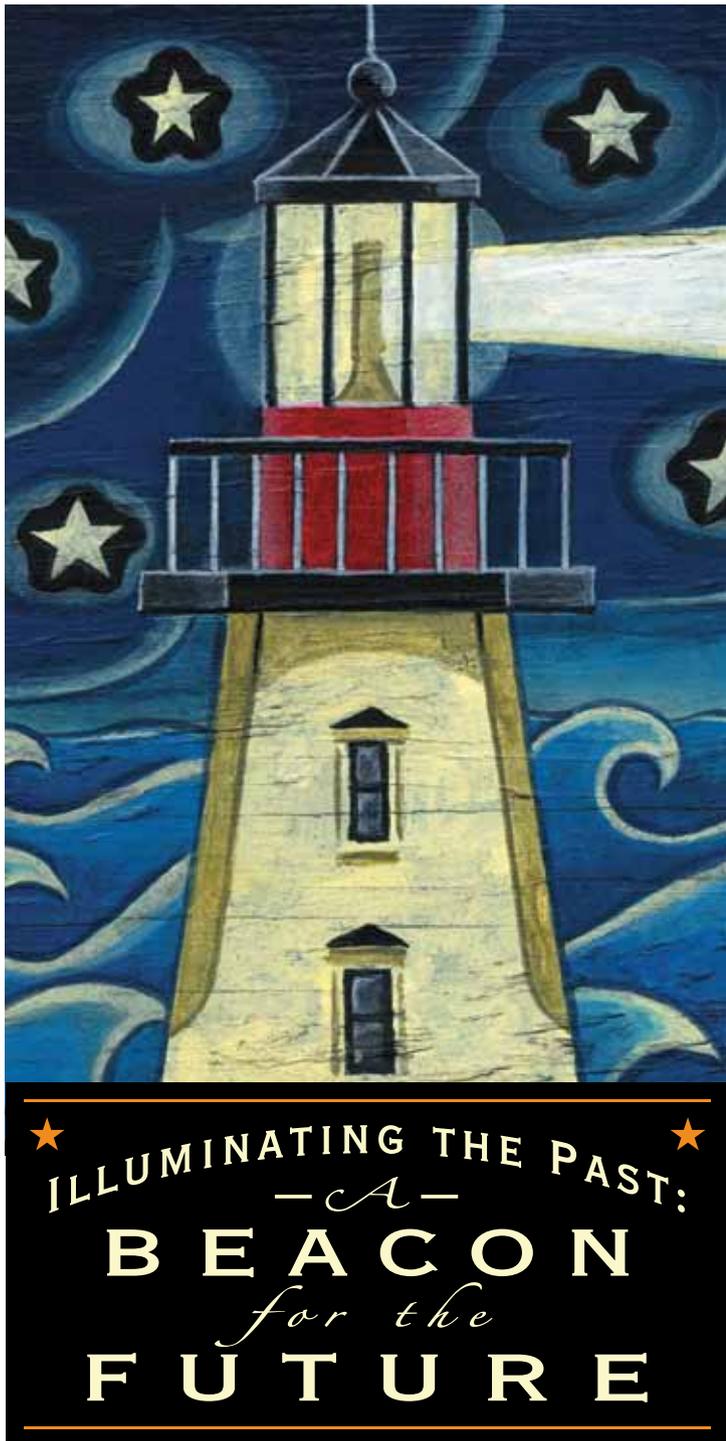




2013 ANNUAL MEETING

AUG. 14 – 16, 2013
PROVIDENCE, RHODE ISLAND

NCSBN 
1978-2013



About this Illustration

"The work of today is the history of tomorrow, and we are its makers." -Juliette Gordon Low

Illuminating the Past: A Beacon for the Future, the theme of the 2013 Delegate Assembly and Annual Meeting, honors not only the 35 year history of the National Council of State Boards of Nursing (NCSBN), but also looks toward the vibrant and exciting future of the organization.

The illustration's red, white and blue color palette and the folk art signage style is a reflection of Rhode Island's history as one of the original 13 colonies.

Taking inspiration from Rhode Island's official nickname, the "Ocean State," the lighthouse was chosen as the central image of this year's illustration because of its long association as a symbol of strength, guidance and dedication. Lighthouses were thought of as the archetypal "public good" because they were a service and benefit provided to all without need for remuneration.

Generally erected at the highest point of land closest to the sea and its dangers, the lighthouse was a guide to protect sailors as they approached the shore. Its beacon led ships away from rocky and dangerous cliffs toward safer waters in the same way that boards of nursing (BONs) now serve as guiding forces in patient safety and public protection. The lighthouse represents NCSBN and its beam signifies NCSBN's leadership.

Those that manned these towering signposts were known for their steadfastness, perseverance and dedication, much like BON members and staff whose diligence and determination make nursing regulation possible amidst challenges in turbulent times.

Lighthouses also symbolize hope as they stand impervious to both nature and time, a sentinel of calm in an ever evolving health care sea. They epitomize the way forward and offer navigation through rough waters. The stars are the high standards of regulatory excellence that NCSBN reaches for and light the way to guarding public safety and welfare.



2013 NCSBN Annual Meeting

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Membership

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia and four U.S. territories—American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 12 associate members.

Mission

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

Vision

Advance regulatory excellence worldwide.

Values

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

Excellence: Striving to be and do the best.

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

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

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

Purpose

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

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

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

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2013 NCSBN Annual Meeting Mobile App Your Offline Mobile Event Guide

Use the Mobile App to:

- Build your personal daily schedule.
- Plan your day by selecting sessions from the visual schedule, categories or via search and hit the schedule icon in the session detail view.
- Receive reminders and updates.
- Keep an eye on your dynamic home screen to see important messages, upcoming events or sessions about to start.
- Contact speakers or attendees, find exhibitors or share via Twitter.
- Use the search, filters and maps to find sessions and exhibitors.
- Manage content in the app via keyword filters or bookmark any item with a star to, for example, see a list of all the exhibitors you want to visit or liked.
- Take notes.
- Make the most of your app and take notes directly to sessions, speakers and exhibitors. If PowerPoint slides are included, write notes on the slides. At the end of the event, export all notes and starred items via email.

How to Download

- Visit www.ncsbn.org/events and select 2013 Annual Meeting. Click on the mobile app image.
- **iOS App Store**
 1. On your device, open the App Store app.
 2. Search for NCSBN Annual Meeting 2013.
 3. Install and run.
- **Google Play**
 1. On your device, open Google Play app.
 2. Search for NCSBN Annual Meeting 2013.
 3. Install and run.
- **Kindle Fire**
 1. From the Home screen, select Apps.
 2. Select Store.
 3. Enter the NCSBN Annual Meeting 2013 in the search field.
 4. Select Free, then Get App to install.
- **BlackBerry (version 5.0+) or Windows Phone 7**
 1. Open the browser on the device.
 2. Navigate to <http://ativ.me/2im>.

-
- **All other devices:** Enter <http://ativ.me/2im> in your device's browser address bar (not the Google search bar). The Web app is designed for mobile viewing and requires continued Internet access to run.

Help! I Can't Download the App

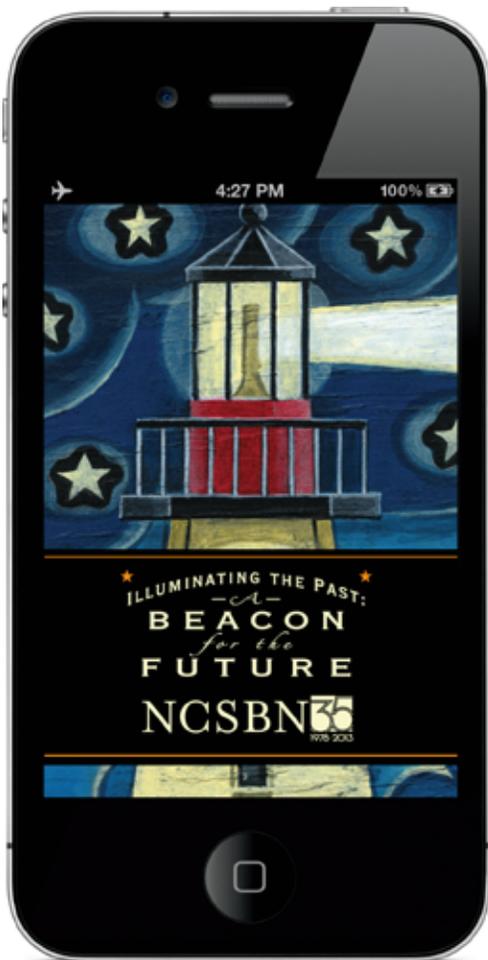
- **Is your device connected to the Internet?** You must have a working Internet connection to download and install the app.
- **What's the app store login?** Check with the person that set up your phone for you to find out what your username and password is. If you cannot retrieve your password, use the Web version of the app (using your browser on the mobile device).
- **I don't have an iPhone, iPad or Android device.** Use the Web app by entering <http://ativ.me/2im> in your browser address bar.
- **I have entered the Web app URL, but it's not opening a Web app page.** Make sure you type the URL in the browser address bar, not the Google search field.
- **What is my event code?** Check your email for messages from event organizers, ask in the Twitter feed, try entering the event name or ask the event staff at the registration desk.

This App is Your Swiss Army Knife for the Event

Find out what the buttons mean and the cool features available in the app. Use the **More** tab to find the **App Help** link.

Mobile App Tips

- Explore everything the app has to offer - simply try out all the buttons to see what they do.
- Use filters to only see items that are pertinent to you. Be sure to turn the filter back off in order to view the full conference schedule.
- Check the visual schedule for empty time blocks to maximize your time at the event.
- Take notes on any item and export all notes in an email after the event.
- Star mark items you like and don't want to forget about; you can filter by star and have them included in your notes email.
- Network with fellow attendees. Create your digital business card and share via Bump if you have Wi-Fi or use a QR code if you don't.
- See QR codes anywhere? Use the QR code reader in the app to find out where they link to.



Manage your schedule Download the free app

Scan the QR code or enter the URL in your device browser to download

Available on the
App Store
<http://ativ.me/3b7>



ANDROID APP ON
Google play
<http://ativ.me/3b8>



For all other devices
Web Version
<http://ativ.me/3b9>



Powered by **EventPilot**[®]
ativsoftware.com

SAVE THE DATE

2013-2014 UPCOMING EVENTS

Sept. 19, 2013
NCLEX® Conference
Chicago

Sept. 17-19, 2013
Leadership and Public Policy Conference
Rapid City, SD

Jan. 28-30, 2014
**Annual Institute of Regulatory
Excellence (IRE) Conference**
San Diego, CA

March 10-12, 2014
2014 Midyear Meeting
Kansas City, MO



FOR MORE INFORMATION, VISIT
www.ncsbn.org/events

Directions for Obtaining Continuing Education (CE) Contact Hours for the 2013 Delegate Assembly

In an attempt to streamline the CE process, as well as to be environmentally responsible, we will award your CE certificates electronically.

Please follow these directions carefully if you'd like to receive your CE contact hours:

1. Sign the CE roster at the registration desk. This is critical for obtaining CE contact hours. If you don't sign in, we won't be able to send you an electronic evaluation form.
2. Attendance at designated CE sessions is required to obtain contact hours, along with completion of the evaluation form pertaining to those presentations.
3. After the meeting concludes, NCSBN will email the electronic evaluation form, which must be completed in order to obtain CE contact hours.
4. Once we receive your electronic evaluation, NCSBN will send you an electronic CE certificate. The deadline to complete the electronic evaluation is Friday, Aug. 30, 2013.
5. If you have any questions, email Qiana Hampton at qhampton@ncsbn.org.

Provider Number: ABNP1046, expiration date October 2014



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2013 NCSBN Annual Meeting

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Business Agenda of the 2013 Delegate Assembly

Wednesday, Aug. 14, 2013

9:30 -11:00 am

OPENING CEREMONIES

- Introductions
- Announcements

OPENING REPORT

- Credentials Report
- Adoption of Standing Rules

ADOPTION OF AGENDA

REPORT OF THE LEADERSHIP SUCCESSION COMMITTEE

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

PRESIDENT'S ADDRESS

CEO'S ADDRESS

Thursday, Aug. 15, 2013

8:30-9:00 am

ELECTION AND RESULTS

Friday, Aug. 16, 2013

10:30 am-12:00 pm

BOARD OF DIRECTORS' RECOMMENDATIONS

- Adopt the proposed 2014–2016 Strategic Initiatives.
- Adopt the proposed amendments to the NCSBN Bylaws.
- Adopt the proposed revision to the Member Board Agreement.
- Approve setting the member board membership fee to zero upon adoption of the revised Member Board Agreement.
- Adopt proposed Model Education Rules.
- Adopt the Association of Registered Nurses of Newfoundland & Labrador as an Associate Member of NCSBN.
- Adopt the College of Licensed Practical Nurses of Manitoba as an Associate Member of NCSBN.
- Adopt the Nursing & Midwifery Board of Ireland as an Associate Member of NCSBN.

NCLEX® EXAMINATION COMMITTEE RECOMMENDATIONS

- Adopt the proposed 2014 NCLEX-PN® Test Plan.

NEW BUSINESS

CLOSING CEREMONY

ADJOURNMENT

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

Annual Meeting Schedule

TUESDAY, AUG. 13, 2013

9:00 am–5:00 pm
551AB

Nurse Licensure Compact Administrators (NLCA) Meeting
Open to members of NCSBN and the NLCA.

2:00–5:30 pm
Ballroom Foyer

Registration Opens
Visit the registration desk to receive your registration materials and name badge. Name badges must be worn at all times in order to enter the NCSBN Annual Meeting sessions and events.

4:00–5:00 pm
558A

Nominee from the Floor Interviews with the Leadership Succession Committee (LSC)
Any member who intends to be nominated from the floor is required to submit their completed nomination form and must meet with the LSC the day before adoption of the slate of candidates by the Delegate Assembly. Please contact execoffice@ncsbn.org to schedule a time.

6:00–8:00 pm

NCSBN Welcome Reception
Waterplace Restaurant
1 Finance Way
Providence, RI 02903

NCSBN welcomes all attendees to the 2013 Annual Meeting. Please join us at the Waterplace Restaurant for a networking reception. This is also an opportunity to meet your 2013 candidates.

Tickets will be included in the registration packets of those who opted to attend during online registration. The reception is open to attendees only. Tickets must be presented to enter the reception. The restaurant is four blocks from the hotel.

Trolleys depart at 5:45 pm and run continuously until 8:00 pm.

WEDNESDAY, AUG. 14, 2013

7:30 am–5:00 pm
Ballroom Foyer

Registration
Visit the registration desk to receive your registration materials and name badge. Name badges must be worn at all times in order to enter the NCSBN Annual Meeting sessions.

7:30–9:30 am
Ballroom Foyer

Exhibit Showcase
Stop by the Exhibit Showcase to learn about products and services pertinent to the work of boards of nursing.

7:30–9:30 am
Ballroom Foyer

Continental Breakfast

7:45 –8:00 am
Ballroom A-C

Resolutions Committee Meeting
Open to Resolutions Committee members only.

8:00–9:00 am
555AB

Delegate Orientation

Open to all attendees.

9:30–11:00 am
Ballroom A-C

Delegate Assembly: Opening Ceremony

Welcome from the Rhode Island Board of Nurse Registration and Nursing Education.

- Opening Ceremony
 - Introductions
 - Announcements
- Opening Reports
 - Credentials
 - Adoption of the Standing Rules
- Adoption of Agenda
- Report of the LSC
 - Presentation of the 2013 Slate of Candidates
 - Nominations from Floor
 - Approval of the 2013 Slate of Candidates

President's Address

*Myra Broadway, JD, MS, RN
President, NCSBN Board of Directors
Executive Director, Maine State Board of Nursing*

CEO's Address

*Kathy Apple, MS, RN, FAAN
CEO, NCSBN*

11:00 am–12:00 pm
Ballroom A-C

Candidate Forum

*Sue Petula, PhD, MSN, RN, NEA-BC, FRE
Chair, NCSBN Leadership Succession Committee
Board Staff, Pennsylvania State Board of Nursing*

12:00 –1:30 pm
Exhibit Hall D

35th Anniversary Luncheon Honoring Elaine Ellibee

1:30–3:15 pm
Ballroom A-C

Committee Forums

Finance Committee

Julia L. George, MSN, RN, FRE
Treasurer, NCSBN Board of Directors
Executive Director, North Carolina Board of Nursing

NCLEX® Examination Committee Forum

Janice I. Hooper, PhD, RN
Chair, NCLEX Examination Committee
Board Staff, Texas Board of Nursing

Bylaws Committee Forum

Nathan Goldman, JD
Chair, Bylaws Committee
General Counsel, Kentucky Board of Nursing

Member Board Agreement Review Committee

Lori Scheidt, MBA-HCM
Chair, Member Board Agreement Review Committee
Executive Director, Missouri State Board of Nursing

Distance Learning Education Committee

Bobby Lowery, PhD, MN, FNP-BC
Chair, Distance Learning Education Committee
Board Member, North Carolina Board of Nursing

3:00–5:00 pm
558B

NCSBN NCLEX® Policy Review Session

Open to NCSBN members only. Opportunity for members to review the NCSBN Examinations Policies referenced at the Member Board Agreement Review Committee Forum.

3:00–5:30 pm
558A

Parliamentarian Office Hours

Take this opportunity to ask the parliamentarian questions and/or submit resolutions. Resolutions must be submitted by 3:30 pm on Thursday, Aug. 15.

3:15–3:30 pm
Ballroom Foyer

Exhibit Showcase Break

Stop by the Exhibit Showcase to learn about products and services pertinent to the work of boards of nursing.

3:30–5:00 pm
Ballroom A-C

The Future Direction of NCSBN: A Dialogue

Join President Broadway and Area Directors for discussion about the NCSBN strategic initiatives and future of NCSBN. Open to all attendees.

THURSDAY, AUG. 15, 2013**7:30 am–3:30 pm***Ballroom Foyer***Registration****7:30–8:30 am***Ballroom Foyer***Exhibit Showcase**

Stop by the Exhibit Showcase to learn about products and services pertinent to the work of boards of nursing.

7:30–8:30 am*Ballroom Foyer***Continental Breakfast****8:30–9:00 am***Ballroom A-C***Delegate Assembly: Election Followed by Results**

Delegates will participate in electronic voting, which will immediately be followed by announcing the results in an open session.

9:00–10:00 am*Ballroom A-C***The Wit and Wisdom of Abraham Lincoln***Gene Griessman, PhD*

Time has not diminished the power of Lincoln's insights on leadership, diversity, self-improvement, will power and persistence. You will learn unforgettable lessons from one of the greatest historical figures of all time in an exciting, fun-filled, poignant performance.

10:00–10:30 am*Ballroom Foyer***Exhibit Showcase Break**

Stop by the Exhibit Showcase to learn about products and services pertinent to the work of boards of nursing.

10:30–11:15 am*Ballroom A-C***A Voice of Patient Engagement***Dave "e-patient Dave" deBronkart*

deBronkart, widely known as "e-Patient Dave," is a cancer patient and blogger who has become a noted activist for health care transformation through participatory medicine and personal health data rights.

11:15 am–12:00 pm*Ballroom A-C***Dialogue with the NCSBN President***Myra Broadway, JD, MS, RN**President, NCSBN Board of Directors**Executive Director, Maine State Board of Nursing*

Join President Broadway for an interactive presentation about your concerns and insights on nursing regulation.

12:00–3:30 pm**Knowledge Network Lunches**

NCSBN Knowledge Networks are brainstorming discussions regarding regulatory trends and issues.

Choose from the following options:

553A

- Consumer Member Network
Open to consumer/public members only

551AB

- NCSBN Executive Officers
Open to NCSBN Executive Officers only

552AB

- NCSBN Board Presidents
Open to NCSBN Board Presidents only

Ballroom D-E

- Regulatory Network
Open to all attendees

2:00–3:30 pm
558A

Parliamentarian Office Hours

Take this opportunity to ask the parliamentarian questions and/or submit resolutions. Resolutions must be submitted by 3:30 pm on Thursday, Aug. 15.

3:30–4:30 pm
558A

Resolutions Committee Meeting

Open to Resolutions Committee members only.

6:00–6:30 pm
Exhibit Hall D Foyer

Awards Reception

Evening Cocktail Attire

6:30–10:00 pm
Exhibit Hall D

Awards Ceremony followed by Dinner and Gala

Evening Cocktail Attire

FRIDAY, AUG. 16, 2013

8:00–9:00 am
Ballroom A-C

Pearson VUE Sponsored Breakfast

9:00–10:00 am
Ballroom A-C

Alternative Futures for State Boards of Nursing

Jonathan C. Peck

President and Senior Futurist, Institute for Alternative Futures

Peck provides a wide range of research, consulting, speaking, meeting design and facilitation services. His work on the future of health spans scientific, economic, political and social changes that can be addressed with an understanding of complex systems dynamics.

10:00–10:30 am
Ballroom Foyer

Break

10:30 am–12:00 pm
Ballroom A-C

Delegate Assembly

- New Business
- Closing Ceremonies

11:30 am–12:30 pm
Ballroom Foyer

Boxed Lunch

12:00–2:00 pm
Rotunda

Post-Delegate Assembly Board of Directors Meeting

The FY14 Board of Directors will hold a brief meeting immediately following Delegate Assembly. Agenda and materials will be provided at the meeting. FY14 NCSBN Board of Directors only.

NCSBN Awards Schedule

On Aug. 15, 2013, NCSBN will recognize its dedicated and exceptional membership and guests at its annual awards ceremony. The following award recipients will be honored:



R. Louise McManus Award

*Betsy Houchen, JD, MS, RN
Executive Director,
Ohio Board of Nursing*

The R. Louise McManus Award is the most prestigious award. Individuals nominated for this award shall have made sustained and significant contributions through the highest commitment and dedication to the purposes of NCSBN.



Meritorious Service Award

*Constance Kalanek, PhD, RN, FRE
Executive Director,
North Dakota Board of Nursing*

The Meritorious Service Award is granted to a member for significant contributions to the purposes of NCSBN.



Elaine Ellibee Award

*Linda R. Rounds, PhD, FNP, RN,
FAANP
Former Board President,
Texas Board of Nursing*

The Elaine Ellibee Award is granted to a member who has served as a president and who has made significant contributions to NCSBN.



Distinguished Achievement Award

*Lorinda Inman, MSN, RN
Former Executive Director,
Iowa Board of Nursing*

The Distinguished Achievement Award is granted to an individual or external organization whose contributions or accomplishments has impacted NCSBN's mission and goals.



Exceptional Contribution Award

*Susan L. Woods, PhD, RN, FAAN
Commission Member,
Washington State Nursing Care
Quality Assurance Commission*

The Exceptional Contribution Award is granted for significant contribution by a member who is not a president or executive officer.

Regulatory Achievement Award

North Dakota Board of Nursing

The Regulatory Achievement Award recognizes the member board or associate member that has made an identifiable, significant contribution to the purposes of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.



Section III
2013 NCSBN Annual Meeting

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Summary of Recommendations to the 2013 Delegate Assembly with Rationale

Board of Directors' Recommendations

Adopt the proposed 2014–2016 Strategic Initiatives.

Rationale:

The Board of Directors (BOD) developed the proposed 2014–2016 Strategic Initiatives through a facilitated strategic planning process and solicited feedback from the membership during the fiscal year. The proposed plan identifies critical strategic direction for the next three years in accordance with NCSBN's mission and vision.

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 strategic objectives and performance measures designed to carry out the strategic plan.

Adopt the proposed amendments to the NCSBN Bylaws.

Rationale:

The proposed amendments clarify BOD meeting and vacancy requirements, address congruence in the nomination process for election, and a new composition for the BOD and Leadership Succession Committee (LSC) for the purpose of building a more responsive organization and to better meet the needs of the membership. The BOD, at its May 8-10, 2013 meeting, moved to present to the 2013 Delegate Assembly the Bylaws Committee proposal to substitute a public member for a director-at-large position without recommendation, encouraging discussion and debate with a decision made by the Delegate Assembly.

Fiscal Impact:

Incorporated into the fiscal year 2014 (FY14) budget.

Adopt the proposed revision to the Member Board Agreement.

Rationale:

The goal for the revision is to update the agreement to best serve the current and future needs of the membership and NCSBN.

Fiscal Impact:

None.

Approve setting the member board membership fee to zero upon adoption of the revised Member Board Agreement.

Rationale:

Eliminating the membership fee facilitates state processing of the agreement.

Fiscal Impact:

Elimination of \$180,000 of annual revenue.

Adopt proposed Model Education Rules.

Rationale:

The current model education rules do not specify where faculty who teach distance education courses should be licensed; both educators and BONs have asked for clarification. Didactic faculty should hold an active, unencumbered license or privilege to practice where the program has a physical presence recognizing that teaching nursing is the practice of nursing. Instruction originates where the program is located since the program is approved by that jurisdiction. For patient safety, faculty and preceptors who supervise students in patient care should hold an active, unencumbered license or privilege to practice in the jurisdiction where the clinical experience takes place. Faculty who travel to distant jurisdictions to provide clinical oversight of clinical faculty and/or preceptors should hold an active, unencumbered license or privilege to practice in the jurisdiction where the program has a physical presence and where the clinical practicum is conducted when in contact with patients or patient data.

Fiscal Impact:

None.

Adopt the Association of Registered Nurses of Newfoundland & Labrador as an Associate Member of NCSBN.

Rationale:

The NCSBN Bylaws state that an associate member is a nursing regulatory body or empowered regulatory authority from another country or territory. The bylaws require approval of the membership by the full membership of the Delegate Assembly. The current applications for associate membership meet the qualifications as stated in the NCSBN Bylaws.

Fiscal Impact:

Upon acceptance each new associate member will pay a \$1,500 annual fee.

Adopt the College of Licensed Practical Nurses of Manitoba as an Associate Member of NCSBN.

Rationale:

The NCSBN Bylaws state that an associate member is a nursing regulatory body or empowered regulatory authority from another country or territory. The bylaws require approval of the membership by the full membership of the Delegate Assembly. The current applications for associate membership meet the qualifications as stated in the NCSBN Bylaws.

Fiscal Impact:

Upon acceptance each new associate member will pay a \$1,500 annual fee.

Adopt the Nursing & Midwifery Board of Ireland as an Associate Member of NCSBN.

Rationale:

The NCSBN Bylaws state that an associate member is a nursing regulatory body or empowered regulatory authority from another country or territory. The bylaws require approval of the membership by the full membership of the Delegate Assembly. The current applications for associate membership meet the qualifications as stated in the NCSBN Bylaws.

Fiscal Impact:

Upon acceptance each new associate member will pay a \$1,500 annual fee.

NCLEX® Examination Recommendation

Adopt the proposed 2014 NCLEX-PN® Test Plan.

Rationale:

The NCLEX® Examination Committee (NEC) reviewed and accepted the *Report of Findings from the 2012 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice* as the basis for recommending revisions to the 2011 NCLEX-PN® Test Plan to the Delegate Assembly. Empirical evidence from the practice analysis, feedback from member boards and legal counsel, and the professional judgment of the NEC provide support for the recommendation to the Delegate Assembly to adopt the 2014 NCLEX-PN® Test Plan.

Fiscal Impact:

Incorporated into the FY14 budget.

Leadership Succession Committee Recommendation

Adopt the 2013 Slate of Candidates.

Rationale:

The LSC has prepared the 2013 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 NCSBN. Full biographical information and personal statement for each candidate is posted in the Business Book under the Report of the Leadership Succession Committee. Candidates will present himself or herself at the Candidate's Forum on Wednesday, Aug. 14, 2013.

Fiscal Impact:

Incorporated into the FY14 budget.

Report of the Leadership Succession Committee (LSC)

Recommendation to the Delegate Assembly

Adopt the 2013 Slate of Candidates.

Rationale:

The LSC has prepared the 2013 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 NCSBN. Full biographical information and personal statement for each candidate is available in Appendix A. Candidates will present himself or herself at the Candidate's Forum on Wednesday, Aug. 14, 2013.

Background

During fiscal year 2013 (FY13), the LSC met in four face-to-face meetings. The fiscal year marks the sixth year in which the LSC has replaced the former Committee on Nominations through a bylaw provision adopted by the 2007 Delegate Assembly. With a focus on leadership development and succession, the LSC has developed several innovative strategies to highlight the dynamic and evolving nature of the Leadership Development Program, which is located on the Member's Only side of the NCSBN website, as well as activities to inform and engage members in the process of learning about, and potentially seeking, an elected NCSBN office. The preparation of an annual slate of candidates is now reframed as a membership engagement process where members are encouraged to not only identify themselves as a potential leader who may be interested in running for election, but to also identify other potential leaders. Thus, the LSC has embraced the phrase "Leadership succession is everyone's responsibility!"

The LSC has become a visible participant in engaging members in their leadership journey by enhancing members' awareness of the Leadership Development Program, along with assisting in the identification of potential leaders to run for NCSBN office. The LSC strategies included:

- Meeting with the Board of Directors (BOD);
- Presenting at NCSBN conferences;
- Revising key elements associated with the nominating and candidate campaign processes; and
- Recommending bylaws changes.

Leadership development calls have taken place with three recognized leaders: NCSBN BOD President Myra Broadway, NCSBN CEO Kathy Apple and Louisiana-RN Executive Officer Barbara Morvant. Three documents, the Frequently Asked Questions (FAQs), the Leadership Nomination/Engagement brochure and the Leadership Development Guide, were updated and distributed, and an LSC booth was staffed by committee members at the Midyear Meeting. Leadership interviews and quotes from internal and external leaders were routinely published in NCSBN's *Council Connector* newsletter.

LSC CHARGES:

The charge of the LSC, as outlined in Article VII of the NCSBN Bylaws, is to:

1. Recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; and
2. Present a slate of candidates through a determination of qualifications and geographic distribution for inclusion on a ballot for the election of the BOD and the LSC.

Members

Sue Petula, PhD, MSN, RN, NEA-BC, FRE
Pennsylvania, Area IV Member, Chair

Pamela Randolph, MS, RN, FRE
Arizona, Area I Member

Lisa Emrich, MSN, RN
Ohio, Area II Member

Brenda McDougal
North Carolina, Area III Member

George Hebert, MA, RN
New Jersey, Designated Member (Employee of NCSBN Member Board)

Lorinda Inman, MSN, RN
Iowa, Designated Member (Former NCSBN Board of Directors Member; Resigned March 2013)

Mark Majek, MA, PHR
Texas, Designated Member (Current or Former NCSBN Committee Chair)

Suellyn Masek, MSN, RN, CNOR
Washington, Designated Member (Board Member of NCSBN Member Board)

Staff

Kathy Apple, MS, RN, FAAN
CEO

Linda Olson, PhD, RN, NEA-BC
Institute of Regulatory Excellence Associate, Nursing Regulation

Kate Doyle
Manager, Executive Office

Meeting Dates

- Sept. 4-5, 2012
- Nov. 28-29, 2012
- Jan. 29-30, 2013
- April 1-4, 2013

Relationship to Strategic Plan

Strategic Initiative B

NCSBN advances the engagement and leadership potential of all members through education, information and networking.

- Enhance leadership self knowledge, governance and regulatory expertise.

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

FY13 Highlights and Accomplishments

Charge #1: Recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning.

- Three Leadership Development Network calls were held with recognized leaders to discuss their route to leadership and the influence of NCSBN on their journey.
- Articles featuring interviews with recognized leaders were published in the Leadership Perspectives Series in NCSBN's *Council Connector* newsletter. In this series, leaders reflect on their favorite leadership quote and discuss their leadership experience.
- The LSC facilitated a leadership development call with NCSBN BOD President Myra Broadway, titled NCSBN Candidacy 101, as a way to introduce members to the process of running for office.
- The LSC adopted the phrase, "Leadership succession is everyone's responsibility!", which will be included on all communications, as well as in presentations.
- Preliminary strategies for increasing the use of the Leadership Development Program were developed and discussed:
 - Evaluation of membership participation in the Leadership Development Program revealed that those accessing the program cannot be identified, since there is no registration requirement.
 - Currently, the system records only the number of times the program has been accessed ("hits").
 - A November 2012 survey of the membership (115 respondents) identified members' needs that included a more structured leadership development program specifically related to mentorship/preceptor support, online leadership course content and structured feedback.
- A benchmarking study was conducted to determine what other professional nursing organizations and nonprofit organizations were doing on leadership development.
 - The result of the study revealed that many professional nursing and regulatory organizations had a formal leadership development program in which they register and receive a completion document.
- The LSC prepared an initial description and objectives for a leadership succession/development program. The committee explored a possible framework for a leadership development academy.
- The LSC held a conference call with Susan Odom, chair of the IRE Committee, to have a generative discussion about the similarities and differences between the IRE Fellowship Program and the current Leadership Development Program.
 - It was identified that a modified structure similar to the IRE would better support leadership development within the organization.
- Recommended to the BOD consideration of a special committee to develop an NCSBN Leadership Academy.
- The new Interactive Services course, Governing Responsibility, launched. Along with encouraging members to complete NCSBN 101, this course will also be promoted.

Charge #2: Present a slate of candidates through a determination of qualifications and geographic distribution for inclusion on a ballot for the election of the BOD and the LSC.

- The LSC reviewed the Annual Meeting participant evaluations regarding the candidate forum to identify potential performance and process improvements.
 - The committee revised LSC Policy 1.0 to clarify campaigning processes and lengthen the amount of time for LSC candidate speeches from two minutes to three minutes.

-
- The LSC adopted the committee team charter document into its committee meeting operations.
 - A full slate of candidates has been prepared for presentation to the 2013 Delegate Assembly. The LSC provided several recommendations to the Bylaws Committee.
 - The LSC continued to have a presence at NCSBN conferences.

Attachments

- A. 2013 Slate of Candidates
- B. Frequently Asked Questions (FAQs) on Leadership Succession
- C. Leadership Development Guide
- D. Nomination Brochure
- E. Revised LSC Policy
- F. Committee Charter

Detailed Information on Candidates

Information is taken directly from nomination forms and organized as follows:

1. Name, jurisdiction and area.
2. Present board position and board name.
3. Date of term expirations and eligibility for reappointment.
4. Describe all relevant professional, regulatory and community experience. (300 word limit)
5. What do you perceive as the top two challenges to nursing regulation? Provide two or three strategies you would use to address those challenges. (300 word limit)
6. What leadership competencies will you bring and what will you contribute to advance the organization? (300 word limit)

Attachment A

2013 Slate of Candidates

The following is the slate of candidates developed and adopted by the Leadership Succession Committee (LSC). Each candidate profile is taken directly from the candidate's nomination form. The Candidate Forum will provide the opportunity for candidates to address the 2013 Delegate Assembly.

Board of Directors

Area I Director

Susan Odom, Idaho, Area I 37

Joey Ridenour, Arizona, Area I 39

Area II Director

Lanette Anderson West Virginia-PN, Area II 41

Area III Director

Ann-Lynn Denker, Florida, Area III 43

Katherine Thomas, Texas, Area III 45

Area IV Director

Ann L. O'Sullivan, Pennsylvania, Area IV 47

Director-at-Large (two positions)

Nathan Goldman, Kentucky, Area III 49

Betsy Houchen, Ohio, Area II 50

Leadership Succession Committee

Designated Member, Board Member of NCSBN Member Board

Georgina Howard, New York, Area IV 52

Deborah Meyer, Minnesota, Area II 53

Designated Member, Employee of NCSBN Member Board

Tony Graham, Mississippi, Area III 55

Paula Schenk, Kentucky, Area III 56

Designated Member, Former NCSBN Board of Directors Member

Vacant

Designated Member, Current or Former NCSBN Committee Chair

Mark Majek, Texas, Area III 58

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

Area I Director

Susan Odom, PhD, RN, CCRN, FRE

Board Member, Idaho Board of Nursing, Area I

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

Professional Experience:

- I started my nursing career as an Associate Degree nurse in 1975 graduating from the College of St. Mary in Omaha NE. I completed my BSN in 1981 from the University of Wyoming, my MS in Nursing Education from the University of New Mexico in 1987, and my PhD in Education from the University of Idaho in 2001.
- Currently professor of Nursing - BSN program, Lewis-Clark State College, Lewiston Idaho (faculty since 1994)
- Current on-call professional practice as a staff RN in the Intensive Care Unit and Post-Anesthesia Care Unit of a 25 bed, critical access hospital
- Current Pediatric Advanced Life Support, BLS, Neonatal Resuscitation, and Advanced Cardiac Life Support Certified
- Previous experience in hospital nursing staff development, including ACLS, CPR, and EKG/Critical Care instructor
- Previous experience as faculty in Allied Health/First Responder Course for non-nurses and as ADN faculty teaching Medical-Surgical Nursing

Regulatory Experience:

- Board Member - Idaho Board of Nursing (IBON) since 2004, Board Chair since 2007
- Member of various ongoing and ad hoc committees of IBON, including the Governance Committee, Education Rules Committee, and several position statement development committees
- Currently Chair of NCSBN Institute of Regulatory Excellence (IRE) Committee and previous graduate of the IRE Fellowship Program (2007 cohort)
- Previous Chair of NCSBN Innovations in Education Regulation Committee developing model rules for innovative education programs
- Previous member of NCSBN Faculty Qualifications Committee developing model rules for faculty qualifications in Practical Nursing and Professional Nursing programs

Community Experience:

- I have served on my local school board as member and president, my church council as member and chair, and currently I volunteer with the community Food Bank. I have been a volunteer with Habitat for Humanity, and the Cub Scout and Boy Scout organizations in my community.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

Undoubtedly, a dynamic organization like NCSBN will face challenges and opportunities that force us to engage in ongoing evaluation of strategies that best meet the needs of member Boards for public protection. One major challenge before us is the implementation of public protection laws and policies that must consider many factors: access to care, the Affordable



Date of expiration of term:
April 1, 2016

Eligible for reappointment:
No

Care Act, recommendations from the IOM Future of Nursing report, and the workforce shortage of nursing faculty and providers, especially in rural areas. The issues overlap in many ways and nursing regulation must provide the best practices in evidence-based uniform regulation for Education, Licensure, Practice, as well as Discipline. Providing as much consistency as possible in regulations across jurisdictions will help stay on top of the national changes in health care roles and practice. Additionally, disappearing borders and technology-enhanced nursing care will be components to consider for nursing jurisdictions dealing with these issues. Continuing the pursuit of excellent research and initiatives by NCSBN will assist in state, national, and global endeavors to stay progressive in efforts to respond to the changing healthcare environment.

A second challenge, but equally an opportunity, is parallel to the above issue. The challenge to stay vigilantly protective of the public, while critically examining unnecessary barriers to licensure and practice goes along with access to care, new health care models, and evolving health care roles. Being open-minded, visionary, and willing to engage in collaborative dialogue with all stakeholders will keep NCSBN a pro-active leader. Member boards face challenges with limited resources and staff, and jurisdictional issues of workforce shortages. NCSBN's provision of resources and CORE data at both the jurisdiction and national level will assist all member boards in evaluating areas of strengths and opportunities.

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

I believe that leadership starts with a commitment to the team and the organization's values, vision, and goals. My contribution to NCSBN will stem from my passion for the mission and strategic initiatives of the organization where rigorous public protection is the overarching driving force. I believe that common and transparent goals lead to a culture of trust, integrity, and a willingness to embrace the challenges of change.

One of the primary leadership competencies that I believe is important to NCSBN is the sincere respect for other nursing, healthcare, and consumer organizations. We are an organization committed to the regulation of a safe, competent nursing workforce. Therefore, our willingness to be open, thoughtful, and thorough in our deliberations toward effective regulation and our understanding of, and collaboration with other organizations must be paramount for the continued high level functioning of NCSBN. I feel I am competent in being open-minded, collaborative, and respectful of all views. I possess the ability to concentrate on the important issues and focus on what needs to be done. I am an organized and logical thinker. I believe I have the ability to draw on and draw out the expertise of others for the overall success of any endeavor. Finally, I am dependable and always well prepared to bring forthright and fact based information to the table.

My ongoing roles as an educator, practicing staff nurse, and Board member enable me to understand regulation from diverse perspectives. I am pleased that the competencies I have demonstrated in these roles have assisted me to be a thoughtful team member, knowledgeable NCSBN committee member and Chair, and Idaho Board Chair. These leadership qualities have helped me advocate for evidence-based regulation that protects the public and values a competent workforce.

Area I Director

Joey Ridenour, MN, RN

Executive Officer, Arizona, Area I

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

Relevant experiences include over 40 years in nursing roles of staff nurse, educator, vice-president of nursing and chief operating officer for 500 bed public hospital, board of nursing member/past president and board of nursing executive director.

Arizona State Board of Nursing: Executive Director 1995 to present; Board Member & Past President 8 years 1984-1989 & 1993-1995; Chair/AzBN Scope of Practice Committee.

National Council State Boards of Nursing: Have had the honor to participate in various positions within NCSBN over the past 18 years. Nurse Licensure Compact Executive Committee 2005-2013 & Current Chair 2009-2013; CORE Committee 2007-present & Current Chair 2011-2013; Chair Leadership Advisory Committee/Institute of Regulatory Excellence 2002-2007; President of NCSBN 1998-2002; NCSBN Board of Directors 1995-2002; NCSBN Finance Committee 1993-1995. I have continuously attended NCSBN Midyear and Annual Delegate Assemblies for over 18 years.

Community Service: Arizona State University/President's Vision Council 2004-present; American Academy of Nursing Fellow 2007-present; Arizona Hospital & Healthcare Association/Member Healthcare Institute 2007-2009; Board Member/University of Arizona Health Sciences Greater Phoenix Leadership Board 2004-2008; National Board of Directors/Family Nurse Partnerships 2004-2008; Arizona State University College of Nursing/Dean's Advisory Council 2000-2005.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

Nursing regulation pace of change over the past five years seems to have accelerated and technology transforms regulation every day. We need to understand the risks and opportunities related to recent congressional proposals for a national nurse license. The public, and the telehealth community in particular, appears to have little faith in the current system and NCSBN members need to collectively explore benefits and non benefits of three regulatory models: national nurse license, a telehealth license and to explore potential amendments that may need to be considered for states to adopt the nurse licensure compact. This overall challenge is to shape public policy and events rather than being shaped by them.

The second major challenge is for regulatory leaders to spend time framing and deliberating issues of strategic importance. Framing of issues occurs by asking the "right upstream questions as situations develop" rather than "developing strategies and then asking for discussions to happen." Do we know what really matters to the next generation of nurse regulators? The NCSBN new 2014-2017 strategic initiatives present an opportunity to increase member board engagement in framing and deliberating on a wide range of diverse opinions on the initiatives to achieve "strategic unity" between member states and NCSBN. This overall challenge is to lead the way in regulatory transformation. The public expects us to be the dreamers, the visionaries, the ship captains who can illuminate the "beacon for the future" even though no one can clearly see it.



WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

I am inclusive in working with others to advance regulatory excellence. Competencies developed over the years that will enhance NCSBN are:

1. Knowledge of non-profit governance. The Board of Directors fundamental objectives are to provide oversight, foresight, insight and hindsight to build a long term sustainable organization to advance a greater "public good." I support the purpose for which NCSBN was incorporated: Educational and charitable purposes including the lessening of the burdens of government by providing an organization through which 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.
2. Understand the need to embed the mission of NCSBN into the organizational fabric and that every major policy decision should emanate and relate to the mission & vision statements.
3. Hold myself/Board of Directors accountable to implement the strategic Initiatives and vision outlined by the Board/CEO in the strategic plan. Member Boards/Associates also need to be invested and accountable for strategic thinking and "strategic unity" as the outcomes/products are utilized by the members.
4. Consistently demonstrate to others that respect, trust and cooperation are the "organizational superglue."
5. Ensure processes are fair and transparent.
6. Understand regulatory change is complex and regulatory leaders must be prepared to take the long view when progress is slow.
7. Dedicate time to question and debate the issues internally/externally before developing strategies to address the challenges.
8. Regularly measure the relevance of NCSBN. The Board owes it to themselves & the Member Boards/Associates to measure the impact of proposed & existing programs to judge the "public good" of what we do.

Area II Director

Lanette Anderson, JD, MSN, RN

Executive Officer, West Virginia-PN, Area II

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I am the Executive Director of the West Virginia State Board of Examiners for Licensed Practical Nurses. I have been employed with the Board since 1992, and have been the ED since 2001. I have had the honor to serve as the Area II Director for NCSBN since 2011.

I have been licensed as a registered nurse since 1980, and completed a Masters in Nursing Administration in 2006. I graduated from law school at West Virginia University in 1992 and have been licensed as an attorney in the State of West Virginia since that time. I have served on numerous committees with the National Council of State Boards of Nursing and the Council on Licensure, Enforcement, and Regulation. I am also an adjunct faculty member in the RN to BSN programs and MSN programs at three universities. I have also been the Secretary/Treasurer for the West Virginia Association of Licensing Boards since 2001. I am the Chapter 30 Boards representative to the Governor's Privacy Team for state agencies.

I frequently conduct presentations to nurses, students, and nurse educators in West Virginia. I participated in June 2007 in the presentation of a symposium at the International Council of Nurses Annual Meeting in Yokohama, Japan entitled "Effectively Leading a Multigenerational Workforce." I am a regular contributing author to NurseTogether.com, and have written articles about nursing leadership and regulatory issues for that website since 2008.

I have also become active in my local community as a volunteer with an outreach program for "at risk" elementary school students. I also serve on the Stewardship Committee at my church. I also engage in fund raising activities for the riders at Tyler Mountain Stables, a local riding facility which enables children to compete on a state and national level.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

As nursing regulators we face challenges every day at our individual Boards of Nursing. Many of those revolve around financial constraints. These are perhaps the most difficult to address, as depending upon the structure of the Board they may not be within our control. In addition, changes in the health care environment as a result of the Affordable Care Act, the IOM/RWJ Future of Nursing report, and efforts of other external organizations may affect how we do our work at the level of the State Board as well as at NCSBN. We do have the potential to face those challenges. It is imperative that as an organization and a profession that we collaborate with other relevant entities to be a part of all discussions which impact nursing. NCSBN has continued to be involved in discussions with national organizations for other professions and conduct environmental scans to determine the best use of our resources to make sure that we remain relevant as regulators.

The possibility of national licensure is real. There has been an increased emphasis in a variety of settings on portability of licenses and telehealth. We are challenged to continue to demonstrate the fact that state based licensure protects the public. We must not "dig in our heels", however. We must monitor what is happening on a federal level in terms of any pending or introduced legislation which lead to national licensure for nurses. We must be proactive as well as responsive to challenges to state based licensure. Adoption by State Boards of the Uniform Licensure Requirements including criminal background checks may be one step in achieving this. The continual establishment of recognized evidence based standards for regulation of practice is another. Both steps demonstrate a willingness to work together to protect the public.



WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

Leadership and management are not necessarily synonymous terms, and this is certainly true for the EO of a Board of Nursing. I continually strive for my actions and those of the organizations that I represent to be consistent with the NCSBN values of collaboration, excellence, innovation, integrity, and transparency.

Under my leadership at the West Virginia LPN Board we have made numerous changes to provide better customer service. I foster an environment where we respect each other and all staff feels comfortable making suggestions to improve how we do our work. In general satisfaction with the status quo is not acceptable. As the Area II Director for NCSBN since 2011 I have had the benefit of working with a group of individuals in that same type of open environment.

I am very fortunate to have the positions of Executive Director of a Board of Nursing and the Area II Director, and am cognizant every day of the responsibilities that come with these roles. I value my ability to potentially make a positive impact on patient care by working in the arena of nursing regulation. I am comfortable representing the WV LPN Board whether at the State Legislature or doing a presentation for a small group of nurses at a long term care facility, and am passionate about making sure that nurses who hold licenses to practice have the appropriate information to do so safely. As a longtime staff member of a Member Board and a past member of NCSBN committees, I have a good knowledge of the history and operations of NCSBN. I want to work not only on constantly evaluating and improving things at our state level, but also continuing the work and expanding the work of National Council in today's changing and challenging health care environment.

Area III Director

Ann-Lynn Denker, PhD, ARNP

Board Member, Florida, Area III

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I have had a rich and diverse forty-year career in nursing that has prepared me to hold significant leadership positions. Included are practice, education, research, administration, health policy and advocacy. I have practiced as an ARNP in pediatric cardiology, director of practice and research, director of public relations, privacy officer, and governmental affairs and health policy practitioner for a large public health system. I have served in academia as an adjunct professor in colleges of nursing, teaching graduate students. I have extensive experience in bioethics, leading nursing in the University of Miami Ethics Program. I am experienced in writing and presenting papers on knowledge to improve practice and care at local, state national and international venues.

A strong believer in contributing to the profession and advancing health care I have served as a volunteer in many ways: President of the Florida Nurses Association, Chair of the Constituent Assembly of the American Nurses Association, and currently serve as Chair of the Florida Nurses Association.

As a strong believer in improving the world I have volunteered to provide relief nursing care in disaster situations in Ethiopia, Haiti and numerous locations in the U.S. I participate as a volunteer practitioner with the Florida Department of Health, available to respond in public health emergencies.

Through all of these experiences I have learned leadership, the importance of team work, collaboration and relationship building to accomplish meaningful and successful outcomes. Always moving forward, I am hard working, committed and caring, always focused on improving health care through professional nursing.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

Among the many challenges in nursing regulation, two of the urgent issues for action include national licensure compacts and nurse education regulation assuring the preparation of skilled registered nurses prepared to meet the demanding healthcare environment of today and the near future.

The growing movement of the national nurse licensure compact is important. There is an excellent foundation on which to move further. Practice across state lines and the financial impact of multiple licenses bring strong support to widening and expanding the scope of the compacts. Uniformity, portability, practice across state lines, decreased expenses, clarity of regulatory requirements and transparency are all potential opportunities. These opportunities must be weighed and evaluated against the concerns and potential risks of state sovereignty issues. Open and informed discussion are essential across all member states.

Regulation of nursing education is more important than ever in this time of increasing responsibility and scope of professional nursing practice. There has been a proliferation of diverse modes of education, some excellent and some unsatisfactory. Many "for-profit" programs have poor outcomes, abuse the use of federal funds, have low completion rates and focus heavily on their associate degree. We must assure that aspiring nursing students have the best choices, information economic and educational experiences possible. Nursing owes that to millions of people in need of quality health care. The benefits of the for-profit movement must be enhanced while the weaknesses and problems must be addressed and/or improved.

Nursing regulation is more important than ever!



Date of expiration of term:
Oct. 31, 2012

Eligible for reappointment:
Yes

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

A very diverse career that has included most aspect of professional nursing have prepared me for this leadership opportunity. First, I bring a love for nursing and people to this board. I believe in "relationship-based leadership which I have adapted from the model of relationship-based care. Relationships are essential go good leadership, establishing a context for addressing the challenges of organizations and professional nursing. Relationships matter!

I bring extensive career experiences to "board work" having participated in local, state and national boards as both as member and staff. Board membership brings the responsibility of coming together for the good of the organization and profession. Additionally I am comfortable and knowledgeable Robert's Rules, the "Why and Wherefore" of meeting rules and committee work. I believe in a well run and efficient meeting as the NCSBN is well known for. I believe in open debate with a concern for time and the ability to move issues forward.

I have experience and a broad understanding of concepts, business practices, quality measures and improvement and organization cultural which are essential to board and organizational success.

I bring a strong foundation and experience with the report "The Future of Nursing Leading Change, Advancing Health" from the Institute of Medicine. This report has great promise and opportunity for health care and the role of nursing. Using this report as a framework for all of nursing and its issues provides a guide and map for the profession and promotes unity among all nursing organizations.

Finally, I bring a passion for making a difference in nursing, in communities, the country and the world. I bring a belief in nurses and their ability to care...this I believe.

Area III Director

Katherine Thomas, MN, RN

Executive Officer, Texas, Area III

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I have worked for the Texas Board of Nursing for almost 24 years, 17 years as Executive Director. With over 349,000 nurses, over 200 schools of nursing, and 16,000 complaints, my regulatory experience covers all aspects of nursing regulation. I served as the Chair of the Texas Health Professions Council for the 11 years, bringing 15 health regulatory boards representing 35 professions together to share resources and develop public policy. I led the BON through the combining of the Board of Nurse Examiners and the Board of Vocational Nurse Examiners in 2004, working with diverse stakeholders to support a successful transition. I have been a member of the Texas Team, a group assembled by the Governor in response to the nursing shortage to increase nursing enrollment and graduation (2008-2011). I currently serve on the Texas Regional Action Committee in response to the Institute of Medicine report on the Future of Nursing. I have served as a Nurse Licensure Compact Administrator for the past 13 years, and as a member of the Executive Committee from 2002-2005 (Vice Chair) and from 2007-2010 (APRN Member at Large). I represented NCSBN on the Joint Dialogue Group that developed the APRN Consensus Model and have served as Chair of several Advanced Practice committees of the NCSBN, from 1995-2007. I have also served on the Nursing Practice and Education Committee as Co-Chair (1999-2001), on the Awards Recognition Panel (2002-2003), and on the Bylaws Committee (2012-present). I served as a Director at Large on the NCSBN Board of Directors from 2008-2011 and received two awards from NCSBN: the R. Louise McManus Award for significant contributions through the highest commitment and dedication (August 2002) and the Meritorious Service Award for significant contributions to the purposes of NCSBN, (August 1999).

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

A major issue challenging nursing regulation today is the call to remove barriers to interstate practice, particularly telehealth practice. Policy makers and practitioners are attempting to develop solutions that will address the demands of expanding health care access as required by the Affordable Care Act, and our growing aging population. The organization has two licensure models which have served the country well. As we move forward, we must come together as an organization to meet the needs of our Boards of Nursing and the public. Exploring the concerns regarding the Nurse Licensure Compact and alternatives to improve the Compact as well as other options must be considered in an open, transparent, inclusive manner. Our efforts should seek to unite us as an organization and be responsive to our changing environment.

Another issue for the organization is the need to respond to our Boards of Nursing and their concerns. Questions like, "what keeps you up at night" can help the organization focus on the resource needs of our members. Understanding the political and economic environments in states can help NCSBN to develop products that help our members do their everyday work. This information can be solicited in a variety of ways, including focus groups, surveys, and face to face meetings of the membership. Engaging members in dialogue should lead to committee and staff work that addresses these specific needs. Research, toolkits, and educational products should be developed around these needs.



WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

I have had a variety of leadership experiences throughout my career and have both skills that come easy and those I have learned through experience. I am a good listener. And I mean listening in the sense of seeking to understand other views. I have a passion for the work we do in regulation and that motivates me to try to make things better. I love creative challenges and have a strong desire to learn. I question why things are done a certain way and like to consider new approaches. I am a big picture person. I like to think of the vision and the potential consequences...intended and unintended. I have learned to be comfortable with ambiguity and discovered that we can make our best decisions when we are out of our comfort zone. One of the things I have learned is that change isn't easy but it isn't bad either. I have developed an openness to it that has resulted in innovations. I value building relationships and understanding people's emotional make up. Above all, I am motivated to keep the interests of NCSBN and the members at the forefront of all decisions.

Area IV Director

Ann L. O'Sullivan, PhD, FAAN, CRNP

Board Member, Pennsylvania, Area IV

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

For 45 years, from pursuing my first diploma to attaining a PhD in nursing, I have loved being a nurse. I have been a nationally certified pediatric nurse practitioner since 1978, having completed the prestigious RWJ Primary Care Fellows program at the University of Maryland School of Nursing. I served clinical preceptorships with Dr. Catherine De Angelis at the Johns Hopkins pediatric clinic and the Frontier Nursing Service in Hyden, Kentucky. Currently, I practice at The Children's Hospital in Philadelphia. I have been a fellow in the American Academy of Nursing since 1991, and am Program Director of a PNP and FNP program at the University of Pennsylvania. I have taught at Penn for 40 years, with teaching stints in Germany, Great Britain, British Columbia, Canada and Peru.

My administrative experience includes serving as Division Head of the Family and Community Health Department at Penn and the 1998 RWJ Executive Nurse Fellowship. National administrative positions I have held include President and Treasurer of ENRS; President of NONPF; and Vice President and Secretary to the E.G. Kynette (community) Foundation.

As Primary Investigator I have led multidisciplinary research teams funded by private foundations and the federal government to identify effective primary care approaches for teenage parents and their children. I have collaborated for 26 years with the same pediatrician until he became Philadelphia Health Commissioner 5 years ago.

At the state level, I have been a member, Vice-President and President of the PA SBON since 2004. At the national level I have been a delegate to NCSBN, chair of the APRN committee, and currently Area IV director. This work, which has enhanced my knowledge of regulation, has informed my passion for working with nurses and collaborating with legislators and government locally, regionally, and nationally to improve safe and effective primary care.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

The two top challenges to nursing regulations are to: 1) maintain a safe and effective nursing work force and 2) assist states with implementing recommendations from the Future of Nursing report.

One approach to the first challenge is early recognition of substance abuse by nursing colleagues and effective utilization of voluntary recovery programs. Important features of this strategy should be to ensure nurses can access support programs conveniently and be made to feel supported rather than punished. Also, some nursing practice errors could end the career of a great nurse and need to be addressed through effective remediation strategies (such as the Pennsylvania PERC Program) rather than discipline. This program focuses on helping nurses understand how practice errors arise and providing education that avoids future errors. The goal is to encourage a nurse to improve her practice generally, and in particular with regard to past practice errors.



Date of expiration of term:
Feb. 8, 2016

Eligible for reappointment:
No

To meet the second challenge one proposed strategy is to use evidence-based models to support programs that empower nurses (such as negotiation classes) to lead change for safe and effective patient care in safe and effective practice environments. Stakeholders involved in both education and practice need to be involved, along with key external stakeholders like AARP, Robert Wood Johnson Foundation, the Federal Trade Commission and state health care-related coalitions. Finally, regulatory and legislative bodies, leading hospital systems that can serve as models, and professional health associations must buy into the changes as well.

As a nurse practitioner and educator, I believe it is clear that an educational campaign to facilitate all nurses' understanding of the initiatives related to The Future of Nursing is key to successful implementation of the report's recommendations. The goal is to share ownership of the investment in, and benefits from, implementation of the Future of Nursing recommendations.

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

I have demonstrated the ability to embrace diversity and build consensus across different stakeholder groups through listening and negotiating. Whether as a department head or president of a professional organization, I have led strategic planning and outcome evaluations, responded to outside evaluations by students of my educational offerings, and implemented process or content revisions as needed.

Each week at Penn I am presented with opportunities to bring NCSBN Model Rules and Regulations to other countries. Recently I hosted nursing leaders from Africa who were interested in building regulatory, accreditation, certification and education models for APRNs in their country. They sought my advice based on my work with NCSBN on regulation and NONPF on curriculum, in addition to my program's favorable ratings in publications such as US News and World Reports.

I am current with scope of practice issues across the health professions, and realize the importance of having all nurses - LPN to APRN - practice to the full extent of their capabilities. I subscribe to alerts from Google, the Center for Tele-health, the Federal Trade Commission and other sources to stay current on scope of practice and other topics.

Efforts to harmonize nursing-related regulations across states and territories continue to offer opportunities for me to grow and contribute to the field. Many states are forming interdisciplinary task forces to grapple with conflicts across professions before proposing legislation in their jurisdictions.

I believe I can contribute to the work of NCSBN in these areas from my clinical perspective, my management experience (e.g., in budget development and execution), my research record (which includes quantitative and qualitative work), and my public service (for state and national regulatory bodies). I hope to use this multifaceted background to advance NCSBN's mission to promote safe and effective practice for the next generation of nurses.

Director-at-Large

Nathan Goldman, JD

Board Staff, Kentucky, Area III

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I have spent my legal career in state government, including time with the Attorney General's Office as Director of the Civil Division. For the last 22 years, I have been the General Counsel for the Kentucky Board of Nursing. I have been involved in all aspects of nursing regulation, from licensure to discipline. I have assisted the Board in policy determinations and been responsible for implementing them. For the last four months, I have been the Acting Executive Director in addition to the General Counsel. This has provided a whole, new perspective for me.

I have been active in NCSBN, serving on and chairing several committees, including the Bylaws Committee and the Model Act and Rules Committee.

In my personal life, I have been a board member, secretary, treasurer, vice president, and president of my synagogue. I am presently a board member of the Louisville Jewish Federation/Jewish Community Center.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

To borrow terms from economics, while there are a myriad of microchallenges, in my opinion there are two macrochallenges. The top challenge for nursing regulation today is to maintain an efficient, state-based system of regulation in the face of increasing pressure for nationalization. Following closely upon that issue is the challenge of operating a state agency with dwindling resources.

While each state board will work individually to address these challenges, the National Council plays a significant role in assisting the member boards. The Nurse Licensure Compact and the APRN Consensus Model are two examples of how NCSBN plays a role in dealing with these challenges. More cooperation by state boards through NCSBN would go a long way towards maintaining state authority. Also, NCSBN has positioned itself to provide some needed services for boards in an economic manner. I believe that this is the path that needs to be followed as much as possible.

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

It is always very difficult to discuss yourself. However, as President Broadway pointed out on an LSC conference call, the members have a right to know why I think I am right for this position. First, I feel that my long and varied experience with my board has given me insight into nursing regulation generally. Second, I have been very involved with NCSBN, serving on several committees and chairing three. All this experience has shown me that I can, in spite of my self-effacement tendencies, lead a group of people. I tend to be a consensus builder and a problem solver. I hope that I am a competent communicator. And I have, on occasion, convinced others of the correctness of my position. However, I can also admit when I am wrong and can change my way of thinking. I may not be the ideal leader, but I hope to be the idea leader.





Director-at-Large

Betsy Houchen, JD, MS, RN

Executive Officer, Ohio, Area II

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I have been Executive Director of the Ohio Board of Nursing since September 2005. Prior to that, I was the Board's Associate Executive Director and a Staff Attorney for Discipline.

Prior to working for the Ohio Board of Nursing, I practiced as a health care attorney for two large law firms; served as Regulatory Counsel and legislative lobbyist for a state trade association; worked as a consultant for a national trade association; authored a health care compliance manual and contributed to an administrative law book; served as a Bureau Chief at the Ohio Department of Health with responsibilities of regulating adult care facilities, home health agencies, hospice care programs, and other health care providers; and was Executive Director of a large home health agency and hospice care program. During that time, I was elected to the Boards of the Ohio Council for Home Care and the National Association for Home Care.

For NCSBN, I have been an Alternate Delegate and a Delegate at the NCSBN Annual Meetings and Delegate Assemblies. From 2008-2011, I served as the Area II Director on the NCSBN Board and for the last two years, as Director-At-Large. During this time I have been the Board Liaison to NCSBN Committees: CORE; Model Law and Rules; and Distance Learning Education. I also have regularly participated in NCSBN meetings, conferences, Focus Groups, and served on Board of Director Subcommittees, and on the Interface Group.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

A major challenge to nursing regulation is for Members to demonstrate innovative regulatory practices while at the same time providing for public protection. Strategies to meet this challenge include: (1) identifying regulatory barriers that can be removed while providing for public protection; (2) focusing on services to licensees and the public while improving efficiency and reducing costs; and (3) implementing effective regulatory practices to expedite disciplinary cases.

A second challenge to nursing regulation consists of threats to Members due to budget cuts, consolidation/centralization, non-nursing state boards seeking to regulate nursing, and possible national licensure. Strategies to address this include: (1) establishing NCSBN committees with clear direction and charges so information and possible solutions or alternatives are available for Members; (2) identifying research and data collection projects that are relevant to Member needs and addressing their specific challenges; and (3) conducting legal research and analysis regarding federal laws. NCSBN, by taking actions to become even more proactive for its Members and providing needed data, evidence, and legal analysis, can assist Members in meeting challenges and remaining strong in their mission of public protection.

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

I have over thirty years experience in leadership positions and distinguished service in nursing, administration, and regulation. My experience spans the public and private sectors, providing a unique combination of experiences beneficial in understanding regulatory issues.

Through my work on the NCSBN Board and other boards, I have developed an ability to participate in processes leading to group consensus building. I bring personal integrity, honesty, a respect of differing viewpoints, and the ability to listen and work well with others.

