the BUSINESS BOOK

20 01
NCSBN
ANNUAL MEETING

PITTSBURGH
PA

AUGUST
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TRANS*forming*
REGULATION IN EXTRAORDINARY TIMES

the BUSINESS BOOK

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REGULATION IN EXTRAORDINARY TIMES

20 01 NCSBN ANNUAL MEETING	PITTSBURGH PA	AUGUST 6 THRU 11

Mission Statement

The mission of the National Council of State Boards of Nursing is to lead in nursing regulation by assisting Member Boards, collectively and individually, to promote safe and effective nursing practice in the interest of protecting public health and welfare.

The purpose of the National Council 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. The major functions of the National Council include developing the NCLEX-RN® and the 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 the National Council's purpose, and serving as a forum for information exchange for National Council members.

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Unit 1
Overview

TRANS*forming*

REGULATION IN EXTRAORDINARY TIMES

Annual Meeting Schedule

MONDAY, AUGUST 6, 2001

7:00 a.m.
Registration

9:30 a.m. – 4:00 p.m.
Concurrent Educational Sessions
LPN/VN Forum
Summit of States on Approval/Accreditation of Nursing Programs

10:45 a.m. – 11:00 a.m.
Break

12:00 p.m. – 1:00 p.m.
Lunch

2:00 p.m. – 2:30 p.m.
Break

5:00 p.m. – 8:00 p.m.
NLCA Dinner

TUESDAY, AUGUST 7, 2001
EXHIBITORS–ALL DAY

7:00 a.m.
Registration

8:30 a.m. – 10:30 a.m.
"Welcome to Delegates" and Orientation

10:30 a.m. – 11:00 a.m.
Break

11:00 a.m. – 12:30 p.m.
Business Forum: Strategic Plan 2002-2004

12:30 p.m. – 2:00 p.m.
Lunch

2:00 p.m. – 4:00 p.m.
Delegate Assembly: Opening, Nominations Committee Reports, and Candidate Forum

5:00 p.m.
Board of Director's Reception: Meet the candidates and the new NCSBN Executive Director

7:00 a.m.
Registration

8:30 a.m. – 9:15 a.m.
President's and Executive Director's Address

9:15 a.m. – 10:15 a.m.
Update Sessions: APRN Task Force, NP&E Committee

10:15 a.m. – 10:45 a.m.
Break

10:45 a.m. – 11:45 a.m.
Business Forum: Examination Committee

11:45 a.m. – 12:30 p.m.
Update Session: NURSYS

12:30 p.m. – 2:00 p.m.
Lunch

2:00 p.m. – 4:00 p.m.
Guest Speaker: Dr. Timothy Porter O'Grady

5:00 p.m. – 7:00 p.m.
Pennsylvania Nurses Association Reception

THURSDAY, AUGUST 9, 2001
EXHIBITORS—ALL DAY

7:00 a.m.
Registration

8:30 a.m. – 10:00 a.m.
Business Forum: Proposed Bylaws Revisions

10:00 a.m. – 10:30 a.m.
Break

10:30 a.m. – 12:00 p.m.
Update Sessions: Finance Committee, Commitment to Excellence

12:15 p.m. – 1:45 p.m.
Area Luncheons

2:00 p.m. – 3:00 p.m.
Update Session: Practice Breakdown

3:00 p.m. – 5:00 p.m.
Update Session: Dialog with Compact Administrators
Resolutions Committee Meeting

7:30 p.m. – 9:30 p.m.
VUE Reception

FRIDAY, AUGUST 10, 2001

7:00 a.m. – 8:30 a.m.
Breakfast: Election of Candidates

8:30 a.m. – 9:30 a.m.
Update Session: Practice, Education, Regulation, Congruence (PERC) Task Force

9:30 a.m. – 10:00 a.m.
Break

10:00 a.m. – 12:15 p.m.
"Building Bridges" (Networking Groups)
EOs, Presidents, Educators, Practice, Discipline

12:15 p.m. – 2:15 p.m.
Awards Luncheon

2:30 p.m. – 3:00 p.m.
Delegate Assembly: Election Results (revote if necessary)

3:00 p.m. – 3:30 p.m.
Open Forum: Resolutions

3:45 p.m. – 4:30 p.m.
Update Sessions
Nursys user group
Dialogue with testing services — Chauncey & VUE (NCS Pearson)

SATURDAY, AUGUST 11, 2001

7:00 a.m.
Registration

8:30 a.m. – 10:30 a.m.
Delegate Assembly
(results of revote, if necessary)

10:30 a.m. – 11:00 a.m.
Break

11:00 a.m. – 12:30 p.m.
Delegate Assembly

Schedule subject to change.

HILTON PITTSBURGH AND TOWERS - LOBBY LEVEL

ALLEGHENY ROOM

1.

2

PARLOR 1

BOARD ROOM

FORBES ROOM

LIBERTY ROOM

EXECUTIVE CENTER

DUQUESNE ROOM

3.
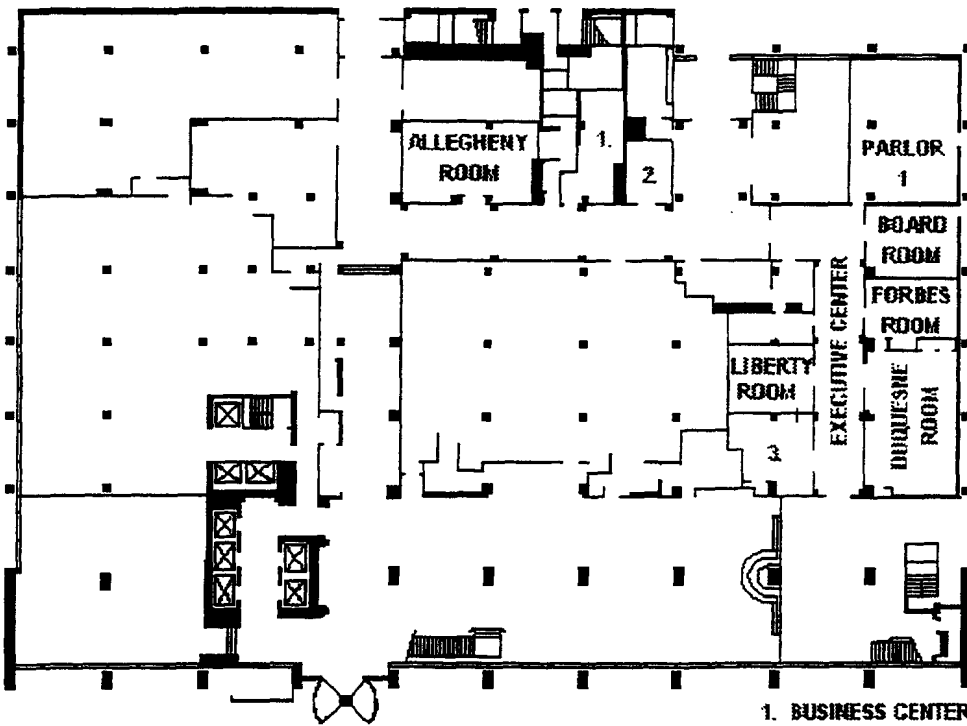
1. BUSINESS CENTER
2. MIRDASH KAVO
3. STANWIX ROOM

HILTON PITTSBURGH AND TOWERS - MEZZANINE LEVEL

GRAND BALLROOM

1   2   4

3

Stage

BALLROOM FOYER

1.
2.
3.
4.
5.

KINGS
PLAZA

KINGS
TERRACE

KINGS
GARDEN
NORTH

KINGS
GARDEN
SOUTH

LE
BATEAU

1. CHARTIER
2. TRADERS
3. RIVERS
4. BLACK DIAMOND
5. BRIGADE
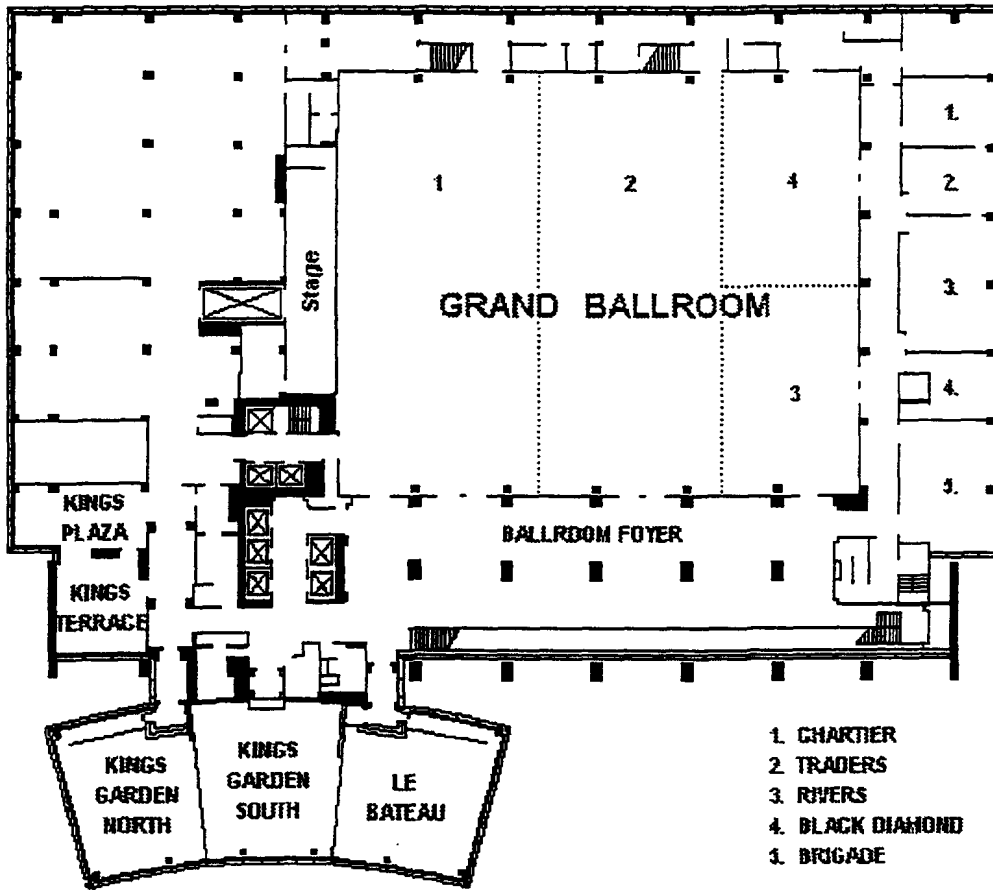
Standing Rules of the Delegate Assembly

1. Procedures

A. The Credentials Committee, directly after the opening ceremonies of the first business meeting, shall report the number of delegates and alternates registered as present with proper credentials, and the number of delegate votes present. The committee shall make a supplementary report after the opening exercises at the beginning of each day that business continues.

B. Upon registration:
   1. Each delegate and alternate shall receive a badge which must be worn at all meetings.
   2. Each delegate shall receive the appropriate number of voting cards. Delegates authorized to cast one vote shall receive one voting card. Delegates authorized to cast two votes shall receive two voting cards. Any transfer of voting cards must be made through the Credentials Committee.

C. A member registered as an alternate may, upon proper clearance of the Credentials Committee, be transferred from alternate to delegate. The initial delegate may resume delegate status upon clearance by the Credentials Committee.

D. Members shall be in their seats at least five minutes before the scheduled meeting time. Delegates shall sit in the section reserved for them.

E. There shall be no smoking in the meeting rooms.

F. The Board of Directors may place reports on the consent agenda that do not contain recommendations and can be considered received without discussion. An item will be removed from the consent agenda at the request of any delegate. All items remaining on the consent agenda will be considered received without a vote.

2. Motions

A. The Board of Directors, National Council committees and delegates representing Member Boards shall be entitled to make motions. Motions proposed by the Board of Directors or National Council committees shall be presented by the Board or committee directly to the Delegate Assembly.

B. Motions and resolutions submitted prior to Thursday, August 9 at 12:00 p.m., shall be reviewed by the Resolutions Committee according to its Operating Policies and Procedures. Motions and resolutions submitted after the deadline shall be submitted directly to the Delegate Assembly during New Business. All motions and resolutions so submitted will be presented with written analysis of consistency with National Council mission, strategic initiatives and outcomes; assessment of fiscal impact; and potential legal implications. The Resolutions Committee will meet on Thursday, August 9, 2001 at 3:00 p.m. with the motion maker(s).

C. The Resolutions Committee shall prepare suitable motions to carry into effect resolutions referred to it, and shall submit to the Delegate Assembly, with a fiscal impact statement, these and all other motions referred to the committee.

D. All motions and amendments shall be in writing on triplicate motion paper signed by the maker and a second and shall be sent to the chair prior to being placed before the Delegate Assembly.

3. Debate

A. Any representative of a Member Board wishing to speak shall go to a microphone.

B. Upon recognition by the chair, the speaker shall state his/her name and Member Board.

C. Members and employees of Member Boards may speak only after all delegates who wish to speak on the motion have spoken. Guests may be recognized by the chair to speak after all delegates, members and employees of Member Boards wishing to speak, have spoken.

D. No person may speak in debate more than twice on the same question on the same day, or longer than four minutes per speech, without permission of the Delegate Assembly, granted by a majority vote without debate.

E. All attendees have a right to be treated respectfully and the right to stop behavior perceived to be disrespectful of another member.

F. A red card raised at the microphone interrupts business for the purpose of a point of order, a question of privilege, orders of the day, a parliamentary inquiry or an appeal.

G. A timekeeper will signal with a red card when the speaker has one minute remaining, and a buzzer will sound when the allotted time has expired.

4. Nominations and Elections

A. A delegate making a nomination from the floor shall be permitted two minutes to give the qualifications of the nominee and to indicate that written consent of the nominee and a written statement of qualifications have been forwarded to the Committee on Nominations. Seconding speeches shall not be permitted.

B. Electioneering for candidates is prohibited in the vicinity of the polling place.

C. The voting strength for the election is determined by those registered by 5:00 p.m. Thursday, August 9, 2001.

D. Election for officers and members of the Committee on Nominations shall be held Friday, August 10, 2001, 7:00 a.m.- 8:30 a.m.

E. If no candidate receives the required vote for an office and repeated balloting is required, the president shall announce the time for repeated balloting immediately after the result of the vote is announced.

5. 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 and issue.

B. Open forum time is scheduled to promote dialogue and discussion on issues by all attendees. Attendee participation determines the topics discussed during an Open Forum. The Open Forum will be facilitated by the president.

C. To ensure fair participation in forums, the Board of Directors may, at the Board's discretion, impose the rules of debate if needed to facilitate discussion.

Report of the Board of Directors

MEMBERS

Jo Elizabeth Ridenour, AZ, President
Kathy Apple, NV, Vice-President (Resigned 6-01)
Barbara Morvant, LA-RN, Treasurer
Dorothy Fulton, AK, Area I Director
Lorinda Inman, IA, Area II Director (Appointed Vice-President 6-01)
Charlene Kelly, NE, Area II Director (Appointed 6-01)
Julia Gould, GA-RN, Area III Director
Iva Boardman, DE, Area IV Director
Myra Broadway, ME, Director-at-Large
Deborah Burton, OR, Director-at-Large

STAFF

Eloise Cathcart, Executive Director (Resigned 12-00)
Kathy Apple, Executive Director (Appointed 6-01)
Donna Nowakowski, Associate Executive Director
Christine Ward, Executive Office Relations

The centerpiece of the Board of Directors work over the past year has been to meet the strategic initiatives approved by the Delegate Assembly. To this end, the Board concentrated its efforts in the areas of nurse competence, regulatory outcomes, changing practice settings, data and databases, congruence between education and practice, and organizational capacity. In addition, the Board and the Search Committee focused their efforts on identifying key qualifications and selecting a new Executive Director for National Council. The Board met eleven times in formal sessions both on-site at National Council offices, in Washington, D.C. and via telephone conference call.

HIGHLIGHTS OF ACTIVITIES

The Board represented NCSBN at the following meetings:

Nursing Practice and Education Consortium (N-PEC)
American Association of Colleges of Nursing (AACN) Spring Meeting
Federation of Associations of Regulatory Boards (FARB) Annual Forum
American Organization of Nurse Executives (AONE) Annual Meeting
Federation of State Medical Boards (FSMB) Annual Meeting
Association of State and Territorial Directors of Nursing (ASTDN) Meeting
Council on Licensure, Enforcement and Regulation (CLEAR) Conference
Citizen Advocacy Center (CAC) Annual Meeting
Nursing Practice and Education Consortium (NPEC)
National Association of Boards of Pharmacy (NABP) Annual Meeting
American Telemedicine Association (ATA) Sixth Annual Meeting
National Association for Practical Nurses Education and Service (NAPNE) Annual Meeting
American Nurses Association (ANA) House of Delegates
Fifth International Standing Conference on Regulation of Nursing (ICN) and Midwifery
International Council of Nurses

Liaison Meetings Held With Leadership of National Organizations and the Board of Directors to Advance the Mission and Strategic Initiatives of National Council:

- American Association of Colleges of Nursing (AACN), President Carolyn Williams and Executive Director Polly Bednash
- Canadian Nurses Association, Director Mary Ellen Jeans and Sandra McDonald-Rencz, Director of Policy, Regulation and Research
- National League for Nursing (NLN), President Nancy Langston and Executive Director Ruth Corcoran
- Citizen Advocacy Center (CAC) Executive Director David Swankin
- National Organization for Associate Degree Nursing (N-OADN), President Libby Mahaffey and President Elect Sharon Bernier
- American Organization of Nurse Executives (AONE), Executive Director Pamela Thompson
- Federation for Accessible Nursing Education and Licensure (FANEL), President Twyla Wallace and John Woods

SUMMARY OF MAJOR BOARD ACTIONS

I. Nurse Competence

- Approved National Computer Systems' Transition Plan and preliminary work on beta test sites.
- Requested the development of a test service transition checklist.
- Approved the creation of Test Service Technical Subcommittee consisting of seven committee members and a National Council staff person as the chair.
- Approved the report of the CRNE/NCLEX®-RN Comparison Study for the 2001 Delegate Assembly.
- Approved the retention of the current passing standard of -.35 logits.
- Initiated the exploration of offering the NCLEX® internationally for purposes of domestic licensure.
- Requested that the Finance Committee perform a fiscal analysis of the impact of foreign implementation of NCLEX®
- Approved the inclusion of all interested nursing organizations in future NCLEX® Invitationals.
- Approved the development of an NCLEX® video and additional Web information as part of an NCLEX® outreach program.
- Approved the plan to communicate progress on transition activities to Executive Officers and Member Board Presidents.
- Continued timely communications to the Executive Officers and Member Board Presidents regarding testing and vendor issues.
- Monitored the ongoing mandatory reporting by Member Boards to the Healthcare Integrity and Protection Data Bank (HIPDB) and the National Practitioner Data Bank (NPDB).
- Approved the completed research related to chemically impaired nurses, "A Comparison of Two Regulatory Approaches to the Management of Chemically Impaired Nurses".
- Collaborated with the Citizen Advocacy Center (CAC) on the "Promoting Patient Safety: Collaboration Between Regulators and health Care Organizations" initiative by providing resources for participating pilot state boards of nursing and by serving on the steering committee.
- Convened a summit for Member Board staff to dialogue about investigatory models, discipline, monitoring/compliance and remediation.

II. Regulatory Outcomes

- Developed and approved a framework and process for the development of NCSBN public policy positions.
- Clarified the role of Member Boards and NCSBN's position regarding medication errors in a letter to the National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP).
- Adopted a formal NCSBN statement regarding the nursing shortage.
- Approved communications sent to congressional legislators regarding federal legislation related to public protection issues.
- Discussed the Commitment to Excellence research outcomes and approved joint meetings be held with pilot states.
- Monitored regulatory progress of outcomes research that demonstrates the benefits of nursing regulation in the areas of discipline and scope-of-practice.
- Approved the development of a confidentiality agreement for the Commitment to Excellence Project guaranteeing the confidentiality of data submitted to NCSBN.

III. Changing Practice Settings

- Began plans to address nursing regulatory and public protection issues raised in the (IOM) report.
- Provided leadership development programs to Member Board Executive Officers and Member Board Presidents designed to continuously develop regulatory and governance competencies.
- Collaborated with other national organizations to maximize the role of National Council in the development of national nursing practice, education, and regulatory initiatives.
- Partnered with Nurse Licensure Compact Administrators (NLCA) to operationalize the affiliation between the NLCA and the National Council.
- Conducted an APRN roundtable and to continue to collaboration with APRN professional organizations and certifying and accrediting organizations.
- Convened a summit to discuss issues regarding the use of UAPs and patient directed care in non-acute settings.
- Responded to proposed changes in the U.S. Immigration and Naturalization Service regulations regarding nursing license verification for Canadian nurses who work in the U.S. but reside in Canada.

IV. Data and Databases

- Approved that the Nursys verification fee increased from $15 to $30 effective January 1, 2001.
- Approved a policy to archive expunged discipline information.
- Approved a policy to coordinate Nursys payments with the use of a lock-box for protection against non-sufficient funds.
- Established an advisory group to assist the Nursys information technology team in evaluating the system and recommend changes to NURSYS policies.
- Reviewed and approved technology-related policies and procedures.
- Participated in federal government activities related to the development of credentialing and reporting systems (e.g., VetPro, NPDB, HIPDB).

V. Congruence Between Education and Practice

- Submitted an article on the effect of educational preparation on entry-level RN practice to Sigma Theta Tau's *Journal of Nursing Scholarship*.

- Approved the search for external financial support for research related to the Continuing Education Project.
- Implemented Delegate Assembly Resolution, that the National Council assume the leadership role and develop an action plan to clearly delineate and establish congruence among education, practice, and regulation for the respective roles of all nurses.
- Convened a roundtable of key stakeholders to explore and prioritize issues related to nursing education programs.

VI. Organizational Capacity

- Accepted the recommendation of the Finance Committee to approve the FY01 budget.
- Approved the audited FY00 financials.
- Approved an Unlicensed Assistive Personnel (UAP) Summit to be held in conjunction with the Mid-Year Conference.
- Changed process to select members of committees for FY01 and requested that the Executive Officer Task Force be renamed the member Board Leadership Development Task Force.
- Approved the list of committees and committee chairs for FY01.
- Approved sponsorship of an LPN Forum and Summit of States on the Approval / Accreditation of Nursing Programs as part of the 2001 Annual Meeting.
- Approved the Westin Long Beach and Hilton Mark Center Alexandria as sites for the 2002 and 2003 Annual Meetings and the Wyndham Chicago for the 2002 Mid-Year Conference.
- Approved NCSBN Changing its member status in N-PEC from an advisory capacity to a full member.
- Approved development of an enhanced NCSBN Award Program.
- Defined the role of a Board Liaison as that of a current NCSBN Board Member who provides a supportive role by acting as a resource for the committee and as a Board liaison for clarifying issues and committee charges.
- Approved an e-mail disclosure statement and a disclaimer to accompany NCSBN confidential materials sent externally.
- Discussed and delineated the role of the Examination Committee and determined that EC meetings should precede Board meetings to foster more timely communication and decision-making.
- Recommended revisions to the Bylaws and approved extending the Committee's term to two years.
- Approved the adoption of a revised investment policy for NCSBN.
- Approved the redesign and redevelopment of the NCSBN Web site to enhance Member Board utilization of information and services.
- Continued Board development by attending the National Center for Nonprofit Boards 2000 Annual Meeting.
- Managed the financial and physical assets of the organization with prudence and integrity.
- Continued to recruit highly qualified staff and enhance the competency of existing staff.
- Phased out the Special Services Division (SSD) as a separate entity and explore the feasibility of integrating selected products and services within the National Council's programs.
- Provided opportunities for Member Boards to act and counsel together and with other constituencies through policy conference calls.
- Approved the agenda for the 2001 Mid-Year Conference that provided opportunities for education and networking among the membership.
- Integrated member participation and feedback in development of the strategic initiatives.
- Appointed Kathy Apple as the new Executive Director of NCSBN effective 6-01 to replace Eloise Cathcart who resigned 12-00.

VII. **Meeting Dates**

- August 12, 2000
- October 11-12, 2000
- November 11&14, 2000
- December 11, 2000 *(telephone conference call)*
- January 10-12, 2001
- February 14, 2001 *(telephone conference call)*
- March 4, 2001
- April 4, 2001
- May 6-9, 2001
- May 16, 2001 *(telephone conference call)*
- June 24-25, 2001

Annual Progress Report 2001
for the period
October 1, 2000 - May 31, 2001

"The mission of the National Council of State Boards of Nursing is to lead in nursing regulation by assisting Member Boards, collectively and individually, to promote safe and effective nursing practice in the interest of protecting public health and welfare."

"The role of the National Council is to serve as a consultant, liaison, advocate, and researcher to Member Boards, and as an education and information resource to the public and policy makers."

Vision: "The National Council of State Boards of Nursing will advance optimal health outcomes by leading in health care regulation worldwide."

Outcome 1: "State-of-the-art" entry-level nurse licensure assessment.

Tactic 1: Continuously improve delivery of the high-quality NCLEX® examination.

- Continued monitoring of the NCLEX examination via standing and unique psychometric, test development and test administration reports.
- Reviewed NCLEX pretest questions for April and July 2000.
- Reviewed EIR items, DIF items and Member Board review of items and removed some items as needed; provided relevant feedback of results to appropriate parties.
- Provided National Council representation and evaluation at test development activities as well as RN standard setting workshop.
- Completed research into Phase 1 of innovative item formats and provided a report to the ECR; requested additional JRC funds for further research.
- Completed a JRC approved item writer screening study and plans to file a final report with the EC.
- Proposed to the EC an alternative method of accessing the readability of the NCLEX® examination. Additionally, requested JRC funds to develop a health-care related framework in which to understand the alternative readability scale.
- Preparing to send all Member Boards the newly updated Member Board manual beginning in June. The manual will also be available on the NCSBN web site during the third quarter FY01.
- Completed the enhanced and simplified NCLEX *Candidate Bulletin.* New bulletins shipped to the Member Boards January 2001 and also available to be downloaded from the NCSBN web site.
- NCLEX-RN and PN Test Plans made available on the National Council's Web site. The 2001 NCLEX-RN Test Plan published and distributed to Member Boards.
- Revised the 2002 NCLEX-PN Test Plan and submitted for approval to the 2001Delegate Assembly.
- 'Results by Phone Service' has provided uninterrupted service for 12 months, with two new boards participating to bring the total to 19 boards.
- Re-designing NCLEX examination information brochures.
- Staff and Member Board representatives conducted 82 visits to Prometric Testing Center sites in various locations between October 2000 and May 2001.
- 2000 PN Practice Analysis completed and reviewed by EC. A study was completed utilizing the Panel of Experts to validate PN activity frequency and priority responses.
- Performed a secondary analysis of the 1999 RN Practice Analysis data for possible disparate entry-level practices attributable to educational preparation. No disparities were found.

Candidate Issues:
- Held weekly conference calls with the testing services to discuss capacity and scheduling issues, software problem areas, candidate issues, and other test delivery subjects.
- Monitored Prometric's compliance with 30/45 day scheduling requirements. For the months of October 2000 through May 2001, no candidates were identified as having appointments out-of-compliance.
- Investigated and responded to 270 candidate events from October 2000 through May 2001 (11 of these concerned ADA candidates).
- Processed 227 ADA NCLEX examination testing modification requests for the period October 2000 through May 2001.
- Responded to 1142 inquiries retrieved from the NCLEX Info Web site mailbox between October 2000 and May 2001.

- Responded to approximately 1300 phone calls from candidates and board members regarding the NCLEX examination process.

Tactic 2: Ensure the seamless transition of the NCLEX® examinations to NCS.

- Held monthly meetings with NCS Pearson to ensure progress on the NCLEX Transition Plan.
- Met with both test services to discuss and oversee transition issues.
- Worked with the Test Service Technical Subcommittee and VUE staff to develop the Member Board web site.
- Produced documentation for NCS that explains the various aspects of NCLEX examination program operations.
- Provided NCS with the statistical extract candidate database and supporting documentation and software.
- Provided NCS with initial download of items from Chauncey to facilitate importing information into the new item bank. Staff met with NCS to discuss issues regarding the transfer of the item bank.
- Made decisions regarding initial item development processing with NCS.
- Met with Chauncey staff to obtain materials for the test service transition.
- Coordinated EC and NCS staff selection of NCLEX alpha and beta test participants.

Tactic 3: Develop a plan to communicate progress on transition activities to Executive Officers and Member Board Presidents.

- Worked with NCS Pearson staff to produce versions of the NCLEX Transition Plan for the NCSBN Board of Directors and Member Boards.
- Worked with NCS staff to produce a newsletter to inform Member Boards on the progress of the test service transition.
- Conducted conference call with Executive Officers to discuss the NCLEX Transition Plan.
- Posted transition update information for all constituencies and the public on the NCSBN web site.
- Developed a Member Board checklist addressing transition issues.
- Communicated with participants about the status in the NCLEX Alpha and Beta tests.
- Conducted support conference calls with alpha and beta test participants.
- Presented information on the NCLEX test service transition at the 2001 Midyear meeting.
- Planned a session to meet with both test services to discuss transition issues at the Annual Meeting.

Tactic 4: Complete the comparison of the Canadian Registered Nurse Examination (CRNE) and the NCLEX®-RN and initiate a comparison study of the NCLEX-PN® examination and the Canadian Examination for Practical Nurses.

- Contacted new Assessment Strategies Inc. (ASI) staff with regard to data collection and format of the final NCLEX-RN/CRNE Comparison Study report. Completed business book report. Plan to repeat study every three years to compare the American and Canadian PN examinations being discussed.

Tactic 5: Implement mouse interface and optional calculator for the NCLEX® examination.

- Implemented a mouse interface and optional drop-down calculator for the NCLEX® examinations on April 1 2001.
- Devised a plan to recalibrate calculation items before employing them as operational items.
- Communicated information regarding the mouse interface and optional calculator to Boards of Nursing, the public and nursing education programs. Posted information on the web site; sent a letter and information regarding the NCLEX program to nursing programs in the US and territories, and several nursing organizations. Information was disseminated to Boards of Nursing and nursing educators at the NCLEX invitational and 2001 Midyear meeting.
- Assessed the impact of new features on response time.

- Attended to the results of failing examinees that ran out of time and spent more than expected amount of time on the tutorial.
- Posted the mouse and calculator tutorial on the web site.

Tactic 6: Explore the feasibility of international administration of the NCLEX® examinations.

- Produced talking points for EC and Board discussion.
- Approved a plan to explore the feasibility of international administration of the NCLEX® examinations.

Tactic 7: Continue communications which inform Executive Officers, Member Board Presidents and members of Member Boards regarding NCLEX® examination issues in a complete and timely way.

- Provided information regarding the NCLEX examination, NCLEX process and proposed NCLEX enhancements and dispelling rumors related to test development to stakeholders via the *Council Connector*, presentations and the web site.
- Provided information and samples of the new NCLEX Program Reports.
- Conducted NCLEX Invitational Conference in October. Presentations covered the NCLEX examination administration and test development processes. Twenty three Member Board Staff and 20 educators attended the conference. The 2001 Invitational is scheduled for September 28 2001 in Las Vegas, Nevada.
- Spoke about the NCLEX examination at various national meetings of other organizations.
- Submitted three articles related to NCLEX test plans and content for publication in nursing journals.

Outcome 2: Information and research to support the regulatory approaches to discipline, remediation, and alternative processes.

Tactic 1: Identify characteristics of nurses prone to disciplinary problems. Continue case collection, data analysis, refinement of the Taxonomy of Error, Root Cause Analysis and Practice Responsibility (TERCAP) instrument, and develop pilot summary report. Use results to seek outside funding for expanded practice breakdown study.

- Obtained and reviewed necessary cases for analysis needed for the pilot.
- Submitted a grant application entitled "An Epidemiology of Nursing Errors" with the Agency for Healthcare Research and Quality (AHRQ) in response to RFA-HS-01-005.
- Developed a working outline for a monograph based on the pilot cases. Refined TERCAP and a reference protocol for use with the instrument.

Tactic 2: Serve as the authorized agent for ongoing mandatory reporting by Member Boards to the Healthcare Integrity and Protection Data Bank (HIPDB) and the National Practitioner Data Bank (NPDB).

- Executed twenty-two contracts to authorize NCSBN as the designated reporting agent for member boards of nursing. Three additional boards pending.
- Revised policy and procedures and the technological infrastructure for ongoing reporting.
- Monitored regulatory changes related to HIPDB and NPDB.
- All programming and testing was completed and the first data transmission of ongoing discipline reporting was sent to HRSA on March 23-24 2001. New actions will be reported on a monthly basis.
- Serves on the HRSA NPDB Executive Committee.

Tactic 3: Complete research related to chemically impaired nurses, "A Comparison of Two Regulatory Approaches to the Management of Chemically Impaired Nurses".

- A secondary analysis of this study's data was completed, reviewed by the Board of Directors, and disseminated to NCSBN membership through *Council Connector.*
- A video training package about chemical dependency in nurses and the regulatory management is under production, expected to be completed early this summer.

Tactic 4: Collaborate with the Citizen Advocacy Center (CAC) on the "Practitioner Remediation and Enhancement Project": Collaboration Between Regulators and Health Care Organizations initiative by providing resources for participating pilot state boards of nursing and by serving on the steering committee.

- NSCBN serves on steering committee for project guidance and evaluation.
- Support member boards who choose to participate and design pilot projects by hosting monthly. conference calls, coordinating information sharing and soliciting national sponsors for the project.
- Referenced project in grant application to AHRQ for additional funding.

Tactic 5: Convene a summit for Member Board staff to dialogue about investigator models, discipline, monitoring/compliance and remediation.

- Conducted Investigator's Summit, June 2001.
- Plans to explore the need for an investigator certification course underway.

Outcome 3: Regulatory approaches are explored for evaluating ongoing competence of nursing personnel.

Tactic 1: Work collaboratively with other groups to explore options for continued competence within a changing health care delivery system.

- Sought external funding for a multidisciplinary Continuing Education project to study the effectiveness of continuing education across health-related disciplines. Six other regulatory bodies have expressed an interest in participating.

Tactic 2: Analyze continued competence models and tools developed by various boards of nursing.

- The Commitment to Public Protection through Excellence in Regulation Advisory Group, with participation from the project pilot states has begun developing tools to measure the effectiveness of practice-related models and tools developed by boards of nursing. The tools will be piloted FY2001 and sent to all participating member boards FY2002..

Tactic 3: Convene a summit of NCSBN membership and appropriate others to share best practices.

- Planned an educational summit for August 6, 2001 preceding the Delegate Assembly.

Strategic Initiative 2: Regulatory Outcomes. The National Council will coordinate the identification of effective regulatory outcomes and assist Member Boards to implement and evaluate strategies for sound regulation.

Outcome 1: Research an articulated relationship and demonstrate the benefits of nursing

regulation for the public health, safety, and welfare.

Tactic 1: Provide the empirical foundation from regulatory outcome research for the link between nursing regulation outcomes and public protection.

- Commitment to Excellence project has proceeded according to schedule. FY2000 pilot results confirmed the potential of the study to link outcomes and public protection.

Tactic 2: Complete regulatory outcome research that demonstrates the benefits of nursing regulation in the areas of discipline and scope of practice.

- Tools were developed by the Commitment to Excellence Advisory Group and pilot states workgroup FY2000 for the discipline activities of boards of nursing and distributed to all member boards winter 22001. Results of this study will be available winter 2002.
- Tools to measure outcomes for the practice roles of boards of nursing were developed spring 2001 and pilot tested fall 2001. This tool will be distributed to all participating boards FY2002.
- Extracted the Disciplinary Data Bank into an Excel database and data formatted for analysis. A report of findings has been reviewed by the Board of Directors and disseminated to NCSBN membership. Ongoing, prospective analyses are planned using NURSYS data.

Outcome 2: Resources and tools assist Member Boards to measure performance.

Tactic 1: Develop and pilot test tools that measure nursing regulation outcomes in the areas of licensure and approval/accreditation of educational programs.

- Developed tools for the practice, education, licensure roles of boards of nursing. These tools are being pilot tested and will be finalized for distribution to all member boards FY2002.

Outcome 3: Uniform requirements/standards for nursing regulation.

Tactic 1: Monitor the implementation of uniform core requirements.

- Continued comparison of Compact states to National Council's uniform requirements.

Outcome 4: Educational offerings are provided for Member Boards.

Tactic 1: Develop and initiate a comprehensive plan for creative and timely educational sessions for Member Boards and other related constituencies.

- Planned a schedule of educational sessions for calendar year 2001.
- Results of evaluations of meetings and conferences reviewed for future planning.

Tactic 2: Provide educational offerings to Member Boards participating in Regulatory Outcomes research related to strategies for effective, quality self-monitoring of regulatory outcomes.

- Conducted a Forum for Executive Officers at the Mid-Year Meeting. The project Advisory Group is developing a plan to establish a continuous, sustainable self-monitoring process.

Strategic Initiative 3: Changing Practice Settings. The National Council will analyze the changing practice environment to assist in identifying state and national regulatory implications and to develop strategies to impact public policy.

Outcome 1: Ongoing systematic assessment and evaluation of the environment impacting nursing practice and nursing regulation.

Tactic 1: Identify emerging public policy, regulatory initiatives, and legislation that have impact on the National Council's mission and the role of boards of nursing.

- Provided and discussed information in member e-mail alerts, Policy Perspectives, NP & E Committee meetings, policy calls and other environmental scans.
- Prepared several relevant responses and statements with input from members, committees and the Board (i.e., *Nursing Shortage Statement*, letter to National Coordinating Council for Medication Error Reporting Project (NCCMERP), JCAHO patient safety standards letter, second IOM analysis, nurse shortage and patient safety federal legislation, etc.).
- Attended AHRQ Nursing Leaders meeting, QuIC, Council on State Governments (CSG) meeting, FSMB, NAPB, NPSF, National Conference of State Legislators (NCSL) meeting, CAC, CLEAR, etc.
- Briefed congressional staff on request regarding the Compact, patient safety and nurse regulation.
- Analyzed and disseminate Congressional, Federal Register and state information as pertinent.

Tactic 2: Disseminate in-depth analysis of health policy and legislative information to Board of Directors, Member Boards and staff in a concise and timely manner.

- This has been occurring and analysis will continue as needs emerge (i.e., second IOM report, HIPAA, patient safety and nurse shortage bills in Congress, etc.
- Collected and analyzed data on conscious sedation, patient abandonment, physician delegation, administration of vaccinations and nursing shortage.

Tactic 3: Conduct a health care environmental scan regarding issues pertinent to the role of boards of nursing.

- Completed a scan via a membership survey in December 2000 and reported results to NPE/Board.
- Two environmental surveys of newly licensed nurses (formerly called Quarterly Surveys) were conducted FY2001. Results were reported to the Examination Committee.

Tactic 4: Develop a plan to address nursing regulatory and public protection issues raised in the (IOM) report.

- Sent 1300 NCSBN statements to national and liaison stakeholders regarding NCSBN's position, as well as to 22 state stakeholders as requested by specific member boards. New iteration of the IOM report expected shortly, and NCSBN continues to address opportunities to enhance public and policymakers knowledge of state and territorial boards of nursing mission to protect the public through safe regulation of nursing.
- Continue dissemination of current policy statement on IOM report and look for new opportunities for collaboration.
- Disseminate newly approved nursing shortage statement.
- Plan to hold a summit for members to discuss the second and first IOM reports to ascertain impact on boards of nursing and coordinate responses.

Outcome 2: Leadership influences health care and regulatory policy.

Tactic 1: Provide information and programs of leadership development to Member Board Executive Officers and Member Board Presidents designed to expand understanding of health care and regulatory policy, increase effectiveness at impacting public policy at state and national levels, and maximize the contribution of public members on boards of nursing.

- Revised Executive Officer Orientation Manual that will be used to orient new Board Presidents.
- Held Executive Officer orientation meeting attended by Eight Executive Officers in May. Issued invitation to attend June Board of Director's Meeting.
- Policy calls are made available to member board staff monthly and member board presidents on an as needed basis and participation has increased dramatically.
- Work with CAC on ways to involve public members in Boards of Nursing, including their diverse knowledge on areas of public policy (i.e., PREP project, consumer perspective, etc.).
- Monitor and report on public member trends in analagous organizations.
- Working with CLEAR on Program Committee to develop 2001 conference to be useful to state boards of nursing.

Tactic 2: Assume a proactive, influential role regarding national matters that impacts on public protection and the ability of boards of nursing to fulfill their mission.

- Conducted eight Congressional visits (two visits each with Sens. Kennedy and Jeffords; and one visit with the Arizona Delegation). Met with four national liaison (AHA, AMA, AONE, & ANA) groups. Also participated in national conferences at NCSL, FSMB, NABP, ATA, NPSF, new National Patient Safety Task Force, CSG, CLEAR, & CAC. Provided testimony at QuIC hearing. Interfaced with OSHA and AHRQ. Plans to address opportunities in the new Bush administration are underway. Attended on nurse shortage hearing, Senate Labor, Health and Pension's subcommittee on Aging.
- Continue Congressional relationships with key staff and members of Congress interested in nursing regulation and patient safety. Continue dialogue with liaison organizations and other key stakeholders on areas of mutual interest and concern.
- NCSBN has become recognized by Congressional staff as a stakeholder in the patient safety and nurse shortage forums.
- NCSBN accepted as a non-voting member of AMA House of Delegates.

Outcome 3: Approaches and strategies respond effectively to critical issues and trends impacting nursing regulation.

Tactic 1: Monitor activities of nursing and other professional health care related groups which may impact delineation of scope of nursing practice.

- Use policy & external relations' contacts to monitor this issue.
- Remain committed to performing environmental scans that include analogous professional board organizations and nurse specialty groups to assess any scope issues.

Tactic 2: Collaborate with other groups to maximize the role of National Council in the development of national nursing practice, education, and regulatory initiatives.

- See Outcome 2, as it relates to this tactic.
- Many collaborative opportunities are underway to support this (joint research, PERC, Advance Practice Roundtables, ANA and Tri Council initiatives, PREP, etc.).

Tactic 3: Collaborate with other groups to understand current supply and demand data.

- Research into current supply and demand models has been conducted this year. While supply models seem to well developed, demand models are not. A report on data available will be available for Delegate Assembly.

Tactic 4: Build a database of final-year nursing student enrollments to aid in NCLEX® candidate projections.

- A database of nursing program enrollments and graduations has been established and will be kept current by fall surveys to nursing programs. Each program will be asked for the number of senior, or final year, students enrolled, in particular, for use in projecting the likely number of NCLEX candidates the following spring.

Outcome 4: Implementation of the mutual recognition model for nursing regulation.

Tactic 1: Work with Nurse Licensure Compact Administrators (NLCA) to operationalize the affiliation between the NLCA and National Council.

- Data collection and analysis of various aspects of Compact states laws and regulations ongoing.
- Proposed NCSBN services fee structure and schedule discussed by NLCA at August 2000 meeting and again with NLCA chair in May 2001 to formalize Secretariat fees for 2001-2002 budget.
- Monthly, planned conference calls are ongoing.
- Educate upon request regarding Compact.
- Conducted mutual recognition survey in March 2001 — 15 states have the Compact approved in their states and legislation is pending in three currently.

Tactic 2: Disseminate information about mutual recognition by publication, public speaking and Web-based communication.

- Consistent response to policymakers, media and other public stakeholders regarding mutual recognition model for nursing regulation.
- Fulfilled Senator Jeffords (VT) request for more information regarding mutual recognition and potential GAO report (1/31).
- Fulfilled state of Virginia's request for information and provided contact names for follow-up.
- Chairs have been approached to fulfill speaking engagements and media interest continues to build (information provided on request).
- Provided information to Georgia Task Force exploring Compact (GA BON is a member of task force).

Tactic 3: Identify criteria for the evaluation of mutual recognition.

- NLCA has begun to explore this issue.

Tactic 4: Monitor discipline cases that arise under the Interstate Compact and provide ongoing support to states dealing with discipline cases under mutual recognition.

- No discipline cases requiring concurrent multistate investigation/action as of yet (there have been some sequential cases that were handled as discipline cases have traditionally been addressed).

Tactic 5: Explore issues regarding development of a compact for advanced practice registered nurses (APRNs).

- Timeline and Action plan for development of an APRN compact developed.
- Nominations being obtained for a FY 2002 APRN compact subcommittee.

Tactic 6: Work collaboratively with other nursing groups to educate and provide timely and accurate information regarding implementation of the *Nurse Licensure Compact* and mutual recognition.

- Additional support for the Compact from the AHA has been noted, and possible support from AONE and JCAHO appears likely. No additional resistance from ANA, as individual state chapters are split on support of Compact.

Outcome 5: *Approaches and resources assist Member Boards in the regulation of advanced practice registered nurses (APRNs).*

Tactic 1: Develop "second generation" criteria and a process to evaluate regulatory sufficiency of all national APRN certification examinations.

- "Second generation" criteria developed by APRN Task Force.

Tactic 2: Develop a comprehensive evaluation and ongoing reporting process for national accreditors of APRN examinations (NCCA, ABNS) seeking deemed status for state regulatory purposes.

- An evaluation and ongoing reporting process for accreditors of APRN programs developed.
- Process shared with stakeholders and feedback requested.

Tactic 3: Conduct an APRN roundtable and continue to collaborate with APRN professional organizations and certifying and accrediting organizations.

- The annual APRN roundtable was held on May 2001.

Tactic 4: Explore development of alternative mechanisms for approval of applicants for whom a certifying examination has not been developed that are equivalent to requirements for APRN licensure.

- Explored and suggested an alternative mechanism for use by Member Boards for licensure of APRNs in specialties lacking a certifying examination.

Tactic 5: Identify issues, initial steps and a timeline for development of a compact for advanced practice registered nurses (APRNs).

- Identified an action plan and timeline for developing an APRN compact.

Tactic 6: Develop a blueprint for proceeding an advanced practice registered nurses (APRN) compact.

- Identified elements to be included in the blueprint for the APRN compact.

Outcome 6: *Approaches and resources assist Member Boards in addressing issues related to assistive personnel.*

Tactic 1: Explore new methods of analyzing entry-level activities of nurse aides to support construction of the National Nurse Aide Assessment Program (NNAAP).

- Co-managed the NNAAP examination with ASI.
- Attended a standard setting meeting for the NNAAP examination.
- Attended item review meeting and provided feedback for change.
- A new Nurse Aide Practice Analysis survey methodology was piloted FY2001 to explore more effective ways of reaching this population. A full Nurse Aide Practice Analysis is planned for FY2002.

Tactic 2: Convene a summit to discuss issues regarding the use of UAPs and patient directed care in non-acute settings.

- UAP Summit was held Thursday, March 8 2001, during Mid-Year Conference.

Strategic Initiative 4: Data and Databases. The National Council will provide information systems and data to facilitate regulatory decisions.

Outcome 1: Enhance Nursys.

Tactic 1: Provide ongoing systems support and ongoing maintenance to Nursys.

- Included Iowa, Arkansas, Vermont, South Dakota and Maryland data load into Nursys and have begun accepting their monthly updates.
- Completed modifications verification entry and accounting module.
- Completed HIPDB modifications to Nursys.
- Began regular transmission of HIPDB data to HRSA.
- Implemented Mutual Recognition enhancements.
- Implemented Verification Reporting enhancements to minimize the amount of times the end-user needs to re-look up an applicant's fee status.
- Completed Discipline QA Detail and Summary reports.
- Completed and distributed Nursys User Manuals.
- Update policy and procedure manuals and are available on the Nursys website.
- Deployed Verification Form and FAQ on Public website.
- Designed the discipline editability feature.
- Developed outreach plan.
- Enhanced searching capabilities.

Tactic 2: Explore opportunities to expand the functionality, usefulness of and access to Nursys.

- Began discussions with outside management consulting firm on an approach to explore opportunities.

Tactic 3: Evaluate and determine data-mining tools and techniques for Nursys data analysis.

- Completed an initial data analysis of the discipline data.

Tactic 4: Establish an advisory group to assist the Nursys team in evaluating system and policy change requests to Nursys.

- The Board of Directors appointed a Nursys Advisory Panel.
- The Nursys Advisory Panel has met on-site twice and conducts monthly meetings via conference calls.

Tactic 5: Provide communication portals by which IT and Member Boards can dialogue, debate, and share information regarding Nur*sys*.

- Currently in the development phase for reconstructing all the NC's web sites.

Outcome 2: The technical infrastructure is enhanced between and among Member Boards, National Council and service providers.

Tactic 1: Provide ongoing user support by developing and implementing new processes, systems and educational opportunities that support the needs of users.

- Completed Item Development system for the Testing Services Department.
- Designed and documented new employee orientation for technology, telephony, e-mail and network structure.
- Updated all Nursys related documents and web sites to reflect changes in Nursys.
- Documented the Nursys verification entry process and trained the accounting department.
- Documented Item Development process and provided training appropriate staff.
- Completed project plan for replacing the Help Desk Request System.
- Began analysis and design to replace SAHVI.
- Updated Member Board's PC manual.
- Completed dozens of email modifications.
- Completed bios upgrade on all Member Board PC's.
- General on-going support of Member Board PC's.
- Provided on-site support for Guam and Sai Pan.
- Updated NC web sites as requested.
- Produced discipline statistics.
- Provided Research Department access to Nursys discipline data for analysis.
- Contracted with a software house to replace the old SAHVI system with a new Association Software package.

Tactic 2: Upgrade technology to meet user needs, reduce response time and ensure network security by employing new technologies and techniques as they become stable and proven.

- Installed telephony and voicemail upgrade from analog to digital.
- Installed CISCO WORKS software to monitor and maintain network.
- Completed the Network Security audited.
- Received and began configuring new email servers.
- Began process to replace all existing desktops.
- Installed NT Service Pack 6A on all NT servers.
- Applied appropriate HP patches.
- Developed remote server restart process and procedures.
- Installed Legato server software on perimeter network.
- Upgraded Legato to 6.0.1.
- Implemented Win2000 Professional on all desktops and laptops.
- Ordered new equipment to replace all desktops at the NC office.
- Upgraded all systems to Norton Antivirus Corporate Edition 7.5.
- Installed anti-virus on MS Exchange and all email servers to detect and disable the virus before the email is delivered.

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Tactic 3: Review and update, where necessary, all computing and technology-related policies and procedures.

- Developed an external communications policy.
- Reviewed of current email, network security, web hosting and use of web links policies.

Outcome 3: Regulatory information is provided for Member Boards, other governmental entities, health care organizations, health care consumers, and others.

Tactic 1: Explore the feasibility of a system to collect data from Member Boards and disseminate data to Member Boards and interested parties via online database access.

- Integration of on-line data collection and dissemination systems has been explored and incorporated into the plan for web enhancement.

Tactic 2: Participate in federal government activities related to the development of credentialing and reporting systems (e.g., VetPro, NPDB, HIPDB).

- Final preparations for ongoing reporting are near completion. Contracts have been signed by nineteen boards of nursing.

Tactic 3: Determine ways to collect and disseminate comprehensive nurse regulatory information (e.g., Profiles of Member Boards, Advanced Practice compendiums, licensure and examination statistics) which facilitates the work of Member Boards.

- Data collection for Profiles of Member Boards 2000 and Licensure and Examination Statistics 2000 was distributed spring 2001. The *Profiles* publication was reformatted for improved utilization.

Tactic 4: Ensure that regulatory information on Website and in NCSBN publications is accurate, timely, and accessible to Member Boards.

- Web site up-time has been at almost 100%, excluding scheduled downtime and all web sites have been updated as requested.
- Three publications, the *2000 Member Board Profiles, 2000 PN Practice Analysis* report, and Licensure and Examination Statistics 2000 were published in new, easier to use formats. These data will be made available on the NCSBN web site FY2002.

Strategic Initiative 5: Congruence Between Education and Practice. The National Council will assist Member Boards to evaluate and implement their role with nursing education programs to bring congruence between graduate competence and the requirements of the practice environment.

Outcome 1: Research identifies employer expectations of entry-level nurses.

Tactic 1: Incorporate employer expectations and changes in practice settings into job analysis studies.

A survey of employers was developed with input of the N,P, &E Committee and sent to a sample of employers to discover their perspectives on the nursing shortage and preferred competencies of nurses. Results will be disseminated to NCSBN membership through the *Council Connector.*

Outcome 2: Ongoing collaboration with representatives of nursing education, practice and regulation.

Tactic 1: Implement Delegate Assembly Resolution, that the National Council assume the leadership role and develop an action plan to clearly delineate and establish congruence among education, practice, and regulation for the respective roles of all nurses.

