



**NCSBN**

*National Council of State Boards of Nursing*

**2006  
ANNUAL  
REPORT**

## NCSBN MISSION

The National Council of State Boards of Nursing (NCSBN®), composed of member boards, provides leadership to advance regulatory excellence for public protection.

## NCSBN 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 MEMBERSHIP

NCSBN is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands.

## NCSBN VALUES

**Integrity:** Doing the right thing for the right reason through informed, open and ethical debate.

**Accountability:** Taking ownership and responsibility for organizational processes and outcomes.

**Quality:** Pursuing excellence in all endeavors.

**Vision:** Using the power of imagination and creative thought to foresee the potential and create the future.

**Collaboration:** Forging solutions through the collective strength of internal and external stakeholders.

## NCSBN VISION

Building regulatory expertise worldwide.





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# THE THRESHOLD OF REGULATORY EXCELLENCE

## Taking Up the Challenge

The work of the NCSBN Board of Directors in FY06 focused on continuing the implementation and execution of the 2005–2007 strategic initiatives and objectives. Using the Balanced Scorecard as a guide, NCSBN forged creative partnerships with external organizations that were productive and rewarding, and covered a diverse spectrum of activities, collaborations, joint ventures, and sharing of information and expertise.

The knowledge that registered nurses (RNs) need to work effectively with assistive personnel and the abilities to delegate, assign and supervise are critical competencies for nurses led NCSBN and the American Nurses Association (ANA) to issue a joint statement on delegation. This statement is designed to reinforce that delegation is an essential nursing skill and to support the practicing nurse in using delegation safely and effectively.

Recognition that executive officers from state medical and nursing boards each bring an important perspective and specific expertise on how to best ensure safe practitioners led to a lively meeting and brainstorming session between the two groups where they discussed meeting the goal of safeguarding the public through effective collaboration and continued regulatory excellence.

Throughout its 27-year history NCSBN has advanced the position that nurses must remain competent throughout their professional careers. In order to assist boards of nursing in addressing continued competence, NCSBN spearheaded an initiative to develop an assessment instrument to measure continued competence of RNs and LPN/VNs by convening panels of RN and LPN/VN subject matter experts who were drawn from a wide spectrum of nursing organizations representing major practice and specialty settings, education programs as well as geographic locations and major employing facilities. The panel members used their expertise to create a list of nursing activity statements that were used to describe post entry-level practice in NCSBN's practice analysis survey.

The ambitious research agenda set as part of the strategic plan yielded the publication of research briefs on a variety of topics. Titles included: *Transition to Practice: Newly Licensed Registered Nurse (RN) and Licensed Practical/Vocational Nurse (LPN/VN) Activities*; *Report of Findings from the 2005 Job Analysis of Nurse Aides Employed in Nursing Homes, Home Health Agencies and Hospitals*; *Report of Findings from the 2005 RN Practice Analysis: Linking the NCLEX-RN Examination to Practice*; *2004 Nurse Licensee Volume and NCLEX® Examination Statistics*; and *A National Survey on Elements of Nursing Education*.

The Center for Regulatory Excellence Research Program was established in order to provide grants for research projects that promote NCSBN's mission to advance regulatory excellence for public protection, thus highlighting NCSBN's commitment to the future of nursing regulation both domestically and internationally. The knowledge gained from these evidence-based research studies will aid boards of nursing in setting regulatory standards that will continue to safeguard the public welfare in the 21st century.

The increasing global nature of the world and influx of internationally educated nurses into U.S. nursing practice led NCSBN to the decision to offer NCLEX testing abroad for





the first time in 2005. The first centers in London, England and Hong Kong were an overwhelming success and paved the way for expansion to new international testing sites in Sydney, Australia; Toronto, Montreal, and Vancouver, Canada; Frankfurt, Germany; Mumbai, New Delhi, Hyderabad, Bangalore, and Chennai, India; Mexico City, Mexico; Taipei, Taiwan; Chiyoda-ku and Yokohama, Japan in 2006.

NCSBN issued a position statement supporting the ethical recruitment of nurses. NCSBN defines "ethical recruitment" as a hiring process free from intimidation, misleading information or exploitation. NCSBN supports the lawful entry of nurses from other countries provided they meet U.S. federal immigration and labor requirements, and obtain and maintain a valid state or territorial license to practice.

The mutual recognition model of nurse licensure allows a nurse to have one license in his or her state of residency and to practice in other states (both physical and electronic), subject to each state's practice law and regulation. Under mutual recognition, a nurse may practice across state lines unless otherwise restricted. In order to achieve mutual recognition, each state must enact legislation authorizing the Nurse Licensure Compact (NLC). States entering the compact also adopt administrative rules and regulations for implementation of the compact. During FY06, Colorado and Kentucky passed legislation to join the NLC.

NCSBN was awarded a grant from the Health Resources and Services Administration's Office for the Advancement of Telehealth to work with state boards of nursing to reduce licensure barriers impacting telehealth and interstate nursing practice. More than 1 million dollars will be made available over three years.

*Leader to Leader*, the biannual newsletter for nursing educators, remained a popular mechanism by which to disseminate information and stimulate dialogue between the educational community and NCSBN. Rich content is added to the publication by guest authors who write about topics ranging from the bold moves in Oregon regarding

transformation of basic education for professional nurses to the exciting use of the Virtual Care Unit (VCU™) in Ohio where nurses and doctors can practice using equipment, doing procedures, managing patients and applying clinical judgment to almost any patient care scenario in complete safety.