As a nurse attorney I have an analytical approach to nursing regulation, and can handle large amounts of information, identify issues, and formulate strategies to reach the vision or objective. I critically analyze, and think clearly and creatively.

I bring a history of involvement in the work of NCSBN, which is valuable for the continued successful governance of the organization. Having the background and knowledge of recent Board discussions and direction provides important insight, consistency, and continuity.

I have a proven track record of successful work that advances the public protection work of the organization. It would be an honor to continue to serve on the Board of Directors.



Leadership Succession Committee Designated Member, Board Member of NCSBN Member Board

Georgina Howard, MPA, RN-BC

Board Member, New York, Area IV

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I have been an auxiliary board member since 2010 participating on disciplinary hearings including moral character hearings, case screenings and settlement hearings. I have served on NIRSC last year on two committees. I have served as an NCLEX Item Reviewer for both RN and LPN examinations in the past four years.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

The challenges to nursing regulation encompass the composition and structure of boards and the level of funding and state support to enforce nursing practice. Speaking with several board members while serving on committees I learned that there is lack of standard composition and or structure of boards. In certain parts of the country the boards may not have the staff support for all of their functions. Many boards face the challenges of balancing work commitments and board commitments. Another challenge is the lack of knowledge of practicing nurses on the Nurse Practice Act and the role of the state board of nursing.

It should be a required course in the curriculum for nursing schools to teach those entering the profession nursing regulation. School should have a requirement for their nursing students to research their state board and their role in their state and attend one state board meeting.

There should also be standard work for all nursing boards with the establishment of these standards from NCSBN. These standards should include in depth background/criminal checks for those applying for licenses, expanding compact states, and standard composition of the panels for disciplinary hearings.

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

I have progressive leadership experience in nursing administration in large urban health care facilities for the past 30 years. My experience includes developing policy and procedure, operations and staff development and implementation skills. I have the experience of working with the New York Office of Professional Discipline and their staff to conduct hearings and screenings.

Date of expiration of term:
April 1, 2015

Eligible for reappointment:
Yes

Leadership Succession Committee Designated Member, Board Member of NCSBN Member Board

Deborah Meyer

Board Member, Minnesota, Area II

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE

I have worked as a LPN for the last 17 years and even though LPNs are not considered the leaders in my work environment, I believed I have earned the respect of my RN supervisors and administration due to my fairness when dealing with employee issues and my commitment to the people in my care.

I was appointed to the MN board of Nursing in 2009 and reappointed in 2012.

Committees

- Labor/Management safety -Review employee, patient and facility safety issues and make recommendations as needed
- Falling Stars -- Review patient falls, implement interventions, staff/patient education on fall prevention. May do root cause analysis to determine cause of some falls.
- Nurse Practice committee
- Discipline Task Force
- Education committee

For the past 14 years I have served as President of AFSCME Local 730 LPN Unit

Presentations:

- Current LPN practice in MN----NCSBN Midyear convention March 2012
- Testified at hearing for Long Term Care Funding at the MN State legislator

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

1. A challenge that I believe faces the majority of nurses in all states is not being able to practice to the full extent of their scopes or being assigned duties outside their scope. Management should know the extent at which a Nurse may practice and by utilizing Nurses the way their scope intended shouldn't be cause for eliminating a certain level of nurse but enhance the care given to patients. The other part to this challenge is getting people to care about regulations.
 - Education is the best answer. By informing coworkers and management of changes and bring it to the attention of management when duties are outside the nurses scope.
 - Working with other Nurses leaders to get the information out
2. Drug Diversion by Nurses
 - Use of Just Culture in discipline cases
 - Research rehab programs for high success rates and determine how they differ from other programs nurses are enrolled in.



Date of expiration of term:
Jan. 13, 2016

Eligible for reappointment:
No

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

A leader knows when to stand firm but also knows when to compromise and I have that quality. I can think outside the box; I also think of what may happen 5-10 years from now. I try not to get caught up in what is right for now, but will my decision go into the future. My visionary skill may help with the advancement of the organization.

Leadership Succession Committee Designated Member, Employee of NCSBN Member Board

Tony Graham, CPM

Board Staff, Mississippi, Area III

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I am a certified Public Manager with over 15 years of management experience. I have served in both state and federal government. I have a strong working knowledge of development and implementation of policies and regulations. I am very familiar with strategic planning as this was part of my military training. I have served on numerous local organizations and committees throughout the United States and several overseas. I am highly skilled in working with groups and understand group dynamics. As a manager of human resources I understand the importance of planning, communicating and educating. In my current position I work closely with state budget officers, lobbyists and legislators. In addition to my working knowledge my educational background includes degrees in psychology and counseling, with certifications in both supervisory and public management.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

Clear communications is always the number one challenge to any regulation. The interpreter is usually not involved in the development of the document therefore; he/she depends on their knowledge base for implementation. Many times the regulation is written too broad and does not give clear guidance. Other times it is the reverse and does not allow for flexibility. The second most challenge would be creating a regulation that meet the needs of the majority without causing undue hardships on the minority. There are always going to be special circumstances and everything cannot be addressed in a regulation. However, what is best for the whole should be adoptable for all the parts.

My years of education, training and experience has taught me basic problem solving techniques work. First clarify the issue and determine whether or not it needs action, (2) gather the facts, (3) develop possible solutions and consider the pros and cons, (4) select the best solution and most importantly (5) follow-up to evaluate the effectiveness of the solution and make adjustments as needed, for me this has proved to be the most effective strategy to address challenges.

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

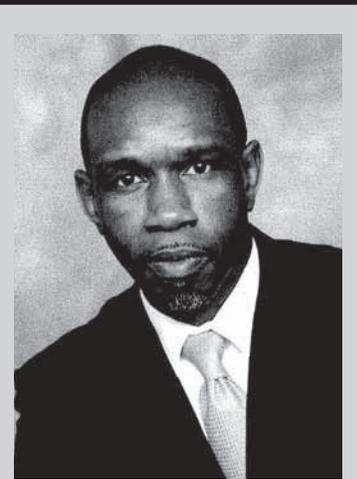
Some of the leadership competencies I will bring to the organization include:

Emotional maturity- I will always conduct myself in a professional, consistent manner. I am able to work through challenges and create opportunities, while acting as a settling influence in a crisis.

Macro-Oriented- I will appropriately apply procedures, requirements and regulations related to specialized areas of expertise. I will consider the effects of decisions on the organization and on other organizations. I will exercise good judgment and make sound, well informed decisions.

Integrity- I will always exhibit behaviors showing a strong internal personal commitment and fundamental principles of honesty and fairness.

The most noteworthy contribution to bring to the organization is that of a good listener. An effective leader is a good listener. The ability of the leaders to listen to the needs of the membership and take action is a guarantee of continued success.





Leadership Succession Committee Designated Member, Employee of NCSBN Member Board

Paula Schenk, MPH, RN

Board Staff, Kentucky Area III

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I have been a registered nurse for over thirty (30) years. I began my career as a RN in a major metropolitan pediatric acute care facility, later moving to community and home health nursing. I have experience working in all levels of management, beginning with being a charge nurse in a hospital, and later progressing into senior management in an area hospice agency serving as the Director of Patient Care Services.

The vast majority of my career, however, has been in nursing regulation at the KY Board of Nursing. In my twenty two (22) years at the Board, I have served in a variety of roles, specifically as the Nursing Continuing Education Consultant, Nursing Practice Consultant, KARE for Nurses Program Manager, Compliance Section Supervisor, and Consumer Protection Branch Manager. In November 2012, I was honored to be appointed the Executive Director of the Board. As Executive Director, I am ultimately responsible for the fair and equitable enforcement of the Kentucky Nursing Laws. Interacting with numerous state and national stakeholders and policy makers in nursing and healthcare as well as being able to articulate the Board's mission and goals are key components of this position. My experience and skill in this multifaceted arena will be of support to the work of the Leadership Succession Committee.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

With implementation of the Affordable Care Act close at hand, coupled with our nation's aging population and ongoing projections of a nursing shortage, there appears to be a re-emergence of the topic of national licensure as a means of promoting telehealthcare and nursing. This challenge has the most potential for a significant negative impact upon all nursing regulatory bodies regardless of whether the respective Board is a member of the Nurse Licensure Compact. The discussion and, more importantly, the response to this argument should be lead by the NCSBN, focusing on evidence to support the Nurse Licensure Compact as the preferred model to facilitate nursing mobility and utilization of all available technologies to provide safe nursing healthcare across our country.

The other challenge faced by many, if not all, regulatory agencies, is ongoing budget cuts and/or severe budget limitations. The horizon continues to look bleak, in this respect, forcing agencies to continue to delay needed technological improvements and as well as other methods of resource conservation. Strategies to cope with this challenge include ongoing research to identify best or promising practices to facilitate the efficient and effective services provided Boards of Nursing.

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

I believe that I possess fundamental knowledge and expertise in the principles of nursing regulation, tested and honed over a twenty two (22) year span of time with the Board. With this understanding, I believe that I am better able to address the myriad of complex and ambiguous issues facing nursing regulation. I possess the ability to listen to others with differing perspectives and with a desire to find common ground in order to promote consensus. While my commitment to the principles of regulation and public protection are unwavering, I am open to new ideas

and approaches to meet the challenges facing regulation today. I, also, possess knowledge and experience in organizational management, both at the mid and senior levels, Board and staff development, financial oversight and strategic planning.

These competencies, as well as my interest in service to others, will support and help me in participation on the NCSBN's Leader Succession Committee.



Designated Member, Current or Former NCSBN Committee Chair

Mark Majek, MA, PHR

Board Staff, Texas, Area III

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

For the past twenty-five years, have served as the Operations Director for the Texas Board of Nursing. In this position I work with thirty-two staff members carrying out the functions of licensing, human resources, legislative liaison, customer service, finance, criminal background checks and information technology. In the State of Texas, currently serve as the Chair of the Small State Agency Task Force and past Chair of the Texas State Human Resource Association.

With the National Council of State Boards of Nursing, served four years as Area III Director, served on the electronic licensure verification and Nursys committees and finance committee. Currently serve on the Leadership Succession committee. Have also assisted with and planned two NCSBN Operation Conferences.

Currently an active member of the St. Paul Knights of Columbus and chair the St. Paul Catholic Church Finance Committee. Presently a volunteer to the Marbridge Community serving adults with cognitive challenges in Austin, Texas.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

Challenge number one: Obtaining the needed resources to effectively carry out the mission of our boards. We will have to find ways to state our financial case more effectively and develop business plans that augment our requests for resources from legislative leaders.

Challenge number two: Developing leaders within our organization that will allow a smooth transition of knowledge from one generation to the next. Effective succession planning will be a fundamental priority in the coming years at the state and national level. With dwindling resources, many of us cut corners, specifically strategic planning due to putting out fires on a daily basis. Planning can no longer be a luxury.

Strategy One: Provide specific business planning workshops for state boards of nursing.

Strategy Two: Create a formal succession plan and develop clear training paths in the key areas of our organizations.

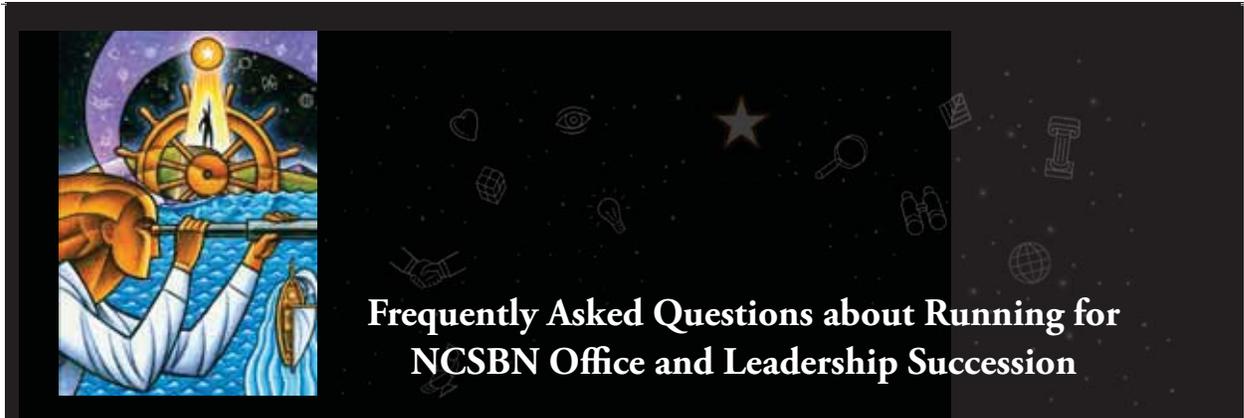
Strategy Three: Develop leadership and training opportunities for all members of the National Council of State Boards of Nursing.

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

1. Ability to Manage Change - will continue to accept change as a positive force and embrace new concepts to seek a diverse group of leaders for the NCSBN.
2. Problem Solver - knowing that each day will bring challenges and make a decision and not allow decision paralysis by over-analysis.
3. Have Drive and Purpose - will comb the nursing regulatory landscape for potential leaders and make every attempt to add diversity to the selection process.

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4. Develop Others - continue on the track to create a formal leadership process that will be inclusive of all members of the NCSBN.
 5. Communicate Effectively - will take the message of the Leadership Succession Committee to every sector of our organization.

Frequently Asked Questions (FAQs) on Leadership Succession



Q What is leadership succession?

Leadership succession refers to the process of developing and implementing a culture of leadership that supports the preparation of organization members to meet evolving organizational leadership needs (Fulmer, R., Strumpf, A., & Bleak, J., 2009).

Q What offices are open for election?

For 2013, the following offices are open for election: Board of Directors (BOD) Area I Director; Area II Director; Area III Director; Area IV Director; and Director-at-Large (two positions); Leadership Succession Committee (LSC) Designated Member (Board Member of Member Board); Designated Member (Employee of Member Board); Designated Member (Current or Former NCSBN Committee Chair); and Designated Member (Former NCSBN Board of Directors Member). All positions are elected by ballot during the annual session of the Delegate Assembly.

Q What are the responsibilities of board members?

Board members are charged with:

- Carrying out their responsibilities in good faith, with reasonable care, honesty and due diligence;
- Discharging their responsibilities with fidelity to NCSBN and making decisions upon the good faith belief that such actions are solely in the best interest of the organization as a whole; and
- Acting in accordance with NCSBN Bylaws, policies and established board member role expectations.

Q What are the responsibilities of LSC members?

Committee members are charged with:

- Presenting a Slate of Candidates through determination of qualifications and geographic distribution for inclusion on a ballot for the election of the BOD and the LSC; and
- Recommending strategies for the ongoing sustainability and advancement of the organization through leadership succession planning.

Q Am I eligible to apply?

All NCSBN Member Boards, which includes board of nursing (BON) staff and board members, are eligible to apply to run for any elected office.

Q Is prior committee participation an eligibility requirement to become a candidate?

No.



How can I familiarize myself with the leadership values of NCSBN?

- Explore the NCSBN website;
- Review the Leadership Development Plan;
- Complete NCSBN 101; and
- Participate in committees.



Do I have to be a nurse?

No.



What is the term of office?

The term of office is two years. No person can serve more than four consecutive years (two terms) in the same position.



What is the time commitment?

- BOD: Approximately 30 days over a 12-month period that includes five three-day meetings per year and attendance at NCSBN Midyear and Annual Meetings. Members may also be asked to serve as liaisons to NCSBN committees and as representatives at external meetings.
- LSC: Four 2 ½ day committee meetings per year and attendance at the NCSBN Midyear and Annual Meetings.



Will an applicant know who else is applying to run for a position?

The LSC will not disclose the identity of individuals who are applying for NCSBN office candidacy. The LSC will announce the slate of candidates following the vetting process.



Should I discuss my potential candidacy with my BON?

Yes, the support of your executive officer and/or board chair is important.



Will NCSBN fund my attendance at LSC or BOD meetings?

Yes. Please refer to the NCSBN Travel Policy found on the NCSBN website.

References

Fulmer, R.M., Stumpf, S.A., & Bleak, J. (2009). The strategic development of high potential leaders. *Strategy & Leadership*, 37(3), 17-22.

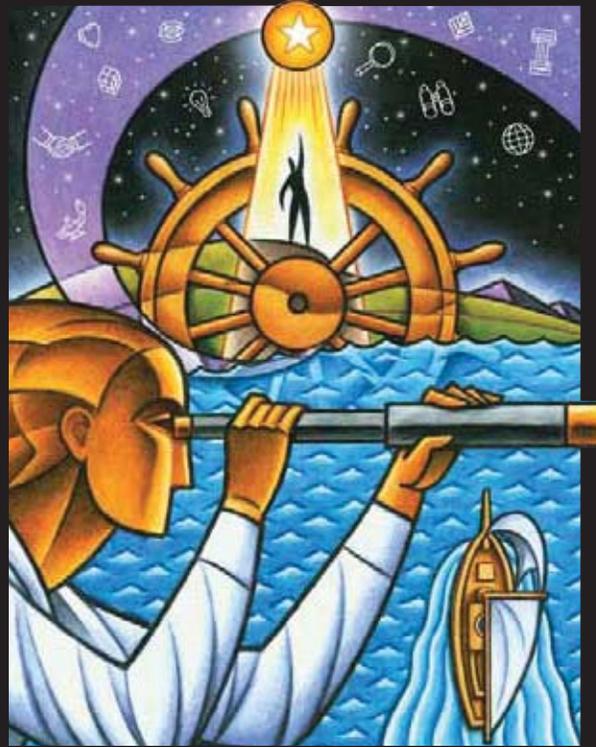
Developed by the Leadership Succession Committee in 2010; Reviewed 2012



National Council of State Boards of Nursing

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Attachment C
Leadership Development Guide



ADVANCING POTENTIAL:
**DISCOVER THE
LEADER WITHIN**

A GUIDE TO
LEADERSHIP DEVELOPMENT

Leadership Succession Committee of the
National Council of State Boards of Nursing (NCSBN®)

WHAT IS A LEADER?

A leader influences others to accomplish mutually desirable goals. Leaders serve as role models for others, are trustworthy and communicate a vision for the future that inspires others to follow. A leader has good interpersonal, technical and conceptual skills.

WHAT IS LEADERSHIP DEVELOPMENT?

Leadership development recognizes and cultivates leadership within an organization and its members to ensure sustained and progressive viability of the organization. Leaders continuously develop their leadership knowledge and skills through self-reflection, self-study, education and experience.

WHAT IS THE NCSBN LEADERSHIP DEVELOPMENT PROGRAM?

NCSBN's Leadership Succession Committee (LSC) formally initiated the Leadership Development Program in 2010 to support individuals in their quest to enhance their leadership skills. The program is designed to offer resources to:

- Identify and engage potential leaders;
- Assist with leadership self-assessment;
- Support leadership skills development; and
- Encourage individuals to step forward or volunteer for elected leadership and committee positions within NCSBN and member boards.



A GUIDE TO LEADERSHIP DEVELOPMENT

The Guide to Leadership Development serves as a resource designed to enhance and develop leadership skills that support member boards, their staff and the ongoing leadership needs of NCSBN.

GOALS OF LEADERSHIP DEVELOPMENT

The overall goal of leadership development is to recognize and support the growth of existing and new leaders. This will also ensure the sustained and progressive viability of member boards and NCSBN.

TARGET AUDIENCE

Individuals targeted for leadership development include:

- Board members with leadership skills who may need additional information on board governance and processes;
- Individuals ready to assume NCSBN office; and
- Board staff with demonstrated leadership skills and potential for assuming leadership positions.

The specific goals of leadership development are to:

- Build leadership competence through personal and professional growth; and
- Establish leadership competencies and opportunities for serving member boards, the NCSBN Board of Directors, the LSC or other NCSBN committees.

OBJECTIVES

Individuals interested in leadership development will:

- Be oriented to and made aware of the resources available from NCSBN;
- Assess and identify their personal and professional leadership strengths and opportunities for further development;
- Engage in leadership development activities;
- Participate in NCSBN committees, networking groups, webinars and meetings; and
- Consider becoming a candidate for office.

METHODS TO SUPPORT LEADERSHIP DEVELOPMENT

The Leadership Development Guide recognizes three methods that are key to leadership development: **Early Connectivity, Building Knowledge—Self-discovery; Building Board and Organizational Governance Expertise;** and **Supporting Organizational Leadership Involvement through Self-nomination and Volunteerism.**

METHOD 1:

Early connectivity of new staff or members of member boards

Members understand the mission, vision, values and strategic initiatives of NCSBN.

Method 1 explores the importance of and actual process of connecting staff and members to NCSBN:

- To be introduced and become familiar with the organization, board members and staff request that their executive officer (EO) notifies NCSBN Member Relations so a password can be assigned to them. This provides direction to the NCSBN Getting Started Guide and access to the online course NCSBN 101.
- New staff or member participates in state-specific orientation unique to their role.

Extensive resources can be accessed by visiting <https://www.ncsbn.org/2420.htm> (ncsbn.org username and password required). Available resources serve to guide independent study about NCSBN and its knowledge networks, to learn about opportunities for participation in NCSBN and to develop leadership competencies.

METHOD 2:

Building Knowledge — Self-discovery

Members engage in opportunities for enhancing leadership knowledge, skills and abilities.

Method 2 encourages individuals to begin the journey of discovering the leader within. It is important for those in a leadership role or seeking a leadership role to be aware of their own areas of strength and areas in need of further development. This process can begin by reflecting on one's self-identified strengths. There are also published tools available for completing a leadership self-assessment. For example, the Strengths Finder Self-assessment Tool helps leaders and potential leaders discover their strengths, and identify strategies for building upon them. It is a component of *Strengths Finder 2.0* (Rath, 2007). Another tool is an assessment of the concept of emotional intelligence, which is discussed in *Emotional Intelligence 2.0* (Bradberry & Greaves, 2009). This journey may lead one to seek a board of nursing (BON) or NCSBN leadership position.

Additional resources are available at <https://www.ncsbn.org/2420.htm> (ncsbn.org username and password required) to guide independent study about required leadership competencies for various BONs and NCSBN leadership roles. There are a variety of personal leadership assessments and recommended strategies to develop or augment new or existing leadership skills.

5

METHOD 3:

Building board and organizational governance expertise

Members engage in opportunities to build governance expertise.

Method 3 supports the development of a more in-depth understanding of the underlying framework related to organizational structures, processes and legal responsibilities that are integral to successful organizations, such as BONs and NCSBN.

Independent study in this area supports the BON staff or members by enhancing their understanding of:

- Fundamental principles and practices of high performance BONs; and
- Similarities and differences between the governance of a national not-for-profit association and that of a state or territorial regulatory agency.

Additional resources are provided at <https://www.ncsbn.org/2420.htm> (ncsbn.org username and password required) to guide independent study about legislative issues, national leadership organizations and NCSBN, and to identify specific opportunities to participate in the organization.

The overall goal of this Leadership Development Guide is to encourage organizational leadership involvement by identifying and supporting members seeking nomination for elected positions or volunteering to participate in committee work.

The LSC will support members seeking nomination for elected positions or volunteering for committee work. The members of the LSC are available to answer questions regarding the committee, the Leadership Development Plan and related policies. Names and contact information for current LSC members are located on www.ncsbn.org/518.htm.

Resources on Leadership Theories and Practice:

Kouzes, J.M. & Posner, B.Z. (2008). *The leadership challenge* (4th ed.). San Francisco, CA: Jossey-Bass.

Northouse, P.G. (2009). *Leadership: Theory and practice* (5th ed.). Thousand Oaks, CA: Sage Publications.

Resources on Conducting a Leadership Self-assessment and an Emotional Intelligence Self-assessment:

Bradberry, T. & Greaves, J. (2009). *Emotional intelligence 2.0*. San Diego, CA: TalentSmart.

Rath, T. (2007). *Strengths finder 2.0*. New York, NY: Gallup Press.

Developed by the NCSBN Leadership Succession Committee: 2010, Revised 2011

Every calling is great when greatly pursued.

– Oliver Wendell Holmes



National Council of State Boards of Nursing

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Attachment D Nomination Brochure

Sue Petula, Chair, Area IV Member
spetula@state.pa.us

Pamela Randolph, Area I Member
prandolph@azbn.gov

Lisa Emrich, Area II Member
lemrich@nursing.ohio.gov

Brenda McDougal, Area III Member
brenda@ncbn.com

George Hebert, Designated Member
Employee of NCSBN Member Board
George.hebert@lps.state.nj.us

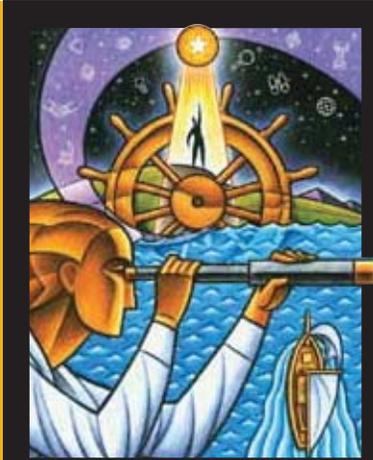
Lorinda Inman, Designated Member
Former NCSBN Board of Directors Member
Lorinda.Inman@iowa.gov

Mark Majek, Designated Member
Current or Former NCSBN Committee Chair
mark.majek@bon.texas.gov

Suellyn Masek, Designated Member
Board Member of NCSBN Member Board
suellynmasek@yahoo.com

The candidate Nomination Form must be received by
Monday, March 25, 2013.


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ADVANCING POTENTIAL: DISCOVER THE LEADER WITHIN

Every calling is great
when greatly pursued.

— Oliver Wendell Holmes

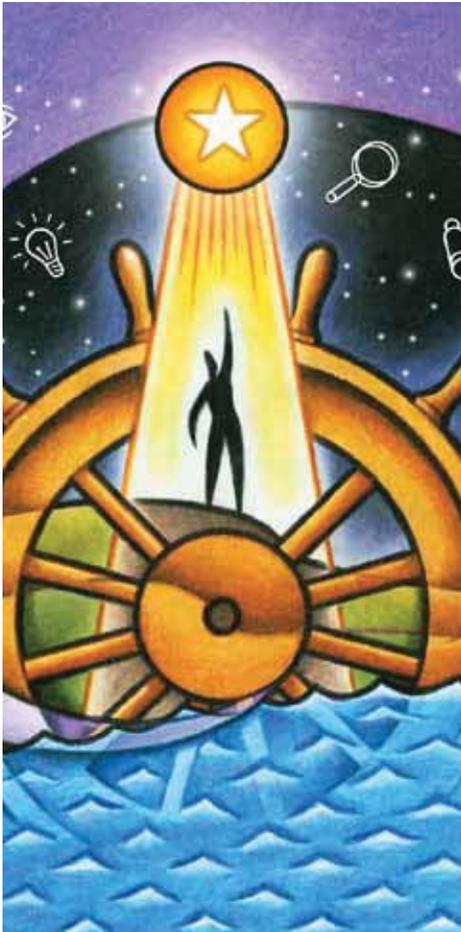
DISCOVER THE LEADER WITHIN

- I am ready to serve the purpose, mission and values of NCSBN.
- I am sensitive to and tolerant of different views.
- I can deal with ambiguity and complexity.
- I am flexible and adaptable.
- I am a good steward and will serve the greater good.
- I can think strategically and be open to new ideas.
- I can make decisions using the best evidence.
- I will strive to lead effective change.
- I will pursue excellence in all endeavors.
- I am collaborative.
- I am ready to do the right thing for the right reason through informed, open and ethical debate.

HAVE YOU CONSIDERED SERVING NCSBN?

IF SO, THERE IS A LEADERSHIP
OPPORTUNITY FOR YOU
THAT PROVIDES:

- A chance to impact nursing regulation; and
- Collaborate with other professionals with varying view points.



NCSBN BOARD OF DIRECTORS

WHAT ARE THE RESPONSIBILITIES OF BOARD MEMBERS?

- Carry out responsibilities in good faith with reasonable care, honesty and due diligence;
- Discharge responsibilities with fidelity to NCSBN and make decisions upon the good faith belief such actions are solely in the best interest of the organization as a whole; and
- Act in accordance with NCSBN bylaws and policies.

AM I ELIGIBLE TO APPLY?

- All NCSBN Member Boards (nursing board members and board staff) are eligible to apply to run for any elected office.

WHAT IS THE TIME COMMITMENT

- Approximately 30 days over 12 months that include five three-day meetings per year and attendance at NCSBN Midyear and Annual Meetings. Members may serve as board liaisons to NCSBN committees and as representatives to external meetings.

2013 OPEN POSITIONS

August 2013–2015
 Area I Director
 Area II Director
 Area III Director
 Area IV Director
 Director-at-Large (2 positions)



LEADERSHIP SUCCESSION COMMITTEE

WHAT IS LEADERSHIP SUCCESSION?

Leadership succession is the deliberate, ongoing process of identifying and developing qualified leaders who:

- Serve the purpose, mission, vision and values of NCSBN;
- Advance and promote excellence in nursing regulation;
- Sustain and evolve continued success and viability of NCSBN; and
- Embrace and cultivate a culture of service and stewardship.

WHAT ARE THE RESPONSIBILITIES OF COMMITTEE MEMBERS?

- Recommend strategies for the ongoing sustainability and advancement of NCSBN through leadership succession planning; and
- Present a slate of candidates through a determination of qualifications and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee.

AM I ELIGIBLE TO APPLY?

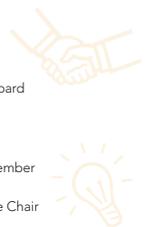
- All NCSBN Member Boards (nursing board members and board staff) are eligible to apply to run for any elected office.

WHAT IS THE TIME COMMITMENT?

- Four two-and-one-half-day committee meetings per year and attendance at NCSBN Midyear and Annual Meetings.

2013 OPEN POSITIONS

August 2013–2015
 Designated Member,
 Board Member of NCSBN Member Board
 Designated Member,
 Employee of NCSBN Member Board
 Designated Member,
 Former NCSBN Board of Directors Member
 Designated Member,
 Current or Former NCSBN Committee Chair



Attachment E
Revised LSC Policy

**Leadership Succession Committee
 Policy and Procedure**

POLICY NUMBER	1.0
POLICY NAME	LEADERSHIP SUCCESSION COMMITTEE
DATE OF ORIGIN	December 2008
PURPOSE	<ul style="list-style-type: none"> ▪ To define the role, function, and procedures for the Leadership Succession Committee (LSC). ▪ To utilize core leadership competencies to determine applicants' readiness for candidacy for all elected positions consistent with the mission, vision and values of NCSBN. ▪ To establish a timeline of activity for engagement, preparation, and presentation of a slate of candidates at Delegate Assembly. ▪ To implement a nomination, selection, and campaign process that reflects the values of fairness, integrity, and accountability.

1.0 POLICY	<p>1.1 LSC recommends strategies for the ongoing sustainability and advancement of the organization through leadership succession planning.</p> <p>1.2 LSC presents a slate of candidates through a determination of qualifications and geographic distribution for inclusion on the ballot for the election of the Board of Directors and LSC.</p>
2.0 STANDARDS / CRITERIA	<p>2.1 Facilitate the operations of the committee.</p> <p>2.2 Determine applicant's qualifications for candidacy based on demonstration of identified essential competencies for governance leadership as stated in the leadership development plan.</p> <p>2.3 Establish equitable, fair, and consistent campaign procedures.</p>
3.0 OPERATIONAL DEFINITIONS	<p>3.1 Annual Meeting: This term refers to NCSBN's annual meeting held yearly in August.</p> <p>3.2 Delegate Assembly: During the Annual Meeting, the Delegate Assembly, NCSBN's voting body, convenes. Activity includes discussion and voting on NCSBN business items and election of individuals to the Board of Directors and LSC.</p> <p>3.3 Campaign Procedure: permissible activities undertaken by candidates to communicate with the membership.</p>

4.0 OPERATIONAL PROCEDURE

4.1 Annual LSC Performance Review Committee Charges

- (a) Present a Slate of Candidates through determination of qualifications and geographic distribution for inclusion on a ballot for the election of the Board of Directors and LSC.
- (b) Recommend strategies for ongoing sustainability and advancement of the organization through leadership succession planning.

4.2 Preparation of State and Interview Process

- (a) Issue Call for Nominations through NCSBN communication channels which may include:
 - (1) NCSBN website
 - (2) Council Connector
 - (3) Electronic notification distribution and direct mailing to Member Board Presidents, Executive Officers, Member Boards, all current NCSBN committee members, and all member networks.
- (b) LSC directly engages NCSBN committees & conference attendees.
- (c) Determine applicant eligibility and qualifications.
- (d) Validate the applicant eligibility to serve a complete term with proper documentation.
- (e) Conduct applicant interviews to validate essential competencies in governance leadership.
 - (1) Contact applicants
 - (2) Explain process of the interview
 - (3) Conduct interview and allow applicant to ask questions
 - (4) Conclude interview
 - (5) Notify each applicant in writing of acceptance or denial of candidacy
- (f) Members of the LSC who have submitted a nomination form for a second term shall recuse themselves from the interview of applicants for that position.
- (g) Prepare slate of candidates.

4.3 Presentation of the Slate

- (a) LSC announces and submits the slate of candidates to the Business Book.
- (b) The report of the LSC is read at the first business meeting of the Delegate Assembly and nominations from the floor are accepted pursuant to NCSBN Bylaws Article 7, Section 1(f).
- (c) Conduct Candidate Forum.
- (d) Election (Delegate Assembly Volunteer Committee)

4.4 Nominations from the Floor Procedure

- (a) Members nominated from the floor: Any member who intends to be nominated from the floor is required to take the following steps:
 - (1) Obtain, complete & submit nomination form from NCSBN.
 - (2) Person intending to be nominated from the floor will schedule an interview with LSC through NCSBN (no later than the day before adoption of the slate by the Delegate Assembly).
 - (3) The interview questions and nomination form will be electronically disseminated by NCSBN to the individual intending to be nominated from the floor.
 - (4) Nominee is interviewed by LSC the day prior to adoption of the slate by the Delegate Assembly.
 - (5) Written notification of LSC's recommendation is delivered to the individual intending to be nominated from the floor following the interview, prior to Delegate Assembly.
 - (6) Individual intending to be nominated from the floor identifies a delegate to make a nomination from the floor during Delegate Assembly.
 - (7) Nomination is made from the floor within a 2 minute timeframe and nominee's qualifications are stated.
 - (8) Delegate obtains resolution form at Delegate Assembly, as instructed by the President.
 - (9) Forms are collected by Delegate Assembly ushers.

4.5 Campaign Procedure

- (a) Campaign activity is monitored by LSC. LSC members are prohibited from providing opinion, counsel or advice about candidates or campaign strategies; however, the members can provide information regarding the campaign process.
- (b) Candidates will be expected to act ethically and professionally at all times and in accordance with the organizational values.
- (c) Campaign violations will be addressed by LSC as identified.
- (d) The LSC will provide the **only** permissible contact lists for the purpose of campaigning.

4.6 Campaign Rules

- (a) Campaign activity is monitored by LSC.
- (b) Campaign activity is permitted after public announcement of the slate.
- (c) Prior to Annual Meeting, Candidates may engage in campaign activity by communicating with the membership through letters, emails, flyers and telephone calls.

During Annual Meeting, Candidates may communicate with membership verbally.

- (d) Power Point presentations are permitted during the Candidate Forum of Annual Meeting. These presentations are optional for the candidate. If the candidate chooses to present a Power Point, the presentation is required to be submitted

electronically to NCSBN.

- (e) Candidate photos will be posted outside the meeting rooms.
- (f) A ribbon and a button will be provided to the candidate by NCSBN and is the only candidate identification allowed during Annual Meeting.
- (g) A candidate unable to attend Annual Meeting may have his or her personal statement read during the candidate forum by their member board representative.

4.7 **Candidate Forum:**

- (a) Occurs during Annual Meeting.
- (b) Provides each candidate the opportunity to make a presentation (power point optional) to the membership.
- (c) Individual candidate presentation time is limited to the following time intervals:
 - Five (5) minutes for Presidential candidates
 - Four (4) minutes for Director positions
 - Three (3) minutes for LSC candidates
- (d) Order of Candidate Forum Presentations
 - **Even Numbered Years**
 - **Board of Directors**
 - (1) President
 - (2) Vice President
 - (3) Treasurer
 - (4) Director-at-Large (two positions)
 - **Leadership Succession Committee**
 - (1) Area I Member, LSC
 - (2) Area II Member, LSC
 - (3) Area III Member, LSC
 - (4) Area IV Member, LSC
 - **Odd Numbered Years**
 - **Board of Directors**
 - (1) Area I Director
 - (2) Area II Director
 - (3) Area III Director
 - (4) Area IV Director
 - (5) Director-at-Large (two positions)
 - **Leadership Succession Committee**
 - (1) Designated Member, Employee of a Member Board
 - (2) Designated Member, Board Member of Member Board
 - (3) Designated Member, Current or Former NCSBN Committee Chair
 - (4) Designated Member, Former NCSBN Board of Directors Member

4.8. **Election Results**

Refer to Board Policy 5.7. Annual Meeting; Process and Role of Committee on Elections

Revision Dates:

- January 4, 2010
- April 20, 2011
- April 11, 2012
- September 5, 2012
- November 29, 2012

Committee Charter



COMMITTEE CHARTER

Title: *Leadership Succession Committee*

Opportunity/Problem Statement: Continually seek ways to promote, access and measure the use of the NCSBN Leadership Development Plan amongst the BONs and their staffs. Annually, present a slate of qualified, geographically distributed candidates for inclusion on the ballot for election of Board of Directors and LSC positions.

Board Liaison: N/A

Committee Chair: Sue Petula

Charge(s): Charge 1: Recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning

Desired Impact: Desired Impact 1:

- a.) Both current and new strategies for leadership development have been reviewed, evaluated and recommended for use and implementation amongst the BONs and their staffs.

Success Measures: Impact 1 Measured By:

- a.) Recommend (5) key continuing/new strategies for leadership development.
 - a. Leadership Development Academy
 - i. Draft #2 reviewed and update 1/29-1/30/13
 - ii. Draft #3 to be reviewed 4/1/13
 - iii. Recommendation has been submitted to the Board of Directors for their consideration 5/8/13
 - b. Candidacy 101: understanding the process for running for office, February 25, 2013
 - c. Leadership Development Network (quarterly calls)
 - i. January – Kathy Apple, CEO
 - ii. February – Myra Broadway, Candidacy 101: Running for Office
 - iii. April – Joanne Disch, Leadership Institute (postponed to May TBD)
 - d. Committee members attending NCSBN conferences
 - i. LSC members to promote Leadership succession at IRE Conference, IT Conference, Operations Conference, Attorney/Investigator Conference, Midyear Meeting, APRN Roundtable, Long-term Care Conference, Scientific Symposium
 - ii. A table was set with the Leadership Development Guide, LSC FAQs, and Leadership Succession Committee Engagement Brochure. Members were available for questions at the table at breaks.

COMMITTEE CHARTER

- e. Survey to identify candidate interest/resources to serve (December 14)
 - i. Reviewed survey results 1/29/13 and identified key themes
 - ii. *Getting the Mentoring you Need* book provided to members
- f. Utilize John Maxwell's Leadership Book to generate discussion related to Leadership principles and succession strategies (11/29 & 1/30)
- g. MYM Powerpoint Draft reviewed by LSC 1/29/13
- h. MYM Powerpoint to be finalized 2/11/13
- i. MYM Powerpoint presented 3/13/13
- b.) Achieve 10% increase in course completion (over FY 2012 baseline) for the following courses:
 - i. NCSBN 101 (FY12 49 registered; 24 completed)

Time Frame and Milestones: Deliverables 1:

- (Dependent on first Meeting Discussion)
- a.) Quarterly Leadership Development Network Calls 1/30 & 2/25/13 & May TBD
 - b.) Presence at NCSBN Meetings (See Meetings List)
 - c.) Bi-monthly Leadership Perspective Published in Council Connector 2/13; 3/18; 5/7; 7/9; 9/10/2013
 - d.) A Guide to Leadership Development Brochure distribution at meetings
 - a. Finalized 1/29/13
 - b. Distributed to Eos 2/1/13
 - c. Distribution Table Staffed by LSC 3/11/13
 - e.) Leadership Development Academy
 - a. Draft #2 reviewed 1/29-1/30
 - b. Draft #3 to be reviewed 4/1/13
 - c. Phone conference with Susan Odom, IRE Chair, 1/30/13
 - d. Discussion with Kathy Apple Re "Shovel Ready" 1/30/13
 - e. Clarification/consultation with Kathy Apple regarding recommendations/next steps 4/2/13
 - f. Recommendations written to be presented to the Board of Directors 4/3/13
 - f.) Candidacy 101: understanding the process for running for office, February 25, 2013
 - a. Phone conference with Myra Broadway, 2/1/13
 - g.) Leadership Development Network (quarterly calls)
 - a. January – Kathy Apple, CEO
 - b. February – Candidacy 101, Myra Broadway
 - c. May – Joann Disch (tentatively) TBD
 - h.) Committee members attending NCSBN conferences
 - a. LSC members to promote Leadership succession at IRE
 - b. Table, kiosk, display item, MYM presentation & "Lollipop" theme
 - i.) Survey to identify candidate interest/resources to serve (December 4)
 - a. Survey reviewed 1/29/13
 - j.) Resource documents utilized & discussed by the committee:



COMMITTEE CHARTER

- a. Utilize John Maxwell's Leadership Book to generate discussion related to Leadership principles and succession strategies incorporated into LSC planning and discussion (1/30; 4/1/13)
- b. Harvard Business Review RE Mentorship used as reference and added to resource list for Leadership Program
- k.) Prepare Annual Report for Business Book 4/3/13

Operating Expectations/Boundaries/Assumptions:

- Start date: 9/4/2012
- End date: 8/15/2013

Charge(s):

Charge 2: Present a slate of candidates through determination of qualifications and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee

Desired Impact:

Desired Impact 2:

- a.) Multiple member candidates are expressing interest in pursuing leadership roles via elected office. Connect with membership regarding available positions and resources.

Success Measures:

Impact 2 Measured By:

- a.) Achieve 50% success for FY 2013 (prior year success rate was 33%)
- b.) Achieve 200 connections with membership for FY 2013 (prior year was 100)
 - a. As of 1/30/13 Contacts = 489
 - b. As of 3/11/13 Contacts = 600+
- c.) Two candidates for every open position on the 2013 slate of candidates

Time Frame and Milestones:

Deliverables 2:

- a.) Review/revise LSC Policy 1.0 (1/30)
- b.) Review Bylaws and submit suggestions/rationale to Committee 11/28/12
- c.) Conference call with Chair of Bylaws Cmte 1/24/13
- d.) Marketing completes nominating brochure (1/30)
- e.) Online nomination form updated by NCSBN IT department (10/28)
- f.) Send out initial call for candidates (10/28)
- g.) Finalize candidate interview questions (1/30)
- h.) Ongoing call for candidates (10/28, 11/19 and as of 1/29/13 total of 6 calls sent out)
- i.) Powerpoint for MYM Draft reviewed 1/30/13
- j.) Finalize Powerpoint for MYM (2/11)
- k.) Present at MYM (3/12)
- l.) Discuss co-presentation with Bylaws at MYM 2/11/1/13
- m.) Schedule committee interviews with all candidates (4/2-4/4/13)
- n.) Send out letters to qualified candidates (4/8/13)
- o.) Prepare for MYM Meeting (PPoint; LSC assignments) 1/29)



COMMITTEE CHARTER

- p.) Connections with measurement--Interest/Resource to serve Survey (1/30)
- q.) Met with Board of Directors for feedback (9/12)
- r.) Conference Call with Myra Broadway 2/1/13
- s.) Survey interest/resources to serve (12/3)
 - a. Aggregate survey results (12/14)
 - b. Review survey results 1/29)
- t.) Explore & brainstorm relationships between LSC & IRE with Susan Odom (1/30)
- u.) Rewrite EO letter 1/30/13
- v.) Mail nomination brochure and letter to EO 2/1/13
- w.) Make contact with respondents to survey 2/4/13
- x.) Prepare for Annual Meeting (table, LSC assignments, campaign monitoring etc.) (Conference Call July TBD)
- y.) Finalize Annual Report (4/3/13)
- z.) 50% for LSC and 40% for Board of Directors Positions slated (prior to nominations from the floor)=45%

Operating Expectations/Boundaries/Assumptions:

- Start date: 9/4/2012
- End date: 8/15/2013

Committee/Team Members: Sue Petula – Chair, Suellyn Masek, Pamela Randolph, Lisa Emrich, Lorinda Inman (Resigned March 2013), Mark Majek, Brenda McDougal, George Hebert, Kate Doyle and Linda Olson - staff

2013 Report of the Board of Directors (BOD)

Highlights of Business Activities

Oct. 1, 2012 through May 31, 2013

STRATEGIC THINKING AND PLANNING

This has been a strategic thinking and planning year for the BOD as it developed draft organizational strategic initiatives for presentation to the 2013 Delegate Assembly. The BOD explored the current national health care environment, and looked at the regulatory world with a systems perspective and a focus on the future of state-based licensure. The BOD practiced “thinking in time,” which is a strategic thinking competency referring to the ability to hold the past, present and future in mind while at the same time, identifying the gap between today’s reality and the intent for the future.

To this end the BOD engaged in a variety of activities. As a continuation from the end of last fiscal year, the BOD reviewed recommendations from a subcommittee of the BOD charged to review all federal legislation related to state-based or national licensure. The subcommittee recommended that NCSBN continue to monitor federal activities and oppose any further federal licensure exemptions. In addition, federal legislation regarding immigration was monitored for its impact on the potential movement of nurses to the U.S.

The BOD lived its organizational value of collaboration through its activities with the Tri-Regulator Collaborative. The Tri-Regulator Collaborative is composed of NCSBN, the Federation of State Medical Boards and the National Association of Boards of Pharmacy. The first Tri-Regulator Symposium was held in Washington, D.C. Oct. 17-18, 2012, and focused on issues common to all three organizations: the future of state-based licensure, collecting workforce data, opioid prescribing and competency concerns. Additionally, the Tri-Regulator Collaborative published a policy statement on the importance of workforce data collection. The BOD also approved its first formal partnership with the Council of State Governments (CSG) to assist in the passage of legislative authority to conduct federal criminal background checks through the FBI.

The BOD continued building its governance expertise through ongoing board governance education and stimulating generative discussions. The BOD dedicated time to an education session on Transformational Governance. The BOD began an exploratory discussion on the role of member boards and NCSBN today and in the future; how member boards can use today’s opportunities to highlight and focus on state board relevancy; how NCSBN can support the work of member boards so the membership can focus on those efforts critical to public protection; NCSBN’s obligation when one state has a legislative mandate to develop something and the impact on other member boards; how NCSBN can attend to the unique needs of one jurisdiction without negatively impacting other member boards; and the future of testing.

Recommendations to the Delegate Assembly

Adopt the proposed 2014–2016 Strategic Initiatives.

Rationale:

The BOD developed the proposed 2014–2016 Strategic Initiatives through a facilitated strategic planning process and solicited feedback from the membership during the fiscal year. The proposed plan identifies critical strategic direction for the next three years in accordance with NCSBN’s mission and vision.

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 strategic objectives and performance measures designed to carry out the strategic plan.

Members

Myra A. Broadway, JD, MS, RN
Maine, Area IV, President

Shirley A. Brekken, MS, RN
Minnesota, Area II, Vice President

Julia L. George, MSN, RN, FRE
North Carolina, Area III, Treasurer

Debra Scott, MSN, RN, FRE
Nevada, Area I Director

Lanette Anderson, JD, MSN, RN
West Virginia-PN, Area II Director

Pam Autrey, PhD, MBA, MSN, RN
Alabama, Area III Director

Ann L. O’Sullivan, PhD, FAAN,
CRNP
Pennsylvania, Area IV Director

Betsy Houchen, JD, MS, RN
Ohio, Area II, Director-at-Large

Emmaline Woodson, DNP, MS,
RN, FRE
Maryland, Area IV,
Director-at-Large

Joe Baker, Jr.
Florida, Area III, Director-at-Large

Gloria Damgaard, MS, RN
South Dakota, Area II,
Director-at-Large

Staff

Kathy Apple, MS, RN, FAAN
CEO

Kate Doyle
Manager, Executive Office

Board Meeting Dates

- Aug. 10, 2012
- Sept. 5-7, 2012
- Oct. 26, 2012 (Conference Call)
- Dec. 17-18, 2012
- Jan. 4-5, 2013
- Feb. 4-6, 2013
- May 8-10, 2013
- July 10-12, 2013

Adopt the proposed amendments to the NCSBN Bylaws.

Rationale:

The proposed amendments clarify BOD meeting and vacancy requirements, address congruence in the nomination process for election, and a new composition for the BOD and Leadership Succession Committee for the purpose of building a more responsive organization and to better meet the needs of the membership. The BOD, at its May 8-10, 2013 meeting, moved to present to the 2013 Delegate Assembly the Bylaws Committee proposal to substitute a public member for a director-at-large position without recommendation, encouraging discussion and debate with a decision made by the Delegate Assembly.

Fiscal Impact:

Incorporated into the fiscal year 2014 (FY14) budget.

Adopt the proposed revision to the Member Board Agreement.

Rationale:

The goal for the revision is to update the agreement to best serve the current and future needs of the membership and NCSBN.

Fiscal Impact:

None.

Approve setting the member board membership fee to zero upon adoption of the revised Member Board Agreement.

Rationale:

Eliminating the membership fee facilitates state processing of the agreement.

Fiscal Impact:

Elimination of \$180,000 of annual revenue.

Adopt proposed Model Education Rules.

Rationale:

The current model education rules do not specify where faculty who teach distance education courses should be licensed; both educators and BONs have asked for clarification. Didactic faculty should hold an active, unencumbered license or privilege to practice where the program has a physical presence recognizing that teaching nursing is the practice of nursing. Instruction originates where the program is located since the program is approved by that jurisdiction. For patient safety, faculty and preceptors who supervise students in patient care should hold an active, unencumbered license or privilege to practice in the jurisdiction where the clinical experience takes place. Faculty who travel to distant jurisdictions to provide clinical oversight of clinical faculty and/or preceptors should hold an active, unencumbered license or privilege to practice in the jurisdiction where the program has a physical presence and where the clinical practicum is conducted when in contact with patients or patient data.

Fiscal Impact:

None.

Adopt the Association of Registered Nurses of Newfoundland & Labrador as an Associate Member of NCSBN.

Rationale:

The NCSBN Bylaws state that an associate member is a nursing regulatory body or empowered regulatory authority from another country or territory. The bylaws require approval of the membership by the full membership of the Delegate Assembly. The current applications for associate membership meet the qualifications as stated in the NCSBN Bylaws.

Fiscal Impact:

Upon acceptance each new associate member will pay a \$1,500 annual fee.

Adopt the College of Licensed Practical Nurses of Manitoba as an Associate Member of NCSBN.

Rationale:

The NCSBN Bylaws state that an associate member is a nursing regulatory body or empowered regulatory authority from another country or territory. The bylaws require approval of the membership by the full membership of the Delegate Assembly. The current applications for associate membership meet the qualifications as stated in the NCSBN Bylaws.

Fiscal Impact:

Upon acceptance each new associate member will pay a \$1,500 annual fee.

Adopt the Nursing & Midwifery Board of Ireland as an Associate Member of NCSBN.

Rationale:

The NCSBN Bylaws state that an associate member is a nursing regulatory body or empowered regulatory authority from another country or territory. The bylaws require approval of the membership by the full membership of the Delegate Assembly. The current applications for associate membership meet the qualifications as stated in the NCSBN Bylaws.

Fiscal Impact:

Upon acceptance each new associate member will pay a \$1,500 annual fee.

FY13 Highlights and Accomplishments

COLLABORATION WITH EXTERNAL ORGANIZATIONS

Strategic Partnership Meeting Attendance by BOD and/or NCSBN Staff

- National Governors Association (NGA)
- Council on Licensure Enforcement and Regulation (CLEAR)
- BoardSource Leadership Forum
- Tri-Regulator Collaborative Symposium
- Nursing Organizations Alliance (NOA)
- CSG
- National League for Nursing (NLN) Summit
- Tri-Council of Nursing
- National Student Nurses Association (NSNA)
- National Organization for Associate Degree Nursing (N-OADN)
- National Forum on Quality Improvement in Healthcare Institute for Healthcare Improvement (IHI)
- Citizen Advocacy Center (CAC)

- International Council of Nurses (ICN) Observatory on Registration & Licensure
- ICN Congress
- International Standards Organization (ISO) General Assembly
- National Federation of Licensed Practical Nurses (NFLPN)
- Interagency Collaborative on Nursing Statistics (ICONS)
- American Board of Nursing Specialties Meeting (ABNS)
- National Coordinating Council for Medication Error Reporting and Prevention (NCC-MERP)
- Association of American Colleges of Nursing (AACN)
- National Practitioner Databank Executive Committee
- Federation of Associations of Regulatory Boards (FARB)
- American Organization of Nurse Executives (AONE)
- National Quality Forum (NQF)
- Federation of State Medical Boards (FSMB)
- National Patient Safety Foundation
- Tri-Regulator Collaborative meeting
- National Organization of Alternative Programs (NOAP)
- National Association of Hispanic Nurses (NAHN)
- National Black Nurses Association (NBNA)

GOVERNANCE AND POLICY

- The BOD approved the application and procedures manual for accreditation from the American National Standards Institute (ANSI) as a Standards Development Organization (SDO).
- The BOD approved the Tri-Regulator Collaborative Workforce Statement to promote the collaborative agreement on the importance of workforce data collection.
- The BOD approved continuing membership in the Nursing Alliance for Quality Care (NAQC) as it was moved under the structure of the American Nurses Association (ANA) to provide the opportunity to participate and collaborate in policy discussions related to safe, quality, patient-centered nursing care.
- The BOD reviewed and discussed performance outcome data for strategic objectives from FY12 and FY13.
- The BOD routinely met with the government relations firm Prime Policy Group to discuss federal legislation related to state-based licensure and immigration.
- The BOD routinely conducted a discussion on the current health care and regulatory environment, including review of a formal written environmental report in December 2012.
- The BOD held a Member Board Conference Call at each BOD meeting in which President Myra Broadway presented the BOD's discussions and actions taken during the meeting and responded to questions from members.
- The BOD conducted a new board member orientation in September 2012 to review the NCSBN's mission, vision, values, history, structure, bylaws, policies, nonprofit financial management, effective governance principles, legal and fiduciary responsibilities, and the role of the CEO and staff.

- The BOD assigned individual board members to attend various key external stakeholder meetings during the fiscal year.
- The BOD appointed members to various committees for FY13. The BOD assigned the 2012 Delegate Assembly New Business Resolution regarding advanced practice distance education programs, students and faculty jurisdictional boundaries to the APRN Committee.
- The BOD routinely reviewed an update report from the Nurse Licensure Compact (NLC) Administrator Group.
- The BOD routinely reviewed the evaluation and outcome results from NCSBN-sponsored meetings.
- The BOD reviewed and finalized FY14 BOD meeting dates.
- The BOD approved proposed policy 12.17 Nurse Alert Feature Use in Nursys® to include the definition of significant investigative information as it is currently defined in the language of the NLC in order to establish uniform guidelines for the Use of Nursys® Nurse Alert Feature.
- The BOD reviewed and discussed the outcome evaluation of the APRN commercial consumer outreach campaign.
- Consultant Susan Meier facilitated a governance education session with the BOD on the topic of transformational governance.
- The BOD reviewed the CEO compensation analysis report from Mercer and applied the reasonable standard for executive compensation programs.
- The BOD reviewed and discussed a proposal for exploring nurse demographic data within Nursys and the potential for research utilizing Nursys data.
- The BOD reviewed the APRN Committee's proposal regarding grandfathering provisions in consideration of growing adoption of the APRN Consensus Model.
- The BOD reviewed recommendations from the 35th anniversary planning group related to the program for the 2013 Annual Meeting and celebration of NCSBN's 35th anniversary.
- The BOD approved a donation of \$35,000 to the Florence Nightingale International Foundation Girl Child Fund and \$135,000 to the National Student Nurses Association Foundation for scholarships in honor of NCSBN's 35th anniversary.
- The BOD approved the renaming of the Exceptional Leadership Award in honor of Elaine Ellibee, the first president of NCSBN.
- The BOD developed draft 2014-16 Strategic Initiatives for consideration by the 2013 Delegate Assembly.
- The BOD reviewed and discussed performance outcome data on NCSBN programs, products and services.
- The BOD reviewed the final reports of FY13 NCSBN Committees.
- The BOD determined the official business and summary of recommendations for the 2013 Delegate Assembly.

FINANCE

- The BOD approved the FY13 budget.
- The BOD approved quarterly financial statements throughout the fiscal year.
- The BOD approved the proposed audit plan for FY12.
- The BOD approved the annual banking resolution authorizing the CEO to establish and maintain banking accounts.

- The BOD approved publishing access to IRS 990 form.
- The BOD accepted the independent auditor's report for the NCSBN retirement plan for the year ended June 30, 2012. After reviewing and discussing the reports with the auditors, the BOD believes that the auditors remained independent in both fact and appearance, and that NCSBN is in compliance with the plan document and reports present fairly, in all material respects, NCSBN retirement plan assets as of June 30, 2012. The BOD accepted the financial statements and the report of the independent auditors for the year ended Sept. 30, 2012. After reviewing and discussing the reports with the auditors, the BOD believes that the auditors remained independent in both fact and appearance, and the statements present fairly, in all material respects, the financial position of NCSBN as of Sept. 30, 2012. The BOD approved the engagement of the auditors to conduct a fraud risk assessment, including a schedule of frequency of such an audit to be proactive in analyzing internal control procedures.
- The BOD reviewed and discussed the draft 2012 IRS 990 form.
- The BOD met with Becker, Burke investment managers to review and discuss NCSBN's investment portfolio and performance analysis.

TESTING

- The BOD participated in an education session on the process for determining a high stakes licensure examination passing standard.
- The BOD ratified the NNAAP® Skills Examination Passing Standard as recommended by the NNAAP® Skills Examination Standard Setting Policy Group. The passing standard will be effective from 2013 to 2018. After consideration of all available evidence, including its own knowledge about the nursing industry, the BOD determined that the NNAAP® Skills Examination passing standard should be revised to reflect current nurse aide practice.
- The BOD approved the revised NCLEX-RN® passing standard. The new passing standard will be effective from April 1, 2013 through March 31, 2016. After consideration of all available evidence, including its own knowledge about the nursing industry, the BOD determined that the current NCLEX-RN passing standard should be revised to reflect changes in the nursing profession and practice.
- The BOD reviewed and discussed the results of the 2012 PN Practice Analysis. The results were used to make recommendations for revisions to the 2014 NCLEX-PN® Test Plan.
- The BOD reviewed and discussed the proposed revisions to the 2014 NCLEX-PN® Test Plan.
- The BOD reviewed quarterly NCLEX® program update reports.
- The BOD reviewed quarterly reports on NNAAP® and MACE® examinations.
- The BOD approved revisions to various testing policies.

INFORMATION TECHNOLOGY (IT)

- The BOD approved revisions to Nursys policies to ensure the protection of member board licensure and disciplinary data stored in Nursys.
- The BOD reviewed and discussed regulatory and operational trends identified from member board visits by the IT department.
- The BOD reviewed update reports on Nursys services and Interactive Services.

NURSING REGULATION

- The BOD reviewed and discussed revisions to the Attorney/Investigator Conference.
- The BOD approved the proposal from CSG regarding assistance to support legislation to obtain authority for federal criminal background checks to support jurisdictions in seeking this authority.

RESEARCH

- The BOD reviewed the second TERCAP® case analysis and directed staff to convene a group of nurse scientists, educators and regulators to discuss implications of the data.
- The BOD reviewed the results of the national Nursing Workforce Study.
- The BOD reviewed data results on military challenges to NCLEX-PN.

Attachment

- A. Annual Strategic Plan Progress Report, October 2012 – May 2013
- B. Proposed 2014-2016 Strategic Initiatives
- C. Association of Registered Nurses of Newfoundland & Labrador Associate Member Application
- D. College of Licensed Practical Nurses of Manitoba Associate Member Application
- E. Nursing & Midwifery Board of Ireland Associate Member Application

Attachment A

Annual Strategic Progress Report, October 2012–May 2013

The Annual Progress Report is provided as a summary of the year's activities and accomplishments in the work toward aligning the strategies with NCSBN's vision, mission and values, and achieving the organization's strategic initiatives. The scorecard provides feedback around both the internal business processes and external outcomes in order to continuously improve strategic performance and results.

A. NCSBN promotes evidence-based regulation.

STRATEGIC OBJECTIVE 1

Increase regulatory knowledge through research.

Knowledge is gained through a careful and thorough attempt at gathering research, analysis, understanding and application of lessons learned. NCSBN continues an active research program with meaningful and useful projects.

- Data for the NCSBN National Simulation Study continues to be collected from schools participating in the project. The Data Safety Monitoring Board met to review results to date and to confirm that it is safe to continue the study. The longitudinal phase of the study is now being planned. The Simulation Study is on target according to plan.
- For the Transition to Practice Study, Phase II enrollment is complete with 42 sites participating (public health, long-term care, ambulatory care and visiting nurses), with 46 new nurses and 67 preceptors. Phase I, which includes 109 hospitals with 1,332 new nurses and 2,527 preceptors, ended in December 2012. Focus groups for site coordinators, new graduates and preceptors have been held to elicit qualitative information. Preliminary analysis of the quantitative data is being conducted and shared with the Research Advisory Panel. The Transition to Practice Study is on target according to plan.
- Three health care organizations are participating in the Continued Competence Study. The Western Institutional Review Board (IRB) and participating hospital approved the study. Test dates were targeted for July 2013 and the recruitment of subjects has begun.
- The Workforce Study, in partnership with the Forum of State Nursing Workforce Centers, is complete. A list of all actively licensed registered nurses (RNs) was generated and Scantron assisted with the sampling, design and administration of the survey. Data was collected, analyzed and was published as a supplement to the July 2013 issue of the *Journal of Nursing Regulation*.
- Data collection regarding discipline is also completed for the International Regulators Study and was presented to the International Nurse Regulator Collaborative on May 18, 2013.
- The CRE Grant Program received 20 proposals for funding requests. Review was completed and grantees were notified of their awards.

STRATEGIC OBJECTIVE 2

Promote regulatory excellence through a performance measurement system.

Performance measurement is defined as a wide range of activities, tools and techniques to ensure that the organization is heading in the desired direction. The Commitment to Ongoing Regulatory Excellence (CORE) Committee continues to study and develop promising practices in the area of discipline. Building on the enhancements made to the CORE process in fiscal year 2012 (FY12), the committee has redesigned the entire process to provide highly valued and useful information to boards of nursing (BONs). Under the guidance of the committee's

external consultant, the State Boards of Nursing Logic Model has become the framework for guiding the entire process and mapping of existing performance measures in order to identify gaps. The committee has also substantially redesigned the four CORE surveys and the method for accessing the requisite data from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPS), Nursys® and NCLEX®. The individual state reports were also redesigned to present the comparative performance information more clearly and concisely. With the help of an outside facilitator, the CORE Committee conducted focus groups of representatives of selected high performing and steadily improving BONs to identify disciplinary promising practices. Initial focus has been on triage and data investigation. Several activities were identified to provide evidence on promising discipline practices. Four committee members presented their promising practices at the NCSBN Midyear Meeting.

STRATEGIC OBJECTIVE 3

Create resources for evidence-based regulation.

Data-based decision making is a core principle and is at the heart of any performance measurement system. CORE Discipline State Reports were sent to member boards in April, followed with the Licensure, Education and Practice State Reports in July, and then aggregate CORE reports. CORE's external consultant presented at the Midyear Meeting and discussed how the CORE report can help BONs achieve higher levels of excellence. Three CORE committee members presented how their BON uses the CORE report for internal performance.

Assisting states with their Uniform Licensure Requirements (ULRs), NCSBN conducted a six month review of ULR reports, updated all data and developed a final draft of the webpage and the ULR Toolkit.

