

# 2014 ANNUAL MEETING

AUG. 13 - 15, 2014 | CHICAGO, IL



## About this Illustration

*"The best way to predict your future is to create it."*  
—Abraham Lincoln

Evoking the style, colors and spirit of the Works Progress Administration (WPA) of the 1930s, this year's theme, "Revolutionizing the Now to Design the Future," takes its inspiration from the values that Depression-era artisans strove to depict in their own works – perseverance, community, optimism and the triumph of the "common man" over obstacles.

Recognition that "revolution" is necessary to craft a future where public protection remains paramount amidst the changing demands of the health care environment and evolving technology, this illustration interweaves the concept of change as a power for good and embraces the process of transformation as a positive force uniting nursing regulatory bodies in the U.S. and across the world.

In its most benign manifestation, revolution denotes change and to revolve means to turn – this illustration depicts both. The human hand is the change instrument that skillfully guides the transformation by using the tool to put the gears in motion.

The "nut" that the wrench is turning is actually an acorn, the seed from which the tree, which serves as the background image of the design, springs. The tree is rooted in the earth but reaches toward the sky, representing growth and strength, just like boards of nursing build upon their steadfast foundations of their mission to guard the public's safety and welfare through new and innovative means and mechanisms.

At the very base of the illustration, anchoring the design, is a globe, symbolizing the far-reaching scope that NCSBN aspires to in its vision statement to "advance regulatory excellence worldwide." The universality of the quest to ensure public protection encompasses the contributions of the NCSBN Associate Members and emphasizes their partnership with U.S. boards of nursing. The waves flanking each side of the globe signify the flow of ideas across the ocean and back again.



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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 16 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.

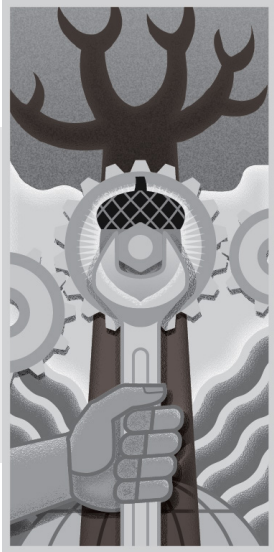
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## 2014 NCSBN Annual Meeting Mobile App Your Offline Mobile Event Guide

### 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](http://www.ncsbn.org/events) and select 2014 Annual Meeting. Click on the mobile app image.
- **iOS App Store**
  1. On your device, open the App Store app.
  2. Search for NCSBN14.
  3. Install and run.
- **Google Play**
  1. On your device, open Google Play app.
  2. Search for NCSBN14.
  3. Install and run.
- **Kindle Fire**
  1. From the Home screen, select Apps.
  2. Select Store.
  3. Enter the NCSBN14 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/4km>.

- 
- **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

Download on the  
 **App Store**  
<http://ativ.me/561>



ANDROID APP ON  
 **Google play**  
<http://ativ.me/562>



For all other devices  
**Web Version**  
<http://ativ.me/563>



Powered by  **EventPilot**<sup>®</sup>  
ativsoftware.com



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# SAVE THE DATE

## 2014-2015 UPCOMING EVENTS

Sept. 29, 2014

**NCLEX® Conference**

*Charlotte, N.C.*

Oct. 28-30, 2014

**International Nurse Regulator  
Collaborative Symposium**

*Chicago, Ill.*

Jan. 13-15, 2015

**Annual Institute of Regulatory  
Excellence (IRE) Conference**

*Charleston, S.C.*

March 16-18, 2015

**Midyear Meeting**

*Louisville, Ky.*



FOR MORE INFORMATION, VISIT  
[www.ncsbn.org/events](http://www.ncsbn.org/events)



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## Directions for Obtaining Continuing Education (CE) Contact Hours for the 2014 Delegate Assembly

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

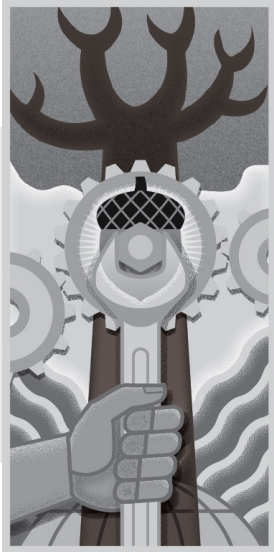
Please follow these directions carefully if you'd like to receive your CE contact hours:

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 Tuesday, Sept. 2, 2014.
5. If you have any questions, email Qiana Hampton at [qhampton@ncsbn.org](mailto:qhampton@ncsbn.org).

*Provider Number: ABNP1046, expiration date October 2014*







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# Business Agenda of the 2014 Delegate Assembly

**Wednesday, Aug. 13, 2014**

9:30-11:00 am

## **OPENING CEREMONIES**

- Introductions
- Announcements

## **OPENING REPORT**

- Credentials Report

## **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. 14, 2014**

8:30-9:00 am

## **ELECTION AND RESULTS**

**Friday, Aug. 15, 2014**

10:30 am-12:00 pm

## **BOARD OF DIRECTORS' RECOMMENDATIONS**

- Adopt the proposed revision to the NCSBN Model Practice Act & Rules.
- Adopt the proposed revisions to the NCSBN Bylaws addressing the simultaneous vacancy of the president and president-elect positions.
- Adopt the proposed revision to the APRN Interstate Compact.
- Approve the Nurses Association of New Brunswick as an associate member of NCSBN.
- Approve the College of Licensed Practical Nurses of Newfoundland and Labrador as an associate member of NCSBN.
- Approve the Nursing & Midwifery Board of New South Wales as an associate member of NCSBN.
- Approve the Yukon Registered Nurses Association as an associate member of NCSBN.

## **NEW BUSINESS**

## **CLOSING CEREMONY**

## **ADJOURNMENT**

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



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# Annual Meeting Schedule

## TUESDAY, AUG. 12, 2014

**9:00 am–5:00 pm**  
*Regency Ballroom D*

**Nurse Licensure Compact Administrators (NLCA) Meeting**  
Open to all attendees.

**2:00–5:30 pm**  
*Regency 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**  
*Soldier Field*

**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](mailto:execoffice@ncsbn.org) to schedule a time.

**6:00–8:00 pm**

**NCSBN Welcome Reception**  
Riverwalk Café  
401 N. Michigan Avenue  
Chicago, IL 60611

NCSBN welcomes all attendees to the 2014 Annual Meeting. Please join us at the Riverwalk Café for a networking reception. This is an opportunity to meet your 2014 candidates.

**The reception is open to attendees only.** The café is three blocks from the hotel. No transportation will be provided; there will be staff along the route to the café.

## WEDNESDAY, AUG. 13, 2014

**7:30 am–5:00 pm**  
*Regency 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 and events.

**7:30–9:00 am**  
*Regency Ballroom Foyer*

**Continental Breakfast**

**7:30–9:30 am**  
*Regency Ballroom Foyer*

**Organization Exchange**  
The Organization Exchange is an invitation only program that allows external organizations to exhibit and interact with NCSBN members one-on-one. All prearranged attendee organization meetings should be held at this time.

**7:45–8:00 am**  
*Regency Ballroom D*

**Resolutions Committee Meeting**  
Open to Resolutions Committee members only.

**8:00–9:00 am**  
*Regency Ballroom D*

**Delegate Orientation**  
Open to all attendees.

SCHEDULE AND LOCATIONS ARE SUBJECT TO CHANGE.

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**9:30–11:00 am**  
Regency Ballroom A-C

**Delegate Assembly: Opening Ceremony**

- Opening Ceremony
  - Introductions
  - Announcements
- Opening Reports
  - Credentials
  - Adoption of the Standing Rules
- Adoption of Agenda
- Report of the LSC
  - Presentation of the 2014 Slate of Candidates
  - Nominations from Floor
  - Approval of the 2014 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**  
Regency 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*

Support NCSBN and your fellow NCSBN members. Come to the Candidate Forum to hear from the nominees for NCSBN elected office.

**12:00 –1:15 pm**  
Crystal Ballroom

**Lunch**

**1:15–2:30 pm**  
Regency Ballroom A-C

**Scientific Presentation: Simulation Study**

*Jennifer Hayden, MSN, RN  
Associate, Research, NCSBN*

In this session, NCSBN staff will discuss the outcomes of the National Simulation Study.

**2:30–3:00 pm**  
Regency Ballroom Foyer

**Organization Exchange Break**

**3:00–5:00 pm**  
Regency Ballroom A-C

### **Committee Forums**

#### **Finance Committee**

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

#### **Bylaws Committee Forum**

*Nathan Goldman, JD*  
Director-at-Large, NCSBN Board of Directors  
General Counsel, Kentucky 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

#### **APRN Compact**

*Kathy Thomas, MN, RN*  
Area III Director, NCSBN Board of Directors  
Executive Director, Texas Board of Nursing

**3:00–5:30 pm**  
Columbian

#### **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. 14.

## **THURSDAY, AUG. 14, 2014**

**7:30 am–3:30 pm**  
Regency Ballroom Foyer

#### **Registration**

**7:30–8:30 am**  
Regency Ballroom Foyer

#### **Organization Exchange**

**7:30–8:30 am**  
Regency Ballroom Foyer

#### **Continental Breakfast**

**8:30–9:00 am**  
Regency Ballroom A-C

#### **Delegate Assembly: Election Followed by Results**

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

**9:00–10:00 am**  
*Regency Ballroom A-C*

### **Renegotiating Health Care: Resolving Conflict to Build Collaboration**

*Leonard J. Marcus, PhD*  
*Director, Program for Health Care Negotiation and Conflict Resolution*  
*Harvard School of Public Health*

We will explore why unresolved conflict can hamper any organization's ability to make timely, cost-effective decisions and implement new strategies. There are complex interactions between those who deliver, receive, administer and oversee health care. However, there are negotiation techniques and conflict resolution approaches that can improve efficiency, quality of care, and patient safety. It is important to build strategies and methods to resolve the myriad thorny issues that encompass the health care enterprise.

Objectives:

1. Review challenges now facing nursing licensure boards, as well as all of health care, given changes in the workforce, policies, the population and technology, the combination of which require all involved in the field to renegotiate work arrangements and expectations.
2. Review and learn methods of negotiation, conflict resolution, and leadership that fit these new challenges and create opportunities to innovate and change.

**10:00–10:30 am**  
*Regency Ballroom Foyer*

### **Organization Exchange Break**

**10:30–11:15 am**  
*Regency Ballroom A-C*

### **Renegotiating Health Care: Resolving Conflict to Build Collaboration, continued**

**11:15 am–12:00 pm**  
*Regency Ballroom A-C*

### **Dialogue with the NCSBN Board of Directors**

Join the NCSBN Board of Directors 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:

*Water Tower*

- Consumer Member Network  
Open to consumer/public members only.

*Wrigley*

- NCSBN Executive Officers  
Open to NCSBN Executive Officers only.

*Comiskey*

- NCSBN Board Presidents  
Open to NCSBN Board Presidents only.

*Crystal Ballroom*

- Regulatory Network  
Open to all attendees.

**2:00–3:30 pm**  
*Columbian*

### **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. 14.

**3:30–4:30 pm**  
*Columbian*

### **Resolutions Committee Meeting**

Open to Resolutions Committee members only.



**6:00–6:30 pm**  
*Crystal Ballroom Foyer*

**Awards Reception**  
Evening Cocktail Attire

**6:30–9:00 pm**  
*Crystal Ballroom*

**Awards Ceremony followed by Dinner**  
Evening Cocktail Attire

**FRIDAY, AUG. 15, 2014**

**8:00–9:00 am**  
*Regency Ballroom Foyer*

**Pearson VUE Sponsored Breakfast**

**9:00–10:00 am**  
*Regency Ballroom A-C*

**Open Roads Open Minds: An Exploration of Creative Problem Solving**

*Steve Uzzell*  
*Advertising and Corporate Photographer*

Regardless of what it says you do on your business card, all of us share a common bond – we spend the continuum of our days somewhere in the creative problem solving process. In his presentation, advertising and corporate photographer Steve Uzzell explores that process, and will give audiences 10 take-home ideas for better solutions during his keynote address.

Uzzell started in the photography business 40 years ago as the assistant to the editor of *National Geographic* and a member of its photographic staff. His assignments have taken him all over the world, and his work has garnered international acclaim and numerous awards. Uzzell has photographed two books and his work has been featured in more than 100 publications.

**10:00–10:30 am**  
*Regency Ballroom Foyer*

**Break**

**10:30 am–12:00 pm**  
*Regency Ballroom A-C*

**Delegate Assembly**

- New Business
- Closing Ceremonies

**11:30 am–12:30 pm**  
*Regency Ballroom Foyer*

**Boxed Lunch**

**12:00–2:00 pm**  
*Toronto*

**Post-Delegate Assembly Board of Directors Meeting**

The FY15 Board of Directors will hold a brief meeting immediately following Delegate Assembly. Agenda and materials will be provided at the meeting. Open to FY15 NCSBN Board of Directors only.



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## NCSBN Awards Schedule

On Aug. 14, 2014, 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**

*Myra Broadway, JD, MS, RN  
Executive Director,  
Maine State 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**

*Gloria Damgaard, MS, RN, FRE  
Executive Secretary,  
South Dakota Board of Nursing*

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



### **Exceptional Contribution Award**

*Ann L. O'Sullivan, PhD, FAAN, CRNP  
Board Member,  
Pennsylvania State Board of Nursing*

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



### **Regulatory Achievement Award**

*Nevada State 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 **2014 NCSBN Annual Meeting**

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# Summary of Recommendations to the 2014 Delegate Assembly with Rationale

## Board of Directors' Recommendations

### ***Adopt the proposed revision to the NCSBN Model Practice Act and Rules.***

**Rationale:**

The proposed revision to the Model Act and Rules is recommended by the Distance Learning Education Committee addressing the issues member boards have expressed related to the regulation of distance education programs. The committee documented the issues and quality indicators of distance education programs in a white paper, and their recommendations allow for more consistency across jurisdictions.

**Fiscal Impact:**

None.

### ***Adopt the proposed revisions to the NCSBN Bylaws addressing the simultaneous vacancy of the president and president-elect positions.***

**Rationale:**

At the 2013 Delegate Assembly, members adopted a resolution to explore information technology available for voting by the Delegate Assembly in the event of vacancy of the president and president-elect, and to report on the advisability of amending the bylaws to allow for such electronic voting. Per the resolution, the 2014 Bylaws Committee Business Book report and recommendation fulfills the intent of the resolution.

**Fiscal Impact:**

None.

### ***Adopt the proposed revision to the APRN Interstate Compact.***

**Rationale:**

To provide uniform licensure requirements for licensing advanced practice registered nurses (APRNs) through a revised APRN Interstate Compact consistent with the APRN Consensus Model. The revision also includes proposed changes to improve the implementation of an interstate compact based on the experience of the Nurse Licensure Compact.

**Fiscal Impact:**

None.

### ***Approve the College of Licensed Practical Nurses of Newfoundland and 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.

***Approve the Nurses Association of New Brunswick 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.

***Approve the Nursing and Midwifery Council of New South Wales 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.

***Approve the Yukon Registered Nurses Association 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.

**Leadership Succession Committee (LSC) Recommendation**

***Adopt the 2014 Slate of Candidates.***

**Rationale:**

The LSC has prepared the 2014 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. 13, 2014.

**Fiscal Impact:**

Incorporated into the FY14 budget.



# Report of the Leadership Succession Committee (LSC)

## Recommendation to the Delegate Assembly

### Adopt the 2014 Slate of Candidates.

#### Rationale:

The LSC has prepared the 2014 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 for each candidate follows. Each candidate will present himself or herself at the Candidate's Forum on Wednesday, Aug. 13, 2014.

## Background

During fiscal year 2014 (FY14), the LSC met in four face-to-face meetings. The fiscal year marks the seventh 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 developed and implemented several innovative strategies to highlight the dynamic and evolving nature of the Leadership Development program. These strategies, as well as activities to inform and engage members in the process of learning about and potentially seeking an elected NCSBN office, are located on the members only side of the NCSBN website. The purpose of these resources is to inform and engage members in the process of their journey on leadership development and in pursuing an elected NCSBN office. The preparation of an annual slate of candidates is now reframed as a membership engagement process in which members are encouraged to not only identify themselves as potential leaders who may be interested in running for election, but also to identify other potential leaders. Thus, the LSC has embraced and reached out to the membership to also embrace the notion that "Leadership succession is everyone's responsibility!"

The work of the LSC included: presentations by selected LSC members at NCSBN conferences; reviewing and updating the nominating and candidate campaign processes; promoting member participation in leadership-related education and training, especially the newly developed Governing Responsibly course available on NCSBN Learning Extension; and collaborating with the Leadership Academy Committee. Leadership development calls took place with two recognized leaders: Mary Beth Thomas and Susan Odom. Three documents, the frequently asked questions (FAQs) sheet on leadership succession and application, the Leadership Engagement brochure, and the Leadership Development Guide, were updated and distributed throughout the year. An LSC booth was staffed by committee members at the Institute of Regulatory Excellence Conference, Midyear Meeting, IT/Operations Conference and the Discipline Case Management Conference. The committee worked closely with the NCSBN Marketing & Communications department to publish leadership stories in *Council Connector* and *In Focus*, which included interviews with exemplar leaders within NCSBN and external to the organization.

#### 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 Board of Directors (BOD) and the LSC.

#### Members

Sue Petula, PhD, 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

Tony Graham, CPM  
Mississippi, Area III, (August 2013-April 2014)  
North Carolina, Area III, (April 2014-present)  
Member-at-Large

Mark Majek, MA, PHR  
Texas, Area III, Member-at-Large

Ann Coughlin, MBA, MSN, RN  
Pennsylvania, Area IV, Member-at-Large

#### 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. 24-25, 2013
- Nov. 5-6, 2013
- Feb. 11-12, 2014
- April 1-3, 2014

#### 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.

## **FY14 Highlights and Accomplishments**

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

- Two Leadership Development Network calls were held with recognized leaders to discuss their route to leadership and the influence of NCSBN on their journey.
- The LSC introduced the Leadership Perspectives column in NCSBN's magazine, *In Focus* (formerly named *Council Connector*). Articles from recognized leaders were included in each issue. There was an ongoing section in *Council Connector* that included a favorite leadership quote of members, along with their portrayal of their leadership experience.
- Preliminary strategies for increasing the use of the Leadership Development Program were developed and discussed.

### **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 LSC adopted the committee team charter document into its committee meeting operations.
- A full slate of candidates has been prepared for presentation at the 2014 Delegate Assembly. The LSC also provided several recommendations to the Bylaws Committee.
- The LSC continued to have a presence at NCSBN conferences.

## **Attachments**

- A. 2014 Slate of Candidates
- B. Frequently Asked Questions (FAQs) on Leadership Succession
- C. Leadership Development Guide
- D. Engagement Brochure
- E. Revised LSC Policy
- F. Board Policy 5.7

**Attachment A**

# 2014 Slate of Candidates

The following is the slate of candidates developed and adopted by the Leadership Succession Committee. Each candidate profile is taken directly from the candidate’s nomination form. The Candidate Forum will provide an opportunity for candidates to address the 2014 Delegate Assembly.

## Board of Directors

### President

Shirley Brekken, Minnesota, Area II . . . . . 34  
Betsy Houchen, Ohio, Area II . . . . . 36

### President-elect

Katherine Thomas, Texas, Area III . . . . . 38

### Treasurer

Julia George, North Carolina, Area III . . . . . 40  
Karen Lyon, Louisiana-RN, Area III . . . . . 42

### Director-at-Large (two positions)

Joe Baker, Jr., Florida, Area III . . . . . 44  
Linda Burhans, North Carolina, Area III . . . . . 46  
Gloria Damgaard, South Dakota, Area II . . . . . 48  
Elizabeth Kiefner Crawford, Indiana, Area II . . . . . 50  
JoAnn Klaassen, Kansas, Area II . . . . . 52  
Suellyn Masek, Washington, Area I . . . . . 54

## Leadership Succession Committee

### Area I Member

Pamela Randolph, Arizona, Area I . . . . . 56

### Area II Member

Deb Haagenson, Minnesota, Area II . . . . . 58

### Area III Member

Patricia Dufrene, Louisiana-RN, Area III . . . . . 60

### Area IV Member

Vacant

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

## 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. How will your competencies contribute to advancing the mission, vision and values of NCSBN? (300 word limit)



## President

### **Shirley Brekken, MS, RN**

Executive Officer, Minnesota Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

I have been a board member, staff person and executive director of the Minnesota Board of Nursing. I have served on NCSBN committees, as a committee member and chairperson. Each experience has increased my knowledge and commitment to regulation and the mission of the NCSBN. Involvement in the following NCSBN initiatives have been most rewarding: participating in the development of Nursys as a member of the Nursys Advisory Group; contributing to the framework and implementation of the Institute for Regulatory Excellence as a member of the Member Board Leadership Development Advisory Group; advancing performance measurement and best practices through the Commitment to Ongoing Regulatory Excellence Committee; and sharing in the governance of the organization as Area II Director and Vice-President of the Board of Directors.

I value evidence-informed regulation and have been a co-investigator, collaborator and national advisory group member in research involving: congruence among LPN regulation, education and practice; LPN regulation and outcomes in nursing home care; comparing state regulations affecting nursing homes and implications for culture change; and a HRSA-funded nurse residency program. I appreciate collaboration in the interest of public protection, patient safety and the education of nurses. Thus, I have been a partner in several state-wide efforts related to: patient safety and advancing a culture of justice, learning and accountability (Minnesota Alliance for Patient Safety Steering and Operations Committee chair); nursing excellence (Stratice Health Institute); nursing workforce (Minnesota Center for Nursing founding member and Board of Directors, Minnesota Health Education and Industry Partnership Steering Committee and Governor's Healthcare Reform Workforce Committee); technology (Governor's e-Licensing Steering Committee); and nursing leadership (MN Organization of Leaders in Nursing).

Experiences as a member of a school board, church planning committee, and other community organizations' boards have been opportunities for community service.

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

State boards of nursing are challenged to maintain relevance to the purposes of regulation within a rapidly changing healthcare and patient safety environment and to achieve that goal with decreasing resources and increasing public expectation for more effective government. Relevance requires that regulatory functions achieve public protection in today's world. Regulatory activities of boards should be based on evidence that results in protection of the safety of recipients of nursing care. Strategies to address these challenges include supporting research in the areas practice breakdown, discipline methodology, remediation and substance abuse to enable boards to implement evidence-informed decision making in regulation and providing board members with opportunities to develop competencies to effectively regulate nursing practice. Helping boards of nursing to establish benchmarks for operations and to share promising practices will aid boards of nursing to increase efficiencies and efficacy. Working toward uniform licensure requirements will increase portability for licensees and facilitate public, nurse and employer satisfaction and confidence in nursing regulation. Open and ethical debate will challenge us to carefully consider all perspectives of an issue and develop understanding of varying vantages. Continuing to support financial resources for member board participation in

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national meetings will engage us in reflection, discussion and let us draw upon the individual and collective wisdom of the membership. Collaboration with other regulatory and non-regulatory stakeholders, including nontraditional partners will give us opportunity to consider and develop creative and innovative solutions for issues confronting nursing regulation.

**HOW WILL YOUR COMPETENCIES CONTRIBUTE TO ADVANCING THE MISSION, VISION AND VALUES OF NCSBN?**

Leadership requires one to be passionate about a cause and a commitment to engagement and service. My passion for excellence in nursing regulation has resulted in opportunities to serve the purpose, mission, vision and values of the National Council. My sensitivity to the history of the organization keeps me grounded in the collective and individual needs of member boards. However, I embrace change and encourage others to explore new approaches needed for an evolving regulatory landscape. While member boards have a common purpose, the means to that end vary within the structure, authority and resources available to each. I respect these differences. I am open to hearing challenges to my positions. Finding solutions often requires asking the hard questions, and I am open to having critical conversations when needed. I strive to find ways to bring diverse points of view to consensus. I am supportive of forging constructive partnerships within and external to the National Council through candor, respect and honest communication. Leadership requires sincerity and personal integrity. I am committed to doing the right thing for the right reason and challenge others to do the same. I encourage and empower others to not only identify an issue or problem but to participate in the solution. I am considered to be forthright, responsible, objective, resourceful, flexible and high-energy. I have learned much through my service as vice-president and would consider it an honor and a privilege to serve you as president.



## President

### **Betsy Houchen, JD, MS, RN**

Executive Officer, Ohio Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

I have been Executive Director of the Ohio Board of Nursing since September 2005. Prior to working for the Nursing Board, 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, hospice care programs, and other 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 served as the Area II Director on the NCSBN Board for four years and currently serve as Director-At-Large. During this time I have been the Board Liaison to several Committees: CORE; Model Law and Rules; and Distance Learning Education. I regularly participate in NCSBN meetings, conferences, Focus Groups, and have served on Board Subcommittees, and on the Interface Group.

It was my honor to receive the 2013 NCSBN R. Louise McManus Award for sustained and significant contributions through the highest commitment and dedication to the purposes of NCSBN, and I am equally proud that the Ohio Board of Nursing received the NCSBN 2009 Regulatory Achievement Award.

#### **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.

#### **HOW WILL YOUR COMPETENCIES CONTRIBUTE TO ADVANCING THE MISSION, VISION AND VALUES OF NCSBN?**

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

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I am experienced in participating 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.

My experience on the NCSBN Board is a valuable asset for future successful governance. Bringing the knowledge of recent Board discussions and direction provides important insight, consistency, and continuity to advance the mission, vision and values of NCSBN.

I have a proven track record of successful work and competencies to advance the public protection work of the organization. I bring seven consecutive years of Board of Director experience to the position of President. It would be an honor to serve you and the organization as President.



## President-elect

### **Katherine Thomas, MN, RN, FAAN**

Executive Officer, Texas Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

I have worked for the Texas Board of Nursing for 24 years; 18 years as Executive Director. With responsibility for regulation of over 360,000 nurses, 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 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 am a member of 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 14 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 am currently serving as Area III Director since September 2013. I have 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). My past nursing experience has been as a nurse and an APRN in the U.S. Army and as a nurse educator.

#### **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 facing 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. National licensure is a real threat but I believe this organization can develop solutions to facilitate nursing regulation across state lines. 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. The current work of the EO forum should be followed by discussion of all members. This can be accomplished through distribution of written materials and the opportunity for dialogue through teleconferences, or other forums.

National Council exists to "reduce the burdens of state government". Identifying the needs of our members and developing strategies to assist them has been and must continue to be a strong focus of the organization. Determining the issues that matter most to Boards of Nursing through networking groups and other forums is the first step. Then appointing committees to involve members in the crucial conversations about what is needed to address their needs and targeting the NCSBN research agenda to gain the evidence needed to inform these strategies are essential activities that will truly help Boards of Nursing meet the challenges ahead.



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## **HOW WILL YOUR COMPETENCIES CONTRIBUTE TO ADVANCING THE MISSION, VISION AND VALUES OF NCSBN?**

Through a variety of leadership experiences throughout my career I have developed a collaborative leadership style. I believe that we can accomplish great things together, even when the obstacles seem substantial. I have demonstrated competencies including listening to understand the views of others, tolerating ambiguity, leading change when it is needed, supporting innovation while monitoring the impact, looking at the big picture and seeking short term and longer term solutions for the greater good. I believe we make the best decisions when all views are expressed and considered.

Through more than a decade of work on national advanced practice committees I provided leadership to establish national standards for advanced practice regulation. This included work on NCSBN APRN committees for 13 years and representing NCSBN as a member of the 16 member Joint Dialogue Group that produced the 2008 Consensus Model for APRN Regulation. The Consensus Model will facilitate consistent advanced practice nursing standards for all states in the future. This work was complicated by very large stakeholder groups with divergent opinions and passionate advocacy. The collective wisdom of a dedicated group led to final agreement and commitment by all to ensuring implementation.

In 2004, after several years of discussion by a state stakeholder group, I facilitated the merger of the RN and LVN Boards of Nursing in Texas. The LVN community was opposed to earlier proposals of a merger due to concerns about their loss of "identity". Through a collegial, transparent process, their representation on the Board and development of a legal scope of practice were assured. After the merger, I worked with them to streamline rules and guidelines through advisory committees inclusive of all levels of nursing.

I am highly committed to the Mission, Vision and Values of NCSBN and would be honored to serve the organization as President-Elect.



## Treasurer

### **Julia George, MSN, RN, FRE**

Executive Officer, North Carolina Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

I have over 40 years experience as a Registered Nurse and almost 20 years in nursing regulation. I serve as the Executive Director for the North Carolina Board of Nursing. I have had the privilege of serving on the NCSBN Board of Directors for the past seven years—first as Area III Director and then as your Treasurer. My experience on the Board of Directors has given me an excellent working knowledge of NCSBN strategic initiatives, fiscal policy, investment policy, internal controls and long range planning.

I have been active in NCSBN for many years. In the past, I've served on the Resolutions Committee, Practice Regulation and Education Subcommittee on Unlicensed Personnel and as Board liaison to the Disciplinary Resources and TERCAP committees. As Treasurer, I have Chaired the Finance Committee for the past three years. I am pleased to say that I was part of the inaugural cohort of regulatory fellows, completing the NCSBN Institute of Regulatory Excellence (IRE) Fellowship in 2007.

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

Those of us in nursing regulation face daunting challenges on a daily basis. Two challenges on the forefront for us at this time are directly related to the changing landscape of health care: changing modalities for health care delivery and the need to fully utilize all levels of nurses as partners in providing needed care. Regulators are constantly seeking "right" touch regulation where we protect the public without unduly impeding practice.

As regulators, we need to embrace a culture of inquiry, where we examine long held beliefs and assumptions about regulation, use research and data to drive our discussions and challenge the status quo when needed. We know that telehealth is continuing to expand and consumers will continue to demand convenience as well as quality. This is a unique opportunity for nurse regulators to remain open to emerging models of delivery. We must be prepared for a digital revolution in health care and adapt our licensure models without compromising our mission of public protection.

If you have not read the 2013 NCSBN Environmental Scan, I would encourage you to do so. It contains a section about the Affordable Care Act with excellent information on important aspects of the law and expected implications. We are told that an additional 32 million more Americans will seek health care. We know that we will need to fully utilize ALL providers to meet that level of demand. As nurses, we should be the leaders in encouraging collaboration and interprofessional dialogue about care delivery.

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**HOW WILL YOUR COMPETENCIES CONTRIBUTE TO ADVANCING THE MISSION, VISION, AND VALUES OF NCSBN?**

My passion for excellence in nursing regulation has resulted in opportunities to serve the purpose, mission, and vision of the organization. I value collaboration, innovation, integrity and transparency in all that I do.

I value diversity and respect differences of opinion. I strive to find ways to bring diverse points of view to consensus. Finding solutions often requires asking the hard questions, and I am open to having critical conversations when needed. Leadership requires sincerity and personal integrity. I consider myself to be self-aware as a leader and to be a good communicator.

My past service to NCSBN speaks to my stewardship and fiduciary knowledge. I believe the combination of my skills and abilities enable me to serve you effectively in the position of Treasurer. I would be honored to continue to serve you in this capacity.



## Treasurer

### **Karen Lyon, PhD, MBA, APRN, NEA**

Executive Officer, Louisiana State Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

Following completion of my doctoral degree, I did a post-doc MBA to gain financial skills and business acumen. I have significant experience in operations and fiscal oversight including managing the business activities of four campuses for Samuel Merritt University School of Nursing in Oakland, San Francisco, San Mateo, and Sacramento, California. Additionally, as Associate Dean of Nursing for the Houston campus of Texas Woman's University College of Nursing, I managed a \$2.5 million operations budget and was the PI on grants exceeding \$4 million. In my current position as Executive Director of the Louisiana State Board of Nursing, I oversee an operations budget exceeding \$6 million and investment accounts exceeding \$6.1 million.

My financial expertise also extends to the professional community. I currently represent Louisiana on the American Nurses Association Audit Committee. I was Vice President of Texas Nurses Association immediately prior to relocating to Louisiana in December 2013. In that position, I served as President of the Texas Nurses Foundation, the fund raising arm of the state professional nursing organization and the repository of the RWJF APIN Grant. I also served for two years as the Treasurer for the National Association of Clinical Nurse Specialists. Finally, in my 10-year tenure on the Board of Directors of the Texas Affiliate of the American Heart Association, I served on both the Finance and Operations Committee and was only the second nurse to be elected President in 2002-2003. During my tenure in that position, I oversaw fund raising in excess of \$19 million.

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

According to *The Future of Nursing: Leading Change, Advancing Health*, high quality, patient-centered health care for all will require a transformation of the health care delivery system. Of the eight (8) recommendations made by the Institute of Medicine in this report, the two that have the greatest impact on nursing regulation are the challenges identified below.

Challenge One: Removing scope-of-practice barriers. The evolving nature of scope of practice mandates that both RNs and APRNs be allowed to practice to the full extent of their education and training. A systematic review of published literature between 1990 and 2008 indicated that patient care outcomes for APRNs were equal or better than that provided by MDs. Unfortunately, only 18 states and the District of Columbia allow independent practice for APRNs. Strategies to remove scope-of-practice barriers and improve collaboration among health care providers include: 1. Interprofessional education, training and practice in order to facilitate understanding among providers of the various roles of health care team members. 2. Establishment of integrated, collaborative, patient-centered health teams.

Challenge Two: Expanding capital and human resources to increase preparation of baccalaureate and higher degreed nurses. As care becomes more complex and moves into the community, nurses need to be better prepared. Studies by Aiken, Estabrook, Friese, Tourangeau, and their teams support an association between educational level and patient outcomes in acute care settings. We need more nurses with baccalaureate and advanced degrees. Strategies to address this challenge include: 1. Development of state or regional common curricula; 2. Development of competency-based curricula; and 3. Increased development of RN to MS(N) programs.

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## **HOW WILL YOUR COMPETENCIES CONTRIBUTE TO ADVANCING THE MISSION, VISION AND VALUES OF NCSBN?**

The mission of NCSBN is to provide evidence-based regulatory excellence to insure patient safety and public protection. The vision to enhance regulatory excellence worldwide is incorporated in that mission and embodied by the values of collaboration, excellence, innovation, integrity, and transparency. Although I have been in the regulatory arena for only a short while, I believe that my experiential trajectory reflects a lifelong commitment to excellence in patient care, which translates to both safety and patient protection. I have demonstrated excellence in practice through achievement of national certification in various roles. While I currently hold certification as Nurse Executive Advanced and Adult Clinical Nurse Specialist, in other roles during my career, I also achieved national certification in High Risk Perinatal Nursing (RNC) and in the Operating Room (CNOR). My roles as both a nursing administrator in the service sector and as a Dean in the education sector have both involved keeping patients and the public safe, either through the establishment of structures and processes for providing excellent care in the hospital or through insuring that nursing students were educated in safe practices. I have collaborated with both medical and business professionals in my work with the Texas Affiliate of the American Heart Association and my work as a PI on the CMS Graduate Nurse Education Demonstration Project involved collaborating with three other nursing schools in Houston as well as the other 4 sites selected in this innovative project for advancing APRN education. I believe that I have always demonstrated integrity and transparency in my professional interactions, but I would posit that those competencies would be best confirmed by my colleagues.



## Director-at-Large

### Joe Baker, Jr.

Executive Officer, Florida Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

I have worked as the executive director for regulatory boards since June 1995, both with the Florida Department of Business & Professional Regulation and the Department of Health. I served as Interim Chief of the Bureau of Health Care Practitioner Regulation from 1998- 2000 and was assigned as Interim Executive Director for the Board of Nursing on three occasions before beginning my current service as Executive Officer in April 2010. At the national level, I was an elected member of the Board of Directors of the Federation of Chiropractic Licensing Boards from 2005-2009. I also served as an officer of the Association of Chiropractic Board Administrators for eight years. In addition, I was an active participant with the Association of Regulatory Boards in Optometry as an appointee of the Member Board Executive Directors/Administrators Committee for many years. In April 2011, I was appointed to the Allied Health Advisory Committee of the National Accrediting Commission of Career Arts & Sciences. I served on the NCSBN Nursing Education Committee from 2010-12 and was elected Director-at-Large in 2012. I frequently attend the Federation of Associations of Regulatory Boards and Citizen Advocacy Center annual meetings and have spoken at several of their forums. I am a former board president of Big Bend Cares, Inc., an HIV/AIDS education and support organization. I have also served as Vice-Moderator of my church's board of directors. I was elected as president of the Florida Southern College Alumni Association. I was vice-chair of the Leon County Indigent Access to Health Care Advisory Committee in the 1990s. I have been a volunteer with Big Brothers and Big Sisters of the Big Bend, the local Guardian ad Litem Program, and served as a site team leader for the Community Human Service Partnership (a cooperative between our county, city, & United Way).

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

I believe the proliferation of proprietary educational programs and cash sweeps of board finances continue to be two such challenges facing not only nursing regulation, but health care practitioner regulation in general. As evidenced by the World Café™ gathering NCSBN sponsored in December 2011, we must continually dialogue with and educate one another about the critical issue of nursing education. All stakeholders must be brought to the table and engaged in meaningful discussions from their unique perspectives. This did not occur in Florida when statutory changes were made to the approval of nursing education programs. The board now has a large number of new program applications to review at each bi-monthly board meeting – especially at the LPN level; the board has limited authority to deny the approval of new programs. I firmly believe all parties must be given the chance to address their concerns as part of any overhaul of existing programs and procedures. Failure to do so results in the various parties not having ownership of any of the solutions or changes which are imposed. Florida's Division of Medical Quality Assurance has had \$82.3 million transferred to the state's general revenue fund during the last six fiscal years. The Florida BON's portion was \$27.3 million. These monies are from funds contributed solely by nurses and other health care practitioners, which are now used as a subsidy for balancing the state's budget. Relationships must be developed between the regulatory community and state legislators in order to educate them and their staff members about the proper use of fees paid by licensees and applicants. These fees are important to funding licensure efforts, as well as combating unlicensed activity. Raiding trust funds should not be a common place activity to find money in tight budget years.

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**HOW WILL YOUR COMPETENCIES CONTRIBUTE TO ADVANCING THE MISSION, VISION AND VALUES OF NCSBN?**

Throughout my life, I have been an organized person with excellent time management skills. I am honest, ethical, and trustworthy with confidential or sensitive information. I am confident that my 20 years of knowledge and experience in regulation can continue to be of benefit to the NCSBN board of directors. I am passionate about regulation. I enjoy it. I thrive in its atmosphere. Working with colleagues towards goals of improving how we regulate and how we can improve our processes motivates me each day here at the Florida BON and in my interactions within the NCSBN. I believe my background as an Executive Officer who is not a nursing licensee should also be considered as a basis for re-election to the board of directors. The board should have a diverse representation of the Member Boards, not only geographically but also based upon education and other factors. I will continue to uphold the oath of office I took in 2012: "I pledge to the best of my ability to uphold the mission of the National Council of State Boards of Nursing to advance regulatory excellence for public protection. I pledge to act with integrity, vision, and accountability. I pledge to be fiscally responsible and a good steward of NCSBN's resources. I pledge to promote harmony and teamwork in achieving our common purpose."



## Director-at-Large

### Linda Burhans, PhD, RN, NEA-BC, CPH

Board Staff, North Carolina Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

Professional Experience:

- I started my nursing career as a 1969 Diploma graduate of Mount Sinai Hospital School of Nursing in NY City. I completed my BSN at Alfred University in Alfred, NY in 1984 and my MSN in 1989 and PhD in Nursing in 2008, both at East Carolina University in Greenville, NC.
- Currently Associate Executive Director for Practice, Regulation, and Education at the NC Board of Nursing. I have held a variety of positions over my 8 years with the Board.
- Currently Adjunct Faculty at East Carolina University College of Nursing in Greenville, NC.
- Prior experience includes:
  - 20 years as a Nursing Administrator in a 731 bed medical center and 7 hospital health care system responsible for: Quality Management; Home Health, Home Infusion and Home Medical Equipment Companies; Staff Development & Support; and Nursing Resources. 17 years as a Nurse Manager in a variety of pediatric and neonatal clinical units and in recruitment/retention.

Regulatory Experience in addition to NCBON staff position:

- Currently Chair and prior member of NCSBN Institute of Regulatory Excellence Committee and graduate of the IRE Fellowship Program (2011 cohort).
- Previous member of NCSBN Innovations in Education Regulation Committee developing model rules for innovative education programs.
- Previous Member of NCSBN Continued Competence Committee.
- Delegate or alternate delegate at NCSBN Delegate Assembly for 4 years.
- Published twice in the Journal of Nursing Regulation and have presented at several NCSBN meetings.
- Serve as member of several committees, working in collaboration with other NC Boards and regulatory agencies.

Community Experience:

- I have served as United Way of Pitt County Board of Directors Member and Annual Campaign Chairperson and have volunteered over many years for the annual Children's Miracle Network Telethon. I actively participate in church committees. I was a 2012 inductee into the East Carolina University College of Nursing Hall of Fame.

#### **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 primary challenge to nursing regulation is meeting and anticipating the impact of rapid healthcare changes on local, national, and international levels. This is best exemplified by the challenge that telehealth currently poses to state-based licensure. With state and national legislators offering their own solutions, nursing regulators must provide acceptable solutions before our choices are taken away. Strategically, building on the foundation of the licensure compact may offer a reasonable way forward. Continued work on coming to consensus on



the portions that can work across all jurisdictions has been undertaken. Creative, collaborative solutions to the more challenging elements must be identified as soon as possible and changes implemented to facilitate acceptance by all jurisdictions. If not possible to achieve agreement within an established time frame, a blank slate approach must be implemented with all members agreeing to compromise for the benefit of all.

A second challenge involves the nature and definition of nursing. To the public and our professional colleagues, nursing is commonly identified through observed tasks. The true nature of our profession, embodied in the nursing process, clinical knowledge, and informed decision-making and problem-solving, remains invisible. The proliferation of "solutions" placing patient care and management into the hands of unlicensed personnel, at much lower cost, seems reasonable. Perhaps anyone can perform tasks, but this is not equivalent to nursing. Only nursing can define nursing and communicate its unique contribution to the health and well-being of citizens. Nursing regulation of defined scopes of practice must drive, rather than chase, the changes needed by our healthcare system. Nursing regulators, seated at the tables where alternative caregiver roles are being considered, can be flexible in relinquishing tasks while assuring that the nursing assessment, planning, evaluation, supervision, and care management essential for safe, quality care are incorporated into implementation of the alternatives being considered.

### **HOW WILL YOUR COMPETENCIES CONTRIBUTE TO ADVANCING THE MISSION, VISION, AND VALUES OF NCSBN?**

My 37 years of nursing management and administration experience in diverse settings has prepared me for this leadership opportunity on the NCSBN Board of Directors. I clearly understand that Board membership requires the highest level of integrity and commitment to serve with the best interests of NCSBN and its membership at the forefront at all times and I am ready to serve.

My interactions consistently demonstrate both strong leadership and management abilities and skills. I lead by example, modeling thoughtful, responsive approaches to new and long-standing challenges. My management style is highly inclusive and participative but I do not hesitate to make difficult decisions when they are needed. My background in quality management gives me the ability to see the big picture while maintaining the detailed focus that brings the pieces together to form that picture.

I demonstrate integrity in my daily interactions and am committed to collaborative relationships focused on win-win solutions to conflicts. I am an excellent listener and effective in building consensus among diverse stakeholders, seeking common ground upon which successful outcomes can be built.

I possess a strong passion for the important role of nursing within our healthcare system. Strong standards provide our foundation as a practice profession. Regulatory models which protect the public but allow for the evolution of nursing practice in our rapidly changing world are essential. I am committed to working within NCSBN to assure that the organization remains well-poised to assist member boards in their quest for regulatory excellence.



## Director-at-Large

### Gloria Damgaard, MS, RN

Executive Officer, South Dakota Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

My nursing career began in 1975 following graduation from an associate degree nursing program. I worked in the clinical areas of medical-surgical and psychiatric nursing. In 1978, I completed a bachelor's degree nursing program at Moorhead State University in Moorhead, MN. Nursing education became my calling and I spent over 13 years teaching nursing at the undergraduate level in diploma, associate degree and baccalaureate level nursing programs. I earned a Master of Science degree in Adult Health Nursing with a focus in nursing education at South Dakota State University in 1988. I received an appointment and served on the South Dakota Board of Nursing from 1982-1986. During my time on the Board, I served as President and Vice-President of the Board of Nursing as well as President of the Joint Board of Nursing and Medical Examiners. In 1991, I was hired as the Nursing Education Specialist for the Board, a position that I held for eleven years. In 2002, I was promoted to the position of Executive Director, the position that I currently hold. I maintain active membership in the ANA and the SD Nurses Association, Zeta Zeta Chapter of Sigma Theta Tau and the International Consortium of Parse Scholars. My involvement with NCSBN includes various committees including; CORE, Resolutions, Nursys Business Design, Elections and most recently as the Board of Director's liaison to the EO Succession Models Committee. I served in a leadership capacity for the Nurse Licensure Compact Administrator's organization as President for 4 years and a director-at-large for 4 years. I currently serve on the NCSBN Board of Directors as a Director-at-Large.

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

An important challenge that faces nursing regulation today is to remain relevant to society in our mission of public protection. I believe this is a challenge that regulators face on an ongoing basis. The issues change from time to time but the relevancy issue is constant. In our current health care environment we are focused on the implementation of the Affordable Care Act. Our states are being challenged to provide more services to more people with greater quality and greater affordability. It is a monumental challenge in which regulation plays an important role. Regulation will focus on public safety and advocate for the consumer in this new environment. Boards of Nursing will need to be visionary, flexible, innovative and open minded as they make regulatory decisions. We will need to collaborate with other healthcare professionals in a new way, respecting the roles that each profession has to offer so that our citizens have access to safe and effective care. We will need to advocate for our licensed nursing professionals to practice to the full scope of their licensure. This will be important for all levels of nursing from the LPN to the APRN. We will also need to be open to the roles that unlicensed personnel can safely contribute to the overall healthcare of our citizens. Decisions will need to be based on the best evidence possible which may challenge us to develop greater skill in the research process. The NCSBN Center for Regulatory Excellence and the Institute of Regulatory Excellence are pivotal programs for the development of these skills. Another challenge that is ongoing for regulation is to ensure uniformity of standards for nursing licensure, education, practice and discipline across the country. Boards of Nursing have been working diligently on this issue and need to continue our efforts with greater urgency in order to maintain our state based systems of regulation. We can meet this challenge by finding safe methods for healthcare professions to practice across state lines without the need for an additional license both physically and electronically.