In the past several years legislators concerned about the growing nursing and nursing faculty shortages began to put pressure on boards of nursing to provide evidence to support the educational rules and regulations enforced by the boards. Out of these concerns the genesis of Evidence-Based Nursing Education for Regulation (EBNER) arose.

NCSBN conducted a large study identifying evidence-based elements of nursing education from 2004 to 2006. Newly licensed nurses and nursing programs were surveyed, and new nurses were paired with the program from which

they graduated. A systematic review of nursing education outcomes was also completed. Additionally, NCSBN surveyed employers of newly licensed nurses and, in a separate study, the nurses themselves, about how they were educated. This comprehensive analysis resulted in the identification of those characteristics of the curriculum, faculty and teaching methodologies that have been associated with significantly better learning outcomes that boards of nursing can use as evidence to support their rules and regulations.

The Criminal Background Checks (CBC) Resource Pack, based on the CBC Model adopted in 2005, was developed as a collection of resources that includes planning checklists, model policies and procedures, and general information regarding the use of CBC in making licensure decisions.



The “TERCAP: Creating a National Database on Nursing Errors” article, authored by several distinguished experts who serve on the NCSBN Practice Breakdown Advisory Panel, was published in *Harvard Health Policy Review*.

The third annual Institute of Regulatory Excellence (IRE) was held in Atlanta, Georgia on Jan. 9–11, 2006. The three-day event focused on nursing competence and evaluation/remediation strategies for nursing regulators. Discussions on building relationships with stakeholders, public safety issues and ethics were also covered to provide the necessary tools for effective decision making.

NCSBN distributed a draft APRN Vision Paper, which was designed to envision a common future model for APRN legal recognition and to address the following concerns: the deficiency of common definitions related to APRN roles; the lack of standardization in programs leading to APRN preparation; the proliferation of specialties and subspecialties, and the absence of common legal recognition across jurisdictions. The APRN Advisory Panel asked boards of nursing and other APRN stakeholders for feedback on the paper and received many constructive responses. The feedback was reviewed and pertinent issues that surfaced with the release of the paper were discussed with APRN stakeholders.

NCSBN Learning Extension, through its campus located at [www.learningext.com](http://www.learningext.com), had more than 21,000 unit sales of online courses during FY06. The catalog of courses expanded to 32 offerings ranging from continuing education courses for nurses, preparatory courses for licensure exam candidates, and item writing and test development courses for nursing faculty. New courses for nurses focusing on practice challenges that were introduced in the past year included: “Delegating Effectively,” “Acclimation of International Nurses into U.S. Nursing Practice,” “Confronting Colleague Chemical Dependency” and “Respecting Professional Boundaries.”

## 2006 ANNUAL MEETING

The 2006 Annual Meeting and Delegate Assembly was held Aug. 1–4 in Salt Lake City, Utah to consider pertinent association business with its member boards of nursing. Donna Dorsey, NCSBN president and executive director of the Maryland Board of Nursing, presided at the meeting.

Highlights of significant actions approved by the member boards of nursing included:

- Election of new officers and directors to the Board of Directors.
- Adoption of the *2007 NCLEX-RN® Test Plan* for registered nurses.
- Adoption of the proposed language to the NCSBN Model Practice Act including the authority to conduct criminal background checks for use by member boards of nursing.
- Adoption of the proposed standard for drug screening results for use by member boards of nursing.

Dorsey thanked the participants for a successful meeting and commented, “There are many critical issues facing nursing regulation today and NCSBN looks forward to collaborating with national and international nursing groups as well as other regulatory bodies to continue the vital work of ensuring public protection through regulatory vigilance.”



## Who We Are and What We Do



The National Council of State Boards of Nursing (NCSBN®) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands.

Founded in 1978 as an independent, 501(c)(3) not-for-profit organization, NCSBN can trace its roots to the American Nurses Association (ANA) Council on State Boards of Nursing. The impetus for its creation arose out of recognition that in order to guard the safety of the public, the regulation of nurses needed to be a separate entity from the organization representing professional nurses. The member boards that comprise NCSBN protect the public by ensuring safe and competent nursing care is provided

by licensed nurses. NCSBN is the vehicle through which boards of nursing act and counsel together on matters of common interest. These member boards are charged with the responsibility of providing regulatory excellence for public health, safety and welfare. They recognize that the best way to guard the safety of the public is to ensure that nurses entering the workforce have the necessary knowledge and skills to practice. To meet that goal, NCSBN's focus is devoted to developing a psychometrically sound and legally defensible nurse licensure examination consistent with current nursing practice. The NCLEX-RN® and NCLEX-PN® examinations developed and administered by NCSBN are constantly and rigorously evaluated to keep pace with the rapidly evolving health care environment.



As the collective voice of nursing regulation in the U.S. and its territories, NCSBN serves its member boards by conducting research on nursing practice issues, monitoring trends in public policy, nursing practice and education, and by providing opportunities for collaboration among its members and other nursing and health care organizations. NCSBN also maintains the Nursys® database that coordinates national publicly available nurse licensure information that member boards of nursing use in making licensure decisions.