- The Practice, Education, and Regulation Task Force has worked to identify congruencies and incongruencies among nursing practice, education, and regulation. They have invited written comment from external groups to inform their work, and will meet with organizations (selected on the basis of their written comments) in October to clarify perspectives and complete phase one of the project. Their report of this first phase will be disseminated to NCSBN membership. During the final phase in FY2002, the Task Force will develop an action plan to improve the congruence of nursing practice, education, and regulation.

Outcome 3: Develop a National Council position on the role of Member Boards in nursing education.

Tactic 1: Convene a meeting of Member Board nursing education consultants to develop strategies which address the issues related to the regulation of nursing education programs.

- A Summit of States on Approval/Accreditation of nursing programs will be held August 6 during the 2001 Delegate Assembly.

Tactic 2: Convene a roundtable of key stakeholders to explore and prioritize issues related to nursing education programs.

- Building on the Summit of States, a roundtable for regulators, accrediting bodies, federal oversight agencies and others whose work is related to the approval/accreditation of nursing programs is planned for October.

Strategic Initiative 6: Organizational Capacity The National Council will have the organizational structure and capacity to lead in regulation.

Outcome 1: A sound organizational governance and management infrastructure advances the National Council's mission and vision.

Tactic 1: Continue to develop the National Council into a customer-focused, highly efficient and effective organization with accountability for high quality programs and services.

- Staff completed customer service training in Fall 2000. Customer satisfaction will be assessed in 2001.

Tactic 2: Maintain a system of governance for the National Council that facilitates leadership and decision-making.

- The Committee on Nominations actively encouraged NCSBN members to pursue elected office through an informal candidate open house during the Board of Director's Reception at the Mid-Year Conference.

- Formal invitations to serve NCSBN were sent to entire Member Board leadership in Fall 2000. *The Council Connector* ran a monthly promotion for nomination requests. Nomination information is posted on the VIP website.
- Committee on Nominations seeking nominations early Summer 2001 for NCSBN Vice-President to complete one-year term 2001-2002.

Tactic 3: Continue Board Development initiatives designed to ensure a highly competent governance process.

- The Board attended the National Leadership Forum hosted by the National Center for Non-Profit Boards in Washington, DC November 2000. Reservations have been made for the 2001 program.

Tactic 4: Manage the financial and physical assets of the organization with prudence and integrity.

- Accepted the audit report from the CPA firm Thomas Havey LLP, for the fiscal year ended September 30, 2000.
- Approved the budget for the fiscal year began on October 1, 2000, and ending on September 30, 2001.
- Accepted the quarterly financial reports and the full year forecast for fiscal year 2001.
- Revised the NCSBN investment policy.
- Quarterly reviewed the performance of the investment portfolio and the investment manager.

Tactic 5: Monitor and review current benefits and compensation programs to ensure equity, competitive market position and compliance with labor laws.

- No activity this period

Tactic 6: Phase out the Special Services Division (SSD) as a separate entity and explore the feasibility of integrating selected products and services within the National Council's programs.

- Completed plan to exit selected SSD products.
- Assigned responsibility for marketing and new product development to the Marketing Manager.

Tactic 7: Implement strategies for marketing National Council products and services.

Completed development of marketing strategies for each product for fiscal
Year 2001. Implemented strategies:
- NCLEX Review - Created brochure and sent direct mail to nursing educators, attended NSNA mid year meeting and provided demonstrations, conducted online link placement, and submitted to search engines.
- Assessment Strategies - Created brochure and sent direct mail to nursing educators, distributed brochures at Testing Department functions, conducted online link placement, and submitted to search engines.
- NPA on the Web - Sent Information packets to Member Boards, conducted online link placement, and submitted to search engines
- Boundary Video - Included product in direct mail piece to long term care in service directors.
- NCLEX Program Reports - Extended a discount program for first-time subscribers.
- All products - Developed product overview brochure to distribute with publication orders.

Tactic 8: Provide opportunities for Member Boards to act and counsel together and with other constituencies.

- Implemented internet registration via Cvent product January 2001.

- The Mid-Year Meeting was held March 6-7, 2001 in Chicago. 2001 contract has been signed for the Mid-Year Meeting 2002 at the Wyndham Chicago March 6-8, 2002.
- Annual Meeting 2001 registration is active. NCSBN offering exhibitor access to meeting for first time.
- Board Investigator Summit to be held June 22-23 2001 Radisson, Chicago.
- NCLEX Invitational September 28, 2001 Caesar's Palace, Las Vegas.
- IOM (#1-2) Conference planned for late fall-early winter.
- 2002 Annual Meeting contract signed August 13-17, 2002.
- Research being conducted for sites through 2005 pending approval by Board of Directors. Information available at Annual Meeting 2001.
- Facilitated and evaluated a revised committee nomination/selection process in 2001.
- Provided 18 committee appointments for members in 2001.

Tactic 9: Convene a committee for comprehensive review and potential revision of the bylaws.

- The Bylaws Committee has completed a thorough examination of the NCSBN Bylaws and has submitted draft copies to the members for review. The Committee is recommending revisions to the bylaws and will facilitate discussion at the Bylaws Forum scheduled during Delegate Assembly.

Tactic 10: Provide National Council publications, public relations, and communication vehicles that are timely, informative and accurate.

- The newsletter is being delivered to Member Boards electronically mid-month. A Web-based version of the newsletter is planned for summer 2001. Web-enabled, the newsletter content will be organized into sections pertinent to NCSBN member needs. The Web-based newsletter will also allow for easier navigation of content and greater security for this members-only publication.
- Implementing 2001 editorial calendar, which will serve as a planning reference for all departments, showing deadlines, and distribution dates for printed/electronic materials and publications. Deadlines for submissions and printer dates have been moved up to allow adequate time of planning and fulfillment.
- A Communications Policy regarding solicitation of articles by outside periodicals is being generated.
- *Policy Perspectives* is distributed bi-monthly.
- A clipping service will be retained to find media reports related to NCSBN or state boards of nursing.
- *PR News Wire* is being used for electronic and immediate placement of press releases and other media statements. NCSBN is listed in national source books as authority on nurse regulation, public safety and NCLEX.
- *Leadership Directories* has been retained to provide timely and accurate listings for associations, states, federal agencies, executive branch and Congressional contacts.
- Members receive timely notifications about media reports that effect Board of Nursing.
- Media training is being contemplated as a potential Delegate Assembly or Committee training topic.
- Media relations requests are handled by a central contact and dispersed to content experts when needed (staff/members).

Tactic 11: Explore new sources of revenue generation.

- Began work on an ePortfolio business plan to review the feasibility of developing an internet business with multiple revenue streams from various services and products.

Tactic 12: Develop marketing strategy to actively encourage Member Boards to participate in Nursys.

- Plans underway.

Tactic 13: Explore entrepreneurial opportunities to expand and enhance Nursys revenue stream.

- Under discussion with Finance Committee.

Tactic 14: Develop a curriculum to educate and support Member Board Presidents and Executive Officers.

- Conducted leadership education program at Mid-Year Conference to promote dialogue between Executive Officers and Presidents.

Tactic 15: Conduct a Mid-Year Conference that provides opportunities for education and networking among the membership.

- Mid-Year conference offered opportunity to discuss NCSBN business and strategic planning. Networking opportunities provided for Member Boards via Area Meetings and breakout groups.
- Unlicensed Assistant Personnel (UAP) seminar offered.
- Staff conducted an internal (NCSBN) products and services exhibitor fair at the mid-year meeting.

Outcome 2: *The planning process promotes Member Board satisfaction with National Council products and services.*

Tactic 1: Conduct a formal assessment of satisfaction with National Council products, programs and services.

- Survey will be sent for member feedback August 2001.

Tactic 2: Enhance products, programs, and services as feasible in response to the changing environment and member needs.

- Awards Panel restructured and implemented 2001 Awards Program. Fourteen nominations were submitted to a blind review by the Awards Panel. Recommendations will be submitted to the Board of Directors at the June meeting.
- Updated member resource directory for distribution August 2001.

Tactic 3: Integrate member feedback in development of the strategic initiatives.

- The Board developed the proposed 2002-2004 Strategic Initiatives and Outcomes based on the suggestions from Member Boards during the 2000 Area Meetings, 2000 Delegate Assembly Forum on Strategic Planning, and the 2001 Midyear Meeting. The proposed plan identifies critical strategic initiatives for the next three years related to National Council's mission and vision and defines measurable outcomes within each initiative area.

Outcome 3: *Technology enhancement for regulatory activities.*

Tactic 1: Provide a Technology Forum at the mid-year meeting, where technology information and vendors are available to network with Member Boards.

- Due to space and planning constraints with the first mid-year meeting, this service will be offered at Delegate Assembly with other exhibitors of interest to the membership. NCSBN IT staff will participate in the internal exhibit fair at the Mid-Year Conference.
- Set up and planned for exhibits at the 2001 Annual Meeting.

National Council State Boards of Nursing
Strategic Initiatives and Outcomes FY 2002-2004

Strategic Initiative 1.......Nursing Competence. National Council will assist Member Boards in their role in the evaluation of nurse and nurse aide competence.

Outcomes:

A. NCLEX® is state of the art entry-level nurse licensure assessment.
B. NCLEX® is administered at international sites for purposes of domestic licensure.
C. International testing exams are explored for foreign nurse licensure.
D. Nurse aide competence is assessed.
E. Targeted constituencies utilize NCLEX® programs and related products/services.
F. Research demonstrates relationships of various regulatory approaches to validate continued competence.

Strategic Initiative 2.......Regulatory Effectiveness. The National Council will assist Member Boards to implement strategies to promote regulatory effectiveness to fulfill their public protection role.

Outcomes:

A. Advanced regulatory strategies promote public protection and effective nursing practice.
B. Models for system and individual accountability address practice issues.
C. Strategies assist Member Boards to respond effectively to critical issues and trends impacting nursing education.
D. Approaches and resources assist Member Boards in the regulation of advanced practice registered nurses.
E. Approaches and resources address issues related to assistive nursing personnel.
F. New knowledge and research supports regulatory approaches to discipline, remediation and alternative processes.
G. National Council supports, monitors and evaluates the implementation of the Mutual Recognition Model.
H. Resources and tools assist Member Boards to measure performance.

Strategic Initiative 3.......Public Policy. The National Council will analyze the changing health care environment to develop state and national strategies to impact public policy and regulation effecting public protection.

Outcomes:

A. National Council and Member Board leadership impacts national and state health care and regulatory policy.
B. Effective collaboration exists among practice, education and regulation.

C.   National Council analysis of national and international trends impacting public protection is current and disseminated to Member Boards.

Strategic Initiative 4.......Information Technology. The National Council will develop information technology solutions valued and utilized by Member Boards to enhance regulatory sufficiency.

Outcomes:

A.   Information technology infrastructure is enhanced among Member Boards, National Council and service providers.
B.   Information technology provided improves Members Boards efficiency and productivity.
C.   NURSYS is the preferred national database among member boards, employers and nurses for licensure information.
D.   The collection, storage and use of data by Member Boards are standardized and accurate.
E.   The Web site maximizes access to regulatory education and information by Member Boards and the public.

Strategic Initiative 5.......Governance & Leadership Development and Organizational Capacity. The National Council will support the education and development of the Member Board Staff, Board Members and Board of Directors to lead in nursing regulation.

Outcomes:

A.   Member Board staffs and members access multiple levels of educational programs to develop core competencies in regulation.
B.   Member Boards understand the services of National Council.
C.   A sound organizational governance and management infrastructure advances the National Council's mission and vision.
D.   The planning process promotes Member Board satisfaction with National Council products and services.

Summary of Recommendations to the 2001 Delegate Assembly with Rationale

This document provides a summary of recommendations that the National Council Board of Directors, Committee on Nominations, Examination Committee, Bylaws Committee and Finance Committee propose to the Delegate Assembly 2001. Additional recommendations may be brought forward during the 2001 Annual Meeting.

BOARD OF DIRECTORS

1. **Adopt the proposed 2002-2004 National Council of State Boards of Nursing Strategic Initiatives and Outcomes.**

   Rationale
   The Board developed the proposed 2002-2004 Strategic Initiatives and Outcomes based on the suggestions from Member Boards during the 2000 Area Meetings, 2000 Delegate Assembly Forum on Strategic Planning, and the 2001 Midyear Meeting. The proposed plan identifies critical strategic initiatives for the next three years related to National Council's mission and vision and defines measurable outcomes within each initiative area.

   Fiscal Impact
   The strategic initiatives will serve as a basis for allocating financial resources for the next three years. Annual operating budgets will be developed to fund tactics designed to carry out the strategic plan.

COMMITTEE ON NOMINATIONS
2. **Adopt the 2001 Slate of Candidates.**

   Rationale
   The Committee on Nominations has prepared the 2001 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all nominees, and attention to the goals and purpose of the National Council. Full biographical information for each candidate follows in the Business Book under the Report of the Committee on Nominations, and each candidate present himself or herself at the Candidate's Forum on Tuesday, August 7 2001 from 2:00-4:00 p.m.

   Fiscal Impact
   Incorporated into FY2001 budget.

EXAMINATION COMMITTEE

3. **Adopt the proposed enhancements to the *NCLEX-PN®* Test Plan.**

   Rationale
   The Examination Committee reviewed and accepted *Linking the NCLEX-PN National Licensure Examination to Practice: 2000 Practice Analysis of Newly Licensed Practical/Vocational Nurses in the United States.* (Smith, Crawford & Gawel, 2000) as the basis for recommending no changes in the structure or content distribution for the *NCLEX-PN®* Test Plan. The committee proposed enhancements that would improve readability and provide clarity to the *NCLEX-PN Test Plan* document. Empirical evidence provided by the research department from job incumbents, the professional judgment of the Examination Committee, legal counsel, and feedback from the Member Boards and other stakeholders support the recommendations regarding the *NCLEX-PN Test Plan*

Fiscal Impact
>Incorporated into FY2001 budget.

BYLAWS COMMITTEE

4. **Adopt the proposed Bylaws Revisions presented under the Bylaws Committee Report.**

Rationale
Proposed Bylaws Revisions and rationale for changes are found in the Bylaws Committee Report.

Fiscal Impact
>The Bylaws revisions propose: (1) an increase in the minimum number of Exam Committee members from six to nine, and (2) the addition of two standing committees comprised of 4 members for each body. The new standing Bylaws Committee will require legal counsel services. Other than the expenditure to fund these additional committees and members, there is no direct fiscal impact associated with the adoption of the proposed Bylaws revisions.

FINANCE COMMITTEE

5. **Adopt the financial statements and report of the auditors for the fiscal year October 1 1999, through September 30 2000.**

Rationale
>Article XII, Section 1 of the bylaws requires that the financial records of the National Council shall be audited annually by a certified public accountant appointed by the Board of Directors, and that the annual report be presented to the Delegate Assembly.

>The firm of Thomas Havey LLP was engaged to conduct the audit for the fiscal year ended on September 30 2000.The audit was completed in November 2000. In their report, the auditors expressed an unqualified opinion, indicating that the financial statements fairly presented the financial position of the National Council. The auditors found no weaknesses in internal control, and did not issue a management letter.

>At a meeting held December 13 2000, the Finance Committee reviewed the audited financial statements with the Managing Partner and the Engagement Manager from Thomas Havey LLP. The Board of Directors accepted the financial statements and the report of the auditors at its meeting on January 11 2001

Fiscal Impact
>Incorporated into FY2001 budget.

Unit 2
Committee Reports

TRANS*forming*
REGULATION IN EXTRAORDINARY TIMES

2001 Slate of Candidates

The following is an overview of the slate developed and adopted by the Committee on Nominations. More-detailed information about each candidate is provided in the subsequent pages of this attachment. This detailed information is taken directly from candidates' nomination forms. Each candidate will have an opportunity to expand on this information during the Candidates' Forum, scheduled for 2:00 - 4:00 p.m. Tuesday, August 7, 2001 at the NCSBN Annual Meeting.

AREA I DIRECTOR
Mary Schaper .... Wyoming
Paula Meyer .... Washington

AREA II DIRECTOR
Deborah Johnson .... North Dakota

AREA III DIRECTOR
Barbara Mooney .... Mississippi
Mark Majek .... Texas-RN

AREA IV DIRECTOR
Iva Boardman .... Delaware
Jane Garvin .... Maryland

DIRECTOR-AT-LARGE (TWO POSITIONS)
Deborah Burton .... Oregon .... Area I
Robin Vogt .... Missouri .... Area II
Elaine Klein .... Alabama .... Area III
Myra Broadway .... Maine .... Area IV

COMMITTEE ON NOMINATIONS
Area I
Cookie Bible .... Nevada
Jan Zubieni .... Colorado

Area II
Richard Nowowiejski .... Ohio
Karla Bitz .... North Dakota

Area III
June Bell .... Kentucky
Rose Kearney-Nunnery .... South Carolina

Area IV
Gino Chisari .... Massachusetts
Patricia Polansky .... New Jersey

DETAILED INFORMATION, as taken directly from nomination forms and organized as follows:

1. Name, Jurisdiction, Area
2. Present board position, board name
3. Present employer
4. Educational preparation
5. Offices held or committee membership, including National Council activity
6. Professional organizations
7. Date of term expirations and eligibility for reappointment
8. Personal statement

AREA I DIRECTOR

Mary K. Schaper, MS, RN
Board Staff, Wyoming Board of Nursing, Area I

Assistant Executive Director & Nursing Practice Consultant, Wyoming Board of Nursing

Education:
Nova University, Certified in Health Services Administration, 1988-1990
Nova University, MS, 1988-1990
St. Louis University, Post-Graduate: Guidance Counseling, 1975-1977
Regis College, BA, 1971-1973 with honors
St. Joseph's Hospital School of Anesthesia, Certified Registered Nurse Anesthetist, 1965-1967
Srs. of St. Francis School of Nursing, Diploma, 1960-1963
Daemen College, New York State Regents Scholarship, 1957-1960

Professional/Regulatory/Community Involvement:
NCSBN ELVIS Task Force, 1995
Governor's Telemedicine Committee, 1997
Wyoming Organization of Nurse Executives, 1986
Wyoming Nurses Association, 1981
Scout Leader, 1993
Respite Advisory Board, 1992-1996
COMEA House Volunteer, 1992-1995

Date of expiration of term: N/A
Eligible for reappointment: N/A

Personal Statement:
I am requesting to be chosen as Area I Director, in order to give back to an organization which has greatly enriched my career; having been associated with the Wyoming Board of Nursing for the past 15 years, including six years as a board member - one year of which I was Board President. Over the years, I have participated in many Area I and NCSBN Annual Meetings.

My career in nursing, anesthesia and management, both in the US and Mexico, has helped me develop effective organizational, management and leadership skills; honed my ability to listen, participate assertively in discussions and stand for what I believe is right. As the Area I Director, I can bring a knowledge of the problems facing healthcare in western rural/frontier states.

I heartily support the mission of the National Council and would bring a willingness to work for what is best for the Member Boards who comprise the NCSBN.

Paula R. Meyer, MSN, RN
Executive Director, Washington State Nursing Care Quality Assurance Commission, Area I

Executive Director, Washington State Nursing Care Quality Assurance Commission

Education:
George Mason University, MSN (Nursing Administration), 1986-1989
Catholic University of America, 1985-1986
Montana State University, BSN, 1980

Professional/Regulatory/Community Involvement:
Chair, NCSBN Investigator Summit Planning Committee
Committee Member, NCSBN Resolutions Committee, 2000

Date of expiration of term: N/A
Eligible for reappointment: N/A

Personal Statement:
- Ability to synthesize information quickly and concisely
- Demonstrated ability to achieve consensus and facilitate highly contentious groups
- Conscientious and empathetic to opposing views
- Committed to nursing as a profession and the potential we have for shaping the future
- Energy and enthusiasm
- Broad perspective on issues affecting nursing: entry-level into practice; NCLEX exam; payor/provider sources and reimbursement streams for nursing; nursing education and faculty issues; misconduct issues in nursing; legal framework for regulatory decisions; legislative process and political processes; competing careers for students.
- Public speaking experience
- Able to listen to people individually and as a group, and learn from their experiences.

AREA II DIRECTOR

Deborah K. Johnson, MS, RN, CNS, APRN
President, North Dakota Board of Nursing, Area II

President, Deborah K. Johnson and Associates, P.C.

Education:
Kennedy Western University, Ph.D. Candidate (Psychology), 2001
Texas Woman's University, MS (Nursing), 1988
Texas Woman's University, BS (Nursing/Psych/Soc.), 1973

Professional/Regulatory/Community Involvement:
North Dakota Board of Nursing, 1996-2004
    Chair: Prescriptive Authority Committee; Sanctions Task Force; Nurse Advocacy Committee
    Committees: Multistate Licensure Task Force; Medication Exemption Task Force; Strategic Planning
    Committee; Executive Committee
NCSBN Committees: APRN Task Force, 1999-2001; Executive Director Search Committee, 2001; Annual
    Meeting Volunteer, 1998
American Heart Associations, Health Walk Committee, Corporate Sponsor Chair
Minot Council on the Status of Women, Board of Directors
Minot Domestic Violence Crisis Center, Board of Directors
Minot State University Women's Resource Center
Nominee, Advanced Practice Nurse of the Year, 1997
Recipient, Advanced Practice Nurse of the Year, Northwest region, 2000
Sigma Theta Tau
American Nurses Association

Date of expiration of term: 2004
Eligible for reappointment: No

Personal Statement:
I believe nursing has dual responsibilities for service: a responsibility to serve the consumer through safe
practice and a responsibility to serve our profession by participating in the processes of change that
make nursing a viable stakeholder in health care now and for the future. It is through these two
important principles for action that I seek to serve as Area II Director. My current work as a psy/mh
nurse APRN helps me to think from a systems perspective and my current tenure as an active board
member and President for North Dakota gives me the regulatory view I need to make informed choices.
I bring enthusiasm, commitment and a desire to make the right choices for nursing regulation now that
will leave a legacy of excellence from which others may build. It would be a privilege to do this work as
an Area II Director for NCSBN and my state.

AREA III DIRECTOR

Barbara G. Mooney, LPN
Board Member, Mississippi State Board of Nursing, Area III

Clinical Facilitator, Total Health and Life Services, Inc.

Education:
Gulf Coast Community College, Practical Nursing, 1974

Professional/Regulatory/Community Involvement:
Mississippi Licensed Practical Nurses Association, President 1999-2000
Co-Chair NFLPN Bylaws and Resolutions Committee, 1999

Date of expiration of term: July 2002
Eligible for reappointment: Yes

Personal Statement:
As we continue to chart our course into the 21st Century, National Council of State Boards of Nursing will play a vital part in the regulation of all nursing practice. We as Member Boards are charged with promoting safe and effective nursing practice and protection of the public health and welfare.

I bring to the National Council over twenty-four years of nursing experience and effective leadership skills. As your elected Director-At-Large, I hope to serve as a visionary member of this vital group of professionals. Thank you for this opportunity.

Area III Director

Mark W. Majek, MA, PHR
Director of Operations, Texas Board of Nurse Examiners, Area III

Director of Operations
Texas Board of Nurse Examiners

Education:
Corpus Christi State University, MA (Business and Communications), 1981
The University of Texas at Austin, BA (Political Science), 1979
Southwest Texas State University, Paralegal Certification, 1979
Del Mar Junior College, Associates Degree, 1977

Professional/Regulatory/Community Involvement:

National Council:
> Nursys Advisory Panel, 2000-2001; Phase II User Group Nursys, 1999-2000; Information System Users Group, 1998-1999; Licensure Verification Task Force, Chair 1996-1997; Licensure Verification Task Force, 1995-1997; Special Services Division Forms Group, 1994; Delegate Assembly page, 1995-2000.

Society for Human Resource Management, 1991-present

Date of expiration of term: N/A
Eligible for reappointment: N/A

Personal Statement:
I bring to the table a diverse background in finance, human resource management, information technology, customer service, and licensing. I wish to use my experience to enhance the Council's mission, objectives and strategic initiatives. Since joining the staff of the Texas Board of Nurse Examiners in 1987, I have witnessed a massive amount of change in the regulatory arena and have participated in the development of the licensure verification system and Nursys. I have visited many areas of the country discussing this system which also exposed me to Council issues regarding nursing practice and education, the examination and advanced nurse practice.

I am not tentative in making decisions based on our mission. I believe in building consensus on issues, but also understand that every Member Board should be heard. Listening will be a cornerstone of my directorship and I hope to serve you in advancing nursing regulation.

AREA IV DIRECTOR

Iva J. Boardman, MSN, RN
Executive Director, Delaware Board of Nursing, Area IV

Executive Director, Delaware Board of Nursing

Education:
Widener, MSN (Nursing Administration), 1989
Rutgers University, BSN, 1964

Professional/Regulatory/Community Involvement:
National Council:
   NCSBN Board of Directors, 1999-2001; APN Regulatory Subcommittee, 1991-1993; Committee on
   Nominations, 1993-1995; Communication Evaluation Subcommittee, 1995-1996; Multistate
   Regulation Task Force, 1996-1999.
Delaware Board of Nursing Workforce Supply Committee, 2000-present
Delaware Nurses Association
Delaware Organization of Nurse Executives
Sigma Theta Tau
Delaware Public Administration Association
American Nurses Association
Generations Home Care, Board of Directors, 1995-present
Claymont Community Center, Board of Directors, 1983-1997

Date of expiration of term: N/A
Eligible for reappointment: N/A

Personal Statement:
It has been an honor and privilege to serve as the Area IV Director since August of 1999. I believe that
my multiple experiences in nursing administration, service and education have served me well both as a
regulator since 1990 at the state level and subsequently during the past two years as a NCSBN Board
Member. My passion for regulation and commitment to service are qualities that direct me to respect
the diversity of Member Boards while participating in the analysis and determination of NCSBN issues
and activities. My ability to listen and desire to comprehend issues before making decisions is essential
as the Area IV Director. While these are challenging times for individual Member Boards, I believe that
the challenges become manageable if we collectively continue to best match regulation with practice and
education in achieving our essential charge of public protection.

Jane A. Garvin, RN, MS, MSN, CS-P
President, Maryland Board of Nursing, Area IV

Director of Nursing Education and Department Chair Allied Health and Wellness
Frederick Community College

Education:
University of Maryland, MSN (Advanced Practice Psychiatric Nursing), 1999
The John's Hopkins University, MS (Adult and Continuing Education), 1988
College of Notre Dame of Maryland, BSN, 1983
St. Luke's Hospital School of Nursing, Nursing Diploma, 1967

Professional/Regulatory/Community Involvement:
Maryland Board of Nursing, 1996-present; Secretary, 1997-2000; President, 2000-present.
Maryland Association of Associate Degree Nursing Directors, 1994-present; President, 1994-1996.
Maryland Commission on the Crisis in Nursing, Summit Facilitator, June 2000; Education Sub-
     Committee, 2000-present.
Maryland/Robert Woods Johnson Colleagues in Caring, Consortium Member, 1996-present; Steering
     Committee, 1999-present.
Frederick County Commission on Aging-Senior Action Team, Sub-Committee Chair, 1999; Advisory
     Board, 2000-present.
Maryland Council of Associate Degree and Baccalaureate Nursing Deans and Directors, 1993-present
Frederick County Public Schools Allied Health Career Tech Advisory Board, 1996-present
American Nurses Association, 1988-present
Maryland Nurses Association, 1988-present
Sigma Theta Tau
National Chair Academy
American Association of University Women

Date of expiration of term: July 1, 2004
Eligible for reappointment: No

Personal Statement:
It would be an honor to serve the National Council of State Boards of Nursing as Director-At-Large. I
would bring to this position over 30 years of active nursing experience and expertise in nursing
education, practice and management. The diversity of my career in nursing gives me the ability to look
clearly at all aspects of nursing issues and the wisdom to format clear and concise solutions to problems
and challenges. I believe strongly that collaboration among and between nurses is the key to strong
nursing leadership. I am a team player, a consensus builder, and willing to take a stand when
necessary. I am highly committed to the profession of nursing and willingly seek opportunities to lead.

DIRECTOR-AT-LARGE

Deborah A. Burton, PhD, MN, BSN
Board Member, Oregon State Board of Nursing, Area I

Director of Education, Portland Veterans Affairs Medical Center

Education:
Oregon Health Sciences University, PhD (Nursing and Health Policy), 1993
Oregon Health Sciences University, MN (Nursing Administration), 1982
University of Portland, BSN, 1977

Professional/Regulatory/Community Involvement:
Oregon State Board of Nursing, 1996-present; President, 1998-2000
Chair, Task Force of Multistate Regulation, 1998-1999
NCSBN:
    Board of Directors, At-Large Member, 2000-present
    Board Committee Liaison, 2000-present: Nursing Practice and Education Committee; 25th
    Anniversary Planning Committee; Awards Advisory Panel
    Delegate, 1997-2000

Date of expiration of term: January 2003
Eligible for reappointment: No

Personal Statement:
I seek to continue my role serving the membership as Director-At-Large. As the only Member Board member on the NCSBN Board, I have worked diligently to bring forward the perspective of Member Boards in policy deliberation. There is tremendous work to be accomplished this year, particularly in the areas of addressing the nursing workforce crisis, reduction of errors and patient safety, continuing competence, unlicensed caregivers, and the assessment of regulatory effectiveness. I have been privileged to serve, and wish to continue applying my governance and decision-making role in advancing the strategic vision of NCSBN. I am committed, passionate, and deeply invested in continuing to serve to the very best of my professional and personal ability.

Robin Vogt, MSN, RN, FNP-C
President, Missouri State Board of Nursing, Area II

FNP-C, Royal Oaks Hospital

Education:
Clarkson College, MSN-FNP, 1997
New York Regents, BSN, 1995
Drury College, Diploma in Nursing, 1982

Professional/Regulatory/Community Involvement:
l am on the Collaborative Task Force. This committee is comprised of three members from the Board of Nursing, Board of Pharmacy and Board of Healing Arts to review the rules in place for APRNs.

I serve as a consultant to the Department of Nursing at Royal Oaks Hospital for budgeting, personnel, and strategic planning issues. l am part of senior management at Royal Oaks as well.

Date of expiration of term: June 2001
Eligible for reappointment: Yes

Personal Statement:
I have had an interest in becoming more active in National Council since attending my first meeting. I am impressed with the way the states come together to address issues that relate to all states. It allows us to go beyond our own state and look at nursing as a whole, something we tend to forget as we each deal with our own issues. l have served as President of the Missouri State Board of Nursing this year. If chosen to serve on National Council, I can assure you I will strive to understand the impact of those decisions on all parties. Some decisions may not be in my best interest, but is in the best interest for nursing as a whole, which is what National Council is all about.

Elaine M. Klein, CRNA, Ph.D.
Board Member, Alabama Board of Nursing, Area III

CRNA, Children's Hospital

Education:
University of Alabama, PhD (Education, Science & Health), 1983
University of Alabama, MS (Education, Science & Health), 1981
University of Alabama, BA (Education, Science & Health), 1981
University of Cincinnati, School of Nurse Anesthesia, CRNA, 1951
St. Elizabeth Hospital Nursing School, RN, 1949

Professional/Regulatory/Community Involvement:
Alabama State Board of Nursing Board Member, 1997-present
Alabama Commission on Nursing, Alabama State Nurses Association
Alabama Association of Nurse Anesthetists, President and ongoing committee work; director, 1984-1986
National Association of Orthopedic Nurses, 1985
National Association of Operating Room Nurses, 1980
AARP, 1985-present
Alabama Humane Society, 1980-present
National and State Alumni Associations: Alabama & Ohio
Saint Francis Xavier Catholic Church, involved at all levels including choir
American Nurses Association
All Alumni Associations associated with nursing and anesthesia degrees
American Association of Nurse Anesthetists
Governor's Committee for Domestic Violence in Alabama

Date of expiration of term: December 31, 2001
Eligible for reappointment: Yes

Personal Statement:
Being a dedicated professional, I firmly believe that as a Director of NCSBN I am committed to the advancement of the educational standards and practices that enhance the art and science of nursing and thereby promote quality patient care. I believe strongly in the vision, philosophy and mission of NCSBN and, as on a state level, will do my utmost in accomplishing the mission and all the goals of NCSBN.

State level interest and experiences has increased my interest in patient advocacy, additional involvement can further this concept through participating at a national level in the decision-making process that benefits public health, welfare and safety. Directorship will provide a global perspective to share with Board members regarding direction pertaining to governmental policy, legislation or judicial decisions which are of importance to maintaining public health, welfare and safety resultant of nursing practice and education regulations.

Myra A. Broadway, JD, MS, RN
Executive Director, Maine State Board of Nursing, Area IV

Executive Director, Maine State Board of Nursing

Education:
Franklin Pierce Law Center, JD, 1990
University of Colorado, MS (Community Health), 1973
Hunter College, BS (Nursing), June 1967

Professional/Regulatory/Community Involvement:
National Council:
Director-At-Large, 2000-2001; Commitment to Excellence Task Force, 1999-2000; Resolutions Committee, 1999; Mutual Recognition Member Board Operations Analysis Tool Working Group, 1998.

Date of expiration of term: N/A
Eligible for reappointment: N/A

Personal Statement:
It has been an honor to serve as a Director-At-Large this past year. I seek to continue to serve, as I am committed to the National Council as it provides support to Member Boards in their public protection mission. I believe I have skills that will help me respond effectively to Member Boards' needs. Among them are the abilities to think clearly; to listen; to be reliable, reasonable, approachable; to hear and understand facets of an issue and analytically determine the best course of action in accordance with the Council's mission.

It is critical to promote and sustain the NCLEX examination; to develop strategies that will enhance effective nursing regulation as the profession meets challenges in the 21st century; to work toward consensus on advanced practice requirements for Compact recognition; to explore mechanisms to ensure continued competency of RNs and LPNs; and, above all, to keep the focus of regulation for public protection.

Cookie Bible, APN, BSN, RN
Board President, Nevada State Board of Nursing, Area I

Lead Clinician, Planned Parenthood

Education:
University of Reno, BSN, 1971

Professional/Regulatory/Community Involvement:
Current President and Treasurer, Zephyr Cove General Improvement District
Girl Scouts (Reno), Nominating Committee
Association of Reproductive Health, Board Member
National Association in Women's Health, Board Member & Nominating Committee, 1985-1996
Nevada Women's Foundation, Board Member, 1983-1989
Nevada Board of Nursing, Board Member, 1983-present; President, 1988-1989 and 1999-current
Douglas County Abuse Council, Board Member, 1980-1985
Organization of Scouts (Reno), Board Member, 1989-1996

Date of expiration of term: October 31, 2004
Eligible for reappointment: No

Personal Statement:
Since I've been involved off and on since 1983 with National Council, I feel I bring an historical overview plus the ability to handle change.

I have a good working relationship with staff and peers both at my professional work environment and at the board.

As a current working APN, as a board member, a board president - currently, and in the past, a member of National Council's subcommittee and as a current member of the Nursing Practice and Education Committee; and as a current member on two nominating committees, Girl Scouts of Reno and a National Nurse Practitioner Association, I feel that my experiences would allow me to be an excellent member of the National Council's Nominating Committee.

Jan Zubieni, MS, BSN, RN, CNS
Education Consultant, Colorado Board of Nursing

Education:
University of Colorado, MS, 1985
Arizona State University, BSN, 1961

Professional/Regulatory/Community Involvement:
NCSBN:
> Exam Committee, 2000-2001; Nursing Practice and Education Committee, 1992-1999, Chair 1997-1999; Nurse Aid Exam Committee, 1998-2001

Colorado Council of Practical Nurse Examination, 1980-1985, Chair and Vice-Chair for 2 years
Colorado Board of Nursing, 1989-2001, Member of a variety of committees related to nurse aid education, training, and practice issues.

Date of expiration of term: N/A
Eligible for reappointment: N/A

Personal Statement:
In my position with the Colorado Board of Nursing and my service to the Council, I have over the past twelve years acquired and honed many attributes that I believe will be useful in serving on the nominating committee. Some of these attributes include the following:
- Demonstrated dedication and a commitment to serve National Council
- Understand the Council's structure and mission
- Worked with many individuals from multiple state boards so I know many potential candidates
- A desire to do a good job in any endeavor
- Always finish any job I start
- Resourceful, creative, and able to think outside the box in order to problem solve.

Richard Nowowiejski II, BA.RS., LPN
Board Member, Ohio Board of Nursing

Psych Nurse, Northwest Ohio Developmental Center

Education:
Toledo School of Practical Nursing, 1991
Lourdes College, BA, 1985
University of Toledo, Associates Degree (Public Service), 1972

Professional/Regulatory/Community Involvement:
Ohio Board of Nursing, Board member; Practice committee, 1997-2000
NCSBN 2000 Area II Meeting and Delegate Assembly
Toledo School of Practical Nursing Advisory Committee
L.P.N.A.O. Member and Temporary News Letter Editor
MR/DD Client Volunteer
Child Welfare Case Worker and Juvenile Court Group Home Parent
Adoptive Parent
Foster Home Parent
Charge Nurse Long Term Care
Psych. nurse MR/DD

Date of expiration of term: January 2005
Eligible for reappointment: Yes

Personal Statement:

In all honesty, I do not believe you, the Delegate Assembly, are going to vote for me because of a 150 word statement, 2 minute speech, or a laundry list of experiences. I have limited experience with NCSBN. And, am unable to prove to you I am committed to the mission of the NCSBN.

What I can say is simply I am proud to be a nurse, I enjoy working with mental retardation. And, I feel fortunate and excited about being on the Ohio Board of Nursing and attended the NCSBN Area II and Delegate Assembly meetings. Being a part of these groups is like my exercise workout, I feel better about myself, I eat healthier, sleep sounder. Just as Ohio Board of Nursing and NCSBN are energizing, thought provoking, creative, and encourages independent thinking. This I can say I honestly enjoy.

Karla Bitz, BSN, MMGT, RN
Nurse Consultant, North Dakota State Board of Nursing, Area II

Nurse Consultant, North Dakota Board of Nursing

Education:
University of Mary (Bismark), MMGT, 1998
University of Mary (Bismark), BSN, 1981

Professional/Regulatory/Community Involvement:
National Council, Commitment to Excellence Regulatory Project, 1999-present
North Dakota Board of Nursing, Nurse Practice Committee
 Abandonment Subcommittee, 2000
 Continued Competence Subcommittee, 2000-present
American Nurses Association
 North Dakota Nurses Association, member, 1995-present
 American Nurses Credentialing Center Site Visitor, 1998-present
Sigma Theta Kau, Kappa Upsilon Chapter, member, 2000-present
National Organization of Alternative Programs (NOAP), member 2000-present
International Nurses Society on Addictions (IntNSA), member 2001-present

Date of expiration of term: N/A
Eligible for reappointment: N/A

Personal Statement:
It is critical to have leaders of nursing regulation from all jurisdictions share their expertise to provide for effective leadership in healthcare regulation nationwide. Excellence in National Council did not occur spontaneously; it has been inspired, nurtured and sustained by leaders over the years. Having served on the National Council Commitment to Excellence project for the past two years, I believe National Council will continue to collaborate and team with member boards, addressing the constant changes within the regulatory world. My commitment to the National Council and its mission will be demonstrated by working collectively and individually to recruit qualified candidates. I bring a dedicated and devoted work ethic and will share these qualities with the Committee on Nominations.

June Bell, BSN, RNC
Board Member, Kentucky State Board of Nursing, Area III

Executive Director, St. Joseph's Peace Mission for Children

Education:
Western Kentucky University, BSN, 1993
Murray State University, RN 1960

Professional/Regulatory/Community Involvement:
National Council:
Chair, Committee on Nominations, 2000-2001; Executive Director Search Committee, 2001; NCSBN Delegate, 1998-2000
Kentucky Board of Nursing:
Member, 1996-present; President Elect, 1998-1999 & 1999-2000; President, 1999-2000; Chair, Consumer Protection Committee, 1998-2000; Hearing Panel Member (regulatory/discipline), 1996-present.
Executive Director, Emergency Shelter for Children
Kentucky Volunteer Foster Care Review Board
Kentucky Nurses Association, District #8
Sigma Theta Tau

Date of expiration of term: 2004
Eligible for reappointment: Yes

Personal Statement:
I am in my fifth year as a member of the Kentucky Board of Nursing. I have been privileged to have been a delegate for three years. I presently serve as Chair of the Committee on Nominations. I would like to stay involved at a national level to be able to support and lead the nursing profession during these challenging times. We cannot and should not expect others to accomplish this task before us. We must be willing to give of ourselves. We nurses need to be our best spokespersons. I bring that willingness to serve. I have the time, energy, enthusiasm, people skills and desire to meet the goals and objectives of National Council. I strongly believe in this philosophy and mission statement and am prepared to help accomplish the work before us if you will allow me to serve you in this capacity.

Rose Kearney-Nunnery, Ph.D., RN
Board President, South Carolina, Area III

Vice-President for Academic Affairs, Technical College of the Lowcountry

Education:
University of Florida, PhD (Nursing Sciences), 1987
University of Florida, MN (Pediatric Nursing), 1976
Keuka College, BS (Nursing), 1973

Professional/Regulatory/Community Involvement:
Southern Association of Colleges & Schools, Commission on Colleges-Accreditation Visitor
South Carolina Board of Nursing Member, 2000-present
South Carolina Nurses Association, Chair, Editorial Board, 1996-1999
Epsilon Nu Chapter, Sigma Theta Tau, President, 1982
LSUMC School of Nursing Honor Society, President, 1979-1982
Mid-Hudson Consortium for the Advancement of Education for the Health Professions, Board Member, 1989-1994
Mid-Hudson Consortium for the Advancement of Education for the Health Professions, Treasurer, 1992-1994
Beaufort County First Steps, Board Member, 2000-present
American Cancer Society, Ulster County Board of Directors, 1991-1994
Advisory Council, Ulster County Office of the Aging, 1991-1994

Date of expiration of term: December 31, 2002
Eligible for reappointment: Yes

Personal Statement:
Members of the nursing profession have always been faced with great opportunities and responsibilities for the provision of safe, effective nursing care. Regulators for the profession have been at the forefront of these challenges, especially with their commitment to the protection of the public. The profession continues to be challenged with great opportunities, in the provision of leadership and care with attention to appropriate resource utilization and evidence-based practice.

Commitment to the profession and to the consumers of nursing to improve health and wellness continues to be of prime concern to me. In this role, I feel I can contribute as a change agent and facilitator to effect safe, effective and diverse practice and healthy outcomes. The strategic plan of the National Council addresses the issues of concern to the profession and the public. I endeavor to participate in and encourage other professionals to be inherent in this process.

Gino Chisari, MSN, RN
Nursing Practice Coordinator, Massachusetts Board of Nursing, Area IV

Nursing Practice Coordinator, Massachusetts Board of Nursing

Education:
Massachusetts College of Pharmacy & Allied Health, BSN, 1996
Salem State College, MSN, 1990

Professional/Regulatory/Community Involvement:
Former nomination committee member for the Massachusetts/Rhode Island League for Nursing
Former Program Committee member for the Massachusetts/Rhode Island League for Nursing
Former Board of Director for the Massachusetts/Rhode Island League for Nursing
Former Chair of the CNS group of the Massachusetts General Hospital

Date of expiration of term: N/A
Eligible for reappointment: N/A

Personal Statement:
As we stand on the threshold of dramatic changes in health care, never has it been more imperative that nursing have a strong, clear voice and vision. Not since the last turn of a century has it been more important for practice, education and regulation to come closer together as a unified force. By being a member of the Committee on Nominations, I will work in producing a ballot of our peers who will carry us forward to success.

Patricia A. Polansky, MS, RN, CNAA
Executive Director, New Jersey Board of Nursing, Area IV

Executive Director, New Jersey Board of Nursing

Education:
Columbia University, Doctoral Study (Administration), 1985-1990
Rutgers University, MS (Community Health), 1979-1981
Family Institute of Westchester, Family System Theory Certificate, 1979-1981
University of Pennsylvania, BSN, 1963-1965
Englewood Hospital School of Nursing, Nursing Diploma, 1960-1963

Professional/Regulatory/Community Involvement:
Activities have included state, local and national office, chairing numerous committees and task forces on issues from the nursing shortage to the complexities of reimbursement and certificate of need allocation. I have broad, eclectic and in-depth experience at various levels of government and in organizations both private and public as well as foundations, trade associations and professional organizations.

Date of expiration of term: N/A
Eligible for reappointment: N/A

Personal Statement:
My skills as an educator, administrator and executive along with decades of experience in nursing include: clinical practice, education, continuing education, nursing administration, hospital administration and now government would be central to my elected role along with a thorough knowledge of the healthcare system, budget and finance, management, strategic planning, project management, team building and organizational development. I am an articulate communicator, a collaborator, creative, and a skilled manager.

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Report of the Bylaws Committee

MEMBERS

Laura Rhodes, WV-RN, Area II, *Chair*
Christine Glidden, NM, Area I
Gregory Harris, AZ, Area I
Charlene Kelly, NE, Area II
N. Genell Lee, AL, Area III
Cynthia Van Wingerden, VI, Area IV

STAFF

Donna Nowakowski, MSN, RN, *Associate Executive Director**
Kristin Hellquist, MS, *Associate Director of Policy and External Relations*
Renee Scaletta, BA, *Senior Coordinator*
Christine Ward, BA, *Executive Office Relations Manager*
Thomas Abram, JD, *Legal Counsel*
Denotes primary staff

RELATIONSHIP TO STRATEGIC PLAN

Strategic Initiative 6 ....Organizational Capacity. The National Council will have the organizational structure and capacity to lead in regulation.
Outcome 1 ....A sound organizational governance and management infrastructure advances the National Council's mission and vision.

RECOMMENDATIONS TO THE DELEGATE ASSEMBLY

That the Delegate Assembly adopt the proposed Bylaws Revisions presented under the Bylaws Committee Report.

RATIONALE

The Bylaws Committee was charged by the 2000 Delegate Assembly to perform a comprehensive review of the current bylaws and report its recommendations to the Delegate Assembly for any amendments to or revisions of the bylaws.

BACKGROUND OF THE BYLAWS COMMITTEE

The bylaws committee consists of 6 members with area representation and a balance of board members and board staff.

In fulfilling this charge, the Committee extensively reviewed the current and prior versions of the bylaws with National Council staff and legal counsel. The Committee also was fully briefed on the Articles of Incorporation and the applicable provisions of Pennsylvania Corporation law under which the National Council is organized. The Committee sought and received input from the three standing committees, Member Boards and attendees at the mid-year annual meeting. In addition, the Committee reviewed the bylaws of other analogous organizations to be informed about alternative approaches and to consider useful language.

The Bylaws Committee approached the review of the current bylaws language with a broad perspective in mind. The Committee considered the findings and recommendations of the Bylaws Audit Group,

opinions from the 2000 Governance Survey, and the comments provided this Spring when the initial draft was provided to all Member Boards. The group decided upon bylaws language that provides a strong basic structure for the organization.

Throughout its work, the Committee received and reviewed many thoughtful suggestions and comments. While reviewing member comments, the Committee first assessed whether the request related to policy or bylaws. When a suggestion could be implemented by policy change, the Committee did not recommend a bylaws change. However, when a change of policy could not accomplish the suggestion, the Committee reviewed all information and the advantages and disadvantages of the change before developing proposed revisions to the bylaws. The Committee developed a rationale for recommending or rejecting a suggestion for bylaws change for each major area of consideration. Please note that minor stylistic changes without any substantive impact have been highlighted as technical or clarifying changes.

HIGHLIGHTS OF ACTIVITIES

* Reviewed the results of the Bylaws Audit group findings and recommendations
* Considered issues raised by members participating in the 2000 Governance Survey
* Reviewed bylaws of other analogous organizations
* Provided for congruence between the Articles of Incorporation and the Bylaws
* Proposed revisions to the bylaws to clarify governance, legal, and technical issues
* Obtained extensive input from members via the mid-year conference, committee meetings, e-mail and conference calls
* Recommended modification of the Standing Rules for the 2001 Delegate Assembly to the Board of Directors.
* Identified language for deletion from the bylaws better placed in policy
* Recommended a standing committee on bylaws to assure bylaws on an ongoing basis that are current and appropriate
* Presented a proposal to the Delegate Assembly for revision of the current bylaws

FUTURE ACTIVITIES

* Assure timely communication and clarification to all members of bylaws changes adopted by the Delegate Assembly
* July 17 and 25 conference calls with Member Boards to discuss proposed revisions

PROCEDURES AT DELEGATE ASSEMBLY

* Forum to be held to discuss proposed amendments
* Debate and vote on proposed revision at business meeting
* At the business meeting, Member Boards may offer amendments specific to the revisions proposed by the Bylaws Committee

Note, however, that under Article XV of the current Bylaws and Roberts' Rules of Order, a Member Board may not offer at Delegate Assembly an amendment which would (a) revise a section of the existing Bylaws which the Bylaws Committee has left unchanged or (b) add a new provision to the Bylaws unless the Member Board gives all Member Boards notice of the proposed amendment at least five days prior to the meeting. Further, under the existing Bylaws, any such amendment would require an affirmative vote by three-quarters of the Delegates to be adopted.

MEETING DATES

- February 4-5, 2001
- February 23, 2001 *(telephone conference call)*
- March 18-19, 2001
- April 5, 2001
- April 30, 2001 *(telephone conference call)*
- May 4, 2001 *(telephone conference call)*
- May 29, 2001 *(telephone conference call)*

ATTACHMENTS

A. Proposed Bylaws for adoption
B. Proposed Bylaws for adoption with comparison with current bylaws and rationale

PROPOSED CHANGES TO THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING BYLAWS

Bylaws are intended to provide a broad framework for the governance of the organization. Therefore, the Committee has recommended that some elements be moved into the Standing Rules or as appropriate into internal policies and procedure. The Standing Rules are to be confirmed annually by the Delegate Assembly.

Article I
■ **Name**
The name of this organization shall be the National Council of State Boards of Nursing, Inc. (the "National Council").

Article II
■ **Purpose and Functions**
Section 1. *Purpose.* The purpose of the National Council is to provide an organization through which state 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.

Section 2. *Functions.* The National Council'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 National Council 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. *Definition.* A state board of nursing is the governmental agency empowered to license and regulate nursing practice in any state, territory or political subdivision of the United States of America.

Section 2. *Qualifications.* Any state board of nursing that agrees to use one or more National Council Licensing Examinations (the "NCLEX® examination") under the terms and conditions specified by the National Council and pays the required fees may be a member of the National Council ("Member Board").

Section 3. *Admission.* A state board of nursing shall become a member of the National Council and be known as a Member Board upon approval by the Delegate Assembly, as described in Article VII, payment of the required fees and execution of a contract for using the NCLEX® examination.

Section 4. *Areas.* The Delegate Assembly shall divide the membership into numbered geographical 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 regional dialogue on National Council issues and provide diversity of representation on the Board of Directors and on committees.

Section 5. *Fees.* The annual member fees, as set by the Delegate Assembly, shall be payable each October 1.

Section 6. *Privileges.* Membership 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 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 Board whose fees remain unpaid after January 15 is not in good standing. Any Member Board which does not comply with the provisions of the bylaws and contracts of the National Council 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 Board 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.

Section 10. *Associate Members.* Any state board of nursing with jurisdictions over health care professionals who, as a requirement for practice, must have passed the NCLEX® examination may, upon majority vote of the Delegate Assembly, become an Associate Member of the National Council. Associate Members shall be entitled to have a representative present and to speak and debate at all open meetings of the Delegate Assembly and shall receive copies of agendas and minutes of all meetings but shall not be members of the National Council under the Council's Articles of Incorporation. An Associate Member fee, as set by the Delegate Assembly, shall be payable each October 1.

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 as provided in the Standing Rules of the Delegate Assembly ("Standing Rules"). An alternate duly appointed by a Member Board may replace a delegate and assume all delegate privileges.
b) *Qualification of Delegates.* Members and employees of Member Boards shall be eligible to serve as delegates until their term or their employment with a Member Board ends. A National Council officer or director may not represent a Member Board 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. There shall be no proxy or absentee voting at the Annual Meeting.
b) *Special Meetings.* A Member Board 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 a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may authorize the secretary of the National Council or a delegate of another Member Board to cast its votes.

Section 3. *Authority.* The Delegate Assembly, the membership body of the National Council, shall provide direction for the National Council 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 National Council memberships; approve the substance of all NCLEX® examination contracts between the National Council and Member Boards; adopt test plans to be used for the

development of the NCLEX® examination; approve the NCLEX® examination test service; and establish the fee for the NCLEX® examination.