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**HOW WILL YOUR COMPETENCIES CONTRIBUTE TO ADVANCING THE MISSION, VISION, AND VALUES OF NCSBN?**

The leadership competencies that I will bring to the position include extensive experience and expertise in nursing regulation, education and a strong foundation in clinical practice. My breadth of regulatory experience spans over 25 years. This includes experience as a board member, staff and Executive Officer. In my role of Executive Officer, I have accountability for all programs related to the mission of public protection. I have developed skill in the area of governance, leading the strategic planning process for the Board and operationalization of those plans. Another skill that I possess is the ability to synthesize a large volume of information to understand complex issues and bring them to a level they can be easily understood and discussed. I believe that collective thought is what takes our decisions and actions to the highest level. As such, I will promote conversations that matter that are inclusive of all points of view. Together, we can accomplish greater results than any one individual acting alone. I will advance a spirit of teamwork and cooperation with other individuals and organizations while staying true to the mission and vision of the NCSBN. As a current member of the Board of Directors I now have two years of experience in the governance of our organization. I have learned that it takes this amount of time to become fully functional in the role of a director. I am eager to serve the organization in this capacity again. I will work to ensure that all states continue to receive the support that they need to maintain regulatory excellence. I am a very approachable individual and respect my peers regardless of their position on various issues. It would be a privilege to serve a second term on the NCSBN Board of Directors.



## Director-at-Large

### Elizabeth Kiefner Crawford, JD

Executive Officer, Indiana State Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

For the last three years, I have served as the Executive Director of the Indiana State Board of Nursing. I actively participate in Indiana's Center for Nursing on the Board of Directors and on the Indiana Action Coalition's Steering committee. I am engaged in work on our Center's data, education and Access to Care committees. I speak regularly to nursing students, members of our Deans and Directors organization, various associations and our Indiana Organization of Nurse Executives. In 2013, I assisted in the passage of the first Nursing Board legislation in over a decade, which culminated in the hiring of a full-time Education Compliance Officer for our Board and the re-direction of Nurse Licensure fees for this position. For the last 1 1/2 years, I have participated in NCSBN's Executive Officer Resource Succession Committee resulting in the creation of the Executive Officer toolkit. Succession planning is very personal to me, as I came into a position that was in need of re-energizing and improvement in the relationships created at both a State and National level. Prior to this time, I served as a Deputy Attorney General for nearly six years prosecuting healthcare licensees in disciplinary cases.

Prior to coming to the Board, I served as a Deputy Attorney General for the State of Indiana. Successfully prosecuting hundreds of licensure disciplinary cases involving health professionals. Through work with the families of victims of the drug abuse epidemic, I saw firsthand the devastating effects of addiction. This is why I suggested and participated in Indiana's first Prescription Drug Symposium in 2009. This event has grown into a yearly initiative and a voice for health care professionals, law enforcement and educators to collaborate on this difficult issue.

#### **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 first challenge is the anticipated retirement of respected and seasoned Nurses at all levels of practice, education and regulation within the next five to ten years. We need to prepare ourselves through the use of mentoring relationships, capturing institutional knowledge and engaging emerging leaders into leadership roles.

The second challenge would be the ongoing conversation about license portability and licensure requirements on a state or federal level. With continued progress in technology and telemedicine, we need to make educated and data-driven decisions as to any potential national Nursing criteria. Critical to this is the inclusion of all interested stakeholders and the understanding that public protection remains our core mission.

I would perceive the second challenge as the decrease in assets for licensure Boards. I would explore the possibility of profit sharing of NCSBN profits to its member Boards for additional support.

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**HOW WILL YOUR COMPETENCIES CONTRIBUTE TO ADVANCING THE MISSION, VISION, AND VALUES OF NCSBN?**

I believe that my legal background lends itself to the mission of the organization by my understanding of the Nursing regulatory processes from a non-Nurse perspective. This challenges others to think outside of their comfort zone at times, but is done in a respectful manner to provoke thought and provide clarity. My training allows me to bring a different framework and analysis to the work of the Council. I was awarded a plaque for Excellence in Collaboration by the Indiana Organization of Nurse Executives in 2013.

My legal writing, research and consumer protection background also provides a skill set for continuous process improvement, additional transparency mechanisms, and fact grounded, evidence-based research.



Date of expiration of term:  
Dec. 1, 2016

Eligible for reappointment:  
Yes

## Director-at-Large

### JoAnn Klaassen, JD, MN, RN

Board Member, Kansas State Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

I have practiced as a Mental Health nurse in both acute and community and urban and rural settings for over thirty years, as a Nurse Educator for over twenty years and as a Nurse Attorney for a decade. I currently hold nursing licenses in both compact and non-compact states and also practice across state lines as an attorney.

In practice I experience the challenges of the rapidly changing health care environment. As a Nurse Attorney, I have practiced in the area of medical malpractice, nursing home abuse, products liability, personal injury, and disciplinary defense.

As a Nurse Educator I have taught or administered at almost every level of nursing education. I co-wrote a \$1.9 million HRSA grant to develop a unique on-line educational delivery program networking rural and urban nurses. The program, which extends nursing interventions to communities throughout the Midwest and internationally, has been recognized for its excellence. I co-developed and copyrighted an interactive live on-line health assessment model designed to meet instructional best practices and prepare nursing students for later telehealth practice.

I research, publish and present on legal issues related to nursing education and practice. Thus I am well-aware of the evolving nursing issues and the state and federal regulatory environment. As a member of the Kansas State Board of Nursing for the past eighteen months I have advocated for a strong APRN independent practice bill that I believed could survive the medical lobby in Kansas, advocated for a review of current KSBN disciplinary processes, and initiated a review of clinical site usage and improved clinical site usage tracking.

Finally, I engage in a variety of professional organizations and serve on several national level committees. I am currently spearheading the development of a legal curriculum written by Nurse Attorneys.

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

Top Challenge: Retaining regulatory independence of the profession of nursing.

Nurses have struggled for decades to advance the autonomy of the profession and to develop a broad understanding of the profession as one that is unique. The profession currently finds itself not only being highly regulated by its own oversight bodies but also having ceded control to organizations that are not, by definition, nursing driven organizations. The regulatory explosion external to the profession of nursing threatens to override the profession's ability to self-regulate. The NCSBN must foster regulatory control by the profession itself.

Solutions: Nursing must stop comparing itself to other professions (i.e. APRNs are "as good as" physicians) and instead focus on what we bring to our society. Our regulatory interventions tend to be more punitive than those of other professions while our ability to advocate for ourselves is less than those in other professions. The phrase "practice to the extent of our skill and education" says nothing about our value to the public. We must market our value, not our positions.

Challenge Two: Maintaining professional unity while fostering diversity.

A vibrant profession encourages diverse viewpoints and opinions in addition to racial and ethnic diversity. It is only in the broad discussion that creative solutions are found. While NCSBN has begun the conversation, more is needed. A thriving profession is not about efficiency or short-

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term solutions offered by the professional elite but by visionary leaders amenable to the hard work of entertaining all viewpoints to find a favorable path forward.

Solutions: Engaging the nursing body including practicing nurses at all levels via town halls, surveys, conferences and workgroups broadens the input and increases the potential for understanding and solutions. How do the nurses envision public protection and view regulatory burden and benefit?

**HOW WILL YOUR COMPETENCIES CONTRIBUTE TO ADVANCING THE MISSION, VISION, AND VALUES OF NCSBN?**

My broad professional experience - urban and rural nursing, practice and education, compact and non-compact, nursing and law - is an unusual combination that equips me to view the profession from a multi-faceted perspective. The advancement of the Mission, Vision and Values of NCSBN through regulatory excellence cannot happen without strategic, deep analysis of the NCSBN's relationship to the profession, to other professions and systems, and to the public. Experientially I am prepared to engage collaboratively in that process.

The innovation and commitment I have exhibited to excellence in practice, education and regulation in the roles I currently hold, prepare me to advocate for higher achievements at the NCSBN. My level of service to the nursing profession reveals a desire to engage professionally to lead the profession forward.



Date of expiration of term:  
June 30, 2014

Eligible for reappointment:  
Yes

## Director-at-Large

### Suellyn Masek, MSN, RN, CNOR

Board Member, Washington State Nursing Care Quality Assurance Commission

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

I was appointed to the Washington State Nursing Care Quality Assurance Commission in July 2010. For the past two years, I have served as Commission Chair. On my state board, I have served as Chair, Consistent Standards of Practice committee and participated as a member of the Legislative, Nominations and Steering committees. Nationally, I have served NCSBN on the Leadership Succession Committee from 2011-2013. Other regulatory experiences include membership on the Maryland Commission "The Crisis in Nursing", 2002, Retention committee, by reviewing data and making recommendations concerning retention issues such as compensation, professional development, mentoring and work place safety.

My professional experience consists of 23 years of active duty military service in the United States Army. My military experience is rich and diverse in professional leadership. I have had over 6 months of formal academy instruction on leadership principles as well as countless positions and opportunities both formal and informal to exercise those principles. I have recently retired from the Army with two combat tours in two separate wars. My final position was as the Division Nurse, 25th Infantry Division, Schofield Barracks, HI. This battlefield position would be the equivalent to an executive level position in the civilian community. I was the sole nurse for over 3500 soldiers, with direct training responsibility for 134 combat medics. I was also responsible for developing and instituting procedures to allow enemy detainees access to primary care in Kirkuk, Iraq.

Due to the incredibly high operations tempo of military life, my civilian community experience is limited. I did have an opportunity to teach Nursing Leadership as a graduate student, in spring 2002, at The Catholic University of America, Washington, DC, for the undergraduate nursing program. Since retirement, I have been an active member of the Washington State Governor's Mansion Foundation as a docent.

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

Medical Marijuana is legal in my home state of Washington as well as 20 other states including the District of Columbia. Another 15 states have pending legislation to legalize medical marijuana. This fact necessitates action. First, I would ask that every Board of Nursing adopt a Safe to Practice Statement. This statement would focus on the evidence of impairment such as slurred speech, difficulty walking or impaired decision making as documented in witness statements. I would also encourage employers to use saliva drug testing and hair follicle testing for initial employment drug screening. Long range strategies include a collaborative relationship between the Department of Transportation (DOT), NCSBN and member boards to adopt similar language concerning drug testing guidelines. I find it very peculiar that "safety-sensitive transportation employees" such as pilots, bus drivers, train engineers, subway operators and ship captains are regulated more closely than nurses in regard to any Schedule I-V drug. Under the DOT's Drug and Alcohol Testing Regulation 49 CFR Part 40, employees are immediately suspended pending investigation. Why do we allow nurses to continue practicing while they are under investigation? Are we not a "safety-sensitive" profession? I would like to explore potential barriers of this type of discipline for nursing.

I see public safety and protection as the paramount focus of NCSBN. To maintain this focus with an increase in healthcare consumption and a decrease in funding will take a multifaceted approach. I would like to expand the Nursys database to include all states and territories of the United States. I would also like to add advanced practice nurses, nurse aides and other ancillary



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health care providers to this system through collaborative leadership with other regulating bodies. Lastly, criminal background checks need to be done on every healthcare "safety-sensitive" worker.

**HOW WILL YOUR COMPETENCIES CONTRIBUTE TO ADVANCING THE MISSION, VISION, AND VALUES OF NCSBN?**

I have many leadership competencies in my personal tool kit to share with the Board of Directors. The military provided such wonderful opportunities for me to be tested as a leader. I have faced many seemingly impossible situations in my career which forced me by necessity to become a creative problem solver. I have an intimate understanding of hierarchal organizations, team building skills and focusing on mission, vision and values. I am also very adaptable and flexible when the mission changes. These competencies have given me the confidence to step outside my comfort zone and volunteer to serve despite the fact that I am relatively new to nursing regulation. I have spent my entire adult life living the Army values of Loyalty, Duty, Respect, Selfless Service, Honor, Integrity and Personal Courage and have been evaluated on these values annually. These values mirror the values of NCSBN making the transition seamless.

Currently, I am working as a per diem operating room nurse while serving as Chair for the Washington State Nursing Care Quality Assurance Commission. I understand how difficult it is to change the culture of a group, whether it is through collaboration with other professionals or other countries. I do have a personal global perspective on many issues facing the human condition thanks to my diverse experience and travel. Several NCSBN peers have encouraged me to run for the Board of Directors because I am a creative thinker, ask thought provoking questions and have a strong willingness to serve along with the motivation to learn.



## Leadership Succession Committee Area I Member

### Pamela Randolph, MS, RN, FRE

Board Staff, Arizona State Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

My relevant professional, regulatory and community service includes the following:

- Ten years teaching nursing at both the associate and baccalaureate levels; relevant experiences included chairing curriculum committee and teaching “Leadership” to RN-BSN students
- Nine years of direct patient care as a staff nurse, school nurse, public health nurse and pediatric nurse practitioner; relevant experiences included development of programs for all-school screening and chronic disease management
- Seven years as a Board Member, including 2 years as Board President; relevant experiences included chairing Education and Advanced Practice Committees and leading ad-hoc groups
- Fourteen years on BON staff as Education Consultant and then Associate Director; relevant experiences included site surveys and investigations, revising the Nurse Practice Act in 2009, writing all BON rules, continuing education program planning and speaking, authoring articles in local and peer-reviewed journals, and leading two BON research projects—“Measuring Competency with Simulation” and “Medication Technicians in Long-term Care”
- Fellow of Regulatory Excellence (FRE); my research focused on employment of refresher graduates and led to revised rules for refresher programs
- Served on the following NCSBN Committees: Exam, Model Rules, and Innovations in Education
- Appointed to Leadership Succession Committee in 2012 as Area I representative
- Co-lead of the Arizona Action Coalition to further the goals of the IOM Report; relevant experiences included leading a group in writing a self-study, planning state-wide meetings, recruiting outside stakeholders, and directing groups to achieve action coalition goals

#### **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 is challenged to balance uniformity in licensure with state’s rights and the traditional role of the state to regulate the professions. New electronic technologies, practice initiatives and proposed legislation at both federal and state levels threaten our current model of individual state-based nursing licensure. The challenge for NCSBN is to achieve harmony on a model that allows for practice across all state borders without compromising the public protection mission of Member Boards. To address this problem, I recommend NCSBN partner with the NLCA to revise the Nurse Licensure Compact (NLC) to remove barriers that prevent increased state participation while maintaining public protection. As part of this strategy, I would also ask NCSBN to re-examine the evidence supporting core licensure requirements and revise those requirements, if indicated. These reforms will support universal adoption of the NLC by all Member Boards leading to licensure mobility while protecting the public.

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Member Boards are challenged to effectively regulate nursing without over-or-under regulating. Regulations need to be more evidence based while placing the least burden on regulated parties and Board of Nursing resources. Many regulations do not meet this criteria; i.e. continuing education mandates and artificial scope of practice barriers. NCSBN can assist Member Boards by providing evidence of public protection effectiveness, cost and burden for regulations common across Member Boards. I would recommend NCSBN examine all provisions in the Model Act and Rules, clearly indicating whether each provision is supported by evidence, the level of evidence and where the evidence can be found.

**HOW WILL YOUR COMPETENCIES CONTRIBUTE TO ADVANCING THE MISSION, VISION, AND VALUES OF NCSBN?**

NCSBN has distinct mission and vision statements which serve to advance public protection globally. Volunteers for committees and public office serve NCSBN by advancing the organization in the realms of education, public policy, leadership and evidence-based regulation. The skills and abilities I bring to NCSBN are aligned with the mission, values and vision of the organization. I highly value education and have provided both formal and informal education to regulated programs in Arizona. My work has included annual meetings and conferences, focused workshops, consultations and public speaking. I value evidence based regulation and routinely collect, synthesize and publish data to inform public policy and support regulatory effectiveness. My personal competencies include strategic thinking and eagerness to learn. I collaborate and listen to all points of view. I am able to synthesize information and propose unique solutions to problems and challenges. I am also a pioneer of ground breaking new models. I developed an educational innovation called the "Program Outcome Index," based on two metrics: a program's on-time graduation rate and their NCLEX first-time pass rate. I strive for clear communication and transparency with staff, supervisors and regulated parties. I am committed and passionate about public protection and the role of a regulatory board.



Date of expiration of term:  
Jan. 1, 2017

Eligible for reappointment:  
No

## Leadership Succession Committee Area II Member

### Deb Haagenson, RN

Board Member, Minnesota Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE**

I have been an RN member of the Minnesota Board of Nursing since 2009. I am serving my third consecutive year as President for the Minnesota Board of Nursing.

In my work away from the Board I serve as Vice President of Patient Care and Chief Nursing Officer for a rural hospital in northwestern Minnesota. I believe I have good leadership and communication skills including experience working with diverse stakeholders that I have gained through my years of experience in various nursing leadership roles. I feel my leadership and ability to collaborate with multiple stakeholders contributed to the successful work of the Minnesota Board of Nursing to update and adopt scope of practice definitions and obtain passage of Nurse Practice Act revisions by the 2013 legislature.

Currently I serve on the Minnesota Board of Nursing Practice Committee, Discipline Resources Committee and Executive Committee. I served on the NCSBN Item Review Subcommittee from 2011-2012. I also served on the NCSBN Executive Officer Succession Committee from 2012-2014.

I have previous nursing regulatory experience having served on the North Dakota Board of Nursing from 1991-1999. During that time I served on the Board Long Range Planning Committee, Executive Committee, Joint Rules Committee between the Board of Nursing and the Board of Medicine, Nurses Practices' Act Task Force, and Multi-State Regulation Advisory Task Force. I served as President for the North Dakota Board of Nursing from 1996-1998. During my time in North Dakota I also served on the NCSBN Committee on Nominations from 1997-1998 and on the RN Practice Analysis Subject Matter Expert Panel in 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.**

A licensure model that supports a borderless health care delivery model

Efforts to provide access to health care for more people in the most efficient and cost effective manner possible is resulting in a vast array of e-health, telehealth and virtual health options for consumers. In this expanding virtual world of health care delivery consumers still should expect, and as regulators we will need to have, a licensure model that delivers public safety and protection regardless of the physical location of the healthcare provider. I would support strategies by NCSBN to continue exploration around a future licensure model, bringing key stakeholders to the table including other healthcare regulators as well as healthcare profession and consumer advocates. NCSBN needs to be open to explore all options, understand all intended and unintended consequences. Ultimately NCSBN needs to create and lead the way to a solution so that regulation is not seen as a barrier to borderless healthcare delivery.

Leadership development and succession planning

The rapidly changing healthcare environment will place ever increasing demands on those in leadership roles. Leaders will need strong skills to provide effective regulation that continues to protect the public while supporting healthcare delivery models of the future. Ongoing leadership development of board members and board staff will be foundational and critical in assuring leaders are prepared to face future challenges effectively. I am excited about and would

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support many of the strategies the Leadership Succession Committee has in place and is already pursuing including the leadership development network calls, the leadership perspective series and development of a business plan to consider a leadership academy. I would also support the strategies recommended by the Executive Officer Succession Committee to include succession planning as a critical part of ongoing strategic planning.

**HOW WILL YOUR COMPETENCIES CONTRIBUTE TO ADVANCING THE MISSION, VISION, AND VALUES OF NCSBN?**

I have had the opportunity to serve as a nurse leader in a variety of settings both in nursing practice and in nursing regulation. I believe I have good leadership and communication skills including experience working with diverse stakeholders that I have gained through my years of experience as a leader. I believe in collaborative decision-making that combines the best evidence and innovation with the wisdom and experience of the stakeholders at the “front lines” of our work. My continued work in the practice arena brings the perspective of that experience between the nurse and the patient, client, family member or community-at-large.

My years of leadership both in practice and as a member of two Boards of Nursing have provided tremendous and valuable experience. It would be a privilege and an honor to further serve the mission of NCSBN.



## Leadership Succession Committee Area III Member

### Patricia Dufrene, MSN, RN

Board Staff, Louisiana State Board of Nursing

#### **DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.**

I have been a registered Nurse for 30 years and worked as an RN, APRN and faculty. Since 2009, I have been in regulation as the Nurse Practice Consultant for Education and Licensure. In this position I work with students applying for clinical, candidates for licensure by exam, criminal background checks of applicants, education program compliance, continue education and RN refresher course providers. I have served on boards and committees for several specialty related organizations on the local, regional and national level throughout my career and remain active in professional nursing organizations. I was selected by a specialty nursing organization as the representative at a national leadership conference. Currently, I am pursuing a PhD in Nursing Administration and Education. As time permits, I continue to work with God's special children and participate with activities for Down Syndrome.

#### **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. Financial stability in economic changes and legislative impositions on regulation will continue to be a top priority at the state and national levels. The need to develop strong business plans to do more with less is prevalent in all aspects of nursing including regulation.

Strategies to address this increasing challenge include:

- a. Workshop focusing on fiscal responsibility and development of business plans for sustainability and flexibility.
- b. Research and support is required to assist states in developing strategic plans to continue to be efficient and remain effective in their regulatory functions.

2. Another challenge to nursing regulation remains leadership development at both the state and national levels to provide for seamless succession and transfer of knowledge.

Strategies to address this increasing challenge include:

- a. Boards need to develop a similar succession plan as NCSBN to foster transition of knowledge and experiences.
- b. Create training opportunities to foster dynamic new leaders.
- c. Provide clear communication and transparency for opportunities and professional development in the realm of nursing regulation and leadership.

#### **HOW WILL YOUR COMPETENCIES CONTRIBUTE TO ADVANCING THE MISSION, VISION, AND VALUES OF NCSBN?**

Leadership is an integral component of my professional role. I strive for evidenced based excellence in my endeavors. I have served in leadership capacities in employment and organizations and bring the many competencies to reflecting support of the mission, vision and values of NCSBN. I am goal oriented and remain driven and focused in my regulation role and as a doctoral student. I am amenable and adaptable to change. I embrace change as challenges and opportunities for growth and learning and embrace change as a chance to improve processes and move organizations forward. My varied experiences in clinical, education and regulation have allowed me to develop the ability to analyze problems from different focal points to determine a clear course of action for the best outcome. I possess integrity and value the principles of honesty, fairness, equality and diversity.

## Frequently Asked Questions (FAQs) on Leadership Succession



### Frequently Asked Questions about Running for NCSBN Board of Directors (BOD) and Leadership Succession Committee (LSC)

#### 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 2014, the following offices are open for election: Board of Directors (BOD) President (one, two-year term only), President-elect (two-year term), Treasurer (one-year term only) and Director-at-Large (two positions, two-year terms); Leadership Succession Committee (LSC) (two-year terms) Area I Member, Area II Member, Area III Member and Area IV Member. All positions are elected by ballot during the annual session of the Delegate Assembly.

#### Q What are the responsibilities of BOD members?

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

#### 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. You do not have to be a nurse.

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

No.



#### **How can I prepare to run for NCSBN office?**

- Review NCSBN Mission, Vision, Values and Strategic Plan on the NCSBN website;
- Review the Leadership Development Plan;
- Complete NCSBN 101 and NCLEX 101; and
- Participate in Leadership Development Calls.



#### **What is the term of office?**

The individual elected as treasurer at the 2014 Annual Meeting will serve a one-year term per the Bylaws Proviso. All the other offices are two-year terms. The President-elect will serve a two-year term as President-elect and another two-year term as President.



#### **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 2-3 day committee meetings per year and attendance at the NCSBN Midyear and Annual Meetings.



#### **Am I eligible to run for office as a current NCSBN committee member?**

Yes, you are eligible to run for NCSBN office, however, you will need to resign your committee position if elected.



#### **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, if elected. 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.

\*\*Bylaws Proviso

Developed by the Leadership Succession Committee in 2010; Reviewed 2012; 2013.



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## 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®)

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### 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. This guide offers resources that:

- 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.

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.

## TARGET AUDIENCE

Individuals who may benefit from the Leadership Development Program:

- Board members or board staff of member boards (collectively referred to as "members") considering NCSBN office in the future, but need more in-depth information concerning governance, its processes and principles, or specific skills; and
- Members ready to assume an NCSBN office.

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## OBJECTIVES

Members will:

- Establish early connectivity to the resources available from NCSBN;
- Identify a variety of leadership development 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.

## SPECIFIC ACTIVITIES IN THE LEADERSHIP DEVELOPMENT PROGRAM

The Leadership Development Guide recognizes three activities that are key to leadership development: **Early Connectivity**; **Building Knowledge and Self-discovery**; and **Building Board and Organizational Governance Expertise**.

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### EARLY CONNECTIVITY:

#### **Early connectivity of new members with NCSBN resources**

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

Explore the value and steps necessary to connect with NCSBN:

- In order to access NCSBN 101, members can request their Board of Nursing Passport administrator to assign them an NCSBN password for access to NCSBN's members only website (the Passport administrator may be the executive officer or a designated staff member). This provides access to the NCSBN Getting Started Guide and to the online course, NCSBN 101.
- New members participate in state/territory-specific orientation unique to their role.
- Extensive resources can be accessed by visiting [www.ncsbn.org/2420.htm](http://www.ncsbn.org/2420.htm) (ncsbn.org username and password required). Available resources serve to guide independent study about NCSBN and its knowledge networks, learn about opportunities for participation in NCSBN and develop leadership competencies.

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## KNOWLEDGE AND SELF-DISCOVERY:

### Building knowledge and self-discovery

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

Encourage 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 [www.ncsbn.org/2420.htm](http://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.

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## GOVERNANCE EXPERTISE:

### Building board and organizational governance expertise

*Members engage in opportunities to build governance expertise.*

Support 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.

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Additional resources are provided at [www.ncsbn.org/2420.htm](http://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 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.tm](http://www.ncsbn.org/518.tm).

**Resources on Leadership Theories and Practice:**

Kouzes, J.M. & Posner, B.Z. (2012). *The leadership challenge* (5th ed.). San Francisco, CA: Jossey-Bass.

Northouse, P.G. (2012). *Leadership: Theory and practice* (6th 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.

**Resources on Generations in the Workforce:**

Zemke, R., Raines, C., & Filipczak, B (2013). *Generations at work: Managing the Clash of Boomers, Gen Xers, and Gen Yers in the Workplace*. (2nd ed.) AMACOM.

Developed by the NCSBN Leadership Succession Committee: 2010, Revised 2011, 2013

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# Leadership Succession is Everyone's Responsibility



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## Attachment D Engagement Brochure

Individuals who serve in NCSBN leadership positions and committees have much to gain:

- Impact nursing regulation;
- Network with national and international health care leaders;
- Advance leadership and professional development;
- Stay abreast of emerging global events affecting nursing regulation; and
- Recognition by peers.

### 2014 LEADERSHIP SUCCESSION COMMITTEE

**Sue Petula**, Chair, Area IV Member (2010–2012, 2012–2014)  
spetula@pa.gov

**Pamela Randolph**, Area I Member (2012–2014)  
prandolph@azbn.gov

**Lisa Emrich**, Area II Member (2010–2012, 2012–2014)  
lemrich@nursing.ohio.gov

**Brenda McDougal**, Area III Member (2010–2012, 2012–2014)  
brenda@ncsbn.com

**Mark Majek**, Designated Member, Former Committee Chair (2011–2013, 2013–2015)  
mark.majek@bon.texas.gov

**Ann Coughlin**, Designated Member, Board Member of Member Board (2013–2015)  
ann.coughlin@jeffersonhospital.org

**Tony Graham**, Designated Member, Board Staff of Member Board (2013–2015)  
tgraham@msbn.ms.gov

### 2014 BOARD OF DIRECTORS

**Myra Broadway**, President (2010–2012, 2012–2014)

**Shirley Brekken**, Vice President (2010–2012, 2012–2014)

**Julia George**, Treasurer (2010–2012, 2012–2014)

**Susan Odom**, Area I Director (2013–2015)

**Lanette Anderson**, Area II Director (2011–2013, 2013–2015)

**Katherine Thomas**, Area III Director (2013–2015)

**Ann O'Sullivan**, Area IV Director (2011–2013, 2013–2015)

**Joe Baker Jr.**, Director-at-Large (2012–2014)

**Gloria Damgaard**, Director-at-Large (2012–2014)

**Nathan Goldman**, Director-at-Large (2013–2015)

**Betsy Houchen**, Director-at-Large (2011–2013, 2013–2015)


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ADVANCING POTENTIAL:  
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Leadership  
Succession is Everyone's  
Responsibility





## NCSBN needs experienced and emerging leaders who:

- Serve the purpose, mission, vision and values of NCSBN;
- Advance and promote excellence in nursing regulation;
- Sustain the success and viability of NCSBN; and
- Cultivate good relations, stewardship and service.

### ELIGIBILITY AND COMPETENCIES

Board members and staff of NCSBN Member Boards are eligible to apply. Each individual should consider the skills and competencies necessary to be successful in the position if elected.

#### BOARD OF DIRECTORS:

Knowledge and skills that add to the strength and value of the collective governing body, including governance, investment policy, regulation, negotiation, consensus building, critical thinking, forecasting, and national and international health care policy.



#### LEADERSHIP SUCCESSION COMMITTEE:

Knowledge and skills that add strength and value to the committee in carrying out its charges, including effective communication, leadership, critical thinking, and public policy.

### TIME COMMITMENT

#### BOARD OF DIRECTORS:

Minimum 30-day time commitment per year.

#### LEADERSHIP SUCCESSION COMMITTEE:

Four 2- to 3-day meetings per year, in addition to Midyear and Annual Meetings.



### 2014 ELECTION POSITIONS

#### BOARD OF DIRECTORS

##### President (2014–2016)

*One 2-year term only per Bylaws Proviso*

- Represents NCSBN at national and international events
- Presides at all NCSBN Board of Director meetings and Annual Meetings

##### President Elect (2014 – 2016)

- Serves in role of president in the absence of that officer
- Prepares for future assumption of presidency

##### Treasurer (2014–2015)

*One-year term per Bylaws Proviso*

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

##### Director-at-Large (2 positions) (2014–2016)

- Serves as a representative of all member boards
- Transacts the business and affairs, and acts on behalf of the NCSBN



#### LEADERSHIP SUCCESSION COMMITTEE

##### Area I–IV Representatives (2014–2016)

- Recommends strategies for the ongoing sustainability and advancement of NCSBN through succession planning
- Presents a slate of candidates through a determination of qualifications for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee

##### Area I Member Boards

Alaska, American Samoa, Arizona, California, Colorado, Guam, Hawaii, Idaho, Montana, Nevada, New Mexico, Northern Mariana Islands, Oregon, Utah, Washington and Wyoming

##### Area II Member Boards

Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, West Virginia and Wisconsin

##### Area III Member Boards

Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and Virginia

##### Area IV Member Boards

Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont and U.S. Virgin Islands

### RESOURCES

The Leadership Succession Committee page of NCSBN's website provides opportunities to assist you in learning more about NCSBN. In addition, NCSBN holds various annual conferences that assist boards of nursing in achieving their regulatory missions. The following are a few available educational listings:

#### Leadership Development Plan:

[www.ncsbn.org/2420.htm](http://www.ncsbn.org/2420.htm)

#### NCSBN 101:

[www.ncsbn.org/NCSBN101\\_0212.pdf](http://www.ncsbn.org/NCSBN101_0212.pdf)

#### President's Governance Role on a Board of Nursing:

[www.ncsbn.org/PresidentGovern0212.pdf](http://www.ncsbn.org/PresidentGovern0212.pdf)

#### Delegate Orientation:

[www.ncsbn.org/DelegateOrient0212.pdf](http://www.ncsbn.org/DelegateOrient0212.pdf)

#### Governing Responsibly:

[www.ncsbn.org/0213\\_Governing\\_Responsibly\\_sellsheet.pdf](http://www.ncsbn.org/0213_Governing_Responsibly_sellsheet.pdf)



Attachment E  
**Revised LSC Policy**

**Policy and Procedure**

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

<b>1.0 POLICY</b>	<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, including geographic distribution, for inclusion on the ballot for the election of the Board of Directors and LSC.</p>
<b>2.0 STANDARDS / CRITERIA</b>	<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>
<b>3.0 OPERATIONAL DEFINITIONS</b>	<p>3.1 <b>Annual Meeting:</b> This term refers to NCSBN's annual meeting held yearly in August.</p> <p>3.2 <b>Delegate Assembly:</b> 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 <b>Campaign Procedure:</b> permissible activities undertaken by candidates to communicate with the membership.</p>

- 
- 3.4 **Candidate Forum:** This is the designated time during the Annual Meeting when candidates address the delegates regarding their qualifications, relevant experience, and leadership abilities.

#### 4.0 OPERATIONAL PROCEDURE

##### 4.1 **Annual LSC Performance Review**

###### Committee Charges

- (a) Review committee performance against established success measures.
- (b) Review and modify success measures annually and identify opportunities for improvement.

##### 4.2 **Preparation of Slate 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. For example, LSC members attend official NCSBN events and seek opportunities to engage members.
- (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) 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 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) The identified delegate makes the nomination from the floor, and may utilize up to 2 minutes to state the nominee's qualifications.
  - (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 provides the 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.

#### 4.7 Candidate Forum

- (a) The Candidate Forum occurs during Annual Meeting, and provides each candidate the opportunity to make a presentation to the membership (use of audio-visuals is optional).
- (b) Candidate photos will be posted outside the meeting rooms.
- (c) A ribbon and a button will be provided to the candidate by NCSBN and is the only candidate identification allowed during Annual Meeting.
- (d) A candidate unable to attend Annual Meeting may have his or her personal statement read during the candidate forum by their member board representative.
- (e) 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
- (f) Order of Candidate Forum Presentations  
The order of candidate presentations shall be as follows:
1. Officers
  2. Area directors
  3. Directors-at-Large
  4. LSC Candidates

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
- September 24, 2013
- November 5, 2013

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**Attachment F**  
**Board Policy 5.7.**

<b>POLICY NUMBER</b>	<b>5.7</b>
<b>POLICY NAME</b>	<b>ANNUAL MEETING: PROCESS AND ROLE OF COMMITTEE ON ELECTIONS</b>
<b>DATE OF ORIGIN</b>	May 1992
<b>PURPOSE</b>	<ul style="list-style-type: none"><li>▪ To conduct all elections decided by ballot in accordance with the NCSBN bylaws and election policies and procedures.</li></ul>

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- 1.0 POLICY**
- 1.1 The Board of Directors (BOD) president will appoint the Elections Committee. The committee shall consist of a chair and one representative from each Area. Members of the committee shall not be a delegate or candidate for an office. The chair and members must attend the entire Delegate Assembly meeting.
  - 1.2 Ballots shall contain the names of all nominees for office and for the Leadership Succession Committee. Candidates for an office nominated by the Leadership Succession Committee shall be listed first on each ballot.
  - 1.3 The Elections Committee shall verify that only authorized delegates vote and that the number of votes cast does not exceed the number of delegates authorized to vote. The chair of the Elections Committee shall verify final voting numbers. If the names and numbers do not agree, a report shall be made to the president to inform the Delegate Assembly regarding the necessity for reballoting.
  - 1.4 If a question arises regarding the validity of a delegate, the question shall be referred to the Election Committee Chair who shall request verification of the person's voting status from the Credentials Committee.
  - 1.5 Each member board shall be entitled to two votes. Either one or two delegates may cast the votes. There shall be no proxy or absentee voting at the Annual Meeting.
  - 1.6 Members and employees of member boards shall be eligible to serve as delegates until their term or their employment with a member board ends. An NCSBN officer or director may not represent a member board as a delegate.
  - 1.7 Official records of election results shall be retained in accordance with the record retention policy.
  - 1.8 In matters of recording the count not covered in these policies, *Robert's Rules of Order, Newly Revised* and *Robert's Parliamentary Law* shall govern, the intent of the voter being the first consideration.
- 2.0 STANDARDS/CRITERIA**
- 2.1 If a manual voting process is used:
    - (a) A valid authorization card will be required to receive a manual ballot. Authorization cards shall be issued only to

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individuals whose names appear on the official delegate list. Each delegate entitled to two votes shall receive two authorization cards.

- (b) An explanation of the manual voting process will be provided to the voting delegates when they receive their voting card during the delegate registration process.
- (c) In the event of a revote, the process identified for voting, as described above, will be followed.

2.2 If an electronic voting process is used:

- (a) A valid PIN authorization card will be required to access a computerized ballot. PIN authorization cards shall be issued only to individuals whose names appear on the official delegate list. Each delegate entitled to two votes shall receive two PIN authorization cards.
- (b) An explanation of the computerized voting process will be provided to the voting delegates when they receive their voting card during the delegate registration process.
- (c) In the event of a revote, the process identified for voting, as described above, will be followed.

**3.0 OPERATIONAL PROCEDURE**

3.1 The Elections Committee will receive orientation on roles and responsibilities, voting process and procedures and timelines.

3.2 Counting the Vote

- (a) The Elections Committee shall tally all ballots cast when the voting is closed.
- (b) When the count is completed and verified, the chair of the Elections Committee shall notify the president, CEO and the Election Committee members.

3.3 Reporting the Vote

- (a) The results of the election will be announced at the first Delegate Assembly meeting following the election. The President will announce only the names of candidates who received the necessary votes to elect and declare the result for that office.
- (b) Members of the Elections Committee will review election results with candidates and delegates who request it.

Revision Dates:

- May 1998
- March 2002
- May 2002
- December 2002
- December 2013

Board of Directors Review Dates:

- FY07
- FY11
- FY14





# 2014 Report of the Board of Directors (BOD)

## Highlights of Business Activities

Oct. 1, 2013 through May 31, 2014

### STRATEGIC IMPLEMENTATION

This year, the BOD began implementation of the new strategic initiatives adopted by the 2013 Delegate Assembly. While all strategic directions are critically important for the BOD, advancing regulatory relevance and responsiveness to changes in health care and promoting regulatory solutions to address interstate health care delivery have been front and center of the BOD's work this past year.

Every BOD meeting began with a scan of the current environment to be sure that issues were identified and potential action plans were developed. Common issues addressed revolved around efforts to ease the path for returning veterans who choose to pursue health care careers, legislation to adopt the APRN Consensus Model and implementation of other recommendations from the Institute of Medicine (IOM) Future of Nursing report, such as academic progression. Monitoring and reviewing potential federal legislation, especially on telehealth issues, garnered the primary attention of NCSBN's government relations firm in Washington, D.C., and the BOD's decision to expand NCSBN's presence with staff and an office in the nation's capital. It is clear that boards of nursing (BONs) must be responsive in facilitating interstate practice to ensure safe and competent nursing practice.

The BOD supported the membership discussion on potential regulatory solutions through three meetings with the Executive Officer Leadership Council facilitated by Leonard Marcus, PhD, from the Harvard School of Public Health. These discussions were immensely helpful in identifying solutions acceptable to all members for participation in the Nurse Licensure Compact (NLC). Interstate practice was the topic of discussion with other nursing organizations as well. NCSBN participated in a joint work group with the Tri-Council for Nursing on the impact of telehealth on education, practice and licensure. NCSBN was invited to participate in a discussion with the American Nurses Association with a similar theme, facilitating interstate practice.

The BOD attended to its additional responsibilities, including approval of a new passing standard for the NCLEX-PN® Examination, acceptance of the annual independent audit report, approval of two position statements with the Tri-Regulator Collaborative, and various generative discussions related to where NCSBN is headed globally, the NCSBN vision and the value of associate members.

The BOD was pleased that NCSBN was accepted as an accredited Standards Development Organization (SDO) by the American National Standards Institute. In this new role, the BOD selected the licensure requirement for a national biometric criminal background check (CBC) as the first standard to be addressed through the SDO procedure.

### ADVANCED PRACTICE REGISTERED NURSE (APRN) COMPACT REVISION

The APRN Compact, adopted by the 2002 Delegate Assembly, was initially passed by three states: Texas, Utah and Iowa. This version of the APRN Compact was not implemented, partially due to the lack of uniformity of APRN licensure requirements between states. Following the adoption of the APRN Consensus Model in 2008, the compacting states identified an opportunity to address the lack of uniformity through the incorporation of the APRN Consensus Model.

A work group was formed in 2011 to revise the APRN Compact. The work group included representatives from the states of Texas, Utah, Iowa, Idaho and Arizona. The overarching goals of the work group were to improve the APRN Compact, retain or improve the positive results of the NLC, promote cooperation and information exchange between states, and facilitate mobility and access to care while providing for public protection. Member boards and various stakeholders were consulted throughout the revision process.

### Members

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

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

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

Susan Odom, PhD, RN, CCRN, FRE  
Idaho, Area I, Area I Director

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

Katherine Thomas, MN, RN  
Texas, Area III, Area III Director

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

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

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

Nathan Goldman, JD  
Kentucky, Area III,  
Director-at-Large

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

### Staff

Kathy Apple, MS, RN, FAAN  
CEO

Kate Doyle  
Manager, Executive Office

### Board Meeting Dates

- Aug. 16, 2013
- Sept. 25-27, 2013
- Oct. 11, 2013 (Conference Call)
- Dec. 9-11, 2013
- Jan. 6-7, 2014 (Board Retreat)
- Feb. 12-14, 2014
- March 10, 2014 (Conference Call)
- May 5-7, 2014
- July 9-11, 2014

The proposed APRN Compact revision includes the following key provisions:

1. Inclusion of APRN Consensus Model Licensure Requirements in Rule

APRN Consensus Model requirements have been included as the “Uniform Licensure Requirements,” which are the minimum requirements for a compact license. The requirements include unencumbered registered nurse (RN) licensure, graduate education from an accredited program congruent with an approved role and population foci, satisfaction of coursework requirements, and certification by a national certifying body. Additionally, the delineation between acute and primary care in pediatrics and adult/gerontology has been recognized in response to comments received from stakeholders.

2. A Grandfathering Provision for APRNs Who Do Not Meet APRN Consensus Model Requirements

APRNs licensed in compact states who do not meet the requirements of the APRN Consensus Model will retain APRN licensure on a single state basis. Additionally, these APRNs may pursue single state licensure in multiple party states, provided that the applicant has qualified for licensure in that state at the time the APRN was initially licensed. This is consistent with what is recommended for grandfathering under the APRN Consensus Model.

3. Strengthened Enforcement Provisions

The proposed APRN Compact includes improvements to the mechanisms that ensure compliance with the compact by member states. The procedures to be followed in the event of a failure by a party state to comply with the compact include a period of technical assistance in curing the default, improved dispute resolution processes and termination from the compact in the event no other means of compliance have been successful.

4. Rulemaking Authority by the Interstate Commission of APRN Compact Administrators

Given the difficulty of implementing universal rules under the NLC, the APRN Compact Working Group has worked with Rick Masters, special counsel to the NLC, to include a rulemaking provision within the proposed APRN Compact. These rulemaking powers are based upon similar provisions in other interstate compacts that have been successfully utilized to promulgate interstate rules.

These rulemaking powers will allow the Interstate Commission of APRN Compact Administrators to consider proposed rules as a group, which will become controlling law in all party states if approved by a majority of compact administrators. The rulemaking powers are limited under administrative procedures which incorporate well-accepted provisions from the Model Administrative Procedures Act (APA) and state APAs. The rulemaking power will allow the compact administrators the ability to collaboratively respond to changes in the field of APRN regulation and maximize uniformity.

5. Prescriptive Authority

The Proposed APRN Compact includes legend drug prescriptive authority for those APRNs with compact licenses. Prescriptive authority for legend drugs may be exercised in the home state, as well as any remote state, while working under a privilege. Eligibility for controlled substance prescriptive authority shall be determined under each state’s laws and rules.

6. CBC Requirement

Eligibility for membership in the proposed APRN Compact is limited to states that have implemented procedures for conducting fingerprint state and federal CBCs for all applicants for initial APRN licensure or APRN licensure by endorsement.

7. Membership in the NLC is Not Required for APRN Compact Membership Eligibility

All states are eligible to join the proposed APRN Compact, without regard to whether the state is a member of the NLC.

After review and discussion at its May meeting, the NCSBN BOD moved to recommend adoption of the revised APRN Compact to the 2014 Delegate Assembly.

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## Recommendations to the Delegate Assembly

### ***Adopt the proposed revision to the NCSBN Model Practice Act and Rules.***

**Rationale:**

The proposed revision to the Model Act and Rules is recommended by the Distance Learning Education Committee addressing the issues member boards have expressed related to the regulation of distance education programs. The committee documented the issues and quality indicators of distance education programs in a white paper, and their recommendations allow for more consistency across jurisdictions.

**Fiscal Impact:**

None.

### ***Adopt the proposed revisions to the NCSBN Bylaws addressing the simultaneous vacancy of the president and president-elect positions.***

**Rationale:**

At the 2013 Delegate Assembly, members adopted a resolution to explore information technology available for voting by the Delegate Assembly in the event of vacancy of the president and president-elect, and to report on the advisability of amending the bylaws to allow for such electronic voting. Per the resolution, the 2014 Bylaws Committee Business Book report and recommendation fulfills the intent of the resolution.

**Fiscal Impact:**

None.

### ***Adopt the proposed revision to the APRN Interstate Compact.***

**Rationale:**

To provide uniform licensure requirements for licensing advanced practice registered nurses (APRNs) through a revised APRN Interstate Compact consistent with the APRN Consensus Model. The revision also includes proposed changes to improve the implementation of an interstate compact based on the experience of the NLC.

**Fiscal Impact:**

None.

### ***Approve the College of Licensed Practical Nurses of Newfoundland and 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.