The NCLEX® examinations remain the primary point of contact through which most people encounter NCSBN. As part of a continual effort to remain on the cutting edge of examination technology, NCSBN became the first organization to implement computerized adaptive testing (CAT) for nationwide licensure examinations in 1994. NCSBN also developed and co-owns the largest competency evaluation for nurse aides known as the National Nurse Aide Assessment Program (NNAAP™). The ongoing assessment of these examinations includes research that gathers job analysis data from entry-level nurses and aides and ultimately contributes to refinement and adaptation of the tests. In addition, the continual refinement of the NCLEX examinations also incorporates the work of item writers, item reviewers and panels of judges made up of practicing nurses or nurse educators who work directly with entry-level nurses. The item writers who create the questions or items and the reviewers who examine the items are responsible for the content in the NCLEX examination. The panel of judges recommends potential NCLEX passing standards to the NCSBN Board of Directors. All of these measures, coupled with a determination to remain on the cutting edge of testing technology, ensure that the NCLEX examinations and NNAAP evaluation are an accurate reflection of current nursing practice.

In 2006, NCSBN offered the NCLEX-RN and NCLEX-PN examinations abroad in Australia, India, Japan, Mexico, Canada, Germany and Taiwan, in addition to the sites currently in operation in Hong Kong and London, England, for the purposes of domestic nurse licensure in U.S. states and territories.

## PRODUCTS AND SERVICES

### Publications

NCSBN produces a wide variety of publications on the NCLEX-RN and NCLEX-PN examinations, health care issues and activities, and research studies. Addressing some of today's most important nursing practice issues, these publications present in-depth information and best practice techniques to enhance perspective and contribute to the nursing knowledge base. These publications are available for download from the NCSBN Web site at [www.ncsbn.org](http://www.ncsbn.org).

### Online Courses

NCSBN Learning Extension is a pioneer in e-learning for the nursing community, launching the first online preparation course for the NCLEX-RN exam in 1998. Currently, more than 25 online courses are offered, promoting safe nursing practices to nurses, student nurses and nursing faculty. Rich in content and features, the online courses offer interactive and fun learning experiences, which facilitate better understanding of the topics presented.

### Nursys®

Nursys® is the only national database for verification of nurse licensure, discipline and practice privileges for RNs and LPN/VNs licensed in participating jurisdictions, including all states in the NLC. The Nursys® Licensure QuickConfirm product allows employers and recruiters to retrieve the necessary licensure and discipline documentation in one convenient location.

## Environmental Context

Year after year nursing consistently tops national polls of the most widely respected and trusted professions. The results of these polls reflect the special relationship and bond between nurses and their patients. Boards of nursing in the 50 states, the District of Columbia, and four U.S. territories—American Samoa, Guam, Northern Mariana Islands, and the Virgin Islands—are charged with protecting the public's health by overseeing and ensuring the safe practice of nursing. Boards of nursing achieve this mission by establishing the standards for safe nursing care and issuing licenses to practice nursing.

The world today functions at an ever-accelerating pace in which communication is often instantaneous, technology expands at an exponential level and almost transparent international borders are the norm. Amid this volatile mix nursing regulators aim to balance the protection of the public with the needs of the individual nurse under licensure. These "ordinary" duties are conducted while dealing with nursing and nursing faculty shortages, the influx of international nurses, determining the proper measure of continued professional competency within the lifespan of a nursing career, and adapting technology to most efficiently meet the needs of the public and the nurses under licensure.

The escalating nursing and nursing faculty shortages create mounting pressure on the entire health care industry both nationally and internationally. The lack of skilled nursing care is swiftly reaching critical mass.

Factors influencing and driving the shortage include a domestic nursing workforce primarily comprised of baby boomers who are quickly approaching retirement age, and an insufficient supply of new nurses to make up the disparity. All statistics point to the same daunting conclusion: Very soon the demand for new nurses will far exceed the number entering practice.

Additionally, population shifts have dramatically changed the types of patients seen in health care settings. Inpatient care commonly involves, on average, older and more seriously ill

patients than were cared for even a decade ago. As longevity improves and the percentage of the population in the U.S. over age 65 grows, the need for more skilled nursing care intensifies. People are living longer but as they age the number of chronic conditions they may have and the greater acuity of those illnesses require more careful monitoring and management, and that care must be provided by an experienced nursing professional.

The nursing faculty shortage appears even more dire. There are individuals interested in entering the profession but many schools are forced to turn away qualified applicants because they do not have the facilities or educators to serve them. Like most nurses in clinical practice, the current U.S. nursing faculty is also in the baby boomer demographic rapidly reaching retirement age—an age that tends to be younger than the average for other professions. Academic salaries also discourage many potential educators from pursuing the profession as most experienced professionals can make considerably more money in clinical practice or administration. These first two factors coupled with the fact that there are only a small number of master's degree and doctoral programs specifically geared toward preparing professionals to be nursing educators creates the current situation.

These shortages are positioned to have a deep and lasting impact on nursing regulation. The long-term pressure created by the nursing shortage may require legal changes in the scope of practice and the increased use of assistive personnel. The nursing faculty shortage is driving efforts to relax faculty credential regulations in order to meet educational needs. NCSBN is uniquely positioned to aid its member boards by studying the implications of such evolving trends through its practice analyses, and practice and professional issues survey research. The invaluable data obtained through these studies assists boards of nursing in making informed choices about necessary regulatory modifications.