NCSBN continues to collect data and provide analysis for the Taxonomy of Error, Root Cause Analysis and Practice-responsibility (TERCAP®) project. A data analysis report on 1,938 cases has now been completed. A TERCAP presentation was given at the International Council of Nurses' 25th Quadrennial Congress in May 2013 in Australia.

NCSBN continues to assist states/jurisdictions in adopting the APRN Consensus Model. To date, 22 states/jurisdictions have introduced bills pertaining to APRN consensus. In relation to assisting member boards in applying grandfathering provisions to APRNs consistent with the model, both guidelines and a toolkit have been developed. Distance learning regulatory standards and model rules were also developed and shared with member boards at the Midyear Meeting. Regulatory standards for distance education programs were developed, and from those, model education rules on licensure of faculty in distance education programs were proposed. Distance education issues were outlined and analyzed as part of a white paper on distance education, and a uniform checklist was created as a way of reducing BON inconsistencies with regulation of distance education nursing programs.

B. NCSBN advances the engagement and leadership potential of all members through education, information and networking.

STRATEGIC OBJECTIVE 1

Enhance leadership self-knowledge, governance and regulatory expertise.

Solid, visible leadership is the foundation of every organizational endeavor. The Leadership Succession Committee (LSC) continues to focus on developing programs that enhance the individual's participation and experience in sharing his or her time and talent in leadership positions. A Leadership Academy, networking calls, online resources and individual mentoring are some of the initiatives being utilized and considered. Executive officer coaching services continue to be provided for executive officers to improve their knowledge, skill and ability specific to the executive officer role. The Executive Officer Scholarship Fund also continues to be made available to executive officers for assistance in pursuing various knowledge and skill acquisition activities.

STRATEGIC OBJECTIVE 2

Create alternative, innovative membership engagement strategies.

Innovation is critical to inspiring, exciting, empowering and engaging individuals in the improvement process. A healthy and robust Institute for Regulatory Excellence (IRE) program continues to be fostered and maintained by NCSBN with a goal of building the body of regulatory knowledge through in depth research projects. Eleven new fellows joined the program in FY12 and are progressing in completing their assigned research projects. The 2013 Annual IRE Conference was held in New Orleans with 88 attendees.

C. NCSBN provides state-of-the-art competence assessments.

STRATEGIC OBJECTIVE 1

Develop psychometrically sound, legally defensible innovative competence assessments.

Maintaining the benchmark for consistency and value requires a total team effort. All NCSBN Member Boards continue to use the NCLEX. All NCSBN examinations were administered in compliance with security policies and procedures. Sufficient items were developed and reviewed, and only valid examinations were administered and scored.

STRATEGIC OBJECTIVE 2

Develop options for non-U.S. nursing regulatory authorities to use NCSBN competency examinations.

A presentation on NCLEX examinations was made to nursing and measurement academicians in Tokyo, Japan. Additional interest, discussion and exploration has been generated by the Caribbean Community (CARICOM) Nurse Regulatory group.

D. NCSBN collaborates to advance the evolution of nursing regulation worldwide.

STRATEGIC OBJECTIVE 1

Increase understanding of regulatory processes, challenges and opportunities worldwide.

Reaching out to others brings a wealth of new and diverse ideas and relationships. The International Nurse Regulator Collaborative met in Melbourne, Australia on May 18, 2013, to discuss the current action plan, the second round of discipline data collection, and the continuation of the Collaborative. In addition, three applications for associate membership were submitted for approval.

STRATEGIC OBJECTIVE 2

Promote standards of nursing regulation.

Standardizing methodologies and pursuing current best approaches ensures that you will be able to accurately and reliably repeat the process each time. The application and manual for designation as an American National Standards Development Organization (SDO) has been approved by the Board of Directors (BOD) and submitted to the American National Standards Institute (ANSI).

E. NCSBN optimizes nursing regulation through efficient use of technology.

STRATEGIC OBJECTIVE 1

All member boards submit licensure and discipline data to Nursys®.

Currently there are 51 jurisdictions actively participating and contributing licensure and discipline information to Nursys. There are four BONs that do not submit licensure data (Alabama, Hawaii, Louisiana-PN and Oklahoma). The BOD continues to facilitate discussions between NCSBN and the member boards that are not currently submitting licensure data to Nursys. The BOD will continue to provide guidance on the appropriate next steps in pursuing total participation.

STRATEGIC OBJECTIVE 2

Develop a mechanism to share disciplinary and licensure information with and among associate members.

A meeting was held with some of the Canadian associate members during the Midyear Meeting to review the prospects of participating in the sharing of disciplinary and licensure information. Continued discussion is underway to assess technical resources needed.

STRATEGIC OBJECTIVE 3

Develop a regulatory management system.

Collaborating and partnering with customers and suppliers is key to understanding requirements and expectations. A total of 12 Effort of Engagement webinars have been conducted with member boards to gauge interest and understanding for a regulatory management system. A focus group has been confirmed; there are 12 member boards and 30 board staff signed up to participate. Three more webinars with member boards will be conducted in 2013.

Attachment B

Proposed 2014-2016 Strategic Initiatives

- A. Advance regulatory relevance (and responsiveness) to changes in health care.
- B. Promote regulatory solutions to address borderless health care delivery.
- C. Expand the active engagement and leadership potential of all members.
- D. Develop competency assessments to support the future of health care and the advancement of regulatory excellence.
- E. Promote evidence-based regulation.

Association of Registered Nurses of Newfoundland & Labrador Associate Member Application

NCSBN Associate Member Application

Applicant Contact Information

Name Lynn Power		Title Executive Director	
Phone 709-753-6173	Fax Number 709-753-4940	E-mail lpower@arnnl.ca	

Organization Information

Full Name Association of Registered Nurses of Newfoundland and Labrador (ARNNL)			Chief Staff Person Lynn Power	
Mailing Address 55 Military Road				
City St. John's	State NL	Country Canada	Postal Code A1C 2C5	
Street Address (if not the same)				
City	State	Country	Postal Code	
Phone Number 709-753-6040	Fax Number 709-753-4940	E-mail info@arnnl.ca	Web site www.arnnl.ca	

Organization Description

1. Please list all the professions your organization regulates:

We regulate all the Registered Nurses (RNs) and Nurse Practitioners (NPs) in the province of Newfoundland and Labrador.

2. Please list the number of persons regulated (by profession):

Approximately 6300 members. Registration changes annually but only by approximately 1%. For the past 10 years we have experienced steady increases in our numbers.

3. Please describe the authority under which your organization regulates:

RN Act 2008 and related regulations (revisions still in progress). Existing Nurse Practitioner Regulations (2009) will be replaced once new version available (combined RN/NP registration regulations).

4. Please describe why your organization wants to be an Associate Member of NCSBN:

To avail of educational and networking options offered by your organization. In particular, to be as best informed about the NCLEX Exam as we are a part of the Canadian jurisdictional group who purchased the exam.

5. Is your organization incorporated or not? If yes, are you considered for profit or non-profit?

We are a not for profit organization.

RN Act s. 3(1): The Association of Registered Nurses of Newfoundland and Labrador is continued as a corporation without share capital for the purposes of Part XXI of the Corporations Act.

6. Are you a membership organization?

Yes but membership is mandatory for all practicing RNs. Membership is only optional for non-practicing nurses (approximately 500).

Upon completion, you must submit this application form via email to memberrelations@ncsbn.org along with a copy of your Bylaws and Mission Statement as attachments.

By signing this application the undersigned understands that, if approved for membership, applicants are required to abide by NCSBN bylaws and the NCSBN Board Policy Manual. Failure to pay annual associate membership fee may result in termination of status. Decisions of the NCSBN Delegate Assembly regarding membership are final.

Sym Power
Signature

Executive Director
Title
ARNL

March 15, 2013
Date

College of Licensed Practical Nurses of Manitoba Associate Member Application

NCSBN Associate Member Application

Applicant Contact Information

Name Jennifer Breton		Title Executive Director	
Phone 204-663-1212	Fax Number 204-663-1207	E-mail jbreton@clpnm.ca	

Organization Information

Full Name College of Licensed Practical Nurses of Manitoba		Chief Staff Person Jennifer Breton	
Mailing Address 463 St. Anne's Road			
City Winnipeg	State Manitoba	Country Canada	Postal Code R2M 3C9
Street Address (if not the same)			
City	State	Country	Postal Code
Phone Number	Fax Number	E-mail	Web site www.clpnm.ca

Organization Description

1. Please list all the professions your organization regulates:

Licensed Practical Nurses (LPNs)

2. Please list the number of persons regulated (by profession):

Approximately 3100 registrants

3. Please describe the authority under which your organization regulates:

The Licensed Practical Nurses Act

4. Please describe why your organization wants to be an Associate Member of NCSBN:

The College of Licensed Practical Nurses of Manitoba's vision is to demonstrate excellence in nursing practice and regulation. Our College upholds the following values: knowledge, collaboration, respect, professionalism, organizational integrity and continuous quality. We believe that an Associate Membership with the NCSBN will assist us to continue to strive towards excellence. Our organization also supports the sharing of best practices in nursing regulation on both a national and an international level, and being an Associate Member of NCSBN would help us to share and learn with our peers. As regulators, it is important to have opportunities to share common trends, concerns, ideas, initiatives and innovations; ergo, we believe that an Associate Membership will be mutually beneficial.

5. Is your organization incorporated or not? If yes, are you considered for profit or non-profit?

Yes, our organization is incorporated and we are considered non-profit.

6. Are you a membership organization?

No.

Upon completion, you must submit this application form via email to memberrelations@ncsbn.org along with a copy of your Bylaws and Mission Statement as attachments.

By signing this application the undersigned understands that, if approved for membership, applicants are required to abide by NCSBN bylaws and the NCSBN Board Policy Manual. Failure to pay annual associate membership fee may result in termination of status. Decisions of the NCSBN Delegate Assembly regarding membership are final.


Signature


Executive Director
Title


30/Jan/13
Date

Nursing & Midwifery Board of Ireland Associate Member Application

NCSBN Associate Member Application

Applicant Contact Information

Name: Maura Pidgeon		Title: Dr
Phone : +353-1-6398537	Fax Number	E-mail: mpidgeon@nmbi.ie

Organization Information

Full Name: Nursing & Midwifery Board of Ireland		Chief Staff Person : Silean Shortle	
Mailing Address: 18-20 Carysfort Avenue, Blackrock			
City : Co Dublin	State	Country : Ireland	Postal Code: Co Dublin
Street Address (if not the same)			
City	State	Country	Postal Code
Phone Number: +353-1-6398537	Fax Number	E-mail : sshortle@nmbi.ie	Web site: www.nmbi.ie

Organization Description

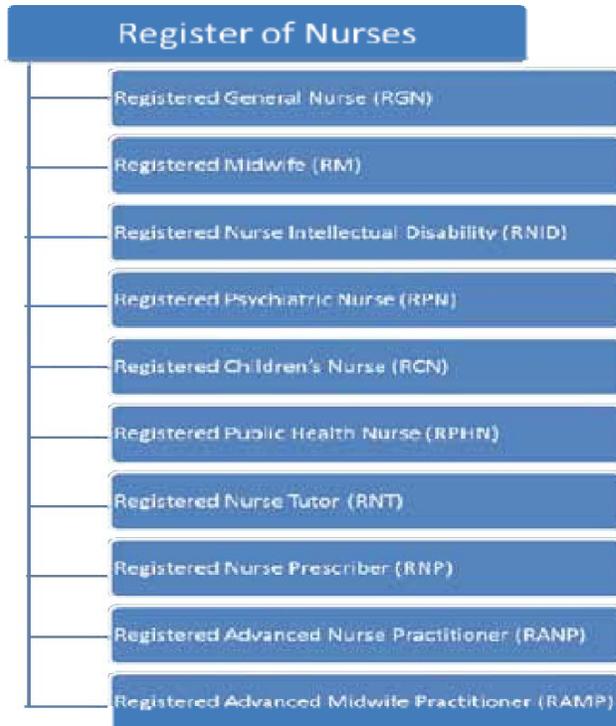
1. Please list all the professions your organization regulates:

(1) Nursing and (2) Midwifery

2. Please list the number of persons regulated (by profession):

91,000 (of which 66,000 are on the Active Register)

The structure below of our current Register reflects the current Registered titles within the professions of nursing and midwifery.



Given our new legislative framework, i.e. Nurses & Midwives Act 2011, we are researching best possible models in respect of restructuring the new "Register for Nurses and Midwives". The rationale for restructuring the Register is that midwifery, under the 2011 legislation, is now an independent profession and it is necessary, therefore, to ensure any restructuring provides for clarity, effectiveness of purpose and assurance of competence for those individuals entered on the Register. This work is in progress at the time of application.

3. Please describe the authority under which your organization regulates:

Statute – Nurses & Midwives Act 2011

This legislation provides for all aspects of governance of the Organization, inter alia, role and responsibilities of CEO, Committees, Education/Standards & Competence Assurance Scheme, Fitness to Practise (Discipline management of complaints), and management of the Register.

As an agency under the aegis of the Department of Health, we are an independent regulator of nurses and midwives (the competent authority), and are self-funding, with registration fees being our main revenue stream. We do not receive any subvention from the Department.

We are a self-funded (Registrants) independent body under the aegis of the Department of Health.

4. Please describe why your organization wants to be an Associate Member of NCSBN:

The Regulator of Nurses & Midwives in Ireland has a long and rich heritage of Regulation as evidenced by the highly qualified, competent and confident Irish Nurses. The Irish nursing and midwifery diaspora is a testimony to the quality of nurses and midwives trained and educated in Ireland over the generations. It is with this heritage and tradition that we at NMBI are committed to the development of Regulation, hence the importance of being associated with NCSBN.

If our application is accepted we believe that our organization could learn from you in respect of governance and the performance management thereof. We also believe that both organizations could work collaboratively on ICT thus maximizing opportunities for both NCSBN as well as ourselves.

Moreover, globalization affects regulation as much as it does any other facet of society and to be part of a leading organization such as NCSBN would greatly assist us at NMBI in the development of our leadership role in the healthcare industry. Furthermore, Regulation is itself going through a metamorphous as it endeavours to be more relevant to its users and beneficiaries. Being associated with the NCSBN can only be beneficial as we journey from the point of being an enforcer through to being an enabler, pro-active in leading the pursuit of our mutual goal of protecting and safeguarding the public.

We are, as an organization, most appreciative and indeed honoured to have been invited by your CEO to make this application, during my recent visit to NCSBN in Chicago, and the decision to proceed with this application was approved by our Board at its meeting on 24 September 2012.

5. Is your organization incorporated or not? If yes, are you considered for profit or non-profit?

No

6. Are you a membership organization?

No

Upon completion, you must submit this application form via email to memberrelations@ncsbn.org along with a copy of your Bylaws and Mission Statement as attachments.

We are governed by the Nurses & Midwives Act 2011 : <http://www.irishstatutebook.ie/2011/en/act/pub/0041/>

Our Strategy Statement is currently under major review and due for public consultation in October this year. We shall forward same on completion but in the interim we attach a copy of the Strategy Statement.

By signing this application the undersigned understands that, if approved for membership, applicants are required to abide by NCSBN bylaws and the NCSBN Board Policy Manual. Failure to pay annual associate membership fee may result in termination of status. Decisions of the NCSBN Delegate Assembly regarding membership are final.



Chief Executive Officer

07 November 2012

Signature

Title

Date

Report of the Bylaws Committee

Recommendation to the Delegate Assembly

Adopt the proposed amendments to the NCSBN Bylaws.

Rationale:

The proposed amendments clarify Board of Directors (BOD) meeting and vacancy requirements, address congruence in the nomination process for election, and a new composition for the BOD and Leadership Succession Committee (LSC) for the purpose of building a more responsive organization and to better meet the needs of the membership. The BOD, at its May 8-10, 2013 meeting, moved to present to the 2013 Delegate Assembly the Bylaws Committee proposal to substitute a public member for a director-at-large position without recommendation, encouraging discussion and debate with a decision made by the Delegate Assembly.

Fiscal Impact:

Incorporated into the fiscal year 2014 (FY14) budget.

Background

Bylaws are significant written rules by which an organization is governed. NCSBN, as a 501(c)3 nonprofit association incorporated in the state of Pennsylvania, provides through its articles of incorporation, the specific authority of the NCSBN membership to adopt and amend the bylaws of the organization.

The NCSBN Bylaws further articulates this authority in Article XIV, Amendment of Bylaws:

Section 1. Amendment and Notice. These bylaws may be amended at any Annual Meeting or special session of the Delegate Assembly upon:

- a. *written notice to the Member Boards of the proposed amendments at least 45 days prior to the Delegate Assembly session and a two-thirds affirmative vote of the delegates present and voting; or*
- b. *written notice that proposed amendments may be considered at least five days prior to the Delegate Assembly session and a three-quarters affirmative vote of the delegates present and voting.*

In no event shall any amendments be adopted without at least five days written notice prior to the Delegate Assembly session that proposed amendments may be considered at such session.

Section 2. Bylaws Committee. A Bylaws committee composed of board members from Member Boards and/or employees of Member Boards may be appointed by the Board of Directors to review and make recommendations on proposed bylaw amendments as directed by the Board of Directors or the Delegate Assembly.

At the July 11-13, 2012 BOD meeting, the BOD appointed members to a Bylaws Committee to address the following questions for potential amendments to the NCSBN Bylaws:

1. Should the requirement of the BOD to hold a meeting in conjunction with the Annual Meeting continue?
2. Are nominations from the floor still relevant?
3. What should the composition of the LSC's designated positions look like?
4. Is there a different composition of the BOD, length of terms and clarity of eligibility for reelection resulting from partial terms due to vacancy appointment that would better serve NCSBN?

Members

Nathan Goldman, JD
Kentucky, Area III, Chair

Rene Cronquist, JD, RN
Minnesota, Area II

Amy Stone Murai, MS, APRN,
WHNP-BC, CHRC
Hawaii, Area I

Robert S. Rollins II
Alabama, Area III

Katherine A. Thomas, MN, RN,
FAAN
Texas, Area III

Lanette Anderson, JD, MSN, RN
West Virginia-PN, Area II,
Board Liaison

Staff

Kathy Apple, MS, RN, FAAN
CEO

Kate Doyle
Manager, Executive Office

Meeting Dates

- Nov. 12-13, 2013
- Jan. 24-25, 2013
- March 14, 2013

Highlights of FY13 Activities

The Bylaws Committee researched and discussed each of the four committee charges with the following results.

1. Should the requirement of the BOD to hold a meeting in conjunction with the Annual Meeting continue?

The BOD meets five times per year in three-day meetings. The BOD additionally meets briefly at the end of the Annual Meeting with the new BOD for minor business purposes. The current bylaws, Article VI Board of Directors, Section 3. Meetings of the Board of Directors, states that the BOD shall hold its annual meeting in association with the NCSBN Annual Meeting and that the BOD may schedule other regular meetings of the BOD at other times, as necessary, to accomplish the work of the BOD. The committee did not feel that the BOD should be required to hold an annual BOD meeting at the time of the Annual Meeting, but rather the timing should be at the discretion of the BOD.

Therefore, the committee recommends that the language be changed to require the BOD to hold an annual meeting, but schedule the meeting as necessary to accomplish the work of the BOD.

2. Are nominations from the floor still relevant?

In 2007, the NCSBN Bylaws were revised to create a LSC replacing the previous Committee on Nominations. The rationale, in part, was to authorize the LSC to determine whether or not a nominee for elected office was competent to run for election. Establishment of a rigorous process for screening nominees was established, which then raised the question whether nominations from the floor were still relevant. The Bylaws Committee felt that the membership would like to retain the option of nominations from the floor.

Since the 2010 amendments to the NCSBN Bylaws, nominees from the floor are required to be interviewed by the LSC the day before their name may be placed on the ballot at the first session of the Delegate Assembly. The current recommendation would complete the LSC's authority so that nominees from the floor would undergo the same process as other nominees, including the possibility of denying candidacy if the LSC believes the nominee is not ready for elected office. This would create a fair and consistent process for all, and ensure that all candidates on the ballot are competent.

3. What should the composition of the LSC's designated positions look like?

The current composition of the LSC includes four designated positions: a past BOD member, a current or former NCSBN committee chair, a board member of a member board and an employee of a member board. Designated positions have been a part of the LSC composition since 2007. The concern currently is that the pool of past BOD members and committee chairs is small, making it difficult to find candidates for the ballot.

The Bylaws Committee discussed the issue with the LSC and jointly recommended a change to the composition of the LSC. First, the total number of LSC members would be reduced by one from eight members to seven. This would prevent tie voting. The LSC would continue to have one member from each of the four areas and three members-at-large. Originally the Bylaws Committee recommended that the three at-large members be appointed by the BOD; however, at the 2013 Midyear Meeting, members expressed desire to continue their authority to elect the newly proposed three members. Therefore, the Bylaws Committee recommends that the proposed three members-at-large be elected by the Delegate Assembly.

4. Is there a different composition of the BOD, length of terms and clarity of eligibility for reelection resulting from partial terms due to vacancy appointment that would better serve NCSBN?

Composition: The Bylaws Committee had a lengthy generative discussion on possible scenarios for the BOD composition. The committee reviewed the bylaws of other similar organizations and sought input from major nursing organizations, specifically around the use of a president-elect

position. The committee is recommending that the office of the vice president be eliminated to establish a president-elect position. This would allow for a period of training and preparation before taking the office of the president, an improved transition resulting in better continuity in the leadership of the BOD. The committee is also recommending that two of the current director-at-large positions be reconfigured into a designated position for an associate member elected by the Delegate Assembly and a public member, external to the organization elected by the BOD. Both positions would bring to the table fresh perspectives to the business of the organization.

Length of Terms: The Bylaws Committee reviewed the current two-year length of term for elected office and felt the length was consistent with current practice of nonprofit organizations and did not recommend any changes. The two-year term would apply to the proposed associate member and public member positions.

Re-election Eligibility: The NCSBN Bylaws Article V, Officers and Directors, Section 6. Terms of Office states that no person shall serve more than four consecutive years in the same position. The bylaws, however, are silent on whether appointment to a partial term applies or does not apply when a BOD member was originally appointed to fill a vacancy then decides to run for election and re-election. The intent of the proposed amendment is to make explicit that a term of appointment does not count toward term limits.

Additional recommendations were made for amendments to the bylaws based on the work of the Member Board Agreement Review Committee. The Bylaws Committee is in support of the Member Board Agreement Review Committee's suggestions to support the proposed revision to the member board agreement.

Attachments

- A. Proposed Amendments to the Bylaws – Redline
- B. Proposed Amendments to the Bylaws – Clean Copy
- C. Proposed Amendments Bylaw Matrix
- D. Special Proviso for Amendments

Proposed Amendments to the Bylaws – Redline

NCSBN Bylaws

Revisions adopted - 8/29/87
Amended - 8/19/88
Amended - 8/30/90
Amended - 8/01/91
Revisions adopted - 8/05/94
Amended - 8/20/97
Amended - 8/8/98
Revisions adopted - 8/11/01
Amended - 08/07/03
Revisions adopted - 08/08/07
Amended - 8/13/10
Amended -08/16/13

Article I

■ Name

The name of this organization shall be the National Council of State Boards of Nursing, Inc. (NCSBN).

Article II

■ Purpose and Functions

Section 1. Purpose. The purpose of the NCSBN is to provide an organization through which 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 that are valid, reliable, legally defensible and in compliance with professionally accepted psychometric standards.

Section 2. Functions. The NCSBN's functions shall include but not be limited to providing services and guidance to its members in performing their regulatory functions regarding entry into nursing practice, continued safe nursing practice and nursing education programs. The NCSBN provides Member Boards with examinations and standards for licensure and credentialing; promotes uniformity in standards and expected outcomes in nursing practice and education as they relate to the protection of the public health, safety and welfare; provides information, analyses and standards regarding the regulation of nursing practice and nursing education; promotes the exchange of information and serves as a clearinghouse for matters related to nursing regulation.

Article III

■ Members

Section 1. Definitions.

- a) State Board of Nursing. 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.
- b) Member Board. A Member board is a state board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.
- c) Associate Member. An Associate Member is a nursing regulatory body or empowered regulatory authority from another country or territory, which is approved by the Delegate Assembly.

Section 2. Qualifications. To qualify for approval, and to maintain membership as a Member Board, a state board of nursing that regulates registered nurses and/or practical/vocational nurses must use ~~one~~ or more applicable NCSBN Licensing Examinations (the "NCLEX® examination") for licensure of registered nurses and/or practical/vocational nurses, cause candidates for licensure in its jurisdiction to pay NCSBN the examination fee established by the Delegate Assembly and, execute a current Terms and Conditions of NCSBN mMembership, as amended from time to time by Delegate Assembly, -agreement

~~with NCSBN specifying the and agree to comply with all applicable~~ terms and conditions for the use of the NCLEX® examination(s). ~~where applicable.~~

Section 3. Admission. A state board of nursing shall become a member of the NCSBN and be known as a Member Board upon approval by the Delegate Assembly, as described in Article IV, ~~and~~ payment of the required fees, ~~if and execution of a contract for using the NCLEX® examination where~~ applicable.

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 NCSBN issues and provide diversity of representation on the Board of Directors and on committees.

Section 5. Fees. The annual membership fees, for a Member Board and an Associate Member shall be set by the Delegate Assembly and shall be payable each October 1.

Section 6. Privileges. Member Board 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 whose fees remain unpaid after January 15 is not in good standing. Any member who does not comply with the provisions of the bylaws, and where applicable, the membership agreement, shall be subject to immediate review and possible termination by the Board of Directors.

Section 8. Appeal. Any termination of membership by the Board of Directors is subject to appeal to the Delegate Assembly.

Section 9. Reinstatement. A member in good standing that chooses to terminate membership shall be required to pay only the current fee as a condition of future reinstatement. Any membership which has been terminated for nonpayment of fees shall be eligible for reinstatement to membership upon payment of the current fee and any delinquent fees.

Article IV

■ Delegate Assembly

Section 1. Composition.

- a) *Designation of Delegates.* The Delegate Assembly shall be comprised of no more than two (2) delegates designated by each Member Board 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 NCSBN 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.

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- 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 corporate secretary of the NCSBN or a delegate of another Member Board to cast its votes.

Section 3. Authority. The Delegate Assembly, the membership body of the NCSBN, shall provide direction for the NCSBN through resolutions and enactments, including adoption of the mission and strategic initiatives, at any Annual Meeting or special session. The Delegate Assembly shall approve all new NCSBN memberships; approve the substance of all ~~NCLEX® examination contracts~~ Terms and Conditions of NCSBN Membership between the NCSBN and Member Boards; adopt test plans to be used for the development of the NCLEX® examination; and establish the fee for the NCLEX® examination.

Section 4. Annual Meeting. The NCSBN Annual Meeting shall be held at a time and place as determined by the Board of Directors. The Delegate Assembly shall meet each year during the Annual Meeting. The official call to that meeting, giving the time and place, shall be conveyed to 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 NCSBN.

Section 5. Special Session. The Board of Directors may call, and upon written petition of at least ten Member Boards made to the Board of Directors, shall call a special session of the Delegate Assembly. Notice containing the general nature of business to be transacted and date and place of said session shall be sent to each Member Board 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 and Directors

Section 1. Officers. The elected officers of the NCSBN shall be a president, a ~~vice-president-elect~~ and a treasurer.

Section 2. Directors. The directors of the NCSBN shall consist of three directors-at-large, a public director, and a director from each Area.

Section 3. ~~Qualifications~~ Eligibility.

- a) ~~Board Members of Member Boards and/or~~ employees of Member Boards shall be eligible to serve as NCSBN officers and at-large or Area 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.
- b) The public director shall be an individual not currently serving as a board member or employee of a Member Board.

Section 4. Qualifications for President-elect. The president-elect shall have served NCSBN as either a delegate, a committee member, a director or an officer before being elected to the office of ~~pp~~President-elect.

Section 5. Election of Officers and Directors.

- a) *Time and Place.* Election of officers and directors, except the public director, 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) *Run-Off Balloting.* If a candidate for officer or director does not receive a majority vote on the first ballot, reballoting shall be limited to the two candidates receiving the highest numbers of votes for each position. In the case of a tie on the reballoting, the final selection shall be determined by lot.
- e) *Voting.*
 - e) (i) Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write-in votes shall be prohibited.
 - (ii) Notwithstanding any provision of this Section, in the event there is only one candidate for an officer or director position, election for that position shall be declared by acclamation. No ballot shall be necessary.
- f) Public Director. The public director shall be elected by majority vote of the Board of Directors.

Section 6. Terms of Office.

- a) The president elect, ~~vice president~~, treasurer, Area directors, directors-at-large and public director shall be elected for a term of two years or until their successors are elected. The president shall serve for a term of two years.
- b) ~~vice president treasurer, and~~ The president-elect, the public director, and the directors-at-large shall be elected in even-numbered years. The treasurer and Area directors ~~and two directors at large~~ shall be elected in odd-numbered years.
- c) Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected.
- d) ~~No person~~ The treasurer and the directors shall serve no more than four consecutive years in the same position excluding time served by appointment and/or election pursuant to Section 8 of this Article. The president and president-elect shall serve no more than two years in the same position, except when a vacancy occurs pursuant to Section 8 of this Article.

Section 7. Limitations. No person may hold more than one officer position or directorship at one time. No officer or director shall hold elected or appointed office or a salaried position in a state, regional or national association or body if the office or position might result in a potential or actual, or the appearance of, a conflict of interest with the NCSBN, as determined by the Leadership Succession Committee before election to office and as determined by the Board of Directors after election to office. If incumbent officers or directors win an election for another 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) A vacancy in the office of president shall be filled by the ~~vice president~~ president-elect pursuant to subsection (b) in this section. The Board of Directors shall fill all other vacancies by appointment. The person filling the vacancy shall serve until the next Annual Meeting and a successor is elected. The Delegate Assembly shall elect a person to fill any remainder of the term.
- b) If the office of the president becomes vacant, the president-elect shall assume the presidency and shall serve the remainder of that term as well as the term for which she or he was elected.

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- c) If the office of the president-elect becomes vacant, then the position shall remain vacant until an election can be held at the next annual meeting for the remainder of the term for which the president-elect was elected.
 - d) In the event of a vacancy of the president and the president-elect, the board of directors shall appoint one of its members to assume the responsibilities of the president until an election can be held for the president and president-elect position at the next annual meeting for the remainder of the term for which the president and president-elect were elected.

Section 9. Responsibilities of the President. The president shall preside at all meetings of the Delegate Assembly and the Board of Directors, assume all powers and duties customarily incident to the office of president, and speak on behalf of and communicate the policies of the NCSBN.

Section 10. Responsibilities of the ~~Vice-President-elect~~. The ~~vice-president-elect~~ shall assist the president, perform the duties of the president in the president's absence, be assigned responsibilities by the president, and assume the office of the president at the conclusion of the president's term and fill any vacancy in the office of the president. ~~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 NCSBN.

Section 2. Authority. The Board of Directors shall transact the business and affairs and act on behalf of the NCSBN except to the extent such powers are reserved to the Delegate Assembly as set forth in these bylaws and provided that none of the Board's acts shall conflict with resolutions or enactments of the Delegate Assembly. The Board of Directors shall report annually to the Delegate Assembly and approve the NCLEX® examination test service.

Section 3. Meetings of the Board of Directors. The Board of Directors shall hold its annual meeting in association with the Annual Meeting. The Board and 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 or the Board of Directors. 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

■ Leadership Succession Committee

Section 1. Leadership Succession Committee

- a) *Composition.* The Leadership Succession Committee shall be comprised of ~~eight~~seven members elected by the Delegate Assembly. ~~One member shall be elected from each of the #four areas. Three members shall be at large members, of the eight elected positions shall be designated members to include a past Board of Directors member, a current or former NCSBN committee chair, a board member of a Member Board and an employee of a Member Board. The remaining four members shall be elected from each of the four areas.~~
- b) *Term.* The term of office shall be two years. ~~One half of the Committee members~~Area members shall be elected in even numbered years. ~~and one half in odd number years. At large members shall be elected in odd numbered years.~~ A committee member shall serve no more than two consecutive terms ~~excluding time served by appointment and/or election pursuant to Section 1e. of this Article.~~ Members shall assume duties at the close of the Annual Meeting at which they are elected.
- c) *Election.* The Committee shall be elected by plurality vote of the Delegate Assembly at the Annual Meeting. In the event there is only one candidate for a committee position, election for that position shall be declared by acclamation. No ballot shall be necessary. The Chair shall be selected by the Board of Directors.
- d) *Limitation.* A member elected or appointed to the Leadership Succession Committee may not be nominated for an officer or director position during the term for which that member was elected or appointed.
- e) *Vacancy.* A vacancy occurring in the committee shall be filled from the remaining candidates from the previous election, in order of votes received. If no remaining candidates can serve, the Board of Directors shall fill the vacancy with an individual who meets the qualifications of Section 1a. of this Article. The person filling ~~the~~a vacancy shall serve the remainder of the term.
- f) *Duties.* The Leadership Succession Committee shall recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; present a slate of candidates through a determination of qualifications, eligibility and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee. The Committee's report shall be read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee. The Leadership Succession Committee shall determine qualifications, eligibility, and geographic distribution of individuals seeking nominations from the floor for recommendations to the Delegate Assembly. No person shall be nominated from the floor without the recommendation of the Leadership Succession Committee.
- g) *Eligibility.* Any board member of a Member Board or employee of a Member Board is eligible to serve as a member of the Leadership Succession Committee.

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, and any action taken in, executive session.
- b) *Delegate Assembly Forums.* Participation in forums conducted in association with the Annual Meeting shall be governed by the Standing Rules of the Delegate Assembly.

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- c) *Meetings.* NCSBN, including all committees thereof, may establish methods of conducting its business at all other meetings provided that the meetings of the Board of Directors and committees are open to members and employees of Member Boards.
 - d) *Interactive Communications.* Meetings held with one or more participants attending by telephone conference call, video conference or other interactive means of conducting conference communications constitute meetings where valid decisions may be made. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the NCSBN Office.
 - e) *Manner of Transacting Business.* To the extent permitted by law and these bylaws, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting.

Article IX

■ Chief Executive Officer

Section 1. *Appointment.* The Chief Executive Officer shall be appointed by the Board of Directors. The selection or termination of the Chief Executive Officer shall be by a majority vote of the Board of Directors.

Section 2. *Authority.* The Chief Executive Officer shall serve as the agent and chief administrative officer of the NCSBN and shall possess the authority and shall perform all duties incident to the office of Chief Executive Officer, including the management and supervision of the office, programs and services of NCSBN, the disbursement of funds and execution of contracts (subject to such limitations as may be established by the Board of Directors). The Chief Executive Officer shall serve as corporate secretary and oversee maintenance of all documents and records of the NCSBN and shall perform such additional duties as may be defined and directed by the Board.

Section 3. *Evaluation.* The Board of Directors shall conduct an annual written performance appraisal of the Chief Executive Officer, and shall set the Chief Executive Officer's annual salary.

Article X

■ Committees

Section 1. *Standing Committees.* NCSBN shall maintain the following standing committees.

- a) *NCLEX® Examination Committee.* The NCLEX® Examination Committee shall be comprised of at least nine members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board. The committee chair shall have served as a member of the committee prior to being appointed as chair. The NCLEX® Examination Committee shall advise the Board of Directors on matters related to the NCLEX® examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards' need for examinations. The Examination Committee shall recommend test plans to the Delegate Assembly. Subcommittees may be appointed to assist the Examination Committee in the fulfillment of its responsibilities.
- b) *Finance Committee.* The Finance Committee shall be comprised of at least four members and the treasurer, who shall serve as chair. The Finance Committee shall review the annual budget, the NCSBN's investments and the audit. The Finance Committee shall recommend a budget to the Board of Directors and advise the Board of Directors on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to Member Board needs.

Section 2. *Special Committees.* The Board of Directors may appoint special committees as needed to accomplish the mission of the NCSBN and to assist any Standing Committee in the fulfillment of its

responsibilities. Special committees may include subcommittees, task forces, focus groups, advisory panels or other groups designated by the Board of Directors.

Section 3. *Delegate Assembly Committees.* The president shall appoint such Delegate Assembly Committees as provided in the Standing Rules and as necessary to conduct the business of the Delegate Assembly.

Section 4. *Committee Membership.*

- a) *Composition.* Members of Standing and Special committees shall be appointed by the Board of Directors from the membership, provided, however, that Associate Members may not serve on the NCLEX® Examination, Bylaws, or Finance committees. Committees may also include other individuals selected for their special expertise to accomplish a committee's charge. In appointing committees, one representative from each Area shall be selected unless a qualified member from each Area is not available considering the expertise needed for the committee work. The president, or president's designee, shall be an ex-officio member of all committees except the Leadership Succession Committee. Associate Members shall have full voting rights as committee members.
- b) *Term.* The standing committee members shall be appointed for two years or until their successors are appointed. Standing committee members may apply for re-appointment to the committee. Members of special committees shall serve at the discretion of the Board of Directors.
- c) *Vacancy.* A vacancy may occur when a committee member resigns or fails to meet the responsibilities of the committee as determined by the Board of Directors. The vacancy may be filled by appointment by the Board of Directors for the remainder of the term.

Article XI

■ Finance

Section 1. *Audit.* The financial records of the NCSBN shall be audited annually by a certified public accountant appointed by the Board of Directors. The annual audit report shall be provided to the Delegate Assembly.

Section 2. *Fiscal Year.* The fiscal year shall be from October 1 to September 30.

Article XII

■ Indemnification

Section 1. *Direct Indemnification.* To the full extent permitted by, and in accordance with the standards and procedures prescribed by Sections 5741 through 5750 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he or she is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including but not limited to attorney's fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the person in connection with such action, suit or proceeding.

Section 2. *Insurance.* To the full extent permitted by Section 5747 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall have power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is, or was serving at the request of the

corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, whether or not the corporation would have the power to indemnify him or her against such liability under the provisions of Section 1 of this Article.

Section 3. *Additional Rights.* Pursuant to Section 5746 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provisions of any future Pennsylvania statute, any indemnification provided pursuant to Sections 1 or 2 of this Article shall:

- a) not be deemed exclusive of any other rights to which a person seeking indemnification may be entitled under any future bylaw, agreement, vote of members or disinterested directors or otherwise, both as to action in his or her official capacity and as to action in another capacity while holding such official position; and
- b) continue as to a person who has ceased to be a director, officer, employee, agent or representative of, or provider of volunteer services for or on behalf of the corporation and shall inure to the benefit of the heirs, executors and administrators of such a person.

Article XIII

■ Parliamentary Authority

The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern the NCSBN in all cases not provided for in the articles of incorporation, bylaws and any special rules of order adopted by the NCSBN.

Article XIV

■ Amendment of Bylaws

Section 1. *Amendment and Notice.* These bylaws may be amended at any Annual Meeting or special session of the Delegate Assembly upon:

- a) written notice to the Member Boards of the proposed amendments at least 45 days prior to the Delegate Assembly session and a two-thirds affirmative vote of the delegates present and voting; or
- b) written notice that proposed amendments may be considered at least five days prior to the Delegate Assembly session and a three-quarters affirmative vote of the delegates present and voting.

In no event shall any amendments be adopted without at least five days written notice prior to the Delegate Assembly session that proposed amendments may be considered at such session.

Section 2. *Bylaws Committee.* A Bylaws committee composed of board members from Member Boards and/or employees of Member Boards may be appointed by the Board of Directors to review and make recommendations on proposed bylaw amendments as directed by the Board of Directors or the Delegate Assembly.

Article XV

■ Dissolution

Section 1. *Plan.* The Board of Directors at an annual, regular or special meeting may formulate and adopt a plan for the dissolution of the NCSBN. The plan shall provide, among other things, that the assets of the NCSBN be applied as follows:

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

Secondly, any assets held by the NCSBN which require return, transfer or conveyances, as a result of the dissolution, shall be returned, transferred or conveyed in accordance with such requirement.

Thirdly, all other assets, including historical records, shall be distributed in considered response to written requests of historical, educational, research, scientific or institutional health tax exempt organizations or associations, to be expended toward the advancement of nursing practice, regulation and the preservation of nursing history.

Section 2. *Acceptance of Plan.* Such plan shall be acted upon by the Delegate Assembly at an Annual or legally constituted special session called for the purpose of acting upon the proposal to dissolve. A majority of all Delegates present at a meeting at which a quorum is present must vote affirmatively to dissolve.

Section 3. *Conformity to Law.* Such plan to dissolve must conform to the law under which NCSBN is organized and to the Internal Revenue Code concerning dissolution of exempt corporations. This requirement shall override the provisions of Sections 1 and 2 herein.

Proposed Amendments to the Bylaws – Clean Copy

NCSBN Bylaws

Revisions adopted - 8/29/87

Amended - 8/19/88

Amended - 8/30/90

Amended - 8/01/91

Revisions adopted - 8/05/94

Amended - 8/20/97

Amended - 8/8/98

Revisions adopted – 8/11/01

Amended – 08/07/03

Revisions adopted – 08/08/07

Amended – 8/13/10

Amended -08/16/13

Article I

■ Name

The name of this organization shall be the National Council of State Boards of Nursing, Inc. (NCSBN).

Article II

■ Purpose and Functions

Section 1. Purpose. The purpose of the NCSBN is to provide an organization through which 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 that are valid, reliable, legally defensible and in compliance with professionally accepted psychometric standards.

Section 2. Functions. The NCSBN's functions shall include but not be limited to providing services and guidance to its members in performing their regulatory functions regarding entry into nursing practice, continued safe nursing practice and nursing education programs. The NCSBN provides Member Boards with examinations and standards for licensure and credentialing; promotes uniformity in standards and expected outcomes in nursing practice and education as they relate to the protection of the public health, safety and welfare; provides information, analyses and standards regarding the regulation of nursing practice and nursing education; promotes the exchange of information and serves as a clearinghouse for matters related to nursing regulation.

Article III

■ Members

Section 1. Definitions.

- a) State Board of Nursing. 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.
- b) Member Board. A Member board is a state board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.
- c) Associate Member. An Associate Member is a nursing regulatory body or empowered regulatory authority from another country or territory, which is approved by the Delegate Assembly.

Section 2. Qualifications. To qualify for approval, and to maintain membership as a Member Board, a state board of nursing that regulates registered nurses and/or practical/vocational nurses must use applicable NCSBN Licensing Examinations (the "NCLEX® examination") for licensure of registered nurses and/or practical/vocational nurses, cause candidates for licensure in its jurisdiction to pay NCSBN the examination fee established by the Delegate Assembly, execute a current Terms and

Conditions of NCSBN Membership, as amended from time to time by Delegate Assembly, and agree to comply with all applicable terms and conditions for the use of the NCLEX® examination(s).

Section 3. Admission. A state board of nursing shall become a member of the NCSBN and be known as a Member Board upon approval by the Delegate Assembly, as described in Article IV and payment of the required fees, if applicable.

Section 4. Areas. The Delegate Assembly shall divide the membership into numbered 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 NCSBN issues and provide diversity of representation on the Board of Directors and on committees.

Section 5. Fees. The annual membership fees, for a Member Board and an Associate Member shall be set by the Delegate Assembly and shall be payable each October 1.

Section 6. Privileges. Member Board 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 whose fees remain unpaid after January 15 is not in good standing. Any member who does not comply with the provisions of the bylaws, and where applicable, the membership agreement, shall be subject to immediate review and possible termination by the Board of Directors.

Section 8. Appeal. Any termination of membership by the Board of Directors is subject to appeal to the Delegate Assembly.

Section 9. Reinstatement. A member in good standing that chooses to terminate membership shall be required to pay only the current fee as a condition of future reinstatement. Any membership which has been terminated for nonpayment of fees shall be eligible for reinstatement to membership upon payment of the current fee and any delinquent fees.

Article IV

■ Delegate Assembly

Section 1. Composition.

- a) *Designation of Delegates.* The Delegate Assembly shall be comprised of no more than two (2) delegates designated by each Member Board 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 NCSBN 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.

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- 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 corporate secretary of the NCSBN or a delegate of another Member Board to cast its votes.

Section 3. Authority. The Delegate Assembly, the membership body of the NCSBN, shall provide direction for the NCSBN through resolutions and enactments, including adoption of the mission and strategic initiatives, at any Annual Meeting or special session. The Delegate Assembly shall approve all new NCSBN memberships; approve the substance of all Terms and Conditions of NCSBN Membership between the NCSBN and Member Boards; adopt test plans to be used for the development of the NCLEX® examination; and establish the fee for the NCLEX® examination.

Section 4. Annual Meeting. The NCSBN Annual Meeting shall be held at a time and place as determined by the Board of Directors. The Delegate Assembly shall meet each year during the Annual Meeting. The official call to that meeting, giving the time and place, shall be conveyed to 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 NCSBN.

Section 5. Special Session. The Board of Directors may call, and upon written petition of at least ten Member Boards made to the Board of Directors, shall call a special session of the Delegate Assembly. Notice containing the general nature of business to be transacted and date and place of said session shall be sent to each Member Board 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 and Directors

Section 1. Officers. The elected officers of the NCSBN shall be a president, a president-elect and a treasurer.

Section 2. Directors. The directors of the NCSBN shall consist of three directors-at-large, a public director, and a director from each Area.

Section 3. Eligibility.

- a) Board Members or employees of Member Boards shall be eligible to serve as NCSBN officers and at-large or Area 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.
- b) The public director shall be an individual not currently serving as a board member or employee of a Member Board.

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

Section 5. Election of Officers and Directors.

- a) *Time and Place.* Election of officers and directors, except the public director, 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) *Run-Off Balloting.* If a candidate for officer or director does not receive a majority vote on the first ballot, reballoting shall be limited to the two candidates receiving the highest numbers of votes for each position. In the case of a tie on the reballoting, the final selection shall be determined by lot.
- e) *Voting.*
 - (i) Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write-in votes shall be prohibited.
 - (ii) Notwithstanding any provision of this Section, in the event there is only one candidate for an officer or director position, election for that position shall be declared by acclamation. No ballot shall be necessary.
- f) *Public Director.* The public director shall be elected by majority vote of the Board of Directors.

Section 6. Terms of Office.

- a) The president-elect, treasurer, Area directors, directors-at-large and public director shall be elected for a term of two years or until their successors are elected. The president shall serve for a term of two years.
- b) The president-elect, the public director, and the directors-at-large shall be elected in even-numbered years. The treasurer and Area directors shall be elected in odd-numbered years.
- c) Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected.
- d) The treasurer and the directors shall serve no more than four consecutive years in the same position excluding time served by appointment and/or election pursuant to Section 8 of this Article. The president and president-elect shall serve no more than two years in the same position, except when a vacancy occurs pursuant to Section 8 of this Article.

Section 7. Limitations. No person may hold more than one officer position or directorship at one time. No officer or director shall hold elected or appointed office or a salaried position in a state, regional or national association or body if the office or position might result in a potential or actual, or the appearance of, a conflict of interest with the NCSBN, as determined by the Leadership Succession Committee before election to office and as determined by the Board of Directors after election to office. If incumbent officers or directors win an election for another 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) A vacancy in the office of president shall be filled by the president-elect pursuant to subsection (b) in this section. The Board of Directors shall fill all other vacancies by appointment. The person filling the vacancy shall serve until the next Annual Meeting and a successor is elected. The Delegate Assembly shall elect a person to fill any remainder of the term.
- b) If the office of the president becomes vacant, the president-elect shall assume the presidency and shall serve the remainder of that term as well as the term for which she or he was elected.
- c) If the office of the president-elect becomes vacant, then the position shall remain vacant until an election can be held at the next annual meeting for the remainder of the term for which the president-elect was elected.
- d) In the event of a vacancy of the president and the president-elect, the board of directors shall appoint one of its members to assume the responsibilities of the president until an election can be

held for the president and president-elect position at the next annual meeting for the remainder of the term for which the president and president-elect were elected.

Section 9. Responsibilities of the President. The president shall preside at all meetings of the Delegate Assembly and the Board of Directors, assume all powers and duties customarily incident to the office of president, and speak on behalf of and communicate the policies of the NCSBN.

Section 10. Responsibilities of the President-elect. The president-elect shall assist the president, perform the duties of the president in the president's absence, be assigned responsibilities by the president, and assume the office of the president at the conclusion of the president's term and fill any vacancy in the office of the president.

Section 11. Responsibilities of the Treasurer. The treasurer shall serve as the chair of the Finance Committee and shall assure that quarterly reports are presented to the Board of Directors, and that annual financial reports are provided to the Delegate Assembly.

Article VI

■ Board of Directors

Section 1. Composition. The Board of Directors shall consist of the elected officers and directors of the NCSBN.

Section 2. Authority. The Board of Directors shall transact the business and affairs and act on behalf of the NCSBN except to the extent such powers are reserved to the Delegate Assembly as set forth in these bylaws and provided that none of the Board's acts shall conflict with resolutions or enactments of the Delegate Assembly. The Board of Directors shall report annually to the Delegate Assembly and approve the NCLEX® examination test service.

Section 3. Meetings of the Board of Directors. The Board of Directors shall hold an annual meeting and may schedule other regular meetings as necessary to accomplish the work of the Board. Publication of the dates for such regular meetings in the minutes of the Board meeting at which the dates are selected shall constitute notice of the scheduled regular meetings. Special meetings of the Board of Directors may be called by the president or shall be called upon written request of at least three members of the Board of Directors. At least twenty-four hours notice shall be given to each member of the Board of Directors of a special meeting. The notice shall include a description of the business to be transacted.

Section 4. Removal from Office. A member of the Board of Directors may be removed with or without cause by a two-thirds vote of the Delegate Assembly or the Board of Directors. The individual shall be given 30 days' written notice of the proposed removal.

Section 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

■ Leadership Succession Committee

Section 1. Leadership Succession Committee

- a) *Composition.* The Leadership Succession Committee shall be comprised of seven members elected by the Delegate Assembly. One member shall be elected from each of the four areas. Three members shall be at large members.
- b) *Term.* The term of office shall be two years. Area members shall be elected in even numbered years. At large members shall be elected in odd numbered years. A committee member shall serve no more

than two consecutive terms excluding time served by appointment and/or election pursuant to Section 1e. of this Article. Members shall assume duties at the close of the Annual Meeting at which they are elected.

- c) *Election.* The Committee shall be elected by plurality vote of the Delegate Assembly at the Annual Meeting. In the event there is only one candidate for a committee position, election for that position shall be declared by acclamation. No ballot shall be necessary. The Chair shall be selected by the Board of Directors.
- d) *Limitation.* A member elected or appointed to the Leadership Succession Committee may not be nominated for an officer or director position during the term for which that member was elected or appointed.
- e) *Vacancy.* A vacancy occurring in the committee shall be filled from the remaining candidates from the previous election, in order of votes received. If no remaining candidates can serve, the Board of Directors shall fill the vacancy with an individual who meets the qualifications of Section 1a. of this Article. The person filling a vacancy shall serve the remainder of the term.
- f) *Duties.* The Leadership Succession Committee shall recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; present a slate of candidates through a determination of qualifications, eligibility and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee. The Committee's report shall be read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee. The Leadership Succession Committee shall determine qualifications, eligibility, and geographic distribution of individuals seeking nomination from the floor for recommendations to the Delegate Assembly. No person shall be nominated from the floor without the recommendation of the Leadership Succession Committee.
- g) *Eligibility.* Any board member of a Member Board or employee of a Member Board is eligible to serve as a member of the Leadership Succession Committee.

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, and any action taken in, executive session.
- b) *Delegate Assembly Forums.* Participation in forums conducted in association with the Annual Meeting shall be governed by the Standing Rules of the Delegate Assembly.
- c) *Meetings.* NCSBN, including all committees thereof, may establish methods of conducting its business at all other meetings provided that the meetings of the Board of Directors and committees are open to members and employees of Member Boards.
- d) *Interactive Communications.* Meetings held with one or more participants attending by telephone conference call, video conference or other interactive means of conducting conference communications constitute meetings where valid decisions may be made. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the NCSBN Office.

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- e) *Manner of Transacting Business.* To the extent permitted by law and these bylaws, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting.

Article IX

■ Chief Executive Officer

Section 1. *Appointment.* The Chief Executive Officer shall be appointed by the Board of Directors. The selection or termination of the Chief Executive Officer shall be by a majority vote of the Board of Directors.

Section 2. *Authority.* The Chief Executive Officer shall serve as the agent and chief administrative officer of the NCSBN and shall possess the authority and shall perform all duties incident to the office of Chief Executive Officer, including the management and supervision of the office, programs and services of NCSBN, the disbursement of funds and execution of contracts (subject to such limitations as may be established by the Board of Directors). The Chief Executive Officer shall serve as corporate secretary and oversee maintenance of all documents and records of the NCSBN and shall perform such additional duties as may be defined and directed by the Board.

Section 3. *Evaluation.* The Board of Directors shall conduct an annual written performance appraisal of the Chief Executive Officer, and shall set the Chief Executive Officer's annual salary.

Article X

■ Committees

Section 1. *Standing Committees.* NCSBN shall maintain the following standing committees.

- a) *NCLEX® Examination Committee.* The NCLEX® Examination Committee shall be comprised of at least nine members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board. The committee chair shall have served as a member of the committee prior to being appointed as chair. The NCLEX® Examination Committee shall advise the Board of Directors on matters related to the NCLEX® examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards' need for examinations. The Examination Committee shall recommend test plans to the Delegate Assembly. Subcommittees may be appointed to assist the Examination Committee in the fulfillment of its responsibilities.
- b) *Finance Committee.* The Finance Committee shall be comprised of at least four members and the treasurer, who shall serve as chair. The Finance Committee shall review the annual budget, the NCSBN's investments and the audit. The Finance Committee shall recommend a budget to the Board of Directors and advise the Board of Directors on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to Member Board needs.

Section 2. *Special Committees.* The Board of Directors may appoint special committees as needed to accomplish the mission of the NCSBN and to assist any Standing Committee in the fulfillment of its responsibilities. Special committees may include subcommittees, task forces, focus groups, advisory panels or other groups designated by the Board of Directors.

Section 3. *Delegate Assembly Committees.* The president shall appoint such Delegate Assembly Committees as provided in the Standing Rules and as necessary to conduct the business of the Delegate Assembly.

Section 4. *Committee Membership.*

- a) *Composition.* Members of Standing and Special committees shall be appointed by the Board of Directors from the membership, provided, however, that Associate Members may not serve on the

NCLEX® Examination, Bylaws, or Finance committees. Committees may also include other individuals selected for their special expertise to accomplish a committee's charge. In appointing committees, one representative from each Area shall be selected unless a qualified member from each Area is not available considering the expertise needed for the committee work. The president, or president's designee, shall be an ex-officio member of all committees except the Leadership Succession Committee. Associate Members shall have full voting rights as committee members.

- b) *Term.* The standing committee members shall be appointed for two years or until their successors are appointed. Standing committee members may apply for re-appointment to the committee. Members of special committees shall serve at the discretion of the Board of Directors.
- c) *Vacancy.* A vacancy may occur when a committee member resigns or fails to meet the responsibilities of the committee as determined by the Board of Directors. The vacancy may be filled by appointment by the Board of Directors for the remainder of the term.

Article XI

■ Finance

Section 1. *Audit.* The financial records of the NCSBN shall be audited annually by a certified public accountant appointed by the Board of Directors. The annual audit report shall be provided to the Delegate Assembly.

Section 2. *Fiscal Year.* The fiscal year shall be from October 1 to September 30.

Article XII

■ Indemnification

Section 1. *Direct Indemnification.* To the full extent permitted by, and in accordance with the standards and procedures prescribed by Sections 5741 through 5750 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he or she is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including but not limited to attorney's fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the person in connection with such action, suit or proceeding.

Section 2. *Insurance.* To the full extent permitted by Section 5747 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall have power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is, or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, whether or not the corporation would have the power to indemnify him or her against such liability under the provisions of Section 1 of this Article.

Section 3. *Additional Rights.* Pursuant to Section 5746 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provisions of any future Pennsylvania statute, any indemnification provided pursuant to Sections 1 or 2 of this Article shall:

- a) not be deemed exclusive of any other rights to which a person seeking indemnification may be entitled under any future bylaw, agreement, vote of members or disinterested directors or otherwise,

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- both as to action in his or her official capacity and as to action in another capacity while holding such official position; and
- b) continue as to a person who has ceased to be a director, officer, employee, agent or representative of, or provider of volunteer services for or on behalf of the corporation and shall inure to the benefit of the heirs, executors and administrators of such a person.

Article XIII

■ Parliamentary Authority

The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern the NCSBN in all cases not provided for in the articles of incorporation, bylaws and any special rules of order adopted by the NCSBN.

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- 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.

Section 2. *Bylaws Committee.* A Bylaws committee composed of board members from Member Boards and/or employees of Member Boards may be appointed by the Board of Directors to review and make recommendations on proposed bylaw amendments as directed by the Board of Directors or the Delegate Assembly.

Article XV

■ Dissolution

Section 1. *Plan.* The Board of Directors at an annual, regular or special meeting may formulate and adopt a plan for the dissolution of the NCSBN. The plan shall provide, among other things, that the assets of the NCSBN be applied as follows:

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

Secondly, any assets held by the NCSBN which require return, transfer or conveyances, as a result of the dissolution, shall be returned, transferred or conveyed in accordance with such requirement.

Thirdly, all other assets, including historical records, shall be distributed in considered response to written requests of historical, educational, research, scientific or institutional health tax exempt organizations or associations, to be expended toward the advancement of nursing practice, regulation and the preservation of nursing history.

Section 2. *Acceptance of Plan.* Such plan shall be acted upon by the Delegate Assembly at an Annual or legally constituted special session called for the purpose of acting upon the proposal to dissolve. A majority of all Delegates present at a meeting at which a quorum is present must vote affirmatively to dissolve.

Section 3. *Conformity to Law.* Such plan to dissolve must conform to the law under which NCSBN is organized and to the Internal Revenue Code concerning dissolution of exempt corporations. This requirement shall override the provisions of Sections 1 and 2 herein.

Attachment C

Proposed Amendments Bylaw Matrix

1.	Page Number, Article, Section	Current Language	Proposed Language/edits	Rationale
2.	p.1, Article II, Section 1	Section 1. Purpose. The purpose of the NCSBN 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 1. Purpose. The purpose of the NCSBN 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 that are valid, reliable, legally defensible and in compliance with professionally accepted psychometric standards.	To reflect the proposed changes to the Member Board Agreement (Terms and Conditions of NCSBN Membership) from the Member Board Agreement Review Committee.
3.	p.1, Article III, Section 2	Section 2. Qualifications. To qualify for approval, as a Member Board, a state board of nursing that regulates registered nurses and/or practical/vocational nurses must use one or more NCSBN Licensing Examinations (the “NCLEX® examination”) for licensure of registered nurses and/or practical/vocational nurses, and executive a Membership Agreement with NCSBN specifying the terms and conditions for the use of the NCLEX® examination(s) where applicable	Section 2. Qualifications. To qualify for approval, and to maintain membership as a Member Board, a state board of nursing that regulates registered nurses and/or practical/vocational nurses must use one or more applicable NCSBN Licensing Examinations (the “NCLEX® examination”) for licensure of registered nurses and/or practical/vocational nurses, cause candidates for licensure in its jurisdiction to pay NCSBN the examination fee established by the Delegate Assembly, and execute a Membership Agreement with NCSBN a current Terms and Conditions of NCSBN Membership, as amended from time to time by Delegate Assembly, and agree to comply with all applicable terms and conditions for the use of the NCLEX® examination(s) where applicable.	To reflect the proposed changes to the Member Board Agreement (Terms and Conditions of NCSBN Membership) from the Member Board Agreement Review Committee.
4.	p.2, Article III, Section 3	Section 3. Admission. A state board of nursing shall become a member of the NCSBN and be known as a Member Board upon approval by the Delegate Assembly, as described in Article IV, payment of the required fees, and execution of a contract for using the NCLEX® examination where applicable.	Section 3. Admission. A state board of nursing shall become a member of the NCSBN and be known as a Member Board upon approval by the Delegate Assembly, as described in Article IV, and payment of the required fees, and execution of a contract for using the NCLEX® examination where if applicable.	To reflect the proposed changes to the Member Board Agreement (Terms and Conditions of NCSBN Membership) from the Member Board Agreement Review Committee.

5.	p.3, Article IV, Section 3	Section 3. Authority. The Delegate Assembly, the membership body of the NCSBN, shall provide direction for the NCSBN through resolutions and enactments, including adoption of the mission and strategic initiatives, at any Annual Meeting or special session. The Delegate Assembly shall approve all new NCSBN memberships; approve the substance of all NCLEX® examination contracts between the NCSBN and Member Boards; adopt test plans to be used for the development of the NCLEX® examination; and establish the fee for the NCLEX® examination.	Section 3. Authority. The Delegate Assembly, the membership body of the NCSBN, shall provide direction for the NCSBN through resolutions and enactments, including adoption of the mission and strategic initiatives, at any Annual Meeting or special session. The Delegate Assembly shall approve all new NCSBN memberships; approve the substance of all NCLEX® examination contracts Terms and Conditions of NCSBN Membership between the NCSBN and Member Boards; adopt test plans to be used for the development of the NCLEX® examination; and establish the fee for the NCLEX® examination.	To reflect the proposed changes to the Member Board Agreement (Terms and Conditions of NCSBN Membership) from the Member Board Agreement Review Committee.
6.	p.3, Article V, Section 1	Section 1. Officers. The elected officers of the NCSBN shall be a president, a vice president and a treasurer.	Section 1. Officers. The elected officers of the NCSBN shall be a president, a vice president president-elect and a treasurer.	More continuity in leadership position, ease of transition, promotes sharing of responsibility, eases burden of president and to follow Benner’s model, encourages mentorship and further membership participation. Other organizations have successfully incorporated the president-elect in their structures.
7.	p.3, Article V, Section 2	Section 2. Directors. The directors of the NCSBN shall consist of directors-at-large and a director from each Area.	Section 2. Directors. The directors of the NCSBN shall consist of three directors-at-large, a public director and a director from each Area.	The Public Director provides for expertise and diverse perspectives, adding value to discussion and decision making. The public shares the mission of public protection with NCSBN, outside perspective.
8.	p.3, Article V, Section 3	Section 3. Qualifications. a) Board Members of Member Boards and employees of Member Boards shall be eligible to serve as NCSBN 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.	Section 3. Qualifications. Eligibility. a) Board Members of Member Boards and or employees of Member Boards shall be eligible to serve as NCSBN officers and at-large or area 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. b) The public director shall be an individual not currently serving as a board member or employee of a Member Board.	The term Qualifications was changed to Eligibility because the content describe eligibility and not qualifications. The change brings consistency. The proposed statements clearly define the categories of directors, is concise and clear, and the language is consistent with member boards.

9.	p.4, Article V, Section 4	Section 4. Qualifications for President. The president shall have served NCSBN as either delegate, a committee member, a director or an officer before being elected to the office of President.	Section 4. Qualifications for President- elect . The president- elect shall have served NCSBN as either a delegate, a committee member, a director or an officer before being elected to the office of President- elect .	President-elect becomes the President.
10.	p.4, Article V, Section 5, sub-section (a)	b) Time and Place. Election of officers and directors shall be by ballot of the Delegate Assembly during the Annual Meeting.	b) Time and Place. Election of officers and directors, except the public director , shall be by ballot of the Delegate Assembly during the Annual Meeting.	The Public Director is elected by the Board of Directors.
11.	p.4, Article V, Section 5, new sub-section (f)		f) Public Director. The public director shall be elected by majority vote of the Board of Directors.	The Public Director is new and will be elected by the Board of Directors, unlike the Directors-at-Large and Officers.
12.	p.4, Article V, Section 6	Section 6. Terms of Office. The president, vice president, treasurer, Area directors, and directors-at-large shall be elected for a term of two years or until their successors are elected. The president, vice president and two directors-at-large shall be elected in even-numbered years. The area directors and two directors-at-large 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 6. Terms of Office. a) The president- elect , vice president , treasurer, Area directors, and directors-at-large and public director shall be elected for a term of two years or until their successors are elected. The president shall serve for a term of two years. b) , vice president and two The president- elect , the public director, and the directors-at-large shall be elected in even-numbered years. The treasurer and area directors and two directors-at-large shall be elected in odd numbered years. c) Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected. d) No person The treasurer and the directors shall serve no more than four consecutive years in the same position excluding time served by appointment and/or election pursuant to Section 8 of this Article. The president and president-elect shall serve no more than two years in the same position, except when a vacancy occurs pursuant to Section 8 of this Article.	Maintaining staggered terms assures continuity in the organization. The staggered terms of even-odd years allows for continuity with half the board turned-over. The president and president-elect are limited to one term each for a total of four years service to allow greater opportunity for membership participation. This also clarifies the effect of serving a partial term, created by a vacancy. This acknowledges the Board's need to fill a vacancy, preserves the Delegate Assembly's right to elect a qualified candidate to serve the organization and maintains the regular, staggered cycle of elections. The qualified candidate has the right to serve two full-terms, following appointment and/or partial term election.