### ***Approve the Nurses Association of New Brunswick 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.

***Approve the Nursing and Midwifery Council of New South Wales 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.

***Approve the Yukon Registered Nurses Association 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.

## **FY14 Highlights and Accomplishments**

### **COLLABORATION WITH EXTERNAL ORGANIZATIONS**

#### **Strategic Partnership Meeting Attendance by BOD and/or NCSBN Staff**

- National Governors Association (NGA)
- American Association of Colleges of Nursing (AACN)
- Citizen Advocacy Center (CAC) Annual Meeting
- National Student Nurses Association (NSNA)
- National Organization for Associate Degree Nursing (N-OADN)
- Nursing Organization Alliance (NOA) Fall Summit
- National League for Nursing (NLN) Education Summit
- Council on Licensure, Enforcement & Regulation (CLEAR) Educational Symposium
- International Nurse Regulator Collaborative (INRC)
- International Council of Nurses (ICN) Credentialing & Regulator Forum
- ICN Observatory on Registration & Licensure
- National Forum on Quality Improvement in Healthcare, Institute for Healthcare Improvement (IHI)
- Federation of Associations of Regulatory Boards (FARB) Annual Forum
- American Organization of Nurse Executives (AONE)
- Federation of State Medical Boards (FSMB)
- Healthcare Information & Management Systems Society (HIMMS)
- Tri-Regulator Collaborative Board Meeting
- Tri-Council for Nursing

## GOVERNANCE AND POLICY

- President Myra Broadway facilitated the orientation for the new fiscal year 2014 (FY14) BOD. Topics covered included a review of the mission, vision and values; the legal and fiduciary role and responsibilities of board members; the organizational structure, articles of incorporation, the bylaws and policy manual; nonprofit financial management; board member expectations; historical decisions made by the Delegate Assembly and the BOD; guidelines for the role of the BOD regarding requests from individual states; Delegate Assembly resolutions; and the role of the CEO and NCSBN staff. A board governance consultant met with the BOD to review and discuss the 12 principles of governance that foster exceptional boards.
- The BOD reviewed and discussed an action plan for improving governance efficiency and effectiveness throughout the year.
- The BOD adopted the FY14 Strategic Plan.
- CEO Kathy Apple continuously reported on education and advocacy efforts in Washington, D.C., in conjunction with the Prime Policy Group, at each meeting.
- The BOD reviewed and discussed various environmental issues at each meeting. Topics included APRN legislation; military and civilian practice and regulation; interstate compact for mutual recognition of regional education program accreditation, community paramedics, and federal legislation related to cross border telehealth practice for Medicare patients; implementation of the Affordable Care Act; new emerging health care roles; nursing education; nursing workforce; and the expansion of telehealth.
- The BOD hosted a dial-in/webinar for member boards the final day of each meeting. Broadway presented the BOD's discussions and actions taken during the meeting prior to the call/webinar, and responded to questions from participants.
- The BOD held a generative discussion at each board meeting, addressing various questions relevant to the current and future work of NCSBN.
- The BOD appointed members to FY15 NCSBN committees.
- The BOD approved funding of \$166,500 for 13 executive officers and two NCSBN BOD members to participate in executive coaching services provided by the Center for Creative Leadership over an 18-month period.
- The BOD approved funding in the amount of \$47,000 for an APRN Grandfathering/Endorsement World Café™ Conference for executive officers or their designee.
- Per policy, the BOD is required to review the NCSBN Policy Manual every three years. The BOD reviewed, revised and approved adoption of all policies in the NCSBN Policy and Procedure Manual.
- The BOD adopted proposed FY15 meeting dates, including a BOD retreat.
- The BOD approved the FY14-16 Public Policy Agenda, which was revised to reflect the mission and the priorities of the organization.
- The BOD moved to appoint Nathan Goldman as the chair of the NCSBN Standards Development Committee (NSDC) and that national, biometric CBCs be the initial standard for development. In addition, the BOD appointed members to the NSDC Committee.
- The BOD moved to approve revisions to the identified performance measurements in the FY14 Strategic Plan. The revisions more accurately provide information related to the achievement of the desired impact of the strategic objective.

- The BOD approved the position statement on Practice Location for Consumer Protection and authorized Apple to finalize the statement with the Federation of State Medical Boards and the National Association of Boards of Pharmacy. The position supports a consumer-centric model of public protection.
- The BOD endorsed the Tri-Regulator Collaborative Position Statement on Interprofessional, Team-based Patient Care.

### **FINANCE**

- The BOD approved the proposed budget for FY14.
- The BOD approved quarterly financial statements throughout the fiscal year.
- The BOD approved the proposed audit plan for FY13.
- The BOD approved the annual banking resolution authorizing the CEO to establish and maintain banking accounts.
- The BOD accepted the independent auditor's report for the NCSBN retirement plan for the year ended June 30, 2013.
- The BOD accepted the report of the independent auditors for the year ended Sept. 30, 2013.
- The BOD reviewed and discussed the 2013 IRS 990 form.
- The BOD approved funding to have an expanded presence in Washington, D.C., with an office and a full-time government relations staff position, to ensure that policy makers and influencers are aware of the relevance of nursing regulation and state-based licensure, and to see NCSBN as a resource.
- The BOD met with NCSBN Liability Insurance Representative Sue Meyer to review and discuss NCSBN's risk management liability insurance.
- The BOD met with NCSBN investments managers to review and discuss NCSBN's investment portfolio and performance analysis.
- The BOD met with Plante Moran audit partners Genevieve Burns and Toni Diprizio regarding the results of the fraud risk assessment and the testing of internal controls.

### **TESTING**

- The BOD moved to increase the NCLEX-PN® passing standard to -0.21 logits to ensure that the NCLEX-PN is a psychometrically sound and legally defensible measure of entry-level nursing competence.
- The BOD moved to authorize moving forward with continuing negotiations and exploration of discussion with other countries to utilize the NCLEX®.
- The BOD moved to continue to develop the National Nurse Aide Assessment Program (NNAAP®) and Medication Aide Certification Examination (MACE®) within the standards of a certification examination. This standard will ensure NCSBN remains a strong advocate of public safety related to the work of nurse aides/nursing assistants and medication aides/assistants.
- The BOD approved exploration of new testing products.

### **INFORMATION TECHNOLOGY (IT)**

- Nur Rajwany, chief information officer, provided continuous operational and performance data related to Nursys® and Interactive Services throughout the year.
- Rajwany presented information resulting from exploring the possibility of exchanging licensure and discipline information between Canadian regulatory bodies and member boards.

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## **NURSING REGULATION AND RESEARCH**

- Maryann Alexander, chief officer, Nursing Regulation, presented an update on the TERCAP® project.
- Alexander provided the BOD with feedback on APRN grandfathering guidelines as finalized by members.
- Nancy Spector, director, Regulatory Innovations, presented the preliminary Transition to Practice® Phase I data analysis.
- Alexander presented a comprehensive update on all NCSBN research programs and projects for the BOD's review and discussion.
- Alexander presented performance outcome data related to ongoing programs and projects in Nursing Regulation for the BOD's review and discussion.

## **Attachments**

- A. Annual Strategic Plan Progress Report, October 2013 – May 2014
- B. Proposed Advanced Practice Registered Nurse Compact Statute
- C. Proposed Advanced Practice Registered Nurse Compact Rules
- D. College of Licensed Practical Nurses of Newfoundland and Labrador Associate Member Application
- E. Nurses Association of New Brunswick Associate Member Application
- F. Nursing and Midwifery Council of New South Wales Associate Member Application
- G. Yukon Registered Nurses Association Associate Member Application

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## Attachment A

# Annual Strategic Progress Report, October 2013–May 2014

The Annual Strategic 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. This scorecard provides feedback around both the internal business processes and external outcomes in order to continuously improve strategic performance and results.

## **A. Advance regulatory relevance and responsiveness to changes in health care.**

NCSBN's purpose, vision and mission all incorporate statements about its relation to regulation and ensuring the safety and well-being of the public. With this in mind, NCSBN needs to be on the cutting-edge of knowledge regarding regulatory relevance in health care. It must play a lead role at the national level in support of state-based licensure. It must also be aware of current trends, have direct lines of communication with its stakeholders, and be able to sort through multiple dimensions of data and information. Examples include the implementation of the Affordable Care Act (ACA) and the APRN Consensus Model, nursing research, evolution of technology, the effects of cost containment, and the evolution of nursing practice.

### **STRATEGIC OBJECTIVE 1**

#### **Increase stakeholder awareness regarding the importance of nursing regulation by member boards.**

NCSBN is interested in developing relationships and resources that target policy makers and influencers in order to realize the value of nursing regulation. To that end, these key stakeholders will be aware of the relevance of nursing regulation and state-based licensure, and see NCSBN as a resource. Leadership has met with the Prime Policy Group to develop a more aggressive education and advocacy plan with key policy makers in Washington, D.C. NCSBN has also consulted with the National Governors Association (NGA)/Department of Labor on work related to the transition from military to civilian health care careers, and presented at their Policy Academy. NCSBN also met with Ed Salsburg at Health Resources and Services Administration (HRSA) to discuss the workforce project, and the role and importance of boards of nursing (BONs) in workforce data collection. NCSBN leadership has also met with seven U.S. representatives and one U.S. senate staff member related to telehealth legislation; a member of the Office of the U.S. Trade Representative; and has been invited to the White House for a health care workforce discussion with Vice President Biden's policy staff. The Board of Directors (BOD) formally approved a Washington, D.C. satellite office and a full-time government affairs staff position.

### **STRATEGIC OBJECTIVE 2**

#### **Provide members with current information and analysis on the evolving health care environment regarding the ACA and how it impacts BONs.**

By improving systems for analysis and dissemination of legislative and emerging practice information, member boards are able to respond to the current health care environment and take appropriate action. NCSBN contracted with State Net for an improved system to compile and relate state legislative information to BONs. The NCSBN Nursing Regulation staff also completed its comprehensive look at this year's Environmental Scan and distributed it to BONs for their future planning. This valuable information can be used for setting legislative agendas, strategic planning and anticipating emerging issues. An upcoming *Journal of Nursing Regulation* (JNR) article will focus on the ACA and regulatory implications, and a network call is planned on ACA with education, policy, practice and APRN groups.



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### STRATEGIC OBJECTIVE 3

#### **Advance the implementation of the APRN Consensus Model.**

One of NCSBN's major goals is to increase the number of member boards implementing the APRN Consensus Model. Fiscal year 2014 (FY14) proved to be a very busy legislative year for advanced practice registered nurse (APRN) related issues; seven major bills have been introduced and passed by six states: Alaska, Idaho, Kentucky, Oregon, South Dakota and Utah. Three that stand out and lead to map points include: Alaska – recognizes role of certified nurse specialist (CNS) through rule; Kentucky – Senate Bill 7 grants legend prescriptive authority to APRNs who have been in a collaborative practice for four or more years, as well as establishes a Collaborative Prescribing Agreement Joint Advisory Committee; and South Dakota – Senate Bill 30, which was signed by the governor, gives APRN title to all four roles and license designation to certified registered nurse anesthetists (CRNAs). An additional 15 states have pending bills that could add map points, and an additional 17 states have bills that could add clarity or function to APRN roles. Passing them would help move states closer to alignment with consensus.

### STRATEGIC OBJECTIVE 4

#### **Advance the implementation of criminal background checks (CBCs).**

NCSBN believes that establishing a national standard for CBC screening as a licensure requirement is necessary to assure that health care providers are safe and competent. These federal biometric CBCs would be utilized by nurses upon application for initial, endorsement, reinstatement and renewal of licensure, and will assure individuals with criminal histories are screened for their ability to safely practice nursing. Currently, 42 BONs are actively conducting CBCs, while 14 are not. Communication with BONs not yet performing fingerprint-based CBCs is ongoing. Of these 14, three are considering the possibility of introducing legislation. NCSBN's Nursing Regulation department is currently working with the Council of State Governments (CSG) on production of a *Book of the States* article on the importance of CBCs on health care providers. Hawaii CBC legislation was recently introduced, but it did not progress past committee.

## **B. Promote regulatory solutions to address borderless health care delivery.**

Defining the nurse licensure regulatory framework for borderless health care delivery over the next few years will be challenging. Where BONs can make a difference must be carefully understood. While telehealth's influence in health care has increased over the last two decades, it has taken on new political influence that will impact the state-based licensure system. Being cognizant of the legislative process, current issues and where NCSBN can get involved and/or facilitate the process will help accelerate the achievement of desired results for BONs and public protection.

### STRATEGIC OBJECTIVE 1

#### **Explore licensing options for safe and effective interstate telehealth practice.**

Providing licensure options for legal authorization for interstate telehealth practice across state lines will allow member boards to have alternatives when promoting borderless health care delivery. NCSBN has engaged the member community through various Executive Officer Forums in discussing future options and possibilities, along with licensure options. Currently, a task force is studying and updating a 1997 analysis of all known licensure models with pros and cons. NCSBN recently hosted its third Executive Officer Forum, featuring Leonard Marcus, PhD, of the Harvard School of Public Health. Agreement was also reached on revisions needed to the mutual recognition model.

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## **STRATEGIC OBJECTIVE 2**

### **Support the Nurse Licensure Compact (NLC).**

NCSBN supports the Nurse Licensure Compact Administrators (NLCA) in meeting the contractual obligations of the NLC. Doing so helps the NLC function efficiently and effectively. To date, all contractual obligations have been identified and linked to the NLC budget. This information has been shared with the NLCA Executive Committee and has been further aligned to the NCSBN Strategic Plan.

## **STRATEGIC OBJECTIVE 3**

### **Understand the current status of intercountry nursing telehealth practice.**

By conducting an analysis of the current telehealth nursing practice between and among countries, member boards and NCSBN can understand the current state of international telehealth practice and its implications for licensure between and among countries. A literature review was initiated on the practice of telehealth nursing. An international study and survey regarding out of country telehealth practice is underway. A staff team has also been charged with the exploration of U.S.-based companies providing telehealth services, review of the literature, and all known activities of the International Telehealth Association.

## **C. Expand the active engagement and leadership potential of all members.**

The success that NCSBN achieves in reaching its vision, mission and goals is directly proportional to the active engagement and leadership of its members. NCSBN is committed to developing programs and services that enhance a BON's participation and experience in sharing its time, talent, and expertise. This initiative will concentrate on such things as exploring structured methods for leadership development, implementing leadership succession planning, addressing the specific needs of the executive officer, embracing generational changes in nursing regulation and building the regulatory expertise of members.

## **STRATEGIC OBJECTIVE 1**

### **Explore opportunities to increase the use of technology to enhance capability and quality of remote participation of members on committees.**

By developing and implementing new participation modalities, NCSBN will be able to expand opportunities and remove barriers for active engagement of members. A task force of key staff was formed to launch the Tools of Engagement project discovery phase. Various stakeholders were surveyed and interviewed to understand issues with current tools and need and scope for new tools. Requirements were articulated and a request for proposal from vendors was completed, with product demonstrations being conducted.

## **STRATEGIC OBJECTIVE 2**

### **Increase participation in NCSBN activities by individuals of member boards who have not previously been involved or whose involvement has been limited.**

By analyzing the needs of nonparticipating members and recommending strategies for engagement, individuals who have not previously participated will have an opportunity for involvement in NCSBN activities and/or to utilize available resources. Discovery work has started for introducing new video conferencing and other new tools to increase engagement of members. In addition, members who were new to Passport, new to NCSBN's online presence, and/or unfamiliar with NCSBN programs and services were identified. These new Passport users, Passport administrators and associate members were surveyed to identify their needs, interests

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and knowledge. Four areas of interest and topics were identified among these groups: Passport – Knowledge Networks; Website – Introduction to Programs and Services; Web Survey Tool; and Passport – New User Experience (Logging In). Webinars are being conducted with additional ones being planned to address these needs.

### **STRATEGIC OBJECTIVE 3**

#### **Explore a structured method for leadership development.**

The Leadership Succession Committee (LSC) asked the BOD last year to explore options for the development and creation of a Leadership Academy (LA). The BOD subsequently charged a committee to look at a business plan for development of the LA. The strategy and framework developed by the committee will be presented to the BOD in May for its review and approval.

### **STRATEGIC OBJECTIVE 4**

#### **Implement leadership succession planning.**

The LSC will recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning. Both current and new strategies for leadership development will be explored, reviewed, evaluated and recommended for use and implementation among member boards and their staff. Considerations include Leadership Development calls, articles on leadership in *In Focus* (formerly *Council Connector*), and visibility of committee members at NCSBN conferences in order to highlight the nomination process.

### **STRATEGIC OBJECTIVE 5**

#### **Address member board needs specific to the executive officer (EO) role.**

Developing resources on EO succession planning for use by the member boards is critical to BONs remaining on track to accomplish their vision, mission and goals. A comprehensive toolkit will be available to member boards to develop an EO succession plan. The EO Succession Committee developed an online, Web-based toolkit, and collaborated with NCSBN's Interactive Services and Marketing & Communications departments to review the document and develop Web pages. The final toolkit product was submitted to the BOD at the May meeting and the rollout to the EOs and board presidents will occur at the Annual Meeting.

### **STRATEGIC OBJECTIVE 6**

#### **Build the regulatory expertise of members through the Institute of Regulatory Excellence (IRE).**

Each year the IRE selects a cohort of candidates to pursue a fellowship in the IRE. Over the course of four years they identify and work on groundbreaking projects that contribute value to the science of nursing regulation. The committee must select Fellows and mentors, and approve project proposals. Because of this opportunity, individuals are involved in efforts that build their regulatory knowledge, skill and ability. For 2014, nine members were selected as Fellows in the program. An IRE Conference, held for the tenth year in a row, was held in January with the theme, "New Ways of Looking at Competence."

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## **D. Develop competency assessments to support the future of health care and the advancement of regulatory excellence.**

NCSBN is dedicated to providing state-of-the-art competence assessments that are psychometrically sound, secure and legally defensible. Maintaining the industry benchmark for consistency and value requires a team effort, as well as defining its future development and application. Areas of focus may include enhancing precision of the measurement of NCLEX® candidates through the use of technology, investigating the use of NCSBN's exam resources to support the work of regulatory boards, and increasing the NCLEX exam's presence within the international nursing and testing community.

### **STRATEGIC OBJECTIVE 1**

#### **Enhance precision of the measurement of NCLEX® candidates through the use of state-of-the-art technologies and unfolding scoring models.**

NCSBN concentrates on conducting ongoing research to determine the level of clinical decision making/judgment necessary for the safe and effective practice of entry-level registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs). RN practice analysis and RN knowledge, skills and abilities expert panels were conducted in preparation for the launch of the 2014 RN Practice Analysis survey. The charge of these two panels is to identify the activities, knowledge, skills and abilities required to deliver safe, effective entry-level nursing care. The outcome of these meetings, along with sampling, will culminate in a survey conducted in the third quarter of FY14. The results of the surveys will be used in the development of the 2016 NCLEX-RN® Test Plan and serve as a foundation in the NCLEX® Item Development Process.

NCSBN also strives to develop prototype items that use computer simulation focused on measuring clinical decision making/judgment in order to maintain a state-of-the-art NCLEX examination program. NCSBN Examination staff have created several NCLEX prototype items, which include computer simulation, have worked with the Joint Research Committee (JRC) to verify the validity of these prototypes, and have presented them to the NCLEX® Examination Committee (NEC) for their review and input.

### **STRATEGIC OBJECTIVE 2**

#### **Investigate the use of NCSBN's exam resources to support the work of the regulatory boards.**

By exploring the development of a psychometrically sound, legally defensible assessment to measure the competence of nurses who have had disciplinary action related to practice taken against their licenses, NCSBN will be able to provide an RN/LPN/VN disciplinary assessment with necessary regulatory sufficiency to assist member boards when making decisions relative to licensure reinstatement. Currently, an internal project team has been created, is conducting a literature review and feasibility study, and has completed a timeline and work plan for the study.

Similarly, by exploring the development of RN/LPN/VN licensure maintenance assessment tools, which can be used by nurses and member boards to help identify strengths and weaknesses related to knowledge, skill and ability necessary for safe and effective nurse practice, NCSBN will be able to provide a psychometrically sound/legally defensible assessment to support the licensure maintenance activities of the member boards. The licensure maintenance assessment tools can be used by practicing nurses to focus continuing education efforts, as well as by member boards to enhance licensure maintenance decisions.

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By exploring the development of practice tests for NCLEX candidates, NCSBN will be able to provide NCLEX candidates with practice NCLEX examinations to help reduce candidate anxiety associated with sitting for the NCLEX, while providing a secondary revenue source to NCSBN. An internal project team has been created and work is underway to collect data surrounding testing industry practices as it relates to the development, launch and maintenance of practice exams.

### **STRATEGIC OBJECTIVE 3**

#### **Increase the NCLEX® presence within the international nursing and testing community.**

By conducting market research to identify potential areas of NCLEX international growth, NCSBN will be able to provide data for informed decisions related to targeted expansion of NCSBN examination products internationally. Market research for 12 international jurisdictions is complete and a report to the BOD was provided at the February 2014 BOD meeting.

NCSBN would like to become active participants within the International Testing Commission (ITC), and therefore, increase its presence within the international testing community while providing a venue for NCSBN to influence discussions supporting licensure examinations within the regulatory environment. Collaborating with psychometricians from vendor organizations Pearson VUE and Mountain Measurement, the NCSBN Examinations staff will present the results of seven research projects to an international audience at the 2014 ITC Conference in San Sebastian, Spain in July 2014.

## **E. Promote evidence-based regulation.**

Knowledge is gained through a careful and thorough attempt at conducting research, analysis, understanding and application of lessons learned. NCSBN continues an active research program with meaningful and useful projects that follow sound scientific principles. Continuing this tradition, possible issues to explore might include influencing policy through building the science of nursing regulation; developing BON performance measurement data; developing patient safety measures and activities; regulatory standards setting; and advancing evidence-based regulation in the areas of discipline, licensure, education and practice.

### **STRATEGIC OBJECTIVE 1**

#### **Influence policy through building the science of nursing regulation.**

Research meets the needs of member boards by developing a three-year research agenda with sound scientific and regulatory relevant proposals. The agenda was presented to the BOD in July 2013; proposal development is in process.

By translating research data to policy recommendations, the NCSBN Nursing Regulation department helps provide policy recommendations that assist and influence the member boards in their decision making for evidence-based regulation. There are no planned activities until the third quarter of FY14.

### **STRATEGIC OBJECTIVE 2**

#### **Develop BON performance measurement data.**

Increasing the clarity of the current Commitment to Ongoing Regulatory Excellence (CORE) survey questions will lead to collected data that are more accurate. The committee developed and conducted a short survey to get EO's input on the revised CORE survey and reports. The committee also assessed the current CORE measures, using criteria, to determine if they are useful and value-added to the process. Some of the criteria include credible to stakeholders, linked to mission and goals, balanced and comprehensive, valid and reliable, timely and

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actionable, resistant to goal displacement and gaming, cost sensitive, and clear regarding preferred direction of movement. A small group of CORE Committee members met to discuss using Nursys® data as a discipline measure for CORE. The group created an algorithm of what discipline action codes should be used to describe the number of nurses with disciplinary action.

The CORE Committee will conduct a focus group to search for promising practices in the area of licensure. In this way, they will identify one or more promising practices for initial application process, renewal process and endorsement process. A focus group has been identified and formed, and has established its charter and objectives.

The CORE Committee will also create an adoption plan for effective practices in the area of discipline. By doing this, they will be able to provide a plan that member boards can utilize to improve performance in the area of discipline. The committee reviewed discipline data and past focus group attendees to identify members of the subcommittee; nine members were eventually appointed. The subcommittee broke into three working groups: triage, investigation, and resolution of a case to create documents and templates on identified promising practices.

By identifying a uniform set of data measures regarding the performance of the NLC states, the CORE Committee developed a tool to collect data about the performance of the NLC. To date, the CORE Committee finalized the following four survey tools for collecting data: NLC BON Survey Compact States; NLC BON Survey Noncompact States; NLC Nurses Survey Compact States; and NLC Nurses Survey Noncompact States.

### **STRATEGIC OBJECTIVE 3**

#### **Provide accurate information about member boards through the Member Board Profiles (MBP) for use by members and the public.**

It is NCSBN's intent to periodically review and revise the MBP. The revised tool will ensure that data collected is accurate and timely, and depicts the regulatory environment of the member boards. The committee reviewed data collected from other reports along with past member board feedback. It also developed a vision for MBP, including the audience, content, online capability, executive summary and type of reports. It also developed a process for evaluation of each MBP survey section/questions and then compared all five profiles against the criteria. The committee then met with NCSBN's Information Technology department to discuss a vision for a MBP application, development and refinement of business requirements, and chose an application launch date of September 2014.

## Proposed Advanced Practice Registered Nurse Compact Statute

### ARTICLE I

#### Findings and Declaration of Purpose

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- a. The party states find that:
  1. The health and safety of the public are affected by the degree of compliance with APRN licensure requirements and the effectiveness of enforcement activities related to state APRN licensure laws;
  2. The expanded mobility of APRNs and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of APRN licensure and regulation;
  3. New practice modalities and technology make compliance with individual state APRN licensure laws difficult and complex;
  4. The current system of duplicative APRN licensure for APRNs practicing in multiple states is cumbersome and redundant to both APRNs and states;
  5. Uniformity of APRN requirements throughout the states promotes public safety and public health benefits; and
  6. Violations of APRN licensure and other laws regulating the practice of nursing may result in injury or harm to the public.
- b. The general purposes of this Compact are to:
  1. Facilitate the states' responsibilities to protect the public's health and safety;
  2. Ensure and encourage the cooperation of party states in the areas of APRN licensure and regulation, including promotion of uniform licensure requirements;
  3. Facilitate the exchange of information between party states in the areas of APRN regulation, investigation and adverse actions;
  4. Promote compliance with the laws governing APRN practice in each jurisdiction;
  5. Invest all party states with the authority to hold an APRN accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses;
  6. Decrease redundancies in the consideration and issuance of APRN licensure; and
  7. Provide opportunities for interstate practice by advanced practice registered nurses who meet uniform licensure requirements.

### ARTICLE II

#### Definitions

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As used in this Compact:

- a. "Advanced Practice Registered Nurse" or "APRN" means a registered nurse who has gained additional specialized knowledge, skills and experience through a program of study recognized or defined by the Commission, and who is licensed to perform advanced nursing practice. An advanced practice registered nurse is licensed in an APRN role which is congruent with an APRN educational program, certification, and Commission rules.

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- b. “Adverse action” means any administrative, civil, equitable or criminal action permitted by a state’s laws which are imposed on an APRN by a state Board of Nursing or other authority, including actions against an individual’s license such as: revocation, suspension, probation, monitoring of the licensee, limitation on the licensee’s practice, or any other encumbrance on licensure affecting an APRN’s authorization to practice, including the issuance of a cease and desist action.
  - c. “Alternative program” means a voluntary, non-disciplinary monitoring program approved by a state Board of Nursing.
  - d. “APRN licensure” means the regulatory mechanism used by a party state to grant legal authority to practice as an APRN.
  - e. “APRN Uniform Licensure Requirements” means minimum uniform licensure, education and examination requirements as agreed to by the Interstate Commission of APRN Compact Administrators.
  - f. “Board of Nursing” or “Board” means a state’s regulatory body responsible for regulating the practice of advanced practice registered nursing.
  - g. “Coordinated licensure information system” means an integrated process for collecting, storing and sharing information on APRN licensure and enforcement activities related to APRN licensure laws, which is administered by a non-profit organization composed of and controlled by state Boards of Nursing.
  - h. “Commission” means the Interstate Commission of APRN Compact Administrators.
  - i. “Compact license” means APRN licensure issued by a home state which includes a privilege to practice as an APRN in any remote state in the same role and population focus as the APRN is licensed in the home state.
  - j. “Current significant investigatory information” means:
    - 1. Investigative information that a state Board of Nursing, after a preliminary inquiry that includes notification and an opportunity for the APRN to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
    - 2. Investigative information that indicates that the APRN represents an immediate threat to public health and safety regardless of whether the APRN has been notified and had an opportunity to respond.
  - k. “Encumbered” or “encumbrance” means revocation of licensure, suspension of licensure, or licensure status that is subject to current limitation due to adverse action.
  - l. “Financial impact statement” means an analysis required under a state’s law whereby a government agency or Board is required to consider the estimated effect of a proposed rule on business organizations or the state economy.
  - m. “Home state” means the party state that is the APRN’s primary state of residence.
  - n. “Legend Drug” means a device or drug that is not a controlled substance and is prohibited under state or federal law from being dispensed without a prescription. The term includes a device or drug that bears or is required to bear the legend "Caution: federal law prohibits dispensing without prescription" or "prescription only" or other legend that complies with federal law.
  - o. “Licensure” means granting the authority to practice.
  - p. “Party state” means any state that has adopted this compact into law.
  - q. “Population focus” means a specific patient population which is congruent with the APRN educational program, certification, and Commission rules.



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- r. “Prescriptive authority” means the legal authority to prescribe medications and devices as defined by party state laws.
  - s. “Privilege to practice” means a legal authorization associated with an APRN compact license which permits an APRN to practice in a remote state in the same role and population focus as the APRN is licensed in the home state.
  - t. “Remote state” means a party state which is not the home state.
  - u. “Single state license” means APRN licensure issued by a party state which is valid only for practice within the issuing state, and does not include a privilege to practice in any other party state.
  - v. “State” means a state, territory, or possession of the United States.
  - w. “State practice laws” means a party state’s laws, rules, and regulations that govern APRN practice, define the scope of advanced nursing practice rules including prescriptive authority, and create the methods and grounds for imposing discipline. State practice laws do not include the requirements necessary to obtain and retain APRN licensure, except for qualifications or requirements of the home state.

### **ARTICLE III**

#### **General Provisions and Jurisdiction**

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- a. By rule, the Interstate Commission of APRN Compact Administrators shall adopt the APRN Uniform Licensure Requirements (“ULRs”). The ULRs shall provide the minimum requirements for APRN compact licensure in party states. The Commission shall adopt rules concerning single state license eligibility for APRN licensees and applicants who do not qualify for compact licensure under the Uniform Licensure Requirements.
- b. In addition to the ULRs, an applicant for compact or single state licensure must meet the home state’s eligibility requirements for licensure or renewal of licensure as well as all other applicable home state laws.
- c. By rule, the Commission shall identify the approved APRN roles and population foci for licensure as an APRN. An APRN issued a compact license shall be licensed in an approved APRN role and at least one approved population focus.
- d. An APRN compact license issued by a home state shall authorize the APRN to exercise a privilege to practice as an APRN in each party state. If an applicant does not qualify for a compact license, a single state license may be issued as authorized under Commission rules and home state law.
- e. Issuance of an APRN compact license shall include prescriptive authority for legend drugs, unless the APRN was licensed prior to the home state’s adoption of the compact and has not previously held prescriptive authority.
  - 1. An APRN granted prescriptive authority for legend drugs in the home state may exercise prescriptive authority for legend drugs in any remote state while exercising a privilege to practice under an APRN compact license; the APRN shall not be required to meet any additional eligibility requirements imposed by the remote state in exercising prescriptive authority for legend drugs.
  - 2. Prescriptive authority eligibility for an APRN who was not granted prescriptive authority at the time of initial licensure shall be determined under home state law.

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3. Prescriptive authority eligibility for an APRN holding a single state license shall be determined under state law.
  - f. For each state in which an APRN seeks authority to prescribe controlled substances, the APRN shall satisfy all requirements imposed by the state in granting and/or renewing such authority.
  - g. An APRN compact license-holder is authorized to assume responsibility and accountability for patient care independent of a supervisory or collaborative relationship with a physician. This authority may be exercised in the home state and any remote state in which the APRN exercises compact practice privileges. For a single state licensee in a party state, the requirement for a supervisory or collaborative relationship with a physician shall be determined under state law.
  - h. A remote state may, in accordance with state due process laws, limit or revoke an APRN compact license-holder's privilege to practice in the remote state and may take any other necessary actions under the remote state's applicable laws to protect the health and safety of the remote state's citizens. If a remote state takes action, notification of such action shall be promptly reported to the coordinated licensure information system. The administrator of the coordinated licensure information system shall ensure the home state is promptly notified of any such actions by remote states.
  - i. An APRN practicing in a party state must comply with the practice laws of the state in which the patient is located at the time care is provided. APRN practice includes patient care and all advanced nursing practice defined by the party state's practice laws. Practice in a state will subject an APRN to the jurisdiction of the Board, the courts, and the laws of the party state.

## **ARTICLE IV**

### **Applications for APRN Licensure in a Party State**

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- a. In considering the approval or denial of an application for APRN licensure, a party state shall ascertain, through the coordinated licensure information system, whether:
  1. The applicant has held or is the holder of a licensed practical/vocational nursing license, a registered nursing license, or an advanced practice registered nurse license issued by any other state;
  2. An encumbrance exists on any license or privilege to practice held by the applicant; or
  3. Previous adverse action has been taken against any license or privilege to practice held by the applicant.
- b. If a party state determines that an applicant is appropriate for licensure, the state shall issue a compact license or single state license, as appropriate under the Uniform Licensure Requirements. All applicants who meet the Uniform Licensure Requirements and are deemed eligible for licensure in a party state shall receive a compact license. Compact licenses may be issued with inactivated compact privileges, as required under this act or Commission rule.
  1. If a party state grants licensure to an applicant whose nursing license or privilege to practice is presently encumbered or otherwise limited in another jurisdiction, compact privileges shall be inactive until such time that all nursing licenses or privileges held by the applicant have been cleared of any encumbrances.
  2. If a party state grants licensure to an applicant whose nursing license or application was previously revoked, surrendered, or denied in another party state, compact privileges

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shall be inactive until such time that the applicant would qualify for reinstatement or issuance of licensure under the previous state's eligibility requirements.

3. If a party state grants an encumbered license to an applicant, compact privileges shall be inactive until the encumbrance has been removed.
- c. An APRN granted a compact license with inactivated compact privileges under this Article may petition for an active privilege to practice as an APRN in another party state in accordance with Article V Subsection (h) of this Act.
- d. An APRN compact licensee shall hold APRN licensure in only one party state, issued by the home state.
  1. When an APRN compact licensee changes primary state of residence by moving between two party states, the licensee must apply for APRN licensure in the new home state;
    - A. The APRN may apply for licensure in advance of a change in primary state of residence. New licensure will not be issued by a party state until the APRN provides satisfactory evidence of a change in primary state of residence to the new home state's Board of Nursing;
    - B. If the licensee obtains APRN licensure from the new home state, the APRN licensure from the former home state is no longer valid
  2. When an APRN compact licensee changes primary state of residence by moving from a party state to a non-party state, the APRN license issued by the prior home state converts to a single state license, valid only in the former home state.

## **ARTICLE V**

### **Adverse Actions**

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In addition to the General Provisions described in Article III, the following provisions apply:

- a. All party state Boards shall promptly report to the administrator of the coordinated licensure information system any adverse action against an APRN's license or associated privilege to practice, including the factual and legal basis for such action, if known. A party state Board shall promptly report any significant current investigative information yet to result in adverse action. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports.
- b. A party state Board shall have the authority to complete any pending investigations of an APRN who changes primary state of residence during the course of such investigations. It shall also have the authority to take appropriate action(s), and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.
- c. The home state shall have exclusive power to impose adverse action against an APRN's compact licensure. A remote state may take adverse action limited to the compact licensee's privilege to practice within that party state.
- d. For purposes of imposing adverse action, the home state Board shall give the same priority and effect to reported conduct which occurred outside of the home state as it would if such conduct had occurred within the home state. In such cases, the home state's law shall control in determining the appropriate adverse action.

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- e. Any party state may take adverse action based on the factual findings of another party state, so long as each state follows its own procedures for imposing such adverse action.
  - f. Nothing in this compact shall override a party state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the party state's laws. Party states must require APRNs who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from such other party state.
  - g. If adverse action is taken by a home state against an APRN compact license, compact privileges associated with the APRN's compact license are inactivated until all encumbrances have been removed from the APRN's license, subject to the exception in Subsection (h), below. All home state disciplinary orders which impose adverse action on an APRN's compact license shall include a statement that the APRN's compact privileges are inactive during the pendency of the order.
  - h. If a licensee's compact privileges have been inactivated due to adverse action in the home state or any other jurisdiction, the licensee may request permission for an active privilege to practice in another party state. The licensee must receive such approval in writing from the home state and the state in which the licensee is seeking permission to practice.

## **ARTICLE VI**

### **Additional Authorities Invested in Party State Boards of Nursing**

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In addition to any other powers granted under state law, party state Boards of Nursing shall have the authority to:

- a. Issue subpoenas for both hearings and investigations, which require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a party state Board of Nursing for the attendance and testimony of witnesses, and/or the production of evidence from another party state shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing Board shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and
- b. Issue cease and desist orders to limit or revoke an APRN's authorization to practice in the state.

## **ARTICLE VII**

### **Coordinated Licensure Information System and Exchange of Information**

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- a. All party states shall participate in a cooperative effort to submit data to a coordinated database of all APRN licensees. This system will include information on the APRN licensure and disciplinary history of each APRN, as contributed by party states, to assist in the coordinated administration of APRN licensure and enforcement efforts.
- b. Notwithstanding any other provision of law, all party state Boards shall promptly report to the coordinated licensure information system:
  - 1. Adverse actions which have been taken against an APRN's compact license, single state license, or privilege to practice;

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2. Any current significant investigative information yet to result in adverse action; and
  3. Any denial of application for licensure as an APRN, and the reasons for such denial.
- c. Current significant investigative information shall be transmitted through the coordinated licensure information system to party state Boards of Nursing.
  - d. Notwithstanding any other provision of law, all state Boards contributing information to the coordinated licensure information system may designate information that may not be shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state.
  - e. Personally identifiable information obtained from the coordinated licensure information system by a party state Board shall not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.
  - f. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing the information shall be removed from the coordinated licensure information system.
  - g. The compact administrator of each party state shall furnish a uniform data set to the compact administrator of each other party state, which shall include, at a minimum:
    1. Identifying information;
    2. Licensure data;
    3. Non-confidential information related to alternative program participation information; and
    4. Other information which may facilitate the administration of this compact, as determined by Commission rule.
  - h. The compact administrator of a party state shall provide all investigative documents and information requested by another party state to the extent allowable under state law.

## **ARTICLE VIII**

### **Establishment of the Interstate Commission of APRN Compact Administrators**

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- a. The compacting states hereby create and establish a joint public agency known as the Interstate Commission of APRN Compact Administrators.
  1. The Commission is a body politic and an instrumentality of the compacting states.
  2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.
  3. Nothing in this compact shall be construed to be a waiver of sovereign immunity.
- b. Membership, Voting, and Meetings
  1. Each party state shall have and be limited to one administrator. The head of the state Board of Nursing or his designee shall be the administrator of this compact for each party state. Any administrator may be removed or suspended from office as provided by the law of the State from which the Administrator is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the compacting state in which the vacancy exists.

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2. Each administrator shall be entitled to one (1) vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. An administrator shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for an administrator's participation in meetings by telephone or other means of communication.
  3. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws or rules of the commission.
  4. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article IX.
  5. The Commission may convene in a closed, non-public meeting if the Commission must discuss:
    - A. Non-compliance of a party state with its obligations under the compact;
    - B. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
    - C. Current, threatened, or reasonably anticipated litigation;
    - D. Negotiation of contracts for the purchase or sale of goods, services or real estate;
    - E. Accusing any person of a crime or formally censuring any person;
    - F. Disclosure of trade secrets or commercial or financial information which is privileged or confidential;
    - G. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
    - H. Disclosure of investigatory records compiled for law enforcement purposes;
    - I. Disclosure of information related to any reports prepared by or on behalf of the Commission for the purpose of investigation of compliance with the compact; or
    - J. Matters specifically exempted from disclosure by federal and/or state statute.
  6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes which fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.
- c. The Commission shall, by a majority vote of the administrators, prescribe bylaws and/or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact, including but not limited to:
1. Establishing the fiscal year of the Commission;
  2. Providing reasonable standards and procedures:
    - A. for the establishment and meetings of other committees; and
    - B. governing any general or specific delegation of any authority or function of the Commission;
  3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information,

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- including trade secrets. The Commission may meet in closed session only after a majority of the membership votes to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each administrator with no proxy votes allowed;
4. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the Commission;
  5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any party state, the bylaws shall exclusively govern the personnel policies and programs of the Commission;
  6. Providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the compact after the payment and/or reserving of all of its debts and obligations;
  7. The Commission shall publish its bylaws in a convenient form and file a copy thereof and a copy of any amendment thereto, with the appropriate agency or officer in each of the party states.
  8. The Commission shall maintain its financial records in accordance with the bylaws.
  9. The Commission shall meet and take such actions as are consistent with the provisions of this compact and the bylaws.
- d. The Commission shall have the following powers:
1. The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all party states;
  2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any Board of Nursing or other regulatory body responsible for APRN practice to sue or be sued under applicable law shall not be affected;
  3. To purchase and maintain insurance and bonds;
  4. To borrow, accept or contract for services of personnel, including, but not limited to, employees of a party state or non-profit organizations;
  5. To cooperate with other organizations that administer state compacts related to the regulation of nursing, including but not limited to sharing administrative or staff expenses, office space or other resources;
  6. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
  7. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;
  8. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;
  9. To sell convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property real, personal or mixed;
  10. To establish a budget and make expenditures;

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11. To borrow money;
  12. To appoint committees, including advisory committees comprised of administrators, state nursing regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;
  13. To provide and receive information from, and to cooperate with, law enforcement agencies;
  14. To adopt and use an official seal; and
  15. To perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of APRN licensure and practice.
- e. Financing of the Commission
1. The Commission shall pay, or provide for the payment of the reasonable expenses of its establishment, organization and ongoing activities.
  2. The Commission may levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the Interstate Commission and its staff which must be in a total amount sufficient to cover its annual budget as approved each year. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission which shall promulgate a rule binding upon all member states.
  3. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.
  4. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the Commission.
- f. Qualified Immunity, Defense, and Indemnification
1. The administrators, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury or liability caused by the intentional, willful, or wanton misconduct of that person.
  2. The Commission shall defend any administrator, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided



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further, that the actual or alleged act error or omission did not result from that person's intentional, willful, or wanton misconduct.

3. The Commission shall indemnify and hold harmless any administrator, officer, executive director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional, willful, or wanton misconduct of that person.

## **ARTICLE IX**

### **Rulemaking**

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- a. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.
- b. If a majority of the legislatures of the party states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact, then such rule shall have no further force and effect in any compact state.
- c. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.
- d. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a notice of proposed rulemaking:
  1. On the website of the Commission; and
  2. On the website of each party state Board or the publication in which each state would otherwise publish proposed rules.
- e. The notice of proposed rulemaking shall include:
  1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
  2. The text of the proposed rule or amendment and the reason for the proposed rule;
  3. A request for comments on the proposed rule from any interested person; and
  4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.
- f. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.
- g. The Commission shall prepare a financial impact statement as part of the rulemaking process. The analysis shall include the impact on the affected states, the individuals required to comply with the rule, and the Commission. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:
  1. At least 25 persons;
  2. A governmental subdivision or agency; or
  3. An association having at least 25 members.
- h. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.

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1. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated party in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.
  2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
  3. No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the hearing if it so chooses.
  4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.
    - i. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
    - j. The Commission shall, by majority vote of all administrators, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.
    - k. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.
    - l. Not later than sixty days after a rule is adopted, any interested person may file a petition for judicial review of the rule in the United States district court of the District of Columbia or in the federal district court where the Commission's principal office is located. If the court finds that the action of the Commission is not supported by substantial evidence in the rulemaking record, the court shall hold the rule unlawful and set it aside.
    - m. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:
      1. Meet an imminent threat to public health, safety, or welfare;
      2. Prevent a loss of Commission or party state funds; or
      3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule.
    - n. The Commission or committee may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the chair of the compact governing body, prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

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## ARTICLE X

### Oversight, Dispute Resolution and Enforcement

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#### a. Oversight

1. The executive, legislative and judicial branches of state government in each party state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law.
2. All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a party state pertaining to the subject matter of this compact which may affect the powers, responsibilities or actions of the Commission.
3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this compact or promulgated rules.

#### b. Default, Technical Assistance, and Termination

1. If the Commission determines that a party state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the Commission shall:
  - A. Provide written notice to the defaulting state and other party states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission; and
  - B. Provide remedial training and specific technical assistance regarding the default.
2. If a state in default fails to cure the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the party states, and all rights, privileges and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.
3. Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor of the defaulting state, the majority and minority leaders of the defaulting state's legislature, and each of the party states.
4. A state which has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations which extend beyond the effective date of termination.
5. The Commission shall not bear any costs related to a state which is found to be in default or which has been terminated from the compact, unless agreed upon in writing between the Commission and the defaulting state.
6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the compact has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.

#### c. Dispute Resolution

1. Upon request by a party state, the Commission shall attempt to resolve disputes related to the compact which arise among party states and between party and non-party states.

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2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.
- d. Enforcement
1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.
  2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the compact has its principal offices against a party state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.
  3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

## **ARTICLE XI**

### **Fingerprint-Based Criminal Background Check Requirement for Eligibility as Member State in APRN Compact**

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- a. Notwithstanding any other provision herein, eligibility for membership in this compact shall be limited to those states that have implemented procedures for considering the criminal history records of applicants for initial APRN licensure or APRN licensure by endorsement.
- b. Such procedures shall include the submission of fingerprints or other biometric data by APRN applicants for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.

## **ARTICLE XII**

### **Date of Implementation of APRN Compact and Associated Rules, Withdrawal, and Amendment**

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- a. The APRN compact shall come into limited effect at such time the compact has been enacted into law in ten (10) party states. The provisions which become effective at that time shall be limited to the powers granted to the Interstate Commission of APRN Compact Administrators relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the adoption of the APRN Uniform Licensure Requirements.
- b. On the date of the Commission's initial adoption of the APRN Uniform Licensure Requirements, all remaining provisions of the APRN compact shall come into full effect in all party states. All rules which have been previously adopted by the Commission shall come into full force and effect in all states which have enacted the compact into law prior to that date.
- c. Any state which joins the compact subsequent to the Commission's initial adoption of the APRN Uniform Licensure Requirements shall be subject to all rules that have been

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previously adopted by the Commission as they exist on the date on which the compact becomes law in that state.

- d. Any party state may withdraw from this compact by enacting a statute repealing the same.
  - 1. A party state's withdrawal shall not take effect until six months after enactment of the repealing statute.
  - 2. Withdrawal shall not affect the continuing requirement of the withdrawing state's Board of Nursing to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.
- e. Nothing contained in this compact shall be construed to invalidate or prevent any APRN licensure agreement or other cooperative arrangement between a party state and a non-party state which does not conflict with the provisions of this compact.
- f. This Compact may be amended by the party states. No amendment to this compact shall become effective and binding upon any party state until it is enacted into the laws of all party states.

### **ARTICLE XIII**

#### **Construction and Severability**

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This compact shall be liberally construed so as to effectuate the purposes thereof. If this compact shall be held contrary to the constitution of any state party thereto, the compact shall remain in full force and effect as to the remaining party states.

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## Proposed Advanced Practice Registered Nurse Compact Rules

### Rule I. Definition of Terms

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- a. These rules adopt by reference the terms which have been defined in the Act. Additionally, the following definitions shall apply for the purpose of the compact and the rules:
- b. “Coordinated licensure information system” means the nurse licensure and disciplinary database of the NCSBN known as NURSUS.
- c. “Primary state of residence” means the state of a person’s declared fixed permanent and principal home for legal purposes; domicile.
- d. “Public” means any individual or entity other than designated staff or representatives of party state Boards of Nursing, the Interstate Commission of APRN Compact Administrators, or the National Council of State Boards of Nursing, Inc.
- e. “National certifying body” means an organization recognized by the Commission which offers a national examination and certification for an APRN role and population focus.