It is incumbent on nursing regulators to balance the concern over not having enough nurses to care for the public and their charge to protect the public welfare by ensuring that only safe and competent nurses are allowed to practice. Boards of nursing maintain the same high licensure standards, never sacrificing the safety of patients in a short-term attempt to ease the nursing shortage.

NCSBN's decision to continue to expand the number of international NCLEX test centers helps to reduce barriers for qualified candidates who intend to apply for licensure in the U.S. and lessens the financial burdens and time constraints on applicants. Providing the examinations abroad has allowed for greater customer service to nurses from other countries in support of the role of state boards of nursing without compromising the paramount goal of safeguarding the public health, safety and welfare of patients in the U.S. The growing influx of these internationally educated nurses creates its own challenges to nursing regulation. Nurses wishing to practice in the U.S. must provide evidence that

their nursing education and credentials are equivalent to the standards set in the U.S. Acclimation of international nurses into U.S. nursing practice so that they understand and are able to function in a safe and competent manner within the domestic health care culture is also a concern in ensuring the protection of the public.

The rapid flow of communication across borders does allow nursing regulators across the world to collaborate and share information and knowledge, benefiting both sides in a multicultural exchange of thoughts and ideas. NCSBN remains an active participant in many of these groundbreaking interfaces between leading nursing regulators from around the globe.

By remaining cognizant of these changes and trends and by actively participating in the processes to address the problems and issues these challenges present, NCSBN serves its member boards by providing them with cutting-edge information and solutions that boards of nursing can use to fulfill their charge of protecting the public.





# Facts and Figures

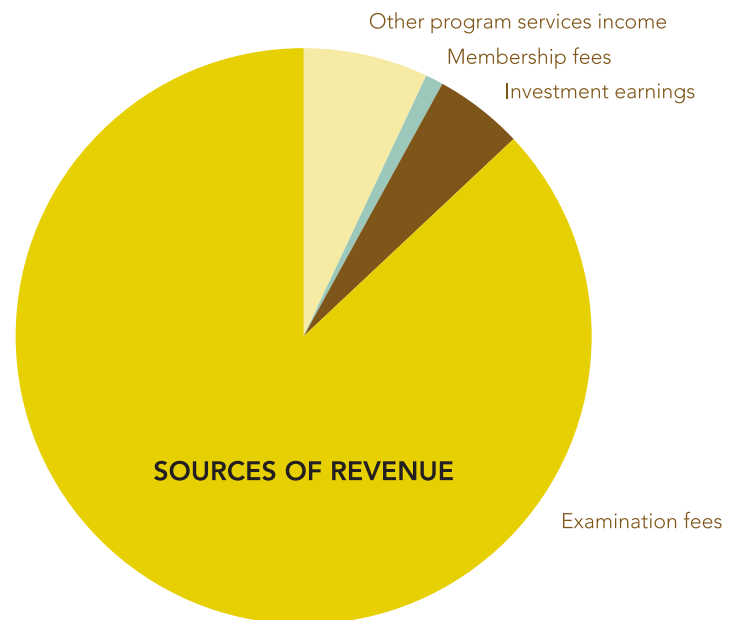
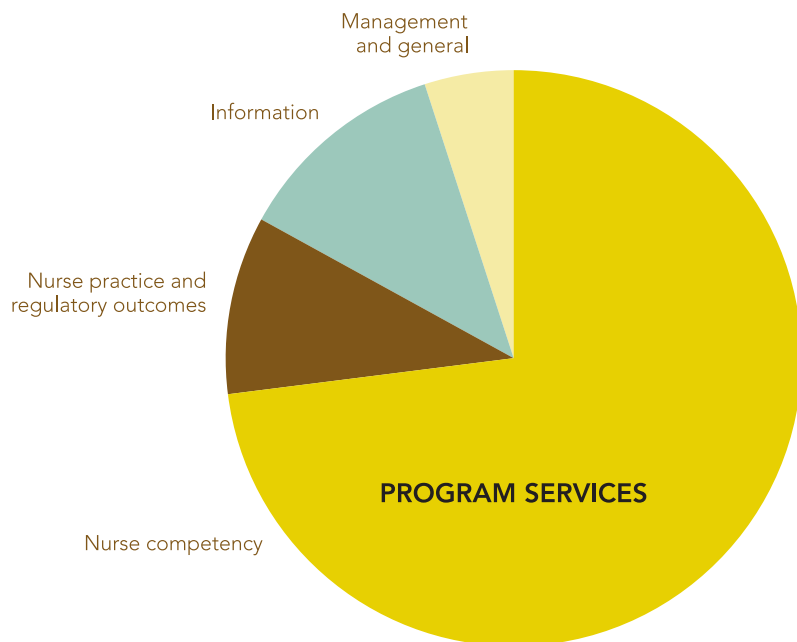
## Operating Statements

(Oct. 1, 2005 to Sept. 30, 2006)

<b>PROGRAM SERVICES</b>	\$ Amount	%
Nurse competency	30,784,338	73
Nurse practice and regulatory outcomes	4,123,184	10
Information	5,294,590	12
Management and general	2,065,454	5
<b>Total expenses</b>	<b>42,267,566</b>	

<b>SOURCES OF REVENUE</b>	\$ Amount	%
Examination fees	53,290,140	87
Investment earnings	3,534,775	5
Membership fees	177,000	1
Other program services income	4,502,710	7
<b>Total revenue</b>	<b>61,504,625</b>	