13.	p.4, Article V, Section 8	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 and a successor is elected. The Delegate Assembly shall elect a person to fill any remainder of the term.	Section 8. Vacancies. <ul style="list-style-type: none"> a) A vacancy in the office of president shall be filled by the vice president president-elect pursuant to subsection (b) in this Section. The Board of Directors shall fill all other vacancies by appointment. The person filling the vacancy shall serve until the next Annual Meeting and a successor is elected. The Delegate Assembly shall elect a person to fill any remainder of the term. b) If the office of the president becomes vacant, the president-elect shall assume the presidency and shall serve the remainder of that term as well as the term for which she or he was elected. c) If the office of the president-elect becomes vacant, then the position shall remain vacant until an election can be held at the next annual meeting for the remainder of the term for which the president-elect was elected. d) In the event of a vacancy of the president and the president-elect, the board of directors shall appoint one of its members to assume the responsibilities of the president until an election can be held for the president 	This addresses possible contingencies relating to the offices of president and president-elect.
14.	p.5, Article V, Section 10	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 10. Responsibilities of the Vice President . President-elect . The vice president president-elect shall assist the president, perform the duties of the president in the president's absence, be assigned responsibilities by the president, and assume the office of the president at the conclusion of the president's term and fill any vacancy in the office of the president. until the next Annual Meeting .	Clarifies responsibilities of the President-elect. Responsibilities of the vice president are subsumed in the president-elect position.

15.	p.5, Article VI, Section 3	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 3. Meetings of the Board of Directors. The Board of Directors shall hold its an annual meeting in association with the Annual Meeting. The Board and 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.	
16.	p.5-6, Article VII, Section 1, subsection (a)	a) Composition. The Leadership Succession Committee shall be comprised of eight members elected by the Delegate Assembly. Four of the eight elected positions shall be designated members to include a past Board of Directors member, a current or former NCSBN committee chair, a board member of a Member Board and an employee of a Member Board. The remaining four members shall be elected from each of the four areas	a) Composition. The Leadership Succession Committee shall be comprised of eight members elected by the Delegate Assembly. Four of the eight elected positions shall be designated members to include a past Board of Directors member, a current or former NCSBN committee chair, a board member of a Member Board and an employee of a Member Board. The remaining four members shall be elected from each of the four areas (a) Composition. The Leadership Succession Committee shall be comprised of seven members elected by the Delegate Assembly. One member shall be elected from each of the four areas. Three members shall be at large members.	Current prescriptive language makes it difficult to find an ample pool of multiple, qualified candidates to fill the designated positions while preserving the expertise desired of the original configuration and maintaining the membership's voice. The number of members from 8 to 7 eliminates a tied vote. This would be phased in 2015, if approved in 2013. The LSC is in agreement with this change.
17.	p.5-6, Article VII, Section 1, subsection (b)	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. A committee member shall serve no more than two consecutive terms. 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 Area members shall be elected in even numbered years. At large members shall be elected in odd numbered years. and one half in odd number years. A committee member shall serve no more than two consecutive terms, excluding time served by appointment and/or election pursuant to Section 1e. or this Article. Members shall assume duties at the close of the Annual Meeting at which they are elected.	This retains expertise and enlarges the applicant pool. The member ratio maintains the membership's voice in the process. The staggering of terms promotes continuity in the organization.

18.	p.6, Article VII, Section 1, subsection (f)	<p>(f) Duties. The Leadership Succession Committee shall recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; present a slate of candidates through a determination of qualifications and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee. The Committee’s report shall be read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee. The Leadership Succession Committee shall determine qualifications and geographic distribution of nominations from the floor for recommendations to the Delegate Assembly.</p>	<p>(f) Duties. The Leadership Succession Committee shall recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; present a slate of candidates through a determination of qualifications, eligibility and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee. The Committee’s report shall be read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee. The Leadership Succession Committee shall determine qualifications and geographic distribution of nominations from the floor for recommendations to the Delegate Assembly. The Leadership Succession Committee shall determine qualifications, eligibility and geographic distribution of individuals seeking nomination from the floor for recommendations to the Delegate Assembly. No person shall be nominated from the floor without the recommendation of the Leadership Succession Committee.</p>	<p>Nominations from the floor should undergo the same process as the ballot determined by the LSC, clarifies, and ensures all candidates on the ballot are qualified.</p>
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Attachment D**Special Proviso for Amendments**

The revised bylaws shall become effective on the day and upon the adjournment of the Delegate Assembly at which the revisions to the bylaws are adopted by the Delegate Assembly. Officers and directors shall be elected in the years 2014-16 in accordance with the following schedule:

Positions	2013 Elections	2014 Elections	2015 Elections	2016 Elections
President		X (two-year term only; not eligible for re-election)		
President-elect		X (two-year term)		X (two-year term)
Treasurer		X (one-year term)	X (two-year term)	
Director-at-Large	X (two-year term)		X (one-year term)	X (two-year term)
Director-at-Large	X (two-year term)		X (one-year term)	X (two-year term)
Director-at-Large		X (two-year term)		X (two-year term)
Area I	X (two-year term)		X (two-year term)	
Area II	X (two-year term)		X (two-year term)	
Area III	X (two-year term)		X (two-year term)	
Area IV	X (two-year term)		X (two-year term)	
Public Director		X (two-year term)		X (two-year term)

X: Indicates the year in which a position will be elected.

Report of the Distance Learning Education Committee

Recommendation to the Delegate Assembly

Adopt proposed Model Education Rules.

Rationale:

The current model education rules do not specify where faculty who teach distance education courses should be licensed; both educators and BONs have asked for clarification. Didactic faculty should hold an active, unencumbered license or privilege to practice where the program has a physical presence, recognizing that teaching nursing is the practice of nursing. Instruction originates where the program is located since the program is approved by that jurisdiction. For patient safety, faculty and preceptors who supervise students in patient care should hold an active, unencumbered license or privilege to practice in the jurisdiction where the clinical experience takes place. Faculty who travel to distant jurisdictions to provide clinical oversight of clinical faculty and/or preceptors should hold an active, unencumbered license or privilege to practice in the jurisdiction where the program has a physical presence and where the clinical practicum is conducted when in contact with patients or patient data.

Fiscal Impact:

None.

Background

Through various communication channels, including NCSBN's Nursing Education Committee, education conference calls and face-to-face networking sessions, boards of nursing (BONs) report increasing issues with distance education programs in their states or jurisdictions. At the same time, educators report experiencing what they perceive as nursing regulation barriers to distance education programs. Therefore, NCSBN's Board of Directors (BOD) convened a committee to identify the issues and to establish regulatory standards that would be used as a foundation for establishing model education rule language for distance education programs.

The Institute of Medicine's (IOM) *The Future of Nursing: Leading Change, Advancing Health* report called for nurses to advance their education. Distance education courses provide tremendous opportunities for education advancement by offering access to quality nursing education in small communities or rural areas where nursing programs don't exist, or allowing flexibility for those students or nurses who otherwise couldn't attend a nursing program. Therefore, this is an opportunity to provide nurse regulators with information on distance education and related issues. Further, it is an opportunity to provide the facts to educators about "perceived" regulatory barriers related to distance education programs, but also to provide some possible solutions for the real problems. Lastly, it is an opportunity for nursing education and regulation to learn from each other as they collaborate to advance the education of the nursing workforce.

Highlights of FY13 Activities

- Identify regulatory issues related to distance education programs.
 - Held three face-to-face meetings, three conference calls and one webinar.
 - Reviewed the literature.
 - Met with educators from the American Association of Colleges of Nursing to learn about educator issues.
 - Held conference calls with representatives from the U.S. Department of Education to learn about the status of the state authorization rule and learn about the databases it provides that would be beneficial to BONs.

Members

Bobby Lowery, PhD, MN, FNP-BC
North Carolina, Area III, Chair

Crystal Higgins, MS, RN, CNE
Nebraska, Area II

Whitney Hunter
Idaho, Area I

Cathy A. Learn, MSN, MA, RN
Ohio, Area II

Nancy Murphy, MS, RN, BC, CPM
South Carolina, Area III

Sabita Persaud, PhD, RN
Maryland, Area IV

Paula B. Saxby, PhD, RN
Virginia, Area III

Michelle Winters, PhD, MSN,
MBA/HCM, RN-BC, NHA, LNC
West Virginia-PN, Area II

Betsy Houchen, JD, MS, RN
Ohio, Area II, Board Liaison

Staff

Nancy Spector, PhD, RN
Director, Regulatory Innovations

Meeting Dates

- Sept. 24, 2012 (Conference Call)
- Oct. 8-9, 2012
- Dec. 6, 2012 (Conference Call)
- Jan. 8, 2013 (Conference Call)
- Jan. 31 – Feb. 1, 2013
- March 18-19, 2013
- March 28, 2013 (Webinar)

Relationship to Strategic Plan

Strategic Initiative A

NCSBN promotes evidence-based regulation

Strategic Objective 3

Create resources for evidence-based regulation

- Held conference calls with a representative of the WICHE Cooperative for Educational Technologies (WCET) to learn about other regulatory agencies for higher education programs and to learn about interstate reciprocity agreements for distance learning programs.
- Held conference calls with education consultants at BONs to learn about their issues with distance education programs.
- Conducted survey of BON executive officers to collect data on the nursing regulation of distance education programs.
- After analyzing the issues, developed the Uniform Checklist, which can be used by BONs to provide information about students coming into their states/jurisdictions for clinical experiences, but which will also provide more consistency among BONs in the regulation of distance education programs.
- Developed a white paper that incorporates the issues identified by the Distance Learning Education Committee. The white paper also provides information about distance education programs for BONs and debunks some myths about nursing regulation of distance education programs.
- Develop model rules for distance learning programs.
 - Developed regulatory standards for distance education programs.
 - Using the regulatory standards, proposed model education rules for the licensure of faculty who teach in distance education programs.
 - After studying the issue, the Distance Learning Education Committee members decided that the model rules should be the same for distance education and traditional face-to-face programs, with the exception of model education rules on the licensure of faculty.

Future Activities

The Distance Learning Education Committee recommends:

- Terminating the Distance Learning Education Committee as all charges were completed.
- Adopting APRN recommendations for distance education programs. The Distance Learning Education Committee (or NCSBN staff) should maintain communication with the APRN Committee as it makes its recommendations so they are in line with the prelicensure standards.
- Adopting the Model Education Rules provision on faculty licensure in distance education programs and consider reconstitution of the Model Rules Committee to review the proposed rules for consistency with the current document.
- Considering the establishment of a committee to explore and make recommendations for registered nurse (RN) to bachelor of science in nursing (BSN) programs.
 - Both educators and BONs are worried about the burgeoning of RN to BSN programs, perhaps because of the IOM Future of Nursing report. Are they all accredited by national nursing accreditors? If not, who is monitoring them? There is no data on this.
 - If the RN to BSN programs are not meeting baccalaureate standards, health care facilities are hiring nurses that are not really credentialed with a BSN. Is this a public protection issue? Recent studies have found higher ratios of baccalaureate educated nurses improve patient safety.
 - Currently 17 BONs regulate RN to BSN programs, though with the increasing numbers of programs, other BONs are considering regulating them. Should NCSBN develop model rules for those programs that do regulate RN to BSN programs? Currently there are no model education rules that address them.

-
- Considering the establishment of a committee to analyze the future of distance education related to international nursing programs.
 - Is it time for NCSBN to be proactive and investigate the future of international programs and distance learning?
 - Currently, students may complete clinical experiences in other countries (through partnerships with U.S. nursing programs), but do they meet U.S. standards?
 - Explore these programs and make recommendations.

Attachments

- A. White Paper: The Nursing Regulation Perspective of Distance Education in Prelicensure Nursing Programs
- B. Proposed Model Education Rules for Prelicensure Distance Education Programs

Attachment A

White Paper: The Nursing Regulation Perspective of Distance Education in Prelicensure Nursing Programs

BACKGROUND AND OPPORTUNITY

Two widely disseminated national nursing reports have called for nurses to advance their education. In 2010, the Carnegie Study of Nursing Education (Benner, Sutphen, Leonard, & Day, 2010), which compared and evaluated nine nursing programs with excellent reputations for teaching and learning, comprehensively studied the state of nursing education. Of Benner et al.'s (2010) 26 transformative recommendations, four of them support nurses advancing their education (pp. 216-217). They also made a strong case for increasing the rigor of nursing education and integrating clinical cases and practical experiences throughout the educational process.

Likewise, "The Future of Nursing: Leading Change, Advancing Health" report (Committee, 2011) made a recommendation (key message number two) that "Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression" (p. 163). More specifically, it recommends that by 2020 the proportion of baccalaureate degree nurses should be 80 percent, though currently it is about 50 percent (Committee, 2011, p. 281). Similarly, several nursing organizations have taken positions that nurses should advance their education (AACC, ACCT, AACN, NLN, & N-OADN, 2012; Tri-Council for Nursing, 2010).

In concert with these recommendations, studies have provided evidence that a higher ratio of baccalaureate-educated nurses in hospitals improves patient outcomes and safety (Aiken, Clarke, Cheung, Sloane, & Silber, 2003; Aiken, Clarke, Sloane, Lake, & Cheney, 2008; Blegen, Goode, Park, Vaughn, & Spetz, 2013; Estabrooks, Midodzi, Cummings, Ricker, & Giovannetti, 2005; Friese, Lake, Aiken, Silber, & Sochalski, 2008; Kutney-Lee, Sloane, & Aiken, 2013; Tourangeau et al., 2006). Since the mission of boards of nursing (BONs) is public protection, nursing regulation supports nurses advancing their education. BONs are partnering with nurse leaders in their states/jurisdictions to develop seamless articulation tracks or other innovative models for nurses furthering their education (NCSBN, 2012). Further, in 2010 NCSBN published a policy position statement supporting nurses advancing their education (NCSBN, 2010).

Distance education courses provide tremendous opportunities for nurses to advance their education by offering access to quality nursing education in small communities or rural areas where nursing programs don't exist or for allowing flexibility for those students or nurses who otherwise couldn't attend a nursing program. Indeed, the Future of Nursing report (Committee, 2011, pp. 204-205) highlighted a distance education program in Michigan for registered nurses (RNs) to further their education in four community settings. The program consists of online modules, but also an 80-hour clinical practicum that pairs the students with a single preceptor in their area of study, thus supporting the findings from the Carnegie Study of Nursing Education (Benner et al., 2010), which advocates a strong clinical experience component. The integration of clinical practice experiences and didactic education is an essential element of all nursing programs (ACEN, 2013; CCNE, 2009; NCSBN, 2005), including distance education programs.

The last time NCSBN explored the regulatory implications of distance education programs was in 2003 when it conducted and analyzed a comprehensive survey of the organization's membership (NCSBN, 2003). These 2003 results raised some questions, such as whether the quality of education is as effective with distance education programs as with traditional face-to-face programs, where the faculty should be licensed and whether there should be national standards for distance education programs. The respondents did, however, report a major advantage of distance education as allowing access to nursing education courses. Also in 2003, NCSBN endorsed the Alliance for Nursing Accreditation Statement on Distance Education Policies (2003), which stated that nursing education programs offering distance learning technologies must meet the same standards and criteria as those programs providing face-to-face formats.

In their missions of public protection, most BONs approve nursing education programs (Spector & Woods, 2013). Therefore, NCSBN's BOD convened a committee to identify regulatory issues related to distance education nursing programs and to develop regulatory standards that would be the foundation for establishing model education rules addressing distance education. This white paper is an opportunity to provide nurse regulators with information on distance education and the related issues so that nurses can enroll in these programs to advance their education. Further, it is an opportunity to provide facts to nurse educators, policy makers and legislators about "perceived" regulatory barriers related to distance education programs, but also to provide some possible solutions to the real problems. Lastly, it is an opportunity for nursing education and regulation to learn from each other as they collaborate to advance the education of the nursing workforce.

LITERATURE REVIEW

Context

In higher education an unprecedented 6.7 million students are taking at least one online course annually; 32 percent of all students in higher education are taking at least one online course (Allen & Seaman, 2013). As in other disciplines, online education in nursing has increased and that rise is expected to continue (Coose, 2010).

In October 2010 the U.S. Department of Education issued program integrity rules prompted by a concern about the inconsistent quality of for-profit education programs, which account for 11 percent of higher education students, 26 percent of student loans and 43 percent of all loan defaulters (U.S. Department of Education, 2010). These rules included the following 34 §600.9 (c) state authorization rule, which affects distance learning programs:

If an institution is offering postsecondary education through distance or correspondence education to students in a State in which it is not physically located or in which it is otherwise subject to State jurisdiction as determined by the State, the institution must meet any State requirements for it to be legally offering postsecondary distance or correspondence education in that State. An institution must be able to document to the Secretary the State's approval upon request. (eCFR, 2013)

Because of legal challenges, at the time of this writing, the rule has not gone into effect yet, nor has the U.S. Department of Education indicated what the next steps might be (Commission, 2013). However, this state authorization rule has caused much discussion in nursing education and at BONs.

One new model that is emerging in distance education deserves some attention: the massive open online courses (MOOCs) model. MOOCs are courses for delivering content online to virtually anyone who wants to take the course (Educause, 2011). For example, one course at Stanford drew 100,000 learners (Educause, 2011). Skiba (2012) finds MOOCs to be a disruptive innovation and the current buzz in higher education. As with all disruptive innovations, there are positive and negative factors. MOOCs provide excellent opportunities to students and life-long learners, particularly during these times of massive student loan debts. This model is not without pitfalls, including incidents of cheating; course variability; and lack of adequate completion rates, ability to assess student learning and a cost model to demonstrate revenue generation (Skiba, 2012). This model bears watching as it won't be going away soon and may be one avenue for meeting the IOM's recommendation of advancing nursing education.

Effectiveness and Use of Distance Education Programs in Nursing

The U.S. Department of Education conducted a meta-analysis of studies from 1996 to 2008, studying outcomes in face-to-face teaching versus online education (Means, Toyama, Murphy, Bakia, & Jones, 2010). They found that students in online courses modestly outperformed those in face-to-face courses. The best outcomes were achieved with students who had blended elements of online and face-to-face instructions. Similarly, in nursing most studies reveal there are no significant differences in outcomes between students taking online didactic courses versus those in face-to-face courses (Billings, Dickerson, Greenberg, Yow-Wu, & Talley, 2013).

Considering the findings of the Carnegie Study of Nursing Education (Benner et al., 2010) and the findings of Means et al. (2010), the best nursing courses might highlight a blended online and face-to-face format paired with faculty supervised clinical experiences.

Frith (2013) highlights the advantages of distance education in nursing. A major benefit, particularly when nurse leaders are calling for a more educated workforce, is that it provides access and flexibility to those students who wouldn't normally be able to access education, either because of the students' work or family schedules or because there are no local programs for them to attend. Other advantages include the ability to use multiple media formats to match learning styles, the opportunity for more individualized learning, the information is linked to the student pace and the online format offers opportunities to connect with colleagues without geographic limitations. Zerwekh (2011) adds that Web-based teaching can create deep reflection and foster meaningful exchanges.

Frith (2013) cautions that online learning isn't for all students. The learner must be motivated and a self-starter with the discipline to learn independently. In nursing a major limitation to online nursing education is that, since nursing is a practice profession, the student will require supervised clinical experiences with qualified faculty. There are excellent distance education programs that pair clinical faculty with students in distant states/jurisdictions as a part of the overall curriculum. As Frith (2013) notes, learning clinical reasoning, a hallmark of nursing education, requires the presence of a teacher in the learning process. Other limitations include students having access to and knowledge of computers or mobile devices, faculty needing to be trained in the online format, authentication of the student's work, and the requirement of an adequate infrastructure to support both students and faculty (Frith, 2013). Zerwekh (2011) also points out online teaching is no longer a human relationship, but instead a virtual exchange. She laments the commercialization of education, with administrators, vendors of software and hardware and investors seeing it as a profit maker. Zerwekh (2011) notes that students must be brought together "...to listen beyond words, to watch faces and bodily expressions, to pick up nonverbal skills, to interact socially and therapeutically, to negotiate, to resolve conflict, and to build caring collegial community" (p. 180). She advocates some face-to-face work in blended (hybrid) courses.

Quality Indicators

Chickering and Gamson's (1987) seminal work on seven principles for best practices in undergraduate distance education programs remains relevant today. When applied consistently, they result in measureable outcomes in undergraduate (Billings, Connors, & Skiba, 2001) and graduate (Broome, Halstead, Pesut, Rawl, & Boland 2011) student learning. These principles include:

- Interaction with faculty;
- Collaboration among students;
- Active learning;
- Prompt feedback;
- Time on task;
- High expectations; and
- Respect for diverse talents and ways of learning.

Several organizations have developed benchmarks or quality indicators for distance education, including the Sloan Consortium's five pillars (Sloan Consortium, 2013); the Western Interstate Commission for Higher Education's 15 principles (WICHE, 2011); and Middle States Commission on Higher Education's interregional guidelines for the evaluation of distance education (Middle States, 2011). These latter guidelines contain nine Hallmarks of Quality and are endorsed by all regional accrediting organizations in the U.S. Middle States' nine Hallmarks of Quality for online learning include:

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- Online learning is appropriate to the institution's mission and purposes.
 - Plans for developing, sustaining and expanding (if appropriate) are integrated into its planning and evaluation processes.
 - Online learning is incorporated into the institution's systems of governance and academic oversight.
 - Curricula are coherent, cohesive and comparable in rigor to programs with traditional face-to-face formats.
 - Effectiveness is evaluated and results are used to enhance the evaluation of goals.
 - Faculty responsible for delivering the online curricula and evaluating the students' success are qualified and effectively supported.
 - The institution provides effective student and academic services.
 - The institution provides sufficient resources to support and, if appropriate, expand its offerings.
 - The institution assures the integrity of its offerings.

Quality Matters is an external, peer review service that evaluates online and blended (hybrid) courses, using a set of eight general standards and 41 specific standards (Quality Matters, 2011). The uniqueness of Quality Matters is the concept of course alignment. This occurs when critical course elements work together to ensure desired student outcomes.

In nursing, national nursing accreditation by either the Accreditation Commission for Education in Nursing (ACEN) or the Commission on Collegiate Nursing Education (CCNE) is a nongovernmental, peer-reviewed process where nursing programs are evaluated according to national accreditation standards. Of the two national accreditors, CCNE does not have different standards for distance education programs. Under three of ACEN's six standards there is an additional criterion for distance education programs (ACEN, 2013). BONs approve nursing programs in their missions of public protection (Spector & Woods, 2013). Five of the 43 BONs responding to a distance education survey reported having additional requirements for distance education programs. The additional BON requirements generally addressed providing technical support.

An important part of maintaining the quality of a distance education program is to have a rigorous process for identifying and measuring outcomes. One framework (Billings, 2000) that is used to assess the outcomes and practices in online nursing courses incorporates Chickering and Gamson's (1987) seven principles for good practices. Concepts of the model include outcomes, educational practices, faculty support, learner support and use of technology. Variables are identified for each of the concepts.

REGULATORY AND EDUCATION ISSUES WITH DISTANCE EDUCATION PROGRAMS

Gormley and Glazer (2012) report three major BON issues that educators face related to distance education: (1) BONs have instituted rules based on the U. S. Department of Education's state authorization rule 34 §600.9 (c), yet the U.S. Department of Education's state authorization rule is currently not being enforced because of legal challenges; (2) Annual BON fees will be prohibitive over time, with fees of up to \$750, sometimes for each specialty; and (3) Detailed program schema are required for program approval of distance education programs. They then conclude that BONs are becoming "roadblocks to students' educational advancement," citing the Future of Nursing report (Committee, 2011). See Table 1 for factual clarifications on these issues.

As stated earlier, BONs are working collaboratively with other leaders in their states/jurisdictions to meet the IOM Future of Nursing recommendations for advancement of nursing education. In order for BONs and educators to work collaboratively with distance education issues, it is important to develop an ongoing relationship so that questions can be answered and problems can be solved on an ongoing basis.

Billings et al. (2013) cite two states that have specific regulations for distance education programs. They caution that it is challenging to keep up with additional requirements for distance education programs in BONs. Likewise, Chappy, Stewart and Hansen (2012) write about “border wars” between states, where states have different requirements. They report three major reasons some states would not accept clinical students from their distance education program. These included requiring a physical building, having various preceptor requirements and requiring a \$5,000 fee. However, the building and fee requirement are mandated by the Board of Higher Education in that state and not the BON. Most BONs have no fee requirements for out-of-state distance education programs (Table 1), though some Boards of Higher Education do charge fees (SHEEO, 2013). A BON has no control over its state’s/jurisdiction’s Board of Higher Education.

Mancuso-Murphy (2007), Zerwekh (2011), and Hoffmann and Dudjak (2012) all report issues with faculty workload, both in the creation and implementation of online courses. Anderson and Avery (2008) studied faculty workload in graduate nursing courses, finding that a comparatively higher number of hours is required for preparation of online courses, a higher percentage of time is needed to evaluate student work and more time is spent in student contact. Zerwekh (2011) reports that, while faculty teaching online courses have more flexible time, often the isolation from colleagues and students can pose difficulties.

Johnson and Meehan (2013) report many faculty issues related to preparation for teaching online courses. Often faculty feel threatened as they transition from face-to-face teaching to Web-based teaching. Many have little training in the creation and management of online courses, and yet little time to learn about it. Hoffman and Dudjak (2012) find that while most of their faculty are familiar with the basic applications, such as Blackboard, there are knowledge gaps in the use of online learning tools, such as wikis, discussion boards and blogs. Another issue is the slow response of faculty to integrate new online tools into the curriculum (Skiba, Connors, & Jeffries, 2008), thus expanding the gap between digital immigrants (educators) and digital natives (Millennials).

Future Research

Future nursing research should focus on how students learn in online courses, particularly from the perspective of different learning theories, as there is a dearth of studies in this area. Research might also address best practices of online nursing education, considering the differences in learning styles and various technologies, with an eye toward minimizing the drawbacks and maximizing the potential of distance education (Mancuso-Murphy, 2007).

Research should also be conducted on the effect of online courses on nursing practice. What are the best strategies to engage students to develop clinical reasoning skills (Mancuso-Murphy, 2007)? Given Benner et al.’s (2010) findings with emphasizing the integration of clinical experiences with didactic learning, how is this best done with the online format?

OTHER EVIDENCE

Survey to NCSBN’s Executive Officers

In November 2012, a survey of the NCSBN executive officers was conducted addressing issues in prelicensure distance education nursing programs. Of the 59 BONs that approve prelicensure programs, 43 (or 73 percent) responded. When asked about essential regulatory standards, there was agreement that the standards should be the same as traditional programs. The executive officers reported that the major benefits of distance education in their states/jurisdictions, are flexibility and access to education, which is similar to the advantages reported in the literature.

More than half of the executive officers reported having challenges with prelicensure distance learning programs. They identified the greatest issue as clinical experiences in the distant states/jurisdictions and thought standards should address those. The survey showed inconsistent findings related to where faculty or preceptors should be licensed, and the executive officers thought this should be addressed in model education rules.

Some specific questions asked about fees BONs charge for approving out-of-state programs that send students into their states/jurisdictions. Of the 43 respondents, no BON charges a fee for didactic distance education and three BONs report charging fees when students from other states/jurisdictions take clinical experiences in their states/jurisdictions (two BONs charged a fee of \$250; one charged \$500). Twelve BONs reported that they approve the clinical portion of distance programs that send students into their states/jurisdictions, while five of those also approve the didactic portion of the program. Five BONs have some different rules for distance education programs, and, for the most part, they address the need for technical and student support. Only one BON reported having limits on the number of students from out-of-state programs that are allowed to have clinical experiences in their state/jurisdiction. At that BON, the limitation was that they encourage the area programs to comment on the feasibility (particularly related to the availability of clinical placements) of an outside program coming into the state/jurisdiction. The BONs were asked about Board of Higher Education charges for programs that send students into their states/jurisdictions. Eleven BONs reported their states/jurisdictions charged programs, though many reported that they did not know.

Collaboration with Education Consultants

Education consultants at BONs are those staff members who work with the education programs in their states/jurisdictions. In some states/jurisdictions, it may be a combined job or the executive officer might take that role, and in a few states/jurisdictions, board members have that responsibility. Because they are the education experts in their states/jurisdictions, NCSBN held two conference calls with them to gain their perspectives and to learn about their issues. The consultants reported that they do want regulatory standards on distance education programs. Their biggest issue was students taking clinical experiences in their states/jurisdictions from outside programs. Since most states/jurisdictions exempt students from licensure as long as they have adequate faculty supervision, BONs want to be assured that students from distance education programs are being adequately supervised in clinical experiences. The education consultants reported that some out-of-state programs take no responsibility for clinical experiences and have asked students to find their own preceptors. This would violate their regulations. While BONs are familiar with the programs that reside in their states/jurisdictions, they need to know the plan for clinical supervision of out-of-state programs. The education consultants reported that they do not need to know the names of out-of-state clinical students in their states; they only need to know which programs have sent students into their states/jurisdictions, how they select qualified faculty and how the students are supervised. The consultants liked the idea of a Uniform Checklist, particularly with the opportunity to add their own faculty qualifications or other uniquenesses.

Collaboration with Representatives at the U.S. Department of Education

Representatives from the U.S. Department of Education collaborated with NCSBN. They reviewed the status of the state authorization rule 34 §600.9 (c) cited above and said they are not sure what the next steps will be. They highlighted the Integrated Postsecondary Education Data System (IPEDS) database, which has the potential for answering workforce questions for BONs. See Table 2 for directions on how to access data from IPEDS and Box 1 for an exemplar.

Box 1: IPEDS Example

When you enter the University of Maryland-Baltimore (163259):

There were 301 BS level nursing graduates; 255 female and 46 male students, in addition to ethnicity data:

- 10 – Non Resident Alien
- 14 – Hispanic/Latino
- 2 – American Indian/Alaska Native
- 34 – Asian
- 75 – AA
- 2 – Native Hawaiian
- 147 – White
- 13 – Two or more races
- 4 – Unknown

The U.S. Department of Education representatives also shared their website, which reports all regional and national accrediting agencies that are recognized by the U.S. Department of Education (http://www2.ed.gov/admins/finaid/accred/accreditation_pg6.html). This information is valuable for assessing the quality of programs that might not have national nursing accreditation. When programs don't have national nursing accreditation¹, it is highly recommended that they have regional accreditation. Klein and Ingwerson (2012) report that there has been an increase in the number of online programs accredited by agencies that are not recognized by the U.S. Department of Education.

Collaboration with Representative from WICHE² Cooperative for Educational Technologies (WCET)

A representative from WCET discussed the status of state authorization rule 34 §600.9 (c), again observing that the next steps for this rule are not clear. The organization's mission is to advance excellence in technology and enhanced education, and they are supportive of BONs in their roles of approving nursing programs and protecting the public. The WCET representative highlighted the website of the State Higher Executive Officers Association (SHEEO, 2013), which has the most up-to-date information about state authorizations. This document reports what each state's/jurisdiction's board of higher education (different terminology in different states/jurisdictions) requires of distance learning programs. For example, it reports that 38 boards of higher education charge fees to out-of-state distance learning programs, with a range of \$25 to \$25,000 (a maximum annual fee).

There was also discussion about the Commission on Regulation of Postsecondary Distance Education recommendations for interstate reciprocity of distance education programs (Commission, 2013). This reciprocity (also referred to as the State Authorization Reciprocity Agreement [SARA]), would make obtaining state authorizations more seamless and thus limit barriers to distance education. On page 17 of this interstate reciprocity document, there is terminology that addresses BON concerns about clinical experiences, which states, "The institution has already obtained all necessary professional and licensure approvals necessary (if any) to conduct the learning opportunity in the state...."

¹ In 2012 NCSBN recommended that by 2020, BONs require national nursing accreditation, though currently only about 10 percent of practical nurse programs and 52 percent of associate degree nursing programs are accredited by national nursing accreditation agencies. 96 percent of baccalaureate nursing programs are accredited by national accreditation agencies (Spector & Woods, 2013).

² Western Interstate Commission for Higher Education

Collaboration with Educators

NCSBN held a conference call with faculty from distance education programs in March 2012. The educators shared their issues and concerns with NCSBN, which included inconsistent data being required from each state/jurisdiction and questions about licensing and approval fees. The educators provided some ideas for solutions, which included a consistent application that could be sent to each state/jurisdiction. This collaborative call, along with communication with BONs, stimulated NCSBN's work in 2012 and 2013 on regulatory standards for prelicensure distance education programs.

NCSBN invited the American Association of Colleges of Nursing (AACN) to send an organizational representative and one of its members (a faculty member who teaches distance education courses) to dialogue about regulatory distance education issues and to brainstorm about possible recommendations. During this meeting, the educators shared some advantages and disadvantages of distance education programs. Advantages include:

- Increasing the nurse's mobility;
- Helping military nurses;
- Economically beneficial to nursing students so that they don't have to move to take courses;
- Learning transcends the classroom;
- Enhanced flexibility;
- Allows for diverse learners to learn together; and
- Enhances access to education.

Weaknesses include:

- The modality is not for all students;
- Students must be technologically savvy;
- There is less social interaction;
- There is a need for more faculty development;
- Courses need to be completely redeveloped;
- There needs to be a strong infrastructure; and
- Quality varies.

The visitors discussed the State Authorization Reciprocity Agreement (SARA) (Commission, 2013) as some state/jurisdiction boards of higher education charge hefty fees, thus limiting opportunities for their students. Some programs have pulled out of certain states/jurisdictions (such as Massachusetts) because of these high fees.

Trends and issues were also discussed. One trend is to use competencies in online courses instead of objectives. Another trend is that RN to bachelor of science in nursing (BSN) programs are burgeoning, which can be challenging when they aren't accredited. Since only 17 BONs approve RN to BSN programs, who is overseeing the nonaccredited RN to BSN programs? Clinical spaces are sparse and some programs are beginning to pay for them. Other trends include MOOCs and collaboration between universities for course offerings, such as NEXus, which offers doctoral courses.

IDENTIFIED ISSUES

Based on the above review of the literature and collaborative conversations, the following issues related to distance education programs were identified:

Nursing Regulation

1. National regulatory standards for distance education programs are needed.

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2. There is a need for licensure clarification. For example, where should faculty be licensed or have a privilege to practice when they only teach in the didactic part of a distance education program that has students in 50 states? Should they be licensed or have a privilege to practice in all 50 states? Or should it just be in the state/jurisdiction where the program has a physical presence, since that is where the program is approved?
 3. States/jurisdictions want to know when students from out-of-state programs take clinical experiences in their states/jurisdictions.
 4. Because of exemption of student licensure, states/jurisdictions want assurance (as with own programs) of student oversight of students in distance education programs by qualified faculty.
 5. From their observations, BONs report that the quality of online programs is more varied than with traditional programs.
 6. Sometimes preceptors are chosen by the prelicensure students.
 7. Clinical spaces are already sparse for their in-state programs. The question, however, was asked whether this is a regulatory issue.

Nurse Educators

1. There is an increase in numbers of RN to BSN programs (AACN, 2012), with some having no oversight. Only 17 BONs regulate RN to BSN programs and national nursing accreditation is voluntary.
2. There is competition for clinical sites.
3. As with the regulators, they want clarity in licensure.
4. Keeping up with BON regulations can be a challenge.
5. Faculty workload is increased with online teaching.
6. Some faculty have knowledge gaps for using online learning tools. Therefore, faculty often need additional preparation in order to be competent to teach distance education courses.

RECOMMENDATIONS

1. Uniform Checklist for BONs

See Attachment 1 for a Uniform Checklist that was developed for all BONs that approve out-of-state prelicensure programs. This form can be used in lieu of individual state/jurisdiction-based approval, thereby promoting consistency. States/jurisdictions will have a record of prelicensure programs sending students into their states/jurisdictions for clinical experiences; further, they will be informed of the type of clinical experience, the faculty qualifications and the faculty supervision afforded the student. Some BONs want this information since they exempt students from licensure because the students have faculty oversight. Therefore, these BONs would have information assuring that there is adequate and competent faculty supervision of students in prelicensure clinical experiences.

If there are any unique BON requirements, they should be added as well. NCSBN will post a list of all BONs that use the Uniform Checklist, along with any unique requirements those states/jurisdictions may have, on its website. The Uniform Checklist assists educators with knowing what each state/jurisdiction requires of them, and at the same time, informs BONs about prelicensure distance education programs sending students into their states/jurisdictions for clinical experiences.

2. Adopt regulatory standards for prelicensure distance education programs

Attachment 2 outlines the prelicensure regulatory standards for distance education programs, along with the rationale. Standard one asserts that distance education programs should meet the same approval standards as traditional face-to-face programs.

Standard two addresses prelicensure approval in BONs. If the course does not have a clinical component, the prelicensure nursing program should be approved by the state/jurisdiction where the program has a physical presence. The distant state/jurisdiction should accept that approval. If the course provides for prelicensure clinical experience in the distant state/jurisdiction, that state/jurisdiction may use the Uniform Checklist for informational purposes.

Standard three clarifies why BONs want to know about prelicensure students taking clinical experiences in their states/jurisdictions from distance education programs located in another state/jurisdiction. BONs exempt students from licensure because the program has responsibility of supervising the students (with the exception of the Louisiana-RN BON, which has authority over students). BONs want assurance that prelicensure clinical students in their states/jurisdictions have oversight from qualified faculty.

Standard four clarifies licensure of prelicensure faculty:

- Prelicensure faculty who only teach in didactic courses (with no clinical experiences) should be legally licensed in the state/jurisdiction where the program has a physical presence (see Attachment 2 for a list of definitions).
- If the prelicensure faculty or preceptors supervise clinical students, they should be legally licensed where the students and patients are located.
- If faculty where the prelicensure program has a physical presence oversee clinical faculty and/or preceptors in the distant state/jurisdiction, and they travel to the distant state/jurisdiction, and have contact with patients or patient data, then the faculty providing oversight should be licensed in the state/jurisdiction where the program has a physical presence and where the prelicensure students and patients are located.

If, however, faculty where the prelicensure program has a physical presence oversee clinical faculty and/or preceptors and are physically present in the state/jurisdiction where the student is, but they have no contact with patients or patient data, they do not have to be licensed in the distant state/jurisdiction. See Box 2 for two exemplars.

Box 2
Exemplar A

Dr. A is a professor for prelicensure students and is located at May University, which has a physical presence in State A. He is clinically experienced, meeting all BON qualifications for an undergraduate faculty member. Dr. A oversees all clinical faculty and preceptors in the in-state program, as well as out-of-state distance education program. They have prelicensure students in clinical experiences in 14 states.

Once a year, Dr. A's program requires him to visit each state as part of his supervision of clinical faculty and preceptors. When he meets with students and their preceptors and clinical faculty, he goes over the objectives of the course, the specific evaluation criteria and advises the preceptors and clinical faculty on how to best communicate both positive and negative feedback. He does not discuss patients nor does he access any clinical records.

Dr. A meets with the preceptors, clinical faculty and the students separately, and has a combined meeting with them. He assesses the preceptor, clinical faculty and student relationships, and makes recommendations as necessary. The students, clinical faculty and preceptors have found this very helpful for evaluating the students.

Dr. A only needs to be legally licensed in State A because he does not access patients or patient data, even though he travels to the distant states where students are located.

Box 2**Exemplar B**

Dr. B is a professor for prelicensure students and is located at June University, which has a physical presence in State B. She is clinically experienced, meeting all the BON qualifications for an undergraduate faculty member. Dr. B oversees all preceptors and clinical faculty in the in-state program, as well as the out-of-state distance education program. They have prelicensure students in clinical experiences in States C, D and E.

As a part of the prelicensure nursing program's evaluation of in-state and out-of-state preceptors and clinical faculty, Dr. B visits them on a yearly basis. She meets with the students and their clinical faculty or preceptors together and individually. This evaluation requires the prelicensure clinical faculty and preceptors to be evaluated on their ability to teach physical assessment to the students; therefore, Dr. B reads the patient charts and observes as the clinical faculty and preceptors teach the students to assess their patients. Dr. B provides the clinical faculty and preceptors with written and verbal feedback, which they have found invaluable.

Dr. B needs to be legally licensed in States B, C, D and E because she travels to those states and accesses both patients and patient data.

Another part of this standard states that clinical faculty and preceptors should be selected by the nursing program and have oversight by the faculty in the state/jurisdiction where the program has a physical presence. As with any nursing education program, the faculty teaching in distance education programs should be academically and experientially qualified for teaching online courses.

Standard five calls for BONs to be notified when prelicensure programs with a physical presence located in another state/jurisdiction provide clinical experiences in their state/jurisdiction.

SUMMARY

There have been national calls for advancing the education of the nursing workforce, and educators and BONs are working together in statewide initiatives to do so. Distance education increases access to education and allows for flexibility of the learner, thus assisting with this goal. This white paper has presented the regulatory perspective of prelicensure distance education programs, from a variety of viewpoints. Issues were identified and evidence was presented. Recommendations were made for providing more consistency in the nursing regulation of distance education programs.

It is imperative for BONs and educators to work together to promote excellent learning outcomes with distance education, which in turn will improve the quality and safety of patients. Authentic conversations will be essential as we move forward together.

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Table 1

Myths	Facts
All BONs have different approval standards for distance education programs.	NCSBN survey sent to BONs in November 2012; of the 43 BON respondents that approve prelicensure nursing programs:
All BONs charge high fees for the BON approval processes.	<ul style="list-style-type: none"> ▪ Five BONs have approval standards for distance education programs, mostly related to technology support.
All BONs approve distance learning programs, thus being barriers to students advancing their education.	<ul style="list-style-type: none"> ▪ Three BONs charge nominal fees for the approval process for distance education programs (two charge \$250; one charges \$500)
All BONs limit distance education students from other states/jurisdictions.	<ul style="list-style-type: none"> ▪ Seven BONs approve the didactic portion and 12 approve the clinical portion of distance education programs.
All BONs limit distance education students from other states/jurisdictions.	<ul style="list-style-type: none"> ▪ One BON limits the enrollment of out-of-state clinical students related to clinical space requirements.
All BONs have instituted regulations based on the U.S. Department of Education's §600.9 (c) rule; at this time of writing, the future of this rule is unclear (see above discussion).	NCSBN survey sent to BONs in November 2011; of the 48 BON respondents that approve prelicensure nursing programs:
All BONs have instituted regulations based on the U.S. Department of Education's §600.9 (c) rule; at this time of writing, the future of this rule is unclear (see above discussion).	<ul style="list-style-type: none"> ▪ Two BONs are considering changes.

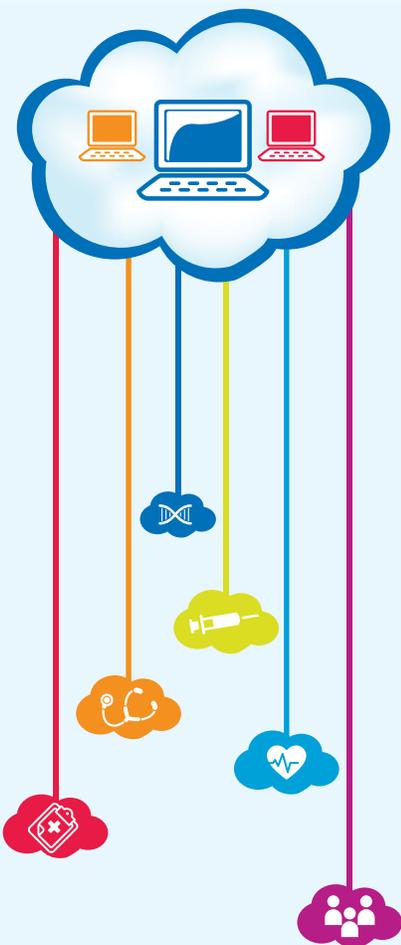
Table 2

Directions for Accessing IPEDS

1. Visit <http://nces.ed.gov/ipeds/datacenter/Default.aspx>.
2. Select "Create a Group Report."
 - Look up a specific institution or do a general survey of which programs your state/jurisdiction offers. In addition, you can survey the distance education programs being offered.
 - Choose final report data, provisional data or preliminary data based on your needs or interest. If you are looking for general data for your state/jurisdiction, skip selecting a comparison institution.
 - When asked "How would you like to select institutions to include in the report?" select "by variable" and choose "browse variables."
3. To access distance education data, select the following:
 - Institutional characteristics;
 - Then special learning activities;
 - Then distance learning opportunities.
 - Save these options.
 - Limit your search further by selecting "by groups" and select EZ Groups. You can choose to limit by state or region.
4. To access degree conferred data, select the following:
 - Completions;
 - Then awards/degrees conferred by program.
 - Limit your search further by selecting "by groups" and select EZ Groups. You can choose to limit by state or region.
5. Find data that is institution-specific doing the following:
 - Select "Look up an institution."
 - Enter the name of the institution
 - Select "Reported Data."
 - Select "Completion."

All awards/degrees will populate. The entry level nursing is code 51.3801.

Regulatory Standards for Prelicensure Distance Education Programs in Nursing



1. **State/jurisdiction where prelicensure nursing programs have a physical presence:**

Distance education prelicensure programs shall meet the same approval standards as any program in the state/jurisdiction.

Rationale: The mode of curricular delivery should not alter the regulatory standards for prelicensure distance education.

2. **State/jurisdiction where prelicensure nursing programs send students for clinical experiences:**

States/jurisdictions where the prelicensure nursing program is physically present approve the distance education program. Distant states/jurisdictions where the students participate in clinical prelicensure experiences rely on the approval status from the board of nursing (BON) where the prelicensure program has a physical presence. The BON in the distant state/jurisdiction may use the Uniform Checklist to notify them of prelicensure distance education programs with clinical students in their states/jurisdictions.

Rationale: BONs approve prelicensure nursing programs with similar criteria and may rely on each other's approval decisions. This may eliminate the need for approval of prelicensure distance education programs in the distant state/jurisdiction. The Uniform Checklist provides distant BONs with information about prelicensure nursing programs that are sending students to their states/jurisdictions. Additionally, the checklist organizes what regulatory information prelicensure programs need when they send students to distant states/jurisdictions for clinical experiences.

3. **Prelicensure nursing students are exempt from nurse licensure requirements because the program has oversight over the students and provides ongoing supervision.***

*The LA-RN BON is the only BON that has authority over nursing students.

Rationale: The BON approved prelicensure nursing program is responsible for its students wherever they are taking distance education courses.

4. **Nursing faculty in prelicensure distance education programs:**

- Didactic faculty shall hold an active, unencumbered RN license or privilege to practice in the state/jurisdiction where the prelicensure program has a physical presence.

- All clinical faculty and preceptors, shall hold an active, unencumbered RN license or privilege to practice where the students are participating in prelicensure clinical experiences.
- If faculty who oversee prelicensure clinical experiences are physically present in the distant state, the faculty shall hold an active, unencumbered license or privilege to practice in both the state/jurisdiction where the program has a physical presence and in the distant state(s)/jurisdiction(s) if they are in contact with patients or patient data.
- Clinical faculty and preceptors in prelicensure nursing programs are selected by the nursing program and have oversight by the faculty in the state/jurisdiction where the program has a physical presence.
- As with any prelicensure nursing education program, the faculty and preceptors teaching in distance education programs should be academically and experientially qualified for teaching prelicensure online courses.

Rationale: For public protection, prelicensure faculty and preceptors who supervise students in patient care should hold a license or privilege to practice in the state/jurisdiction where the patient is located. For faculty who only teach didactic courses, teaching nursing is considered the practice of nursing and instruction originates where the program has a physical presence because that is where it is approved by a BON. In their roles of public protection, BONs want to be sure that prelicensure clinical faculty and preceptors are qualified to oversee students. Transitioning from face-to-face teaching to teaching online courses without formal training can affect the quality of student outcomes.

5. **The BON is notified when prelicensure programs, located in another state/jurisdiction, provide clinical experiences in their state/jurisdiction.**

Rationale: The Uniform Checklist provides BONs with information about prelicensure nursing distance education programs and numbers of students, including type of faculty oversight, coming into their states/jurisdictions from other states/jurisdictions.



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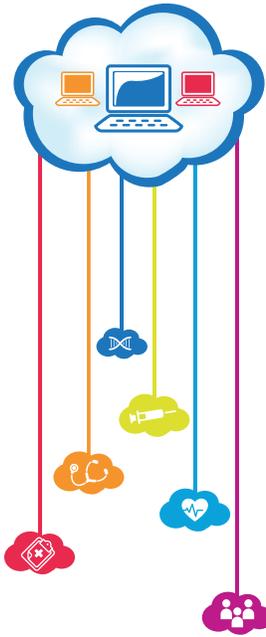
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Developed by:
 NCSBN's Distance Learning Education Committee

www.ncsbn.org

Uniform Checklist for Distance Education Prelicensure Nursing Programs



Directions:

The purpose of the Uniform Checklist is to collect information for boards of nursing (BONs) about prelicensure nursing programs that send students to distant states/jurisdictions for clinical experiences. In those states/jurisdictions that utilize this form, the Uniform Checklist is to be completed by a BON approved prelicensure nursing program, located in another state/jurisdiction, that intends to have prelicensure distance education students in direct care clinical experiences in the state/jurisdiction that requires the Uniform Checklist. The completed form will be sent to the BON where prelicensure students will have clinical experiences. Visit the NCSBN website (www.ncsbn.org) for a list of states/jurisdictions that utilize the Uniform Checklist.

The distance learning prelicensure nursing program is encouraged to access the companion Regulatory Standards for Distance Education Programs in Nursing document, which contains further details and is available on NCSBN's website.

Definitions:

Direct care clinical experiences

Direct care clinical experiences take place in the relevant clinical setting where students, under the supervision of qualified faculty, actively provide care for patients.

Distance education in nursing

Distance education in nursing is a planned educational process that is part of an overall curriculum where the majority of teaching and learning (interaction between students and instructors and among students) occurs when students and faculty are not in the same place. Education may be synchronous or asynchronous, utilizing a variety of modalities to facilitate and evaluate learning in compliance with nursing approval and accreditation standards. (Adapted from the Southern Association of Colleges and Schools [SACS].)

Legally licensed

Nurse holds an active, unencumbered license or privilege to practice.

Physical Presence

The distance education program is located where the administrative building is located. If it is a virtual university, with no buildings, the location is the institution's state of legal domicile.

Preceptor

A preceptor is an individual at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model or supervisor in a clinical setting.

Contact person at BON that requires this form _____

Email _____ Phone # _____

1. Program Name _____

Program Address _____

Program Contact Person (must be an RN) _____

Program Contact Person's Phone # _____

Program Contact Person's Email _____

2. Type of program

- LPN/VN BSN
 Diploma Master's entry prelicensure program
 ADN Other prelicensure program _____

3. State/jurisdiction where approved _____

4. Status of BON approval from state/jurisdiction where the program is located: _____

If the nursing program has any conditions related to its approval status, please explain:

5. Brief description of the clinical activity, its location, and the plan for faculty or preceptor selection and supervision of student(s):

6. Date range of clinical activity _____

a. Approximate number of students _____

b. Do you have a clinical affiliation agreement? Y N

7. All clinical faculty should meet the following qualifications:
(Qualifications of individual BONs can be inserted here, if different from NCSBN's model education rules.)

a. Current and active license.

b. LPN educators must have a BSN with a graduate degree or master's degree in nursing.

c. RN educators must have a graduate degree in nursing.

d. Preceptors must have an unencumbered license at or above the level of licensure for which the students are being prepared and must be competent in the area of assigned clinical teaching responsibilities.

Do all clinical faculty meet the above qualifications? Y N

8. Are clinical faculty and preceptors legally licensed in the state/jurisdiction where the students have clinical experiences? Y N

If **no**, proceed to question #9.

If **yes**, do faculty who oversee clinical faculty have a physical presence in the student's state/jurisdiction? Y N

If **no**, proceed to question #9.

If **yes**, do faculty who oversee clinical faculty have contact with patients and/or patient data? Y N

If **no**, proceed to question #9.

If **yes**, are faculty who oversee clinical faculty licensed in the state where students are located? Y N

9. Unique BON requirements? (BONs can insert any unique requirements here)

10. Does the program have national nursing accreditation? Y N

If **yes**, with which national nursing accreditation organization?

Commission on Collegiate Nursing Education (CCNE)

Accrediation Commission for Education in Nursing (ACEN)

If **no**, does the program have U.S. Department of Education recognized accreditation? Y N

If **yes**, with which accreditation body? _____

Signature of Authorized Program Administrator

(must be an RN who holds an active, unencumbered license or privilege to practice in the state where the program is physically present)

I hereby attest and represent that, to the best of my knowledge, the above information is complete, true and accurate and does not exclude any information that is material and responsive to the checklist questions.

Attachment B

Proposed Model Education Rules for Prelicensure Distance Education Programs

The following section should be added as #4 under d) Faculty:

4. Faculty in distance education programs:
 - a. Faculty teaching in didactic courses shall hold a current, active RN license or privilege to practice that is not encumbered and meets requirements in the jurisdiction where the program has a physical presence.
 - b. Faculty and preceptors supervising students in clinical experiences shall hold a current, active RN license or privilege to practice that is not encumbered and meets requirements in the jurisdiction where the clinical experience takes place.
 - c. Faculty who travel to distant jurisdictions to provide clinical oversight of clinical faculty and/or preceptors shall hold a current, active RN license or privilege to practice that is not encumbered and meets requirements in the jurisdiction where the program has a physical presence and where the clinical practicum is conducted when in contact with patients or patient data.

Report of the Member Board Agreement Review Committee

Recommendation to the Delegate Assembly

Adopt the proposed revision to the Member Board Agreement.

Rationale:

The goal for the revision is to update the agreement to best serve the current and future needs of the membership and NCSBN.

Fiscal Impact:

None.

Approve setting the member board membership fee to zero upon adoption of the revised Member Board Agreement.

Rationale:

Eliminating the membership fee facilitates state processing of the agreement.

Fiscal Impact:

Elimination of \$180,000 of annual revenue.

Background

The NCSBN Bylaws require a board of nursing (BON), as a condition of membership in NCSBN, to execute a membership agreement with NCSBN specifying the terms and conditions for the use of the NCLEX® examinations. There has been no systematic review of, or Delegate Assembly approved changes in, the membership agreement for at least 10 years. Over the years, many member boards have requested specific amendments and provisions be incorporated into the agreement to comply with state contract requirements. Some member boards cannot fully participate in NCSBN activities as some states have identified NCSBN as a vendor and participation may be a violation of state ethics.

The Member Board Agreement Review Committee was charged to review and make recommendations for agreement revisions for consideration by the Board of Directors (BOD) and possible adoption by the Delegate Assembly.

The goal of the committee was to have a member board agreement that serves the needs of the membership and NCSBN. The committee recognized early that the agreement was a membership agreement, not a contract for the licensure examination. The NCSBN Bylaws specifically require a BON to use the NCLEX examinations as a condition of membership in NCSBN. The committee determined that the language of the current agreement served a specific purpose when NCSBN was initially formed and the national nurse licensing examination was moved from the National League for Nursing (NLN) to NCSBN. As NCSBN has grown and matured over time, however, much of the procedures and processes outlined in the agreement have been operationalized and structured within the NCSBN Bylaws, the Pearson VUE contract, the *NCLEX® Member Board Manual* and NCSBN policies. The committee revised the agreement, first changing the title to Terms and Conditions of NCSBN Membership, and streamlined the agreement by removing redundant language. The committee also recognized the need to amend the current NCSBN Bylaws and made suggestions to the current Bylaws Committee for proposed language. Those suggestions have been supported by the Bylaws Committee and incorporated in the proposed bylaw amendments.

Members

Lori Scheidt, MBA-HCM
Missouri, Area II, Chair

Tony Graham, MSC, CPM
Mississippi, Area III

James (Dusty) Johnston, JD
Texas, Area III

Kennetha Julien, JD
Colorado, Area I
Resigned in January 2013

Laura Skidmore Rhodes, MSN, RN
West Virginia-RN, Area II

Caron Robertson, MSN, RN
Massachusetts, Area IV

Shirley Brekken, MS, RN
Minnesota, Area II, Board Liaison

Staff

Kathy Apple, MS, RN, FAAN
CEO

Tom Abram, JD
Legal Counsel

Kate Doyle
Manager, Executive Office

Meeting Dates

- Oct. 22-23, 2012
- Dec. 13-14, 2012
- Jan. 11, 2013 (Conference Call)
- Feb. 21-22, 2013
- April 8, 2013

Highlights of FY13 Activities

- The committee established Rules of Engagement that outline the decision-making process to be implemented, aiming for consensus (majority).
- The committee discussed NCSBN's structure and current agreement, provisions under Pennsylvania state law, the NCSBN Articles of Incorporation, bylaws and policies.
- The committee reviewed the contracts of similar organizations, including the Federation of State Medical Boards, National Association of Boards of Pharmacy, Association of Social Work Boards, National Board for Certification in Occupational Therapy and Federation of State Boards of Physical Therapy. The committee found that some require no agreement at all, others are similar to NCSBN and one simply had a statement on the annual dues invoice noting that submission of payment signifies that the member will abide by the association's bylaws.
- The committee discussed the annual membership fee. NCSBN Bylaws indicate that the annual membership fees are set by the Delegate Assembly and are to be paid by Oct. 1 of each year. However, the committee is sensitive to the fact that the membership fee is often seen as a vendor fee.
- The committee discussed individual state issues with the current agreement, and the pros and cons of issuing an agreement to members.
- Committee Member Dusty Johnston presented a 50 state law review comparison of statutes and rules, and discussed the document as a resource for member boards to strive for uniformity.
- Legal Counsel Tom Abram walked the committee through the current NCSBN Member Board Agreement, making note of provisions also written in the NCSBN Bylaws, the Pearson VUE contract, the NCSBN Policy Manual and the *NCLEX® Member Board Manual*, and outlined in a matrix document comparing these sources, with notes of what would need to be added/revised to the current Member Board Agreement.
- The committee recommended that the statement, "NCSBN is obligated to develop a legally defensible, psychometrically sound examination," be included in the Bylaws as a statement of foundational intent for the licensing examination.
- The committee recommended that the membership fee be set at zero. The language related to the fee in the NCSBN Bylaws would be maintained allowing for the Delegate Assembly to set the fee at zero.
- Dusty Johnston reviewed the terms fees versus dues and presented his findings to the committee.
- The committee reviewed legal counsel's report identifying the states that require a customized contract.
- Committee members called several executive officers to find out the restrictions on NCSBN funding, ethics law and applicable attorney general opinions.
- The committee recommended additional bylaw changes to support the revision to the membership agreement. The proposed bylaw changes were sent to the current Bylaws Committee for review.
- The committee recommended testing policy changes for consideration by the NCLEX® Examination Committee (NEC) in support of the revision to the membership agreement. Policy changes were reviewed by the NEC, approved by the BOD and are made available for member review at the Annual Meeting.
- The committee presented the revised agreement, comparison grid and suggested bylaw amendments to the membership at the 2013 Midyear Meeting. The presentation reiterated that the recommended changes would not change the current authority of the Delegate Assembly.

-
- The committee reviewed and discussed all feedback from the Midyear Meeting presentation. As a result of discussion, the committee moved to delete section 4.b. from the proposed Terms and Conditions of Membership document.

Attachments

- A. Current Member Board Agreement
- B. Proposed Agreement for Terms and Conditions of Membership
- C. Recommended Bylaw Amendments
- D. Membership Agreement Provisions Comparison Grid
- E. 50 State Law Review

Current Member Board Agreement

EXHIBIT 1

AGREEMENT

AGREEMENT made as of this 1st day of October, 2005, by and between the **National Council of State Boards of Nursing, Inc.** (Council), a Pennsylvania corporation with principal offices at 111 East Wacker Drive, Suite 2900, Chicago, Illinois 60601, and the [Name of Member Board] (Board) with principal offices at [address].

WHEREAS, Council has authored, developed and approved examinations for Registered Nurse (RN) and Practical/Vocational Nurse (PN) licensure (“Nurse Licensure Examinations”), and Council will continue to develop said examinations; and

WHEREAS, both Council and Board desire to assure safe nursing practice and to provide uniform standards for licensure from jurisdiction to jurisdiction, which objectives will be promoted by the continuance of the Nurse Licensure Examinations;

NOW, THEREFORE, IT IS AGREED:

1. Membership in Council. Board shall comply with all requirements necessary to maintain its status as a member in good standing of Council, including compliance with all reasonable security measures specified by Council pursuant to Paragraph 7 of this Agreement. Failure to comply with this provision shall constitute a material breach of this Agreement.

2. Development of Examination. Council shall author, develop and approve Nurse Licensure Examinations, and Board agrees that it will cooperate and assist in the development of said examinations. Council shall designate one or a combination of vendors of test development and administration services (“Test Service”) to assist Council in the development, management, production and administration of Nurse Licensure Examinations as computerized adaptive examinations. When requested by Council, Board shall use its best efforts to identify potential members of licensure examination development panels. Council shall not appoint individuals from Board’s jurisdiction to examination development panels who have not been approved by Board.

A. Examination Development Panels. Council shall appoint item writers, item reviewers and members of other examination development panels in accord with criteria established from time to time by Council.

-
- B. Test Plans; Directions and Assistance to Panel Members. Council shall prepare test plans, prepare directions for use by panel members relative to general content of test items and assist panel members in constructing, reviewing and editing test items.
 - C. Experimental Item Review. Upon request, Council shall submit items selected for experimental testing to Board for its review as to the items' appropriateness for entry level nursing practice and consistency with laws regulating nursing practice in Board's jurisdiction.
 - D. Item Analysis. Council shall review and adopt items that may be administered for the purpose of obtaining item analysis data.

3. Use of Examinations by Board. Board agrees that said Nurse Licensure Examinations shall be the sole and exclusive licensure examinations for registered and practical/vocational nurses in Board's jurisdiction during the term of this Agreement, except that, if Board is required by law to offer any other licensing examination in addition to said Nurse Licensure Examinations, Council shall exempt Board from this provision, subject to terms and conditions set by Council. For purposes of this paragraph the term "sole and exclusive examination" shall mean that Board shall make pass/fail decisions using the standard examination parameters for all aspects of the examinations, including, but not limited to, the stopping rule, test plan percentages, passing standard, item selection algorithms and scoring method.

Board reserves the right to adopt a point of minimum competence, or passing standard, other than the Council-adopted passing standard for those candidates applying for licensure by Board, the validity of which standard shall be the responsibility of Board to defend. Board must promptly notify Council if it adopts a passing standard other than the passing standard recommended by Council and Board agrees to pay any direct costs incurred by Council by reason of adoption of such standard. Nothing in this paragraph shall impair the rights of either party under Paragraphs 22 and 23 of this Agreement.

