nursing practice role and at least one population focus or post-masters certificate programs offered by an accredited college or university shall include the following components:
 - a. Clinical supervision congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus.
 - b. Curriculum that is congruent with national standards for graduate level and advanced practice nursing education, is consistent with nationally recognized APRN roles and population foci, and includes, but is not limited to:
 - i. Graduate APRN program core courses; and
 - ii. An advanced practice nursing core, including legal, ethical and professional responsibilities of the APRN.
3. The curriculum shall be consistent with competencies of the specific areas of practice.
4. APRN programs preparing for two population foci or combined nurse practitioner/clinical nurse specialist shall include content and clinical experience in both functional roles and population foci.
5. Each instructional track/major shall have a minimum of 500 supervised clinical hours as defined by the BON. The supervised experience is directly related to the role and population foci, including pharmacotherapeutic management of patients.
6. There shall be provisions for the recognition of prior learning and advanced placements in the curriculum for individuals who hold a master's in nursing and are seeking preparation in a different role and population focus. Post- masters nursing students shall complete the requirements of the master's APRN program through a formal graduate level certificate in the desired role and population focus. Post-master students must meet the same APRN outcome competencies as the master level students.

6.5.3 Models for Determining Compliance with Standards

The models for determining compliance with APRN education standards are the same as previously stated for RN and LPN/VN programs in Chapter 6.

6.5.4 Establishment of a New APRN Education Program

Before establishing a new nursing education program, the APRN program shall complete the process outlined below:

- a. Application to the professional accrediting body.
- b. The proposed program shall provide the following information to the BON:
 1. Results of a needs assessment, including identification of potential students and employment opportunities for program graduates.
 2. Identification of sufficient financial and other resources.
 3. Governing institution approval and support.
 4. ~~Community support.~~
 5. Type of educational program proposed.
 6. Clinical opportunities and availability of resources.
 7. Availability of qualified faculty.
 8. A pool of available students.
 9. A proposed time line for initiating and expanding the program.

11.5 Prescriptive Authority

11.5.1 Requirements for Prescribing, Ordering, Dispensing and Furnishing Authority

- a. ~~An APRN licensed by the BON may prescribe, order, procure, administer, dispense and furnish over the counter, legend and controlled substances pursuant to applicable state and federal laws and within the APRN's role and population focus.~~
- b. ~~Written, verbal or electronic prescriptions and orders shall comply with all applicable state and federal laws.~~
- e. ~~All prescriptions shall include, but not be limited to, the following information:~~
 1. ~~Name, title, address and phone number of the APRN who is prescribing.~~
 2. ~~Name of patient.~~
 3. ~~Date of prescription.~~
 4. ~~Full name of the drug, dosage, route, amount to be dispensed and directions for its use.~~

~~5. Number of refills.~~

~~6. Signature of prescriber on written prescription and~~

~~7. DEA number of the prescriber on all scheduled drugs.~~

~~a. The APRN shall comply with Federal Drug Enforcement Administration (DEA) requirements related to controlled substances.~~

~~b. The APRN shall immediately file any and all of the nurse's DEA registrations and numbers with the BON.~~

~~d. The BON shall maintain current records of all APRNs with DEA registration and numbers.~~

11.5.2 Distribution of Samples

~~a. APRNs may receive, sign for, record and distribute samples to patients.~~

~~b. Distribution of drug samples shall be in accordance with state law and DEA laws, regulations and guidelines.~~

11.6 Discipline of Prescriptive Authority

4. APRN discipline and proceedings is the same as previously stated for RN and LPN/VN in Chapter 7.

5. The BON may limit, restrict, deny, suspend or revoke APRN licensure, or prescriptive or dispensing authority.

6. Additional grounds for discipline related to prescriptive or dispensing authority include, but are not limited to:

1. Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards.

2. Selling, purchasing, trading, or offering to sell, purchase or trade drug samples.

3. Prescribing, dispensing, administering or distributing drugs for other than therapeutic or prophylactic purposes.

4. Prescribing or distributing drugs to individuals who are not patients of the APRN or who are not within that nurse's role and population focus.

11.7 Implementation

a. After <date>, all new graduates applying for APRN licensure must meet the stipulated licensure requirements.

b. An APRN applying for licensure by endorsement in another state may be eligible for licensure if the applicant demonstrates that the following criteria have been met:

1. Current, active practice in the advanced role and population focus area.

2. Current active national certification or recertification, as applicable, in the advanced role and population focus area.

3. Compliance with the APRN educational requirements of the state in which the APRN is applying for licensure that were in effect at the time the APRN completed his or her APRN education program.

4. Compliance with all other criteria set forth by the state in which the APRN is applying for licensure, e.g. continuing education.

Chapter 12. Nurse Licensure Compact

Chapter 13. APRN Compact



National Council of State Boards of Nursing

111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277
312.525.3600
312.279.1032 fax
www.ncsbn.org

Updated 09/17

Attachment D: Proposed Model Rules Language Revisions – Clean Version



**Mission Statement**

The National Council of State Boards of Nursing (NCSBN®) empowers and supports nursing regulators in their mandate to protect the public.

Copyright ©2012, 2017, 2021 National Council of State Boards of Nursing, Inc. (NCSBN®)

All rights reserved. NCSBN®, NCLEX®, NCLEX-RN®, NCLEX-PN®, NNAAP®, MACE®, Nursys® and TERCAP® are registered trademarks of NCSBN and this document may not be used, reproduced or disseminated to any third party without written permission from NCSBN.

Permission is granted to boards of nursing to use or reproduce all or parts of this document for licensure related purposes only. Nonprofit education programs have permission to use or reproduce all or parts of this document for educational purposes only. Use or reproduction of this document for commercial or for-profit use is strictly prohibited. Any authorized reproduction of this document shall display the notice: "Copyright by the National Council of State Boards of Nursing, Inc. All rights reserved." or, if a portion of the document is reproduced or incorporated in other materials, such written materials shall include the following credit: "Portions copyrighted by the National Council of State Boards of Nursing, Inc. All rights reserved."

Address inquiries in writing to NCSBN Permissions, 111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277.

NCSBN MODEL RULES (2021)
Table of Contents

Chapter 1. Title and Purpose..... 1

Chapter 2. Definitions 1

Chapter 3. Scope of RN, LPN/VN and APRN Practice 1

Chapter 4. Board of Nursing (BON)..... 2

Chapter 5. RN, LPN/VN and APRN Licensure and Exemptions..... 3

Chapter 6. Prelicensure Nursing Education 8

Chapter 7. Discipline and Proceedings 13

Chapter 8. APRN..... 15

Chapter 1. Title and Purpose

Chapter 2. Definitions

As used in Chapters 3 through 8 of this Act, unless the context thereof requires otherwise:

- a. "Abandonment" means the intentional leaving a patient for whom the nurse is responsible without providing for another nurse or appropriate caretaker to assume care upon the nurse's leaving.
- b. "Dual relationship" means when a nurse is involved in any relationship with a patient in addition to the therapeutic nurse-patient relationship.
- c. "NCLEX-PN®" means the National Council Licensure Examinations for Practical Nurses.
- d. "NCLEX-RN®" means the National Council Licensure Examinations for Registered Nurses.
- e. "Nursing faculty" means individuals employed full or part time by an academic institution who are responsible for developing, implementing, evaluating and updating nursing program curricula.
- f. "Preceptor" means an individual at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model, or supervisor in a clinical setting.
- g. "Professional boundaries" means the space between the nurse's power and the patient's vulnerability; the power of the nurse comes from the professional position and access to private knowledge about the patient; establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the patient's needs.
- h. "Professional-boundary crossing" means a deviation from an appropriate boundary for a specific therapeutic purpose with a return to established limits of the professional relationship.
- i. "Professional-boundary violation" means the failure of a nurse to maintain appropriate boundaries with a patient and key parties.
- j. "Sexualized body part" means a part of the body not conventionally viewed as sexual in nature that evokes arousal.
- k. "Sexual misconduct" means any unwelcome behavior of a sexual nature that is committed without consent or by force, intimidation, coercion, or manipulation.
- l. "Simulation" means a technique to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner (Gaba, 2004).
- m. "Debriefing" means an activity that follows a simulation experience, is led by a facilitator, encourages participant's reflective thinking, and provides feedback regarding the participant's performance.

Chapter 3. Scope of RN, LPN/VN and APRN Practice

3.1.1 Standards Related to Licensed Practical/Vocational Nurse (LPN/VN), RN and APRN Professional Accountability

The LPN/VN, RN and APRN:

- a. Accepts responsibility for individual nursing actions, competence, decisions and behavior in the course of nursing practice.
- b. Maintains competence through ongoing learning and application of knowledge in nursing practice.

3.1.2 Standards Related to LPN/VN Scope of Practice

The LPN/VN, practicing to the extent of their education and training under the supervision of an RN, advanced practice registered nurse (APRN), physician or other authorized licensed health care provider:

- a. Participates in nursing care, health maintenance, patient teaching, counseling, collaborative planning and rehabilitation.
- b. Plans for patient care, including:
 1. Planning nursing care for a patient whose condition is stable or predictable.
 2. Assisting the RN, APRN, or physician in identification of patient needs and goals.
 3. Determining priorities of care together with the RN, APRN or physician.
- c. Provides patient surveillance and monitoring
 1. Participating with other health care providers and contributing in the development, modification, and implementation of the patient centered healthcare plan.
- d. Implements nursing interventions and prescribed medical regimens in a timely and safe manner.
- e. Documents nursing care provided accurately and timely.

- f. Collaborates and communicates relevant and timely patient information with patients and other health team members to ensure quality and continuity of care, including:
 - 1. Patient status and progress.
 - 2. Patient response or lack of response to therapies.
 - 3. Changes in patient condition.
 - 4. Patient needs and special requests.
- g. Takes preventive measures to promote an environment that is conducive to safety and health for patients, others and self.
- h. Respects patient diversity and advocates for the patient's rights, concerns, decisions and dignity.
- i. Maintains appropriate professional boundaries.
- j. Participates in systems, clinical practice and patient care performance improvement efforts to improve patient outcomes.
- k. Assigns and delegates nursing activities to assistive personnel. The LPN shall:
 - 1. Delegate only those nursing measures for which that person has the necessary skills and competence to accomplish safely.

Authority: Model Act Article III Section 1

3.2.1 Standards Related to RN Scope of Practice

The RN:

- a. Practices within the legal boundaries for nursing through the scope of practice authorized in the Nurse Practice Act and rules governing nursing.
- b. Provides patient surveillance and monitoring.
- c. Identifies changes in patient's health status and takes appropriate action.
- d. Documents nursing care, changes in the patient's condition and all relevant information.
- e. Takes preventive measures to protect patient, others and self.
- f. Delegates to another only those nursing measures for which that person has the necessary skills and competence to accomplish safely.

Authority: Model Act Article III Section 2

3.2.2 Standards Related to APRN Scope of Practice

- a. The APRN shall comply with the standards for RNs as specified in Chapter 3 and to the standards set forth by the BON. Standards for a specific role and population focus of APRN supersede standards for RNs where conflict between the standards, if any, exists.
- b. APRNs shall practice within standards established by the BON in rule and assure patient care is provided according to relevant patient care standards recognized by the BON, and other national standards of care.
- c. Discipline of Prescriptive Authority
 - 1. APRN discipline and proceedings is the same as previously stated for RN and LPN/VN in Chapter 7.
 - 2. The BON may limit, restrict, deny, suspend or revoke APRN licensure, or prescriptive or dispensing authority.
 - 3. Additional grounds for discipline related to prescriptive or dispensing authority include, but are not limited to:
 - 1. Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards.
 - 2. Selling, purchasing, trading, or offering to sell, purchase or trade drug samples.
 - 3. Prescribing, dispensing, administering or distributing drugs for other than therapeutic or prophylactic purposes. or
 - 4. Prescribing or distributing drugs to individuals who are not patients of the APRN or who are not within that nurse's role and population focus.

Authority: Model Act Article III Section 3

Chapter 4. Board of Nursing (BON)

4.1 Membership, Nominations, Qualifications, Appointment and Term of Office

4.2 Officers

4.3 Meetings

4.4 Guidelines

4.5 Vacancies, Removal and Immunity

4.6 Powers and Duties

4.7 Collection of Fees

- a. The BON may collect the following fees:
 1. Application for licensure by examination
 - a. RN < >
 - b. LPN/VN < >
 - c. APRN < >
 2. Application for licensure by endorsement
 - a. RN < >
 - b. LPN/VN < >
 - c. APRN < >
 3. Temporary permit for endorsement applicant
 - a. RN < >
 - b. LPN/VN < >
 - c. APRN < >
 4. Renewal of licensure
 - a. RN < >
 - b. LPN/VN < >
 - c. APRN < >
 5. Late renewal < >
 6. Reinstatement < >
 7. Certified statement that nurse is licensed in jurisdiction < >
 8. Duplicate or reissued license < >
 9. Insufficient funds < >
 10. Nursing education program survey and evaluation per level < >
 11. Discipline monitoring < >
 12. Copying costs < >
 13. Criminal background check processing fees < >
 14. Other miscellaneous costs
- b. All fees collected by the BON are non-refundable.
Authority: Model Act Article IV Section 6

4.8 Executive Officer

Chapter 5. RN, LPN/VN and APRN Licensure and Exemptions

5.1 Titles and Abbreviations for Licensed Nurses

5.1.1 Titles and Abbreviations for APRNs

- a. Individuals are licensed or granted privilege to practice as APRNs in the roles of certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS) and certified nurse practitioner (CNP) and in the population focus of family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/ gender-related or psychiatric/mental health.
- b. Each APRN shall use the designation "APRN" plus role title as a minimum for purposes of identification and documentation.
- c. When providing nursing care, the APRN shall provide clear identification that indicates his or her APRN designation.
Authority: Model Act Article III Section 3

5.2 Examinations

5.3 Application for Licensure by Examination as an RN or LPN/VN

An applicant for licensure as an RN or LPN/VN shall:

- a. Submit a completed application and fees established by the BON.
- b. Graduate or be eligible for graduation from a <your jurisdiction> BON approved prelicensure program or a program that meets criteria comparable to those established by the <your jurisdiction> BON in its rules.
- c. Pass an examination authorized by the BON.
 1. All RN applicants shall take and pass the NCLEX-RN®.
 2. All LPN/ VN applicants shall take and pass the NCLEX-PN®.
- d. Submit to state and federal criminal background checks.
- e. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.
- f. Report any condition or impairment (including but not limited to substance abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner.
- g. Report any actions taken or initiated against a professional or occupational license, registration or certification.
- h. For an applicant who is a graduate of a prelicensure education program not taught in English, passage of an English proficiency examination that includes the components of reading, speaking, writing and listening.
- i. Identify any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes:
 1. The number and status of the license or credential.
 2. The original state or country of licensure or credentialing.
- j. Provide employment information including current employer if employed in health care, including address, telephone number, position and dates of employment and previous employer in health care, if any, if current employment is less than 12 months.
- k. Provide information regarding whether the applicant previously applied for a license in another jurisdiction and either was denied a license, or withdrew the application or allowed the application to expire, if applicable.
- l. Provide detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.

Authority: Model Act Article V Section 3

5.4 Additional Requirements for Licensure by Examination of Internationally Educated Applicants

In addition to the requirements listed in Section 5.3, the requirements for licensure by examination of internationally educated applicants, includes:

- a. Graduation from a foreign RN or LPN/ VN prelicensure education program that (a) has been approved by the authorized accrediting body in the applicable country and (b) has been verified by an independent credentials review agency to be comparable to a licensing board-approved prelicensure education program;
- b. Acceptable documentation shall verify the date of enrollment, date of graduation and credential conferred. An official transcript and, if not in English, a certified translation is required prior to the approval to take the NCLEX®.
- c. Passage of an English proficiency examination, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, that includes the components of reading, speaking, writing and listening.

Authority: Model Act Article V Section 3

5.5 Application for Licensure by Endorsement as an RN or LPN/VN

- a. An applicant for licensure by endorsement in this state shall:
 1. Submit a completed application and fees as established by the BON.
 2. Graduate from a <your jurisdiction> BON-approved prelicensure program or a program that meets criteria comparable to those established by the <your jurisdiction>.
 3. Hold a license as an RN or an LPN/VN that is not encumbered.
 4. Pass an examination authorized by the BON.
 5. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
 6. Submit to state and federal criminal background checks.
 7. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.

8. Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner.
 9. Report any actions taken or initiated against a professional or occupational license, registration or certification.
 10. Report current participation in an alternative to discipline program in any jurisdiction.
 11. Submit verification of licensure status provided directly from the U.S. jurisdiction of licensure by examination, or a coordinated licensure information system.
- b. An applicant for licensure by endorsement as an RN or LPN/ VN in this state, whichever is applicable, shall provide the following information:
 1. Evidence of having passed the licensure examination required by this jurisdiction at the time the applicant was initially licensed in another jurisdiction.
 - c. Identification of any state, territory or country in which the applicant holds a health profession license or credential, if applicable. Required information includes:
 1. The number and status of the license or credential.
 2. The original state or country of licensure or credentialing.
 - d. The date and jurisdiction the applicant previously applied for a license in another jurisdiction and either was denied a license or withdrew the application, if applicable.
 - e. Detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.

Authority: Model Act Article V Section 4

5.6 Renewal of Licenses

The renewal of a license must be accomplished by <date determined by the BON>. Failure to renew the license on or before the date of expiration shall result in the forfeiture of the right to practice nursing in this jurisdiction.

Authority: Model Act Article V Section 7

5.6.1 Application for Renewal of License as an RN or LPN/VN

An applicant for license renewal shall submit to the BON the required fee for license renewal and a completed application for license renewal that provides the following information:

- a. Detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.
- b. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.
- c. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations
- d. Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional, or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner.
- e. Report any actions pending, taken or initiated against a professional or occupational license, registration or certification.
- f. Report current participation in an alternative to discipline program in any jurisdiction.
- g. Failure to provide the requested information may result in non-renewal of the license to practice nursing or a disciplinary action.

Authority: Model Act Article V Section 6

5.7 Reactivation of License Following Failure to Renew

An individual whose license is inactive by failure to renew may apply for reactivation by submitting an application, paying a fee, meeting all practice requirements for renewal of licensure and satisfying the conditions listed below. At any time after a license has been inactive, the BON may require evidence of the licensee's current nursing knowledge and skill before reactivating the licensee to the status of active license. An applicant must:

1. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.
2. Submit to state and federal criminal background checks.
3. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.

4. Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely in a competent and professional manner.
5. Report any action taken or initiated against a professional or occupational license, registration or certification.
6. Report current participation in an alternative to discipline program in any jurisdiction.

Authority: Model Act Article V Section 7

5.7.1 Reinstatement Following Disciplinary Action

For those licensees applying for reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specific requirements set forth in the BON's discipline order, is required. An applicant must:

1. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.
2. Submit to state and federal criminal background checks.
3. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
4. Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely in a competent and professional manner.
5. Report any action taken or initiated against a professional or occupational license, registration or certification.
6. Report current participation in an alternative to discipline program in any jurisdiction.

Authority: Model Act Article V Section 8

5.8 Duties of Licensees

5.9 Criminal Background Checks

5.10 Exemptions to Licensure – Nursing Students

1. No provisions of this Act shall be construed to prohibit the practice of nursing if:
 - a. The student is enrolled in a program located in this jurisdiction and approved by the BON or participating in this jurisdiction in a component of a program located in another jurisdiction and approved by a BON.
 - b. The student's practice is under the auspices of the program.
 - c. The student acts under the supervision of an RN serving for the program as a faculty member or teaching assistant.

Authority: Model Act Article V Section 11

5.11 APRN Licensure

5.11.1 Application for Initial Licensure

- a. An applicant for licensure as an APRN in this state shall submit to the BON the required fee as specified in Chapter 4, verification of licensure or eligibility for licensure as an RN in this jurisdiction and a completed application that provides the following information:
 1. Graduation from an APRN graduate or post-graduate program as evidenced by official documentation received directly from an APRN program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization, as acceptable by the BON.
 2. This documentation shall verify the date of graduation; credential conferred; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.
- b. Report any criminal conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.
- c. Requirements for Certification Programs
 1. Certification programs are accredited by a national accreditation body as acceptable by the BON.

Authority: Model Act Article V Section 5

5.11.2 Application of an Internationally Educated APRN

An internationally educated applicant for licensure as an APRN in this state shall:

- a. Graduate from a graduate or post-graduate level APRN program equivalent to an APRN educational program in the U.S. accepted by the BON.
- b. Submit documentation through a BON approved qualified credentials evaluation process for the license being sought.
- c. Has, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening;
- d. Meet all other licensure criteria required of applicants educated in the U.S.

Authority: Model Act Article V Section 5

5.11.3 Application for Licensure by Endorsement

- a. An applicant for licensure by endorsement as an APRN in this state shall submit to the BON the required fee as specified in Chapter 4, verification of eligibility for an license or privilege to practice as an RN in this jurisdiction and a completed APRN application that provides the following information:
 1. Graduation from a graduate or post-graduate level APRN program, as evidenced by an official transcript or other official documentation received directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or CHEA, or its successor organization, as acceptable by the BON.
 2. This documentation shall verify the date of graduation; credential conferred; number of clinical hours completed; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.
- b. Not have an encumbered license or privilege to practice in any state or territory.
- c. Report any conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.
- d. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
- e. Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation.
 - a. Primary source of verification of certification is required.
- f. Requirements of 5.3.d.-i. shall apply to APRNs.

Authority: Model Act Article V Section 5

5.11.4 Application for License Renewal

An applicant for license renewal as an APRN shall submit to the BON the required fee for license renewal, as specified in Chapter 4, and a completed license renewal application including:

- a. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background.
- b. Evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of 8.2.1.
- c. Submit a renewal application as directed by the BON and remit the required fee as set forth in rule.

Authority: Model Act Article V Section 5

5.11.5 Quality Assurance/Documentation and Audit

The BON may conduct a random audit of nurses to verify current APRN certification and/or continuing education. Upon request of the BON, licensees shall submit documentation of compliance.

Authority: Model Act Article V Section 5

5.11.6 Reinstatement of License

The reinstatement of APRN licensure is the same as previously stated for RNs and LPN/VNs in Chapter 5 plus the following:

- a. An individual who applies for licensure reinstatement and who has been out of practice for more than five years shall provide evidence of successfully completing < > hours of a reorientation in the appropriate advanced practice role and population focus, which includes a supervised clinical component by a qualified preceptor.

- b. Preceptor must the following requirements:
 - 1. Holds an active license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus.
 - 2. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.
- c. For those licensees applying for licensure reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specified requirements set forth in the BON's discipline order, is required.

Authority: Model Act Article V Section 5

Chapter 6. Prelicensure Nursing Education

6.1 Purpose of Nursing Education Standards

The purpose of nursing education standards is to ensure that graduates of nursing education programs are prepared for safe and effective nursing practice.

Authority: Model Act Article VI Section 1

6.1.1 Prelicensure Nursing Education Standards

All nursing education programs shall meet these standards:

- a. The purpose and outcomes of the nursing program shall be consistent with the Act and BON promulgated administrative rules, regulations and other relevant state statutes.
- b. The input of stakeholders shall be considered in developing and evaluating the purpose and outcomes of the program.
- c. A systematic evaluation plan of the curriculum is in place.
- d. The curriculum shall provide diverse didactic and clinical learning experiences consistent with program outcomes.
- e. Faculty and students shall participate in program planning, implementation, evaluation and continuous improvement.
- f. The nursing program administrator shall be professionally and academically qualified RN with institutional authority and administrative responsibility for the program.
- g. The nursing program administrator shall be consistent in a nursing program, with no more than 3 nursing program administrators in 5 years.
- h. Professionally, academically and clinically qualified faculty shall be sufficient in number, have a low turnover, and have the expertise to accomplish program outcomes and quality improvement.
- i. The simulation center shall be accredited.
- j. Written an easily accessible policies and procedures that have been vetted by students and faculty.
- k. Formal mentoring of full-time and part-time faculty.
- l. Formal orientation of adjunct faculty.
- m. The school shall provide substantive and periodic workshops and presentations devoted to faculty development.
- n. The program can provide evidence that their admission, progression, and student performance standards are based on data.
- o. The fiscal, human, physical (including access to a library), clinical and technical learning resources shall be adequate to support program processes, security and outcomes.

Authority: Model Act Article VI Section 2

6.1.2 Required Criteria for Prelicensure Nursing Education Programs

- a. Curriculum shall include experiences that promote clinical judgment; skill in clinical management, supervision and delegation; interprofessional collaboration; quality and safety; and navigation and understanding of health care systems.
 - 1. Distance education methods are consistent with the curriculum plan.
 - 2. Coursework shall include, but not be limited to:
 - i. Sound foundation in biological, physical, social and behavioral sciences
 - ii. Didactic content including prevention of illness and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social and economic backgrounds.
 - iii. Didactic and clinical experiences shall include Medical/ Surgical, obstetrics, pediatrics, Psychiatric/ Mental Health and Community Health.
 - iv. 50% or more of clinical experiences, in each course, shall include direct patient care.
 - v. Clinical experiences shall be supervised and occur directly with patients. Clinical experiences and simulation shall include a variety of clinical settings and are sufficient for meeting program outcomes.
 - 3. The program has processes in place to manage and learn from near misses and errors.
 - 4. The program has opportunities for collaboration with interprofessional teams.
 - 5. Professional responsibilities, legal and ethical issues, history and trends in nursing and health care.

- b. Students
 - 1. The program shall hold students accountable for professional behavior, including honesty and integrity, while in their program of study.
 - 2. All policies relevant to applicants and students shall be readily available in writing and vetted by students and faculty.
 - 3. Students shall meet health standards and criminal background check requirements.
 - 4. English as a second language assistance is provided.
 - 5. Assistance is available for students with disabilities.
 - 6. All students have books and resources necessary throughout the program.
 - 7. Remediation strategies are in place at the beginning of each course and students are aware of how to seek help.
- c. Administrator qualifications
 - 1. Administrator qualifications in a program preparing for LPN/VN licensure shall include:
 - a. A current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved;
 - b. A minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree;
 - c. Experience in teaching, nursing practice and administration; and
 - d. A current knowledge of nursing practice at the practical/vocational level.
 - 2. Administrator qualifications in a program preparing for RN licensure shall include:
 - a. A current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved;
 - b. A doctoral degree in nursing; or a graduate degree in nursing and a doctoral degree;
 - c. Educational preparation or experience in academic teaching;
 - d. Experience in nursing practice and administration; and
 - e. A current knowledge of registered nursing practice.
- d. Faculty
 - 1. There shall be a minimum of 35% of the total faculty, including all clinical adjunct, part-time, or other faculty, are employed at the institution as full-time faculty.
 - 2. The nursing faculty shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the state where the program is approved.
 - 3. Faculty supervising clinical experiences shall hold a current active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the clinical practicum is conducted.
 - 4. Qualifications for nursing faculty who teach in a program leading to licensure as an LPN/VN should be academically and experientially qualified with a minimum of a bachelor's degree in nursing.
 - 5. Qualifications for nursing faculty who teach clinical courses, including didactic or clinical experiences, in a program leading to licensure as an RN should be academically and experientially qualified with a minimum of a graduate degree in nursing.
 - 6. Faculty can demonstrate participation in continuing education.
 - 7. Interprofessional faculty teaching non-clinical nursing courses shall have advanced preparation appropriate for the content being taught.
 - 8. Clinical faculty, preceptors and adjunct faculty shall demonstrate current clinical experience related to the area of assigned clinical teaching responsibilities.
 - 9. Clinical preceptors shall have an unencumbered license to practice as a nurse at or above the level for which the student is being prepared, in the jurisdiction where they are precepting students.
 - 10. Simulation faculty are certified.

Authority: Model Act Article VI Section 2

6.1.3 Determination of Compliance with Standards

Accreditation by a national nursing accrediting body, set forth by the United States Department of Education (USDE), is required, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval. Nursing programs must submit to the BON copies of accreditation related correspondence with the national nursing accrediting agency within 30 days of receipt.

Authority: Model Act Article VI Section 3

6.1.4 Purposes of Prelicensure Nursing Education Program Approval

- a. To promote public protection through the safe practice of nursing by implementing standards for individuals seeking licensure as RNs and LPN/VNs.
- b. To grant legal recognition to nursing education programs that the BON determines have met the standards.
- c. To ensure graduates meet the educational and legal requirements for the level of licensure for which they are preparing and to facilitate their endorsement to other states and countries.
- d. To provide the public and prospective students with a published list of nursing programs that meets the standards established by the BON.

Authority: Model Act Article VI Section 4

6.1.5 Establishment of a New Prelicensure Nursing Education Program

Before establishing a new nursing education program, the program shall contact the BON and complete the process outlined below:

- a. Phase I – Application to BON. The proposed program shall provide the following information to the BON:
 1. Identification of sufficient financial and other resources.
 2. Governing institution approval and evidence of financial support that can be provided on an ongoing basis.
 3. Evidence of the institution meeting state requirements, and regional or national accreditation by an accredited agency recognized by the USDE.
 4. Evidence of the nursing program actively seeking pre-accreditation or candidate accreditation from a USDE recognized national nursing accrediting agency.
 5. Clinical opportunities and availability of resources.
 6. Evidence of clinical partnerships and availability of resources.
 7. Availability of qualified faculty and program director.
 8. A proposed timeline for initiating the program.
- b. Phase II – Initial Approval for Admission of Students. The proposed program shall provide the BON with verification that the following program components and processes have been completed:
 1. Employment of a qualified director.
 2. A comprehensive program curriculum.
 3. Establishment of student policies for admission, progression, retention, and graduation.
 4. Policy and strategies to address students' needs including those with learning disabilities and English as a second language; and remediation tactics for students performing below standard.
 5. When the BON determines that all components and processes are completed and in place, the BON shall authorize the program to admit students.
- c. Phase III – Full Approval of Program. The BON shall fully approve the program upon:
 1. Completion of BON program survey visit.
 2. Submission of program's ongoing systematic evaluation plan.
 3. Employment of qualified faculty.
 4. Additional oversight of new programs will take place for the first 6 years of operation. This may include progress reports every 6 months on program leadership, consistency of faculty, numbers of students and trends of NCLEX pass rates, along with the regularly collected annual reports to the BON.

Authority: Model Act Article VI Section 5

6.1.6 Continuing Approval of Prelicensure Nursing Education Programs

- a. Every < > years previously approved nursing education programs with full program approval status will be evaluated for continuing approval by the BON.
- b. Warning signs that may trigger a focused site visit include:
 1. Complaints from students, faculty and clinical agencies.
 2. Turnover of program administrators, defined by more than 3 administrators in a 5 year period.
 3. Frequent nursing faculty turnover.
 4. Frequent cuts in numbers of nursing faculty.
 5. Decreasing trends in NCLEX pass rates.
- c. The BON may accept all or partial evidence prepared by a program, to meet national nursing accreditation requirements. The BON shall review and analyze various sources of information regarding program performance, including, but not limited to:

1. Periodic BON survey visits, as necessary, and/or reports.
 2. Evidence of being accredited by a USDE recognized national nursing accredited agency.
 3. BON recognized national nursing accreditation visits, reports and other pertinent documents provided by the program.
 4. Results of ongoing program evaluation.
- d. Continuing approval will be granted upon the BON's verification that the program is in compliance with the BON's nursing education administrative rules.

Authority: Model Act Article VI Section 6

6.1.7 Conditional Approval of Prelicensure Nursing Education Programs

- a. The BON may grant conditional approval when it determines that a program is not fully meeting approval standards.
- b. If the BON determines that an approved nursing education program is not meeting the criteria set forth in these regulations, the nursing program shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies.

Authority: Model Act Article VI Section 7

6.1.8. Withdrawal of Approval

- a. The BON shall withdraw approval if, after proper notice and opportunity, it determines that:
 1. A nursing education program fails to meet the standards of this Rule.
 2. A nursing education program fails to correct the identified deficiencies within the time specified.

Authority: Model Act Article VI Section 8

6.1.9 Appeal

A program denied approval or given less than full approval may appeal that decision. All such actions shall be in accordance with due process rights.

Authority: Model Act Article VI Section 9

6.1.10 Reinstatement of Approval

The BON may reinstate approval if the program submits evidence of compliance with nursing education standards within the specified time frame.

Authority: Model Act Article VI Section 10

6.2 Closure of Prelicensure Nursing Education Program and Storage of Records

- a. A nursing education program may be closed due to withdrawal of BON approval or may close voluntarily.
- b. Provisions shall be made for maintenance of the standards for nursing education during the transition to closure.
- c. Arrangements are made for the secure storage and access to academic records and transcripts.
- d. An acceptable plan is developed for students to complete a BON approved program.
- e. Confirmation shall be provided to the BON, in writing, that the plan has been fully implemented.