### Rule II. APRN Uniform Licensure Requirements

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As required in Article III of the APRN Compact, the “APRN Uniform Licensure Requirements” are:

- a. To qualify for initial APRN compact licensure or compact licensure in a party state through endorsement, reinstatement, or renewal of an existing APRN license, an applicant shall provide evidence of:
  1. Unencumbered licensure:
    - A. As an RN by the state in which an application is submitted for initial APRN licensure, or
    - B. As an RN and APRN in a recognized APRN role and population focus in another jurisdiction if applying for endorsement licensure;
  2. Education congruent with the APRN role and population focus in at least one of the recognized population foci:
    - A. Graduation from or completion of a graduate or post graduate level APRN program accredited by a recognized national nursing accrediting body congruent with an APRN role which includes at least one population focus; and
    - B. Completion of a curriculum that includes, at a minimum, separate comprehensive graduate level courses in:
      - i. Advanced physiology/pathophysiology, which includes general principles that apply across the lifespan;
      - ii. Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts, and approaches; and

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- iii. Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.
  - 3. Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation.
  - b. For renewal of an APRN compact license, an applicant shall provide acceptable evidence to the Board of maintenance of national certification in the applicable APRN role and population focus through an ongoing certification maintenance program of a nationally recognized certifying body.

### **Rule III. Recognized APRN Roles and Population Foci**

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- a. An APRN granted compact licensure subsequent to the adoption of the Uniform Licensure Requirements shall receive licensure in a recognized APRN Role and one or more population foci.
- b. The recognized APRN roles are as follows:
  - 1. Certified Registered Nurse Anesthetist;
  - 2. Certified Nurse Midwife;
  - 3. Clinical Nurse Specialist; and
  - 4. Certified Nurse Practitioner.
- c. The population foci are as follows:
  - 1. Family/individual across the lifespan;
  - 2. Adult-gerontology, primary care;
  - 3. Adult-gerontology, acute care;
  - 4. Neonatal;
  - 5. Pediatrics, primary care;
  - 6. Pediatrics, acute care;
  - 7. Women's health/gender-related; and
  - 8. Psychiatric/mental health.

### **Rule IV. Eligibility for APRN Single State Licensure if APRN Uniform Licensure Requirements Are Not Satisfied**

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- a. Following adoption of the compact by a party state, each APRN license issued to an individual who does not meet the Uniform Licensure Requirements shall convert to single state status.
- b. An applicant for APRN licensure by endorsement in a party state who is not eligible for a compact license under the Uniform Licensure Requirements may be considered for single state licensure.
- c. Provided that any other eligibility requirements imposed by the state are satisfied, an applicant for single-state licensure under subsection (b) will be eligible for a single state license if the applicant would have met the eligibility requirements that were in effect in that state at the time of the applicant's initial licensure as an APRN.
- d. An APRN issued a single state license under this rule may hold a single state license in multiple party states.

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- e. If an applicant for APRN licensure was not initially licensed as an APRN prior to the Commission's initial adoption of the Uniform Licensure Requirements, has not previously held APRN licensure in a current party state, and does not meet the Uniform Licensure Requirements, the applicant shall not be eligible for compact or single state APRN licensure in any party state.

#### **Rule V. Issuance of APRN Licensure by a Party State.**

- a. An APRN applying for licensure in a party state shall produce evidence of the nurse's primary state of residence. Such evidence shall include a declaration signed by the licensee. Upon request, an applicant shall provide additional evidence of primary state of residence, including, but not limited to:
  - 1. Driver's license with a home address;
  - 2. Voter registration card displaying a home address;
  - 3. Federal income tax return declaring the primary state of residence;
  - 4. Military Form no. 2058-state of legal residence certificate; or
  - 5. W2 from US Government or any bureau, division, or agency thereof indicating the declared state of residence.
- b. An APRN on a visa from another country applying for licensure in a party state may declare either the country of origin or the party state as the primary state of residence. If the foreign country is declared the primary state of residence, a single state license will be issued by the party state.
- c. An APRN changing primary state of residence, from one party state to another party state, may continue to practice under the former home state license and associated privilege to practice during the processing of the nurse's licensure application in the new state for a period not to exceed ninety (90) days.
- d. A licensure application submitted in a party state by an APRN under investigation by the home state shall be held in abeyance and the ninety (90) day period in subsection (c) shall be stayed until resolution of the investigation. If the ninety (90) day period is stayed under this subsection:
  - 1. The APRN may continue to practice under a compact privilege in the state; and
  - 2. The authority of the new state to limit or revoke the APRN's privilege to practice in that state shall not be affected.
- e. If a party state denies licensure to an applicant who is licensed in another party state, the denying state shall notify the party state within ten (10) business days and the home state may take action in accordance with that state's laws and rules.
- f. If a party state issues a single state license, the license shall be clearly identified in all state and Information System records as valid only in the state of issuance without any associated privileges to practice in other party states.

#### **Rule VI. Coordinated Licensure Information System**

- a. Levels of access
  - 1. The public shall have access to the following nurse licensure information:



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- A. The nurse's name;
  - B. Jurisdiction(s) of licensure;
  - C. License classification, status, and expiration date;
  - D. Public and emergency orders and final disciplinary actions, as defined by contributing state authority; and
  - E. The status of an APRN compact license-holder's privilege to practice in each remote state.
2. Non-party state Boards of Nursing shall have access to all NURSYS data except information that is limited by contributing party state authority.
  3. Party state Boards shall have access to all NURSYS data contributed by the party states and other information as limited by contributing non-party state authority.
- b. A licensee may make a written request to the home state Board to review the data relating to the licensee in NURSYS. In the event a licensee asserts that any data relating to him or her is inaccurate, the burden of proof shall be upon the licensee to provide sufficient evidence to substantiate the claim. If a claim is verified, the Commission shall remove inaccurate data from NURSYS within ten (10) business days.
  - c. A party state Board shall report to NURSYS within ten (10) business days:
    1. A disciplinary action, agreement or order requiring participation in an alternative program or which limits practice or requires monitoring (except confidential agreements and orders relating to participation in alternative programs which cannot be disclosed by the contributing state);
    2. Dismissal of allegations that have been previously reported;
    3. Current significant investigative information as defined by the Act; and
    4. Changes in adverse action or other licensure status.
  - d. Current significant investigative information shall be deleted from NURSYS within ten (10) business days upon report of: disciplinary action; agreement or order requiring participation in alternative programs; agreements which limit practice or require monitoring; or dismissal of a complaint.
  - e. Changes to licensure information in NURSYS shall be completed within ten (10) business days of notification by a state Board of Nursing.

# College of Licensed Practical Nurses of Newfoundland and Labrador Associate Member Application

## NCSBN Associate Member Application

### Applicant Contact Information

### Organization Information

Name <b>Paul D. Fisher LPN, CI, BAHSA</b>		Title <b>Executive Director/Registrar</b>
Phone <b>709-579-3843 Ext. 22</b>	Fax Number <b>709-579-3095</b>	E-mail <b>pfisher@clpnnl.ca</b>

Full Name <b>College of Licensed Practical Nurses of Newfoundland and Labrador</b>		Chief Staff Person <b>Paul D. Fisher LPN, CI, BAHSA</b>	
Mailing Address <b>9 Paton Street</b>			
City <b>St. John's</b>	State <b>Newfoundland &amp; Labrador</b>	Country <b>Canada</b>	Postal Code <b>A1B 4S8</b>
Street Address (if not the same)			
City	State	Country	Postal Code
Phone Number <b>709-579-3843</b>	Fax Number <b>709-579-3095</b>	E-mail <a href="mailto:pfisher@clpnnl.ca">pfisher@clpnnl.ca</a>	Web site <a href="http://www.clpnnl.ca">www.clpnnl.ca</a>

### 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):

**2400 LPNs**

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

**The Licensed Practical Nurses Act, 2005  
Government of Newfoundland and Labrador, Canada**

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

**Opportunity to network with other key stakeholders to enhance our organizations mandate of public protection.**

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

**Incorporated under the Licensed Practical Nurses Act as a non-profit organization.**

6. Are you a membership organization?

**All Practical Nurses in the Province of Newfoundland and Labrador are required to hold current licensure with our organization to practice nursing in the province.**

**Upon completion, you must submit this application form via email to [memberrelations@ncsbn.org](mailto: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/Registrar**

Title

**March 10, 2014**

Date

# Nurses Association of New Brunswick Associate Member Application

## NCSBN Associate Member Application

### Applicant Contact Information

Name <b>Roxanne Tarjan</b>		Title <b>Executive Director</b>	
Phone <b>506 459-2858</b>	Fax Number <b>506 459-2838</b>	E-mail <b>rtarjan@nanb.nb.ca</b>	

### Organization Information

Full Name <b>Nurses Association of New Brunswick</b>			Chief Staff Person <b>Roxanne Tarjan</b>	
Mailing Address <b>165 Regent Street</b>				
City <b>Fredericton</b>	State <b>NB</b>	Country <b>Canada</b>	Postal Code <b>E3B 7B4</b>	
Street Address (if not the same)				
City	State	Country	Postal Code	
Phone Number <b>506-459-2858</b>	Fax Number <b>506-459-2838</b>	E-mail <b>nanb@nanb.nb.ca</b>	Web site <b>www.nanb.nb.ca</b>	

### Organization Description

1. Please list all the professions your organization regulates:

Registered Nurses, Nurse Practitioners

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

Registered Nurses (RN) - 8844\*    Nurse Practitioners (NP) - 114\*    \*as of February 2014

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

The NANB regulatory authority is established through the Nurses Act (attached) authorized by

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

See attached response.

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

NANB is incorporated by an Act of the Legislature of New Brunswick. See Sect.3 - Nurses Act. +

6. Are you a membership organization?

Yes; however, membership is mandatory to be recognized as an RN or NP.

**Upon completion, you must submit this application form via email to [memberrelations@ncsbn.org](mailto: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.*



Digitally signed by Roxanne Tarjan  
DN: cn=Roxanne Tarjan, o=NANB, ou,  
email=rtarjan@nanb.nb.ca, c=CA  
Date: 2014.03.27 17:44:53 -03'00'

Executive Director

March 27, 2014

Signature

Title

Date

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**Response to Question # 4: Please describe why your organization wants to be an Associate Member of NCSBN:**

The Nurses Association of New Brunswick (NANB), as the body responsible for the regulation of registered nurses and nurse practitioners in New Brunswick and for establishing the standards for nursing practice and education and the approval of nursing education programs is seeking Associate Membership with the National Council of State Boards of Nursing (NCSBN) to enhance our linkages with our continental peers as we both work to support and deliver quality regulatory services in the public interest.

We believe North American nursing regulators share common regulatory challenges. As partners in the implementation of a common Entry-to-Practice Exam for Registered Nurses effective January 2015, the NCSBN and Canadian registered nurse regulators, including the NANB have validated the similarity of nursing practice in our respective countries, states, provinces and territories and the NANB would welcome the opportunity to learn from, participate in and advance the work of the council informed by our similar mandates and responsibilities. In an increasingly globalized world with the expectation and requirement of mobility and professional recognition we would welcome the opportunity to contribute to the important leadership role the NCSBN already demonstrates worldwide in advancing quality nursing regulation in the public interest.

Thank you for your consideration.

# Nursing and Midwifery Council of New South Wales Associate Member Application

## NCSBN Associate Member Application

### Applicant Contact Information

Name Margaret Cooke		Title Dr
Phone +61292190213	Fax Number 612 9281 2030	E-mail mcooke@hpca.nsw.gov.au

### Organization Information

Full Name Nursing and Midwifery Council of New South Wales		Chief Staff Person Margaret Cooke, Executive Officer	
Mailing Address Locked Bag 20			
City HAYMARKET	State NSW	Country AUSTRALIA	Postal Code 1238
Street Address (if not the same) Level 6, North Wing 477 Pitt Street			
City SYDNEY	State NSW	Country AUSTRALIA	Postal Code 2000
Phone Number +61292190213	Fax Number 612 9281 2030	E-mail mcooke@hpca.nsw.gov.au	Web site www.nursingandmidwiferycouncil.nsw.gov.au

### Organization Description

1. Please list all the professions your organization regulates:

- Nursing
- Midwifery

2. Please list the number of persons regulated (by profession): 97,824

This consists of:

- 87, 476 individuals who are only registered as a nurse,
- 9,720 individuals who hold registrations as both a nurse and as a midwife; and
- 628 individuals who are only registered as a midwife.





# Yukon Registered Nurses Association Associate Member Application

## NCSBN Associate Member Application

### Applicant Contact Information

Name Joy Peacock RN MSc		Title Executive Director
Phone 1867-667-4062	Fax Number 867-668-5123	E-mail exec.director@yrna.ca

### Organization Information

Full Name Yukon Registered Nurses Association		Chief Staff Person Joy Peacock	
Mailing Address 204-4133 4th Ave.,			
City Whitehorse	State Yukon Territory	Country Canada	Postal Code Y1A 1H8
Street Address (if not the same)			
City	State	Country	Postal Code
Phone Number	Fax Number	E-mail	Web site

### Organization Description

1. Please list all the professions your organization regulates:

*We regulate Registered Nurses and Nurse Practitioners*

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

*500*

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

*The Registered Nurses Professions Act, 2012*

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

*We have heard outstanding testimonials from other Canadian Regulatory Nursing associate NCSBN members, such as the College of Registered Nurses of Manitoba, College and the Association of Registered Nurses of Alberta. As a regulatory body we are interested in pursuing regulatory excellence, having access to the latest research and networking with other regulators.*

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

*The Yukon Registered Nurses Association is a non-profit organization.*

6. Are you a membership organization?

*Yes we are a membership organization.*

**Upon completion, you must submit this application form via email to [memberrelations@nksbn.ca](mailto:memberrelations@nksbn.ca) 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

*9:00 = 10:00*  
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# Report of the Bylaws Committee

## Recommendation to the Delegate Assembly

### **Adopt the proposed amendments to the NCSBN Bylaws.**

#### **Rationale:**

At the 2013 Delegate Assembly, members adopted a resolution to explore information technology available for voting by the Delegate Assembly in the event of vacancy of the president and president-elect, and to report on the advisability of amending the bylaws to allow for such electronic voting. Per the resolution, the 2014 Bylaws Committee Business Book report and recommendation fulfills the intent of the resolution.

#### **Fiscal Impact:**

None.

## 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 2013 Delegate Assembly, a number of proposed amendments to the NCSBN Bylaws were adopted by the membership. One of the revisions eliminated was the Board of Director (BOD) vice president position and the position of president-elect was added. Subsequently, the following resolution was passed under new business at the 2013 Delegate Assembly: Explore information technology available for voting by the Delegate Assembly in the event of vacancy of the president and president-elect, and report on advisability of amending the bylaws to allow for such electronic voting. The report is to be delivered to the Delegate Assembly at the 2014 Annual Meeting.

At the BOD meeting Sept. 27-30, 2013, the BOD appointed members to a Bylaws Committee to address a resolution made at the 2013 Annual Meeting. The BOD appointed Director-at-Large Nathan Goldman as committee chair based on his leadership of prior Bylaw Committees.

## Members

Nathan Goldman, JD  
Kentucky, Area III, Chair

Denise Benbow, MSN, RN  
Texas, Area III

Caron Robertson, MSN, RN  
Massachusetts, Area IV

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

## Staff

Kathy Apple, MS, RN, FAAN  
CEO, NCSBN

Thomas Abram, JD  
Legal Counsel

Ashby Rosenberger,  
Administrative Assistant,  
Executive Office

## Meeting Dates

- Feb. 3, 2014
- March 19, 2014 (Conference Call)
- March 28, 2014 (Conference Call)

The committee held one face-to-face meeting and conducted two conference calls. The membership resolution essentially contained two components: electronic voting and a possible bylaw amendment. The committee noted that the information technology for remote electronic voting already exists and is routinely used by nonprofit associations. The committee therefore focused on a methodology of notice, solicitation of candidates and election of a president in the event of a simultaneous vacancy in the office of president and president-elect.

NCSBN Legal Counsel Thomas Abram noted that “electronic voting is permissible under the Pennsylvania Not-For Profit Corporation Act (‘Act’).” At present, the bylaws provide that elections of officers and directors “shall be by ballot of the Delegate Assembly during the Annual Meeting.” However, the Act itself does not require voting for officers and directors at a membership meeting convened for that purpose; rather, the Act (Section 5725) provides that directors may be elected, appointed or otherwise selected “by the method or methods as shall be fixed by, or in the manner provided in, the bylaw...” Section 5758 provides that the voting rights of members “may be by ballot, mail or any reasonable means provided by a bylaw... Accordingly, although the current bylaws require voting by ballot at the Annual Meeting, the Delegate Assembly may amend the Bylaws to provide otherwise.” Abram did not find any other provision in the Act that would serve to prohibit voting by electronic means nor does the vote itself have to occur at a duly called meeting that meets other requirements for a meeting held by electronic communication.

The committee initially reviewed, discussed and revised a proposed revision to the bylaws submitted by Abram. The committee specifically reviewed the time frame required for all proper notices to the membership and adequate time for the work of the Leadership Succession Committee (LSC).

A preliminary bylaw revision was presented to the membership at the 2014 NCSBN Midyear Meeting in Kansas City, Mo. The membership feedback was summarized with the following comments:

1. Explain what happens after the Dec. 1 date; Dec. 1 to August is too long. Consider a later cutoff date than Dec. 1.
2. Why no more than two candidates?
3. What does “lot” mean? Define it.
4. If the BOD appoints, where do they appoint from?
5. Why require a petition from 10 member boards?
6. If a person is elected in the special election can they run for the regular election?

The committee discussed various dates that allow for notice, the nomination process and electronic voting in a reasonable amount of time prior to the next annual meeting where an election may be held. The committee decided to propose Feb. 1 as the new date rather than Dec. 1. The committee agreed to drop the proposed requirement for a petition from 10 member boards to initiate a special election. The committee continues to support only two candidates for office so as not to have the potential of a runoff election. When the BOD appoints to fill the presidency prior to the special election, the BOD will appoint from the current members of the BOD. The definition of “lot” will be placed in an administrative procedure after the revision is adopted by the membership. The committee also added language to clarify the situation of a person who is elected in the special election and subsequently runs for office in the regular election.

Membership feedback and committee discussion of the feedback was incorporated into a second revision. The proposed revision appears to offer efficient and clear guidance in the event of a simultaneous vacancy in the office of president and president-elect, and ensures the opportunity for the membership to select its leaders.

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## Highlights of FY14 Activities

Committee Charge: Explore information technology available for voting by the Delegate Assembly in the event of vacancy of the president and president-elect, and report on advisability of amending the bylaws to allow for such electronic voting. The report is to be delivered at the 2014 Delegate Assembly.

- The context and intent of the resolution and charge to the committee were reviewed and discussed.
- The committee reviewed the legal foundation per the NCSBN Articles of Incorporation related to the committee charge.
- The current state of remote electronic voting methods was discussed. Current methods do allow for remote and secure password protected voting. Voting would be based on two delegates from each jurisdiction.
- The committee explored time frames that would allow for proper notice to the membership and adequate time for the LSC to fulfill its role in recruitment and evaluation of qualifications.
- Presented preliminary revision for feedback from the membership at the 2014 Midyear Meeting in Kansas City, Mo.
- A conference call was held to discuss membership input and feedback of the proposed revision.

## Attachments

- A. Proposed Revision to Article V of the Bylaws – Redline Version
- B. Proposed Revision to Article V of the Bylaws – Clean Copy

## Proposed Revision to Article V of the Bylaws – Redline Version

# NCSBN Bylaws

*Revisions adopted - 8/29/87*

*Amended - 8/19/88*

*Amended - 8/30/90*

*Amended - 8/01/91*

*Revisions adopted - 8/05/94*

*Amended - 8/20/97*

*Amended - 8/8/98*

*Revisions adopted – 8/11/01*

*Amended – 08/07/03*

*Revisions adopted – 08/08/07*

*Amended – 8/13/10*

*Amended -08/16/13*

*Amended – 08/15/14*

### 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, and legally defensible and in compliance with professionally accepted psychometric standards.

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

### Article III

#### ■ Members

##### Section 1. Definitions.

- a) 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

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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 four directors-at-large, and a director from each Area.

#### **Section 3. Eligibility.**

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.

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

#### **Section 5. Election of Officers and Directors.**

- a) *Time and Place.* Election of officers and directors shall be by ballot of the Delegate Assembly during the Annual Meeting.
- b) *Officers and Directors-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) The provisions of this section shall not apply to a special election as provided in Section 8(c) of this Article.

#### **Section 6. Terms of Office.**

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

**Section 7. Limitations.** No person may hold more than one officer position or directorship at one time. No officer or director shall hold elected or appointed office or a salaried position in a state, regional or national association or body if the office or position might result in a potential or actual, or the appearance of, a conflict of interest with the NCSBN, as determined by the Leadership Succession Committee before election to office and as determined by the Board of Directors after election to office. If incumbent officers or directors win an election for another officer or director position, the term in their current position shall terminate at the close of the Annual Meeting at which the election is held.

#### **Section 8. Vacancies.**

- ~~a) 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)a)~~ If the office of the president becomes vacant, the president-elect shall assume the presidency and shall serve the remainder of that term as well as the term for which she or he was elected.
- ~~e)b)~~ If the office of the president-elect becomes vacant, then the position shall remain vacant until an election can be held at the next annual meeting for the remainder of the term for which the president-elect was elected.
- c) In the event of a 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. simultaneous vacancy in both the offices of the president and the president-elect, the Board of Directors shall take the following action:

- i. In the event the simultaneous vacancies occur prior to or on February 1 in any given year, the Board of Directors shall notify all Member Boards of the simultaneous vacancies within five (5) business days of the occurrence.
- ii. The notice shall specify the manner and deadline for nominating candidates for the office of the president to the Leadership Succession Committee. Nominations shall be accepted for a period of no more than twenty (20) business days. Candidates shall meet the eligibility requirements outlined in Section 3 of this Article.
- iii. The Leadership Succession Committee shall review nominations received and announce a slate of no more than two candidates within ten (10) business days after the deadline for nominations.
- iv. The Board of Directors shall schedule a special election by electronic voting to be held within fifteen (15) business days of the receipt of the slate. In the event of a tie, the election shall be decided by lot. The elected candidate shall serve until the next Annual Meeting.
- v. The Board of Directors shall appoint one of its members to assume the responsibilities of the president until the results of the special election are final. If there are no nominations, that person shall serve until the next Annual Meeting.
- vi. The office of president-elect shall remain vacant until the next Annual Meeting.
- vii. At the Annual Meeting following the special election, the Delegate Assembly shall elect a president and a president-elect to fill any remainder of the term, if applicable. Otherwise, a president and a president-elect shall be elected for a regular term pursuant to Section 5 of this Article.
- d) The Board of Directors shall fill vacancies in the office of the treasurer, directors at large, and area directors by appointment. The person filling the vacancy shall serve until the next Annual Meeting and a successor is elected. The Delegate Assembly shall elect a person to fill any remainder of the term.
- e) Being elected president under the special election set forth in Section 8(c) of this Article shall not preclude the person from being nominated for any office in the election under Section 5 of this Article. Time served as president as a result of a special election under Section 8(c) of this Article and time served as president or president-elect to fill the remainder of a term in either respective office, pursuant to Sections 8(c)(vii) or 8(d) herein, shall be excluded from the determination of the term served in office under Section 6 of this Article.

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

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

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

## Article VI

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## ■ 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 and geographic

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distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee. The Committee's report shall be read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee. The Leadership Succession Committee shall determine qualifications and geographic distribution of nominations from the floor for recommendations to the Delegate Assembly.

- g) *Eligibility.* Any board member 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.
- 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.

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**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

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**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:

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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.

## Special Proviso

The revised Bylaws shall become effective on the day and upon the adjournment of the 2013 Annual Meeting Session of the Delegate Assembly at which the revisions to the Bylaws were adopted by the Delegate Assembly. Officers and directors shall be elected in the years 2014-16 in accordance with the following schedule:

Positions	2013 Election	2014 Election	2015 Election	2016 Election
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)
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)	

### Officer and Director Election Schedule

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



## Proposed Revision to Article V of 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*

*Amended - 08/15/14*

### 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, and legally defensible and in compliance with professionally accepted psychometric standards.

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

### Article III

#### ■ Members

##### Section 1. Definitions.

- a) 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

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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 four directors-at-large, and a director from each Area.

#### **Section 3. Eligibility.**

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.

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

#### **Section 5. Election of Officers and Directors.**

- a) *Time and Place.* Election of officers and directors shall be by ballot of the Delegate Assembly during the Annual Meeting.
- b) *Officers and Directors-at-Large.* Officers and directors-at-large shall be elected by majority vote of the Delegate Assembly.

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- 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) The provisions of this section shall not apply to a special election as provided in Section 8(c) of this Article.

**Section 6. Terms of Office.**

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

**Section 7. Limitations.** No person may hold more than one officer position or directorship at one time. No officer or director shall hold elected or appointed office or a salaried position in a state, regional or national association or body if the office or position might result in a potential or actual, or the appearance of, a conflict of interest with the NCSBN, as determined by the Leadership Succession Committee before election to office and as determined by the Board of Directors after election to office. If incumbent officers or directors win an election for another officer or director position, the term in their current position shall terminate at the close of the Annual Meeting at which the election is held.

**Section 8. Vacancies.**

- a) If the office of the president becomes vacant, the president-elect shall assume the presidency and shall serve the remainder of that term as well as the term for which she or he was elected.
- b) If the office of the president-elect becomes vacant, then the position shall remain vacant until an election can be held at the next annual meeting for the remainder of the term for which the president-elect was elected.
- c) In the event of a simultaneous vacancy in both the offices of the president and the president-elect, the Board of Directors shall take the following action:
  - i. In the event the simultaneous vacancies occur prior to or on February 1 in any given year, the Board of Directors shall notify all Member Boards of the simultaneous vacancies within five (5) business days of the occurrence.
  - ii. The notice shall specify the manner and deadline for nominating candidates for the office of the president to the Leadership Succession Committee. Nominations shall be accepted for a period of no more than twenty (20) business days. Candidates shall meet the eligibility requirements outlined in Section 3 of this Article.

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- iii. The Leadership Succession Committee shall review nominations received and announce a slate of no more than two candidates within ten (10) business days after the deadline for nominations.
  - iv. The Board of Directors shall schedule a special election by electronic voting to be held within fifteen (15) business days of the receipt of the slate. In the event of a tie, the election shall be decided by lot. The elected candidate shall serve until the next Annual Meeting.
  - v. The Board of Directors shall appoint one of its members to assume the responsibilities of the president until the results of the special election are final. If there are no nominations, that person shall serve until the next Annual Meeting.
  - vi. The office of president-elect shall remain vacant until the next Annual Meeting.
  - vii. At the Annual Meeting following the special election, the Delegate Assembly shall elect a president and a president-elect to fill any remainder of the term, if applicable. Otherwise, a president and a president-elect shall be elected for a regular term pursuant to Section 5 of this Article.
- d) The Board of Directors shall fill vacancies in the office of the treasurer, directors at large, and area directors by appointment. The person filling the vacancy shall serve until the next Annual Meeting and a successor is elected. The Delegate Assembly shall elect a person to fill any remainder of the term.
  - e) Being elected president under the special election set forth in Section 8(c) of this Article shall not preclude the person from being nominated for any office in the election under Section 5 of this Article. Time served as president as a result of a special election under Section 8(c) of this Article and time served as president or president-elect to fill the remainder of a term in either respective office, pursuant to Sections 8(c) (vii) or 8(d) herein, shall be excluded from the determination of the term served in office under Section 6 of this Article.

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

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

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

## **Article VI**

### **■ Board of Directors**

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

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

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**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 and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee. The Committee's report shall be read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee. The Leadership Succession Committee shall determine qualifications and geographic distribution of nominations from the floor for recommendations to the Delegate Assembly.
- g) *Eligibility.* Any board member of a Member Board or employee of a Member Board is eligible to serve as a member of the Leadership Succession Committee.

## Article VIII

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## ■ 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.
- 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

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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,



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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

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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.

## Special Proviso

The revised Bylaws shall become effective on the day and upon the adjournment of the 2013 Annual Meeting Session of the Delegate Assembly at which the revisions to the Bylaws were adopted by the Delegate Assembly. Officers and directors shall be elected in the years 2014-16 in accordance with the following schedule:

<b>Positions</b>	<b>2013 Election</b>	<b>2014 Election</b>	<b>2015 Election</b>	<b>2016 Election</b>
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)
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)	

### **Officer and Director Election Schedule**

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



# Report of the Distance Learning Education Committee

## Recommendation to the Delegate Assembly

**Adopt the proposed revision to the NCSBN Model Practice Act and Rules.**

### Rationale:

The proposed revision to the Model Act and Rules is recommended by the Distance Learning Education Committee addressing the issues member boards have expressed related to the regulation of distance education programs. The committee documented the issues and quality indicators of distance education programs in a white paper, and their recommendations allow for more consistency across jurisdictions.

### Fiscal Impact:

None.

## Background

In fiscal year 2013 (FY13) the NCSBN Board of Directors (BOD) convened a Distance Learning Education Committee, which: (1) proposed model education rules; (2) developed a uniform checklist for the boards of nursing (BONs) to collect data on distance education programs in their states/jurisdictions; (3) and wrote a white paper providing evidence for BONs on distance education, highlighting the issues. While the BOD adopted the 2012-13 recommendations at its May 2013 meeting, it was clear from a membership call in June 2013, that there were outstanding issues among the members. Therefore, the Distance Learning Education Committee recommended to the BOD that the committee continue for another year to work on the outstanding issues and to build consensus among the BONs; the BOD concurred.

The Institute of Medicine's (IOM's) Future of Nursing report called for nurses to advance their education. Distance education courses provide tremendous opportunities for educational advancement by offering access to quality nursing education in small communities or rural areas where nursing programs don't exist; these programs allow flexibility for those students who otherwise couldn't attend a nursing program. Therefore, this is an opportunity to provide nurse regulators with information on distance education and the related issues, in addition to providing facts to educators about "perceived" regulatory barriers related to distance education programs, and 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 FY14 Activities

- Identify current and evolving regulatory issues related to distance learning education programs.
  - Completed a literature review incorporating the current and evolving issues into a white paper titled "National Council of State Boards of Nursing (NCSBN) White Paper: Nursing Regulation Recommendations for Prelicensure Distance Education Programs" (Attachment A).
  - Hosted a conference call with the membership in December to further understand the issues that had been identified on the June 24, 2013 call.
  - Sent a survey to the membership to poll them on their acceptance of each of the guidelines and to elicit comments/concerns.
  - Presented the proposed guidelines to the membership at the 2014 Midyear Meeting, listened to their concerns and answered their questions.

## Members

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

Cynthia Gustafson, PhD, RN  
Montana, Area I

Crystal Higgins, MS, RN, CNE  
Nebraska, 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

Mindy Schaffner, PhD, MSN, CNS,  
RN  
Washington, Area I

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

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

## Staff

Nancy Spector, PhD, RN, FAAN  
Director, Regulatory Innovations

Qiana Hampton, MBA  
Coordinator, Regulatory  
Innovations

Laura Jarosz  
Project Specialist, Regulatory  
Innovations

## Meeting Dates

- Sept. 23, 2013 (Conference Call)
- Oct. 7-8, 2013
- Nov. 15, 2013 (Conference Call)
- Dec. 5-6, 2013
- Feb. 7, 2014 (Conference Call)
- March 12-13, 2014
- March 25, 2014 (Conference Call)

## Relationship to Strategic Plan

### Strategic Initiative A

NCSBN promotes evidence-based regulation

### Strategic Objective 3

Create resources for evidence-based regulation

- Hosted a conference call with Marshall Hill and Russell Poulin of the National Council of State Authorization Reciprocity Agreements (NC-SARA) to learn of national issues with distance learning programs in higher education. Nancy Spector later attended a regional meeting of NC-SARA to hear about challenges from the states.
- Develop recommendations for prelicensure distance learning programs.
  - Developed five guidelines, along with definitions, that can create more consistency among the BONs (Attachment B).
  - Designed a visual model to enhance understanding of how the home and host states can collaborate to regulate prelicensure distance education programs (Attachment A).
  - Developed a timeline (to be implemented by 2020 in hope that BONs will fully adopt the guidelines by then) and strategies for adopting the guidelines, recognizing that it will take time for the BONs to implement changes (Attachment A).
  - Based on the guidelines, made proposed revisions to the Model Education Rules and Act (Attachment C).

### **Future Activities**

- Recommend adoption of the proposed Model Act and Rules revisions at the 2014 Annual Meeting.
- Approve the white paper “National Council of State Boards of Nursing (NCSBN) White Paper: Nursing Regulation Recommendations for Distance Education in Prelicensure Nursing Programs,” along with the Regulatory Guidelines for Distance Education.
- Approve NCSBN hosting a one-day virtual conference for its membership in the spring of 2015 to roll out the Distance Learning Education recommendations; present cutting-edge information on the future of prelicensure distance education programs; and discuss quality indicators of prelicensure distance education programs to consider when approving these programs.
- Convene a committee to develop regulatory guidelines for advance practice registered nurse (APRN) distance education programs based on the regulatory guidelines for prelicensure distance education programs.

### **Attachments**

- A. White Paper: Nursing Regulation Recommendations for Distance Education in Prelicensure Nursing Programs
- B. Regulatory Guidelines: The Future of Prelicensure Distance Education Programs in Nursing
- C. Proposed Model Education Rule and Act Revisions

# White Paper: Nursing Regulation Recommendations for Distance Education in Prelicensure Nursing Programs

## INTRODUCTION

In their mission of public protection, most boards of nursing (BONs) approve nursing education programs (Spector & Woods, 2013). Therefore, NCSBN's Board of Directors convened a committee to identify current and evolving regulatory issues related to distance learning education programs and develop recommendations for the regulation of distance education programs. The committee was challenged to think futuristically. This white paper provides nurse regulators with information on prelicensure distance education and related issues. Further, it presents facts to educators about perceived regulatory barriers related to distance education programs and offers possible solutions to problems.

## BACKGROUND

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, studied the state of nursing education. Of Benner et al.'s (2010) 26 transformative recommendations, four of them support nurses advancing their education. 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 Institute of Medicine's (IOM) Future of Nursing report (IOM, 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 (IOM, 2011), although in 2013 the percentage of first-time, U.S. educated baccalaureate graduates taking the NCLEX was 42 percent (NCSBN, 2014). Similarly, 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 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, 2012c). Further, in 2010 NCSBN published a policy position statement supporting nurses advancing their education (NCSBN, 2010). Distance education courses provide tremendous opportunities for nurses by offering access to quality nursing education in small communities or rural areas where nursing programs don't exist; they also allow flexibility for those students who otherwise couldn't attend a nursing program.

## ISSUES FOR BONs

While prelicensure distance education provides opportunities for students advancing their education, the BONs have reported having challenges with regulating distance education programs:

1. Core education requirements for approving distance education programs are needed so that states/jurisdictions are consistent when approving programs for having students in host states.

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2. There is a need for licensure clarification, particularly with faculty who only teach didactic courses. There was consensus that preceptors or clinical faculty who work with patients be licensed in the host state where the patients are located.
  3. BONs in certain states/jurisdictions want to know when students from out-of-state programs take clinical experiences in their states/jurisdictions.
  4. Host states/jurisdictions want assurance that students participating in clinical experiences in their states/jurisdictions are being supervised by qualified faculty or preceptors.
  5. BONs want to know how to communicate distance education issues with BONs that don't have authority over nursing education.
  6. BONs report that the quality of online programs is more varied than with traditional programs and have requested information on the uniqueness of the programs for evaluating the quality of distance education programs.

Another issue for BONs is the U.S. Department of Education's proposed state authorization rules. 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 include the 34 §600.9 (c) state authorization rule, which was tied to Title IV funding. It requires documentation of compliance with state laws in all states that offer distance or correspondence education. Because of legal challenges, at the time of this writing, the rule has not gone into effect, and the U.S. Department of Education has not indicated what the next steps might be (NC-SARA, 2014). This state authorization rule has created concern in nursing education because of the diversity of state requirements pertaining to distance education. Because some BONs also have requirements related to distance education, they also have watched this rule closely. No BON, however, has taken any action based on this proposed U.S. Department of Education state authorization rule.

Related to the diversity of rules and regulations governing distance education among U.S. states/jurisdictions, a State Authorization Reciprocity Agreement (SARA) was developed. SARA is a voluntary agreement among states that establishes comparable national standards for interstate offering of postsecondary distance education courses and programs (NC-SARA, 2014). It is intended to make it easier for students to take online courses offered by postsecondary institutions based in another state. SARA is overseen by the National Council for State Reciprocity Agreements (NC-SARA) and administered by four regional education compacts: the Midwestern Higher Education Compact (MHEC), the New England Board of Higher Education (NEBHE), the Southern Regional Education Board (SREB) and the Western Interstate Commission for Higher Education (WICHE). SARA provides clarity in authority and responsibility by shifting oversight of distance education to the home state where the educational program has legal domicile. As of this writing, seven states have joined SARA: Indiana, North Dakota, Colorado, Nevada, Idaho, Washington and Alaska; there are expectations that by 2015 there will be 20-24 states in SARA and 40-45 by 2016 (Hill, 2014).

Currently, SARA has no effect on state professional licensing requirements. NC-SARA stipulates that any college that offers courses or programs potentially leading to professional licensure must keep all students informed as to whether such offerings actually meet state requirements (NC-SARA, 2014). However, this could change in the future, so it is important for BONs to stay abreast of this initiative.

### **KEY DEFINITIONS**

**Distance education in nursing** – Instruction offered by any means where the student and faculty are in separate physical locations. Teaching methods may be synchronous or asynchronous and shall facilitate and evaluate learning in compliance with BON approval status/regulations. (Adapted from Commission on Regulation and Postsecondary Distance Education, 2013)



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**Clinical learning experiences** – Planned, faculty-guided learning experiences that involve direct contact with patients (NCSBN Model Act, 2012a).

**Encumbered license** – A license with a current discipline, condition or restriction (NCSBN Model Rules, 2012b).

**Faculty** – Individuals employed full or part time by an academic institution that are responsible for developing, implementing, evaluating and updating nursing program curricula (NCSBN Model Rules, 2012b).

**Home state/jurisdiction** – The state/jurisdiction where the program has legal domicile. (Adapted from Commission on Regulation and Postsecondary Distance Education, 2013)

**Host state/jurisdiction** – The state/jurisdiction outside of the home state/jurisdiction where students participate in didactic coursework and/or clinical experiences. (Adapted from Commission on Regulation and Postsecondary Distance Education, 2013)

For example, if a prelicensure nursing program located and approved in Illinois were to offer either clinical or didactic nursing education in Wisconsin (either by distance education or crossing the borders for clinical rotations), the home state would be Illinois and the host state would be Wisconsin.

**Preceptor** – 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 (NCSBN Model Rules, 2012b).

## **SELECTED LITERATURE REVIEW**

### **The Context**

A rapidly evolving health care environment has created an opportunity for nursing to reconsider the best methods to maximize health care delivery and health care outcomes, and to contemplate how clinicians are best educated to meet the current workforce needs (Cronenwett & Dzau, 2010). This call for a radical transformation in nursing education has led to a proliferation of the use of technology in nursing education (Powell, Darbyshire, Pollock, & Bradley, 2012).

Distance education is defined in a variety of ways in the literature and by national committees (Allen & Seaman, 2013). These definitions are similar with minor nuances. Similarities include use of innovative technologies in delivering curricular content in both synchronous and asynchronous formats. The main difference in definitions included the percentage of total curricula delivered in a distance education format ranging from a single course to 100 percent of content delivered in a distance education format. The general consensus is that distance education utilizes some degree of technology as an educational method. Moreover, the majority of the curricular content is delivered asynchronously where the teacher and learner are located in different places.

In higher education an unprecedented 6.7 million students are taking at least one online course and 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). The use of distance education methodologies is becoming the mainstay of many nursing education programs. Distance education in nursing education addresses the recommendations to seamlessly educate nurses to address the exponential growth of science and technology, as well as the acuity of patients in diverse settings (Benner et al., 2010; IOM, 2011; Jones & Wolf, 2010). Moreover, distance education has allowed many nursing programs to extend their reach, making nursing education accessible to many prospective students in rural, remote settings who may otherwise lack access to nursing as a career option (Jones & Wolf, 2010).

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## **The Future of Distance Education: Regulatory Implications**

Many prelicensure nursing programs have been or are beginning to use technologies such as Blackboard platforms, social media, video conferencing, webinars and virtual clinical experiences with actual patients. One new technology is the virtual community clinic learning environment (VCCLE). This is an asynchronous, immersive environment where students interact with virtual patients (Reis et al., 2013). While traditional clinical learning experiences may provide inconsistent opportunities, virtual experiences can provide standardization in nursing education to enhance learning for required direct, patient-care encounters. Regulatory issues, however, can arise about faculty licensure or patient confidentiality.

Another innovative technology is massive open online courses (MOOCs), which are currently used in only a minority of universities, though this methodology is gaining increasing prominence (Allen & Seaman, 2013). MOOCs are aimed at large-scale interactive participation through open access via the Web. For example, one course at Stanford drew 100,000 learners (Educause, 2011). MOOCs provide excellent opportunities to students and lifelong learners, particularly during these times of massive student loan debts. There are regulatory concerns with MOOCs however, such as incidents of cheating, course variability, completion rates and lack of an ability to assess student learning (Skiba, 2012). Therefore, implications of MOOCs in nursing education related to outcome measures and quality control are yet to be determined (Zerwekh, 2011) and are important for regulators to monitor. While this model bears watching, it will likely be an important model for the future (Skiba, 2012).

Particularly relevant to BONs are technologies where students participate in virtual clinical experiences with actual patients. No matter where these faculty members are located, they must be licensed in the jurisdiction where the patients are located. As new distance education methodologies continue to evolve in prelicensure nursing education, we need to be proactive about exploring policy and regulatory implications.

## **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, 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 matching learning styles, opportunity for more individualized learning, the information is linked to the student's 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

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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 worries about 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.

Studies supporting best practices (Quality Matters, 2014) in distance education illustrate that there are ways to minimize the lack of a human touch in distance education. They stress the importance of social presence (Joyce & Brown, 2009) to assist students and instructors to optimize learning in distance education formats through increased awareness of linguistic nuances, social interaction, learning communities, instructor involvement, and prior knowledge and experiences. Joyce and Brown (2009) assert that social presence emphasizes the human characteristics in distance education by creating an awareness of the importance of critical connections and cultivating relationships in virtual learning communities, which may increase student engagement learning outcomes.

### **Quality Indicators**

Even though it's more than 25 years old, Chickering and Gamson's (1987) seminal work on seven principles for best practices in undergraduate distance education programs is still very 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.

Organizations have developed benchmarks or quality indicators for distance education, including the Sloan Consortium's five pillars (Sloan-C, 2013) and the Western Interstate Commission for Higher Education's (WICHE, 2011) 15 principles.

The Middle States Commission on Higher Education's Interregional Guidelines for the Evaluation of Distance Education (2011) are important for BONs to consider because they are endorsed by all regional accrediting organizations in the U.S., and all institutions that participate in NC-SARA are required to follow these guidelines (NC-SARA, 2014). These nationally accepted guidelines have nine Hallmarks of Quality, which include:

1. Online learning is appropriate to the institution's mission and purposes.
2. Plans for developing, sustaining and expanding (if appropriate) are integrated into its planning and evaluation processes.
3. Online learning is incorporated into the institution's systems of governance and academic oversight.
4. Curricula are coherent, cohesive and comparable in rigor to programs with traditional face-to-face formats.
5. Effectiveness is evaluated and results are used to enhance the evaluation of goals.

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6. Faculty responsible for delivering the online curricula and evaluating the students' success are qualified and effectively supported.
  7. The institution provides effective student and academic services.
  8. The institution provides sufficient resources to support and, if appropriate, expand its offerings.
  9. 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. There is an additional criterion for distance education programs under three of ACEN's six standards (2013).

Most BONs approve nursing education programs. Five of the 43 BONs responding to an NCSBN distance education survey in 2013 reported having additional approval requirements for distance education programs. These additional BON requirements generally addressed providing technical support.

The integration of clinical learning experiences in prelicensure nursing education is an essential element of all nursing programs (Benner et al., 2010; CCNE, 2009; NCSBN, 2005; ACEN, 2013), including distance education programs. It would not be acceptable for a prelicensure distance education nursing program to provide only didactic content via an online platform, with no supervised clinical learning experiences. Distance education programs can, and typically do, provide clinical learning experiences in host states. Students' supervision would include the program identifying qualified clinical faculty or preceptors for the prelicensure students and maintaining oversight over the clinical faculty or preceptors, as recommended by the NCSBN Model Rule core requirements, and as required by the home state BON.

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**

Billings et al. (2013) report that some states 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 (2010) write about "border wars" between states where states have different requirements. They report three major reasons why distance education nursing programs have challenges, including requiring a physical building, having various preceptor requirements and requiring a \$5,000 fee.

Gormley and Glazer (2012) report three major BON issues that educators face related to distance education: (1) They state that BONs have instituted requirements based on the U. S. Department of Education's state authorization rule that was previously discussed; yet, they assert, the U.S. Department of Education's state authorization rule is currently not being enforced because of legal challenges; (2) BONs charge up to \$750 for distance education programs teaching students in their states, and in time these charges will be prohibitive; and (3) Program details are required for program approval of distance education programs. Gormley and Glazer conclude that BONs

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are becoming “roadblocks to students’ educational advancement,” citing the IOM Future of Nursing report.

Some of the regulatory issues reported above are perceived barriers and are not accurate. For example, from a survey sent to the BONs in 2013 (48 of the 59 BONs responded; the Nebraska APRN BON was not included), NCSBN collected the following data from BONs:

- No BON, as of this date, has instituted requirements based on the U.S. Department of Education’s state authorization rule. BONs are waiting to see the outcome of this rule.
- Three BONs charge nominal fees (\$250-\$500) for host state distance education programs. Most of the fees that are reported are from other state agencies (SHEEO, 2013). The \$5,000 fee and building requirements cited above (Billings et al., 2013) are mandated by the Board of Higher Education in that state.
- Five BONs report specific requirements for distance education programs, though these are related to technical support.
- Twelve BONs approve programs that use their states/jurisdictions as host states (all 12 approve the clinical portion and five approve both the clinical and didactic portion).
- One BON limits enrollment of out-of-state students, based on clinical availability.

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

From the educator perspective, 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 for regulators should focus on how students learn best in online courses to provide evidence for BONs to incorporate into their approval processes. For example, research should address best practices in online nursing education, with an eye toward evaluating the learning experiences. The use of virtual clinical learning experiences with actual patients should be studied, along with ways to protect patient confidentiality. Research should be conducted on the effect of online courses on nursing practice. What are the best strategies to engage students to develop clinical reasoning skills and to promote patient safety (Mancuso-Murphy, 2007)?