4. Candidate Processing.

- A. Candidate Information. Council shall provide Board without cost with a reasonable number of copies of applications and informational materials for candidates for licensure prepared by Test Service at Council's direction for distribution by Board to candidates.
- B. Application Processing. Board shall either furnish to Council or allow Council to collect candidate data sufficient for positive identification of candidates as eligible first-time or repeat takers of the Nurse Licensure Examinations as reasonably specified by Council. Board shall cause each candidate for licensure by Board to complete an application for examination to be filed with Test Service which shall include such information as is reasonably specified by Council.
- C. Authorization. Board shall authorize the administration of Nurse Licensure Examinations to, and only to, candidates who have not previously successfully taken an examination authorized by Board for the particular licensure or to candidates whose results on the Nurse Licensure Examination taken in another jurisdiction are not viewed by Board as sufficient for licensure under the standards of Board. Nothing in this provision shall preclude re-administration of an examination authorized by Board to a candidate who previously has successfully taken the examination, but whose license has lapsed or been inactive for a significant period of time or has been sanctioned for cause in disciplinary proceedings. In accordance with reasonable specifications established by Council, Board shall furnish Council with candidate data sufficient for positive identification of candidates to whom it has authorized administration of the Nurse Licensure Examinations. Neither Council nor Test Service shall incur any liability to Board for any delays in their performance or inability to match accurately or completely application and eligibility records which result from Board's failure to adhere to such specifications.

D. Eligibility Determination. Board shall communicate its authorization of candidates by identifying to Test Service eligible candidates in accordance with procedures from time to time established by Council.

5. Administration of Examinations. Council shall enter into a contract with Test Service for the administration of the Nurse Licensure Examinations which provides for administration at one or more testing sites within Board's jurisdiction.

A. Examination Sites. The number of examination sites shall be sufficient to accommodate all first-time takers within thirty (30) days from the date a fully-eligible candidate requests an appointment for testing at the examination site selected by the candidate or an alternative site within fifty (50) miles of the selected examination site. A list of examination sites in effect as of October 1, 2005 is attached hereto as Exhibit A. Test Service may in its discretion add or delete examination sites and shall promptly notify Board of such additions or deletions within the Board's jurisdiction, provided, however, that at all times there shall be at least one examination site in Board's jurisdiction. Additional examination sites not warranted by candidate volume may be added upon request of Board; all costs of such additional examination site(s) shall be borne by Board.

B. Experimental Items. Board shall permit Council to administer unscored trial items (Experimental Items) prepared by Council to candidates for licensure by Board.

C. Accessibility. It is the intent of Council and Board that no otherwise qualified candidate with a disability, as defined in the applicable federal, state or other governmental statutes and regulations, shall be deprived of the opportunity to take the Nurse Licensure Examinations solely by reason of that disability. Accordingly, Test Service, with the approval of Council, is prepared to provide reasonable accommodations in the Nurse Licensure Examination administration procedures in compliance with the applicable governmental statutes and regulations. Determination of the appropriateness of a requested accommodation shall be made by Test Service, Council and Board. Such request shall be submitted by Board to Council in writing as early as practicable. All

agreed accommodations shall be provided by Test Service; costs of such accommodations shall be borne by Test Service. Board shall assist the Test Service in obtaining qualified individuals to serve as readers in the administration of the NCLEX examinations to candidates for whom such an accommodation has been determined to be appropriate. To do so, Board shall maintain a current listing of qualified individuals, as defined in the *NCLEX® Examination Manual for Member Boards*, who are willing to serve as a reader from which listing Test Service may select a reader to administer the examination at examination sites within the Board's jurisdiction.

- D. Board Observation. Board shall have the right to have observers present at any examination site within its jurisdiction administering examinations to its candidates for licensure, without notice, provided such observers comply fully with such security and identification procedures as may be established by Council and Test Service.
- E. Cheating Analysis. Test Service shall report to Board any suspected cheating behaviors noted during an examination of a candidate for licensure within Board's jurisdiction. At Board's request, Council shall cause Test Service to perform analyses designed to confirm/disprove Test Service's suspicions of cheating behaviors.
- F. Administration Procedures Manual. Council shall cause Test Service to prepare and distribute to Board and to each examination site a comprehensive manual of administration procedures for Nurse Licensure Examinations which shall be followed at each examination site. The administration procedures manual shall conform to Council specifications and shall include documentation of proctoring procedures, including but not limited to procedures to deal with suspected cheating; records retention; receiving, storing and sending transmissions of Nurse Licensure Examination data; admitting candidates and assigning program codes and candidate numbers; environmental control during the examination; candidate instructions and compliance with security measures. The manual will be reviewed annually by Council and Test Service and updated as necessary.

6. Data Transfer and Score Reporting

- A. Data Transfer. Council shall cause Test Service to maintain capability for uploads and downloads of various types of information in a highly secure manner to/from Board. Data transfer of candidate results from examination sites to the central database shall occur on each testing date. Council shall cause Test Service to provide electronic files to Board, in the format and with the data fields specified by Council, which contain candidate data and results information. Council shall cause Test Service to create a flexible system for Board to place and change orders for database outputs and to distribute outputs to Board according to a mutually agreeable time line. Council will cause Test Service to provide a system to respond to reasonable reports requested by Board and approved by the Examination Committee with respect to candidate information and status, provided that Test Service may charge Board a fee for special reports which require appreciable additional programming and/or cost.
- B. Board Training. Test Service shall provide training of Board staff and additional telephone support to familiarize them with the input of data to and receipt of data from Test Service, other computer-based communications with Test Service and the production of reports.
- C. Corrections. The data transfer system shall provide for the correction of any incorrect program codes or other candidate codes discovered by a Board. If, during the course of application matching, inconsistent data is revealed with respect to a candidate for licensure in Board's jurisdiction, Test Service shall notify Board and, if directed by Board, shall make any corrections or changes.
- D. Candidate Results Reporting. Candidate results and diagnostic profiles specified by Council shall be downloaded and made available to Board electronically and, if requested by Board, a separate hard copy shall be sent within 48 hours after the examination. Reports shall include:

-
- (i) Individual Candidate Report. States whether candidate met passing standard established by Board.
- (ii) Diagnostic Profiles for Failing Candidates Only. Individual candidate reports indicating the areas of weakness in the candidate's examination performance according to the test plan.
- E. Summary Reports. Council shall cause Test Service to provide quarterly reports of examination results, which shall be prepared covering the immediate 12-month cycle of candidate examination results. Summary reports shall include, but shall not be limited to:
- (i) Jurisdiction Report. Lists all candidates tested for licensure in Board's jurisdiction and includes the candidate's name, identification number, social security number, date of birth, type of candidate, whether the candidate met the passing standard, program code and name, and summary which provides information on all candidates applying for licensure in Board's jurisdiction by types of candidates (Types of candidates: A = first time candidates educated in Member Board jurisdictions; B = repeat candidates educated in Member Board jurisdictions; C = first time candidates educated in non-Member Board jurisdictions; and D = repeat candidates educated in non-Member Board jurisdictions).
- (ii) Program Report. Lists all candidates from each program code in Board's jurisdiction who applied for licensure in that jurisdiction and in other jurisdictions. Includes a summary which provides information by types of candidates.
- (iii) The percent of first-time candidates educated in all Member Board jurisdictions, who met the passing standard recommended by Council by jurisdiction of licensure.

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- (iv) The percent of first-time candidates educated in all Member Board jurisdictions who met the passing standard recommended by Council, by jurisdiction of education.
 - (v) The percent of first-time candidates educated in all Member Board jurisdictions, by type of program, who met the passing standard recommended by Council.
 - (vi) The percent of candidates who met the passing standard recommended by Council, by type of candidate, as specified by Council.

7. Security Measures. Council shall from time to time formulate and approve security measures. Board shall direct all personnel involved with item development or review, applications and data transfer to comply with security measures applicable to Board. Board shall cooperate in all investigations authorized by Council and made by Council or Test Service of any actual or alleged breaches of security. Council, Board and Test Service shall direct all staff, volunteers, contractors and their subcontractors to comply with security measures applicable to Council, Board and Test Service.

8. Review of Examination Materials; Candidate Challenges.

- A. Limitations on Review. Council shall permit no person to review the contents of past or current candidate tests or the item bank, except with respect to a candidate challenge pursuant to Paragraph 8.G. below, and persons authorized by Council and engaged in developing Nurse Licensure Examinations, including: Test Service's test development staff, the committees and examination development panels of Council having responsibility for planning and evaluating the content of the examinations, Council staff and other experts authorized by Council to assist in the development of the examinations; and further provided that in the event of a situation which may be regarded as a security threat, examination materials may be released with the approval of Council to the appropriate legal officials in connection with an investigation for violation of law undertaken by such officers.
- B. Review by Board. Notwithstanding Paragraph A, Board, and authorized employees and testing consultants of Board, may evaluate Experimental Items submitted to Board at its

request, and may review the contents of several representative Nurse Licensure Examinations at a secure location. Such review shall be conducted according to secure procedures recommended by Test Service and approved by Council.

- C. Report of Security Measures. Council shall on written request of Board provide Board with a detailed report with respect to the security measures utilized by Test Service or Council for the Nurse Licensure Examinations and examination review materials in the possession of Test Service or Council.
- D. Confidentiality of Examination Review Materials. Board shall use all reasonable measures at all times to preserve the confidential nature of all Nurse Licensure Examination items submitted for review and to prevent the reproduction thereof in whole or in part for any purpose.
- E. Security Certificate. Board shall, immediately after current or future items have been reviewed, furnish to Council, or at Council's direction to Test Service, on a form approved by Council, a duly executed certificate verifying that all applicable security provisions of Council have been observed.
- F. Reporting of Security Threats. Board shall, in the event of any situation which may be regarded as a security threat to item review materials, immediately report by telephone, and promptly thereafter submit a detailed written report thereon, to Council and Test Service, and cooperate in taking appropriate action with respect thereto, in addition to, and notwithstanding such other action as Board may take or deem required.
- G. Candidate Challenges. At Board's request, and at reasonable cost, Council shall cause Test Service to send materials related to an individual failing candidate's examination questions and record of responses to Board so that the candidate may review those examination questions scored as having been answered incorrectly by the candidate, and if desired challenge, the scoring of any such answers. Board shall cause such review to take place under secure conditions as prescribed by Council.

9. Research Services.

- A. Psychometric Research. Council and Test Service shall evaluate Nurse Licensure Examinations to assure that they are valid, reliable and in compliance with generally accepted psychometric standards.
- B. Research Reports. Council shall provide Board, for a fee equal to the cost of reproduction and mailing, with copies of formal reports, analyses, studies or other documents prepared by Council or Test Service regarding the Nurse Licensure Examination's validity, job-relatedness, reliability, scoring method, or other relevant characteristic.

10. Council Use of Candidate Data. Board hereby authorizes Council to use any and all candidate data collected for the purposes of (1) administering the nurse licensure examinations, including, but not limited to, identifying candidates approved for the examination, determining their status as first-time, repeat and/or multiple application candidates, preparing the examination results related to the validity and psychometric integrity of the nurse licensure examinations and (2) developing and maintaining a comprehensive national data bank of information on nurse licensees for use by Member Boards of the Council in evaluating applicants for endorsement, in monitoring disciplinary actions and in any other licensing-related actions authorized by applicable state and federal law. Candidate data collected hereunder shall not be disseminated to parties other than the Member Boards or used for other purposes without prior approval by the Member Board. Nothing in this paragraph shall limit or supercede any authorization or requirement for the disclosure and use of candidate data pursuant to a NURSISYS® Participation Request Agreement, Data Access Authorization and Restriction Requirements Form and/or a HIPDB Data Reporting Agent Agreement duly executed by Board.

11. Term. The term of this Agreement shall begin on October 1, 2005 and shall continue through September 30, 2009.

This Agreement shall be automatically extended for a two-year period, unless either party to this Agreement gives written notice of termination to the other party no later than twelve (12) months preceding the expiration date of the initial term or any then current extension thereof.

12. Contract Fee. The annual contract fee of the Board shall be due and payable to Council on October 1st of each year and shall be an amount established by the Council for a given year with a \$500 delinquent fee for payment after January 15 of the following year. A purchase order does not constitute payment of the contract fee. The contract fee for the fiscal year starting October 1, 2005 shall be \$3,000. In the event that a contract fee greater than \$3,000 is established by the Council for any year in which this Agreement is in effect, Board shall have the right to terminate this Agreement as of the date said increase is effective, notwithstanding any other provision of this Agreement, provided that written notification of Board's election to terminate the contract pursuant to the provisions of this paragraph is given to Council no later than thirty (30) days after Board has received written notification that Council has increased the contract fee.

13. Examination Fee. During the term of this Agreement, Board shall pay or cause to be paid to Council a fee for each candidate for licensure by Board for whom a Nurse Licensure Examination application is received. Council, by action of the Delegate Assembly, may change the candidate examination fee, provided that Council shall notify Board of any proposed increase in fees no later than twelve (12) months preceding the effective date of said increase and, provided further that Board shall have the right to terminate this Agreement as of the date said increase is effective, notwithstanding any other provision of this Agreement. The candidate examination fee for the fiscal year beginning October 1, 2005 shall be \$200.

14. Non-Assignability. Neither party may assign or transfer its interest in this Agreement, nor any interest herein nor claim hereunder, without prior written approval of the other party. Subject to the above restriction on assignment and transfer, this Agreement shall be binding upon the successors and assigns of the parties hereto.

15. Notices. Notices under this Agreement shall be deemed duly made when in writing and will be deemed given to the other party upon delivery to the address of such party if delivered personally (including by courier) or mailed by registered or certified mail, or upon dispatch if transmitted by telex, telecopy or other means of facsimile.

16. Representative. Board represents that it has designated a licensed nurse member, employee, or agent of Board to assume administrative responsibility on behalf of Board for compliance with this Agreement.

Board shall promptly notify Council of the name of the designated representative and of any substitutes or replacements thereafter named as representatives during the term of this Agreement.

17. Timeliness of Performance. Board acknowledges that computer and data processing services are employed to process and store test applications and licensure candidate information and examination information. It is further understood and agreed between the parties that the times set for performance by each party under this Agreement are of the essence. In the event either party should fail in its requirement, the other party shall not be penalized for a delay in performance occasioned by the delaying party.

18. Crisis Management Plan. Council and Board understand that examination processes or data may be disturbed in such a way as to render the results invalid. If there is reasonable evidence to suggest that results may be invalid, Council may withhold results and shall implement appropriate measures to correct the situation. If applications and money orders are lost at the Council's Data Center before they are scanned or deposited, Council shall attempt to reconstitute the information by contacting Board. Test Service will accommodate these efforts. Council shall cause Test Service to assume responsibility for full backup services, including timely implementation of alternate examination sites in the event that existing sites become unusable for examination administration for any reason.

19. Non-Discrimination. Council shall not discriminate against any employee, independent contractor or applicant for employment, on the basis of race, religious creed, color, ancestry, national origin, ethnic group identification, gender, age, physical or mental disability, medical condition, marital status, change in marital status, pregnancy, parenthood or sexual preference, and shall take affirmative action to ensure that applicants are employed and that employees and independent contractors are treated in a manner consistent with its obligations hereunder, including but not limited to tenure, terms, conditions or privileges of employment, upgrading, demotion or transfer, recruitment or recruitment advertising, rates of pay or other forms of compensation and selection for training, including apprenticeship. Council agrees to post in conspicuous places available to employees and applicants for employment notices setting forth the provisions of this non-discrimination clause.

20. Indemnification. Council hereby agrees to indemnify and hold harmless Board from all claims, losses, deficiencies, liabilities, costs, damages, liens, fines, penalties, expenses, fees and interest which Board may sustain or incur, or with which Board may be threatened, which are (i) solely caused by, or solely arising out of the

breach, default, or nonfulfillment of any covenant, warranty, or agreement made by, referred to in, or to be performed by Council or any of its agents or subcontractors under this Agreement or (ii) solely caused by or arising out of the acts of Council, its subcontractors or directors, officers, employees, agents of any of them and resulting in injury or death of persons or damage to property; provided that Council retains the right to defend any such action on behalf of Board. Board shall provide Council immediate notice of any claims, suits or actions instituted against Board by reason of its use of the Nurse Licensure Examinations. Council, in its sole discretion, may permit Board to conduct such defense; however, in the event that Board undertakes such defense on its own behalf without prior written approval by Council, the indemnity described within this provision shall not attach.

21. Force Majeure. Neither party shall be responsible for any resulting loss if the fulfillment of any of the terms of this Agreement is delayed or prevented by acts beyond the control of the party whose performance is interfered with, provided said party takes all reasonable steps to prevent a delay or failure to perform and to accommodate therefor. Such acts shall include, but are not limited to, acts of God, strikes, riots, acts of war, fire, communication line failures, power failures, earthquakes or other disasters.

22. Cancellation by Board. This Agreement or any extension thereof may be cancelled by Board if:

- (i) The purpose for which this Agreement is entered into no longer exists due to its elimination by executive or legislative action; or
- (ii) Funds are not made available for Board in the allocation of funds by state budgetary authorities; or
- (iii) The law in Board's jurisdiction is changed such that examination prior to licensure is not required.

The Board shall give written notice of cancellation to the Council at least ninety (90) days prior to the effective date of cancellation.

23. Cancellation by Council. This Agreement or any extension thereof may be cancelled by Council if the statutes, regulations, or rules of Board's jurisdiction affecting the Council's performance under this Agreement would be detrimental to Council; such cancellation shall be effective upon at least ninety (90) days' prior written notice to Board.

24. Waiver. Any waiver of a breach of any provision of this Agreement shall not operate or be construed as a waiver of any subsequent breach.

25. Applicable Law. This Agreement shall be deemed to have been made in the State of [name of state] and shall be subject to the law of the State of [name of state].

26. Authorization. The parties hereto represent that the execution and delivery of this Agreement have been duly authorized by all necessary corporate or other action and any consent, approval or withholding of objection by any person, party or governmental agency required for this Agreement to become binding and effective has been obtained.

27. Complete Agreement. This Agreement constitutes the entire agreement and understanding of the parties and may not be modified except in writing signed by authorized representatives of both parties.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

By: _____
Executive Director

[NAME OF MEMBER BOARD]

By: _____
Executive Director

Dated: _____

EXHIBIT 2

Discussion Outline for Membership Agreement Committee

- A. Issue:** Many states treat the Membership Agreement as a fees for services contract because of the provision for payment of annual dues and require its approval through the state's purchasing process. This leads to:
- Expenditures of time, effort and paperwork for NCSBN's legal counsel and Member Board staff.
 - Inclusion of state contracting provisions irrelevant to NCSBN membership or NCLEX.
 - Protracted negotiation with respect to the exclusion of certain provisions in contracting regulations that are inimicable to NCSBN interests.
 - Lack of uniformity in Membership Agreements.
1. Questions:
- (a) Will states still require a fees for services contract in the absence of a Membership Agreement requiring membership fees?
 - (b) Which states do or do not mandate the use of NCLEX in statute, regulation or rule?
 - (c) Is a Membership Agreement required?
 - (d) Can we put essentials in the Bylaws and Policies?
 - (e) What are the essential provisions?
- B. Issue:** If a Membership Agreement is deemed necessary, what changes are required/appropriate/desirable?
- 1. Much of Agreement is duplicative of provisions in the Test Service Agreement with Pearson (and in some details inconsistent).
 - 2. Continue to allow use of alternative passing standard?
 - 3. Question:
 - (a) What are the implications if a Member Board's state sues NCSBN for breach of contract?
- C. Issue:** Should the Membership Agreement be continued and fold in any additional requirements for membership, e.g. participation in Nursys and eliminate Nursys Participation Agreement?

Decision Tree

Q1. Is a Membership Agreement required to establish the terms of membership in NCSBN?

- What are the essential terms?
- Can we incorporate them, to the extent they are not now included, in the Bylaws and Polices?

If the answer to Q1 is yes, then move to Q4; if no, ask Q2.

Q2. Is a contract between NCSBN and the Member Boards required for the Boards to use the NCLEX examinations for licensure?

- Do the various state purchasing laws require a services contract with NCSBN?
- Can (do) the states require use of the NCLEX by statute, regulation or rule?
- Would the states require a contract that meets the states' purchasing requirements if the Membership Agreement did not include the payment of dues requirements or if there was no Membership Agreement and the dues requirement was only in the Bylaws?

If the answer to Q2 is no, go to Q3; if yes, got to Q4.

Q3. Even if a Membership Agreement is not required to establish NCSBN membership terms and/or to satisfy the various states' purchasing laws, is a Membership Agreement nevertheless desirable for policy reasons?

If the answer to Q3 is yes, go to Q4.

Q4. If a Membership Agreement is necessary or desirable, what changes should be made?

- What changes, if any, can be made to facilitate review and acceptance under state purchasing laws?
- What provisions are archaic and should be deleted?
- Are provisions regarding the administration of the NCLEX exams that are duplicative of provisions in the Pearson VUE Test Services Contract necessary?
- Are there additional requirements for membership that should be included to foster NCSBN's policy objectives, e.g. adoption of the uniform licensure requirements, participation in Nursys?

Proposed Agreement for Terms and Conditions of Membership

TERMS AND CONDITIONS OF NCSBN MEMBERSHIP

The [Name of Member Board] (“Member Board” or “Board”) with principal offices at [address] is a Member Board of the National Council of State Boards of Nursing (“NCSBN”) within the meaning of NCSBN’s Bylaws and is entitled to participate in the affairs of NCSBN as provided in the Bylaws-and agrees to the following terms and conditions of membership (“Terms and Conditions”):

1. Compliance with Membership Requirements.

(a) As a condition of membership in NCSBN, Board shall comply with all NCSBN requirements necessary to maintain its status as a Member Board in good standing as set out in the NCSBN Bylaws.

2. Nurse Licensure Examinations

(a) NCSBN shall develop and administer examinations for the licensure of Registered Nurse (RN) and Practical/Vocational Nurse (PN) licensure (“Nurse Licensure Examination”) that are valid, reliable, legally defensible and in compliance with professionally accepted psychometric standards. NCSBN shall establish passing standards for the Nurse Licensure Examinations that appropriately and reliably evaluate licensure candidates’ competence for safe and effective entry level nursing practice and report to Member Board the examination results of candidates for licensure in its jurisdiction in accordance with the applicable provisions of the NCSBN Policy and Procedures Manual.

(b) NCSBN shall provide Member Board, at no cost to the Member Board and as a privilege of membership in NCSBN, the Nurse Licensure Examination(s) and related services for use in nurse licensure in its jurisdiction.

(c) In providing Member Board the Nurse Licensure Examination(s) for use in its nurse licensing, NCSBN shall comply with all applicable federal and state non-discrimination laws and shall provide accessibility to, and Member Board authorized reasonable accommodations in, the administration of the examination(s) in compliance with the Americans with Disabilities Act and applicable law of the Member Board jurisdiction.

(d) Member Board shall use the Nurse Licensure Examination(s) as the sole and exclusive licensure examination(s) for registered and/or practical/vocational nurses in Board's jurisdiction in accordance with the terms and conditions set forth in the NCSBN Bylaws and applicable NCSBN policies and procedures. In the event Board is required by law to offer any other licensing examination in addition to said Nurse Licensure Examination(s), NCSBN shall exempt Member Board from this provision, subject to terms and conditions set by NCSBN.

(e) In using the Nurse Licensure Examination(s) for purpose of licensing in its jurisdiction, Member Board shall comply with all applicable terms and conditions for the use of the Nurse Licensure Examination(s) set out in the Bylaws, these Terms and Conditions and the NCSBN Policy and Procedures Manual.

(f) In using the Nurse Licensure Examination(s) for nurse licensure in its jurisdiction, Member Board shall be responsible for determining candidate eligibility to take the examination and the authorization for any accommodation in the administration of the examination and for complying with all applicable security and confidentiality requirements set out in the NCSBN policies and procedures.

3. NCSBN Use of Candidate Data. Member Board hereby authorizes NCSBN to use any and all candidate data collected for the purposes of (1) administering the nurse licensure examinations, including, but not limited to, identifying candidates approved for the examination,

determining their status as first-time, repeat and/or multiple application candidates, preparing the examination results related to the validity and psychometric integrity of the nurse licensure examinations and (2) developing and maintaining a comprehensive national data bank of information on nurse licensees for use by Member Boards of the NCSBN in evaluating applicants for endorsement, in monitoring disciplinary actions and in any other licensing-related actions authorized by applicable state and federal law. Candidate data collected hereunder shall not be disseminated to parties other than the Member Boards or used for other purposes without prior approval by the Member Board. Nothing in this paragraph shall limit or supercede any authorization or requirement for the disclosure and use of candidate data pursuant to, where applicable, a NURSYS® Participation Agreement, Data Access Authorization and Restriction Requirements Form, a HIPDB Data Reporting Agent Agreement duly executed by Board and/or the Nurse Licensure Compact and rules and regulations.

4. Indemnification.

(a) NCSBN hereby agrees to indemnify and hold harmless Board from all claims, losses, deficiencies, liabilities, costs, damages, liens, fines, penalties, expenses, fees and interest which Board may sustain or incur, or with which Board may be threatened, which are (i) solely caused by, or solely arising out of the breach, default, or nonfulfillment of any covenant, warranty, or agreement made by, referred to in, or to be performed by NCSBN or any of its agents or subcontractors under these Terms and Conditions or (ii) solely caused by or arising out of the acts of, or failure to act by, NCSBN, its subcontractors or directors, officers, employees, agents of any of them and resulting in injury or death of persons or damage to property; provided that NCSBN retains the right to defend any such action on behalf of Board. Board shall provide NCSBN immediate notice of any claims, suits or actions instituted against

Board by reason of its use of the Nurse Licensure Examinations. NCSBN, in its sole discretion, may permit Board to conduct such defense; however, in the event that Board undertakes such defense on its own behalf without prior written approval by NCSBN, the indemnity described within this provision shall not attach.

[NAME OF MEMBER BOARD]

By: _____
Executive Director

Dated: _____

Recommended Bylaw Amendments

Recommended Bylaws Amendments

In Support of Proposed Revision of Membership Agreement

Article II

PURPOSE AND FUNCTIONS

Section 1. Purpose. The purpose of the NCSBN 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 that are valid, reliable, legally defensible and in compliance with professionally accepted psychometric standards.

Article III

MEMBERS

Section 2. Qualifications. To qualify for approval, and to maintain membership, as a Member Board, a state board of nursing that regulates registered nurses and/or practical/vocational nurses must use ~~one or more~~ applicable NCSBN Licensing Examinations (the “NCLEX® examination”) for licensure of registered nurses and/or practical/vocational nurses, cause candidates for licensure in its jurisdiction to pay NCSBN the examination fee established by the Delegate Assembly, and execute a current Terms and Conditions of NCSBN Membership, as amended from time to time by Delegate Assembly, agreement with NCSBN specifying the and agree to comply with all applicable terms and conditions for the use of the NCLEX® examination(s) ~~where applicable.~~

Section 3. Admission. A state board of nursing shall become a member of the NCSBN and be known as a Member Board upon approval by the Delegate Assembly, as described in Article IV, and payment of the required fees, ~~if and execution of a contract for using the NCLEX® examination where~~ applicable.

Article IV

DELEGATE ASSEMBLY

Section 3. Authority. The Delegate Assembly, the membership body of the NCSBN, shall provide direction for the NCSBN through resolutions and enactments, including adoption of the mission and strategic initiatives, at any Annual Meeting or special session. The Delegate Assembly shall approve all new NCSBN memberships; approve the substance of all ~~NCLEX® examination contracts~~ Terms and Conditions of NCSBN Membership between the NCSBN and Member Boards; adopt test plans to be used for the development of the NCLEX® examination; and establish the fee for the NCLEX® examination.

Attachment D

Membership Agreement Provisions Comparison Grid

Current Membership Agreement Section	Bylaws Section	Pearson Agreement ¹	Member Board Manual ²	NCSBN Policies ³	Proposed Terms and Conditions of NCSBN Membership
Section 1: Membership	Art. III, Section 2 (calls for a membership agreement "specifying the terms and conditions for the use of the NCLEX examinations")				Section 1
Section 2: Exam Development	Art. II, Section 2 (provides that NCSBN is to develop exams) Art. VI, Section 2 (Board of Directors approves the test service) Art. X, Section 1(a) (Examination Committee recommends test plan) Art. IV, Section 3 (Delegate Assembly adopts test plan)	Art. 3, Section 3.4 (addresses test development) Section 3.7 (addresses test plan development) Section 3.4(1) (provides for member board review of test items)	Section 12 (addresses selection of item writers, reviewers, etc.; requires member board approval of appointments) Section 14 (addresses test plans) Section 13 (addresses member board review of test items) Sections 13 and 14 (addresses item development)	Nos. 11.1, 11.22, 11.24 and 11.26	Covered in Bylaws, Pearson Agreement, Member Board Manual and NCSBN Policies Section 2(a) and 2(b) in proposed Bylaws amendment to Art. II, Section 1
Section 3: Use of Exam by Board of Nursing Provides for exclusive use of NCLEX examinations for licensure as licensing exam; authorizes adoption of alternative passing standard, which is not supported by NCSBN	Art. III, Section 2 (requires member boards to use exams)	Section 3.8 (addresses standard setting)		Section 3.8 (addresses standard setting)	Section 2(d) – (f) Covered in Bylaws, Pearson Agreement and NCSBN Policies (Proposed Bylaws amendment to Article III, Section 2)

Current Membership Agreement Section	Bylaws Section	Pearson Agreement ¹	Member Board Manual ²	NCSBN Policies ³	Proposed Terms and Conditions of NCSBN Membership
<p>Section 4: Candidate Processing</p> <p>Requirement of member board to provide candidate data; exempts NCSBN/Pearson from liability if data not provided. Provides that member board makes testing eligibility determination</p>		Art. 4 (addresses candidate processing)	Section 2 (addresses candidate processing, including responsibility of member board to transmit eligibility data)	No. 11.12	Covered in Pearson Agreement, Member Board Manual and NCSBN Policies
<p>Section 5: Exam Administration</p> <p>Section 5(f) requires provision of procedures (i.e. Administration Manual)</p> <p>Pearson obligated to make test centers accessible</p>		<p>Section 5.1 (provides exam center metrics)</p> <p>Section 1.6(b) (addresses experimental items)</p> <p>Section 5.1(d) (requires accessibility of test centers)</p> <p>Section 5.1(e) (provides for member board observation of test centers)</p> <p>Section 5.5 (provides for cheating analysis)</p> <p>Section 5.4 (requires provision of a procedures manual)</p> <p>Section 4.8 (provides for candidate scheduling)</p>	Exam administration addressed in Sections 2, 3 and 4; accessibility is addressed in Section 3; board of nursing observation is addressed in Section 8	Nos. 11.13, 11.1 Section 1.11, and 11.12 Section 2.5	<p>Section 2 (a) and (b)</p> <p>Covered in Pearson Agreement, Member Board Manual and NCSBN Policies</p>

Current Membership Agreement Section	Bylaws Section	Pearson Agreement¹	Member Board Manual²	NCSBN Policies³	Proposed Terms and Conditions of NCSBN Membership
Section 6: Transfer and Data Score Reporting Pearson to provide results reporting		Section 6.2 (provides for results reporting)	Section 5 (results reporting)	No. 11.1, Sections 1.3 and 1.5	Covered in Pearson Agreement, Member Board Manual and NCSBN Policies
Section 7: Security Measures Pearson to provide cheating analysis and reporting. Member board to cooperate in investigation		Section 1.9 (requires Pearson to develop security measures) Sections 5.5 and 5.6 (address security investigations and reporting)	Sections 6 and 7 (security measures)	No. 11.1, Section 1.8	Section 2(e) covered in Pearson Agreement, Member Board Manual and NCSBN Policies
Section 8: Candidate Challenges Pearson to provide for candidate challenges		Section 7.2 (provides for candidate challenges)	Candidate challenges are addressed in Section 11; reporting security threats is addressed in Section 7	No. 11.11	Covered in Pearson Agreement, Member Board Manual and NCSBN Policies
Section 9: Research Services		Arts. 2 and 7 provide for Pearson research services			Covered in Pearson Agreement
Section 10: NCSBN Use of Candidate Data		Arts. 2 and 7 provide for Pearson research services			Covered in Pearson Agreement
Section 11					Proposed one time execution unless and until Delegate Assembly modifies the terms and conditions of membership (proposed addition to Policies regarding member board termination of use of NCLEX exams)

Current Membership Agreement Section	Bylaws Section	Pearson Agreement ¹	Member Board Manual ²	NCSBN Policies ³	Proposed Terms and Conditions of NCSBN Membership
Section 12: Contract Fee	Art. III, Section 5 (specifies membership fee)				No contract fee Bylaws provides for membership fee
Section 13: Examination Fee Establishes fee amount, provides advance notice of fee change and requires member board to cause candidates to pay fee	Art. IV, Section 3 (authorizes Delegate Assembly to set examination fee)		Section 2 (addresses candidate fee payment)	Not addressed	Covered in Bylaws and Member Board Manual (proposed addition to Policies setting out examination fee, policy for fee change) (proposed Bylaws amendment to Article III, section 2 to require member board to cause candidates to pay fee)
Section 18: Requires Pearson to maintain a crisis management plan; "shall cause Test Service"		Section 1.10 (requires Pearson's maintenance of crisis management plan)	Section 5 (addresses withholding test results)		Covered in Pearson Agreement and Member Board Manual
Section 19: Nondiscrimination		Section 10.8 (provides for non-discrimination by Pearson)			Section 2 (c) Covered in Pearson Agreement
Section 20: Indemnification		Section 10.9 (provides for indemnification by Pearson)			Section 4
Sections 22 and 23: Agreement Cancellation	Art. III, Section 7 (calls for possible termination of a member board's status)				Covered in Art. III, Section 7 (proposed addition to Policies regarding member board termination of use of NCLEX exams)

¹ Pearson Agreement refers to the 2007 Restated Agreement between Pearson VUE and NCSBN for the provision of testing services.

² Member Board Manual refers to the current version of the Member Board Administration Manual.

³ NCSBN Policies refers to the provisions of the NCSBN Policy and Procedures Manual.

Attachment E

50 State Law Review

Jurisdiction	Exam Required		National Test		NCLEX		State Membership (NCSBN)		Licensure Exam Contract	
	Statute	Rule	Statute	Rule	Statute	Rule	Statute	Rule	Statute	Rule
Alabama	√	√	-	-	-	-	-	-	-	-
Alaska	√	√	-	-	-	√	-	-	-	-
American Samoa	√	-	-	-	-	-	-	-	-	-
Arizona	√	√	-	-	-	√	-	-	√	-
Arkansas	√	√	-	-	-	-	-	-	-	-
California – RN	√	√	-	-	-	-	-	-	-	√
California – LVN	√	√	-	-	-	√	-	-	-	-
Colorado	√	√	-	-	-	√	-	-	-	-
Connecticut	√	√	-	-	√	-	-	-	-	-
Delaware	√	√	√	-	-	√	-	√	-	-
District of Columbia	-	√	-	-	-	√	-	-	-	-
Florida	√	-	√	-	-	-	-	-	-	-
Georgia – RN	√	√	-	-	-	√	√	-	-	-
Georgia – LPN	√	√	-	-	-	√	√	-	-	-
Guam	√	√	-	-	√	-	-	-	-	-
Hawaii	√	√	-	-	√	√	√	-	-	-
Idaho	√	√	-	-	-	√	-	-	-	-
Illinois	√	√	-	-	-	√	-	-	-	√
Indiana	√	√	-	-	-	√	-	-	-	√
Iowa	√	√	-	-	-	√	-	-	-	√
Kansas	√	√	-	-	-	√	-	-	-	-
Kentucky	√	√	-	-	-	√	-	-	-	-
Louisiana – RN	√	√	-	-	-	√	-	-	-	√
Louisiana – LPN	√	-	-	-	-	-	-	-	-	-
Maine	√	-	-	-	-	-	-	-	-	-
Maryland	√	√	-	-	-	√	-	-	-	√
Massachusetts	√	√	-	-	-	√	-	-	-	-
Michigan	-	√	-	-	-	√	-	-	-	-
Minnesota	√	√	-	-	-	√	-	-	-	-
Mississippi	√	√	√	-	-	√	-	-	-	√
Missouri	√	√	-	-	-	√	-	-	-	-
Montana	√	-	-	-	-	-	-	-	-	-
Nebraska – BON	√	√	√	-	-	√	√	-	-	-
Nevada	√	√	-	-	-	-	-	-	-	-
New Hampshire	√	-	√	-	-	√	-	-	-	-

Jurisdiction	Exam Required		National Test		NCLEX		State Membership (NCSBN)		Licensure Exam Contract	
	Statute	Rule	Statute	Rule	Statute	Rule	Statute	Rule	Statute	Rule
New Jersey	√	√	-	-	-	√	-	-	-	-
New Mexico	√	√	√	-	-	√	-	-	-	-
New York	√	√	-	-	-	-	-	-	-	-
North Carolina	√	√	-	-	-	√	-	-	-	√
North Dakota	√	√	-	-	-	√	-	-	-	√
Northern Marianas Islands	√	-	-	-	-	-	-	-	-	-
Ohio	√	√	√	-	-	√	-	-	-	-
Oklahoma	√	√	-	-	-	√	-	-	-	-
Oregon	√	√	-	-	-	√	-	-	-	-
Pennsylvania	√	√	-	-	-	√	-	-	-	-
Rhode Island	√	√	-	-	-	√	-	-	-	-
South Carolina	√	-	-	-	√	-	√	-	-	-
South Dakota	√	√	-	-	-	√	-	-	-	-
Tennessee	√	√	-	-	-	-	-	-	-	-
Texas	√	√	-	-	-	√	-	-	-	-
Utah	√	√	-	-	-	√	-	-	-	-
Vermont	√	√	-	-	-	√	-	-	-	√
Virgin Islands	√	-	-	-	√	-	√	-	-	-
Virginia	√	√	-	-	-	-	-	-	-	-
Washington	√	√	-	-	-	√	-	-	-	√
West Virginia – RN	√	√	-	-	-	√	-	-	-	√
West Virginia – LPN	√	√	-	-	-	√	-	-	-	√
Wisconsin	√	√	-	-	-	√	-	-	-	-
Wyoming	√	√	√	√	-	-	-	-	-	-

Member board list: <https://www.ncsbn.org/521.htm>

Report of the NCLEX® Examination Committee (NEC)

Recommendation to the Delegate Assembly

Adopt the proposed 2014 NCLEX-PN® Test Plan.

Rationale:

The NEC reviewed and accepted the *Report of Findings from the 2012 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice* as the basis for recommending revisions to the 2011 NCLEX-PN® Test Plan to the Delegate Assembly. Empirical evidence from the practice analysis, feedback from member boards and legal counsel, and the professional judgment of the NEC provide support for the recommendation to the Delegate Assembly to adopt the 2014 NCLEX-PN® Test Plan.

Background

As a standing committee of NCSBN, the NEC is charged with advising the NCSBN Board of Directors (BOD) on matters related to the NCLEX examination process, including examination item development, security, administration and quality assurance, to ensure consistency with the member boards' need for examinations. In order to accomplish this, the committee monitors the NCLEX-RN® and NCLEX-PN® Examination process to ensure policies, procedures and standards utilized by the program meet and/or exceed guidelines proposed by the testing and measurement profession. The NEC recommends test plans to the Delegate Assembly.

Additionally, the committee oversees the activities of the NCLEX® Item Review Subcommittee (NIRSC), which plays a critical role in the item development and review processes. Individual NEC members act as the chair of the subcommittee on a rotating basis. Highlights of the activities of the NEC and NIRSC activities follow.

Highlights of FY13 Activities

The following lists the highlights and accomplishments in fulfilling the NEC charges for fiscal year 2013 (FY13).

FY13 charges:

1. Advise the BOD on matters related to the NCLEX examination process, including examination item development, security, administration and quality assurance, to ensure consistency with the member boards' need for examinations.
2. Recommend test plans to the Delegate Assembly.

Joint Research Committee (JRC)

The JRC is composed of NCSBN and Pearson VUE psychometric staff, along with a selected group of testing and measurement experts. The committee reviews and conducts psychometric research to provide empirical support for the use of the NCLEX as a valid measurement of initial nursing licensure, as well as to investigate possible future enhancements to the examination programs.

Several new research projects were completed in FY13. They include a study literature review of decision making by nurses in clinical settings and an evaluation of the robustness of the NCLEX computerized adaptive testing (CAT) item selection algorithm as it relates to early misses in the testing session. The JRC also approved a number of research proposals in the past year, including a study using item response timing patterns to detect aberrant test-taking behaviors.

Members

NCLEX® Examination Committee

Janice I. Hooper, PhD, RN
Texas, Area III, Chair

M. Lynn Ansardi, RN
Louisiana-PN, Area III

Janine Baxter, MS, RN
Idaho, Area I
Resigned in May 2013

Tammy Claussen, MSN, RN, CNE
Arkansas, Area III

Roseann Colosimo, PhD, MSN, RN
Nevada, Area I

Catherine Dearman, PhD, RN
Alabama, Area III

Patricia Kennedy, EdD, RN
Maryland, Area IV

Linda Francine Kirby, MSN, RN
West Virginia-PN, Area II

Judith M. Pelletier, MSN, RN
Massachusetts, Area IV

Lesleigh Robinson, MS, RN
Ohio, Area II

Rhonda Taylor, MSN, RN
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Pamela Autrey, PhD, MBA, MSN, RN
Alabama, Area III, Board Liaison

NCLEX® Item Review Subcommittee

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Kristin K. Benton, MSN, RN
Texas, Area III

Diane D. Blier, MSN, NP-C, RN
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Mariclaire E. England, PHN, RN
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PMHNP, ANP, GNP, RN
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and Testing, Examinations

Meeting Dates

- Oct. 15-17, 2012
(NCLEX® Examination
Committee Business Meeting)
- Nov. 12-14, 2012
(NCLEX® Item Review
Subcommittee Meeting)
- Dec. 10-12, 2012
(NCLEX® Item Review
Subcommittee Meeting)
- Jan. 14-16, 2013
(NCLEX® Examination
Committee Business Meeting)
- March 18-20, 2013
(NCLEX® Item Review
Subcommittee Meeting)
- April 15-17, 2013
(NCLEX® Examination
Committee Business Meeting)
- June 24-26, 2013
(NCLEX® Item Review
Subcommittee Meeting)

Summer Internship Program

In 2013, NCSBN sponsored its second summer internship program for advanced doctoral students in educational measurement and related fields. The internship lasted eight weeks (June-July) and was awarded to one graduate student. The selected intern participated in research under the guidance of NCSBN psychometric staff and acquired practical experience working on licensure and certification exams. In addition, the intern worked on a research project that was presented to the JRC at the conclusion of the internship.

The goal of this internship was to provide practical experience with operational computerized CAT programs to measurement students. The intern worked with testing professionals to learn how the NCLEX exams are developed and administered, gained knowledge of CAT subjects, and discussed current measurement topics. In addition, the intern conducted a research project directly pertaining to issues encountered in operational CAT programs.

RN and PN Continuous Practice Analysis Studies

NCSBN began administering the 2012 RN and PN Continuous Practice Analysis online survey instruments in December 2011 and finished the analyses in the second fiscal quarter of 2013. The studies were separated into four quarterly administration periods. Two forms of the electronic survey instrument were administered in all four periods for both PN and RN samples.

The two survey forms contained demographic questions and job task statements relevant to entry-level nursing practice. Invitations were sent via email and reminder emails were sent to nonresponders in the first, second and fourth weeks of the administration period. Newly licensed RNs and PNs, defined as individuals who have passed the NCLEX-RN or NCLEX-PN six months or less prior to the survey data collection, were included in the survey sample. The duration of each data collection period was eight weeks. Following each period, datasets from each survey form were combined and demographic frequency analyses, as well as average rating analyses were completed. Results were very similar across all four survey periods and were also comparable to previous practice analysis studies.

The 2013 RN and PN Continuous Practice Analysis survey administration is currently underway. Data collection for these surveys began in December 2012 and will continue through October 2013. The methodology and survey forms from the 2012 RN and PN Continuous Practice Analysis are being utilized for the 2013 surveys.

2013 NCLEX-RN® Test Plan

The most recent triennial NCLEX-RN Practice Analysis study was completed in 2011. The periodic performance of practice analysis (i.e., job analysis) studies assists NCSBN in evaluating the validity of the test plan that guides content distribution of the licensure examination. As a result, the 2013 NCLEX-RN® Test Plan was developed and subsequently approved during the NCSBN Annual Meeting in August 2012. This test plan went into effect April 1, 2013.

Along with the development of the 2013 NCLEX-RN® Test Plan, NCSBN performs the triennial review of the NCLEX-RN passing standard. In December 2012, the NCSBN BOD considered all available evidence, including results from a criterion-referenced standard setting study, as well as annual national surveys of nursing professionals. It determined that safe and effective entry-level RN practice requires a greater level of knowledge, skills and ability than it did three years ago. This resulted in the decision to increase the NCLEX-RN passing standard. Effective April 1, 2013, the new passing standard of 0.00 logit was implemented for the NCLEX-RN Examination.

2014 NCLEX-PN® Test Plan

The final report of 2012 NCLEX LPN/VN Practice Analysis study is near completion. Following the analyses of survey results, the draft 2014 NCLEX-PN® Test Plan was developed and subsequently approved by the BOD in December 2012. This draft document was forwarded to NCSBN Member Boards in January 2013 for review and feedback.

The draft 2014 NCLEX-PN® Test Plan will be presented to the membership of NCSBN during its Annual Meeting in August 2013 for review and approval. A redline copy, a clean copy and the timeline for implementation of the 2014 NCLEX-PN® Test Plan are included in Attachments A, B and C, respectively.

NCLEX® Alternate Item Types

The committee consistently reviews the present and future of the NCLEX with an eye toward innovations that would maintain the examination's premier status in licensure. In keeping with this plan, the Examinations department content staff and Pearson VUE content staff finalized a strategy for the development and delivery of alternate item types that can include multimedia.

NCLEX® Test Center Enhancements

Pearson VUE opened seven new Pearson Professional Centers (PPCs) in the U.S. in 2013. In addition, Pearson VUE also replaced eight PPCs with larger test sites during 2013.

Evaluated and Monitored NCLEX® Examination Policies and Procedures

The committee reviews the BOD's examination-related policies and procedures, as well as the NEC's policies and procedures annually, and updates them as necessary.

MONITORED ASPECTS OF EXAMINATION DEVELOPMENT

Conducted NEC and NIRSC Sessions

To ensure consistency regarding the manner in which NCLEX items are reviewed before becoming operational, members of the NEC continue to chair subcommittee meetings. The NEC and the NIRSC: (1) reviewed RN and PN operational and pretest items; (2) provided direction regarding RN and PN multiple-choice and alternate format items; and (3) made decisions addressing revisions to content coding, operational definitions for client needs, cognitive codes and the integrated processes. As an additional quality assurance measure, the subcommittee evaluates the accuracy of a random 10 percent sample of all validations for pretest and master pool items scheduled for review.

Assistance from the NIRSC continues to reduce the NEC's item review workload, facilitating its efforts toward achieving defined goals. As the item pools continue to grow, review of operational items is critical to ensure that the item pools reflect current entry-level nursing practice. At this time, the number of volunteers serving on the subcommittee is 20, with representation from all four NCSBN geographic areas. Orientation to the NIRSC occurs at each meeting and is offered as needed on a quarterly basis.

Monitored Item Production

Under the direction of the NEC, RN and PN pretest items were written and reviewed by NCLEX® Item Development Panels (see Tables 1 and 2). As part of the contractual requirements with the test service, items that use alternate formats (i.e., any format other than multiple choice) were developed and deployed in item pools. Information about items using alternate formats was made available to member boards and candidates in the NCLEX® Candidate Bulletin, candidate tutorial and on the NCSBN website.

- July 17, 2013
(NCLEX® Examination Committee Conference Call)
- Aug. 19-21, 2013
(NCLEX® Item Review Subcommittee Meeting)
- Sept. 23-25, 2013
(NCLEX® Item Review Subcommittee Meeting)

Relationship to Strategic Plan

Strategic Initiative C

NCSBN provides state-of-the-art competence assessments.

Strategic Objective 1

NCLEX development, security, psychometrics, administration and quality assurance processes are consistent with member boards' examination needs.

NCSBN Item Development Sessions Held At Pearson VUE

Table 1. RN Item Development Productivity Comparison

Year	Writing Sessions	Item Writers	Items Written	Review Sessions	Items Reviewed
April 02 – March 03	4	47	2,611	7	1,542
April 03 – March 04	2	23	1,097	5	1,446
April 04 – March 05	1	12	301	4	1,415
April 05 – March 06	5	66	2,514	7	2,885
April 06 – March 07	3	47	1,835	6	3,195
April 07 – March 08	3	47	1,815	5	2,556
April 08 – March 09	3	39	1,724	5	3,036
April 09 – March 10	6	66	1,931	14	7,948
April 10 – March 11	11	126	3,208	15	7,638
April 11 – March 12	7	83	3,640	11	6,035
April 12 – March 13	4	45	1,579	6	2,970

Table 2. PN Item Development Productivity Comparison

Year	Writing Sessions	Item Writers	Items Written	Review Sessions	Items Reviewed
April 02 – March 03	3	33	1,476	6	1,547
April 03 – March 04	2	24	968	5	1,611
April 04 – March 05	1	11	430	3	2,124
April 05 – March 06	4	50	1,938	5	3,682
April 06 – March 07	3	45	2,453	4	1,661
April 07 – March 08	3	48	2,378	6	3,304
April 08 – March 09	1	16	551	6	2,829
April 09 – March 10	2	24	869	5	1,578
April 10 – March 11	3	35	1,267	12	5,776
April 11 – March 12	5	46	1,643	11	6,140
April 12 – March 13	6	70	2,570	12	5,481

Pearson VUE continues to work to improve item development sessions and increase the quality and quantity of the NCLEX items.

Monitored Item Sensitivity Review

NCLEX® Pretest Item Sensitivity Review procedures are designed to eliminate item wording that could be elitist, stereotypical, have different meanings for different ethnic or geographic groups, or have an inappropriate tone. Review panels are composed of members who represent the diversity of NCLEX candidates. Prior to pretesting, items are reviewed by sensitivity panels and any items identified by the group are referred to the NEC for final disposition.

Evaluated Item Development Process and Progress

The NEC evaluated reports provided at each meeting on item development sessions conducted by the test service. NCSBN Examinations department staff continue to oversee each panel. Overall, panelists and Examinations staff in attendance have rated item development sessions favorably.

Monitored Development of Operational NCLEX® Item Pools

NCSBN Examination staff monitored the configuration of RN and PN operational item pools. The process of configuring operational item pools involves a few critical variables outlined in the

NCLEX test plan; however, the quality control checks performed afterward are based upon both nursing content and psychometric variables. The resulting operational item pools were evaluated extensively with regard to these variables and were found to be within operational specifications. To ensure that operational item pools and the item selection algorithm were functioning together as expected, simulated examinations were evaluated. Using these simulated examinations, the functioning of the algorithm was scrutinized with regard to the distribution of items by test plan content area. It was concluded that the operational item pools and the item selection algorithm were acting in concert to produce exams that were within NCSBN specifications and were comparable to exams drawn from previous NCLEX item pool deployments. These conclusions were reinforced by replicating the analyses using actual candidate data. The committee will continue to monitor performance of the NCLEX through these and other psychometric reports and analyses.

Member Board Review of Items

Boards of nursing (BONs) are provided opportunities to conduct reviews of NCLEX items twice a year. Based on this review, BONs may refer items to the NEC for review and comment for one of the following reasons: not entry-level practice, not consistent with the nurse practice act or for other reasons. In October 2012, the NEC reviewed the items referred from the April 2012 Member Board Review. The committee provided direction on the resolution of each referred item and staff gave member boards feedback on the NEC's decisions on all referred items. The NEC encourages each member board to take advantage of the semi-annual opportunities to review NCLEX items. The October 2012 review consisted of three member boards, a decrease from 17 during the October 2011 review. The April 2012 review consisted of 14 member boards, an increase from the four during the April 2011 review. For the April 2013 review, there were six member boards participating.

Item-related Incident Reports (IRs)

Electronically filed incident reports may be submitted at PPCs when candidates question item content. Pearson VUE and NCSBN staff investigates each incident and reports their findings to the NEC for decisions related to retention of the item.

MONITOR EXAMINATION ADMINISTRATION

Monitored Procedures for Candidate Tracking: Candidate-matching Algorithm

The NEC continued to monitor the status and effectiveness of the candidate-matching algorithm. On a semiannual basis, Pearson VUE conducts a check for duplicate candidate records on all candidates that have tested within the last six months.

Monitored the Security Related to Publication and Administration of the NCLEX®

The NEC continues to approach security proactively, and has developed and implemented formal evaluation procedures to identify and correct potential breaches of security.

NCSBN and its testing partner, Pearson VUE, provide mechanisms and opportunities for individuals to inform NCSBN about possible examination eligibility and administration violations. In addition, NCSBN works directly with two third-party security firms to conduct extensive open-source web patrol services. Patrolling consists of monitoring websites, social media discussion forums, online study services/programs and peer-to-peer nursing networks that may contain proprietary examination material/information and/or provide an environment for any possible threats to examination.

NCSBN also develops and maintains an annual site visit plan for its domestic and international test centers. The plan is designed to conduct unannounced onsite visits of test centers for the purpose of ensuring NCSBN's established procedural/security measures are being consistently implemented by Pearson VUE test administration staff. NCSBN, Pearson VUE and the NEC are committed to vigilance in ensuring the security of the NCLEX.

Compliance with the 30-/45-Day Scheduling Rule for Domestic PPCs

The NEC monitors compliance with the 30-/45-day scheduling rule. For the period of Jan. 1 to Dec. 31, 2012, Pearson VUE reported zero capacity violations. Pearson VUE has a dedicated department that continues to analyze center utilization levels in order to project future testing volumes and meet the testing needs of all of their testing clients. As an early indicator of center usage, Pearson VUE reports to NCSBN Examinations staff on a weekly basis when sites exceed 80 percent capacity levels.

Responded to Member Board Inquiries Regarding NCLEX® Administration

As part of its activities, the committee and the NCSBN Examinations department staff responded to member board questions and concerns regarding administration of the NCLEX.

More specific information regarding the performance of Pearson VUE can be found in Attachment D.

Administered NCLEX® at International Sites

The international test centers meet the same security specifications and follow the same administration procedures as the professional centers located in member board jurisdictions. See Attachment D for the 2012 candidate volumes and pass rates for the international testing centers.

EDUCATE STAKEHOLDERS

NCLEX® Research Presentations and Publications

At the 2012 International Test Commission (ITC) Conference in Amsterdam, NCSBN Examinations staff presented two research studies: "Impact of Item Drift on Candidate Ability Estimation" and "Comparison of English and Spanish Translations of a National Certification Examination." Results of these studies reinforced the robustness of NCSBN examination programs and provided additional validity evidence for the examinations.

NCSBN staff and legal counsel conducted a workshop on the "New Americans with Disabilities Act (ADA): The Impact on High Stakes Examinations" at the 2013 Association of Test Publishers (ATP) Annual Conference. This workshop provided an overview of the recent ADA changes and potential implications for the testing industry. ATP is an organization representing providers of tests, assessment tools and services. Its annual conference provides a venue where researchers and practitioners come together to improve practice and advance the field of testing and measurement.

In addition, NCSBN staff and Pearson VUE staff jointly presented an informational session at the Institute of Credentialing Excellence (ICE) Annual Conference on rapidly and effectively addressing item bank deficits. This session showcased successful strategies and highlighted results related to the use of targeted item variants in creating more balanced and robust item banks. ICE is a professional membership association that provides education, networking, and other resources for organizations and individuals who work in and serve the credentialing industry.

Participating with national testing organizations such as ITC, ATP and ICE not only helps NCSBN share expertise on best testing practices worldwide, but also allows NCSBN to move ahead in psychometric testing solutions through the collective strength of internal and external stakeholders. Furthermore, collaborating on psychometric testing issues with external communities allows NCSBN to remain at the forefront of the testing industry.

Test Development and Industry Presentations and Publications

NCSBN Examinations staff regularly conducts presentations, publishes articles, and hosts workshops for NCSBN stakeholders and audiences in the testing industry. In 2012, NCSBN Examinations staff published five articles, "What's in a Score? Principles and Properties of Scoring" in the *CLEAR Exam Review*, "The Impact of Extended Time Accommodations on Differential Item Functioning in High-Stakes Licensure Examinations" in the *Journal of Nursing*

Regulation, "Analysis of Employed Medication Aides in All Health Care Settings" in the *Journal of Nursing Regulation*, "Best Practices for Writing Test Items" in the *Journal of Nursing Regulation*, and "Adding Normal Laboratory Values to Nurse Competence Examinations: Effects on Item Difficulty" in the *Journal of Nursing Regulation*. Additionally, Examinations staff presented "Development of Examinations for Entry-Level Healthcare Practitioners" at the International Council of Nurses (ICN) 25th Quadrennial Congress in Melbourne, Australia.

To ensure that NCSBN membership has continued involvement in the NCLEX program and is informed of test development practice, the Examinations department hosted four informational webinars for member boards.

Additionally, as part of the department's outreach activities, Examinations department content staff conducted four NCLEX® Regional Workshops for the purpose of providing information to educators preparing students to take the NCLEX. The member boards that hosted a regional workshop were Alabama, Florida, Texas, and New Hampshire. These opportunities assist NCSBN's Examinations department in educating stakeholders about the examination, as well as recruit for NCSBN item development panels.

NCLEX® Member Board Manual

The *NCLEX® Member Board Manual* contains policies and procedures related to the development and administration of the NCLEX. Twice a year, NCSBN updates the *NCLEX® Member Board Manual* to reflect any changes to policies and procedures. Ad hoc changes are also made to the manual when necessary.

NCLEX® Candidate Bulletin and NCLEX® Candidate Bulletin At-A-Glance

The candidate bulletin contains procedures and key information specific to candidates preparing to test for the NCLEX. The candidate bulletin is updated on an annual basis and can be obtained in electronic and/or hard copy format. An abbreviated at-a-glance version of the bulletin is also available.

NCLEX® Conference

Historically, Examinations staff coordinates and hosts an NCLEX Conference in order to provide member boards, educators and other stakeholders an opportunity to learn about the NCLEX program. The 2012 NCLEX® Conference was held in Boston on Sept. 24, 2012, with approximately 350 participants. The 2013 NCLEX® Conference is scheduled for Sept. 9, 2013, in Chicago. In addition, an NCLEX® Conference for Canadian Nursing Educators was held in Toronto on April 22, 2013.

NCLEX® Program Reports

NCSBN Examinations staff monitors production of the NCLEX® Program Reports as delivered by the vendor. Program reports can be ordered, paid for and downloaded via a Web-based system that permits program directors and staff to receive reports quickly and in a more portable, electronic format. The Web-based system also allows subscribers to distribute the reports via email to people who need them most: the faculty and staff that design curriculum and teach students. Subscribers may also copy and paste relevant data, including tables and charts, into their own reports and presentations. This is particularly beneficial if the program uses these reports to supplement the academic accreditation process. NCLEX® Program Report subscriptions are offered on semiannual and annual bases. In addition, beginning in the first fiscal quarter of 2013, supplemental report data in CSV format were introduced as an optional offering to accompany program report subscriptions.

NCLEX® Unofficial Quick Results Service

The member boards, through NCSBN, offer candidates the opportunity to obtain unofficial results (official results are only available from BONs) through the NCLEX® Quick Results Service. A candidate may use the Internet to access their unofficial result two business days after completing

their examination. As of December 2012, the option to obtain NCLEX® Quick Results over the phone was discontinued due to a lack of usage and service providers. Currently, 47 BONs participate in offering this service to their candidates. In 2012, approximately 130,000 candidates utilized this service.

Future Activities

- Complete the continuous online RN and PN practice analyses.
- Continue to monitor all administrative, test development and psychometric aspects of the NCLEX examination program.
- Evaluate all aspects of the NCLEX program and initiate additional quality assurance processes as needed.
- Evaluate NCLEX informational initiatives such as the NCLEX Conference, NCLEX® Regional Workshops and other presentations.
- Monitor progress of Canadian transition to use of the NCLEX-RN examination.
- Evaluate ongoing international testing.
- Host the 2013 NCLEX® Conference.
- Introduce additional alternate format item types.
- Explore additional item writing strategies for the NCLEX.

Attachments

- A. Proposed 2014 NCLEX-PN® Test Plan-Redline Copy
- B. Proposed 2014 NCLEX-PN® Test Plan-Clean Copy
- C. Timeline for Implementation of the 2014 NCLEX-PN® Test Plan
- D. Annual Report of Pearson VUE for the NCLEX®

Proposed 2014 NCLEX-PN® Test Plan-Redline Copy

1 [Comparison of 2011 to the proposed 2014 NCLEX-PN® Test Plan](#)
2 [\(Track Changes: Strikethroughs represent deletions; underscore represents additions\)](#)

3 [Proposed 2014 NCLEX-PN® Test Plan](#) ~~2011~~

4 National Council Licensure Examination for Practical/Vocational Nurses 5 (NCLEX-PN® Examination)

6 Introduction

7 Entry into the practice of nursing is regulated by the licensing authorities within each of the National Council of State Boards of
8 Nursing (NCSBN®) member board jurisdictions (state, commonwealth, and territorial boards of nursing). To ensure public
9 protection, each jurisdiction requires candidates for licensure to meet set requirements that include passing an examination that
10 measures the competencies needed to perform safely and effectively as a newly licensed, entry-level practical/vocational nurse
11 (LPN/VN). NCSBN develops a licensure examination, the National Council Licensure Examination for Practical/Vocational
12 Nurses (NCLEX-PN® ~~Examination~~), which is used by member board jurisdictions to assist in making licensure decisions.

13
14 Several steps occur in the development of the NCLEX-PN® Test Plan. The first step is conducting a practice analysis that is used
15 to collect data on the current practice of entry-level practical/vocational nurses ([Report of Findings from the 2012](#)
16 [LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice](#) [NCSBN, 2009/2013]). ~~Twelve~~
17 ~~thousand~~ newly licensed practical/vocational nurses are asked about the frequency and priority of performing ~~450-160~~ nursing
18 care activities. Nursing care activities are then analyzed in relation to the frequency of performance, impact on maintaining client
19 safety and client care settings where the activities are performed. This analysis guides the development of a framework for entry-
20 level nursing practice that incorporates specific client needs as well as processes that are fundamental to the practice of nursing.
21 The next step is the development of the NCLEX-PN® Test Plan, which guides the selection of content and behaviors to be
22 tested. Variations in jurisdiction laws and regulations are considered in the development of the test plan.

23
24 The NCLEX-PN® Test Plan provides a concise summary of the content and scope of the licensing examination. It serves as a
25 guide for examination development as well as candidate preparation. ~~Each examination~~ [The NCLEX® examination](#) assesses the
26 knowledge, skills and abilities that are essential for the entry-level practical/vocational nurse to use in order to meet the needs of
27 clients requiring the promotion, maintenance or restoration of health. The following sections describe beliefs about people and
28 nursing that are integral to the examination, cognitive abilities that will be tested in the examination, and specific components of
29 the NCLEX-PN® Test Plan.

30 31 Beliefs

32 Beliefs about people and nursing influence the NCLEX-PN® Test Plan. People are finite beings with varying capacities to function
33 in society. They are unique individuals who have defined systems of daily living that reflect their values, cultures, motives and
34 lifestyles. Additionally, people have the right to make decisions regarding their health care needs and to participate in meeting
35 those needs. The profession of nursing makes a unique contribution in helping clients (individuals, family, or group) achieve an
36 optimal level of health in a variety of settings. [For the purposes of the NCLEX Examination, a client is defined as the individual,](#)
37 [family, or group which includes significant others and population.](#)

38
39 Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts from the liberal arts
40 and the biological, physical, psychological and social sciences. It is a learned profession based on an understanding of the
41 human condition across the life span and the relationships of an individual with others and within the environment. Nursing is a
42 dynamic, continually evolving discipline that employs critical thinking to integrate increasingly complex knowledge, skills,
43 technologies, and client care activities into evidence-based nursing practice. The goal of nursing for client care is preventing
44 illness; promoting comfort; protecting, promoting, and restoring health; and promoting dignity in dying.