Authority: Model Act Article VI Section 11

6.2.1 Prelicensure Nursing Education Program Closed Voluntarily

The program shall submit to the BON:

- a. Reason for the closing of the program and date of intended closure.
- b. An acceptable plan for students to complete a BON approved program.
- c. Arrangements for the secure storage and access to academic records and transcripts.

Authority: Model Act Article VI Section 12

6.3 Innovative Approaches in Prelicensure Nursing Education Programs

A nursing education program may apply to implement an innovative approach by complying with the provisions of this section. Nursing education programs approved to implement innovative approaches shall continue to provide quality nursing education that prepares graduates to practice safely, competently and ethically within the scope of practice as defined in the Act.

Authority: Model Act Article VI Section 13

6.3.1 Purposes

- a. To foster innovative models of nursing education to address the changing needs in health care.
- b. To assure that innovative approaches are conducted in a manner consistent with the BON's role of protecting the public.

Authority: Model Act Article VI Section 14

6.3.2 Eligibility

- a. The nursing education program shall hold full BON approval without conditions.
- b. There are no substantiated complaints in the past 2 years.
- c. There are no rule violations in the past 2 years.

Authority: Model Act Article VI Section 15

6.3.3 Application

- a. A description of the innovation plan, with rationale, shall be provided to the BON at least < > days before the BON meeting.

Authority: Model Act Article VI Section 16

6.3.4 Standards for Approval

- a. Eligibility criteria in 6.3.2 are met.
- b. The innovative approach will not compromise the quality of education or safe practice of students.
- c. Resources are sufficient to support the innovative approach.
- d. Timeline provides for a sufficient period to implement and evaluate the innovative approach.

Authority: Model Act Article VI Section 17

6.3.5 Review of Application and BON Action

- a. If the application meets the standards, the BON may:
 - 1. Approve the application; or
 - 2. Approve the application with modifications as agreed between the BON and the nursing education program.
- b. If the submitted application does not meet the criteria in 6.3.2 and 6.3.4, the BON may deny approval or request additional information.

Authority: Model Act Article VI Section 18

6.3.6 Requesting Continuation of the Innovative Approach

- a. If the innovative approach has achieved the desired outcomes and the final evaluation has been submitted, the program may request that the innovative approach be continued.
- b. Request for the innovative approach to become an ongoing part of the education program must be submitted < > days prior to a regularly scheduled BON meeting.
- c. The BON may grant the request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with core nursing education criteria.

Authority: Model Act Article VI Section 19

6.4 Simulation

A prelicensure nursing education program ("program") may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours per course. A program that uses simulation shall adhere to the standards set in this section.

Authority: Model Act Article VI Section 20

6.4.1 Evidence of Compliance

A program shall provide evidence to the board of nursing that these standards have been met.

Authority: Model Act Article VI Section 21

6.4.2 Organization and Management

- a. The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.
- b. Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.

- c. There shall be a budget that will sustain the simulation activities and training of the faculty.

Authority: Model Act Article VI Section 22

6.4.3 Facilities and Resources

- a. The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

Authority: Model Act Article VI Section 23

6.4.4 Faculty Preparation

- a. Faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation.
- b. Faculty involved in simulations, both didactic and clinical, shall engage in on-going professional development in the use of simulation.

Authority: Model Act Article VI Section 24

6.4.5 Curriculum

- a. The program shall demonstrate that the simulation activities are linked to programmatic outcomes.

Authority: Model Act Article VI Section 25

6.4.6 Policies and Procedures

The program shall have written policies and procedures on the following:

- a. Short-term and long-term plans for integrating simulation into the curriculum;
- b. Method of debriefing each simulated activity; and
- c. Plan for orienting faculty to simulation.

Authority: Model Act Article VI Section 26

6.4.7 Evaluation

- a. The program shall develop criteria to evaluate the simulation activities.
- b. Students shall evaluate the simulation experience on an ongoing basis.

Authority: Model Act Article VI Section 27

6.4.8 Annual Report

- a. The program shall include information about its use of simulation in its annual report to the board of nursing.

Authority: Model Act Article VI Section 28

Chapter 7. Discipline and Proceedings

7.1 Grounds for Discipline: behaviors and activities that may result in disciplinary action by the board shall include the following:

- a. Failing to meet the initial requirements of a license.
- b. Engaging in conduct that violates the security of the licensure or certification examination or the integrity of the examination results, including, but not limited to:
 1. Having a license to practice nursing, a multi-state privilege to practice or another professional license or other credential denied for cause, revoked, suspended, or restricted.
 2. Disciplined in this or any other state, territory, possession, or country or by a branch of the United States military.
 3. Failing to cooperate with a lawful BON investigation.
 4. Practicing without an active license.
 5. Failing to comply with continuing education or competency requirements.
 6. Failing to meet licensing board reporting requirements.
 7. Violating or failing to comply with BON order or agreement.
 8. Practicing beyond the legal scope of practice.
 9. Violating jurisdictional health code.
- c. Criminal conviction or adjudication in any jurisdiction for any crime that bears on a licensee's fitness to practice nursing.
- d. Obtaining, accessing, or revealing healthcare information from a client record or other source, except as required by professional duties or authorized by law.
- e. Threatening, harassing, abusing, or intimidating a patient.

- f. Violating boundaries of a professional relationship such as physical, sexual, emotional, or financial exploitation of a patient or a patient's family member or caregiver. Financial exploitation shall include accepting or soliciting money, gifts, loans, or the equivalent during the professional relationship.
 - 1. Disruptive or abusive conduct in the workplace.
 - 2. Misappropriation of patient property or other property.
 - 3. Directly or indirectly offering, giving, soliciting, or receiving or agreeing to receive any fee or other consideration to or from a third party or exercising influence on the client for the financial or personal gain of the licensee.
 - 4. Aiding, abetting, directing, or assisting an individual to violate or circumvent any law or rule intended to guide the conduct of a licensed nurse or any other licensed healthcare provider.
- g. Fraud, deception, or misrepresentation in the practice of nursing.
- h. Unsafe practice, substandard care or unprofessional conduct, including, but not limited to:
 - 1. Altering, destroying, or attempting to destroy patient or employer records.
 - 2. Failing to supervise student experiences as a clinical nursing instructor.
 - 3. Failing to act to safeguard the patient from the incompetent, abusive or illegal practice of any individual.
 - 4. Discriminating on the basis of age, marital status, gender, sexual preference, race, religion, diagnosis, socioeconomic status or disability while providing nursing services.
 - 5. Leaving a nursing assignment prior to the proper reporting and notification to the appropriate department head or personnel of such an action.
 - 6. Knowingly abandon a patient in need of nursing care.
 - 7. Knowingly neglect a patient in need of nursing care.
 - 8. Demonstrating an actual or potential inability to practice nursing with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material or as a result of any mental or physical illnesses or conditions.
 - 9. Causing an immediate threat to the health or safety of a patient or the public.
 - 10. Delivering substandard or inadequate care.
- i. Performing the delegation of a nursing function or undertaking a specific practice without the necessary knowledge, preparation, experience and competency to properly execute the practice that could reasonably be expected to result in unsafe or ineffective patient care.
- j. Improper supervision or allowing unlicensed practice, including, but not limited to:
 - 1. Delegating a nursing function or a prescribed health function when the delegation could reasonably be expected to result in unsafe or ineffective patient care.
 - 2. Failing to supervise the performance of acts by any individual working at the nurse's delegation or assignment.
 - 3. Failing to follow appropriate and recognized standards and guidelines in providing administrative oversight of the nursing organization and nursing services of a health care delivery system or program.
 - 4. Knowingly aiding, abetting assisting, advising or allowing an unlicensed person to engage in the unlawful practice of registered or practical nursing or in violating or circumventing a law or BON regulation or rule.
- k. Drug related offenses, including, but not limited to:
 - 1. Illegally obtaining, possessing, or distributing drugs for personal or other use or other violations of state or federal drug laws.
 - 2. Unauthorized prescribing, dispensing, or administering medication.

Authority: Model Act Article VII Section 1

7.2 Notification

- a. The BON shall provide information as required by federal law to federal databanks, to a nationally recognized centralized licensing and discipline databank and may develop procedures for communicating with others in BON policy.
- b. All nurse participants or nurse licensure applicants in alternative programs may be reported to a non-public national database that gives access to all states.

Authority: Model Act Article IV Section 5

Chapter 8. APRN

8.1 Standards

- a. The APRN shall comply with the standards for RNs as specified in Chapter 3 and to the standards set forth by the BON. Standards for a specific role and population focus of APRN supersede standards for RNs where conflict between the standards, if any, exists.
- b. APRNs shall practice within standards established by the BON in rule and assure patient care is provided according to relevant patient care standards recognized by the BON, and other national standards of care.

Authority: Model Act Article X Section 1

8.2 Licensure

8.2.1 Application for Initial Licensure

- a. An applicant for licensure as an APRN in this state shall submit to the BON the required fee as specified in Chapter 4, verification of licensure or eligibility for licensure as an RN in this jurisdiction and a completed application that provides the following information:
 1. Graduation from an APRN graduate or post-graduate program as evidenced by official documentation received directly from an APRN program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization, as acceptable by the BON.
 2. This documentation shall verify the date of graduation; credential conferred; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.
- b. Report any criminal conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.
- c. Requirements for Certification Programs:
 1. Certification programs are accredited by a national accreditation body as acceptable by the BON.

Authority: Model Act Article X Section 2

8.2.2 Application of an Internationally Educated APRN

An internationally educated applicant for licensure as an APRN in this state shall:

- a. Graduate from a graduate or post-graduate level APRN program equivalent to an APRN educational program in the U.S. accepted by the BON.
- b. Submit documentation through a BON approved qualified credentials evaluation process for the license being sought.
- c. Has, if a graduate of a foreign precicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening;
- d. Met all other licensure criteria required of applicants educated in the U.S.

Authority: Model Act Article V Section 5

8.2.3 Application for Licensure by Endorsement

- a. An applicant for licensure by endorsement as an APRN in this state shall submit to the BON the required fee as specified in Chapter 4, verification of eligibility for a license or privilege to practice as an RN in this jurisdiction and a completed APRN application that provides the following information:
 1. Graduation from a graduate or post-graduate level APRN program, as evidenced by an official transcript or other official documentation received directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or CHEA, or its successor organization, as acceptable by the BON.
 2. This documentation shall verify the date of graduation; credential conferred; number of clinical hours completed; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.
- b. Not have an encumbered license or privilege to practice in any state or territory.
- c. Report any conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.

- d. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
- e. Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation.
 - 1. Primary source of verification of certification is required.
- f. Requirements of 5.3.d.-i. shall apply to APRNs.

Authority: Model Act Article X Section 2

8.2.4 Application for License Renewal

An applicant for license renewal as an APRN shall submit to the BON the required fee for license renewal, as specified in Chapter 4, and a completed license renewal application including:

- a. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background.
- b. Evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of 8.2.1.
- c. Submit a renewal application as directed by the BON and remit the required fee as set forth in rule.

Authority: Model Act Article X Section 2

8.2.5 Quality Assurance/Documentation and Audit

The BON may conduct a random audit of nurses to verify current APRN certification and/or continuing education. Upon request of the BON, licensees shall submit documentation of compliance.

Authority: Model Act Article V Section 5

8.2.6 Reinstatement of License

The reinstatement of APRN licensure is the same as previously stated for RNs and LPN/VNs in Chapter 5 plus the following:

- a. An individual who applies for licensure reinstatement and who has been out of practice for more than five years shall provide evidence of successfully completing < > hours of a reorientation in the appropriate advanced practice role and population focus, which includes a supervised clinical component by a qualified preceptor.
- b. Preceptor must the following requirements:
 - 1. Holds an active license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus.
 - 2. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.
- c. For those licensees applying for licensure reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specified requirements set forth in the BON's discipline order, is required.

Authority: Model Act Article X Section 2

8.3 Titles and Abbreviations

- a. Individuals are licensed or granted privilege to practice as APRNs in the roles of certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS) and certified nurse practitioner (CNP) and in the population focus of family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psychiatric/mental health.
- b. Each APRN shall use the designation "APRN" plus role title as a minimum for purposes of identification and documentation.
- c. When providing nursing care, the APRN shall provide clear identification that indicates his or her APRN designation.

Authority: Model Act Article X Section 3

8.4 APRN Education

8.4.1 Required Criteria for APRN Education Programs

The BON shall determine whether an APRN education program meets the qualifications for the establishment of a program based upon the following standards:

- a. An APRN program shall appoint the following personnel:
 - 1. An APRN program administrator whose qualifications shall include:

- a. A current, active RN or APRN license or privilege to practice that is not encumbered in the state where the program is approved and/or accredited;
- b. A doctoral degree in a health-related field;
2. A lead faculty member who is educated and nationally certified in the same role and population foci and licensed as an APRN shall coordinate the educational component, including curriculum development, for the role and population foci in the APRN program.
3. Nursing faculty to teach any APRN nursing course that includes a clinical learning experience shall meet the following qualifications:
 - a. A current, active APRN license or privilege to practice that is not encumbered in the state where the program is approved and/or accredited;
 - b. A minimum of a master's degree in nursing or health related field in the clinical specialty;
 - c. Current knowledge, competence, and certification as an APRN in the role and population foci consistent with teaching responsibilities.
4. Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty qualifications for the program level they are teaching.
5. Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to these areas of content.
6. Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities.
7. Clinical preceptors will be approved by faculty and meet the following requirements:
 - a. Hold an active license or privilege to practice that is not encumbered as an APRN or physician and practices in a comparable practice focus; and
 - b. Evaluate the individual's performance in the clinical setting.
- b. The curriculum of the APRN nursing education program must prepare the graduate to practice in one of the four identified APRN roles, i.e., CRNA, CNM, CNS and CNP; and at least one of the six population foci, i.e., family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psychiatric /mental health. The curriculum shall include:
 1. Three separate graduate level courses (the APRN core) in:
 - a. Advanced physiology and pathophysiology, including general principles that apply across the lifespan.
 - b. Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and
 - c. Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.
 2. Diagnosis and management of diseases across practice settings including diseases representative of all systems.
 3. Preparation that provides a basic understanding of the principles for decision making in the identified role.
 4. Preparation in the core competencies for the identified APRN role.
 5. Role preparation in one of the six population foci of practice.
- c. Additional required components of graduate or post-graduate education programs preparing APRNs shall include the following:
 1. Each student enrolled in an APRN program shall have an RN license or privilege to practice that is not encumbered in the state of clinical practice, unless exempted from this licensure requirement under Article 5 section 10.
 2. Education programs offered by an accredited college or university that offers a graduate degree with a concentration in the advanced nursing practice role and at least one population focus, or post-masters certificate programs offered by an accredited college or university shall include the following components:
 - a. Clinical supervision congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus.
 - b. Curriculum that is congruent with national standards for graduate level and advanced practice nursing education, is consistent with nationally recognized APRN roles and population foci, and includes, but is not limited to:
 - i. Graduate APRN program core courses; and
 - ii. An advanced practice nursing core, including legal, ethical, and professional responsibilities of the APRN.
 3. The curriculum shall be consistent with competencies of the specific areas of practice.
 4. APRN programs preparing for two population foci or combined nurse practitioner/clinical nurse specialist shall include content and clinical experience in both functional roles and population foci.

5. Each instructional track/major shall have a minimum of 500 supervised clinical hours as defined by the BON. The supervised experience is directly related to the role and population foci, including pharmacotherapeutic management of patients.
6. There shall be provisions for the recognition of prior learning and advanced placements in the curriculum for individuals who hold a master's in nursing and are seeking preparation in a different role and population focus. Post-masters nursing students shall complete the requirements of the master's APRN program through a formal graduate level certificate in the desired role and population focus. Post-master students must meet the same APRN outcome competencies as the master level students.

Authority: Model Act Article XI Section 4

8.4.2 Models for Determining Compliance with Standards

The models for determining compliance with APRN education standards are the same as previously stated for RN and LPN/VN programs in Chapter 6.

Authority: Model Act Article X Section 5

8.4.3 Establishment of a New APRN Education Program

Before establishing a new nursing education program, the APRN program shall complete the process outlined below:

- a. Application to the professional accrediting body.
- b. The proposed program shall provide the following information to the BON:
 1. Results of a needs assessment, including identification of potential students and employment opportunities for program graduates.
 2. Identification of sufficient financial and other resources.
 3. Governing institution approval and support.
 4. Type of educational program proposed.
 5. Clinical opportunities and availability of resources.
 6. Availability of qualified faculty.
 7. A pool of available students.
 8. A proposed timeline for initiating and expanding the program.

Authority: Model Act Article X Section 5

8.5 Prescriptive Authority

8.6 Discipline of Prescriptive Authority

- a. APRN discipline and proceedings is the same as previously stated for RN and LPN/VN in Chapter 7.
- b. The BON may limit, restrict, deny, suspend or revoke APRN licensure, or prescriptive or dispensing authority.
- c. Additional grounds for discipline related to prescriptive or dispensing authority include, but are not limited to:
 1. Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards.
 2. Selling, purchasing, trading, or offering to sell, purchase or trade drug samples.
 3. Prescribing, dispensing, administering, or distributing drugs for other than therapeutic or prophylactic purposes. or
 4. Prescribing or distributing drugs to individuals who are not patients of the APRN or who are not within that nurse's role and population focus.

Authority: Model Act Article X Section 1



NCSBN
Leading Regulatory Excellence

111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277
312.525.3600
312.279.1032 fax
www.ncsbn.org

Updated 06/21

Report of the NCLEX® Examination Committee (NEC)

Committee Recommendations to the Delegate Assembly:

1. Approve the Next Generation NCLEX® (NGN) test design and polytomous scoring methods.

Rationale:

The NEC reviewed and accepted the Next Generation NCLEX (NGN) test design for incorporating clinical judgment items and case studies along with the new polytomous scoring methods to be approved by the Delegate Assembly.

Fiscal Impact:

Incorporated into the fiscal year 2022 (FY22) budget.

Special Notice regarding the COVID-19 Impact

In response to the COVID-19 pandemic, NCSBN introduced several carefully evaluated and tested modifications to the NCLEX examinations. To ensure the reliability and legal defensibility of the exam, NCSBN conducted numerous simulations and comparisons against historical NCLEX results along with continuous evaluation of the modifications to the exam put into place during the COVID-19 pandemic. All modifications and live exam results confirmed the consistency of measurement properties and did not identify any negative impact on candidate results or testing experiences. These modifications were set to expire on Sept. 30, 2020. Based on the continued statistical and psychometric strength of the modifications, NCLEX exams will retain some of the characteristics of the modified exam while reinstating some of the essential aspects of the exam that were put on hold because of the pandemic. The exam will continue to utilize the computer adaptive testing (CAT) methodology for administration and scoring. The NCLEX Test Plans will remain the same and the passing standard will not change. Beginning Oct. 1, 2020, the following modifications were made to the NCLEX-RN® and NCLEX-PN® examinations:

- Reduction of maximum length exam to 145 items (RN and PN)
- Experimental pools were reintroduced (RN and PN)
- RN Next Generation NCLEX Special Research Section was reintroduced
- PN Next Generation NCLEX Special Research Section was newly added
- Testing time was updated to five hours (RN and PN)

Members

NCLEX® Examination Committee

Betsy Houchen, JD, MS, RN

Ohio, Area II, Chair

Barbara Blozen, EdD, MA, RN, BC, CNL

New Jersey, Area IV

Cynthia Johansen, MAL, MSc

British Columbia RN, Exam User Member

Claire MacDonald, DNP, MSN, RN

Massachusetts, Area IV

Kimberly Miller, MC, RN

Minnesota, Area II

Danette Schloeder, MSN, RNC-OB, C-EFM

Alaska, Area I

Deborah Swartz, MSN, RN

Vermont, Area IV

Crystal Tillman, DNP, RN, CPNP

North Carolina, Area III

Carol Timmings, MEd, RN

Ontario, Exam User Member

Valerie Fuller, PhD, DNP, AGACNP-BC, FNP-BC, FAAANP

Maine, Area IV, Board Liaison

NCLEX® Item Review Subcommittee

Meedie L. Bardonille, RN, PCCN-K

District of Columbia, Area IV

Tammy Bryant, MSN, RN

Georgia, Area III

Sandra Culpepper, LPN

Mississippi, Area III

Allison Edwards, DrPH, MS, CNE

Texas, Area III

Mariclaire E. England, MA, RN, PHN

Minnesota, Area II

Cindy Fairchild, EdD, MSN, RN

California VN, Area I

- An online exam tutorial was developed to allow candidates unlimited opportunities to practice with the item types, and therefore the tutorial in the exam was removed. This change allowed more time for candidates to focus on completing the exam (RN and PN)
- Run Out of Time (R.O.O.T) scoring rule was updated as using the final ability estimate

Background

As a standing committee of NCSBN, the NEC is charged with advising the NCSBN Board of Directors (BOD) on matters related to the NCLEX process, including examination item development, security, administration and quality assurance to ensure consistency with the nursing regulatory bodies' (NRBs) need for examinations. In order to accomplish this, the committee ensures the NCLEX-RN and NCLEX-PN Examination process meets policies, procedures and standards utilized by the program and/or exceeds guidelines proposed by the testing and measurement profession. The NEC recommends test plans to the Delegate Assembly.

Additionally, the committee oversees the activities of the NCLEX® Item Review Subcommittee (NIRSC), which plays a critical role in the item development and review processes. Individual NEC members act as chairs of the subcommittee on a rotating basis. Highlights of the activities of the NEC and NIRSC activities follow.

Fiscal Year 2021 (FY21) Highlights and Accomplishments

The following lists the highlights and accomplishments in fulfilling the NEC charge for FY21.

FY21 Charge:

- 1. Advise the BOD on matters related to the NCLEX examination process, including examination item development, security, administration and quality assurance to ensure consistency with the nursing regulatory body's need for examinations.**
- 2. Develop NCLEX prototype items that use technology enhanced item types focused on measuring clinical decision making/judgment**

Catherine Hample, MSN, MBAHCA, MHA, RN, CCRN

Alaska, Area I

Anne Hardee, MSN, RN

North Carolina, Area III

Anne Heyen, DNP, RN, CNE

Missouri, Area II

Brandon Jones, MSN, RN, CEN, NEA-BC

Virginia, Area III

Karen Lyon, PhD, MBA, APRN, NEA

Louisiana RN, Area III

Elise McDermott, MSN, RN

Texas, Area III

Kathleen McManus, MSN, RN, CNE

Maine, Area IV

Patricia Motl, RN, CPN, CHEP, NDHP-BC

Nebraska, Area II

Jennifer Pelletier, RN

North Carolina, Area III

Ashlan Porter, RN

Georgia, Area III

Jacci Reznicek, EdD, MSN, RN, ANP-BC

Nebraska, Area II

Staff*

Philip Dickison, PhD, RN

Chief Operating Officer, Operations Administration

Jennifer Gallagher

Director, Examinations
(starting from Jan. 25, 2021)

Joe Betts, PhD

Director, Measurement & Testing, Examinations

Jason Schwartz, MS

Director, Test Development, Examinations (for the period of Oct. 1, 2020 to Jan. 25, 2021)

Jacklyn Currier

Operations Manager, Examinations

Technical Advisory Committee (TAC)

The TAC is composed of NCSBN psychometric staff, along with a selected group of leading experts in the testing and measurement field. The committee reviews and conducts psychometric research to provide empirical support for the use of the NCLEX as a valid measurement of initial nursing licensure, as well as to investigate possible future enhancements to the examination program. Due to COVID-19, in-person meetings were canceled, but Measurement & Testing continues to consult with the TAC on issues related to Next Generation NCLEX.

NCSBN Examinations Department Internship Program

In 2021, NCSBN suspended the summer internship program due to COVID-19.

Registered Nurse (RN) and Practical Nurse (PN) Continuous Practice Analysis Studies

The Continuous Practice Analysis will not be undertaken due to both the RN and PN regular Practice and Knowledge, Skills and Abilities (KSA) studies being completed.

RN Practice Analysis and Knowledge Skills and Ability (KSA) Studies

The triennial NCLEX-PN and NCLEX-RN Practice Analysis and KSA studies are currently underway. In November 2020, a panel of subject matter experts (SMEs) met to develop a comprehensive list of entry-level licensed practical/vocational nurse (LPN/VN) activity statements that form the basis of the 2021 NCLEX-PN Practice Analysis. Due to COVID-19, the NCLEX-RN Practice Analysis survey was unable to be launched in the spring of 2020. Therefore, in spring of 2021, both the NCLEX-PN and the NCLEX-RN Practice Analysis surveys were launched. The surveys requested feedback from newly licensed nurses regarding the importance and frequency of the activity statements as it relates to client safety and decreasing client complications. The results of the 2021 NCLEX PN and NCLEX-RN Practice Analysis surveys will subsequently develop the NCLEX-PN and NCLEX-RN Test Plan in 2023, respectively.

Simultaneously, the development of the NCLEX-PN KSA survey occurred. In December 2020, a separate SME panel met to develop a list of knowledge statements relevant to entry-level PN practice. Due to COVID-19, the NCLEX-RN KSA survey was unable to be launched in spring of 2020. Therefore, in spring of 2021, both the NCLEX-PN and the NCLEX-RN KSA surveys were launched. The KSA surveys requested newly licensed nurses, as well as educators and supervisors

Thy Cao

Operations Coordinator II, Examinations

*Note: Other NCSBN Examinations staff may also present or attend depending on agenda.

Meeting Dates

Oct. 8, 2020 (NCLEX Examination Committee Business Meeting by Microsoft Teams)

Jan. 7, 2021 (NCLEX Examination Committee Business Meeting by Microsoft Teams)

April 19, 2021 (NCLEX Examination Committee Business Meeting by Microsoft Teams)

June 7, 2021 (NCLEX Examination Committee Business Meeting by Microsoft Teams)

July 14–16, 2021 (NCLEX Item Review Subcommittee Meeting by Microsoft Teams)

Aug. 9, 2021 (NCLEX Examination Committee Business Meeting by Microsoft Teams)

Aug. 24–26, 2021 (NCLEX Item Review Subcommittee Meeting by Microsoft Teams)

Sept. 21–23, 2021 (NCLEX Item Review Subcommittee Meeting by Microsoft Teams)*

*NCLEX Item Review Subcommittee Meeting dates modified in 2021 due to COVID-19

Relationship to Strategic Plan

Strategic Initiative D:

Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence.

who work with entry-level nurses, to respond as it related to the importance of the knowledge statements in the delivery of entry-level nursing care. Results obtained from the NCLEX-PN and the NCLEX-RN KSA surveys will be used to inform item development for the 2023 NCLEX-PN and NCLEX-RN Test Plans, respectively.

NCLEX® Alternate Item Types

The committee consistently reviews the present and future of the NCLEX with an eye toward innovations that would maintain the examination's premier status in licensure.

NCLEX® Test Center Enhancements

Pearson VUE had planned to open three new Pearson Professional Centers (PPCs) in the U.S. and Canada in 2020. In addition, Pearson VUE had planned to expand the number of seats at seven test centers during 2020. At the time this document went to press, these plans were subject to change based the state of the COVID-19 crisis.

Evaluated and Monitored NCLEX® Examination Policies

The committee reviews the NCSBN BOD and NEC examination-related policies annually and updates them as necessary.

Oversee Critical Aspects of Examination Development

NEC and NIRSC Sessions

Members of the NEC continue to chair NIRSC meetings to ensure consistency regarding the way NCLEX items are reviewed before becoming operational. The committee and the subcommittee: (1) reviewed RN and PN operational and pretest items; and (2) provided direction regarding RN and PN multiple-choice and alternate format items.

Assistance from the subcommittee continues to reduce the NEC's item review workload, facilitating its efforts toward achieving defined goals. As the item pools continue to grow, review of operational items is critical to ensure that the item pools reflect current entry-level nursing practice. Currently, the number of volunteers serving on the subcommittee is 17, with representation from all four NCSBN geographic areas. Orientation to the subcommittee occurs at each meeting and is offered as needed on a quarterly basis. Due to COVID-19 and NCSBN travel restrictions, the NIRSC is conducted virtually for 2021.

Item Production

Under the direction of NCSBN Examinations staff and following guidelines established with the NEC, RN and PN pretest items were written and reviewed by NCLEX® Item Development Panels. NCLEX and NGN Item Development Panels' productivity can be seen in Tables 1 and 2. Items that use alternate formats (i.e., any format other than multiple-choice) have been developed and deployed in item pools. Information about items using alternate formats has been made available to NRBs and candidates in the NCLEX Candidate Bulletin and Information, as well as the NCLEX tutorial located on the NCSBN website.

Strategic Objective D1:

Enhance precision of the measurement of NCLEX candidates using state-of-the-art technologies and unfolding scoring models.

Strategic Objective D2:

Investigate use of NCSBN's exam resources to support the work of the regulatory boards and educational institutions.

Attachments

Attachment A:

[Annual Report of Pearson VUE for the NCLEX®](#)

Attachment B:

[Next Generation NCLEX® Test Design](#)

NCSBN Item Development Sessions Held

| Table 1. RN Item Development Productivity Comparison | | | | | |
|--|------------------|--------------|---------------|-----------------|----------------|
| Year | Writing Sessions | Item Writers | Items Written | Review Sessions | Items Reviewed |
| April 12 – March 13 | 4 | 45 | 1,579 | 6 | 2,970 |
| April 13 – March 14 | 6 | 60 | 2,047 | 7 | 4,306 |
| April 14 – March 15 | 4 | 40 | 1,266 | 4 | 2,700 |
| April 15 – March 16 | 3 | 39 | 1,688 | 4 | 2,500 |
| April 16 – March 17 | 5 | 49 | 2,250 | 4 | 3,024 |
| April 17 – March 18 | 4 | 39 | 1,785 | 4 | 3,615 |
| April 18 – March 19 | 5 | 49 | 2,253 | 3 | 2,275 |
| April 19 – March 20 | 8 | 77 | 2,498 | 7 | 5,938 |
| April 20 – March 21 | 1 | 5 | 117 | 0 | 0 |

| Table 2. PN Item Development Productivity Comparison | | | | | |
|--|------------------|--------------|---------------|-----------------|----------------|
| Year | Writing Sessions | Item Writers | Items Written | Review Sessions | Items Reviewed |
| April 12 – March 13 | 6 | 70 | 2,570 | 12 | 5,481 |
| April 13 – March 14 | 6 | 57 | 1,861 | 6 | 4,343 |
| April 14 – March 15 | 4 | 38 | 1,367 | 4 | 2,700 |
| April 15 – March 16 | 4 | 40 | 1,159 | 4 | 1,875 |
| April 16 – March 17 | 4 | 39 | 1,821 | 4 | 2,308 |
| April 17 – March 18 | 4 | 40 | 1,926 | 4 | 2,431 |
| April 18 – March 19 | 4 | 38 | 1,592 | 4 | 1,723 |
| April 19 – March 20 | 2 | 20 | 711 | 3 | 3,979 |
| April 20 – March 21* | 6 | 53 | 1,331 | 0 | 0 |

*All were NGN-PN Virtual Item Writing Panels

The Test Development staff continues to work to improve item development sessions and increase the quality and quantity of the NCLEX items.

Item Sensitivity Review

NCLEX® Pretest Item Sensitivity Review procedures are designed to ensure all test items are fair across our testing population and do not include language that would disadvantage test-takers based on age, gender, region, ethnicity or cultural background. Review panels are composed of members who represent the diversity of NCLEX candidates. Prior to pretesting, items are reviewed by sensitivity panels and any items identified by the group are referred to the NEC for final disposition. During this reporting period, Sensitivity Review panels were held prior to the deployment of each new quarterly experimental pool up to and including the April 2020 quarter. However, due to COVID-19 restrictions, no Sensitivity Panel was held for the July 2020 quarter and the decision was made to suppress the experimental pools for both the April 2020 and July 2020 exam deployments.

Item Development Process and Progress

The NEC evaluated reports provided at each meeting on item development sessions. The test development staff continues to oversee each panel. Overall, panelists have rated item development sessions favorably.

Operational NCLEX® Item Pools

NCSBN Examinations staff balanced the configuration of RN and PN operational item pools. The process of configuring operational item pools involves a few critical variables outlined in the NCLEX test plan; however, the quality control checks performed afterward are based upon both content and psychometric variables. The resulting operational item pools were evaluated extensively regarding these variables and were found to be within operational specifications.

To ensure that operational item pools and the item selection algorithm were functioning together as expected, simulated examinations were evaluated. Using these simulated examinations, the functioning of the algorithm was scrutinized regarding the distribution of items by test plan content area. It was concluded that the operational item pools and the item selection algorithm were acting in concert to produce exams that were within NCSBN specifications and were comparable to exams drawn from previous NCLEX item pool deployments. These conclusions were reinforced by replicating the analyses using actual candidate data. The committee will continue to track performance of the NCLEX through these and other psychometric reports and analyses.