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## RECOMMENDATIONS FOR THE FUTURE

After discussing the issues with BONs and external stakeholders, and reviewing the literature NCSBN's Distance Learning Education Committee developed the following Regulatory Guidelines for Prelicensure Programs. The purpose of these guidelines is to provide NCSBN Member Boards with criteria and rationale regarding the regulation of prelicensure nursing education programs. The guidelines are proposed, with an eye to the future, to promote clarity and consistency among BONs for the regulation of prelicensure nursing distance education programs.

Realizing that it would take BONs time to study their current processes with distance education programs and then to make changes to their state's nurse practice act and rules, if necessary, the committee recommends the guidelines be fully met by 2020 (Figure 1). This is in line with the IOM Future of Nursing recommendations for 80 percent of nurses to be educated with a baccalaureate degree by 2020, as well as the NCSBN recommendations that BONs require accreditation by 2020.

These guidelines apply to distance education in nursing, clinical experiences that cross state/ jurisdiction borders or virtual clinical experiences where patients are located in another state/ jurisdiction. The guidelines will be disseminated to BONs and key stakeholders to foster collaboration as nursing moves toward the future.

## GUIDELINES

1. Distance learning prelicensure nursing education programs shall meet the same approval guidelines as any other prelicensure nursing education program in the home state.

The NCSBN Model Rules set forth prelicensure nursing education program core education requirements that apply when BONs approve either traditional or distance education programs (see 6.1.2 of the NCSBN Model Rules [[www.ncsbn.org/12\\_Model\\_Rules\\_090512.pdf](http://www.ncsbn.org/12_Model_Rules_090512.pdf)]). The following is a summary of these core requirements in the NCSBN Model Rules. The home state/ jurisdiction will use these when approving a program that has students in host states, just as they do for traditional programs.

### NCSBN MODEL RULES

The curriculum of the nursing education program includes knowledge, skills and abilities necessary for the scope and guidelines of competent nursing practice expected at the level of licensure. Curriculum components, as defined by nursing education, professional and practice guidelines, shall include:

- a. Experiences that promote clinical judgment, clinical management, and commitment to improving quality and safety of the health care system.
- b. Evidence-based learning experiences and methods of instruction, including distance education methods, which are consistent with the curriculum.
- c. Coursework in:
  - i. Biological, physical, social and behavioral sciences to promote safe and effective nursing practice.
  - ii. Professional responsibilities, legal and ethical issues, history and trends in nursing.
  - iii. Didactic content and supervised clinical experiences in the prevention of illness; and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse backgrounds.
  - iv. Faculty supervised clinical practice, which shall provide clinical hours comparable to those provided by an approved program of the equivalent size and type.

- v. Clinical experiences, including those with preceptors, shall be directed by nursing faculty.
  - vi. Integration of the six Quality and Safety Education for Nurses (QSEN) competencies, which include patient safety, patient-centered care, evidence-based practice, teamwork and collaboration, quality improvement, and informatics.
- d. Sufficient numbers of faculty who are experientially and academically qualified to meet the outcomes and purposes of the nursing education program.

Rationale: The mode of curricular delivery does not alter the regulatory guidelines for nursing education, including distance education. The NCSBN Model Act and Rules, adopted by the NCSBN membership in August 2012, delineate required criteria for prelicensure nursing education programs.

2. The home state/jurisdiction approves prelicensure nursing education programs, including distance learning education programs.

Based on this standard, the prelicensure distance education program is approved in the home state/jurisdiction and no additional BON approvals are required. This standard encourages BONs to rely on the approval status granted by other BONs.

If a host state/jurisdiction has a complaint against a program that is approved in another state/jurisdiction, it will file that complaint with the home state/jurisdiction. It is the responsibility of the home state/jurisdiction to follow up with that complaint and take any action that is deemed necessary. In those states where the BON does not approve prelicensure nursing education programs, it will be their responsibility to contact the relevant state agencies to follow up with the complaint.

Rationale: BONs approve prelicensure nursing education programs, whether they are traditional or distance education programs, which have legal domicile in their state/jurisdiction. BONs historically have relied on the approval status granted by other BONs for prelicensure nursing education programs. In addition, BONs historically have relied on other BONs to investigate complaints and take disciplinary action when needed.

3. Prelicensure nursing education programs in the home state provide oversight over the students in the host states and are responsible for the students' supervision.

Students are under the auspices of the prelicensure nursing education program. If BONs do not have an exemption in their law for students who are participating in clinical experiences in their states/jurisdiction, but are enrolled in a program located in another jurisdiction, they are encouraged to adopt the current language from the NCSBN Model Act, Section 10. Exemptions:

**NCSBN MODEL ACT**

No provisions of this Act shall be construed to prohibit:

- a. The practice of nursing by a student currently enrolled in and actively pursuing completion of a prelicensure nursing education program, or a graduate program involving nursing practice, if all the following are met:
  - i. The student is participating in a program located in this jurisdiction and approved by the BON or participating in this jurisdiction in a component of a program located in another jurisdiction and approved by a BON that is a member of NCSBN.
  - ii. The student's practice is under the auspices of the program.
  - iii. The student acts under the supervision of an RN serving for the program as a faculty member or teaching assistant.

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Therefore, the home state/jurisdiction will determine whether the program provides adequate clinical supervision of the students, just as they do with programs located in their own states/jurisdictions. Additionally, the home state/jurisdiction will establish whether clinical faculty and/or preceptors in host states/jurisdictions have adequate oversight by the nursing program faculty in the home state/jurisdiction.

Rationale: The BON approved prelicensure nursing education program is responsible for its students, regardless of the mode of education, including those students who are taking distance education nursing clinical courses in other states/jurisdictions.

4. Faculty, preceptors or others who teach clinical experiences for a prelicensure nursing education program by means of distance education shall hold a current and active nursing license or privilege to practice, which is not encumbered, and meet licensure requirements in the state/jurisdiction where the patient is located. Faculty who only teach didactic content for a prelicensure nursing education program by means of distance education shall hold a current and active nursing license or privilege to practice, which is not encumbered, and meet licensure requirements in the home state where the program is approved.

Rationale: This standard supports the regulatory framework that practice takes place where the patient is located.

- a. The nurse shall be licensed where the patient is located and where patient care is regulated for protection of the patient. If a practice complaint were to occur, this allows the host state/jurisdiction the ability to investigate that complaint.
  - b. If there are student complaints, the host state will send them to the home state, which approves the prelicensure program and therefore is responsible for investigating and possibly sanctioning the program or the individual.
5. BONs will communicate information through their annual reports about prelicensure nursing programs that have students enrolled in clinical experiences in host states.

BONs have requested data on which prelicensure programs have nursing students in clinical experiences in their states/jurisdictions. Therefore, it is recommended that BONs add a question to their annual reports, which are sent to prelicensure programs, requesting information on whether students are enrolled in clinical experiences in host states/jurisdictions. If the programs do have students in host states/jurisdictions, they are asked to list where their students are located. NCSBN will collect that data from the home states and distribute it to the host states that want it. The following is the question to add to the annual nursing education report:

- a. Do you use another state/jurisdiction for prelicensure clinical experiences? If yes, please list in which states/jurisdictions they are located.

Rationale: Some BONs are interested in knowing which out-of-state/jurisdiction programs have students taking clinical experiences in their states/jurisdictions. This is also excellent national data on prelicensure education that could inform future projects or research.

### **FOSTERING COLLABORATION AMONG THE BONs AND EDUCATORS**

A visual model of the Regulatory Guidelines for Nursing Education Prelicensure Distance Education Programs can be found in Figure 2. The model depicts the differences between the home state's and the host state's responsibilities, illustrating that it was designed to encourage collaboration among the BONs for the purpose of public protection.

The following is an actual example about how this collaboration occurred, with the outcome protecting the public: Washington and Oregon are border states and many nursing programs obtain clinical and practice experiences in the neighboring state. Nursing education staff members from the two BONs are in frequent communication about issues impacting nursing education in both states. On one occasion, the host state expressed concerns that the home state's distance education nursing program was not following state laws regarding clinical placements. The host state's BON filed a complaint with the home state's BON against the home state's distance-learning nursing program. The home state's BON opened the complaint for investigation and



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immediately contacted the nursing program. A conference call with the nursing program, the host state and the home state was conducted. The nursing program came into compliance with host state laws. The home state now includes a review of the distance learning program in its on-going program approval process. If the home state had not had authority over nursing programs, it would forward the complaint to the appropriate state/jurisdiction agency.

NCSBN is collecting any special requirements BONs might have for distance education programs. These requirements are available online. This Web page will be regularly updated, as needed. If the distance education guidelines are adopted by all BONs by 2020, as suggested, there will be consistency among the BONs and there will no longer be the need for that Web page.

## SUMMARY

There have been national calls for advancing the education of the nursing workforce, and educators and BONs are working together in statewide initiatives toward this recommendation. Distance education allows for an increased access to education and more flexibility for the learner, thus assisting with this goal. This white paper has presented the regulatory perspective of 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. A timeline and strategies for meeting these recommendations was provided, and a visual model illustrating the Regulatory Guidelines for Nursing Education Prelicensure Distance Education Programs was presented.

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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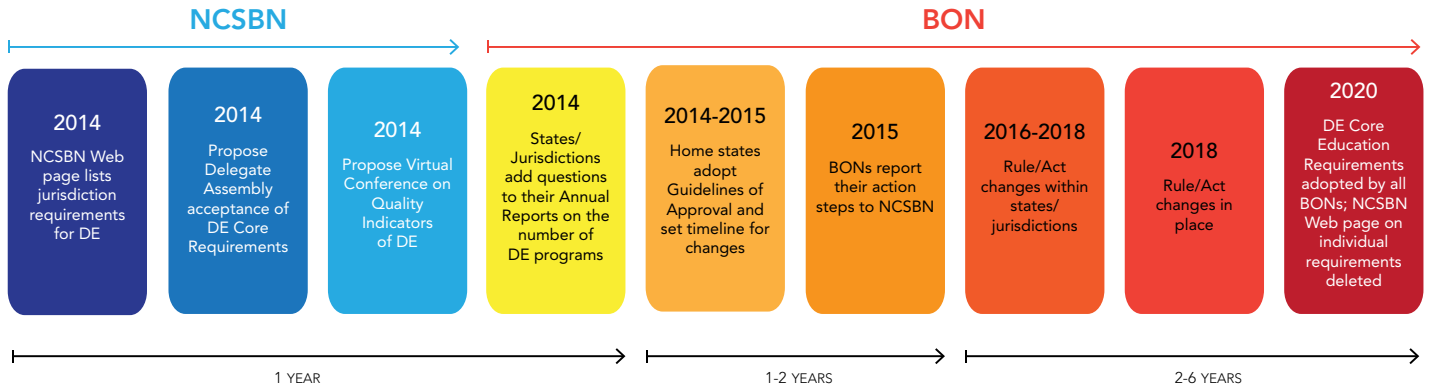
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**FIGURE 1**

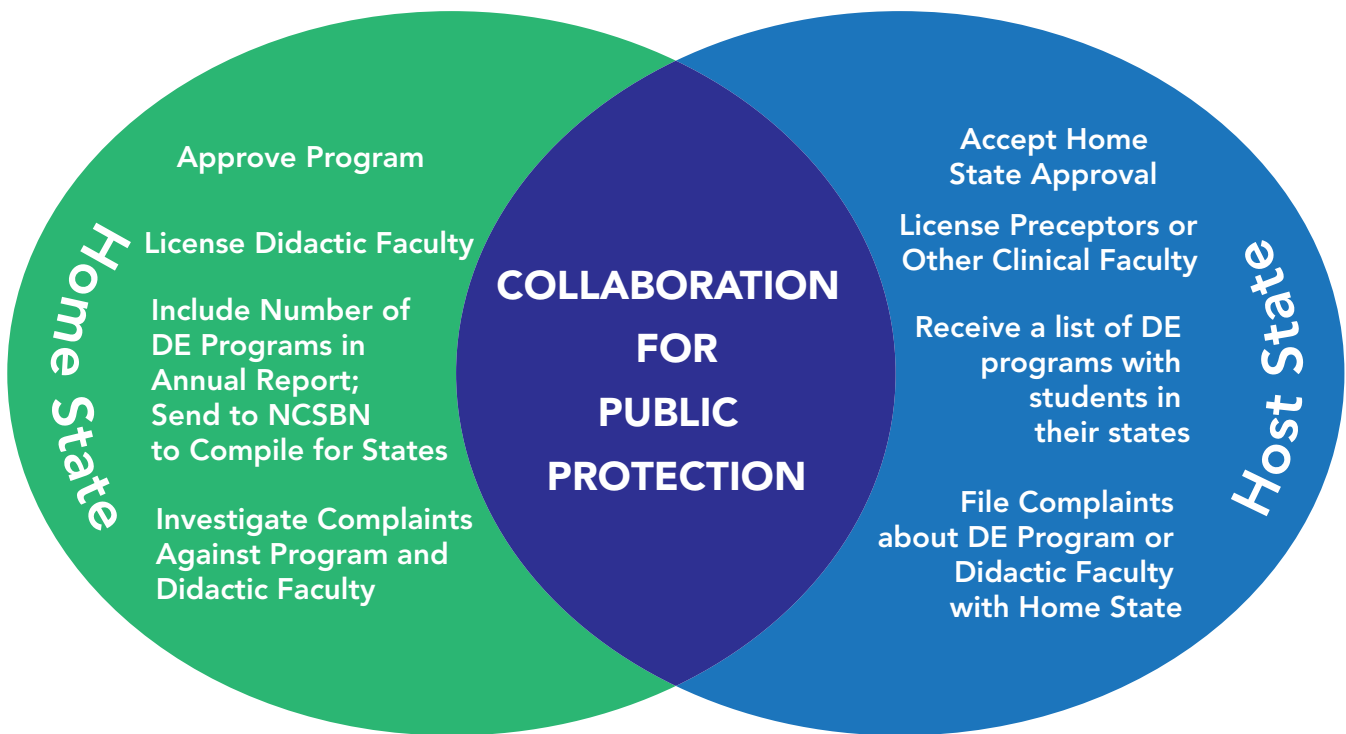
**Timeline for Adopting Distance Education (DE) Core Requirements**



Example Year: 2014

**FIGURE 2**

**Regulatory Guidelines for Nursing Education Prelicensure Distance Education Programs**



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## Attachment B

# Regulatory Guidelines: The Future of Prelicensure Distance Education Programs in Nursing

The purpose of the Regulatory Guidelines for prelicensure nursing distance education programs is to provide NCSBN Member Boards with criteria and rationale regarding the regulation of prelicensure nursing education programs. The guidelines are proposed, with an eye to the future, to promote clarity and consistency among the BONs for the regulation of prelicensure nursing distance education programs.

Distance learning is prevalent and growing throughout the country as technology advances and the nursing profession develops new strategies to provide greater access to nursing education. The guidelines will be disseminated to boards of nursing (BONs) and key stakeholders to foster collaboration as nursing moves toward the future.

Realizing that it will take BONs time to study their current processes with distance education programs and then make changes to their state's nurse practice act and rules, if necessary, it is recommended that the guidelines be fully implemented by 2020. These guidelines apply to distance education in nursing, clinical experiences that cross state/jurisdiction borders or virtual clinical experiences where patients are located in another state/jurisdiction.

## KEY DEFINITIONS

**Distance education in nursing** – Instruction offered by any means where the student and faculty are in separate physical locations. Teaching methods may be synchronous or asynchronous and shall facilitate and evaluate learning in compliance with BON approval status/regulations. (Adapted from Commission on Regulation and Postsecondary Distance Education, 2013)

**Clinical learning experiences** – Planned, faculty-guided learning experiences that involve direct contact with patients (NCSBN Model Act, 2012a).

**Encumbered license** – A license with a current discipline, condition or restriction (NCSBN Model Rules, 2012b).

**Faculty** – Individuals employed full or part time by an academic institution that are responsible for developing, implementing, evaluating and updating nursing program curricula (NCSBN Model Rules, 2012b).

**Home state/jurisdiction** – The state/jurisdiction where the program has legal domicile. (Adapted from Commission on Regulation and Postsecondary Distance Education, 2013)

**Host state/jurisdiction** – The state/jurisdiction outside of the home state/jurisdiction where students participate in didactic coursework and/or clinical experiences. (Adapted from Commission on Regulation and Postsecondary Distance Education, 2013)

For example, if a prelicensure nursing program located and approved in Illinois were to offer either clinical or didactic nursing education in Wisconsin (either by distance education or crossing the borders for clinical rotations), the home state would be Illinois and the host state would be Wisconsin.

**Preceptor** – 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 (NCSBN Model Rules, 2012b).

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## GUIDELINES

1. Distance learning prelicensure nursing education programs shall meet the same approval guidelines as any other prelicensure nursing education program in the home state.

The NCSBN Model Rules set forth prelicensure nursing education program core education requirements that apply when BONs approve either traditional or distance education programs (see 6.1.2 of the NCSBN Model Rules [[https://www.ncsbn.org/12\\_Model\\_Rules\\_090512.pdf](https://www.ncsbn.org/12_Model_Rules_090512.pdf)]). The following is a summary of these core requirements in the NCSBN Model Rules. The home state/jurisdiction will use these when approving a program that has students in host states, just as they do for traditional programs.

### NCSBN MODEL RULES

The curriculum of the nursing education program includes knowledge, skills and abilities necessary for the scope and guidelines of competent nursing practice expected at the level of licensure. Curriculum components, as defined by nursing education, professional and practice guidelines, shall include:

- a. Experiences that promote clinical judgment, clinical management, and commitment to improving quality and safety of the health care system.
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- c. Coursework in:
  - i. Biological, physical, social and behavioral sciences to promote safe and effective nursing practice.
  - ii. Professional responsibilities, legal and ethical issues, history and trends in nursing.
  - iii. Didactic content and supervised clinical experiences in the prevention of illness; and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse backgrounds.
  - iv. Faculty supervised clinical practice, which shall provide clinical hours comparable to those provided by an approved program of the equivalent size and type.
  - v. Clinical experiences, including those with preceptors, shall be directed by nursing faculty.
  - vi. Integration of the six Quality and Safety Education for Nurses (QSEN) competencies, which include patient safety, patient-centered care, evidence-based practice, teamwork and collaboration, quality improvement, and informatics.
- d. Sufficient numbers of faculty who are experientially and academically qualified to meet the outcomes and purposes of the nursing education program.

Rationale: The mode of curricular delivery does not alter the regulatory guidelines for nursing education, including distance education. The NCSBN Model Act and Rules, adopted by the NCSBN membership in August 2012, delineate required criteria for prelicensure nursing education programs.

2. The home state/jurisdiction approves prelicensure nursing education programs, including distance learning education programs.

Based on this standard, the prelicensure distance education program is approved in the home state/jurisdiction and no additional BON approvals are required. This standard encourages BONs to rely on the approval status granted by other BONs.

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If a host state/jurisdiction has a complaint against a program that is approved in another state/jurisdiction, it will file that complaint with the home state/jurisdiction. It is the responsibility of the home state/jurisdiction to follow up with that complaint and take any action that is deemed necessary. In those states where the BON does not approve prelicensure nursing education programs, it will be their responsibility to contact the relevant state agencies to follow up with the complaint.

Rationale: BONs approve prelicensure nursing education programs, whether they are traditional or distance education programs, which have legal domicile in their state/jurisdiction. BONs historically have relied on the approval status granted by other BONs for prelicensure nursing education programs. In addition, BONs historically have relied on other BONs to investigate complaints and take disciplinary action when needed.

3. Prelicensure nursing education programs in the home state provide oversight over the students in the host states and are responsible for the students' supervision.

Students are under the auspices of the prelicensure nursing education program. If BONs do not have an exemption in their law for students who are participating in clinical experiences in their states/jurisdiction, but are enrolled in a program located in another jurisdiction, they are encouraged to adopt the following language from the NCSBN Model Act, Section 10. Exemptions:

**NCSBN MODEL ACT**

No provisions of this Act shall be construed to prohibit:

- a. The practice of nursing by a student currently enrolled in and actively pursuing completion of a prelicensure nursing education program, or a graduate program involving nursing practice, if all the following are met:
  - i. The student is participating in a program located in this jurisdiction and approved by the BON or participating in this jurisdiction in a component of a program located in another jurisdiction and approved by a BON that is a member of NCSBN.
  - ii. The student's practice is under the auspices of the program.
  - iii. The student acts under the supervision of an RN serving for the program as a faculty member or teaching assistant.

Therefore, the home state/jurisdiction will determine whether the program provides adequate clinical supervision of the students, just as they do with programs located in their own states/jurisdictions. Additionally, the home state/jurisdiction will establish whether clinical faculty and/or preceptors in host states/jurisdictions have adequate oversight by the nursing program faculty in the home state/jurisdiction.

Rationale: The BON approved prelicensure nursing education program is responsible for its students, regardless of the mode of education, including those students who are taking distance education nursing clinical courses in other states/jurisdictions.

4. Faculty, preceptors or others who teach clinical experiences for a prelicensure nursing education program by means of distance education shall hold a current and active nursing license or privilege to practice, which is not encumbered, and meet licensure requirements in the state/jurisdiction where the patient is located. Faculty who only teach didactic content for a prelicensure nursing education program by means of distance education shall hold a current and active nursing license or privilege to practice, which is not encumbered, and meet licensure requirements in the home state where the program is approved.

Rationale: This standard supports the regulatory framework that practice takes place where the patient is located.



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- a. The nurse shall be licensed where the patient is located and where patient care is regulated for protection of the patient. If a practice complaint were to occur, this allows the host state/jurisdiction the ability to investigate that complaint.
  - b. If there are student complaints, the host state will send them to the home state, which approves the prelicensure program and therefore is responsible for investigating and possibly sanctioning the program or the individual.
5. BONs will communicate information through their annual reports about prelicensure nursing programs that have students enrolled in clinical experiences in host states.

BONs have requested data on which prelicensure programs have nursing students in clinical experiences in their states/jurisdictions. Therefore, it is recommended that BONs add a question to their annual reports, which are sent to prelicensure programs, requesting information on whether students are enrolled in clinical experiences in host states/jurisdictions. If the programs do have students in host states/jurisdictions, they are asked to list where their students are located. NCSBN will collect that data from the home states and distribute it to the host states that want it. The following is the question to add to the annual nursing education report:

- a. Do you use another state/jurisdiction for prelicensure clinical experiences? If yes, please list in which states/jurisdictions they are located.

Rationale: Some BONs are interested in knowing which out-of-state/jurisdiction programs have students taking clinical experiences in their states/jurisdictions. This is also excellent national data on prelicensure education that could inform future projects or research.

#### **REFERENCES:**

- Commission on Regulation and Postsecondary Distance Education. (2013). Advancing access through regulatory reform: Findings, principles, and recommendations for the State Authorization Reciprocity Agreement (SARA). Retrieved from <http://nc-sara.org/files/docs/Commission-on-Regulation-of-Postsecondary-Distance-Education-Draft-Recommendations.pdf>
- NCSBN. (2012a). NCSBN model act. Retrieved from [https://www.ncsbn.org/12\\_Model\\_Act\\_090512.pdf](https://www.ncsbn.org/12_Model_Act_090512.pdf)
- NCSBN. (2012b). NCSBN model rules. Retrieved from [https://www.ncsbn.org/12\\_Model\\_Rules\\_090512.pdf](https://www.ncsbn.org/12_Model_Rules_090512.pdf)

## Proposed Model Education Rule and Act Revisions

### Proposed Model Act Changes

#### Article VI. Prelicensure Nursing Education

##### Section I. Approval Standards

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

Rationale: This statement belongs under the approval standards, rather than in the Model Rules under faculty supervised clinical experiences (see below). The statement was reworded to be consistent with the proposed Distance Education Guidelines.

#### Article V. RN and LPN /VN Licensure and Exemptions

Section 10. No provisions of this Act shall be construed to prohibit:

- a. The practice of nursing by a student currently enrolled in and actively pursuing completion of a prelicensure nursing education program, or a graduate nursing program involving nursing practice, if all the following are met:
  1. The student is participating in a program located in this jurisdiction and approved by the BON or participating in this jurisdiction in a component of a program located in another jurisdiction and approved by a BON that is a member of NCSBN.
  2. The student's practice is under the auspices of the program.

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3. The student acts under the supervision of an RN serving for the program as a faculty member or teaching assistant.
  4. The student in a graduate program preparing for APRN licensure must be a licensed RN and under the supervision of qualified faculty/preceptor, licensed in the state of clinical practice.
- b. The provision of nursing services to family members or in emergency situations.
  - c. Caring for the sick when done in connection with the practice of religious tenets of any church and by or for its members.
  - d. The individual is engaging in the practice of nursing by discharging official duties while employed by or under contract with the United States government or any agency thereof.
  - e. The activities of an individual currently licensed to practice nursing in another jurisdiction, if the individual's license has not been revoked, the individual is not currently under suspension or on probation, and one of the following:
    1. The individual is engaging in the practice of nursing as an employee of an individual agency or corporation located in the other jurisdiction in a position with employment responsibilities that include transporting patients into, out of, through this state, as long as each trip in this state does not exceed seventy-two hours.
    2. The individual is consulting with an individual licensed in this state to practice any health-related profession.
    3. The individual is engaging in activities associated with teaching in this state as a guest lecturer at a nursing education program, continuing nursing education program or in-service presentation, or the individual is teaching didactic content, via distance education, for an approved prelicensure program.
    4. The individual is teaching only didactic content for an approved prelicensure nursing education program by means of distance education and will not be physically present in this state.
    5. The individual is conducting evaluations of nursing care that are undertaken on behalf of a nationally recognized accrediting organization.
    6. The individual is providing nursing care to an individual who is in this state on a temporary basis, not to exceed six months in any one calendar year, if the nurse is directly employed by or under contract with the individual or a guardian or other person acting on the individual's behalf.

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7. The individual is providing nursing care during any disaster, natural or otherwise, that has been officially declared to be a disaster by a public announcement issued by an appropriate federal, state, county or municipal official.

Rationale: If there are student complaints, the host state will send them to the home state, which approves the prelicensure program and therefore is responsible for investigating and possibly sanctioning the program.

**Proposed Model Rule Change:**

Chapter 6 Prelicensure Nursing Education

6.1.2 Required Criteria for Prelicensure Nursing Education Programs

3. Faculty supervised clinical practice shall include development of skills in direct patient care; making clinical judgments; care and management of both individuals and groups of patients across the lifespan; and delegation to and supervision of, as appropriate to level of education, other health care providers.

- a. The program shall provide clinical hours comparable to those provided by an approved program of equivalent size and program type or, in the case of no equivalent program, clinical hours scaled relative to an approved program.
- b. Clinical experiences shall be supervised by qualified faculty.
- c. All student clinical experiences, including those with preceptors, shall be directed by nursing faculty
- d. Measurement of students' competencies shall focus on the students' demonstration of care management and decision making skills when providing patient care in a variety of clinical situations and care settings.

~~e. BON determines the approval process when clinical experiences cross state/jurisdiction borders, and nursing education programs shall comply with the process.~~

Rationale: This statement does not belong under faculty supervised clinical experiences. In discussions with the Chair of last year's Model Rules Committee, it was decided that it should be moved to the Approval Standards of the Model Act because it is a standard, and not related to faculty supervised clinical practice.

# Report of the Awards Committee

## Background

The NCSBN Awards Program recognizes outstanding achievement of members and celebrates significant contribution to nursing regulation. Award recipients are selected based on the strength of the nomination in meeting the award criteria. This year the committee developed initiatives to enhance the awards program by developing a more robust awards Web page with video footage of the 2013 awards recipients and reflections of past award recipients.

This year, the committee selected an honoree in the following award categories: R. Louise McManus, Meritorious Service, Regulatory Achievement and Exceptional Contribution awards. Executive officers who have reached milestones in their careers as nurse regulators are being honored with the Executive Officer Recognition Award. Member boards 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 a dinner event at the NCSBN Annual Meeting in Chicago. The awards will be presented by the NCSBN Board of Directors president.

## Highlights of FY14 Activities

- Implemented strategies developed by the committee to promote the awards program. The following strategies were developed in collaboration with the NCSBN Interactive Services department:
  - Conducted videotaped interviews with past award recipients at the 2013 Annual Meeting.
  - Videotaped interviews with past award recipients to produce “The NCSBN Awards Program: Reflections of Past Recipients,” a video that was posted to the awards program Web page.
  - Posted award video slide shows of the 2013 recipients to the awards program Web page.
- Met with the NCSBN Marketing & Communications department to get input on the redesign of the awards narrative template.
- Completed revisions to the award narrative templates.
- Committee members promoted the awards program on the December 2013 Executive Officer Leadership Council conference call.
- Developed a sample completed narrative form that was posted on the awards program Web page as a reference.
- Communicated to the membership the launch of the 2014 awards program highlighting new enhancements for the year.
- Identified two member boards that are celebrating 100 years of nursing regulation in 2014.
- Identified executive officers who are eligible for the Executive Officer Recognition Award for five, 15 and 20 years of service.
- Staff reviewed all nominations to ensure compliance with the blind review process.
- Committee conducted a blind review of the award nominations.
- Committee selected the 2014 award recipients.
- Reported to the Board of Directors the 2014 award recipients selected by the Awards Committee.
- Sent letters of notification to the 2014 award recipients.

## 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

Paula Schenk, MPH, RN  
Kentucky, Area III

## Staff

Alicia Byrd, RN  
Director, Member Relations

## Meeting Dates

- Oct. 31, 2013 (Conference Call and Webinar)
- March 31, 2014

## **2014 AWARD RECIPIENTS:**

### **R. Louise McManus Award**

Myra Broadway, JD, MS, RN, executive director, Maine State Board of Nursing

### **Meritorious Service Award**

Gloria Damgaard, MS, RN, FRE, executive secretary, South Dakota Board of Nursing

### **Regulatory Achievement Award**

Nevada State Board of Nursing

### **Exceptional Contribution Award**

Ann L. O'Sullivan, PhD, CRNP, FAAN, board member, Pennsylvania State Board of Nursing

### **Executive Officer Recognition Awards**

#### **5 YEARS**

- Louise Bailey, MEd, RN, executive officer, California Board of Registered Nursing
- Anne Coghlan, MScN, RN, executive director, College of Nurses of Ontario (Associate Member)
- Jennifer L. Filippone, chief, Practitioner Licensing and Investigations Section, Connecticut Board of Examiners for Nursing
- Mary-Anne Robinson, MSA, RN, CEO, College and Association of Registered Nurses of Alberta (Associate Member)

#### **15 YEARS**

- Mary Blubaugh, MSN, RN, executive administrator, Kansas State Board of Nursing
- Shirley Brekken, MS, RN, executive director, Minnesota Board of Nursing
- Kimberly Glazier, MEd, RN, executive director, Oklahoma Board of Nursing
- N. Genell Lee, JD, MSN, RN, executive officer, Alabama Board of Nursing

#### **20 YEARS**

- Teresa Bello-Jones, JD, MSN, RN, executive officer, California Board of Vocational Nursing and Psychiatric Technicians

### **MEMBERS CELEBRATING 100 YEARS OF NURSING REGULATION**

- Kentucky Board of Nursing
- Mississippi Board of Nursing

### **Future Activities**

- Select the 2015 awards recipients.

### **Attachment**

- A. 2014 Awards Brochure

Attachment A  
**2014 Awards Brochure**



**NCSBN**  
*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.

National Council  
Standards of Nursing  
2011

The NCSBN awards will be announced at the 2014 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.

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### 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. 14, 2014**, to Alicia Byrd, director, member relations, NCSBN, at [abyrd@ncsbn.org](mailto: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 submitted on the respective award template.
- Entries must be accompanied by the official awards program cover page. Your narrative should be between 1,000 - 1,500 words and in size 10 pt. font.
- 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](mailto: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 mission and vision of NCSBN.

#### CRITERIA FOR SELECTION

- Significant promotion of the mission and vision of NCSBN
- Positive impact on the contributions of NCSBN
- Demonstrated support of NCSBN's mission

#### AWARD CYCLE

Annually as applicable

#### NUMBER OF RECIPIENTS

One

### 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

51

### 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 mission and vision of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

### CRITERIA FOR SELECTION

- Active participation in NCSBN activities
- 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

An individual or organization that is not a current member. No other award captures the significance of the contribution. May be given posthumously.

### CRITERIA FOR SELECTION

- Accomplishment/achievement is supportive to NCSBN's mission and vision.
- Long and lasting contribution or one major accomplishment that impacts the NCSBN mission and vision.

### AWARD CYCLE

Annually as applicable

### NUMBER OF RECIPIENTS

Unlimited

## 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

2013 – Betsy Houchen  
 2012 – Sandra Evans  
 2011 – Kathy Malloch  
 2009 – Faith Fields  
 2008 – Shirley Brekken  
 2007 – Polly Johnson  
 2006 – Laura Poe  
 2005 – Barbara Morvant  
 2004 – Joey Ridenour  
 2003 – Sharon M. Weisenbeck  
 2002 – Katherine Thomas  
 2001 – Charlie Dickson  
 1999 – Donna Dorsey  
 1998 – Jennifer Bosma  
     Elaine Ellibee  
     Marcia M. Rachel  
 1997 – Jean Caron  
 1996 – Joan Bouchard  
 1995 – Corinne F. Dorsey  
 1992 – Renatta S. Loquist  
 1989 – Marianna Bacigalupo  
 1986 – Joyce Schowalter  
 1983 – Mildred Schmidt

### MERITORIOUS SERVICE AWARD

2013 – Constance Kalanek  
 2012 – Debra Scott  
 2011 – Julia George  
 2010 – Ann L. O'Sullivan  
 2009 – Sheila Exstrom  
 2008 – Sandra Evans  
 2007 – Mark Majek  
 2005 – Marcia Hobbs  
 2004 – Ruth Ann Terry  
 2001 – Shirley Brekken  
 2000 – Margaret Howard  
 1999 – Katherine Thomas  
 1998 – Helen P. Keefe  
     Gertrude Malone  
 1997 – Sister Teresa Harris  
     Helen Kelley  
 1996 – Tom O'Brien  
 1995 – Gail M. McGill  
 1994 – Billie Haynes  
 1993 – Charlie Dickson  
 1991 – Sharon M. Weisenbeck  
 1990 – Sister Lucie Leonard  
 1988 – Merlyn Mary Maillian  
 1987 – Eileen Dvorak

### REGULATORY ACHIEVEMENT AWARD

2013 – North Dakota Board of Nursing  
 2012 – Missouri State Board of Nursing  
 2011 – Virginia Board of Nursing  
 2010 – Texas Board of Nursing  
 2009 – Ohio Board of Nursing  
 2008 – Kentucky Board of Nursing  
 2007 – Massachusetts Board of  
     Registration in Nursing  
 2006 – Louisiana State Board of Nursing  
 2005 – Idaho Board of Nursing  
 2003 – North Carolina Board of Nursing  
 2002 – West Virginia State Board of  
     Examiners for Licensed  
     Practical Nurses  
 2001 – Alabama Board of Nursing

### 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

### ELAINE ELLIBEE AWARD (FORMERLY EXCEPTIONAL LEADERSHIP AWARD)

2013 – Linda R. Rounds

### 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

### DISTINGUISHED ACHIEVEMENT AWARD

2013 – Lorinda Inman

### EXCEPTIONAL CONTRIBUTION AWARD

2013 – Susan L. Woods  
 2012 – Julia Gould  
     Sue Petula  
 2011 – Judith Personett  
     Mary Beth Thomas  
 2010 – Valerie Smith  
     Sue Tedford  
 2009 – Nancy Murphy  
 2008 – Lisa Emrich  
     Barbara Newman  
     Calvina Thomas  
 2007 – Peggy Fishburn  
 2005 – William Fred Knight  
 2004 – Janette Pucci  
 2003 – Sandra MacKenzie  
 2002 – Cora Clay  
 2001 – Julie Gould  
     Lori Scheidt  
     Ruth Lindgren

### NCSBN 30TH ANNIVERSARY SPECIAL AWARD

2008 – Joey Ridenour  
     Sharon Weisenbeck Malin  
     Mildred S. Schmidt

### 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

In 1998, the NCSBN Board of Directors (BOD) began the development of CORE, a performance measurement system for boards of nursing (BONs) that incorporated data collected from internal and external sources. The key element for this system for more than 15 years has been to define and measure performance based on outcome-oriented indicators to assist BONs in managing and improving long-term program outcomes, and provide accountability to the citizens of their state.

CORE 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 fiscal years 2012 and 2013 (FY12 and FY13), the CORE Committee redesigned the entire process with the purpose of providing highly valued and useful performance information to BONs by producing a State Board of Nursing Logic Model as a performance framework to guide the entire process, mapping existing performance measures into the logic model in order to identify gaps, developing additional measures where needed, and incorporating the data from additional sources beyond the CORE surveys. The CORE Committee then 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 outside sources, 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.

## Highlights of FY14 Activities

### Charge #1: Increase the clarity of the current CORE survey questions.

- The committee systematically assessed the CORE measures.
- Revised the Nursys® data to include the number of nurses disciplined instead of the number of actions taken against discipline codes.
- Constructed a short questionnaire intended for executive officers (EOs) regarding the revised and revamped CORE process.

### Charge #2: Conduct a focus group to search for promising practices in the area of licensure.

- The committee reviewed past CORE licensure data, including measures on cycle time for licensure, number of licensure applications received, and the number of licensure denials to identify “high performing” BONs and steadily improving BONs in the area of licensure.

### Charge #3: Identify a uniform set of data measures regarding the performance of Nurse Licensure Compact (NLC) states.

- The committee is currently identifying a set of measures that are unique to the NLC.

## Members

Joey Ridenour, MN, RN, FAAN  
Arizona, Area I, Chair

Vicki Lynn Allen, RN, CLNC  
Idaho, Area I

Jim Cleghorn  
Georgia, Area III

Tamara J. Cowen, MSN, RN, NEA,  
BC  
Texas, Area III

Barbara Damchik-Dykes, JD  
Minnesota, Area II

Kim Glazier, MEd, RN  
Oklahoma, Area III

Paula R. Meyer, MSN, RN  
Washington, Area I

Chris Sansom, MSN, RN  
Nevada, Area I

Sue A. Tedford, MNSc, RN  
Arkansas, Area III

A'lise Williams, MS, RN  
Maryland, Area IV

Ann L. O'Sullivan, PhD, CRNP,  
FAAN Pennsylvania, Area IV,  
Board Liaison

Theodore H. Poister, PhD, MPA  
Consultant

## Staff

Lindsey Erickson, MS  
Manager, Special Projects,  
Executive Office

## Meeting Dates

- Oct. 24-25, 2013
- Dec. 5-6, 2013
- April 17-18, 2014

## Relationship to Strategic Plan

### Strategic Initiative E

Promote evidence-based regulation.

### Strategic Objective 2

Develop board of nursing performance measurement data.

## EXECUTIVE SUMMARY

The committee started out FY14 looking at FY12 CORE reports, survey tools and definitions. Considering the whole CORE process was revamped in FY12 and FY13, the committee needed to find if there were areas/measures that were problematic for BONs. To find this information, the committee constructed a short questionnaire for EOs to complete. The survey contained questions regarding CORE, including participation, reports, surveys and the definitions. Based on the feedback from the EOs, the committee will make changes to the survey tools and reports for the next round of data collection.

The committee systematically assessed the CORE measures by using a methodology recommended by consultant Theodore H. Poister. Poister's recommendation was to go through each measure and determine how it "stacks up" against the following performance criteria: credible to stakeholders; linked to mission and goals; balanced and comprehensive; valid and reliable; timely and actionable; resistant to goal displacement and gaming; cost sensitive; and clear regarding preferred direction of movement. If a measure does not fall into one of the above categories, the committee will discuss what the intent of the measure was and if it is accomplishing the goal of consumers receiving safe and competent care from nurses.

Based on feedback regarding the Nursys data in the CORE discipline state report, the committee needed to revise it to show the number of nurses disciplined, instead of the number of actions taken on an action code. A small working group of committee members met to discuss what the Nursys measure should be. The working group finalized on a basic, yet useful measure: number of nurses disciplined in FY12. The group met with NCSBN's Chief Information Officer Nur Rajwany to discuss the steps on pulling the data. Rajwany instructed the working group to come up with an algorithm on how the data should be pulled to accurately measure the number of nurses disciplined. The working group met again to go through each Nursys measure and identify which codes are discipline codes, what time frame the discipline action should occur and how to pull the data to include unique nurses.

The committee reviewed past CORE data in order to identify "high performing" BONs and steadily improving BONs in the area of licensure. The reviewed data measures were associated with cycle time for licensure, the number of licensure applications received, and the number of licensure denials against the number of licensees in each BON. The committee reviewed what they wanted out of the focus group members as there is much variation between initial licenses, renewals and endorsements. Therefore, the committee felt that the following information would be useful information to gather from the focus group attendees: online applications vs. paper applications, if online applications improved the licensure process, the percentage of licenses granted and denied, and the impact of criminal background checks on licensure. The committee is in search of effective practices in each of the licensure areas: initial licensure, renewals and endorsements. Due to inclement weather, the committee postponed the focus group for a later date.

The committee is currently identifying measures that are unique to the NLC by reviewing past and current NLC surveys intended for BONs and nurses.

## Future Activities

- Continue to refine CORE process, revise survey tools and develop new production scheme for CORE reports. Propose long-term plan for distribution and data collection for CORE surveys.
- Continue to research "big data" beyond Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) that provides evidence for long-term outcomes of the Nursing Regulation Logic Model.
- Develop a proposal for Centers for Medicare and Medicaid Services (CMS) to ask nursing regulation questions regarding safe practice on HCAHPS surveys.

- 
- Identify needs and concerns of nonparticipating BONs to increase participation by 10 percent; conduct nonparticipating BON focus group.
  - Distribute 2014 CORE surveys, collect and analyze data, and produce CORE report.
  - Identify a uniform set of data measures regarding the performance of NLC states.

### **Attachments**

None.





# Report of the Discipline Effective Practices Subcommittee

## Background

NCSBN's Commitment to Ongoing Regulatory Excellence (CORE) is a comparative performance measurement and benchmarking process for boards of nursing (BONs) that incorporates surveys of BONs, as well as three external stakeholder groups: (1) employers; (2) nursing education programs; and (3) nurses. Data from these surveys are 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 are 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 fiscal year 2013 (FY13), the CORE Committee was charged with validating promising practices in the area of discipline. Using CORE data, the committee identified consistently high-performance BONs and steadily improving BONs in the area of discipline. These BONs attended a focus group where they reviewed criteria to help identify promising practices, compare the process steps and policies related to the discipline process, and recommend policy or process change that could enhance other BON performance. The focus group attendees were invited to another meeting to elaborate on the discipline processes and identify steps or work processes that were the most likely candidates for performance improvement. With the information gathered from the group, a template including 10 effective practices was drafted. Though effective practices were identified, the CORE Committee had only started to get more detail on the identified "effective practice." The committee realized that the work of the group was much more complex and may be beyond the scope of CORE charges. Therefore, in FY13 the CORE Committee recommended to the Board of Directors (BODs) a discipline subcommittee to take on the charge of creating an adoption plan for effective practices in the area of discipline.

The Discipline Effective Practices Subcommittee was approved by the FY13 BOD and serves as a subcommittee to the CORE Committee fulfilling the charge of creating an adoption plan for effective practices in the area of discipline. FY12 and FY13 focus group attendees were invited to be members of the subcommittee. The subcommittee continued the work completed by the FY12 and FY13 focus groups.

## Highlights of FY14 Activities

### Charge #1: Create an adoption plan for effective practices in the area of discipline.

- Reviewed and discussed effective practices identified by prior discipline focus groups.
- Identified three primary phases for processing and resolving complaints: triage/case assignment, investigation and resolution.
- Created draft templates, draft worksheets and draft directions for adoption/adaption plan.

## EXECUTIVE SUMMARY

The subcommittee started their work by reviewing and discussing the following effective practices that were identified in prior focus groups:

1. Establish thresholds for disposition of complaints received.
2. Track all cases from complaint reviewed to resolution.
3. Apply BON-approved policies or guidelines to the disposition of complaints received.
4. Develop templates to facilitate processing of complaints, investigation and case resolution.
5. Develop goals for investigative cases to be completed monthly, quarterly or annually.

## Members

Valerie Smith, MS, RN, FRE  
Arizona, Area I, Chair

Mary Blubaugh, MSN, RN  
Kansas, Area II

Barbara Damchik-Dykes, JD  
Minnesota, Area II

Anthony L. Diggs, MSCJ  
Texas, Area III

Lisa Ferguson-Ramos, JD, RN  
Ohio, Area II

Lisa Griffiths  
Oklahoma, Area III

Eric Holsapple  
Iowa, Area II

Chris Sansom, MSN, RN  
Nevada, Area I

Lori Scheidt, MBS-HCM  
Missouri, Area II

Mary Trentham, JD, MNSc, MBA,  
APN-BC  
Arkansas, Area III

## Staff

Lindsey Erickson, MS  
Manager, Special Projects,  
Executive Office

## Meeting Dates

- Feb. 20-21, 2014
- April 9-10, 2014
- July 29-30, 2014

## Relationship to Strategic Plan

### Strategic Initiative E

Promote evidence-based regulation.

### Strategic Objective 2

Develop board of nursing performance measurement data.

6. Regularly schedule meetings with investigators and attorneys to discuss:
  - a. Merits of the case and case facilitation; and
  - b. Productivity and performance measures.
7. Establish guidelines for BON-ordered evaluations to determine fitness for duty and/or practice competency.
8. Delegate authority through policies, guidelines or matrixes to:
  - a. Executive director/administrator and/or subcommittees of the BON; and
  - b. Investigator and/or key staff.

The subcommittee identified three primary phases for processing and resolving complaints: triage/case assignment, investigation and resolution. The subcommittee members shared processes and policies that enabled their BON to effectively go through the discipline process:

### **Triage**

- Standardized complaint templates to promote the receipt of critical information during the submission of a complaint.
- Approved guidelines and policies for not investigating complaints below established threshold.
- Intake coordinator/triage staff understood the law (e.g., nurse practice act) and what constitutes a probable violation.
- Developed priority/risk assessment with established timelines for processing cases based upon priority/risk assessment.
- Based assignment of cases upon the expertise of the investigator.
- Initiated subpoenas relevant to the complaint at time of complaint assignment.
- Identified performance measures integrated into strategic plan and performance evaluations.
- Reviewed licensure/discipline history via Nursys.
- Do not apply Just Culture at point of triage. May be applied later after more information is received and evaluated.
- Approved guidelines and policies for expedited closure of minor issues.
- Expedited process for complaints where the respondent is admitting the allegations.