<b>TOTALS</b>	\$ Amount	%
Revenue	61,504,625	
Expenses	42,267,566	
<b>Increase in net assets</b>	<b>19,237,059</b>	



## NCLEX® Pass Rates – RN

(First-time, U.S. Educated)	Oct '05 – Dec '05			Jan '06 – March '06		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
RN – Diploma	475	414	87.2	1,041	916	88.0
RN – ADN	4,524	3,606	79.7	13,444	11,777	87.6
RN – BSN	3,079	2,500	81.2	8,750	7,739	88.4
Special Program Codes	27	21	77.8	43	36	83.7
Total – First-time, U.S. Educated	8,105	6,541	80.7	23,278	20,468	87.9
Repeat, U.S. Educated	6,508	3,479	53.5	4,470	2,200	49.2
First-time, Internationally Educated	5,276	3,191	60.5	4,956	3,095	62.4
Repeat, Internationally Educated	4,303	1,224	28.4	3,810	1,156	30.3
<b>ALL CANDIDATES</b>	<b>24,192</b>	<b>14,435</b>	<b>59.7</b>	<b>36,514</b>	<b>26,919</b>	<b>73.7</b>

(First-time, U.S. Educated)	April '06 – June '06			July '06 – Sept '06			TOTAL (Oct '05 – Sept '06)		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
RN – Diploma	731	672	91.9	1,605	1,461	91.0	3,852	3,463	89.9
RN – ADN	19,307	17,440	90.3	27,666	24,320	87.9	64,941	57,143	88.0
RN – BSN	10,894	9,900	90.9	18,180	15,923	87.6	40,903	36,062	88.2
Special Program Codes	33	19	57.6	40	32	80.0	143	108	75.5
Total – First-time, U.S. Educated	30,965	28,031	90.5	47,491	41,736	87.9	109,839	96,776	88.1
Repeat, U.S. Educated	5,065	2,673	52.8	6,370	3,720	58.4	22,413	12,072	53.9
First-time, Internationally Educated	6,083	3,828	62.9	6,904	4,337	62.8	23,219	14,451	62.2
Repeat, Internationally Educated	4,421	1,160	26.2	4,604	1,315	28.6	17,138	4,855	28.3
<b>ALL CANDIDATES</b>	<b>46,534</b>	<b>35,692</b>	<b>76.7</b>	<b>65,369</b>	<b>51,108</b>	<b>78.2</b>	<b>172,609</b>	<b>128,154</b>	<b>74.2</b>

## NCLEX® Pass Rates – PN

	Oct '05 – Dec '05			Jan '06 – March '06		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
First-time, U.S. Educated	11,982	10,335	86.3	11,780	10,394	88.2
Repeat, U.S. Educated	2,399	1,067	44.5	2,221	930	41.9
First-time, Internationally Educated	435	210	48.3	385	175	45.5
Repeat, Internationally Educated	498	121	24.3	444	111	25.0
<b>ALL CANDIDATES</b>	<b>15,314</b>	<b>11,733</b>	<b>76.6</b>	<b>14,830</b>	<b>11,610</b>	<b>78.3</b>

	April '06 – June '06			July '06 – Sept '06			TOTAL (Oct '05 – Sept '06)		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
First-time, U.S. Educated	11,336	9,848	86.9	21,745	19,567	90.0	56,843	50,144	88.2
Repeat, U.S. Educated	2,516	1,065	42.3	2,442	1,138	46.6	9,578	4,200	43.9
First-time, Internationally Educated	460	223	48.5	408	209	51.2	1,688	817	48.4
Repeat, Internationally Educated	547	145	26.5	441	103	23.4	1,930	480	24.9
<b>ALL CANDIDATES</b>	<b>14,859</b>	<b>11,281</b>	<b>75.9</b>	<b>25,036</b>	<b>21,017</b>	<b>83.9</b>	<b>70,039</b>	<b>55,641</b>	<b>79.4</b>