NRB Review of Items

NRBs are provided opportunities to conduct reviews of NCLEX items twice a year. Based on this review, representatives may refer items to the NEC for review for one of the following reasons: not entry-level practice, not consistent with the nursing practice act/administrative rules or for other reasons. The NEC encourages each NRB to take advantage of the semi-annual opportunities to review NCLEX items.

However, due to COVID-19 restrictions, the May 2020 NRB reviews were postponed until the November 2020 NRB review window. The November 2020 review consisted of 14 NRBs (seven U.S., six Canadian and one Australian).

Item-related Case Reports

Electronically filed case reports may be submitted at PPCs when candidates question item content. NCSBN staff continues to investigate each case and report their findings to the NEC for decisions related to retention of the item.

Examination Administration

Procedures for Candidate Tracking: Candidate Matching Algorithm

The committee continued to observe the status and effectiveness of the candidate-matching algorithm. On a semi-annual basis, Pearson VUE conducts a check for duplicate candidate records on all candidates that have tested within the last six months.

Security Related to Publication and Administration of the NCLEX®

The NEC continues to proactively examine security and has developed and implemented formal evaluation procedures to identify and correct potential breaches of security. NCSBN and its testing vendor, Pearson VUE, provide mechanisms and opportunities for individuals to inform NCSBN about possible examination eligibility and administration violations. In addition, NCSBN works directly with two third-party security firms to conduct extensive open source web patrol services. Patrolling consists of monitoring websites, social media discussion forums, online study services/programs and peer-to-peer nursing networks that may contain proprietary examination material/information and/or provide an environment for any possible threats to the examination.

Due to COVID-19 and its impact on test center capacity, NCSBN was unable to execute a secret shopper program to audit the PPCs where the NCLEX is administered. Rather, staff performed an audit of the NCLEX registration

and scheduling process. This audit provided NCSBN staff with firsthand candidate experience throughout the registration and scheduling process. The secret shopper program will resume when test center capacity and safety protocols allow.

Compliance with the 30/45-Day Scheduling Rule for Domestic PPCs

The NEC supervises compliance with the 30/45-day scheduling rule. For the period of Jan. 1, 2020 to Dec. 31, 2020, Pearson VUE was unable to adhere the 30/45 scheduling rule due to COVID-19's impact on test center capacity reductions. Efforts were made throughout the year by Pearson VUE to develop testing channels dedicated to medical test takers, including NCLEX candidates. Pearson VUE reports weekly to NCSBN regarding test center capacity reductions and additions.

Responded to NRB Inquiries Regarding NCLEX® Administration

As part of its activities, the committee and the NCSBN Examinations department staff responded to NRB questions and concerns regarding administration of the NCLEX. More specific information regarding the performance of the NCLEX test service provider, Pearson VUE, can be found in the Annual Report of Pearson VUE for the National Council Licensure Examinations (NCLEX), available in Attachment A1 of this report.

Administered NCLEX® at International Sites

The international test centers meet the same security specifications and follow the same administration procedures as the professional centers located in NRB jurisdictions. See Attachment A1 of this report for the 2020 candidate volumes and pass rates for the international testing centers.

Next Generation NCLEX® (NGN)

Test design for incorporating clinical judgment items and case studies along with the new polytomous scoring methods have been determined and were approved by the NEC at its April 2021 meeting and will be voted on as well at NCSBN's 2021 Annual Meeting. Currently, work is being done with Pearson VUE to develop the tools necessary for supporting NGN item development, scoring, and test delivery. Research is ongoing for the NGN project. The Special Research Section (SRS), which started in July 2017, is collecting data on new item types (ITDC) that could expand or enhance the measurement of entry-level nursing competence, including clinical judgment. The NCLEX PN has now been added to the SRS and is actively gathering data. Much work has been accomplished and work with Pearson VUE continues in developing the technology needed to support, deliver and score the NGN launch. In order to further outreach efforts with NGN, NCSBN has developed a series of newsletters and talks to share NGN research with members, nursing educators and the public.

Educate Stakeholders

NCLEX® Presentations and Publications

Active involvement with measurement and regulatory organizations not only helps NCSBN share expertise on best testing practices worldwide, but also allows NCSBN to move ahead in psychometric testing solutions through the collective strength of internal and external stakeholders. Furthermore, collaborating on psychometric testing issues with external communities allows NCSBN to remain at the forefront of the testing industry.

NCSBN Examinations staff had eight paper presentations accepted for professional presentation at the 2021 American Educational Research Association (AERA) and National Council of Measurement in Education (NCME) Annual Meetings, and one presentation accepted for the Association of Test Publishers (ATP). Additionally, one

manuscript was accepted for publication in the journal Educational and Psychological Measurement. These international conferences are prestigious measurement and testing organizations with broad membership bases. These organizations are internationally recognized as the premier psychometric professional associations. However, due to the COVID-19 pandemic, these conferences have either been cancelled or held online.

To ensure that NCSBN membership has continued involvement in the NCLEX program, and is informed of test development practice, the Examinations department hosted four informational webinars for NRBs.

As part of the department's outreach activities, Examinations test development staff conducted six virtual presentations via webinar on the NGN project from April 1, 2020 through March 31, 2021 in the following jurisdictions: Kansas, Kentucky, Louisiana, New York, Ohio and Texas. The organizations for which the presentations were offered included: Kansas Nurse Educator Conference; Kentucky League for Nursing; Northwestern State University College of Nursing and School of Allied Health; Ohio State Board of Nursing; Organization for Associate Degree Nursing (OADN); and Texas Association of Deans and Directors of Professional Nursing Programs (TADDPNP). These opportunities assist NCSBN's Examinations department in educating stakeholders about NGN, as well as recruit potential volunteers for future NCSBN item development panels. Several other presentations originally scheduled during the months of April through July 2020 were cancelled or postponed by the event organizers due to the COVID-19 crisis.

NCLEX® Manuals

The NCLEX® Member Board Manual (for U.S. and Australian NRBs) and the NCLEX® Administration Manual (for Canadian NRBs) contain policies and procedures related to the development and administration of the NCLEX. Once a year, NCSBN updates the NCLEX Manuals to reflect any changes to policies and procedures. Ad hoc changes are also made to the manuals when necessary.

NCLEX® Candidate Bulletin and NCLEX Information Flyer

The candidate bulletin contains procedures and key information specific to candidates preparing to test for the NCLEX. The candidate bulletin is updated on an annual basis and can be obtained in electronic format. The NCLEX Information Flyer provides a brief snapshot of the NCLEX candidate process, rules and identification requirements and is available in an electronic format.

NCLEX® Conference

Historically, the Examinations staff has coordinated and hosted an NCLEX Conference in order to provide NRBs, educators and other stakeholders an opportunity to learn about the NCLEX program and NGN. The 2021 Virtual NCLEX Conference is scheduled for Sept. 30, 2021.

NCLEX® Program Reports

NCSBN Examinations staff oversees production of the NCLEX Program Reports as delivered by the vendor. Program reports can be ordered, paid for and downloaded via a web-based system that permits program directors and staff to receive reports quickly and in a more portable, electronic format. The web-based system also allows subscribers to distribute the reports via email to people who need them most – the faculty and staff that design curriculum and teach students. Subscribers may also copy and paste relevant data, including tables and charts, into their own reports and presentations. This is particularly beneficial if the program uses these reports to supplement the academic accreditation process. NCLEX® Program Report subscriptions are offered on quarterly, semi-annual and annual bases. In addition, supplemental report data in comma-separated values (CSV) format is an optional offering to accompany NCLEX Program Report subscriptions.

NCLEX® Unofficial Quick Results Service

The member boards, through NCSBN, offer candidates the opportunity to obtain their “unofficial results” (official results are only available from the NRBs) through the NCLEX® Quick Results Service. A candidate may go online to access their unofficial result two business days after completing their examination. Currently, 53 U.S. NRBs participate in offering this service to their candidates. In 2020, approximately 187,725 candidates utilized this service.

Future Activities

- Continue to oversee all administrative, test development and psychometric aspects of the NCLEX program
- Evaluate all aspects of the NCLEX program and initiate additional quality assurance processes as needed
- Evaluate NCLEX informational initiatives such as the NCLEX Conference, NCLEX Regional Workshops and other presentations
- Continue research to support the launch of the Next Generation NCLEX
- Communicate updates regarding the Next Generation NCLEX project including research outcomes, as well as implications for students, educators, regulators and health care organizations
- Evaluate ongoing international testing
- Host the 2021 NCLEX® Conference (Sept. 30, 2021)
- Continue to work with Pearson VUE to restore testing center capacity disrupted by COVID-19

Attachment A: Annual Report of Pearson VUE for the NCLEX®

National Council of State Boards of Nursing (NCSBN®)

National Council Licensure Examination (NCLEX®)

Jan. 1, 2020–Dec. 31, 2020

Prepared by:

Pearson VUE

March 9, 2021

Non-Disclosure and Confidentiality Notice

This document contains confidential information concerning Pearson's services, products, data security procedures, data storage parameters, and data retrieval processes. You are permitted to view and retain this document provided that you disclose no part of the information contained herein to any outside agent or employee, except those agents and employees directly charged with reviewing this information. These agents and employees should be instructed and agree not to disclose this information for any purposes beyond the terms stipulated in the agreement of your company or agency with Pearson.

Copyright ©2021 NCS Pearson, Inc. All rights reserved. The PEARSON logo is a trademark in the U.S. and/or other countries..

Scope of Work

Under direction from National Council of State Boards of Nursing (NCSBN), Pearson VUE prepares an annual report for the NCLEX-RN® and NCLEX-PN® examinations.

Executive Summary

This report represents information gained during Pearson VUE's 17th full year of providing test delivery services for the National Council Licensure Examination (NCLEX) program to the National Council of State Boards of Nursing, Inc. (NCSBN). This report summarizes the activities of the past year.

This report was prepared by Sarah DuCharme, Ellen Guirl, Hong Qian and Shu-chuan Kao, with input from other team members.

Test Development

Psychometric and statistical analyses of the NCLEX data continue to be conducted and documented as required. Pearson VUE is continuing to develop multiple-choice items as well as items in alternate formats, such as multiple-response items, drag-and-drop ordered-response items, graphics items, and chart/exhibit items. In addition, Pearson VUE is focusing on newer prototypes for formats related to Next Generation NCLEX exploratory research and development. Pearson VUE continues to focus on producing both the traditional and alternate-format items at targeted difficulty levels and in sufficient quantities to meet its contractual obligations.

NCLEX Examinations Operations

There was no change in the passing standard for the NCLEX-RN/PN examinations.

Measurement and Research

The Technical Advisory Committee (TAC) only met once during 2020.

Due to COVID-19, the TAC meeting originally scheduled for March 27, 2020, at the NCSBN offices in Chicago, was cancelled.

The TAC met virtually on Aug. 7, 2020. In attendance were TAC members April Zenisky, Ying (Alison) Cheng, Gage Kingsbury, Mark Reckase, and Steve Wise; TAC Nursing Consultant Janice Hooper; NCSBN staff Joe Betts, William Muntean, Shu-chuan Kao, Doyoung Kim, and Hong Qian; NCSBN Consultant Betty Bergstrom; and TAC guest researcher Hyeon-Ah (Annie) Kang.

The TAC received updates on three ongoing projects: NGN Research Updates, William Muntean; Computerized Adaptive Testing for Testlet-Based Innovative Items, Hyeon-Ah (Annie) Kang; and NGN Test Design, William Muntean.

The next TAC meeting will be held virtually on April 9, 2021.

Pearson VUE Meetings with National Council of State Boards of Nursing

- Jan. 9–10, 2020 NCLEX Examinations Committee Meeting
- Jan. 28, 2020 Next Generation NCLEX Steering Committee Meeting
- March 3–5, 2020 2020 NCSBN Midyear Meeting
- April 7, 2020 Next Generation NCLEX Steering Committee Meeting
- April 14, 2020 NCLEX Examinations Committee Meeting – Virtual
- May 12, 2020 Next Generation NCLEX Steering Committee Meeting
- June 5, 2020 Ad Hoc NCLEX Examinations Committee Meeting – Virtual
- June 9, 2020 Next Generation NCLEX Steering Committee Meeting
- July 7, 2020 Next Generation NCLEX Steering Committee Meeting
- Aug. 4, 2020 Next Generation NCLEX Steering Committee Meeting
- Aug. 5, 2020 Ad Hoc NCLEX Examination Committee Meeting – Virtual
- Aug.12, 2020 2020 NCSBN Annual Meeting – Virtual
- Sept. 8, 2020 2020 Next Generation NCLEX Steering Committee Meeting
- Sept. 14–15, 2020 2020 NCSBN NCLEX Conference – Virtual
- Oct. 8, 2020 NCLEX Examination Committee Meeting – Virtual
- Oct. 13, 2020 Next Generation NCLEX Steering Committee Meeting
- Nov. 10, 2020 Next Generation NCLEX Steering Committee Meeting

Recurring Meetings and Conference Calls

- Marianne Griffin and Jacklyn Currier met biweekly regarding NCLEX operational matters.
- Phil Dickison and Tony Zara met regularly by phone.
- Conference calls and face-to-face meetings with Pearson VUE and NCSBN content staff were held periodically as needed.
- Other visits and conference calls were conducted on an as-needed basis.

Summary of NCLEX Examination Results for the 2020 Calendar Year

Longitudinal summary statistics are provided in Tables 1 to 11. Results can be compared to data from the previous testing year to identify trends in candidate performance and item characteristics over time.

Compared to 2019, the 2020 overall candidate volumes were slightly higher for the NCLEX-RN examination

(0.04%) and lower for the NCLEX-PN examination (about 3.47%). The RN passing rate for the overall group was 0.45 percentage points lower for 2020 than for 2019, and the passing rate for the reference group was 1.61 percentage points lower for this period compared to 2019. The PN overall passing rate was lower by 2.83 percentage points from 2019, and the PN reference group passing rate was 2.55 percentage points lower than in 2019. These passing rates are consistent with expected variations in passing rates and are heavily influenced by demographic characteristics of the candidate populations and by changes in testing patterns from year to year.

The following points are candidate highlights of the 2020 testing year for the NCLEX-RN examination:

- Overall, 252,398 NCLEX-RN examination candidates tested in 2020, as compared to 252,306 during the 2019 testing year. This represented an increase of approximately 0.04%.
- The candidate population reflected 177,409 first-time, U.S.-educated candidates who tested during 2020, as compared to 171,385 for the 2019 testing year, which represented an increase of approximately 3.51%.
- The overall passing rate was 72.35% in 2020, compared to 72.80% in 2019. The passing rate for the reference group was 86.57% in 2020, as compared to 88.18% in 2019.
- In 2020, approximately 48.75% of the total group and 52.93% of the reference group ended their tests after a minimum of 60 operational items were administered. These figures were slightly lower than in the 2019 testing year, in which 49.13% of the total group and 53.70% of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 23.55% for the total group and 20.51% for the reference group in 2020. These figures were higher than last year's figures of 14.24% for the total group and 12.56% for the reference group. This is due to the change of maximum-length test from 265 items to 145 items in response to COVID-19.
- The average time needed to take the NCLEX-RN examination during the 2020 testing period was 2.09 hours for the overall group and 1.84 hours for the reference group (shorter than last year's average times of 2.60 hours and 2.24 hours, respectively).
- A total of 45.12% of the candidates chose to take a break during their examinations in 2020 (compared to 55.83% last year).
- Overall, 1.70% of the total group and 0.52% of the reference group ran out of time before completing the test in 2020. These percentages were lower for the total group and lower for the reference group than the corresponding percentages for candidates during the 2019 testing year (3.53% and 1.36%, respectively).
- In general, the NCLEX-RN examination summary statistics for the 2020 testing period indicated patterns that were similar to those observed for the 2019 testing period. These results provided continued evidence that the administration of the NCLEX-RN examination is psychometrically sound.

The following points are candidate highlights of the 2020 testing year for the NCLEX-PN examination:

- Overall, 61,551 NCLEX-PN candidates tested in 2020, as compared to 63,762 PN candidates during the 2019 testing year. This represented a decrease of approximately 3.47%.
- The candidate population reflected 45,662 first-time, U.S.-educated candidates who tested in 2020, as compared to 48,233 for the 2019 testing year, which represented a decrease of approximately 5.33%.
- The overall passing rate was 70.89% in 2020 compared to 73.72% in 2019. The passing rate for the reference group was 83.08% in 2020, as compared to 85.63% in 2019.
- In 2020, approximately 49.84% of the total group and 53.71% of the reference group ended their tests after a minimum of 60 operational items were administered. These figures were lower than those from the 2019 testing year, in which 51.59% of the total group and 56.23% of the reference group took minimum-length exams.

- The percentage of maximum-length test takers was 25.36% for the total group and 22.17% for the reference group in 2020. These figures were higher than last year's figures of 17.97% for the total group and 15.25% for the reference group. This is due to the change of maximum-length test from 205 items to 145 items in response to COVID-19.
- The average time needed to take the NCLEX-PN examination during the 2020 testing period was 2.01 hours for the overall group and 1.83 hours for the reference group (shorter than last year's average times of 2.43 and 2.22 hours, respectively).
- A total of 42.76% of the candidates chose to take a break during their examinations in 2020 (compared to 57.28% last year).
- Overall, 1.18% of the total group and 0.48% of the reference group ran out of time before completing the test in 2020. These percentages were lower than last year's figures of 2.79% for the total group and 1.46% for the reference group.
- In general, the NCLEX-PN examination summary statistics for the 2020 testing period indicated patterns that were similar to those observed for the 2019 testing period. These results provided continued evidence that the administration of the NCLEX-PN examination is psychometrically sound.

The NCLEX-RN examination has been used as the Registered Nurse licensing examination throughout Canada, except for the province of Quebec, since Jan. 4, 2015. The examination is offered in English and in Canadian French. The following are highlights of the 2020 testing year for Canadian candidates taking the English version of the NCLEX-RN examination:

- Overall, 14,261 RN candidates tested in 2020, as compared to 14,411 RN candidates during the 2019 testing year. This represented a decrease of approximately 1.04%.
- The candidate population reflected 9,193 first-time, Canadian-educated candidates who tested in 2020, as compared to 9,809 for the 2019 testing year, which represented a decrease of approximately 6.28%.
- The overall passing rate was 74.43% in 2020 as compared to 74.58% in 2019. The first-time, Canadian-educated group passing rate was 86.21% in 2020, as compared to 85.57% in 2019.
- In 2020, 48.84% of the total group and 56.07% of the first-time, Canadian-educated group who ended their tests after a minimum of 60 operational items were administered. These figures were higher than those from the 2019 testing year, in which 48.45% of the total group and 54.53% of the reference group took minimum-length exams.
- In 2020, the percentage of maximum-length test takers was 25.52% for the total group and 20.64% for the first-time, Canadian-educated group. These figures were higher than last year's percentages, which were 15.02% for the total group and 12.35% for the first-time, Canadian-educated group. This is due to the change of maximum-length test from 205 items to 145 items in response to COVID-19.
- The average time needed to take the NCLEX-RN examination during the 2020 testing period was 2.10 hours for the overall group and 1.80 hours for the first-time, Canadian-educated group. These times were shorter for the total group and the first-time, Canadian-educated group as compared to 2019 times of 2.58 and 2.25 hours, respectively.
- A total of 45.44% of the candidates chose to take a break during their examinations in 2020, as compared to 55.42% in 2019.
- Overall, 1.54% of the total group and 0.45% of the first-time, Canadian-educated group ran out of time before completing the test in 2020. These percentages were slower than the 2019 figure of 2.84% for the total group and 1.22% for the first-time, Canadian-educated group.

- In general, the NCLEX-RN Canadian English examination summary statistics for the 2020 testing period indicated patterns that were similar to those observed for the 2019 testing period. These results provided continued evidence that the administration of the NCLEX-RN English examination is psychometrically sound.
- 98.88% of the Canadian examinations were taken in English.

Table 1. Longitudinal Technical Summary for the NCLEX-RN Examination: Group Statistics for 2020 Testing Year

| Statistic | Jan.–March | | April–June | | July–Sept. | | Oct.–Dec. | | Cumulative 2020 | |
|------------------------|------------|------------------------|------------|------------------|------------|------------------------|-----------|------------------------|-----------------|------------------------|
| | Overall | 1st Time U.S. Educated | Overall | 1st Time U.S. ED | Overall | 1st Time U.S. Educated | Overall | 1st Time U.S. Educated | Overall | 1st Time U.S. Educated |
| Number Testing | 60,007 | 45,692 | 69,347 | 51,493 | 85,255 | 61,614 | 37,789 | 18,610 | 252,398 | 177,409 |
| Percent Passing | 77.89 | 89.61 | 75.23 | 88.85 | 72.18 | 84.87 | 58.63 | 78.44 | 72.35 | 86.57 |
| Avg. # Items Taken | 117.80 | 112.87 | 83.33 | 80.17 | 85.63 | 83.30 | 102.68 | 99.83 | 95.20 | 91.74 |
| % Taking Min # Items | 51.96 | 55.47 | 50.67 | 55.37 | 47.07 | 50.54 | 43.93 | 47.82 | 48.75 | 52.93 |
| % Taking Max # Items | 12.39 | 11.30 | 24.52 | 20.94 | 27.48 | 24.98 | 30.61 | 27.12 | 23.55 | 20.51 |
| Avg. Test Time (hours) | 2.42 | 2.16 | 1.82 | 1.59 | 1.91 | 1.71 | 2.46 | 2.12 | 2.09 | 1.84 |
| % Taking Break | 51.09 | 42.97 | 36.04 | 25.54 | 40.17 | 31.00 | 63.51 | 49.41 | 45.12 | 34.43 |
| % Timing Out | 2.46 | 0.95 | 1.49 | 0.30 | 1.55 | 0.44 | 1.19 | 0.35 | 1.70 | 0.52 |

Table 2. Longitudinal Technical Summary for the NCLEX-RN Examination: Group Statistics for 2019 Testing Year

| Statistic | Jan.–March | | April–June | | July–Sept. | | Oct.–Dec. | | Cumulative 2019 | |
|------------------------|------------|------------------------|------------|------------------------|------------|------------------------|-----------|------------------------|-----------------|------------------------|
| | Overall | 1st Time U.S. Educated | Overall | 1st Time U.S. Educated | Overall | 1st Time U.S. Educated | Overall | 1st Time U.S. Educated | Overall | 1st Time U.S. Educated |
| Number Testing | 65,417 | 47,031 | 73,126 | 53,944 | 75,895 | 54,449 | 37,868 | 15,961 | 252,306 | 171,385 |
| Percent Passing | 76.43 | 89.94 | 75.58 | 89.27 | 76.34 | 88.23 | 54.07 | 79.14 | 72.80 | 88.18 |
| Avg. # Items Taken | 121.04 | 114.46 | 122.66 | 116.75 | 120.47 | 114.60 | 134.20 | 126.52 | 123.31 | 116.35 |
| % Taking Min # Items | 49.36 | 53.72 | 51.11 | 55.07 | 50.20 | 54.25 | 42.77 | 47.09 | 49.13 | 53.70 |
| % Taking Max # Items | 12.99 | 11.51 | 14.96 | 13.38 | 13.41 | 11.85 | 16.71 | 15.29 | 14.24 | 12.56 |
| Avg. Test Time (hours) | 2.57 | 2.25 | 2.45 | 2.13 | 2.48 | 2.21 | 3.15 | 2.67 | 2.60 | 2.24 |
| % Taking Break | 54.97 | 45.72 | 51.02 | 41.37 | 53.46 | 44.99 | 71.37 | 57.97 | 55.83 | 45.26 |
| % Timing Out | 3.48 | 1.32 | 2.61 | 0.89 | 2.63 | 1.20 | 7.23 | 3.62 | 3.53 | 1.36 |

Table 3. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2020 Testing Year

| Statistic | Jan.–March | | April–June | | July–Sept. | | Oct.–Dec. | | Cumulative 2020 | |
|--------------------------------|------------|-----------|------------|-----------|------------|-----------|-----------|-----------|-----------------|-----------|
| | Mean | Std. Dev. | Mean | Std. Dev. | Mean | Std. Dev. | Mean | Std. Dev. | Mean | Std. Dev. |
| Point-Biserial | 0.20 | 0.08 | 0.21 | 0.08 | 0.21 | 0.08 | 0.21 | 0.08 | N/A | N/A |
| Avg. Item Time (secs.) | 73.19 | 25.42 | 77.12 | 29.34 | 78.59 | 29.64 | 85.99 | 32.46 | N/A | N/A |
| Pretest Item Statistics | | | | | | | | | | |
| # of Items ¹ | N/A | | N/A | | N/A | | 334 | | 334 | |
| Avg. Sample Size | N/A | | N/A | | N/A | | 644 | | 644 | |
| Mean Point-Biserial | N/A | | N/A | | N/A | | 0.12 | | 0.12 | |

Table 3. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2020 Testing Year

| Statistic | Jan.–March | | April–June | | July–Sept. | | Oct.–Dec. | | Cumulative 2020 | |
|-----------------------|------------|-----------|------------|-----------|------------|-----------|-----------|-----------|-----------------|-----------|
| | Mean | Std. Dev. | Mean | Std. Dev. | Mean | Std. Dev. | Mean | Std. Dev. | Mean | Std. Dev. |
| Mean P value | N/A | | N/A | | N/A | | 0.60 | | 0.60 | |
| Mean Item Difficulty | N/A | | N/A | | N/A | | -0.38 | | -0.38 | |
| SD Item Difficulty | N/A | | N/A | | N/A | | 1.90 | | 1.90 | |
| Total Number Flagged | N/A | | N/A | | N/A | | 97 | | 97 | |
| Percent Items Flagged | N/A | | N/A | | N/A | | 29.04 | | 29.04 | |

1 Data do not include research and retest items.

Table 4. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2019 Testing Year

| Statistic | Jan.–March | | April–June | | July–Sept. | | Oct.–Dec. | | Cumulative 2019 | |
|-------------------------|------------|-----------|------------|-----------|------------|-----------|-----------|-----------|-----------------|-----------|
| | Mean | Std. Dev. | Mean | Std. Dev. | Mean | Std. Dev. | Mean | Std. Dev. | Mean | Std. Dev. |
| Point-Biserial | 0.20 | 0.09 | 0.20 | 0.09 | 0.20 | 0.08 | 0.19 | 0.08 | N/A | N/A |
| Avg. Item Time (secs.) | 75.53 | 27.49 | 71.87 | 26.59 | 73.25 | 25.50 | 83.71 | 30.55 | N/A | N/A |
| Pretest Item Statistics | | | | | | | | | | |
| # of Items ² | 355 | | 486 | | 419 | | 149 | | 1,409 | |
| Avg. Sample Size | 693 | | 691 | | 718 | | 710 | | 702 | |
| Mean Point-Biserial | 0.09 | | 0.10 | | 0.10 | | 0.15 | | 0.10 | |
| Mean P value | 0.60 | | 0.65 | | 0.57 | | 0.61 | | 0.61 | |
| Mean Item Difficulty | -0.26 | | -0.52 | | 0.01 | | -0.32 | | -0.28 | |
| SD Item Difficulty | 2.06 | | 2.00 | | 2.02 | | 1.61 | | 1.98 | |
| Total Number Flagged | 120 | | 147 | | 131 | | 27 | | 425 | |
| Percent Items Flagged | 33.80 | | 30.25 | | 31.26 | | 18.12 | | 30.16 | |

2 Data do not include research and retest items.

Table 5. Longitudinal Technical Summary for the NCLEX-PN Examination: Item Statistics for 2020 Testing Year

| Statistic | Jan.–March | | April–June | | July–Sept. | | Oct.–Dec. | | Cumulative 2020 | |
|------------------------|------------|------------------------|------------|------------------------|------------|------------------------|-----------|------------------------|-----------------|------------------------|
| | Overall | 1st Time U.S.-Educated | Overall | 1st Time U.S.-Educated | Overall | 1st Time U.S.-Educated | Overall | 1st Time U.S.-Educated | Overall | 1st Time U.S.-Educated |
| Number Testing | 12,816 | 10,055 | 12,732 | 8,956 | 22,670 | 17,700 | 13,333 | 8,951 | 61,551 | 45,662 |
| Percent Passing | 74.71 | 86.01 | 70.72 | 84.62 | 72.23 | 82.84 | 65.09 | 78.73 | 70.89 | 83.08 |
| Avg. # Items Taken | 116.3 | 112.4 | 83.71 | 79.94 | 83.58 | 81.61 | 103.82 | 101.22 | 94.80 | 91.91 |
| % Taking Min # Items | 53.26 | 57.24 | 51.20 | 56.62 | 51.10 | 53.90 | 43.10 | 46.45 | 49.84 | 53.71 |
| % Taking Max # Items | 16.63 | 14.54 | 26.2 | 21.56 | 25.71 | 23.37 | 32.35 | 29.00 | 25.36 | 22.17 |
| Avg. Test Time (hours) | 2.37 | 2.18 | 1.81 | 1.62 | 1.75 | 1.61 | 2.28 | 2.07 | 2.01 | 1.83 |
| % Taking Break | 55.13 | 48.18 | 35.24 | 25.5 | 32.25 | 25.42 | 55.91 | 47.15 | 42.76 | 34.71 |
| % Timing Out | 2.25 | 1.06 | 0.94 | 0.30 | 0.89 | 0.33 | 0.86 | 0.31 | 1.18 | 0.48 |

Table 6. Longitudinal Technical Summary for the NCLEX-PN Examination: Item Statistics for 2019 Testing Year

| Statistic | Jan.–March | | April–June | | July–Sept. | | Oct.–Dec. | | Cumulative 2019 | |
|------------------------|------------|------------------------|------------|------------------------|------------|------------------------|-----------|------------------------|-----------------|------------------------|
| | Overall | 1st Time U.S.-Educated | Overall | 1st Time U.S.-Educated | Overall | 1st Time U.S.-Educated | Overall | 1st Time U.S.-Educated | Overall | 1st Time U.S.-Educated |
| Number Testing | 14,683 | 11,095 | 14,325 | 10,186 | 20,814 | 17,050 | 13,940 | 9,902 | 63,762 | 48,233 |
| Percent Passing | 72.01 | 84.71 | 73.28 | 86.73 | 77.31 | 86.81 | 70.60 | 83.49 | 73.72 | 85.63 |
| Avg. # Items Taken | 123.80 | 118.87 | 117.52 | 111.12 | 115.20 | 111.42 | 119.61 | 115.02 | 118.67 | 113.81 |
| % Taking Min # Items | 47.68 | 52.08 | 52.40 | 58.64 | 54.04 | 57.79 | 51.21 | 55.73 | 51.59 | 56.23 |
| % Taking Max # Items | 21.50 | 18.84 | 17.06 | 13.37 | 15.49 | 13.52 | 18.89 | 16.16 | 17.97 | 15.25 |
| Avg. Test Time (hours) | 2.52 | 2.31 | 2.44 | 2.19 | 2.30 | 2.14 | 2.49 | 2.29 | 2.43 | 2.22 |
| % Taking Break | 59.82 | 52.68 | 58.27 | 48.34 | 52.40 | 46.21 | 60.86 | 53.06 | 57.28 | 49.55 |
| % Timing Out | 3.54 | 1.87 | 2.98 | 1.42 | 2.14 | 1.14 | 2.77 | 1.58 | 2.79 | 1.46 |

Table 7. Longitudinal Technical Summary for the NCLEX-PN Examination: Item Statistics for 2020 Testing Year

| Statistic | Jan.–March | | April–June | | July–Sept. | | Oct.–Dec. | | Cumulative 2020 | |
|--------------------------------|------------|-----------|------------|-----------|------------|-----------|-----------|-----------|-----------------|-----------|
| | Mean | Std. Dev. | Mean | Std. Dev. | Mean | Std. Dev. | Mean | Std. Dev. | Mean | Std. Dev. |
| Point-Biserial | 0.21 | 0.09 | 0.22 | 0.09 | 0.22 | 0.09 | 0.21 | 0.08 | N/A | N/A |
| Avg. Item Time (secs.) | 71.77 | 23 | 75.91 | 24.86 | 73.4 | 23.81 | 79.09 | 28.15 | N/A | N/A |
| Pretest Item Statistics | | | | | | | | | | |
| # of Items ³ | N/A | | N/A | | N/A | | 114 | | 114 | |
| Avg. Sample Size | N/A | | N/A | | N/A | | 604 | | 604 | |
| Mean Point-Biserial | N/A | | N/A | | N/A | | 0.15 | | 0.15 | |
| Mean P value | N/A | | N/A | | N/A | | 0.56 | | 0.56 | |
| Mean Item Difficulty | N/A | | N/A | | N/A | | -0.20 | | -0.20 | |
| SD Item Difficulty | N/A | | N/A | | N/A | | 1.24 | | 1.24 | |
| Total Number Flagged | N/A | | N/A | | N/A | | 5 | | 5 | |
| Percent Items Flagged | N/A | | N/A | | N/A | | 4.39 | | 4.39 | |

³ Data do not include research and retest items.