Section 4. *Annual Meeting.* The National Council 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 each Member Board 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 National Council.

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 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 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
Section 1. *Officers.* The elected officers of the National Council shall be a president, a vice-president and a treasurer.

Section 2. *Directors.* The directors of the National Council shall consist of two directors-at-large and a director from each Area. One of the director-at-large positions shall be designated a public member director position and shall be filled by a public member of a Member Board, except as provided in Article VII, Section 1(f).

Section 3. *Qualifications.* Members and employees of Member Boards shall be eligible to serve as National Council officers and directors 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. Only public members of Member Boards will be eligible to serve as a public member director.

Section 4. *Qualifications for President.* The president shall have served National Council as either a delegate, a committee member, a director or an officer before being elected to the office of President.

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-at-Large.* Officers and Directors-at-Large 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) *Voting.* Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write-in votes shall be prohibited.

Section 6. *Terms of Office.* The president, vice-president, treasurer and Area directors shall be elected for a term of two years or until their successors are elected. Directors-at-large shall be elected for a term of one year or until their successors are elected. The president, vice-president and treasurer shall be elected in even-numbered years. The Area directors shall be elected in odd-numbered years. Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected. No person shall serve more than four consecutive years in the same position.

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, 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 National Council, as determined by the Committee on Nominations before election to office and as determined by the Board of Directors after election to office. If incumbent officers or directors stand for election for another office 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 vacancy in the office of president shall be filled by the vice-president. The Board of Directors shall fill all other vacancies by appointment. The person filling the vacancy shall serve until the next Annual Meeting.

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 National Council.

Section 10. *Responsibilities of the Vice-President.* The vice-president shall assist the president, perform the duties of the president in the president's absence, and fill any vacancy in the office of the president until the next Annual Meeting.

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 National Council.

Section 2. *Authority.* The Board of Directors shall transact the business and affairs and act on behalf of the National Council 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.

Section 3. *Meetings of the Board of Directors.* The Board of Directors shall hold its annual meeting in association with the Annual Meeting. The Board may schedule other regular meetings of the Board at other times 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. *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. The Board of Directors may remove any member of

the Board of Directors from office upon conviction of a felony, gross misconduct, dereliction of duties or conflict of interest. A member of the Board of Directors may be removed by a two-thirds vote of the Board of Directors for failure to perform duties of the office. The individual shall be given 30 days' written notice of the proposed removal.

Section 5. *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
■ **Nominations and Elections**
Section 1. *Committee on Nominations*
a) *Composition.* The Committee on Nominations shall be comprised of one person from each Area. Committee members shall be members or employees of Member Boards within the Area.
b) *Term.* The term of office shall be two years. One-half of the Committee members shall be elected in even numbered years and one-half in odd number years. Members shall assume duties at the close of the Annual Meeting at which they are elected.
c) *Election.* The Committee shall be elected by plurality vote of the Delegate Assembly at the Annual Meeting. The member receiving the highest number of votes shall serve as vice-chair in the first year of the member's term and as chair in the second year of the term. The first meeting of the committee shall be held concurrent with the first meeting of the Board of Directors in the subsequent fiscal year.
d) *Limitation.* A member elected or appointed to the Committee on Nominations 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 committee shall be filled from the remaining candidates from the Area in which the vacancy occurs, in order of votes received. If no remaining candidates from an Area can serve, the Board of Directors shall fill the vacancy with an individual from the Area who meets the qualifications of Section 1 of this Article.
f) *Duties.* The Committee on Nominations shall consider the qualifications of all nominees for officers and the Committee on Nominations as proposed by Member Boards or by members of the Committee on Nominations, and present a qualified slate of candidates for vote at the Annual Meeting, provided that if 45 days prior to the commencement of the Annual Meeting the Nominations Committee has not selected an eligible candidate for the public member director position, the Committee shall declare that there will be no designated public member director position to be elected at the forthcoming Annual Meeting, in which event, all nominated director-at-large candidates shall stand for election to the two director-at-large positions. 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.

Article VIII
■ **Meetings**
Section 1. *Participation.*
a) *Delegate Assembly Session.*
   (i) *Member Boards.* Members and employees of Member Boards 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 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.* National Council, including all committees thereof, may establish such methods of conducting its business at all other meetings as is convenient and appropriate.

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 National Council Office.

e) *Manner 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
■ Executive Director
Section 1. *Appointment.* The Executive Director shall be appointed by the Board of Directors. The selection or termination of the Executive Director shall be by a majority vote of the Board of Directors.

Section 2. *Authority.* The Executive Director shall serve as the agent and chief administrative officer of the National Council and shall possess the authority and shall perform all duties incident to the office of Executive Director, including the management and supervision of the office, programs and services of National Council, the disbursement of funds and execution of contracts (subject to such limitations as may be established by the Board of Directors). The Executive Director shall serve as corporate secretary and oversee maintenance of all documents and records of the National Council 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 Executive Director, and shall set the Executive Director's annual salary.

Article X
■ Committees
Section 1. *Standing Committees.* National Council shall maintain the following standing committees.

a) *Examination Committee.* The Examination Committee shall be comprised of at least nine 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 Examination Committee shall provide general oversight of the NCLEX® examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards' need for examinations. The Examination Committee shall approve item development panels and 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 members and the treasurer, who shall serve as chair. The Finance Committee shall review the annual budget, the National Council's investments and the audit. The Committee shall recommend a budget to the Board of Directors and advise the Board on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to Member Board needs.

c) *Practice, Regulation, Education and Policy Committee.* The Practice, Regulation, Education and Policy Committee shall be comprised of at least four members. The Committee shall provide general oversight of nursing practice, regulation, education and policy issues.

d) *Bylaws Committee.* The Bylaws Committee shall be comprised of at least four members. The Committee shall review and make recommendations on proposed bylaws amendments as directed by the Board of Directors or the Delegate Assembly.

e) *Resolutions Committee.* The Resolutions Committee shall be comprised of at least four members, including one member from the Finance Committee. The Committee shall, in accordance with the Standing Rules, review, evaluate and report to the Delegate Assembly on all resolutions and motions submitted by Member Boards.

Section 2. *Special Committees.* The Board of Directors may appoint special committees as needed to accomplish the mission of the National Council 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. Standing and Special committees shall include only current members and employees of Member Boards. Special committees may also include consultants or 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 delegate, shall be an ex-officio member of all committees except the Committee on Nominations.

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.

d) *Committee Duties.*

1. *Budget.* Standing committees shall operate within the assigned budget for the fiscal year. Special committees will be assigned a budget to use in accomplishing the charge. Committees shall not incur expenses in addition to the approved budgeted amount without prior authorization of the Board of Directors.

2. *Policies.* Each standing committee shall establish policies to expedite the work of the committee, subject to review and modification by the Board of Directors. Special committees shall comply with general policies established by the Board of Directors.

3. *Records and Reports.* Each committee shall keep minutes. Special committees shall provide regular updates to the Board of Directors regarding progress toward meeting their charge. Standing committees shall submit quarterly reports to, and report on proposed plans as requested by, the Board of Directors. Special committees shall submit a report and standing committees shall submit annual reports to the Delegate Assembly.

Article XI
■ Finance

Section 1. *Audit.* The financial records of the National Council 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 National Council in all cases not provided for in the articles of incorporation, bylaws and any special rules of order adopted by the National Council.

Article XIV
■ Amendment of Bylaws

These bylaws may be amended at any Annual Meeting or special session of the Delegate Assembly upon:
a) written notice to the Member Boards 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.

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 National Council. The plan shall provide, among other things, that the assets of the National Council be applied as follows:

Firstly, all liabilities and obligations of the National Council shall be paid or provided for.

Secondly, any assets, held by the National Council 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 shall be distributed to an educational, research, scientific or institutional health tax exempt organization or association, to be expended toward the advancement of nursing practice and the regulation thereof.

Section 2. *Acceptance of Plan.* Such plan shall be acted upon by Delegate Assembly at an Annual or legally constituted special session called for the purpose of acting upon the proposal to dissolve. Seventy-five percent (75%) 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 National Council 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.

■ **Special Provision Adopted in Connection with the 2001 Revision of the Bylaws.**
1. To effect the staggering of terms of Nominations Committee members provided for in Article VII, Section 3 of the revised bylaws as adopted at the 2001 Delegate Assembly, the members of the Nominating Committee elected at the 2001 Delegate Assembly shall be elected and serve for the terms described below:
a) The members elected from Areas 3 and 4 shall serve for a one-year term;
b) The members elected from Areas 1 and 2 shall serve for a two-year term;
c) The member elected pursuant to (a) who receives the highest number of votes shall serve as chair in the year of election and the member elected pursuant to (b) and who receives the highest votes will serve as vice-chair in the year of election and as chair in the second year of the member's term.

PROPOSED CHANGES TO THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING BYLAWS

Bylaws are intended to provide a broad framework for the governance of the organization. Therefore, the Committee has recommended that some elements be moved into the Standing Rules or as appropriate into internal policies and procedure. The Standing Rules are to be confirmed annually by the Delegate Assembly.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
Article I	Article I	
■ Name	■ Name	
The name of this organization shall be the National Council of State Boards of Nursing, Inc., hereinafter referred to as the National Council.	The name of this organization shall be the National Council of State Boards of Nursing, Inc. (the "National Council").	Technical change
Article II	Article II	
■ Purpose and Functions	■ Purpose and Functions	
Article II, Section 1. *Purpose.* The purpose of the National Council is to provide an organization through which state 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.	Article II, Section 1. *Purpose.* The purpose of the National Council is to provide an organization through which state 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.	No changes
Article II, Section 2. *Functions.* The National Council'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 National Council 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 II, Section 2. *Functions.* The National Council'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 National Council 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.	No changes

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
Article III	**Article III**	
■ **Members**	■ **Members**	
Article III, Section 1. *Definition.* A state board of nursing is the governmental agency empowered to license and regulate nursing practice in any state, territory or political subdivision of the United States of America.	**Article III, Section 1.** *Definition.* A state board of nursing is the governmental agency empowered to license and regulate nursing practice in any state, territory or political subdivision of the United States of America.	No changes: The Committee considered whether bylaws amendments were required to permit international operations but concluded that no bylaws change is required to offer the NCLEX® examinations in other countries for use in Member Board licensure. Bylaws changes would be required in the event that NCLEX® exams were to be used for licensure in foreign countries.
Article III, Section 2. *Qualifications.* Any state board of nursing that agrees to use one or more National Council Licensing Examinations, hereinafter referred to as the NCLEX® examination, under the terms and conditions specified by the National Council and pays the required fees may be a member of the National Council.	**Article III, Section 2.** *Qualifications.* Any state board of nursing that agrees to use one or more National Council Licensing Examinations (the "NCLEX® examination") under the terms and conditions specified by the National Council and pays the required fees may be a member of the National Council ("Member Board").	Technical change
Article III, Section 3. *Admission.* A state board of nursing shall become a member of the National Council and be known as a Member Board upon approval by the Delegate Assembly, as described in Article VII, payment of the required fees and execution of a contract for using the NCLEX® examination.	**Article III, Section 3.** *Admission.* A state board of nursing shall become a member of the National Council and be known as a Member Board upon approval by the Delegate Assembly, as described in Article VII, payment of the required fees and execution of a contract for using the NCLEX® examination.	No change
Article III, Section 4. *Areas.* The Delegate Assembly shall divide the membership into numbered geographical 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 regional dialogue on National Council issues and provide diversity of representation on the Board of Directors and on committees.	**Article III, Section 4.** *Areas.* The Delegate Assembly shall divide the membership into numbered geographical 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 regional dialogue on National Council issues and provide diversity of representation on the Board of Directors and on committees.	The Committee explored whether Member Boards should continue to be divided into areas or whether some different organization - for instance by special interest group - would be preferable. In concluding that no change would be recommended at this time, the Committee identified the following considerations supporting the continued use of areas: • The current use of areas promotes dialogue on the various issues arising in the practice of nursing, allowing the dialogue to begin in smaller, more informal settings. The relatively smaller number of representatives in each area fosters the thorough airing of relevant issues, and provides a forum for all participants to

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
		express their views without fear of being outnumbered or drowned out by others more keenly interested in other topics. • The geographic area system facilitates dialogue among neighboring states which may face issues in common with those around them. • The current system has no obvious flaws which require modification of the area structure. The committee contemplated the suggestions of some members to consider the use of alternatives to geographic area groupings such as the use of special interest groups. However, the committee concluded that the factors triggering special interest groupings may be transient. Instead, the committee determined that convening break out sessions at meetings to consider specific issues remains a possibility without changing area structure.
Article III, Section 5. *Fees.* The annual fee, as set by the Delegate Assembly, shall be payable each July 1.	**Article III, Section 5.** *Fees.* The annual member fees, as set by the Delegate Assembly, shall be payable each October 1.	The Committee recommends changing the payment date to October 1 to coincide with National Council's fiscal year.
Article III, Section 6. *Privileges.* Membership 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 that uses both 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.	**Article III, Section 6.** *Privileges.* Membership 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 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.	Technical change
Article III, Section 7. *Noncompliance.* Any Member Board whose fees remain unpaid after October 15 is not in good standing. Any Member Board which does not comply with the provisions of the bylaws and contracts of the National Council shall be subject to immediate review and possible termination by the Board of Directors.	**Article III, Section 7.** *Noncompliance.* Any Member Board whose fees remain unpaid after January 15 is not in good standing. Any Member Board which does not comply with the provisions of the bylaws and contracts of the National Council shall be subject to immediate review and possible termination by the Board of Directors.	To conform to the change in the date by which fees are to be paid.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
Article III, Section 8. *Appeal.* Any termination of membership by the Board of Directors is subject to appeal to the Delegate Assembly.	**Article III, Section 8.** *Appeal.* Any termination of membership by the Board of Directors is subject to appeal to the Delegate Assembly.	No changes
Article III, Section 9. *Reinstatement.* A Member Board 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 III, Section 9.** *Reinstatement.* A Member Board 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.	No changes
	Article III, Section 10. *Associate Members.* Any state board of nursing with jurisdictions over health care professionals who, as a requirement for practice, must have passed the NCLEX® examination may, upon majority vote of the Delegate Assembly, become an Associate Member of the National Council. Associate Members shall be entitled to have a representative present and to speak and debate at all open meetings of the Delegate Assembly and shall receive copies of agendas and minutes of all meetings but shall not be members of the National Council under the Council's Articles of Incorporation. An Associate Member fee, as set by the Delegate Assembly, shall be payable each October 1.	The Committee recommends the addition of a new status of "Associate Members." Any state board or regulatory agency having jurisdiction over practitioners who, as a requirement for practice, must have passed the NCLEX® examination, would be eligible for Associate Membership upon approval by the Delegate Assembly. An example would be separate advanced practice nursing boards. Note that under Pennsylvania law, Associate Members cannot technically be "members" of the National Council with a right to vote.
Article IV	**Article V & VI**	
■ Officers	■ Officers	
Article IV, Section 1. Enumeration. The elected officers shall be a president, a vice-president, a treasurer, two directors-at-large and a director from each Area.	**Article V, Section 1.** *Officers.* The elected officers of the National Council shall be a president, a vice-president and a treasurer.	Technical changes stipulating the officer positions on the Board of Directors. President-elect The Bylaws Committee reviewed the possibility of a President-elect position. The advantages of a President-elect position would be to provide increased continuity for the organization as well as provide an opportunity for an individual to learn the job of the President without the concomitant responsibility. It was also mentioned that the role of

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		Vice President can be ambiguous and the President-elect position would provide clarity. The major disadvantage of the President-elect position is the time commitment an individual would have to make to the organization in order to fulfill the obligations of the office. The term of President is currently two years. The President-elect would presumably have a two year term as well. Consequently, the President-elect would have to decide to commit a minimum of four years serving National Council-first as President-elect followed by serving a term as President. One logistic problem with introducing a President-elect position is that the bylaws allow for re-election and, therefore, the President-elect might have to commit up to six years of service if the President stood for and was re-elected. Also, in such an instance, the President-elect would not be subject to re-election as it would be a "done deal". On balance, the Committee believes that the disadvantages outweigh the advantages and are not recommending a President-elect position. The Committee also considered, but did not recommend, creating the office of Immediate Past President.
	Article V, Section 2. *Directors.* The directors of the National Council shall consist of two directors-at-large and a director from each Area. One of the director-at-large positions shall be designated a public member director position and shall be filled by a public member of a Member Board, except as provided in Article VII, Section 1(f).	The Committee extensively debated whether to recommend the requirement for a public member. The Articles of Incorporation provide that National Council is a membership organization with the purpose of providing: "an organization for State Boards of Nursing to act and counsel together for public health, safety and welfare." The Committee believes that a public member on the Board of Directors can aid in National Council's fulfillment of this purpose. Further, the stipulation of a public member on the Board of Directors provides credibility for National Council in federal and

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
		national matters of nursing regulation pertaining to public interest. Indeed, most, if not all, State Boards of Nursing have designated public members on the theory that public members bring a valuable and unique insight into deliberations in representing public and consumers needs. The Committee also recognizes that organizations such as the Citizen Advocacy Center, the PEW Commission, the National Organization for Competency Assessment, and many other analogous organizations such as the Federation of State Medical Boards encourage and support consumer representation on regulatory and certifying boards. Accordingly, the Committee recommends one of the two director-at-large positions be designated for a public member of a Member Board. Is a designated position the only option? Although the bylaws do not currently restrict public members on the Board of Directors, the fact is that the Board of Directors has not had public member participation within the Committee's recollection. On the other hand, the Committee recognized that there are substantial countervailing considerations. The Board of Directors acts and serves member board needs as a board of the whole. Establishing designated positions on the board of directors may conflict with the objective of electing the most qualified persons into the leadership role for the organization. Moreover, there are many roles that make up a Board of Nursing and constitute the membership of the National Council. These roles include, but are not limited to licensed nurses, consumers, board staff and Executive Directors. Licensed nurses may be further subdivided into RN's and LPN's and Advanced Practice Nurses and even further

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		subdivided into educators, administrators, staff nurses, etc., who might be required to be representative of certain geographic areas and practice specialties. Designating a position for a public member or consumer on the National Council Board of Directors may send the inappropriate message that we believe that the consumer role is more important than other roles and therefore deserves its own position. However, it is clear that nurses have been historically well represented on the Board of Directors. Under its proposal, public members eligible to run would be required to be a current public member of a Member Board. The position would be a one-year term and would replace one of the Director-at-Large slots. In the event that no public member was placed on the slate of qualified candidates by the Committee on Nominations, all Director-at-large candidates would be eligible for two open positions for Director-at-large. The amendment to this provision needs to be read together with the amendment proposed for Article VII, Section 1(f).
Article IV, Section 2. *Qualifications.* Members and employees of Member Boards shall be eligible to serve as National Council officers 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.	Article V, Section 3. *Qualifications.* Members and employees of Member Boards shall be eligible to serve as National Council officers and directors 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. Only public members of Member Boards will be eligible to serve as a public member director.	Change made to stipulate the qualifications for a public member director.
Article IV, Section 3. *Qualifications for President.* The president shall have served as a delegate or a committee member or an officer prior to being elected to the office of President.	Article V, Section 4. *Qualifications for President.* The president shall have served National Council as either a delegate, a committee member, a director or an officer before being elected to the office of President.	Technical change
Article IV, Section 4. *Directors.* Each Area shall elect a director. Two directors-at-large shall be elected by the Delegate Assembly.	*See Article V, Section 1 and 2 by Enumeration.*	

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
Article IV, Section 5. *Terms of Office.* The president, vice-president, treasurer and Area directors shall be elected for a term of two years or until their successors are elected. Directors-at-large shall be elected for a term of one year or until their successors are elected. The president, vice-president and treasurer shall be elected in even-numbered years. The Area directors shall be elected in odd-numbered years. Officers shall assume duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected. No person shall serve more than four consecutive years in the same officer position.	**Article V, Section 6.** *Terms of Office.* The president, vice-president, treasurer and Area directors shall be elected for a term of two years or until their successors are elected. Directors-at-large shall be elected for a term of one year or until their successors are elected. The president, vice-president and treasurer shall be elected in even-numbered years. The Area directors shall be elected in odd-numbered years. Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected. No person shall serve more than four consecutive years in the same position.	Technical change. Staggered terms for the Board of Directors was discussed. The concern expressed was that half the Board could rotate off in any given year. The Bylaws Committee, however, did not see any way to accommodate staggering the Board of Directors' terms any more than currently provided without increasing the terms and/or eliminating the possibility for re-election. Although the Committee is concerned over the potential for excessive turnover on the Board, the Committee considered this concern to be outweighed by the potential that longer terms may make it more difficult for many to run for and hold office.
Article IV, Section 6. *Limitations.* No person may hold more than one elected office at one time. No officer shall hold elected or appointed office or a salaried position in a state, regional or national association or body if such office or position might result in a potential or actual, or the appearance of, a conflict of interest with the National Council, as determined by the Committee on Nominations before election to office and as determined by the Board of Directors after election to office. If a current officer agrees to be presented on the ballot for another office, the term of the current office shall terminate at the close of the Annual Meeting at which the election is held.	**Article V, 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, 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 National Council, as determined by the Committee on Nominations before election to office and as determined by the Board of Directors after election to office. If incumbent officers or directors stand for election for another office or director position, the term in their current position shall terminate at the close of the Annual Meeting at which the election is held.	Technical change
Article IV, Section 7. *Vacancies.* A vacancy in the office of president shall be filled by the vice-president. The Board of Directors shall fill all other vacancies by appointment. The person filling the vacancy shall serve until the next Annual Meeting.	**Article V, Section 8.** *Vacancies.* A vacancy in the office of president shall be filled by the vice-president. The Board of Directors shall fill all other vacancies by appointment. The person filling the vacancy shall serve until the next Annual Meeting.	No changes
Article IV, Section 8. *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. The Board of Directors shall remove any member of the Board of Directors from office upon conviction of a felony. A member of the	**Article VI, Section 4.** *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. The Board of Directors may remove any member of the Board of Directors from office upon conviction of a felony, gross misconduct,	The proposed change expands the grounds for removal from the Board of Directors.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
Board of Directors may be removed by a two-thirds vote of the Board of Directors for failure to perform duties of the office. The individual shall be given 30 days' written notice of the proposed removal.	dereliction of duties or conflict of interest. A member of the Board of Directors may be removed by a two-thirds vote of the Board of Directors for failure to perform duties of the office. The individual shall be given 30 days' written notice of the proposed removal.	
Article IV, Section 9. *Appeal.* An individual removed from office 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 VI, Section 5. *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.	Technical change
Article IV, Section 10. *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 act as the chief spokesperson for the National Council. The president shall act in conformity with these bylaws and as directed by the Delegate Assembly or Board of Directors.	Article V, 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 National Council.	The proposed amendment deletes the last sentence which is either unnecessary or not in keeping with the division of responsibilities in the Articles of Incorporation or bylaws.
Article IV, Section 11. *Responsibilities of the Vice-President.* The vice-president shall assist the president, perform the duties of the president in the president's absence, and fill any vacancy in the office of the president until the next Annual Meeting. The vice-president shall act in conformity with these bylaws and as directed by the Delegate Assembly or Board of Directors.	Article V, Section 10. *Responsibilities of the Vice-President.* The vice-president shall assist the president, perform the duties of the president in the president's absence, and fill any vacancy in the office of the president until the next Annual Meeting.	The proposed amendment deletes the last sentence which is either unnecessary or not in keeping with the division of responsibilities in the Articles of Incorporation or bylaws.
Article IV, Section 12. *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 Member Boards, and that annual financial reports are presented to the Delegate Assembly. The treasurer shall act in conformity with these bylaws and as directed by the Delegate Assembly or Board of Directors.	Article V, 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.	The proposed amendment deletes the last sentence which is either unnecessary or not in keeping with the division of responsibilities in the Articles of Incorporation or bylaws.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
Article IV, Section 13. *Duties of Area Directors.* The directors elected from Areas shall preside at Area Meetings of the Member Boards, and shall serve as liaison and resource persons to Member Board members and employees in their respective Areas. The Area directors shall act in conformity with these bylaws and as directed by the Delegate Assembly or Board of Directors.	**Section Deleted**	The Committee recommends that duties need not be stipulated in the bylaws to allow flexibility in defining duties under board policy. The proposed amendment also deletes the last sentence which is either unnecessary or not in keeping with the division of responsibilities in the Articles of Incorporation or bylaws.
Article IV, Section 14. *Duties of Directors-at-Large.* Directors-at-large shall perform such duties as shall be assigned to them by the Board of Directors, and act in conformity with these bylaws and as directed by the Delegate Assembly or Board of Directors.	**Section Deleted**	The Committee recommends that duties need not be stipulated in the bylaws to allow flexibility in defining duties under board policy. The proposed amendment also deletes the last sentence which is either unnecessary or not in keeping with the division of responsibilities in the Articles of Incorporation or bylaws.
Article V	**Article VII**	
■ **Nominations and Elections**	■ **Nominations and Elections**	
Article V, Section 1. *Committee on Nominations*	**Article VII, Section 1.** *Committee on Nominations*	
a) *Composition.* The Committee on Nominations shall be comprised of one person from each Area. Committee members shall be members or employees of Member Boards within the Area.	a) *Composition.* The Committee on Nominations shall be comprised of one person from each Area. Committee members shall be members or employees of Member Boards within the Area.	No changes
b) *Term.* The term of office shall be one year. Members shall assume duties at the close of the Annual Meeting at which they are elected.	b) *Term.* The term of office shall be two years. One-half of the Committee members shall be elected in even numbered years and one-half in odd number years. Members shall assume duties at the close of the Annual Meeting at which they are elected.	The Committee recommends two-year terms with staggered elections to provide greater experience and continuity on this Committee.
c) *Election.* The committee shall be elected by ballot of the Delegate Assembly at the Annual Meeting. A plurality vote shall elect. At the first committee meeting, the members of the committee shall elect, from its membership, a committee chair. The first meeting of the committee shall be held concurrent with the first meeting of the Board of Directors in the subsequent fiscal year.	c) *Election.* The Committee shall be elected by plurality vote of the Delegate Assembly at the Annual Meeting. The member receiving the highest number of votes shall serve as vice-chair in the first year of the member's term and as chair in the second year of the term. The first meeting of the committee shall be held concurrent with the first meeting of the Board of Directors in the subsequent fiscal year.	The Committee recommends that the candidate receiving highest number of votes automatically becomes the Chair (as in past bylaws) to avoid any ambiguities in the selection process. A proviso to govern the transition period is also provided.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
d) *Limitation.* A member elected or appointed to the Committee on Nominations may not be nominated for an officer position during the term for which that member was elected or appointed.	d) *Limitation.* A member elected or appointed to the Committee on Nominations may not be nominated for an officer or director position during the term for which that member was elected or appointed.	Technical change
e) *Vacancy.* A vacancy occurring in the committee shall be filled from the remaining candidates from the Area in which the vacancy occurs, in order of votes received. If no remaining candidates from an Area can serve, the Board of Directors shall fill the vacancy with an individual from the Area who meets the qualifications of Section 1 of this Article.	e) *Vacancy.* A vacancy occurring in the committee shall be filled from the remaining candidates from the Area in which the vacancy occurs, in order of votes received. If no remaining candidates from an Area can serve, the Board of Directors shall fill the vacancy with an individual from the Area who meets the qualifications of Section 1 of this Article.	No changes
f) *Duties.* The Committee on Nominations shall consider the qualifications of all nominees for officers and the Committee on Nominations as proposed by Member Boards or by members of the Committee on Nominations, and present a qualified slate of candidates for vote at the Annual Meeting. 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.	f) *Duties.* The Committee on Nominations shall consider the qualifications of all nominees for officers and the Committee on Nominations as proposed by Member Boards or by members of the Committee on Nominations, and present a qualified slate of candidates for vote at the Annual Meeting, provided that if 45 days prior to the commencement of the Annual Meeting the Nominations Committee has not selected an eligible candidate for the public member director position, the Committee shall declare that there will be no designated public member director position to be elected at the forthcoming Annual Meeting, in which event, all nominated director-at-large candidates shall stand for election to the two director-at-large positions. 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 amendment of this provision adds language to make clear that if no qualified public members are nominated for the public member Director-at-large position by the Nominations Committee, both Director-at-large positions would become open to all nominees. The amendment to this provision needs to be read together with the amendment proposed for Article V, Section 2.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
Article V, Section 2. *Election of Officers.* Election of officers shall be by ballot of the Delegate Assembly during the Annual Meeting. Write-in votes shall be prohibited. Election of all officers except Directors-at-Large: If a candidate does not receive a majority vote on the first ballot, re-balloting shall be limited to the two candidates receiving the highest numbers of votes. In case of a tie on the re-balloting, the choice shall be determined by lot. Elections of Director-at-Large: If the necessary number of candidates does not receive a majority vote on the first ballot, re-balloting shall be limited to the candidates receiving the highest number of votes (two candidates if one position is to be filled; four candidates if two positions are to be filled). If the necessary number of candidates does not receive a majority vote on the second ballot, re-balloting shall occur among all remaining candidates. If the necessary number of candidates does not receive a majority on the third ballot, the candidate(s) with the most votes shall be declared the winner. If there is a tie between candidates with the most votes, then the choice shall be determined by lot.	**Article V, 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-at-Large.* Officers and Directors-at-Large 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) *Voting.* Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write-in votes shall be prohibited.	Changes indicate conformance to the Standing Rules not necessary for the bylaws.
Article VI	**Article VIII**	
■ **Meetings**	■ **Meetings**	
Article VI, Section 1. *Open Meetings.* All meetings called under the auspices of the National Council shall be open to the public with the following exceptions: (a) meetings of the Examination Committee whenever activities pertaining to test items are undertaken; and (b) executive sessions of the Delegate Assembly, Board of Directors and committees, provided that the minutes reflect the purpose of and action taken in executive session. **Article VI, Section 2.** *Participation.* a) *Right to Speak.* Members and employees of	**Article VIII, Section 1.** *Participation.* a) *Delegate Assembly Session.* (i) *Member Boards.* Members and employees of Member Boards 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	The proposed changes preserve the ability of employees and members of Member Boards to attend National Council meetings and to participate in Delegate Assembly sessions and forums at which Delegate Assembly business will be discussed. Indeed, the meetings of the National Council are conducted for the benefit of its organization and its members, and not the general public. Although the Committee strongly endorses the policy that Delegate Assembly meetings, except for executive sessions, should be open, Board of

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
Member Boards shall be given the right to speak at all meetings called under the auspices of the National Council. Only delegates to the Delegate Assembly, members of the Board of Directors and members of National Council committees shall be entitled to make motions and vote in their respective meetings; provided, however, that the Board of Directors, committees and Member Boards may make motions at the Delegate Assembly.	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 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.* National Council, including all committees thereof, may establish such methods of conducting its business at all other meetings as is convenient and appropriate.	Director and Committee meetings address confidential matters. The Committee notes that as a private membership organization, the National Council is not subject to state open meetings laws. Further, no analogous organization of which we are aware designates its Board and Committee meetings as open to the public. Moreover, the Committee does not believe that it would be efficient or conducive to the effective exchange of Member Board points of view to mandate that mid-year or area meetings be open to the public. Change is made to enable conformance to Standing Rules. The Committee also added language clarifying that the Standing Rules and bylaws impose certain limitations on the rules of participation. In addition, the Bylaws Committee confirmed that all committees (with the exception of the Nominations Committee and the Examinations Committee with respect to test plan adoption) report to the Board of Directors. Accordingly, the Committee has recommended that committees not be authorized to bring motions directly to Delegate Assembly except the Examination Committee will continue to bring motions for the approval of test plans.
b) *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 National Council Office.	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 National Council Office.	No changes

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
c) *Electronic Communication and Mail.* To the extent permitted by law, 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.	e) *Manner 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.	New title to better reflect purpose.
d) *Committees.* Committees may establish such methods of conducting their business as they find convenient and appropriate.		*Included in meetings description in Article VIII Section 1, C (meetings).*
Article VII	**Article IV**	
■ **Delegate Assembly**	■ **Delegate Assembly**	
Article VII, Section 1. *Composition and Term.* The Delegate Assembly shall be comprised of delegates designated by each Member Board. An alternate duly appointed by a Member Board may replace a delegate and assume all delegate privileges. A National Council officer may not represent a Member Board as a delegate. Delegates and alternates serve from the time of appointment until replaced.	**Article IV, 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 as provided in the Standing Rules of the Delegate Assembly ("Standing Rules"). An alternate duly appointed by a Member Board may replace a delegate and assume all delegate privileges. b) *Qualification of Delegates.* Members and employees of Member Boards shall be eligible to serve as delegates until their term or their employment with a Member Board ends. A National Council officer or director may not represent a Member Board as a delegate. c) *Term.* Delegates and alternates serve from the time of appointment until replaced.	The qualifications for a delegate have been expressly stated.
Article VII, Section 2. *Voting.* Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. There shall be no proxy or absentee voting at the Annual Meeting. A Member Board 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 a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may authorize the secretary of the National Council or a delegate of another Member Board to cast its votes.	**Article IV, 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. There shall be no proxy or absentee voting at the Annual Meeting. b) *Special Meetings.* A Member Board 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 a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may authorize the secretary of the National Council or a delegate of another Member Board to cast its votes.	No substantive changes. Clarifies that proxy voting is not permitted at the Annual Meeting.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
Article VII, Section 3. *Authority.* The Delegate Assembly, the legislative body of the National Council, shall provide direction for the National Council through adoption of the mission, strategic initiatives and outcomes, position statements, and actions at any Annual Meeting or special session. The Delegate Assembly shall approve all new National Council memberships; approve the substance of all NCLEX® examination contracts between the National Council and Member Boards; adopt test plans to be used for the development of the NCLEX® examination; select the NCLEX® examination test service; and establish the fee for the NCLEX® examination.	**Article IV, Section 3.** *Authority.* The Delegate Assembly, the membership body of the National Council, shall provide direction for the National Council 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 National Council memberships; approve the substance of all NCLEX® examination contracts between the National Council and Member Boards; adopt test plans to be used for the development of the NCLEX® examination; approve the NCLEX® examination test service; and establish the fee for the NCLEX® examination.	The Bylaws Committee identified the clarification and definition of the boundaries of authority of the Delegate Assembly and the Board as a priority area for study. The National Council is organized under and governed by the Pennsylvania Corporation Not-for-Profit Code. According to the Council's Articles of Incorporation and under Pennsylvania law, the Council is a "membership" organization. The Member Boards are the members and they act through the Delegate Assembly. Under Pennsylvania law, the only authority that must be vested in the Member Boards as "members" is the authority to elect Directors and Officers, to hold an annual meeting, to adopt and amend the bylaws and to dissolve, merge, etc. the National Council. Any other powers to be granted to Member Boards, acting through Delegate Assembly, must be specified in the Articles of Incorporation and/or bylaws. The Pennsylvania statute further provides that: "Unless otherwise provided in a bylaw adopted by the members, the business and affairs of every non-profit corporation shall be managed by a board of directors. If any such provision is made in the bylaws, the powers and duties conferred or imposed upon the board of directors by this subchapter shall be exercised or performed to such extent and by such other body as shall be provided in the bylaws." Similar to Pennsylvania law, Article II of the Articles of Incorporation provides, in part, that: "The affairs of the Corporation shall be managed by its Board of Directors except to the extent such powers are reserved to the Delegate Assembly as set forth in the bylaws of the Corporation."

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
		Accordingly, under Pennsylvania law and the National Council's Articles of Incorporation, the Board of Directors is responsible for the operation of the National Council except as specified in the bylaws, and provided that the election of Directors and Officers and decisions affecting the structure and existence of National Council must be made by the Delegate Assembly. Based on its review of Pennsylvania corporations law, the Articles of Incorporation and bylaws history, the Committee confirmed that the authority to make fundamental decisions and set general policy is vested in the Delegate Assembly which otherwise exercises its authority through the election of Officers and Directors. It is likewise clear that the general management of the National Council was intended to vest in the Board. However, the current bylaws language appears to have imperfectly captured this intended division of authority. In particular, the authority of the Board is not clearly articulated. Accordingly, the Committee considers it appropriate to amend Article IV, Section 3 and Article VI, Section 2 to clarify the authority of the Board and of Delegate Assembly. The proposed changes are not intended to redraw the respective roles of the Delegate Assembly or the Board of Directors. In particular, the Delegate Assembly would retain all its current duties. The perceived advantage of the suggested changes would be that the language follows more closely the Pennsylvania statute and Articles of Incorporation. Also, confusing references to "outcomes," "position statements" or "actions" in Article IV, Section 3 are eliminated. Note also that the Delegate Assembly is referred to as the "membership body" of National Council. Past bylaws have used terms such as "voting" or "legislative" body. Neither are

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
		meaningful in terms of Pennsylvania corporate law or the Articles of Incorporation. Referring to Delegate Assembly as the "membership" body accurately describes its status under the law. Last, with respect to the selection of a test service, there was much discussion whether Delegate Assembly was in a position to make an informed decision on the selection of the test service given the lengthy, complex and detailed negotiations which go into the selection process and whether the Delegate Assembly's authority in this regard should be deleted. Instead, the Committee recommends retaining the Delegate Assembly's authority but to use the term "approve" (as is already used with respect to the Member Board contracts), rather than "select," to better denote that the Board of Directors necessarily must take the lead in the selection of a test service.
Article VII, Section 4. *Annual Meeting.* The National Council 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 each Member Board at least 90 days prior to 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 National Council.	Article IV, Section 4. *Annual Meeting.* The National Council 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 each Member Board 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 National Council.	No changes

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
Article VII, Section 5. *Special Session.* A special session of the Delegate Assembly shall be called upon written petition of at least ten Member Boards made to the Board of Directors. A special session may be called by the Board of Directors. Notice containing the general nature of business to be transacted and date and place of said session shall be sent to each Member Board at least ten days prior to the date for which such a session is called.	Article IV, 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 at least ten days before the date for which such special session is called.	Technical change
Article VII, 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 two officers present in person or, in the case of a special session, by proxy.	Article IV, 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 two officers present in person or, in the case of a special session, by proxy.	No changes
	Article IV, Section 7. *Standing Rules.* The Board of Directors shall present and the Delegate Assembly shall adopt Standing Rules for each Delegate Assembly meeting.	The Standing Rules are not cited anywhere within the bylaws. For the standing rules to have authority, they must be included in the bylaws.
Article VIII	Article VI	
■ Board of Directors	■ Board of Directors	
Article VIII, Section 1. *Composition.* The Board of Directors shall consist of the elected officers.	Article VI, Section 1. *Composition.* The Board of Directors shall consist of the elected officers and directors of the National Council.	Technical change
Article VIII, Section 2. *Authority.* The Board of Directors shall have general supervision of the affairs of the National Council between the meetings of the Delegate Assembly and shall perform such other duties as are specified in these bylaws. The Board shall be subject to the orders of the Delegate Assembly, and none of its acts shall conflict with action taken by the Delegate Assembly. The Board of Directors shall report annually to the Delegate Assembly.	Article VI, Section 2. *Authority.* The Board of Directors shall transact the business and affairs and act on behalf of the National Council 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.	Clarifying changes only

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
Article VIII, Section 3. *Meetings of the Board of Directors.* The Board of Directors shall meet in the Annual Meeting city immediately prior to, and following, the Annual Meeting, and at other times as necessary to accomplish the work of the Board. Special meetings of the Board of Directors shall be called by the president upon written request of at least three members of the Board of Directors. Special meetings may be called by the president. Twenty-four hours or more 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.	Article VI, Section 3. *Meetings of the Board of Directors.* The Board of Directors shall hold its annual meeting in association with the Annual Meeting. The Board may schedule other regular meetings of the Board at other times 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.	The proposed changes provide the Board with greater flexibility in setting meetings and corrects the use of inconsistent terminology referring to "special meetings."
Article IX	Article IX	
■ Executive Director	■ Executive Director	
Article IX, Section 1. *Appointment.* The Executive Director shall be appointed by the Board of Directors. The selection or termination of the Executive Director shall be by a majority vote of the Board of Directors.	Article IX, Section 1. *Appointment.* The Executive Director shall be appointed by the Board of Directors. The selection or termination of the Executive Director shall be by a majority vote of the Board of Directors.	No changes
Article IX, Section 2. *Authority.* The Executive Director shall serve as the chief staff officer of the organization and shall possess the authority conferred by, and be subject to the limitations imposed by the Board of Directors. The Executive Director shall manage and direct the programs and services of the National Council, supervise all administrative services, serve as corporate secretary and shall oversee maintenance of all documents and records of the National Council.	Article IX, Section 2. *Authority.* The Executive Director shall serve as the agent and chief administrative officer of the National Council and shall possess the authority and shall perform all duties incident to the office of Executive Director, including the management and supervision of the office, programs and services of National Council, the disbursement of funds and execution of contracts (subject to such limitations as may be established by the Board of Directors). The Executive Director shall serve as corporate secretary and oversee maintenance of all documents and records of the National Council and shall perform such additional duties as may be defined and directed by the Board.	The proposed changes would provide clear authority for the Executive Director to manage the day-to-day functioning of National Council, subject to the control and direction by the Board.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
Article IX, Section 3. *Evaluation.* The Board of Directors shall conduct an annual written performance appraisal of the Executive Director, and shall set the Executive Director's annual salary.	**Article IX, Section 3.** *Evaluation.* The Board of Directors shall conduct an annual written performance appraisal of the Executive Director, and shall set the Executive Director's annual salary.	No changes
Article X	**Article X**	
■ **Committees**	■ **Committees**	
Article X, Section 1. *Standing Committees.* Members of standing committees shall be appointed by the Board of Directors.	**Article X, Section 1.** *Standing Committees.* National Council shall maintain the following standing committees.	The issue of staggered terms for standing committees was presented to the Bylaws Committee. These committees are appointed by the Board of Directors. The Bylaws Committee believes the decision on staggering terms for these committees rests with the Board of Directors.
a) *Examination Committee.* The Examination Committee shall be comprised of at least six members, including one member from each Area. One of the committee members shall be a licensed practical/vocational nurse. The committee chair shall have served as a member of the committee prior to being appointed as chair. The Examination Committee shall provide general oversight of the NCLEX® examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards' need for examinations. The Examination Committee shall approve item development panels and recommend test plans to the Delegate Assembly. Subcommittees may be appointed to assist the Examination Committee in the fulfillment of its responsibilities.	a) *Examination Committee.* The Examination Committee shall be comprised of at least nine 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 Examination Committee shall provide general oversight of the NCLEX® examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards' need for examinations. The Examination Committee shall approve item development panels and recommend test plans to the Delegate Assembly. Subcommittees may be appointed to assist the Examination Committee in the fulfillment of its responsibilities.	Committee recommends raising minimum number of examination committee members to nine to enable the committee to fulfill its responsibilities. At the request of the Examination Committee, a staff or board member from an lpn/vn board may serve as the lpn/vn representative. The requirement for representation from each area has been moved from this section to Article X, Section 4(a).
b) *Finance Committee.* The Finance Committee shall be comprised of one member from each Area and the treasurer, who shall serve as chair. The Finance Committee shall provide general oversight of the use of the National Council's assets to assure prudence and integrity of fiscal management and responsiveness to Member Board needs. The Finance Committee shall maintain financial policies which provide guidelines for fiscal management, and shall review and revise financial forecast	b) *Finance Committee.* The Finance Committee shall be comprised of at least four members and the treasurer, who shall serve as chair. The Finance Committee shall review the annual budget, the National Council's investments and the audit. The Committee shall recommend a budget to the Board of Directors and advise the Board on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to Member Board needs.	Technical change The requirement for representation from each area has been moved from this section to Article X, Section 4(a).

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assumptions.		
c) *Nursing Practice and Education Committee.* The Nursing Practice and Education Committee shall be comprised of at least one member from each Area. The Nursing Practice and Education Committee shall provide general oversight of nursing practice and education regulatory issues by coordinating related subcommittees.	c) *Practice, Regulation, Education and Policy Committee.* The Practice, Regulation, Education and Policy Committee shall be comprised of at least four members. The Committee shall provide general oversight of nursing practice, regulation, education and policy issues.	The committee title should reflect its necessary scope and be named the Practice, Regulation, Education, and Policy Committee. Implements recommendation of the current committee to enable committee work outside of a subcommittee structure responsive to a comprehensive scope of regulatory issues. The requirement for representation from each area has been moved from this section to Article X, Section 4(a).
	d) *Bylaws Committee.* The Bylaws Committee shall be comprised of at least four members. The Committee shall review and make recommendations on proposed bylaws amendments as directed by the Board of Directors or the Delegate Assembly.	The number and type of standing committees has fluctuated over time. The Bylaws Committee recommends creating two additional standing committees to better serve National Council: Bylaws Committee: There has been a standing Bylaws Committee in the past. The Committee recommends the creation of a standing Bylaws Committee to help evaluate proposals for bylaws amendments from either Delegate Assembly or the Board of Directors.
	e) *Resolutions Committee.* The Resolutions Committee shall be comprised of at least four members, including one member from the Finance Committee. The Committee shall, in accordance with the Standing Rules, review, evaluate and report to the Delegate Assembly on all resolutions and motions submitted by Member Boards.	Resolutions Committee: Discussion centered on formalizing the Resolutions Committee's role and establishing criteria and procedures for Member Board generated resolutions so that resolutions are brought forward for consideration sooner, are better developed and the cost and staff commitments required to implement the resolution are better estimated before such resolutions are brought before the Delegate Assembly for a vote. The Bylaws Committee concluded that it would be preferable to leave the specifics of Resolution Committee review to the Standing Rules.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
Article X, Section 2. *Special Committees.* The Board of Directors shall appoint special committees as needed to accomplish the mission of the National Council. Special committees may be subcommittees, task forces, focus groups, advisory panels or other groups designated by the Board of Directors.	**Article X, Section 2.** *Special Committees.* The Board of Directors may appoint special committees as needed to accomplish the mission of the National Council 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.	Clarifying changes only
	Article X, 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.	New section to conform to Standing Rules.
Article X, Section 3. *Committee Membership.*	**Article X, Section 4.** *Committee Membership.*	
a) *Composition.* Standing committees shall include only current members and employees of Member Boards. Special committees shall include current members and employees of Member Boards, and may include consultants or other individuals selected for their special expertise to accomplish a committee's charge. In appointing committees, consideration shall be given to expertise needed for the committee work, Area representation and the composition of Member Boards. The president, or president's delegate, shall be an ex-officio member of all committees except the Committee on Nominations.	a) *Composition.* Members of Standing and Special committees shall be appointed by the Board of Directors. Standing and Special committees shall include only current members and employees of Member Boards. Special committees may also include consultants or 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 delegate, shall be an ex-officio member of all committees except the Committee on Nominations.	The proposed changes would have the effect of giving the Board greater flexibility in choosing Committee members to facilitate the selection of members with required expertise while preserving the presumption that each Area will be represented on a Standing Committee.
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.	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.	No changes
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.	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.	No changes

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
d) *Committee Functions.*	d) *Committee Duties.*	
1. *Budget.* Standing committees shall submit a budget request for activities prior to the beginning of the fiscal year. Special committees will be assigned a budget to use in accomplishing the charge. Committees shall not incur expenses in addition to the approved budgeted amount without prior authorization of the Board of Directors.	1. *Budget.* Standing committees shall operate within the assigned budget for the fiscal year. Special committees will be assigned a budget to use in accomplishing the charge. Committees shall not incur expenses in addition to the approved budgeted amount without prior authorization of the Board of Directors.	Technical change to conform to policy.
2. *Policies.* Each standing committee shall establish policies to expedite the work of the committee, subject to review and modification by the Board of Directors. Special committees shall comply with general policies established by the Board of Directors.	2. *Policies.* Each standing committee shall establish policies to expedite the work of the committee, subject to review and modification by the Board of Directors. Special committees shall comply with general policies established by the Board of Directors.	No changes
3. *Records and Reports.* Each committee shall keep minutes. Special committees shall provide regular updates to the Board of Directors regarding progress toward meeting their charge. Standing committees shall submit quarterly reports to, and report on proposed plans as requested by, the Board of Directors. Special committees shall submit a report and standing committees shall submit annual reports to the Delegate Assembly.	3. *Records and Reports.* Each committee shall keep minutes. Special committees shall provide regular updates to the Board of Directors regarding progress toward meeting their charge. Standing committees shall submit quarterly reports to, and report on proposed plans as requested by, the Board of Directors. Special committees shall submit a report and standing committees shall submit annual reports to the Delegate Assembly.	No changes
Article XI	**Article XI**	
■ **Special Services Division**	**Entire Section Deleted**	
Article XI, Section 1. *Purpose.* The Special Services Division of the National Council shall be the vehicle for conducting activities which are consistent with the purposes of the National Council and which relate to providing services or products primarily to parties other than Member Boards. This Article shall apply solely to activities within the jurisdiction of the Special Services Division.		Deleted in accordance with 2000 Delegate Assembly action.
Article XI, Section 2. *Scope of Activities.* Activities within the jurisdiction of the Special Services Division shall include the development, promotion and distribution of services and products provided primarily to parties other than Member Boards but shall not include (a) the development of		

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examinations and standards for the governmental authorization for nursing practice in Member Board jurisdictions or (b) the development of standards regarding the regulation of nursing practice and nursing education in Member Board jurisdictions. However, with the prior approval of the Board of Directors, the Special Services Division may develop, promote and distribute services or products which include such examinations and standards at the request of one or more Member Boards and/or certifying bodies other than examinations and standards for the initial entry-level licensure of nurses.	.	
Article XI, Section 3. *Management Authority.* The property and activities of the Special Services Division shall be managed by an Executive who shall be appointed by, and serve at the pleasure of, the Board of Directors and who may, but need not, be the same person who serves as the Executive Director of the National Council. The Executive shall be the chief executive officer of the Special Services Division and, subject to such operating policies and guidelines, including such financial policies and limitations, as may be adopted by the Board of Directors from time to time, shall have full authority to direct the activities of the division and to enter into contracts and make other commitments on behalf of the division, which shall be binding upon the National Council.		
Article XII	**Article XI.**	
■ **Finance**	■ **Finance**	
Article XII, Section 1. *Audit.* The financial records of the National Council shall be audited annually by a certified public accountant appointed by the Board of Directors. The audit report shall be presented to the Delegate Assembly.	**Article XI, Section 1.** *Audit.* The financial records of the National Council 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.	Clarifies the audit report is to be provided to Delegate Assembly.
Article XII, Section 2. *Fiscal Year.* The fiscal year shall be from October 1 to September 30.	**Article XI, Section 2.** *Fiscal Year.* The fiscal year shall be from October 1 to September 30.	No changes

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
Article XIII	Article XII.	
■ **Indemnification**	■ **Indemnification**	
Article XIII, 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.	**Article XII, 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.	No changes
Article XIII, 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,	**Article XII, 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,	No changes

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
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.	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.	
Article XIII, 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:	**Article XII, 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:	No changes
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	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	No changes
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.	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.	No changes
Article XIV	**Article XIII.**	
■ **Parliamentary Authority**	■ **Parliamentary Authority**	
The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern the National Council in all cases not provided for in the articles of incorporation, bylaws and any special rules of order adopted by the National Council.	The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern the National Council in all cases not provided for in the articles of incorporation, bylaws and any special rules of order adopted by the National Council.	No changes

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
Article XV	Article XIV	
■ Amendment of Bylaws	■ Amendment of Bylaws	
Article XV, Section 1. *Amendment.* These bylaws may be amended at any Annual Meeting or special session of the Delegate Assembly. A two-thirds vote of the delegates present and voting is required to amend the bylaws, providing that copies of the proposed amendments have been presented in writing to the Member Boards at least 45 days prior to the session. Without previous 45-day notice, the bylaws may be amended by a three-quarters vote of the delegates eligible to vote if, at least five days prior to the meeting, notice is given that amendments may be considered at the Annual Meeting or special session.	These bylaws may be amended at any Annual Meeting or special session of the Delegate Assembly upon: a) written notice to the Member Boards 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.	Clarifying changes only
Article XV, Section 2. *Revision.* These bylaws may undergo revision only upon authorization and adoption by the Delegate Assembly. A committee for revision, authorized by the Delegate Assembly, shall prepare and present the proposed revision. A two-thirds vote of the delegates present and voting is required to adopt the revision, provided that copies of the proposed revision shall have been submitted in writing to the Member Boards at least 45 days prior to the Annual Meeting or special session at which the action is to be taken.	Section deleted	The current provisions draw the distinction between "amendments" and "revisions." But the difference is one of degree without a clear definition. To avoid potential confusion and in light of the proposal to create a Standing Bylaws Committee (authorized to consider proposed amendments from Delegate Assembly and the Board), it is recommended to delete the reference to revisions.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE
	Article XV. Dissolution	
	Article XV, 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 National Council. The plan shall provide, among other things, that the assets of the National Council be applied as follows: Firstly, all liabilities and obligations of the National Council shall be paid or provided for. Secondly, any assets, held by the National Council 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 shall be distributed to an educational, research, scientific or institutional health tax exempt organization or association, to be expended toward the advancement of nursing practice and the regulation thereof. **Article XV, Section 2.** *Acceptance of Plan.* Such plan shall be acted upon by Delegate Assembly at an Annual or legally constituted special session called for the purpose of acting upon the proposal to dissolve. Seventy-five percent (75%) of all Delegates present at a meeting at which a quorum is present must vote affirmatively to dissolve. **Article XV, Section 3.** *Conformity to Law.* Such plan to dissolve must conform to the law under which National Council 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.	Corporate law requires some specification as to the procedure by which a corporation will be dissolved and the disposition of assets upon dissolution. The Articles of Incorporation provide for the dissolution of the National Council but do not articulate a procedure.