## NCLEX® Pass Rates – RN (First-time, U.S. Educated)

Jurisdiction	Oct '05 – Dec '05			Jan '06 – March '06			April '06 – June '06			July '06 – Sept '06			TOTAL (Oct '05 – Sept '06)		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
ALABAMA	163	132	81.0	443	391	88.3	814	766	94.1	1,160	1,011	87.2	2,580	2,300	89.1
ALASKA	34	31	91.2	61	54	88.5	31	26	83.9	63	48	76.2	189	159	84.1
AMERICAN SAMOA	0	0	0.0	0	0	0.0	2	1	50.0	7	4	57.1	9	5	55.6
ARIZONA	102	78	76.5	530	475	89.6	528	491	93.0	581	514	88.5	1,741	1,558	89.5
ARKANSAS	28	24	85.7	465	408	87.7	350	318	90.9	490	439	89.6	1,333	1,189	89.2
CALIFORNIA – RN	562	431	76.7	2,127	1,896	89.1	1,464	1,274	87.0	3,430	3,037	88.5	7,583	6,638	87.5
COLORADO	156	117	75.0	383	333	87.0	378	342	90.5	739	635	85.9	1,656	1,427	86.2
CONNECTICUT	83	61	73.5	147	128	87.1	237	218	92.0	694	626	90.2	1,161	1,033	89.0
DELAWARE	16	10	62.5	109	96	88.1	80	74	92.5	204	173	84.8	409	353	86.3
DISTRICT OF COLUMBIA	16	8	50.0	28	26	92.9	19	17	89.5	166	145	87.4	229	196	85.6
FLORIDA	831	668	80.4	1,231	1,079	87.7	1,570	1,376	87.6	2,493	2,124	85.2	6,125	5,247	85.7
GEORGIA – RN	54	41	75.9	542	476	87.8	708	653	92.2	942	858	91.1	2,246	2,028	90.3
GUAM	8	6	75.0	3	3	100.0	1	0	0.0	5	3	60.0	17	12	70.6
HAWAII	30	22	73.3	114	104	91.2	67	59	88.1	200	174	87.0	411	359	87.3
IDAHO	16	12	75.0	130	111	85.4	166	155	93.4	208	181	87.0	520	459	88.3
ILLINOIS	201	157	78.1	751	658	87.6	724	653	90.2	2,416	2,183	90.4	4,092	3,651	89.2
INDIANA	112	84	75.0	537	471	87.7	1,023	935	91.4	998	861	86.3	2,670	2,351	88.1
IOWA	141	96	68.1	376	305	81.1	601	538	89.5	744	642	86.3	1,862	1,581	84.9
KANSAS	9	7	77.8	335	293	87.5	558	500	89.6	500	425	85.0	1,402	1,225	87.4
KENTUCKY	112	97	86.6	500	445	89.0	490	440	89.8	964	844	87.6	2,066	1,826	88.4
LOUISIANA – RN	104	78	75.0	697	597	85.7	204	177	86.8	769	695	90.4	1,774	1,547	87.2
MAINE	44	39	88.6	107	91	85.1	326	290	89.0	154	125	81.2	631	545	86.4
MARYLAND	66	50	75.8	512	457	89.3	594	551	92.8	916	831	90.7	2,088	1,889	90.5
MASSACHUSETTS	82	63	76.8	554	487	87.9	674	608	90.2	1,439	1,250	86.9	2,749	2,408	87.6
MICHIGAN	254	205	80.7	650	576	88.6	805	726	90.2	1,752	1,557	88.9	3,461	3,064	88.5
MINNESOTA	66	49	74.2	445	380	85.4	1,362	1,236	90.8	540	441	81.7	2,413	2,106	87.3
MISSISSIPPI	21	18	85.7	331	282	85.2	832	759	91.2	320	270	84.4	1,504	1,329	88.4
MISSOURI	197	169	85.8	730	635	87.0	406	375	92.4	1,290	1,159	89.8	2,623	2,338	89.1
MONTANA	10	8	80.0	96	92	95.8	110	94	85.5	180	146	81.1	396	340	85.9
NEBRASKA	78	58	74.4	281	253	90.0	423	375	88.7	244	198	81.2	1,026	884	86.2
NEVADA	94	78	83.0	212	183	86.3	134	117	87.3	223	189	84.8	663	567	85.5
NEW HAMPSHIRE	23	18	78.3	28	25	89.3	244	226	92.6	269	233	86.6	564	502	89.0
NEW JERSEY	149	131	87.9	459	414	90.2	472	443	93.9	1,237	1,119	90.5	2,317	2,107	90.9
NEW MEXICO	48	34	70.8	198	176	88.9	159	139	87.4	330	285	86.4	735	634	86.3
NEW YORK	1,235	1,006	81.5	1,316	1,158	88.0	1,440	1,213	84.2	4,165	3,629	87.1	8,156	7,006	85.9
NORTH CAROLINA	85	66	77.7	493	437	88.6	1,726	1,608	93.2	1,090	950	87.2	3,394	3,061	90.2
NORTH DAKOTA	11	9	81.8	65	51	78.5	222	204	91.9	134	114	85.1	432	378	87.5
NORTHERN MARIANA ISLANDS	9	2	22.2	3	3	100.0	1	0	0.0	1	1	100.0	14	6	42.9
OHIO	434	364	83.9	940	864	91.9	1,366	1,255	91.9	2,629	2,383	90.6	5,369	4,866	90.6
OKLAHOMA	37	27	73.0	278	250	89.9	700	634	90.6	705	624	88.5	1,720	1,535	89.2
OREGON	91	85	93.4	93	80	86.0	445	421	94.6	544	499	91.7	1,173	1,085	92.5
PENNSYLVANIA	897	750	83.6	743	628	84.5	909	786	86.5	3,780	3,342	88.4	6,329	5,506	87.0
PUERTO RICO	37	9	24.3	25	3	12.0	48	5	10.4	42	12	28.6	152	29	19.1
RHODE ISLAND	17	13	76.5	89	80	89.9	52	47	90.4	245	216	88.2	403	356	88.3
SOUTH CAROLINA	143	117	81.8	403	353	87.6	684	631	92.3	394	342	86.8	1,624	1,443	88.9
SOUTH DAKOTA	35	28	80.0	106	77	72.6	260	225	86.5	253	215	85.0	654	545	83.3
TENNESSEE	182	160	87.9	596	548	92.0	1,291	1,212	93.9	502	442	88.1	2,571	2,362	91.9
TEXAS	357	314	88.0	1,955	1,761	90.1	2,736	2,548	93.1	1,661	1,481	89.2	6,709	6,104	91.0
UTAH	74	62	83.8	205	196	95.6	186	172	92.5	446	403	90.4	911	833	91.4
VERMONT	5	3	60.0	0	0	0.0	122	111	91.0	121	104	86.0	248	218	87.9
VIRGIN ISLANDS	4	1	25.0	0	0	0.0	1	1	100.0	11	6	54.6	16	8	50.0
VIRGINIA	310	251	81.0	495	405	81.8	746	668	89.5	1,373	1,159	84.4	2,924	2,483	84.9
WASHINGTON	94	78	83.0	419	379	90.5	362	340	93.9	1,161	1,066	91.8	2,036	1,863	91.5
WEST VIRGINIA – RN	23	18	78.3	74	60	81.1	420	378	90.0	402	332	82.6	919	788	85.7
WISCONSIN	109	93	85.3	829	704	84.9	590	524	88.8	1,020	862	84.5	2,548	2,183	85.7
WYOMING	6	5	83.3	39	31	79.5	102	96	94.1	145	129	89.0	292	261	89.4
<b>TOTAL</b>	<b>8,105</b>	<b>6,541</b>	<b>80.7</b>	<b>23,278</b>	<b>20,468</b>	<b>87.9</b>	<b>30,965</b>	<b>28,031</b>	<b>90.5</b>	<b>47,491</b>	<b>41,736</b>	<b>87.9</b>	<b>109,839</b>	<b>96,776</b>	<b>88.1</b>