Table 8. Longitudinal Technical Summary for the NCLEX-PN Examination: Item Statistics for 2019 Testing Year

| Statistic | Jan.–March | | April–June | | July–Sept. | | Oct.–Dec. | | Cumulative 2019 | |
|--------------------------------|------------|-----------|------------|-----------|------------|-----------|-----------|-----------|-----------------|-----------|
| | Mean | Std. Dev. | Mean | Std. Dev. | Mean | Std. Dev. | Mean | Std. Dev. | Mean | Std. Dev. |
| Point-Biserial | 0.21 | 0.09 | 0.21 | 0.09 | 0.22 | 0.09 | 0.21 | 0.08 | N/A | N/A |
| Avg. Item Time (secs.) | 72.47 | 26.72 | 71.72 | 24.38 | 70.51 | 22.57 | 73.11 | 26.83 | N/A | N/A |
| Pretest Item Statistics | | | | | | | | | | |
| # of Items ⁴ | 197 | | 188 | | 292 | | 180 | | 857 | |
| Avg. Sample Size | 630 | | 586 | | 647 | | 738 | | 649 | |

Table 8. Longitudinal Technical Summary for the NCLEX-PN Examination: Item Statistics for 2019 Testing Year

| Statistic | Jan.–March | | April–June | | July–Sept. | | Oct.–Dec. | | Cumulative 2019 | |
|-----------------------|------------|-----------|------------|-----------|------------|-----------|-----------|-----------|-----------------|-----------|
| | Mean | Std. Dev. | Mean | Std. Dev. | Mean | Std. Dev. | Mean | Std. Dev. | Mean | Std. Dev. |
| Mean Point-Biserial | 0.13 | | 0.12 | | 0.12 | | 0.11 | | 0.12 | |
| Mean P value | 0.57 | | 0.58 | | 0.55 | | 0.54 | | 0.56 | |
| Mean Item Difficulty | -0.29 | | -0.25 | | -0.01 | | -0.03 | | -0.13 | |
| SD Item Difficulty | 1.95 | | 1.90 | | 1.64 | | 1.84 | | 1.81 | |
| Total Number Flagged | 54 | | 56 | | 55 | | 43 | | 208 | |
| Percent Items Flagged | 27.41 | | 29.79 | | 18.84 | | 23.89 | | 24.27 | |

4 Data do not include research and retest items.

Table 9. Longitudinal Summary of NCLEX-RN-1 Examinations Delivered in the 2020 Testing Year

| Jurisdiction | Jan.–March | | April–June | | July–Sept. | | Oct.–Dec. | | Total | |
|-----------------------------------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|---------------|------------|
| | English | French | English | French | English | French | English | French | English | French |
| Alberta | 403 | 0 | 595 | 0 | 379 | 0 | 204 | 0 | 1,581 | 0 |
| British Columbia | 401 | 0 | 494 | 1 | 672 | 1 | 396 | 0 | 1,963 | 2 |
| Manitoba | 26 | 0 | 151 | 0 | 90 | 0 | 168 | 0 | 435 | 0 |
| New Brunswick | 20 | 17 | 3 | 0 | 188 | 59 | 68 | 28 | 279 | 104 |
| Newfoundland and Labrador | 8 | 0 | 97 | 0 | 135 | 0 | 32 | 0 | 272 | 0 |
| Northwest Territories and Nunavut | 0 | 0 | 3 | 0 | 27 | 0 | 3 | 0 | 33 | 0 |
| Nova Scotia | 86 | 0 | 166 | 0 | 229 | 0 | 154 | 0 | 635 | 0 |
| Ontario | 1,139 | 8 | 2,173 | 11 | 3,462 | 22 | 1,507 | 15 | 8,281 | 56 |
| Prince Edward Island | 11 | 0 | 16 | 0 | 45 | 0 | 11 | 0 | 83 | 0 |
| Saskatchewan | 106 | 0 | 237 | 0 | 224 | 0 | 133 | 0 | 700 | 0 |
| Total | 2,200 | 25 | 3,935 | 12 | 5,451 | 82 | 2,676 | 43 | 14,262 | 162 |

Table 10. Longitudinal Technical Summary for the Canadian NCLEX-RN Examination: Group Statistics for 2020 Testing Year

| Statistic | Jan.–March | | April–June | | July–Sept. | | Oct.–Dec. | | Cumulative 2020 | |
|------------------------|------------|----------------------------|------------|----------------------------|------------|----------------------------|-----------|----------------------------|-----------------|----------------------------|
| | Overall | 1st Time Canadian-Educated | Overall | 1st Time Canadian-Educated | Overall | 1st Time Canadian-Educated | Overall | 1st Time Canadian-Educated | Overall | 1st Time Canadian-Educated |
| Number Testing | 2,155 | 1,176 | 3,980 | 2,808 | 5,451 | 3,804 | 2,675 | 1,405 | 14,261 | 9,193 |
| Percent Passing | 72.44 | 87.59 | 80.05 | 91.06 | 74.22 | 83.60 | 68.11 | 82.42 | 74.43 | 86.21 |
| Avg. # Items Taken | 118.97 | 106.06 | 82.28 | 77.21 | 86.42 | 82.84 | 102.39 | 97.70 | 93.18 | 86.36 |
| % Taking Min # Items | 49.98 | 59.01 | 54.47 | 62.71 | 46.63 | 51.95 | 44.04 | 51.53 | 48.84 | 56.07 |
| % Taking Max # Items | 12.39 | 8.25 | 24.40 | 18.34 | 29.15 | 24.66 | 30.36 | 24.70 | 25.52 | 20.64 |
| Avg. Test Time (hours) | 2.62 | 2.14 | 1.84 | 1.58 | 1.94 | 1.73 | 2.43 | 2.13 | 2.10 | 1.80 |
| % Taking Break | 57.77 | 42.18 | 35.25 | 23.33 | 40.51 | 30.89 | 60.75 | 47.76 | 45.44 | 32.60 |
| % Timing Out | 3.85 | 1.62 | 1.21 | 0.18 | 1.01 | 0.26 | 1.27 | 0.50 | 1.54 | 0.45 |

Table 11. Longitudinal Technical Summary for the Canadian NCLEX-RN Examination: Group Statistics for 2019 Testing Year

| Statistic | Jan.–March | | April–June | | July–Sept. | | Oct.–Dec. | | Cumulative 2019 | |
|------------------------|------------|----------------------------|------------|----------------------------|------------|----------------------------|-----------|----------------------------|-----------------|----------------------------|
| | Overall | 1st Time Canadian-Educated | Overall | 1st Time Canadian-Educated | Overall | 1st Time Canadian-Educated | Overall | 1st Time Canadian-Educated | Overall | 1st Time Canadian-Educated |
| Number Testing | 2,550 | 1,515 | 4,100 | 3,013 | 4,997 | 3,857 | 2,764 | 1,424 | 14,411 | 9,809 |
| Percent Passing | 73.25 | 85.74 | 77.02 | 87.65 | 78.37 | 85.01 | 65.34 | 82.51 | 74.58 | 85.57 |
| Avg. # Items Taken | 124.76 | 112.67 | 120.59 | 113.60 | 121.18 | 115.83 | 136.56 | 121.69 | 124.60 | 115.51 |
| % Taking Min # Items | 48.04 | 55.91 | 53.83 | 58.95 | 48.69 | 52.27 | 40.41 | 49.86 | 48.45 | 54.53 |
| % Taking Max # Items | 14.78 | 11.02 | 14.95 | 13.01 | 13.45 | 11.88 | 18.16 | 13.62 | 15.02 | 12.35 |
| Avg. Test Time (hours) | 2.69 | 2.29 | 2.41 | 2.11 | 2.43 | 2.23 | 3.02 | 2.57 | 2.58 | 2.25 |
| % Taking Break | 58.94 | 47.19 | 49.24 | 39.79 | 51.77 | 45.19 | 67.91 | 57.16 | 55.42 | 45.58 |
| % Timing Out | 3.65 | 1.85 | 2.07 | 0.80 | 1.66 | 0.83 | 5.36 | 2.53 | 2.84 | 1.22 |

International Testing Update

Pearson VUE has a total of 287 Pearson Professional Centers (PPCs) in the United States and 56 PPCs internationally in Australia, Brazil, Canada, England, Hong Kong, India, Japan, Mexico, Philippines, South Africa and Taiwan. One of these 56 international PPCs is located in Puerto Rico, a part of the United States classified as international for testing purposes only. Therefore, the total number of test centers globally is 344.

Represented in the following tables are international volume by Member Board, Country of Education, Test Center and Pass/Fail rate, respectively.

Table 12. NCLEX International Test Center Volume by Member Board, Jan. 1, 2020 – Dec. 31, 2020^{5, 6}

| Member Boards with International Test Center Candidate Data | Total | Australia | Brazil | Canada | Hong Kong | India | Japan | Mexico | Philippines | Puerto Rico | South Africa | Taiwan | United Kingdom |
|---|-------|-----------|--------|--------|-----------|-------|-------|--------|-------------|-------------|--------------|--------|----------------|
| Alabama | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 14 | 0 | 0 | 0 |
| Alaska | 4 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 |
| Arizona | 28 | 2 | 0 | 16 | 0 | 1 | 0 | 0 | 4 | 0 | 0 | 1 | 4 |
| Australia | 569 | 446 | 0 | 0 | 0 | 80 | 1 | 0 | 28 | 0 | 3 | 0 | 11 |
| California-PN | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| California-RN | 28 | 2 | 0 | 4 | 1 | 1 | 1 | 0 | 10 | 5 | 0 | 1 | 3 |
| Colorado | 112 | 2 | 0 | 1 | 1 | 26 | 1 | 0 | 44 | 5 | 4 | 1 | 27 |
| Connecticut | 25 | 0 | 0 | 3 | 0 | 11 | 0 | 0 | 7 | 3 | 0 | 0 | 1 |
| Delaware | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| District of Columbia | 4 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Florida | 147 | 1 | 6 | 23 | 0 | 18 | 2 | 2 | 62 | 12 | 2 | 0 | 19 |
| Georgia | 6 | 0 | 1 | 2 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Guam | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hawaii | 16 | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 6 | 0 | 0 | 2 | 1 |
| Idaho | 3 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Illinois | 1,521 | 8 | 3 | 135 | 3 | 310 | 2 | 2 | 875 | 0 | 118 | 1 | 64 |
| Kansas | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Kentucky | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Maine | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Maryland | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 |
| Massachusetts | 16 | 1 | 0 | 4 | 0 | 2 | 1 | 0 | 4 | 0 | 1 | 0 | 3 |
| Michigan | 26 | 0 | 0 | 22 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 |
| Minnesota | 92 | 1 | 0 | 78 | 0 | 0 | 1 | 0 | 7 | 0 | 1 | 0 | 4 |

Table 12. NCLEX International Test Center Volume by Member Board, Jan. 1, 2020 – Dec. 31, 2020^{5, 6}

| Member Boards with International Test Center Candidate Data | Total | Australia | Brazil | Canada | Hong Kong | India | Japan | Mexico | Philippines | Puerto Rico | South Africa | Taiwan | United Kingdom |
|---|--------------|------------|-----------|------------|-----------|------------|------------|----------|--------------|-------------|--------------|------------|----------------|
| Mississippi | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Missouri | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 2 |
| Montana | 51 | 1 | 9 | 12 | 0 | 9 | 0 | 0 | 10 | 0 | 7 | 0 | 3 |
| Nevada | 16 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 8 | 1 | 1 | 0 | 2 |
| New Jersey | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| New Mexico | 595 | 2 | 4 | 30 | 0 | 132 | 0 | 0 | 356 | 0 | 39 | 2 | 30 |
| New York | 2,446 | 29 | 3 | 378 | 7 | 182 | 92 | 0 | 1419 | 116 | 2 | 99 | 119 |
| North Carolina | 10 | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 2 | 1 | 2 | 0 | 2 |
| North Dakota | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Northern Mariana Islands | 656 | 4 | 0 | 93 | 1 | 26 | 3 | 0 | 504 | 0 | 0 | 1 | 24 |
| Ohio | 6 | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 |
| Oklahoma | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Oregon | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Pennsylvania | 12 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 5 | 1 | 0 | 0 | 4 |
| Rhode Island | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Tennessee | 6 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 |
| Texas | 1,305 | 10 | 6 | 51 | 1 | 180 | 4 | 1 | 884 | 1 | 54 | 0 | 113 |
| Utah | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Vermont | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Virginia | 9 | 0 | 0 | 2 | 0 | 1 | 1 | 0 | 1 | 3 | 0 | 0 | 1 |
| Washington | 93 | 4 | 0 | 75 | 2 | 1 | 0 | 0 | 6 | 0 | 0 | 0 | 5 |
| West Virginia-RN | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Total | 7,848 | 515 | 32 | 959 | 17 | 983 | 113 | 5 | 4,262 | 168 | 235 | 109 | 450 |

⁵ Only Member Boards with international test center data are represented.

⁶ Canadian candidates seeking licensure/registration in a Canadian jurisdiction are not included.

Table 13. NCLEX International Test Center Volume by Country of Education, Jan. 1, 2020 – Dec. 31, 2020⁷

| Country of Education | Total | Australia | Brazil | Canada | Hong Kong | India | Japan | Mexico | Philippines | Puerto Rico | South Africa | Taiwan | United Kingdom |
|---------------------------------|-------|-----------|--------|--------|-----------|-------|-------|--------|-------------|-------------|--------------|--------|----------------|
| Albania | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Antigua and Barbuda | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Australia | 32 | 29 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Belgium | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Belize | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| Bosnia and Herzegovina | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Botswana | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Brazil | 32 | 5 | 27 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Canada | 167 | 0 | 0 | 167 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chile | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| China | 9 | 0 | 0 | 3 | 2 | 0 | 3 | 0 | 0 | 0 | 0 | 1 | 0 |
| Colombia | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Egypt | 8 | 0 | 0 | 0 | 0 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 3 |
| Fiji | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Finland | 8 | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| France | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Germany | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Ghana | 46 | 1 | 0 | 1 | 0 | 13 | 0 | 0 | 0 | 0 | 25 | 0 | 6 |
| Guyana | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Haiti | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hong Kong | 10 | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hungary | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| India | 862 | 171 | 0 | 153 | 0 | 492 | 1 | 0 | 1 | 0 | 1 | 0 | 43 |
| Iran | 5 | 1 | 0 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Iraq | 2 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ireland | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 3 |
| Israel | 5 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Italy | 7 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| Jamaica | 13 | 0 | 0 | 4 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 7 |
| Japan | 6 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jordan | 34 | 0 | 0 | 2 | 0 | 30 | 0 | 0 | 1 | 0 | 1 | 0 | 0 |
| Kenya | 281 | 3 | 0 | 9 | 0 | 156 | 0 | 0 | 1 | 0 | 112 | 0 | 0 |
| Korea, North | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Korea, South | 109 | 2 | 0 | 18 | 0 | 0 | 72 | 0 | 1 | 0 | 0 | 11 | 5 |
| Lao Peoples Democratic Republic | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |

⁷ Canadian candidates seeking licensure/registration in a Canadian jurisdiction are not included.

Table 13. NCLEX International Test Center Volume by Country of Education, Jan. 1, 2020 – Dec. 31, 2020⁷

| Country of Education | Total | Australia | Brazil | Canada | Hong Kong | India | Japan | Mexico | Philippines | Puerto Rico | South Africa | Taiwan | United Kingdom |
|----------------------|--------------|------------|-----------|------------|-----------|------------|------------|----------|--------------|-------------|--------------|------------|----------------|
| Lebanon | 11 | 0 | 0 | 3 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Malawi | 3 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Malaysia | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Mexico | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Moldova | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Nepal | 147 | 60 | 0 | 2 | 0 | 81 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| New Zealand | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nigeria | 234 | 2 | 0 | 27 | 0 | 5 | 0 | 0 | 135 | 0 | 10 | 0 | 55 |
| Pakistan | 10 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 4 |
| Palestine, State of | 4 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Philippines | 5,239 | 217 | 2 | 495 | 5 | 148 | 19 | 0 | 4,117 | 0 | 2 | 11 | 223 |
| Portugal | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Puerto Rico | 164 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 163 | 0 | 1 | 0 |
| Romania | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Russian Federation | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Saint Lucia | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Saudi Arabia | 3 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Singapore | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| South Africa | 22 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 20 | 0 | 1 |
| Spain | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| Sri Lanka | 4 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sudan | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Sweden | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Switzerland | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Taiwan, China | 84 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 82 | 0 |
| Thailand | 5 | 1 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| Uganda | 14 | 0 | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 4 | 0 | 0 |
| Ukraine | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| United Arab Emirates | 3 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| United Kingdom | 42 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 40 |
| United States | 89 | 2 | 1 | 57 | 0 | 2 | 6 | 0 | 2 | 5 | 0 | 2 | 12 |
| Uzbekistan | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Zambia | 5 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 4 | 0 | 0 |
| Zimbabwe | 70 | 0 | 0 | 0 | 0 | 12 | 0 | 0 | 0 | 0 | 54 | 0 | 4 |
| Total | 7,848 | 515 | 32 | 959 | 17 | 983 | 113 | 5 | 4,262 | 168 | 235 | 109 | 450 |

Table 14. NCLEX International Volume by Testing Center, Jan. 1, 2020 – Dec. 31, 2020⁸

| Site ID | City | Country | Total | Jan. | Feb. | March | April | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |
|---------|------------|-----------|-------|------|------|-------|-------|-----|------|------|------|-------|------|------|------|
| 81599 | Adelaide | Australia | 47 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 4 | 16 | 5 | 5 | 15 |
| 81597 | Box Hill | Australia | 76 | 3 | 0 | 1 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 30 | 38 |
| 81600 | Brisbane | Australia | 77 | 1 | 4 | 2 | 0 | 1 | 2 | 5 | 12 | 12 | 8 | 7 | 23 |
| 81866 | Canberra | Australia | 17 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 4 | 0 | 2 | 9 |
| 67712 | Melbourne | Australia | 39 | 1 | 2 | 2 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 13 | 18 |
| 81598 | Parramatta | Australia | 112 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 14 | 20 | 16 | 21 | 38 |
| 81601 | Perth | Australia | 21 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 3 | 3 | 3 | 2 | 5 |
| 50482 | Sydney | Australia | 126 | 3 | 3 | 0 | 0 | 3 | 1 | 8 | 6 | 27 | 17 | 29 | 29 |
| 50483 | Sao Paulo | Brazil | 32 | 5 | 3 | 3 | 0 | 0 | 0 | 0 | 7 | 2 | 1 | 4 | 7 |
| 50486 | Burnaby | Canada | 40 | 1 | 2 | 1 | 0 | 1 | 3 | 3 | 7 | 4 | 5 | 9 | 4 |
| 69827 | Calgary | Canada | 54 | 4 | 4 | 2 | 0 | 6 | 4 | 4 | 3 | 9 | 9 | 6 | 3 |
| 78699 | Calgary | Canada | 50 | 5 | 2 | 3 | 1 | 3 | 2 | 8 | 4 | 3 | 5 | 3 | 11 |

Table 14. NCLEX International Volume by Testing Center, Jan. 1, 2020 – Dec. 31, 2020⁸

| Site ID | City | Country | Total | Jan. | Feb. | March | April | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |
|--------------|---------------|----------------|--------------|--------------|--------------|------------|-----------|------------|------------|------------|------------|------------|------------|------------|------------|
| 69853 | Charlottetown | Canada | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 |
| 63110 | Edmonton | Canada | 37 | 3 | 5 | 1 | 0 | 6 | 3 | 1 | 1 | 4 | 4 | 3 | 6 |
| 78698 | Edmonton | Canada | 52 | 4 | 3 | 2 | 2 | 6 | 8 | 6 | 2 | 9 | 3 | 3 | 4 |
| 69829 | Halifax | Canada | 12 | 0 | 3 | 1 | 0 | 0 | 1 | 1 | 2 | 2 | 0 | 1 | 1 |
| 78710 | Halifax | Canada | 13 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 3 | 3 | 2 | 1 |
| 69818 | Hamilton | Canada | 51 | 2 | 2 | 1 | 0 | 7 | 5 | 6 | 4 | 6 | 7 | 5 | 6 |
| 69826 | London | Canada | 32 | 1 | 2 | 0 | 3 | 4 | 2 | 6 | 0 | 5 | 2 | 2 | 5 |
| 50485 | Montreal | Canada | 123 | 8 | 3 | 7 | 0 | 8 | 14 | 12 | 8 | 15 | 10 | 14 | 24 |
| 69832 | Nanaimo | Canada | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| 57935 | Ottawa | Canada | 30 | 1 | 3 | 0 | 0 | 2 | 2 | 2 | 5 | 0 | 5 | 4 | 6 |
| 78711 | Ottawa | Canada | 22 | 2 | 3 | 1 | 0 | 4 | 3 | 2 | 1 | 1 | 1 | 3 | 1 |
| 78697 | Regina | Canada | 21 | 1 | 1 | 2 | 0 | 6 | 1 | 1 | 0 | 2 | 3 | 2 | 2 |
| 69830 | Saskatoon | Canada | 19 | 0 | 0 | 1 | 0 | 2 | 3 | 5 | 0 | 4 | 2 | 0 | 2 |
| 69825 | Surrey | Canada | 50 | 5 | 5 | 4 | 0 | 4 | 7 | 3 | 3 | 9 | 5 | 2 | 3 |
| 50484 | Toronto | Canada | 43 | 2 | 3 | 3 | 0 | 3 | 6 | 4 | 2 | 5 | 5 | 4 | 6 |
| 57936 | Toronto | Canada | 65 | 9 | 5 | 4 | 0 | 6 | 10 | 6 | 7 | 4 | 5 | 5 | 4 |
| 78704 | Toronto | Canada | 64 | 4 | 4 | 3 | 0 | 3 | 6 | 5 | 9 | 8 | 9 | 7 | 6 |
| 78705 | Toronto | Canada | 77 | 3 | 4 | 2 | 3 | 6 | 12 | 9 | 12 | 5 | 10 | 6 | 5 |
| 78700 | Vancouver | Canada | 31 | 2 | 5 | 2 | 0 | 1 | 3 | 3 | 1 | 2 | 5 | 3 | 4 |
| 78701 | Victoria | Canada | 11 | 0 | 0 | 1 | 0 | 2 | 1 | 0 | 1 | 3 | 1 | 0 | 2 |
| 69828 | Winnipeg | Canada | 25 | 5 | 1 | 2 | 0 | 2 | 2 | 3 | 4 | 4 | 2 | 0 | 0 |
| 78702 | Winnipeg | Canada | 31 | 1 | 2 | 2 | 1 | 1 | 2 | 1 | 12 | 6 | 0 | 2 | 1 |
| 69847 | Yellowknife | Canada | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 |
| 50493 | Hong Kong | Hong Kong | 17 | 8 | 0 | 0 | 0 | 1 | 2 | 2 | 0 | 0 | 1 | 2 | 1 |
| 81606 | Ahmedabad | India | 85 | 9 | 3 | 9 | 0 | 0 | 1 | 7 | 4 | 13 | 14 | 12 | 13 |
| 81608 | Amritsar | India | 17 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 2 | 1 | 3 | 3 | 4 |
| 50497 | Bangalore | India | 82 | 5 | 3 | 9 | 0 | 0 | 2 | 2 | 2 | 9 | 13 | 12 | 25 |
| 81602 | Bangalore | India | 133 | 24 | 15 | 15 | 0 | 0 | 1 | 0 | 5 | 13 | 14 | 17 | 29 |
| 81603 | Chandigarh | India | 42 | 6 | 4 | 2 | 0 | 0 | 2 | 4 | 3 | 8 | 4 | 5 | 4 |
| 50498 | Chennai | India | 59 | 17 | 21 | 7 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 5 | 6 |
| 81607 | Gurugram | India | 21 | 5 | 12 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| 50496 | Hyderabad | India | 6 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 3 | 1 |
| 81604 | Hyderabad | India | 3 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 81610 | Jalandhar | India | 51 | 4 | 1 | 1 | 0 | 0 | 4 | 6 | 6 | 9 | 6 | 5 | 9 |
| 50494 | Mumbai | India | 291 | 113 | 116 | 51 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 5 | 3 |
| 50495 | New Delhi | India | 160 | 35 | 55 | 19 | 0 | 0 | 0 | 1 | 2 | 0 | 11 | 16 | 21 |
| 76935 | Noida | India | 20 | 8 | 2 | 6 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 3 |
| 81605 | Pune | India | 9 | 3 | 2 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 81609 | Surat | India | 4 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 50500 | Chiyoda-ku | Japan | 16 | 5 | 1 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 3 |
| 57585 | Osaka-shi | Japan | 78 | 40 | 26 | 4 | 0 | 0 | 0 | 1 | 1 | 4 | 2 | 0 | 0 |
| 84078 | Shinjuku | Japan | 19 | 3 | 0 | 2 | 2 | 1 | 3 | 3 | 0 | 1 | 1 | 2 | 1 |
| 50503 | Mexico City | Mexico | 5 | 3 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 54555 | Manila | Philippines | 4,262 | 930 | 1,031 | 460 | 0 | 0 | 160 | 370 | 0 | 497 | 326 | 229 | 259 |
| 47108 | Guaynabo | Puerto Rico | 168 | 12 | 14 | 11 | 2 | 16 | 22 | 16 | 12 | 22 | 16 | 13 | 12 |
| 55315 | Johannesburg | South Africa | 235 | 4 | 19 | 13 | 0 | 0 | 0 | 0 | 5 | 3 | 18 | 94 | 79 |
| 50506 | Taipei City | Taiwan, China | 109 | 23 | 12 | 6 | 2 | 12 | 6 | 10 | 2 | 11 | 11 | 9 | 5 |
| 50140 | London | United Kingdom | 450 | 67 | 62 | 36 | 0 | 1 | 33 | 45 | 43 | 54 | 50 | 1 | 58 |
| Total | | | 7,848 | 1,406 | 1,481 | 715 | 18 | 122 | 342 | 584 | 227 | 847 | 644 | 636 | 826 |

⁸Canadian candidates seeking licensure/registration in a Canadian jurisdiction are not included.

Table 15. NCLEX International Volume by Testing Center, Jan. 1, 2020 – Dec. 31, 2020⁹

| Site ID | City | Country | Total Taken | Total Passed | Total Exams Delivered /Total Pass (Pass Rate) | | | | | | | | | | | |
|---------|---------------|-----------|-------------|--------------|---|---------------|----------------|---------------|---------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | | | | | Jan. | Feb. | March | April | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |
| 81599 | Adelaide | Australia | 47 | 4 | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 1/1 (100.00%) | 0/0 (0.00%) | 1/1 (100.00%) | 4/2 (50.00%) | 16/6 (37.50%) | 5/1 (20.00%) | 5/1 (20.00%) | 15/4 (26.67%) |
| 81597 | Box Hill | Australia | 76 | 6 | 3/1 (33.33%) | 0/0 (0.00%) | 1/1 (100.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 4/3 (75.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 30/8 (26.67%) | 38/10 (26.32%) |
| 81600 | Brisbane | Australia | 77 | 5 | 1/1 (100.00%) | 4/2 (50.00%) | 2/0 (0.00%) | 0/0 (0.00%) | 1/1 (100.00%) | 2/1 (50.00%) | 5/3 (60.00%) | 12/3 (25.00%) | 12/4 (33.33%) | 8/3 (37.50%) | 7/4 (57.14%) | 23/6 (26.09%) |
| 81866 | Canberra | Australia | 17 | 5 | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 1/1 (100.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 1/1 (100.00%) | 4/1 (25.00%) | 0/0 (0.00%) | 2/0 (0.00%) | 9/2 (22.22%) |
| 67712 | Melbourne | Australia | 39 | 16 | 1/0 (0.00%) | 2/1 (50.00%) | 2/1 (50.00%) | 0/0 (0.00%) | 1/0 (0.00%) | 0/0 (0.00%) | 1/0 (0.00%) | 1/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 13/6 (46.15%) | 18/8 (44.44%) |
| 81598 | Parramatta | Australia | 112 | 30 | 1/1 (100.00%) | 1/1 (100.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 1/1 (100.00%) | 14/4 (28.57%) | 20/5 (25.00%) | 16/6 (37.50%) | 21/6 (28.57%) | 38/6 (15.79%) |
| 81601 | Perth | Australia | 21 | 6 | 0/0 (0.00%) | 1/0 (0.00%) | 1/1 (100.00%) | 0/0 (0.00%) | 1/1 (100.00%) | 1/1 (100.00%) | 1/1 (100.00%) | 3/1 (33.33%) | 3/0 (0.00%) | 3/0 (0.00%) | 2/0 (0.00%) | 5/1 (20.00%) |
| 50482 | Sydney | Australia | 126 | 33 | 3/1 (33.33%) | 3/1 (33.33%) | 0/0 (0.00%) | 0/0 (0.00%) | 3/1 (33.33%) | 1/1 (100.00%) | 8/2 (25.00%) | 6/3 (50.00%) | 27/6 (22.22%) | 17/5 (29.41%) | 29/5 (27.59%) | 29/8 (27.59%) |
| 50483 | Sao Paulo | Brazil | 32 | 17 | 5/4 (80.00%) | 3/2 (66.67%) | 3/2 (66.67%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 7/5 (71.43%) | 2/1 (50.00%) | 1/0 (0.00%) | 4/1 (25.00%) | 7/2 (28.57%) |
| 50486 | Burnaby | Canada | 40 | 24 | 4/2 (50.00%) | 2/2 (100.00%) | 6/4 (66.67%) | 3/1 (33.33%) | 5/1 (20.00%) | 4/3 (75.00%) | 3/3 (100.00%) | 4/2 (50.00%) | 3/1 (33.33%) | 3/1 (33.33%) | 3/0 (0.00%) | 6/3 (50.00%) |
| 69827 | Calgary | Canada | 104 | 63 | 2/1 (50.00%) | 4/0 (0.00%) | 4/1 (25.00%) | 6/2 (33.33%) | 7/3 (42.86%) | 5/3 (60.00%) | 1/0 (0.00%) | 4/1 (25.00%) | 4/1 (25.00%) | 5/3 (60.00%) | 5/2 (40.00%) | 8/3 (37.50%) |
| 69853 | Charlottetown | Canada | 2 | 1 | 3/2 (66.67%) | 3/1 (33.33%) | 2/1 (50.00%) | 3/2 (66.67%) | 1/0 (0.00%) | 1/1 (100.00%) | 2/1 (50.00%) | 0/0 (0.00%) | 2/1 (50.00%) | 3/1 (33.33%) | 1/1 (100.00%) | 4/3 (75.00%) |
| 63110 | Edmonton | Canada | 89 | 44 | 6/3 (50.00%) | 3/1 (33.33%) | 1/0 (0.00%) | 1/1 (100.00%) | 4/2 (50.00%) | 1/0 (0.00%) | 3/2 (66.67%) | 4/3 (75.00%) | 3/3 (100.00%) | 4/2 (50.00%) | 2/0 (0.00%) | 7/3 (42.86%) |
| 69829 | Halifax | Canada | 25 | 7 | 1/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 1/1 (100.00%) | 2/2 (100.00%) | 2/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 1/0 (0.00%) |
| 69818 | Hamilton | Canada | 51 | 26 | 0/0 (0.00%) | 2/2 (100.00%) | 3/0 (0.00%) | 1/1 (100.00%) | 4/3 (75.00%) | 2/1 (50.00%) | 3/1 (33.33%) | 4/1 (25.00%) | 2/1 (50.00%) | 3/0 (0.00%) | 3/1 (33.33%) | 5/3 (60.00%) |
| 69826 | London | Canada | 32 | 19 | 2/1 (50.00%) | 2/2 (100.00%) | 4/2 (50.00%) | 0/0 (0.00%) | 3/1 (33.33%) | 5/3 (60.00%) | 3/2 (66.67%) | 3/1 (33.33%) | 1/0 (0.00%) | 4/1 (25.00%) | 4/3 (75.00%) | 1/0 (0.00%) |
| 50485 | Montreal | Canada | 123 | 66 | 5/1 (20.00%) | 4/2 (50.00%) | 2/1 (50.00%) | 5/2 (40.00%) | 1/0 (0.00%) | 8/2 (25.00%) | 13/6 (46.15%) | 4/2 (50.00%) | 9/4 (44.44%) | 8/1 (12.50%) | 10/2 (20.00%) | 11/4 (36.36%) |
| 69832 | Nanaimo | Canada | 2 | 0 | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 1/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) |
| 57935 | Ottawa | Canada | 52 | 20 | 3/0 (0.00%) | 2/1 (50.00%) | 2/2 (100.00%) | 3/0 (0.00%) | 0/0 (0.00%) | 3/1 (33.33%) | 2/1 (50.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 4/2 (50.00%) | 3/0 (0.00%) | 6/5 (83.33%) |
| 78697 | Regina | Canada | 21 | 7 | 0/0 (0.00%) | 1/0 (0.00%) | 3/0 (0.00%) | 1/0 (0.00%) | 2/2 (100.00%) | 1/0 (0.00%) | 1/0 (0.00%) | 3/1 (33.33%) | 4/2 (50.00%) | 3/0 (0.00%) | 1/0 (0.00%) | 1/0 (0.00%) |
| 69830 | Saskatoon | Canada | 19 | 12 | 0/0 (0.00%) | 2/2 (100.00%) | 4/1 (25.00%) | 2/1 (50.00%) | 4/1 (25.00%) | 0/0 (0.00%) | 1/0 (0.00%) | 0/0 (0.00%) | 2/2 (100.00%) | 4/0 (0.00%) | 1/0 (0.00%) | 0/0 (0.00%) |
| 69825 | Surrey | Canada | 50 | 22 | 3/1 (33.33%) | 5/3 (60.00%) | 1/1 (100.00%) | 5/2 (40.00%) | 9/4 (44.44%) | 5/3 (60.00%) | 8/5 (62.50%) | 7/4 (57.14%) | 6/2 (33.33%) | 5/1 (20.00%) | 3/1 (33.33%) | 4/1 (25.00%) |
| 50484 | Toronto | Canada | 249 | 115 | 18/7 (38.89%) | 16/6 (37.50%) | 12/6 (50.00%) | 3/1 (33.33%) | 18/5 (27.78%) | 34/17 (50.00%) | 24/13 (54.17%) | 30/19 (63.33%) | 22/9 (40.91%) | 29/13 (44.83%) | 22/10 (45.45%) | 21/9 (42.86%) |
| 78700 | Vancouver | Canada | 31 | 15 | 2/1 (50.00%) | 5/3 (60.00%) | 2/0 (0.00%) | 0/0 (0.00%) | 1/1 (100.00%) | 3/1 (33.33%) | 3/3 (100.00%) | 1/0 (0.00%) | 2/1 (50.00%) | 5/4 (80.00%) | 3/0 (0.00%) | 4/1 (25.00%) |
| 78701 | Victoria | Canada | 11 | 9 | 0/0 (0.00%) | 0/0 (0.00%) | 1/0 (0.00%) | 0/0 (0.00%) | 2/2 (100.00%) | 1/0 (0.00%) | 0/0 (0.00%) | 1/1 (100.00%) | 3/3 (100.00%) | 1/1 (100.00%) | 0/0 (0.00%) | 2/2 (100.00%) |
| 69828 | Winnipeg | Canada | 56 | 32 | 6/3 (50.00%) | 3/3 (100.00%) | 4/2 (50.00%) | 1/1 (100.00%) | 3/2 (66.67%) | 4/3 (75.00%) | 4/1 (25.00%) | 16/10 (62.50%) | 10/5 (50.00%) | 2/0 (0.00%) | 2/2 (100.00%) | 1/0 (0.00%) |
| 69847 | Yellowknife | Canada | 2 | 2 | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 2/2 (100.00%) | 0/0 (0.00%) | 0/0 (0.00%) |
| 50493 | Hong Kong | Hong Kong | 17 | 12 | 8/5 (62.50%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 1/0 (0.00%) | 2/2 (100.00%) | 2/1 (50.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 1/1 (100.00%) | 2/2 (100.00%) | 1/1 (100.00%) |
| 81606 | Ahmedabad | India | 85 | 32 | 9/3 (33.33%) | 3/1 (33.33%) | 9/4 (44.44%) | 0/0 (0.00%) | 0/0 (0.00%) | 1/1 (100.00%) | 7/2 (28.57%) | 4/3 (75.00%) | 13/5 (38.46%) | 14/7 (50.00%) | 12/4 (33.33%) | 13/2 (15.38%) |
| 81608 | Amritsar | India | 17 | 4 | 1/0 (0.00%) | 1/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 2/1 (50.00%) | 2/1 (50.00%) | 1/0 (0.00%) | 3/1 (33.33%) | 3/1 (33.33%) | 4/0 (0.00%) |
| 50497 | Bangalore | India | 215 | 85 | 29/12 (41.38%) | 18/7 (38.89%) | 24/10 (41.67%) | 0/0 (0.00%) | 0/0 (0.00%) | 3/1 (33.33%) | 2/0 (0.00%) | 7/1 (14.29%) | 22/13 (59.09%) | 27/8 (29.63%) | 29/13 (44.83%) | 54/20 (37.04%) |
| 81603 | Chandigarh | India | 42 | 27 | 6/5 (83.33%) | 4/3 (75.00%) | 2/1 (50.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 2/1 (50.00%) | 4/3 (75.00%) | 3/3 (100.00%) | 8/2 (25.00%) | 4/2 (50.00%) | 5/4 (80.00%) | 4/3 (75.00%) |
| 50498 | Chennai | India | 59 | 29 | 17/14 (82.35%) | 21/5 (23.81%) | 7/3 (42.86%) | 0/0 (0.00%) | 0/0 (0.00%) | 1/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 1/1 (100.00%) | 1/0 (0.00%) | 5/2 (40.00%) | 6/4 (66.67%) |