CURRENT BYLAWS	PROPOSED BYLAWS	RATIONALE

Enactment of Proposed Bylaws	**Special Provision Adopted in Connection with the 2001 Revision of the Bylaws.**
	1. To effect the staggering of terms of Nominations Committee members provided for in Article VII, Section 3 of the revised bylaws as adopted at the 2001 Delegate Assembly, the members of the Nominating Committee elected at the 2001 Delegate Assembly shall be elected and serve for the terms described below:
	    a) The members elected from Areas 3 and 4 shall serve for a one-year term;
	    b) The members elected from Areas 1 and 2 shall serve for a two-year term;
	    c) The member elected pursuant to (a) who receives the highest number of votes shall serve as chair in the year of election and the member elected pursuant to (b) and who receives the highest votes will serve as vice-chair in the year of election and as chair in the second year of the member's term.
		Determination was drawn by lot.

Report of the Examination Committee

EXAMINATION COMMITTEE MEMBERS

Anita Ristau, MS, RN, VT, Area IV *Chair*
Christine Alichnie, PhD, RN, PA, Area IV
Teresa Bello-Jones, MS, JD, RN, CA-VN, Area I
Cora Clay, RN, BSN, MLA, TX-VN, Area III
Sheila Exstrom, PhD, RN, NE, Area II
Carol Parsons Miller, MSN, RN, WV-PN, Area II
Jackie Murphree, EdD, RN, AR, Area III
Orpha Swiger, LPN, WV-PN, Area II
Jan Zubieni, MS, RN, CO, Area I

ITEM REVIEW SUBCOMMITTEE MEMBERS

JoAnn Allison, MSN, RN, NH, Area IV
Mary Calkins, PhD, RN, CCN, WY, Area I
Lois Churchill, MN, RN, IA, Area II
Claire Doody-Glaviano, MN, RN, LA-PN, Area III
Sharon Dschaak, LPN, MT, Area I
Lisa Hyatt, LPN, AZ, Area I
Sandra MacKenzie, MS, RN, MN, Area II
Mary Ellen O'Hurley, MS, RN, CT, Area IV
Cynthia (Pat) Purvis, MS, RN, SC, Area III
Donna Roddy, MSN, RN, TN, Area III
Patty Shutt, LPN, NV, Area I
Jacqueline Waggoner, MSN, RN, IL, Area II

TEST SERVICE TECHNICAL SUBCOMMITTEE

Donna Aversa, MS, RN, MD, Area IV
Gene Dukes, FL, Area III
Bobbye Hicks, NV, Area I
Sandra MacKenzie, MS, RN, MN, Area II
Renee McClellan, CA-RN, Area I
Lori Scheidt, MO, Area II
Carol Silveira, MA, Area IV

STAFF

Casey Marks, Director of Testing Services
Kristin Garcia, Testing Administrative Coordinator
Fay Green, NCLEX® Administration Coordinator
Susan Gawel, MS, *Statistician*
Harlene Pearlman, MS, RN, CDE, NCLEX® Content Associate
Kathy Potvin, NCLEX® Senior Administrative Coordinator
Thomas O'Neill, Psychometrician
Michael J. Tomaselli, NCLEX® Administration Manager
Anne Wendt, PhD, RN, NCLEX® Content Manager
Deborah Woolley, PhD, RN, CNM, FACCE, NCLEX® Senior Content Associate

BOARD LIAISON

Lorinda Inman, IA, Area II Director

RELATIONSHIP TO STRATEGIC PLAN

Strategic Initiative 1 ....Nurse Competence. The National Council will assist Member Boards in their role in the evaluation of initial and ongoing nurse competence.

Tactic 1 ....Continuously improve delivery of the high-quality NCLEX® examination

RECOMMENDATIONS TO THE DELEGATE ASSEMBLY

1. **Adopt the proposed enhancements to the *NCLEX-PN® Test Plan*.**

RATIONALE

The Examination Committee reviewed and accepted Linking the NCLEX-PN® National Licensure Examination to Practice: 2000 Practice Analysis of Newly Licensed Practical/Vocational Nurses in the United States. (Smith, Crawford & Gawel, 2000) as the basis for recommending no changes in the structure or content distribution for the *NCLEX-PN® Test Plan* (Attachment A). The committee proposed enhancements that would improve readability and provide clarity to the *NCLEX-PN® Test Plan* document. Empirical evidence provided by the research department from job incumbents, the professional judgment of the Examination Committee, legal counsel, and feedback from the Member Boards and other stakeholders support the recommendations regarding the *NCLEX-PN® Test Plan*.

BACKGROUND

At its October 2000 meeting, the Examination Committee reviewed the results of the research report, Linking the NCLEX-PN® National Licensure Examination to Practice: 2000 Practice Analysis of Newly Licensed Practical/Vocational Nurses in the United States (Smith, Crawford & Gawel, 2000). Based on empirical data from the practice analysis study report and the expert opinion of the Examination Committee, the committee recommended **no change** in the *NCLEX-PN® Test Plan* structure.

The committee proposed some enhancements to the document that explicate the *NCLEX-PN® Test Plan*, however, in order to provide clarity and enhance readability. These enhancements include:

* the addition of definitions for the integrated concepts and processes and for each of the four Client Needs categories
* clarification of some areas of the document (includes the addition or deletion of bulleted content)
* a section on administration of the NCLEX-PN® examination

A draft of the proposed *NCLEX-PN® Test Plan* was sent to all of the 61 Member Boards and the PN Practice Analysis Panel of Experts in November 2000 for feedback on the proposed enhancements. During its April 2001 business meeting, the Examination Committee considered all feedback and a final draft of the enhanced *NCLEX-PN® Test Plan* was developed.

After consulting with various stakeholders, the committee determined that the enhanced document should be available in Fall 2001 with an implementation date of April 2002. This proposed timeline enables the National Council, Member Boards and Chauncey to effectively plan for and communicate the *NCLEX-PN® Test Plan* enhancements to all appropriate individuals and agencies. It also allows a Panel of Judges to use the *NCLEX-PN® Test Plan* in its criterion-referenced standard setting process scheduled for October 4-6, 2001. Any changes in the NCLEX-PN® examination passing standard set by the Board of Directors could then be implemented coincident with the implementation of the enhanced *NCLEX-PN® Test Plan* in April 2002. The proposed timeline would allow information about any changes to the passing standard to be communicated to all relevant individuals and agencies.

BACKGROUND OF THE EXAMINATION COMMITTEE

The Examination Committee, together with the Item Review Subcommittee and Test Service Transition Subcommittee, represents almost half of the National Council's Member Boards. The Examination

Committee's charge is to provide a "state of the art" entry-level nurse licensure assessment. In order to accomplish this, the committee monitors and maintains the current NCLEX-RN® and NCLEX-PN® examinations to ensure that they meet the high standards of the testing and measurement industry. The Examination Committee investigates future enhancements to the NCLEX® examination, and monitors all aspects of examination administration. In addition, the committee oversees the activities of the Item Review Subcommittee, which in turn assists in the item development and review process. Further, the committee receives and reviews input concerning technical elements of the NCLEX® test service transition from the Test Service Technical Subcommittee. All of these activities combined produce a psychometrically sound and legally defensible examination. The highlights of the Examination Committee, the Item Review Subcommittee, and the Test Service Transition Subcommittee activities are listed below.

HIGHLIGHTS OF ACTIVITIES

Monitored All Aspects of Examination Development

+ **Developed and Monitored NCLEX® Examination Policies and Procedures**
The committee evaluated the efficacy of all Board of Directors-approved examination-related policies and procedures, as well as the Examination Committee's policies and procedures. As an extension of this quality control process, committee reviewed and adopted modifications and enhancements to the NCLEX® Member Board Manual and the NCLEX® Evaluation Framework. Revisions were made to pertinent procedures to reflect processes changed and refined during the seventh year of NCLEX® examinations being administered via computerized adaptive testing.

+ **Conducted Committee Item Review Sessions**
In the interest of maintaining consistency regarding the manner in which NCLEX® examination items are reviewed before becoming operational, the committee employed the following procedures: (1) reviewed new items only after the items had been pretested, (2) recommended that at least two Examination Committee members lead each Item Review Subcommittee meeting, and (3) made the final decisions addressing revisions to coding, Operational Definitions, Detailed Test Plans, and Guidelines for Currency Review. Under the direction of the Examination Committee, RN and PN

pretest questions were reviewed (see chart next page). Review groups for both the NCLEX-RN® and NCLEX-PN® examinations reviewed Master Pool items. In addition, the Item Review Subcommittee will review real examinations for face validity at its June 2001 meeting and provide a detailed report to the Examination Committee. The Item Review Subcommittee's assistance continues to reduce the heavy item review workload, facilitating the efforts of the Examination Committee in the item review process.

+ **Monitored Item Production**
The Examination Committee has emphasized to the test service the importance of writing items that address the higher levels of cognitive processing such as application and analysis. Since the October 1999 pool, both the RN and PN pools have seen an increase in the total number of items at the higher cognitive levels of comprehension, application and analysis. A significant outcome of this increase is that examinations of different lengths and estimated ability levels have less variability in the percentages of items in the higher cognitive levels. Furthermore, the Chauncey Group's contractual item production schedule has been accomplished and exceeded for the current fiscal year, therefore meeting the contractual goal of developing a sufficient number of items to create three operational item pools.

+ **Evaluated Item Development Process and Progress**
The committee evaluated Item Writing and Item Review sessions conducted by Chauncey personnel. Committee representatives attended and monitored the item development sessions, whenever possible, in order to provide feedback to the committee and to Chauncey. Overall, each of the ses-

sions was evaluated as productive and successful.

♦ **Monitored the Development of Operational Item Pools**
The Examination Committee and National Council staff monitored the configuration of RN and PN operational item pools. The criterion for splitting and sculpting item pools includes many clinical and psychometric variables. The resulting operational item pools were evaluated with regard to these variables and were found to be within tolerance.

To ensure that the operational item pools and item selection algorithm were functioning together as expected, simulated examinations were evaluated. Using these simulated examinations, the functioning of the algorithm was scrutinized with regard to the distribution of items by test plan subcategory within the examination. It was concluded that the operational item pools and the item selection algorithm were acting in concert to produce tests that were within National Council specifications and were comparable to tests from previous administrations. These conclusions were re-enforced by replicating the results later using actual candidate data. Examination Committee will continue to monitor performance of the NCLEX® examinations through these and other psychometric reports and analyses.

RN ITEM DEVELOPMENT PRODUCTIVITY COMPARISON

Year	Writing Sessions	Item Writers	Items Producers	Review Sessions	Items Reviewed	Items Approved	Survival Rate
April 96 – March 97	10	134	3,815	11	3,225	2,952	92.0%
April 97 – March 98	8	90	2,929	11	3,326	3,252	97.7%
April 98 – March 99	5	73	2,060	4	1,414	1,378	97.4%
April 99 – March 00	3	47	1,289	6	1,834	1,787	97.4%
April 00 – March 01	3	43	1,265	5	1,449	1,409	97.2%

LPN/VN ITEM DEVELOPMENT PRODUCTIVITY COMPARISON

Year	Writing Sessions	Item Writers	Items Producers	Review Sessions	Items Reviewed	Items Approved	Survival Rate
April 96 – March 97	8	92	2,503	8	2,417	2,001	83.0%
April 97 – March 98	7	83	2,362	7	2,439	2,419	99.0%
April 98 – March 99	4	56	1,636	5	1,520	1,499	98.6%
April 99 – March 00	4	56	2,125	4	1,180	1,152	97.6%
April 00 – March 01	4	55	2,002	6	1,299	1,284	98.8%

- **Revised Detailed Test Plan for the NCLEX-RN® Examination**

  The Examination Committee completed development of a comprehensive *NCLEX-RN® Detailed Test Plan* document. The effective date of the revised *NCLEX-RN® Detailed Test Plan* was scheduled to coincide with the implementation of the 2001 *NCLEX-RN® Test Plan*, as adopted by the Delegate Assembly. The Committee has constructed the documents so that the Test Plan provides the basic outline of the material, and the Detailed Test Plan differs by containing definitions as well as an elaboration and classification of the content in the Test Plan. This detailed *NCLEX-RN® Test Plan* is intended to facilitate item writing and coding and assist candidates in preparing for the NCLEX® examination.

- **Responded to Member Board Inquiries Regarding the NCLEX® Examination Items**

  As part of its activities, the committee responded to Member Boards' questions and concerns regarding NCLEX® examination items and simulated examinations.

- **Practice Analysis Updates**

  Examination Committee provided direction on modifications to the biannual survey of nurses (previously known as the quarterly trend analyses studies). Examination Committee expects to be able to use the results of the new, enhanced biannual survey to inform decisions about content for the NCLEX® examinations in the periods between practice analyses starting in FY02.

- **Investigated Enhancements for Future NCLEX® examinations**

  As part of its ongoing charge from the Delegate Assembly to produce a "state-of-the-art" entry-level nurse licensure assessment, the Examination Committee has reviewed a report on the results of a pilot study to explore possible response formats for the next generation NCLEX® examination. Fifteen RN and fifteen LPN/VN test questions using innovative formats were administered via CD-ROM at board of nursing offices. Ninety-three nurses representing nine jurisdictions (Arkansas, Colorado, Illinois, Louisiana-PN, Missouri, Nebraska, New Hampshire, Pennsylvania, and Vermont) responded to the survey about the item formats. In general, the participants responded positively to the survey questions about the item format, clarity, and comparison to multiple-choice questions. There were several common issues about which many of the respondents expressed concern, including: (1) technical difficulties with the mouse interface, (2) technical difficulties with several items which required scrolling, and (3) questions about how to score some of the item formats. Further

research with some of the more favorably rated item formats should address the aforementioned issues.

The Examination Committee will continue to investigate innovative item types as part of their commitment to producing a "state-of-the-art" entry-level nurse licensure assessment and report on its activities to the Board of Directors and in the committee's Annual Report to the Delegate Assembly. In addition, as new information about innovative item types becomes available, the information will be provided to stakeholders via the Internet, newsletters, direct mailings and publications.

Monitored all Aspects of Examination Administration

*   **Update on Web-based MBOS**
    An Advisory Group appointed by the Examination Committee has been meeting since May 1999 to work with Chauncey and National Council staff to develop a Web-based MBOS (WeBOS). Regular meetings were conducted to provide suggestions and feedback for improving the functionality of WeBOS. In July 2000 it was determined that there were two major functionality concerns that had yet to be effectively remedied: system speed and report functionality. Chauncey stated that the report functions probably could be improved, but the time frame would be about one or two months. Improvements to system speed would require a substantial rewrite of the program from Java Language to HTML. This solution would require extensive time and costs on behalf of Chauncey, National Council and Member Boards.

    Due to the additional time and cost requirement at that late stage in the development of project, the Advisory Group recommended to the Examination Committee that the WeBOS project be discontinued immediately. In response to the WeBOS Advisory Group endorsement, the Examination Committee recommended to the Board of Directors that the WeBOS development project be discontinued immediately and affirm that MBOS will continue to be used for the remainder of the current test services contract. The Board of Directors accepted this recommendation and the decision to discontinue WeBOS was communicated to Member Boards.

*   **Monitored Procedures for Candidate Tracking: Candidate Matching Algorithm**
    The Examination Committee continued to monitor the status and effectiveness of the candidate-matching algorithm. Chauncey conducts a weekly scan of the database, using additional matching criteria, to detect records received during the past week that appear to match a previously received record, yet did not combine during initial processing. Staff resolved all suspect cases. The most recent scan covered the period for January 1, 2000 through December 22, 2000 and reviewed over 150,000 candidate records. The scan yielded 20 instances where the same person tested more than once and was treated by the system as two separate individuals. In nine instances, the candidate succeeded in passing the examination after a prior failure. The results of the analysis were consistent with similar analyses conducted in previous years.

    In no case, however, was the 91-day rule violated. The scan results serve as a reminder of the importance of each board of nursing carefully checking candidate records for accuracy at the time of eligibility declaration. Cumulated records are required in order to properly enforce the waiting period between examinations and to provide blocking files of previously seen items.

*   **Monitored the Security of the NCLEX® Examination Administrations and Item Pools**
    The Examination Committee monitored investigations of potential security incidents, reviewed final reports from the ETS Office of Test Security and made determinations and recommendations as to the security of the NCLEX® examination administrations and item pools. Although potential security incidents were identified during the past year, no incident was determined to compromise the NCLEX® examination item pools.

- **Compliance with the 30/45 Day Scheduling Rule**

  The Examination Committee, Board of Directors and staff monitor compliance with the 30/45 day scheduling rule. Prometric maintained sufficient capacity on a site-by-site basis to adequately provide compliant seating to all but 24 (0.036%) of the 66,961 NCLEX® examination candidates who tested during the June – August 2000 peak testing season. During the last year (May 2000 – March 2001), 27 (0.019%) of the 144,512 NCLEX® examination candidates were unable to be offered an appointment within the compliant period. A dedicated department at Prometric continues to analyze center utilization levels to monitor current testing levels and project future testing volumes so that they are able to meet the testing needs of all of their testing clients. Additionally, Prometric reports to National Council staff on a monthly basis all sites that have 10 or fewer blocks available for NCLEX® examination candidates within the next 30 days.

- **Mouse Interface and Drop-down Calculator Option Implementation**

  In 1999 Examination Committee approved the implementation of a mouse interface and drop-down calculator option for the NCLEX® examination. Software enhancements were successfully debuted on April 1, 2001. Information regarding these features and their implementation was communicated to the Boards of Nursing, nursing programs, and the general public through varied sources throughout 2000 and 2001. Information was posted on the NCSBN web-sites and letters were sent to nursing education programs and related nursing organizations. Additionally, information was provided to candidates in the NCLEX® Candidate Bulletin starting in January 2001. Committee reviewed analyses of the potential impact as a result of the change in interface on average examination time length and found no significant difference from examinations administered during the same period in April 2000.

  The Examination Committee and staff will continue to monitor the impact of the interface change on average examination time length as part of their commitment to producing a "state-of-the-art" entry-level nurse licensure assessment and report on its activities to the Board of Directors.

- **Responded to Member Board Inquiries Regarding NCLEX® Examination Administration**

  As part of its activities, the committee responded to Member Boards' questions and concerns regarding administration of the NCLEX® examinations in Member Board jurisdictions.

TEST SERVICE TRANSITION

Monitored all Aspects of the NCLEX® Test Service Transition

- **The NCLEX® Transition Plan**

  The Examination Committee, Board of Directors, National Council staff and NCS Pearson staff have completed work on a vendor transition plan for the NCLEX® program. The NCLEX® Transition Plan represents the initial documentation of the process that will be used to guide the transition of the NCLEX® examination program from the Chauncey Group International to NCS Pearson. The work elements that comprise this transition plan are based on the NCLEX® Testing Services Contract that was ratified by the Delegate Assembly of the National Council at the 1999 Annual Meeting.

  From August 1999 to October 2000, National Council and NCS Pearson staff, under the guidance of National Council's Board of Directors, developed this plan to delineate the numerous timelines and requirements specified in the NCLEX® Test Services Contract. In November 2000, the Examination Committee, assisted by the newly formed Test Service Technical Subcommittee, was charged with the task of overseeing the implementation of this plan. As part of this oversight responsibility, the Examination Committee has acted as a sounding board for new ideas as well as act as an agent to solicit feedback from Member Boards on issues as required. With the National Council Board of Directors, Examination Committee and Test Service Technical Subcommittee active in the oversight

of the implementation of this plan, over one-third of the Member Boards are involved in the NCLEX® Test Service Transition process.

The NCLEX® Transition Plan was distributed to Member Boards in January 2001. To further assist Member Boards in their understanding of issues concerning the plan as well as other activities concerning the transition of the NCLEX® program, conference calls between Executive Officers and National Council Testing Services Department Staff were held on February 8 and 9, 2001.

♦ **Transition Service Transition Activities**
Throughout FY01, The committee has monitored progress and received information from staff and met with both test services independently for purposes of monitoring the test service transition. Updates to The NCLEX® Transition Plan were presented and discussed at the January and April committee business meetings. Although the committee monitors all aspects of the transition, of particular focus has been accorded to:

Item development timelines- Committee and staff have reviewed test development plans to ensure that item production with NCS is sufficient for operations and meets contractual obligations.

Transfer of test items from Chauncey- Committee has and continues to monitor the transfer of NCLEX® items from Chauncey. A remittance schedule for item delivery has been established, with the first installment successfully completed.

Construction of the NCS item banking system- Although the construction of item banking system for the NCLEX® examination is behind schedule due to the NCS acquisition of the company that develops the item banking product, NCS has accelerated the staff hiring schedule to keep the project on track for the alpha test.

Test center locations- Although final decisions on center location are the contractual right of NCS, Member Boards and Examination Committee have given considerable input as to the location of centers. Additionally, the committee continues to monitor the progress of the center buildout to ensure that the appropriate number of centers (as specified in contract) are operational for the alpha and beta tests as well as for the testing service cut over in October 1, 2002. Construction of Test Center Prototypes I and II, in Minnesota and Missouri, have been completed.

NCS staffing- Committee continues to monitor the assembly of the NCS project team for the NCLEX® examination program. To date, NCS has gone beyond contractual specifications for the number of staff required for the project.

The alpha-beta test process- Committee has and continues to monitor plans for the alpha and beta tests. Although they are described more fully in the next section, committee has been active in ensuring that alpha-beta test participant selection was based on empirical criteria and that candidate recruitment for the beta test is sufficient such that the requisite candidate volume for the beta test is met. Additionally, committee has monitored the planning process to ensure that the burden of the alpha and beta tests is not an excessive for Member Boards who have been selected to participate.

Communication- A chief concern for the committee that permeates all aspects of the transition process is the communication between Member Boards, National Council and NCS Pearson. The goal of the test service transition communication plan is to provide full information to the National Council Board of Directors, Examination Committee and the Member Boards on relevant aspects of the transition process. To accomplish this goal, a number of initiatives have been introduced including: the test service transition webpage on the National Council web site, a newsletter produced for Member Boards (the NCLEX® Transition Update), letters to Member Boards, establishment of an e-

mail address for the NCLEX® transition team, development of an informational video for NCLEX® candidates, and establishment of conference calls and presentations at the mid-year and annual meetings.

Information Required from Member Boards- As an additional effort for the transition monitoring process, the Examination Committee has undertaken the responsibility to inform Member Boards about information that National Council and NCS Pearson require from Member Boards for purposes of the test service transition. To accomplish this task, committee and staff have developed a Test Service Transition readiness criteria checklist. Originally disseminated at the 2001 Midyear meeting, the first Member Board checklist is as follows:

- Responded to the NCS Pearson requests (at 2000 Area Meetings, 2000 Delegate Assembly and 2000 EO fax survey) for information on test center locations.
- Received and distributed to appropriate staff the NCLEX® *Transition Plan.*
- Read the NCLEX® *Transition Plan* and forwarded initial concerns to the Testing Services Department.
- Received and distributed to appropriate staff the January NCLEX® *Transition Update,* the quarterly transition newsletter for Member Boards.
- Responded to an article in the NCLEX® *Transition Update* requesting Executive Officers to identify "hands-on" operational contacts in Member Board offices to assist in the technical rollout of new Member Board office software.
- Responded to a letter sent to all executive officers requesting their boards' willingness to \ participate in the NCLEX® alpha/beta tests.

Additional Member Board Readiness Criteria Checklists will be developed quarterly and distributed in future versions of the NCLEX® *Transition Update.*

Test service transition contractual amendments- As a requirement of the transition plan, National Council has identified materials necessary to obtain from Chauncey for purposes of transitioning the NCLEX® program. To obtain these materials in a timely manner for transition purposes, negotiations between Chauncey and National Council have begun. National Council expects to have an amendment to the current test services agreement in place in order to define the legal obligations concerning the transition for the current test service prior to the 2001 Annual meeting.

- **2001 NCLEX® Alpha Test**
Beginning December 3 2001 and lasting through January 15 2002, National Council and NCS Pearson, in coordination with Member Board staff, will conduct a 'stress test' to ensure the integrity of the computer networks, applications and operational processes that are being developed for the transition of the NCLEX® examination program.

The purpose of the alpha test is designed to check the functionality of the NCLEX® examination system that NCS Pearson is building. Member Boards participating in the alpha test will exercise various aspects of the Member Board Office System and testing process. Each piece of the system will be tested individually including registration, scheduling, and taking the examination. Throughout the alpha test period, Member Boards will be interacting with the Member Board Web Site to assure that the system functions as designed. The alpha test version of the NCLEX® examination item pool will have approximately the same number of items as the current NCLEX® examination, but will utilize test items that have been disqualified from use on the NCLEX® examination.

All boards participating in the alpha test will be provided a high level of support from National Council and NCS Pearson during their participation, including instruction on how to send board staff participants to the Pearson Professional Centers. Staff participants will be expected to register

for the examination and follow the procedures that would be expected of actual nurse licensure candidates. Throughout the alpha test, process feedback from Member Board participants will be collected. At the conclusion of the alpha test, a report will be issued summarizing the testing process. These findings will be used to make modifications and revisions to procedures and processes in the NCS Pearson system. All of these revisions to the operational systems will be completed prior to the beginning of the beta test.

The jurisdictions selected for inclusion in the 2001 NCLEX® Alpha Test include: Alabama, California (RN and VN), Kentucky, Maryland, Missouri and as an alternate jurisdiction, Minnesota. Board selection was based on a number of criteria including: willingness and ability to participate, candidate volume during the NCLEX® Beta Test period, MBOS user status, geographic and National Council area representation and concordance in location between the Member Board office and Nursing Education Programs within jurisdictions. Additionally, a sixth NCLEX® Alpha Test jurisdiction, Guam, will be engaged in early 2002 (prior to the NCLEX® Beta Test) to test system readiness for an island jurisdiction.

Letters notifying Member Boards of their status for the alpha test were sent in April 2001. To further assist Member Boards concerning their obligations for the alpha test plan as well as other activities concerning the transition of the NCLEX® program a conference call was held between participating Member Boards, NCS Pearson and National Council on April 24th 2001.

• **2002 NCLEX Beta Test**
Beginning March 1 2002 and lasting through April 1 2002, National Council and NCS Pearson, in coordination with Member Board staff, will conduct the 2002 NCLEX® Beta Test. The beta test is designed as a total assessment of all the operational aspects of the NCLEX® Examination program at NCS Pearson. Every part of the system will be tested as an integrated whole; including registration, scheduling, examination delivery at Pearson Professional Centers, data transmission and results reporting. Live candidates will be tested from the first day of the beta testing period to the last day. All candidate results will be processed as live results. Once participating candidates have been entered into the NCS Pearson system they will remain within the NCS Pearson system and databases and will not be retested through The Chauncey Group should candidates fail. National Council and NCS Pearson will work with Member Boards to develop appropriate re-test procedures for candidates who do not pass the examination during the beta test. The NCSBN-NCS Pearson NCLEX® Transition Team will provide a high level of support to participating Member Boards throughout the beta test.

The beta test goal is to test approximately 2000 candidates including; RNs, PNs, repeat candidates and ADA candidates, drawn from all the participating jurisdictions. National Council will request Member Boards selected for the beta test to assist in recruiting candidates for the beta test. It is crucial that the Member Boards be actively involved in the recruitment process. We will coordinate with Member Boards to select nursing education programs within their jurisdictions for the recruitment process. Since March is usually a slow time for candidate testing, it will be very important to work with nursing education programs that will offer a larger candidate base.

The NCLEX-RN® and NCLEX-PN® Beta test examinations will consist of the same operational items, adhere to the same test plans and abide by the same psychometric rules as the regular NCLEX® examinations that will be administered concurrently at Prometric test centers by the Chauncey Group during the beta test time period. Twenty-one Pearson Professional Centers located in eighteen jurisdictions will be used to administer the beta test. Results beta test will be reported in April 2002. Any issues discovered during the Beta test will be corrected and validated before the NCLEX® Examination goes live on October 1 2002.

The jurisdictions selected for inclusion in the 2002 NCLEX® Beta Test include: Alabama, Arizona,

California (RN and VN), Guam, Illinois, Kentucky, Maryland, Michigan, Missouri, Minnesota, New Jersey, New York, Ohio, Oklahoma, Texas (RN and VN) and Utah. Board selection was based on a number of criteria including: willingness and ability to participate, candidate volume during the NCLEX Beta Test period, geographic and National Council area representation and concordance in location between Nursing Education Programs and beta test center locations within jurisdictions. It is important to note that all Member Boards who have been chosen for participation in the alpha test are automatically part of the 2002 NCLEX® Beta Test.

Letters notifying Member Boards of their status for the beta test were sent in May 2001. To further assist Member Boards concerning their obligations for the beta test plan as well as other activities concerning the transition of the NCLEX® program a conference call was held between participating Member Boards, NCS Pearson and National Council on June 5th 2001.

◆ **Activities of the Test Service Technical Subcommittee**
As part of the specifications delineated in the NCLEX® Transition Plan, NCS Pearson is required to build a new web-based Member Board Office System. To build a system that reflects the wide ranging needs of and uses by Member Board office staff, input from end users is absolutely essential for NCS developers. The Test Service Technical Subcommittee was formed to assist NCS in developing the new web-based Member Board Office System, and the corresponding procedures and processes that are utilized on a daily basis by Member Boards. The subcommittee has focused on transition timelines, deliverables and Member Board communications. The subcommittee reports its findings and recommendations to the Examination Committee. The subcommittee has been testing prototypes of the Member Board web-site since February. They have met with the VUE (NCS) developers to provide feedback and suggest functionality enhancements. The subcommittee will continue to work with VUE through October 2002 to ensure a quality product will be available for Boards of Nursing when the transition of the NCLEX® Examination program is completed.

Transition Service Transition Progress and Planning
The test service transition of the NCLEX® Examination program is progressing as delineated in the NCLEX Transition Plan. Furthermore, there are no obstacles identified, at this point, which jeopardize a successful and seamless transition of the NCLEX® examination program. Committee will continue to monitor and report on the progress of the NCLEX® test service transition until it is completed in October 2002. Additional information concerning the progress of the implementation of the NCLEX® Transition Plan is presented in a report provided by NCS Pearson/VUE *(Attachment B)*.

Other Strategic Initiatives

◆ **Comparing the Canadian Nurses Association CRNE and the NCLEX-RN® examinations**
This study examined the comparability of the American and Canadian entry-level Registered Nurse licensure examinations to provide an empirical basis for the regulatory authorities to make their respective licensing policy decisions *(Attachment C)*. This study represents a snapshot in time, 1998-1999, of the similarity of these two licensure examinations. The study consisted of three phases: Phase 1 required a comparison of relevant variables between the two examinations, resulting in an information matrix and a completed summary report of similarities and differences between the two examinations.

Phase 2 of this project was conceptualized as a face-to-face meeting between American and Canadian nursing content experts designed to go beyond the printed language of the respective American and Canadian Practice Analyses and Test Plans to find "true" similarities and differences between the content of the respective licensure examinations. Members of National Council staff, Examination Committee members, ASI staff, and nurse content experts from Canada all participated.

The last phase of this project, Phase 3, was intended to evaluate the passing standards of the two examinations and to compare them. To compare the two passing standards it would be ideal to have examination results from a matched sample of examinees that had taken both examinations. However, the available data was limited to the annual passing rates for different groups of examinees on both tests. These passing rates were compared to determine if the respective difficulty of the examinations was substantively equivalent. Assuming that the NCLEX-RN® and the CRNE examinations measure the same construct and assuming that both pools of examinees are of equal ability (neither of these assumptions has been empirically demonstrated), the examination with the lower pass rate would have the more difficult standard. Based on the information available, it appears that the NCLEX-RN® has a more difficult standard than the CRNE.

Although the examinations have many similarities in their construct of nursing and standards to pass, it is not to the extent that the National Council can recommend these examinations be treated interchangeably. Based on the information available at this time, the National Council cannot recommend that the CRNE be used as a suitable proxy in place of NCLEX-RN® examination for purposes of assessing entry level-nurse competence.

♦ **International Administration of the NCLEX Examinations**
As part of its continuing charge, the Examination Committee is directed by Delegate Assembly to provide a "state of the art" entry-level nurse licensure assessment. As part of that charge, committee continually looks for ways to provide a psychometrically sound and legally defensible examination with the fewest hindrances possible to candidates. One method of doing this is to provide administration of the NCLEX® examinations outside current Member Board jurisdictions.

On a regular basis, National Council receives a number of requests to administer the NCLEX® examination outside the current Member Board jurisdictions. This is due to numerous factors, including the present nursing shortage. It is important to note that while there has been a recent surge in requests to administer the NCLEX® examinations in foreign markets, it is not a new phenomenon. In 1994, the Examination Committee and the Board of Directors brought before the Delegate Assembly a list of stabilization criteria that was to be achieved prior to administration of the NCLEX® examinations in Canada. Although this list was successfully achieved, the Board of Directors voted in November 1995 not to allow NCLEX® administration in Canada.

Due to the substantial impact that international administration of the NCLEX® examinations will have on the nursing community worldwide, an extensive planning and explicit decision making process is required. To date committee has discussed with the Board of Directors a tentative timeline for the feasibility of an investigation into the international administration of the NCLEX® examinations for purposes of domestic licensure. It is important to note that this investigation in no way subverts the licensure determination process in place in Member Boards of Nursing nor does it make available the NCLEX® examination to licensure bodies other than current member Boards. The idea would, however, provide an opportunity for foreign educated candidates to apply and take the NCLEX® prior to moving to a Member Board jurisdiction. As part of its continuing charge, committee along with the Board of Directors will continue to investigate the feasibility of this project in FY02.

♦ **NCLEX® Program Reports**
Committee monitored production of the NCLEX® Program Reports. The NCLEX® Program Reports were successfully transitioned from the Chauncey Group international to National Computer Systems, Inc. (NCS) during FY2000. NCLEX® Program Reports were distributed to subscribing nursing education programs during the current fiscal year in October 2000 and April 2001. These reports are produced with enhancements to the reports introduced in 2000 such as improved report format-

ting, inclusion of color, more attention to reader usability, rewording designed to increase utility, precision and consistency of results interpretation and enhanced explanations of all analyses.

FUTURE ACTIVITIES

- Continue to monitor all Administrative, Test Development and Psychometric aspects of the NCLEX® Examination program.
- Monitor all aspects of the NCLEX® Test Service Transition.
- Investigate the feasibility of administering the NCLEX® examination outside current Member Board jurisdictions.
- Monitor closely all item development during the test service transition. In particular, the committee will review items developed by NCS Pearson prior to pretesting in order to provide timely feedback to enhance the item development process during the test service transition
- Collaborate with the research department in regard to the RN and PN biannual survey.
- Produce a report comparing the Canadian Nurses Association PN Licensure examination and the NCLEX-PN® examinations.

MEETING DATES

- October 24-26, 2000 *(Business Meeting)*
- December 5-8, 2000 *(Item Review Subcommittee)*
- January 9, 2001 *(Test Service Technical Subcommittee)*
- January 23-24, 2001 *(Business Meeting)*
- February 7, 2001*(Test Service Technical Subcommittee)*
- February 13-17, 2001*(Item Review Subcommittee)*
- February 21, 2001 *(Conference Call)*
- February 27, 2001*(Test Service Technical Subcommittee)*
- April 11-12, 2001 *(Test Service Technical Subcommittee)*
- April 18-20, 2001 *(Business Meeting)*
- May 11, 2001 *(Conference Call)*
- June 5-7, 2001 *(Item Review Subcommittee)*
- June 19, 2001 *(Conference Call)*
- July 23-27, 2001 *(Item Review Subcommittee)*
- July TBA, 2001 *(Conference Call)*

RECOMMENDATIONS TO THE DELEGATE ASSEMBLY

1. Adopt the proposed enhancements to the *NCLEX-PN® Test Plan* (Attachment A).

ATTACHMENTS

A. Proposed Enhancements to the *NCLEX-PN® Test Plan*
B. Test Service Transition report from VUE, an NCS Pearson Company
C. Comparison study of the Canadian Nurses Association CRNE and the National Council of State Boards of Nursing NCLEX-RN® examinations
D. Annual Report of The Chauncey Group International and Prometric

TEST PLAN FOR THE
NATIONAL COUNCIL LICENSURE EXAMINATION
FOR PRACTICAL/VOCATIONAL NURSES
(NCLEX-PN® EXAMINATION)

INTRODUCTION

Entry into the practice of nursing in the United States and its territories is regulated by the licensing authorities within each jurisdiction. To ensure public protection, each jurisdiction requires a candidate for licensure to pass an examination that measures the competencies needed to practice safely and effectively as a newly licensed, entry-level practical/vocational nurse. The National Council of State Boards of Nursing, Inc., develops a licensure examination, the *National Council Licensure Examination for Practical/Vocational Nurses (NCLEX-PN® Examination)*, which is used by state and territorial boards of nursing to assist in making licensure decisions.

The initial step in developing the *NCLEX-PN® Examination* is the preparation of a test plan to guide the selection of content and behaviors to be tested. In this plan, provision is made for an examination reflecting entry-level practical/vocational nursing practice as identified in the *1997 Job Analysis Study of Newly Licensed Entry-Level Practical/Vocational Nurses (Yocom, 1997)*. study entitled *Linking the NCLEX-PN® National Licensure Examination to Practice: 2000 Job Analysis of Newly Licensed Practical/Vocational Nurses in the U.S (Smith, Crawford, & Gawel, 2000)*. The activities identified in this study were analyzed in relation to: (1) the frequency of their performance, (2) their impact on maintaining client safety and (3) the settings in which they were performed. This analysis guided the development of a framework that delineates specific client needs, and integrated concepts and processes for entry-level practice. The variations in each jurisdiction's laws and regulations guide the development of the test plan.

The test plan derived from this framework provides a concise summary of the content and scope of the examination. The plan also serves as a guide for both examination development and candidate preparation as well as a guide for feedback for the unsuccessful candidate. Based on the test plan, the each unique NCLEX-PN examination reflects the knowledge, skills and abilities essential for the practical/vocational nurse to master in order to meet the needs of clients requiring the promotion, maintenance and restoration of health. The following sections describe beliefs about nursing and clients that are integral to the examination, the cognitive abilities that will be tested in the examination, and the specific components of the *NCLEX-PN® Test Plan*.

BELIEFS

Beliefs about people and nursing underlie the *NCLEX-PN® Test Plan*. People are viewed as finite beings with having varying capacities to function in society. They are unique individuals defining their own systems of daily living which reflect values, cultures, motives and lifestyles. Additionally, they are viewed as having the right to make decisions regarding their health care needs and participate in meeting those needs. The profession of nursing makes a unique contribution in helping clients (individuals or families/significant others) to achieve an optimal level of health in a variety of settings.

Nursing is an art and a science that integrates concepts from the liberal arts, and the biological, behavioral psychological and social sciences. The nature of nursing is dynamic and evolving. The goal of nursing in any setting is to promote health and assist individuals throughout the life span to attain an optimal level of functioning by responding to the needs, conditions or events that result from actual or potential health problems (American Nurses Association, 1995). The domain of nursing and the relevant knowledge, skills and abilities exist along a continuum and are organized and defined by professional and legal parameters.

The practical/vocational nurse utilizes "specialized knowledge and skills which meet the health needs of people in a variety of settings under the direction of qualified health professionals" (NFLPN, 1996). The practical/vocational nurse uses a clinical problem solving process (the nursing process) the nursing process to collect and organize relevant health care data and assist in the identification of the health needs/problems of clients throughout the clients' life span and in a variety of settings. The entry-level practical/vocational nurse, under appropriate supervision, provides competent care for clients with commonly occurring health problems having predictable outcomes. "Competency implies knowledge, understanding, and skills that transcend specific tasks and is guided by a commitment to ethical/legal principles" (NAPNES, 1999).

LEVELS OF COGNITIVE ABILITY

The NCLEX-PN examination consists of multiple-choice items (questions) written at the cognitive levels of knowledge, comprehension, application and analysis (Bloom et al., 1956).

TEST PLAN STRUCTURE

The framework of **Client Needs** was selected for the NCLEX-PN examination because it provides a universal structure for defining nursing actions and competencies for a variety of clients across a variety of settings and is congruent with state laws and statutes.

CLIENT NEEDS
Four major categories of **Client Needs** organize the content of the test plan. These client needs are further divided into subcategories that define the content each category contains. contained within of the four major Client Needs categories. These categories and subcategories are:

A. **Safe, Effective Care Environment**
   1. Coordinated Care
   2. Safety and Infection Control

B. **Health Promotion and Maintenance**
   3. Growth and Development Through the Life Span
   4. Prevention and Early Detection of Disease

C. **Psychosocial Integrity**
   5. Coping and Adaptation
   6. Psychosocial Adaptation

D. **Physiological Integrity**
   7. Basic Care and Comfort
   8. Pharmacological Therapies
   9. Reduction of Risk Potential
   10. Physiological Adaptation

INTEGRATED CONCEPTS AND PROCESSES

~~Concepts, principles and processes are integrated throughout the four major categories of *Client Needs* because they are fundamental to the practice of nursing. The integrated concepts, principles and processes include:~~

- ~~Nursing Process~~
- ~~Caring~~
- ~~Communication~~
- ~~Cultural Awareness~~

- ~~Documentation~~
- ~~Self-Care~~
- ~~Teaching/Learning~~

The following concepts and processes fundamental to the practice of nursing are integrated throughout the four categories of Client Needs.

- Clinical Problem Solving Process (Nursing Process) – a scientific approach to client care that includes data collection, planning, implementation and evaluation.
- Caring – the interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the nurse provides hope, support and compassion to help achieve desired outcomes.
- Communication and Documentation – the verbal and/or nonverbal interactions between the nurse and client, significant others and members of the health care team; events and activities associated with client care as validated through a written or electronic record that reflects standards of practice and accountability into the provision of care.
- Cultural Awareness – the knowledge of and sensitivity to the beliefs and values of the client and nurse, and the integration of such awareness in the provision of nursing care.
- Self-Care – the practice of assisting clients of various abilities to meet their own health care needs, including maintenance of health and/or restoration of function.
- Teaching/Learning – the facilitation of the acquisition of knowledge, skills and attitudes that leads to a change in behavior.

DISTRIBUTION OF CONTENT

The percentage of test questions assigned to each **Client Needs** subcategory in the *NCLEX-PN® Test Plan* is based on the results of the ~~1997 Job Analysis Study of Newly Licensed Entry-Level Practical/Vocational Nurses (Yocom, 1997)~~ study entitled *Linking the NCLEX-PN® National Licensure Examination to Practice: 2000 Job Analysis of Newly Licensed Practical/Vocational Nurses in the U.S.* (Smith, Crawford, & Gawel, 2000). Expert judgment was provided by members of the National Council's Examination Committee and by the ~~1997~~ 2000 Job Analysis Panel of Experts.

CATEGORIES	PERCENTAGE OF TEST QUESTIONS
A. Safe, Effective Care Environment	
1. Coordinated Care	**6-12%**
2. Safety and Infection Control	**7-13%**
B. Health Promotion and Maintenance	
3. Growth and Development Through the Life Span	**4-10%**
4. Prevention and Early Detection of Disease	**4-10%**
C. Psychosocial Integrity	
5. Coping and Adaptation	**6-12%**
6. Psychosocial Adaptation	**4-10%**
D. Physiological Integrity	
7. Basic Care and Comfort	**10-16%**
8. Pharmacological Therapies	**5-11%**
9. Reduction of Risk Potential	**11-17%**
10. Physiological Adaptation	**13-19%**

NCLEX-PN® Test Plan

Chart showing PERCENT RANGE OF NCLEX-PN® QUESTIONS (y-axis, 0 to 20) by CLIENT NEEDS categories:

- A. Safe, Effective Care Environment
  - 1. Coordinated Care
  - 2. Safety and Infection Control
- B. Health Promotion and Maintenance
  - 3. Growth and Development Through the Life Span
  - 4. Prevention and Early Detection of Disease
- C. Psychosocial Integrity
  - 5. Coping and Adaptation
  - 6. Psychosocial Adaptation
- D. Physiological Integrity
  - 7. Basic Care and Comfort
  - 8. Pharmacological Therapies
  - 9. Reduction of Risk Potential
  - 10. Physiological Adaptation

Nursing Process Clinical Problem Solving Process... Caring... Communication & Documentation... Cultural Awareness... Documentation... Self-care... Teaching/Learning

CLIENT NEEDS

OVERVIEW OF CONTENT

All content categories reflect client needs across the life span in a variety of settings.

A. Safe, Effective Care Environment

The practical/vocational nurse provides nursing care and collaborates with others to enhance the care delivery setting and to protect clients, significant others and other health care personnel through:

1. Coordinated Care - The practical/vocational nurse collaborates with other health care team members to facilitate effective client care.

   Related content includes, but is **not limited** to:

   - Advance Directives
   - Advocacy
   - Client Care Assignments
   - Client Rights
   - Concepts of Management and Supervision
   - Confidentiality
   - Consultation and Referrals with Members of the Health Care Team
   - Continuity of Care
   - Continuous Quality Improvement

   - Establishing Priorities
   - Ethical Practice
   - Incident/Irregular Occurrence/ Variance Reports
   - Informed Consent
   - Legal Responsibilities

   - Organ Donation
   - Referral Processes

   - Resource Management

2. Safety and Infection Control - The practical/vocational nurse protects clients and health care personnel from environmental hazards.

Related content includes, but is **not limited** to:
- Accident/Error Prevention
- Disaster Planning
- Handling Hazardous and Infectious Materials
- Medical and Surgical Asepsis
- Standard (Universal) and Other Precautions
- Use of Restraints

B. **Health Promotion and Maintenance**
The practical/vocational nurse provides and assists in directing nursing care, and promotes and maintains health through incorporating knowledge of the following areas:

3. Growth and Development Through the Life Span - The practical/vocational nurse assists the client and significant others in during the normal expected stages of growth and development from conception through advanced old age.

Related content includes, but is **not limited** to:
- Aging Process
- Ante/Intra/Postpartum and Newborn
- Developmental Stages and Transitions
- Expected Body Image Changes
- Family Interaction Patterns
- Family Planning
- Human Sexuality

4. Prevention and Early Detection of Disease - The practical/vocational nurse provides client care related to prevention and early detection of health problems.

Related content includes, but is **not limited** to:
- Data Collection Techniques
- Disease Prevention
- Health and Wellness
- Health Promotion Programs
- Health Screening
- Immunizations
- Lifestyle Choices
- Techniques of Collecting Physical Data

C. **Psychosocial Integrity**
The practical/vocational nurse provides nursing care that promotes and supports the emotional, mental and social well-being of the client and significant others in the following areas:

5. Coping and Adaptation - The practical/vocational nurse promotes the client's ability the ability of the client and/or significant others to cope, adapt and/or problem-solve situations related to illnesses, disabilities, and stressful events.

Related content includes, but is **not limited** to:
- Behavior Management
- Coping Mechanisms
- End of Life Issues
- Grief and Loss
- Mental Health Concepts
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Situational Role Changes
- Stress Management
- Support Systems
- Therapeutic Communication
- Unexpected Body Image Changes

6. Psychosocial Adaptation - The practical/vocational nurse participates in recognizing and providing care for clients with maladaptive behavior and assists with behavior management of the client with acute and/or chronic mental illness and cognitive psychosocial disturbances.

> Related content includes, but is **not limited** to:
> - Abuse and Neglect
> - Behavioral Interventions
> - Chemical Dependency
> - Crisis Intervention
> - Mental Illness Concepts
> - Suicide
> - Therapeutic Environment

D. Physiological Integrity

The practical/vocational nurse promotes physical health and well-being by providing care and comfort, reducing client risk potential and assisting to manage the client's health alterations.

7. Basic Care and Comfort - The practical/vocational nurse provides comfort and assistance in the performance of activities of daily living.

> Related content includes, but is **not limited** to:
> - Assistive Devices
> - Elimination
> - Mobility/Immobility
> - Non-pharmacological Pain Comfort Interventions
> - Nutrition and Oral Hydration
> - Palliative Care
> - Personal Hygiene
> - Rest and Sleep

8. Pharmacological Therapies - The practical/vocational nurse provides care related to the administration of medications and monitors clients receiving parenteral therapies.

> Related content includes, but is not limited to:
> - Adverse Effects
> - Expected Effects
> - Medication Administration
> - Pharmacological Actions
> - Pharmacological Agents
> - Side Effects

9. Reduction of Risk Potential - The practical/vocational nurse reduces the client's potential for developing complications or health problems related to treatments, procedures or existing conditions.

> Related content includes, but is **not limited** to:
> - Potential for Alterations in Body Systems
> - Basic Pathophysiology
> - Diagnostic Tests
> - Laboratory Values
> - Potential Complications of Diagnostic Tests, Procedures, Surgery and Health Alterations
> - Therapeutic Procedures

10. Physiological Adaptation - The practical/vocational nurse participates in providing care to clients with acute, chronic or life-threatening physical health conditions.
    Related content includes, but is **not limited** to:
> - Alterations in Body Systems
> - Basic Pathophysiology
> - Fluid and Electrolyte Imbalances
> - Medical Emergencies
> - Radiation Therapy
> - Respiratory Care
> - Unexpected Response to Therapies

ADMINISTRATION OF THE NCLEX-PN® EXAMINATION

The *NCLEX-PN® Examination* is administered via computer using computerized adaptive testing (CAT). CAT is a method for administering tests that uses current computer technology and measurement theory. Movement through the examination, including the selection of answers, was accomplished via a "mouse" for the first time in the April, 2001 administration of the examinations. A drop-down calculator was also available to candidates for the first time during that testing.

With CAT, each candidate's test is unique: it is assembled interactively as the individual is tested. Each examination item (question) is subjected to an extensive review and pre-testing process. Those items that have met pre-established criteria may be used in the examination. The test items, which are stored in a large item pool, are classified by test plan area and level of difficulty. As the candidate answers each item, the computer calculates a competence estimate based on all earlier answers. An item determined to measure the candidate's ability most precisely in the appropriate test plan area is selected and presented on the computer screen. The process is repeated for each item, creating an examination tailored to the individual's knowledge and skills while fulfilling all NCLEX test plan requirements. The examination continues in this way until a pass or fail decision is made.

All practical/vocational candidates must answer a minimum of 85 items. The maximum number of items that a practical/vocational nurse candidate may answer is 205 during a five-hour maximum testing period. The maximum five-hour time limit to complete the examination includes the tutorial, sample questions and all breaks.

Individuals desiring a copy of this document may download one from the National Council's website: www.ncsbn.org

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Annual Report of VUE, an NCS Pearson Business

Based on the Delegate Assembly action at the 1999 Annual Meeting to award the NCLEX® contract to NCS (from 10/2002 through 9/2009), National Council and NCS staffs have continued to work on the vendor transition plan for the NCLEX® program. As described last year, the purpose of the plan is to coordinate the deliverables delineated in the testing service contract with the timelines necessary for a successful program transition from The Chauncey Group to NCS. This report describes the progress that has been accomplished this year. The information is presented as a series of short executive summaries on the key transition areas (NCS corporate changes, test development, test centers, software development, candidate registration, call center, support services, and the Alpha and Beta Testing).

Under separate cover and distribution, we have created a package containing supporting documentation, including the full NCLEX® Transition Plan, two subsequent transition updates, and the full Alpha-Beta Test Plan. These documents provide a complete outline of the project and should be considered confidential and proprietary. The packages were sent July 2001 and were distributed only to Member Boards.