45
46 The practical/vocational nurse uses "specialized knowledge and skills which meet the health needs of people in a variety of
47 settings under the direction of qualified health professionals" (NFLPN, 2003). The practical/vocational nurse uses a clinical
48 problem-solving process (the nursing process) to collect and organize relevant health care data, assist in the identification of the

49 health needs/problems throughout the client's life span and contribute to the interdisciplinary team in a variety of settings. The
50 entry-level practical/vocational nurse demonstrates the essential competencies needed to care for clients with commonly
51 occurring health problems that have predictable outcomes. "Professional behaviors, within the scope of nursing practice for a
52 practical/vocational nurse, are characterized by adherence to standards of care, accountability of one's own actions and
53 behaviors, and use of legal and ethical principles in nursing practice" (NAPNES, 2007).
54

55 Classification of Cognitive Levels

56 Bloom's taxonomy for the cognitive domain is used as a basis for writing and coding items for the examination (Bloom et al.,
57 1956; Anderson & Krathwohl, 2001). The practice of practical/vocational nursing requires application of knowledge, skills and
58 abilities; therefore, the majority of items are written at the application or higher levels of cognitive ability.

59 Test Plan Structure

60 The framework of Client Needs was selected because it provides a universal structure for defining nursing actions and
61 competencies for a variety of clients across all settings and is congruent with state laws/ rules.

62 Client Needs

63 | The content of the NCLEX-PN® Test Plan is organized into four major Client Needs categories. Two of the four categories are
64 divided into subcategories:
65

66 Safe and Effective Care Environment

- 67 ▪ Coordinated Care
- 68 ▪ Safety and Infection Control

69 Health Promotion and Maintenance

70 Psychosocial Integrity

71 Physiological Integrity

- 72 ▪ Basic Care and Comfort
- 73 ▪ Pharmacological Therapies
- 74 ▪ Reduction of Risk Potential
- 75 ▪ Physiological Adaptation

79 Integrated Processes

80 The following processes fundamental to the practice of practical/vocational nursing are integrated throughout the Client Needs
81 categories and subcategories:
82

- 83 ▪ *Clinical Problem-Solving Process (Nursing Process)* – a scientific approach to client care that includes data collection,
84 planning, implementation and evaluation.
85
- 86 ▪ *Caring* – interaction of the practical/vocational nurse and client in an atmosphere of mutual respect and trust. In this
87 collaborative environment, the practical/vocational nurse provides support and compassion to help achieve desired
88 therapeutic outcomes.
89
- 90 ▪ *Communication and Documentation* – verbal and nonverbal interactions between the practical/vocational nurse and the
91 client, as well as other members of the health care team. Events and activities associated with client care are
92 validated in written and/or electronic records that reflect standards of practice and accountability in the provision of
93 care.
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- 95 ▪ *Teaching and Learning* – facilitation of the acquisition of knowledge, skills and attitudes to assist in promoting a change
96 in behavior.

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100 **Distribution of Content**

101 The percentage of test items assigned to each Client Needs category and subcategory in the NCLEX-PN® Test Plan is based on
 102 the results of the study entitled *Report of Findings from the 2009-2012 LPN/VN Practice Analysis: Linking the NCLEX-PN®*
 103 *Examination to Practice* (NCSBN, 2009/2013), and expert judgment provided by members of the NCLEX® Examination
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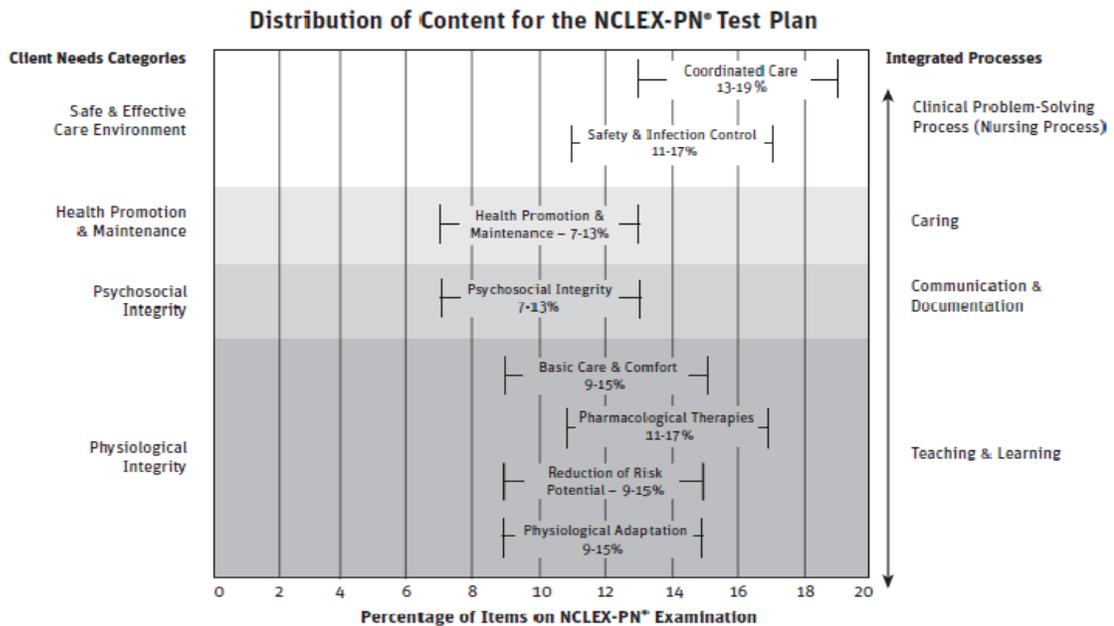
Client Needs

Percentage of Items from each Category/Subcategory

Safe and Effective Care Environment	
▪ Coordinated Care	<u>16-22%</u> 13-19%
▪ Safety and Infection Control	<u>10-16%</u> 11-17%
Health Promotion and Maintenance	<u>7-13%</u> 7-13%
Psychosocial Integrity	<u>8-14%</u> 7-13%
Physiological Integrity	
▪ Basic Care and Comfort	<u>7-13%</u> 9-15%
▪ Pharmacological Therapies	<u>11-17%</u> 11-17%
▪ Reduction of Risk Potential	<u>10-16%</u> 9-15%
▪ Physiological Adaptation	<u>7-13%</u> 9-15%

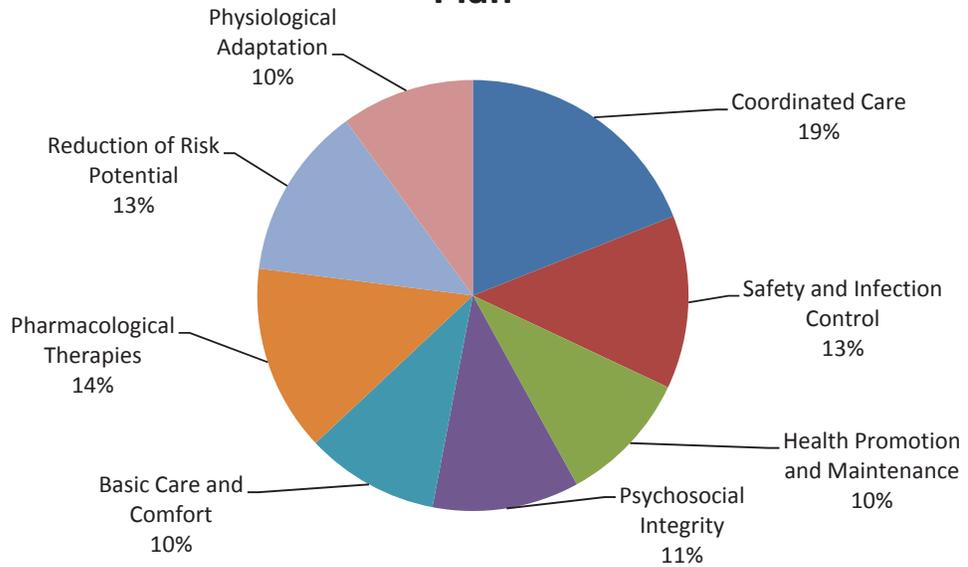
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Distribution of Content for the NCLEX-PN® Test Plan



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[NCLEX PN examinations are administered adaptively in variable length format to target candidate-specific ability. To accommodate possible variations in test length, content area distributions of the individual examinations may differ up to \$\pm 3\%\$ in each category.](#)

114 Overview of Content

115 All content categories and subcategories reflect client needs across the life span in a variety of settings.
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117 Safe and Effective Care Environment

118 The practical/vocational nurse provides nursing care that contributes to the enhancement of the health care delivery setting and
119 protects clients and health care personnel.
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121

- 122 ■ *Coordinated Care* – The practical/vocational nurse collaborates with health care team members to facilitate effective
123 client care
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126 Related content includes but is **not limited** to:

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- Client Care Assignments
- Client Rights
- Collaboration with Interdisciplinary Team
- Concepts of Management and Supervision
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- Continuity of Care
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- Informed Consent
- Information Technology
- Legal Responsibilities
- Performance Improvement (Quality Improvement)
- Referral Process
- Resource Management

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- 128 ■ *Safety and Infection Control* – The practical/vocational nurse contributes to the protection of clients and health care
129 personnel from health and environmental hazards.
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132 Related content includes but is **not limited** to:

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- Emergency Response Plan
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- Handling Hazardous and Infectious Materials
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- Reporting of Incident/Event/Irregular Occurrence/Variance
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- Safe Use of Equipment
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- Standard Precautions/Transmission-Based Precautions/Surgical Asepsis

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136 | The practical/vocational nurse provides nursing care for ~~clients that incorporates~~ [clients that incorporate](#) the knowledge of
137 expected stages of growth and development and prevention and/or early detection of health problems.
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140 Related content includes but is **not limited** to:

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- Ante/Intra/Postpartum and Newborn Care
- Data Collection Techniques
- Developmental Stages and Transitions
- Health Promotion/Disease Prevention
- High Risk Behaviors
- Lifestyle Choices
- Self-Care

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Psychosocial Integrity

The practical/vocational nurse provides care that assists with promotion and support of the emotional, mental and social well-being of clients.

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

- Abuse or Neglect
- Behavioral Management
- Chemical and Other Dependencies
- Coping Mechanisms
- Crisis Intervention
- Cultural Awareness
- End of Life Concepts
- Grief and Loss
- Mental Health Concepts
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Stress Management
- Support Systems
- Therapeutic Communication
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Physiological Integrity

The practical/vocational nurse assists in the promotion of physical health and well-being by providing care and comfort, reducing risk potential for clients and assisting them with the management of health alterations.

- *Basic Care and Comfort* – The practical/vocational nurse provides comfort to clients and assistance in the performance of ~~their~~ activities of daily living.

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

- Assistive Devices
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- Mobility/Immobility
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Related content includes but is **not limited to**:

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- Dosage Calculations
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- Medication Administration
- Pharmacological Pain Management

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- *Reduction of Risk Potential* – The practical/vocational nurse reduces the potential for clients to develop complications or health problems related to treatments, procedures or existing conditions.

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

- Changes/Abnormalities in Vital Signs
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- Potential for Complications from Surgical Procedures and Health Alterations
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- *Physiological Adaptation* – The practical/vocational nurse participates in providing care for 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~~
- Unexpected Response to Therapies

178 Administration of the NCLEX-PN® Examination

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200 Examination Security and Confidentiality

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Proposed 2014 NCLEX-PN® Test Plan-Clean Copy

1 Proposed 2014 NCLEX-PN® Test Plan

2 National Council Licensure Examination for Practical/Vocational Nurses 3 (NCLEX-PN® Examination)

4 Introduction

5 Entry into the practice of nursing is regulated by the licensing authorities within each of the National Council of State Boards of
6 Nursing (NCSBN®) member board jurisdictions (state, commonwealth, and territorial boards of nursing). To ensure public
7 protection, each jurisdiction requires candidates for licensure to meet set requirements that include passing an examination that
8 measures the competencies needed to perform safely and effectively as a newly licensed, entry-level practical/vocational nurse
9 (LPN/VN). NCSBN develops a licensure examination, the National Council Licensure Examination for Practical/Vocational
10 Nurses (NCLEX-PN®), which is used by member board jurisdictions to assist in making licensure decisions.

11
12 Several steps occur in the development of the NCLEX-PN Test Plan. The first step is conducting a practice analysis that is used
13 to collect data on the current practice of entry-level practical/vocational nurses (**Report of Findings from the 2012**
14 **LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice** [NCSBN, 2013]). Twelve
15 thousand newly licensed practical/vocational nurses are asked about the frequency and priority of performing 160 nursing care
16 activities. Nursing care activities are then analyzed in relation to the frequency of performance, impact on maintaining client
17 safety and client care settings where the activities are performed. This analysis guides the development of a framework for entry-
18 level nursing practice that incorporates specific client needs as well as processes that are fundamental to the practice of nursing.
19 The next step is the development of the NCLEX-PN Test Plan, which guides the selection of content and behaviors to be tested.
20 Variations in jurisdiction laws and regulations are considered in the development of the test plan.

21
22 The NCLEX-PN Test Plan provides a concise summary of the content and scope of the licensing examination. It serves as a
23 guide for examination development as well as candidate preparation. The NCLEX® examination assesses the knowledge, skills
24 and abilities that are essential for the entry-level practical/vocational nurse to use in order to meet the needs of clients requiring
25 the promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing that are
26 integral to the examination, cognitive abilities that will be tested in the examination, and specific components of the NCLEX-PN
27 Test Plan.

28 Beliefs

29 Beliefs about people and nursing influence the NCLEX-PN Test Plan. People are finite beings with varying capacities to function
30 in society. They are unique individuals who have defined systems of daily living that reflect their values, cultures, motives and
31 lifestyles. Additionally, people have the right to make decisions regarding their health care needs and to participate in meeting
32 those needs. The profession of nursing makes a unique contribution in helping clients (individuals, family, or group) achieve an
33 optimal level of health in a variety of settings. For the purposes of the NCLEX Examination, a client is defined as the individual,
34 family, or group which includes significant others and population.

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36 Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts from the liberal arts
37 and the biological, physical, psychological and social sciences. It is a learned profession based on an understanding of the
38 human condition across the life span and the relationships of an individual with others and within the environment. Nursing is a
39 dynamic, continually evolving discipline that employs critical thinking to integrate increasingly complex knowledge, skills,
40 technologies, and client care activities into evidence-based nursing practice. The goal of nursing for client care is preventing
41 illness; promoting comfort; protecting, promoting, and restoring health; and promoting dignity in dying.

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43 The practical/vocational nurse uses "specialized knowledge and skills which meet the health needs of people in a variety of
44 settings under the direction of qualified health professionals" (NFLPN, 2003). The practical/vocational nurse uses a clinical
45 problem-solving process (the nursing process) to collect and organize relevant health care data, assist in the identification of the
46 health needs/problems throughout the client's life span and contribute to the interdisciplinary team in a variety of settings. The
47 entry-level practical/vocational nurse demonstrates the essential competencies needed to care for clients with commonly
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50 behaviors, and use of legal and ethical principles in nursing practice" (NAPNES, 2007).

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56 Test Plan Structure

57 The framework of Client Needs was selected because it provides a universal structure for defining nursing actions and
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60 The content of the NCLEX-PN Test Plan is organized into four major Client Needs categories. Two of the four categories are
61 divided into subcategories:

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71 Physiological Integrity

- 72 ■ Basic Care and Comfort
- 73 ■ Pharmacological Therapies
- 74 ■ Reduction of Risk Potential
- 75 ■ Physiological Adaptation

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77 The following processes fundamental to the practice of practical/vocational nursing are integrated throughout the Client Needs
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81 planning, implementation and evaluation.
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84 collaborative environment, the practical/vocational nurse provides support and compassion to help achieve desired
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89 validated in written and/or electronic records that reflect standards of practice and accountability in the provision of
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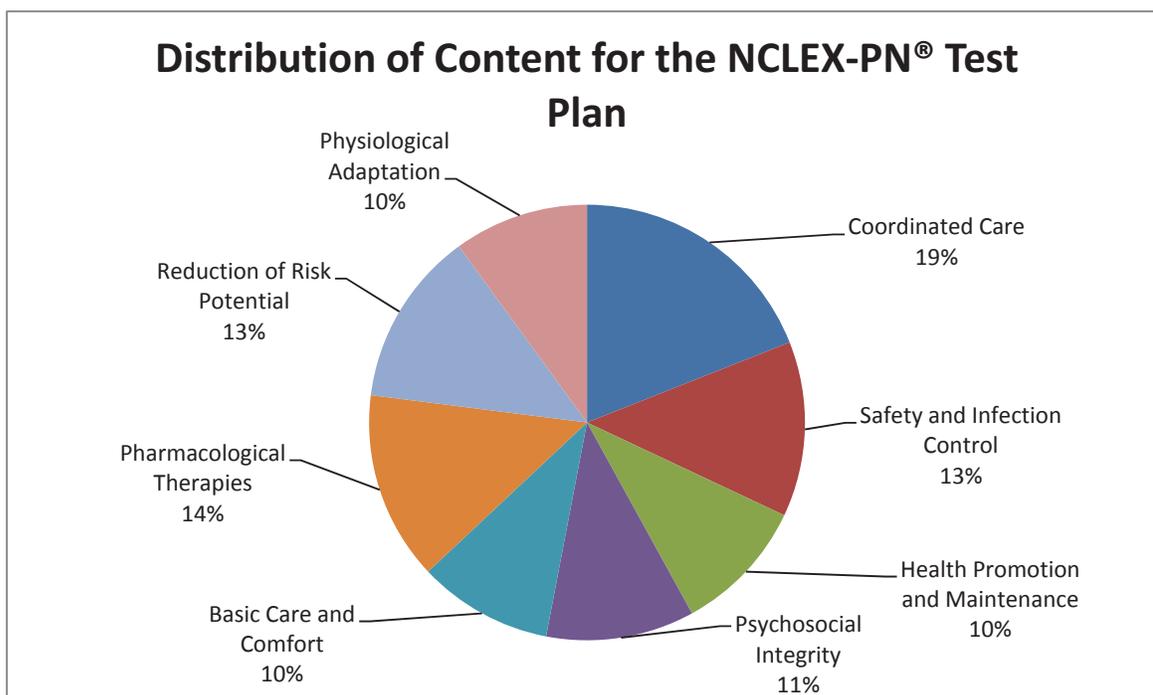
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 100 *Examination to Practice* (NCSBN, 2013), and expert judgment provided by members of the NCLEX® Examination Committee.
 101
 102

Client Needs	Percentage of Items from each Category/Subcategory
Safe and Effective Care Environment	
▪ Coordinated Care	16-22%
▪ Safety and Infection Control	10-16%
Health Promotion and Maintenance	7-13%
Psychosocial Integrity	8-14%
Physiological Integrity	
▪ Basic Care and Comfort	7-13%
▪ Pharmacological Therapies	11-17%
▪ Reduction of Risk Potential	10-16%
▪ Physiological Adaptation	7-13%

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105

106 NCLEX PN examinations are administered adaptively in variable length format to target candidate-specific ability. To
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 108 each category.

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110 All content categories and subcategories reflect client needs across the life span in a variety of settings.
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113 The practical/vocational nurse provides nursing care that contributes to the enhancement of the health care delivery setting and
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- *Coordinated Care* – The practical/vocational nurse collaborates with health care team members to facilitate effective client care

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

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- Client Care Assignments
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- Emergency Response Plan
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131 The practical/vocational nurse provides nursing care for clients that incorporate the knowledge of expected stages of growth and
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Related content includes but is **not limited to**:

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- Lifestyle Choices
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139 **Psychosocial Integrity**

140 The practical/vocational nurse provides care that assists with promotion and support of the emotional, mental and social well-being of clients.

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

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- Behavioral Management
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Related content includes but is **not limited to**:

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209 *taxonomy of educational objectives*. New York: Addison Wesley Longman, Inc.

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Attachment C

**Timeline for Implementation of the 2014 NCLEX-PN®
Test Plan**

October 2012	NCLEX® Examination Committee (NEC) reviews 2012 PN Practice Analysis results and makes recommendations for the proposed 2014 NCLEX-PN® Test Plan.
January 2013	Proposed 2014 NCLEX-PN® Test Plan is sent to member boards for feedback.
April 2013	NEC reviews feedback on the test plan and submits recommendations to the Delegate Assembly.
August 2013	Delegate Assembly action is provided.
September 2013	The approved 2014 NCLEX-PN® Test Plan is published and placed on the NCSBN website.
September 2013	Panel of Judges meet to recommend the 2014 NCLEX-PN® Passing Standard.
December 2013	NCSBN Board of Directors evaluates the 2014 NCLEX-PN® Passing Standard.
April 1, 2014	Approved 2014 NCLEX-PN® Test Plan and the 2014 NCLEX-PN® Passing Standard are effective.

Attachment D

Annual Report of Pearson VUE for the NCLEX®

This report represents information gained during Pearson VUE's tenth full year of providing test delivery services for the NCLEX® examination program to NCSBN. This report summarizes the activities of the past year.

Pearson VUE Organizational Changes

Several staffing changes occurred during Jan. 1–Dec. 31, 2012, reporting period.

- Greg Applegate, formerly NCLEX® psychometric intern, assumed the role of content development manager, NCLEX®. As part of this change, Pearson VUE opened a replacement position for an NCLEX® psychometric intern.
- Jerry Gorham, PhD, assumed the role of senior research scientist, a new position on the team that focuses primarily on research and development on matters related to the exam.
- Shu-chuan Kao, PhD, assumed the role of psychometric supervisor, a role that includes oversight of the operational activities of the Pearson VUE NCLEX psychometric team. Shu-chuan began as a psychometrician with Pearson in 2007 and has contributed heavily to maintaining the operational work and the research program for the NCLEX examinations.
- William Muntean assumed the role of psychometric intern for the Pearson VUE NCLEX team in September 2012. William earned a bachelor of science in psychology at the University of Texas at Arlington and a master of science in cognitive psychology at the University of Oklahoma. He is currently a doctoral candidate at the University of Oklahoma and is working on his dissertation research. Muntean is a member of the American Psychological Association and the Association for Psychological Science. In addition, he served as an ad-hoc peer reviewer for several journals, including *Psychological Science*, *Memory and Behavior Research Methods*. Muntean has published research articles and received several grants to fund his research interests. His expertise includes research methods, human learning and forgetting, critical thinking, judgment and decision making, and general memory.
- Jason Schwartz assumed the role of senior director, Testing Services, with responsibilities spanning NCLEX test development and North American Test Publishing. Schwartz had previously served as director of Content Development, NCLEX®, since January 2010.
- Lynn Scussel, MSN, RN, and Paula Tedin-Moschovas, MSN, RN, resigned their positions as senior content developers.
- Tony Zara, PhD, assumed the role of vice president, Assessment Solutions, a role that includes executive-level sponsorship of NCSBN programs.

Test Development

Psychometric and statistical analyses of the NCLEX data continue to be conducted and documented as required. Pearson VUE is continuing to develop multiple choice items, as well as items in alternate formats, such as multiple response, drag-and-drop ordered response, graphics items and chart/exhibit items. Pearson VUE continues to focus on producing both traditional and alternate-format items at targeted difficulty levels and in sufficient quantities to meet contractual obligations.

NCLEX® Examinations Operations

There was no change in passing score for either the NCLEX-RN® or NCLEX-PN® Examination.

Measurement and Research

The Joint Research Committee (JRC) met twice in 2012.

The first JRC meeting was held at the NCSBN offices in Chicago on March 13, 2012. In attendance were JRC members Ira Bernstein, Gage Kingsbury, Mark Reckase and Steve Wise; NCSBN staff Phil Dickison, Marijana Dragan, Sarah Hagge, Weiwei Liu and Ada Woo; and Pearson VUE staff Greg Applegate, Betty Bergstrom, Jerry Gorham, Shu-chuan Kao, Kristine Lower and Anthony Zara. One JRC guest researcher was also present: Kirk Becker.

The JRC received updates on four ongoing projects: Robustness of CAT to Strings of Incorrect Responses at the Beginning of Examination (Reckase), Preliminary Findings in Nursing Clinical Judgment and Decision-Making: A Literature Review (Muntean), An Investigation of Item Selection Procedures to Improve the Test for Slow Starting Candidates and to Improve Item Usage (Kingsbury), and Feasibility of Cognitive Simulations for NCLEX (Wendt). The JRC also received one research proposal: Assessment of the Reliability and Validity of NCLEX in Measuring Complexity of Cognitive Processing (Kimball and Bernstein). The JRC also included a discussion of the NCSBN psychometric summer internship. NCSBN received 12 applications.

The second JRC meeting was held at the Pearson VUE offices in Chicago on Aug. 27, 2012. In attendance were JRC members Ira Bernstein, Gage Kingsbury, Mark Reckase and Steve Wise; NCSBN staff Phil Dickison, Sarah Hagge, and Ada Woo; and Pearson VUE staff Betty Bergstrom, Jerry Gorham, Shu-chuan Kao, Kristine Lower, John Stahl and Anthony Zara. JRC guest researchers were also present: Kirk Becker, Casey Marks, Xiao Luo and Nicole Colwell.

The JRC received updates on three ongoing projects: Comparability of Scores and Passing Decisions on Different Item Pools for the NCLEX-RN and NCLEX-PN Examinations (Kolen), The Influence of Early Error on Proficiency Estimation and Classification Accuracy for the NCLEX Examinations (Reckase), and Nursing Clinical Decision Making (Muntean). The JRC received one research proposal: Using Response Time to Detect Item Preknowledge and Increase Measurement Efficiency in Computerized Tests (Qian). The JRC also included the discussion of NCSBN psychometric summer internship projects: A Comparative Study of Different Adaptive Testing Designs (Luo) and Predicting the Difficulty of Test Items Using the Linear Logistic Test Model (Colwell). The JRC discussed its website.

Pearson VUE Meetings with NCSBN

- Feb. 1-3, 2012 NCLEX® Examination Committee Business Meeting
- March 12-14, 2012 NCSBN Midyear Meeting
- March 22, 2012 NCLEX® Development Group Meeting
- March 23, 2012 NCLEX® JRC Meeting
- May 10, 2012 Joint Psychometric Meeting
- May 24, 2012 NCLEX® Business Review Meeting
- June 7, 2012 NCLEX® Development Group Meeting
- July 17, 2012 NCLEX® Examination Committee Business Meeting
- Aug. 8-10, 2012 NCSBN Annual Meeting
- Aug. 23, 2012 NCLEX® Development Group Meeting
- Sept. 24, 2012 NCLEX® Conference
- Oct. 15-17, 2012 NCLEX® Examination Committee Business Meeting
- Nov. 30, 2012 Joint Psychometric Meeting
- Dec. 5, 2012 NCSBN Contract Evaluation Meeting
- Dec. 6, 2012 NCLEX® Development Group Meeting

Recurring Meetings and Conference Calls

- Jason Schwartz and Phil Dickison meet in person biweekly, in addition to calls and other meetings on an as-needed basis.
- Jason Schwartz and Ada Woo meet in person biweekly, in addition to calls and other meetings on an as-needed basis.
- James Mooney and Ada Woo hold weekly calls on NCLEX operations matters.
- Phil Dickison and Tony Zara meet regularly by phone and in person.
- Greg Applegate and Nicole Williams meet in person biweekly, in addition to calls and other meetings on an as-needed basis.
- Conference calls and face-to-face meetings with Pearson VUE and NCSBN content staff are held periodically, as needed.
- Other visits and conference calls are conducted on an as needed basis.

Summary of NCLEX® Examination Results for the 2012 Calendar Year

Longitudinal summary statistics are provided in Tables 1-8. Results can be compared to data from the previous testing year to identify trends in candidate performance and item characteristics over time. Compared to 2011, the overall candidate volumes were lower for the NCLEX-RN (about 0.21 percent) and NCLEX-PN Examinations (about 0.65 percent). The RN passing rate for the overall group was 3.4 percentage points higher for 2012 than for 2011, and the passing rate for the reference group was 2.4 percentage points higher for this period compared to 2011. The PN overall passing rate was lower by 1.3 percentage points from 2011, and the PN reference group passing rate was 0.6 percentage points lower than in 2011. These passing rates are consistent with expected variations in passing rates and are heavily influenced by demographic characteristics of the candidate populations and by changes in testing patterns from year to year.

The following points are candidate highlights of the 2012 testing year for the NCLEX-RN Examination:

- Overall, 194,901 NCLEX-RN Examination candidates tested during 2012, as compared to 195,307 during the 2011 testing year. This represents a decrease of approximately 0.21 percent.
- The candidate population reflected 150,266 first-time, U.S.-educated candidates who tested during 2012, as compared to 144,581 for the 2011 testing year, representing a 3.93 percent increase.
- The overall passing rate was 79.5 percent in 2012, compared to 76.1 percent in 2011. The passing rate for the reference group was 90.3 percent in 2012 and 87.9 percent in 2011.
- Approximately 52.0 percent of the total group and 55.6 percent of the reference group ended their exam at a minimum-length test of 75 items. This is slightly higher than in the 2011 testing year, in which 50.3 percent of the total group and 53.5 percent of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 12.9 percent for the total group and 11.0 percent for the reference group. This is slightly lower than last year's figures (14.7 percent for the total group and 13.2 percent for the reference group).
- The average time needed to take the NCLEX-RN Examination during the 2012 testing period was 2.45 hours for the overall group and 2.21 hours for the reference group (slightly shorter than last year's average times of 2.50 hours and 2.27 hours, respectively).
- A total of 53.7 percent of the candidates chose to take a break during their examinations (compared to 50.0 percent last year).

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- Overall, 2.3 percent of the total group and 1.1 percent of the reference group ran out of time before completing the test. The percentage of candidates timing out was higher for the total group compared to the percentage of candidates during the 2011 testing year (2.2 percent) and was the same for the reference group in both years (1.1 percent).
 - In general, the NCLEX-RN Examination summary statistics for the 2012 testing period indicated patterns that were similar to those observed for the 2011 testing period. These results provide continued evidence that the administration of the NCLEX-RN Examination is psychometrically sound.

The following points are candidate highlights of the 2012 testing year for the NCLEX-PN Examination:

- Overall, 80,424 PN candidates tested in 2012, as compared to 80,950 PN candidates tested during 2011. This represents a decrease of approximately 0.65 percent.
- The candidate population reflected 63,349 first-time, U.S.-educated candidates who tested in 2012, as compared to 65,332 for the 2011 testing year (a decrease of approximately 3.04 percent).
- The overall passing rate was 73.8 percent in 2012 compared to 75.1 percent in 2011, and the reference group passing rate was 84.2 percent in 2012 compared to 84.8 percent in 2011.
- There were 52.4 percent of the total group and 56.4 percent of the reference group who ended their exams at a minimum-length test of 85 items. These figures are slightly lower than those from the 2011 testing year, in which 53.2 percent of the total group and 56.7 percent of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 16.8 percent for the total group and 14.8 percent for the reference group. These figures are slightly higher for the total group and slightly lower for the reference group than last year's percentages (16.6 percent for the total group and 14.9 percent for the reference group).
- The average time needed to take the NCLEX-PN Examination during the 2012 testing period was 2.39 hours for the overall group and 2.21 hours for the reference group (slightly longer than last year's times of 2.31 and 2.14 hours, respectively).
- A total of 59.0 percent of the candidates chose to take a break during their examinations (compared to 56.4 percent last year).
- Overall, 2.5 percent of the total group and 1.4 percent of the reference group ran out of time before completing the test (slightly higher than last year's figures of 1.9 percent and 1.1 percent, respectively).
- In general, the NCLEX-PN Examination summary statistics for the 2012 testing period indicated patterns that were similar to those observed for the 2011 testing period. These results provide continued evidence that the administration of the NCLEX-PN Examination is psychometrically sound.

Table 1: Longitudinal Technical Summary for the NCLEX-RN® Examination: Group Statistics for 2012 Testing Year

	Jan 12 - Mar 12		Apr 12 - Jun 12		Jul 12 - Sep 12		Oct 12 - Dec 12		Cumulative 2012	
	Overall	1st Time U.S. ED								
Number Testing	47,346	37,352	60,718	49,463	62,830	51,025	24,007	12,426	194,901	150,266
Percent Passing	80.9	91.2	82.8	92.7	80.7	88.8	65.2	84.4	79.5	90.3
Ave. # Items Taken	114.3	109.0	112.8	107.5	122.3	118.2	131.0	120.5	118.5	112.6
% Taking Min # Items	53.9	57.2	56.3	59.8	49.6	51.9	43.5	49.0	52.0	55.6
% Taking Max # Items	11.8	10.1	10.4	8.9	14.5	13.1	17.0	13.6	12.9	11.0
Ave. Test Time (hours)	2.34	2.13	2.31	2.08	2.51	2.34	2.88	2.47	2.45	2.21
% Taking Break	51.1	44.6	48.2	41.4	56	51.3	66.6	55.6	53.7	45.8
% Timing Out	1.6	0.7	2.1	0.9	2.2	1.3	4.2	2.0	2.3	1.1

Table 2: Longitudinal Technical Summary for the NCLEX-RN® Examination: Group Statistics for 2011 Testing Year

	Jan 11 - Mar 11		Apr 11 - Jun 11		Jul 11 - Sep 11		Oct 11 - Dec 11		Cumulative 2011	
	Overall	1st Time U.S. ED								
Number Testing	46,236	35,230	57,380	45,016	66,041	52,296	25,650	12,039	195,307	144,581
Percent Passing	77.5	89.3	80.6	91.4	76.2	85.1	62.9	82.8	76.1	87.9
Ave. # Items Taken	121.1	115.9	117.3	112.2	123.8	120.9	133.2	125.9	122.5	117.4
% Taking Min # Items	51.6	54.4	53.8	56.9	49.3	51.4	42.9	46.9	50.3	53.5
% Taking Max # Items	14.4	12.8	12.8	11.1	15.4	14.7	18.0	16.2	14.7	13.2
Ave. Test Time (hours)	2.50	2.28	2.35	2.11	2.48	2.33	2.92	2.57	2.50	2.27
% Taking Break	54.7	48.2	49.8	42.6	54.8	49.8	67.9	57.4	50.0	47.8
% Timing Out	2.2	1.1	1.8	0.8	1.7	1.1	4.1	2.1	2.2	1.1

Table 3: Longitudinal Technical Summary for the NCLEX-RN® Examination: Item Statistics for 2012 Testing Year*

Operational Item Statistics										
	Jan 12 - Mar 12		Apr 12 - Jun 12		Jul 12 - Sep 12		Oct 12 - Dec 12		Cumulative 2012	
	Mean	Std. Dev.								
Point-Biserial	0.22	0.10	0.22	0.10	0.21	0.09	0.21	0.09	NA	NA
Ave. Item Time (secs)	74.4	32.5	74.6	36.5	74.0	33.3	79.7	27.4	NA	NA
Pretest Item Statistics										
# of Items	894		1,044		1,296		275		3,509	
Ave. Sample Size	503		576		466		483		510	
Mean Point-Biserial	0.08		0.08		0.08		0.09		0.08	
Mean P+	0.57		0.63		0.59		0.57		0.60	
Mean b	-0.09		-0.43		-0.26		-0.16		-0.26	
SD b	1.69		1.77		1.66		1.56		1.70	
Total Number Flagged	295		367		394		98		1,154	
Percent Items Flagged	33.0		35.2		30.4		35.6		32.9	

*Data does not include research and retest items.

Table 4: Longitudinal Technical Summary for the NCLEX-RN® Examination: Item Statistics for 2011 Testing Year*

Operational Item Statistics										
	Jan 11 - Mar 11		Apr 11 - Jun 11		Jul 11 - Sep 11		Oct 11 - Dec 11		Cumulative 2011	
	Mean	Std. Dev.								
Point-Biserial	0.22	0.09	0.22	0.10	0.21	0.09	0.21	0.09	NA	NA
Ave. Item Time (secs)	74.6	35.1	72.6	33.7	72.0	27.0	80.4	34.0	NA	NA
Pretest Item Statistics										
# of Items	930		1,169		1,503		248		3,850	
Ave. Sample Size	548		577		479		505		527	
Mean Point-Biserial	0.08		0.08		0.08		0.10		0.08	
Mean P+	0.64		0.62		0.59		0.56		0.61	
Mean b	-0.51		-0.40		-0.26		-0.13		-0.36	
SD b	1.80		1.74		1.75		1.74		1.76	
Total Number Flagged	393		523		700		88		1,704	
Percent Items Flagged	42.3		44.7		46.6		35.5		44.3	

*Data do not include research and retest items.

Table 5: Longitudinal Technical Summary for the NCLEX-PN® Group Statistics for 2012 Testing Year

	Jan 12 - Mar 12		Apr 12 - Jun 12		Jul 12 - Sep 12		Oct 12 - Dec 12		Cumulative 2012	
	Overall	1st Time U.S. ED								
Number Testing	19,375	15,528	18,043	13,339	26,034	21,889	16,972	12,593	80,424	63,349
Percent Passing	73.8	83.7	70.6	82.5	79.0	87.2	69.2	81.5	73.8	84.2
Ave. # Items Taken	118.1	115	119.4	114.4	113.6	110.7	118.9	114.9	117.1	113.4
% Taking Min # Items	50.8	54.3	50.5	56.1	56.4	59.2	50.2	54.3	52.4	56.4
% Taking Max # Items	17.4	15.7	18.5	16.2	14.8	13.0	17.3	15.2	16.8	14.8
Ave. Test Time (hours)	2.36	2.20	2.43	2.20	2.28	2.14	2.53	2.33	2.39	2.21
% Taking Break	58.3	51.8	60.4	52.3	54.7	49.4	64.8	57.6	59.0	52.2
% Timing Out	2.0	1.2	2.7	1.2	2.1	1.3	3.3	2.1	2.5	1.4

Table 6: Longitudinal Technical Summary for the NCLEX-PN® Group Statistics for 2011 Testing Year

	Jan 11 - Mar 11		Apr 11 - Jun 11		Jul 11 - Sep 11		Oct 11 - Dec 11		Cumulative 2011	
	Overall	1st Time U.S. ED								
Number Testing	20,213	16,521	17,008	13,121	26,167	22,289	17,562	13,401	80,950	65,332
Percent Passing	79.3	87.6	69.6	82.1	79.2	87	69.5	80.5	75.1	84.8
Ave. # Items Taken	114.1	110	118.7	115.2	114.5	111.9	119.1	116	116.3	112.9
% Taking Min # Items	55.6	59.8	51.3	55.0	55.1	57.7	49.3	52.7	53.2	56.7
% Taking Max # Items	15.3	13.1	18.1	16.4	15.9	14.6	17.7	16.3	16.6	14.9
Ave. Test Time (hours)	2.26	2.09	2.39	2.20	2.19	2.06	2.47	2.30	2.31	2.14
% Taking Break	54.2	48.0	59.0	51.6	52.1	47.2	62.8	56.9	56.4	50.3
% Timing Out	1.8	0.9	2.2	1.1	1.2	0.7	2.7	1.8	1.9	1.1

Table 7: Longitudinal Technical Summary for the NCLEX-PN® Examination: Item Statistics for 2012 Testing Year*

Operational Item Statistics										
	Jan 12 - Mar 12		Apr 12 - Jun 12		Jul 12 - Sep 12		Oct 12 - Dec 12		Cumulative 2012	
	Mean	Std. Dev.								
Point-Biserial	0.22	0.09	0.22	0.09	0.22	0.09	0.21	0.09	NA	NA
Ave. Item Time (secs)	70.2	21.4	71.0	24.1	69.5	26.3	73.9	26.5	NA	NA
Pretest Item Statistics										
# of Items	714		748		1,137		638		3,237	
Ave. Sample Size	489		446		481		453		469	
Mean Point-Biserial	0.11		0.11		0.11		0.11		0.11	
Mean P+	0.45		0.48		0.48		0.46		0.47	
Mean b	0.44		0.32		0.33		0.39		0.36	
SD b	1.68		1.65		1.61		1.68		1.65	
Total Number Flagged	253		268		397		247		1,165	
Percent Items Flagged	35.4		35.8		34.9		38.71		36.0	

*Data do not include research and retest items.

Table 8: Longitudinal Technical Summary for the NCLEX-PN® Examination: Item Statistics for 2011 Testing Year*

Operational Item Statistics										
	Jan 11 - Mar 11		Apr 11 - Jun 11		Jul 11 - Sep 11		Oct 11 - Dec 11		Cumulative 2011	
	Mean	Std. Dev.								
Point-Biserial	0.22	0.09	0.22	0.09	0.22	0.09	0.22	0.08	NA	NA
Ave. Item Time (secs)	69.1	22.8	70.4	24.5	67.8	29.0	71.5	27.2	NA	NA
Pretest Item Statistics										
# of Items	625		677		1,058		748		3,108	
Ave. Sample Size	585		484		468		448		490	
Mean Point-Biserial	0.13		0.13		0.11		0.11		0.12	
Mean P+	0.57		0.52		0.50		0.50		0.52	
Mean b	-0.30		-0.01		0.20		0.13		0.04	
SD b	1.68		1.72		1.78		1.62		1.73	
Total Number Flagged	179		207		391		255		1,032	
Percent Items Flagged	28.6		30.6		37.0		34.1		33.2	

*Data do not include research and retest items.

International Testing Update

Pearson VUE has a total of 236 Pearson Professional Centers (PPCs) in the U.S. and 20 PPCs internationally in Australia, Canada, Hong Kong, India, Japan, Mexico, the Philippines, Puerto Rico, Taiwan and the United Kingdom, for a total of 256 test centers globally.

Represented in the following tables are international volume by member board, country of education, test center and pass/fail rate, respectively.

Table 9: NCLEX® International Test Center Volume by Member Board* Jan. 1–Dec. 31, 2012

Member Board	Total	Sydney, Australia	Burnaby, Canada	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Hong Kong, Hong Kong	Bangalore, India	Chennai, India	Delhi, India	Hyderabad, India	Mumbai, India	Chiyodaku, Japan	Osakashi, Japan	Mexico City, Mexico	Manila, Philippines	San Juan, Puerto Rico	Taipei, Taiwan	London, United Kingdom
Alabama	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Alaska	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0
Arizona	18	0	0	3	0	3	0	2	0	0	0	0	0	0	0	0	0	9	0	0	1
Arkansas	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
California - RN	498	9	13	6	2	1	12	11	23	0	3	6	0	4	6	3	0	332	7	21	39
California - VN	6	1	0	0	0	0	0	0	0	0	0	2	0	0	1	1	0	1	0	0	0
Colorado	24	0	0	4	0	0	0	0	0	6	9	0	0	0	0	0	0	4	0	0	1
Connecticut	20	0	1	1	0	1	0	3	0	0	0	0	0	0	0	0	0	13	1	0	0
Delaware	18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18	0	0	0
District of Columbia	14	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11	0	0	0
Florida	113	1	1	3	2	2	3	2	2	3	3	4	1	2	0	0	1	62	2	0	19
Georgia - PN	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Georgia - RN	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Guam	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
Hawaii	43	0	2	2	3	1	0	2	1	0	0	0	0	0	3	1	0	26	0	0	2
Idaho	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Illinois	183	0	0	0	0	0	1	1	3	14	23	1	1	1	1	0	0	134	0	0	3
Indiana	2	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Iowa	5	0	0	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2
Kentucky	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Louisiana - RN	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Maine	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Maryland	24	1	0	0	0	0	1	0	0	0	0	2	0	0	0	0	0	16	0	0	4
Massachusetts	17	2	2	0	2	0	2	2	0	0	0	0	0	0	0	0	0	4	0	0	3

Table 9: NCLEX® International Test Center Volume by Member Board* Jan. 1–Dec. 31, 2012

Member Board	Total	Sydney, Australia	Burnaby, Canada	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Hong Kong, Hong Kong	Bangalore, India	Chennai, India	Delhi, India	Hyderabad, India	Mumbai, India	Chiyodaku, Japan	Osakashi, Japan	Mexico City, Mexico	Manila, Philippines	San Juan, Puerto Rico	Taipei, Taiwan	London, United Kingdom
Michigan	49	0	1	5	1	2	2	3	0	1	2	0	0	0	1	0	29	0	0	0	2
Minnesota	221	2	29	36	14	16	32	64	0	0	0	0	0	0	0	0	24	0	0	0	4
Missouri	5	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	3
Montana	2	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Nebraska	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Nevada	32	2	2	1	0	0	0	5	0	0	0	0	0	0	0	1	0	19	0	0	2
New Jersey	24	0	0	0	0	1	0	1	0	0	0	0	0	2	0	0	0	16	3	0	1
New Mexico	148	2	2	1	0	0	1	1	5	0	0	0	0	1	0	0	0	127	0	0	8
New York	912	9	4	2	4	0	10	10	162	16	11	5	1	2	26	234	0	304	14	74	24
North Carolina	18	0	0	1	1	0	1	1	0	1	1	1	0	0	0	0	0	8	1	0	2
Northern Mariana Islands	126	0	0	0	0	0	1	0	2	0	0	0	0	0	1	0	0	122	0	0	0
Ohio	6	0	0	1	0	1	1	0	0	0	0	0	0	1	0	0	0	2	0	0	0
Oregon	38	1	5	0	0	0	0	6	1	0	0	2	1	0	0	0	0	20	0	1	1
Pennsylvania	25	0	0	0	1	0	2	2	1	3	4	1	1	0	0	0	0	6	2	0	2
South Carolina	3	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0
Tennessee	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0
Texas	174	3	1	4	0	1	1	2	7	11	20	9	1	6	0	0	2	94	1	0	11
Utah	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Vermont	430	2	3	4	1	0	7	2	10	12	6	8	0	13	0	0	1	342	0	2	17
Virgin Islands	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0
Virginia	12	1	0	0	0	0	1	2	0	0	0	0	0	0	0	0	0	4	1	0	3
Washington	36	0	10	2	1	1	0	0	0	0	0	0	0	0	0	0	0	18	2	0	2
West Virginia - PN	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0
West Virginia - RN	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wisconsin	75	0	1	0	0	0	1	1	0	0	0	0	0	0	0	1	0	10	61	0	0
Wyoming	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Total	3,347	37	82	80	33	30	80	123	217	67	85	44	6	32	42	241	4	1,786	101	98	159

*Only Member Boards with international test center candidate data are represented.

Table 10: NCLEX® International Test Center Volume by Country of Education Jan. 1–Dec. 31, 2012

Member Board	Total	Sydney, Australia	Burnaby, Canada	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Hong Kong, Hong Kong	Bangalore, India	Chennai, India	Delhi, India	Hyderabad, India	Mumbai, India	Chiyodaku, Japan	Osakashi, Japan	Mexico City, Mexico	Manila, Philippines	San Juan, Puerto Rico	Taipei, Taiwan	London, United Kingdom
Antigua and Barbuda	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Armenia	2	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
Australia	19	15	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	1	0
Belgium	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Bulgaria	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cameroon	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Canada	298	3	45	50	31	28	45	92	0	0	0	0	0	0	0	0	1	1	0	0	2
Chile	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
China	19	0	2	0	0	0	0	1	15	0	0	0	0	0	0	0	0	0	0	0	1
Czech Republic	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Ethiopia	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Finland	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
France	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Germany	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Ghana	4	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	2
Greece	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Guyana	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Hong Kong	2	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Hungary	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
India	225	2	3	2	0	0	1	6	0	61	79	30	5	21	0	0	0	0	0	0	15
Iran	5	0	0	0	0	0	3	1	0	0	0	1	0	0	0	0	0	0	0	0	0
Ireland	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Israel	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Italy	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Jamaica	5	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Japan	20	1	0	0	0	0	0	0	0	0	0	0	0	0	12	7	0	0	0	0	0
Jordan	5	0	0	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	1	0	1
Kenya	4	0	0	0	0	0	0	0	0	0	0	1	0	3	0	0	0	0	0	0	0
Korea, North	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0

Table 10: NCLEX® International Test Center Volume by Country of Education Jan. 1–Dec. 31, 2012

Member Board	Total	Sydney, Australia	Burnaby, Canada	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Hong Kong, Hong Kong	Bangalore, India	Chennai, India	Delhi, India	Hyderabad, India	Mumbai, India	Chiyodaku, Japan	Osakashi, Japan	Mexico City, Mexico	Manila, Philippines	San Juan, Puerto Rico	Taipei, Taiwan	London, United Kingdom
Korea, South	438	4	2	1	0	0	1	2	136	0	0	0	0	0	18	223	0	22	0	27	2
Kuwait	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Malaysia	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0
Mexico	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	1
Nepal	3	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Nigeria	22	0	1	0	0	0	4	4	0	0	0	0	0	1	0	0	1	0	0	0	11
Northern Mariana Islands	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Norway	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pakistan	2	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Philippines	1,924	9	16	7	1	1	20	12	40	1	0	3	0	4	7	4	0	1,759	0	2	38
Portugal	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Puerto Rico	97	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	97	0	0
Russian Federation	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Saudi Arabia	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Singapore	3	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0
South Africa	4	1	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	1
Spain	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Sri Lanka	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Sweden	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Taiwan	69	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	68	0
Thailand	17	0	0	0	0	0	1	0	15	0	0	0	0	0	0	0	0	0	0	0	1
Ukraine	2	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
United Kingdom	30	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	29
United States	78	1	9	14	1	1	3	1	3	3	4	4	1	0	3	6	0	3	1	0	20
Virgin Islands, US	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Zambia	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Total	3,347	37	82	80	33	30	80	123	217	67	85	44	6	32	42	241	4	1,786	101	98	159

Table 11: NCLEX® International Volume by Testing Center Jan. 1–Dec. 31, 2012

Site ID	City	Country	Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
50482	Sydney	Australia	37	4	5	0	4	1	6	1	2	5	1	6	2
50486	Burnaby	Canada	82	7	2	5	10	10	12	7	6	6	5	7	5
63110	Edmonton	Canada	80	6	6	8	2	11	10	6	7	5	4	8	7
50485	Montreal	Canada	33	3	1	2	4	2	2	2	1	0	6	7	3
57935	Ottawa	Canada	30	1	0	4	3	5	4	4	3	3	0	2	1
50484	Toronto	Canada	80	10	10	8	5	11	5	5	3	6	5	5	7
57936	Toronto (West)	Canada	123	10	6	11	8	10	15	14	9	7	9	10	14
50493	Hong Kong	Hong Kong	217	16	25	12	21	21	23	17	19	14	13	13	23
50497	Bangalore	India	67	5	6	1	11	2	4	3	6	9	9	5	6
50498	Chennai	India	85	3	4	4	7	7	6	7	3	6	17	11	10
50495	Delhi	India	44	0	2	1	10	5	1	5	5	1	6	4	4
50496	Hyderabad	India	6	0	1	0	2	0	1	0	1	0	0	1	0
50494	Mumbai	India	32	6	0	3	3	0	2	4	1	3	4	3	3
50500	Chiyodaku	Japan	42	6	4	3	1	3	6	3	2	8	0	0	6
57585	Osakashi	Japan	241	24	20	31	24	14	31	16	11	24	11	12	23
50503	Mexico City	Mexico	4	0	1	0	0	0	0	0	1	0	0	1	1
54555	Manila	Philippines	1,786	160	153	141	170	174	127	147	153	132	170	124	135
47108	San Juan	Puerto Rico	101	7	6	3	15	13	10	8	8	10	8	8	5
50506	Taipei	Taiwan	98	6	9	13	10	3	10	5	9	8	7	5	13
50140	London	United Kingdom	159	10	10	16	11	16	13	13	8	7	21	17	17
Total			3,347	284	271	266	321	308	288	267	258	254	296	249	285

Table 12: NCLEX® International Testing Volume Pass Rate: Jan. 1–Dec. 31, 2012

Site ID	City	Country	Total Taken	Total Passed	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
50482	Sydney	Australia	37	16	4/1 (25.00%)	5/3 (60.00%)	0/0 (0.00%)	4/2 (50.00%)	1/1 (0.00%)	6/1 (16.67%)	1/1 (100.00%)	2/0 (0.00%)	5/2 (40.00%)	1/1 (100.00%)	6/4 (66.67%)	2/0 (0.00%)
50486	Burnaby	Canada	82	54	7/3 (42.86%)	2/1 (50.00%)	5/1 (20.00%)	10/8 (80.00%)	10/6 (60.00%)	12/9 (75.00%)	7/5 (71.43%)	6/6 (100.00%)	6/3 (50.00%)	5/4 (80.00%)	7/5 (71.43%)	5/3 (60.00%)
63110	Edmonton	Canada	80	52	6/3 (50.00%)	6/4 (66.67%)	8/7 (87.50%)	2/1 (50.00%)	11/8 (72.73%)	10/7 (70.00%)	6/5 (83.33%)	7/5 (71.43%)	5/1 (20.00%)	4/2 (50.00%)	8/4 (50.00%)	7/5 (71.43%)
50485	Montreal	Canada	33	20	3/0 (0.00%)	1/1 (100.00%)	2/2 (100.00%)	4/2 (50.00%)	2/2 (100.00%)	2/1 (50.00%)	2/1 (50.00%)	1/1 (100.00%)	0/0 (0.00%)	6/4 (66.67%)	7/3 (42.86%)	3/3 (100.00%)
57935	Ottawa	Canada	30	16	1/0 (0.00%)	0/0 (0.00%)	4/3 (75.00%)	3/3 (100.00%)	5/3 (60.00%)	4/1 (25.00%)	4/2 (50.00%)	3/1 (33.33%)	3/1 (33.33%)	0/0 (0.00%)	2/1 (50.00%)	1/1 (100.00%)
50484	Toronto	Canada	80	41	10/3 (30.00%)	10/5 (50.00%)	8/6 (75.00%)	5/1 (20.00%)	11/7 (63.64%)	5/3 (60.00%)	5/1 (20.00%)	3/2 (66.67%)	6/3 (50.00%)	5/4 (80.00%)	5/2 (40.00%)	7/4 (57.14%)
57936	Toronto (West)	Canada	123	52	10/6 (60.00%)	6/5 (83.33%)	11/5 (45.45%)	8/2 (25.00%)	10/2 (20.00%)	15/3 (20.00%)	14/5 (35.71%)	9/6 (66.67%)	7/3 (42.86%)	9/4 (44.44%)	10/2 (20.00%)	14/9 (64.29%)
50493	Hong Kong	Hong Kong	217	79	16/7 (43.75%)	25/12 (48.00%)	12/1 (8.33%)	21/12 (57.14%)	21/7 (33.33%)	23/6 (26.09%)	17/7 (41.18%)	19/9 (47.37%)	14/3 (21.43%)	13/5 (38.46%)	13/3 (23.08%)	23/7 (30.43%)
50497	Bangalore	India	67	15	5/0 (0.00%)	6/1 (16.67%)	1/0 (0.00%)	11/3 (27.27%)	2/0 (0.00%)	4/1 (25.00%)	3/2 (66.67%)	6/1 (16.67%)	9/2 (22.22%)	9/3 (33.33%)	5/2 (40.00%)	6/0 (0.00%)
50498	Chennai	India	85	30	3/1 (33.33%)	4/2 (50.00%)	4/1 (25.00%)	7/2 (28.57%)	7/2 (28.57%)	6/3 (50.00%)	7/1 (14.29%)	3/0 (0.00%)	6/3 (50.00%)	17/10 (58.82%)	11/1 (9.09%)	10/4 (40.00%)
50495	Delhi	India	44	14	0/0 (0.00%)	2/1 (50.00%)	1/0 (0.00%)	10/6 (60.00%)	5/1 (20.00%)	1/0 (0.00%)	5/1 (20.00%)	5/1 (20.00%)	1/0 (0.00%)	6/2 (33.33%)	4/1 (25.00%)	4/1 (25.00%)
50496	Hyderabad	India	6	1	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	2/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)
50494	Mumbai	India	32	13	6/4 (66.67%)	0/0 (0.00%)	3/0 (0.00%)	3/2 (66.67%)	0/0 (0.00%)	2/0 (0.00%)	4/1 (25.00%)	1/0 (0.00%)	3/1 (33.33%)	4/3 (75.00%)	3/2 (66.67%)	3/0 (0.00%)
50500	Chiyodaku	Japan	42	14	6/2 (33.33%)	4/1 (25.00%)	3/1 (33.33%)	1/1 (100.00%)	3/1 (33.33%)	6/2 (33.33%)	3/0 (0.00%)	2/1 (50.00%)	8/2 (25.00%)	0/0 (0.00%)	0/0 (0.00%)	6/3 (50.00%)
57585	Osakashi	Japan	241	97	24/11 (45.83%)	20/7 (35.00%)	31/17 (54.84%)	24/9 (37.05%)	14/5 (35.71%)	31/9 (29.03%)	16/7 (43.75%)	11/1 (9.09%)	24/14 (58.33%)	11/6 (54.55%)	12/4 (33.33%)	23/7 (30.43%)
50503	Mexico City	Mexico	4	2	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	1/0 (0.00%)

Table 12: NCLEX® International Testing Volume Pass Rate: Jan. 1–Dec. 31, 2012

Site ID	City	Country	Total Taken	Total Passed	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
54555	Manila	Philippines	1,786	829	160/80 (50.00%)	153/73 (47.71%)	141/63 (44.68%)	170/70 (41.18%)	174/80 (45.98%)	127/48 (37.80%)	147/68 (46.26%)	153/79 (51.63%)	132/56 (42.42%)	170/81 (47.65%)	124/71 (57.26%)	135/60 (44.44%)
47108	San Juan	Puerto Rico	101	23	7/1 (14.29%)	6/1 (16.67%)	3/0 (0.00%)	15/6 (40.00%)	13/5 (38.46%)	10/0 (0.00%)	8/2 (25.00%)	8/0 (0.00%)	10/1 (10.00%)	8/4 (50.00%)	8/2 (25.00%)	5/1 (20.00%)
50506	Taipei	Taiwan	98	33	6/1 (16.67%)	9/6 (66.67%)	13/3 (23.08%)	10/5 (50.00%)	3/0 (0.00%)	10/4 (40.00%)	5/2 (40.00%)	9/2 (22.22%)	8/0 (0.00%)	7/3 (42.86%)	5/1 (20.00%)	13/6 (46.15%)
50140	London	United Kingdom	159	65	10/7 (70.00%)	10/6 (60.00%)	16/4 (25.00%)	11/4 (36.36%)	16/5 (31.25%)	13/5 (38.46%)	13/5 (38.46%)	8/2 (25.00%)	7/4 (57.14%)	21/8 (38.10%)	17/5 (29.41%)	17/10 (58.82%)
		Total	3,347	1,466	284/130 (45.77%)	271/131 (48.34%)	266/114 (42.86%)	321/139 (43.30%)	308/135 (43.83%)	288/103 (35.76%)	267/116 (43.45%)	258/118 (45.74%)	254/99 (38.98%)	296/144 (48.65%)	249/113 (45.38%)	285/124 (43.51%)

Report of the APRN Committee

Background

The APRN Committee addresses issues of relevance to advanced practice registered nurses (APRNs) and to implementation of the Consensus Model for APRN Regulation. Composed of board members and staff with expertise and interest in APRN issues, the committee participates actively with Licensure, Accreditation, Certification and Education (LACE) and others.

Highlights of FY13 Activities

Charge #1: Create and refine tools to assist boards of nursing (BONs) to apply grandfathering provisions to APRNs consistent with the Consensus Model for APRN Regulation.

For the past two years the committee has worked on the application of the grandfather provisions to APRNs. In the first year the committee reviewed:

- The APRN Consensus Model;
- The Model Act and Model Rule language relative to the grandfather provisions; and
- The Institute of Medicine (IOM) report, "The Future of Nursing, Leading Change Advancing Health."

The committee based the work of this charge on the beliefs that the public good is served by education and certification congruent with practice as described in the APRN Consensus Model. It also considered that the public good is served by not restricting access to the most experienced APRNs. Also considered was the need to preserve the consistency and fairness of the state's/jurisdiction's previous application of grandfathering. At that time the committee favored the application of grandfather provisions to those with an unencumbered license in a state/jurisdiction and the application of the grandfather provision to those applying for licensure by endorsement in a new state/jurisdiction that holds an unencumbered license from another state/jurisdiction.

In the second year, the committee developed a tool for BONs to apply the grandfather provisions across states/jurisdictions.

The APRN Consensus Model addresses grandfathering of those licensed or recognized within a state/jurisdiction. Further, it addresses the application of consensus model elements to those who may wish to endorse into another state/jurisdiction. The APRN Committee believed that the application of grandfathering to those with an unencumbered license in a state/jurisdiction and to those with an unencumbered license who wish to endorse into a new state/jurisdiction would meet their concerns of protecting the public while not restricting access to care.

Charge #2: Identify and analyze issues related to APRN programs, students and faculty regarding jurisdictional boundaries.

The committee's second charge pertained to APRN students on a clinical assignment in a state/jurisdiction other than where the educational program was located. A few states/jurisdictions have reported concerns regarding out-of-state APRN educational programs seeking to place students in a clinical assignment in their state/jurisdiction. These concerns prompted a resolution at the 2012 Annual Meeting, resulting in a charge for the APRN Committee to identify and analyze issues pertaining to APRN distance education and jurisdictional concerns.

The committee conducted a survey of BONs related to distance learning programs and students seeking clinical assignment in states/jurisdictions other than where the educational program is located. Meetings were held with the Distance Education Committee to clarify their work and the work of this committee relative to charge #2.

Members

Vicki Erickson, PhD, PNP-BC, FAANP
Colorado, Area I, Chair

Sandra Austin-Benn, MSN, APN, RN
New Jersey, Area IV

Matthew Bishop, DNP, CRNA
Hawaii, Area I

Kathryn Busby, JD
Arizona, Area I

Valerie Fuller, DNP, ACNP, FNP, GNP
Maine, Area IV

Eileen C. Kugler, MSN, MPH, FNP, RN
North Carolina, Area IV

Constance B. Kalanek, PhD, RN, FRE
North Dakota, Area II

Martha G. Lavender, DSN, MSN, RN
Alabama, Area III

Kathleen Lavery, MS, CNM, RN
Michigan, Area II

Kathy Lopez-Bushnell, EdD, MSN, MPH, RNC, FNP
New Mexico, Area I

Ellen C. Watson, FNP-BC, APRN
Vermont, Area IV

Martha Worcester, PhD, APRN-NPC
Washington, Area I

Emmaline T. Woodson, DNP, MS, RN, FRE
Maryland, Area IV, Board Liaison

Staff

Maryann Alexander, PhD, RN, FAAN
Chief Officer, Nursing Regulation

Maureen Cahill, MSN, APN-CNS, RN
Associate, Outreach Services

Mary Pat Olson, MPH, RN
Director, Outreach Services

Meeting Dates

- Oct. 1-2, 2012
- Nov. 29-30, 2013
- Jan. 31-Feb. 1, 2013

Relationship to Strategic Plan

Strategic Initiative A

NCSBN promotes evidence-based regulation.

Strategic Objective 3

Create resources for evidence-based regulation.

The committee identified that some states/jurisdictions have encountered students on clinical assignment in their state/jurisdiction for whom they had failed to receive notice. Further, the application of and compliance with state-based requirements for APRN students on a clinical assignment highly varied. The committee has summarized its findings and recommendations in Attachment B.

The APRN Committee concurs with the language of Model Rules and Model Acts that states/jurisdictions (at a minimum) should require licensure of the student and preceptor on a clinical assignment in their state/jurisdiction. The committee suggests implementation of those requirements in all states/jurisdictions. In order to comply, educational programs must notify the BON when an APRN student is on a clinical assignment in their state/jurisdiction.

Future Activities

- Adopt the APRN Grandfather Provision Tool for use by BONs.
- Implement Model Act and Model Rule requirements that students on a clinical assignment in a state/jurisdiction hold a license in that state/jurisdiction.
 - Preceptors must be licensed in the state/jurisdiction of the clinical activity.
 - Education programs must give notice to BONs that a student is on a clinical assignment in their state/jurisdiction.
- Consider an APRN task force of educational experts be added to the Distance Education Committee (should they continue in the next year) for further analysis of regulatory issues related to APRN distance education programs.

Attachments

- A. Grandfather Provisions Information and Recommendations
- B. APRN Distance Education and Jurisdictional Issues

Grandfather Provisions Information and Recommendations

MODEL ACTS

Language from the NCSBN Model Act pertaining to grandfathering:

Section 7 Implementation: Any person holding a license to practice nursing as an APRN in this state that is valid on Dec. 30, 2015, shall be deemed to be licensed as an APRN under the provisions of this Act with their current privileges and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.