### **Investigation**

- Required written notification to the respondent informing of the complaint investigation with a summary of the allegations. It's a requirement that the respondent provide a written response within a defined time frame.
- Required expert knowledge and experience of investigator. Low turnover of investigative staff enhances timely case completions.
- Assigned drug diversion, criminal, reinstatement cases to select investigator or other staff.
- Used Controlled Substances Prescription Monitoring Program (CSPMP) for cases involving diversion, prescription fraud, inappropriate prescribing/treating with controlled substances.
- Developed comprehensive investigative policies – increases staff autonomy and consistency.
- Created investigative templates (i.e., interview, investigative report, etc.).
- Agency hired attorney(s) that reported directly to them.

- Incorporated outcomes throughout the process.
- Delegated authority to investigator to modify the risk/priority based upon additional information received during investigation.
- Delegated authority to the staff to settle cases through consent agreements (agreed orders) or alternative to discipline programs.
- Held regular case management meetings with investigator.
- Investigative staff performance measured in part to case completion statistics and cycle times.

### **Resolution**

- Used and adhered to discipline matrix.
- Delegated authority to staff to make and accept settlement offers.
- Used standardized templates for consent agreements, letters of warning, reprimands, etc.
- Ability to add “do not admit” clause into California (e.g., “I neither admit nor deny the violations but I admit to the findings...”). Allowing the respondent limited input into the findings of fact increases case resolution before a hearing occurs.
- Hosted ongoing board member education and training.
- Delegated authority to a subcommittee of the BON, not the full BON, to review and resolve cases.
- Subcommittee of the BON met regularly (every two weeks), reviewed the investigative report and made recommendations. Mailed ballots to full BON for approval.
- Held weekly teleconferences with committee chair.
- Used emergency suspension process for high-risk cases.
- Used automatic suspension clauses in California for noncompliance.
- Required statutory authority to automatically suspend a license if mental health or substance abuse commitment.
- Used interim cease practice orders.
- Scheduled regular settlement conferences for contested cases with delegated authority to staff to offer and accept negotiated settlements.
- Tracked outcome measures.

The subcommittee divided into three working groups, triage, investigation and resolution, based on an individual’s area of expertise. The groups met and discussed their process and policies, and identified and shared initial steps for an adoption/adaption plan within each of the three areas. The three groups each reviewed and discussed potential model policies, and created templates and worksheets to help BONs. The three groups will meet again before the next subcommittee meeting to create a final adoption/adaption plan to present to the whole subcommittee.

### **Future Activities**

- Roll out of the adoption/adaption plan.
- Promote the adoption/adaption plan.

### **Attachments**

None.



# Report of the Executive Officer (EO) Succession Resource Committee

## Background

In May 2012, NCSBN received a request from a former EO to consider developing an EO Succession Planning Toolkit for member boards. Between 2010 and 2013, approximately one-third of all boards of nursing (BONs) have experienced turnover in the EO position. Further, 78 percent of all EOs reported that they do not have a succession plan in place. In response, the NCSBN Board of Directors established the EO Succession Resource Committee to create a toolkit to assist member boards in this process. The committee started with the assumption that a toolkit must be:

- Simple to use for an EO preparing for the future or for a board president or staff member thrust in the unanticipated position of finding a new EO;
- Flexible – use one or more tools; and
- Adaptable – for use by independent/umbrella/non-U.S. jurisdictions.

The toolkit is divided into two parts:

- Short term – to ensure continuous coverage of duties critical to the operation of the BON; and
- Long term – to ensure preparation for successful transition for a new EO.

The toolkit is comprised of the following:

- Short-term Succession Planning Narrative and Tools:
  - Tool #1 Designated Backup
  - Tool #2 Job Description
  - Tool #3 Responsibilities of Interim EO
  - Tool #4 Operational Information
  - Tool #5 Communication Plan
- Long-term Succession Planning Narrative and Tools:
  - Tool #6 Strategic Plan
  - Tool #7 Board/Agency Self-assessment
  - Tool #8 Staff Assessment
  - Tool #9 Annual Calendar and Key Events
  - Tool #10 Job Posting
  - Tool #11 Assessment of EO Competencies
  - Tool #12 Interview Questions for Assessment of EO Competencies
  - Tool #13 Reference Questions
  - Tool #14 Orientation Plan
  - Tool #15 New EO Development Mentor Program

## 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

Deborah Haagenson, RN  
Minnesota, Area II

Carina Herman, MSN, RN  
British Columbia-PN,  
Associate Member

Elizabeth Kiefner Crawford, JD  
Indiana, Area II

Gloria Damgaard, MS, RN, FRE  
South Dakota, Area II,  
Board Liaison

## Staff

Alicia Byrd, RN  
Director, Member Relations

## Meeting Dates

- Aug. 27-28, 2013
- Sept. 23-24, 2013
- Nov. 4, 2013 (Conference Call)
- Dec. 3-4, 2013
- Jan. 22-23, 2014

## Relationship to Strategic Plan

### Strategic Initiative C

Expand the active engagement and leadership potential of all members.

### Strategic Objective C5

Address member boards needs specific to the executive officer role.

## Highlights of FY14 Activities

- Sought feedback from EO Leadership Council at the 2013 Annual Meeting EO session.
- Reviewed all documents that had been compiled to date and identified them to be included in the toolkit or archived.
- Developed short-term and long-term succession plan/diagram/tools and narrative.
- Developed goals for short-term and long-term succession plan.
- Met with the NCSBN Interactive Services department on two occasions to plan electronic development of the toolkit.
- Reviewed mock-up of short-term and long-term succession plan from Interactive Services.
- Finalized EO competencies.
- Reviewed the book *Lost Knowledge* to be incorporated into the toolkit.
- Updated EO tenure document.
- Reviewed *How to Build the Leadership-Powered Company*.
- Clarified responsibility of the interim EO.
- Developed timeline for long-term plan.
- Had a group of eight EOs beta test and provide feedback on the designated backup document and Short-term Succession Plan Diagram.
- Reviewed orientation article, "Getting the Right People."
- Reviewed strategic plans from two BONs.
- Obtained EO job postings for reference and review.
- Revised the EO succession plan introduction.

## Future Activities

- Staff to monitor the online resource for feedback throughout the first year.
- Survey EOs and board presidents after one year.

## Attachments

- A. Executive Officer (EO) Succession Planning Toolkit

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## Attachment A

# Executive Officer (EO) Succession Planning Toolkit

In May 2012, NCSBN received a request from a former EO to consider developing an EO Succession Planning Toolkit for member boards. Between 2009 and 2014, approximately one-half of all state boards of nursing (BONs) have experienced turnover in the EO position. It is anticipated that in the next few years, a number of EOs will plan to retire. In January 2013, 78 percent of all EOs reported that they do not have a succession plan in place. In response, the NCSBN Board of Directors (BOD) established the EO Succession Resource Committee to create a toolkit to assist member boards in this process.

The intention of the toolkit is to provide a starting point for conversation and assessment between the member board and its EO. EOs, board presidents and members all have different comfort levels and different relationships depending on the individuals involved. EOs leave for a variety of reasons – planned retirement, career change and even involuntary separation. Member boards obviously have different structures that may provide limitations in notice; differing state hiring processes; varying restrictions regarding input into job descriptions, performance evaluations and feedback; and constraints on who participates in the selection process. Each of these factors, among others unique to a jurisdiction, should be considered when drafting the short-term and long-term succession plans.

The toolkit is comprised of the following:

- Short-term Succession Planning Narrative and Tools:
  - Tool #1 Designated Backup
  - Tool #2 Job Description
  - Tool #3 Responsibilities of Interim EO
  - Tool #4 Operational Information
  - Tool #5 Communication Plan
- Long-term Succession Planning Narrative and Tools:
  - Tool #6 Strategic Plan
  - Tool #7 Board/Agency Self-assessment
  - Tool #8 Staff Assessment
  - Tool #9 Annual Calendar and Key Events
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  - Tool #11 Assessment of EO Competencies
  - Tool #12 Interview Questions for Assessment of EO Competencies
  - Tool #13 Reference Questions
  - Tool #14 Orientation Plan
  - Tool #15 New EO Development Mentor Program

Most importantly the EO Succession Plan and this toolkit are part of the overall strategic plan of each member board. This information should be emphasized during orientation for new board members, and should be readily accessible to all board members and staff. Succession planning will assist in the continuity of the operations of the BON/agency. NCSBN is committed to assisting its member boards during both this planning phase and in critical times of transition. This toolkit will be re-evaluated depending upon member feedback. The best way to solicit meaningful feedback is through use. The committee hopes that BONs/agencies find the toolkit useful. Feedback is both appreciated and welcomed.

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## **SHORT-TERM SUCCESSION PLANNING**

The purpose of the short-term succession plan is to ensure the continuous coverage of duties critical to the ongoing successful operations of the BON/agency. Short-term succession planning may be utilized by a BON/agency in the event of an illness, unforeseen accident, resignation without notice or termination of an EO. The short-term plan could also be utilized for either a temporary unplanned short-term absence of an EO or a situation where an interim EO is appointed until a permanent replacement is in place.

Ideally, all of the short-term tools should be completed as part of the BON's/agency's overall strategic planning process and ready for implementation at any time. Completing these tools prior to the vacancy will alleviate a great deal of stress at an already stressful time. The first steps of the short-term plan should occur within 24 business hours of the incident precipitating use of the short-term plan.

The goals of the short-term plan include:

1. Appoint a designated backup to begin the process of naming an interim EO;
2. Notify the appropriate parties of the need for change, and organize and prepare for appointing an interim EO;
3. Stabilize the internal environment;
4. Select an interim EO and determine their role; and
5. Develop a communication plan to utilize with both internal and external stakeholders.

The steps of the short-term plan will assist with the implementation of the goals and the short-term plan and are divided into categories for various board members and staff:

### **A. Board President, Agency Head or Staff Responsibilities**

Prior to an EO vacancy occurring, the BON/agency head should establish a designated backup. States/jurisdictions should look at their statutes, rules and/or regulations that may establish a designated backup by law. For those states that do not have their backup designated by law, Tool #1, Designated Backup, can be utilized by the BON/agency to establish the appropriate personnel. A designated backup will likely be an internal staff member who will ensure that services are maintained and uninterrupted.

In an umbrella agency, the agency head would likely be the first to know of an EO vacancy. However, in an independent BON, the designated backup may notify the board president and other board members of the EO vacancy. The designated backup, with the assistance of the board president and/or agency head, would organize and prepare for a board meeting (or other process) to appoint an interim EO. This requires an understanding of the BON or agency structure.

In some states/jurisdictions, a board meeting must be held to appoint an interim EO. In that case, a representative will need to notify the board members of the need for an emergency meeting, develop an agenda for the emergency meeting and maintain compliance with any applicable open door/open meeting law provisions. In some states, the agency head and/or state personnel will appoint an interim EO. Always consult your state/jurisdiction statutes, rules, regulations and policies to determine the applicable law in your state/jurisdiction.

It is important to communicate with the internal staff the appointed designated backup until the selection of an interim EO. Communication will need to be dealt with in a factual and sensitive manner, such as in the event of death or termination. The agency head or designated backup should assure appropriate staff support, as needed. All internal staff should direct external queries to your public information officer, media relations specialist, agency head or designated backup at this time to maintain consistency in message and voice.



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## **B. Board or Agency Responsibilities**

It should be recognized that the interim EO may not possess all of the qualifications or skills required for a permanent EO. The BON/agency needs to scan the environment and determine which executive skills are important at this point in time. Some states/jurisdictions require a licensed registered nurse to serve as an EO; others do not hold this requirement. Again, it is important to review your appropriate statutes, rules, regulations and policies for this information. The board president and/or agency head will also need to determine who has the responsibility of day-to-day oversight in monitoring the work of the interim EO and establish a clear line of communication between the interim EO and board president/agency head that encourages a collaborative environment. Tool #2, Job Description, will assist in updating the role and responsibilities of the EO. This exercise will assist in re-evaluating the qualifications for a new full-time EO in the long term and fleshing out qualities needed in the short term.

Appointment of the interim EO may be done by the agency head or by a BON/agency vote in a meeting.

Some duties of the interim EO may differ from those of a full-time EO, including management of staff, hiring and firing decisions, public policy decisions, entering into contracts, etc. It is imperative that all key personnel, including the interim EO, understand the limitations of the position. Tool #3, Responsibilities of the Interim EO, will assist the BON/agency head in laying out the key functions for the interim EO.

In some states, the EO maintains the fiscal authority for the BON/agency. The interim EO must understand whether they have independent fiscal authority or must obtain authorization or co-signatures to complete transactions. In some states/jurisdictions, an agency comptroller or accountant has fiscal authority on behalf of the entire agency. This individual must be identified to the interim EO. Tool #4, Operational Information, identifies sources of BON/agency records, financial information and critical internal functions of the BON/agency.

## **C. Interim EO Responsibilities**

A communications plan is vital for a smooth transition. The board president and/or agency head should meet with the interim EO as soon as possible to develop and implement an internal and external communication plan to announce the BON/agency temporary leadership structure, including the kind of information that will be shared and with whom. Tool #5, the Communication Plan, can serve as a framework for contacts, which individual will be contacting those identified in the plan and deadlines for the contact to occur.

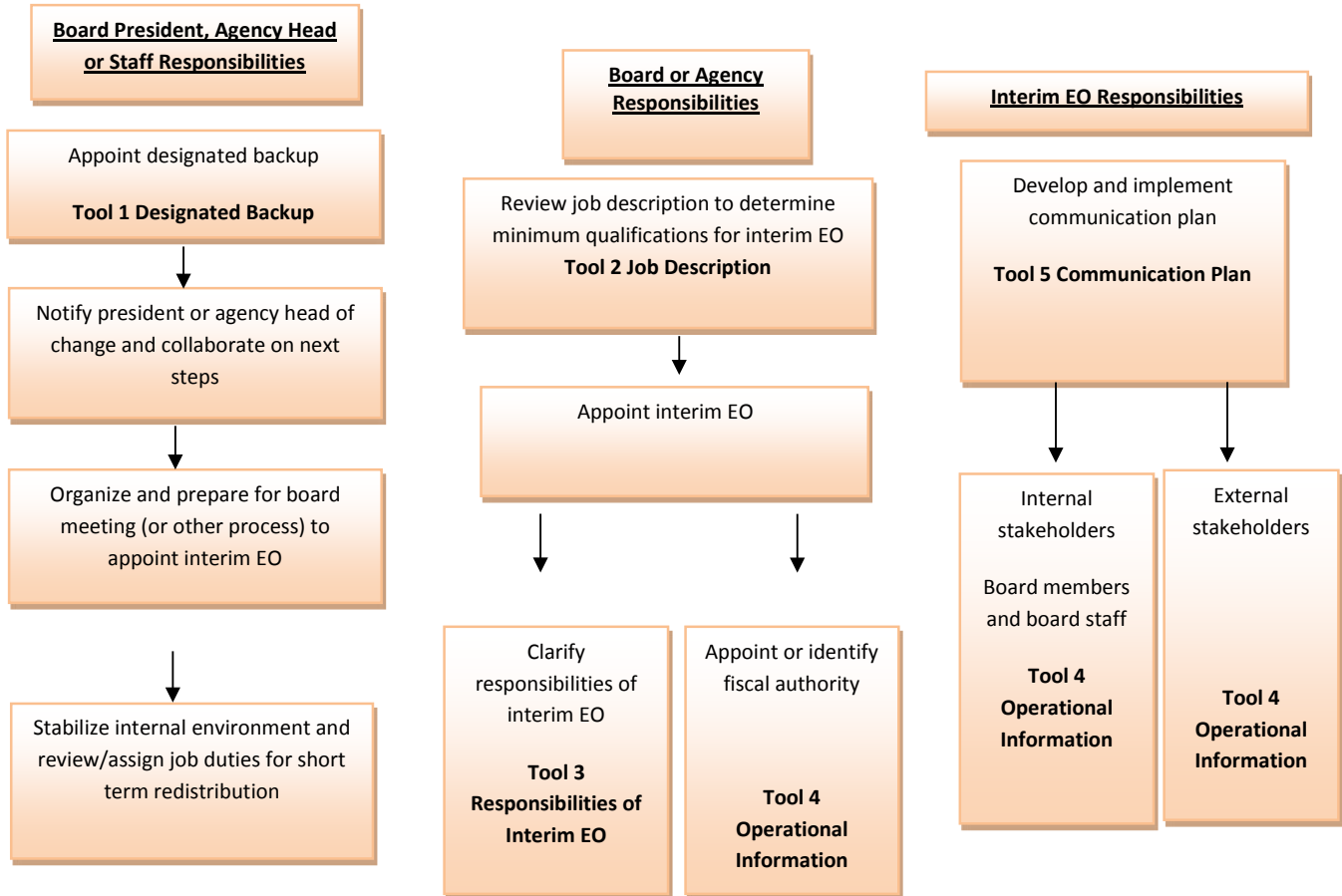
The interim EO should conduct a staff meeting as soon as possible to meet staff, allow staff to introduce themselves and discuss the BON's/agency's temporary leadership structure. It is also important to quickly establish a schedule of daily or weekly meetings with the management team to minimize disruptions in quality service, continue to provide public protection and maintain business continuity. Tool #4, Operational Information, should be utilized to identify all current board members' and BON/agency staff's appropriate contact information.

The interim EO needs to be the one to reach out to external stakeholders, such as the state nurses association, the Center for Nursing, impaired programs (if independent) and the local organization of nurse executives, to introduce themselves and begin developing a relationship.

Once these steps have been successfully completed, the long-term succession plan steps should be initiated.

## SHORT-TERM SUCCESSION

1. Appoint a designated backup to begin the process of naming an interim EO.
2. Notify appropriate parties of the need for change and organize and prepare for appointing an interim EO.
3. Stabilize the internal environment.
4. Select an interim EO and determine roles.
5. Develop communication plan and utilize with internal and external stakeholders.



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## Designated Backup – Tool #1

### Designated Backup

The designated backup will be approved by the BON's/agency's appropriate authority and reviewed as needed, or at least annually, to make any needed changes (e.g., full BON, agency head and/or board president, etc.).

### Signatories

The appropriate authority, the EO and the designated backup, if appropriate, will sign this plan.

Approved by:

\_\_\_\_\_ Board of Nursing on \_\_\_\_\_.

Jurisdiction

Date

Acknowledged by:

I acknowledge that I have reviewed this plan.

\_\_\_\_\_  
Appropriate authority

Date

\_\_\_\_\_  
Board President / Chair

Date

\_\_\_\_\_  
Executive Officer

Date

\_\_\_\_\_  
Designated Backup

Date

---

### Job Description – Tool #2

Matching organizational needs with leadership competencies desired in the next EO is one of the most important features of the executive search phase. This planning process provides a unique opportunity to update the executive requirements and responsibilities. Update the job description to ensure EO responsibilities and hiring requirements promote the organization's sustainability.

Attach a current EO position description. This position should be updated as needed, preferably during the organization's strategic planning sessions and should consider the following:

1. What are the top three to five objectives and/or challenges outlined in the strategic plan or elsewhere that fall under the EO's core responsibilities?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

2. Based on the objectives and/or challenges listed above, is there an impact on the EO's job description?

- A. Key competencies (e.g., skills—core leadership and management, strategic thinking, board oversight, staff management, agility skills, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

---

B. Expertise and experience (e.g., regulatory, financial, communication, legislative, education, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

C. Required leadership style (e.g., high control or participatory, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

D. Traits not desired (e.g., poor relationship building, poor board management, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

---

### Responsibilities of Interim EO – Tool #3

Outline the key functions for the position.

1. Define interim EO key responsibilities. The interim EO is appointed by the BON/agency to fulfill executive duties until the position is filled or until the EO returns, if the vacancy is temporary.
  - a. Outline the key interim responsibilities below. Examples of key activities are outlined. You can edit, update or add responsibilities as necessary.
    - i. Serve with integrity and strength as the organization’s primary leader, representative and spokesperson to the greater community.
    - ii. Support the BON/agency, including preparing executive reports and attending board and committee meetings.
    - iii. Lead the management team.
    - iv. Participate in the recruitment and selection for directly supervised staff.
    - v. Manage initiatives related to organizational capacity, sustainability and strategic plan.
      - Maintain accountability for current year operating budget and financial performance.
      - Establish, maintain and cultivate relationships with stakeholders.
    - vi. \_\_\_\_\_
    - vii. \_\_\_\_\_
    - viii. \_\_\_\_\_
  - b. Outline authority and restrictions of appointed interim EO. The person appointed as interim EO shall have the full authority for decision making and independent action outlined above, except for the following which must be approved by the BON/agency:
    - i. All financial decisions over (insert dollar amount here).
    - ii. Issues that may negatively impact the BON.
    - iii. \_\_\_\_\_
    - iv. \_\_\_\_\_
  - c. Determine appropriate compensation for the interim EO.

**Operational Information – Tool #4**

Smaller organizations (i.e., fewer than five staff members) may find this section especially helpful. In large organizations there are, typically, other staff (e.g., chief financial officer, Human Resources director, etc.) who are the custodians of the organization’s critical documents. In smaller organizations this knowledge often resides only with the EO. If the EO leaves, some of this critical information could get lost or temporarily misplaced. Consider whether capturing this information for your organization would further its sustainability in the event of unexpected EO transition.

Last updated: \_\_\_\_\_

**Board Records**

Records may be retained in multiple sites other than the physical location of your office. Locations may include state archives, designated options, “in the cloud” or off-site storage. You may need to consult with your organization or state Information Technology (IT) staff and public records personnel to obtain some of this information.

	On-site Location	Off-site Location	Online URL
Statutes/Rules/Regulations/Guidelines			
Board Minutes			
Board Seal			
Policies and Procedures			
Personnel Files			
Emergency Management/Disaster Plan			

**Financial**

	On-site Location	Off-site Location	Online URL
Financial Statements			
Tax Exemption Certificate			
Budget			

**Authorized Signatories**

Authorized to make transfers, wire transfers: \_\_\_\_\_

Alternative(s): \_\_\_\_\_

Authorized check signers? \_\_\_\_\_

Is there an office safe?  Yes  No

Who has the combination/keys? \_\_\_\_\_

---

**Legal Counsel**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Technology: Computer Systems**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

URL: \_\_\_\_\_

**Human Resources Information**

	On-site Location	Off-site Location	Online URL
Employee Records/ Personnel Files			
Other			

**Payroll**

Company Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Payroll Rep: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Long-term Facilities Information**

Office Lease or Building Deed Location: \_\_\_\_\_



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**Building Management**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Office Security System**

Company Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Representative Phone Number/Email: \_\_\_\_\_

Broker Phone Number/Email: \_\_\_\_\_

**Office Security**

*Example: guard, parking security*

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Other**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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**Insurance Information****Directors and Officers**

Company Name and Policy Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**General Liability**

Company Name and Policy Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Other***example: alternative to discipline program*

Company Name and Policy Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Internal Stakeholders**

<b>Name</b>	<b>Position</b>	<b>Contact information</b>
<i>First name, last name</i>	<i>e.g., public information officer, Human Resources staff, IT staff, FMLA contact, legislative liaison</i>	<i>Email address, street address, phone number</i>

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## External Stakeholders

What are the critical relationships maintained by the EO? How can you spread out the accountability for maintaining each of those relationships? At a minimum, identify those critical contacts here so that they can be followed up with in case the plan is implemented.

<b>External Relationship that Must be Maintained</b>	<b>Who is Accountable for Maintaining Relationships</b>	<b>Contact Information</b>
<i>e.g., state nursing associations, key governor's office contacts, key legislators, state center for nursing</i>	<i>e.g., current/interim EO, assistant EO, director of the agency, media or public information officer, board president</i>	<i>e.g., street address, email address, telephone number</i>

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### Communication Plan – Tool #5

Communication is a key function of a healthy organization and is integral to the success of a transition. Assign who will contact them, how the contact will be made and how soon after the plan is implemented they will be contacted.

Example: governor, other state agencies and stakeholders, etc.

Who is Being Contacted	Who is Contacting Them	How Will They be Contacted	Target Date for Contact
<i>Name, Title</i>			

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## LONG-TERM SUCCESSION PLANNING

The purpose of the long-term succession plan is to ensure preparation for the transition by developing a timeline and completing assessment tools; search for and select the EO; and successfully orient and mentor the EO. The long-term plan should be integrated into the BON's/agency's strategic planning process to assist in a successful process.

The goals of the long-term plan include:

1. Prepare for transition by completing the assessment tools;
2. Search for and select EO; and
3. Orient and mentor EO.

The following steps will assist with the implementation of the long-term plan and are divided into action steps rather than specific assignments. The long-term plan and its steps will likely involve discussion and decision making among more individuals than the short-term plan. It is crucial that the BON/agency and staff members be involved in this process to provide input for a successful transition. There are many pitfalls that the BON/agency could fall into. The link provided in the Executive Transition Management series provides a good overview of the common pitfalls involved in any high-level candidate search.

The strategic plan and the BON's/agency's and staff's self-assessments will help set the direction for the BON/agency and help determine the competencies needed in the new EO.

### A. Step 1: Prepare

Ideally, the BON/agency has a strategic plan in place and conducts self-assessments before the EO position becomes vacant. Tool #6, Strategic Plan, contains examples from both independent boards and umbrella agencies. The strategic plan should be a living document that is reviewed on a routine basis. This document serves as the blueprint for the operation of the organization. The strategic plan should be introduced to board members as part of their orientation process. A good strategic plan will assist a new EO in understanding their role and the BON's/agency's role. One of the BON's/agency's fundamental roles is setting direction for the BON/agency. The BON/agency, working closely with the EO, should periodically review the BON's/agency's mission, values and vision; and understand its stakeholders and the internal and external operating environment.

Tool #7, Board Self-assessment, will assist the BON/agency in developing public policy and advocating on behalf of the BON/agency. The tool will also assist in identifying strengths and weaknesses in BON/agency development and effective use of meeting time. Some BONs/agencies have fiscal oversight as well. This tool also measures the BON's knowledge about the resources and services available to carry out its mission. A very important aspect of this tool is to quantify the relationship of the current BON with the current EO. This may identify areas of concern in the rapport between the BON and the EO, and measure the mutual trust and respect between them. The BON must have a clear understanding of its role and ensure that it is operating within the law.

Tool #8, Staff Assessment, allows BON/agency staff to give their input regarding the current organizational structure and the qualities they believe will lead to a successful EO transition. We suggest that the staff assessment be given anonymously to obtain the most honest and accurate evaluation possible. It is critical to include BON/agency staff as part of the assessment process as the BON/agency will need staff buy-in to position the new EO for success. A member of the BON's/agency's Succession Committee or a consultant, if utilized, should tabulate the results and identify any major staff themes. This information should then be presented to staff for discussion and identification of the skills the staff believes are required in a new EO.

Tool #9, Annual Calendar and Key Events, should be prepared at the beginning of each year to ascertain the functions important to the BON/agency. This should include the following: board meetings, committee meetings, legislative session, key NCSBN meetings, renewal periods, board anniversary and the strategic planning cycle.

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## Step 2: Search and Select

Selecting the right candidate may take time; however, the time is well spent in the long run to make certain that the candidate is the right fit for the BON/agency. It is vital that the BON/agency's human resources and hiring process are reviewed as all states will have different requirements for this step.

A search committee may be appointed or convened to facilitate the transition and candidate search. The role and expectations of the search committee should be clearly defined. The BON/agency may choose to engage an executive search consultant to recruit and screen candidates. The BON/agency should work through the process that will be used for the search and selection in conjunction with their appropriate state personnel agency or other human resources personnel.

The BON/agency needs to understand the dynamics involved with any internal candidates. Internal candidates should be treated in a direct and honest manner to avoid any animosity if the internal candidate is not ultimately selected as the EO. A board member may apply for the EO vacancy. The BON/agency should understand the need for that individual to recuse themselves from any operational knowledge of the process and/or decision making while they are an active candidate to avoid any potential conflict of interest. Both board members and staff members who are active candidates should not be provided with information about the transition process that is not provided to other candidates. If an internal candidate is no longer being considered, it is appropriate to notify the internal candidate of this fact.

It is vital that the search committee be transparent about the BON's/agency's strengths, weaknesses and financial condition before the EO is appointed. The quality of information and the manner in which it is shared will be indicators to candidates about the true picture of the BON/agency.

Tool #10, Job Posting, includes two state's examples of job postings for the EO position. The job posting should be reviewed at the time of the EO vacancy to make sure that it accurately reflects the current job duties. Logistics of the job posting will vary widely between states/jurisdictions. NCSBN also posts job vacancies on its website free of charge for states to obtain a broad candidate pool. Again, states/jurisdictions should check with their human resources and/or state personnel staff for policies specific to their jurisdiction.

Assessment of EO competencies is critical when reviewing applications and in the selection of the EO to lead your BON/agency. By reviewing the strategic plan and the results of the BON/agency self-assessment and the staff assessment, you will be able to identify those competencies in the list below that are critical to the BON/agency at this time. Tool #11, Assessment of EO Competencies, is the result of an analysis of the EO job descriptions and is designed to be used in conjunction with review of candidate applications to determine whether candidates meet the qualifications outlined for the role. After the review, top candidates should be interviewed in person by the BON's/agency's assigned committee or personnel. The tool may be utilized during the face-to-face interview to evaluate consistency between the application review and the in-person interview.

The competencies selected can be used in conjunction with a review of resumes and later for in-person interviews. The competencies listed in Tool #11 are cross-referenced with the interview questions found in Tool #12. A suggested interview question for each competency is identified in the right-hand column of Tool 11 and can be found in Tool #12.

Tool #12, Interview Questions for Assessment of EO Competencies, provides questions cross-referenced with the EO competencies. Following the in-person interviews, top candidates should be identified. Your state/jurisdiction may also have requirements for criminal background checks, credit checks, etc. Please check with the appropriate staff to ascertain these requirements as they will vary by jurisdiction. Reference checks should be completed on top candidates.

Tool #13, Reference Questions, may be utilized for the candidate's current supervisor and anyone identified by the candidate as a reference. Reference checks may not field any more information other than dates of employment, but they are important in understanding the work history and

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overall skill level of the candidate. These questions are provided as examples and can be used as open ended or asked on a scale. (Tools #11 – #13)

After the interview has been conducted, the BON/agency should offer the position to the top candidate. Salary and start date should be negotiated at this time. Some BONs/agencies may require a formal vote to make a job offer, while agency-driven actions may call for a member of the state personnel department to make the job offer. Salary approvals and timing vary widely between states with some states requiring approval from their governor's office and/or state personnel/strategic hiring. The BON/agency needs to be knowledgeable about their state-specific requirements.

### **Step 3: Orient and Mentor**

Proper orientation serves a variety of purposes. Orientation should enable the new EO to:

- Understand the BON's/agency's mission;
- Obtain a working knowledge of the statutes, rules, policies and procedures of the BON/agency; and
- Begin to build relationships with board members, staff and stakeholders.

The new EO should meet with the board president and/or agency head as soon as possible. This will allow the EO and the board president and/or agency head to discuss upfront the BON's/agency's goals and priorities.

Tool #14, Orientation Plan, provides a checklist of items to be considered before the start date and during the orientation process.

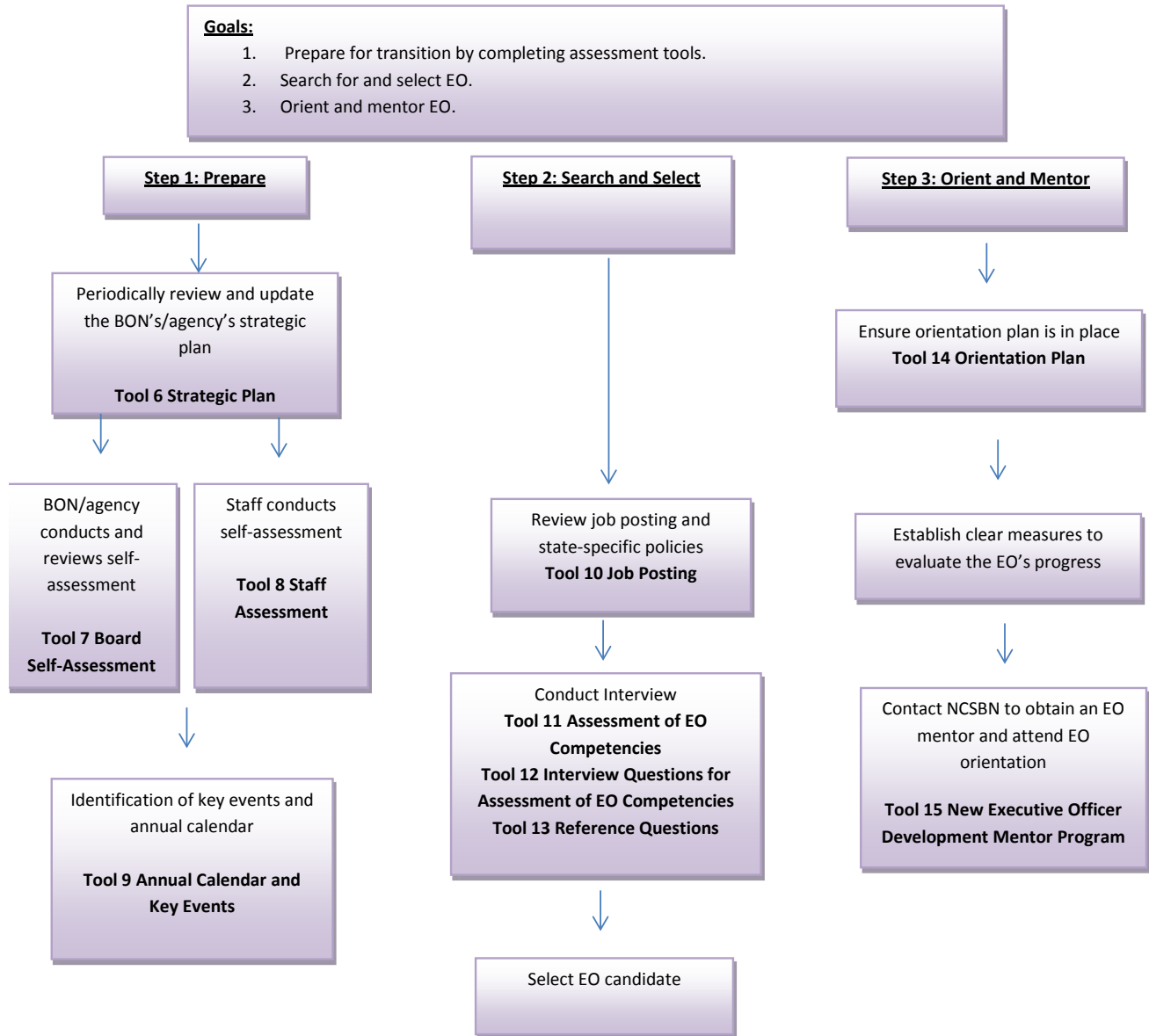
The EO should develop, in consultation with the board president and/or agency head, the priorities for the first six months of work. These priorities should be in writing and available to all board members and/or the agency head. At six months, the BON/agency head should execute a performance evaluation based on the priorities and the progress made to date. The EO should encourage the BON/agency to provide continuous feedback both in the first six months and thereafter.

NCSBN provides an EO mentorship program. A mentor is an experienced EO from another state who is willing to volunteer to assist during the transition. The director of Member Relations at NCSBN should be contacted to begin the process of orientation to NCSBN, which includes:

- An email to all of its members notifying them of the new EO's name and contact information;
- New EO orientation provided once a year;
- An introduction to NCSBN and its member services;
- Availability of a series of online webinars beginning with NCSBN 101; and
- Obtaining member login information.

Tool #15, New EO Development Mentor Program, is included for reference for mentoring.

## LONG-TERM SUCCESSION PLANNING





**STRATEGIC PLAN – TOOL #6**

**Sample #1 (Umbrella Board)**

**Example Board of Nursing Strategic Plan 2013-2016**

Department of Health Mission: To protect, promote and improve the health and prosperity of people in -----.

BON Mission: To protect, promote and improve the health and prosperity of the people in ----- by ensuring the safety of nursing practice and integrity of nursing regulation.

BON Vision: proactive model of unsurpassed regulatory excellence

<b>STRATEGIC INITIATIVE #1. The board of nursing promotes evidence-based regulation</b>			
Risk Assessment:			
<b>Outcome</b>	<b>Objectives</b>	<b>Tactics</b>	<b>Progress</b>
A. Board decisions based on best practices.	1. Explore a performance measurement system to promote regulatory excellence.  2. Use models and resources for evidence-based regulation.  3. Identify, communicate, and promote collaboration on regulatory issues related to abuse of prescription drugs, cosmetic surgery, pain management, other.  4. Identify licensure, discipline, practice and education trends.	1. Vice-chairman and executive director to attend NCSBN Midyear Meeting program on performance measurement.  2A. Review PAP program based on NCSBN ATD guidelines.  2B. Determine size and composition of the board and communicate to legislators and associations. Seek sponsor.  3A. Chairman serves on CSMD Committee and ----- served on BME Telemedicine Committee.  3B. Provide slides on APN certification and prescribing.  4. Publish licensing, discipline, practice and education trends annually.	

Outcome	Objectives	Tactics	Progress
	<p>5. Identify information and data on continued competence.</p> <p>6. Reduce abuse of controlled substances.</p>	<p>5A. Publish continued competence audit reports quarterly.</p> <p>5B. Require continuing education in prescribing controlled substances.</p> <p>6A. Assess the curriculum of schools of nursing for number of hours re abuse of controlled substances.</p> <p>6B. Collaborate with BME/BOP/DOH and other stakeholders to educate the public and curb controlled substance abuse.</p>	

**STRATEGIC INITIATIVE #2. Board of nursing advances the engagement and leadership potential of all members through education, information and networking**

Risk Assessment:

Outcome	Objectives	Tactics	Progress
A. Board members participate in activities of the board and demonstrate knowledge and application of statutes, rules and policies.	1. Increase knowledge of regulation.	<p>1A. Hold new board member orientation prior to member's first board meeting; provide continuing education.</p> <p>1B. All board members and board support staff complete PAP courses, Basics of Addiction and Prescribing Controlled Substances.</p> <p>1C. All board members participate in policy development.</p>	

Outcome	Objectives	Tactics	Progress
	2. Members are engaged and connected to the board. 3. Provide leadership opportunities.	2. Develop and conduct board member satisfaction survey. 3. Provide opportunities for board members to chair committees and panels.	

**STRATEGIC INITIATIVE #3. Board of nursing ensures the competence of licensees.**

Risk Assessment:

Outcome	Objectives	Tactics	Progress
A. Licensees demonstrate competence in nursing practice.	1. Contract with NCSBN to provide NCLEX®. 2. Contract with testing service to provide medication aide examination. 3. Recruit volunteers to participate in exam service activities. 4. Promote continuing competence of licensees.	1. Contract in place. 2. Contract with Pearson VUE, expires June 30, 2017. 3. Call for recruits via email and announcements at stakeholder meetings upon request of test service. 4A. Publish links to continuing education opportunities through PAP and NCSBN. 4B. Conduct audits to ensure compliance with continuing competence requirements.	

**STRATEGIC INITIATIVE #4. Board of nursing collaborates to advance nursing regulation**

Risk Assessment:			
Outcome	Objectives	Tactics	Progress
A. Board of nursing promotes and is represented in collaborative activities.	<ol style="list-style-type: none"> <li>1. Actively participate in the regulatory arena.</li> <li>2. Promote standards of nursing regulation.</li> <li>3. Collaborate with external stakeholders.</li> <li>4. Participate in the Nurse Licensure Compact.</li> </ol>	<ol style="list-style-type: none"> <li>1. Serve on NCSBN and other regulatory related committees.</li> <li>2. Compare State NPA to APN Consensus Document.</li> <li>3. Report semiannually to --- Deans and Directors, TNA, TONE.</li> <li>4A. Compact administrator attends all meetings of the NLAC.</li> <li>4B. Compact administrator serves on NLCA Committees.</li> </ol>	

**STRATEGIC INITIATIVE #5. Board of nursing enhances nursing regulation through efficient use of technology**

Risk Assessment:			
Outcome	Objectives	Tactics	Progress
A. Board leverages technology to simplify regulation for users.	<ol style="list-style-type: none"> <li>1. Maintain a comprehensive state nurse licensure database.</li> <li>2. Contribute to a national nurse workforce data repository through collaboration with NCSBN.</li> <li>3. Implement a new licensure management system.</li> <li>4. Support interactive online processing of initial licensure applications.</li> </ol>	<ol style="list-style-type: none"> <li>1A. Support IT transition.</li> <li>1B. Explore options for workforce data collection and reporting.</li> <li>2. Support the daily exchange of licensure information through Nursys.</li> <li>3. Continue testing.</li> <li>4. Support online applications for initial licensure.</li> </ol>	

Outcome	Objectives	Tactics	Progress
	5. Support enhancements that will provide board members, licensees and the public with electronic information.  6. Promote transparency by providing information on BON website.	5A. Implement email communication with licensees.  5B. Reduce paper by using electronic reports and records for board meeting.  6. Post meeting notices, minutes, annual reports, newsletters, legislation, new rules, board policies and education links on website.	

**Sample #2 (Independent Board)**

**Agency Mission**

The mission of the Board of Nursing is to assure the Citizens of ----- safe and competent practice by nurses and mental health technicians.

**Agency Philosophy**

The Board of Nursing will act in accordance with the highest standards of ethics, accountability, efficiency and openness.

The Board subscribes to the idea that safe nursing care is a public trust. We approach our activities with a deep sense of purpose and responsibility.

The public and regulated community alike can be assured of a balanced and sensible approach to regulation.

Priority #1	Performance Measure	Assessment	Date(s)
<b>Promoting Nursing and allied Health Standards; safe nursing through education</b>			
1. Nursing Initiative Grant  Began Spring 2006 and was approved for 10 years	1. Assessment of Nursing Initiative Grant and determine next steps.	Collaborate with -SNA, -ONL, Tri-Council & Nursing programs in -----	
		Review NCSBN National trends & studies	
	2. Continue collaboration with other agencies to increase nurse educators in ----- by providing expertise and support.	Collaborate with ----- Works, -BOR, -ANA	
		Collaborate with ----- Works to assess need of employers in ----- met with ----- Works and approved interface design	Spring 2013
	3. Evaluate new models of education keeping quality education as a priority.	Review NCSBN National trends & studies	
2. Build collaborative relationships with other organizations and nurses in - -----	1. Joint meetings with organizations and other state agencies.	List organizations here	
		----- Action Coalition	
		-----Works	
			4/2013
			7/2013
	2. Continue education outreach.	Student presentations	9/18/13

		Student presentations	10/26/12
		Student presentations	3/4/13
		Student presentations	3/7/13
		Individual education programs - DATL, CNE providers	2013
		Updates in Newsletter	
	3. Keep web page & web services current.	Ongoing	
3. Increase in requests for new nursing programs, limited graduate employment opportunities and limited availability of adequate clinical resources.	1. Gather data, review and clarify information needed to evaluate need for new programs.	Review regulations	
		Monitor NCSBN for updates	
	2. AG involvement.		
	3. Ensure clinical resources are of sufficient number and experiences available to cover all aspects of nursing cross the lifespan and accommodate the number of students in the program.	Review regulations	
	4. Clinical sites.	Review regulations	
		During school surveys, monitor appropriateness of clinical sites	
		Assess number of existing nursing programs in metro areas and the impact of the number of clinical sites	
		Review annual report and new school applications for possible addition to collect clinical site information	
5. Determine the appropriate number of students per school.	Gather information for utilization to determine number of students		

		Review workforce evaluations	
		Analyze employment rates	
	6. Suspend approval of any new schools/programs of nursing education or increase in enrollment of existing programs pending a staff review of clinical resources for students in ----- for next 3 months		12/2012
		Clinical Facilities Survey	2/2013
		Clinical Facilities Survey - Review	3/2013
		Clinical Facilities Survey - Re-review	6/2013
4. Scope of Advanced Practice	1. Review statutes and regulations.	Provide scope of practice statutes and regulations to the Board	
	2. Review consensus model.	Provide consensus model to the Board	
	3. Discussion of independent practice.	Provide Board with results from states who have independent practice	
	4. Review ----- APRN Taskforce proposed statute changes.	Provide the Board updates on the language	
		Board takes position on proposed language	
		BON support conceptually the removal of a collaborative practice agreement mandate and prescriptive authority protocol if the licensee has demonstrated through a transitional practice or experience of at least 3 years the ability to practice independently.	12/2012
		Ad Hoc APRN Committee	3/2013
		Ad Hoc APRN Committee - meeting	5/2013
		Ad Hoc APRN Committee - meeting	7/2013



		Ad Hoc APRN Committee - meeting	8/2013
	5. Review of comments received from the public.	Provide Board with all comments	
5. New LMHT schools proposal	1. Develop or contract license exam.	Experts review old exam	10/12
		Contact ----- and ----- for the use of their exam	9/12
		Information gathered to develop revised exam	10/2012
		Develop test	1/2014
		Approval of schools -----	3/2013
	2. Review all applications.	Ongoing	
	3. Update website.	Ongoing	7/12/13
6. Massage Therapist proposed language for regulation by BON	1. Review statutes and regulations.	Provide scope of practice statutes and regulations to the Board	2/2013
	2. Review other states models.	Provide models from ----- and -----	2/2013
	3. Review financial impact.	Provide Board with fiscal impact	2/2013
	4. Review of comments received from the public.	Provide Board with all comments	2/2013

		Joint meeting massage therapist - BON	7/11/13
		Joint meeting massage therapist - BON	8/21/13
		Interim Committee	Spring 13
<b>Priority #2 Fiscal Responsibilities</b>	<b>Performance Measure</b>	<b>Assessment</b>	<b>Date(s)</b>
1. Succession Planning	1. Evaluate agency structure.	Identify critical leadership positions needed for continuity of agency	
	2. Develop timeline.	After development of timeline-education of Board & staff	
	3. Develop education for the transfer of institutional knowledge.		
4. Develop a succession plan.	Staff is working on procedure manuals	ongoing	
2. I.T. Infrastructure	1. Continue to identify and replace equipment that needs updated.	Ongoing	
		Approval for funding	3/2013
		Data center upgrade	
	2. Review and evaluate new technology and how to incorporate into BON.	ongoing	
		-----alert	9/2012
		I Pads for board packets & meetings	9/2012



		July 2013 - 45%	
	2. Average length of Investigation.	Audit twice yearly	
		2010 - 142 days; 2011 - 98 days; 2012 - 55days	Jan. 2013
		2010 - 159 days; 2011 - 115 days; 2012 - 71 days; 2013 - 41 days	July 2013
5. Case(s) filed or diversion agreement signed & implemented within 90 days after Assistant Attorney General receives file(s)	1. Timely hearings.	Audit quarterly	
		January 2013 - 100 days	
		July 2013 - 154 days	
6. Customer Service	1. All customers' service measures will be added to position descriptions and evaluations.	Evaluations completed twice yearly addressing audit results	
	2. Web based customer service survey.	Audit quarterly	
			12/27/12
			4/25/13
			7/24/13

**BOARD/AGENCY SELF-ASSESSMENT – TOOL #7**

1. One of the BON's/agency's fundamental roles is setting direction for the state/jurisdiction. This begins with the BON's/agency's responsibility for establishing the mission and values, and defining a vision of the future. A mission statement is a concise expression of what the BON/agency is trying to achieve and for whose benefit. This statement serves as the foundation for making decisions. The BON/agency, working closely with the EO, should review periodically.