NCS Corporate Changes
In September 2000, NCS was purchased by Pearson plc. Pearson is a $6 billion company based out of the U.K. that specializes in education, media and publishing. NCS fits within Pearson Education, a $2.7 billion division of Pearson plc. The world's premier educational publisher, Pearson Education's leading brands include Addison Wesley Longman, Allyn & Bacon, Prentice Hall, Scott Foresman, and Longman. The cultural and strategic fit between our two companies will allow us to continue to grow and flourish.

We have also acquired a new CEO. Russ Gullotti, the former chairman, president and chief executive officer of NCS retired in September 2000. At that time, Pearson Education announced the appointment of David W. Smith as the new Chief Executive Officer of NCS Pearson.

At the time of the acquisition, the company's name was changed from NCS to NCS Pearson. Although the name change doesn't seem too complicated, it was considered very carefully. As might seem obvious, the concept was to retain the goodwill earned by NCS over the years through all its work in the testing industry and to formally reflect our new parent and its embedded strength as a global education and information company.

VUE is another name with which some of you may be familiar. VUE was founded in 1995 by some of the founders of Drake Training & Technologies for the purpose of providing training administration services to the Information Technology (IT) certification industry. Because these founders have long-standing experience in developing computer-based test delivery solutions, in 1996 they were requested by several large credentialing organizations (including Novell) to get back into the test delivery business.

At just about the time VUE was delivering its first computer-based test for an IT client, they were purchased by NCS. NCS purchased VUE to jumpstart its efforts to enter the computerized testing business in both the IT certification market and in the professional licensing and certification market. Since the beginning of our work with the National Council and its Member Boards, VUE has been the computerized test entity within NCS that was to provide the backbone for the NCLEX® testing services. The idea of now calling this NCS Pearson-owned testing business unit, VUE across all markets, reflects the same thinking and is designed to accomplish the same outcomes as above. That is, reflecting the strength of the people, systems, and customer service ethic of the organization that will provide your NCLEX® testing services.

The planned name for our 100% company owned and operated testing centers being developed for the NCLEX® program will be the Pearson Professional Centers. Pearson plc is very interested in beginning to develop brand awareness in the U.S. and they believe these high-profile centers are a great way to start. We think this overt connection to our parent company, Pearson, is a source of strength for us and our clients and it will help facilitate the business of the testing centers.

Test Development

As part of our contractual commitment to the National Council, VUE is building a Test Development function to support the NCLEX® Examination Program's psychometric and test development needs. The goal is to combine internal expertise in measurement and testing in general with the National Council's extensive experience with the NCLEX® Examination Program, so that we can deliver examinations of the highest possible quality to the candidates.

The Test Development group will be responsible for conducting item-writing and item-review workshops, editing and reviewing items, maintaining the database of NCLEX® examination items and candidate results, performing statistical and psychometric analyses, and conducting/ overseeing research into future measurement directions for the NCLEX® Examination Program. The Test Development group will also participate actively in the quality assurance of the NCLEX® adaptive testing and scoring algorithms.

Acquisition of CERTS database: Earlier this year, VUE acquired a certification-testing consulting company called Goal Designs and its primary product, the CERTS database program. CERTS is a commercial-level database that houses item text, item statistics and other item characteristics, and candidate test results. It is a full-fledged relational database that stores information concerning item pools, exams, and individual items; it also tracks and maintains a history of all item revisions. The CERTS database also stores all candidate results ranging from individual item responses to final test results.

CERTS will be enhanced to ensure that the test-development tasks performed as part of the NCLEX® Examination Program can be carried out efficiently and effectively. The technical requirements for these enhancements have been articulated to the database programmers assigned to the project; design work is currently underway. The enhancements to the CERTS database are scheduled for completion by September 30 2001.

Review of Current NCLEX® Items: VUE has received a database dump of the NCLEX-RN® and -PN® items current as of summer 2000. These item files were individually examined and evaluated so that we could understand the depth and breadth of item information they contained, and so that we could become familiar with the way in which Chauncey had formatted the files. This latter piece was particularly important, as we will be receiving periodic updates of these files after items are approved for operational use by the Examination Committee.

These NCLEX® items will be loaded into the CERTS database and reviewed by VUE nursing staff to ensure the integrity of the item text as it was imported into the database. This activity will occur during the summer of 2001. Similarly, the review and quality checking of the imported items' statistical data and other information will be conducted during the summer of 2001.

Development of New Items: In order to gain some valuable experience with the NCLEX® program, VUE has worked with National Council to plan a preliminary set of item-development sessions. These item writing and review workshops will be held in the fall of 2001. The purpose of these workshops is to refine the processes, materials, and facilities that will be used in the future workshops. Because these preliminary workshops were not included as part of the original contract requirements, some of the initial milestone dates (as presented below) will need to be accelerated to ensure that people, materials, and processes are in place by fall 2001.

Full-scale item development will begin in earnest in January 2002, to ensure that sufficient numbers of new items are available to fill the pretesting slots at the time of the October 1 2002 program launch. All item writing and review workshops will be conducted in Chicago, IL.

Major Near-Term Task Milestones:

Hire Test Development Director	08/01/01 – 10/16/01	Completed
Locate & build out Chicago facility	01/01/01 – 10/01/01	Underway
Hire remaining Test Development staff	10/17/00 – 12/31/01	Underway; accelerated
Develop procedure manual for item review/dev.	03/19/01 – 11/30/01	To be accelerated
Develop detailed plan for item production	08/01/01 – 12/14/01	To be accelerated
Acquire appropriate nursing library materials	08/01/01 – 12/14/01	To be accelerated

Train SMEs and editor in item authoring tool	11/05/01 – 12/17/01	To be accelerated
Pilot item authoring tool	11/16/01 – 12/17/01	To be accelerated

As indicated above, some of these milestone dates have been accelerated in order to accommodate the preliminary item-writing and –review workshops currently planned for fall 2001. Preparation for and implementation of the workshops will be a major priority with the VUE staff as they come on board in spring and summer 2001.

Staffing: The Director of Test Development, Dr. Kathi Gialluca, was hired in fall 2000. She retains primary responsibility for building the NCLEX® Test Development team. As currently configured, the rest of the Test Development staff includes:

- *NCLEX® Content Manager,* a senior-level nurse to manage and oversee all of the item development activities and processes;
- Four to six *Nurse Subject Matter Experts (SMEs),* to conduct the item development sessions, review the drafted items, supply additional references/validations for each item, add content coding, and otherwise provide content expertise to the item development process;
- *Program Assistant,* to coordinate the workshops and otherwise support item-development activities;
- *Editors,* to review the NCLEX® items for clarity, grammar, and consistency with National Council style and format;
- *Senior Psychometrician* and *Psychometrician,* to perform psychometric and statistical analyses and other research activities;
- *Application Data Administrator,* to maintain the integrity of the item and candidate database and to monitor and communicate the status of database quality and the progress of item development to National Council.

Recruiting and interviewing for the NCLEX® Content Manager, Senior Psychometrician, and database positions began in early spring 2001. One of the Content Manager's first tasks is to begin the process of screening applicants and hiring the staff of Nurse SMEs and the Program Assistant. We are working to meet a schedule that has all of the Test Development positions filled by fall 2001. The structure of the NCLEX® Test Development Group is depicted below:

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┌─────────────────────────────────────────────────────────────────────────────────────┐
│ Director, Test Development                                                            │
└─────────────────────────────────────────────────────────────────────────────────────┘
        │                              │              │                │
┌────────────────────────────┐  ┌──────────────┐ ┌──────────┐ ┌──────────┐
│ NCLEX®  Content Manager    │  │ Application  │ │ Senior   │ │ Psycho-  │
│                            │  │ Data         │ │ Psycho-  │ │ metrician│
│                            │  │ Administrator│ │ metrician│ │          │
└────────────────────────────┘  └──────────────┘ └──────────┘ └──────────┘
  │            │          │
┌──────────┐ ┌──────────┐ ┌──────────┐
│ Program  │ │ Nurse SME│ │ Editors  │
│ Assistant│ └──────────┘ └──────────┘
└──────────┘ │ Nurse SME│
             └──────────┘
             │ Nurse SME│
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             │ Nurse SME│
             └──────────┘
             ┌ Nurse SME* ┐
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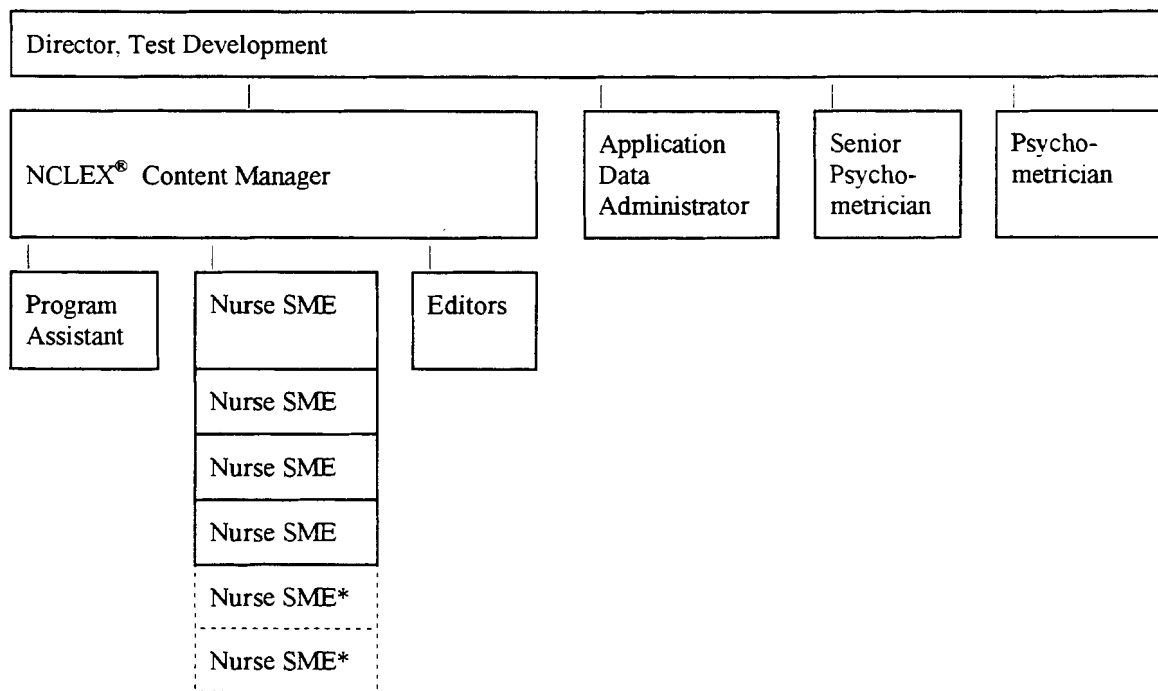
* Per the contract, the project will include 4-6 Nurse SMEs, or the equivalent of 4 full-time employees.

Pearson Professional Centers

Two hundred NCS Pearson-owned and operated testing centers are being built to serve as the delivery channel for the NCLEX® Examination Program. Major milestones are:

Prototype I:	"Look and feel" prototype completed on March 1 2001 in Edina, MN
Prototype II:	Fully functional prototype (including technology) complete by July 1 2001 in Columbia, MO
1st wave – Alpha Test:	Five (5) centers operational by December 1 2001
2nd wave – Beta Test:	Twenty (21) centers operational by March 1 2002
3rd wave:	Eighty (80) centers operational by June 1 2002
4th wave:	Two hundred (200) centers operational by September 1 2002
Going live:	Two hundred (200) centers go live with NCLEX® Examinations on October 1 2002

Prototype I: Prototype I was built to concentrate on the "look and feel", ergonomics, and work flow design of the testing center, with the goal of creating a seamless testing experience for the candidate. Build-out procedures also were tested. This first prototype was very important in helping to determine optimal test center design (e.g., what works well and what does not). For example, we examined the efficiency of check-in and check-out procedures, the placement of video imaging equipment for security purposes, the workflow between the administrator who is stationed at the front desk and the proctor who monitors the testing room, along with hundreds of other factors. Throughout the evaluation period we gathered input from many visitors, including people from seven Member Boards, several visitors from the National Council, and other potential clients. By the end of the evaluation process, a solid design was achieved and will be implemented in Prototype II.

Prototype II: Prototype II will concentrate on technology and security issues. Its "look and feel" will be updated based on the evaluations of Prototype I. Prototype II will be built out during May-June 2001 and evaluated in June – July 2001. As with Prototype I, National Council and Member Board representatives will be asked to visit the prototype and provide feedback.

Alpha Testing Centers: Five (5) testing centers (in five states) will be built for the Alpha testing period and operated during the test December 1, 2001 – January 15, 2002. The six Member Boards participating in the alpha test have been selected (Missouri, California (RN and VN), Kentucky, Alabama, and Maryland), potential cities have been identified, and the real estate search for these five centers is already well underway. Guam will be engaged in early 2002 (prior to the NCLEX Beta Test) to test system readiness for an island jurisdiction.

Beta Testing Centers: Twenty-one (21) testing centers (including the five Alpha centers and Guam) will be built for the Beta test and operated during the testing period, March 1, 2002 – April 5, 2002. Member Boards selected to participate in the beta test have been selected, the cities have been chosen, and the real estate search has begun. The list of jurisdictions that will be participating in the Beta testing (including the Alpha sites) and the number of testing centers that will be located in each jurisdiction is shown below.

Member Boards participating in the Beta Test	Number of Testing Centers
Alabama	1
Arizona	1
California (RN and VN)	4
Guam	1
Illinois	1
Kentucky	1
Maryland	1
Michigan	1
Minnesota	1
Missouri	1
New Jersey	1
New York	2
Oklahoma	1
Ohio	1

| Texas (RN and VN) | 2 |
| Utah | 1 |

3rd Wave of Testing Centers: Eighty (80) testing centers (including the 21 Beta centers) will be built by June 1. 2002.

4th Wave of Testing Centers: Two hundred (200) testing centers (including the 80 third wave centers) will be built by September 1 2002. All 200 Pearson Professional Centers will go live for the NCLEX® Examination Program on October 1 2002.

Staffing: NCS Pearson General Manager, Bob Whelan, heads up the testing center team. Program Manager Jitka Brejlova, Operations Manager John Fedora, and Channel Operations Manager Bonnie Branton form the nucleus of the testing center team. They direct and coordinate the work of a group of vendors with expertise in real estate, architecture, interior design, infrastructure, and process flow design. As the project moves ahead, 20 – 25 Regional Managers and 500-1000 testing center staff will be hired and trained during the next 18 months.

Software Development
The VUE group of NCS Pearson already has in place a fully-developed test delivery system that is used by clients such as Microsoft, Novell, IBM, Cisco and many others to deliver their tests in over 2700 third party testing centers in 115 countries around the world to hundreds of thousands of candidates. In order to meet the NCLEX® Program's requirements, VUE is making enhancements to our current software system in a number of areas to prepare for delivery of NCLEX® examinations in the Pearson Professional Centers.

Web Site Development: Three Web interfaces are being created to support the NCLEX Program and our Professional Licensure clients. (1) The Member Board Web Site will allow Boards to view candidate registrations and their status, view or edit candidate information, approve or deny candidate eligibility, recommend approval or denial of a request for special accommodations, download, view, or print exam results, view or edit the jurisdiction profile, view or print diagnostic profiles for candidates who failed, and view reports, including system performance indicators. (2) The National Council Web Site will use the same format and software as the Member Board Web site, with minor enhancements to meet National Council's needs for overall jurisdiction summary information. (3) The Candidate Web Site will allow candidates to register for NCLEX® Examinations, schedule or reschedule an appointment, and, if permitted by the National Council and the Member Board, view preliminary examination results.

Web Site Development Dates:

Design Analysis	10/20/00 - 06/30/01	Underway
Implementation	02/01/01 - 09/15/01	Underway
QA Testing	07/10/01 - 09/26/01	

Candidate Scheduling: Once a candidate has been authorized to test by a Member Board, the candidate has three options for scheduling an NCLEX® appointment: (1) use the NCLEX® Candidate Web Site; (2) telephone the VUE Call Center; or (3) telephone or schedule in person at a Pearson Professional Center. The existing VUE testing center scheduling software supports most of the functionality required to schedule NCLEX® Examinations. Modifications necessary to support NCLEX® specific functionality include support for NCLEX® accommodations (with the ability to schedule an exam over multiple days) and modifications required to support "Review and Challenge".

Scheduling Development Dates:

Design Analysis	08/28/00 - 12/28/00	Completed
Implementation	12/28/00 - 08/16/01	Underway
QA Testing	08/16/01 - 10/09/01	

Testing Center Software: The current VUE testing center software accommodates the vast majority of the logic required to successfully deliver the NCLEX® Examinations, including services that allow the testing centers to communicate with the database and hub services in Minneapolis, schedule their hours of availability, authorize

administrators and a variety of other behind-the-scenes tasks. New functionality is being developed to support additional features required for NCLEX® Examinations, including (1) enhanced security/authentication through support of candidate digital photos, digital fingerprints, and digital signatures; (2) support of mandatory, optional, and emergency breaks required for both standard NCLEX® Examinations and those with accommodations; and (3) enhanced systems for candidate data storage and rescore of each examination record.

Testing Center Software Development Dates:

Design Analysis	09/15/00 - 03/15/01	Completed
Implementation	12/01/00 - 06/15/01	Underway
QA Testing	09/10/01 - 11/29/01	

Test Delivery: The VUE Test Driver is being enhanced to support the more sophisticated item banking and item selection capabilities required by the NCLEX® Examination Program. In addition, VUE's current scoring algorithm will be enhanced to include the NCLEX® adaptive testing algorithm.

Test Driver Development Dates:

Design Analysis	09/11/00 - 01/26/01	Completed
Implementation	12/27/00 - 09/01/01	Underway
QA Testing	09/01/01 - 12/27/01	

Candidate Registration

NCLEX® candidates will have three options for registering to take the NCLEX® Examination: (1) complete a scannable registration form and mail it to VUE; (2) telephone the VUE Call Center; or (3) register using the NCLEX® Candidate Web Site. VUE is developing new functionality to handle each of these processes.

Scannable Registration Form: VUE will be contracting with a vendor to scan the paper registration forms for NCLEX®. This vendor will scan all forms, return those with missing information to the candidates, process payments, and send an electronic file to VUE with all the registration information. This file will be checked for duplicates and all resulting inconsistencies will be resolved. As soon as a registration form is validated, the candidate's record will be entered into the NCLEX® database and made available on the Member Board Web Site. Once the Member Board makes the candidate eligible, the Authorization To Test (ATT) will be sent to the candidate.

Major Task requirements

Contract with vendor	Negotiations in process
Develop ability to import registration file into VUE database	Design complete (Final due by 08/31/01)
Develop ability to generate, print, and send ATTs	Design complete (Final due by 08/31/01)

Call Center Registration: NCLEX® candidates will also be able to complete the registration process through the VUE Call Center. The Call Center agents will collect all information needed for the registration form, conduct a real-time candidate duplication check and further answer any questions the candidate may have. Candidate payments will be made by credit card without an additional fee. If inconsistencies are found or potential duplicate records are noted, they will be resolved by the VUE Call Coordinator. As soon as a registration form is validated and the Member Board makes an eligibility determination, the ATT will be sent to the candidate.

Major Task requirements

Modify Registration Manager software to support NCLEX® registration in the Call Center	Design complete (Final due by 08/16/01)
Create training materials for Call Center agents to accept NCLEX® registrations	Due by 09/06/01
Train Call Center agents to accept NCLEX® registrations	Due by 11/12/01

Web Candidate Registration: NCLEX® candidates also will be able to complete their registration process directly using the NCLEX® Candidate web site. The candidate will enter all information into a registration form on the web site and make the appropriate payment by credit card. Once the registration form is satisfactorily completed, all information will be transmitted to the VUE database where it will be checked for duplicates. If inconsistencies are found, the VUE Call Center Coordinator will resolve them. As soon as the Member Board makes the registration eligible, the ATT will be sent to the candidate.

Major Task requirements

Build Candidate Web site to accept registrations   Design complete
                                                                      (Final due 9/3/01)

VUE Call Center

The VUE Call Center currently handles approximately 48,000 candidate registrations and scheduling events per year. For the NCLEX® Examination Program, the Call Center will be responsible for handling phone registrations, distribution of confirmation mailings and ATTs, scheduling of candidates for examinations, responses to candidate questions, candidate Web support and the distribution of program information as it applies to the testing program. Client and communication setup, staffing, quality management, and contingency planning will be integral parts of the Call Center transition.

Client and Communication Setup: Many of the extended features necessary for Call Center agents to meet NCLEX® candidate needs (e.g., registration and scheduling functions) are being developed as part of the software plan. However phone setups, hardware setups, processes for printing ATTs and confirmations, and call agent workstation setups will all be handled by the Call Center. All of these elements will be designed and put in place by 10/15/01.

Staffing: VUE is developing a scalability plan (due 6/20/01) for determining NCLEX® call volume levels during peak months and hiring additional Call Center personnel to answer those calls. It is expected that during the peak months of May, June, and July, up to ten Call Center agents will be servicing NCLEX® candidate calls. VUE will provide call center support for NCLEX® candidates from 7 a.m. to 7 p.m. Central Time (for the U.S.) and 7 a.m. to 7 p.m. Sydney Time (for the Pacific) five days per week. A Call Center Coordinator for the NCLEX® Program already has been appointed. This person will participate in the creation of all NCLEX® training materials, administration of Call Center agent training, as well as the telephone and hardware setup. All of these elements will be in place by 11/15/01, when registrations for the Alpha testing begin.

VUE Support Services

VUE Support Services (VSS) will be responsible for supporting all software applications and providing first level support for hardware and operational needs at the Pearson Professional Centers. Second level support and fulfillment of new hardware and other testing center facility needs will be sub-contracted to technology firms. The support model, client and communication setup, staffing, quality management, and contingency planing are all integral parts of the NCLEX® Examination program transition.

Staffing: Scalability planning is underway for VSS, and the final plan is due 7/1/01. Based on current information, it is estimated that 1.5 additional support service resources will be needed to support the 200 Pearson Professional Centers. To prepare the support services personnel for their role, a training program will be developed including both classroom and lab exercises. This training will include, but not be limited to, customer service, procedural, software, hardware and communications information. Dedicated lab hardware and software will be available to recreate (simulate) live support scenarios as part of the lab training. Support services personnel also may be used during the QA process to assure that they become acquainted with all Pearson Professional Center systems and operations. The VSS training will be held two weeks prior to the Alpha testing and as needed thereafter.

Communication Setup: A dedicated telephone line will be set up for technical support of the Pearson Professional Centers. As each testing center completes its hardware and software installation, VSS will activate the center through a series of exercises designed to test the testing center's ability to communicate to the central VUE Hub and to successfully download tests and upload results.

Alpha-Beta Testing

On March 30 2001, VUE submitted an initial version of an Alpha-Beta Test plan to the National Council. National Council has reviewed this plan and the final version is included in the VUE document package sent to Member Boards.

Alpha Test

Participants: Six (6) Member Boards have been selected to participate in the Alpha Testing: Missouri, California (RN and VN), Kentucky, Alabama, and Maryland. Guam will be engaged in early 2002 (prior to the Beta Test) to test system readiness for an island jurisdiction. At various times during the Alpha testing period (December 3, 2001 – January 15, 2002), the participating Boards will be requested to send registrations, complete activities on the Member Board Web Site, and send participants to the Pearson Professional Centers to complete a test. Overall, it is expected that a total of approximately 200 Alpha tests will be completed. Throughout the Alpha Testing process, feedback from Member Board participants will be collected.

Form of test: An Alpha test version of the NCLEX® Examination will be created for presentation to the simulated candidates. It will be configured to have approximately the same number of items as the actual NCLEX® Examination. However, one key difference is that the test items for the Alpha examinations will be pulled from a pool of items that have been disqualified from use on the NCLEX® Examination (either through age or bad statistics, etc.).

Number of centers: Five (5) Pearson Professional Centers will be created, configured, staffed, and open for the Alpha Testing. These five testing centers will be located in five different states having a variety of demographic and board organizational characteristics – Missouri, California, Kentucky, Alabama, and Maryland. (Guam will be engaged in early 2002 – prior to the NCLEX Beta Test, to test system readiness for an island jurisdiction.)

Use and Reporting of Alpha findings: Throughout the Alpha testing process, findings will be used to make fixes and revisions in the VUE system and operations. All of the revisions determined to be important will be completed before the beginning of the Beta Testing period (3/1/02 – 4/5/02) and reported to the National Council.

Beta Test

Participants: The goal is to test approximately 2000 NCLEX-RN® and -PN® candidates during the Beta Testing period, drawn from all 18 participating Member Boards. The Beta Testing will be conducted in 21 Pearson Professional Centers between March 1, 2002 to April 5, 2002. March – April is a low volume time of year, but it is anticipated that the candidates will be distributed among the boards approximately proportionally. The National Council will have primary responsibility for recruitment of candidates.

The Member Boards will participate according to the following schedule:

Recruitment of Beta Member Boards	11/01/00 to 04/15/01	Completed
Selection and Notification of Beta Sites	04/16/01 to 05/01/01	Completed
Beta Bulletins Distributed	10/16/01 to 11/01/01	
Beta Registration Open	01/14/02 to 03/22/02	
Beta Scheduling Open	01/14/02 to 03/29/02	
Beta Testing Open	03/01/02 to 04/01/02	

Form of test: During the Beta Testing, the same NCLEX-RN® and NCLEX-PN® Examination operational item pools will be administered at the Pearson Professional Centers that are in use for all other NCLEX® candidates at that time.

Number of centers: As described above, twenty-one (21) Pearson Professional Centers will be open for the Beta testing. The Beta jurisdictions were selected to provide a cross-section of typical NCLEX® testing conditions, including high load testing, remote locations (such as Guam), states which use the Member Board Web Site for day

to day processing, states which only import and export data from the Member Board Web Site, states which use outside vendors for processing, and other conditions.

Member Boards participating in the Beta Test	Number of Testing Centers
Alabama	1
Arizona	1
California (RN and VN)	4
Guam	1
Illinois	1
Kentucky	1
Maryland	1
Michigan	1
Minnesota	1
Missouri	1
New Jersey	1
New York	2
Oklahoma	1
Ohio	1
Texas (RN and VN)	2
Utah	1

Reporting of Beta findings: After completion of the Beta Testing, findings will be reported to the National Council by April 25, 2002. In this report, all problems will be detailed, along with scheduled dates to remedy any remaining software issues that are pertinent. In addition, a plan for verifying these fixes will be presented.

Report on the Comparison Study of the National Council of State Boards of Nursing NCLEX®-RN Examination and the Canadian Nurses Association CRNE Examination

Executive Summary:

This study was a collaborative effort between the National Council of State Boards of Nursing (National Council) and the Canadian Nurses Association (CNA). Although the information contained in this report was collected by both organizations, the conclusions and recommendations reflect only the perspective of National Council. This study examined the comparability of the American and Canadian (English version) entry-level Registered Nurse licensure examinations to provide an empirical basis for the regulatory authorities to make their respective licensing policy decisions. This study explores the similarity and differences of these two examinations as governed by the respective policies and procedures in effect between 1998 and 1999. The results are reported under four headings: examination oversight, examination administration, test development, and psychometrics.

First, with regard to examination oversight, there are no meaningful differences in the policies and mechanisms of governance and management surrounding the NCLEX®-RN and the CRNE. Second, the methods of test administration are quite different. The NCLEX-RN is a Computerized Adaptive Test (CAT) and the CRNE is administered as a pencil and paper test. CAT offers several advantages over pencil and paper administration. These advantages include: (1) greater flexibility in scheduling a test, (2) faster reporting of scores, (3) smaller test centers, (4) better targeting of test questions to the examinee's ability, (5) greater protection from cheating, and (6) more item-level information about each test administration. Because the NCLEX-RN uses CAT, a more elaborate policy framework exists for NCLEX-RN security, compared with relevant policies developed for the CRNE. Third, with regard to test development and maintenance, the NCLEX-RN and CRNE are similar in many aspects. However, the NCLEX-RN involves a somewhat more rigorous process due to the size of the testing program and the demands to maintain the substantially larger item pool required for CAT.

Additionally, there are noticeable differences between the two test plans. The NCLEX-RN test plan is based upon task statements and the CRNE examination is based upon competency statements. An initial study of this demonstrated substantive overlap of 67% of the task statements with the competency statements. This suggests that the two test plans are similar, but probably not interchangeable. Fourth, with regard to the psychometrics, the NCLEX® and CRNE are quite different. The scoring procedures and psychometric theory underlying the tests are different. There is also evidence to suggest that the NCLEX has a higher passing standard. Although the test-taking experience of examinees will differ due to administration modalities, this appraisal of the psychometric features of each examination supports confident interpretations from results derived from either test. The techniques and results of analyses for the validity and fairness of examination content, of pass/fail decisions, and the precision of scores from the NCLEX-RN and CRNE meet or exceed prescribed standards for certification and licensure examinations (e.g. Standards for Educational and Psychological Testing, AERA, APA, & NCME, 1999).

In summary, the policies of oversight and governance are substantively the same. There are also substantive differences in the mode of administration and the psychometric models used to score the tests. Although the tests have many similarities in their definition of the construct of nursing and standards used to determine a passing result, it is not to the extent that we can recommend these examinations be treated interchangeably. Based on the information available at this time, it cannot be recommend that the CRNE be used as a suitable proxy in place of NCLEX-RN for purposes of assessing entry level-nurse competence. Furthermore, to ensure that Examination Committee recommendations are current, it is recommended that a comparative study between the two examinations should be undertaken once every three years.

Comparison Study Results

Assumptions

The goal of this comparative study is to provide a summative report for (CNA) and the National Council that examines the comparability of the American and Canadian entry-level Registered Nurse licensure examinations. This critical analysis is intended to provide an empirical basis for the regulatory authorities to make their respective licensing policy decisions.

Four aspects of the testing programs are appraised separately: examination oversight, examination administration, test plan development, and psychometrics. Each section concludes with a brief critical comment on comparability of that aspect of the testing programs.

Examination Oversight

Jurisdictional endorsement of NCLEX-RN and CRNE includes all American Boards of Nursing, and all Canadian provinces (or territories), respectively who govern entry-level nurse licensure. In the case of the CRNE, Quebec is an exception. The mandate and purpose of the National Council and CNA for purposes of examination oversight are substantively equivalent; specifically, to harmonize high quality national standards of practice for RN's and to protect the public from unsafe practice. However, it is important to recognize that psychiatric nursing is considered to be a separate profession from nursing in Canada, but not in the United States. Therefore, the CRNE does not function as a regulatory tool for psychiatric nurses.

Purpose of the examinations is defined in equivalent terms for the NCLEX-RN and CRNE. Each national body specifies that the examinations are provided as a service to member boards or organizations, and defines explicit responsibility to the member jurisdictions for the release of examination results.

Governance of the examination within the National Council is arranged differently compared with governance at CNA. This difference is primarily related to the size of the National Council in relation to CNA. A large Delegate Assembly represents American member boards of nursing and oversees the activities of the Board of Directors. The smaller Board of Directors oversees activities of the National Council between annual meetings of the Delegate Assembly. The National Council Examination Committee (EC) is charged with the responsibility of monitoring NCLEX-RN examination activities and reports quarterly to the National Council Board of Directors.

CNA also has representation from Canadian jurisdictional authorities, but these are in smaller numbers. Therefore, direct authority from each group is possible within CNA, and on the Canadian Registered Nurse Examination (CRNE). The jurisdictional authorities select members to represent them as CRNE members. While the structure is somewhat different for American and Canadian examination governance, authority over the RN examinations is geographically representative in each country.

Management of the NCLEX-RN and CRNE examinations is equivalent, based on their definitions of the responsibilities of each examination committee. American and Canadian EC's have responsibility over the nursing content, security, administration, fairness, and quality of the examination, and each reports to their respective Board of Directors.

The EC for the NCLEX-RN may discharge some activities to subcommittees, and the responsibility of approving test plans rests with the Delegate Assembly. The Chauncey Group International (a wholly owned, for-profit subsidiary of Educational Testing Service, Inc.) is the current test service that provides assistance in the development and administration of the NCLEX-RN. The Canadian Registered Nurse Licensing examination committee (NRLEC) is directly involved in all phases of test development, and receives guidance and assistance at all stages from Assessment Strategies Inc., (ASI). The CNA retains a majority vote on the ASI Board of Directors. ASI is operated as a wholly owned subsidiary of CNA. Although the particular management functions and reporting structures differ, the American and Canadian RN examinations are both managed under principles of direct responsibility to the primary and secondary stakeholders; specifically, the member jurisdictions and national associations.

Examination Committee and item development panels have equivalent responsibilities, and are selected based on similar criteria. The EC for NCLEX-RN is composed of members from each of the four National Council geographic areas, whereas NRLEC includes members from each jurisdiction. American and Canadian item writers are approved by their RN EC's and are representative of geographical areas in each country.

Cut-score panels for the NCLEX-RN and the CRNE represent a balance of judges who must meet similar criteria (e.g. are licensed RN's) and who are from diverse geographical regions in each country. The NCLEX-RN cut-score is determined by the National Council's Board of Directors (with non-binding input from an independent panel of judges), whereas, the CRNE EC itself participates in determining their passing score.

Examination Committee (EC) item review groups for NCLEX-RN and the CRNE provide equivalent validation, accuracy and fairness assurance. For the CRNE, the item review group is composed of RN's selected by regulatory bodies to ensure geographical representation and appropriate experience. The CRNE includes a step involving a separate review of items by representatives from advocacy groups to ensure fairness to minorities. For the NCLEX®, these functions are provided by direct representation by members on the EC.

Litigation history for the NCLEX-RN and CRNE provides confirmation that neither examination has been subjected to any significant challenge over the past 7 years.

Examination Oversight Summary:
Based on this review of each examination, there are no meaningful differences in the policies and mechanisms of governance and management surrounding the NCLEX-RN and the CRNE.

Examination Administration

General administrative procedures governing the NCLEX-RN and CRNE examinations are similar in aim. However, their goals are accomplished by different organizational means. The National Council contracts with an independent test service to administer and provide all testing services for the NCLEX-RN, whereas the CNA contracts with an in-house testing service, ASI, to provide all test development and psychometric services. Individual Canadian jurisdictional authorities conduct all administrative functions, with assistance and guidance from NRLEC and ASI to provide consistency across jurisdictions.

Ultimately the EC and NRLEC are responsible for developing and enforcing all policies and procedures concerning their respective examinations, with the respective test vendors responsible for implementation.

The examination fee for the NCLEX-RN is constant across all jurisdictions at $120 U.S. ($177 Canadian approximately), whereas the fee for the CRNE varies by jurisdiction from $170-300 Canadian ($115-203 U.S. approximately)

Candidate processing for each examination involves the registration, scheduling, verification and admission of candidates to the examination session. The test vendor provides candidate processing for the NCLEX-RN, nationally. For the CRNE, each member jurisdiction has the responsibility for these functions locally.

Examination modes differ; the NCLEX-RN is computer-adaptive whereas the CRNE is a traditional paper and pencil examination format (with computer scored answer sheets).

Computer adaptive testing for the NCLEX-RN involves different processing procedures compared to the (paper and pencil) CRNE. One notable distinction is in procedures for candidate identification at the point of examination. For both examinations a candidate is required to present a valid picture ID and Authorization To Test (ATT) documentation prior to entrance to the examination session. However, only the National Council requires that candidates are fingerprinted and photographed.

Testing frequency for both examinations is governed by a combination of national and jurisdictional requirements. Candidate obligations that must be met prior to sitting for an examination (including educational prerequisites, language proficiency and total number of times a candidate may sit for an examination) vary widely by jurisdiction in the U.S and Canada.

Although the respective national organizations place no limits on the maximum number of times a candidate may test in total, there are policies in place that effectively limit candidates of both examinations to only four possible administrations per year. To accomplish this end, CNA only offers CRNE administration four times per year while prospective NCLEX-RN candidates, who have the ability to schedule a test session when and wherever they wish, are limited by National Council policy to sit for the examination only once every 91 days.

To enforce this limitation on the annual frequencies of candidate testing, both organizations maintain a database with the capacity to longitudinally track individual candidates.

Special needs accommodations are developed and approved by both national organizations. Although candidate requests, eligibility determination and approval of modifications are managed in a slightly different manner, the aim for both organizations is to provide modifications that adhere to standards provided in jurisdictional and national laws and regulations.

Examination security procedures are different due to the examination delivery format. Security procedures for computerized delivery of the NCLEX-RN are necessarily more complex than the procedures surrounding the paper and pencil CRNE. The security procedures currently used by the CRNE are very similar to the procedures that were used by National Council when the NCLEX-RN was a paper-based test. One recognized advantage of adaptive, computer-based testing is increased security benefits. The CRNE is more vulnerable to breaches of security, compared with the NCLEX-RN, although there has been no identified compromise to past or current CRNE test forms.

Challenge and review processes used for the NCLEX-RN and CRNE examinations are substantially different in the potential problems they seek to amend. If candidates question the results of their CRNE examination, CNA allows a re-score of the examination by hand (all failing test forms are scored twice). By contrast, all NCLEX-RN examination results are routinely scored twice prior to the release of results. For both examinations, challenge fees are refunded if challenges are successful.

Other challenges to items on CRNE are not anticipated in procedures or policy. The NCLEX-RN has set procedures related to challenges to test questions. In the event that an NCLEX-RN item is successfully challenged, all candidates who were administered that item and for whom one additional item correct could make a difference between passing and failing, would have their examinations re-scored with the problematic item omitted.

Test center requirements for the NCLEX-RN are necessarily more complex than are the test center requirements for the CRNE. National Council policies for the NCLEX-RN for test center location, examination security, late arrivals, site non-performance and staffing are more numerous and stringent than CNA policies for the CRNE. For example, all NCLEX-RN examination sessions are videotaped and Test Center Administrator–to-candidate ratios are higher than in CRNE examination sessions.

Both examinations have policies consistent in the areas of rest breaks, examination aids (e.g. calculators), reporting of irregular incidents (including questioning of items), accessibility, environment, and training of test center staff.

Release of information to candidates is similar for both examinations. Candidate results are released from member board offices only; failing candidates also receive diagnostic profiles of their performances. Both organizations make available statistical reports on aggregate candidate outcomes and produce research on this data. The National Council makes some candidate data (when stripped of individual identifying information and approved by Member Boards) available for research purposes. However, the CRNE data has been available and used for scientific study only within CNA (and ASI) to date.

Examination Administration Summary:

More numerous and stringent policies exist for NCLEX-RN security, compared with relevant policies developed for the CRNE. This is inherent in the computer-adaptive format and national scope of administration of the NCLEX-RN examination, and was central to the rationale for moving to computerized adaptive testing at the National Council. In this respect, administration procedures for the NCLEX-RN and CRNE cannot be considered equivalent. While it is apparent that differences do exist, these are a logical consequence of different candidate and jurisdictional population sizes, and of different testing modalities (CAT versus paper and pencil testing). The National Council provides assurance to constituents that past security risks due to a paper and pencil testing are no longer viable concerns with the current computer adaptive testing format. These assurances to American Member Boards would not be guaranteed for the CRNE in its current format.

Test Plan Development

Confidentiality of all examination questions is maintained for the NCLEX-RN and CRNE during the phases of test development through similar mechanisms. For example, the test vendor for NCLEX-RN is, by contract, required to observe all confidentiality policies and procedures when conducting item development. ASI maintains control of all printed content-related material, and obtains signed confidentiality documents from all panelists who write and review test questions for the CRNE.

Validity of the test content is built into each examination via specification and approval of a test plan or blueprint based on periodic practice analysis surveys for each examination program. CAT administered forms of the NCLEX-RN are monitored based on actual and simulated test forms to ensure content conforms to the approved test plan. Actual CRNE test forms are reviewed and monitored prior to each administration.

Approval of test plans is explicitly required for both examinations from their respective governance authorities.

Detailed RN test plans are produced from expert review and surveys of RN practice in each country. These documents are public. Multivariate analyses are used to guide content categorization for each examination, and the test plans for the NCLEX-RN and CRNE are fully referenced and publicly accessible. Structure is specified for both examinations based on content and other similar item features. While the context of practice and client groups is specified for the CRNE, a set of fundamental concepts is integrated into the NCLEX-RN test plan to guide content and provide a similar function. Test plans are verified for each examination prior to administration by a review of construct and content validity. NCLEX-RN bases their appraisal on both real and simulated examinations, whereas the actual CRNE form is examined.

Processes for both licensing examinations are similar in that the committees and panels have similar functions.

Practice (job) analyses are very similar in methodology and usage for the NCLEX-RN and CRNE with one notable exception. The NCLEX test plan is based upon task statements and the CRNE test plan is based upon competency statements. The NCLEX-RN requires job analysis research every 3 years (most recently in 1997), whereas the CRNE is revised as needed (most recently in 1998), and not less than every 5 years.

To investigate possible substantive differences in the basis for test plan development, a face-to-face meeting was conducted between three American and three Canadian nursing content experts in Ottawa, Canada on June 28-30, 2000. These experts rated how well (No overlap, Minor overlap, or Substantial overlap) the 183 competency statements from the CRNE could be assigned to a comparable task statement from the National Council's 1996 NCLEX-RN practice analysis. The committee found that there was substantial overlap with the at least one of the 183 CRNE competency statements for 112 (67%) of the 167 NCLEX-RN task statements. There was minor overlap for 52 (31%) of the NCLEX-RN tasks with the CRNE competency statements. For 3 (2%) NCLEX-RN task statements, there was no overlap with the CRNE competencies. These results indicate, in the expert opinion of the Examination Committee, that the two test plans are similar but not interchangeable.

Classification of test questions differs in some respects between examinations. The CRNE examination uses 50% case-based and 50% discrete items while the NCLEX-RN examination uses discrete items only. Each exam specifies stratification of content based on cognitive levels for questions, whereas only the CRNE is developed so that questions also reflect demographics of the actual client population (e.g. age, and gender).

Item development processes have a similar set of criteria for item writers who work on both examinations, and they follow similar steps for item review and revision. The general reading levels are similar for both examinations. The NCLEX-RN approval and review process includes all operational items available in the item pool at the time of testing, as is required for CAT administration. This includes an external panel review of all items every four years for currency, accuracy, and job relatedness. In contrast, a smaller number of CRNE examination items are required to meet operational needs for paper and pencil administration, and these are reviewed, revised, piloted and either added to the operational pool or returned for additional revision immediately after they are written. Only the NCLEX-RN requires empirical analysis of item bias, whereas the CRNE receives content analysis for bias prior to administration.

Flawed items are examined and revised or removed based on expert judgment and systematic empirical reviews of item quality for CRNE and NCLEX-RN.

Test Development Summary:

The NCLEX-RN examination and CRNE are similar in many aspects of test development and maintenance. The processes used to maintain the NCLEX-RN examination involve a somewhat more rigorous process. This may be due to the size of the NCLEX-RN testing program and the need to continuously review and generate a substantially larger pool of items to support CAT administration. The test plans have differences in content.

Psychometrics

Type of Examination in each case is referenced to a criterion standard.

Examination modes differ; the NCLEX-RN is computer-adaptive whereas the CRNE is a traditional paper and pencil examination format (with computer scored answer sheets). CAT offers several advantages over pencil and paper administration. These advantages include: (1) greater flexibility in scheduling a test, (2) faster reporting of scores, (3) smaller test centers, (4) better targeting of test questions to the examinee's ability, (5) greater protection from cheating, and (6) more item-level information about each test administration.

Candidate item review is not permitted for NCLEX-RN during administration of the examination, whereas, each booklet of the CRNE does allow examinees to review and change their responses during test administration. It is highly unlikely that there is any impact on the relative accuracy of ability level estimation when review is permitted.

Psychometric models used for scoring each examination are different. The CRNE is scored using classical test theory (a linear, raw-score model) whereas NCLEX-RN is scored with an item response theory (IRT) model. There are important conceptual differences between these two models. Classical test theory is based upon distributional assumptions about raw scores and IRT is based on structural requirements imposed upon responses. The notions of a continuum and precision are also quite different across these two models. However, the CRNE does use an IRT model, one similar to the model used for the NCLEX, to equate the passing score. Therefore, the pass-fail decisions are both based in IRT.

Reliability estimates based on the reference groups and appropriate scoring models for each examination are above the conventional requirement (over .80). An IRT reliability estimate of 0.80 indicates that the items successfully separated the examinees into two distinct strata. A classical test theory reliability coefficient means that the correlation between the observed score and the "true" scores is at least 0.80. However, the estimates based on each analysis technique are not equivalent. IRT-based reliability estimates are exact, whereas, the internal consistency estimates based on classical test theory models are a lower bound (minimum) estimate. The accuracy estimate for decisions at that IRT passing score for NCLEX-RN and CRNE are comparable (above .90).

Maximum testing time differs for the two examinations. The CRNE permits examinees up to seven hours to complete the examination and the NCLEX-RN permits examinees up to five hours. Yet the meaning of these time limits is not directly comparable because the number of items on the NCLEX-RN is not constant across examinees as caused by the CAT stopping rules. However, the impact of testing time is similar for the CRNE and NCLEX-RN examinations in that results from both examinations are not a function of how fast the examination in completed

Examination lengths are not comparable, as only the NCLEX-RN has variable test length. The maximum number of items, and the number of experimental or pre-test items on NCLEX-RN is similar to CRNE. Each examination is also monitored to ensure that the blueprint parameters are met, and therefore test length is only important with respect to any impact on the respective accuracy of scores.

Pass-Fail decisions for the examinations are made in different ways. The CRNE compares the number of questions answered correctly by each examinee to the cut score for that particular form of the test. If the examinee has correctly answered at least the minimum number of questions required to pass, then the examinee

passes. If the examinee correctly answers less than that number, the examinee fails. In contrast, the NCLEX-RN estimates the examinee's ability after each question is answered. After the minimum number of questions is answered, the ability estimate is compared to the passing standard. If there is 95 % certainty that the examinee's ability is above the standard or if there is 95% certainty that the examinee's ability is below the standard, the test ends and the examinee passes or fails based upon that ability estimate. If a pass-fail decision cannot be made with 95% certainty, the computer administers another question, and re-evaluates the examinee's ability with regard to the passing standard in light of the additional information provided by that question. This continues until a decision can be made with 95% certainty or time runs out, or 265 items have been answered. If time runs out or the maximum number of questions is administered, different, but philosophically compatible, decision rules are used. The essential difference is that to pass the CRNE, an examinee's ability estimate must be greater than or equal to the passing standard. To pass the NCLEX-RN, an examinee's ability must be greater than the passing standard by 1.65 standard errors.

Algorithm performance stopping rules determine the number of NCLEX-RN items required to yield an ability estimate for each examinee. The number of items in CRNE is pre-determined for each administration. Both examinations take into account test length to maintain the accuracy of pass/fail decisions.

Standard setting is accomplished by a representative panel of experts who employ a modified Angoff technique for both the NCLEX-RN and the CRNE. This standard is then translated onto the domain or IRT scale for each examination, and implemented based on obtained scores. Although the procedures are similar, it does not denote that both groups arrived at the same standard. Because the two examinations are on different scales, it is difficult to determine if the standards are similar without equating the two scales so that they are on the same metric[1].

Available data, however was limited to the annual passing rates for different groups of examinees on both tests. These passing rates were compared to determine if one was systematically higher than the other was. Assuming that the NCLEX-RN and the CRNE examinations measure the same construct and assuming that the both pools of examinees are of equal ability (neither of these assumptions can be strictly empirically been demonstrated), the examination with the lower pass rate would have the more difficult standard. Based on this analysis, it appears that the NCLEX-RN has a more difficult passing standard than the CRNE.

Pass rates on the two examinations are somewhat different. A higher proportion of the examinees passed the English CRNE compared with NCLEX-RN during this time. This holds true for many subsets of the population. These rates may or may not represent a future trend or difference in examination difficulties. The CRNE blueprint and item pool has been entirely revised for 2000, also, the CRNE passing rates for foreign educated test takers are based on small groups in annual statistical reports.

Group	NCLEX-RN Pass Rate	CRNE Pass Rate	More Difficult
Overall	71%	73%	NCLEX
Reference Group	85%	90%	NCLEX
United States		95%	
Canada	73%		NCLEX

Equating scores across different administrations of NCLEX-RN, and across different administrations of CRNE is accomplished via IRT analysis and the inclusion of items anchored to the scale of items previously administered. Scale drift in anchor item parameters is currently being considered for the NCLEX-RN, whereas the CRNE has been newly calibrated for June 2000.

DIF considerations have been examined empirically and substantively for the NCLEX-RN examination, and problematic items are removed from the operational item pools. Item bias is examined substantively for CRNE in fairness reviews of item content. For each examination, the final decision on possible exclusion of items is based on content reviews.

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[1] To compare the two passing standards it would be ideal to have a matched sample of examinees take both tests and compare their performances.

Reference groups in the reporting of any item or test properties for NCLEX-RN and CRNE are first-time test-takers educated in their respective countries.

Examination statistics indicate that far more examinees take the NCLEX-RN annually compared with the CRNE (18 times the number in Canada). The CRNE had a larger proportion of out-of-country candidates in 1998-1999 (11%), as compared to NCLEX-RN candidates (7%).

Psychometric Summary:
Although the test-taking experience of examinees will differ due to administration modalities, this appraisal of the psychometric features of each examination supports confident interpretations from scores derived from either test. Relative passing rates on these examinations are different, which raises the question; what is the level and type of proficiency required for candidates to pass the CRNE or the NCLEX-RN?. The techniques and results of analyses for the validity and fairness of examination content, of pass/fail decisions, and the precision of scores from the NCLEX-RN and CRNE meet or exceed prescribed standards for certification and licensure examinations (e.g. Standards for Educational and Psychological Testing, AERA, APA, & NCME, 1999).

Directions for future research
As expected, there were many similarities between these two RN licensing examinations, but there were also enough differences to warn against treating these examinations as interchangeable. There are other aspects of these examinations that could be researched further. For example, equating these examinations onto a common scale would make discussions about passing standards more coherent. This could be done using a set of people that took both tests within a relatively short period. This would also require both tests to employ the same psychometric model. Another project could be to identify areas of overlap in the test plans and plot them against the importance of the task statement or competency statement. This would tell us if the important areas of the test plan were covered by the other test plan. Of course, tests change over time and the similarities and differences found for 1998-1999 will not necessarily remain the same in the future. This is especially true for test plans and passing standards, which are revised every few years.

Conclusion
In summary, the policies of oversight and governance are substantively the same. There are also substantive differences in the mode of administration and the psychometric models used to score the tests. Although the tests have many similarities in their construct of nursing and standards to pass, it is not to the extent that we can recommend these examinations be treated interchangeably. Based on the information available at this time, we cannot recommend that the CRNE be used as a suitable proxy in place of NCLEX-RN for purposes of assessing entry level-nurse competence. Furthermore, to ensure that Examination Committee recommendations are current, it is recommended that a comparative study between the two examinations should be undertaken once every three years.

Annual Report of The Chauncey Group International and Prometric, a division of Thomson Learning

Test Development Activities
Chauncey maintains a staff of nine masters-prepared nurse test developers, most of whom have been with the NCLEX® examination program for four or more years. Our staff is responsible for the development of quality NCLEX® examination items reflecting the higher cognitive levels of application and analysis. We are proud to acknowledge that our nurse test developers have worked diligently to attain the contractual metrics of size, distribution and difficulty of the NCLEX® examination item pools, a full year ahead of schedule.

■ Item Writing Workshops
For the NCLEX-RN® examination, Chauncey held three item writing workshops between April 1, 2000 and March 31, 2001. A total of 43 item writers, representing all four major practice areas, developed 1,265 items. For the NCLEX-PN® examination, four sessions were held with a total of 55 item writers producing 1,917 items. Chauncey's nurse test development staff conducted the sessions. Following each meeting, our nurses reviewed, revised and referenced all items prior to presentation to an Item Review Committee.

■ Item Review Workshops
The five NCLEX-RN® Item Review Panels that met between April 1, 2000 and March 31, 2001 approved 1,409 (97%) of the 1, 449 items reviewed, while the four NCLEX-PN® Item Review Panels that met between April 1, 2000 and March 31, 2001 approved 1,284 (98%) of the 1,299 items reviewed. All of the meetings were held at Chauncey headquarters in Princeton. There were two NCLEX-PN® and two NCLEX-RN® master pool review sessions held between April 1, 2000 and March 30, 2001. There were 2,099 items reviewed at the NCLEX-RN® sessions and 1,791 items reviewed at the NCLEX-PN® sessions.