Section 2 Licensure: The board of nursing (BON) may issue a license by endorsement to an APRN licensed under the laws of another state if, in the opinion of the BON, the applicant meets the qualifications for licensure in this jurisdiction.

Language from the NCSBN Model Act pertaining to grandfathering by endorsement:

An applicant for APRN licensure by endorsement shall:

1. Submit a completed written application and appropriate fees as established by the BON;
2. Hold a current license or privilege to practice as an RN and APRN in a U.S. state or territory;
3. Not have an encumbered license or privilege to practice in any U.S. state or territory;
4. Have completed an accredited graduate or postgraduate level APRN program in one of the four roles and at least one population focus, or meets the standards for grandfathering as described in section 7 of this Article;
5. Be currently certified by a national certifying body recognized by the BON in the APRN role and at least one population focus appropriate to educational preparation;
6. Meet continued competency requirements as set forth in BON rules; and
7. Report any conviction, nolo contendere plea, Alford plea or other plea arrangement in lieu of conviction.

CONSENSUS MODEL

Language from the APRN Consensus Model pertaining to grandfathering and grandfathering by endorsement:

Grandfathering is a provision in a new law exempting those already in or a part of the existing system that is being regulated. When states adopt new eligibility requirements for APRNs, currently practicing APRNs will be permitted to continue practicing within the jurisdictions of their current licensure.

However, if an APRN applies for licensure by endorsement in another state, the APRN would be eligible for licensure if he or she demonstrates that the following criteria have been met:

- Current, active practice in the advanced role and population focus area;
- Current active, national certification or recertification, as applicable, in the advanced role and population focus area;
- Compliance with the APRN educational requirements of the state in which the APRN is applying for licensure that were in effect at the time the APRN completed his or her APRN education program; and
- Compliance with all other criteria set forth by the state in which the APRN is applying for licensure (e.g., recent continuing education, RN licensure, etc.).

Language from the APRN Consensus Model pertaining to newly graduated applicants:

Once the APRN Consensus Model has been adopted and implemented (date to be determined by the BON; see proposed timeline on page 14-15). All new graduates applying for APRN licensure must meet the requirements outlined in this regulatory model.

Recommendations for newly graduated applicants in any of the four roles applying for initial APRN licensure within your state/jurisdiction: Adopt the APRN Consensus Model requirements and, as of a specific date designated by the BON, require that all applicants for initial licensure meet the APRN Consensus Model requirements.

Grandfathering

BONs should be flexible in evaluating the credentials of APRNs with unencumbered licenses and use the following guidelines to protect the public:

- All current APRN licensees within a state/jurisdiction should be grandfathered.
- Applicants for licensure by endorsement in a new state/jurisdiction shall endorse only into the role in which they have been practicing.

The following guidelines were developed to assist BONs in grandfathering APRN applicants for licensure by endorsement:

Certified Nurse Practitioner (CNP)

Education—accept at least one of the following:

- Graduate degree or postgraduate certificate/degree from an accredited nurse practitioner (NP) program;
- Post-master's certificate from an accredited NP program; or
- The applicant meets educational requirements of the state/jurisdiction in which the APRN is applying for licensure that were in effect at the time the APRN completed his or her APRN education program.

Licensure—require the following:

- The applicant has an active, unencumbered license (or equivalent) from another U.S. state/jurisdiction and the applicant can document current active practice in the CNP role.

Certification—accept either of the following:

- National certification; or
- The applicant meets the certification requirements of the state/jurisdiction in which the APRN is applying for licensure that were in effect at the time the APRN applied for initial licensure.

Population—consider the following:

- The applicant will become licensed in one of the six APRN Consensus Model populations: family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related or psych/mental health according to their education and certification. For pediatric and adult-gerontology CNPs, there is a population subtype of acute or primary.
- If the APRN applicant states on the application that his or her current practice is not congruent with initial education and certification or he or she is requesting a population they were not educated and certified in, the BON should consider the following:
 - The applicant meets the requirements of the state/jurisdiction in which the APRN is applying for licensure that were in effect at the time the APRN applied for initial licensure (i.e., at the time of the applicant's initial licensure were APRNs required to practice in the population they were educated in?).

- Has the applicant achieved certification in this population?
- Has the applicant received additional education in the population?
- Has the applicant been practicing five or more years with this population?
- If the applicant meets additional BON-defined qualifications to continue practicing with the requested population, the BON should grandfather the applicant and grant an APRN license in the requested population.
- If the BON finds insufficient evidence of competence with the requested population, additional course work and certification should be required.
- If more than one population is requested, the requirements to demonstrate initial or continued competence in each population would be the same.

Clinical Nurse Specialist (CNS)

Education—accept at least one of the following:

- Graduate degree or postgraduate certificate/degree from an accredited CNS program; or
- The applicant meets educational requirements of the state/jurisdiction in which the APRN is applying for licensure that were in effect at the time the APRN completed his/her APRN education program.

Licensure—require the following:

- The applicant has an active, unencumbered license (or equivalent) from another U.S. state/ jurisdiction and the applicant can document current active practice in the CNS role.

Certification—accept either of the following:

- National certification; or
- The applicant meets the certification requirements of the state/jurisdiction in which the APRN is applying for licensure that were in effect at the time the APRN applied for initial licensure.

Population—consider the following:

- The applicant will become licensed in one of the six APRN Consensus Model populations: family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women’s health/gender-related or psych/mental health according to their education and certification.
- If the APRN applicant states on the application that his or her current practice is not congruent with initial education and certification or he or she is requesting a population they were not educated and certified in, the BON should consider the following:
 - The applicant meets the requirements of the state/jurisdiction in which the APRN is applying for licensure that were in effect at the time the APRN applied for initial licensure (i.e., at the time of the applicant’s initial licensure were APRNs required to practice in the population they were educated in?).
 - Has the applicant achieved certification in this population or practice focus (specialty) at the highest level available to them?
 - Has the applicant received additional education in the population?
 - Has the applicant been practicing five or more years with this population?
- If the applicant meets additional BON-defined qualifications to continue practicing with the requested population, the BON should grandfather the applicant and grant an APRN license in the requested population.
- If the BON finds insufficient evidence of competence with the requested population, additional course work and certification should be required.

-
- If more than one population is requested, the requirements to demonstrate initial or continued competence in each population would be the same.

Certified Registered Nurse Anesthetist (CRNA)

Education—accept at least one of the following:

- Graduate degree or postgraduate certificate/degree from an accredited nurse anesthesia educational program; or
- The applicant meets educational requirements of the state/jurisdiction in which the APRN is applying for licensure that were in effect at the time the APRN completed his/her APRN education program.

Licensure—require the following:

- The applicant has an active, unencumbered license (or equivalent) from another U.S. state/jurisdiction and the applicant can document current active practice.

Certification—accept either of the following:

- National certification as demonstrated by passing the national certification examination (NCE); or
- The applicant meets the certification requirements of the state/jurisdiction in which the APRN is applying for licensure that were in effect at the time the APRN was initially certified in the nurse anesthetist role.

Population—consider the following:

- The applicant will become licensed in the APRN Consensus Model's family/individual across the lifespan population according to their education and certification.

Certified Nurse-Midwife (CNM)

Education—accept at least one of the following:

- Graduate degree or postgraduate certificate/degree from an accredited nurse midwifery program;
- Successful completion of an accredited nurse midwifery program; or
- The applicant meets educational requirements of the state/jurisdiction in which the APRN is applying for licensure that were in effect at the time the APRN completed his/her midwifery education program.

Licensure—require the following:

- The applicant has an active, unencumbered license (or equivalent) from another U.S. state/jurisdiction and the applicant can document current active practice.

Certification—accept either of the following:

- National certification as a CNM; or
- The applicant meets the certification requirements of the state/jurisdiction in which the APRN is applying for licensure that were in effect at the time the APRN applied for initial licensure.

Population—consider the following:

- The applicant will become licensed in the APRN Consensus Model's women's health/gender related population according to their education and certification.

Attachment B

APRN Distance Education and Jurisdictional Issues

The American Association of Colleges of Nursing reported that for 2012, enrollment in graduate nursing education programs increased by more than 8 percent with an impressive 19.6 percent growth in doctor of nursing practice (DNP) programs (2012). Qualified applicants continue to be turned away owing to a shortage of clinical sites, faculty and funding.

Rapid expansion of the nursing workforce necessitates educational expansion at all nursing levels. This is being accomplished, as noted above, in part due to the expansion of distance education programs residing in one state/jurisdiction but providing enrollment to students in another state/jurisdiction.

Regulatory guidance applies to the APRN student who is both a student and a licensed registered nurse (RN), and to the preceptor of such students, if the preceptor is an APRN. Boards of nursing (BONs) protect the public in their state/jurisdiction from out-of-state APRN students on a clinical educational assignment.

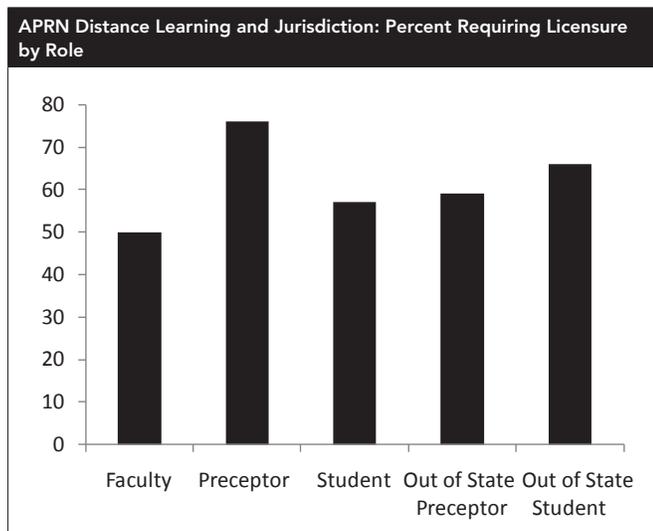
The NCSBN Model Act and Model Rules contain language requiring educational programs to meet any administrative rules or standards established by the BON that apply to such educational programs. All states/jurisdictions have some degree of regulation that requires state-based registration or exemption for distance learning programs with an active presence in the state/jurisdiction (WCET et. al, 2011). The definition of “operating in a state” or “physical presence” is not defined nationally but rather, left to the state/jurisdiction to define.

Programs are required to become nationally accredited prior to the enrollment of new students under the requirements of the APRN Consensus Model. However, national nursing accreditors lack capacity and jurisdiction to address state-based consumer protection with regard to clinical educational assignments.

A few states/jurisdictions have reported concerns regarding out-of-state APRN educational programs seeking to place students in a clinical assignment in their state/jurisdiction. They have discovered multiple instances of students placed for clinical assignments in their state/jurisdiction without notification to the BON or, in some instances, the state’s/jurisdiction’s Department of Education.

These concerns prompted a resolution at the 2012 Annual Meeting, resulting in a charge for the APRN Committee to identify and analyze issues pertaining to APRN distance education and jurisdictional concerns. The APRN Committee conducted a survey of 55 states and jurisdictions to better learn the depth of these concerns.

The majority of BONs indicated that they license faculty, preceptors and students.



With a response from 42 BONs, the survey revealed that:

- 59 percent of those responding were aware of out-of-state APRN students applying for clinical educational assignments within their states/jurisdictions.
- 57 percent indicated that APRN students on a clinical educational assignment in their state/jurisdiction could be subject to discipline by their BON.
- Nearly 50 percent of the respondents regulate graduate nursing education or will do so in the near future.
- 39 percent failed to receive notice about the presence of APRN students on a clinical, educational assignment in their state/jurisdiction.
- 32 percent require educational programs with students on clinical assignment in their state/jurisdiction programs to notify the BON.

Fewer than half the respondents indicated that they have written guidelines for APRN preceptors, requirements for the preceptor to be on-site while the APRN is on a clinical educational assignment or a requirement for the preceptor to have a formal relationship with the APRN educational program. Of note, 73 percent acknowledge that physicians, physician assistants and other professionals may serve as preceptors to APRN students in their state/jurisdiction.

The results of this survey indicate that there are regulatory gaps in the oversight of APRN students from out-of-state programs on a clinical educational assignment in another state/jurisdiction. Just four BONs (11 percent) have received complaints regarding APRN students on a clinical educational assignment in their state/jurisdiction. The most significant finding is the failure to notify BONs when out-of-state students are seeking a clinical education assignment in their state/jurisdiction, despite the requirement that the student hold an RN license in the state/jurisdiction.

The U.S. Department of Education (DOE) enacted the Higher Education Opportunity Act (HEOA) (Public Law 110-315) on Aug. 14, 2008, and reauthorized the Higher Education Act of 1965 (HEA). The intention was to implement parts of the law through rulemaking. As part of defining rules, the DOE released state authorization regulation that would have applied to APRN distance programs. In July 2011, the U.S. District Court for the District of Columbia struck down the language specific to the distance education portion of the rules. In June of 2012, the U. S. Court of Appeals agreed with the lower court ruling to “vacate” the distance education portion (§ 600.9(c)) of the DOE’s “state authorization” regulation (2013).

At this time, oversight of APRN students from out-of-state programs on a clinical educational assignment in another state/jurisdiction must be addressed within the state/jurisdiction by that state’s/jurisdiction’s Department of Education and/or by the BON.

Here are some questions the APRN Committee considered and suggested recommendations:

1. What should the role of BONs be in the regulation of graduate education leading to degree required for one of the four APRN roles?
 - a. BONs should implement the language of the NCSBN Model Acts and Model Rules pertaining to the regulation of APRN students in a clinical assignment in their state/jurisdiction.
2. What should the role of BONs be in assuring that students, preceptors and appropriate faculty are licensed in states/jurisdictions where they seek clinical education assignments?
 - a. APRN students on a clinical assignment should be licensed in the state/jurisdiction of the clinical practice.
 - b. APRN student preceptors should be licensed in the state/jurisdiction of the clinical practice.

-
3. Who should be accountable to notify a BON that an out-of-state student will be seeking a clinical assignment in their state/jurisdiction?
 - a. The educational program is accountable to notify the BON of an APRN student on a clinical assignment in their state/jurisdiction.
 - b. The student and preceptor are accountable for obtaining licensure in the state/jurisdiction of an APRN clinical assignment.
 4. What is the role of graduate education accreditation in assuring that programs follow BON requirements for program approval and/or the licensure of students, preceptors and faculty?
 - a. Accreditation programs must assure that educational programs adhere to state/jurisdiction-based regulation of APRN education.
 5. What is the role of the state's/jurisdiction's Department of Education in assuring that programs follow BON requirements for program approval and/or the licensure of students, preceptors and faculty?
 - a. The state's/jurisdiction's Department of Education should require all educational programs operating in a state/jurisdiction to adhere to all state-/jurisdiction-based regulation regarding students on a clinical assignment in the state/jurisdiction.

Issues List:

- Regulatory gaps exist in the oversight of APRN students on a clinical assignment in states/jurisdictions other than the where their educational program is located.
- BONs are sometimes not notified of an APRN student on clinical assignment in their state/jurisdiction.
- Most APRN students are RNs and subject to BON discipline.
- Students and/or educational programs may seek clinical assignments in states/jurisdiction that do not enforce regulatory standards described in the NCSBN Model Acts and Model Rules. Such states/jurisdiction may be unaware of students on clinical assignment in their state/jurisdiction.

Potential Root Cause:

- The rapid growth of APRN student enrollment has contributed to an increase in out-of-state clinical placements.
- APRN students hold an RN license and can be disciplined by a BON, even while on an APRN student clinical assignment, related to their function as an RN.
- Not all BONs regulate graduate education.
- There are no specific distance education regulations available to BONs at a federal or state level.

References

- American Association of Colleges of Nursing. (2012). AACN releases preliminary data from 2012 annual survey. Retrieved from: <http://www.aacn.nche.edu/news/articles/2012/enrolldata>
- WCET Advance. (2013). *2010 federal regulations on state approval of out-of-state providers*. Retrieved from <http://wcet.wiche.edu/advance/state-approval>
- WCET, SREB, ADEC, & University of Wyoming. (2011). *State approval regulations for distance education: A 'starter' list (draft)*. Retrieved from <http://wcet.wiche.edu/wcet/docs/state-approval/StateApprovalRegulationsforDistanceEducationAStarterList.pdf>

Report of the Awards Committee

Background

The NCSBN Awards Program recognizes outstanding achievements of members and celebrates significant contributions to nursing regulation. Nominations submitted for an award category are subjected to a “blind review” by the Awards Committee. Award recipients are determined based on the nominee’s ability to meet the award criteria for the category in which they are nominated.

In November 2012 one of NCSBN’s founders and past presidents, Elaine Ellibee, passed away. In honor of her contributions to the organization and nursing regulation as a whole, the Awards Committee unanimously accepted the 35th Anniversary Planning Committee’s recommendations to honor her memory by the following:

- Rename the Exceptional Leadership Award the Elaine Ellibee Award. This award is given to presidents for demonstrated leadership at their local level and for making significant contributions to NCSBN.
- At the 2013 Annual Meeting, there will be an Elaine Ellibee Luncheon to honor her memory. During this luncheon, Ellibee’s work and achievements related to NCSBN and nursing regulation will be highlighted.

This year, a member was selected as an honoree in the following award categories: R. Louise McManus, Meritorious Service, Distinguished Achievement, Regulatory Achievement, Elaine Ellibee and Exceptional Contribution. Six executive officers who have made contributions to nursing regulation are being honored with the Executive Officer Recognition Award. Members celebrating their centennial and Institute of Regulatory Excellence (IRE) Fellows will also be honored during the awards presentation ceremony. The awards program will be held as an evening dinner event at the Annual Meeting in Providence, R.I. The awards will be presented by the president of the NCSBN Board of Directors (BOD).

Highlights of FY13 Activities

- Reviewed the feedback of the 35th Anniversary Planning Committee regarding a new award: the Elaine Ellibee Award.
- Provided feedback to the 35th Anniversary Planning Committee regarding proposed changes to the awards program.
- Conducted a blind review of the award nominations.
- Selected the 2013 award recipients.
- Reviewed strategies to promote the awards program.
- Identified five member boards or associate members who are celebrating 100 years of nursing regulation (centennial).
- Identified executive officers who are eligible for the Executive Officer Recognition Award for five, 15 and 25 years of service.
- Reported to the BOD the 2013 award recipients selected by the Awards Committee.
- Sent letters of notification to the 2013 award recipients.

2013 AWARD RECIPIENTS:

R. Louise McManus Award

Betsy Houchen, JD, MS, RN, executive director, Ohio Board of Nursing

Meritorious Service Award

Constance Kalanek, PhD, RN, FRE, executive director, North Dakota Board of Nursing

Members

Patti Clapp
Texas, Area III

Jay P. Douglas, MSM, RN, CSAC
Virginia, Area III

Margaret E. Kelly, LPN
Washington, Area I

Karen McCumpsey, MNsc, RN,
CNE
Arkansas, Area III

Staff

Alicia Byrd, RN
Director, Member Relations

Meeting Dates

- Oct. 15, 2012 (Conference Call)
- Dec. 17, 2012 (Conference Call)
- March 28, 2013
- May 23, 2013 (Conference Call)

Regulatory Achievement Award

North Dakota Board of Nursing

Distinguished Achievement Award

Lorinda Inman, MSN, RN, former executive director, Iowa Board of Nursing

Elaine Ellibee Award

Linda R. Rounds, PhD, FNP, RN, FAANP, former board president, Texas Board of Nursing

Exceptional Contribution Award

Susan L. Woods, PhD, RN, FAAN, commission member, Washington State Nursing Care Quality Assurance Commission

Executive Officer Recognition Awards

5 YEARS

- Julia L. George, MSN, RN, FRE, executive director, North Carolina Board of Nursing

15 YEARS

- Myra Broadway, JD, MS, RN, executive director, Maine State Board of Nursing
- Constance Kalanek, PhD, RN, FRE, executive director, North Dakota Board of Nursing
- Paula Meyer, MSN, RN, executive director, Washington State Nursing Care Quality Assurance Commission

25 YEARS

- Lorinda Inman, MSN, RN, former executive director, Iowa Board of Nursing
- Barbara Morvant, MN, RN, executive director, Louisiana State Board of Nursing

MEMBERS CELEBRATING 100 YEARS OF NURSING REGULATION

- Arkansas State Board of Nursing
- College of Registered Nurses of Manitoba
- Florida Board of Nursing
- Kansas State Board of Nursing
- Montana State Board of Nursing

Future Activities

- Select the 2014 awards recipients.

Attachment

- A. 2013 Awards Brochure

Attachment A
2013 Awards Brochure



2013 NCSBN Awards Program

NCSBN Awards 2013 NCSBN Awards 2013 NCSBN Awards 2013 NCSBN Awards



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National Council of State Boards of Nursing

MISSION

NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

VISION

Advance regulatory excellence worldwide.



The NCSBN awards will be announced at the 2013 Annual Meeting to recognize the outstanding achievements of NCSBN member boards and associate members. The awards are designed to celebrate significant contributions to nursing regulation.

Our goal is not only to recognize the successes of our peers, but also to learn what key factors contributed to this success. We encourage all members to nominate themselves and their peers.

1

Nomination Procedure and Entry Format

Please carefully read the eligibility requirements and criteria listed for each award. Only entries that meet all the requirements and criteria will be considered. **Electronic submission of all nomination materials is required.**

- Entries must be submitted in one complete email; partial entries will not be considered. All entries must be emailed no later than **Feb. 20, 2013**, to Alicia Byrd, director, member relations, NCSBN, at abyrd@ncsbn.org.
- Members may nominate themselves or others.
- Two letters of support are required. Entries must include one letter of support from the executive officer or designee. For the Regulatory Achievement Award, entries must include one letter of support from another member regulatory agency or a representative from an external regulatory agency.
- Entries must be typed and presented in a professional manner on the respective award template.
- Entries must be accompanied by the official awards program cover page. Narratives should be no more than 500 words.
- Electronic submission of all materials is required. If you use any program other than Microsoft Word, please call to be sure it is readable at NCSBN.

If you have questions about the Awards Program, contact Alicia Byrd at abyrd@ncsbn.org or 312.525.3666.

Awards Review and Selection

- To ensure a fair and equitable review and selection process, each individual nomination is subjected to a blind review by each Awards Committee member. The committee then makes the final decision about all award recipients.
- Awards Committee members are not permitted to nominate award recipients, participate in the nomination process or write letters of support during their tenure on the Awards Committee.
- Awards Committee members recuse themselves from both the blind review and the final decisions for the award recipient(s) in categories where a member from their particular jurisdiction is nominated, or in cases where they feel that they cannot be objective about the nominee.
- Entries are evaluated using uniform guidelines for each award category.
- Awards will not necessarily be given in each category.
- Award recipients will be notified prior to the NCSBN Annual Meeting and will be honored at the Annual Meeting.
- The Awards Committee can recommend that a nominee be given an award that is different from the award for which he/she was originally nominated. If this decision were made, the nominator will be contacted to determine if he/she is agreeable to having the nominee be given a different award.

3

R. Louise McManus Award

R. Louise McManus (1896-1993) is widely recognized as a major figure in furthering the professionalism of nursing. She worked tirelessly to produce a standardized national approach to nursing licensure. As a patient advocate, she developed the Patient Bill of Rights adopted by the Joint Commission in Accreditation of Hospitals.

ELIGIBILITY

An individual who is a member

DESCRIPTION OF AWARD

The R. Louise McManus Award is the most prestigious award. Individuals nominated for this award shall have made sustained and significant contributions through the highest commitment and dedication to the purposes of NCSBN.

CRITERIA FOR SELECTION

- Active leadership in NCSBN
- Substantial contributions to the improvement of nursing regulation
- Impacts public policy and development to enhance the health and well-being of individuals and the community
- Contributions to the mission of NCSBN over a significant period of time

AWARD CYCLE

Annually as applicable

NUMBER OF RECIPIENTS

One

Meritorious Service Award

ELIGIBILITY

An individual who is a member

DESCRIPTION OF AWARD

The Meritorious Service Award is granted to a member for significant contributions to the purposes of NCSBN.

CRITERIA FOR SELECTION

- Significant promotion of the purposes of NCSBN
- Positive impact on the contributions of NCSBN
- Demonstrated support of NCSBN's mission

AWARD CYCLE

Annually as applicable

NUMBER OF RECIPIENTS

One

Exceptional Contribution Award

ELIGIBILITY

A member who is not a president or executive officer

DESCRIPTION OF AWARD

The Exceptional Contribution Award is granted for significant contribution by a member who is not a president or executive officer.

CRITERIA FOR SELECTION

- Significant contributions to NCSBN activities
- Demonstrated support of NCSBN's mission

AWARD CYCLE

Annually as applicable

NUMBER OF RECIPIENTS

Unlimited

5

Elaine Ellibee Award

(formerly Exceptional Leadership Award)

Elaine Ellibee (1924-2012) chaired the special task force that ultimately led to the founding of NCSBN and served as its first president from 1978-1979. As a registered nurse, Ellibee contributed greatly to nursing education and leadership at the local, state and national levels. She strongly believed in the importance of public protection, superior patient care and continuing education for nursing leaders.

ELIGIBILITY

Service as a member president within the past two years

DESCRIPTION OF AWARD

The Elaine Ellibee Award is granted to a member who has served as a president and who has made significant contributions to NCSBN.

CRITERIA FOR SELECTION

- Demonstrated leadership at the local level as the president
- Demonstrated leadership in making significant contributions to NCSBN

AWARD CYCLE

Annually as applicable

NUMBER OF RECIPIENTS

One

Regulatory Achievement Award

ELIGIBILITY

A member board or associate member

DESCRIPTION OF AWARD

The Regulatory Achievement Award recognizes the member board or associate member that has made an identifiable, significant contribution to the purposes of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

CRITERIA FOR SELECTION

- Active participation in NCSBN activities
- Effective leadership in the development, implementation and maintenance of licensing and regulatory policies
- Active collaborative relationships among the member board or associate member, NCSBN, the public and other member boards or associate members
- Demonstrated advancement of the NCSBN mission

AWARD CYCLE

Annually as applicable

NUMBER OF RECIPIENTS

One

7

Distinguished Achievement Award

ELIGIBILITY

Individual or external organization. Award can be given posthumously

CRITERIA FOR SELECTION

- No other award captures the significance of this contribution
- Individual or external organization who is not a current member
- Accomplishment/achievement is supportive to NCSBN's mission and goals
- Long and lasting contribution or one major accomplishment that impacts the NCSBN mission and goals.

AWARD CYCLE

Annually as applicable

NUMBER OF RECIPIENTS

Unlimited

Executive Officer Recognition Award

ELIGIBILITY

Award given in five-year increments to individuals serving in the Executive Officer role.

DESCRIPTION OF AWARD

The Executive Officer Recognition Award was established to recognize individuals who have made contributions to nursing regulation as an Executive Officer.

AWARD CYCLE

Annually as applicable

NUMBER OF RECIPIENTS

As applicable

Please note: No nomination is necessary for the Executive Officer Recognition Award as it is presented to Executive Officers based on his or her years of service in five-year increments.

Past NCSBN Award Recipients

R. LOUISE MCMANUS AWARD

2012 – Sandra Evans
 2011 – Kathy Malloch
 2009 – Faith Fields
 2008 – Shirley Brekken
 2007 – Polly Johnson
 2006 – Laura Poe
 2005 – Barbara Morvant
 2004 – Joey Ridenour
 2003 – Sharon M. Weisenbeck
 2002 – Katherine Thomas
 2001 – Charlie Dickson
 1999 – Donna Dorsey
 1998 – Jennifer Bosma
 Elaine Ellibee
 Marcia M. Rachel
 1997 – Jean Caron
 1996 – Joan Bouchard
 1995 – Corinne F. Dorsey
 1992 – Renatta S. Loquist
 1989 – Marianna Bacigalupo
 1986 – Joyce Schowalter
 1983 – Mildred Schmidt

MERITORIOUS SERVICE AWARD

2012 – Debra Scott
 2011 – Julia George
 2010 – Ann L. O'Sullivan
 2009 – Sheila Exstrom
 2008 – Sandra Evans
 2007 – Mark Majek
 2005 – Marcia Hobbs
 2004 – Ruth Ann Terry
 2001 – Shirley Brekken
 2000 – Margaret Howard
 1999 – Katherine Thomas
 1998 – Helen P. Keeffe
 Gertrude Malone
 1997 – Sister Teresa Harris
 Helen Kelley
 1996 – Tom O'Brien
 1995 – Gail M. McGill
 1994 – Billie Haynes
 1993 – Charlie Dickson
 1991 – Sharon M. Weisenbeck
 1990 – Sister Lucie Leonard
 1988 – Merlyn Mary Maillian
 1987 – Eileen Dvorak

REGULATORY ACHIEVEMENT AWARD

2012 – Missouri State Board of Nursing
 2011 – Virginia Board of Nursing
 2010 – Texas Board of Nursing
 2009 – Ohio Board of Nursing
 2008 – Kentucky Board of Nursing
 2007 – Massachusetts Board of
 Registration in Nursing
 2006 – Louisiana State Board of Nursing
 2005 – Idaho Board of Nursing
 2003 – North Carolina Board of Nursing
 2002 – West Virginia State Board of
 Examiners for Licensed Practical
 Nurses
 2001 – Alabama Board of Nursing

MEMBER BOARD AWARD

2000 – Arkansas Board of Nursing
 1998 – Utah State Board of Nursing
 1997 – Nebraska Board of Nursing
 1994 – Alaska Board of Nursing
 1993 – Virginia Board of Nursing
 1991 – Wisconsin Board of Nursing

1990 – Texas Board of Nurse Examiners
 1988 – Minnesota Board of Nursing
 1987 – Kentucky Board of Nursing

EXCEPTIONAL LEADERSHIP AWARD

2011 – Lisa Klenke
 2010 – Catherine Giessel
 2007 – Judith Hiner
 2006 – Karen Gilpin
 2005 – Robin Vogt
 2004 – Christine Alichnie
 2003 – Cookie Bible
 2002 – Richard Sheehan
 2001 – June Bell

NCSBN 30TH ANNIVERSARY SPECIAL AWARD

2008 – Joey Ridenour
 Sharon Weisenbeck Malin
 Mildred S. Schmidt

EXCEPTIONAL CONTRIBUTION AWARD

2012 – Julia Gould
 Sue Petula
 2011 – Judith Personett
 Mary Beth Thomas
 2010 – Valerie Smith
 Sue Tedford
 2009 – Nancy Murphy
 2008 – Lisa Emrich
 Barbara Newman
 Calvina Thomas
 2007 – Peggy Fishburn
 2005 – William Fred Knight
 2004 – Janette Pucci
 2003 – Sandra MacKenzie
 2002 – Cora Clay
 2001 – Julie Gould
 Lori Scheidt
 Ruth Lindgren

SILVER ACHIEVEMENT AWARD

2000 – Nancy Wilson
 1998 – Joyce Schowalter

NCSBN SPECIAL AWARD

2008 – Thomas Abram
 2004 – Robert Waters
 2002 – Patricia Benner

Report of the Commitment to Ongoing Regulatory Excellence (CORE) Committee

Background

NCSBN's CORE is a comparative performance measurement and benchmarking process for boards of nursing (BONs). Its purpose is to track the effectiveness and efficiency of nursing regulation nationally, as well as on an individual BON level, to assist BONs in improving program performance and providing accountability to higher levels of authority and the public.

Development of the CORE process was initiated in 1998 by NCSBN's Board of Directors (BOD) and incorporated surveys of BONs, as well as three external stakeholder groups: (1) employers; (2) nursing education programs; and (3) nurses. These groups were surveyed through the CORE process five times – in 2003, 2006, 2008, 2010 and 2012. Data from these surveys were used to operationalize measures of outputs and outcomes for each of the four pillars of nursing regulatory board programs: practice, nursing education, licensure and discipline. Individualized state reports were then prepared for each BON, intended to help it track its performance over time, as well as compare its own performance against that of other BONs of similar size and structure.

In 2010 NCSBN commissioned two independent external reviews of the CORE process to assess its strengths and gaps, and identify needed improvements. While these reviews lauded NCSBN's commitment to evidence-based regulatory improvement, several recommendations were identified to enhance CORE's usefulness, including a clear performance framework to guide the process, a scattershot approach to identifying performance measures, increased rigor and quality assurance regarding data reliability, enhanced state reports for BONs to extract useful information, and dissemination of promising practices to strengthen performance.

In fiscal year 2012 (FY12), the CORE Committee redesigned the entire process with the purpose of providing highly valued and useful performance information to BONs. As described in the 2012 report, this effort produced a State Board of Nursing Logic Model as a performance framework to guide the entire process, the mapping of existing performance measures onto the logic model in order to identify gaps, the development of additional measures where needed, and the incorporation of data from additional sources beyond the four CORE surveys to operationalize the measures. This included the Hospital Consumer and Patient Survey (HCAHPS) conducted by the federal Centers for Medicare & Medicaid Services, Nursys® and NCLEX®.

In FY13, the CORE Committee focused intently on implementing the resulting enhanced CORE process. This entailed substantial redesigns of the four CORE surveys, fielding those surveys, accessing the requisite data from HCAHPS, Nursys and NCLEX, and totally redesigning and producing individual state reports that present the comparative performance information clearly and concisely in order to make it meaningful for BONs.

In addition, the CORE Committee conducted focus groups of representatives of selected high performing and steadily improving BONs to identify promising practices in the area of discipline. The focus group participants also shared performance data related to particular promising practices, typically before and after data, to validate the effectiveness of those practices. They have now transitioned into an ongoing working group or consulting group to help implement systematic trials of these promising practices in other BONs that have not used them previously.

Highlights of FY13 Activities

Charge #1: Validate Promising Practices in the Area of Discipline

- Patricia Keehley facilitated a focus group in the area of discipline to reconvene and further explore the details of promising practices that were identified in the spring 2012 focus group. During the fall 2012 focus group, attendees reviewed criteria to help identify promising practices, compare the process steps and policies related to the discipline

Members

Joey Ridenour, MN, RN, FAAN
Arizona, Area I, Chair

Vicki Lynn Allen, RN, CLNC
Idaho, Area I

Jim Cleghorn
Georgia-PN and Georgia-RN,
Area III

Jessie Colin, PhD, RN, FAAN, FRE
Florida, Area III

Tamara J. Cowen, MSN, RN,
CNE-BC
Texas, Area III

Barbara Damchik-Dykes, JD
Minnesota, Area II

Carllene MacMillan, MN, CNAA
Louisiana-RN, Area III

Paula R. Meyer, MSN, RN
Washington, Area I

Christine Penney, PhD, MPA, RN,
FCCHL
British Columbia,
Associate Member

Chris Sansom, MSN, RN
Nevada, Area I

Sue Tedford, MNSc, APN, RN
Arkansas, Area III

Ann L. O'Sullivan, PhD, CRNP,
FAAN
Pennsylvania, Area IV
Board Liaison

Theodore Poister, PhD, MPA
Consultant

Staff

Lindsey Erickson, MS
Manager, Special Projects,
Executive Office

Meeting Dates

- Sept. 6-7, 2012
- Nov. 29-30, 2012
- Dec. 12-13, 2012 (Subcommittee)
- Jan. 24, 2013 (Subcommittee)
- Feb. 7-8, 2013
- May 29-30, 2013

Relationship to Strategic Plan

Strategic Initiative A

NCSBN promotes evidence-based regulation.

Strategic Objective 2

Promote regulatory excellence through a performance measurement system.

Strategic Objective 3

Create resources for evidence-based regulation

process, recommend policy or process change that could enhance other BON performance, and identify next steps to assist other BONs to implement promising practices.

- A rough draft of the results from the focus group was created and sent to focus group attendees and the CORE Committee for review.
- Keehley facilitated a third meeting of the focus group in 2013 to elaborate on the discipline processes and identify steps or work processes that were the most likely candidates for performance improvement. The majority of the meeting then focused on triage and initial investigation.
- With the information gathered from the group, a template including five effective practices in these areas was drafted with attendant quantitative evidence, which other BONs can adapt with help from the working group (Attachment A).
- Four focus group attendees presented their effective practice at NCSBN's Midyear Meeting.

Charge #2: Produce CORE Reports for FY13 and Provide Ongoing Education and Coaching to Member Boards and Executive Officers to Enhance Report Literacy

- The CORE Committee finalized the four CORE surveys and collected data from BONs, as well as three external stakeholder groups, including employers, nurses, and nursing education program directors.
- The committee's staff person, Lindsey Erickson, reviewed all BON data and followed up on any questionable or inconsistent data with appropriate BON personnel to assure reliable data to the extent possible.
- The committee accessed other requisite data from HCAHPS, Nursys and NCLEX, and reviewed all data in the aggregate before beginning to develop individual state reports.
- The committee decided to produce a sequence of four state reports focusing on discipline, licensure, nursing education programs and practice rather than a single, much larger report to every BON. Ted Poister, PhD, MPA, led the committee through the process of designing the state reports on discipline, organized according to the State Board of Nursing Logic Model and utilizing a set of new tabular and graphical reporting formats to enhance the presentation and convey the important performance information as clearly as possible, with adequate but not overwhelming narrative interpretation.
- Poister presented "Performance Measurement as the Link to Evidence-based Nursing Regulation" and previewed the new state reports, focusing on how the CORE data can help BONs achieve higher levels of excellence, at NCSBN's Midyear Meeting.
- Three CORE Committee members also presented at Midyear Meeting and shared examples of how their BON routinely uses CORE data to strengthen its performance.

Charge #3: Identify a Uniform Set of Data Measures Regarding the Performance of the Nurse Licensure Compact (NLC)

- The CORE Committee reviewed research questions regarding the NLC that have accumulated over the past several years and clustered them into a set of issue areas.
- At its May meeting the CORE Committee reviewed an outline/draft evaluation design prepared by Poister for assessing the impacts of the NLC on a comprehensive and objective basis, and moved toward finalization of the approach.
- The CORE Committee discussed the advantages of using an outside source, such as the Health Policy Center at Georgia State University or Gallop, to conduct the evaluation in order to ensure the provision of an unbiased report to BONs.

EXECUTIVE SUMMARY

CORE began FY13 by collecting data from the BONs and three stakeholders: (1) employers; (2) nurses and; (3) nursing program educators. The committee also collected data from outside sources: (1) HCAHPS; (2) Nursys and; (3) NCLEX. After reviewing the data, the committee concluded that although BONs were provided with definitions of the measures or informational items being solicited by the survey, there were still some inconsistencies in the data reported. The committee increased the consistency in the data by contacting the BONs. Work still needs to be done to continue to define measures and count things the same way between all BONs to enhance the reliability of the data.

The committee reconstructed the CORE report, and to create a less cumbersome report, determined there should be four separate reports for each area: (1) discipline; (2) licensure; (3) education; and (4) practice. The reports start with long-term outcomes then flow back from right-to-left through the logic model.

Promising practices - Discipline

Keehley presented the committee with methods for validation of promising practices including statistical comparisons on performance data, process analysis, policy analysis and literature reviews. Based on Keehley's presentation and recommendations, the committee agreed a second discipline focus group was needed to clarify and narrow the identified promising practices.

Members of CORE asked the April 2012 focus group participants to reconvene and further explore the details of promising practices; therefore, participants met again on Nov. 28, 2012. The purpose of the meeting was: (1) to review criteria to help identify promising practices; (2) compare the process steps and policies related to the discipline process; (3) recommend policy or process changes that could enhance other BON performance and; (4) identify next steps to help other BONs implement promising practices.

The focus group of nine attendees identified the following major components:

- Identified criteria to reveal effective discipline practices are:
 - Linked to performance measures
 - Innovative or somewhat unique
 - Adaptable
 - Help achieve outcomes
 - Represent the best use of resources
 - Economically feasible
 - Improve timely resolution
- Identified three major steps of the discipline process:
 - Triage
 - Investigation
 - Resolution
- Reported and compared measures, substeps and unique practices by member board:
 - Number of cases opened by type (e.g., criminal, risk level)
 - Number of cases resolved
 - Number of cases reviewed for quality check (e.g., 10 percent sample)

- Length of time to:
 - Assign a case
 - Investigate a case
 - Resolve a case
- Number of cases in each priority level
- Number of cases per investigator
- Ratio of investigations to investigators
- Turnover rate of staff
- Percentage of nurses who recidivate
- Brainstormed promising practices not necessarily within the discipline process:
 - Establish a performance measurement dashboard and review quarterly
 - Use Council Licensure, Education & Regulation (CLEAR) information to better understand disciplinary trends and training needs
 - Track training received by individuals within BONs
 - Establish recommended guidelines to investigate and resolve cases
 - Better understand how nondisciplinary options, such as letters of concern or consent decrees, may be utilized
 - Expand having signed consent agreements for board member consideration
 - Share disciplinary actions across states
 - Establish performance guidelines and standards for attorneys

By the end of the fall 2012 session the participants' role evolved from focus group participants to that of consultants to CORE on the discipline process, and agreed to refer to the members as Promising Practices Consultants: Discipline (PPC:D).

The PPC:D met again on Feb. 6, 2013, to further evaluate the promising practices and clarify what measures the promising practice is supposed to effect. Of the three major steps of the discipline process—triage, investigation and resolution—the PPC:D members spent the majority of time on triage and initial investigation. With the information gathered from the group, a template of five activities was drafted to provide evidence, which other BONs can use as effective practices (Attachment A).

During the Leadership Day at NCSBN's Midyear Meeting, five PPC:D members presented their identified effective practice. The presentation included what their practice was and data that demonstrated how their BON improved since the practice has been implemented.

Sue Tedford presented information on behalf of Mary A. Trentham, Arkansas State Board of Nursing (ARBON), regarding the practice of having monthly disciplinary staff meetings. Initiated in 2009, the ARBON holds monthly disciplinary staff meetings to review open investigations, where aging of cases are presented on a schedule. Since this practice has been in place, the ARBON has had a 36 percent increase in opened cases under investigation, but maintained a decrease in percentage of aging cases. Therefore, the ARBON was able to decrease cycle time.

Val Smith, Arizona State Board of Nursing, presented the practice of nursing performance evaluations; a simulation to guide regulatory decision making. This is a simulation to assess post-licensure competence and provides valid and reliable nursing performance evaluation (NPE) to guide BON decision making. The simulation observes performance in nine defined competency categories by three independent, trained raters. The use of simulation to evaluate nursing performance guides evidence-based decisions and provides nursing regulators with a reliable,

valid, objective assessment to determine if remediation targeted to known deficits improves nursing performance and thus enhanced patient safety.

Chris Sansom, Nevada Board of Nursing (NVBON), presented the practice of criminal background check (CBC) on renewal applicants. The percent of renewal applicants that were found to be potentially fraudulent through CBCs has been approximately 3 percent for the past two fiscal years. The NVBON started CBCs for nurses renewing their license in 2010 to support the Board's mission of public protection.

Tony Diggs, Texas Board of Nursing, presented the practice of using a disciplinary matrix, which is used to determine the appropriate disciplinary action and the amount of administrative penalty to assess. This matrix requires the BON to consider the threat to public safety, the seriousness of the violation, and any aggravating or mitigating factors. The disciplinary matrix is a three-tier system: Tier 1 – isolated event-no patient harm; Tier 2 – generally has some risk or harm component; and Tier 3 – involved serious risk of harm or death. Since implementing the matrix in 2007, the percent of complaints resolved within six months has increased approximately over 10 percent per fiscal year.

The committee discussed initial steps to develop an NLC survey tool and reviewed three pages of research questions collected over past four years and selected those relevant for the survey tool. In order to collect data and report an unbiased report to BONs, the committee has suggested that the survey be administered through an outside source, such as Gallop or Georgia State University policy study centers. By using an outside source there would be fewer issues or challenges that the processes are evidence-based.

Future Activities

Recommend to continue with the committee in FY14 with the following charges:

1. Critique the current CORE surveys: BON, employers, nurses and educators.
2. Finalize research plan for NLC evaluation.
3. Conduct a focus group to search for effective practices in the area of licensure.
4. Create an adoption plan for effective practices in the area of discipline (this charge goes to the Discipline Effective Practices Subcommittee).

Attachment

- A. Effective Practices-Discipline Template

Attachment A

Effective Practices-Discipline Template

Promising Practice		NC	VA	TX	AZ	MN	NV	AR
1	Establish a threshold for opening an investigation	Yes; +	Yes	Yes; +	Yes; +	Yes	Yes	No
2	Track all cases	Yes; +	Yes with enforcement	Yes	Yes	Yes	Yes	Yes
3	Use BON-approved policies or guidelines	Yes; +	Guidance from NCSBN	Yes; +	Yes	No	Yes	Yes; +
4	Meet regularly with investigators and attorneys to discuss merits of the case, etc.	Yes; +	Yes; +	Yes; +	Yes	No	Yes; +	Yes
5	Use templates	Yes; +	Yes	Yes	Yes	No	Yes; +	Yes
6	Delegate authority to investigators	Yes; +	No	No	Yes; +	Yes	Yes; +	Yes
7	Delegate authority to staff	Yes; +	Yes; +	Yes; +	Yes; +	Yes	?	Yes
8	Meet regularly with staff to discuss productivity and performance measures	Yes; +	Yes	Yes	Yes	No	Yes	Yes; +
9	Set performance goals	Yes; +	Yes	Yes	Yes	No	Yes; +	Not written
10	Establish BON-ordered nursing performance appraisal	No	No	No	Yes	No	No	No

Yes; + indicates the board follows the practice and has observed a positive impact on performance measures since the practice was first implemented.

Promising Practice by Type	
Policy	Establish a threshold for opening an investigation
	Use BON-approved policies or guidelines
	Delegate authority to investigators
	Delegate authority to staff
	Establish BON-ordered nursing performance appraisals
Process	Use templates
	Track all cases
Management	Meet regularly with investigators and attorneys to discuss merits of the case, etc.
	Meet regularly with staff to discuss productivity and performance measures
	Set performance goals

Promising practices are categorized by type to help other BONs determine an implementation strategy. For example, managers can begin to meet regularly and set performance goals without significant input from the BON. Similarly, process changes, such as the use of templates are relatively easy to implement by adapting other BON's templates. However, BONs should be involved in setting policies, such as thresholds for opening cases and establishing guidelines for discipline actions.

Report of the Executive Officer Succession Resource Committee

Background

Since 2011 almost one-third of all boards of nursing (BONs) have seen turnover in the executive officer (EO) position. Almost one-half of the BONs have an EO with tenure of five years or less. Additionally it appears that a number of seasoned EOs plan to retire within the next two years. In a survey distributed to all EOs in January 2012, out of 38 respondents, 78 percent reported that they do not have a succession plan and 89 percent reported that it is not included in the BON's strategic plan.

In May 2012, NCSBN received a recommendation to consider developing an EO succession planning toolkit for the membership. In response, the NCSBN Board of Directors (BOD) established the Executive Officer Succession Resource Committee and charged the committee to develop resources on EO succession planning for use by the membership. Some of the initial issues the committee addressed included:

- What is the issue and what's at stake?
- Committee members point-of-view (What is their experience with the hiring process?).
- EO succession planning from the perspective of EO, board president, search committee, applicant, public and other.
- What will the committee accomplish and what is the best possible outcome?
- Determine the strategies to reach the goal.
- Assess legal issues.

The intention of the toolkit is to provide a starting point for conversation and assessment between the BON and its EO. EOs, board presidents and BONs all have different comfort levels and different relationships depending on a multiplicity of factors. EOs leave for a variety of reasons, including planned retirement, career changes or involuntary separation. BONs have different structures that may provide limitations in notice, differing state hiring processes, varying restrictions regarding input in job descriptions, performance evaluations and feedback, and constraints on whether external stakeholders should be involved. Each of these factors, among others unique to a jurisdiction, should be considered when drafting the succession plan.

The committee is developing a toolkit that is comprised of the following documents:

- EO competencies
- BON self-assessment template
- Interview questions for potential EO candidates
- Key contacts and resources
- Communication plan for crisis and planned leaves

Most importantly, the committee views the EO succession plan and this toolkit as a part of the overall strategic plan of each BON. The toolkit can serve to assist the membership during both the planning phase and in the critical time of transition.

Highlights of FY13 Activities

- Developed a committee charter to support the committee charge.
- Reviewed feedback from a former EO on the need for NCSBN to develop succession planning resources (toolkit).

Members

Libby Lund, MSN, RN
Tennessee, Area III, Chair

Louise R. Bailey, MEd, RN
California-RN, Area I

Mary Blubaugh, MSN, RN
Kansas, Area II

Elizabeth Kiefner Crawford, JD
Indiana, Area II

Deb Haagenson, RN
Minnesota, Area II

Carina Herman, MSN, RN
British Columbia-PN,
Associate Member

Debra Scott, MSN, RN, FRE
Nevada, Area I, Board Liaison

Staff

Alicia Byrd, RN
Director, Member Relations

Meeting Dates

- Dec. 6-7, 2012
- Jan. 22-23, 2013
- Feb. 28 – March 1, 2013
- April 30 – May 2, 2013

- Reviewed two books (*Chief Executive Succession Planning*, 2nd Edition and *The Source¹², Twelve Principles of Governance That Power Exceptional Boards*).
- Conducted a survey to establish the number of EOs who have succession plans (both professional and personal).
- Identified materials (tools) that should be included in the EO Succession Plan Toolkit:
 - Developed a resource list;
 - Developed succession plan template with timeline;
 - Developed EO self-assessment template;
 - Developed EO self-evaluation and profile templates; and
 - Used NCSBN Policy 3.16 CEO Succession Plan to serve as a template for EO Succession Policy.
- Revisited and updated EO competencies.
- Developed a toolkit introduction (disclaimer).
- Developed BON self-assessment template.
- Developed emergency plan.

Future Activities

- Develop resources on EO succession planning for use by BONs.
 - The EO Succession Resource Committee made considerable progress in a short period of time and will continue its work in fiscal year 2014 to finalize a comprehensive resource toolkit for use by BONs.

Attachments

None.

Report of the Finance Committee

Background

The Finance Committee advises the Board of Directors (BOD) on the overall direction and control of the finances of the organization. The committee reviews and recommends a budget to the BOD. The committee monitors income, expenditures and program activities against projections, and presents quarterly financial statements to the BOD.

The Finance Committee oversees the financial reporting process, the systems of internal accounting and financial controls, the performance and independence of the auditors, and the annual independent audit of NCSBN financial statements. The committee recommends to the BOD the appointment of a firm to serve as auditors.

The Finance Committee makes recommendations to the BOD with respect to investment policy and assures that the organization maintains adequate insurance coverage.

Highlights of FY13 Activities

- Reviewed and discussed with management and the organization's independent accountant the NCSBN audited financial statements as of and for the fiscal year ended Sept. 30, 2012. With and without management present, the committee discussed and reviewed the results of the independent accountant's examination of the internal controls and the financial statements. Based on the review and discussions referred to above, the Finance Committee recommended to the BOD that the financial statements and the Report of the Auditors be accepted and provided to the membership.
- Recommended the engagement of Plante Moran to audit the NCSBN financial statements for the period ending Sept. 30, 2013.
- Reviewed and discussed with management and the organization's independent accountant the auditor's report on the NCSBN 403(b) defined contribution retirement plan for the year ended June 30, 2012. The Finance Committee recommended that the BOD accept the auditor's report.
- Reviewed and discussed with management and the organization's independent accountant, the report from the auditors for the agreed upon review and reconciliation procedures related to the contract with Pearson VUE.
- Recommended the engagement of Plante Moran to audit the retirement plan for the year ending June 30, 2013.
- Recommended the engagement of Plante Moran to review internal controls to assess the risk for fraud in the organization.
- Reviewed and discussed the long-range financial reserve forecast.
- Reviewed and discussed the financial statements and supporting schedules quarterly, and made recommendations that the reports be accepted by the BOD.
- Reviewed and discussed the performance of NCSBN investments with NCSBN staff and the organization's investment consultant, Becker, Burke, quarterly. Informed the BOD that the current investment policy and strategy appear to be appropriate for NCSBN.
- Reviewed and discussed with the insurance brokers from USI Midwest the property and professional liability coverage for NCSBN. Informed the BOD that the organization is appropriately insured.

Members

Julia L. George, MSN, RN, FRE
North Carolina, Area III, Treasurer

Deborah Bell, CLU, ChFC, RIA
Texas, Area III

Cynthia D. Burroughs, PhD
Arkansas, Area III

Dean Estes
Nevada, Area I

Rula Harb, MS, RN
Massachusetts, Area IV

Lois E. Hoell, MS, MBA, RN
Washington, Area I

Daniel Hudgins
North Carolina, Area III
Resigned December 2012

Cynthia York, MSN, RN, CGRN
Louisiana, Area III

Staff

Robert Clayborne, MBA, CPA
Chief Financial Officer

Meeting Dates

- Dec. 04, 2012
- Jan. 25, 2013
- April 30, 2013
- July 30, 2013

Future Activities

- There are no recommendations to the BOD. The purpose of this report is for information only.
- At a future meeting, the committee will review the budget proposal for the fiscal year beginning Oct. 1, 2013.

Attachment

- A. Report of the Independent Auditors FY12

Report of the Independent Auditors FY12

Report of Independent Auditors

To the Board of Directors of
National Council of State
Boards of Nursing, Inc.

We have audited the accompanying statements of financial position of **National Council of State Boards of Nursing, Inc.** (NCSBN) as of September 30, 2012, and the related statements of activities and cash flows for the year then ended. These financial statements are the responsibility of NCSBN's management. Our responsibility is to express an opinion on these financial statements based on our audit. The financial statements of **National Council of State Boards of Nursing, Inc.** as of September 30, 2011 and for the year then ended were audited by Blackman Kallick, LLP, whose report dated December 9, 2011 expressed an unqualified opinion on those statements. Blackman Kallick, LLP subsequently merged into Plante & Moran, PLLC.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the 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 2012 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, 2012, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Plante & Moran, PLLC

December 12, 2012

National Council of State Boards of Nursing, Inc.

Statements of Financial Position

September 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
ASSETS		
Cash	\$ 29,462,736	\$ 57,158,652
Accounts receivable	263,722	137,018
Due from test vendor	7,305,363	7,375,456
Accrued investment income	451,166	323,364
Prepaid expenses	1,425,077	1,878,722
Investments	132,039,492	91,176,238
Property and equipment - net	5,099,789	3,536,798
Intangible asset - net	781,250	906,250
Cash held for others	581,181	313,710
Total assets	<u>\$ 177,409,776</u>	<u>\$ 162,806,208</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	\$ 1,567,214	\$ 816,653
Accrued payroll, payroll taxes and compensated absences	734,991	582,996
Due to test vendor	9,328,189	9,812,467
Deferred revenue	141,000	150,000
Grants payable	743,520	1,206,668
Deferred rent	807,736	99,565
Cash held for others	581,181	313,710
Total liabilities	13,903,831	12,982,059
UNRESTRICTED NET ASSETS	<u>163,505,945</u>	<u>149,824,149</u>
Total liabilities and net assets	<u>\$ 177,409,776</u>	<u>\$ 162,806,208</u>

National Council of State Boards of Nursing, Inc.

Statements of Activities

Years Ended September 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
REVENUE		
Examination fees	\$ 57,613,500	\$ 58,061,850
Other program services income	6,793,247	6,177,034
Net realized and change in unrealized gain (loss) on investments	10,965,603	(480,040)
Net realized loss on disposal of property and equipment	(1,446)	-
Interest and dividend income	4,106,088	3,385,465
Membership fees	<u>193,500</u>	<u>187,500</u>
Total revenue	<u>79,670,492</u>	<u>67,331,809</u>
EXPENSES		
Program services		
Nurse competence	41,569,844	41,427,615
Nurse practice and regulatory outcome Information	<u>11,832,777</u>	<u>9,486,890</u>
	<u>9,586,563</u>	<u>9,451,206</u>
Total program services	62,989,184	60,365,711
Supporting services		
Management and general	<u>2,999,512</u>	<u>3,496,214</u>
Total expenses	<u>65,988,696</u>	<u>63,861,925</u>
NET INCREASE	13,681,796	3,469,884
UNRESTRICTED NET ASSETS		
Beginning of year	<u>149,824,149</u>	<u>146,354,265</u>
End of year	<u>\$ 163,505,945</u>	<u>\$ 149,824,149</u>

National Council of State Boards of Nursing, Inc.

Statements of Cash Flows

Years Ended September 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Net increase	\$ 13,681,796	\$ 3,469,884
Adjustments to reconcile net increase to net cash provided by operating activities		
Depreciation and amortization	2,534,043	2,846,255
Net realized and change in unrealized (gain) loss on investments	(10,965,603)	480,040
Net realized loss on disposal of property and equipment	1,446	-
(Increase) decrease in assets		
Accounts receivable	(126,704)	82
Due from test vendor	70,093	98,423
Accrued investment income	(127,802)	25,486
Prepaid expenses	453,645	(189,555)
Increase (decrease) in liabilities		
Accounts payable	661,139	(421,646)
Accrued payroll, payroll taxes and compensated absences	151,995	(63,769)
Due to test vendor	(484,278)	(660,161)
Deferred revenue	(9,000)	(37,500)
Grants payable	(463,148)	569,951
Deferred rent credits	708,171	(74,699)
Net cash provided by operating activities	<u>6,085,793</u>	<u>6,042,791</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of property and equipment	(3,884,058)	(1,595,216)
Purchases of investments	(69,912,241)	(16,158,172)
Proceeds on sale of investments	40,014,590	13,082,595
Proceeds on sale of property and equipment	-	3,669
Net cash used in investing activities	<u>(33,781,709)</u>	<u>(4,667,124)</u>
Net (decrease) increase	(27,695,916)	1,375,667
CASH		
Beginning of year	<u>57,158,652</u>	<u>55,782,985</u>
End of year	<u>\$ 29,462,736</u>	<u>\$ 57,158,652</u>

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2012 AND 2011

NOTE 1. DESCRIPTION OF THE ORGANIZATION

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit corporation organized under the statutes of the Commonwealth of Pennsylvania. The primary purpose of NCSBN is to serve as a charitable and educational organization through which state boards of nursing act on matters of common interest and concern to promote safe and effective nursing practice in the interest of protecting public health and welfare including the development of licensing examinations in nursing.

The program services of NCSBN are defined as follows:

Nurse Competence - Assist Member Boards in their role in the evaluation of initial and ongoing nurse competence.

Nurse Practice and Regulatory Outcome - Assist Member Boards to implement strategies to promote regulatory effectiveness to fulfill their public protection role. Analyze the changing health care environment to develop state and national strategies to impact public policy and regulation affecting public protection.

Information - Develop information technology solutions valued and utilized by Member Boards to enhance regulatory efficiency.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAPUSA).

Basis of Presentation - NCSBN 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. Net assets are generally reported as unrestricted unless assets are received from donors with explicit stipulations that limit the use of the asset. NCSBN does not have any temporarily or permanently restricted net assets.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Revenue Recognition - Revenue from National Council Licensure Examination (NCLEX) fees is recognized when an exam registration is complete, rather than when the registrant either takes the examination or is no longer eligible to do so. NCSBN does not believe its policy regarding this revenue and the corresponding test vendor costs to be a significant departure from GAAPUSA.

Revenue from member dues is recorded in the applicable membership period.

Revenue from e-learning online courses is recognized when access is granted to the course.

Revenue for licensure verification fees is recognized when a verification request is submitted.

Revenue from publication sales is recognized when customers complete the subscription process.

Cash Held for Others - Cash held for others represents cash held for one of its member boards. NCSBN serves as a fiscal agent for one of its member boards and pays program expenses on behalf of the board member. Cash held for others also includes cash held for the National Licensure Compact Administrators (NLCA).

Accounts Receivable - Represents amounts owed to NCSBN for services dealing with board membership fees, meeting fees and online course revenue. Accounts receivable as of September 30, 2012 and 2011 were \$263,722 and \$137,018, respectively. An allowance for doubtful accounts was not considered necessary as management believes all receivables are collectible.

Investments - NCSBN assets are invested in various securities, including United States government securities, corporate debt instruments and unit investment trust securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. NCSBN invests in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and those such changes could materially affect the amounts reported in the financial statements.

Investments of NCSBN are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price).

Money market funds are valued at fair value.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Fair Value Measurements - Effective October 1, 2010, NCSBN adopted new guidance that requires entities to report significant transfers between Level 1 and Level 2 of the fair value hierarchy and the reasons for those transfers, as well as disclosing the reasons for the transfers in or out of Level 3. Additionally, the guidance requires NCSBN to clarify existing disclosure requirements about the level of disaggregation of inputs and valuation techniques. The adoption of this guidance did not have an impact on NCSBN's financial statements, other than expanded disclosure.

The new guidance also requires the reconciliation of changes in Level 3 fair value measurements to present purchases, sales and settlements separately on a gross basis rather than as a net amount, effective for fiscal years beginning after December 15, 2010. The adoption of this guidance did not have an impact on NCSBN's financial statements.

Due from Test Vendor - NCSBN has contracted with Pearson VUE to administer and deliver nurse licensure examinations. Pearson VUE uses a tier-based volume pricing schedule to determine its fee price to provide the examination. Base price fees before calculating discounts are paid to Pearson VUE for administered exams during the year. Volume discounts are accrued during the year. Due from test vendor represents amounts due from Pearson VUE for accrued volume discounts. The amounts owed by Pearson VUE as of September 30, 2012 and 2011 were \$7,305,363 and \$7,375,456, respectively.

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 using the straight-line method over the following estimated useful lives:

Furniture and equipment	5 - 7 years
Course development costs	2 - 5 years
Computer hardware and software	5 - 7 years
Leasehold improvements	useful life or life of lease

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Intangible Asset - The Intangible asset represents the purchase of the intellectual property rights for the nurse aid certification examination and the medication aid certification examination for the National Nurse Aide Assessment Program. The investment is carried at cost and amortization is computed using the straight-line method over a ten year period. Amortization expense for the years ended September 30, 2012 and 2011 was \$125,000 each year.

	<u>2012</u>	<u>2011</u>
Intellectual property	\$ 1,250,000	\$ 1,250,000
Less accumulated amortization	<u>(468,750)</u>	<u>(343,750)</u>
	<u>\$ 781,250</u>	<u>\$ 906,250</u>

Due to Test Vendor - NCSBN accrues a base price fee for each candidate for whom a completed candidate application to take NCLEX is processed by Pearson VUE. At the end of each month, NCSBN pays an amount equal to the base price multiplied by the number of candidates who were administered the examinations during the preceding month.

Due to test vendor includes accrued amounts totaling \$6,100,780 as of September 30, 2012 and \$6,358,701 as of September 30, 2011 for registered candidates who as of year end had not taken the exam. Also, included is the amount payable to Pearson VUE for administered exams that had not been paid at the end of the year.

Deferred Revenue - Deferred revenue consists of membership fees of \$141,000 for 2012 and \$150,000 for 2011.

Grants Payable - Grants payable represents Nurse Practice and Regulatory Outcome research grants that are generally available for periods of one to two years. NCSBN awarded eight grants ranging in amounts from \$54,000 to \$300,000 during the current year.

As of September 30, 2012, the amount remaining to be paid on grants awarded was \$743,520. Of this amount, \$537,030 was awarded in 2012 and \$206,490 was awarded in 2011. As of September 30, 2011, the amount remaining to be paid on grants awarded was \$1,206,668. Of this amount, \$1,081,559 was awarded in 2011 and \$125,109 was awarded in 2010.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Deferred Rent Credits - Deferred rent credits were established in conjunction with taking possession of new leased office space in 2003. The landlord abated a portion of the monthly rent and made cash disbursements to NCSBN in connection with the lease. These amounts are amortized to reduce rent expense over the term of the lease period ending January 31, 2013. The term of the lease was extended for the period beginning on February 1, 2013 and ending on April 30, 2022. The landlord agreed to reimburse NCSBN for tenant improvement costs related to the lease extension. These amounts will be amortized to reduce rent expense over the term of the lease period ending April 30, 2022.

Statement of Cash Flows - For purposes of the statement of cash flows, NCSBN considers all marketable securities as investments. Cash includes only monies held on deposit at banking institutions and petty cash. It does not include cash held for others.

Estimates - The preparation of financial statements in conformity with GAAPUSA 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.