Table 15. NCLEX International Volume by Testing Center, Jan. 1, 2020 – Dec. 31, 2020⁹

| Site ID | City | Country | Total Taken | Total Passed | Total Exams Delivered / Total Pass (Pass Rate) | | | | | | | | | | | |
|--------------|--------------|----------------|--------------|--------------|--|------------------------------|-----------------------------|--------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| | | | | | Jan. | Feb. | March | April | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |
| 81607 | Gurugram | India | 21 | 12 | 5/1 (20.00%) | 12/9 (75.00%) | 2/2 (100.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 1/0 (0.00%) | 1/0 (0.00%) |
| 50496 | Hyderabad | India | 9 | 4 | 2/1 (50.00%) | 1/1 (100.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 1/0 (0.00%) | 0/0 (0.00%) | 4/1 (25.00%) | 1/1 (100.00%) |
| 81610 | Jalandhar | India | 51 | 27 | 4/2 (50.00%) | 1/1 (100.00%) | 1/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 4/2 (50.00%) | 6/3 (50.00%) | 6/4 (66.67%) | 9/7 (77.78%) | 6/2 (33.33%) | 5/3 (60.00%) | 9/3 (33.33%) |
| 50494 | Mumbai | India | 291 | 179 | 113/69 (61.06%) | 116/75 (64.66%) | 51/31 (60.78%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 3/1 (33.33%) | 0/0 (0.00%) | 5/1 (20.00%) | 3/2 (66.67%) |
| 50495 | New Delhi | India | 160 | 112 | 35/25 (71.43%) | 55/37 (67.27%) | 19/10 (52.63%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 1/1 (100.00%) | 2/2 (100.00%) | 0/0 (0.00%) | 11/11 (100.00%) | 16/10 (62.50%) | 21/16 (76.19%) |
| 76935 | Noida | India | 20 | 13 | 8/6 (75.00%) | 2/1 (50.00%) | 6/5 (83.33%) | 0/0 (0.00%) | 0/0 (0.00%) | 1/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 3/1 (33.33%) |
| 81605 | Pune | India | 9 | 4 | 3/1 (33.33%) | 2/2 (100.00%) | 4/1 (25.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) |
| 81609 | Surat | India | 4 | 2 | 2/1 (50.00%) | 1/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 1/1 (100.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) |
| 50500 | Chiyoda-ku | Japan | 16 | 12 | 5/3 (60.00%) | 1/0 (0.00%) | 3/3 (100.00%) | 2/2 (100.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 2/1 (50.00%) | 3/3 (100.00%) |
| 57585 | Osaka-shi | Japan | 78 | 45 | 40/23 (57.50%) | 26/14 (53.85%) | 4/3 (75.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 1/1 (100.00%) | 1/1 (100.00%) | 4/3 (75.00%) | 2/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) |
| 84078 | Shinjuku | Japan | 19 | 13 | 3/2 (66.67%) | 0/0 (0.00%) | 2/2 (100.00%) | 2/1 (50.00%) | 1/1 (100.00%) | 3/3 (100.00%) | 3/2 (66.67%) | 0/0 (0.00%) | 1/0 (0.00%) | 1/0 (0.00%) | 2/1 (50.00%) | 1/1 (100.00%) |
| 50503 | Mexico City | Mexico | 5 | 4 | 3/3 (100.00%) | 1/1 (100.00%) | 1/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) |
| 54555 | Manila | Philippines | 4,262 | 2,146 | 930/468 (50.32%) | 1031/507 (49.18%) | 460/242 (52.61%) | 0/0 (0.00%) | 0/0 (0.00%) | 160/89 (55.63%) | 370/220 (59.46%) | 0/0 (0.00%) | 497/256 (51.51%) | 326/146 (44.79%) | 229/107 (46.72%) | 259/111 (42.86%) |
| 47108 | Guaynabo | Puerto Rico | 168 | 36 | 12/1 (8.33%) | 14/2 (14.29%) | 11/3 (27.27%) | 2/1 (50.00%) | 16/6 (37.50%) | 22/2 (9.09%) | 16/4 (25.00%) | 12/2 (16.67%) | 22/5 (22.73%) | 16/3 (18.75%) | 13/4 (30.77%) | 12/3 (25.00%) |
| 55315 | Johannesburg | South Africa | 235 | 149 | 4/3 (75.00%) | 19/10 (52.63%) | 13/10 (76.92%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 0/0 (0.00%) | 5/0 (0.00%) | 3/2 (66.67%) | 18/11 (61.11%) | 94/58 (61.70%) | 79/55 (69.62%) |
| 50506 | Taipei City | Taiwan, China | 109 | 43 | 23/13 (56.52%) | 12/3 (25.00%) | 6/1 (16.67%) | 2/0 (0.00%) | 12/3 (25.00%) | 6/1 (16.67%) | 10/5 (50.00%) | 2/2 (100.00%) | 11/5 (45.45%) | 11/6 (54.55%) | 9/4 (44.44%) | 5/0 (0.00%) |
| 69826 | London | United Kingdom | 450 | 283 | 67/40 (59.70%) | 62/36 (58.06%) | 36/23 (63.89%) | 0/0 (0.00%) | 1/0 (0.00%) | 33/21 (63.64%) | 45/31 (68.89%) | 43/30 (69.77%) | 54/31 (57.41%) | 50/32 (64.00%) | 1/0 (0.00%) | 58/39 (67.24%) |
| Total | | | 7,848 | 3,931 | 1406/738 (52.49%) | 1481/758 (51.18%) | 715/383 (53.57%) | 18/9 (50.00%) | 122/60 (49.18%) | 342/179 (52.34%) | 584/335 (57.36%) | 227/119 (52.42%) | 847/406 (47.93%) | 644/294 (45.65%) | 636/290 (45.60%) | 826/360 (43.58%) |

⁹ Canadian candidates seeking licensure/registration in a Canadian jurisdiction are not included.

Attachment B: Next Generation NCLEX® Test Design



Purpose of the Recommendation to the Delegate Assembly:

As the Next Generation NCLEX is set to go live in 2023, the introduction of a new test design is needed.

Situation:

Currently, the NCLEX is a computerized adaptive test (CAT) that utilizes only items that are scored as either correct or incorrect. There is no partial credit. The Next Generation NCLEX will incorporate clinical judgment case studies and standalone items that focus directly on measuring this aspect of entry-level practice. Additionally, these items will be multi-point items, called polytomous items, that will allow for partial credit. Along with the clinical judgment items, this also allows for the potential for knowledge-based items to be scored for partial credit.

Currently, the NCLEX provides a CAT experience that allows for the selection of single items from specific content areas in a specific distribution based on the results of the periodic practice analysis. The Next Generation NCLEX will need to move beyond and expand the capabilities of the CAT experience. First, with the introduction of clinical judgment items, there will be a need to incorporate item sets that represent an unfolding clinical case study. The set of items will have been written to the NCSBN Clinical Judgment Measurement Model (NCJMM). Therefore, the selection algorithm in CAT will need to be adapted to allow for the selection of clinical judgment items along with the selection of clinical judgment item sets, i.e., case studies.

Secondly, the exam currently only scores items as totally correct or incorrect. There is no use of partial credit for partial knowledge of content nor the partial understanding of the clinical judgment activities. Therefore, the test design will need to be updated to allow for the partial scoring of items. This partial credit scoring will consist of the validated raw scoring methods and the application of the Partial Credit Model (PCM) to transform raw scores to the underlying NCLEX scale. The PCM is an extension of the current Rasch measurement model used to score the exam today; this will allow for the continuation of the NCLEX scale for scoring candidates when the Next Generation NCLEX goes live.

Third, clinical judgment items and case studies will be seeded into the exam in a manner that allows for consistency across all candidates. As clinical judgment is an integrated process, it cannot be labeled specifically as a simple content area. For instance, a single clinical judgment case study can span a number of the content areas when evaluating and responding to an evolving patient scenario. Therefore, clinical judgment case studies will be allocated on the exam equally for all candidates. Each candidate will get three scored case studies and each of those will be slotted into the first third, middle third, and last third of the minimum length exam to ensure all candidates are exposed to the case studies in similar sections of the exam. After the minimum length exam, candidates will see clinical judgment standalone items in order to maximize the utility of the variable length exam. The following test design is meant to be used for both the RN and the PN examinations.

The configurations of the new test design will be:

1. Calibrate all items using the PCM (current multiple-choice-type items will retain their current calibrations as the PCM is just an extension to the current model that allows for multi-point items).
2. Incorporate clinical judgment items and case studies into the exam as an integrated process and use representation based on practice analysis results. Currently, that would be three scored case studies (consisting of six items developed to the NCJMM) and standalone clinical judgment items with a 10% probability.
3. Continue the use of 15 pretest items in the exam. Candidates will get either one or two pre-test case studies. Each case study will count as six items towards the 15 total items. For example, if a candidate gets two case studies, that would be a total of 12 items, and the other three items would be single items of either the knowledge or clinical judgment types.
4. The minimum test length would be 85 items distributed in the following manner:
 - a. 52 knowledge-based items across the eight content areas
 - b. 18 clinical judgment case study items (three case study scenarios)
 - c. 15 pre-test items
5. The maximum test length would be 150 items.
6. Clinical judgment case studies will be allocated similarly for all candidates such that they get the sets in similar sections of the minimum length exam.
7. Optimal methods will be used to select case studies and multi-point items using the updated ability estimate and randomly selecting in the neighborhood of that ability.
8. Knowledge content areas will continue to be selected in the same manner as NCLEX today, i.e., identify content area for selection and then randomly select item in the neighborhood of the ability estimate.
9. The exam time will be a maximum of five hours.

At their April 2021 meeting, the NEC reviewed and accepted the Next Generation NCLEX® (NGN) test design for incorporating clinical judgment items and case studies along with the new polytomous scoring methods to be approved by the Delegate Assembly.

Report of the Awards Committee

Background

The NCSBN Awards Program recognizes and celebrates members' outstanding achievements and significant contributions to nursing regulation. This year the Awards Committee reflected on the challenges of the past year related to the pandemic and the impact on members, both personally and professionally, and their families. NCSBN Marketing met with the committee to explore new and different opportunities to reintroduce and relaunch the Awards Program to the membership. The new initiatives will begin fall 2021 before the launch of the Awards program in January 2022.

With an abbreviated format and a virtual Annual Meeting, the 2020 awards ceremony was canceled. An awards ceremony to honor both 2020 and 2021 honorees was held as a virtual event on July 29. The virtual platform used for the ceremony supported interaction between members and provided an experience of sitting at a virtual table with other attendees. In addition to honoring the award recipients, executive officers who reached a milestone in their careers in nursing regulation were presented with the Executive Officer Recognition Award. The Arizona State Board of Nursing was given the Centennial Award in celebration of 100 years of nursing regulation.

The following represents the award recipient for fiscal year 2021:

R. Louise McManus Award

Kim Glazier, MEd, RN
Executive Director, Oklahoma Board of Nursing

Recipients of the Executive Officer Recognition Award for 2021:

Five Years

- Ann Oertwich, PhD, MSN, RN, Executive Director, Nebraska and Nebraska APRN
- Cathy Dinauer, MSN, RN, Executive Director, Nevada
- JoAnne Graham, LPN, Executive Director-Registrar, New Brunswick LPN
- Dawn Rix-Moore, LPN, Executive Director, Prince Edward Island LPN
- Michelle Mayhew, MSN, MBA-HCM, RN-BC, Executive Director, West Virginia PN
- Sue Ann Painter, DNP, RN, Executive Director, West Virginia RN

Members

Valerie Arne, MALS, NE-BC
New York, Area IV

Marie Ann Cordeiro, MSN, RN, PHN
California VN, Area I

Michelle (Shelley) Harker
Minnesota, Area II

Jennifer G. Lewis, PhD, MSN/MBA, RN
North Carolina, Area III

Kathleen Weinberg, MSN, RN
Iowa, Area II

Staff

Alicia Byrd
Director, Member Relations

Rachel Pupiromrat
Associate, Member Relations

Meeting Dates

Nov. 20, 2020 (Virtual Meeting)

March 25, 2021 (Virtual Meeting)

Relationship to Strategic Plan

N/A

Attachments

Attachment A:

2021 Awards Brochure

10 Years

- Gaynell Hayward-Caesar, MPH, RN, Chief Nursing Officer, Bermuda (retired on May 31, 2021)
- Kwek Puay Ee, RN, Executive Secretary, Singapore

15 Years

- Michele Bromberg, MSN, RN, Nursing Coordinator, Illinois

20 Years

- Lori Scheidt, MBA-HCM, Executive Director, Missouri

Fiscal Year 2021 (FY21) Highlights and Accomplishments

- Collaborated with NCSBN Marketing to send a prelaunch announcement to the membership prior to the official launch of the awards program.
- Encouraged members to use the nomination portal and online application to support the writing and submission of Award Nominations.
- Created web-based resources on the NCSBN website to assist members with preparing a nomination. Resources include:
 - Sample letter of support;
 - Sample narrative;
 - Award Program FAQs; and
 - Overview of each award category.
- Collaborated with NCSBN Marketing to redesign the communications sent to the membership to promote the Awards program. These announcements were sent multiple times to the membership leading up to the deadline and they featured:
 - Photos of past recipients;
 - Highlighted award categories;
 - Links to the Awards Program webpage; and
 - Link to the nomination portal.
- NCSBN Marketing met with Awards Committee Members to develop a plan to reengage the awards program with the membership in FY22.
- Identified executive officers who will be presented with the Executive Officer Recognition Award for years of service milestones in 2021.
- Reviewed all award nominations to ensure compliance with the blind review process.
- Managed the process to support the Awards Committee's blind review of all award nominations and selection of recipients.
- Reported at the May Board of Directors meeting the FY21 recipient of the R. Louise McManus Award. An official letter was sent to the recipient.
- Notified recipients of the 2020 & 2021 Executive Officer Recognition Award that they will be honored at the July 2021 Awards Ceremony.
- Collaborated with the NCSBN Marketing and Meetings Departments to plan the July 2021 Awards Ceremony.

Attachment A: 2021 Awards Brochure



Our goal is not only to recognize the successes of our peers, but also to learn what key factors contributed to this success.

2

We encourage all members to participate.

TABLE OF CONTENTS

| | |
|---------------------------------------|----|
| NCSBN Awards Program | 4 |
| R. Louise McManus Award | 5 |
| Elaine Ellibee Award | 6 |
| Regulatory Achievement Award | 7 |
| Meritorious Service Award | 8 |
| Exceptional Contribution Award | 9 |
| Distinguished Achievement Award | 10 |
| Founders Award | 11 |
| Executive Officer Recognition Award | 12 |
| Past NCSBN Award Recipients | 13 |
| Nomination Procedure and Entry Format | 15 |



NCSBN

Leading Regulatory Excellence

Mission

NCSBN empowers and supports nursing regulators in their mandate to protect the public.

Vision

Leading regulatory excellence worldwide.

3

NCSBN Awards Program

The NCSBN awards are designed to recognize the outstanding achievements of the membership and celebrate significant contributions to nursing regulation. The NCSBN awards will be announced at the 2021 Annual Meeting.

Awards Review and Selection

- To ensure a fair and equitable review and selection process, each individual nomination is subjected to a blind review by each Awards Committee member. The committee makes the final decision about all award recipients.
- Awards Committee members are not permitted to nominate award recipients, participate in the nomination process or write letters of support during their tenure on the Awards Committee.
- Awards Committee members recuse themselves from both the blind review and the final decisions for the award recipient(s) in categories where a member from their particular jurisdiction is nominated, or in cases where they feel that they cannot be objective about the nominee.
- Entries are evaluated using uniform guidelines for each award category.
- Awards may not necessarily be given in each category, specifically in cases where no nomination meets the specific criteria.
- Award recipients and nominators will be notified by May 14, 2021 and will be honored at the Annual Meeting.
- The Awards Committee can recommend that a nominee be given an award that is different from the award for which he/she was originally nominated. If this decision were made, the nominator will be contacted to determine if he/she is agreeable to having the nominee be given a different award.



CALL FOR AWARD NOMINATIONS

R. Louise McManus Award

R. Louise McManus (1896-1993) is widely recognized as a major figure in furthering the professionalism of nursing. She worked tirelessly to produce a standardized national approach to nursing licensure. As a patient advocate, she developed the Patient Bill of Rights adopted by the Joint Commission in Accreditation of Hospitals.

Eligibility

An individual who is a member

Description of Award

The R. Louise McManus Award is the most prestigious award. Individuals nominated for this award shall have made sustained and significant contributions through the highest commitment and dedication to the mission and vision of NCSBN.

Criteria for Selection

- Active leadership in NCSBN
- Substantial contributions to the improvement of nursing regulation
- Impacts public policy and development to enhance the health and well-being of individuals and the community
- Contributions to the mission of NCSBN over a significant period of time

Award Cycle

Annually as applicable

Number of Recipients

One



CALL FOR AWARD NOMINATIONS



Elaine Ellibee Award

Elaine Ellibee (1924-2012) chaired the special task force that ultimately led to the founding of NCSBN and served as its first president from 1978-1979. As a registered nurse, Ellibee contributed greatly to nursing education and leadership at the local, state and national levels. She strongly believed in the importance of public protection, superior patient care and continuing education for nursing leaders.

Eligibility

Current service as a member president or served as a member president within the past two years

Description of Award

The Elaine Ellibee Award is granted to a member who has served as a president and who has made significant contributions to NCSBN.

Criteria for Selection

- Demonstrated leadership at the local level as the president
- Demonstrated leadership in making significant contributions to NCSBN

Award Cycle

Annually as applicable

Number of Recipients

One



CALL FOR AWARD NOMINATIONS

Regulatory Achievement Award

This award recognizes the member board or associate member that has made an identifiable, significant contribution to the mission and vision of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

Eligibility

A nursing regulatory body who is a member

Description of Award

The Regulatory Achievement Award recognizes the member board or associate member that has made an identifiable, significant contribution to the mission and vision of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

Criteria for Selection

- Active participation in NCSBN activities (include list of specific activities in the nomination narrative)
- Effective leadership in the development, implementation and maintenance of licensing and regulatory policies
- Active collaborative relationships among the member board or associate member, NCSBN, the public and other member boards or associate members
- Demonstrated advancement of the NCSBN mission

Award Cycle

Annually as applicable

Number of Recipients

One



CALL FOR AWARD NOMINATIONS

Meritorious Service Award

This award is presented to a board or staff member for positive impact and significant contributions to the purposes of NCSBN. The Meritorious Service Award is granted to a member for significant contributions to the mission and vision of NCSBN.

Eligibility

An individual who is a member

Description of Award

The Meritorious Service Award is granted to a member for significant contributions to the mission and vision of NCSBN.

Criteria for Selection

- Significant promotion of the mission and vision of NCSBN
- Positive impact on the contributions of NCSBN
- Demonstrated support of NCSBN's mission

Award Cycle

Annually as applicable

Number of Recipients

One



CALL FOR AWARD NOMINATIONS

Exceptional Contribution Award

This award is given for significant contribution by a member who is not a president or executive officer and demonstrated support of NCSBN's mission.

Eligibility

A member who is not a president or executive officer

Description of Award

The Exceptional Contribution Award is granted for significant contribution by a member who is not a president or executive officer.

Criteria for Selection

- Significant contributions to NCSBN activities
- Demonstrated support of NCSBN's mission

Award Cycle

Annually as applicable

Number of Recipients

Unlimited



CALL FOR AWARD NOMINATIONS

Distinguished Achievement Award

This honor is given to individuals or organizations whose contributions or accomplishments have impacted NCSBN's mission and vision.

Eligibility

An individual or organization that is not a current member. No other award captures the significance of the contribution. May be given posthumously.

Criteria for Selection

- Accomplishment/achievement is supportive to NCSBN's mission and vision
- Long and lasting contribution or one major accomplishment that impacts the NCSBN mission and vision

Award Cycle

Annually as applicable

Number of Recipients

Unlimited



BOARD OF DIRECTORS SELECTED

Founders Award

The founders of the National Council of State Boards of Nursing (NCSBN) exhibited courage and vision in 1977 when they voted to form a task force to study the reorganization of the ANA Council of State Boards of Nursing. This action resulted in NCSBN evolving as “an organization of stature, strengthening the images of boards of nursing as state government agencies concerned with protecting the public health, safety and welfare, and fostering within our profession an increased respect and recognition of this crucial role” (Mildred Schmidt, NCSBN president 1979–1981).

Description of Award

This prestigious award is given only upon occasion that an individual with ethics, integrity and sincerity has demonstrated the highest regard for the ideals and beliefs upon which NCSBN was founded.

Eligibility

The award is not eligible for nomination, it is given by the Board of Directors to an individual who has:

- Demonstrated courage and vision for innovation in regulation to enhance the health, safety and welfare of the public;
- Shown exemplary and sustained commitment to excellence in nursing regulation;
- Sponsored the development of significant regulatory policy at the national and international level;
- Evidenced a profound regard for the mission, vision and values of NCSBN;
- Fostered interprofessional regulatory collaboration nationally and internationally; and
- Facilitated the cogent and insightful advancement of evidence-based regulation.

Award Cycle

Determined by the Board of Directors

Number of Recipients

One



YEARS OF SERVICE

Executive Officer Recognition Award

The award is given in five-year increments to individuals serving in the Executive Officer role. No nomination is necessary for the Executive Officer Recognition Award as it is presented to Executive Officers based on his or her years of service in five-year increments.

Description of Award

The Executive Officer Recognition Award was established to recognize individuals who have made contributions to nursing regulation as an Executive Officer.

Award Cycle

Annually as applicable

Number of Recipients

As applicable

12

Past NCSBN Award Recipients

FOUNDERS AWARD

2020 Carmen A. Catizone
 2018 Joyce M. Schowalter
 2017 Thomas G. Abram
 2015 Kathy Apple

R. LOUISE MCMANUS AWARD

2020 Lori Scheidt
 2019 Elizabeth Lund
 2018 Gloria Damgaard
 2017 Mary Blubaugh
 2016 Julia L. George
 2015 Rula Harb
 2014 Myra Broadway
 2013 Betsy Houchen
 2012 Sandra Evans
 2011 Kathy Malloch
 2009 Faith Fields
 2008 Shirley Brekken
 2007 Polly Johnson
 2006 Laura Poe
 2005 Barbara Morvant
 2004 Joey Ridenour
 2003 Sharon M. Weisenbeck
 2002 Katherine Thomas
 2001 Charlie Dickson
 1999 Donna Dorsey
 1998 Jennifer Bosma
 Elaine Ellibee
 Marcia M. Rachel
 1997 Jean Caron
 1996 Joan Bouchard
 1995 Corinne F. Dorsey
 1992 Renatta S. Loquist
 1989 Marianna Bacigalupo
 1986 Joyce Schowalter
 1983 Mildred Schmidt

MERITORIOUS SERVICE AWARD

2020 Adrian Guerrero
 2019 Fred Knight
 2017 Linda D. Burhans
 2016 Lori Scheidt
 2015 Elizabeth Lund
 2014 Gloria Damgaard
 2013 Constance Kalanek
 2012 Debra Scott
 2011 Julia George
 2010 Ann L. O'Sullivan
 2009 Sheila Exstrom
 2008 Sandra Evans
 2007 Mark Majek
 2005 Marcia Hobbs
 2004 Ruth Ann Terry
 2001 Shirley Brekken
 2000 Margaret Howard
 1999 Katherine Thomas
 1998 Helen P. Keefe
 Gertrude Malone
 1997 Sister Teresa Harris
 Helen Kelley
 1996 Tom O'Brien
 1995 Gail M. McGill
 1994 Billie Haynes
 1993 Charlie Dickson
 1991 Sharon M. Weisenbeck
 1990 Sister Lucie Leonard
 1988 Merlyn Mary Maillian
 1987 Eileen Dvorak

REGULATORY ACHIEVEMENT AWARD

2020 North Carolina Board of
Nursing
 2019 Alabama Board of Nursing
 2018 College of Nurses of
Ontario
 2017 Minnesota Board
of Nursing
 2016 West Virginia State
Board of Examiners for
Licensed Practical Nurses
 2015 Washington State
Nursing Care Quality
Assurance Commission
 2014 Nevada State Board
of Nursing
 2013 North Dakota Board
of Nursing
 2012 Missouri State Board
of Nursing
 2011 Virginia Board of Nursing
 2010 Texas Board of Nursing
 2009 Ohio Board of Nursing
 2008 Kentucky Board of Nursing
 2007 Massachusetts Board of
Registration in Nursing
 2006 Louisiana State Board
of Nursing
 2005 Idaho Board of Nursing
 2003 North Carolina Board
of Nursing
 2002 West Virginia State Board
of Examiners for Licensed
Practical Nurses
 2001 Alabama Board of Nursing

Past NCSBN Award Recipients (continued)

ELAINE ELLIBEE AWARD

| | | | |
|------|--------------------|------|------------------|
| 2020 | Patricia Sharpnack | 2003 | Sandra MacKenzie |
| 2017 | Valerie J. Fuller | 2002 | Cora Clay |
| 2016 | Susan Odum | 2001 | Julie Gould |
| 2015 | Deborah Haagenson | | Lori Scheidt |
| 2013 | Linda R. Rounds | | Ruth Lindgren |

EXCEPTIONAL CONTRIBUTION AWARD

| | |
|------|-------------------------|
| 2020 | Mary A. Baroni |
| 2019 | Ingeborg "Bibi" Schultz |
| 2018 | Lois Hoell |
| | Suellyn Masek |
| 2017 | Nathan Goldman |
| | Mindy Schaffner, |
| | Catherine C. Woodard |
| 2016 | Rene Cronquist |
| | Rhonda Taylor |
| 2015 | Janice Hooper |
| 2014 | Ann L. O'Sullivan |
| 2013 | Susan L. Woods |
| 2012 | Julia Gould |
| | Sue Petula |
| 2011 | Judith Personett |
| | Mary Beth Thomas |
| 2010 | Valerie Smith |
| | Sue Tedford |
| 2009 | Nancy Murphy |
| 2008 | Lisa Emrich |
| | Barbara Newman |
| | Calvina Thomas |
| 2007 | Peggy Fishburn |
| 2005 | William Fred Knight |
| 2004 | Janette Pucci |

DISTINGUISHED ACHIEVEMENT AWARD

| | |
|------|-----------------------|
| 2020 | David Swankin |
| 2018 | Gregory Y. Harris |
| | Deb Soholt |
| 2015 | Patricia "Tish" Smyer |
| 2013 | Lorinda Inman |

The following awards are no longer presented:

EXCEPTIONAL LEADERSHIP AWARD

| | |
|------|--------------------|
| 2011 | Lisa Klenke |
| 2010 | Catherine Giessel |
| 2007 | Judith Hiner |
| 2006 | Karen Gilpin |
| 2005 | Robin Vogt |
| 2004 | Christine Alichnie |
| 2003 | Cookie Bible |
| 2002 | Richard Sheehan |
| 2001 | June Bell |

NCSBN 30th ANNIVERSARY SPECIAL AWARD

| | |
|------|-------------------------|
| 2008 | Joey Ridenour |
| | Sharon Weisenbeck Malin |
| | Mildred S. Schmidt |

NCSBN SPECIAL AWARD

| | |
|------|-----------------|
| 2008 | Thomas G. Abram |
| 2004 | Robert Waters |
| 2002 | Patricia Benner |

SILVER ACHIEVEMENT AWARD

| | |
|------|------------------|
| 2000 | Nancy Wilson |
| 1998 | Joyce Schowalter |

MEMBER BOARD AWARD

| | |
|------|--------------------------------|
| 2000 | Arkansas Board of Nursing |
| 1998 | Utah State Board of Nursing |
| 1997 | Nebraska Board of Nursing |
| 1994 | Alaska Board of Nursing |
| 1993 | Virginia Board of Nursing |
| 1991 | Wisconsin Board of Nursing |
| 1990 | Texas Board of Nurse Examiners |
| 1988 | Minnesota Board of Nursing |
| 1987 | Kentucky Board of Nursing |

Nomination Procedure and Entry Format

Please carefully read the eligibility requirements and criteria listed for each award. Only entries that meet all the requirements and criteria will be considered. **Electronic submission of all nomination materials is required.**

- Entries must be submitted online at www.ncsbn.org/awards (NCSBN Passport account is required).
- All entries must be submitted no later than **Monday, March 15, 2021**.
- Members may nominate themselves or others.
- Two letters of support are required, one of which must be from the executive officer or designee.
- If the executive officer or designee is the nominee or nominator then they cannot write a letter of support, rather the letter of support should be submitted from another member regulatory agency or from an external regulatory agency.
- Nominations for the Regulatory Achievement Award must include one letter of support from another member regulatory agency or from an external regulatory agency.
- Your narrative should be between 1,000–1,500 words total.