■ Item Review by the Examination Committee (or designees)
Chauncey has been successful in developing quality multiple-choice items to meet test plan and difficulty requirements as specified in our contract with the National Council. Between April 2000 and March 2001, there were 1,619 NCLEX-RN® items and 1,489 NCLEX-PN® items pretested. These numbers reflect a decrease over previous year, as the numbers of first-time candidates have diminished. Pretesting is dependent upon having sufficient numbers of first-time candidates to meet the statistical requirements for calibrations.

Between June 2000 and December 2000, the Examination Committee approved 1,040 (98%) of 1,058 NCLEX-RN® pretest items reviewed and 1,048 (98%) of 1,070 NCLEX-PN® pretest items reviewed for inclusion in a future operational pool. At the July 2000 Item Review Subcommittee meeting, the Committee reviewed master pool items for currency. The Committee approved a total of 1,071 (97%) of 1,104 NCLEX-RN® items reviewed and 947 (97%) of 981 NCLEX-PN® items reviewed for continued use in the operational pools. At the February 2001 meeting, the Item Review Subcommittee approved 987 (96%) of 1,024 NCLEX-RN® master pool items and 791 (93%) of 847 NCLEX-PN® master pool items.

■ Construction of 2001 Operational Pools
Prior to configuring the April 2001 item pools, a master pool of available items was evaluated. For the NCLEX-RN® examination, the master pool consists of approximately 9,184 total items, an increase of 933 items from the previous year. For the NCLEX-PN® examination, the master pool consists of approximately 7,492 total items, an increase of 1,025 items from the previous year.

■ Face Validity Reviews

The Chauncey test development staff routinely review actual and simulated examinations based on criteria established by the Examination Committee. In addition to reviewing test specification criteria, Chauncey staff reviews these examinations for additional criteria, including cognitive level, documentation, cultural awareness, geriatrics, emergency procedures and the nursing process. The review also includes the identification of items based on similar content within an actual or simulated examination. The actual and simulated candidate examinations reviewed for face validity are generated at five levels: low ability; moderately low ability; borderline (pass/fail) ability; moderately high ability, and high ability.

The face validity review of the simulated and actual examinations for the April and October 2000 operational pools indicated that there was some overlap of content areas, which is most apparent in the longer examinations. Items deemed to be similar are noted for future inclusion in separate pools.

■ Fairness Reviews

In-house fairness reviews are required for all tests generated at Chauncey. The reviews are based on item-level and test-level concerns and are conducted by trained individuals drawn from across non-NCLEX® examination Chauncey staff. Using guidelines developed by Chauncey and reviewed by the Examination Committee, the new items for the NCLEX® examination item pools undergo a fairness review as they are processed during item development.

To address test-level concerns such as gender balance and position of items, fairness reviews are done on a selection of the simulated examinations generated for the respective operational pools. The review of the April 2000 and October 2000 operational pools indicated that the pools are generally in accordance with ETS fairness guidelines, which Chauncey uses as the metric for comparison.

■ NCLEX® Examination Differential Item Functioning (DIF) Review Panel Meetings

The NCLEX® Examination DIF Review Panel consists of five members, of which there is at least one male, one representative of three of the ethnic focal groups of NCLEX® examination test takers, one individual with a general linguistic background and one individual who is currently a licensed registered nurse.

DIF statistics are computed comparing the performance of males with females and of Whites with other ethnic/focal groups: Blacks, Hispanics, Asian Indians, Native Americans, and Pacific Islanders. Items containing moderate to large DIF are reviewed at a DIF Panel Meeting. There were two DIF Panel meetings this past year. The panel reviewed a total of 213 RN and 234 PN items from the operational pools and 71 RN and 48 PN items from the pretest pools. The panel recommended the referral of 2 RN and 4 PN items from the operational pools to the Examination Committee for review and disposition.

The reasons for referral included access to services, childrearing practices and terminology. The Examination Committee reviewed the items from the August 2000 DIF Review Panel at the October 2000 meeting and approved all referred items for continued use in the operational pools. The items from the February 2001 DIF Review Panel will be reviewed at the April 2001 Examination Committee meeting.

■ Readability Levels of Operational Pools

The Fry method of determining readability levels was used to calculate the reading levels of the operational pools for the NCLEX-RN® and NCLEX-PN® examinations for October 2000 and April 2001. This method calculates readability based on non-medical terminology. According to the Fry index, the estimated reading levels of the October 2000 and April 2001 RN operational pools are grade 7.1 and 7.2, respectively, and the estimated reading levels of the October 2000 and April 2001 PN operational pools are grade 6.7 and 6.9 respectively. These levels are below the National Council policy for a maximum reading level of tenth grade for the NCLEX-RN® examination and of eighth grade for the NCLEX-PN® examination.

■ Member Board Reviews

Each spring and fall, Member Boards have the opportunity to conduct item reviews at Prometric Technology Centers. Member Boards can review newly developed items on-line that are in the pretest pools and/or simulated operational examinations for high, medium, and low achievers for both the NCLEX-RN® and NCLEX-PN® examinations.

In the fall of 2000, 9 Member Boards scheduled review sessions, while in the spring of 2001, 11 Member Boards have scheduled reviews. All comments from a Member Board review are forwarded from the National Council to Chauncey test development staff for review. All items referred are re-evaluated for accuracy and currency and brought to the Examination Committee for disposition.

NCLEX® Examination Operations

The operations in support of the NCLEX® examination program functioned this past year much as they have in prior years. The great majority of testing sessions takes place correctly, without any administrative error and on schedule. Occasionally when events do not proceed as planned, such as a server crash or a file delayed, Chauncey staff, with the assistance of our partners at Prometric, make every attempt to resolve the situation promptly and deliver the required results as soon as possible. Events of note are described in detail in the following paragraphs.

■ Telephone Activity in NCLEX® Examination Operations

The following table provides the data for the type of registration by year.

Registration Type	1994	1995	1996	1997	1998	1999	2000	Total
Scanned	122.493	122.814	116,575	113,871	122,449	130,400	118,121	846,723
Telephone	22,745	26,136	26,281	25,233	26,436	26,506	30,556	183,893
Electronic	38,435	42,531	41,549	39,894	22,605	10,006	9,359	204,379
Other	3,017	3,322	3,541	2,475	2,859	2,417	2,679	20,310
Total	186,690	194,803	187,946	181,473	174,349	169,329	160,715	1,255,305
Test Sessions	155,111	189,057	181,726	174,793	167,068	161,315	155,248	1,184,318

■ MBOS and Expedite

As part of the effort to upgrade systems, Chauncey has developed a web-based application to replace AT&T Expedite software used to transmit data files between Member Boards and The Chauncey Group. This new software is expected to be tested and in place at boards by July 1, 2001.

Prometric, Inc. Update

The Thomson Corporation successfully acquired Prometric in the spring of 2000. Thomson's reputation as a leading information company and its financial strength continues to benefit Prometric and its clients. Some recent enhancements include an increase in staffing in the Special Conditions Department and a restructuring of the Test Center Services Helpdesk into geographical teams to provide a more streamlined communication channel. Additionally, Prometric built a new training facility to conduct intensive hands-on technical support training for Helpdesk staff and also rolled out an enhanced database to document incoming calls from testing sites and then track and analyze reported issues for trending purposes.

■ Status of Prometric Testing Centers (PTCs)

The Prometric testing network administering the NCLEX® examination has expanded since the last report in 2000. As of April 1, 2001, the NCLEX® examination is administered in 269 laboratories housing 3223 workstations located in the United States and its territories.

■ 30/45-day compliance

Prometric maintained sufficient capacity on a site-by-site basis to adequately provide compliant seating to all but 24 (0.036%) of the 67,003 NCLEX® examination candidates who tested during the June – August 2000 peak testing season. During the last year (May 2000 – March 2001), 27 (0.019%) of the 144,512 NCLEX® examination candidates

were unable to be offered an appointment within the compliant period. These non-compliance rates are improved over last year, reflecting Prometric's ability to accommodate NCLEX® examination candidates in their large testing network. Candidates who cannot be offered an appointment within the compliant period are sent a refund of their registration fee.

A dedicated department at Prometric continues to analyze center utilization levels to monitor current testing levels and project future testing volumes so that we are able to meet the testing needs of all of our testing clients. Additionally, we continue to report to National Council staff on a monthly basis all sites, which have 10 or fewer blocks available for NCLEX® examination candidates within the next 30 days.

■ Enhancing quality of Test Center Operations

Prometric continues to conduct the biannual hardware and software maintenance upgrades at each testing center. Some significant upgrades that occurred during the last year included software upgrades to operate our systems under Windows 98, the installation of ADT security systems and the replacement of all 14-inch computer monitors in each lab with 17-inch monitors.

An enhanced Quality Assurance Audit for sites was fully implemented in late 2000. This tool is used to formally audit test sites and can also be used by test center staff to perform informal audits of their operations. Prometric's Channel Services Department continues to work closely with test center staff to monitor, enhance and streamline test center operations.

Summary of NCLEX® examination results for the January through December 2000 testing period

Tables 2, 4, 6 and 8 provide a technical summary of the NCLEX® examination results from January through December 2000. In addition, summaries for the January through December 1999 testing interval are provided. Tables 1, 2, 3 and 4 present results for the NCLEX-RN® examination, and Tables 5, 6, 7 and 8 present results for the NCLEX-PN® examination. Summary statistics for the total group of candidates and the reference group of candidates (that is, first-time U.S. educated candidates) for 2000 are presented in Table 2 for the NCLEX-RN® examination and in Table 6 for the NCLEX-PN® examination. Tables 4 and 8 summarize operational and pretest item statistics for the 2000 calendar year while tables 3 and 7 for the 1999 calendar year. It should be noted that the data provided here are intended only to serve as a general summary.

The following bullet points are candidate highlights of the 2000-testing year for the NCLEX-RN® examination.

■ Overall, 108,710 NCLEX-RN® examination candidates tested during 2000, as compared to 113,247 during the 1999-testing year. This represents a decrease of four percent.

■ The candidate population reflected 71,494 first-time, U.S.-educated candidates who tested, as compared to 76,628 for the 1999-testing year, representing a decrease of 6.7 percent.

■ The 2000 average passing rate for the total group and the reference group were slightly lower than in 1999. The overall passing rate was 68.8 percent in 2000 compared to 70.7 percent in 1999, and the passing rate for the reference group also was 83.8 percent in 2000, as compared to 84.8 percent in 1999).

■ There were 47.7 percent of the total group and 51.2 percent of the reference group who ended their tests after a minimum of 75 items were administered. This is slightly lower than the 1999-testing year in which 48.4 percent of the total group and 52.3 percent of the reference group took minimum length exams.

■ The percentage of maximum length test takers was 14.1 percent for the total group and 12.9 percent for the reference group. This is slightly higher than last year's percentages (13.4 percent for the total group and 11.9 percent for the reference group).

■ The average time needed to take the NCLEX-RN® examination during the 2000 testing period was 2.35 hours (or two hours, 21 minutes) for the overall group, and 2.15 hours (or two hours, 9 minutes) for the reference group.

■ A total of 40.4 percent of the candidates took the mandatory break that occurs after two hours of testing, and approximately 4.1 percent of the candidates chose to take the optional break.

■ Overall, 4.5 percent of the total group, and 2.9 percent of the reference group ran out of time before completing the test. These percentages of candidates timing out were similar to the overall cumulative percentages for candidates during the 1999-testing year.

- In general, the NCLEX-RN® examination summary statistics for the 2000 testing period indicated patterns that were similar to those observed for the 1999 testing period. These results provide continued evidence that the administration of the NCLEX-RN® examination is psychometrically sound.

The following bullet points are item-level highlights of the 2000-testing year for the NCLEX-RN® examination.
- The operational item statistics were consistent across the year and with the 1999-testing year. Point biserial correlations were generally in the range of 0.20 to 0.21 and model-data fit statistics were 0.14 to 0.51. Average item times were 61.6 to 67.7 seconds, indicating that candidates took slightly more than one minute, on average, to answer each question.
- Tryout item statistics indicated that 1,613 items were pretested during 2000. The number of tryout items flagged (36.1 percent) was slightly lower than last year (38.1percent). The number of approved pretest items increased from 1,015 in 1999 to 1,031 in 2000.
- The mean B-Value of the RN tryout items for the 2000-year was -0.34, compared to -0.31 for the 1999-testing year.

The following bullet points are candidate highlights of the 1999-testing year for the NCLEX-PN® examination.
- Overall, 46,347 PN candidates tested during 2000, as compared to 47,592 during the 1999-testing year. This represents a decrease of 2.6 percent.
- The candidate population reflected 34,167 first-time, U.S.-educated candidates who tested, as compared to 35,519 for the 1999-testing year, representing a decrease of 3.8 percent.
- The 2000 average passing rates for the total group and the reference group were slightly lower than in 1999. The overall passing rate was 74.3 percent in 2000 compared to 76.0 percent in 1999, and the reference group was 84.9 percent in 2000, as compared to 85.9 percent in 1999.
- There were 52.2 percent of the total group and 56.1 percent of the reference group who ended their tests after a minimum of 85 items were administered. This is slightly lower than the 1999-testing year in which 52.6 percent of the total group and 56.4 percent of the reference group took minimum length exams.
- The percentage of maximum length test takers was 18.4 percent for the total group and 16.1 percent for the reference group. This is slightly higher than last year's percentages (18.1 percent for the total group and 15.7 percent for the reference group).
- The average time needed to take the NCLEX-PN® examination during the 2000 testing period was 2.29 hours (or two hours, 17 minutes) for the overall group, and 2.11 (or two hours, 7 minutes) for the reference group.
- A total of 42.3 percent of the candidates took the mandatory break that occurs after two hours of testing, and approximately 2.8 percent of the candidates chose to take the optional break.
- Overall, 2.0 percent of the total group and 1.2 percent of the reference group ran out of time before completing the test. These percentages of candidates timing out are slightly higher than the 1999 testing year timing out percentages (1.7 percent for overall, 1.0 percent for reference group).
- In general, the NCLEX-PN® examination summary statistics for the 2000 testing period indicated patterns that were similar to those observed for the 1999 testing period. These results provide continued evidence that the administration of the NCLEX-PN® examination is psychometrically sound.

The following bullet points are item-level highlights of the 1999-testing year for the NCLEX-PN® examination.
- The operational item statistics were consistent across the year and with the 1999-testing year. Point biserial correlations were 0.20 to 0.22 and model-data fit statistics were 0.04 to 0.27. Average item times were 61.9 to 65.7 seconds, indicating that candidates took around one minute, on average, to answer each question.
- Tryout item statistics indicated that 1,510 items were pretested during 2000. The number of tryout items flagged (28.5 percent) was higher than last year (27.7 percent). The number of approved pretest items increased from 952 in 1999 to 1,079 in 2000.
- The mean B-Value of the PN tryout items for the 2000-year was -0.29, compared to -0.62 for the 1999-testing year. This continues the trend towards developing items of higher difficulty level.

References
Fry, E.B. (1972). Reading instruction for classroom and clinic. New York: McGraw-Hill.

Table 1
Longitudinal Technical Summary for the NCLEX-RN$^{\circledR}$ Examination
Group Statistics for the 1999 Testing Year

RN	Jan 99 - Mar 99		Apr 99 - Jun 99		Jul 99 - Sep 99		Oct 99 - Dec 99		Cumulative 1999	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	23,746	15,430	27,000	18,293	46,203	37,856	16,298	5,049	113,247	76,628
Percent Passing	68.4	84.6	73.6	88.3	76.7	84.6	52.3	73.5	70.7	84.8
Ave. # Items Taken	122.7	116.7	120.0	112.7	120.8	118.3	136.9	130.4	123.3	117.4
% Taking Min # Items	48.3	52.6	51.0	56.1	49.7	51.4	40.3	44.0	48.4	52.3
% Taking Max # Items	12.7	11.2	12.5	10.8	12.8	12.3	17.7	15.6	13.4	11.9
Ave. Test Time (Hrs)	2.33	2.12	2.21	1.97	2.22	2.11	2.66	2.41	2.30	2.10
% Taking Mand. Break	38.5	31.3	34.4	26.3	35.0	31.5	50.3	42.3	37.8	30.9
% Taking Opt. Break	3.8	2.4	3.6	1.9	3.0	2.2	6.4	4.4	3.8	2.3
% Timing Out	4.0	2.6	3.6	1.9	3.2	2.4	6.7	5.2	4.0	2.5

Table 2
Longitudinal Technical Summary for the NCLEX-RN[x] Examination
Group Statistics for the 2000 Testing Year

RN	Jan 00 - Mar 00		Apr 00 - Jun 00		Jul 00 - Sep 00		Oct 00 - Dec 00		Cumulative 2000	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	22,734	14,262	24,549	15,644	45,229	36,679	16,198	4,909	108,710	71,494
Percent Passing	68.2	84.5	68.8	86.3	75.2	83.7	51.7	73.9	68.8	83.8
Ave. # Items Taken	125.9	119.1	121.8	115.8	122.9	120.9	136.4	130.6	125.3	120.1
% Taking Min # Items	47.1	51.6	50.0	54.6	49.5	50.8	39.7	42.8	47.7	51.2
% Taking Max # Items	14.0	12.4	12.8	11.5	13.6	13.4	17.4	15.8	14.1	12.9
Ave. Test Time (Hrs)	2.41	2.18	2.28	2.04	2.25	2.15	2.64	2.43	2.35	2.15
% Taking Mand. Break	41.8	34.0	38.0	29.8	37.4	33.8	50.3	43.4	40.4	33.6
% Taking Opt. Break	4.4	2.7	3.8	2.1	3.3	2.5	6.4	4.2	4.1	2.6
% Timing Out	4.8	2.9	4.2	2.4	3.7	2.8	6.7	5.2	4.5	2.9

Table 3
Longitudinal Technical Summary for the NCLEX-RN[R] Examination
Group Statistics for the 1999 Testing Year

Operational Item Statistics										
RN	Jan 99 - Mar 99		Apr 99 - Jun 99		Jul 99 - Sep 99		Oct 99 - Dec 99		Cumulative 1999	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point Biserial	0.22	0.10	0.24	0.11	0.23	0.11	0.20	0.09	N/A	N/A
Z-Statistic	0.18	2.07	0.13	2.11	0.26	2.24	0.06	1.89	N/A	N/A
Ave Item Time (Secs)	63.9	17.6	63.4	16.7	62.0	16.0	66.9	17.2	N/A	N/A
Tryout Item Statistics										
# of Items	440		600		468		132		1640	
Ave. Sample Size	440		670		506		494		547	
Mean Point-Biserial	0.08		0.08		0.11		0.08		0.09	
Mean P+	0.58		0.61		0.50		0.50		0.56	
Mean B-Value	-0.43		-0.53		-0.02		0.03		-0.31	
Total Number Flagged	196		256		116		57		625	
Pct. Items Flagged	44.5%		42.7%		24.8%		43.2%		38.1%	

Table 4
Longitudinal Technical Summary for the NCLEX-RN® Examination
Group Statistics for the 2000 Testing Year

Operational Item Statistics										
RN	Jan 00 - Mar 00		Apr 00 - Jun 00		Jul 00 - Sep 00		Oct 00 - Dec 00		Cumulative 2000	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point Biserial	0.21	0.09	0.20	0.09	0.20	0.09	0.20	0.08	N/A	N/A
Z-Statistic	0.16	2.12	0.38	2.18	0.51	2.40	0.14	1.98	N/A	N/A
Ave Item Time (Secs)	65.2	16.5	63.5	15.4	61.6	14.5	67.7	19.5	N/A	N/A
Tryout Item Statistics										
# of Items	314		497		700		102		1613	
Ave. Sample Size	602		623		560		601		590	
Mean Point-Biserial	0.10		0.08		0.09		0.10		0.09	
Mean P+	0.58		0.58		0.56		0.64		0.58	
Mean B-Value	-0.41		-0.30		-0.26		-0.89		-0.34	
Total Number Flagged	110		192		243		37		582	
Pct. Items Flagged	35.0%		38.6%		34.7%		36.3%		36.1%	

Table 5
Longitudinal Technical Summary for the NCLEX-PN$^{\circledR}$ Examination
Group Statistics for the 1999 Testing Year

PN	Jan 99 - Mar 99		Apr 99 - Jun 99		Jul 99 - Sep 99		Oct 99- Dec 99		Cumulative 1999	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	10,073	7,036	8,365	5,579	17,454	14,195	11,700	8,709	47,592	35,519
Percent Passing	75.5	86.5	71.6	84.0	80.5	88.0	72.7	83.4	76.0	85.9
Ave. # Items Taken	118.7	113.3	120.8	116.4	114.4	111.7	120.8	117.4	118.0	114.2
% Taking Min # Items	52.7	57.6	49.0	53.8	56.1	59.0	49.9	52.9	52.6	56.4
% Taking Max # Items	18.6	15.2	19.7	17.4	15.7	14.0	20.0	17.9	18.1	15.7
Ave. Test Time (Hrs)	2.24	2.04	2.34	2.14	2.14	2.00	2.31	2.14	2.24	2.06
% Taking Mand. Break	40.2	32.0	43.0	34.7	35.4	30.1	43.3	36.8	39.7	32.8
% Taking Opt. Break	2.4	1.4	2.9	1.8	1.8	1.1	2.6	1.5	2.3	1.4
% Timing Out	1.6	1.0	2.3	1.5	1.3	0.8	1.8	1.1	1.7	1.0

Table 6
Longitudinal Technical Summary for the NCLEX-PN[®] Examination
Group Statistics for the 2000 Testing Year

PN	Jan 00 – Mar 00		Apr 00 – Jun 00		Jul 00 – Sep 00		Oct 00 – Dec 00		Cumulative 2000	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	9,739	6,755	8,909	5,749	16,471	13,340	11,228	8,323	46,347	34,167
Percent Passing	72.1	83.8	69.0	82.2	79.5	87.6	72.9	83.2	74.3	84.9
Ave. # Items Taken	120.4	116.3	121.0	115.4	116.1	113.0	118.9	115.5	118.6	114.7
% Taking Min # Items	50.5	54.4	49.7	55.3	55.3	58.2	51.1	54.5	52.2	56.1
% Taking Max # Items	19.9	17.6	19.2	16.0	16.9	15.0	18.7	16.7	18.4	16.1
Ave. Test Time (Hrs)	2.35	2.17	2.41	2.20	2.16	2.02	2.32	2.16	2.29	2.11
% Taking Mand. Break	43.8	36.1	47.7	39.1	37.3	31.9	44.1	37.5	42.3	35.3
% Taking Opt. Break	2.9	1.7	3.4	1.9	2.3	1.3	2.9	1.9	2.8	1.6
% Timing Out	2.2	1.2	2.7	1.6	1.6	0.9	2.0	1.4	2.0	1.2

Table 7
Longitudinal Technical Summary for the NCLEX-PN® Examination
Group Statistics for the 1999 Testing Year

Operational Item Statistics										
PN	Jan 99 - Mar 99		Apr 99 - Jun 99		Jul 99 - Sep 99		Oct 99 - Dec 99		Cumulative 1999	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point Biserial	0.22	0.10	0.23	0.10	0.24	0.11	0.22	0.10	N/A	N/A
Z-Statistic	0.04	2.04	0.02	2.16	0.13	2.25	0.04	2.19	N/A	N/A
Ave Item Time (Secs)	60.9	18.4	63.0	17.5	59.8	16.4	62.8	16.9	N/A	N/A
Tryout Item Statistics										
# of Items	138		308		515		356		1317	
Ave. Sample Size	415		513		513		548		512	
Mean Point Biserial	0.12		0.11		0.13		0.10		0.12	
Mean P+	0.63		0.62		0.62		0.61		0.62	
Mean B-Value	-0.71		-0.70		-0.57		-0.58		-0.62	
Total Number Flagged	47		88		106		124		365	
Pct. Items Flagged	34.1%		28.6%		20.6%		34.8%		27.7%	

Table 8
Longitudinal Technical Summary for the NCLEX-PN$^{®}$ Examination
Group Statistics for the 2000 Testing Year

Operational Item Statistics										
PN	Jan 00 - Mar 00		Apr 00 - Jun 00		Jul 00 - Sep 00		Oct 00 - Dec 00		Cumulative 2000	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point Biserial	0.22	0.09	0.20	0.09	0.21	0.09	0.21	0.09	N/A	N/A
Z-Statistic	0.04	2.20	0.15	2.12	0.27	2.28	0.09	2.11	N/A	N/A
Ave Item Time (Secs)	63.7	17.2	65.2	18.4	61.9	17.4	65.7	17.2	N/A	N/A
Tryout Item Statistics										
# of Items	291		255		614		350		1510	
Ave. Sample Size	498		534		472		511		497	
Mean Point Biserial	0.11		0.12		0.12		0.09		0.11	
Mean P+	0.55		0.55		0.58		0.55		0.56	
Mean B-Value	-0.22		-0.29		-0.32		-0.28		-0.29	
Total Number Flagged	93		64		141		133		431	
Pct. Items Flagged	32.0%		25.1%		23.0%		38.0%		28.5%	

Report of the Finance Committee

COMMITTEE MEMBERS

Barbara Morvant, LA-RN, Area III, *Treasurer and Chair*
Lanette Anderson, WV-PN, Area II
Sandra Evans, ID, Area I
Nancy Bafundo, CT, Area IV
Ruth Stiehl, FL, Area III

STAFF

Eloise Cathcart, MSN, RN, Executive Director (ended December 2000)
Robert Clayborne, MBA, CPA Director of Finance

RELATIONSHIP TO STRATEGIC PLAN

Strategic Initiative 6......The National Council will have the organizational structure and capacity to lead in regulation.
Outcome 1 ....Maintain a sound resource management system for the National Council.

RECOMMENDATIONS TO THE BOARD OF DIRECTORS

That the financial statements and report of the independent auditors for the fiscal year October 1, 1999, through September 30, 2000-*Attachment*, be accepted.

RATIONALE

Article XII, Section 1 of the by-laws requires that the financial records of the National Council shall be audited annually by a certified public accountant appointed by the Board of Directors, and that the annual report be presented to the Delegate Assembly.

The firm of Thomas Havey LLP was engaged to conduct the audit for the fiscal year ended on September 30, 2000.The audit was completed in November 2000. In their report, the auditors expressed an unqualified opinion, indicating that the financial statements fairly presented the financial position of the National Council. The auditors found no weaknesses in internal control, and did not issue a management letter.

AT a meeting held on December 13, 2000, the Finance Committee reviewed the audited financial statements with the Managing Partner and the Engagement Manager from Thomas Havey LLP. The Board of Directors accepted the financial statements and the report of the auditors at its meeting on January 11, 2001

HIGHLIGHTS OF ACTIVITIES

*   Reviewed quarterly financial statements and recommended their approval to the Board of Directors.
*   Reviewed the proposed budget for the period beginning October 1, 2000 and ending September 30, 2001 (FY-01). Recommended approval of the FY-01 Budget to the Board of Directors.
*   Met with the Managing Partner and the Engagement Manager from Thomas Havey LLP to review the audited financial statements for the fiscal year ended September 30, 2000.
*   Revised the Investment Policy, and recommended approval to the Board of Directors.
*   Met with the investment consultant from Becker, Burke Associates on a quarterly basis to monitor investment performance.
*   Proposed a policy outlining the conditions for expense reimbursement and registration fee waivers for NCSBN sponsored meetings.

MEETING DATES

- October 9, 2000
- December 13-14, 2000
- January 29, 2001
- April 30, 2001
- July 9-10, 2001

ATTACHMENTS

A. Report of Independent Auditors

NATIONAL COUNCIL OF STATE
BOARDS OF NURSING, INC.

FINANCIAL STATEMENTS

SEPTEMBER 30, 2000

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

FINANCIAL STATEMENTS

SEPTEMBER 30, 2000

CONTENTS

THOMAS
HAVEY
LLP

REPORT OF INDEPENDENT AUDITORS

Board of Directors of
  National Council of State
  Boards of Nursing, Inc.

We have audited the accompanying statement of financial position of National Council of State Boards of Nursing, Inc. (National Council) as of September 30, 2000 and the related statements of activities and of cash flows for the year then ended. These financial statements are the responsibility of the National Council's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our 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, 2000 and the changes in its net assets and its cash flows for the year then ended in conformity with generally accepted accounting principles.

Thomas Havey LLP

November 10, 2000

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

STATEMENT OF FINANCIAL POSITION

SEPTEMBER 30, 2000

ASSETS

CURRENT ASSETS	
Cash	$ 2,193,756
Accounts receivable	477,118
Accrued investment income	94,063
Prepaid expenses	218,301
Inventories	49,955
Total current assets	3,033,193
INVESTMENTS	7,766,110
PROPERTY AND EQUIPMENT	
Furniture and equipment	552,875
Computer hardware and software	4,827,164
Leasehold improvements	420,385
	5,800,424
Less accumulated depreciation	(1,947,045)
Property and equipment - net	3,853,379
CASH HELD FOR OTHERS	365,746
Total assets	$ 15,018,428

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES	
Accounts payable	$ 2,925,961
Accrued payroll, payroll taxes, and compensated absences	279,432
Total current liabilities	3,205,393
CASH HELD FOR OTHERS	365,746
Total liabilities	3,571,139
UNRESTRICTED NET ASSETS	11,447,289
Total liabilities and net assets	$ 15,018,428

See accompanying notes to financial statements.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

STATEMENT OF CASH FLOWS

YEAR ENDED SEPTEMBER 30, 2000

CASH FLOWS FROM OPERATING ACTIVITIES	
Net increase	$ 417,436
Adjustments to reconcile change in net assets	
to net cash provided by (used in) operating activities	
Depreciation	807,060
Realized and unrealized gain on investments	(158,114)
Changes in assets and liabilities affecting operations	
Decrease in accounts receivable	18,964
Decrease in accrued investment income	12,701
Decrease in prepaid expenses	11,054
Decrease in inventories	756
Increase in accounts payable	185,410
(Decrease) in accrued payroll, payroll taxes,	
and compsensated absences	(104,566)
(Decrease) in deferred revenue	(87,422)
Net cash provided by operating activities	1,103,279
CASH FLOWS FROM INVESTING ACTIVITIES	
Purchase of property and equipment	(1,233,839)
Purchase of investments	(6,689,120)
Proceeds on sale of investments	8,157,348
Net cash provided by investing activities	234,389
NET INCREASE	1,337,668
CASH	
Beginning of year	856,088
End of year	$ 2,193,756

See accompanying notes to financial statements.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2000

NOTE 1. DESCRIPTION OF THE ORGANIZATION

The National Council of State Boards of Nursing, Inc. (National Council) is a not-for-profit corporation organized under the statutes of the Commonwealth of Pennsylvania. The primary purpose of the National Council is to serve as a charitable and educational organization through which state boards of nursing act on matters of common interest and concern affecting the public health, safety, and welfare including the development of licensing examinations in nursing.

The program services of the National Council are defined as follows:

Nurse Competence - Assist Member Boards in their role in the evaluation of initial and ongoing nurse competence.

Regulatory Outcomes - Coordinate the identification of effective regulatory outcomes and assist in identifying state and national regulatory implications and develop strategies to impact public policy.

Changing Practice Environment - Analyze the changing practice environment to assist in identifying state and national regulatory implications and develop strategies to impact public policy.

Information - Provide information systems and data to facilitate regulatory decisions.

Nursing Education - Assist Member Boards to evaluate and implement their role with nursing education programs to bring congruence between graduate competence and the requirements of the practice environment.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting.

Basis of Presentation - Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 117, *Financial Statements of Not-for-Profit Organizations*. Under SFAS No. 117, the National Council is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. The National Council does not have any temporarily or permanently restricted net assets.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investments - Investments are carried at fair value which generally represents quoted market price as of the last business day of the year.

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed over the estimated useful lives of the related assets by the straight-line method. Furniture, fixtures and leasehold improvements have estimated useful lives ranging from three and one half to ten years, and equipment and computer software have estimated useful lives ranging from three to five years.

Inventory - Inventories are valued at lower of first-in, first-out cost or market. Inventory is comprised of merchandise held for resale.

Statement of Cash Flows - For purposes of the statement of cash flows, the National Council considers all marketable securities as investments. Cash includes only monies held on deposit at banking institutions and petty cash.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

NOTE 3. TAX STATUS

The National Council is a tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code (Code) and is exempt from federal income taxes on income related to its exempt purpose pursuant to Section 501(a) of the Code and has been classified as an organization which is not a private foundation under Section 509(a).

NOTE 4.   CASH CONCENTRATIONS

The cash balance as of September 30, 2000 consisted of the following:

American National Bank:	
Checking account	$ 213,760
Money market account	1,873,059
SunTrust Bank, Nashville:	
Checking account	106,687
Petty cash	250
Total	$ 2,193,756

The National Council places its cash with financial institutions deemed to be creditworthy. Cash balances may at times exceed the insured deposit limits.

NOTE 5.   OPERATING LEASE

Effective May 29, 1997, the National Council entered into a lease agreement for office space expiring April 30, 2004. The following is a summary by year of future minimum lease payments required under the office lease as of September 30, 2000:

Year ending September 30,	
2001	$ 308,754
2002	314,934
2003	321,243
2004	189,560
Total	$ 1,134,491

Rent expense for the year ended September 30, 2000 under the lease was $318,759.

NOTE 6. INVESTMENTS

The composition of investments at September 30, 2000 is as follows:

U.S. Government and Government	
Agency obligations	$ 2,685,175
Corporate bonds	3,582,683
Mutual fund	1,364,662
Money market fund	133,590
Total	$ 7,766,110

NOTE 7. RETIREMENT PLAN

The National Council maintains a defined contribution pension plan covering all employees who complete six months of employment. Contributions are based on employee compensation. The National Council's policy is to fund accrued pension contributions. Pension expense was $247,544 for the year ended September 30, 2000.

NOTE 8. PRIOR PERIOD ADJUSTMENT

In prior years, the National Council has recognized net deferred revenue for National Council Licensing Exam (NCLEX) test candidates who had completed the application process, but who had not yet been tested. During the current year upon re-evaluation by management, it was determined that this practice was incorrect and that revenue should be instead recognized once the test application fee is received. Accordingly, an adjustment has been made to unrestricted net assets as of September 30, 1999. The balances have been corrected as follows:

	Net Deferred Revenue	Unrestricted Net Assets
As previously reported September 30, 1999	$ 1,796,324	$ 9,320,951
Adjustment	(1,708,902)	1,708,902
As restated September 30, 1999	$ 87,422	$ 11,029,853

Report of the Advanced Practice Task Force

MEMBERS

Katherine Thomas, TX-RN, Area III, Co-Chair
Marcia Rachel, MS, Area III, Co-Chair
Georgia Manning, AR, Area III
Nancy Allen, UT, Area I
Tracy Klein, OR, Area I
Janet Younger, VA, Area III
Deborah Bohannon-Johnson, ND, Area II
Margaret Franckhauser, NH, Area IV
Charlene Hanson, Member at large
Mary Jacobsen, FL, Area III

STAFF

Nancy Chornick, PhD, RN, Director of Credentialing and Professional Development
Donna Nowakowski, MSN, RN, Associate Executive Director

BOARD LIAISON

Kathy Apple, NV, Vice-President

RELATIONSHIP TO STRATEGIC PLAN

Strategic Initiative 3 ....Changing Practice Settings. The National Council will analyze the changing
practice environment to assist in identifying state and national regulatory impli-
cations and to develop strategies to impact public policy.

Outcome 4 ....Implementation of the mutual recognition model for nursing regulation.
Outcome 5 ....Approaches and resources assist Member Boards in the regulation of advanced
practice-registered nurses (APRNs)

RECOMMENDATIONS TO THE DELEGATE ASSEMBLY

None. The purpose of this report is to provide information only.

BACKGROUND OF THE ADVANCED PRACTICE TASK FORCE

Since the adoption of a position paper on advanced practice nursing in 1994, the National Council has
been reviewing the sufficiency of advanced practice certification for regulatory purposes. In order to
assure Member Boards of the regulatory sufficiency of advanced practice nursing certification examina-
tions, the National Council developed a process using NCCA accreditation plus using additional regula-
tory criteria. A special advanced practice task force was appointed by the Board of Directors in April
2000 to examine the regulatory sufficiency of advanced practice certification examinations. For FY2001,
the Task Force charge included developing 'second generation' criteria for advanced practice certifica-
tion programs and a reporting process to the National Council for accrediting agencies.

HIGHLIGHTS OF ACTIVITIES

- Developed 'Second Generation' criteria in order to increase the specificity of the National Council's Criteria to assure the criteria more closely address the regulatory needs of boards of nursing.
- Developed a process to evaluate and develop a reporting mechanism for national accreditors of advanced practice certification programs seeking deemed status for state regulatory purposes.
- Explored development of alternative mechanisms for approval of applicants for whom a certification examination has not been developed that are equivalent to requirements for APRN license.
- Developed a planning process and timeline for development of an APRN compact.
- Held the APRN Round Table on May 3, 2001.
- Recommended that 'Second Generation" criteria apply to all licensed categories of APRNs.

FUTURE ACTIVITIES

- Develop preparatory materials for the APRN compact
- Implement the Accreditation and Reporting Process
- Implement the 'Second Generation' Criteria
- Continue to monitor APRN regulatory issues

MEETING DATES

- November 30-December 1, 2000
- March 29-30, 2001
- May 2-4, 2001

ATTACHMENTS

A. Second Generation Criteria for Advanced Practice Certification Programs
B. Accreditation and Reporting Process
C. Planning Process and Timeline for Development of an APRN Compact

National Council of State Boards of Nursing
DRAFT
CRITERIA FOR EVALUATING CERTIFICATION PROGRAMS

Criteria	Elaboration
I. Is national in the scope of it's credentialing.	A. The advanced nursing practice category and standards of practice have been identified by national organizations. B. Credentialing services are available to nurses throughout the United States and its territories. C. There is a provision for public representation on the certification board. D. A nursing specialty organization that establishes standards for the nursing specialty exists. E. A tested body of knowledge related to the advanced practice nursing specialty exists. F. The certification board is an entity with organizational autonomy.

II. Conditions for taking the examination are consistent with acceptable standards of the testing community.	A. Applicants do not have to belong to an affiliated professional organization in order to apply for certification offered by the certification program.
	B. Eligibility criteria rationally related to competence to practice safely.
	C. Published criteria is enforced.
	D. Compliance with the American Disabilities Act.
	E. Sample application(s) are available.
	   1) Certification requirements included
	   2) Application procedures include:
	     • procedures for assuring match between education and clinical experience, and APRN specialty being certified,
	     • procedures for validating information provided by candidate,
	     • procedures for handling omissions and discrepancies
	   3) Professional staff responsible for credential review and admission decisions
	   4) Examination should be administered frequently enough to be accessible but not so frequently as to over-expose items
	F. Periodic review of eligibility criteria and application procedures to ensure that they are fair and equitable.

III. Educational requirements are consistent with the requirements of the advanced practice speciality.	A. Current U.S. registered nurse licensure is required.
	B. Graduation from a graduate advanced practice education program meets the following requirements:
	   1) Education program offered by an accredited college or university offers a graduate degree with a concentration in the advanced nursing practice specialty the individual is seeking
	   2) If post-masters certificate programs are offered, they must be offered through institutions meeting criteria B.1.
	   3) Clearly written statements of philosophy and program objectives include a description of the beginning practice of the APRN practice
	   4) The faculty ratio of APRNs currently licensed in the specialty being taught, and other credentialed providers (for content relevant to the APRN category) is sufficient to insure adequate supervision and evaluation. Both direct and indirect clinical supervision must be congruent with National Organization of Nurse Practitioner Faculties (NONPF), national specialty organizations and nursing accreditation guidelines.
	   5) The curriculum includes, but is not limited to:
	     • biological, behavioral, medical and nursing sciences relevant to practice as an APRN in the specified category;
	     • legal, ethical and professional responsibilities of the APRN; and
	     • supervised clinical practice relevant to the specialty of APRN

	6) The curriculum meets the following criteria:
	  • Curriculum is consistent with competencies of the specific areas of practice
	  • Evidences appropriate course sequencing
	  • Instructional track/major has a minimum of 500 supervised clinical hours overall
	  • The supervised clinical experience is directly related to the knowledge and role of the specialty and category
	
	C. All individuals, without exception, seeking a national certification must complete a formal didactic and clinical advanced practice program meeting the above criteria.

IV. Standard methodologies acceptable to the testing community such as incumbent job analysis study, logical job analysis studies. Development of the data collection instrument considers:	A. Exam content based on a job/task analysis. B. Job analysis studies are conducted at least every five years. C. The results of the job analysis study are published and available to the public. D. There is evidence of the content validity of the job analysis study.

V. The examination represents entry-level practice in the advanced nursing practice category.	A. Entry-level practice in the advanced practice specialty is described including the following:
	  1) Process
	  2) Frequency
	  3) Qualifications of the group making the determination
	  4) Geographic representation
	  5) Professional or regulatory organizations involved in the reviews

VI. The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to the clients.	A. The job analysis includes activities representing knowledge, skills and abilities necessary for competent performance. B. The examination reflects the results of the job analysis study. C. Knowledge, skills and abilities, which are critical to public safety, are identified. D. The examination content is oriented to educational curriculum practice requirements and accepted standards of care.
VII. Examination items are reviewed for content validity, cultural bias and correct scoring using an established mechanism, both before use and periodically.	A. Each item is associated with a single cell of the test plan. B. Items are reviewed for currency before each use at least every three years. C. Items are reviewed by members of under-represented genders and ethnicities who are active in the field being certified. Reviewers have been trained to distinguish irrelevant cultural dependencies from knowledge necessary to safe and effective practice. Process for identifying and processing flagged items is identified. D. A statistical bias analysis is performed on all items. E. All items are subjected to an "unscored" use for data collection purposes before their first use as a "scored" item. F. A process to detect and eliminate bias from the test is in place. G. Reuse guidelines for items on an exam form are identified. H. Item writing and review are done by qualified individuals who represent specialties, population subgroups, etc.
VIII. Examinations are evaluated for psychometric performance.	A. Reference groups used for comparative analysis are defined.
IX. The passing standard is established using acceptable psychometric methods, and is re-evaluated periodically.	A. Passing standard is criterion-referenced.

X. Examination security is maintained through established procedures.	A. Protocols are established to maintain security related to:
	  1) Item development (e.g., item writers and confidentiality, how often items are re-used)
	  2) Maintenance of question pool
	  3) Printing and production process
	  4) Storage and transportation of examination is secure
	  5) Administration of examination (e.g., who administers, who checks administrators)
	  6) Ancillary materials (e.g., test keys, scrap materials)
	  7) Scoring of examination
	  8) Occurrence of a crisis (e.g., exam is compromised, etc)

XI. Issues certification based upon passing the examination and meeting all other certification requirements.	A. Certification process is described, including the following:
	  1) Criteria for certification decisions are identified
	  2) The verification that passing exam results and all other requirements are met
	  3) Procedures are in place for appealing decisions
	B. There is due process for situations such as nurses denied access to the examination or nurses who have had their certification revoked.
	C. A mechanism is in place for communicating with candidate.
	D. Confidentiality of nonpublic candidate data is maintained.

XII. A retake policy is in place.	A. Failing candidates permitted to be reexamined at a future date. B. Failing candidates informed of procedures for retakes. C. Test for repeating examinees should be equivalent to the test for first time candidates. D. Repeating examinees should be expected to meet the same test performance standards as first time examinees. E. Failing candidates are given information on content areas of deficiency. F. Repeating examinees are not exposed to the same items when taking the exam previously.

XIII. Provides certification maintenance which includes review of qualifications and continued competence.	A. Certification maintenance requirements are specified (e.g., continuing education, practice, examination, etc.)
	B. Certification maintenance procedures, including:
	  1) Procedures for assuring match between continued competency measures and APRN specialty
	  2) Procedures for validating information provided by candidates
	  3) Procedures for issuing re-certification
	C. Professional staff oversee credential review.
	D. Certification maintenance is required a minimum of every 5 years.

XIV. Mechanisms are in place for communication to boards of nursing 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.	A. Communication mechanisms address:
	  1) Permission obtained from candidates to share information regarding the certification process
	  2) Procedures to provide verification of certification to Boards of Nursing
	  3) Procedures for notifying Boards of Nursing regarding changes of certification status
	  4) Procedures for notification of changes in certification programs (qualifications, test plan or scope of practice) to Boards of Nursing

XV. An evaluation process is in place to provide quality assurance in its certification program.	A. Internal review panels are used to establish quality assurance procedures
	    1) Composition of these groups (by title or area of expertise) is described
	    2) Procedures are reviewed
	    3) Frequency of review
	B. Procedures are in place to insure adherence to established QA policy and procedures.

Revised 4-2-01

DRAFT

ACCREDITATION AND REPORTING PROCESS

1. **Agency must have standards for accreditation that are sufficiently rigorous to ensure that the agency is a reliable authority regarding quality of the program it accredits.**
   A. Accreditation standards effectively address the quality of the program
   B. Standards development and revision process includes input from the field and reflects current practice
   C. Standards are realistic regarding national application

2. **Accrediting agency must have effective mechanisms for evaluating a program's compliance with the agency's standards in order to reach a decision to accredit the program.**
   A. Agency evaluates whether a program is successful in achieving its objectives
   B. Agency consistently applies and enforces its standards
      1) has effective controls against inconsistent application of agency's standards
      2) bases decisions on published standards
      3) has reasonable basis for determining that the information the agency relies on for making accrediting decisions is accurate
   C. Agency evaluates the accredited program every five years, and monitors throughout the accreditation period to ensure that the credentialing program remains in compliance with the agency's standards
   D. Agency must have documentation that is evidenced-based

3. **Accrediting agency must provide a detailed description of the agency's survey process.**
   A. Frequency of review is a minimum of five years
   B. Copies of agency's survey forms, guidelines
   C. Procedures used to notify accredited programs of deficiencies and procedures used to monitor the correction of the deficiencies
   D. Accreditation decision categories (e.g., full, provisional, partial, etc.)
   E. Information about the individuals who perform surveys for the accreditation agency
      1) Education experience requirements that individuals must meet
      2) Inservice training provided
      3) Policies and procedures with respect to an individual's participation in the survey or accreditation decision process of any program with which the individual is professionally or financially affiliated

4. **Agency must have a data management and analysis system with respect to its accreditation decisions including the kinds of reports, tables, etc.**

5. **Agency must have procedures for responding to and for the investigation of complaints against certifying programs.**

6. **Agency must have policies and procedures with respect to the withholding or removal of accreditation status for certification programs that fail to meet standards or requirements including:**
   A. Notification to National Council in writing of any program that has had its accreditation removed, withdrawn or revised or has had any other remedial or adverse action taken against it by the accreditation agency within 30 days of any such action taken
   B. Notification within 10 days of a deficiency identified in any accreditation entity when the deficiency poses an immediate jeopardy to public safety

7. **The accrediting agency must submit to the National Council:**
   A. A copy of any annual report prepared by the agency
   B. Notice of final accrediting findings and actions taken by the agency with respect to the program it accredits
   C. Any proposed change in the program's policy, procedures or accreditation standards that might alter the program's scope of recognition

Revised 4-2-01

Action Plan and Time line for Development of APRN Compact

Work Group	Work	Completed
APRN Task Force	Purpose and objectives	Early Fall, 2001
	Identification of Stakeholders	Early Fall, 2001
	Building an inclusive process	Early Fall, 2001
	Assessment of current environment	
	Meeting with Stakeholders	Late Fall, 2001
APRN Compact Task Force	Methodology and identification of process to complete assessment	January, 2002
	Review of data used to determine approach	Spring,2002
	Draft APRN compact	Spring, 2002
	Submit for review, discussion input by stakeholders	Spring, 2002
	Revise, finalize compact	Summer, 2002
	Report to Delegate Assembly	August, 2002
	Introduce compact to stakeholders	Begins Fall, 2002
	Promote introduction to state legislatures	January, 2003

Report of the Awards Panel

MEMBERS
Sharon Weisenbeck, MS, RN KY, Area III, Chair
Donna Dorsey, MS, RN, MD, Area IV
Nancy Wilson, RN, WV-PN, Area II

STAFF
Donna Nowakowski, MS, RN, Associate Executive Director
Alicia E. Byrd, BSN, RN Member Relations Associate

BOARD LIAISON
Deborah Burton, OR, Area I
Myra Broadway, JD, MS, RN, ME, Area IV

RELATIONSHIP TO STRATEGIC PLAN

Strategic Initiative 6 ....Organizational Capacity. The National council will have the organizational structure and capacity to lead in regulation.

Outcome 2 ....The planning process promotes Member Board satisfaction with National Council products and services.

RECOMMENDATIONS TO THE DELEGATE ASSEMBLY

None. The purpose of this report is to provide information only.

BACKGROUND OF THE AWARDS PANEL

The Board of Directors established the awards task force to promote consistency, fairness and value of the award program. Comprised of senior leaders from the Boards of Nursing, this task force was given the charge to refine the nomination and selection process and establish clear, concise award objectives, and criteria for eligibility. The Task Force members sought clarification from the Board of Directors regarding their purpose, and requested the Task Force be renamed the Awards Panel.

HIGHLIGHTS OF ACTIVITIES
* Explored history of NCSBN award program, award names, symbols and recipients
* Expanded the categories and defined specific award objectives and criteria for eligibility
* Developed and implemented a standardized nomination form and process
* Established an objective selection process with recommendations to the Board of Directors
* Promoted the Awards program as a tool to encourage and reward continued service, to promote nursing regulation, and to celebrate the accomplishments of individual and Boards of Nursing
* Launched awards program during Mid-Hear conference to encourage membership participation
* Created the concept of a Hall of Fame and was recommended to the 25th anniversary committee
* Recommended the Awards Panel charge be expanded to play a role in awards selection by blindly screening the awards candidates and making recommendations for consideration by the Board of Directors.

FUTURE ACTIVITIES
* Evaluate the 2001 awards program and recommend potential revisions to the Board of Directors

MEETING DATES

- December 12, 2000
- January 5, 2001
- February 12, 2001
- June 23, 2001

ATTACHMENT

A. Awards Brochure
B. Nomination Form

Outstanding Contribution Award

The Outstanding Contribution Award is granted for significant contribution by a board staff (non-Executive Officer) or board member (non-president).

CRITERIA FOR SELECTION
* Significant contributions to National Council Activities

NOMINATION PROCESS
* Individuals can nominate themselves or another individual
* Up to two additional letters of support may be submitted (optional)
* One letter of support from the Executive Officer (in the event that there is no Executive Officer, a Board Chair is required)
* One-page list of leadership activities focusing on award criteria
* Two-page narrative addressing the award criteria
* No smaller than 10 font
* 1.5" margins

Eligibility: Board staff (non-Executive Officer) or board member (non-presidents)
Award Cycle: Annually as applicable
Number of Awardees: Unlimited
Symbol: Elegant plaque

Service Recognition Award

This award was established to recognize Executive Officers who have made contributions to nursing regulation over a 10-30 year cumulative period. This will include the length of time spent as a board member or as board staff.

CRITERIA FOR SELECTION
* Significant contribution to nursing regulation and National Council
* Long-standing participation in activities of the National Council
* Contributions to public protection through board and National Council service
* Overall summary of contributions

Eligibility: Executive Officers
Award Cycle: As applicable
Number of Awardees: As applicable

Symbols:
10 year   Plaque
15 year   Marble
20 year   Crystal object
25 year   Crystal bowl
30 year   Special award symbol selected by Board of Directors (i.e., pin with diamond)

Only applications that meet all the requirements and criteria will be considered. All entries must be received no later than May 1, 2001. All entries should be mailed to:
National Council 2001 Awards
Attn. Member Relations
676 N. St Clair
Ste. 550
Chicago, IL 60611

FORMAT
All entries must be:
* Typed and presented in a professional manner.
* Accompanied by an official entry form (or photo copy of the form)
* Single-spaced on 8.5"x11" paper

AWARD SELECTION
Awards will not necessarily be given in each category. Nominations will be reviewed, and the final selection made, by National Council Board of Directors. Award recipients will be notified prior to the National Council Annual Meeting and will be honored at the Annual Meeting.

FOR MORE INFORMATION
If you have questions about the awards program, contact Alicia Byrd at (312) 787-6555 or by email at abyrd@national council.org.

NATIONAL COUNCIL ®

National Council of State Boards of Nursing, Inc.

Awards Program

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The National Council of State Boards of Nursing, Inc. annually recognizes the outstanding achievements of its members and staff. The awards are designed to celebrate significant contributions to nursing regulation. This year, the Awards Committee has taken a new look at the awards program and put together a restructured platform consisting of a clearly defined nomination process, criteria and eligibility requirements. Our goal is to not only recognize the successes of our peers, but also to learn what key factors contributed to this success. We encourage all members and staff to nominate themselves and their peers.