## NCLEX® Pass Rates - PN (First-time, U.S. Educated)

Jurisdiction	Oct '05 – Dec '05			Jan '06 – March '06			April '06 – June '06			July '06 – Sept '06			TOTAL (Oct '05 – Sept '06)		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
ALABAMA	354	309	87.3	333	287	86.2	86	67	77.9	256	246	96.1	1,029	909	88.3
ALASKA	3	3	100.0	11	10	90.9	6	5	83.3	5	4	80.0	25	22	88.0
AMERICAN SAMOA	5	2	40.0	4	2	50.0	1	0	0.0	0	0	0.0	10	4	40.0
ARIZONA	106	103	97.2	146	139	95.2	172	170	98.8	280	271	96.8	704	683	97.0
ARKANSAS	97	91	93.8	300	275	91.7	117	106	90.6	415	392	94.5	929	864	93.0
CALIFORNIA – VN	1,125	854	75.9	1,402	1,074	76.6	1,563	1,146	73.3	1,819	1,366	75.1	5,909	4,440	75.1
COLORADO	120	100	83.3	169	161	95.3	205	194	94.6	455	424	93.2	949	879	92.6
CONNECTICUT	24	23	95.8	95	93	97.9	7	5	71.4	130	126	96.9	256	247	96.5
DELAWARE	6	2	33.3	69	63	91.3	63	62	98.4	59	51	86.4	197	178	90.4
DISTRICT OF COLUMBIA	260	181	69.6	133	102	76.7	268	207	77.2	166	137	82.5	827	627	75.8
FLORIDA	798	637	79.8	780	644	82.6	898	766	85.3	1,105	945	85.5	3,581	2,992	83.6
GEORGIA – PN	373	320	85.8	473	427	90.3	328	281	85.7	344	317	92.2	1,518	1,345	88.6
GUAM	10	8	80.0	1	1	100.0	1	1	100.0	1	1	100.0	13	11	84.6
HAWAII	51	45	88.2	5	4	80.0	5	5	100.0	61	59	96.7	122	113	92.6
IDAHO	17	14	82.4	56	53	94.6	31	30	96.8	80	76	95.0	184	173	94.0
ILLINOIS	406	364	89.7	215	197	91.6	190	171	90.0	796	754	94.7	1,607	1,486	92.5
INDIANA	281	262	93.2	362	347	95.9	254	234	92.1	627	591	94.3	1,524	1,434	94.1
IOWA	185	170	91.9	188	178	94.7	220	207	94.1	693	650	93.8	1,286	1,205	93.7
KANSAS	57	49	86.0	157	149	94.9	127	120	94.5	425	392	92.2	766	710	92.7
KENTUCKY	78	73	93.6	187	164	87.7	173	165	95.4	229	207	90.4	667	609	91.3
LOUISIANA – PN	155	133	85.8	467	413	88.4	256	218	85.2	338	282	83.4	1,216	1,046	86.0
MAINE	0	0	0.0	0	0	0.0	13	13	100.0	2	2	100.0	15	15	100.0
MARYLAND	75	71	94.7	16	16	100.0	30	29	96.7	123	118	95.9	244	234	95.9
MASSACHUSETTS	41	39	95.1	63	57	90.5	24	23	95.8	782	737	94.3	910	856	94.1
MICHIGAN	219	204	93.2	251	248	98.8	264	251	95.1	453	436	96.3	1,187	1,139	96.0
MINNESOTA	168	141	83.9	493	446	90.5	465	423	91.0	588	512	87.1	1,714	1,522	88.8
MISSISSIPPI	111	92	82.9	148	130	87.8	34	25	73.5	415	365	88.0	708	612	86.4
MISSOURI	380	339	89.2	171	157	91.8	108	92	85.2	695	647	93.1	1,354	1,235	91.2
MONTANA	18	16	88.9	33	33	100.0	24	22	91.7	84	74	88.1	159	145	91.2
NEBRASKA	77	65	84.4	70	56	80.0	135	119	88.2	210	190	90.5	492	430	87.4
NEVADA	5	4	80.0	1	0	0.0	10	9	90.0	18	14	77.8	34	27	79.4
NEW HAMPSHIRE	83	55	66.3	79	69	87.3	114	105	92.1	100	85	85.0	376	314	83.5
NEW JERSEY	364	302	83.0	183	152	83.1	397	315	79.4	553	438	79.2	1,497	1,207	80.6
NEW MEXICO	29	29	100.0	29	29	100.0	39	38	97.4	91	88	96.7	188	184	97.9
NEW YORK	958	801	83.6	644	534	82.9	659	549	83.3	1,497	1,320	88.2	3,758	3,204	85.3
NORTH CAROLINA	296	278	93.9	128	121	94.5	79	75	94.9	411	392	95.4	914	866	94.7
NORTH DAKOTA	21	19	90.5	20	18	90.0	31	30	96.8	84	81	96.4	156	148	94.9
NORTHERN MARIANA ISLANDS	1	1	100.0	2	2	100.0	2	2	100.0	1	1	100.0	6	6	100.0
OHIO	839	760	90.6	619	573	92.6	652	596	91.4	1,427	1,350	94.6	3,537	3,279	92.7
OKLAHOMA	231	203	87.9	217	196	90.3	216	186	86.1	600	541	90.2	1,264	1,126	89.1
OREGON	28	27	96.4	12	12	100.0	56	56	100.0	134	130	97.0	230	225	97.8
PENNSYLVANIA	687	615	89.5	431	401	93.0	506	463	91.5	531	472	88.9	2,155	1,951	90.5
PUERTO RICO	1	0	0.0	4	1	25.0	3	0	0.0	6	1	16.7	14	2	14.3
RHODE ISLAND	24	22	91.7	7	6	85.7	1	1	100.0	15	14	93.3	47	43	91.5
SOUTH CAROLINA	110	103	93.6	144	138	95.8	111	108	97.3	250	236	94.4	615	585	95.1
SOUTH DAKOTA	40	36	90.0	22	22	100.0	10	9	90.0	87	81	93.1	159	148	93.1
TENNESSEE	420	381	90.7	173	160	92.5	377	348	92.3	224	217	96.9	1,194	1,106	92.6
TEXAS	1,128	1,015	90.0	1,274	1,158	90.9	796	731	91.8	1,719	1,572	91.5	4,917	4,476	91.0
UTAH	44	43	97.7	79	78	98.7	162	161	99.4	340	336	98.8	625	618	98.9
VERMONT	12	12	100.0	2	2	100.0	0	0	0.0	130	127	97.7	144	141	97.9
VIRGIN ISLANDS	8	5	62.5	3	2	66.7	4	2	50.0	3	1	33.3	18	10	55.6
VIRGINIA	440	353	80.2	364	279	76.7	479	380	79.3	763	650	85.2	2,046	1,662	81.2
WASHINGTON	289	275	95.2	108	101	93.5	250	243	97.2	412	388	94.2	1,059	1,007	95.1
WEST VIRGINIA – PN	191	175	91.6	108	104	96.3	43	38	88.4	232	217	93.5	574	534	93.0
WISCONSIN	127	105	82.7	321	303	94.4	232	207	89.2	425	387	91.1	1,105	1,002	90.7
WYOMING	6	6	100.0	8	7	87.5	39	39	100.0	56	56	100.0	109	108	99.1
<b>TOTAL</b>	<b>11,982</b>	<b>10,335</b>	<b>86.3</b>	<b>11,780</b>	<b>10,394</b>	<b>88.2</b>	<b>11,336</b>	<b>9,848</b>	<b>86.9</b>	<b>21,745</b>	<b>19,567</b>	<b>90.0</b>	<b>56,843</b>	<b>50,144</b>	<b>88.2</b>