Please rate the BON's/agency's performance in:	Poor or Needs Improvement	Fair or Marginal	OK or Acceptable	Good or Above Average	Excellent or Superior
Supporting the BON's/agency's mission					
Agreeing on how the BON/agency should fulfill its mission					
Periodically reviewing the mission to ensure it is appropriate					
Using the BON's/agency's mission and values to drive decisions					

How can the BON/agency do better in this area? \_\_\_\_\_

2. To carry out its role in setting direction, the BON/agency should be actively involved in strategic planning and thinking. Then, it monitors progress against that plan. The BON/agency also needs to understand its clients and stakeholders, as well as the internal and external operating environments, so that it can respond appropriately as opportunities and challenges arise. The BON/agency focuses its efforts primarily on strategic issues rather than operational and administrative matters.

Please rate the BON's/agency's performance in:	Poor or Needs Improvement	Fair or Marginal	OK or Acceptable	Good or Above Average	Excellent or Superior
Setting the BON/agency's strategic direction in partnership with the EO					
Focusing regularly on strategic and policy issues versus operational issues					
Understanding the needs of the agency's members and stakeholders					
Assessing and responding to changes in the BON's/agency's environment					
Engaging in an effective strategic planning process					
Tracking progress toward meeting the BON's strategic goals					

How can the BON/agency do better in this area? \_\_\_\_\_

\_\_\_\_\_

3. The BON/agency is responsible for developing public policy and advocating on behalf of the BON/agency and its members. A BON's/agency's government relations activities may include monitoring regulations and legislation. The advocacy program may include written and visual communications pieces, such as annual reports, newsletters, fact sheets, press releases, Web pages and participation in agency events.

Please rate the BON's/agency's performance in:	Poor or Needs Improvement	Fair or Marginal	OK or Acceptable	Good or Above Average	Excellent or Superior
Building a positive public image of the BON/agency					
Networking to establish collaborations and partnerships with other organizations					
Maintaining an open dialogue with the BON's/agency's members related to public policy issues					
Ensuring it has the information necessary to make decisions related to public policy and advocacy					
Using an effective process to develop the BON/agency's public policy issues positions					
Defining the role of board members related to advocacy and public policy activities; e.g., who serves as the official spokesperson, access to media					

How can the BON/agency do better in this area? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. An effective BON/agency is made up of individuals who contribute critically needed skills, experience, perspective, wisdom, contacts, time and other resources to the BON/agency. The BON/agency identifies and cultivate officers, and orients and develops members to fulfill the BON's/agency's responsibilities.

Please rate the BON's/agency's performance in:	Poor or Needs Improvement	Fair or Marginal	OK or Acceptable	Good or Above Average	Excellent or Superior
Orienting new board members					
Providing ongoing board member development					
Utilizing the skills and talents of individual board members					

How can the BON/agency do better in this area? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. The BON/agency is responsible for deciding which resources support the mission and for evaluating their effectiveness. The BON/agency works in collaboration with staff to understand the scope of the organization's resources, establish appropriate goals for quality and results, and monitor performance data.

Please rate the BON's/agency's performance in:	Poor or Needs Improvement	Fair or Marginal	OK or Acceptable	Good or Above Average	Excellent or Superior
Being knowledgeable about the BON's/ agency's resources and services					
Ensuring the BON/agency receives sufficient information related to resources and services					
Ensuring the organization has adequate infrastructure, such as staff, facilities, technologies and volunteers					
BON/Agency monitors the resources and services					
Measuring the impact of resources and services					
Tracking progress toward meeting the BON's/agency's strategic goals					

How can the BON/agency do better in this area? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. BONs/Agencies are responsible for preserving an organization's resources, protecting its assets, and maintaining its legal and ethical integrity. Managing resources wisely is especially important for a government agency because it operates in the public trust. The BON/agency monitors performance against the budget throughout the year.

Please rate the BON's/agency's performance in:	Poor or Needs Improvement	Fair or Marginal	OK or Acceptable	Good or Above Average	Excellent or Superior
The annual budget reflects the BON's/agency's priorities					
Reviewing and understanding financial reports					
Monitoring the BON's/agency's financial health					
The BON/agency has policies to manage risks (e.g., reserves, internal controls, personnel policies and emergency preparedness)					

How can the BON/agency do better in this area? \_\_\_\_\_

7. The primary BON/agency-staff relationship is between the BON/agency and the EO, and the quality of this relationship is of the utmost importance. To be effective, the BON/agency and EO need a close working relationship based on mutual trust and an appreciation of their respective roles in leading the organization. As part of its responsibility for supervising the EO, the BON/agency ensures that a job description outlines duties, evaluates the EO annually and determines appropriate executive compensation.

Please rate the BON's/agency's performance in:	Poor or Needs Improvement	Fair or Marginal	OK or Acceptable	Good or Above Average	Excellent or Superior
Cultivating a climate of mutual trust and respect between the BON/agency and EO					
Giving the EO enough authority to lead the staff and manage the agency successfully					
Discussing and constructively challenging recommendations made by the EO					
Formally assessing the EO's performance					
Using evidence to support that the EO is appropriately compensated					
Planning for the absence or departure of the EO (e.g., succession planning)					



How can the BON/agency do better in this area? \_\_\_\_\_

\_\_\_\_\_

8. The BON/agency is responsible for making sure its own structures and practices fulfill its legal mandates and essential duties. This requires that the BON/agency has a clear understanding of its roles and an awareness of how these respective responsibilities may change as the organization evolves. The BON/agency also ensures that it is operating in accordance with the statues, rules and regulations and other BON/agency policies, which are reviewed and revised as necessary. The BON/agency organizes itself efficiently using committees and task forces that have written charges and capable leadership.

Please rate the BON's/agency's performance in:	Poor or Needs Improvement	Fair or Marginal	OK or Acceptable	Good or Above Average	Excellent or Superior
Carrying out the BON's/agency's legal duties					
Defining responsibilities and setting expectations for board member performance					
Respecting the distinct roles of the EO, BON/agency and staff					
Implementing steps to improve governance and the performance of the BON/agency					
Periodically reviewing and updating BON/agency policies and procedures					
Following and enforcing its conflict of interest policy					
Reviewing its committee structure to ensure it supports the work of the BON/agency					
Using standing committees and ad hoc task forces effectively					

How can the BON/agency do better in this area? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. BONs/Agencies carry out much of their work in meetings. Meetings that are carefully structured and efficiently conducted will help board members feel that their time is well spent and that the BON/agency adds value to the organization. Effective BONs/agencies have meeting agendas that focus on important issues, allows for discussion and leads to action. To ensure efficiency, board members receive and review agendas and background materials prior to the meetings. To tap into the collective wisdom of the BON/agency, pay careful attention to boardroom culture, group dynamics and decision-making processes.

Please rate the BON's/agency's performance in:	Poor or Needs Improvement	Fair or Marginal	OK or Acceptable	Good or Above Average	Excellent or Superior
Fostering an environment that builds trust and respect among board members					
Establishing and enforcing policies related to board member attendance					
Preparing for board meetings (e.g., reading materials in advance, following up on assignments)					
Using effective meeting practices, such as setting clear agendas, having good facilitation and managing time well					
Allowing adequate time for board members to ask questions and explore issues					
Efficiently making decisions and taking action when needed					
Understanding the need to base decisions on the collective good of the public					
Engaging all board members in the work of the BON/agency					

How can the BON/agency do better in this area? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What issues should occupy the BON's/agency's time and attention during the coming year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How can the BON's/agency's performance and practices be improved in the next year or two? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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What other comments or suggestions would you like to offer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Please rate the BON's/agency's performance in:</b>	<b>Poor or Needs Improvement</b>	<b>Fair or Marginal</b>	<b>OK or Acceptable</b>	<b>Good or Above Average</b>	<b>Excellent or Superior</b>
The level of commitment and involvement demonstrated by board members					
The overall effectiveness of the BON/ agency					
Do you find serving on this BON/ agency to be rewarding and satisfying experience?					

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## **STAFF ASSESSMENT – TOOL #8**

### **Email Message to Staff**

Dear Staff Member,

The agency/board members are conducting an organizational assessment before starting the search for our next executive officer. We seek your help in deciding what skills we should look for in the next executive officer. Your responses to this survey will be used to:

- Assess the current organizational environment;
- Assist and determine whether changes may need to occur; and
- Obtain a better understanding of the existing skill sets within the organization.

To complete the survey, please go to: (link to Web-based survey).

Thank you for your help!

### **Survey Questions**

A. What do you perceive as three of our EO's greatest achievements during his/her tenure?

1.

2.

3.

B. What elements of his/her leadership style do you most appreciate and would like to see carried forward by the successor?

1.

2.

3.

C. What three changes would help you to be more effective in your specific job? (Your responses are important to identifying BON/agency improvements that would help us be more effective in serving our clients.)

1.

2.

3.

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D. What three changes would help the BON/agency be more effective in pursuing its mission to protect the public?

1.

2.

3.

E. What are the top three skills that the next EO will need to have in order to be successful?

1.

2.

3.

F. Additional comments:

Thank you for your help!

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### ANNUAL CALENDAR AND KEY EVENTS – TOOL #9

What key events routinely take place during the year or are coming up in the next year that directly involve the EO role? Events would include board or committee meetings, legislative session, key NCSBN meetings (such as the Annual Meeting or Midyear Meeting), renewal periods, board anniversary, strategic planning cycle, etc. What's the specific action or accountability that the EO has for that event?

Month	Key Events	Key Associated Activities/Responsibilities (EO's Accountability or Involvement)
January		
February		
March	NCSBN Midyear Meeting	
April		
May		
June	NCSBN EO Summit	
July		
August	NCSBN Annual Meeting	
September		
October		
November		
December		

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## JOB POSTING – TOOL #10

Sample #1

<p>----- Board of Nursing Opening Executive Director Interested Parties May Visit <a href="#">www.-----</a> For Additional Information Submit Resumes to ----- Board of Nursing P.O. Box ----- Town, State, Zip code</p>
<p>-----<b>BOARD OF NURSING</b></p>
<p><b>Executive Director</b></p> <p>Are you a nurse with executive level skills and a passion for serving the public?</p> <p><b>The ----- Board of Nursing, located in -----, is seeking an Executive Director.</b></p> <p>The Executive Director serves as the agency head for the ----- Board of Nursing and is charged with the implementation of the ----- Nurse Practice Act for 73,000 licensed nurses.</p> <p>Educational Qualifications: Minimal academic preparation is a master's degree or equivalent in nursing from an accredited university or college. A doctorate degree is preferred.</p> <p>Professional Qualifications: Five years experience in the practice of nursing, administration and organizational management. At least two years in nursing administration experience, immediately preceding the time of appointment.</p> <p>For a complete position description and application information please visit <a href="#">www.-----</a></p> <p>Application deadline is -----. Resumes must be submitted to:</p> <p>----- <b>Board of Nursing</b> <b>P.O. Box -----</b> <b>Town, State, Zip code</b></p>
<p>Equal Opportunity Employer M/F/D</p>

Sample #2

### PUBLIC SERVICE EXECUTIVE 4

The ----- Board of Nursing is seeking an Executive Director. The mission of the Board of Nursing is to protect the public health, safety and welfare by ensuring that nursing is practiced by at least minimally competent licensed individuals who practice within the authorized scope of practice.

The Board of Nursing is charged with enforcing regulations for nursing education, nursing practice, and nursing continuing education in -----.

The Executive Director is responsible for the administration of policies and programs of the board and for the operation of the board office. There are currently more than 61,000 active licensees in the State of ----.

The duties of the Executive Director are:

Oversee the daily operations of the Board of Nursing office and provide supervision and leadership for board office staff to produce a high-performance team that carries out the board's mission and priorities. Job responsibilities include: receive all applications and fees for the

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practice of nursing; keep all records pertaining to the licensing of nurses including a record of all board proceedings; determine priorities of the organization in collaboration with the board; set performance goals aligned with priorities; and manage board office staff to ensure that goals are met. The position will provide organizational framework for the conduct of board business by arranging meetings, establishing the agenda for board meetings, overseeing the preparation of materials for the Board's review, and maintaining board records. Represent the board in its role of assuring safe nursing care to the public by serving as the board's liaison to the ----- Department of Public Health, policy makers, legislative committees, professionals, and professional organizations to identify and shape policy conducive to the board's interests. Will assist the board in the development and administration of policies established to implement and enforce state law governing nurses. Oversee the enforcement of the law and rules by ensuring the continual improvement of licensing, investigative and compliance/disciplinary procedures; monitoring of sanctioned nurses according to stipulations; and providing consultation to nurses, employers, health care providers and public. The position will oversee the systems that assure nurses licensed in ----- are receiving required continuing education by implementing laws and rules related to continuing education. Oversee the accreditation process for the 104 nursing education programs by implementing laws and rules related to nursing education. The position is classified as a Public Service Executive 4 under the state of -----classification system. The position is a non-merit at will position and serves at the pleasure of the ----- Board of Nursing. The ----- Department of Public Health provides administrative services to the ----- Board of Nursing.

Minimum Qualifications: The executive director shall be a registered nurse with a minimum of a master's degree and experience in management and administrative responsibilities.

Salary Range: -----

Interested applicants must send a cover letter and resume by the closing date of ----- to: -----



## ASSESSMENT OF EO COMPETENCIES – TOOL #11

A framework for assessing EO candidates against suggested EO competencies.

### ----- State Board of Nursing

Evaluation of EO competencies is critical when reviewing applications and in the selection of the EO to lead your BON/agency. Please rank the applications as Weak, Adequate, or Strong.

General Leadership and Management	Weak	Adequate	Strong	Interview Questions
<b>Mission Driven</b>				
General leadership and management				#1
Creating a shared understanding of organization values, goals and mission				#2
Create a culture of inquiry among BON/ agency and staff				#3
Culture of transparency				#4
Synthesize and integrate diverse viewpoints				#5
Develop and implement operational policies and procedures, e.g., licensure, practice, education and discipline				#6
Hold a clear vision of the organization				#7
Leads the organization toward the vision				#8
<b>Navigating Change</b>				
Anticipates, plans and implements effective change				#9 #10 #11
<b>Understanding the Internal and External Environment</b>				
Adapting your leadership style to organization needs				#12
Dissect complex problems				#13 #14
<b>Fiscal Management</b>				
Provides accountability for financial management, e.g., develop a budget, review and analyze financial reports and have an overall understanding of accounting principles				#15 #16 #17 #18 #19
<b>Information Management and Technology</b>				
Leverage technology and data for process improvement and maximization of efficiency				#20
Understand access to public records and privacy restrictions				#21

	Weak	Adequate	Strong	Interview Questions
<b>Uses Evidence-based Leadership</b>				
Identify and monitor quality improvement metrics				#22
<b>Regulatory Knowledge</b>				
Demonstrates knowledge of and compliance with nurse practice act and other applicable state and federal laws				#23
Participates in legislative process				#24
Performs critical assessment of legislative changes/proposals				#25
<b>Professionalism</b>				
Values guide decision making				#26
Practices self-care and work-life balance				#27
Accountable for behavior and actions				#28
Demonstrate high standards of ethical conduct				#29 #30 #31
<b>Effective Communication</b>				
Ability to convey message orally and in writing to individuals and groups				#32
Communicates effectively with constituencies, e.g., legislature, agencies, organizations, educators, media and nurses				#33 #34 #35
<b>Strategic Thinking Competencies</b>				
	Weak	Adequate	Strong	Interview Questions
<b>Models and Cultivates Continuous Strategic Thinking</b>				
Ability to frame the big picture				#36
Support the BON/agency and staff to develop a process to create, implement, monitor and adjust strategic plan				#37
Maintains accountability for implementation of BON's/agency's strategic plan/goals				#38
<b>BON/Agency Competencies</b>				
	Weak	Adequate	Strong	Interview Questions
<b>Promoting and Reinforcing BON Accomplishments and Expectations</b>				
Orient board members to a regulatory mission				#39
<b>Promote BON Development</b>				
Partners with president to capitalize on board member's strengths				#40
Provide BON/agency with tools and information to govern effectively				#41
Provide continued opportunities for growth				#42

	Weak	Adequate	Strong	Interview Questions
<b>Encourage BON/Agency Engagement</b>				
Actively manages group dynamics				#43
Effective use of time management to maximize performance				#44
Assures administrative support for board members and meetings				#45
<b>People Competencies</b>	<b>Weak</b>	<b>Adequate</b>	<b>Strong</b>	<b>Interview Questions</b>
<b>Relationship Management</b>				
Demonstrates adaptive communication styles				#46
Fosters stakeholder relations				#47
Manages legislative relations				#48
Encourages shared decision making				#49
<b>Human Resource Management and Staff Development</b>				
Establish and monitor expectations				#50
Develop a team environment and foster empowerment				#51
Coach and mentor staff				#52
Manage conflict				#53 #54 #55
<b>Cultural Competence</b>				
Recognize and value diversity				#56 #57

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## INTERVIEW QUESTIONS FOR ASSESSMENT OF EO COMPETENCIES – TOOL #12

1. How do you balance keeping an eye on the big picture of where the BON/agency is headed versus getting involved in the detail of daily operations?
2. What is your experience in development and articulation of an organization's mission, vision and values? How did you facilitate this process? How did you ensure alignment with the strategic plan and budget? What is your knowledge of the -----State Board of Nursing? Do you have any experience in an organization similar to this?
3. How do you use your leadership style to foster practices that enhance an organization's creativity and innovation?
4. State governance demands more transparency, however, no amount of legislation will make our BON/agency fully transparent. Only courageous leaders and followers who are more courageous to be candid can do that. What actions would you take to encourage transparency for you, your staff and BON/agency?
5. Give a specific example of how you have helped create an environment where differences are valued, encourage and supported.
6. Describe your policy-setting experience. What characteristics do you use to be successful?
7. A vision is a general statement encompassing the direction a BON/agency wants to take and the desired end result once it gets there. What do you see as the vision of this BON/agency and what are your desired results?
8. How do you evaluate the cultural competence of an organization?
9. Describe your response to change and risk, and the best way to manage these for the BON/agency.
10. Tell us about a time when you were responsible for delivering organizational changes to your team and how you achieved team buy-in.
11. Describe a major change that occurred in a job that you held. How did you adapt to this change?
12. Describe how you display courage in your current position. Name factors that strengthen and drain your courage. Give an example of how you maintain the integrity of your team or an individual team member.
13. The complex systems we work in require us to be flexible and adaptive. What tangible strategies do you use to convey adaptability and flexibility in your work setting?
14. Describe the project or situation which best demonstrates your analytical abilities. What was your role?
15. Describe your knowledge and experience with enacting fiduciary responsibilities.
16. Give an example of a difficult financial decision you had to make within the last two years. What was the outcome and would you have done anything different?
17. With economic constraints we all are cognizant of our money management. Provide an example of a financial decision during financial constraint.
18. How do you get a job done with limited financial and personnel resources?
19. At the end of the fiscal year there are excess funds. What would you do with them?
20. Describe the role technology will play in the BON's/agency's future.
21. Please tell us your knowledge of the Freedom of Public Information Act and how it pertains to this organization.
22. Quality improvement metrics can be used to spot trends in performance, adjust processes per agency goals and objectives, compare to internal and external benchmarks, and predict performance. Tell us how you have used quality improvement metrics in your current or past positions.

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23. Please tell us about your knowledge of the nurse practice act and state and federal laws. Give us examples of you applying the knowledge of rules and regulations.
  24. Please give us examples of your involvement in the legislative process.
  25. Give us an example of your ability to conduct a serious examination and judgment of proposed legislative changes.
  26. Tell us about a time when you were forced to make an unpopular decision.
  27. Self-care is an important aspect of stress management. How do you handle stress?
  28. Give us an example when you were accountable for your actions.
  29. If the board makes a decision that you feel is going in a direction which you are in total disagreement, how would you handle this situation?
  30. Tell us about a time when you had to go above and beyond the call of duty in order to get a job done.
  31. Give a specific example of a policy you conformed to which you did not agree. Why?
  32. Can you give an example of a time that you felt you did not communicate effectively and/or accurately? How did you rectify the situation? What were the lessons learned?
  33. How do you know when you are communicating effectively and accurately?
  34. What partnership alliances will be important to the BON/agency in the future?
  35. What has been your experience in giving presentations to small or large groups? What has been your most successful experience in speech making?
  36. Tell us about a time when you had to make a decision without all the information you needed. How did you handle it? Why? Were you happy with the outcome?
  37. Give us an example of the development of a strategic plan and how you supported your board and staff in the process.
  38. Tell us about how you would monitor and adjust accordingly in a strategic plan.
  39. What experience do you have in developing orientation relating to regulatory missions? Give an example of how you have presented orientation information.
  40. We must find the best possible fit for people's strengths and the roles we ask them to play. How can you and the board president capitalize on board members' strengths?
  41. At the foundation of effective governance is the board's involvement. Give us examples of the tools and information you will give the board members to encourage effective governance.
  42. What would you do to provide opportunities for growth for the staff and board members?
  43. Important aspects of a group that works well together is how individuals interact with each other and how individuals react with the group. Give us examples of how you have managed group dynamics and describe the outcome.
  44. How do you prioritize projects and tasks when scheduling your time? Give some examples.
  45. How do ensure that a board meeting runs smoothly?
  46. Give an example of when you had to work with someone who was difficult to get along with. How/why was this person difficult? How did you handle it? How did the relationship progress?
  47. What partnership alliances will be important to the agency in the future?
  48. Give us examples of your work with legislators and describe your idea of managing legislative relations.
  49. Many decisions require input from others. Give an example of when you had to make a decision and how you sought input from others.

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50. Give an example of how you monitor expectations for your staff.
  51. Employment empowerment adds value not only to the individual employee, but to the BON/agency as well. Employees who feel empowered to make the right decisions on their own offer increased productivity and a high quality of work. How do you develop a team environment and foster empowerment?
  52. Coaching and mentoring, whether on an executive level or for overall staff, are increasingly being recognized as important in employee development. Give us examples of coaching and mentoring that you have done with staff in your current position.
  53. Tell of the most difficult customer service experience that you have ever had to handle – perhaps an angry or irate customer. Be specific and tell what you did and what the outcome was.
  54. Give us an example of team members' conflict which affected the work product and how you resolved the error.
  55. What is your typical way of dealing with conflict? Give an example.
  56. How do you evaluate the cultural competence of an organization?
  57. How have you built consensus among diverse stakeholders with complex issues and what actions did you take?

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### REFERENCE QUESTIONS – TOOL #13

These questions are provided as examples and can be used as open ended or asked on a scale.

\_\_\_\_\_ is a finalist for the \_\_\_\_\_ position with the BON/agency and we would like some additional information about his/her skills and abilities as an employee.

1. First of all, in what capacity do/did you know \_\_\_\_\_?
2. Can you tell us when this individual was employed with your company?
3. What can you tell me about his/her attendance/dependability?
4. If vacancy requires supervisory experience: (a) How many workers were supervised by this individual? (b) How would you characterize his/her performance as a supervisor? (c) How would you characterize his/her supervisory style?
5. Explain this individual's leadership style and effectiveness in management.
6. Explain the mission of your organization and how this individual furthered it.
7. Give an example of a complex problem that \_\_\_\_\_ faced and how it was resolved.
8. What were \_\_\_\_\_'s responsibilities in regards to the financial aspects of your organization?
9. Describe \_\_\_\_\_'s responsibilities for budget development in your organization?
10. What type of computing programs and social media did \_\_\_\_\_ utilize in your organization?
11. Explain any major IT projects during \_\_\_\_\_'s tenure.
12. Describe \_\_\_\_\_'s experience in regulation, i.e., legislative process, lobbying, etc.
13. Explain your understanding of \_\_\_\_\_'s ethics and values system.
14. How would you rate \_\_\_\_\_'s communication abilities with: (a) peers; (b) co-workers; (c) outside organizations/stakeholders; and (d) supervisors?
15. If \_\_\_\_\_ was involved in strategic planning in your organization, please describe their role in development and monitoring the plan for mission-based improvement of the organization?
16. Did \_\_\_\_\_ work with a board at your organization? If so, how would you rate their effectiveness in board development and engagement?
17. Provide an example where \_\_\_\_\_ provided the board with tools and/or information to allow the board to govern effectively.
18. Please describe how \_\_\_\_\_ developed a team environment and fostered empowerment.
19. Explain how \_\_\_\_\_ recognizes and values diversity in your organization.
20. What was/is the reason for his/her separation from your company?
21. Can you tell me if there have been any disciplinary issues with this individual?
22. Would you rehire this individual?

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## **ORIENTATION PLAN – TOOL #14**

A new EO orientation introduces the new EO to the BON/agency and his or her new role. Beyond providing information about the BON's/agency's policies and procedures, an effective orientation makes the new EO comfortable and promotes the BON's/agency's culture and values. Developing and facilitating a new EO orientation takes time. Taking the time to properly orient new EOs increases their chances of being successful. This may increase the EO's retention, saving the BON/agency time and money in recruitment in the long run.

A good orientation will enable a new EO to be successful in their new position by:

- Sharing relevant BON/agency information and beginning a process of learning about the BON's/agency's mission;
- Understanding the culture of the BON/agency, including the values, behaviors, formal and informal practices; and
- Building relationships with staff, colleagues and other stakeholders.

### **Prior to the Start Date**

There are many elements of an orientation that should be prepared in advance of a new EO starting work:

- Advise appropriate individuals of the new EO's name and start date.
- Arrange for and equip a workspace with the necessary furniture, working equipment and supplies.
- Set up email address and phone number, and prepare business cards, office keys, etc.
- Add the EO to organizational chart and appropriate internal lists, such as telephone, email and website directory.
- Prepare documents for the new EO, such as copy of job description, relevant reports and BON/agency documents.
- Ensure the BON/agency orientation manual is up-to-date.
- Contact the new EO to confirm where and when to report and where to park on the first day.
- Plan the orientation process, including what will happen on the first day, week and month.
- Determine the roles of those involved in the orientation process.

### **Orientation Checklist**

#### **Introductions:**

- Introduce to staff, colleagues, a mentor, legal counsel, etc.
- Tour the BON/agency
- Discuss orientation process

#### **Organizational Overview:**

- Provide BON/agency overview
- Review organizational chart
- Contact NCSBN with new EO information and to establish mentor

#### **Job Duties and Responsibilities:**

- Review new EO's job description and responsibilities
- Review statutes, rules, regulations and policies
- Provide and review relevant reports and information



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□ Discuss priorities including:

- Legislation
- Governance structure
- Board member relations
- Licensing
- Education
- Enforcement/discipline
- Practice

□ Meet external stakeholders

□ Establish feedback plan

**Human Resources and Administration:**

- Complete necessary paperwork for pay and benefits
- Review employee policies and procedures manual
- Review travel and reimbursement processes
- Explain absences, leave and vacation policies
- Discuss telephone and email protocol, and Internet use policy
- Review health, fire and safety procedures
- Review the performance management system
- Explain the internal communication processes, including staff meetings
- Orient to technological infrastructure (e.g., licensing system, enforcement system, etc.)

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## **NEW EO DEVELOPMENT MENTOR PROGRAM – TOOL #15**

### **NCSBN New EO Development Mentor Program**

#### **Purpose**

The EO Network mentoring program is a one-on-one program intended to enhance the professional development of the new EO. The mentoring program provides the opportunity for an experienced EO to facilitate the learning process for the new EO.

#### **Objectives**

- Welcome new EOs to the EO Network;
- Increase awareness of resources available to the EO;
- Foster relationships with other EOs who may provide identified information appropriate to a situation; and
- Familiarize knowledge of the NCSBN governance structure.

#### **Mentor Commitment**

An EO coach encourages, supports, guides and assists the new EOs in the development of competence in the new role. A mentor is a partner with whom the new EO can create a learning connection based on mutual trust and availability, in order to seek assistance for resources, as well as express emotional tension, including perceptions about how the new EO's skill set is developing and how the role is evolving. The relationship is initiated by the mentor. Together, the mentor and new EO determine the boundaries and expectations for the relationship. Frequent and purposeful communication is essential. The mentor relationship is for a minimum of one year.

#### **Recruitment and Assignment**

Mentors should be experienced EOs who demonstrate knowledge of regulatory skills and techniques, awareness of the NCSBN governance, organization and member board services, and internalization of standards of excellence in the professional socialization to the role of EO. Mentors may volunteer or be recruited by the chairperson of the EO Network, in collaboration with the director of Member Relations at NCSBN. Members of the EO Network may recommend experienced EOs.

The mentor is assigned to the new EO by the chairperson of the EO Network, in consultation with the NCSBN Director of Member Relations.

#### **New EO Development Mentor Strategies**

The success of the mentor program is dependent on a serious commitment to develop a relationship between the mentor and the new EO. The following are some suggested strategies that may facilitate the development of the relationship. The mentor may want to develop a checklist of the strategies to help track activities.

#### **Welcome New EO to the EO Network**

- Initiate contact within two weeks of acceptance of mentor assignment.
- Contact new EO using a variety of communication tools.
- Share contact information (email address, telephone numbers for each other's administrative assistant, as well as self).
- Establish boundaries and expectations for relationship.
- Contact new EO prior to any national meeting (e.g., Annual Meeting, Midyear Meeting and others) to arrange face-to-face contact.
- Purposely introduce new EO to key NCSBN members and staff (e.g., NCSBN CEO, NCSBN Board of Directors president, area director and border states EOs).

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### **Increase Awareness of Resources Available to the New EO**

- Purposely introduce new EO to NCSBN leadership staff at national meetings.
- Facilitate orientation to NCSBN website by director, Member Relations, NCSBN.
- Identify other EOs who may be a resource for a specific topic/issue and help establish contact on an as-needed basis.
- Identify other national organizations related to regulation (e.g., CLEAR, FARB, etc.).
- Arrange face-to-face visit between new EO and mentor utilizing travel funding from NCSBN (one visit between BONs).

### **Foster Relationships with Other EOs that may Provide Identified Information Appropriate to the Situation**

- Identify other EOs who may be a resource for a specific topic/issue and help establish contact on an as-needed basis.
- Purposely introduce new EO to key members at national meetings.

### **Familiarize Knowledge of the NCSBN Governance Structure**

- Direct new EO to NCSBN website for information related to governance.
- Provide information related to usual national meetings of NCSBN, the purpose of each and when they occur.

### **New EO Development Suggested Mentoring Techniques**

- Develop questionnaire to learn information that will identify key contact times.
  - Examples:
    - Learn date of the new EO's first board meeting so that you can contact him or her before and after to offer support and encouragement, as well as to provide an opportunity for reflection.
    - Learn when legislature is in session and whether there are key legislative issues occurring so that you may identify resources and communication during session.
- Use a variety of communications tools.
  - Examples:
    - Email
    - Telephone
    - Cards and letters
- Share activities and events occurring in your role as this provides role identity and may guide the new EO to apply experiences shared to his or her situation.
  - Examples
    - Share a successful staff development tool.
    - Share a successful staff management experience.
- Contact new EO prior to upcoming national meeting and share information related to purpose of meeting, type of business to be conducted, expected role and arrange contact appointment. Follow-up meeting to reflect on experience and clarify how to use the learning.
  - Examples
    - Who will be there.
    - Business conduct.
    - Expected outcomes.

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# Report of the Finance Committee

## Background

The Finance Committee advises the Board of Directors (BOD) on the overall direction and control of the finances of the organization. It reviews and recommends a budget to the BOD, monitors income, expenditures and program activities against projections, and presents quarterly financial statements to the BOD.

The Finance Committee oversees the financial reporting process, the systems of internal accounting and financial controls, the performance and independence of the auditors, and the annual independent audit of NCSBN financial statements. It recommends to the BOD the appointment of a firm to serve as auditors.

The Finance Committee makes recommendations to the BOD with respect to investment policy and assures that the organization maintains adequate insurance coverage.

## Highlights of FY14 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, 2013. 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, 2014.
- 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, 2013. 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 risk assessment for fraud.
- Recommended the engagement of Plante Moran to audit the retirement plan for the year ending June 30, 2014.
- Reviewed and discussed NCSBN financial policies.
- 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, the Bogdahn Group, 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.

## Future Activities

- At a future meeting, the committee will review the budget proposal for the fiscal year beginning Oct. 1, 2014.

## Members

Julia George, MS, RN, FRE  
North Carolina, Area III, Treasurer

Deborah Bell, CLU, ChFC, RIA  
Texas, Area III

Dean Estes  
Nevada, Area I

George Hebert, MA, RN  
New Jersey, Area IV

Lois E. Hoell, MS, MBA, RN  
Washington, Area I

Emmaline Woodson, DNP, RN,  
FRE

Maryland, Area IV  
*Resigned in January 2014*

Cynthia York, MSN, RN, CGRN  
Louisiana, Area III

## Staff

Robert Clayborne, MBA, CPA  
Chief Financial Officer

## Meeting Dates

- Dec. 3, 2013
- Feb. 3, 2014
- April 29, 2014
- Aug. 11, 2014

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**Attachment**

A. Report of the Independent Auditors FY13

## Report of the Independent Auditors FY13

To the Board of Directors  
National Council of State  
Boards of Nursing, Inc.

### **Report on the Financial Statements**

We have audited the accompanying financial statements of National Council of State Boards of Nursing, Inc. (NCSBN), which comprise the statement of financial position as of September 30, 2013 and 2012 and the related statements of activities and cash flows for the years then ended, and the related noted to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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To the Board of Directors  
National Council of State  
Boards of Nursing, Inc.

***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of National Council of State Boards of Nursing, Inc. as of September 30, 2013 and 2012, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Plante & Moran, PLLC*

December 3, 2013



# National Council of State Boards of Nursing, Inc.

## Statement of Financial Position

	September 30, 2013	September 30, 2012
<b>Assets</b>		
Cash	\$ 30,668,548	\$ 29,464,776
Accounts receivable	60,551	263,722
Due from test vendor	8,074,893	7,305,363
Accrued investment income	432,383	451,166
Prepaid expenses	1,518,394	1,425,077
Investments	142,784,982	132,039,492
Property and equipment - Net	4,984,884	5,099,789
Intangible asset - Net	656,250	781,250
Cash held for others	799,119	581,181
	<u>\$ 189,980,004</u>	<u>\$ 177,411,816</u>
Total assets		
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts payable	\$ 722,827	\$ 1,569,254
Accrued payroll, payroll taxes, and compensated absences	785,825	734,991
Due to test vendor	10,401,925	9,328,189
Deferred revenue	16,500	141,000
Grants payable	1,067,600	743,520
Deferred rent	1,129,502	807,736
Cash held for others	799,119	581,181
	<u>14,923,298</u>	<u>13,905,871</u>
Total liabilities		
<b>Unrestricted Net Assets</b>	<u>175,056,706</u>	<u>163,505,945</u>
Total liabilities and net assets	<u>\$ 189,980,004</u>	<u>\$ 177,411,816</u>

## National Council of State Boards of Nursing, Inc.

### Statement of Activities

	Year Ended	
	September 30, 2013	September 30, 2012
<b>Revenue</b>		
Examination fees	\$ 59,415,050	\$ 57,613,500
Other program services income	7,985,761	6,793,247
Net realized and unrealized gain on investments	6,798,676	10,965,603
Net realized loss on disposal of property and equipment	-	(1,446)
Interest and dividend income	4,223,117	4,106,088
Membership fees	192,000	193,500
Total revenue	78,614,604	79,670,492
<b>Expenses</b>		
Program services:		
Nurse competence	43,193,372	41,569,844
Nurse practice and regulatory outcome Information	11,438,651	11,832,777
	8,819,895	9,586,563
Total program services	63,451,918	62,989,184
Supporting services - Management and general	3,611,925	2,999,512
Total expenses	67,063,843	65,988,696
<b>Net Increase</b>	11,550,761	13,681,796
<b>Unrestricted Net Assets</b>		
Beginning of year	163,505,945	149,824,149
End of year	<u>\$ 175,056,706</u>	<u>\$ 163,505,945</u>

# National Council of State Boards of Nursing, Inc.

## Statement of Cash Flows

	Year Ended	
	September 30, 2013	September 30, 2012
<b>Cash Flows from Operating Activities</b>		
Increase in unrestricted net assets	\$ 11,550,761	\$ 13,681,796
Adjustments to reconcile increase in unrestricted net assets to net cash provided by operating activities:		
Depreciation and amortization	2,417,382	2,534,043
Net realized and unrealized gain on investments	(6,798,676)	(10,965,603)
Net realized loss on disposal of property and equipment	-	1,446
Decrease (increase) in assets:		
Accounts receivable	203,171	(126,704)
Due from test vendor	(769,530)	70,093
Accrued investment income	18,783	(127,802)
Prepaid expenses	(93,317)	453,645
(Decrease) increase in liabilities:		
Accounts payable	(846,427)	663,179
Accrued payroll, payroll taxes, and compensated absences	50,834	151,995
Due to test vendor	1,073,736	(484,278)
Deferred revenue	(124,500)	(9,000)
Grants payable	324,080	(463,148)
Deferred rent credits	321,766	708,171
Net cash provided by operating activities	7,328,063	6,087,833
<b>Cash Flows from Investing Activities</b>		
Purchases of property and equipment	(2,112,881)	(3,884,058)
Purchases of investments	(91,328,912)	(69,912,241)
Proceeds on sale of investments	87,317,502	40,014,590
Net cash used in investing activities	(6,124,291)	(33,781,709)
<b>Net Increase (Decrease) in Cash</b>	1,203,772	(27,693,876)
<b>Cash - Beginning of year</b>	29,464,776	57,158,652
<b>Cash - End of year</b>	<b>\$ 30,668,548</b>	<b>\$ 29,464,776</b>

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## **National Council of State Boards of Nursing, Inc.**

### **Notes to Financial Statements September 30, 2013 and 2012**

#### **Note 1 - Description of the Organization**

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 (GAAP).

**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.

**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 GAAP.

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## **National Council of State Boards of Nursing, Inc.**

### **Notes to Financial Statements September 30, 2013 and 2012**

#### **Note 2 - Summary of Significant Accounting Policies (Continued)**

Other program services income includes revenue from member dues, e-learning online courses, licensure verification fees, publication sales, and royalty fees from the National Nurse Aide Assessment Program (NNAAP) and Medication Aide Certification Examination (MACE). Revenue is recognized when earned.

**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 member board. Cash held for others also includes cash held for the National Licensure Compact Administrators (NLCA).

**Accounts Receivable** - 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, 2013 and 2012 were \$60,551 and \$263,722, 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 and delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the financial statements.

Investments of NCSBN are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price).

Money market funds are valued at fair value.

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.

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## National Council of State Boards of Nursing, Inc.

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### Notes to Financial Statements September 30, 2013 and 2012

#### Note 2 - Summary of Significant Accounting Policies (Continued)

Investment income, including net realized and unrealized gains (losses), is reflected in the statement of activities as an increase (decrease) in net assets.

**Financial Instruments** - NCSBN's financial instruments consist of cash, accounts receivable, due from test vendor, investments, accounts payable, and due to test vendor. Investments are carried at fair value as disclosed in Note 5. For the remaining financial instruments, the carrying value is a reasonable estimate of fair value because of the short-term nature of the financial instruments.

**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, 2013 and 2012 were \$8,074,893 and \$7,305,363, 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

**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 10-year period. Amortization expense for the years ended September 30, 2013 and 2012 was \$125,000 each year.

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## National Council of State Boards of Nursing, Inc.

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### Notes to Financial Statements September 30, 2013 and 2012

#### Note 2 - Summary of Significant Accounting Policies (Continued)

	2013	2012
Intellectual property	\$ 1,250,000	\$ 1,250,000
Less accumulated amortization	(593,750)	(468,750)
Total	<u>\$ 656,250</u>	<u>\$ 781,250</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 \$6,651,863 as of September 30, 2013 and \$6,100,780 as of September 30, 2012 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 \$16,500 for 2013 and \$141,000 for 2012.

**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 five grants ranging in amounts from \$220,000 to \$298,000 during the current year.

As of September 30, 2013, the amount remaining to be paid on grants awarded was \$1,067,600. Of this amount, \$975,966 was awarded in 2013 and \$91,635 was awarded in 2012. 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.

**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.

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## **National Council of State Boards of Nursing, Inc.**

### **Notes to Financial Statements September 30, 2013 and 2012**

#### **Note 2 - Summary of Significant Accounting Policies (Continued)**

**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.

**Use of Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses and other changes in net assets during the reporting period. Actual results could differ from those estimates.

**Subsequent Events** - NCSBN has evaluated subsequent events through December 3, 2013, the date the financial statements were available to be issued.

**Reclassifications** - Certain amounts included in the statement of position for the year ended September 30, 2012 have been classified to conform to the classifications used for the year ended September 30, 2013. The change in classification is a result of presenting merchant credit card charges in transit of \$2,040 as accounts payable as of September 30, 2012.

#### **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 GAAP 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 2010.



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## National Council of State Boards of Nursing, Inc.

### Notes to Financial Statements September 30, 2013 and 2012

#### Note 4 - Cash Concentrations

The cash balance as of September 30, 2013 and 2012 consisted of the following:

	2013	2012
JPMorgan Chase:		
Checking account	\$ 946,787	\$ 672,578
Money market account	1,451,066	6,245,060
Savings account	13,039,616	7,510,459
Wells Fargo Bank - Checking account	156,740	8,200
Harris Bank - Money market account	15,061,726	14,971,988
Credit card merchant accounts	12,240	56,064
Petty cash	373	427
Total	<u>\$ 30,668,548</u>	<u>\$ 29,464,776</u>

NCSBN maintains cash balances at various financial institutions. As of January 1, 2013, all cash accounts have Federal Deposit Insurance Corporation (FDIC) insurance coverage of \$250,000 through participating institutions. NCSBN has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash.

#### Note 5 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following table presents information about NCSBN's assets measured at fair value on a recurring basis at September 30, 2013 and 2012, and the valuation techniques used by NCSBN to determine those fair values.

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets or liabilities that the organization has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets and liabilities in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

# National Council of State Boards of Nursing, Inc.

## Notes to Financial Statements September 30, 2013 and 2012

### Note 5 - Fair Value Measurements (Continued)

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

NCSBN currently uses no Level 3 inputs.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. NCSBN's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset or liability.

Description	Fair Value Measurements as of Reporting Date Using			
	Fair Values as of September 30, 2013	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	\$ 21,921,234	\$ 21,921,234	\$ -	\$ -
Treasury inflation-protected securities	7,716,023	7,716,023	-	-
Government agency obligations:				
Zero coupon bonds	1,317,355	-	1,317,355	-
U.S. agency fixed rate notes and bonds	2,631,796	-	2,631,796	-
Federal Home Loan Mortgage Pool	645,106	-	645,106	-
Federal National Mortgage Association Pool	2,981,112	-	2,981,112	-
Government National Mortgage Association Pool	206,538	-	206,538	-
Other agency loan pool	9,753,716	-	9,753,716	-
Corporate bonds:				
Corporate bonds - Fixed	15,267,490	-	15,267,490	-
Corporate bonds - Variable	80,618	-	80,618	-
Corporate CMO	588,836	-	588,836	-
Corporate ABS	1,629,598	-	1,629,598	-
Mutual funds:				
Mortgage-backed fixed-income mutual fund	8,621,410	8,621,410	-	-
Developed market institutional fund	6,165,593	6,165,593	-	-
Institutional index fund	35,521,338	35,521,338	-	-
Small-cap Index-Institutional fund	16,012,241	16,012,241	-	-
Other	114,392	114,392	-	-
International equity fund - Limited liability company	4,074,383	-	4,074,383	-
Real estate investment trust	6,264,956	-	6,264,956	-
<b>Total</b>	<b>\$ 141,513,735</b>	<b>\$ 96,072,231</b>	<b>\$ 45,441,504</b>	<b>\$ -</b>

# National Council of State Boards of Nursing, Inc.

## Notes to Financial Statements September 30, 2013 and 2012

### Note 5 - Fair Value Measurements (Continued)

Description	Fair Value Measurements as of Reporting Date Using			
	Fair Values as of September 30, 2012	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	-
U.S. 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	\$ -

Not included in the above table is \$1,271,247 and \$498,281 in money market accounts as of September 30, 2013 and 2012, respectively.

#### 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.

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## National Council of State Boards of Nursing, Inc.

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### Notes to Financial Statements September 30, 2013 and 2012

#### Note 5 - Fair Value Measurements (Continued)

##### 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 includes inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency.

**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 organization considers the 90-day period to be redeemable at September 30, 2013.

##### **Investments in Entities that Calculate Net Asset Value per Share**

NCSBN holds shares or interests in investment companies at year end where the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company.

At year end, the fair value unfunded commitments and redemption rules of those investments are as follows:

	Fair Values as of September 30, 2013	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
International equity fund:				
Limited liability company (a)	\$ 4,074,383	\$ -	Monthly	10 days
Real estate investment (b)	6,264,956	-	Quarterly	90 days

# National Council of State Boards of Nursing, Inc.

## Notes to Financial Statements September 30, 2013 and 2012

### Note 5 - Fair Value Measurements (Continued)

	Fair Values as of September 30, 2012	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
International equity fund:				
Limited liability company (a)	\$ 3,716,130	\$ -	Monthly	10 days
Real estate investment (b)	5,650,248	-	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 percent 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 percent total return over a market cycle. All portfolio assets are acquired through Clarion Lion Properties Fund Holdings, L.P., a limited partnership. The properties within the portfolio are valued on a quarterly basis to establish market value estimates of the fund's assets for the purpose of establishing the fund's net asset value. Ownership interests and redemptions are calculated based upon net asset value. The values of the properties are established in accordance with the fund's independent property valuation policy. Each property is appraised by third-party appraisal firms identified and supervised by an independent appraisal management firm retained by the investment manager. Shares will be redeemed at 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, 2013 and 2012 is as follows:

	2013	2012
Property and equipment:		
Furniture and equipment	\$ 1,983,974	\$ 1,924,712
Course development costs	601,165	461,429
Computer hardware and software	22,472,350	20,577,931
Leasehold improvements	1,852,695	1,852,695
Total	26,910,184	24,816,767
Less accumulated depreciation and amortization	(21,925,300)	(19,716,978)
Net property and equipment	\$ 4,984,884	\$ 5,099,789

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# National Council of State Boards of Nursing, Inc.