15

**If you have questions about the Awards Program,
email awards@ncsbn.org.**

These awards are designed to celebrate significant contributions in nursing regulation. **Nominate those who have made an impact.**



111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277
312.525.3600
www.ncsbn.org

Report of the Finance Committee

Background

The Finance Committee advises the Board of Directors (BOD) on the overall direction and control of the finances of the organization. It reviews and recommends a budget to the BOD, monitors income, expenditures and program activities against projections, and presents quarterly financial statements to the BOD.

The Finance Committee oversees the financial reporting process, the systems of internal accounting and financial controls, the performance and independence of the auditors and the annual independent audit of NCSBN financial statements. It recommends to the BOD the appointment of a firm to serve as auditors.

The Finance Committee makes recommendations to the BOD with respect to investment policy and assures that the organization maintains adequate insurance coverage.

Fiscal Year 2021 (FY21) Highlights and Accomplishments

- Reviewed and discussed with management and the organization's independent accountant, the NCSBN audited financial statements as of and for the fiscal year ended Sept. 30, 2019. With and without management present, the committee discussed and reviewed the results of the independent accountant's examination of the internal controls and the financial statements. Based on the review and discussions referred to above, the Finance Committee recommended to the BOD that the financial statements and the Report of the Auditors be accepted and provided to the membership.
- Reviewed and discussed with management and the organization's independent accountant, the auditor's report on the NCSBN 403(b) defined contribution retirement plan, for the year ended June 30, 2019. The Finance Committee recommended that the BOD accept the auditor's report.
- Reviewed and discussed the long-range financial reserve forecast.
- Reviewed and discussed the quarterly financial statements and supporting schedules; and made recommendations that the reports be accepted by the BOD.
- Reviewed and discussed the performance of NCSBN investments with NCSBN staff and the organization's investment consultant, AndCo Consulting, quarterly. Informed the BOD that the current investment policy and strategy appear to be appropriate for NCSBN.

Members

Adrian Guerrero, CPM
Kansas, Area II, Treasurer, Chair

Russ Barron, MBA, CPM
Idaho, Area I

John Etherington
Oregon, Area I

Tony Graham, CPM
North Carolina, Area III

Paula Meyer, MSN, RN, FRE
Washington, Area I

Sue Painter, DNP, RN
West Virginia, Area II

David Saucedo
Texas, Area III

Diana Waterman, MBA, CPA, CA
Manitoba RN, Exam User

Staff

Robert Clayborne, MBA, CPA, CGMA
Chief Financial Officer

Meeting Dates

Nov. 30, 2020 (Virtual Meeting)

Jan. 29, 2021 (Virtual Meeting)

May 3, 2021 (Virtual Meeting)

Aug. 2, 2021 (Virtual Meeting)

Attachments

Attachment A:

[Report of the Independent Auditors FY20](#)

Future Activities

- There are no recommendations to the BOD. The purpose of this report is for information only.
- A steadily declining fund balance value is forecasted. The committee believes that to maintain a strong financial position for the long-term, additional annual operating revenues will be needed. The committee recommended that the BOD consider increasing the NCLEX® exam fee to provide a level of annual operating revenue that could sustain operations over the long term. The BOD will bring the recommendation to be voted on by the Delegate Assembly at the Annual Meeting in August 2022.
- At a future meeting (scheduled for Aug. 2, 2021) the committee will review the budget proposal for the fiscal year beginning Oct. 1, 2021.

Attachment A: Report of the Independent Auditors FY20

Independent Auditor's Report

To the Board of Directors
National Council of State
Boards of Nursing, Inc.

We have audited the accompanying financial statements of National Council of State Boards of Nursing, Inc. (NCSBN), which comprise the statement of financial position as of September 30, 2020 and 2019 and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits 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. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of National Council of State Boards of Nursing, Inc. as of September 30, 2020 and 2019 and the changes in its net assets, functional expenses, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matters

As described in Note 2 to the financial statements, significant uncertainty exists surrounding the COVID-19 pandemic. Our opinion is not modified with respect to this matter.

As described in Note 3 to the financial statements, NCSBN adopted the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Update No. 2018-08, *Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made*, and ASU No. 2016-18, *Statement of Cash Flows (Topic 230): Restricted Cash*. Our opinion is not modified with respect to these matters.



December 15, 2020

1 | 2

National Council of State Boards of Nursing, Inc.

Statement of Financial Position

September 30, 2020 and 2019

| | 2020 | 2019 |
|--|-----------------------|-----------------------|
| Assets | | |
| Cash and cash equivalents | \$ 23,955,753 | \$ 17,731,766 |
| Cash held for others | 1,732,864 | 1,217,243 |
| Accounts receivable | 354,013 | 625,487 |
| Due from test vendor | 488,038 | 9,786,408 |
| Accrued investment income | 384,842 | 458,691 |
| Prepaid expenses | 1,963,969 | 1,715,964 |
| Investments | 240,034,200 | 220,343,152 |
| Property and equipment - Net | 4,300,218 | 1,555,864 |
| Total assets | \$ 273,213,897 | \$ 253,434,575 |
| Liabilities and Net Assets | | |
| Liabilities | | |
| Accounts payable | \$ 955,764 | \$ 1,259,365 |
| Due to test vendor | 17,821,184 | 14,615,004 |
| Accrued payroll, payroll taxes, and compensated absences | 1,634,925 | 961,713 |
| Deferred revenue | 41,260 | 42,867 |
| Grants payable | 1,009,037 | 1,662,208 |
| Deferred rent credits | 2,497,060 | 610,919 |
| Cash held for others | 1,732,864 | 1,217,243 |
| Total liabilities | 25,692,094 | 20,369,319 |
| Net Assets - Without donor restrictions | 247,521,803 | 233,065,256 |
| Total liabilities and net assets | \$ 273,213,897 | \$ 253,434,575 |

See notes to financial statements.

3

National Council of State Boards of Nursing, Inc.

Statement of Activities

Years Ended September 30, 2020 and 2019

| | 2020 | 2019 |
|--|-----------------------|-----------------------|
| Changes in Net Assets without Donor Restrictions | | |
| Revenue: | | |
| Examination fees | \$ 75,584,463 | \$ 71,795,413 |
| Other program services income | 11,321,258 | 11,254,526 |
| Net realized and unrealized gain on investments | 13,728,028 | 4,238,507 |
| Interest and dividend income - Net of investment expenses | 5,593,927 | 5,165,485 |
| Total revenue | 106,227,676 | 92,453,931 |
| Expenses: | | |
| Program services: | | |
| Nurse competence | 63,496,200 | 60,803,369 |
| Nurse practice and regulatory outcome | 11,048,491 | 13,024,033 |
| Information | 11,570,522 | 10,472,780 |
| Total program services | 86,115,213 | 84,300,182 |
| Support services - Management and general | 5,655,916 | 5,194,930 |
| Total expenses | 91,771,129 | 89,495,112 |
| Increase in Net Assets without Donor Restrictions | 14,456,547 | 2,958,819 |
| Net Assets without Donor Restrictions - Beginning of year | 233,065,256 | 230,106,437 |
| Net Assets without Donor Restrictions - End of year | \$ 247,521,803 | \$ 233,065,256 |

See notes to financial statements.

4

National Council of State Boards of Nursing, Inc.

Statement of Functional Expenses

Year Ended September 30, 2020

| | Nurse Competence | Nurse Practice and Regulatory Outcome | Information | Management and General | Total |
|--|----------------------|--|----------------------|---------------------------|----------------------|
| Salaries | \$ 4,200,673 | \$ 3,313,419 | \$ 4,550,315 | \$ 3,297,456 | \$ 15,361,863 |
| Fringe benefits | 1,390,096 | 1,107,935 | 1,520,256 | 546,685 | 4,564,972 |
| NCLEX processing costs | 51,807,712 | - | - | - | 51,807,712 |
| Other professional services fees | 4,722,187 | 3,304,523 | 1,822,122 | 817,198 | 10,666,030 |
| Supplies | 16,894 | 21,577 | 15,688 | 16,680 | 70,839 |
| Meetings and travel | 464,736 | 996,358 | 68,027 | 320,642 | 1,849,763 |
| Telephone and communications | 1,350 | 10,095 | 266,462 | 1,525 | 279,432 |
| Postage and shipping | 42,712 | 41,035 | 4,812 | 4,947 | 93,506 |
| Occupancy | 485,786 | 439,444 | 429,434 | 260,952 | 1,615,616 |
| Printing and publications | 12,183 | 201,011 | - | 752 | 213,946 |
| Library and membership | 48,755 | 8,935 | 4,440 | 74,360 | 136,490 |
| Equipment and maintenance | 17,425 | 29,204 | 1,963,728 | 40,997 | 2,051,354 |
| Depreciation and loss on disposal of property and equipment | 280,555 | 209,129 | 519,938 | 124,186 | 1,133,808 |
| Other expenses | 5,136 | 121,722 | 27 | 149,536 | 276,421 |
| Grants | - | 1,244,104 | 405,273 | - | 1,649,377 |
| Total functional expenses | \$ 63,496,200 | \$ 11,048,491 | \$ 11,570,522 | \$ 5,655,916 | \$ 91,771,129 |

See notes to financial statements.

5

National Council of State Boards of Nursing, Inc.

Statement of Functional Expenses

Year Ended September 30, 2019

| | Nurse Competence | Nurse Practice and Regulatory Outcome | Information | Management and General | Total |
|----------------------------------|----------------------|--|----------------------|---------------------------|----------------------|
| Salaries | \$ 2,394,891 | \$ 2,922,951 | \$ 4,516,222 | \$ 2,682,397 | \$ 12,516,461 |
| Fringe benefits | 584,872 | 751,575 | 1,164,221 | 685,798 | 3,186,466 |
| NCLEX processing costs | 50,067,258 | - | - | - | 50,067,258 |
| Other professional services fees | 5,719,379 | 3,386,470 | 2,039,316 | 675,656 | 11,820,821 |
| Supplies | 5,074 | 10,235 | - | 56,634 | 71,943 |
| Meetings and travel | 429,579 | 3,054,878 | 100,246 | 577,394 | 4,162,097 |
| Telephone and communications | 19,240 | 38,551 | 211,240 | 512 | 269,543 |
| Postage and shipping | 69,223 | 116,928 | 1,682 | 11,564 | 199,397 |
| Occupancy | 994,457 | 243,136 | 171,244 | 85,458 | 1,494,295 |
| Printing and publications | 18,984 | 322,515 | - | 267 | 341,766 |
| Library and membership | 17,878 | 31,355 | 5,216 | 93,458 | 147,907 |
| Equipment and maintenance | 145,089 | 51,639 | 1,692,780 | 42,758 | 1,932,266 |
| Depreciation and amortization | 314,740 | 52,407 | 291,526 | 20,900 | 679,573 |
| Other expenses | 22,705 | 160,278 | 1,550 | 262,134 | 446,667 |
| Grants | - | 1,881,115 | 277,537 | - | 2,158,652 |
| Total functional expenses | \$ 60,803,369 | \$ 13,024,033 | \$ 10,472,780 | \$ 5,194,930 | \$ 89,495,112 |

See notes to financial statements.

6

National Council of State Boards of Nursing, Inc.

Statement of Cash Flows

Years Ended September 30, 2020 and 2019

| | 2020 | 2019 |
|---|----------------------|----------------------|
| Cash Flows from Operating Activities | | |
| Increase in net assets without donor restrictions | \$ 14,456,547 | \$ 2,958,819 |
| Adjustments to reconcile increase in net assets without donor restrictions to net cash, cash equivalents, and cash held for others from operating activities: | | |
| Depreciation and amortization | 587,769 | 679,573 |
| Net realized and unrealized gain on investments | (13,728,028) | (4,238,507) |
| Loss on disposal of property and equipment | 546,039 | - |
| Changes in operating assets and liabilities that provided (used) cash, cash equivalents, and cash held for others: | | |
| Accounts receivable | 271,474 | 232,581 |
| Due from test vendor | 9,298,370 | (578,059) |
| Accrued investment income | 73,849 | 3,736 |
| Prepaid expenses | (248,005) | (166,245) |
| Accounts payable | (303,601) | (142,699) |
| Due to test vendor | 3,206,180 | 531,735 |
| Accrued payroll, payroll taxes, and compensated absences | 673,212 | (43,887) |
| Deferred revenue | (1,607) | (23,858) |
| Grants payable | (653,171) | 574,697 |
| Deferred rent credits | 1,886,141 | (213,444) |
| Cash held for others | 515,621 | 316,888 |
| Net cash, cash equivalents, and cash held for others provided by (used in) operating activities | 16,580,790 | (108,670) |
| Cash Flows from Investing Activities | | |
| Purchases of property and equipment | (3,878,162) | (403,168) |
| Purchase of investments | (57,607,762) | (43,196,608) |
| Proceeds from sales of investments | 51,644,742 | 38,270,165 |
| Net cash, cash equivalents, and cash held for others used in investing activities | (9,841,182) | (5,329,611) |
| Net Increase (Decrease) in Cash, Cash Equivalents, and Cash Held for Others | 6,739,608 | (5,438,281) |
| Cash, Cash Equivalents, and Cash Held for Others - Beginning of year | 18,949,009 | 24,387,290 |
| Cash, Cash Equivalents, and Cash Held for Others - End of year | \$ 25,688,617 | \$ 18,949,009 |
| Statement of Financial Position Classification of Cash, Cash Equivalents, and Cash Held for Others | | |
| Cash and cash equivalents | \$ 23,955,753 | \$ 17,731,766 |
| Cash held for others | 1,732,864 | 1,217,243 |
| Total cash, cash equivalents, and cash held for others | \$ 25,688,617 | \$ 18,949,009 |

See notes to financial statements.

7

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2020 and 2019

Note 1 - Nature of Business

National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit corporation organized under the statutes of the Commonwealth of Pennsylvania. The primary purpose of NCSBN is to serve as a charitable and educational organization through which state boards of nursing act on matters of common interest and concern to promote safe and effective nursing practices in the interest of protecting public health and welfare, including the development of licensing examinations in nursing.

The program services of NCSBN are defined as follows:

Nurse competence - Assist member boards in their role in the evaluation of initial and ongoing nurse competence.

Nurse practice and regulatory outcome - Assist member boards with implementation of strategies to promote regulatory effectiveness to fulfill their public protection role. Analyze the changing health care environment to develop state and national strategies to impact public policy and regulation affecting public protection.

Information - Develop information technology solutions valued and utilized by member boards to enhance regulatory efficiency.

Note 2 - Significant Accounting Policies

Method of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis of Presentation

NCSBN is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions. Net assets are generally reported as net assets without donor restrictions unless assets are received from donors with explicit stipulations that limit the use of the assets. NCSBN does not have any net assets with donor restrictions.

Revenue Recognition

Revenue from National Council Licensure Examination (NCLEX) fees is recognized upon exam registration since NCSBN's earnings process is complete at that point. The NCLEX exam is administered primarily in the United States. Approximately 5 percent of examination fee revenue related to NCLEX in Canada for the years ended September 30, 2020 and 2019. NCSBN has an agreement with Pearson VUE to administer the examinations, and the obligation to provide the examination becomes Pearson VUE's responsibility upon registration.

Other program services income includes revenue from member dues, e-learning online courses, licensure verification fees, publication sales, and fee for sale of software application license, as well as royalty fees from the National Nurse Aide Assessment Program (NNAAP), Medication Aide Certification Examination (MACE), and Nurse Practicing Exam revenue. Revenue is recognized when earned. Member dues are recognized over the membership period. Licensure verification fees are earned when reports are requested. Publication sales are recognized when sold.

Cash Equivalents

NCSBN considers all investments with an original maturity of three months or less when purchased to be cash equivalents.

National Council of State Boards of Nursing, Inc.**Notes to Financial Statements****September 30, 2020 and 2019****Note 2 - Significant Accounting Policies (Continued)*****Cash Held for Others***

Cash held for others represents cash held for one of NCSBN's member boards. NCSBN serves as a fiscal agent for one of its member boards and pays program expenses on behalf of the member board. Cash held for others also includes cash held for the Interstate Commission of Nurse Licensure Compact Administrators (NLCA).

Accounts Receivable

Accounts receivable represent amounts owed to NCSBN for services dealing with board membership fees, meeting fees, online course revenue, and fee for sale of software application license, stated at contract amount. Based on management's review of outstanding receivable balances and historical collection information, management's best estimate is that all balances will be collected. Accordingly, NCSBN has not established an allowance for doubtful accounts.

Board-designated Net Assets

The board has designated \$100,000,000 in a long-term reserve for the purpose of supplementing future programmatic revenue. In addition, the board has designated \$25,000,000 for future capital expenditures. These designations are based on board actions, which can be altered or revoked at a future time by the board.

Investments

NCSBN assets are invested in various securities, including United States government securities, corporate debt instruments, and unit investment trust securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. NCSBN invests in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations, and commercial mortgage-backed securities. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions, including real estate value and delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term, and those changes could materially affect the amounts reported in the financial statements.

Investments of NCSBN are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price).

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Investment income, including net realized and unrealized gains (losses), is reflected in the statement of activities as an increase (decrease) in net assets.

Due from Test Vendor

NCSBN has contracted with Pearson VUE to administer and deliver nurse licensure examinations. In prior years through December 31, 2019, Pearson VUE used a tier-based volume pricing schedule to determine its fee price to provide the examination. Base price fees before calculating discounts were paid to Pearson VUE for administered exams during the year. Volume discounts were accrued during the year ended September 30, 2019 and during the period from October 1, 2019 through December 31, 2019.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2020 and 2019

Note 2 - Significant Accounting Policies (Continued)

Effective January 1, 2020, NCSBN entered into a renewal agreement with Pearson VUE. The renewal agreement called for a flat pricing structure to determine its fee price to provide the examination. Base price fees were paid or payable to Pearson VUE for administered exams during the period from January 1, 2020 through September 30, 2020. The renewal agreement does not provide for any volume discounts.

Due from test vendor represents fees and royalties due from Pearson VUE for administering and delivering nurse licensure examinations. During the year ended September 30, 2019, the amount due from test vendor also included accrued volume discounts.

Property and Equipment

Property and equipment are recorded at cost. Major additions are capitalized, while replacements, maintenance, and repairs that do not improve or extend the lives of the respective assets are expensed currently.

Due to Test Vendor

NCSBN accrues a base price fee for each candidate for whom a completed candidate application to take NCLEX is processed by Pearson VUE. At the end of each month, NCSBN pays an amount equal to the base price multiplied by the number of candidates to whom the examinations were administered during the preceding month.

Due to test vendor includes accrued amounts totaling \$12,577,966 as of September 30, 2020 and \$10,002,893 as of September 30, 2019 for registered candidates who, as of year end, had not taken the exam. Also included is the amount payable to Pearson VUE for administered exams that had not been paid at the end of the year.

Deferred Revenue

Deferred revenue consisted of meeting and member fees totaling \$41,260 and \$42,867 as of September 30, 2020 and 2019, respectively.

Deferred Rent Credits

Deferred rent credits were established in conjunction with NCSBN's lease for its office space that was renewed on February 1, 2013. The landlord abated a portion of the monthly rent and agreed to reimburse NCSBN for tenant improvement costs. These amounts are amortized to reduce rent expense over the term of the lease period. NCSBN entered into a new lease with the same landlord effective October 1, 2020 and received rent abatement for a period of the lease term. This amount will be amortized to reduce rent expense over the term of the lease period.

Functional Allocation of Expenses

The costs of providing the program and support services have been reported on a functional basis in the statement of functional expenses. Costs are charged to program and support services on an actual basis when available. Additionally, the following indirect costs have been allocated between program and support services based on estimates determined by management:

- Certain occupancy, equipment and maintenance, and depreciation and amortization - By estimates of time, effort, and production

Although the methods of allocation used are considered reasonable, other methods could be used that would produce a different amount.

Income Taxes

NCSBN is exempt from income tax under the provisions of Internal Revenue Code Section 501(c)(3).

National Council of State Boards of Nursing, Inc.**Notes to Financial Statements**

September 30, 2020 and 2019

Note 2 - Significant Accounting Policies (Continued)***Use of Estimates***

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

On March 11, 2020, the World Health Organization declared the outbreak of a respiratory disease caused by a new coronavirus a pandemic. First identified in late 2019, the outbreak has impacted millions of individuals worldwide. Several countries have banned travel to and from affected regions, and many companies, both domestically and globally, have been forced to significantly reduce or suspend their operations until further notice. NCSBN, however, has not experienced a significant decrease in revenue or any significant changes to its operations as a result. NCLEX registrations were not affected negatively by the pandemic, but rather increased as a result of early nursing school graduations. In support of getting nurses into the workforce during the COVID-19 pandemic, the price for NCLEX review courses was deeply discounted for registrations. NCSBN's office was closed in the middle of March 2020, and all staff switched to a work-from-home environment. All meetings and conferences have been postponed and will be held virtually.

No impairments were recorded as of the statement of financial position date, as the carrying amounts of NCSBN's assets are expected to be recoverable; however, due to significant uncertainty surrounding the situation, management's judgment regarding this could change in the future. In addition, while NCSBN's results of operations, cash flows, and financial condition could be negatively impacted, the extent of the impact cannot be reasonably estimated at this time.

Upcoming Accounting Pronouncements

In May 2014, the FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which will supersede the current revenue recognition requirements in Topic 605, *Revenue Recognition*. The ASU is based on the principle that revenue is recognized to depict the transfer of goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The ASU also requires additional disclosure about the nature, amount, timing, and uncertainty of revenue and cash flows arising from customer contracts, including significant judgments and changes in judgments and assets recognized from costs incurred to obtain or fulfill a contract. The new guidance will be effective for NCSBN's year ending September 30, 2021. The ASU permits application of the new revenue recognition guidance using one of two retrospective application methods. NCSBN's primary revenue stream is not expected to be significantly impacted by the ASU.

The FASB issued ASU No. 2016-02, *Leases*, which will supersede the current lease requirements in ASC 840. The ASU requires lessees to recognize a right-to-use asset and related lease liability for all leases, with a limited exception for short-term leases. Leases will be classified as either finance or operating, with the classification affecting the pattern of expense recognition in the statement of operations. Currently, leases are classified as either capital or operating, with only capital leases recognized on the balance sheet. The reporting of lease-related expenses in the statements of operations and cash flows will be generally consistent with the current guidance. The new lease guidance will be effective for NCSBN's year ending September 30, 2023 and will be applied using a modified retrospective transition method to the beginning of the earliest period presented. The effect of applying the new lease guidance on the financial statements is expected to increase long-term assets and long-term liabilities on the statement of financial position. The effects on the results of operations are not expected to be significant, as recognition and measurement of expenses and cash flows for leases will be substantially the same under the new standard.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2020 and 2019

Note 2 - Significant Accounting Policies (Continued)

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including December 15, 2020, which is the date the financial statements were available to be issued.

Note 3 - Adoption of New Accounting Pronouncements

As of October 1, 2019, NCSBN adopted Financial Accounting Standards Board (FASB) Accounting Standards Update No. 2018-08, *Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made*, which provides enhanced guidance to assist entities in (1) evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) or as exchange (reciprocal transactions) and (2) determining whether a contribution is conditional. NCSBN adopted the new standard on a modified prospective basis. The standard did not affect the recognition of grants made.

In November 2016, the FASB issued ASU No. 2016-18, *Statement of Cash Flows (Topic 230): Restricted Cash*, requiring that the statement of cash flows present the change in both cash and restricted cash during the period. NCSBN adopted the new standard as of October 1, 2019 and applied its provisions retrospectively to all periods presented, and amounts reported in the 2019 statement of cash flows have been adjusted as follows:

| | As Previously Reported | As Adjusted | Effect of Change |
|---|---------------------------|--------------|------------------|
| Cash flows from operating activities | \$ (425,558) | \$ (108,670) | \$ 316,888 |
| Cash flows from investing activities | (5,329,611) | (5,329,611) | - |
| Cash and cash held for others - Beginning of year | 23,486,935 | 24,387,290 | 900,355 |
| Cash and cash held for others - End of year | 17,731,766 | 18,949,009 | 1,217,243 |

Note 4 - Cash Concentrations

The cash and cash equivalents balance as of September 30, 2020 and 2019 consisted of the following:

| | 2020 | 2019 |
|-------------------------------|----------------------|----------------------|
| JPMorgan Chase: | | |
| Checking account | \$ 986,860 | \$ 736,323 |
| Savings account | 22,691,941 | 4,358,467 |
| Certificates of deposit | - | 12,259,597 |
| Credit card merchant accounts | 276,723 | 376,719 |
| Petty cash | 229 | 660 |
| Total | <u>\$ 23,955,753</u> | <u>\$ 17,731,766</u> |

NCSBN maintains cash balances at various financial institutions. NCSBN has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash.

Note 5 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about NCSBN's assets measured at fair value on a recurring basis at September 30, 2020 and 2019 and the valuation techniques used by NCSBN to determine those fair values.

National Council of State Boards of Nursing, Inc.**Notes to Financial Statements****September 30, 2020 and 2019****Note 5 - Fair Value Measurements (Continued)**

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that NCSBN has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets and other inputs, such as interest rates and yield curves, that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

NCSBN currently uses no Level 3 inputs.

Net asset value (NAV) - Shares or interests in investment companies at year end where the fair value of the investment held is estimated based on net asset value per share (or its equivalent) of the investment company.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. NCSBN's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

NCSBN's policy is to recognize transfers in and transfers out of Level 1, 2, and 3 fair value classifications as of the beginning of the reporting period. During the years ended September 30, 2020 and 2019, there were no such transfers.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2020 and 2019

Note 5 - Fair Value Measurements (Continued)

| | Assets Measured at Fair Value on a Recurring Basis at September 30, 2020 | | | |
|---|---|--|--|--|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Fair Values as of September 30, 2020 |
| Fixed income: | | | | |
| U.S. government obligations: | | | | |
| U.S. Treasury notes and bonds | \$ - | \$ 31,535,129 | \$ - | \$ 31,535,129 |
| Treasury Inflation-Protected Securities | - | 8,606,904 | - | 8,606,904 |
| U.S. Treasury bill | - | 1,219,931 | - | 1,219,931 |
| Government agency obligations: | | | | |
| Zero coupon bonds | - | 300,091 | - | 300,091 |
| U.S. agency fixed-rate notes and bonds | - | 729,045 | - | 729,045 |
| Federal Home Loan Mortgage Pool | - | 1,373,558 | - | 1,373,558 |
| Federal National Mortgage Association Pool | - | 5,612,398 | - | 5,612,398 |
| Government National Mortgage Association Pool | - | 122,169 | - | 122,169 |
| Government National Mortgage Association II | - | 28,879 | - | 28,879 |
| Other agency loan pool | - | 6,334,126 | - | 6,334,126 |
| Corporate bonds: | | | | |
| Corporate bonds - Fixed | - | 21,306,293 | - | 21,306,293 |
| Corporate CMO | - | 346,151 | - | 346,151 |
| Corporate ABS | - | 5,119,111 | - | 5,119,111 |
| Mutual funds: | | | | |
| Mortgage-backed fixed-income mutual fund | 4,256,852 | - | - | 4,256,852 |
| Developed market institutional fund | 10,843,529 | - | - | 10,843,529 |
| Institutional index fund | 65,565,668 | - | - | 65,565,668 |
| Small-cap Index-Institutional Fund | 25,587,463 | - | - | 25,587,463 |
| American EuroPacific Growth Fund | 6,103,660 | - | - | 6,103,660 |
| Equities - Common stock | 25,373,255 | - | - | 25,373,255 |
| Total | <u>\$ 137,730,427</u> | <u>\$ 82,633,785</u> | <u>\$ -</u> | 220,364,212 |
| Investments measured at NAV - Real estate investment trust | | | | <u>12,260,130</u> |
| Total investments at fair value | | | | <u>\$ 232,624,342</u> |

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2020 and 2019

Note 5 - Fair Value Measurements (Continued)

| | Assets Measured at Fair Value on a Recurring Basis at September 30, 2019 | | | Fair Values as of September 30, 2019 |
|---|---|--|--|--|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | |
| Fixed income: | | | | |
| U.S. government obligations: | | | | |
| U.S. Treasury notes and bonds | \$ - | \$ 33,747,835 | \$ - | \$ 33,747,835 |
| Treasury Inflation-Protected Securities | - | 8,340,153 | - | 8,340,153 |
| Government agency obligations: | | | | |
| Zero coupon bonds | - | 317,547 | - | 317,547 |
| U.S. agency fixed-rate notes and bonds | - | 1,041,910 | - | 1,041,910 |
| Federal Home Loan Mortgage Pool | - | 1,216,801 | - | 1,216,801 |
| Federal National Mortgage Association Pool | - | 5,597,708 | - | 5,597,708 |
| Government National Mortgage Association Pool | - | 146,162 | - | 146,162 |
| Government National Mortgage Association II | - | 37,208 | - | 37,208 |
| Other agency loan pool | - | 7,315,967 | - | 7,315,967 |
| Corporate bonds: | | | | |
| Corporate bonds - Fixed | - | 18,480,787 | - | 18,480,787 |
| Corporate CMO | - | 602,051 | - | 602,051 |
| Corporate ABS | - | 3,635,082 | - | 3,635,082 |
| Collateralized loan obligation | - | 19,252 | - | 19,252 |
| Mutual funds: | | | | |
| Mortgage-backed fixed-income mutual fund | 3,885,088 | - | - | 3,885,088 |
| Developed market institutional fund | 10,618,004 | - | - | 10,618,004 |
| Institutional index fund | 56,947,277 | - | - | 56,947,277 |
| Small-cap Index-Institutional Fund | 25,245,938 | - | - | 25,245,938 |
| American EuroPacific Growth Fund | 5,314,731 | - | - | 5,314,731 |
| Equities - Common stock | 21,613,572 | - | - | 21,613,572 |
| Total | <u>\$ 123,624,610</u> | <u>\$ 80,498,463</u> | <u>\$ -</u> | 204,123,073 |
| Investments measured at NAV - Real estate investment trust | | | | <u>12,122,821</u> |
| Total investments at fair value | | | | <u>\$ 216,245,894</u> |

Not included in the above table is \$7,409,858 and \$4,097,258 in money market accounts as of September 30, 2020 and 2019, respectively.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2020 and 2019

Note 5 - Fair Value Measurements (Continued)

Level 1

Mutual funds and common stock - The estimated fair values for NCSBN's marketable mutual funds and common stock were based on quoted market prices in an active market.

Level 2

U.S. Treasury notes and bonds, Treasury Inflation-Protected Securities, government agency obligations, and corporate bonds securities are valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that includes inputs, such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency.

Investments in Entities that Calculate Net Asset Value per Share

The investment below is valued at net asset value, and there are no unfunded commitments as of September 30, 2020 and 2019:

| | September 30, 2020 | September 30, 2019 | September 30, 2020 | |
|----------------------------|-----------------------|-----------------------|---|-----------------------------|
| | Fair Value | Fair Value | Redemption Frequency, if Eligible | Redemption Notice Period |
| Real estate investment (a) | \$ 12,260,130 | \$ 12,122,821 | Quarterly | 90 days |

(a) The real estate investment trust represents an ownership interest in a private equity fund. The real estate investment trust invests in a diversified portfolio primarily of institutional-quality real estate assets within the United States. The fund has a long-term investment objective of delivering an 8 percent to 10 percent total return over a market cycle. All portfolio assets are acquired through Clarion Lion Properties Fund Holdings, L.P., a limited partnership. The properties within the portfolio are valued on a quarterly basis to establish market value estimates of the fund's assets for the purpose of establishing the fund's net asset value. Ownership interests and redemptions are calculated based upon net asset value. The values of the properties are established in accordance with the fund's independent property valuation policy. Each property is appraised by third-party appraisal firms identified and supervised by an independent appraisal management firm retained by the investment manager. Shares will be redeemed at net asset value at the last day of the calendar quarter immediately preceding the redemption date.