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## Timeline



- 1978** First NCSBN Delegate Assembly called to order  
NCSBN office opened in Madison, Wisconsin

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- 1979** Delegates adopted plan to revise NCLEX-PN® test plan  
First LPN voting member recognized

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- 1981** Criterion-referenced scoring for NCLEX® examination implemented

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- 1982** First NCLEX-RN® administered under new test plan  
First LPN appointed to the Board of Directors

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- 1983** Nursing Practice Act and Model Administrative Rules developed

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- 1984** NCLEX-PN® test plan adopted

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- 1994** NCLEX computer adaptive testing (CAT) implemented

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- 1996** NCSBN Web site launched

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- 1997** NCLEX®, NCLEX-RN® and NCLEX-PN® registered  
Nurse Licensure Compact (NLC) adopted

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- 1999** Uniform licensure requirements adopted

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- 2000** Utah became first state to adopt the NLC

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- 2002** Public access to Nursys® implemented

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- 2003** NCSBN celebrated 25th Anniversary

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- 2004** First Institute of Regulatory Excellence held  
First international testing sites selected  
Utah adopted the Advanced Practice Registered Nurse (APRN) Compact

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- 2005** International NCLEX examination testing launched

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- 2006** NCLEX testing expanded to sites in Australia, Canada, Germany, India, Japan, Mexico and Taiwan

**Dawn M. Kappel**  
Senior Writer & Editor

**Sarah A. Cockerill**  
**Kristin Hopman**  
Contributing Editors

Designed by **Malcolm Wolf**

111 East Wacker Drive  
Suite 2900  
Chicago, Illinois 60601-4277  
312.525.3600 (Phone)  
312.279.1032 (Fax)  
[www.ncsbn.org](http://www.ncsbn.org)