R. Louise McManus Award

The R. Louise McManus Award is the National Council's most prestigious award. The individual nominated for the R. Louise McManus Award shall have made significant contributions through the highest commitment and dedication to the purposes of the National Council.

CRITERIA FOR SELECTION

- ❖ Active leadership in the National Council
- ❖ Direct and substantial contributions to the improvement of nursing regulation
- ❖ The focus of public attention on the need for improvement and better support of nursing regulation (i.e., ideas)
- ❖ Contributions to the National Council over a significant period of time
- ❖ Overall summary of contributions

NOMINATION PROCESS

- ❖ Individuals can nominate themselves or another individual
- ❖ Up to two additional letters of support may be submitted (optional)
- ❖ One letter of support from the Executive Officer (in the event that there is no Executive Officer, a Board Chair) is required
- ❖ One-page list of leadership activities focusing on award criteria
- ❖ Two-page narrative addressing the award criteria
- ❖ No smaller than 10 font
- ❖ 1.5" margins

Eligibility: Individual member
Award Cycle: As applicable
Number of Awardees: One
Symbol: A crystal object inscribed with recipient's name, dates of service and National Council ceremonial logo

Meritorious Award

The Meritorious Award is granted to a board member or staff member of a Member Board for significant contributions to the purposes of the National Council.

CRITERIA FOR SELECTION

- ❖ Significant promotion of the purposes of the National Council

- ❖ Positive impact on the contributions of the National Council
- ❖ Demonstrated support of the National Council's mission
- ❖ Overall summary of contributions

NOMINATION PROCESS

- ❖ Individuals can nominate themselves or another individual
- ❖ Up to two additional letters of support may be submitted (optional)
- ❖ One letter of support from the Executive Officer (in the event that there is no Executive Officer, a Board Chair) is required
- ❖ One-page list of leadership activities focusing on award criteria
- ❖ Two-page narrative addressing the award criteria
- ❖ No smaller than 10 font
- ❖ 1.5" margins

Eligibility: Board or staff member of a Member Board
Award Cycle: Annually as applicable
Number of Awardees: One
Symbol: Crystal object inscribed with recipient's name, dates of service and National Council ceremonial logo

Regulatory Achievement Award

The Regulatory Achievement Award recognizes the member board that has made an identifiable, significant contribution to the purposes of the National Council in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

CRITERIA FOR SELECTION

- ❖ Active participation by board members and/or board staff
- ❖ Effective leadership in the development, implementation and maintenance of licensing and regulatory policies
- ❖ Active collaborative relationships between the Member Board, the National Council, the public and other member boards
- ❖ Demonstrated advancement of the National Council mission
- ❖ Overall summary of contributions

NOMINATION PROCESS

- ❖ Member boards can nominate themselves or another member board
- ❖ Up to two additional letters of support may be submitted (optional)
- ❖ A letter of support from another member board or a representative of a regulatory agency is required
- ❖ One-page list of leadership activities focusing on award criteria
- ❖ Two-page narrative addressing the award criteria
- ❖ No smaller than 10 font
- ❖ 1.5" margins

Eligibility: Member Boards
Award Cycle: Annually as applicable
Number of Awardees: One
Symbol: Elegant plaque for local office display inscribed with name and dates of service

Exceptional Leadership Award

The Exceptional Leadership Award is granted for significant contributions to the National Council by a member board president.

CRITERIA FOR SELECTION

- ❖ Active participation in National Council
- ❖ Demonstrated leadership as the Board President
- ❖ Overall summary of contributions

NOMINATION PROCESS

- ❖ Individuals can nominate themselves or another individual
- ❖ Up to two additional letters of support may be submitted (optional)
- ❖ One letter of support from the Executive Officer (in the event that there is no Executive Officer, a board chair) is required
- ❖ One-page list of leadership activities focusing on award criteria
- ❖ Two-page narrative addressing the award criteria
- ❖ No smaller than 10 font
- ❖ 1.5" margins

Eligibility: Board President (within the past 2 calendar yrs.
Award Cycle: Annually as applicable
Number of Awardees: One
Symbol: Crystal disc inscribed with recipient's name, dates of service and National Council cerer~   ~o

Awards Program Nomination Form
Please type or print clearly

Send Nomination Form to:
Attn: Member Relations Dept.
National Council of State Boards of Nursing
676 N. St. Clair, Suite 550
Chicago, IL 60611
Fax: (312) 787-6898

Award Categories *(please check one)*:

❑ R. Louise McManus Award   ❑ Regulatory Achievement Award

❑ Meritorious Award   ❑ Outstanding Contribution Award

❑ Exceptional Leadership Award   ❑ Service Recognition Award

Name of Nominee _____

Title/Position _____

Board of Nursing _____

Address _____

City/State/Zip _____

Phone _____ *Fax* _____

E-mail _____

FORM COMPLETED BY:

Name/Title (may be same as nominee) _____

Board of Nursing _____

Phone _____ *E-mail* _____

◆ *This form must be submitted with the 3-page narrative outlined in the Award nomination process.*
◆ *Please ensure the required letter of support is attached as outlined in the award nomination process*

Report of the Board Investigators Curriculum Advisory Panel

MEMBERS

Paula Meyer, WA, Area 1, Chair
Valerie Smith, AZ, Area I
Marsha Straus, OH, Area II
Donald Hayden, SC, Area III
Anthony Diggs, TX-RN, Area III
Donna Mooney, NC, Area III
Terrie Miller, CO, Area I

STAFF

Vickie Sheets, JD, RN, Director of Practice and Regulation

BOARD LIAISON

Joey Ridenour, AZ, President

RELATIONSHIP TO STRATEGIC PLAN

Strategic Initiative 2 ....Regulatory Outcomes. The National Council will coordinate the identification of effective regulatory outcomes and assist Member Boards to implement and evaluate strategies for sound regulation.
Outcome 4 ....Educational offerings are provided for Member Boards.
Strategic Initiative 6 ....Organizational Capacity. The National will have the organizational structure and capacity to lead in regulation.
Outcome 1 ....A sound organizational governance and management infrastructure advances the National Council's mission and vision.

RECOMMENDATIONS TO THE DELEGATE ASSEMBLY

None. The purpose of this report is to provide information only.

BACKGROUND OF THE BOARD INVESTIGATORS CURRICULUM ADVISORY PANEL

Because discipline cases are increasing in volume and complexity, boards of nursing are utilizing increasing amounts of time and resources to process and investigate complaints. *Dialogues on Discipline* sessions held during National Council Annual Meetings have been well attended, but have been insufficient to meet the educational and networking needs of board staff investigators.

In 2000, National Council Board of Directors appointed a Board Investigators Curriculum Advisory Panel to identify the learning needs and priorities of board investigators, plan an educational summit to be held spring 2001, and develop a sustainable, long-range plan to meet the ongoing needs of this group.

The Advisory Panel first surveyed board staff investigators by email to identify educational needs of investigators. Findings indicated a strong need for information related to patient/client abuse and sexual misconduct. Members also felt a need to clarify the role of investigators in cases that are resolved by alternative dispute resolution.

Using these survey results, a summit was planned to provide information, facilitate networking among investigators, and continue to assess information and support needed by investigators and the most efficient methods of disseminating information. Suggestions for future educational opportunities included workshops and on-line information on topics such as interview skills, and check sheets specific to types of investigations. Recommendations regarding ongoing support and resources will be submitted to the NCSBN Board of Directors.

HIGHLIGHTS OF ACTIVITIES

- Prepared, distributed, and analyzed a survey of membership to assist in identifying educational needs
- Used the survey results to develop curriculum for the summit, including specific case type investigations, investigative techniques, the legal basis for investigating abuse/neglect cases, and the role of the investigator in cases that are resolved by alternative dispute resolution
- Invited speakers and planned format for the summit to include education and networking opportunities

FUTURE ACTIVITIES

- Review and analyze summit evaluations to use in future planning
- Make additional recommendations regarding resources and priorities

MEETING DATES

- February 9, 2001
- March 4, 2001
- June 11, 2001
- June 22-23, 2001 (*Investigators Summit*)

ATTACHMENTS

A. Investigators Summit Schedule

National Council of State Boards of Nursing
Investigator Summit
June 22-23, 2001

<u>Friday, June 22, 2001</u>

8:00 a.m. – 8:30 a.m.	**Registration**	
8:30 a.m. – 8:45 a.m.	***Welcome, Introductions, Overview to Day One***	Paula Meyer, WA, *Chair, Investigators Curriculum Advisory Panel*
8:45 a.m. – 10:15 a.m.	***Federal Overview – Patient and Elderly Abuse and Neglect***	Scott N. Schools, *US Attorney, District of South Carolina*
	State Overview – Patient and Elderly Abuse and Neglect	William Gambrell, Jr., *Deputy Attorney General, SC Attorney General Office Director, South Carolina Medicaid Fraud Control Unit*
10:15 a.m. – 10:30 a.m.	**Break**	
10:30 a.m. – 12:00 noon	**Response Panel –** ***Implications for Board of Nursing Investigators***	Cynthia Smith, *TX Investigator*
		Faye Lemon, *VA, Director of Investigations*
		James Schwegel, Special Agent, Medicaid Fraud Unit, AZ Attorney General Office
12:00 noon – 1:30 p.m.	**Networking Lunch**	Topic Tables facilitated by Committee Members
1:30 p.m. – 3:00 p.m.	***Investigations in Community Settings – Three Cases***	Debra Evans, WA – *Group Home case*
		Carrie Linehan, NC – *Home Care case*
		Jeanne Jacobson, TX – *Hospice case*
3:00 p.m. – 3:15 p.m.	**Break**	
3:15 p.m. – 4:45 p.m.	***An Alternative to Discipline for Practice Cases – Investigatory Implications***	Lisa Emrich, BSN, RN, *Ohio Practice Intervention & Improvement Program*
		Terrie Miller, RN, BSN, *Nurse Practice Consultant Colorado Board of Nursing*
4:45 p.m. – 5:00 p.m.	***Q&A, Evaluation,*** **Adjournment for Day One**	Paula Meyer, WA

<u>Saturday, June 23, 2001</u>

8:00 a.m. – 8:30 a.m.	**Registration**	
8:30 a.m. – 8:45 a.m.	***Overview to Day Two***	Paula Meyer, WA
8:45 a.m. – 10:15 a.m.	***Sexual Misconduct Investigations***	Jean Stevens, WA
		Dr. Steven Gray, AZ
10:15 a.m. – 10:30 a.m.	**Break**	
10:30 a.m. – 12:00 noon	***Discussion with Participants: What Resources are Needed to Support Board Investigators?***	Paula Meyer, WA
	Networking, Evaluations Debriefing Adjournment Day Two	

Report of the Commitment to Public Protection Through Excellence in Nursing Regulation Advisory Group

MEMBERS

Diana Vander Woude, MS, RN, Chair
Joan Bouchard, MN, RN, Member
Myra Broadway, JD, MS, RN, Member
Donna Dorsey, MS, RN, Member
Polly Johnson MSN, RN, Member

PILOT STATE WORKGROUP

Lanette Anderson, WV-PN
Karla Bitz, ND
Charlene Kelly, NE
Elizabeth Lund, TN
Sue Milne, OH
Cynthia Morris, LA-RN
Calvina Thomas, MO
Sharon Weisenbeck, KY

STAFF

Lynda H. Crawford, Ph.D., RN, Director of Research and Education Services

BOARD LIAISON

Myra Broadway, JD, MS, RN, Member

RELATIONSHIP TO STRATEGIC PLAN

Strategic Initiative 2.......Changing Practice Settings. The National Council will coordinate the identification of effective regulatory outcomes and assist Member Boards to implement and evaluate strategies for sound regulation.

Outcome 1 ....An articulated relationship demonstrating the benefits of nursing regulation for the public health, safety and welfare.

RECOMMENDATIONS TO THE DELEGATE ASSEMBLY

None. The purpose of this report is to provide information only.

BACKGROUND OF THE COMMITMENT TO PUBLIC PROTECTION THROUGH EXCELLENCE IN NURSING REGULATION ADVISORY GROUP

The purpose of the Commitment to Public Protection through Excellence in Nursing Regulation Project is the establishment of a performance measurement system that incorporates data collection from internal and external sources and the use of benchmarking strategies and identification of best practices. Building on the extensive work to date, data collection instruments have been revised to include process-related questions that will link to outcome indicators and provide contextual information. The first phase of data collection, measurement of outcomes related to discipline, was conducted August

through September, 2000. Twelve jurisdictions participated in data collection efforts using six tools developed to measure outcomes and identify "best practices" related to discipline: Kentucky, Louisiana RN, Maryland, Missouri, Nebraska, New Mexico, North Carolina, North Dakota, Ohio, Tennessee, Texas RN, and West Virginia PN.

The six tools used for data collection included a "template" of data requested from boards and survey tools for nurses who had been the subject of a complaint (NCA), persons who had made a complaint (PMC), a random selection of licensees (nurses), employers of nurses, and associations selected by each jurisdiction. The return rates for each of the tools varied, but were sufficient to allow initial assessment of the quality of the data collected.

Return Rates of Survey Tools

	Number Mailed	Number Returned	Return Rate
NCA	532	88	16.5%
PMC	435	207	48%
Nurses	9,480	3,964	41.8%
Employers	1,160	457	39.4%
Associations	246	105	42.7%

The tool to measure outcomes of discipline-related activities has been disseminated to all participating boards for data collection. Most (>80%) Member Boards are currently participating.

This exciting and ground-breaking project (no other regulatory group has approached performance evaluation in this manner or to this extent) will clarify the important work of boards of nursing, demonstrate value, and identify best practices.

HIGHLIGHTS OF ACTIVITIES

- The first tool, measuring outcomes of the discipline function, was pilot tested fall 2000. Each of the 12 pilot states received a "template" to complete and surveys were sent to five stakeholder groups within each of the pilot jurisdictions.
- The project Advisory Group and representatives from each of the pilot states met in January to modify the tools as needed, review the findings of the pilot study, and discuss data management.
- The final discipline templates were sent to Executive Officers February 2001 to review in preparation for a project Forum at the March Midyear Meeting.
- The project was discussed in an Executive Officer Forum, giving members an opportunity to seek clarification and discuss issues related to participation.
- Collection of data related to discipline activities began spring 2001 for all boards voluntarily participating in the project.
- Advisory Group and pilot states began development of tools to measure outcomes of the remaining activities and will pilot these during summer and fall 2001.

FUTURE ACTIVITIES

- Data will be collected for the second group during 2002.
- The project Advisory Group will recommend to the Board of Directors a plan to position performance outcomes evaluation as a sustainable, prospective effort of NCSBN.

Meeting Dates

- October 2000
- January 2001
- April 2001
- June 2001

Report of the Delegate Assembly Advisory Panel

MEMBERS

Cheryl Payseno, WA, Area I, Chair
Marilyn Frank-Stromborg, IL, Area II
Marcia Hobbs, KY, Area III
Dorothy Fiorino, OH, Area II
Gino Chisarai, MA, Area IV

STAFF

Nancy Chornick, Ph.D., RN, Director of Credentialing and Professional Development

BOARD LIAISON

Myra Broadway, JD, MS, RN, ME, Area IV

RELATIONSHIP TO STRATEGIC PLAN

Strategic Initiative 6 ....Organizational Capacity. The National Council will have the organizational structure and capacity to lead in regulation.

Outcome 1 ....A sound organizational governance and management infrastructure advances the National Council's mission and vision

Outcome3...................Provide a technology Forum at the mid-year meeting where technology information and vendors are available to network with Member Boards

RECOMMENDATIONS TO THE DELEGATE ASSEMBLY

None. The purpose of the report is to provide information only.

BACKGROUND OF THE DELEGATE ASSEMBLY ADVISORY PANEL

The Delegate Assembly Advisory Panel was appointed for the first time in fiscal year 2001. The Panel's charge included the planning of mid-year and annual meetings and determining curriculum on topics of interest and benefits to members.

HIGHLIGHTS OF ACTIVITIES

* Reviewed evaluations from past meetings
* Made suggestions to improve future National Council meetings
* Assisted in the development of educational programs
* Provided oversight for the schedule for the 2001 Delegate Assembly meeting

FUTURE ACTIVITIES

* Review and assess future 2001 meetings
* Develop educational and networking programs
* Provide oversight for fiscal year 2002 Mid-Year Conference and Annual Meeting including schedule, graphic design of printed materials, etc.

MEETING DATES

February 21, 2001
March 20, 2001 (telephone conference call)
August 17, 2001

Report on Agent Role – Healthcare Integrity and Protection Data Bank (HIPDB) Reporting

STAFF

Vickie Sheets, JD, RN, *Director of Practice and Regulation*
Angela Diaz Kay, *Director of Information Technology*

RELATIONSHIP TO STRATEGIC PLAN

Strategic Initiative 1 ....Nurse Competence. The National Council will assist Member Boards in their role in the evaluation of initial and ongoing nurse competence.

Outcome 2 .... Information and research to support the regulatory approaches to discipline, remediation and alternative processes.

BACKGROUND OF THE AGENT ROLE

The *Disciplinary Data Bank (DDB)* has provided the means by which Member Boards have exchanged information regarding disciplinary actions since its initiation in 1981 (see DDB chronology provided in Attachment A). In 1999, the Healthcare Resources and Services Administration (HRSA) of the Department of Health and Human Services implemented the Healthcare Integrity and Protection Data Bank (HIPDB). The National Council Board of Directors determined that National Council would serve as agent for the historical data for those Boards that desired such service. Forty-two Boards designated the National Council as reporting agent for historical data.

The Board also determined that ongoing agent services would be offered to Boards of Nursing. The initial ongoing reporting agreement would be for a period of two years and would be provided as a benefit of membership without additional charge to participating boards. Twenty-five Member Boards have designated the National Council as ongoing reporting agent (see Attachment B).

Concerns about Disciplinary Action Code Data
Legacy discipline reporting to HIPDB from National Council did not generate expungements or discipline status change from the Member Boards as a result of erroneous, invalid or otherwise bad action code data. There were, however, requests for clarification of the decoding, or conversion from the state's action code to the NPDB/HIPDB standardized codes. Any status changes requested by Member Boards were considered an update to the case as opposed to an actual correction.

The initial reporting to NPDB did generate complaints, along with corrections, regarding the less critical decision-making data elements such as gender, graduation date and education information along with concern about discipline reports being rejected due to missing or invalid data elements.

Since the initial reporting, there has been on-going corrections to the less critical data elements as the Member Boards have been sending them.

Current Disciplinary Data Reporting to Nursys
In calendar year 2000, there were 33 Member Boards reporting discipline cases to Nursys and 27 Member Boards that did not report. In the first quarter of calendar year 2001, the majority of boards were reporting disciplinary data to Nursys.
* Four Member Boards have no discipline entries in either Nursys or the DDB. They are four of the ter-

ritories: Northern Marianas, American Samoa, Puerto Rico and Virgin Islands. Our understanding is that these jurisdictions have not taken disciplinary actions.

- Twelve Member Boards had not entered data or submitted written reports for the Nursys disciplinary screens: Alabama, District of Columbia, Georgia-PN, Guam, Hawaii, Kansas, Illinois, Indiana, Louisiana-PN, Montana, New Hampshire and New York

Demographic Data of Disciplined Nurses

Discipline data were extracted from the archived Disciplinary Data Bank (DDB) to ascertain the accuracy of the information therein. The original records of the cases described from 1978 to 2000 were not available, therefore making a complete audit impossible. Data were analyzed for _obvious_ errors in dates, gender designation, jurisdiction, and license type.

It should be noted that these data were entered by many different individuals, including Member Boards and National Council staff, using ever-evolving policies, procedures, and technology over a span of 23 years. Because participation in DDB (and now Nursys) is voluntary and there are no mandates regarding the types of information reported, many records have "missing" data. The database does not include 100% of all discipline cases from 1978 to 1999; staff estimates that at one time, 85-90% of the total number of discipline cases resolved by boards prior to 1999 was included in the DDB.

In performing the statistical audit, the following protocols were employed to discover obvious errors:
- The records of all nurses (n=57,745) were examined by querying for frequency data.
- Dates were noted if they did not seem reasonable (i.e., years with only three digits, birthdays before 1900, etc.).
- Errors were assumed when the designation of gender was any notation other than "f" or "m," jurisdiction abbreviations did not make sense, and license types were anything other than RN, PN, VN, LPN, or LVN.

Results:
- Less than one percent of the 57,745 records had "obvious" errors in demographic data.
- One hundred seven records had errors in "year of birth," two in "year of graduation," and six in "date of action taken."
- Nine records had incorrect designations of gender, 360 had obviously incorrect information regarding jurisdiction, and two had incorrect license types.

A sample of DDB cases with obvious errors was compared with Nursys records. In some cases, the incorrect DDB information is also in corresponding Nursys records, but in others the data seem to have been corrected. During this comparison, it became evident that duplicate records exist in Nursys. The Nursys procedure 3.21.1 addresses the situation of duplicate records.

Perspectives of Member Boards

Member Boards were surveyed this year to determine why the level of discipline reporting to Nursys was considerably lower than to the old DDB. Survey instruments were tailored depending on whether the board had reported to Nursys in calendar year 2000; had a signed agreement with the National Council to provide agent services for ongoing reporting to HIPDB; or neither. We received a response from 47 Member Boards.

Survey findings include:
- Nine boards indicated a reason for not reporting discipline to Nursys is that duplicative effort is required to report to the HIPDB and Nursys. Six of the nine would be willing to share disciplinary data with the National Council if the method were simple and not time-consuming.
  COMMENT: _National Council staff has determined that cases reported directly to HIPDB or via another agent can be submitted to Nursys electronically (i.e., FTP, e-mail, etc.). National Council staff will work with individual boards to provide the process/procedures for electronic report submission._

- No obvious preferred method for sharing the information was indicated, thus our variety of Member Boards desire options
- A few Boards did not realize that a separate reporting agreement was required for ongoing reporting, draft agreements have been sent to those Boards
- Two Boards indicated the belief that they had to be on-line with Nursys to report discipline, that misperception has been clarified
- Two additional Boards want to use the National Council as reporting agent, and draft agreements have also been sent to these Boards
- There are still some misconceptions about the HIPDB that will be addressed in an upcoming Council Connector article, as well as working with Boards individually
- Only one board responded in the survey questions that electronic reporting was too cumbersome. However, there were several written comments with suggestions about improving the usability of the screens, particularly in the area of temporary saving of unsubmitted reports (to avoid having to repeat entry if the user is interrupted).
  COMMENT: *Information Technology will address this and other quality assurance issues in the near future.*
- Questions about "code mapping" were raised by two states and were addressed individually. One state was concerned about the potential that Boards might misinterpret the National Council's comprehensive violation and action codes. It has been suggested that a National Council committee revisit the discipline lexicon created for the HRSA project to consider how it or some other model for consistent disciplinary language use be implemented, along with guidelines for using.
  COMMENT: *"Code-mapping" is how the differences in the violation and action coding used by National Council are translated to the HIPDB codes. Because of the importance of this programming, the code mapping was reviewed again prior to transmission of the ongoing data. As a result of the review and consultation with HRSA staff, clarification of four violation codes and four action codes were revised. The most significant change was to not report summary suspensions to the HIPDB. Although this important information is included and tracked in Nursys, summary suspensions are not considered final actions by the HIPDB and should not be reported until after the Board takes final action in the case.*
- Several Member Boards commented on the lack of resources and the need for training. This supports plans for Nursys outreach and support.
  COMMENT: *Information Technology staff has developed a Nursys User Guide to support Member Boards in submitting data to Nursys. A paper copy of the guide will be distributed to all Member Boards this fiscal year. In addition, the resource will be maintained on the National Council web site that is under reconstruction. Although this resource is expected to answer many questions regarding use of Nursys, there is also a need for additional outreach to those Member Boards that are still having difficulties. Individualized training based on particular areas of need will enable National Council staff to promote participation in Nursys.*
- The greatest interest expressed in the survey was related to availability of discipline reports and statistics. Several Boards requested a return to the monthly reports that were part of the DDB service.
  COMMENT: *Staff are currently working on developing a format for such reports in the near future.*

Conclusion

Providing maximum quality, accuracy, and volume of data depend upon:
- the responsibility of each Member Board for data entry and quality assurance of their own data
- uniformity and standardization of data elements, definitions, and specifications
- provision of copies of HIPDB reports from non-agent states
- timely and accurate transmission of disciplinary data to HRSA/HIPDB
- ongoing analysis and reporting of data and information to participating boards
- editability and de-duping features in Nursys
- data maintained in accordance with Nursys policies and procedures
- informing Member Boards of errors found through analysis and verification processes

HIGHLIGHTS OF ACTIVITIES

- 4591 ongoing reports were submitted to the HIPDB on March 22-23, 2001 (covering time period of

November 1999 to March 2001)
* Periodic submission of new reports submitted monthly thereafter
* Continued consultation with HRSA staff regarding both policy and technical issues

See Nursys report for related activities.

FUTURE ACTIVITIES

* Continue monthly submissions
* Continue to provide opportunity to use National Council as reporting agent to non-participating boards
* Evaluate agent role in 2002 and make recommendations
* Production of DDB trend report to Member Boards

ATTACHMENTS

A. DDB Chronology, 1981-2001
B. List of Member Boards with completed Agent Agreements as of 5/31/01

.

Disciplinary Data Chronology 1981-2001

Background of Disciplinary Data Collection by National Council

- 1981 – *Disciplinary Data Bank* (DDB) created as an information clearing house to promote communication among Board of Nursing regarding disciplinary actions taken against nurse licenses in the various jurisdictions
    - A nurse's name in the DDB was to serve as a flag, to inform the user of the need to contact the Board taking action for additional information
    - Participation in the DDB was voluntary
    - Reporting was accomplished by submission of written reports that were entered into a specially designed (Informix) database
    - All reports, including those with only partial information, were included (rationale being that just having a name and the state of action would flag that person for further inquiry, a "something is better than nothing" philosophy)
    - Monthly reports of all actions reported in previous month were mailed to Member Boards, Boards reviewed reports looking for nurses licensed in their state who had been disciplined by other jurisdictions
- Circa 1985 – first revision of reporting form
- 1987 – Board of Directors surveyed membership and obtained authority to share discipline data with branches of the military and with the American Association of Nurse Anesthetics Recertification Council
- 1990 – Member Boards surveyed regarding the how well the DDB was meeting their needs and how the National Practitioner Data Bank (NPDB) was anticipated to impact on participation in the DDB, results used in restructuring (see below)
- 1990-91 – National Council staff worked with consulting firm to restructure the DDB
    - Adding the mandatory elements expected for Member Boards to comply with the legislated Section Five reporting requirements to the NPDB
    - Development of more comprehensive violation and action grounds
    - Design of a new written reporting form
    - Implementation of different format for monthly report ("Burst" report)
    - A nurse's name in the DDB continued to serve as a flag, to inform the user of the need to contact the Board taking action for additional information
    - Participation in the DDB continued to be voluntary, although 85-90% states (excluding the territories) provided reports
- 1994 – Electronic entry and inquiry capabilities added, a few Boards begin to do DDB inquiries as step in the licensure by endorsement process, still intended to provide a flag so that additional information could be obtained
- 1994 – Member Boards resurveyed for authority to share discipline data with other APRN certification bodies. Letters were subsequently sent to these organizations inviting participation in DDB but there were no takers
- 1995 – American Nurses Credentialing Center approached National Council regarding possibility of data sharing and joint research, but consensus regarding how much data to share and the procedure for doing so never reached

- 1995 – DDB software converted from Informix to Access.
  - Unexpected and lengthy delays in implementation resulted in serious entry backup for several months
  - Electronic entry and inquiry capability continued to be available to individual Boards during "down" period when National Council staff could not enter written reports, but required users to access two separate sources of data (existing DDB files and "holding tank" files)
  - "Matching" process to already existing discipline reports on an individual computerized
  - Backlog caught up and DDB files/holding tank files integrated
  - Monthly reports resumed, but in an index format (names plus a few identifier elements)
  - Staff continued to accept partial information for DDB (e.g., obtained list of names, license numbers and actions from New York's Newsletter and website)
  - Reporting to the DDB continued to be voluntary
- Spring 1999 – Reports sent out to all Member Boards regarding existing data in the DDB, format of report based on monthly report, in anticipation of HIPDB reporting. Submitted revisions entered, second "Legacy Report" with all mandatory elements sent to the 41 Boards using the National Council as agent. Additional revisions made – labor intensive for both Boards and National Council staff
- Early 2000 – completion of programming and testing for Legacy data (based on NPDB elements)
- February 2000 – Submission of legacy data (period of time July 26, 1996 to November 1, 1999)
- March/April 2000 – Boards of Nursing and National Council received many calls regarding the reports to subjects generated by the HIPDB. Revisions were made by the individual boards and copied to the DDB/Nursys
- March 2000 – Nursys went on line with first participating states, for first time certain minimal elements required for participation in Nursys (rationale being want complete data or none, a new philosophy)
- Spring 2000 – DDB data transferred to Nursys, discipline data can be entered into Nursys discipline screens by all Boards (not just those on line for Nursys), reporting of disciplinary actions continues to be voluntary
- Early 2001 – Programming and testing completed for Ongoing Reporting to HIPDB for 26 Member Boards using the National Council as ongoing agent and entry backlog of written reports resolved
- March 2001 – boards using National Council as agent now required to enter all mandatory elements for HIPDB
- March 2001 – Transmission of transition data (from November 1, 1999 to February 28, 2001)
- April 2001 – Monthly data transmissions to the HIPDB begin for the boards using National Council as ongoing agent
- May 2001 – National Council staff continue to work on procedures for obtaining HIPDB discipline data from non-agent Boards and other improvements

States With Executed Ongoing HIPDB Reporting Agreement

Name of Board	State Representative
Arkansas Board of Nursing	Faith Fields
Arizona Board of Nursing	Joey Ridenour
California Board of Vocational Nurse and Psychiatric Technician Examiners	Teresa Bello-Jones
Colorado Board of Nursing	Patricia Uris
Delaware Board of Nursing	Iva Boardman
Florida Board of Nursing	Ruth R. Stiehl
Idaho Board of Nursing	Sandra Evans
Iowa Board of Nursing	Lorinda Inman
Kentucky Board of Nursing	Sharon Weisenbeck
Louisiana Board of Nursing	Barbara Morvant
Maine Board of Nursing	Myra Broadway
Mississippi Board of Nursing	Marcia Rachel
Missouri State Board of Nursing	Calvina Thomas
Nebraska State Board of Nursing	Charlene Kelly
Nevada State Board of Nursing	Kathy Apple
New Jersey State Board of Nursing	Patricia Lynch Polansky
New Mexico Board of Nursing	Debra Brady
North Carolina Board of Nursing	Polly Johnson
North Dakota Board of Nursing	Constance Kalanek
Oklahoma Board of Nursing	Kimberly Glazier
Oregon State Board of Nursing	Joan Bouchard
Rhode Island Board of Nurse Registration and Nursing Education	Charles Alexandre
South Carolina State Board of Nursing	Martha Bursinger
South Dakota Board of Nursing	Diana Vander Woude

Texas Board of Nurse Examiners   Katherine Thomas

Texas Board of Vocational Nurse Examiners   Mary Strange

Virgin Islands Board of Nurse Licensure   Winifred Garfield

Utah State Board of Nursing   Laura Poe

West Virginia State Board of Examiners   Nancy Wilson
for Licensed Practical Nurses

Report of the Member Board Leadership Development Task Force

MEMBERS

Marcia Rachel, Ph.D., RN, MI, Area III, Co-Chair
Rita Harding, MN, CNAA, RN, MT, Area I, Co-Chair
Shirley Brekken, MS, RN, MN, Area II
Kim Glacier, M.Ed., RN, OK, Area III
Judy Grybowski, PhD, RN,Virgin Islands, Area IV

STAFF

Donna Nowakowski, MS, RN, Associate Executive Director
Alicia E. Byrd, BSN, RN Member Relations Associate
Renee Scaletta, Senior Coordinator

BOARD LIAISON

Iva Boardman, MSN, RN, DE, Area IV

RELATIONSHIP TO STRATEGIC PLAN

Strategic Initiative 3 ....Changing Practice Settings. The National Council will analyze the changing Practice environment to assist in identifying state national regulatory implications and to develop strategies to impact public policy.

Outcome 2 ....Leadership influences health care and regulatory policy.

Strategic Initiative 6 ....Organizational Capacity. The National Council will have the organizational structure and capacity to lead in regulation.

Outcome 1 ....A sound organizational governance and management of infrastructure advances the National Council's mission and vision.

RECOMMENDATIONS TO THE DELEGATE ASSEMBLY

None. The purpose of this report is to provide information only.

BACKGROUND OF THE MEMBER BOARD LEADERSHIP DEVELOPMENT TASK FORCE

The Board of Directors approved the appointment of the Member Board Leadership Development Task Force to meet the fiscal year 2001 Strategic Initiatives that direct the National Council to facilitate the leadership development of Executive Officers and Presidents. This charge involves the development of orientation, mentorship and resources for member development, clarification of relationship and role expectations between Executive Officers and Presidents, and to promote enhanced communication with the National Council.

HIGHLIGHTS OF ACTIVITIES

• Designed and implemented the Mid-Year Leadership Conference Day for Executive Officers and Board Presidents.
• Promoted and facilitated open dialogue between the membership Executive Officers and Presidents.

- Addressed the Board President's need for an orientation and established a collaborative process between the Executive Officer and President.
- Discussed the value of establishing a doctoral program to promote the leadership development in regulation.
- Provided curriculum input to the Delegate Assembly Planning Advisory Panel.
- Reviewed and revised the Executive Officer Manual and orientation program for new Executive Officers.
- Began development of resources for use by Executive Officers in orientation of new Presidents.
- Conducted New Executive Officer Orientation in May 2001, with a planned follow-up luncheon at Delegate Assembly.

FUTURE ACTIVITIES

- To continue discussions that will prompt the development of programs to address key issues/topics identified by Executive Officers and Presidents during the Mid-Year Conference Leadership sessions.
- Establish on-line educational/leadership courses for the Executive Officers and Presidents.
- Create a mentor program for new Executive Officers.
- Promote and facilitate the use of the Executive Officer Manual to orient Presidents.

MEETING DATES

- January 22-23, 2001
- March 7, 2001
- April 9, 2001
- June 19-20, 2001

ATTACHMENTS

A. New Executive Officer Orientation Schedule
B. Agenda of Mid-Year Conference Leadership Education Day

NATIONAL COUNCIL ®

National Council
of State Boards of Nursing, Inc.

676 North St. Clair Street
Suite 550
Chicago, Illinois 60611-2921

312 787.6555
FAX 312 787.6898

Executive Officer Orientation
Agenda

Participants Attending:
- Connecticut Board of Examiners for Nursing – Donna Canalis, Nurse Consultant
- Guam Board of Nurse Examiners - Margarita Bautista-Gay, Chair and Acting Executive Director
- Indiana State Board of Nursing - Kristen Burch, Director of Nursing
- Louisiana State Board of Practical Nurse Examiners – Claire Glaviano, Executive Director
- New Hampshire Board of Nursing – Cynthia Gray, Executive Director
- New York State Board of Nursing – Barbara Zittel, Temporary Acting Executive Officer
- South Carolina State Board of Nursing – Martha Bursinger, Executive Director
- West Virginia Board of Examiners for Licensed Practical Nurses – Lanette Anderson

May 30, 2001 - 6:30 p.m.
6:30 p.m.   Dinner at Bice Ristorante, 158 East Ontario, Chicago, IL

May 31, 2001 – 7:30 a.m. - 5:00 p.m. *(National Council Board Room)*

7:30 a.m. – 8:00 a.m.	Continental Breakfast - Marcia Rachel & New Executive Officers *(National Council Boardroom)*
8:00 a.m. – 8:30 a.m.	Welcome – Donna Nowakowski, Associate Executive Director ■ Committee Structure ■ Bylaws ■ NCSBN & Administrative Structure
8:30 a.m. – 8:50 a.m.	Alicia Byrd, Member Relations Associate ■ Member Relations & Resource Fund
8:50 a.m. – 9:35 a.m.	Governance – Marcia Rachel, Chair, MB Leadership Development Task Force ■ EO Network ■ Mentor Program
9:35 a.m. – 9:45 a.m.	*BREAK*

National Council Director Presentations (Programs and Services)

9:45 a.m. – 9:55 a.m.	Ann Watkins, Receptionist
9:55 a.m. – 10:05 a.m.	Christine Ward, Manager of Executive Office Relations
10:05 a.m. – 10:20 a.m.	Joe Dudzik, Director of Human Resources

10:20 a.m. – 10:40 a.m.	Leslie Uriss, Managing Editor
10:40 a.m. – 11:20 a.m.	Robert Clayborne, Director of Finance
11:20 a.m. – 12:00 p.m.	Kristin Hellquist, Associate Director of Policy & External Relations
12:00 p.m. – 1:00 p.m.	*LUNCH*
1:00 p.m. – 1:40 p.m.	Lynda Crawford, Director of Research and Education Services
1:40 p.m. – 2:20 p.m.	Nancy Chornick, Director of Credentialing and Professional Development
2:20 p.m. – 3:00 p.m.	Vickie Sheets, Director of Practice and Regulation
3:00 p.m. – 3:10 p.m.	*BREAK*
3:10 p.m. – 3:50 p.m.	Angela Diaz-Kay, Director of Information Technology
3:50 p.m. – 4:30 p.m.	Casey Marks, Director of Testing
4:30 p.m. – 5:00 p.m.	Question & Answer Session
5:00 p.m.	Adjournment

revised 5/3/01

Attachment B

NATIONAL COUNCIL OF STATE BOARDS OF NURSING

MID-YEAR CONFERENCE

March 4, 2001 - 10:00 a.m. to 4:00 p.m.

10:00 a.m.	Opening remarks Marcia Rachel and Rita Harding present the work of the Member Board Leadership Development task force
10:15 a.m.	The group discussed the shared vision and goals of Executive Officers and Board members, focusing on clarifying responsibilities and expectations
10:30 a.m.	Executive Officers and Board Presidents and members divide in two groups and discuss responsibilities and expectations of each other.
11:00 a.m.	The two groups report the results of their discussion and the large group discusses implications and the expectations of the National Council and how they relate to the expectations Executive Officers and Board members have of each other's roles and responsibilities. The discussion will include a determination of next steps for the body and for the work of the Leadership Development Task Force.
12:30 p.m.	Lunch
1:30 p.m.	Concurrent Board Members and Executive Officers' sessions Board Members will focus on Board effectiveness Executive Officers will convene the EO Networking Forum
4:00 p.m.	Adjournment

Report of the NCSBN Twenty-Fifth Anniversary Planning Advisory Panel

MEMBERS

Libby Lund, TN, Area I, *Chair*
Jay Douglas, VA, Area III
Rachel Gomez, TX-VN, III
Cynthia Gray, NH, Area IV
Barbara Holtry, OR, Area I
Janice McRorie, NC, Area III

STAFF

Kristin Hellquist, MS, Associate Director of Policy and External Relations

RELATIONSHIP TO STRATEGIC PLAN

Strategic Initiative 6 ....Organizational Capacity. The National Council will have the organizational structure to lead in regulation.

Outcome 1 ....A sound organizational governance and management infrastructure advances the National Council's mission and vision.

RECOMMENDATIONS TO THE DELEGATE ASSEMBLY

None. The purpose of this report is to provide information only.

BACKGROUND OF THE NCSBN TWENTY-FIFTH ANNIVERSARY PLANNING ADVISORY PANEL

The purpose of the NCSBN Twenty-Fifth Anniversary Planning Advisory Panel is to plan activities to commemorate and celebrate NCSBN's 25th Anniversary in 2003. In addition, the panel will also develop events to celebrate the 100-year history of nursing regulation in the United States and its territories.

HIGHLIGHTS OF ACTIVITIES

- Publicity will occur during 2003 and the celebration will commence at the 2003 Delegate Assembly meeting in Alexandria, Virginia. The key activity will be an off-site gala celebration dinner to commemorate the 25th anniversary of the NCSBN. In addition, the panel plans to host a special awards luncheon for NCSBN members to recognize current and past accomplishments during the last 25 years, and host a cocktail party to celebrate 100 years of nursing regulation during the Delegate Assembly. In addition, the panel hopes to plan additional touring opportunities for Delegate Assembly attendees.

- Other potential activities include the making of a historical NCSBN video; poster presentation highlighting each member boards' unique history; creation of a NCSBN banner/flag; monograph; and 25th Anniversary logo/stationary; offering commemorative merchandise; etc.

FUTURE ACTIVITIES

- The panel looks forward to finalizing plans for the members of NCSBN to celebrate their 25-year milestone and publicizing the important work of NCSBN. Also spotlighted will be nursing regulation dur-

ing the past 100 years.

MEETING DATES

- March 12, 2001 *(telephone conference call)*
- May 14, 2001 *(telephone conference call)*
- July 25, 2001 *(Initial face-to-face planning meeting)*

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Report of the Nursing Practice and Education Committee

MEMBERS

Debra Brady, NM, Area I, *Co-chair*
Katherine Thomas, TX-RN, Area III, *Co-chair*
Cookie Bible, NV, Area I
Shelley F. Conroy, VA, Area III
Eileen Gloor, IA, Area II
Gwelliam Hines, DE, Area IV
Barbara Newman, MD, Area IV

STAFF

Donna Nowakowski, MSN, RN, Associate Executive Director*
Nancy Chornick, PhD, RN, Director of Credentialing and Professional Development
Lynda Crawford, PhD, RN, Director of Research & Education
Kristin Hellquist, MS, Associate Director of Policy and External Relations
Renee Scaletta, BA, Senior Coordinator
Vickie Sheets, JD, RN, Director of Practice and Regulation
Denotes primary staff

BOARD LIAISON

Deborah Burton, OR, Director-at-Large

RELATIONSHIP TO STRATEGIC PLAN

Strategic Initiative 1 ....Nurse Competence. The National Council will assist Member Boards in their role in the evaluation of initial and ongoing nurse competence.
Outcome 2 ....Information and research to support the regulatory approaches to discipline, remediation, and alternative processes.
Outcome 3 ....Regulatory approaches are explored for evaluating ongoing competence of nursing personnel.

Strategic Initiative 2 ....Regulatory Outcomes. The National Council will coordinate the identification of effective regulatory outcomes and assist Member Boards to implement and evaluate strategies for sound regulation.
Outcome 3 ....Uniform requirements/standards for nursing regulation.

Strategic Initiative 3 ....Changing Practice Settings. The National Council will analyze the changing practice environment to assist in identifying state and national regulatory implications and to develop strategies to impact public policy.
Outcome 1 ....Ongoing systematic assessment and evaluation of the environment impacting nursing practice and nursing regulation.
Outcome 2 ....Leadership influences health care and regulatory policy.
Outcome 3 ....Approaches and strategies respond effectively to critical issues and trends impacting nursing regulation.
Outcome 4 ....Implementation of the mutual recognition model for nursing regulation.

RECOMMENDATIONS TO THE DELEGATE ASSEMBLY

None. The purpose of this report is to provide information only.

BACKGROUND OF THE NURSING PRACTICE AND EDUCATION COMMITTEE

The National Council bylaws authorize the Nursing Practice and Education Committee as a standing committee of the organization, comprised of at least one member from each Area. The bylaws charge is to provide general oversight of nursing practice and education regulatory issues.

HIGHLIGHTS OF ACTIVITIES

Practice and Regulation
* Prepared, distributed, and analyzed the second annual NP&E survey to obtain input from membership to prioritize regulatory, practice, education, research and policy work of the committee and staff: 2001 focus on nursing shortage, patient safety and errors and resultant regulatory issues
* Prioritized the National Council work on regulation, practice, and education issues
* Served as a member to the National Coordinating Council on Medical Error Reporting Project (NCCMERP) and planned a conference on healthcare worker discipline for regulators
* Advised staff regarding the work in the area of Practice Breakdown and refined data collection tools
* Suggested ideas and revisions to the 2002-2004 Strategic Initiatives for regulation and education
* Guided the development of an analysis report of the Disciplinary Data Bank
* Reviewed and modified an action plan based on the participation at a Leadership Academy on End-of-Life and Palliative Care in 2000
* Discussed potential issues related to the development of an APRN compact
* Discussed the JCAHO proposed standards for assessing staffing effectiveness and provided comments and suggestions from the regulatory perspective

Education
* Recommended additional work be done on the Model Nursing Practice Act and Model Nursing Administrative Rules pertaining to the Education Requirements to be more outcomes-based
* Formed the Board Education Consultant Network and held conference calls to identify critical regulatory issues surrounding nursing education
* Convened a Summit of States on Approval/Accreditation of Nursing Programs at the 2001 Annual Meeting and planned the Roundtable on Nursing Program Regulation
* Recommended that NCSBN sponsor an annual LPN/VN Forum at the Annual Meeting and to update the model rules for LPN/VNs.
* Recommended that the NCSBN conduct a Continuing Education Research Project
* Approved the Employer Survey regarding the educational preparation of the nurses they employ
* Discussed with the Board Staff Education Consultants Network the feasibility of conducting an education survey in 2001 (decided against because Commitment to Excellence Advisory Group is piloting a similar survey)

Policy
* Continued input into the newly created newsletter, *Policy Perspectives*, which provides information on significant health policy issues on a bi-monthly basis
* Increased participation on monthly policy conference calls which provides updates and discussion of current nursing and health care issues.
* Monitored and reviewed federal legislative healthcare error reduction & nursing shortage bills
* Prepared the NCSBN response to the November 1999 Institute of Medicine Report, To Err is Human to members and federal and state stakeholders; analyzed the second Institute of Medicine Report, Crossing the Quality Chasm; begin work on a summit for all interested NCSBN members to build a consensus document from these two important bodies of work

- Reviewed and recommended for Board approval a public statement on the Nursing Shortage
- Recommendation of the Framework for Influencing Public Policy to the Board of Directors

FUTURE ACTIVITIES

- Develop a strategy and assume leadership on error reduction initiatives involving collaboration with health care facility regulators (i.e., Citizen's Advocacy Center's PREP project/board of nursing state pilots)
- Explore ways for NCSBN and member boards of nursing to address safety issues that may evolve from nursing staffing shortages
- Support the Nurse Licensure Compact and monitor additional activities surrounding mutual recognition
- Continue to track, trend, analyze and respond to critical regulatory and policy issues
- Enhance the national presence and understanding of NCSBN and member boards of nursing
- Revise the Model Nursing Practice Act and Model Nursing Administrative Rules pertaining to the Education Requirements and LPN/VNs
- Offer continuing education for education consultants
- Conduct the Continuing Education Research Project

MEETING DATES

- December 18-19, 2000
- February 7, 2001 *(telephone conference call)*
- April 11-12, 2001
- June 4, 2001 *(telephone conference call)*

Report of the Nur*sys* Advisory Panel

MEMBERS

Faith Fields, AR, Executive Director, Chair
Dawn Kammerer, CA-RN, Staff
Mark Majek, TX-RN, Staff
Ruth Takeda, CO, Staff

STAFF

Angela Diaz-Kay, Director, Information Technology
Wade Strawbridge, Project Manager

BOARD LIAISON

Iva Boardman, DE, Area IV Director

RELATIONSHIP TO STRATEGIC PLAN

Strategic Initiative 4 ....Data and Databases. The National Council will provide information systems and
data to facilitate regulatory decisions.
Outcome 1 ....Enhance Nursys.

RECOMMENDATIONS TO THE DELEGATE ASSEMBLY

None. The purpose of this report is for information only.

BACKGROUND

The purpose of the Nur*sys* Advisory Panel is to represent the Member Board community of End Users
and to allow the Nur*sys* End Users a communication channel and a collective voice to articulate impor-
tant Nur*sys* related issues. This group reviews requests from Members and staff to change or enhance
the Nur*sys* application and procedures, and provides advice and feedback to the Nur*sys* Team on these
requests and proposed solutions. The group develops policy options for the Board and is addressing the
issues surrounding non-participation in Nur*sys*.

HIGHLIGHTS OF ACTIVITIES

*   Reviewed and prioritized all Nur*sys* change requests and determined the top five projects for the
    Nur*sys* Team to focus on:
    On-line editing of discipline information for Member Boards
    Complete the Quality Assurance Reports for discipline
    Design and implement the public access to support the Compact
    Out-reach to the non-participating Member Boards to better understand the lack of participation
    Discuss with Member Boards the reasons for the decrease in discipline reporting to Nur*sys*.
*   Revised and developed Nur*sys* policies.
*   Included Iowa, Arkansas, Vermont and Maryland into the Nur*sys* regular data collection cycle.
*   Included several features and functions into Nur*sys* to accommodate the Nurse Licensure Compact as
    well as provided additional enhancements to improve productivity, performance and communication
    for all Member Boards utilizing Nur*sys*.
*   Implemented the increased verification fee.
*   Implemented the HIPDB data constraints into Nur*sys* and a schedule for downloading discipline
    information to HRSA for those jurisdictions that National Council represents as an agent.

- Provided access to the Nur*sys* Verification Form through the National Council's public web site and on other Member Board's web sites.
- Initiated conversations with Donnelly Marketing regarding pricing.
- Developed preliminary workflow structure for Nur*sys* Verification Processing and Customer Support.

RECOMMENDATIONS TO THE BOARD OF DIRECTORS

- Requested direction on exploring options that would allow public access to Nur*sys* data to support the Interstate Compact.
- Requested direction on whether to explore opportunities to develop alternate, or additional, means of revenue generation utilizing Nur*sys*.
- Recommended the re-contracting with Donnelly Marketing (formerly DatabaseAmerica) as the data collection vendor for an additional three years.
- Recommended a technical environmental scan for other, viable data collection vendors in anticipation of an RFP after the signing of the additional three years with Donnelly Marketing.
- Recommended a revision to the Nur*sys* Policies to allow for capture of expunged discipline information in order to update HIPDB when appropriate.
- Recommended a modification to the Nur*sys* Policy 3.1 to include remitting of personal checks in addition to guaranteed funds provided that in the event of Non-Sufficient Funds (NSF) the collection of the verification fee will be between the National Council and the applicant and will not impact, or unnecessarily, delay the endorsement process for the Member Boards.
- Recommended a Nur*sys* Data Restrictions Policy.

FUTURE ACTIVITIES

- Complete and implement the top five Nur*sys* projects.
- Continue to review and prioritize requests as they are received.
- Develop additional channels for improved communication between the Nur*sys* Advisory Panel, Member Boards and the National Council Nur*sys* Team

MEETING DATES

- January 29, 30, 2001
- February 23, 2001 *(telephone conference call)*
- March 23, 2001 *(telephone conference call)*
- April 20, 2001 *(telephone conference call)*
- May 21, 22, 2001
- June 22, 2001 *(telephone conference call)*
- July 16, 17, 2001

Report of the Practice Breakdown Research Advisory Task force

MEMBERS

Pat Uris, CO, Area I, *Chair*
Kathy Malloch, AZ, Area I
Neysa Gaskins, OH, Area II
Dwayne Jamison, MS, Area III
Kathy Schwed, NJ, Area IV

CONSULTANT

Patricia Benner, Phd, RN, FAAN

STAFF

Vickie Sheets, JD, RN, Director of Practice and Regulation

BOARD LIAISON

Joey Ridenour, AZ, President

RELATIONSHIP TO STRATEGIC PLAN

Strategic Initiative 1 ....Nurse Competence. The National Council will assist Member Boards in their role in the evaluation of initial and ongoing nurse competence.

Outcome 2 ....Information and research to support the regulatory approaches to discipline, remediation and alternative processes.

RECOMMENDATIONS TO THE DELEGATE ASSEMBLY

None. The purpose of this report is to provide information only.

BACKGROUND OF THE PRACTICE BREAKDOWN RESEARCH ADVIOSRY TASK FORCE

The 1999 National Council of State Boards of Nursing Board of Directors, recognizing the rich source of data available in boards of nursing records of disciplinary cases, directed the Disciplinary Issues Task Force to examine the causes of nursing practice breakdown. Working with Dr. Patricia Benner, Consultant, and Vickie Sheets, Director of Practice and Regulation, the Task Force analyzed selected discipline cases for factors contributing to nursing practice breakdown. Documentation analyzed included a variety of materials, ranging from the initial complaint to witness statements, investigatory reports, hearing transcripts and staff interviews. Nurse and patient identifiers were redacted from all documents.. Phenomenological methodology was used to discover individual and work place factors associated with each instance of practice breakdown.