Note 6 - Property and Equipment

The composition of property and equipment as of September 30, 2020 and 2019 is as follows:

| | 2020 | 2019 | Depreciable Life - Years |
|---------------------------------|--------------|--------------|---------------------------------|
| Furniture and equipment | \$ 3,195,797 | \$ 2,347,615 | 5-7 |
| Course development costs | 907,284 | 907,284 | 2-5 |
| Computer equipment and software | 23,503,114 | 23,167,608 | 3-7 |
| Leasehold improvements | 2,746,604 | 2,324,822 | Useful life or life of lease |
| Total cost | 30,352,799 | 28,747,329 | |
| Less accumulated depreciation | 26,052,581 | 27,191,465 | |
| Net property and equipment | \$ 4,300,218 | \$ 1,555,864 | |

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2020 and 2019

Note 6 - Property and Equipment (Continued)

Depreciation expense for 2020 and 2019 was \$587,769 and \$648,323, respectively. Amortization expense on the intangible asset of \$31,250 for 2019 is not included in the above amount.

Note 7 - Grants Payable

Grants payable represent nurse practice and regulatory outcome research grants that are generally available for periods of one to two years. NCSBN awarded 6 grants ranging in amounts from \$30,000 to \$300,000 and 10 grants ranging in amounts from \$10,000 to \$300,000 during the years ended September 30, 2020 and 2019, respectively.

The following summarizes the changes in grants payable as of September 30, 2020 and 2019:

| | 2020 | 2019 |
|------------------------------------|---------------------|---------------------|
| Grants awarded in the current year | \$ 607,111 | \$ 1,357,979 |
| Grants awarded in prior years | 401,926 | 304,229 |
| Total | <u>\$ 1,009,037</u> | <u>\$ 1,662,208</u> |

Note 8 - Operating Leases

In 2011, NCSBN amended its current lease agreement for office space. The term of the lease was extended for the period beginning on February 1, 2013 and ending on April 30, 2022. NCSBN entered into a new lease agreement for additional office space effective October 1, 2017 through September 30, 2020. On May 15, 2019, NCSBN amended these previous lease agreements to extend the lease term for both office spaces through February 28, 2030. The amended agreement includes lease incentives, including a free rent period and a tenant improvement allowance. As of September 30, 2020, expenses totaling \$2,011,455 were incurred related to tenant improvement. As of September 30, 2019, no expenses were incurred related to tenant improvement.

The following is a summary, by year, of future minimum lease payments required under the office leases as of September 30, 2020:

| Years Ending September 30 | Amount |
|------------------------------|---------------------|
| 2021 | \$ 788,476 |
| 2022 | 582,967 |
| 2023 | 812,055 |
| 2024 | 962,606 |
| 2025 | 983,802 |
| Thereafter | <u>4,597,548</u> |
| Total | <u>\$ 8,727,454</u> |

Rent expense for the years ended September 30, 2020 and 2019 was \$768,644 and \$842,910, respectively, which includes allocated property taxes, utilities, and common area maintenance. Property taxes and common area maintenance expenses for the years ended September 30, 2020 and 2019 were \$749,675 and \$563,894, respectively.

Note 9 - Retirement Plans

NCSBN maintains a 403(b) defined contribution pension plan covering all employees who complete six months of employment. Contributions are made at 8 percent of participants' compensation. NCSBN's policy is to fund accrued pension contributions. Retirement plan expense totaled \$1,185,649 and \$944,951 for the years ended September 30, 2020 and 2019, respectively.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

September 30, 2020 and 2019

Note 10 - Liquidity and Availability of Resources

NCSBN regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. The finance committee reviews and the board of directors annually assesses the adequacy of financial reserves as they relate to current and long-range spending plans. NCSBN's financial planning policy requires a total of \$100 million held as a long-term board-designated fund to supplement future programmatic revenue and \$25 million held as a board-designated fund to be spent on future capital expenditures.

The following table shows the total financial assets held by NCSBN as of September 30, 2020 and 2019 and the amounts of those financial assets that could be made readily available within one year of September 30 to meet general expenditures:

| | 2020 | 2019 |
|--|-----------------------|-----------------------|
| Cash and cash equivalents | \$ 23,955,753 | \$ 17,731,766 |
| Cash held for others | 1,732,864 | 1,217,243 |
| Investments | 240,034,200 | 220,343,152 |
| Accounts receivable | 354,013 | 625,487 |
| Due from test vendor | 488,038 | 9,786,408 |
| Accrued investment income | 384,842 | 458,691 |
| | <u>266,949,710</u> | <u>250,162,747</u> |
| Financial assets - At year end | | |
| Less those unavailable for general expenditures within one year due to: | | |
| Cash held for others | 1,732,864 | 1,217,243 |
| Board designations | 125,000,000 | 125,000,000 |
| | <u>126,732,864</u> | <u>126,217,243</u> |
| Financial assets available to meet cash needs for general expenditures within one year | <u>\$ 140,216,846</u> | <u>\$ 123,945,504</u> |

Report of the National Nurse Aide Assessment Program (NNAAP®) and the Medication Aide Certification Examination (MACE®)

Special Notice regarding the COVID-19 Impact

As with nearly all other aspects of daily life, the COVID-19 pandemic has prompted changes to how NCSBN is continuing work on the NNAAP® and MACE® exams. While nearly all of the work required to support the smooth and continuous support of exam development, publication and analysis has been possible to accomplish by staff working remotely, one component that was placed on hold as of March 13, 2020, was the hosting of on-site panels and workshops, most notably the NNAAP Written Exam Standard Setting, originally scheduled in 2020. Due to prior contingency planning and the size of the existing item banks, we have nonetheless been able to support the ongoing preparation and publication of exams without disruption. However, you will read in the sections that follow about several adjustments that have been made to ensure the safety of our staff and volunteers.

Background

In August 2008, NCSBN acquired exclusive ownership of the intellectual property for the NNAAP® and MACE® programs. NNAAP is a two-part examination consisting of a written or oral examination and a skills demonstration. The candidate is allowed to choose between a written or an oral examination.

NNAAP has been administered to more than 2.5 million candidates and is the leading nurse aide assessment instrument in the U.S.

MACE is a national examination that NCSBN developed for U.S. state nursing regulatory bodies (NRBs) and other medication aide oversight agencies, which became effective Jan. 1, 2010. MACE helps to evaluate the competence of unlicensed individuals allowed to administer medications to clients in long-term care settings.

Pearson VUE is the exclusive test administrator for NNAAP and MACE and continues to be responsible for all delivery, administration and publishing (electronic and paper), while assisting with sales and market development activities associated with the exams. In addition, Pearson VUE provides the following testing services for NNAAP: eligibility screening and registration; test site scheduling; test administration (test site and registered nurse evaluator management); scoring; and reporting. The registry services provided by Pearson VUE include initial certification, recertification and reciprocity management, as well as public access registry verifications through the Internet.

Staff

Philip Dickison, PhD, RN

Chief Operating Officer, Operations Administration

Jennifer Gallagher

Director, Examinations
(starting from Jan. 25, 2021)

Joe Betts, PhD

Director, Measurement and Testing, Examinations

Jason Schwartz, MS

Director, Test Development, Examinations
(for the period of Oct. 1, 2020 to Jan. 25, 2021)

Daniel Hydzik

Test Development Associate I, Examinations

Hong Qian, PhD

Lead Psychometrician, Measurement & Testing, Examinations

Fang Peng, PhD, MA

Associate Psychometrician I, Examinations

José V. Martínez Rodríguez, MS, RN

Test Development Manager, Examinations

Michele Glass, MS, RN

RN Test Development Associate II, Examinations

Shu-chuan Kao, PhD

Manager, Measurement & Testing, Examinations

Meeting Dates

POSTPONED

NNAAP® Written Exam Standard-setting Panel originally scheduled for

April 9–10, 2020

NNAAP is consistent with the training requirements for nurse aides/nursing assistants (NAs) delineated in the Omnibus Budget Reconciliation Act (OBRA) of 1987, 1989. This act states that anyone working as an NA must complete a competency evaluation program. The competency evaluation program must be state-approved, consist of a minimum of 75 hours of training and include 16 hours of supervised clinical training.

The nursing Model Act and Model Rules, developed by NCSBN and its members, along with the Medication Assistant-Certified (MA-C) Model Curriculum, are two resources used to develop content for MACE.

Subject matter experts (SMEs) are selected to participate in item writing and review workshops, using criteria delineated in the above stated resources. MACE is designed to assess entry-level competence of unlicensed direct care providers who have been approved by their state/jurisdiction to administer medications in long-term care settings (medication aides).

NCSBN continues to serve as the premier organization that advances regulatory excellence for public protection. States participating in these examination programs, through NCSBN, will continue to provide support to licensed health care professionals who need more qualified staff at the bedside to assist in the delivery of safe, competent care.

Relationship to Strategic Plan

Strategic Initiative D:

Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence.

Fiscal Year 2021 (FY21) Highlights and Accomplishments

The following is a list of the highlights and accomplishments in fulfilling strategic initiatives for FY21:

- In January 2021, new NNAAP written forms went into operational use. Pretest items were administered along with operational items in these test forms. Successful pretest items will be added to the operational pool.
- Prepared for but were unable to facilitate the NNAAP Written Exam Standard Setting in April 2021 due to COVID-19 restrictions.

Program Highlights and Test Development Activities

During internal planning discussions, Pearson VUE made the decision to not make any changes to the existing 2021 NNAAP examination until COVID-19 allows for a return to normal business operations. Consequently, the following activities were impacted:

- NCSBN need not deliver updated 2022 NNAAP test forms to Pearson VUE in calendar year 2021
- No content changes to existing 2021 test forms are required until further notice
- No special NNAAP or MACE activities or requests for NCSBN to address in calendar year 2021

NNAAP® Written Exam Standard Setting

On April 9–10, 2020, the Examinations department had planned to host a standard-setting meeting to determine the passing standard of the NNAAP written examination. However, due to continuing COVID-19 restrictions, the Standard Setting remains postponed. At the time this report was prepared a new date was not yet determined.

Future Activities

- Prepare yearly NNAAP and MACE Technical Report.
- Reschedule the NNAAP Written Exam Standard Setting originally scheduled for April 2020.
- Share information with the public about NNAAP and MACE.

- Perform appropriate statistical analyses of NNAAP and MACE pre-test items.
- Continue to maintain the bank of items for NNAAP and MACE.
- Enhance the quality of NNAAP and MACE.

Summary of NNAAP Examination Results for Calendar Year 2020 – Pass Rates by State

Across all jurisdictions, the pass rates for NNAAP were 89% for the written or oral examinations and 78% for the skills evaluation. The table below provides passing rates by jurisdiction for the written or oral examination, skills evaluation and overall pass rates for forms administered in 2020. The number in parentheses represents the number of candidates taking the examination. The overall pass rate provides information on the completion of all requirements for NA certification. A candidate must pass both the written or oral examination and skills evaluation to obtain an overall pass.

Table 1: Pass Rates by Jurisdiction in 2020

* Number of candidates is in parentheses.

| Table 1: Pass Rates by Jurisdiction in 2020 | | | | | | | |
|---|-------------------|----------------|-------------------------------|-----------------|----------------|-------------------------------|-------------------------------|
| Jurisdiction | Written/Oral (N*) | | | Skills (N*) | | | Total |
| | 1st Time Takers | Repeaters | Total | 1st Time Takers | Repeaters | Total | |
| Alabama | 85% (202) | 55% (20) | 82% (222) | 76% (204) | 57% (14) | 75% (218) | 70% (223) |
| Alaska | 94% (352) | 69% (26) | 92% (378) | 91% (354) | 82% (34) | 90% (388) | 92% (369) |
| California | 89% (9,223) | 64% (1,583) | 85% (10,806) | 93% (9,275) | 85% (1,219) | 92% (10,494) | 85% (10,517) |
| Colorado | 96% (1,707) | 68% (142) | 94% (1,849) | 80% (956) | 76% (232) | 79% (1,188) | 82% (1,147) |
| District of Columbia | 90% (136) | 73% (30) | 87% (166) | 86% (128) | 72% (36) | 83% (164) | 77% (169) |
| Georgia | 93% (3,114) | 75% (395) | 91% (3,509) | 78% (3,192) | 72% (704) | 77% (3,896) | 80% (3,645) |
| Guam | 83% (6) | | 83% (6) | 80% (5) | | 80% (5) | 67% (6) |
| Maryland | 90% (1,044) | 69% (89) | 88% (1,133) | 81% (1,049) | 81% (130) | 81% (1,179) | 79% (1,140) |
| Minnesota | 94% (3,945) | 80% (715) | 92% (4,660) | 73% (3,943) | 69% (1,466) | 72% (5,409) | 83% (4,600) |
| Mississippi | 83% (1,214) | 75% (269) | 81% (1,483) | 69% (1,220) | 62% (351) | 67% (1,571) | 65% (1,488) |

| Table 1: Pass Rates by Jurisdiction in 2020 | | | | | | | |
|---|-------------------------------|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Jurisdiction | Written/Oral (N*) | | | Skills (N*) | | | Total |
| | 1st Time Takers | Repeaters | Total | 1st Time Takers | Repeaters | Total | |
| New Hampshire | 100% (10) | | 100% (10) | 100% (10) | | 100% (10) | 100% (10) |
| North Carolina | 96% (8,016) | 90% (1,082) | 96% (9,098) | 76% (8,155) | 74% (2,273) | 76% (10,428) | 83% (9,405) |
| Northern Mariana Islands ¹ | | | | | | | |
| Pennsylvania | 94% (2,121) | 80% (323) | 92% (2,444) | 74% (2,147) | 74% (730) | 74% (2,877) | 81% (2,584) |
| Rhode Island | 78% (973) | 60% (254) | 74% (1,227) | 68% (847) | 61% (513) | 65% (1,360) | 68% (1,188) |
| South Carolina | 93% (1,811) | 77% (247) | 91% (2,058) | 78% (1,831) | 71% (428) | 76% (2,259) | 80% (2,089) |
| Texas | 89% (3,820) | 69% (838) | 85% (4,658) | 78% (3,910) | 71% (1,064) | 76% (4,974) | 73% (4,894) |
| Virgin Islands ¹ | | | | | | | |
| Virginia | 92% (2,276) | 64% (326) | 88% (2,602) | 65% (2,303) | 65% (772) | 65% (3,075) | 71% (2,703) |
| Washington | 93% (2,548) | 56% (290) | 89% (2,838) | 74% (3,043) | 71% (1,140) | 73% (4,183) | 46% (3,746) |
| Total | 92% (42,518) | 73% (6,629) | 89% (49,147) | 79% (42,572) | 72% (11,106) | 78% (53,678) | 78% (49,923) |

¹ No candidate took the examination in these jurisdictions during 2020.

Section III: **NCSBN Resources**

Orientation Manual for Delegate Assembly (DA) Participants

The purpose of the Orientation Manual is to provide information about the mission, governance and operations of NCSBN. It is hoped that this manual will facilitate the active participation of all DA participants as well as the Board of Directors (BOD) and committee members.

Following a brief discussion of NCSBN's history, this manual will describe the organization's structure, functions, policies and procedures.

History

The concept of an organization such as NCSBN had its roots as far back as August 1912 when a special conference on state registration laws was held during the American Nurses Association (ANA) convention. At that time, participants voted to create a committee that would arrange an annual conference for people involved with state boards of nursing to meet during the ANA convention. It soon became evident that the committee required a stronger structure to deal with the scope of its concerns. However, for various reasons, the committee decided to remain within the ANA.

Boards of nursing (BONs) also worked with the National League for Nursing Education (NLNE), which, in 1932, became the ANA's Department of Education. In 1933, by agreement with ANA, NLNE accepted responsibility for advisory services to the State Boards of Nurse Examiners (SBNE) in all education and examination-related matters. Through its Committee on Education, NLNE set up a subcommittee that would address, over the following decade, state board examination issues and problems. In 1937, NLNE published *A Curriculum Guide for Schools of Nursing*. Two years later, NLNE initiated the first testing service through its Committee on Nursing Tests.

Soon after the beginning of World War II, nurse examiners began to face mounting pressures to hasten licensing and to schedule examinations more frequently. In response, participants at a 1942 NLNE conference suggested a "pooling of tests" whereby each state would prepare and contribute examinations in one or more subjects that could provide a reservoir of test items. They recommended that the Committee on Nursing Tests, in consultation with representative nurse examiners, compile the tests in machine-scorable form. In 1943, the NLNE board endorsed the action and authorized its Committee on Nursing Tests to operate a pooling of licensing tests for interested states (the State Board Test Pool Examination or SBTPE). This effort soon demonstrated the need for a clearinghouse whereby state boards could obtain information needed to produce their test items. Shortly thereafter, a Bureau of State Boards of Nursing began operating out of ANA headquarters.

The bureau was incorporated into the ANA bylaws and became an official body within that organization in 1945. Two years later, the ANA board appointed the Committee for the Bureau of State Boards of Nurse Examiners, which was comprised of full-time professional employees of state boards.

In 1961, after reviewing the structure and function of the ANA and its relation to state BONs, the committee recommended that a council replace it. Although council status was achieved, many people continued to be concerned about potential conflicts of interest and recognized the often heard criticism that professional boards serve primarily the interests of the profession they purport to regulate.

In 1970, following a period of financial crisis for the ANA, a council member recommended that a freestanding federation of state boards be established. After a year of study by the state boards, this proposal was overwhelmingly defeated when the council adopted a resolution to remain with the ANA. However, an ad hoc committee was appointed later to examine the feasibility of the council becoming a self-governing incorporated body. At the council's 1977 meeting, a task force was elected and charged with the responsibility of proposing a

specific plan for the formation of a new independent organization. On June 5, 1978, the DA of ANA's Council of State Boards of Nursing voted 83 to 8 to withdraw from ANA to form the National Council of State Boards of Nursing (NCSBN).

Organizational Mission, Strategic Initiatives and Outcomes

NCSBN empowers and supports nursing regulators in their mandate to protect the public.

NCSBN currently has four strategic initiatives for Fiscal Year 2020–2022 (FY20–22):

- A. Promote agile regulatory systems for relevance and responsiveness to change.
- B. Champion regulatory solutions to address borderless health care delivery.
- C. Expand the active engagement and leadership potential of all members.
- D. Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence.

To achieve its strategic initiatives, NCSBN identifies expected outcomes, under which performance measures for achieving these outcomes are developed, assessed and refined each fiscal year and provide the organization with a flexible plan within a disciplined focus. Annually, the BOD evaluates the accomplishment of strategic initiatives and objectives, and the directives of the DA.

Organizational Structure and Function

MEMBERSHIP

There are currently three categories of NCSBN Membership: U.S. member, exam user member (EUM) and associate member. NCSBN U.S. Member status is extended to those nursing regulatory bodies (NRBs*) that agree to use, under specified terms and conditions, one or more types of licensing examinations developed by NCSBN. At the present time, there are 59 U.S. members, including those from the District of Columbia, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands. NRBs may become an NCSBN member upon approval of the DA and execution of a contract for using the NCLEX-RN® examination and/or the NCLEX-PN® examination. Revisions to the bylaws by the membership in 2007 also allow for advanced practice nurse boards to become NCSBN Members.

U.S. members maintain their good standing through compliance with all membership terms and conditions and bylaws. In return, they receive the privilege of participating in the development and use of NCSBN's licensure examinations. U.S. members also receive information services, public policy analyses and research services. U.S. members that fail to adhere to the conditions of membership may have their membership terminated by the BOD. They may then choose to appeal the BOD's decision to the DA.

Revisions to the NCSBN Bylaws in 2017 created a new category of NCSBN Membership, the exam user members (EUM). EUMs are authorized nursing regulatory bodies from other countries that have an organizational mandate exclusively related to the regulation of the profession and protection of the public. Additionally, EUMs must execute a contract for using the prelicensure exam developed by NCSBN, must pay an annual membership fee and be approved for membership by the DA. EUMs maintain their good standing through compliance with all membership terms and conditions and bylaws. In return, they receive the privilege of participating in the development and use of NCSBN's licensure examinations, as well as voting privileges at the annual DA. EUMs also receive information services, public policy analyses and research services. EUMs that fail to adhere to the conditions of membership may have their membership terminated by the BOD. They may then choose to appeal the BOD's decision to the DA.

*Nursing Regulatory Bodies is a new umbrella term for boards of nursing and regulatory bodies in the U.S. and internationally.

NCSBN has three exam user members:

- British Columbia College of Nursing Professionals
- College of Nurses of Ontario
- College of Registered Nurses of Manitoba

Associate members are authorized nursing regulatory bodies from other countries that must pay an annual membership fee and be approved for membership by the DA.

NCSBN has 27 associate members:

- Association of New Brunswick Licensed Practical Nurses
- Association of Registered Nurses of Newfoundland and Labrador
- Bermuda Nursing and Midwifery Council
- College and Association of Registered Nurses of Alberta
- College of Licensed Practical Nurses of Alberta
- College of Licensed Practical Nurses of Manitoba
- College of Licensed Practical Nurses of Newfoundland and Labrador
- College of Licensed Practical Nurses of Prince Edward Island
- College of Registered Nurses of Prince Edward Island
- College of Registered Psychiatric Nurses of Alberta
- College of Registered Psychiatric Nurses of Manitoba
- Kazakhstan – National Center for Independent Examination (NCIE), Republican Center for Health Development
- Nova Scotia College of Nursing
- Nurses Association of New Brunswick
- Nursing and Midwifery Board of Australia
- Nursing and Midwifery Board of Ireland
- Nursing and Midwifery Council of New South Wales
- Nursing Council of New Zealand
- Ordre des infirmières et infirmiers du Québec
- Puerto Rico Board of Nursing
- Registered Nurses Association of the Northwest Territories and Nunavut
- Registered Psychiatric Nurses Association of Saskatchewan
- Saskatchewan Association of Licensed Practical Nurses
- Saskatchewan Registered Nurses' Association
- Singapore Nursing Board
- Spanish General Council of Nursing
- Yukon Registered Nurses Association

AREAS

NCSBN's U.S. Members are divided into four geographic areas. The purpose of this division is to enable members of each area to share common concerns regarding regulatory issues. U.S. member delegates elect area directors from their respective Areas through a majority vote of the DA.

DELEGATE ASSEMBLY

The DA is the membership body of NCSBN and is comprised of delegates who are designated by the U.S. members and EUMs. Each U.S. member has two votes and may name two delegates and alternates. Each EUM has one vote and may name one delegate and alternate. The DA meets at NCSBN's Annual Meeting, traditionally held in August. Special sessions can be called under certain circumstances.

At the Annual Meeting, delegates elect officers and directors of the BOD, as well as members of the Leadership Succession Committee (LSC) by majority and plurality vote respectively. They also receive and respond to reports from officers and committees. They may revise and amend the bylaws by a two-thirds vote, providing the proposed changes have been submitted at least 45 days before the session. In addition, the DA adopts the mission statement, strategic initiatives of NCSBN, approves all new NCSBN memberships, the substance of all Terms and Conditions of NCSBN Membership between NCSBN and the membership, adopts test plans to be used for the development of the NCLEX®, and establishes the fee for the NCLEX.

OFFICERS AND DIRECTORS

NCSBN officers include the president, president-elect and treasurer. Directors consist of four area directors and four directors-at-large. Members or staff of U.S. members may hold office, subject to exclusion from holding office if other professional obligations result in an actual or perceived conflict of interest. Members or staff of EUMs are only eligible for the office of director-at-large, subject to exclusion from holding office if other professional obligations result in an actual or perceived conflict of interest.

No person may hold more than one elected office at the same time. The president shall have served as a delegate, a committee member or an officer prior to being elected to office. The treasurer and the directors shall serve no more than two consecutive terms in the same position excluding time served by appointment and/or election due to a vacancy. The president and president-elect shall serve no more than one term in the same position, except when a vacancy occurs.

The president, president-elect and treasurer are elected for terms of two years or until their successors are elected. The president-elect and the directors-at-large are elected in even-numbered years. The treasurer and area directors are elected in odd-numbered years.

The four area directors are elected for terms of two years or until their successors are elected. Four directors-at-large will be elected for terms of two years or until their successors are elected.

Officers and directors are elected by ballot during the annual session of the DA. U.S. member delegates elect area directors from their respective areas.

Election is by a majority vote. Write-in votes are prohibited. In the event a majority is not established, the bylaws dictate the reballoting process.

Officers and directors assume their duties at the close of the session at which they were elected. The president-elect fills a vacancy in the office of president. BOD appointees fill other officer vacancies until the next Annual Meeting and a successor is elected.

BOD

The BOD, the administrative body of NCSBN, consists of 11 elected officers. The BOD is responsible for the general supervision of the affairs of NCSBN between sessions of the DA. The BOD authorizes the signing of contracts, including those between NCSBN and its U.S. members and EUMs. It also engages the services of legal counsel, approves and adopts an annual budget, reviews membership status of noncompliant U.S. members, EUMs and associate members and renders opinions, when needed, about actual or perceived conflicts of interest.

Additional duties include approval of the NCLEX test service, appointment of committees, monitoring of committee progress, approval of studies and research pertinent to NCSBN's purpose, and provision for the establishment and maintenance of the administrative offices.

MEETINGS OF THE BOD

All BOD meetings are typically held in Chicago, with the exception of the post-Annual Meeting BOD meeting that may be held at the location of the Annual Meeting. The call to meeting, agenda and related materials are mailed and/or digitally distributed to BOD officers and directors two weeks before the meeting. The agenda is prepared by staff, in consultation with the president, and provided to the membership via the NCSBN website (www.ncsbn.org).

A memo or report that describes the item's background and indicates the BOD action needed accompanies items for BOD discussion and action. Motion forms are available during the meeting and are used so that an accurate record will result. Staff takes minutes of the meeting.

COMMUNICATIONS WITH THE BOD

Communication between BOD meetings takes place in several different ways. The CEO communicates weekly or as needed with the president regarding major activities and confers as needed with the treasurer about financial matters.

LSC

The LSC consists of seven members. Any board member or employee of a U.S. member or EUM is eligible to serve as a member of the LSC. Four individuals from U.S. members are elected, one from each area, and are elected for two-year terms. Even-numbered area members are elected in even-numbered years and odd-numbered area members are elected in odd-numbered years. Members are elected by ballot with a plurality vote. The BOD appoints three at-large members, one of whom shall have served on the BOD. The terms of the appointed members shall be staggered so that at least one is appointed each year. At large members can be appointed from U.S. members or EUMs. A committee member shall serve no more than two consecutive terms in the same position on the committee, excluding time served by appointment and/or election due to a vacancy. A member elected or appointed to the LSC may not be nominated or apply for an officer or director position during the term for which that member was elected or appointed.

The LSC's function is to present a slate of candidates through a determination of qualifications and geographic distribution for inclusion on a ballot for the election of the BOD and the LSC. The LSC's report shall be read at the first session of the DA, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee.

COMMITTEES

Many of NCSBN's objectives are accomplished through the committee process. Every year, the committees report on their activities and make recommendations to the BOD. At the present time, NCSBN has two standing committees: NCLEX® Examinations and Finance. Subcommittees, such as the NCLEX® Item Review Subcommittee, may assist standing committees.

In addition to standing committees, special committees are appointed by the BOD for a defined term to address special issues and concerns. NCSBN conducts an annual call for committee member nominations prior to the beginning of each fiscal year. Committees are governed by their specific charge and NCSBN policies and procedures. The appointment of committee chairs and committee members is a responsibility of the BOD. While committee membership is extended to all current members and staff of U.S. members, associate members, and

EUMs, associate members may not serve on the Bylaws, Finance or NCLEX® Examination Committees. The BOD may appoint persons external to the membership to special committees but at no time shall the number of external participants exceed the number of participants from the membership.

In the appointment process, every effort is made to match the expertise of each individual with the charge of the committee. Also considered is balanced representation whenever possible, among areas, board members and staff, registered and licensed practical/vocational nurses, and consumers. Nonmembers may be appointed to special committees to provide specialized expertise. A BOD liaison and an NCSBN staff member are assigned to assist each committee. The respective roles of BOD liaison, committee chair and committee staff are provided in NCSBN policy. Each work collaboratively to facilitate committee work and provide support and expertise to committee members to complete the charge. Neither the BOD liaison nor the NCSBN staff are entitled to a vote, but respectively can advise the committee regarding the strategic or operational impact of decisions and recommendation.

Description of Standing Committees

NCLEX® EXAMINATIONS COMMITTEE (NEC)

The NEC is comprised of at least nine members. One of the committee members shall be a licensed practical/vocational nurse (LPN/VN) or a board or staff member of an LPN/VN NRB. Additionally, two Canadian regulators serve as ex-officio members to the NEC. The committee chair shall have served as a member of the committee prior to being appointed as chair. The purpose of the NEC is to develop the licensure examinations and evaluate procedures needed to produce and deliver the licensure examinations. Toward this end, it recommends test plans to the DA and suggests enhancements, based on research that is important to the development of licensure examinations.

The NEC advises the BOD on matters related to the NCLEX process, including psychometrics, item development, test security, administration and quality assurance. Other duties may include the selection of appropriate item development panels, test service evaluation, oversight of test service transitions and preparation of information about the examinations for U.S. members, EUMs and other interested parties. The NEC also regularly evaluates the licensure examinations by means of item analysis and candidate statistics as well as develops NCLEX prototypes that use technology enhanced item types focused on measuring clinical decision making/judgment.

One of NCSBN's major objectives is to provide psychometrically sound and legally defensible nursing licensure examinations to U.S. members and EUMs. Establishing examination validity is a key component of this objective. Users of examinations have certain expectations about what an examination measures and what its results mean; a valid examination is simply one that legitimately fulfills these expectations.

Validating a licensure examination is an evidence-gathering process to determine two things: 1) whether or not the examination actually measures competencies required for safe and effective job performance, and 2) whether or not it can distinguish between candidates who do and do not possess those competencies. An analysis of the job for which the license is given is essential to validation. The periodic performance of practice analysis (i.e., job analysis) studies assists NCSBN in evaluating the validity of the test plan that guides content distribution of the licensure examinations.

NCSBN's practice analysis uses several methods to describe the practice of newly licensed nurses: (1) document reviews; (2) daily logs of newly licensed nurses; (3) subject matter experts' knowledge; and (4) a large scale survey. A number of steps are necessary to perform an analysis of newly licensed nurse practice. A panel of subject matter experts is assembled, a list of nurse activities is created and incorporated into a survey that is sent to a randomly drawn sample of newly licensed nurses, and data is collected and analyzed. The outcome of the practice analysis

is a description of those tasks that are most important for safe and effective practice. The practice analysis conducted by NCSBN is used to validate that the activities listed in the survey are representative of the work newly licensed nurses perform in their practice settings.

The results of the job analysis can be used to devise a framework describing the job, which can then be used as a basis for a test plan and for a set of instructions for item writers. The test plan is the blueprint of content areas for each administration of the exam, and specifies the percentages of questions that will be allotted to each content area. The instructions for item writers may take the form of activity statements or a detailed subset of knowledge, skills and abilities (KSA) statements, which the writers will use as the basis for developing individual test items. By way of the test plan and KSA statements, the examination is closely linked to the important job functions revealed through the practice analysis. This fulfills the first validation criterion: a test that measures important job-related competencies.

The second criterion, related to the examination's ability to distinguish between candidates who do and do not possess the important competencies, is most frequently addressed in licensure examinations through a criterion-referenced standard setting process. Such a process involves the selection of a passing standard to determine which candidates receive a passing score and which receive a failing score. Expert judges with first-hand knowledge of what constitutes safe and effective practice for entry-level nurses are selected to recommend a series of passing standards for this process. Judges are trained in conceptualizing the minimally competent candidate (performing at the lowest acceptable level), and they go through a structured process of judging estimated success rates on individual exam items. Their pooled judgments result in identification of a series of recommended passing standards. Taking these recommendations along with other data relevant to identification of the level of competence, the BOD sets a passing standard that distinguishes between candidates who do and do not possess the essential competencies, thus fulfilling the second validation criterion.

Having validation evidence based on job analysis and criterion-referenced standard setting processes and utilizing item construction and test delivery processes based on sound psychometric principles constitute the best legal defense available for licensing examinations. For most of the possible challenges that a candidate might bring against an examination, if the test demonstrably measures the possession of important job-related skills, its use in the licensure process is likely to be upheld in a court of law.

FINANCE COMMITTEE

The Finance Committee is comprised of at least four members and the treasurer, who serves as the chair. The committee reviews the annual budget, monitors NCSBN investments, and facilitates the annual independent audit. The committee recommends the budget to the BOD and advises the BOD on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to member needs. It also reviews financial status on a quarterly basis.

NCSBN Staff

NCSBN staff members are hired by the chief executive officer. Their primary role is to implement the DA's and BOD's policy directives and provide assistance to committees.