Subsequent Events - NCSBN has evaluated subsequent events through December 12, 2012, the date the financial statements were available to be issued.

NOTE 3. INCOME TAX

NCSBN is a tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code (the 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). Accordingly, the accompanying financial statements do not reflect income taxes.

NCSBN's application of GAAPUSA regarding uncertain tax positions had no effect on its financial position as management believes NCSBN has no material unrecognized income tax benefits, including any potential risk of loss of its not-for-profit status. NCSBN would account for any potential interest or penalties related to possible future liabilities for unrecognized income tax benefits as interest, which would be included in the statement of activities supporting services management and general expenses. NCSBN is no longer subject to examination by federal, state, or local tax authorities for periods before 2009.

NOTE 4. CASH CONCENTRATIONS

The cash balance as of September 30, 2012 and 2011 consisted of the following:

	2012	2011
JP Morgan Chase		
Checking account	\$ 672,578	\$ 153,200
Money market account	6,245,060	3,025,829
Savings account	7,510,459	23,986,255
Wells Fargo Bank		
Checking account	8,200	109,841
Harris Bank		
Money market account	14,971,988	29,860,255
Credit card merchant accounts	54,024	22,853
Petty cash	427	419
	<u>\$ 29,462,736</u>	<u>\$ 57,158,652</u>

NCSBN maintains cash balances at various financial institutions. Cash held in noninterest bearing accounts have unlimited Federal Deposit Insurance Corporation (FDIC) insurance coverage through participating institutions until December 31, 2012. Interest bearing cash accounts are insured up to \$250,000 per depositor as of December 31, 2012. NCSBN has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash.

NOTE 5. FAIR VALUE MEASUREMENTS

GAAPUSA defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAPUSA describes three approaches to measuring the fair value of assets and liabilities: the market approach, the income approach and the cost approach. Each approach includes multiple valuation techniques. GAAPUSA does not prescribe which valuation technique should be used when measuring fair value, but does establish a fair value hierarchy that prioritizes the inputs used in applying the various techniques. Inputs broadly refer to the assumptions that market participants use to make pricing decisions, including assumptions about risk. Level 1 inputs are given the highest priority in the hierarchy while Level 3 inputs are given the lowest priority. Financial assets and liabilities carried at fair value are classified in one of the following three categories based upon the inputs to the valuation technique used:

- Level 1 - Observable inputs that reflect unadjusted quoted prices for identical assets or liabilities in active markets at the reporting date. Active markets are those in which transactions for the asset or liability occur in sufficient frequency and volume to provide pricing information on an ongoing basis.
- Level 2 - Observable market-based inputs or unobservable inputs that are corroborated by market data.
- Level 3 - Unobservable inputs that are not corroborated by market data. These inputs reflect management's best estimate of fair value using its own assumptions about the assumptions a market participant would use in pricing the asset or liability.

NCSBN currently uses no Level 3 inputs.

The following tables set forth by level within the fair value hierarchy NCSBN's financial assets and liabilities that were accounted for at fair value on a recurring basis as of September 30, 2012 and 2011. As required by GAAPUSA, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. NCSBN's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect their placement within the fair value hierarchy levels.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Description	Fair Values as of September 30, 2012	Fair Value Measurements as of Reporting Date Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Fixed Income				
U.S. Government Obligations				
U.S. Treasury Notes and Bonds	\$ 21,689,370	\$ 21,689,370	\$ -	\$ -
Treasury Inflation-Protected Securities	8,029,726	8,029,726	-	-
Government Agency Obligations				
Zero Coupon Bonds	1,312,439	-	1,312,439	-
US Agency Fixed Rate Notes and Bonds	3,891,871	-	3,891,871	-
Federal Home Loan Mortgage Pool	634,296	-	634,296	-
Federal National Mortgage Association Pool	2,960,002	-	2,960,002	-
Government National Mortgage Association Pool	308,471	-	308,471	-
Other Agency Loan Pool	10,701,599	-	10,701,599	-
Corporate Bonds				
Corporate Bonds - Fixed	13,884,648	-	13,884,648	-
Corporate CMO and CMBS	29,775	-	29,775	-
Real Estate Investment Trust Bonds Backed	1,468,204	-	1,468,204	-
Corporate ABS	801,014	-	801,014	-
Mutual Funds				
Spartan Extended Market Index Fund	10,817,821	10,817,821	-	-
Spartan International Index Fund	4,922,281	4,922,281	-	-
DWS Equity 500 Index Fund	31,534,834	31,534,834	-	-
Mortgage Backed Fixed Income Mutual Fund	9,091,465	9,091,465	-	-
Other	97,017	97,017	-	-
International Equity Fund - Limited Liability Company				
	3,716,130	-	3,716,130	-
Real Estate Investment Trust	5,650,248	-	5,650,248	-
Total	\$ 131,541,211	\$ 86,182,514	\$ 45,358,697	\$ -

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Description	Fair Values as of September 30, 2011	Fair Value Measurements as of Reporting Date Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Fixed Income				
U.S. Government Obligations				
U.S. Treasury Notes and Bonds	\$ 10,910,006	\$ 10,910,006	\$ -	\$ -
Treasury Inflation-Protected Securities	7,545,304	7,545,304	-	-
Government Agency Obligations				
Zero Coupon Bonds	1,291,623	-	1,291,623	-
US Agency Fixed Rate Notes and Bonds	391,079	-	391,079	-
Federal Home Loan Mortgage Pool	944,319	-	944,319	-
Federal National Mortgage Association Pool	2,793,141	-	2,793,141	-
Government National Mortgage Association Pool	513,628	-	513,628	-
Other Agency Loan Pool	10,158,287	-	10,158,287	-
Corporate Bonds				
Corporate Bonds - Fixed and Variable	9,582,519	-	9,582,519	-
Corporate CMO and CMBS	1,525,913	-	1,525,913	-
Real Estate Investment Trust Bonds Backed	35,709	-	35,709	-
Mutual Funds				
Spartan Extended Market Index Fund	8,319,383	8,319,383	-	-
Spartan International Index Fund	4,295,757	4,295,757	-	-
DWS Equity 500 Index Fund	24,267,605	24,267,605	-	-
Other	80,142	80,142	-	-
International Equity Fund - Limited Liability Company				
	3,239,818	-	3,239,818	-
Real Estate Investment Trust	4,860,710	-	4,860,710	-
Total	\$ 90,754,943	\$ 55,418,197	\$ 35,336,746	\$ -

Not included in the above table is \$498,281 and \$421,295 in money market accounts as of September 30, 2012 and 2011, respectively.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

LEVEL 1

Fixed Income

The estimated fair values for NCSBN's U.S. Government obligations were based on quoted market prices in an active market.

Mutual Funds

The estimated fair values for NCSBN's marketable mutual funds were based on quoted market prices in an active market.

LEVEL 2

Government Agency Obligations and Corporate Bonds

Fixed income securities are valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency.

International Equity Fund - Limited Liability Company

The estimated fair value of the international equity fund is based on net asset value, which is determined by reference to the fund's underlying assets and liabilities. NCSBN has a restricted redemption period of 10 days.

Real Estate Investment Trust

The estimated fair value of the real estate investment trust was based on net asset value, which is determined by reference to the fund's underlying assets and liabilities. NCSBN has a restricted redemption period of 90 days.

The following tables summarize the fair value measurements of investments in other investment funds that do not have a readily determinable fair value as of September 30, 2012 and 2011:

	Fair Values as of <u>September 30, 2012</u>	Unfunded <u>Commitments</u>	Redemption Frequency (If <u>Currently Eligible</u>)	Redemption <u>Notice Period</u>
International equity fund - Limited liability company (a)	\$ 3,716,130	\$ -	Monthly	10 days
Real estate investment (b)	5,650,248	-	Quarterly	90 days

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

	Fair Values as of <u>September 30, 2011</u>	Unfunded <u>Commitments</u>	Redemption Frequency (If <u>Currently Eligible</u>)	Redemption <u>Notice Period</u>
International equity fund - Limited liability company (a)	\$ 3,239,818	\$ -	Monthly	10 days
Real estate investment (b)	4,860,710	-	Quarterly	90 days

(a) The international equity fund invests in equity securities of issuers: which are organized, headquartered, or domiciled in any country included in the Europe Australasia Far East Index (the EAFE Index), or whose principal listing is on a securities exchange in any country included in the EAFE Index. Under normal conditions, the fund will invest in a minimum of 30 issuers, and is restricted from investing more than 10% of its total assets in the equity securities of any single issuer.

(b) The real estate investment trust represents an ownership interest in a private equity fund. The real estate investment trust invests in a diversified portfolio of primarily institutional quality real estate assets within the United States. The fund has a long-term investment objective of delivering an 8-10% total return over a market cycle. All portfolio assets are acquired through Clarion Lion Properties Fund Holdings, L.P., a limited partnership. The properties within the portfolio are valued on a quarterly basis to establish market value estimates of the fund's assets for the purpose of establishing the fund's net asset value. Ownership interests and redemptions are calculated based upon net asset value. The values of the properties are established in accordance with the fund's independent property valuation policy. Each property is appraised by third-party appraisal firms identified and supervised by an independent appraisal management firm retained by the investment manager. Shares will be redeemed at the net asset value at the last day of the calendar quarter immediately preceding the redemption date.

NOTE 6. PROPERTY AND EQUIPMENT

The composition of property and equipment as of September 30, 2012 and 2011 is as follows:

	<u>2012</u>	<u>2011</u>
Property and equipment		
Furniture and equipment	\$ 1,924,712	\$ 1,765,076
Course development costs	461,429	350,954
Computer hardware and software	20,577,931	19,774,235
Leasehold improvements	1,852,695	440,183
	<u>24,816,767</u>	<u>22,330,448</u>
Less accumulated depreciation and amortization	<u>(19,716,978)</u>	<u>(18,793,650)</u>
Net property and equipment	<u>\$ 5,099,789</u>	<u>\$ 3,536,798</u>

Depreciation was \$2,409,043 and \$2,721,255 for the years ended September 30, 2012 and 2011, respectively. Amortization expense on the intangible asset is not included in the above amount.

NOTE 7. OPERATING LEASE

In 2011, NCSBN amended its current lease agreement for office space. The term of the lease is extended for the period beginning February 1, 2013 and will expire on April 30, 2022. The following is a summary by year of future minimum lease payments required under the office lease as of September 30, 2012:

Year ending September 30,		
2013	\$	588,078
2014		605,165
2015		622,252
2016		639,339
2017		656,426
Thereafter		<u>3,225,171</u>
	<u>\$</u>	<u>6,336,431</u>

Rent expense for the years ended September 30, 2012 and 2011 was \$560,339 and \$549,019, respectively. Property taxes and common area maintenance expenses for the years ended September 30, 2012 and 2011 were \$442,597 and \$417,376, respectively.

NOTE 8. RETIREMENT PLANS

NCSBN maintains a 403(b) defined contribution pension plan covering all employees who complete six months of employment. Contributions are made at 8% of participants' compensation. NCSBN's policy is to fund accrued pension contributions. Retirement plans expense was \$614,307 and \$572,305 for the years ended September 30, 2012 and 2011, respectively.

In the year ended September 30, 2007, NCSBN instituted a 457(b) non-qualified deferred compensation plan covering an employee with a contractual arrangement. The benefits under the plan are contingent upon completion of contractual obligations and are valued on an annual basis to reflect the return on NCSBN's investments.

NOTE 9. COMMITMENTS

NCSBN has entered into contracts for services and accommodations for future meetings. These contracts include penalty clauses which would require NCSBN to pay certain amounts if a meeting was canceled or guarantees for room blocks are not fulfilled. As of September 30, 2012, the requirements to fulfill these commitments were \$147,164.

NCSBN has also entered into various contracts for future services. As of September 30, 2012, the requirements to fulfill these commitments were \$1,636,825 and are expected to be completed within two years.

NOTE 10. OTHER CASH FLOW INFORMATION

As of September 30, 2012 and 2011, \$89,422 and \$0 of leasehold improvement purchases were included in accounts payable, respectively.

Report of the Institute of Regulatory Excellence (IRE) Committee

Background

Opportunity/Problem statements for the IRE:

- To continually explore ways to improve the rigor and quality of the IRE projects that contribute to the science of nursing regulation.
- To facilitate the professional development of the IRE Fellows related to nursing regulation.

Fiscal year 2013 (FY13) marks the 10th anniversary of the IRE Fellowship Program, a four-year professional development program for nurse regulators. The first cohort of IRE participants was accepted into the program in FY03. At its inception IRE participants were required to complete an annual project related to nursing regulation. Since then, there have been many changes and enhancements to the program. Board of nursing (BON) members and staff may apply for and participate in the program. Associate members can also participate, providing an international perspective to the regulatory issues and types of scholarly projects that are aimed at making a contribution to nursing regulation and the BONs.

The first Annual IRE Conference was held in 2004. It now includes a preconference for the Fellows that focuses on providing education and discussion about the research process, how to conduct a scholarly literature review, how to write a project proposal, and finally, how to carry out a project and communicate the results.

The Fellows are expected to complete one in depth scholarly project over the course of the four years, with the intent that it will contribute to the science of nursing regulation. The Fellows work with a mentor who has expertise in their area of interest and/or methodology for their projects. Fellows may invite their mentors to attend one of the preconferences and conferences over the length of their program. Many of the Fellows are actively involved in communicating and disseminating the results of their projects at local, national and international conferences, publishing their projects in scholarly journals and incorporating their findings into the work of their respective BON. One of the Fellows who will be completing the program in FY13 noted the "far reaching impact that NCSBN and their support through the IRE fellowship program has made into improving public protection."

The numbers of fellows participating in the IRE Fellowship program are as follows:

- Year 4 (2010 cohort): Four Fellows
- Year 3 (2011 cohort): Eight Fellows
- Year 2 (2012 cohort): 11 Fellows
- Year 1 (2013 cohort): 10 Fellows

Highlights of FY13 Activities

Charge #1: Select 2013 IRE Fellows and mentors, and approve project proposals and final reports.

- There were 12 applications to the IRE Fellowship Program for the 2013 cohort. The IRE Committee reviewed all applications for admission and determined that they met the criteria to participate in the program. The 2013 cohort represents eight member boards and four associate members. In a review of these applications, the question related to their goals for their IRE experience, and reasons for seeking the experience were reviewed. Several themes were identified, including the opportunity to explore a life-long interest that would be facilitated by the IRE experience; the opportunity to learn, network, and expand knowledge and expertise in nursing regulation; and the opportunity to expand leadership skills. Several comments were also made about the opportunity to contribute

Members

Susan Odom, PhD, RN, CCRN, FRE
Idaho, Area I, Chair

Linda D. Burhans, PhD, RN, NEA-BC, CPHQ, FRE
North Carolina, Area III

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Illinois, Area II

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British Columbia-PN, Associate Member

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South Dakota, Area II

Staff

Linda L. Olson, PhD, RN, NEA-BC
Institute of Regulatory Excellence
Associate, Nursing Regulation

Meeting Dates

- Oct. 22-23, 2012
- Apr. 12, 2013 (Conference Call)
- June 7, 2013 (Conference Call)

Relationship to Strategic Plan

Strategic Initiative B

NCSBN advances the engagement and leadership potential of all members through education, information and networking.

Strategic Objective C

Maintain active IRE program.

to the profession, to the BON and nursing regulation, as well as to further their work and interest in a specific area of nursing regulation. Comments were also made that referred to feedback from previous IRE Fellows as a reason for interest in the program.

- The 2013 cohort is actively involved in identifying and selecting their mentors. Some previous IRE Fellowship participants are serving as mentors.
- The project proposals from the 2011 cohort of Fellows were assigned to a review by the IRE Committee, along with staff, in order to provide a wider variety of feedback that has resulted in Fellows making substantive positive changes to their project proposals. Some additional changes have been made based on feedback from the Institutional Review Boards (IRBs) that reviewed their proposals.
- Final reports from four IRE Fellows in the 2010 cohort will be reviewed in June 2013, prior to preparation of their research posters for presentation at the 2013 Annual Meeting.

Charge #2: Advise staff on continuous improvement of the IRE Fellowship Program.

- Evaluation of the IRE Fellowship Program is ongoing, with the goal of continuous improvement. In order to increase the visibility of the program, as well as to engage members in discussion of the program, an IRE informational booth was in place at the 2012 Annual Meeting, with staff and committee members on hand to promote and provide information about the IRE program. This strategy will continue, along with having informational materials available at other NCSBN meetings and conferences. Evaluations of the 2013 IRE Conference, which focused on the theme of discipline, were highly positive, with scores on content and speakers in the range of 5.2-5.9 on a 6-point Likert scale. Attendance at the IRE Conference was higher than in previous years. Committee members who attended the IRE Conference were present at each of the breakout sessions and the IRE chair presented content on data analysis at a breakout session.

Charge #3: Approve and develop strategies to continue engagement of inducted IRE Fellows.

- Inducted Fellows are serving as mentors to several of the IRE Fellows and have also participated in the IRE Conference as speakers. For the second year, a poster with previous IRE Fellows' names and the titles of their projects was displayed at the Annual Meeting. Three of the inducted fellows are current members of the IRE Committee.

Institute of Regulatory Excellence Fellows

- Doreen Begley, MS, RN, former board member, Nevada State Board of Nursing
- Jay Douglas, MS, RN, executive officer, Virginia Board of Nursing
- Jacinta MacKinnon, MN, RN, consultant, Registration, Inquiry and Discipline, College of Registered Nurses of British Columbia
- Kathleen Privette, MSN, RN, CNAA-BC, manager, Drug Monitoring Program, North Carolina Board of Nursing
- Danielle Smith, MSN, RN, director of Monitoring, Louisiana State Board of Nursing

Future Activities

FY14 charges:

- Select 2014 IRE fellows and mentors, and approve project proposals and reports.
- Advise staff on continuous improvement of the IRE Fellowship program.
- Continue to develop strategies for engagement of inducted Fellows.

Attachments

None.

Report of the National Nurse Aide Assessment Program (NNAAP®) and the Medication Aide Certification Examination (MACE®)

Background

In August 2008, NCSBN acquired exclusive ownership of the intellectual property for NNAAP® and MACE®. NNAAP is a two-part examination consisting of a written or oral examination and a skills demonstration. The candidate is allowed to choose between a written or oral examination.

NNAAP has been administered to more than 2.5 million candidates and is the leading nurse aide/nursing assistant (NA) assessment instrument in the U.S. MACE is a new national examination that NCSBN developed for boards of nursing (BONs) and other medication aide oversight agencies, and went into effect Jan. 1, 2010. MACE helps evaluate the competence of unlicensed individuals allowed to administer medications to clients in long-term care settings.

Pearson VUE is the exclusive test administrator for NNAAP and MACE, and continues to be responsible for all delivery, administration and publishing (electronic and paper), while assisting with sales and market development activities associated with the exams. In addition, Pearson VUE provides the following testing services for NNAAP: eligibility screening and registration; test site scheduling; test administration (test site and Registered Nurse Evaluator management); scoring; and reporting. The registry services provided by Pearson VUE include initial certification, recertification and reciprocity management, as well as public access registry verifications through the Internet.

NNAAP is consistent with the training requirements for NAs delineated in the Omnibus Budget Reconciliation Act (OBRA) of 1987, 1989. This act states that anyone working as an NA must complete a competency evaluation program. The competency evaluation program must be state-approved, consist of a minimum of 75 hours of training and include 16 hours of supervised clinical training.

The Model Nursing Practice Act and Model Nursing Administrative Rules, developed by NCSBN and its member boards, along with the Medication Assistant-Certified (MA-C) Model Curriculum, are two resources used to develop content for MACE. Subject matter experts (SMEs) are selected to participate in item writing and review workshops, using criteria delineated in the above stated resources. MACE is designed to assess entry-level competence of unlicensed direct care providers who have been approved by their state/jurisdiction to administer medications in long-term care settings.

NCSBN continues to serve as the premier organization that advances regulatory excellence for public protection. States participating in these examination programs, through NCSBN, will continue to provide support to licensed health care professionals who need more qualified staff at the bedside to assist in the delivery of safe, competent care.

Highlights of FY13 Activities

- In December 2012, Washington entered into a contract for the use of the MACE exam. The exam began being administered June 1, 2013.
- In January 2013, new NNAAP written forms went into operational use. Pretest items were administered along with operational items in these test forms. Successful pretest items will be added to the operational item pool.
- In April 2012, the NNAAP® Item Writing Workshop was held.
- In May 2012, the NNAAP® Item Review Workshop was held.
- In June 2012, the MACE® Item Writing Workshop was held.
- In July 2012, the MACE® Item Review Workshop was held.

Staff

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Jolene Riordan
Content Coordinator,
Examinations

Nicole Williams, MSN, RN-BC
Content Manager, Examinations

Ada Woo, PhD, MA
Associate Director, Measurement
and Testing, Examinations

Meeting Dates

- April 4-6, 2012 (NNAAP® Item Writing Workshop)
- May 2-4, 2012 (NNAAP® Item Review Workshop)
- June 6-8, 2012 (MACE® Item Writing Workshop)
- July 16-18, 2012 (MACE® Item Review Workshop)

Relationship to Strategic Plan

Strategic Initiative C

NCSBN provides state-of-the-art competence assessments.

Strategic Objective 1b

Comply with current legal and testing standards for the NNAAP® Examination.

Strategic Objective 1c

Comply with current legal and testing standards for the MACE® Examination.

PROGRAM HIGHLIGHTS AND TEST DEVELOPMENT ACTIVITIES

NNAAP® Item Writing and Review Workshops

On April 2-4, 2012 and May 2-4, 2012, SMEs engaged in test development activities for the NNAAP written or oral examination. The April meeting began with an introduction to NCSBN and continued with an item writing workshop that included specific guidelines to use when writing new items. The guidelines provided to SMEs included a practice session in writing and reviewing of items; a list of activity statements to write new items based on an analysis of item bank needs; and an explanation of how to use the NNAAP® Written or Oral Examination Content Outline. In preparation for the meeting, the statistician conducted a gap analysis of the item bank to evaluate the content areas in need of items. This evaluation determines the activity statements to which SMEs will write items.

The May meeting began with an introduction to NCSBN and continued with an item review workshop that included specific guidelines to use when reviewing items. SMEs discussed the guidelines necessary for reviewing active and problem items. Active items are items that are scored; problem items are items that were found to perform poorly statistically and are not used on testing forms.

NNAAP® Skills Standard-Setting Policy Panel

A NNAAP Skills Standard Setting Policy Panel convened in Chicago on Aug. 2, 2012, to review NNAAP skill passing standards recommended by SMEs in 2011 and 2012. This policy panel consisted of nine SMEs representing practitioners, supervisors, educators and regulators from all four NCSBN geographic regions. Panel members reviewed all available evidence and provided a final passing standard recommendation for NNAAP skills examination forms. The new passing standard was implemented on July 1, 2013.

MACE® Item Writing and Review Workshops

The MACE item writing and item review workshops, held June 6-8, 2012 and July 4-6, 2012, followed the same plan as the NNAAP item writing and review workshops stated above.

Future Activities

- Share information with the public about NNAAP and MACE.
- Develop new test items, test forms and maintain item pools for NNAAP and MACE.
- Perform appropriate item response and statistical analyses of items for NNAAP and MACE.
- Build test forms for written and oral examinations for NNAAP.
- Continue to increase the bank of items for MACE and build computer-based forms to meet needs of membership.
- Enhance the quality of NNAAP and MACE.
- Increase the number of states that use NNAAP and MACE for NA and medication aide certification.

SUMMARY OF NNAAP® EXAMINATION RESULTS FOR TESTING YEAR 2012: PASS RATES BY STATE¹

Across all jurisdictions, the pass rates for NNAAP were 88 percent for the written or oral examinations and 79 percent for the skills evaluation. The table below provides passing rates by jurisdiction for the written or oral examination, skills evaluation and overall pass for forms administered in 2012. The number in parentheses represents the number of candidates taking the examination. The overall pass rate provides information on the completion of all requirements for NA certification. A candidate must pass both the written or oral examination and skills evaluation to obtain an overall pass.

¹ The NNAAP testing year coincides with the calendar year. Pass rates from Jan. 1 to Dec. 31, 2012, are presented here.

Table 1: Pass Rates by Jurisdiction

Jurisdiction	Written/Oral (N)			Skills (N)			Total
	First Time Takers	Repeaters	Total	First Time Takers	Repeaters	Total	
Alabama	87% (1,562)	63% (205)	84% (1,767)	72% (1,568)	70% (344)	71% (1,912)	74% (1,746)
Alaska	94% (537)	83% (76)	93% (613)	90% (535)	93% (93)	90% (628)	92% (599)
California	87% (10,335)	60% (1,848)	83% (12,183)	90% (10,351)	85% (1,313)	90% (11,664)	87% (11,273)
Colorado	94% (6,397)	74% (796)	92% (7,193)	84% (6,483)	74% (1,358)	82% (7,841)	88% (7,148)
District of Columbia	75% (243)	59% (88)	70% (331)	77% (252)	70% (69)	76% (321)	71% (313)
Georgia	89% (10,732)	63% (1,478)	86% (12,210)	79% (10,946)	75% (1,844)	78% (12,790)	81% (11,741)
Louisiana	80% (215)	60% (65)	75% (280)	86% (216)	97% (39)	88% (255)	88% (240)
Guam	77% (13)	0% (4)	59% (17)	69% (13)	100% (3)	75% (16)	50% (18)
Maryland	89% (3,697)	66% (527)	87% (4,224)	88% (3,719)	81% (504)	87% (4,223)	87% (4,028)
Minnesota	94% (5,234)	86% (1,453)	92% (6,687)	83% (5,229)	80% (2,065)	82% (7,294)	90% (6,529)
Mississippi	85% (2,424)	71% (653)	82% (3,077)	71% (2,421)	69% (853)	71% (3,274)	74% (2,976)
New Hampshire	100% (10)	67% (3)	92% (13)	100% (10)	100% (4)	100% (14)	93% (14)
North Carolina	93% (20,937)	82% (3,170)	91% (24,107)	74% (21,398)	71% (6,310)	73% (27,708)	81% (24,433)
North Dakota	94% (1,151)	76% (149)	92% (1,300)	91% (1,139)	91% (161)	91% (1,300)	92% (1,254)
Pennsylvania	91% (8,834)	70% (1,395)	88% (10,229)	80% (8,956)	77% (2,118)	79% (11,074)	84% (10,087)
Rhode Island	88% (1,601)	58% (407)	82% (2,008)	61% (1,619)	67% (843)	63% (2,462)	79% (1,883)
South Carolina	90% (4,328)	78% (777)	89% (5,105)	73% (4,378)	66% (1,469)	72% (5,847)	78% (5,160)
Texas ¹	87% (23,690)	66% (4,697)	83% (28,387)				90% (22,909)
Vermont	96% (209)	100% (3)	96% (212)	78% (207)	82% (22)	78% (229)	82% (217)
Virgin Islands	92% (50)	50% (4)	89% (54)	68% (47)	64% (14)	67% (61)	65% (60)

¹ Texas doesn't use the Skills portion of NNAAP, so there is no data to report.

Table 1: Pass Rates by Jurisdiction

Jurisdiction	Written/Oral (N)			Skills (N)			Total
	First Time Takers	Repeaters	Total	First Time Takers	Repeaters	Total	
Virginia	89% (6,838)	55% (1,224)	84% (8,062)	76% (6,902)	71% (1,718)	75% (8,620)	80% (7,764)
Washington	92% (8,790)	61% (1,096)	89% (9,886)	84% (8,850)	83% (1,510)	84% (10,360)	87% (9,630)
Wisconsin	96% (9,951)	82% (920)	95% (10,871)	83% (10,000)	81% (2,055)	83% (12,055)	90% (10,875)
Wyoming	97% (954)	94% (140)	96% (1,094)	85% (956)	84% (248)	85% (1,204)	92% (1,098)
Total	90% (128,732)	70% (21,178)	88% (149,910)	80% (106,195)	75% (24,957)	79% (131,152)	85% (141,995)

Attachments

A. Final Cutscores for NNAAP® Skills

Attachment A

Final Cutscores for NNAAP® Skills

Skill #	Skill Name	Number of Steps	Cutscore
1	Hand Hygiene (Hand Washing)	10	9
2	Applies one Knee-High Elastic Stocking	10	9
3	Assists to Ambulate Using Transfer Belt	13	11
4	Assists With Use of Bedpan	17	14
5	Cleans Upper or Lower Denture	12	10
6	Counts and Records Radial Pulse	6	5
7	Counts and Records Respirations	5	4
8	Donning and Removing PPE (Gown and Gloves)	14	12
9	Dresses Client with Affected (Weak) Right Arm	9	8
10	Feeds Client Who Cannot Feed Self	14	12
11	Gives Modified Bed Bath (Face and One Arm, Hand and Underarm)	19	16
12	Measures and Records Blood Pressure	12	10
13	Measures and Records Urinary Output	8	7
14	Measures and Records Weight of Ambulatory Client	7	6
15	Performs Modified Passive Range of Motion (PROM) for One Knee and One Ankle	10	9
16	Performs Modified Passive Range of Motion (PROM) for One Shoulder	8	7
17	Positions on Side	12	11
18	Provides Catheter Care for Female	16	14
19	Provides Foot Care on One Foot	17	14
20	Provides Mouth Care	16	14
21	Provides Perineal Care (Peri-Care) for Female	18	16
22	Transfers from Bed to Wheelchair Using Transfer Belt	19	16



Section IV
2013 NCSBN Annual Meeting

The Table of Contents was updated on Aug. 9, 2013. Page numbers reflected in this online version of the Business Book will differ from the printed version.

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Standing Rules of the Delegate Assembly

1. Credentialing Procedures and Reports

- A. The President shall appoint the Credentials Committee, which is responsible for registering and accrediting delegates and alternate delegates.
- B. Upon registration, each delegate and alternate shall receive a badge and the appropriate number of voting cards authorized for that delegate. 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 registered alternate may substitute for a delegate provided the delegate turns in the delegate badge and voting card(s) to the Credentials Committee at which time the alternate is issued a delegate badge. The initial delegate may resume delegate status by the same process.
- D. The Credentials Committee shall give a report at the first business meeting. The report will contain the number of delegates and alternates registered as present with proper credentials, and the number of delegate votes present. At the beginning of each subsequent business meeting, the committee shall present an updated report listing all properly credentialed delegates and alternate delegates present, and the number of delegate votes present.

2. Meeting Conduct

A. Meeting Conduct

- 1. Delegates must wear badges and sit in the section reserved for them.
- 2. All attendees shall be in their seats at least five minutes before the scheduled meeting time.
- 3. There shall be no smoking in the meeting room.
- 4. All cellular telephones and pagers shall be turned off or turned to silent vibrating mode. An attendee must leave the meeting room to answer a telephone.
- 5. A delegate's conversations with non-delegates during a business meeting must take place outside the designated delegate area.
- 6. All attendees have a right to be treated respectfully.
- 7. There shall be no videotaping, audio recording or photographing of the sessions without the written permission of NCSBN.

3. Agenda

A. Business Agenda

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

B. Consent Agenda

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

4. Motions or Resolutions

- A. Only delegates, members of the Board of Directors, and the NCLEX® Examination Committee may present motions or resolutions to the Delegate Assembly. Resolutions or motions made by the NCLEX® Examination Committee are limited to those to approve test plans pursuant to Article X, Section 1(a) of the NCSBN Bylaws.
- B. All motions, resolutions and amendments shall be in writing and on triplicate motion paper signed by the maker and a second. All motions, resolutions and amendments must be submitted to the Delegate Assembly Chair and the Parliamentarian. All resolutions and non-procedural main motions must also be submitted to the Chair of the Resolutions Committee before being presented to the Delegate Assembly.
- C. The Resolutions Committee, according to its Operating Policies and Procedures, shall review motions and resolutions submitted before Thursday, Aug. 15, 2013, at 3:30 pm. Resolution or motion-makers are encouraged to submit motions and resolutions to the Resolutions Committee for review before this deadline.
- D. The Resolutions Committee will convene its meeting on Thursday, Aug. 15, 2013, at 3:30 pm and schedule a mutually agreeable time during the meeting to meet with each resolution or motion-maker. The Resolutions Committee shall meet with the resolution or motion-maker to prepare resolutions or motions for presentation to the Delegate Assembly and to evaluate the resolution or motion in accordance with the criteria in its operating policies and procedures. The Committee shall submit a summary report to the Delegate Assembly of the Committee's review, analysis, and evaluation of each resolution and motion referred to the Committee. The Committee report shall precede the resolution or motion by the maker to the Delegate Assembly.
- E. If a member of the Delegate Assembly wishes to introduce a non-procedural main motion or resolution after the deadline of 3:30 pm on Thursday, Aug. 15, 2013, the request shall be submitted under New Business; provided that the maker first submits the resolution or motion to the Chair of the Resolutions Committee. All motions or resolutions submitted after the deadline must be presented with a written analysis that addresses the motion or resolution's consistency with established review criteria, including, but not limited to, the NCSBN mission, purpose and/or functions, strategic initiatives and outcomes; preliminary assessment of fiscal impact; and potential legal implications. The member submitting such a motion or resolution shall provide written copies of the motion or resolution to all delegates. A majority vote of the delegates shall be required to grant the request to introduce this item of business. [The Resolutions Committee shall advise the Delegate Assembly where the required analyses have not been performed and/or recommend deferral of a vote on the motion pending further analysis.]

5. Debate at Business Meetings

- A. Order of Debate: Delegates shall have the first right to speak. Non-delegate members and employees of Member Boards including members of the Board of Directors, followed by Associate Members, may speak only after all delegates have spoken.
- B. Any person who wishes to speak shall go to a microphone. When recognized by the Chair, the speaker shall state his or her name and Member Board or organization.
- C. 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.
- D. A red card raised at a 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. Any of these motions takes priority over regular debate.

-
- E. A timekeeper will signal when the speaker has one minute remaining, and when the allotted time has expired.
 - F. The Delegate Assembly may by a majority vote go into executive session. The enacting motion shall specify those permitted to attend.

6. Nominations and Elections

- A. Any member who intends to be nominated from the floor is required to submit their completed nomination form and must meet with the Leadership Succession Committee the day before adoption of the slate of candidates by the Delegate Assembly.
- B. A delegate making a nomination with a motion form from the floor shall have two minutes to list the qualifications of the nominee.
- C. Electioneering for candidates is prohibited except during the candidate forum.
- D. The voting strength for the election shall be determined by those registered by 5:00 pm on Wednesday, Aug. 14, 2013.
- E. Election for officers, directors, and members of the Leadership Succession Committee shall be held Thursday, Aug. 15, 2013 from 8:30 – 9:00 am.
- F. If no candidate receives the required vote for an office and repeated balloting is required, the President shall immediately announce run-off candidates and the time for the run-off balloting.
 - 1. If no candidate for officer or area director receives a majority on the first ballot, the run-off shall be limited to the two candidates receiving the highest number of votes.
 - 2. If no candidate for director-at-large receives a majority on the first ballot, the run-off shall be limited to the four candidates receiving the highest number of votes. If no candidate receives a majority on the second ballot, another run-off shall be limited to the three candidates receiving the highest number of votes.
 - 3. If, on the initial ballot, one candidate for director-at-large receives a majority, a run-off shall be limited to the two candidates receiving the next highest number of votes.

7. Forums

- A. Scheduled Forums: The purpose of scheduled forums is to provide information helpful for decisions and to encourage dialogue among all delegates on the issues presented at the forum. All delegates are encouraged to attend forums to prepare for voting during the Delegate Assembly. Forum facilitators will give preference to voting delegates who wish to raise questions and/or discuss an issue. Guests may be recognized by the Chair to speak after all delegates, non-delegate members and employees of Member Boards have spoken.
- B. Open Forum: Open forum time may be scheduled to promote dialogue and discussion on issues by all attendees. Attendee participation determines the topics discussed during an Open Forum. The President will facilitate the Open Forum.
- C. To ensure fair participation in forums, the forum facilitators may, at their discretion, impose rules of debate.

Orientation Manual for Delegate Assembly Participants

The purpose of the Orientation Manual is to provide information about the mission, governance and operations of NCSBN. It is hoped that this manual will facilitate the active participation of all Delegate Assembly participants as well as the Board of Directors (BOD) and committee members.

Following a brief discussion of NCSBN's history, this manual will describe the organization's structure, functions, policies and procedures.

History

The concept of an organization such as NCSBN had its roots as far back as August 1912 when a special conference on state registration laws was held during the American Nurses Association (ANA) convention. At that time, participants voted to create a committee that would arrange an annual conference for people involved with state boards of nursing (BONs) 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.

BONs also worked with the National League for Nursing Education (NLNE), which in 1932, became the ANA's Department of Education. In 1933, by agreement with ANA, NLNE accepted responsibility for advisory services to the State Boards of Nurse Examiners (SBNE) in all education and examination-related matters. Through its Committee on Education, NLNE set up a subcommittee that would address, over the following decade, state board examination issues and problems. In 1937, NLNE published *A Curriculum Guide for Schools of Nursing*. Two years later, NLNE initiated the first testing service through its Committee on Nursing Tests.

Soon after the beginning of World War II, nurse examiners began to face mounting pressures to hasten licensing and to schedule examinations more frequently. In response, participants at a 1942 NLNE conference suggested a "pooling of tests" whereby each state would prepare and contribute examinations in one or more subjects that could provide a reservoir of test items. They recommended that the Committee on Nursing Tests, in consultation with representative nurse examiners, compile the tests in machine-scorable form. In 1943, the NLNE board endorsed the action and authorized its Committee on Nursing Tests to operate a pooling of licensing tests for interested states (State Board Test Pool Examination or SBTPE). This effort soon demonstrated the need for a clearinghouse whereby BONs 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 BONs.

In 1961, after reviewing the structure and function of the ANA and its relation to BONs, the committee recommended that a council replace it. Although council status was achieved, many people continued to be concerned about potential conflicts of interest and recognized the often-heard criticism that professional boards serve primarily the interests of the profession they purport to regulate.

In 1970, following a period of financial crisis for the ANA, a council member recommended that a free-standing federation of BONs be established. After a year of study by the BONs, 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 ANA's Council of State Boards of Nursing voted 83 to 8 to withdraw from ANA to form the National Council of State Boards of Nursing.

Organizational Mission, Strategic Initiatives and Outcomes

NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

NCSBN currently has five strategic initiatives for fiscal year 2011-2013:

- Promote evidence-based regulation.
- Advance the engagement and leadership potential of all members through education, information and networking.
- Provide state-of-the-art competence assessments.
- Collaborate to advance the evolution of nursing regulation worldwide.
- Optimize nursing regulation through efficient use of technology.

To achieve its strategic initiatives, NCSBN identifies expected outcomes, under which performance measures for achieving these outcomes are developed, assessed and refined each fiscal year and provide the organization with a flexible plan within a disciplined focus. Annually, the BOD evaluates the accomplishment of strategic initiatives and objectives, and the directives of the Delegate Assembly.

Organizational Structure and Function

MEMBERSHIP

Membership in NCSBN is extended to those BONs that agree to use, under specified terms and conditions, one or more types of licensing examinations developed by NCSBN. At the present time, there are 60 member boards, including those from the District of Columbia, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands. BONs 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. Revisions to the bylaws by the membership in 2007 also allow for advanced practice nurse boards to become full members.

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 NCSBN's licensure examinations. Member boards also receive information services, public policy analyses and research services. Member boards that fail to adhere to the conditions of membership may have delinquent fees assessed or their membership terminated by the BOD. They may then choose to appeal the BOD's decision to the Delegate Assembly.

Associate members are authorized nurse regulatory bodies from other countries, must pay an annual membership fee and be approved for membership by the Delegate Assembly. NCSBN has 12 associate members:

- Bermuda Nursing Council
- College and Association of Registered Nurses of Alberta
- College of Licensed Practical Nurses of Alberta
- College of Licensed Practical Nurses of British Columbia
- College of Licensed Practical Nurses of Nova Scotia
- College of Nurses of Ontario
- College of Registered Nurses of British Columbia
- College of Registered Nurses of Manitoba
- College of Registered Nurses of Nova Scotia
- Nursing Council of New Zealand
- Saskatchewan Registered Nurses' Association
- Singapore Nursing Board

AREAS

NCSBN'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 BOD and committee representation. Delegates elect area directors from their respective areas through a majority vote of the Delegate Assembly. In addition, there are four elected directors-at-large.

DELEGATE ASSEMBLY

The Delegate Assembly is the membership body of NCSBN and comprises delegates who are designated by the member boards. Each member board has two votes and may name two delegates and alternates. The Delegate Assembly meets at NCSBN's Annual Meeting, traditionally held in 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 directors and members of the Leadership Succession Committee (LSC) by majority and plurality vote respectively. They also receive and respond to reports from officers and committees. They may revise and amend the bylaws by a two-thirds vote, providing the proposed changes have been submitted at least 45 days before the session. In addition, the Delegate Assembly adopts the mission statement, strategic initiatives of NCSBN, and approves the substance of all NCLEX® examination contracts between NCSBN and member boards, adopts test plans to be used for the development of the NCLEX examination, and establishes the fee for the NCLEX examination.

OFFICERS AND DIRECTORS

NCSBN officers include the president, vice president and treasurer. Directors consist of four area directors and four 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, 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. Four directors-at-large will be elected for terms of two years. Two directors-at-large will be elected in even-numbered years or until their successors are elected and two directors-at-large will be elected in odd-numbered years or until their successors are elected.

Officers and directors 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 and directors 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. BOD appointees fill other officer vacancies until the term expires.

BOD

The BOD, the administrative body of NCSBN, consists of 11 elected officers. The BOD is responsible for the general supervision of the affairs of NCSBN between sessions of the Delegate Assembly. The BOD authorizes the signing of contracts, including those between NCSBN 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 approval of the NCLEX examination test service, appointment of committees, monitoring of committee progress, approval of studies and research pertinent to NCSBN's purpose, and provision for the establishment and maintenance of the administrative offices.

MEETINGS OF THE BOD

All BOD meetings are typically held in Chicago, with the exception of the post-Annual Meeting BOD meeting that may be held at the location of the Annual Meeting. The call to meeting, agenda and related materials are mailed to BOD officers and directors two weeks before the meeting. The agenda is prepared by staff, in consultation with the president, and provided to the membership via the NCSBN website (www.ncsbn.org).

A memo or report that describes the item's background and indicates the BOD action needed accompanies items for BOD discussion and action. Motion papers are available during the meeting and are used so that an accurate record will result. Staff takes minutes of the meeting.

Resource materials are available to each BOD officer and director for use during BOD meetings. These materials are updated periodically throughout the year 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 BOD

Communication between BOD meetings takes place in several different ways. The CEO communicates weekly with the president regarding major activities and confers as needed with the treasurer about financial matters. Monthly updates are provided to the full BOD by the CEO.

LSC

The LSC is comprised of eight elected members. One member from each area is elected for two-year terms in even-numbered years. Four designated members are elected for two-year terms in odd-numbered years, and include a current or former committee chair; a board member of a member board, a staff of a member board, and a past member of the BOD. Members are elected by ballot with a plurality vote.

The LSC's function is to recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; present a slate of candidates through a determination of qualifications and geographic distribution for inclusion on a ballot for the election of the BOD and the LSC. The LSC's report shall be read at the first session of the 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.

COMMITTEES

Many of NCSBN's objectives are accomplished through the committee process. Every year, the committees report on their activities and make recommendations to the BOD. At the present time, NCSBN has two standing committees: NCLEX Examinations and Finance. Subcommittees, such as the Item Review Subcommittee (Exam), may assist standing committees.

In addition to standing committees, special committees are appointed by the BOD for a defined term to address special issues and concerns. NCSBN conducts an annual call for committee member nominations prior to the beginning of each fiscal year. Committees are governed by their specific charge and NCSBN policies and procedures. The appointment of committee chairs and committee members is a responsibility of the BOD. Committee membership is extended to all current members and staff of member boards, consultants and external stakeholders.

In the appointment process, every effort is made to match the expertise of each individual with the charge of the committee. Also considered is balanced representation whenever possible, among areas, board members and board staff, registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs), and consumers. Nonmembers may be appointed to special committees to provide specialized expertise. A BOD liaison and an NCSBN staff member are assigned to assist each committee. The respective roles of BOD liaison, committee chair and committee staff are provided in NCSBN policy. Each work collaboratively to facilitate committee work and provide support and expertise to committee members to complete the charge. Neither the BOD liaison nor the NCSBN staff are entitled to a vote, but respectively can advise the committee regarding the strategic or operational impact of decisions and recommendation.

Description of Standing Committees

NCLEX® EXAMINATION COMMITTEE (NEC)

The NEC comprises at least nine members. One of the committee members shall be an LPN/VN, or a board or staff member of an LPN/VN BON. The committee chair shall have served as a member of the committee prior to being appointed as chair. The purpose of the NEC is to develop the licensure examinations and evaluate procedures needed to produce and deliver the licensure examinations. Toward this end, it recommends test plans to the Delegate Assembly and suggests enhancements based on research that is important to the development of licensure examinations.

The NEC advises the BOD on matters related to the NCLEX examination process, including psychometrics, item development, test security and administration, and quality assurance. Other duties include the selection of appropriate item development panels, test service evaluation, oversight of test service transitions, and preparation of written information about the examinations for member boards and other interested parties. The NEC also regularly evaluates the licensure examinations by means of item analysis and test, and candidate statistics.

One of NCSBN's major objectives is to provide psychometrically sound and legally defensible nursing licensure examinations to member boards. Establishing examination validity is a key component of this objective. Users of examinations have certain expectations about what an examination measures and what its results mean; a valid examination is simply one that legitimately fulfills these expectations.

Validating a licensure examination is an evidence-gathering process to determine two things: (1) whether or not the examination actually measures competencies required for safe and effective job performance; and (2) whether or not it can distinguish between candidates who do and do not possess those competencies. An analysis of the job for which the license is given is essential to validation.

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 passing standard 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 to recommend a series of passing standards for this process. Judges are trained in conceptualizing the minimally competent candidate (performing at the lowest acceptable level), and they go through a structured process of judging success rates on each individual item of the test. Their pooled judgments result in identification of a series of recommended passing standards. Taking these recommendations along with other data relevant to identification of the level of competence, the BOD sets a passing standard that distinguishes between candidates who do and do not possess the essential competencies, thus fulfilling the second validation criterion.

Having validation evidence based on job analysis and criterion-referenced standard setting processes and utilizing item construction and test delivery processes based on sound psychometric principles constitute the best legal defense available for licensing examinations. For most of the possible challenges that a candidate might bring against an examination, if the test demonstrably measures the possession of important job-related skills, its use in the licensure process is likely to be upheld in a court of law.

FINANCE COMMITTEE

The Finance Committee comprises at least four members and the treasurer, who serves as the chair. The committee reviews the annual budget, monitors NCSBN investments and facilitates the annual independent audit. The committee recommends the budget to the BOD and advises the BOD on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to member board needs. It also reviews financial status on a quarterly basis.

NCSBN STAFF

NCSBN staff members are hired by the CEO. Their primary role is to implement the Delegate Assembly's and BOD's policy directives and provide assistance to committees.

GENERAL DELEGATE ASSEMBLY INFORMATION

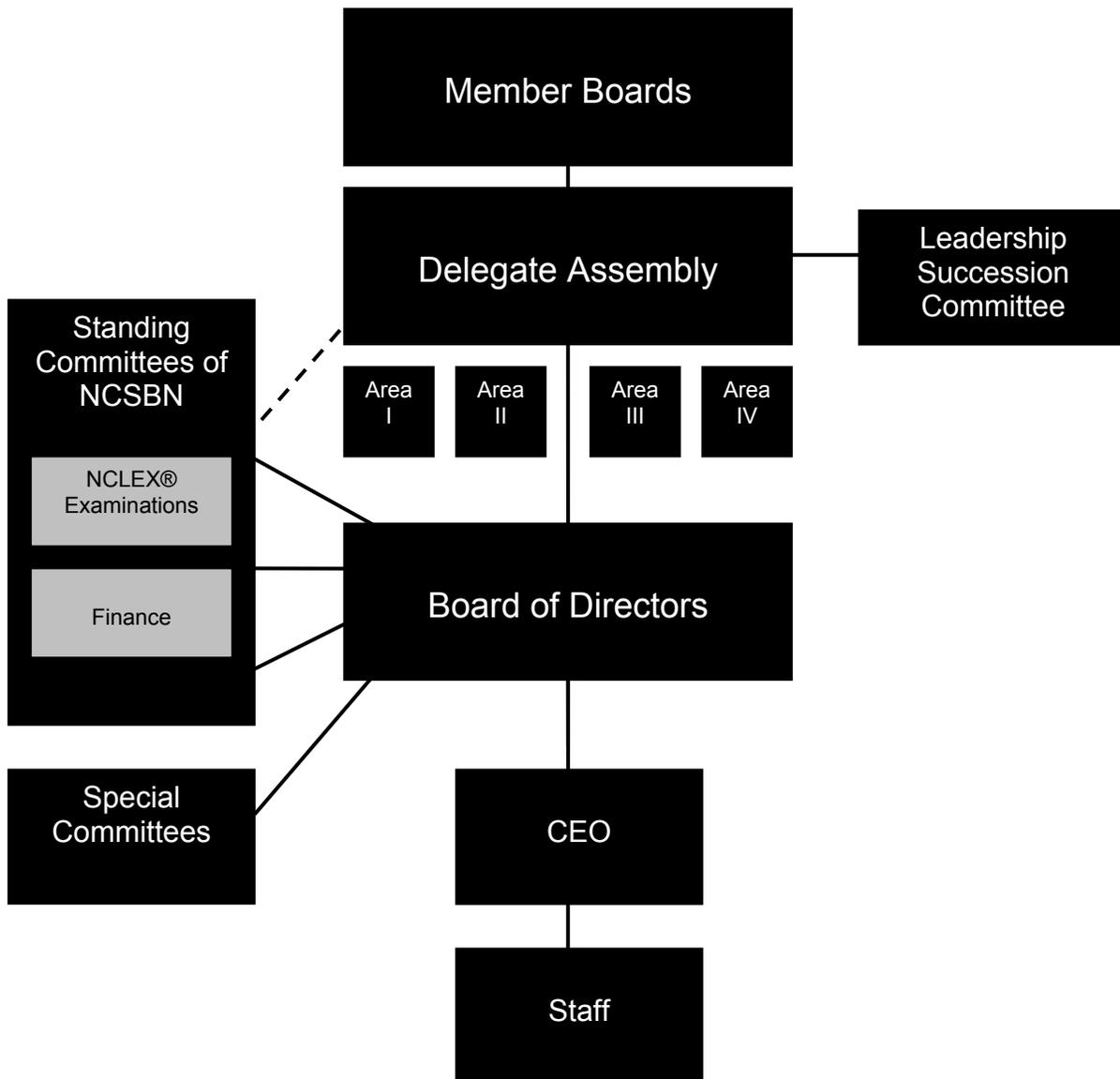
The business agenda of the Delegate Assembly is prepared and approved by the BOD. At least 45 days prior to the Annual Meeting, member boards are sent the recommendations to be considered by the Delegate Assembly. A Business Book is provided to all Annual Meeting registrants which contains the agenda, reports requiring Delegate Assembly action, reports of the BOD, reports of special and standing committees, and strategic initiatives and objectives.

Prior to the annual session of the Delegate Assembly, the president appoints the credentials, resolutions and elections committees, as well as the Committee to Approve Minutes. The president may also appoint a timekeeper, a parliamentarian and pages.

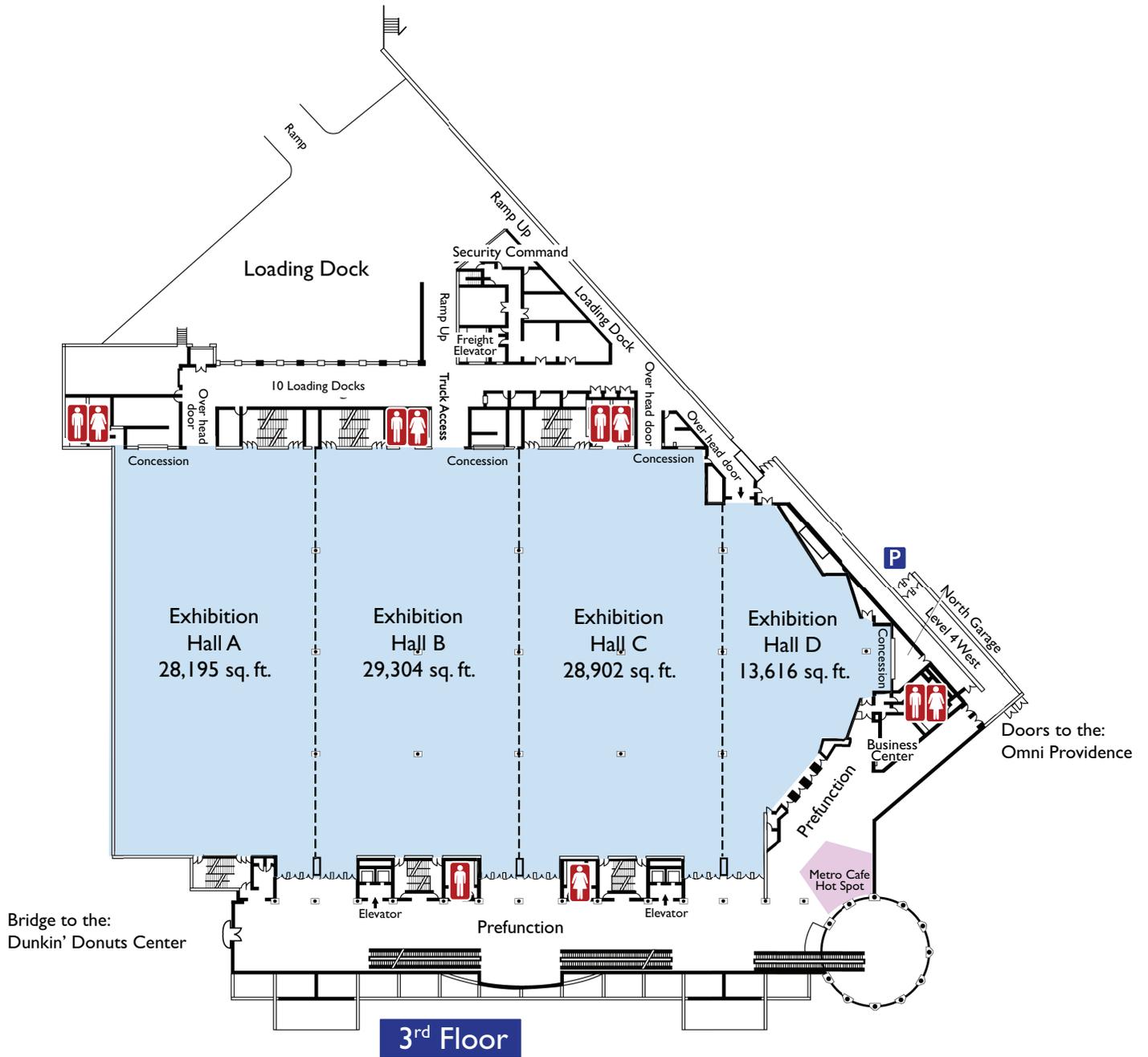
The function of the Credentials Committee is to provide delegates with identification bearing the number of votes to which the delegate is entitled. It also presents oral and written reports at the opening session of the Delegate Assembly and immediately preceding the election of officers and the LSC. The Elections Committee conducts all elections that are decided by ballot in accordance with the bylaws and standing rules. The Resolutions Committee initiates resolutions if deemed necessary and receives, edits, and evaluates all others in terms of their relationship to NCSBN's mission and fiscal impact to the organization. At a time designated by the president, it reports to the Delegate Assembly.

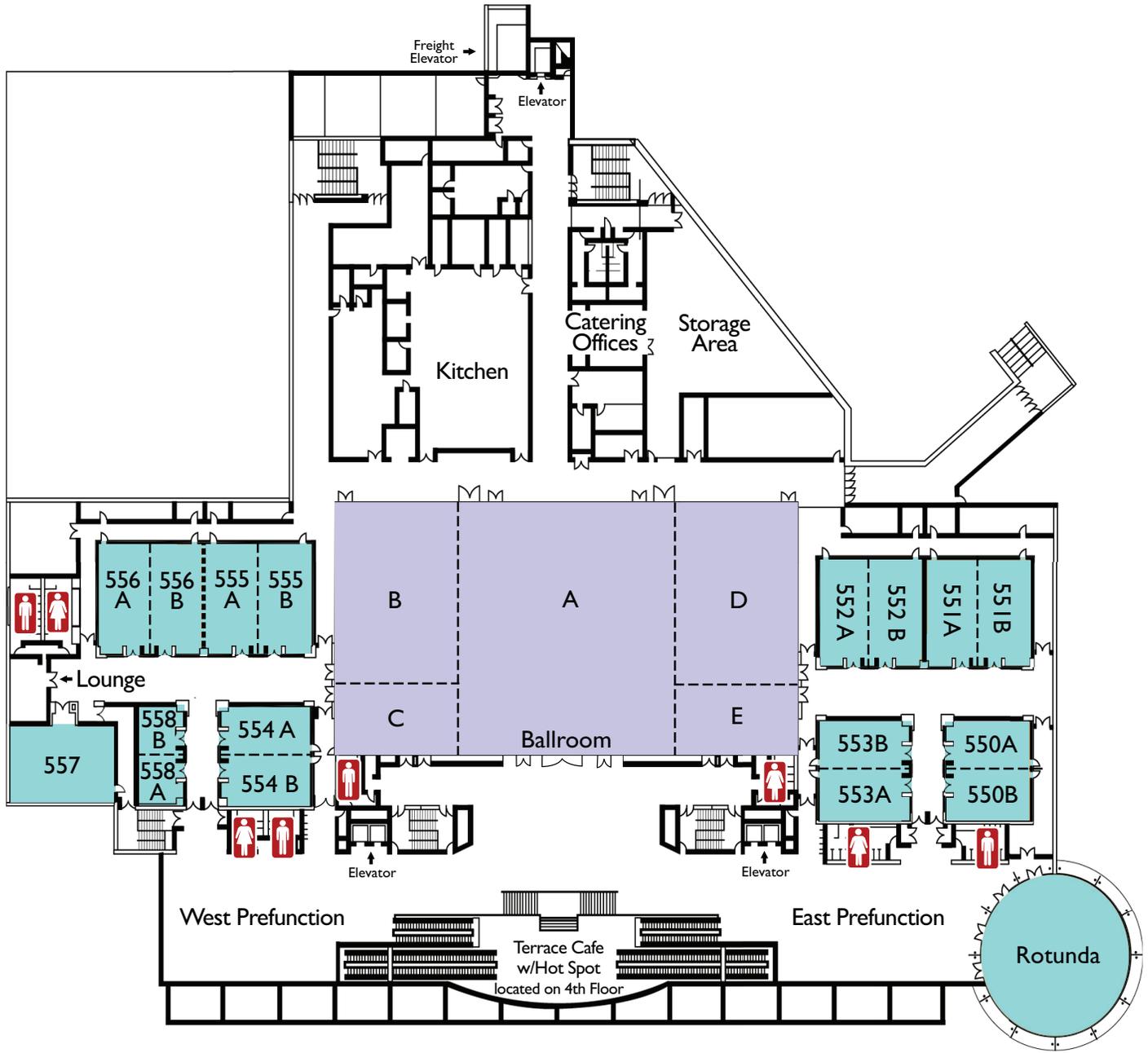
The parliamentarian keeps minutes of the Delegate Assembly. These minutes are then reviewed, corrected as necessary and approved by the Committee to Approve Minutes, which includes the CEO, who serves as corporate secretary.

NCSBN Organizational Chart



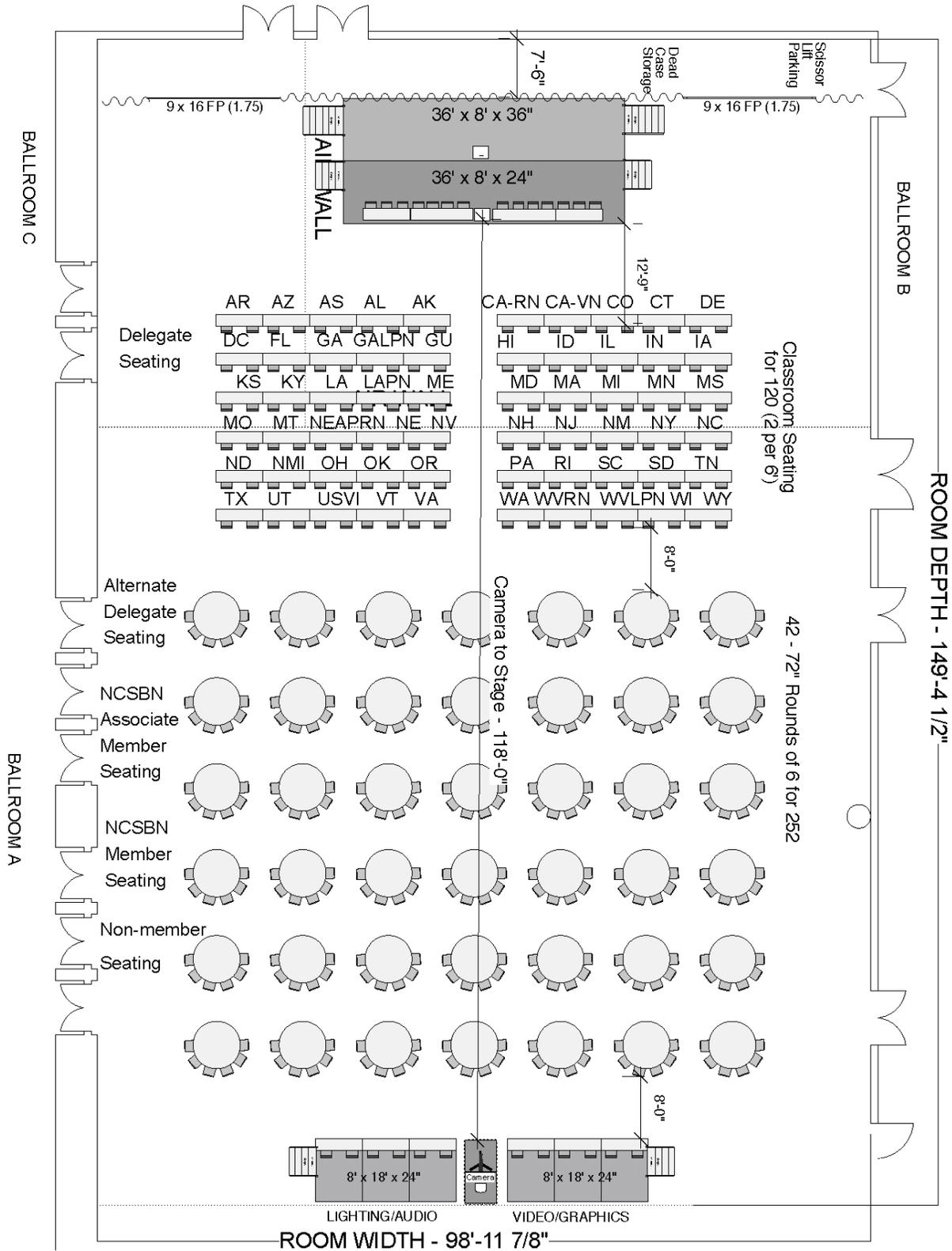
Rhode Island Convention Center



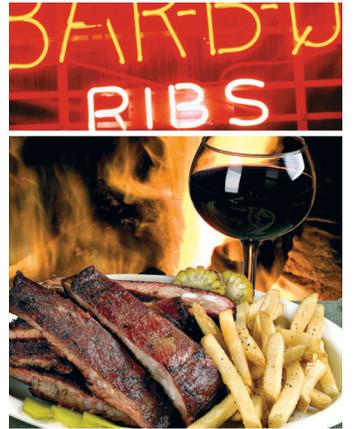


5th Floor

2013 NCSBN Annual Meeting Seating Diagram



Kansas City



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2014 NCSBN Midyear Meeting
March 10 - 12, 2014
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