Data obtained during analysis of the first twelve discipline cases were used to develop an audit instrument, the Taxonomy of Error, Root Cause Analysis and Practice Responsibility (TERCAP). TERCAP was found to be useful in tracking factors that contribute to practice breakdown and identifying recurrent themes. To date, twenty-four discipline cases have been analyzed using TERCAP.

In order to further refine TERCAP and measure its potential impact on prevention of practice break-

down, funding has been sought to:

- expand understanding of factors contributing to practice breakdown by analyzing a sample of 100 additional discipline cases
- establish a system of ongoing analysis of nursing practice breakdown
- explore the usefulness of TERCAP for identifying high risk situations and preventing error

A grant application was submitted to the Agency for Healthcare Research and Quality (AHRQ) in response to RFA HS01-005. The proposed grant is intended to identify, characterize, and directly measure the effect of the health care environment on the safety and quality of care provided by health care workers.

HIGHLIGHTS OF ACTIVITIES

- Completed analysis of a total of 24 discipline cases using TERCAP.
- Developed Reference Protocol for use of TERCAP
- Submitted a grant application entitled *An Epidemiology of Nursing Errors* to AHRQ.
- Developed working outline for monograph based on pilot case studies (see Attachment A)

FUTURE ACTIVITIES

- Publish monograph (target date fall 2001)
- Implement research based on larger sample of cases
- Develop additional resources for members

MEETING DATES

- January 31, 2001
- March 25-26, 2001
- June 15, 2001 (telephone conference call)

ATTACHMENTS

A. Working Outline for monograph tentatively titled, *Lessons from Boards*

Working Outline – *Lessons from Boards*

This monograph will address the experiential learning that can be gleaned from Board of Nursing discipline cases. It will describe how the nature of complex health care settings and the rapid pace provide a challenging context for nursing practice. The nurse is the most generally educated and has the most patient presence – an eight-hour interface with patients in most institutional settings. *Lessons from Boards* emphasize professional responsibility and the nurse's critical role in monitoring quality and providing for patient safety. The *Lessons* will also identify system issues that contribute to practice breakdown and suggest elements for system redesign as well as approaches for the management of practice breakdown and preventing error.

The format for each chapter will include:
- Introduction of topic
- Case study including the "nurse's story"
- Analysis
- Systems Recommendations
- Practice Responsibility

Suggested Chapter Topics
1. Introduction and Description of Pilot Study

2. Medication Errors, including cases involving:

3. PDR and Problems with Medications (guest author invited)

4. Advocacy and Moral Agency

5. Skill of Involvement

6. Lack of Attentiveness/Assessment

7. Inadequate/Inappropriate Judgment

8. Combative Patients – Protecting the Patient, Protecting the Nurse

9. Forced Choice – Choosing between Two Bad Choices

10. Agency Policy vs. Nursing Standards

11. What you Don't Know Can Hurt You – Beware of Vulnerable Times, Vulnerable Patients and Vulnerable Nurses

12. Documentation Regardless of Policy – How the Purpose of Documentation Has Been Lost

13. Crisis Management

14. Futility vs. Family/Patient Request – Making the Best Decision in End of Life Care

Report of the Practice, Education, and Regulation Congruence Task Force

MEMBERS

Connie Kalanek, PhD, RN, Co-Chair
Margaret Kotek, RN, MS, Co-Chair
Mary Blubaugh, MSN, RN, Member
Kathleen Breguet, MS, RN , Member
Roberta Connelley, RN, BSN, MA , Member
Maura Egan, MPH, PhD, RN, Member
Mattie Marshall, LPN , Member
Gayle McNish, MS, RN, Member
Barbara Swehla, RN, MN , Member
Rachel Tierney, PhD, RN/PC, Member
Janette Wackerly, MBA, RN , Member

STAFF

Lynda H. Crawford, PhD, RN, Director of Research and Education Services
Nancy Chornick, PhD, RN, Director of Credentialing and Professional Development
Donna Nowakowski, MS, RN, Associate Executive Director

BOARD LIAISON

Julie Gould, MS, RN

RELATIONSHIP TO STRATEGIC PLAN

Strategic Initiative 5 ....The National Council will assist Member Boards to evaluate and implement their role with nursing education programs to bring congruence between graduate competence and the requirements of the practice environment.

Outcome 2 ....Ongoing collaboration with representatives of nursing education, practice, and regulation.

RECOMMENDATIONS TO THE DELEGATE ASSEMBLY

None. The purpose of this report is to provide information only.

BACKGROUND

The Practice, Education, and Regulation Congruence Task Force was established by the 2000 Delegate Assembly as a result of a resolution regarding current and future challenges facing the nursing profession. This Task Force is charged with exploring the ways regulators, educators, nurses, and nurse executives involved in current practice, education, or regulation interface to assure a nursing workforce able to provide safe and effective care.

The 11-member PERC Task Force is composed of experts in clinical practice, policy, and regulation, faculty of all types of nursing programs, and nursing program approval or accreditation. Four of the members are currently involved with similar projects in their states.

HIGHLIGHTS OF ACTIVITIES

Development of conceptual framework.
Connie Kalanek, Co-Chair, Julie Gould, Board of Directors Liaison, and NCSBN staff met December 2000 to clarify the work of the Task Force and develop a conceptual framework that will guide exploration of the interfaces of nursing practice, education, and regulation. At their February meeting, the Task Force modified the framework to increase its usefulness as a framework for discussion.

Initial identification of congruencies and incongruencies.
At their first face-to-face meeting in February, the Task Force began to identify areas of congruency and incongruency among practice, education, and regulation. After an extensive review of recent literature, the group began to describe the congruencies and incongruencies they identify as regulators. At their June meeting, they completed their assessment and plan to invite selected external stakeholders to the October meeting to hear other perspectives, clarify information previously presented by stakeholders in written form, and finalize the first phase of their work.

Involvement of External Groups
Input from external stakeholders was sought through an open invitation for written comment. The invitation was distributed by mail and posted on the web site. The task force has selected respondents to be invited to a fall meeting to obtain further information, provide clarity, and facilitate dialogue.

Development of a communication plan.
Members of the Task Force agreed on the need for frequent communication to all members and stakeholders and opportunities for input. They discussed the use of multiple vehicles to disseminate information, including the *Council Connector* and web site. A site on the NCSBN home page was designated especially for the PERC project and documents have been posted periodically to provide a chronological account of the work of the Task Force. Contact information is provided to encourage questions or comment from the public.

FUTURE ACTIVITIES

* Fall 2001: Completion of phase one, identification of congruencies and incongruencies among practice, education, and regulation.
* First Quarter 2002: Retreat of Task Force to formulate action plan.
* Second Quarter 2002: Generate reports.
* August 2002: Report to Delegate Assembly

MEETING DATES

* January 22, 2001. Teleconference in preparation for the February meeting.
* February 15 and 16, 2001. Task Force meeting in Chicago.
* June 21 and 22, 2001: Task Force meeting in Chicago
* Interim Report/Forum at Delegate Assembly in August 2001
* October 22 and 23 Task Force meeting in Chicago

ATTACHMENTS

A. Conceptual Model
B. Letter to Stakeholders

# Conceptual Model
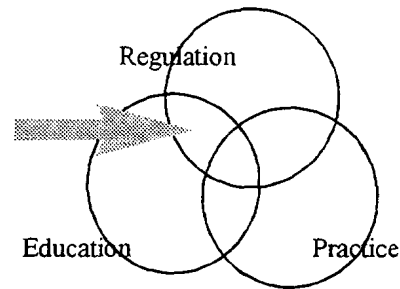
Congruence between Regulation and Education
* Most boards of nursing approve nursing programs (except APRN).
* Some boards of nursing communicate and collaborate with deans and directors.
* The majority of nursing graduates pass NCLEX©.
* Some boards of nursing collaborate with nursing programs to incorporate chemical dependency content into their curricula and assist in identifying students who are impaired.
* Some boards of nursing are working with educators to screen applicants with criminal backgrounds.
* Some nursing programs teach content related to and congruent with scopes of practice.

Incongruence between Regulation and Education
* Not every jurisdiction requires a master's degree for APRNs.
* Not every nursing program is regulated by boards of nursing.
* Boards of nursing impact the quality of nursing education, but not all boards approve nursing programs independently from accrediting bodies.
* Nursing programs that use poorly constructed exams have lower NCLEX© passing rates.

Questions to consider as possible incongruencies
* How valid is the use of NCLEX© pass rates as criteria for education program approval?
* Should boards of nursing have authority over the failure of nursing programs to appropriately fail students?
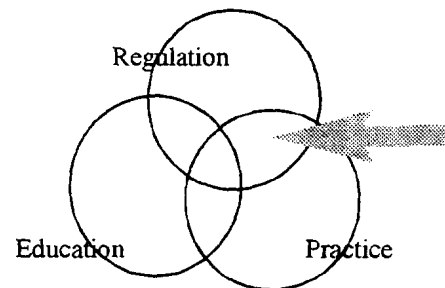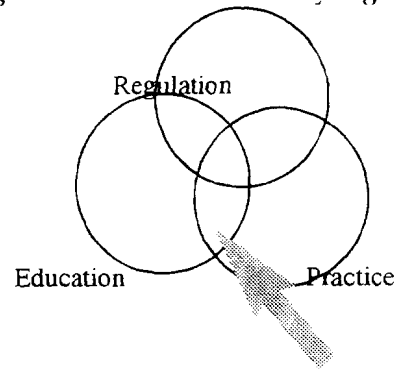

Congruence between Regulation and Practice
* Practice decisions are communicated to practice facilities.
* Practice usually reflects scope of practice.
* Some boards provide intervention programs for impaired nurses.

Incongruence between Regulation and Practice
* When nurses are not competence, practice errors increase.
* Practice errors are viewed/handled in practice differently than in regulation.
* Nurse Practice Acts may not reflect actual practice.
* Not all boards of nursing regulate all nursing caregivers (i.e., APRNs, CNAs)
* License renewals processes are not contingent on continuing competency.

- Measurement of continuing competency has not been adequately developed.
- Not all certification examinations developed by practice organizations are validated by regulators.


Congruence between Education and Practice
- Practice relies on education for supply of nurses.
- PN-RN articulation models may change the caregiver's knowledge, skills, and abilities.
- More education (RN-APRN) may change the caregiver's knowledge, skills, and abilities.
- There are grassroots efforts of collaboration between education and practice:
  1. in clinical areas
  2. with collaboration during nursing education program approval
  3. through consultation by boards of nursing to schools of nursing
  4. through presentation by boards of nursing to new faculty regarding regulation
  5. when educators visit boards of nursing
- Education relies on practice for clinical experiences.
- Educational programs are available to practicing nurses.

Incongruence between Education and Practice
- Education programs do not have standardized hours or curricula.
- Content that is essential for practice is not consistently taught.
- Getting a different degree does not necessarily mean a change in practice or salary.
- There are inconsistencies among APRN specialty programs.
- Less regulation of nursing programs impacts on the competency of practicing nurses.
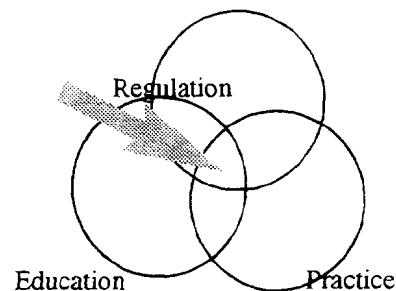
Congruence among Regulation, Practice and Education
- All three fear change.
- All three are stressed from cost containment from the larger environment.
- There is a trend toward conducting criminal background checks in all three elements.
- Regulation makes education and practice requirements available to the public.
- The shared central value among regulation, education and practice is public safety.
- All three address issues related to delegation/supervision in the work place.
- All three are positively impacted by the positive regard of the public for nurses.

Incongruence among Regulation, Practice and Education

- Certifying criteria for APRNs are set by professional organizations whose primary foci are other than public protection.
- Nursing programs that do not appropriately fail students have lower NCLEX© passing rates and do not satisfy approval criteria. Their graduates have higher rates of discipline.
- Regulation is different among jurisdictions, practice differs among settings, and nursing program curricula are not standardized. The impact of each of these elements impact on the others.
- The education criteria for licensure/certification among jurisdictions are different among jurisdictions and sometimes conflict.
- Students for whom English is a second language and/or who are culturally diverse have difficulty completing nursing programs. If this is not dealt with within education (support services for students may not be available from educators), it becomes a problem in practice (too few culturally sensitive nurses) and regulation (practice errors due to lack of proficiency in English or lack of proficiency in patient's language and culture).
- Learning disabilities impact regulation, education and practice because of a lack of understanding, common definition, or inconsistency in establishing "reasonable accommodation."
- Regulation, education, and practice do not collaborate to mentor new nurses and help them evolve as professionals.
- The health care environment impacts nursing to a great degree, but boards of nursing typically do not have authority to regulate the practice setting.

Letter to Stakeholders

April 23, 2001

Dear Colleagues:

We are writing to invite your participation in a current initiative of the National Council of State Boards of Nursing (National Council), entitled Practice, Education, and Regulation Congruence (PERC). The purpose of the PERC project is to explore the ways regulators, educators, nurses, and nurse executives involved in current practice, education, or regulation work together, communicate, and identify areas of mutual concern to assure a nursing workforce able to provide safe and effective care.

At their 2000 Delegate Assembly, members of the National Council discussed the nursing workforce, continuing changes in the health care system, and the future of nursing. They were challenged to envision the vital role of regulation based on the health care needs for nursing in 2020. As a result of this discussion, NCSBN members passed a resolution to create a Task Force to explore the future of nursing from their unique perspectives as regulators.

The 11-member PERC Task Force is composed of experts in clinical practice, policy, and regulation, faculty of all types of nursing programs, and nursing program approval or accreditation. Four of the members are currently involved with similar projects in their states.

This first year of the Task Force work has focused on identification of the areas of congruence and incongruence among practice, education, and regulation. (A more detailed description of the Task Force may be found on the National Council's web site: www.ncsbn.org.) All members of the Task Force concur on the need for frequent communication and input from the perspective of internal and external stakeholders.

As an important professional colleague representing a valued stakeholder, you are invited to provide written comment to the Task Force. We are interested in your perspectives and opinions regarding essential elements and existing congruencies that promote positive relationships among practice, education, and regulation for public safety, health, and welfare. We further invite you to identify, as the task force has, any barriers or incongruencies that limit effective collaboration for public protection. Any recommended solutions would be appreciated as we consider an action plan for the future. Input from nurses, nursing organizations, and all NCSBN members will be welcome, encouraged, and seriously considered. **Please note that all written responses will be part of the official record of the proceedings.**

Please submit your comments by **May 21, 2001**. The task force will invite selected respondents to a fall meeting to collectively obtain further information, provide clarity, and facilitate dialogue. As much as we would value personal dialogue with representatives of all organizations interested in this project, time constraints will limit the number of representatives with which we can meet.

For more information, please contact the National Council at lcrawford@ncsbn.org.

Sincerely,

Connie Kalanek, PhD, RN   Margaret Kotek, MS, RN
Executive Director, ND Board of Nursing   President, MN Board of Nursing
Co-Chair of PERC   Co-Chair of PERC

Report of the Resolutions Committee

MEMBERS

Cheryl Koski, WY, Area I, *Chair*
Claudia Dietrich, ND, Area II
Polly Johnson, NC, Area III
Teresa Bonanno, MA, Area IV

STAFF

Vickie Sheets, JD, RN, Director of Practice and Regulation
Robert Clayborne, Director of Finance

BOARD LIAISON

Myra Broadway, JD, MS, RN, ME, Area IV

RELATIONSHIP TO STRATEGIC PLAN

Strategic Initiative 6 ....Organizational Capacity. The National Council will have the organizational structure and capacity to lead in regulation.

Outcome 2 ....A sound organizational governance and management of infrastructure advances the National Council's mission and vision.

RECOMMENDATIONS TO THE BOARD OF DIRECTORS

None. The purpose of this report is for information only.

CRITERIA FOR REVIEW OF PROPOSED RESOLUTIONS

* Determination of consistency with National Council articles of incorporation, bylaws, mission, goals, objectives and policies
* Determination of relationship to ongoing programs
* Assessment for duplication with other proposed resolutions
* Legal implications
* Financial impact

HIGHLIGHTS OF ACTIVITIES

* Initiated development of revised process for review of proposed resolutions
* Review of resolutions – no resolutions received as of May 15, 2001

FUTURE ACTIVITIES

* The committee will meet at 3:00 p.m., Thursday, August 9 2001, to review proposed resolutions received by noon on Thursday, August 9 2001
* ll resolutions received will be presented by the committee as part of the Resolutions Forum which will be held Friday, August 10, 2001.

MEETING DATES

The Resolutions Committee plans to meet in late June or early July to review any resolutions received and to continue work on its revised resolution review process.

Unit 3
Resource Information

TRANS*forming*
REGULATION IN EXTRAORDINARY TIMES

Orientation Manual for Delegate Assembly Participants

PURPOSE

The purpose of the Orientation Manual is to provide information about the mission, governance and operations of the National Council. It is hoped that this manual will facilitate the active participation of all Delegate Assembly participants as well as Board of Directors and committee members.

Following a brief discussion of the National Council's history, this manual will describe the organization's structure, functions, policies and procedures.

HISTORY

The concept of an organization such as the National Council 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 persons 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 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 the ANA, the 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, the 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, the 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 ...sten 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 boards of nursing, the committee recommended that a council replace it. Although council status was achieved, many persons 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 free-standing 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 Delegate Assembly of the ANA's Council of State Boards of Nursing voted 83 to 8 to withdraw from the ANA to form the National Council of State Boards of Nursing.

ORGANIZATIONAL MISSION, STRATEGIC INITIATIVES AND OUTCOMES

The mission of the National Council of State Boards of Nursing is to lead in nursing regulation by assisting Member Boards, collectively and individually, to promote safe and effective nursing practice in the interest of protecting public health and welfare.

The role of the National Council is to serve as a consultant, liaison, advocate, and researcher to Member Boards, and as an education and information resource to the public and policy makers.

An organizational chart depicting the relationship between the National Council and Member Boards can be found on page 7.

The National Council has six strategic initiatives (see Strategic Plan, Tab 6), one of which is to assist Member Boards in their role in the evaluation of initial and ongoing nurse competence. Another is to coordinate the identification of effective regulatory outcomes and assist Member Boards to implement and evaluate strategies for sound regulation. The National Council also seeks to analyze the changing practice environment to assist in identifying state and national regulatory implications and to develop strategies to impact public policy. To achieve its strategic initiatives, the National Council identifies expected outcomes, under which tactics 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 Board of Directors and committees participate in evaluating the accomplishment of strategic initiatives and outcomes and the directives of the Delegate Assembly.

ORGANIZATIONAL STRUCTURE AND FUNCTION

* **Membership**

Membership in the National Council is extended to those boards of nursing that agree to use, under specified terms and conditions, one or more types of licensing examinations developed by the National Council. At the present time, there are 61 Member Boards, including those from the District of Columbia, the Virgin Islands, Puerto Rico, Guam, American Samoa and the Northern Mariana Islands. Boards of nursing may become Member Boards upon approval of the Delegate Assembly, payment of the required fees and execution of a contract for using the NCLEX-RN® examination and/or the NCLEX-PN® examination.

Member Boards maintain their good standing through remittance of fees and compliance with all contract provisions and bylaws. In return, they receive the privilege of participating in the development and use of the National Council's licensure examinations. Member Boards also receive information services, public policy analyses and research services. Member Boards who fail to adhere to the conditions of membership may have delinquent fees assessed or their membership terminated by the Board of Directors. They may then choose to appeal the Board's decision to the Delegate Assembly.

* **Areas**

The National Council's membership is divided into four geographic areas. The purpose of this division is to facilitate communication, encourage regional dialogue on relevant issues and provide diversity of board and committee representation. Delegates elect area directors from their respective Areas through a majority vote of the Delegate Assembly. In addition, there are two directors-at-large who are elected by all delegates voting at the Annual Meeting. (See Glossary for list of jurisdictions by Area.)

* **Delegate Assembly**

The Delegate Assembly is the legislative body of the National Council and comprises delegates designated by the Member Boards. Each Member Board has two votes and may name two delegates and alternates.

The Delegate Assembly meets at the National Council's Annual Meeting, traditionally held in late July/early August. Special sessions can be called under certain circumstances. Regularly scheduled sessions are held on a rotation basis among Areas.

At the Annual Meeting, delegates elect officers and members of the Committee on Nominations by majority and plurality vote respectively. They also receive and respond to reports from officers and committees and adopt the annual audit report. 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 Delegate Assembly adopts the mission statement, strategic initiatives and outcomes of the National Council, and approves most test-related decisions, including changes in examination fees and test plans.

- **Officers**
    Officers of the National Council include the president, vice-president, treasurer, four Area directors and two directors-at-large. Only members or staff of Member Boards may hold office, 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 or a committee member or an officer prior to being elected to office. An officer shall serve no more than four consecutive years in the same officer position.

    The president, vice-president and treasurer are elected for terms of two years or until their successors are elected. The president, vice-president and treasurer are elected in even-numbered years.

    The four Area directors are elected for terms of two years or until their successors are elected. Area directors are elected in odd-numbered years. The two directors-at-large are elected each year for a one-year term.

    Officers are elected by ballot during the annual session of the Delegate Assembly. 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 assume their duties at the close of the session at which they were elected. The vice-president fills a vacancy in the office of president. Board appointees fill other officer vacancies until the term expires.

- **Board of Directors**
    The Board of Directors, the administrative body of the National Council, consists of the nine elected officers. The Board is responsible for the general supervision of the affairs of the National Council between sessions of the Delegate Assembly. The Board authorizes the signing of contracts, including those between the National Council and its Member Boards. It also engages the services of legal counsel, approves and adopts an annual budget, reviews membership status of noncompliant Member Boards and renders opinions, when needed, about actual or perceived conflicts of interest.

    Additional duties include the adoption of personnel policies for all staff, appointment of committees, monitoring of committee progress, approval of studies and research pertinent to the National Council's purpose, and provision for the establishment and maintenance of the administrative offices.

- **Meetings of the Board of Directors**
    All Board meetings are held in Chicago, with the exception of the pre- and post-Annual Meeting Board meetings that are held at the location of the Annual Meeting.

    Board officers are asked to submit reports and other materials for the meeting at least three weeks prior to each meeting so that they can be copied and distributed with other meeting materials. The call to meeting, agenda and related materials are mailed to Board officers two weeks before the meeting. The agenda is prepared by staff, in consultation with the president, and provided to the membership via the biweekly *Newsletter*.

    The agenda is organized around the strategic plan (strategic initiatives and outcomes). A memo or report that describes the item's background and indicates the Board action needed accompanies items for Board discussion and action. Motion papers are available during the meeting and are used so that an accurate record will result. Staff takes minutes of the meeting. A summary of the Board's major decisions is also included in the *Newsletter* for Member Boards' information, prior to the release of approved minutes following the next Board meeting.

    Resource materials are available to each Board officer for use during Board meetings. These materials, which are updated periodically throughout the year, are kept at the National Council office

and include copies of the articles of incorporation and bylaws, strategic plan, policies and procedures, contracts, budget, test plan, committee rosters, minutes and personnel manual.

- ## Communications With the Board of Directors
  Communication between Board meetings takes place in several different ways. The executive director communicates weekly with the president regarding major activities and confers as needed with the treasurer about financial matters. Quarterly reports of major activities are prepared by the staff and provided to the Board.

  In most instances, the executive director is the person responsible for communicating with National Council consultants about legal, financial and accounting concerns. This practice was adopted primarily as a way to monitor and control the costs of consultant services.

  Conference calls can be scheduled, if so desired by the president. Written materials are generally forwarded to Board members in advance of the call. These materials include committee or staff memos detailing the issue's background as well as Board action required. Staff prepares minutes of the call and submits them at the next regularly scheduled Board meeting.

  Board members use the National Council letterhead when communicating as representatives of the National Council.

- ## Committee on Nominations
  National Council delegates elect representatives to the Committee on Nominations. The committee consists of four persons, one from each Area, who may be either board members or staff of Member Boards. Committee members are elected to one-year terms. They are elected by ballot with a plurality vote. At the first committee meeting, the members of the committee select a chair.

  The Committee on Nominations' function is to consider the qualifications of all candidates for Board of Director office and for the committee itself and to prepare a slate of qualified candidates. During the Delegate Assembly, additional nominations may be made from the floor.

COMMITTEES

Many of the National Council's objectives are accomplished through the committee process. Every year, the committees report on their activities and make recommendations to the Delegate Assembly or Board of Directors. At the present time, the National Council has three standing committees: Examination, Finance, and Nursing Practice and Education. Subcommittees, such as the Item Review Subcommittee (Exam), may assist standing committees.

Committees and special committees are appointed by the Board of Directors to address special issues and concerns. Examples of special committees include the Information Systems User Group, Mutual Recognition Master Plan Coordinating Group and Policy Futures Panel.

Committees are governed by specific policies and procedures that can be found in National Council's policy manual. Committee membership is extended to all current members and staff of Member Boards. In the appointment process, every effort is made to match the expertise of each individual with the needs of the National Council. Also considered is balanced representation whenever possible, among Area, board members and staff, registered and licensed practical/vocational nurses, and consumers. Consultants provide outside expertise to committees as needed, on a one-time or ongoing basis.

A National Council staff member is assigned to serve each committee. Staff works closely with the committee chairs to facilitate committee work and provide support and expertise to committee members, but they have no formal decision-making role. The chair establishes agendas for the committee meetings. With staff assistance, the chair prepares the agenda, the call to meeting and any other documents that must be reviewed prior to committee meetings. Staff supervises the mailing of these materials, which are sent to committee members no less than two weeks before the committee meeting.

- **Examination Committee**

The Examination Committee consists of at least six persons, including one representative from each Area. One of these persons must be a licensed practical/vocational nurse. The committee chair must have served on the committee prior to being appointed chair.

The purpose of the Examination Committee is to develop the licensure examinations and evaluate procedures needed to produce the licensure examinations. Toward this end, it recommends test plans to the Delegate Assembly and suggests research important to the development of licensure examinations.

The Examination Committee provides general oversight of the NCLEX® examination process, including examination item development, security, administration and quality assurance. Other duties include the selection of appropriate item development panels, test service evaluation and preparation of written information about the examinations for Member Boards and other interested parties. The committee also regularly evaluates the licensure examinations by means of item analysis and test and candidate statistics.

One of the National Council's major objectives is to provide psychometrically sound and legally defensible nursing licensure examinations to Member Boards. Establishing examination validity is key to 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. There are several methods for analyzing jobs, including compilation of job descriptions, opinions of experts, and surveys of job incumbents. Regardless of the method used, the outcome of the job analysis is a description of those tasks that are most important for safe and effective practice.

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 for assembling forms of the test, and usually specifies major content or process dimensions and percentages of questions that will be allotted to each category within the dimension. The instructions for item writers may take the form of a detailed set of knowledge, skills and abilities (KSA) statements or competency 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 job 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 cut score to determine which candidates pass and which fail. Expert judges with first-hand knowledge of what constitutes safe and effective practice for entry-level nurses are selected for this process. They are trained in conceptualizing the minimally competent candidate (performing at the lowest *acceptable* level), and they go through a structured process of judging success rates on each individual item of the test. Their pooled judgments result in identification of a cut score. Taking this outcome along with other data relevant to identification of the level of competence, the Board of Directors 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 is the best legal defense available for licensing examinations. For most of the possible challenges that candidates 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 one representative from each Area and the treasurer, who serves as the chair. The committee's primary purpose is to assure prudence and integrity of fiscal

management and responsiveness to Member Board needs. It also reviews financial status on a quarterly basis and provides the Board of Directors with a proposed annual budget prior to each new fiscal year.

- **Nursing Practice and Education Committee**

  The Nursing Practice and Education Committee consists of at least one representative from each Area. The committee's purpose is to provide general oversight of nursing practice and education regulatory issues. It periodically reviews and revises the *Model Nursing Practice Act* and *Model Nursing Administrative Rules,* and prepares other position statements and guidelines for presentation to the Delegate Assembly. It also prepares written information about the legal definitions and standards of nursing practice and education that it disseminates to Member Boards and other interested parties. In the recent past, the committee has had a number of subcommittees to study various issues, e.g., continued competence, discipline resources, and accreditation/approval in nursing education.

NATIONAL COUNCIL STAFF

National Council staff members are hired by the executive director, to whom they report. Their primary role is to implement the Delegate Assembly's and Board of Directors' policy directives and provide assistance to committees.

GENERAL DELEGATE ASSEMBLY INFORMATION

Agendas for each session of the Delegate Assembly are prepared by the president in consultation with the Board of Directors and executive director and approved by the Board of Directors. At least 45 days prior to the Annual Meeting, Member Boards are sent the recommendations to be considered by the Delegate Assembly. A *Business Book* is provided to all Annual Meeting registrants which contains the agenda, reports requiring Delegate Assembly action, reports of the Board of Directors and standing committees, annual plan and budget.

Prior to the annual session of the Delegate Assembly, the president appoints the rules, credentials, elections and resolutions committees, as well as the Committee to Approve Minutes. The president must also appoint a timekeeper, a parliamentarian and pages.

The purpose of the Rules Committee is to draft, in consultation with the parliamentarian, rules for the conduct of the specific Delegate Assembly. The Credentials Committee's function 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 Delegate Assembly and immediately preceding the election of officers and Committee on Nominations. The Elections Committee conducts all elections that are decided by ballot in accordance with the bylaws and standing rules. The Resolutions Committee initiates resolutions if deemed necessary and receives, edits and evaluates all others in terms of their relationship to National Council's mission and fiscal impact to the organization. At a time designated by the president, it reports to the Delegate Assembly.

The parliamentarian keeps minutes of the Delegate Assembly. These minutes are then reviewed, corrected as necessary and approved by the Committee to Approve Minutes, which includes the executive director who serves as corporate secretary.

The Delegate Assembly, the legislative body of the National Council, as specified in the bylaws, provides direction to:
- approve all new National Council memberships;
- elect officers and members of the Committee on Nominations;
- receive reports of officers and committees and take action as appropriate;
- establish the fee for the NCLEX examination;
- approve the auditor's report;
- adopt policy and position statements;
- adopt the mission, strategic initiatives and outcomes of the National Council;
- approve the substance of all contracts between the National Council and Member Boards and the National Council and test services;
- establish the criteria for and select the NCLEX examination test service;
- adopt test plans to be used for the development of the NCLEX examination; and

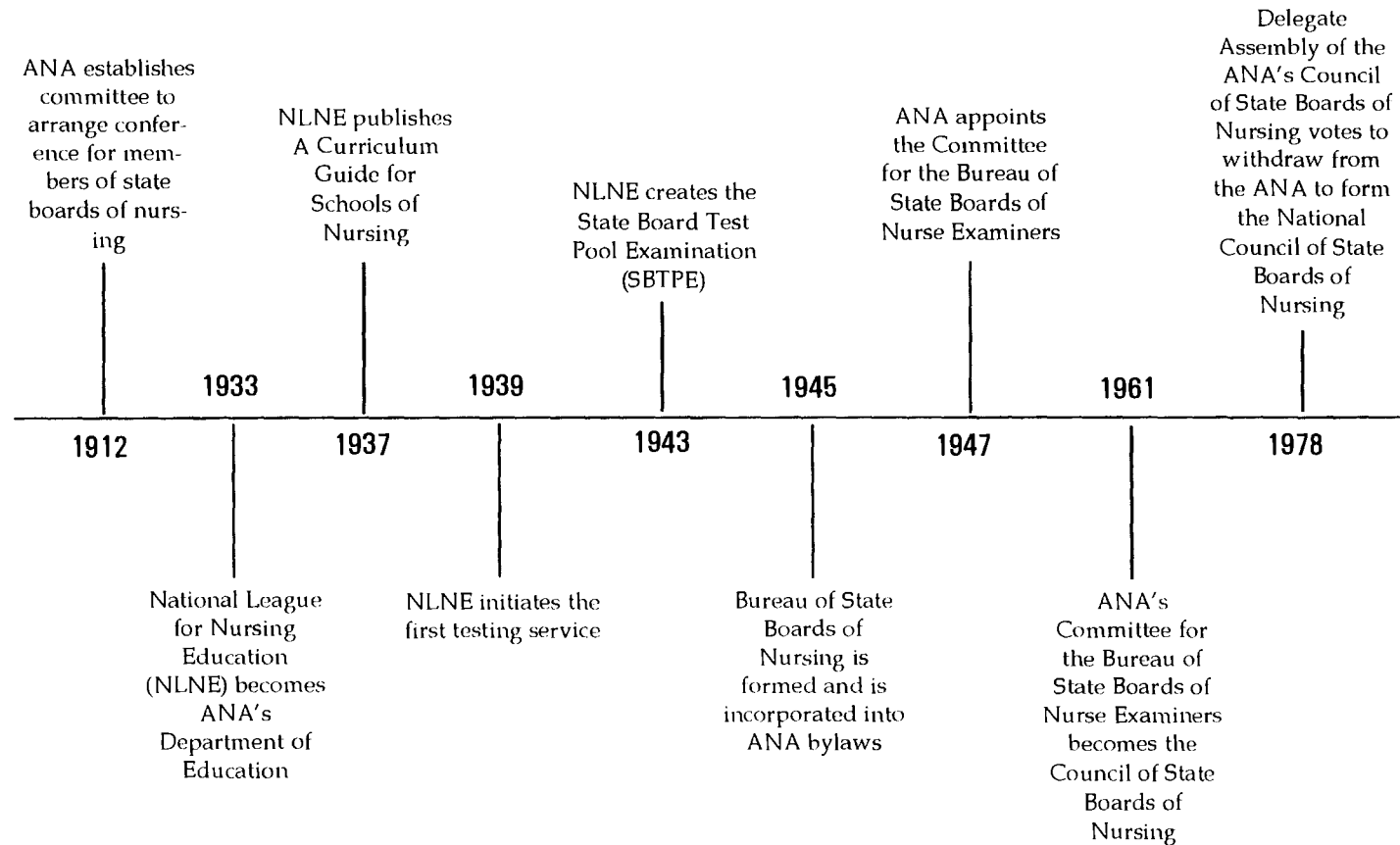- transact any other business as may come before it.

- **Committee Appointments**

The appointment of representatives of Member Boards to committees of the National Council is a responsibility delegated to the Board of Directors by the bylaws. In order to facilitate this process and ensure a wide representation of Member Boards, board staff and board members, the following procedure is used.

Individuals who wish to be considered for appointment or reappointment to a National Council committee/special committee submit a Committee Volunteer Information Form. The information provided is maintained in the National Council's Volunteer Resource Pool. All information contained in the Pool, along with information about the number of positions available on each committee, is forwarded to the respective Area director for recommendations for appointment or reappointment. Concurrently, committee chairs are asked to provide input as to whether individuals currently serving on committees should be reappointed. The Area directors recommend to the Board of Directors the appointment/reappointment of individuals to vacant positions.

Prior to the Annual Meeting, the Board of Directors evaluates the qualifications of existing and potential committee chairs, makes tentative appointments for committee chairs, and reviews and tentatively approves the committee/special committee appointments that were recommended by Area Directors. During the Board's September meeting, appointments are finalized after considering the need for additional special committees that may be necessary to accomplish the directives of the Delegate Assembly.

Timeline of the
National Council of State Boards of Nursing

ANA establishes committee to arrange conference for members of state boards of nursing

NLNE publishes A Curriculum Guide for Schools of Nursing

NLNE creates the State Board Test Pool Examination (SBTPE)

ANA appoints the Committee for the Bureau of State Boards of Nurse Examiners

Delegate Assembly of the ANA's Council of State Boards of Nursing votes to withdraw from the ANA to form the National Council of State Boards of Nursing

1933   **1939**   **1945**   **1961**

1912   **1937**   **1943**   **1947**   **1978**

National League for Nursing Education (NLNE) becomes ANA's Department of Education

NLNE initiates the first testing service

Bureau of State Boards of Nursing is formed and is incorporated into ANA bylaws

ANA's Committee for the Bureau of State Boards of Nurse Examiners becomes the Council of State Boards of Nursing

Glossary

AACN
American Association of Colleges of Nursing, or American Association of Critical Care Nurses.

AANA
American Association of Nurse Anesthetists.

AANP
American Academy of Nurse Practitioners.

ACC
ACNM Certification Council, Inc.

ACNM
American College of Nurse Midwives.

AccuFacts
A searchable electronic database of National Council documents that may be distributed to the public. Accessible to Member Boards via NCNET and the public via the National Council's public World Wide Web site.

ADA
Americans with Disabilities Act.

Agent Role
All health care practitioner licensing boards, including boards of nursing, are required to report final adverse licensure actions to the HIPDB (see Health Care Integrity and Protection Data Bank). The National Council, which has been tracking disciplinary actions since 1981, served in an agent role to assist most boards with reporting historical discipline data. The National Council is in the process of implementing ongoing agent services to continue support boards of nursing in meeting this federal reporting mandate.

ANA
American Nurses Association.

ANCC
American Nurses Credentialing Center.

AONE
American Organization of Nurse Executives.

APRN
Advanced Practice Registered Nurse. In the National Council's *Model Nursing Practice Act*, this level of nursing practice is based on knowledge and skills acquired in basic nursing education; licensure as a registered nurse; and a graduate degree with a major in nursing or a graduate degree with a concentration in the advanced nursing practice category, which includes both didactic and clinical components, advanced knowledge in nursing theory, physical and psycho-social assessment, appropriate interventions and management of health care.

Area
One of four designated geographic regions of National Council's Member Boards. (See the chart on page 2 that lists each state by Area.)

Area I	Area II	Area III	Area IV
Alaska	Illinois	Alabama	Connecticut
American Samoa	Indiana	Arkansas	Delaware
Arizona	Iowa	Florida	District of Columbia
California	Kansas	Georgia	Maine
Colorado	Michigan	Kentucky	Maryland
Guam	Minnesota	Louisiana	Massachusetts
Hawaii	Missouri	Mississippi	New Hampshire
Idaho	Nebraska	North Carolina	New Jersey
Montana	North Dakota	Oklahoma	New York
Nevada	Ohio	South Carolina	Pennsylvania
New Mexico	South Dakota	Tennessee	Puerto Rico
N. Mariana Islands	West Virginia	Texas	Rhode Island
Oregon	Wisconsin	Virginia	Vermont
Utah			Virgin Islands
Washington			
Wyoming			

ASI
Assessment Systems, Inc. A wholly owned subsidiary of Harcourt publishing. The test service for the NNAAP (National Nurse Aide Assessment Program, formerly known as the NACEP).

Assessment Strategies
Test service for Canadian Nurses Association.

Blueprint
The organizing framework for an examination which includes the percentage of items allocated to various categories.

Board Member
An individual who serves on a board of directors (national level) or a board of nursing (state level).

BOD
Board of Directors of the National Council of State Boards of Nursing. (Authority: general supervision of the affairs of the National Council between meetings of the Delegate Assembly.)

Bylaws
The laws which govern the internal affairs of an organization.

CAC
Citizen Advocacy Center.

CAT
Computerized Adaptive Testing.

CCAP
Continued Competence Accountability Profile. It provides a framework for the licensed nurse to document learning needs, learning plans and goals/objectives, strategies for development and evaluation as to whether or not goals/objectives have been achieved. It is an expected activity of all

licensed nurses to reflect lifelong learning activities and application to daily practice. The profile is, in essence, the application of the nursing process to one's own competence and professional development and accountability.

CCNA
Council on Certification of Nurse Anesthetists.

CEPN-LTC
Certification Examination for Practical Nurses in Long-Term Care.

CGFNS
The Commission on Graduates of Foreign Nursing Schools. An agency providing credentialing services for foreign-educated nurses, as well as a certification program designed to predict success on the NCLEX-RN® examination.

CLEAR
Council on Licensure, Enforcement and Regulation. An organization of regulatory boards and agencies, headquartered in Lexington, Kentucky.

CNM
Certified Nurse Midwife.

CNS
Clinical Nurse Specialist.

CON
Committee on Nominations. The elected committee of the National Council responsible for preparing a slate of qualified candidates for each year's elections. The Committee on Nominations' members serve one-year terms.

CRNA
Certified Registered Nurse Anesthetist.

CRNE
Criterion-Referenced Nurse Examination. Canadian Nurse's Assocation Nurse Licensure Examinations.

CSCC
Candidate Services Call Center. Prometric's national facility for candidate scheduling and inquiry for all their examinations (formerly National Registration Center or NRC).

DDB
Disciplinary data bank. A National Council data management system, used between 1981 and 2000 to provide a database of disciplinary actions reported by Member Boards. The DDB data was incorporated into *Nursys*, which continues to provide tracking of disciplinary data reported by Boards of Nursing.

Delegate Assembly (DA)
The membership body of the National Council that comprises 61 Member Boards. Each Member Board is entitled to two votes. Provides direction through adoption of the mission, strategic initiatives and outcomes; adoption of position statements and actions.

Department of Education (DOE)
U.S. Department of Education.

Diagnostic Profile
The document sent to failing candidates reflecting their performance on various aspects of the NCLEX examination by test plan content area.

DIF
Differential Item Functioning or a statistical measure of potential item bias.

Direct Registration
A method of submitting candidate registrations for the NCLEX examination. Registrations are submitted by candidates, with the $120 fee ($200 beginning 10/1/2001), directly to The Chauncey Group. An option for telephone registration is available for $130 ($212 beginning 10/1/2001).

EC
Examination Committee.

Education Program Reports
See *NCLEX® Program Reports*.

EIRs
Electronic Irregularity Reports. Reports written by the test center staff on the day of testing regarding any irregularities occurring during NCLEX examination testing. These reports are forwarded by Sylvan overnight to The Chauncey Group and the National Council. The National Council forwards the EIRs to the Member Board where the candidate is seeking licensure.

Electronic Access
Member Boards' direct inquiry of the National Council Disciplinary Tracking System via NCNET for information regarding disciplinary history of action(s) taken against a nurse's license.

ETS/The Chauncey Group
Educational Testing Service is the parent company of The Chauncey Group. The Chauncey Group is the National Council's test service for the NCLEX examinations. The Chauncey Group is located in Princeton, New Jersey, and is engaged in educational and certification testing services.

EPre-test Items
Newly written test questions placed into examinations for the purpose of gathering statistics. Pre-test is not used in determining the pass/fail result.

FARB
Federation of Associations of Regulatory Boards. FARB provides a forum for individuals and organizations to share information related to professional regulation, particularly in the areas of administration, assessment and law.

Fiscal Year (FY)
October 1 to September 30 at the National Council.

HCFA
Health Care Financing Administration. A unit of the federal government under the Department of Health and Human Services.

HIPDB
Healthcare Integrity and Protection Data Bank. A national data collection program for the reporting of final adverse actions against health care providers, suppliers or practitioners as required by the Health Insurance Portability and Accountability Act of 1996.

HRSA
Health Resources and Services Administration. A unit of the federal government under the Department of Health and Human Services.

ICN
International Council of Nurses.

ICONS
The Interagency Conference on Nursing Statistics. Members include the American Association of Colleges of Nursing, American Association of Critical Care Nurses, American Organization of Nurse Executives, American Nurses' Association, Bureau of Labor Statistics, Division of Nursing (HRSA), National Center for Health Statistics, National Council of State Boards of Nursing, National League for Nursing and American Association of Nurse Anesthetists.

Interstate Compact
Legislative language adopted by the Delegate Assembly in special session, December 1997. An interstate compact is the legislation that must be adopted at the state level in order to implement mutual recognition for nursing regulation.

Item
A test question.

Item Response Theory (IRT)
A family of psychometric measurement models based on characteristics of examinees' item responses and item difficulty. Their use enables many measurement benefits (see Rasch Model).

Item Reviewers
Individuals who review newly written items developed for the NCLEX-RN® and NCLEX-PN® examinations.

Item Writers
Individuals who write test questions for the NCLEX-RN examination, NCLEX-PN examination and NNAAP examination.

JRC
Joint Research Committee. This committee consists of three National Council and three Chauncey or ETS staff members, and two external researchers. The committee is the vehicle through which research is funded for the NCLEX examination program. Funding is provided jointly by the National Council and The Chauncey Group.

KSA
Knowledge, skill and ability statements.

Logit
A unit of measurement used in IRT models. The logarithmic transformation of an odds ratio creates an equal interval, logit scale on which item difficulty and person ability may be jointly represented.

MNAR
Model Nursing Administrative Rules. (A publication of the National Council.)

MBOS & Expedite
Member Board Office System. The software, including expedite manager, used in many Member Board offices to communicate electronically with The Chauncey Group regarding NCLEX examination candidates.

Member Board
A jurisdiction which is a member of the National Council.

MNPA
Model Nursing Practice Act. (A publication of the National Council.)

MR
Mutual recognition. Mutual recognition for nursing regulation was adopted by the August 1997 Delegate Assembly, and language for an interstate compact that would facilitate mutual recognition was adopted by a special session of the Delegate Assembly in December 1997.

MSR
Multistate regulation.

NACEP™
Nurse Aide Competency Evaluation Program. (Former name of the NNAAP™.)

NAFTA
North American Free Trade Agreement (Canada, Mexico and the United States). Addresses trade in services and contains requirements and encouragement related to harmonization of qualifications for professional practice in the three countries.

NAPNES
The National Association for Practical Nurse Education and Service.

National Council Strategic Plan
Mission, strategic initiatives, and outcomes of the National Council as adopted by the Delegate Assembly.

NCBPNP/N
National Certification Board of Pediatric Nurse Practitioners and Nurses.

NCC
National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties.

NCIC
National Crime Information Center. A computerized information system operated by the Federal Bureau of Investigation (FBI) for the purpose of exchanging criminal history information among criminal justice agencies.

NCLEX Test Express
A database that is designed to store all data, including statistical information, test plan codes, and content codes such as those for nursing process and cognitive levels for each NCLEX-RN and NCLEX-PN item. This database also tracks the history of each item. Formarly known as the **NCLEX Item Coding and Tracking (NICT) Database.**

NCLEX-RN® Examination
National Council Licensure Examination-Registered Nurse.

NCLEX-PN® Examination
National Council Licensure Examination-Practical Nurse.

NCLEX® Program Reports
Published twice per year for subscribing schools of nursing, the *NCLEX® Program Reports* provide administrators and faculty in nursing education programs with information about the performance of their graduates on the NCLEX examination. Included in the *NCLEX® Program Reports* is information about a program's performance by the *NCLEX® Test Plan* dimensions and by content areas. Data about a program's rank nationally and within the program's state also are included.

NCLEX® Quarterly Reports
The NCLEX® Quarterly Reports summarize the performance of all first-time candidates educated in a given jurisdiction who were tested in a given quarter, and the national group of candidates. They also provide a summary of the preceding three quarters' passing rates. (Previously known as green sheets.)

NCNET
National Council Network. National Council's electronic network for Member Boards, on which a variety of software services are delivered (e.g., EDWARD, DDB, EIRs, SAVHI, etc.).

NCS Pearson/VUE
NCS Pearson/VUE will be the test service provider for the NCLEX® examination beginning October 1, 2002.

NCSBN or NC
Abbreviated forms of National Council of State Boards of Nursing, Inc.

NFLPN
National Federation of Licensed Practical Nurses.

NLCA (Nurse Licensure Compact Administrators)
Organized body of state nursing boards that have adopted and implemented the Nurse Licensure Compact.

NLN
National League for Nursing.

NNAAP™
National Nurse Aide Assessment Program. The nurse aide certification examination developed by the National Council and Assessment Systems Inc. (ASI) during FY98 that combines the NACEP and NNAE nurse aide certification programs.

NP
Nurse Practitioner.

NP&E
Nursing Practice and Education. (A standing committee of the National Council.)

NPDB
National Practitioner Data Bank. A federally mandated program for collecting data regarding health care practitioners. The NPDB has been in operation for ten years and requires-medical malpractice payment reports for all health care practitioners, and reports of discipline and clinical privilege/society actions regarding physicians and dentists. Mandatory reporting of licensure actions regarding other health care practitioners, including nurses, is required by section 1921 of the Social Security Act (originally enacted in P.L.100-93, section five). Implementation of other health care practitioner reporting to the NPDB has never been implemented.

NPI
National Provider Identifier. On May 7, 1998, rules were posted in the *Federal Register* proposing a standard for a national health care provider identifier and requirements for its use by health plans, health care clearinghouses and health care providers. This is planned to be a new, unique eight-character alpha-numeric identifier.

Nur*sys*
A comprehensive database developed by the National Council, containing demographic information on all licensed nurses and an unduplicated count of licensees and serving as a foundation for a variety of services, including the disciplinary tracking system, licensure verification, interstate compact functions and research on nurses.

OBRA 1987
Omnibus Budget Reconciliation Act of 1987 (contains requirements for nurse aide training and competency evaluation).

Pew Taskforce on Health Care
The Pew Health Professions Commission charged the Taskforce on Health Care Workforce Regulation to identify and explore how regulation protects the public's health and propose new approaches to health care workforce regulation to better serve the public's interest. The task force was composed of eight individuals with legal, policy and public health expertise. Its recommendations were issued in late 1995.

Practice (Job) Analysis
A research study that examines the practice of newly licensed job incumbents (RNs, LPN/VNs) or new nursing assistants. The results are used to evaluate the validity of the test plans/blueprints that guide content distribution of the licensure examinations or the nurse aide competency evaluation.

Prometric
The computer-based testing division of Thomson Learning.

Prometric Technology Centers (pTCs)
Prometric Technology Centers are Prometric's high-stakes testing centers responsible for the secure delivery of computerized examinations. There are more than 250 PTCs in North America. The NCLEX examinations are administered in more than 200 PTCs located in the United States and its territories.

Psychometrics
The scientific field concerned with all aspects of educational and psychological measurement (or testing), specifically achievement, aptitude and mastery as measured by testing instruments.

PTC
Prometric Technology Center.

Public Policy
Policy formed by governmental bodies. They include all decisions, rules, actions and procedures established in the public interest.

RAP
Research Advisory Panel.

Rasch Measurement Model
The item response theory model used to create the NCLEX examination measurement scale. Its use allows person-free item calibration and item-free person measurement.

Reliability
A test statistic that indicates the expected consistency of test scores across different administrations or test forms. That is, it assesses the degree to which a test score reflects the person's true standing on the trait being measured. For adaptively administered examinations, such as the NCLEX examination using CAT, the decision consistency statistic is the more appropriate statistic for assessing precision The National Council uses the Kuder-Richardson Formula 20 (KR20) statistic to measure the reliability of the NNAAP.

RFP
Request for Proposals.

SKDC
Scoring Key Development Committee. Committee of clinical experts which has the responsibility of developing scoring keys for the CST project.

Standard Setting
The process used by the Board of Directors to determine the passing standard for an examination, at or above which examinees pass the examination and below which they fail. This standard denotes the minimum acceptable amount of entry-level nursing knowledge, skills and abilities. The National Council uses multiple data sources to set the standard, including a criterion-referenced statistical procedure and a Survey of Professionals. Standard setting is conducted every three years for each NCLEX examination and whenever the test plan or *NNAAP Blueprint* changes.

Submission of Reports
A Member Board, upon taking disciplinary action electronically submits biographical data about the nurse and information regarding the grounds for and the disciplinary action taken by the board of nursing.

TCA
Test Center Administrator.

Test Plan
The organizing framework for the NCLEX-RN examination and NCLEX-PN examination which includes the percentage of items allocated to various categories.

Test Service
The organization that provides test services to the National Council, including test scoring and reporting. The Chauncey Group, along with Prometric, is the test service for the NCLEX examinations, and ASI is the test service for the NNAAP.

The Chauncey Group International, Ltd., or The Chauncey Group (CGI)
A subsidiary of Educational Testing Service (ETS). National Council's test service for the NCLEX examination, located in Princeton, New Jersey.

Trilateral Initiative for Nursing
A project coordinated by CGFNS and funded by the W.K. Kellogg Foundation to develop a series of papers addressing the following aspects of nursing in each of the three NAFTA countries (Canada, Mexico and the United States): standards of nursing education, approval and accreditation of nursing education programs, licensure/ registration and standards of practice, and nursing specialty certification.

UAP/ULAP
Unlicensed Assistive Personnel.

Validity
The extent to which inferences made using test scores are appropriate and justified by evidence; an indication that the test is measuring what it purports to measure. The National Council assures the content validity of its examinations by basing each test strictly on the appropriate test plan (NCLEX-RN examination or NCLEX-PN examination) or blueprint (NNAAP). Each test plan or blueprint is developed from a current job analysis of entry-level practitioners.

VUE
An NCS Pearson business.