General Delegate Assembly Information

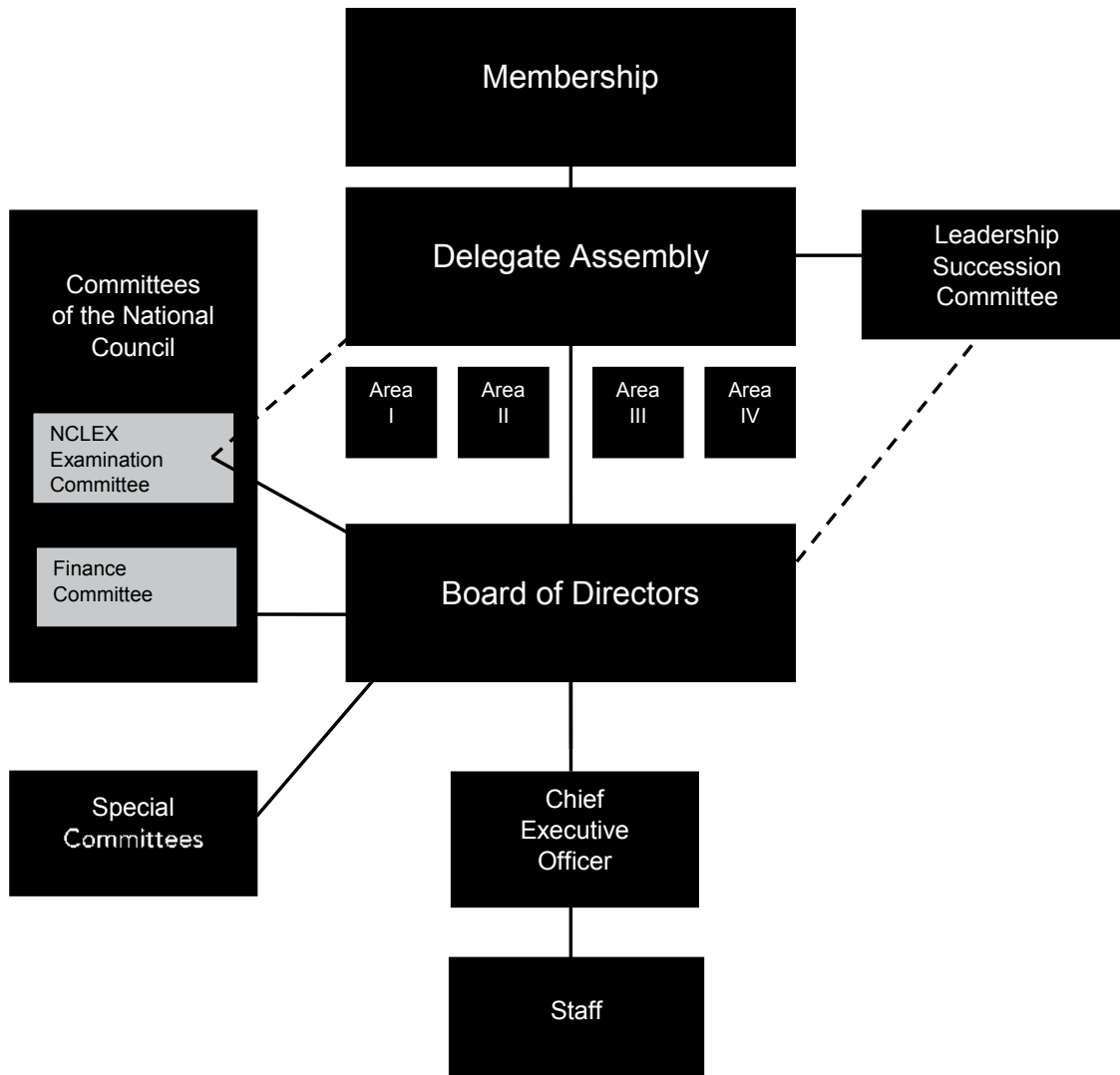
The business agenda of the DA is prepared and approved by the BOD. At least 45 days prior to the Annual Meeting, U.S. members and EUMs are sent the recommendations to be considered by the DA. A Business Book is provided to all Annual Meeting registrants which contains the agenda, reports requiring DA action, reports of the BOD, reports of special and standing committees, and strategic initiatives and objectives.

Prior to the annual session of the DA, the president appoints the Credentials, Resolutions, and Elections Committees, as well as the Committee to Approve Minutes. The president may also appoint a timekeeper, a parliamentarian and ushers.

The function of the Credentials Committee is to provide delegates with identification bearing the number of votes to which the delegate is entitled. It also presents oral and written reports at the opening session of the DA and immediately preceding the election of officers and the LSC. The Elections Committee conducts all elections that are decided by ballot in accordance with the bylaws and standing rules. The Resolutions Committee receives, edits, and evaluates all resolutions in terms of their relationship to NCSBN's mission and fiscal impact to the organization. At a time designated by the president, it reports to the DA.

The parliamentarian keeps minutes of the DA. These minutes are then reviewed, corrected as necessary and approved by the Committee to Approve Minutes, which includes the chief executive officer who serves as corporate secretary.

NCSBN Organizational Chart



The dotted line of authority from the NCLEX® Examination Committee (NEC) to the Delegate Assembly represents the charge of the NEC to recommend test plans to the Delegate Assembly.

The dotted line of authority from the Board of Directors (BOD) to the Leadership Succession Committee (LSC) represents the BOD's authority to make appointments to the LSC per the NCSBN Bylaws.

NCSBN Bylaws



NCSBN Bylaws

Revisions adopted - 8/29/87
Amended - 8/19/88
Amended - 8/30/90
Amended - 8/01/91
Revisions adopted - 8/05/94
Amended - 8/20/97
Amended - 8/8/98
Revisions adopted - 8/11/01
Amended - 08/07/03
Revisions adopted - 08/08/07
Amended - 8/13/10
Amended - 08/16/13
Amended - 08/15/14
Amended - 5/11/16
Revisions adopted - 08/19/16
Amended - 8/18/17

Article I

■ Name

The name of this organization shall be the National Council of State Boards of Nursing, Inc. (NCSBN).

Article II

■ Purpose and Functions

Section 1. Purpose. The purpose of the NCSBN is to provide an organization through which jurisdictional boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing that are valid, reliable, and legally defensible and in compliance with professionally accepted psychometric standards.

Section 2. Functions. The NCSBN's functions shall include but not be limited to providing services and guidance to its members in performing their regulatory functions regarding entry into nursing practice, continued safe nursing practice and nursing education programs. The NCSBN provides Member Boards with examinations and standards for licensure and credentialing; promotes uniformity in standards and expected outcomes in nursing practice and education as they relate to the protection of the public health, safety and welfare; provides information, analyses and standards regarding the regulation of nursing practice and nursing education; promotes the exchange of information and serves as a clearinghouse for matters related to nursing regulation.

Article III

■ Members

Section 1. Definitions.

- a) **Jurisdictional Board of Nursing.** A jurisdictional board of nursing is the agency empowered to license and regulate nursing practice in any country, state, province, territory or political subdivision of the country.
- b) **Member Board.** A member board is a jurisdictional board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.
- c) **Exam User Member.** An Exam User Member is a jurisdictional board of nursing that has an organizational mandate exclusively related to the regulation of the profession and protection of the public and uses the pre-licensure exam developed by NCSBN, which is approved by the Delegate Assembly as an Exam User Member of NCSBN.

- d) Associate Member. An Associate Member is a nursing regulatory body or empowered regulatory authority that is in whole or in part empowered by government to license and regulate nursing practice in the jurisdiction, which is approved by the Delegate Assembly.

Proviso: *The amended member definitions in Article III, Section 1 shall become effective on the day and upon the adjournment of the 2017 Annual Meeting at which these amendments to the Bylaws were adopted by the Delegate Assembly. The Board of Directors may receive applications for the new and redefined categories of membership or application for movement from one category to another as soon as the new Bylaws become effective.*

Section 2. Qualifications. To qualify for approval, and to maintain membership as a Member Board or Exam User Member, a jurisdictional board of nursing that regulates registered nurses and/or practical/vocational nurses must use applicable NCSBN Licensing Examinations (the "NCLEX® examination") for licensure of registered nurses and/or practical/vocational nurses, cause candidates for licensure in its jurisdiction to pay NCSBN the examination fee established by the Delegate Assembly, execute a current Terms and Conditions of NCSBN Membership, as amended from time to time by Delegate Assembly, and agree to comply with all applicable terms and conditions for the use of the NCLEX® examination(s). Member Boards must additionally agree to comply with:

- a) all applicable terms and conditions for the use of Nursys®; and
- b) participation in Nursys® which includes discipline and licensure.

Proviso: *Regarding amendments to member qualifications in Article III, Section 2 adopted by the Delegate Assembly at the 2017 Annual Meeting: all current Member Boards shall continue as a Member Board for five (5) years from the adoption of this amendment by which time all Member Boards must fully meet these requirements to remain a Member Board, otherwise they will be re-categorized as an Exam User Member.*

Section 3. Admission. A jurisdictional board of nursing shall become a member of the NCSBN and be known as a Member Board, Exam User Member, or Associate Member upon approval by the Delegate Assembly, as described in Article IV and payment of the required fees, if applicable.

Section 4. Areas. The Delegate Assembly shall divide the membership into numbered Areas. At no time shall the number of Areas be less than three nor more than six. New members shall be assigned to existing Areas by the Board of Directors. The purpose of this division is to facilitate communication encourage engagement on NCSBN issues and provide diversity of representation on the Board of Directors and on committees.

Section 5. Fees. The annual membership fees, for a Member Board, Exam User Member, and Associate Member shall be set by the Delegate Assembly and shall be payable each October 1.

Section 6. Privileges. Member Board and Exam User Member privileges include but are not limited to the right to vote as prescribed in these bylaws and the right to assist in the development of the NCLEX® examination, except that a Member Board or Exam User Member that uses both the NCLEX® examination and another examination leading to the same license shall not participate in the development of the NCLEX® examination to the extent that such participation would jeopardize the integrity of the NCLEX® examination.

Section 7. Noncompliance. Any member whose fees remain unpaid after January 15 is not in good standing. Any member who does not comply with the provisions of the bylaws, and where applicable, the membership agreement, shall be subject to immediate review and possible termination by the Board of Directors.

Section 8. Appeal. Any termination of membership by the Board of Directors is subject to appeal to the Delegate Assembly.

Section 9. Reinstatement. A member in good standing that chooses to terminate membership shall be required to pay only the current fee as a condition of future reinstatement. Any membership which has been terminated for nonpayment of fees shall be eligible for reinstatement to membership upon payment of the current fee and any delinquent fees.

Article IV

■ Delegate Assembly

Section 1. Composition.

- a) *Designation of Delegates.* The Delegate Assembly shall be comprised of no more than two (2) delegates designated by each Member Board and no more than one (1) delegate designated by each Exam User Member as provided in the Standing Rules of the Delegate Assembly ("Standing Rules"). An alternate duly appointed by a Member Board or Exam User Member may replace a delegate and assume all delegate privileges.
- b) *Qualification of Delegates.* Members and employees of Member Boards and Exam User Members shall be eligible to serve as delegates until their term or their employment with a Member Board or Exam User Member ends. A NCSBN officer or director may not represent a Member Board or Exam User Member as a delegate.
- c) *Term.* Delegates and alternates serve from the time of appointment until replaced.

Section 2. Voting.

- a) *Annual Meetings.* Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. Each Exam User Member shall be entitled to one vote to be cast by the designated delegate. There shall be no proxy or absentee voting at the Annual Meeting.
- b) *Special Meetings.* A Member Board and Exam User Member may choose to vote by proxy at any special session of the Delegate Assembly. A proxy vote shall be conducted by distributing to Member Boards and Exam User Members a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board and Exam User Member may authorize the corporate secretary of the NCSBN or a delegate of another Member Board or Exam User Member to cast its votes.

Section 3. Authority. The Delegate Assembly, the membership body of the NCSBN, shall provide direction for the NCSBN through resolutions and enactments, including adoption of the mission and strategic initiatives, at any Annual Meeting or special session. The Delegate Assembly shall approve all new NCSBN memberships; approve the substance of all Terms and Conditions of NCSBN Membership between the NCSBN and Member Boards and Exam User Members; adopt test plans to be used for the development of the NCLEX® examination; and establish the fee for the NCLEX® examination.

Section 4. Annual Meeting. The NCSBN Annual Meeting shall be held at a time and place as determined by the Board of Directors. The Delegate Assembly shall meet each year during the Annual Meeting. The official call to that meeting, giving the time and place, shall be conveyed to all members at least 90 days before the Annual Meeting. In the event of a national emergency, the Board of Directors by a two thirds vote may cancel the Annual Meeting and shall schedule a meeting of the Delegate Assembly as soon as possible to conduct the business of the NCSBN.

Section 5. Special Session. The Board of Directors may call, and upon written petition of at least ten Member Boards made to the Board of Directors, shall call a special session of the Delegate Assembly. Notice containing the general nature of business to be transacted and date and place of said session shall be sent to each Member Board and Exam User Member at least ten days before the date for which such special session is called.

Section 6. *Quorum.* The quorum for conducting business at any session of the Delegate Assembly shall be at least one delegate from a majority of the Member Boards and Exam User Members and two officers present in person or, in the case of a special session, by proxy.

Section 7. *Standing Rules.* The Board of Directors shall present and the Delegate Assembly shall adopt Standing Rules for each Delegate Assembly meeting.

Article V

■ Officers and Directors

Section 1. *Officers.* The elected officers of the NCSBN shall be a president, a president-elect and a treasurer.

Section 2. *Directors.* The directors of the NCSBN shall consist of four directors-at-large and a director from each Area.

Section 3. *Eligibility.*

- a) Board Members or employees of Member Boards shall be eligible to be elected or appointed as NCSBN officers and directors and they may continue to serve in such capacity until their term or their employment with a Member Board ends. Members of a Member Board who become permanent employees of a Member Board will continue their eligibility to serve.
- b) Board Members or employees of Exam User Members shall be eligible to be elected or appointed as a director-at-large, and they may continue to serve in such capacity until their term or their employment with an Exam User Member ends. Members of an Exam User Member who become permanent employees of an Exam User Member will continue their eligibility to serve.
- c) An area director must be a Board Member or employee of a Member Board from an Area for which the director is elected.

Section 4. *Qualifications for President-elect.* The president-elect shall have served NCSBN as either a delegate, a committee member, a director or an officer before being elected to the office of president-elect.

Section 5. *Election of Officers and Directors.*

- a) *Time and Place.* Election of officers and directors shall be by ballot of the Delegate Assembly during the Annual Meeting.
- b) *Officers and Directors.* Officers and directors shall be elected by majority vote of the Delegate Assembly.
- c) *Area Directors.* Each Area shall elect its Area director by majority vote of the delegates from each such Area.
- d) *Run-Off Balloting.* If, on the first ballot, no candidate for an officer or director position is elected by majority vote or if not all positions on the ballot are filled by a candidate receiving a majority vote, run-off balloting for the unfilled positions shall be conducted according to the Standing Rules adopted by the Delegate Assembly pursuant to Article IV, Section 7. In the case of a tie upon the conclusion of run-off balloting, provided for in the Standing Rules, the final selection shall be determined by lot.
- e) *Voting.*
 - (i.) Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write-in votes shall be prohibited.
 - (ii.) Cumulative voting for individual candidates is not permitted.
 - (iii.) Notwithstanding any provision of this Section, in the event there is only one candidate for an officer or director position, election for that position shall be declared by acclamation. No ballot shall be necessary.

- f) The provisions of this section shall not apply to a special election as provided in Section 8(c) of this Article.

Section 6. Terms of Office.

- a) The president-elect, treasurer, Area directors, and directors-at-large shall be elected for a term of two years or until their successors are elected. The president shall serve for a term of two years.
- b) The president-elect and the directors-at-large shall be elected in even-numbered years. The treasurer and area directors shall be elected in odd-numbered years.
- c) Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected or upon appointment in accordance with Section 8 of this Article.
- d) The treasurer and the directors shall serve no more than two consecutive terms in the same position excluding time served by appointment and/or election pursuant to Section 8 of this Article. The president and president-elect shall serve no more than one term in the same position, except when a vacancy occurs pursuant to Section 8 of this Article.

Section 7. Limitations. No person may hold more than one officer position or directorship at one time. No officer or director shall hold elected or appointed office or a salaried position in a state, territorial, provincial, regional or national association or body if the office or position might result in a potential or actual, or the appearance of, a conflict of interest with the NCSBN, as determined by the Leadership Succession Committee before election to office and as determined by the Board of Directors after election to office. If incumbent officers or directors win an election for another officer or director position, the term in their current position shall terminate at the close of the Annual Meeting at which the election is held.

Section 8. Vacancies.

- a) If the office of the president becomes vacant, the president-elect shall assume the presidency and shall serve the remainder of that term as well as the term for which she or he was elected.
- b) If the office of the president-elect becomes vacant, then the position shall remain vacant until an election can be held at the next annual meeting for the remainder of the term for which the president-elect was elected.
- c) In the event of a simultaneous vacancy in both the offices of the president and the president-elect, which occurs prior to or on February 1st in any given year, the Board of Directors shall take the following action:
 - i. The Board of Directors shall notify all Member Boards and Exam User Members of the simultaneous vacancies within five (5) business days of the occurrence.
 - ii. The notice shall specify the manner and deadline for nominating candidates for the office of the president to the Leadership Succession Committee. Nominations shall be accepted for a period of no more than twenty (20) business days. Candidates shall meet the eligibility requirements outlined in Section 3 of this Article.
 - iii. The Leadership Succession Committee shall review nominations received and announce a slate of no more than two candidates within ten (10) business days after the deadline for nominations.
 - iv. The Board of Directors shall schedule a special election by electronic voting to be held within fifteen (15) business days of the receipt of the slate. In the event of a tie, the election shall be decided by lot. The elected candidate shall serve until the next Annual Meeting.
 - v. The Board of Directors shall appoint one of its members to assume the responsibilities of the president until the results of the special election are final. If there are no nominations, that person shall serve until the next Annual Meeting.

- vi. The office of president-elect shall remain vacant until the next Annual Meeting.
- vii. At the Annual Meeting following the special election, the Delegate Assembly shall elect a president and a president-elect to fill any remainder of the term, if applicable. Otherwise, a president and a president-elect shall be elected for a regular term pursuant to Section 5 of this Article.
- d) In the event of a simultaneous vacancy in the offices of both president and president-elect, which occurs after February 1st in any given year, the Board of Directors shall appoint one of its members to serve as the president until the next Annual Meeting.
- e) The Board of Directors shall fill vacancies in the office of the treasurer and directors by appointment. The person filling the vacancy shall serve until the next Annual Meeting and a successor is elected. The Delegate Assembly shall elect a person to fill any remainder of the term.
- f) Serving as an officer or director under the provisions set forth in Section 8 of this Article shall not preclude the person from being nominated for any office in an election under Section 5 of this Article. Time served by appointment or election to fill the remainder of a term as an officer or director under the provisions of Section 8 of this Article shall be excluded from the determination of the term served in office under Section 6 of this Article.

Section 9. Responsibilities of the President. The president shall preside at all meetings of the Delegate Assembly and the Board of Directors, assume all powers and duties customarily incident to the office of president, and speak on behalf of and communicate the policies of the NCSBN.

Section 10. Responsibilities of the President-elect. The president-elect shall assist the president, perform the duties of the president in the president's absence, be assigned responsibilities by the president, and assume the office of the president at the conclusion of the president's term and fill any vacancy in the office of the president.

Section 11. Responsibilities of the Treasurer. The treasurer shall serve as the chair of the Finance Committee and shall assure that quarterly reports are presented to the Board of Directors, and that annual financial reports are provided to the Delegate Assembly.

Article VI

■ Board of Directors

Section 1. Composition. The Board of Directors shall consist of the elected officers and directors of the NCSBN.

Section 2. Authority. The Board of Directors shall transact the business and affairs and act on behalf of the NCSBN except to the extent such powers are reserved to the Delegate Assembly as set forth in these bylaws and provided that none of the Board's acts shall conflict with resolutions or enactments of the Delegate Assembly. The Board of Directors shall report annually to the Delegate Assembly and approve the NCLEX® examination test service.

Section 3. Meetings of the Board of Directors. The Board of Directors shall hold an annual meeting and may schedule other regular meetings as necessary to accomplish the work of the Board. Publication of the dates for such regular meetings in the minutes of the Board meeting at which the dates are selected shall constitute notice of the scheduled regular meetings. Special meetings of the Board of Directors may be called by the president or shall be called upon written request of at least three members of the Board of Directors. At least twenty-four hours' notice shall be given to each member of the Board of Directors of a special meeting. The notice shall include a description of the business to be transacted.

Section 4. *Quorum and Voting.* The quorum for conducting business by the Board of Directors at any meeting shall be the presence of a majority of directors and officers currently serving. Every act or decision done or made by a majority of the Board of Directors at a meeting duly held where a quorum is present is an act of the Board unless a greater number is required by law, the articles of incorporation or these bylaws.

Section 5. *Removal from Office.* A member of the Board of Directors may be removed with or without cause by a two-thirds vote of the Delegate Assembly or the Board of Directors. The individual shall be given 30 days' written notice of the proposed removal.

Section 6. *Appeal.* A member of the Board of Directors removed by the Board of Directors may appeal to the Delegate Assembly at its next Annual Meeting. Such individual may be reinstated by a two-thirds vote of the Delegate Assembly.

Article VII

■ Leadership Succession Committee

Section 1. *Leadership Succession Committee*

- a) *Composition.* The Leadership Succession Committee shall be comprised of seven committee members. One member shall be elected from each of the areas by the Delegate Assembly and the remaining members shall be appointed by the Board of Directors, one of whom shall have served on the Board of Directors.
- b) *Term.* The term of office shall be two years. Odd numbered area members shall be elected in each odd numbered year and even numbered area members shall be elected in each even numbered year. The terms of the appointed members shall be staggered so that at least one is appointed each year. A committee member shall serve no more than two consecutive terms in the same position on the committee excluding time served by appointment and/or election pursuant to Section 1e of this Article. Members shall assume duties at the close of the Annual Meeting at which they are elected or appointed.
- c) *Selection.* The area members shall be elected by plurality vote of the Delegate Assembly at the Annual Meeting. In the event there is only one candidate for a committee position, election for that position shall be declared by acclamation. No ballot shall be necessary. The Chair shall be selected by the Board of Directors.
- d) *Limitation.* A member elected or appointed to the Leadership Succession Committee may not be nominated for an officer or director position during the term for which that member was elected or appointed.
- e) *Vacancy.* A vacancy occurring in the area representatives on the committee shall be filled from the remaining candidates from the previous election, in order of votes received. If no remaining candidates can serve, the Board of Directors shall fill the vacancy with an individual who meets the qualifications of Section 1a of this Article. A vacancy occurring in the board-appointed members shall be filled by the Board of Directors. The person filling a vacancy shall serve the remainder of the term.
- f) *Duties.* The Leadership Succession Committee shall present a slate of candidates through a determination of qualifications and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee. The Committee's report shall be read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee. The Leadership Succession Committee shall determine qualifications and geographic distribution of nominations from the floor for recommendations to the Delegate Assembly.
- g) *Eligibility.* Any board member or employee of a Member Board or Exam User Member is eligible to serve as a member of the Leadership Succession Committee.

Proviso: Leadership Succession Committee (LSC) Members shall be elected and appointed in the years 2018-2020 in accordance with the following schedule:

| Positions | 2017 Election | 2018 Election | 2019 Election | 2020 Election |
|------------------|----------------------|----------------------|----------------------------------|----------------------------------|
| Area 1 Member | - | X (one-year term) | X (two-year term) | - |
| Area 2 Member | - | X (two-year term) | - | X (two-year term) |
| Area 3 Member | - | X (one-year term) | X (two-year term) | - |
| Area 4 Member | - | X (two-year term) | - | X (two-year term) |
| Member-at-Large | X (two-year term) | - | Appointed by BOD (one-year term) | Appointed by BOD (two-year term) |
| Member-at-Large | X (two-year term) | - | Appointed by BOD (two-year term) | - |
| Member-at-Large | X (two-year term) | - | Appointed by BOD (two-year term) | - |

LSC member Election and Appointment Schedule:

X – Indicates the year in which a position will be elected.

Appointed by BOD – Indicates the year in which a position will be appointed

Article VIII

■ Meetings

Section 1. Participation.

- a) *Delegate Assembly Session.*
 - (i) *NCSBN Members.* All categories of NCSBN members shall have the right, subject to the Standing Rules of the Delegate Assembly, to speak at all open sessions and forums of the Delegate Assembly, provided that only delegates shall be entitled to vote and only delegates and members of the Board of Directors may make motions at the Delegate Assembly, except the Examination Committee may bring motions to approve test plans pursuant to Article X, Section 1(a).
 - (ii) *Public.* All sessions of the Delegate Assembly held in accordance with Sections 4 and 5 of Article IV of these bylaws shall be open to the public, except executive sessions, provided that the minutes reflect the purpose of, and any action taken in, executive session.
- b) *Delegate Assembly Forums.* Participation in forums conducted in association with the Annual Meeting shall be governed by the Standing Rules of the Delegate Assembly.
- c) *Meetings.* NCSBN, including all committees thereof, may establish methods of conducting its business at all other meetings provided that the meetings of the Board of Directors and committees are open to all categories of NCSBN members.
- d) *Interactive Communications.* Meetings held with one or more participants attending by telephone conference call, video conference or other interactive means of conducting conference communications constitute meetings where valid decisions may be made. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the NCSBN Office.

- e) *Manner of Transacting Business.* To the extent permitted by law and these bylaws, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting.

Article IX

■ Chief Executive Officer

Section 1. *Appointment.* The Chief Executive Officer shall be appointed by the Board of Directors. The selection or termination of the Chief Executive Officer shall be by a majority vote of the Board of Directors.

Section 2. *Authority.* The Chief Executive Officer shall serve as the agent and chief administrative officer of the NCSBN and shall possess the authority and shall perform all duties incident to the office of Chief Executive Officer, including the management and supervision of the office, programs and services of NCSBN, the disbursement of funds and execution of contracts (subject to such limitations as may be established by the Board of Directors). The Chief Executive Officer shall serve as corporate secretary and oversee maintenance of all documents and records of the NCSBN and shall perform such additional duties as may be defined and directed by the Board.

Section 3. *Evaluation.* The Board of Directors shall conduct an annual written performance appraisal of the Chief Executive Officer, and shall set the Chief Executive Officer's annual salary.

Article X

■ Committees

Section 1. *Standing Committees.* NCSBN shall maintain the following standing committees.

- a) *NCLEX® Examination Committee.* The NCLEX® Examination Committee shall be comprised of at least nine committee members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board. The committee chair shall have served as a member of the committee prior to being appointed as chair. The NCLEX® Examination Committee shall advise the Board of Directors on matters related to the NCLEX® examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards' and Exam User Members' need for examinations. The Examination Committee shall recommend test plans to the Delegate Assembly. Subcommittees may be appointed to assist the Examination Committee in the fulfillment of its responsibilities.
- b) *Finance Committee.* The Finance Committee shall be comprised of at least four committee members and the treasurer, who shall serve as chair. The Finance Committee shall review the annual budget, the NCSBN's investments and the audit. The Finance Committee shall recommend a budget to the Board of Directors and advise the Board of Directors on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to Member Board needs.

Section 2. *Special Committees.* The Board of Directors may appoint special committees as needed to accomplish the mission of the NCSBN and to assist any Standing Committee in the fulfillment of its responsibilities. Special committees may include subcommittees, task forces, focus groups, advisory panels or other groups designated by the Board of Directors.

Section 3. *Delegate Assembly Committees.* The president shall appoint such Delegate Assembly Committees as provided in the Standing Rules and as necessary to conduct the business of the Delegate Assembly.

Section 4. *Committee Membership.*

- a) *Composition.* Members of Standing and Special committees shall be appointed by the Board of Directors from the membership, provided, however, that Associate Members may not serve on the NCLEX® Examination, Bylaws, or Finance committees. Committees may also include other individuals selected for their special expertise to accomplish a committee's charge. In appointing committees, one representative from each Area shall be selected unless a qualified member from each Area is not available considering the expertise needed for the committee work. The president, or president's designee, shall be an ex-officio member of all committees except the Leadership Succession Committee. All categories of NCSBN members shall have full voting rights as committee members.
- b) *Term.* The standing committee members shall be appointed for two years or until their successors are appointed. Standing committee members may apply for re-appointment to the committee. Members of special committees shall serve at the discretion of the Board of Directors.
- c) *Vacancy.* A vacancy may occur when a committee member resigns or fails to meet the responsibilities of the committee as determined by the Board of Directors. The vacancy may be filled by appointment by the Board of Directors for the remainder of the term.

Article XI

■ Finance

Section 1. *Audit.* The financial records of the NCSBN shall be audited annually by a certified public accountant appointed by the Board of Directors. The annual audit report shall be provided to the Delegate Assembly.

Section 2. *Fiscal Year.* The fiscal year shall be from October 1 to September 30.

Article XII

■ Indemnification

Section 1. *Direct Indemnification.* To the full extent permitted by, and in accordance with the standards and procedures prescribed by Sections 5741 through 5750 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he or she is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including but not limited to attorney's fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the person in connection with such action, suit or proceeding.

Section 2. *Insurance.* To the full extent permitted by Section 5747 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall have power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is, or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, whether or not the corporation would have the power to indemnify him or her against such liability under the provisions of Section 1 of this Article.

Section 3. *Additional Rights.* Pursuant to Section 5746 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provisions of any future Pennsylvania statute, any indemnification provided pursuant to Sections 1 or 2 of this Article shall:

- a) not be deemed exclusive of any other rights to which a person seeking indemnification may be entitled under any future bylaw, agreement, vote of members or disinterested directors or otherwise, both as to action in his or her official capacity and as to action in another capacity while holding such official position; and
- b) continue as to a person who has ceased to be a director, officer, employee, agent or representative of, or provider of volunteer services for or on behalf of the corporation and shall inure to the benefit of the heirs, executors and administrators of such a person.

Article XIII

■ Parliamentary Authority

The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern the NCSBN in all cases not provided for in the articles of incorporation, bylaws and any special rules of order adopted by the NCSBN.

Article XIV

■ Amendment of Bylaws

Section 1. *Amendment and Notice.* These bylaws may be amended at any Annual Meeting or special session of the Delegate Assembly upon:

- a) written notice to the Member Boards and Exam User Members of the proposed amendments at least 45 days prior to the Delegate Assembly session and a two-thirds affirmative vote of the delegates present and voting; or
- b) written notice that proposed amendments may be considered at least five days prior to the Delegate Assembly session and a three-quarters affirmative vote of the delegates present and voting.

In no event shall any amendments be adopted without at least five days' written notice prior to the Delegate Assembly session that proposed amendments may be considered at such session.

Section 2. *Bylaws Committee.* A Bylaws committee may be appointed by the Board of Directors to review and make recommendations on proposed bylaw amendments as directed by the Board of Directors or the Delegate Assembly.

Article XV

■ Dissolution

Section 1. *Plan.* The Board of Directors at an annual, regular or special meeting may formulate and adopt a plan for the dissolution of the NCSBN. The plan shall provide, among other things, that the assets of the NCSBN be applied as follows:

Firstly, all liabilities and obligations of the NCSBN shall be paid or provided for.

Secondly, any assets held by the NCSBN which require return, transfer or conveyances, as a result of the dissolution, shall be returned, transferred or conveyed in accordance with such requirement.

Thirdly, all other assets, including historical records, shall be distributed in considered response to written requests of historical, educational, research, scientific or institutional health tax exempt organizations or associations, to be expended toward the advancement of nursing practice, regulation and the preservation of nursing history.

Section 2. *Acceptance of Plan.* Such plan shall be acted upon by the Delegate Assembly at an Annual or legally constituted special session called for the purpose of acting upon the proposal to dissolve. A

majority of all Delegates present at a meeting at which a quorum is present must vote affirmatively to dissolve.

Section 3. *Conformity to Law.* Such plan to dissolve must conform to the law under which NCSBN is organized and to the Internal Revenue Code concerning dissolution of exempt corporations. This requirement shall override the provisions of Sections 1 and 2 herein.

A photograph of the Chicago skyline featuring several prominent skyscrapers, including the Willis Tower, reflected in the water of the Chicago River. A bridge and a boat are visible in the foreground. The text "SAVE THE DATE" is written in large white letters, followed by "2022 NCSBN Annual Meeting" and "Aug. 17-19, 2022 | Chicago" in smaller white letters.

SAVE THE DATE

2022 NCSBN Annual Meeting

Aug. 17-19, 2022 | Chicago

For more information about upcoming events, visit ncsbn.org/events

Braving New Pathways

Leading the Way for Regulatory Transformation



NCSBN
Leading Regulatory Excellence

111 E. Wacker Drive, Ste. 2900, Chicago, IL 60601 | 312.525.3600 | ncsbn.org