## Notes to Financial Statements September 30, 2013 and 2012

### Note 6 - Property and Equipment (Continued)

Depreciation was \$2,292,382 and \$2,409,043 for the years ended September 30, 2013 and 2012, 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, 2013:

Year Ending September 30	Amount
2014	\$ 605,165
2015	622,252
2016	639,339
2017	656,426
2018	673,513
Thereafter	2,551,659
Total	<u>\$ 5,748,354</u>

Rent expense for the years ended September 30, 2013 and 2012 was \$588,078 and \$560,339, respectively. Property taxes and common area maintenance expenses for the years ended September 30, 2013 and 2012 were \$488,575 and \$442,597, 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 percent of participants' compensation. NCSBN's policy is to fund accrued pension contributions. Retirement plan expense was \$708,303 and \$614,307 for the years ended September 30, 2013 and 2012, respectively.

In the year ended September 30, 2007, NCSBN instituted a 457(b) nonqualified 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.

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# **National Council of State Boards of Nursing, Inc.**

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## **Notes to Financial Statements September 30, 2013 and 2012**

### **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, 2013, the requirements to fulfill these commitments were \$238,906.

NCSBN has also entered into a contract for future services. As of September 30, 2013, the requirement to fulfill this commitment was \$262,500.

### **Note 10 - Other Cash Flow Information**

As of September 30, 2013, \$64,596 of fixed asset purchases were included in accounts payable. As of September 30, 2012, \$89,422 of leasehold improvement purchases were included in accounts payable.





# Report of the Institute of Regulatory Excellence (IRE) Committee

## Background

The IRE Fellowship program, a four-year professional development program for board of nursing (BON) members and staff, celebrated its 10th anniversary at the Annual IRE Conference in January 2014. This program, which requires the application of the research process and evidence-based concepts to decision making and leadership, is designed to prepare the fellowship participants to contribute to the science of nursing regulation through completion of a substantive project. The IRE Fellowship program is open to board members and staff, as well as to associate board members and staff. Participants choose a mentor with expertise in their area of interest, participate in networking activities and attend four annual IRE conferences. There are currently 36 active participants in the fellowship program; six will officially complete their fellowship in 2014, present their projects through a poster presentation, and be awarded their Fellowship of Regulatory Excellence (FRE) certificates and pins at the 2014 NCSBN Annual Meeting. Current IRE Fellows and those who have completed the program as FREs represent 30 states and five provinces in Canada. There is an active and enhanced interest by board members and staff in participating in the IRE Fellowship program, as evidenced by the increase in applications over the past four years. Several IRE fellows have continued to communicate and disseminate the results of their IRE projects to various audiences, and have used their projects to contribute to the work of their BONs.

The numbers of current participants in the IRE Fellowship program are as follows:

- Year 4 (2011 cohort, class of 2014): six Fellows
- Year 3 (2012 cohort, class of 2015): 12 Fellows
- Year 2 (2013 cohort, class of 2016): nine Fellows
- Year 1 (2014 cohort, class of 2017): nine Fellows

## Highlights of FY14 Activities

**Charge #1: Select 2014 IRE Fellows and mentors, and approve project proposals and final reports.**

- At the IRE Committee meeting in October 2013, nine new participants were accepted. The 2014 cohort (class of 2017) represents nine member boards from five states and four Canadian provinces.
- The 2014 IRE participants are actively involved in either selecting a mentor or identifying potential mentors by the end of 2014.
- IRE Fellows gave oral presentations on their projects at the Annual IRE Conference in January.
- Graduating fellows will complete a research project to be showcased at the 2014 Annual Meeting.
- Several of the participants who completed the IRE Fellowship program are involved in disseminating their results through presentations at local, national and international conferences, including presentations at the 2014 NCSBN Scientific Symposium by three IRE Fellows. Two Fellows conducted podium presentations at the 2013 International Council of Nurses (ICN) Conference in Australia.

## Members

Linda D. Burhans, PhD, RN,  
NEA-BC, CPHQ, FRE  
North Carolina, Area III, Chair

Jessie M. Colin, PhD, RN, FRE,  
FAAN  
Florida, Area III

Bonita E. Jenkins, EdD, RN, CNE  
District of Columbia, Area IV

Lois Kazmier Halstead, PhD, RN  
Illinois, Area I

Wendy Winslow, MSN, RN, FCCHL  
British Columbia-PN,  
Associate Member

Linda J. Young, MS, RN, BC, FRE  
South Dakota, Area II

## Staff

Linda L. Olson, PhD, MSN, MBA,  
RN, NEA-BC, IRE Associate,  
Nursing Regulation

Lindsey Gross, Coordinator,  
Nursing Regulation

## Meeting Dates

- Oct. 7-8, 2013
- Jan. 10, 2014 (Conference Call)
- March 24-25, 2014

## Relationship to Strategic Plan

### Strategic Initiative C

Expand the active engagement and leadership potential of all members.

### Strategic Objective 6

Build the regulatory expertise of members through the Institute of Regulatory Excellence.

- The following individuals will be inducted as Fellows at the 2014 Annual Meeting:
  - Gillian Lemermeyer, MN, RN, policy associate, College of Registered Nurses of Alberta
  - Suzanne Wowchuk, MN, RN, director, Registration & Professional Conduct, College of Registered Nurses of Manitoba
  - Erin Tilley, MN, RN, policy analyst, College of Nurses of Ontario
  - Carlene MacMillan, DNP, MN, CNAA, board member, Louisiana State Board of Nursing
  - Paula Meyer, MSN, RN, executive director, Washington State Nursing Care Quality Assurance Commission
  - Susan Wong, MBA, MPA, RN, former chair, Washington State Nursing Care Quality Assurance Commission

**Charge #2: Explore and develop strategies to continue engagement of inducted IRE Fellows.**

- Inviting IRE Fellows to serve as formal mentor for IRE participants or as informal mentor (“IRE buddy”).
- Inviting IRE Fellows to serve as speakers at annual IRE Conference.
- Inviting IRE Fellows to serve as resources at IRE preconference (as consultants to IRE participants).
- Hosting a reunion at the Annual IRE Conference for IRE Fellows, with recommendation to use resource funds for their attendance.
- Serving as speakers on Leadership Succession Committee (LSC) Leadership Development calls and authors for Leadership Perspectives column in *In Focus*.
- Strengthen dissemination by encouraging publication, and presenting other forms of communication of findings to internal and external audiences. This dissemination strategy has been added to the IRE Handbook as a recommended activity postinduction as an FRE.
- Hosting an exhibit table at both the NCSBN Midyear Meeting and Annual Meeting, with prominent displays of IRE Fellows’ posters at the Annual Meeting. Invite inducted IRE Fellows to participate at the display tables.

**Future Activities**

- Select 2015 IRE Fellows and approve project proposals and reports.
- Implement strategies for engagement of inducted Fellows and promote active involvement in NCSBN activities.
- Host a reunion of inducted IRE Fellows at the 2015 Annual IRE Conference.

**Attachments**

None.

# Report of the Leadership Academy Committee (LAC)

## Background

The LAC was formed based upon the 2013 recommendation by the Leadership Succession Committee (LSC) to the Board of Directors (BOD) to form a committee to develop a business plan for the creation of a leadership academy. Through its ongoing work on recommending strategies for the ongoing sustainability and advancement of the organization through leadership succession planning, the LSC implemented an online leadership development plan, which includes leadership resources for boards of nursing, and links to both NCSBN resources and external resources. These are organized according to the three areas of early connectivity to NCSBN and its programs and resources, self-assessment of leadership knowledge and skills, and regulatory governance. Although the online Leadership Development Plan can be accessed by all members, it is difficult to accurately determine how many and who has accessed the information. In a survey and needs assessment, the LSC identified a gap between the need for leaders and the lack of a formal leadership program in nursing regulation that would also provide member recognition. There is a need for leaders at all levels of nursing regulation. Based on an assessment of existing leadership development programs offered by professional nursing organizations and by regulatory organizations, it was found that there are several formal programs for development of emerging leaders, developing leaders and advancing leaders. None of these leadership development programs focus specifically on leadership in nursing regulation. Therefore, the LSC recommended to the BOD that a leadership academy be developed. The BOD appointed the LAC and gave them the following charge: develop a business plan to create an NCSBN Leadership Academy.

## Highlights of FY14 Activities

- The highlight for the LAC was the development of a business plan to create an NCSBN Leadership Academy. Activities included:
  - A review of the Leadership Development Plan that was created by the LSC, along with findings of LSC surveys conducted on member needs for leadership development.
  - An assessment of current leadership development literature.
  - An environmental assessment using a SWOT (strengths, weaknesses, opportunities and threats) analysis.
  - A review of professional organizations' leadership activities and leadership academies.
  - Developing a foundation for a curriculum, along with plans for conducting an impact analysis of the leadership academy after its implementation.

## Future Activities

- Implement the proposed plan for a leadership academy.

## Attachment

- A. NCSBN Leadership Academy Business Plan

## Members

Peggy C. Walters, EdD, MSN,  
Med, NEA-BC  
North Carolina, Area III, Chair

Pamela Ambush-Burris, DNP, RN,  
FRE  
Maryland, Area IV

Rene Cronquist, JD, RN  
Minnesota, Area II

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Nevada, Area I

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Vermont, Area IV

Catherine C. Woodard  
Washington, Area I

Pamela Randolph, MS, RN, FRE  
Arizona, Area I, LSC Liaison

Joe Baker, Jr.  
Florida, Area III, Board Liaison

## Staff

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MBA, RN, NEA-BC, Institute of  
Regulatory Excellence Associate,  
Nursing Regulation

Lindsey Gross, Coordinator,  
Nursing Regulation

## Meeting Dates

- Oct. 16-17, 2013
- Dec. 19-29, 2013
- Feb. 3, 2014 (Conference Call)
- Feb. 24, 2014 (Conference Call)
- March 13, 2014

## Relationship to Strategic Plan

### Strategic Initiative C

Expand the active engagement and leadership potential of all members.

### Strategic Objective 3

Explore a structured method for leadership development.

## NCSBN Leadership Academy Business Plan

### ABSTRACT

As an outgrowth of a recommendation by the Leadership Succession Committee (LSC) to the NCSBN Board of Directors (BOD), the new Leadership Academy Committee (LAC) was organized with the charge to develop a business plan to create a leadership academy. This is designed to meet the need for leaders in nursing regulation, as well as to provide an avenue for members and staff of boards of nursing (BONs) to develop leadership skills. Ultimately, it is hoped that the participants of a leadership academy will not only contribute to their own BONs, but also contribute to NCSBN by participating on NCSBN committees and becoming candidates for elected office. The LAC undertook an environmental assessment using the strategy of a SWOT analysis, assessed what other professional organizations are doing to foster leadership development and developed a plan for a leadership academy. This one-year proposed academy would take place in three tiers and includes the components of engagement with NCSBN programs and resources, self-assessment of leadership knowledge and skills, and increasing knowledge of the concept of governance. The program, which specifically targets those board members and staff who are new to their roles or have less than five years of experience in nursing regulation, is designed to include a mentored experience by which participants choose a mentor, and participate in self-development and self-reflection activities and in organized learning activities. This would occur with the support and oversight of a designated professional staff member at NCSBN. The anticipated financial impact includes a professional staff person in a 0.5 full-time employee (FTE) role, as well as support staff in a 0.5 FTE role, along with additional expenditures for each leadership academy participant, for a total projected expense of approximately \$4,000 per participant.

### INTRODUCTION

The NCSBN BOD formed the LAC, and provided the following charge: develop a business plan to create a leadership academy.

The idea for a leadership academy at NCSBN emerged from the work of the LSC. The charges of the LSC are 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.

At the end of its work in 2013, the LSC recommended that the BOD consider the creation of a leadership academy. The LSC further recommended that the BOD consider the creation of a special committee to develop the academy, which would include components with content addressing leadership principles and competencies. Therefore, the LAC was charged to accomplish the development of a business plan for an NCSBN Leadership Academy.

### HISTORY OF LEADERSHIP DEVELOPMENT AT NCSBN

There is a need for leaders in nursing regulation. NCSBN offers opportunities for leadership development of executive officers (EOs) of BONs, such as a coaching program, leadership education days at formal meetings and the EO Scholarship Program. The Institute of Regulatory Excellence (IRE) is a four-year program for board members and staff who have a minimum of a master's degree. Through the IRE, participants gain leadership skills, advance one's regulatory knowledge and complete a project aimed at contributing to the science of nursing regulation. There are resource funds available for leadership development for board members and staff to participate in conferences and other activities to enhance their leadership skills.

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The LSC developed an online leadership development plan, with links to internal and external resources about NCSBN, nursing regulation, leadership development and tools for assessing one's leadership competencies. The NCSBN Interactive Services department offers several self-directed learning courses, including NCSBN 101 and NCLEX 101, as well as specific topics related to nursing regulation. Although the online Leadership Development Plan can be accessed by all members, it is difficult to accurately determine how many and who has accessed the information.

Special programs for EOs and IRE participants are not accessible to the entire membership. In a survey and needs assessment conducted by the LSC, the LSC identified a gap between the need for leaders and the lack of a formal leadership program in nursing regulation that would also provide member recognition. The online leadership development program that was developed by LSC contains valuable resources about NCSBN, its programs and materials, and about leadership self-assessment. Evaluation of membership participation in the program revealed that those accessing the program cannot be identified since there is no registration requirement, and the only measure of those accessing the program was through the numbers of "hits" to the website. A November 2012 survey of NCSBN membership (n=115 respondents) identified members' needs that included a more structured leadership development program, specifically related to mentorship/preceptor support, online leadership content and structured feedback. Therefore, a need for a program in nursing regulation and leadership development, especially for board members and staff who are new to their roles and/or have less than five years of experience, was identified. The LSC also recognized the need to be able to identify and monitor those participants who have an interest in developing their leadership skills, as well as for providing a form of recognition and continuing education units (CEUs) for those who complete a leadership development program. The BOD accepted the recommendation of the LSC to form a committee to develop a business plan for the creation of a leadership academy to address this identified need.

#### **PURPOSE AND GOALS OF A LEADERSHIP ACADEMY**

The purpose of a leadership academy within NCSBN is to facilitate the leadership competencies and nursing regulatory expertise of BON members and staff through a defined program of leadership development. This can be viewed as a means to move NCSBN forward into the future through the proactive development of leaders. The vision underlying this initiative to provide a means by which all members and staff of BONs, especially those who are new to regulation or have less than five years of experience at their BONs, can enhance and develop leadership skills and knowledge of nursing regulation. The overall goals of the leadership academy are: (1) to facilitate an understanding of NCSBN, its programs, resources, and roles and responsibilities of appointed and elected NCSBN leaders; (2) to enhance the leadership knowledge and skills of academy participants through self-assessment activities, self-reflection and development of leadership skills; and (3) to provide participants the opportunity to observe the roles of leadership through attending the NCSBN Midyear Meeting and Annual Meeting. The Leadership Academy will benefit NCSBN, as well as the member boards, through development of academy participants' leadership skills and knowledge of nursing regulation. It is also anticipated that some of the participants in the NCSBN Leadership Academy will go on to become members of NCSBN committees and ultimately to become candidates for NCSBN elected positions.

#### **EXISTING LEADERSHIP DEVELOPMENT PROGRAMS**

As the nursing profession responds to transformations in the health care system and industry, it recognizes the need for ongoing development of current and future leaders. The Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health* (2010), recognizes the need for nurses at all levels and across all settings to have strong leadership skills. A 2009 Gallup poll of more than 1,500 opinion leaders identified that nurses, although they continue to be cited as members of the most trusted profession, should have greater influence over the quality of patient care and patient safety (RWJF, 2010). These national studies provided the impetus for the creation of programs to develop the leadership knowledge and skills of professional nurses in all roles and settings.

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In a thorough review of the leadership development programs offered by professional nursing organizations, as well as by regulatory organizations, it was found that there are several formal programs for development of emerging leaders, developing leaders and advanced leaders. The well-known leadership development programs are the American Nurses Association (ANA) Leadership Institute; the Association of Nurse Executives (AONE) Emerging Nurse Leader Institute and Nurse Manager Fellowship; the Sigma Theta Tau International (STTI) Leadership Academies for Nurse Faculty; STTI: Geriatric Nursing Leadership Academy; Maternal Child Health Leadership Academy; and Board Leadership Institute. The National League for Nursing (NLN) and the American Association of Colleges of Nursing (AACN) each have leadership programs for faculty and deans of schools of nursing. Others include the Wharton Nursing Leaders Program, the Robert Wood Johnson Foundation Executive Nurse Fellows Program and Health Policy Fellowship Program, and the Center for Creative Leadership (CCL) Fundamentals of Leadership program (see Appendix A).

The Council on Licensure, Enforcement and Regulation (CLEAR) and the Federation of Associations of Regulatory Boards (FARB) provide programs on regulatory leadership. As an association that consists of agencies of professional and occupational regulators, CLEAR's executive leadership program is a three-day workshop that can be hosted by a sponsor at their sites and focuses on various activities to enhance regulatory leadership. The FARB Executive Leadership Program for Regulators focuses on relationships with stakeholders, mastering the art of negotiation, and identifying and understanding the types and styles of regulatory leadership. Although CLEAR and FARB do offer programs on regulatory leadership, these programs do not focus specifically on nursing regulation, and are not accessible to all levels of BON members and staff.

Based on this analysis of leadership programs offered by other professional organizations and groups, it is concluded that the proposed NCSBN Leadership Academy meets a need of the membership that is not met by other programs. NCSBN's proposed leadership development program fills a gap in leadership development (that of enhancing the leadership skills of NCSBN board members and staff) and focuses on nursing regulation. The NCSBN Leadership Academy is focused on regulatory leadership development. The academy would be available for all BON members and staff, specifically those new to their roles and with less than five years of experience in nursing regulation.

## **ENVIRONMENTAL ASSESSMENT**

An environmental assessment is a strategic review of past, current and future performance, as well as of opportunities and of internal and external forces and factors that can affect performance (Sare & Ogilvie, 2009). The SWOT analysis is an acronym for strengths, weaknesses, opportunities and threats. To assist in developing a plan for a leadership academy, an environmental assessment using a SWOT analysis was done. The internal environmental assessment includes the strengths and weaknesses of NCSBN relative to the creation of a leadership academy, and the external environmental assessment includes opportunities and threats. The strengths are based on values, knowledge, abilities and what the organization does well; the weaknesses are factors that can impede or diminish the quality of work. A threat is a limitation or occurrence that, if allowed to continue, could produce significant untoward consequences (DeSilets & Dickerson, 2008).

In assessing the internal strengths of NCSBN that could support the success of a leadership academy, the following were identified: (1) name recognition; (2) strong history and reputation; (3) respect as a visionary organization in advancing nursing regulation; and (4) strong finances, information technology, marketing and human resources to support the academy. Some of the external opportunities are recognized as follows: (1) ability to meet the leadership development needs of a target population that fills a gap that other programs do not meet, that of nursing regulation; (2) a growing group of qualified potential applicants that have been identified by the LSC; (3) would complement the IRE program by developing a group of members who would not ordinarily be able to access the IRE program; (4) participants in the leadership academy would develop their skills and abilities related to nursing regulation and governance, as well as to roles within NCSBN; and (5) there is potential for increased retention of leaders in the workplace and as members and staff of BONs. Limitations (internal weaknesses) for participants in the academy

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include budgetary issues (personal and BON), family commitments, job responsibilities, controlled enrollment of potential applicants, travel constraints, cost of participating in the program, time constraints, and board member and staff turnover. The external threat related to the existence of a competing program can actually be considered an opportunity since there are no other leadership development programs that focus specifically on nursing regulation.

## **ENVIRONMENTAL ASSESSMENT/SWOT ANALYSIS**

### **STRENGTHS**

- NCSBN
  - Strong history, reputation, brand name recognition within the nursing community
  - Well respected
  - A visionary organization
  - Support advancing nursing leadership
  - Excellence in planning and implementing educational conferences
  - A leader in nursing regulation
  - Tangible resources – capital, recognition, informational technology
  - Marketing and communication
  - Quality product
  - Financial strength

### **WEAKNESSES**

- State budgetary issues
- Cost of program
- Intangible resources – family commitments, job responsibilities, staffing issues
- Travel constraints
- Limited, restricted enrollment qualifications of applicants employed in nursing regulation
- BON terms/termination
- BON staff turnover
- EO turnover

### **OPPORTUNITIES**

- In alignment with IOM report (2010) supporting leadership academy implementation
- In alignment with IOM report (2010) supporting new style of nursing leadership and leadership competencies being established
- Education/curriculum dedicated to regulation
- Target dedicated market of potential applicants
- Growing (expansion) market of qualified potential applicants
- Growth of strategic relationships with invested stakeholders
- Complement of leadership succession and IRE fellowship program
- Recognition given to nursing leaders enhancing promotion at workplace
- Potential for increasing retention of nurse leaders in workplace environments

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- Develop skills and abilities relating to BON compositions, governance roles, expectations and responsibilities
  - No certification program in nursing regulation, thus leading to opportunity for certification

### **THREATS**

- Competitive market of models of nursing leadership academies
- Technology proficiency
- Models of care of delivery that do not embrace the advancement of leadership in nursing (IOM, 2010)
- Regulatory mandates
- Aging workforce of nurse leaders (IOM, 2010)
- Lack of interest
- Models for regulatory leadership development are nonexistent

### **PROPOSED CURRICULUM CONTENT AND STRUCTURE**

The NCSBN Leadership Academy is proposed to be structured in a year-long time frame, with a program of activities organized into the categories of Engagement (Tier 1), Assessment (Tier 2) and Governance (Tier 3) (See Appendix C). It is proposed that the program begin in September of each year, with Tier 1 taking place from September through November, Tier 2 from January through March and Tier 3 from May through August. The program is specifically directed at novice leaders in nursing regulation, who have less than five years of experience in nursing regulation. It is expected that participants complete all three tiers. The NCSBN Leadership Academy is designed to accommodate 10 to 12 participants each year. Participation is open to BON members and staff through an online application process. The program would be overseen by a 0.5 FTE NCSBN professional staff member who will interact with participants by reviewing their activities, leading the learning activities and monitoring their progress. Each participant will choose a mentor, preferably from their own BON who will also monitor their progress and provide ongoing guidance and feedback. The mentor would be someone at the participant's own BON who is willing to offer knowledge, insight and perspective, and to develop a collegial relationship with the participant.

### **LEADERSHIP ACADEMY OBJECTIVES**

Upon successful completion of all requirements in the 12-month program, the participant will be able to:

1. Discuss the mission and vision of the participant's BON and NCSBN;
2. Identify the nature of the relationship between the participant's BON and NCSBN;
3. Apply concepts of leadership to regulatory experiences;
4. Identify and utilize tools and behaviors to increase leadership effectiveness;
5. Promote effective governance within a regulatory agency;
6. Plan an effective campaign for elected office; and
7. Demonstrate leadership learning and insights through the process of journaling.



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The proposed NCSBN Leadership Academy curriculum and activities are outlined in three tiers as follows:

**Tier 1: Engagement (September, October, November)**

Participants will:

- Complete NCSBN 101 and NCLEX 101
- Identify and work with a mentor
- Participate in learning activities, such as leadership academy webinars and conference calls
- Read journal articles and books on leadership themes
- Maintain a personal reflection journal

Time commitment: approximately 15 hours

**Tier 2: Assessment (January, February, March)**

Participants will:

- Complete personality and leadership assessment tools:
  - Emotional Intelligence (Bradberry & Greaves, 2009)
  - Myers-Briggs Type Indicator (MBTI)
  - Strengths-finder Assessment (Rath, 2007)
- Continue to work with a mentor
- Participate in learning activities, such as NCSBN Leadership Academy webinars and conference calls
- Join a member call-in for a board meeting
- Attend NCSBN Midyear Meeting
- Read journal articles on leadership and a self-selected book on leadership

Time commitment: approximately 15 hours, plus attendance at Midyear Meeting activities

**Tier 3: Governance (May, June, July, August)**

Participants will:

- Complete Governing Responsibly course
- Continue to work with a mentor
- Join in a member call-in to a NCSBN board meeting
- Read articles and books on effective governance, leadership development and the fiscal responsibilities of leaders
- Attend NCSBN Annual Meeting
- Attend the new delegate orientation
- Present a mock campaign speech in a special session for academy participants
- Receive a certificate upon successful completion of the NCSBN Leadership Academy

Time commitment: approximately 15 hours, plus attendance at Annual Meeting activities

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## **IMPLEMENTATION AND MANAGEMENT**

The NCSBN designated staff member will provide the oversight of the leadership development academy, including selection of participants, monitoring of participants' activities and progress, and ongoing evaluation of the program. In order to assist in the participant leadership self-assessment activities, the leadership development activity coordinator will complete the necessary training to conduct the MBTI assessments. The coordinator will also plan and implement the activities associated with the leadership development academy, such as conference calls, webinars and the proposed half-day leadership training during the Midyear and Annual Meetings for academy participants. The coordinator will also prepare the applications for obtaining continuing education credits that will be awarded at the end of each of the three tiers of the program, as well as the certificate of completion for participants who complete the entire program.

## **IMPACT ANALYSIS: EVALUATION AND MEASUREMENT**

The impact of conducting a leadership academy upon participants, as well as on NCSBN, is important to consider. Factors include the actual cost of the program, and whether there is an impact on other projects and programs. A positive impact would be attracting new staff and leaders to NCSBN, as well as to the participants' BONs. The LAC recommends that goals be set for the number of participants (10-12 per year) and the number of participants who complete the entire program. It is expected that participants in the program will complete all three tiers and that some will subsequently seek elected and/or appointed positions within NCSBN. Tracking the number of program graduates as to future involvement with serving in a leadership role on a BON or on NCSBN committees will be documented through a survey.

It is recommended that program participants complete a survey identifying their leadership skills and areas for development prior to the beginning of each tier of the academy, and also complete a postparticipation survey. The evaluation will seek feedback regarding the format of the academy, the topics covered, the time commitment required, the degree to which their objectives were met and suggestions for modifications to the program. The committee also recommends postparticipation surveys at two and six months after program completion to assess the participants' self-perceived preparation for leadership positions and opportunities, to use the knowledge and skills gained by participation in the NCSBN Leadership Academy. The survey would also query reasons for participation in, as well as lack of, in BON and NCSBN leadership roles and activities. The per capita cost of the program, by calculating the cost of providing the program divided by the number of participants per year, will also be used as an outcome measure (See Appendix B).

## **MARKETING PLAN**

The marketing plan reflects the following elements and specific marketing strategies.

Market dynamics – Many nursing professional organizations offer leadership academies to promote and develop leadership within the organization. The market reflects the popularity of these programs as organizations advertise to members and nonmembers on their websites.

Customers – The program is designed for development of internal participants in the program; these participants would be member board staff and board members.

Product – Other organizations offer a plethora of program types from continuing education sessions to programs several months to two years in length. Most are directed to leadership within that particular organization or in a specific sector of nursing. To date, there is no competition, as no program was found for leadership development related to the regulation of nursing practice.

Potential utilization of the academy – The LSC recommended to the BOD that a Leadership Academy Business Plan be created to outline a program that would develop participants for leadership roles in NCSBN.

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**Benchmarks** – It is proposed that 10-12 participants will begin in fall 2015, with an anticipated outcome of a majority seeking elected or appointed leadership roles within two years after program completion. A sustained enrollment of 10-12 participants per cohort is anticipated with one cohort starting each year. Therefore, it is anticipated that within two years of the first group completing the program, there will be a steady cadre of individuals who would be prepared and willing to serve in a leadership capacity at NCSBN.

**Target Market** – This program is unique as there are no other leadership programs in the country that focus on nursing regulation. The body of participants is well defined and will come from the sustaining sources of member board/associate member staff and board members.

**Product description** – The program is structured to facilitate an understanding of NCSBN and the roles and responsibilities of those who serve. This will include a series of self-assessment activities and development of leadership skills to prepare the participant to assume leadership roles and participate in leadership activities.

**Competition** – Other leadership programs exist, but are not designed to address the needs of NCSBN and are not specific to nursing regulation.

## **MARKETING STRATEGIES**

- Identification of potential participants through member board leadership
- Direct/personal contact with those identified through letters directed to those who express an interest or targeted by executive directors for development and participation
- Brochures outlining the program for prospective participants
- Poster/booth presentation at Midyear and Annual Meetings; tables at NCSBN events
- Promotion through print media, directories and the NCSBN website will be used as mediums for advertising to increase awareness of the NCSBN Leadership Academy
- Written articles to be featured in NCSBN publications
- Publicity/press releases from NCSBN
- Website page for the academy
- Positioning and branding will be determined by the overall benefit of the program to NCSBN
- It is anticipated the number of participants running for offices and positions on committees at NCSBN will increase over the next five years
- The program of preparation, participation and continued succession aims to have well-prepared members in leadership roles to conduct the business of NCSBN
- Budget resources for the program will be available to support the program
- Marketing goals will be to fill a cohort of participants per year who commit to running for positions/offices and committee membership for NCSBN within two years of program completion

## **BUDGET**

The NCSBN Leadership Academy is designed as a one-year program with funding by NCSBN. Participants and member boards will not be assessed any program expenses. The cost of the program reflects three areas of expenses: program material resources, program human resources and program participant expenditures.

Program Material Resources	Program Human Resources	Program Participant Expenditures
<ul style="list-style-type: none"> <li>▪ Marketing materials</li> <li>▪ Webinars (license)</li> <li>▪ Conference calls</li> <li>▪ Books and journals</li> <li>▪ Three assessment tools</li> <li>▪ Office supplies</li> <li>▪ CEUs (no charge)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Program coordinator</li> <li>▪ Program staff assistant</li> <li>▪ Guest speakers</li> <li>▪ Marketing</li> <li>▪ Training for assessment tools</li> <li>▪ CEUs (no charge)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Three program session meetings: Tier 1, Tier 2 and Tier 3</li> <li>▪ Attendance at Midyear Meeting and Annual Meeting</li> <li>▪ CEUs (no charge)</li> </ul>

Program Human Resources (not included in budget)

Program Coordinator: 0.5 FTE (preferred qualifications of a master of science degree with education experience)

Support Staff: 0.5 FTE

Budget	
Resources Needed	Projected First Year Cost
Training for staff Myers-Briggs Type Indicator (MBTI) certification: (plus travel if not in Chicago location)	\$1,600
Budget for Leadership Academy Participants (Starting 2015):	
Tier 1: Engagement	
<i>Developing the Leader Within You</i> by J. Maxwell	\$15
Harvard Business Review's <i>Getting the Mentoring You Need</i>	\$45
Tier 2: Assessment	
Emotional Intelligence book and tool	\$50
Strengths-Finders book and tool	\$90
MBTI	\$50
Attendance at Midyear Meeting	\$1,500
Tier 3: Governance	
Governance webinar speaker	\$150
Book on governance	\$70
Attendance at Annual Meeting	\$1,500
<b>Total cost of materials per participant:</b>	<b>\$3,470</b>
Total (not including staff):	
10 participants:	\$34,700
12 participants:	\$41,640

### NEXT STEPS

The LAC has completed a business plan to develop an NCSBN Leadership Academy, designed specifically for BON members and staff who are new to their roles or have less than five years of experience in nursing regulation. The next steps in development and implementation of this plan include the designation of NCSBN professional staff to serve as coordinator of the leadership academy. The LAC recommends NCSBN staff further refine the curriculum plan, develop content and activities, design an application process, and develop policies and procedures for implementation and evaluation of an NCSBN Leadership Academy. The LAC believes that the plan it has developed meets the recommendation of the LSC to create a plan for a leadership development academy at NCSBN.

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## Appendix A: Leadership Development Programs

Emerging			
Program	Location	Cost	Notes
ANA Leadership Institute	A portfolio of live/recorded online seminars (each worth two CEUs) and online self-paced courses (each worth five CEUs)	Individual seminars: \$45 for ANA members/\$60 for nonmembers. Self-paced courses: \$110 for ANA members/\$150 for nonmembers.	Programs are sold as seminars/series, as well as individually. Group discounts are available.
AONE Emerging Nurse Leader Institute	Three days: multiple locations.	\$800 for AONE members/\$900 for nonmembers.	For nurse managers with less than six months experience.
Nursing Alliance Leadership Academy	Two days: Louisville, Ky.	\$350-\$400, includes meals, but not lodging. Scholarships available.	Board leadership development for newly elected or emerging leaders.
Developing			
Program	Location	Cost	Notes
AACN - Leadership for Academic Nursing	One year: meetings in Colorado Springs, Co.	\$2,650, includes lodging, meals and materials.	Leadership skills assessment, mentoring and networking.
ANA Leadership Institute	Portfolio of live/recorded online seminars (worth two CEUs) and self-paced courses (worth five CEUs).	Individual seminars: \$45 for ANA members/\$60 for nonmembers. Self-paced courses: \$110 for ANA members/\$150 for nonmembers.	Programs are sold as seminars/series, as well as individually. Group discounts are available.
AONE Nurse Manager Fellowship	One year: Four five-day, in-person meetings, as well as webinars and online activities. Participants will complete a capstone project in process improvement or resource management.	\$7,000, includes materials for all activities. Does not include meals, lodging or travel.	
AONE Nurse Manager Institute	Three days: multiple locations.	\$800 for AONE members/\$900 for non-members; does not include lodging.	Nurse managers with more than six months experience.
Leadership Development Academy for Nurses and Nursing Home Administrators in Long-term Care	Columbia, St. Louis, and Kansas City, Mo.	\$650, does not include travel; scholarships available.	Nurses and administrators in long-term care settings.
NLN – LEAD Program	One year: in person seminars and meetings, online resources, webinars and mentoring.	\$3,500 for NLN members/\$4,500 for nonmembers.	Communication, leadership and management skills for nurse educators.

<b>Program</b>	<b>Location</b>	<b>Cost</b>	<b>Notes</b>
Nurse Manager Boot Camp	Cross Country Education in Brentwood, Tenn.: multiple sites. Training can also be arranged at participant's organization.	\$3,245 per individual; group discounts available. Five days of skill-intensive training course.	Build practical and critical thinking skills related to preparation of nurse managers.
Robert Wood Johnson Foundation Nurse Faculty Scholars Program	Three years: project completed at home institution, required travel to conferences and workshops.	Participants are awarded \$350,000 each over three years.	Provides junior faculty in academic nursing with mentorship, leadership training, and salary and research support.
Sigma Theta Tau International (STTI) – Nurse Faculty Leadership Academy	Leadership project completed at home institution, required travel to conferences and workshops.	Lodging, stipend and some travel for participant and mentor covered by STTI. Some activity fees may apply.	Mentored development for new nursing faculty (two to five years of experience) with senior nursing faculty to foster academic success, nurse faculty retention and satisfaction. STTI membership not required.
Strategic Leadership for Women	Five days: Simmons College in Boston, Ma.	\$4,600 fee covers room, board and instructional materials.	Case studies, personal coaching and educational sessions for women in professional fields.
STTI: Geriatric Nursing Leadership Academy	Leadership project completed at home institution. Required travel to workshops and conference.	\$500 registration fee for participant and mentor pair, plus travel and activity fees.	Participants work in mentor-mentee pairs at applicant's institution. International applicants are encouraged to apply. STTI membership not required.
<b>Program</b>	<b>Location</b>	<b>Cost</b>	<b>Notes</b>
STTI: Maternal-Child Health Leadership Academy	Leadership project completed at home institution. Required travel to workshops, conferences.	\$625 registration fee for participant and mentor pair, plus travel and activity fees.	Maternal-child health nurses and nurse midwives work in mentor-mentee pairs at applicant's institution. International applicants are encouraged to apply. STTI membership not required.

<b>Advanced</b>			
<b>Program</b>	<b>Location</b>	<b>Cost</b>	<b>Notes</b>
American Hospital Association/National Patient Safety Foundation – Comprehensive Patient Safety Leadership Fellowship	One year: required conference and attendance at four in-person meetings, webinars and online assessments.	\$14,500 per person, group discounts available.	Each participant designs a quality improvement or patient safety project for implementation at home institution.
ANA Leadership Institute	Two- or three-day immersion course on-site at The Ohio State University (approximately 21 CEUs).	\$2,200 for ANA members/ \$2,500 for nonmembers.	In addition to the in-person instruction to prepare and enhance leadership competencies, each participant will receive a year of coaching to support the participant's leadership action plan.
NLN – Senior Deans and Directors Leadership Program	One year: in person seminars and meetings, online resources, and mentoring.	\$3,500 NLN members/\$4,500 nonmembers	Leadership skills assessment, organizational learning and communication skills.
Robert Wood Johnson Foundation Executive Nurse Fellows Program	Three years: participants remain at home institution and complete seminars, weekly webinars and personal development.	Stipend must be matched by employer.	Targets 20 leadership competencies focused on leading self, leading others, leading the organization, and leading in health care at local and national levels.
Robert Wood Johnson Foundation Health Policy Fellowship	Minimum one year: on-site in Washington, D.C.	Includes a stipend.	Career development and education for health professionals and social scientists in health policy. Includes a 12-month policy fellowship.
STTI: Board Leadership Institute	Combines online activities and in-person seminar, location varies.	Cost varies depending on seminar location.	Prepares nurses to be leaders on national and international boards.
<b>Program</b>	<b>Location</b>	<b>Cost</b>	<b>Notes</b>
Wharton Nursing Leaders Program	University of Pennsylvania, Philadelphia, Pa.	\$4,250	Addresses complexity of leading in current health care system, including how to influence behaviors of key stakeholders and managing resources.



<b>All Levels</b>			
<b>Program</b>	<b>Location</b>	<b>Cost</b>	<b>Notes</b>
AACN Faculty Policy Intensive	Four days: Washington, D.C.	Fully funded.	Nursing faculty meet with federal leadership, staff and legislators; strengthen communication skills to advocate for health policy issues.
ANA Leadership Institute	Live online seminars and self-paced courses in addition to in-person immersion courses and coaching.	Prices vary by course and seminar, and include ANA member and nonmember pricing, as well as group pricing discounts.	All courses are built upon competencies selected from the Center for Creative Leadership competency library and align with three leadership tracks: emerging, developing and advanced.
Center for Creative Leadership – Leadership Fundamentals	Two days: locations vary.	\$1,900	Basics of effective leadership for professionals at all levels.
Center for Creative Leadership – The Women’s Leadership Program	Five days: Greensboro, N.C. and San Diego, Calif.	\$6,600	Leadership skills assessments, feedback and career development for women.
Nurse in Washington Internship	Three days: Nursing Organizations Alliance (NOA) in Washington, D.C.	\$725 for NOA members/\$825 for nonmembers, plus hotel and travel.	Introduction to the federal legislative process, advocacy, and networking for nurses and nursing students. Opportunity for meetings with congressional staff and legislators.
Washington Health Policy Institute	Five days: George Mason University in Arlington, Va.	\$1,630 - \$2,630	Introduction to health policy making and research through networking, panels, and educational sessions.

<b>Regulatory Leadership Programs</b>			
<b>Program</b>	<b>Location</b>	<b>Cost</b>	<b>Notes</b>
CLEAR Board Member Training	Two- to three-day workshops in various cities.	Individuals: \$200-500 Sponsors: \$4,995	Introduction to regulatory governance, advanced concepts in regulatory governance and executive leadership program for regulators. There are additional programs offered online.
FARB	Offers a periodic two-day leadership conference: various locations.		Leadership conference designed for EOs and officers is periodically sponsored.

## Appendix B: Tools to Measure the Impact of the Leadership Academy

Tool	Target Group	Measurement
<b>Program Evaluation</b>		
Annual statistical reports	NCSBN Leadership Academy program	<ul style="list-style-type: none"> <li>▪ Per capita cost of program</li> <li>▪ Success rates in meeting program participation and completion goals</li> <li>▪ Percentage of participants seeking appointed and elected positions</li> </ul>
Program evaluation (after Tier 1, Tier 2 and Tier 3)	NCSBN Leadership Academy participants	<ul style="list-style-type: none"> <li>▪ Format of the academy</li> <li>▪ Topics covered</li> <li>▪ Time required to participate</li> <li>▪ The degree to which learner objectives were met</li> </ul>
<b>Participant Evaluation</b>		
Pre- and postparticipation survey	NCSBN Leadership Academy participants	<ul style="list-style-type: none"> <li>▪ Self-identified areas of leadership strength and opportunities for development</li> </ul>
Follow up surveys – postsurvey at two and six months	NCSBN Leadership Academy participants	<ul style="list-style-type: none"> <li>▪ Self-perceived preparation for leadership position within NCSBN or its BOD</li> <li>▪ Obstacles to participation in leadership positions identified by program participants</li> </ul>

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## Appendix C: NCSBN Leadership Academy Curriculum Sample

This document demonstrates how the NCSBN Leadership Academy Business Plan could be implemented at the course level. It is not meant to be a complete, comprehensive or binding curriculum.

### DESCRIPTION

The NCSBN Leadership Academy is a year-long program designed for member boards and staff new to regulatory nursing or those who are interested in enhancing their nurse regulator leadership skills. The program, which begins each September and concludes each August, is divided into three tiers. The program builds on essential knowledge and leadership skills to provide the participant with the foundation and tools to effectively lead within a regulatory framework. The participant will complete specific assignments and journaling activities for each tier in the program, resulting in a personal leadership journal and a mock campaign for elected office. The program will explore the development of leadership skills that support volunteer and elected office leadership positions at the national level. Learning will occur within a mentoring relationship. NCSBN will provide support for the individual participant and cohorts of participants. Support is dependent on participant progression within the program. Upon program completion, graduates are encouraged to pursue formal leadership opportunities within NCSBN.

### LEADERSHIP ACADEMY OBJECTIVES

Upon successful completion of all requirements in the one-year program, the participant will be able to:

1. Discuss the mission and vision of the participant's board of nursing (BON) and NCSBN.
2. Identify the nature of the relationship between the participant's BON and NCSBN.
3. Apply concepts of leadership to regulatory experiences.
4. Identify and utilize tools and behaviors to increase leadership effectiveness.
5. Promote effective governance within a regulatory agency.
6. Plan an effective campaign for elected office.
7. Demonstrate leadership learning and insights through the process of journaling.

### TIER 1: ENGAGEMENT

The first tier focuses on basic knowledge of regulatory agencies and NCSBN. The participant will navigate and effectively use the NCSBN website and become familiar with NCSBN, its mission and vision, its resources, and the relevance the organization has to the participant's BON. The participant will also gain knowledge regarding mentorship and select a mentor.

#### Objectives

Upon the successful completion of Tier 1, the participant will:

1. Discuss the mission, vision, history and structure of:
  - a. Participant's BON; and
  - b. NCSBN.
2. Identify the nature of the relationship between participant's BON and NCSBN.
3. Select a mentor who meets NCSBN Leadership Academy requirements.

Tier 1		
Activity	Objective(s)	Outcomes
Introductory webinar	<ul style="list-style-type: none"> <li>▪ Review and explain components of the program, including mentor, journal and required activities for each tier.</li> <li>▪ Define common terms used in nursing regulation.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Journal entry</li> </ul>
NCSBN 101	<ul style="list-style-type: none"> <li>▪ Defend the importance and discuss the impact of nursing regulation.</li> <li>▪ Discover volunteer, professional development or networking opportunities within NCSBN.</li> <li>▪ Reference the history and organizational structure of NCSBN.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Score of at least 80 percent on post-test – keep copy in journal.</li> </ul>
NCLEX 101	<ul style="list-style-type: none"> <li>▪ See course objectives.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Score of at least 80 percent on post-test – keep copy in journal.</li> </ul>
NCSBN Resources webinar <ul style="list-style-type: none"> <li>▪ NCLEX-RN®/NCLEX-PN® Examinations</li> <li>▪ Nursys® (National nursing licensure database)</li> <li>▪ FITS (Falsified Identity Tracking System)</li> <li>▪ NLC (Nurse Licensure Compact)</li> <li>▪ TERCAP® (Taxonomy of Error Root Cause Analysis Practice-Responsibility)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Explain the development and benefits of NCSBN programs.</li> <li>▪ Identify which programs your BON uses.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Discuss with mentor or program coordinator the benefits and implications of one NCSBN program that your BON uses and enter information in your journal.</li> </ul>
Independent study	<ul style="list-style-type: none"> <li>▪ Discuss required reading (suggest Harvard Business Review's <i>Guide to Getting the Mentoring You Need</i>).</li> <li>▪ Identify key messages in the leadership development call.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Select and identify mentor that meets established criteria.</li> <li>▪ Journal entry on key points related to leadership or NCSBN.</li> </ul>
Webinar Characteristics of leadership – outside speaker and NCSBN staff	<ul style="list-style-type: none"> <li>▪ After completing assigned reading and webinar, reflect upon characteristics of leadership, professionalism and image.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identify desired leadership characteristics and behaviors with your mentor – record discussion in your journal.</li> </ul>

## TIER 2: DEVELOPING THE LEADER – ASSESSMENT AND PLAN

The second tier will help the participant discover and develop a personal leadership style. Through use of assessment tools, the participant will discover areas of strength and embark on a plan to enhance their leadership behaviors.

### Objectives

Upon the successful completion of Tier 2, the participant will be able to:

1. Assess his or her own leadership strengths and areas for improvement.
2. In consultation with NCSBN staff, construct a plan for enhancing their own leadership skills.
3. In consultation with their mentor, implement selected aspects of the leadership plan.
4. Discuss leadership skills and behaviors observed during participant's BON's meeting.

Tier 2		
Activity	Objective(s)	Outcomes
Webinar	<ul style="list-style-type: none"> <li>▪ Discuss expectations and activities of Tier 2.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Write plan in journal to accomplish Tier 2 activities.</li> </ul>
Assessment of leadership and leadership plan	<ul style="list-style-type: none"> <li>▪ Complete assigned assessment tools – Emotional Intelligence, Myers-Briggs Type Indicator and Strength Finders.</li> <li>▪ Develop and evaluate personal leadership plan.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Documentation of assessment results.</li> <li>▪ Written leadership plan with short- and long-term goals.</li> <li>▪ Discuss assessment and plans with NCSBN staff.</li> <li>▪ Discuss and refine plan with mentor.</li> <li>▪ Documentation of progress of the plan.</li> </ul>
NCSBN BOD meeting – member call-in	<ul style="list-style-type: none"> <li>▪ Participate in an NCSBN BOD meeting member call-in by contributing at least one question related to an issue on the agenda.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Journal entry of question and response.</li> </ul>
Regulatory leadership	<ul style="list-style-type: none"> <li>▪ Observe both positive and negative leadership behaviors at a BON meeting.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Journal entry and discussion with mentor or NCSBN staff.</li> </ul>
Independent study	<ul style="list-style-type: none"> <li>▪ Read Maxwell's leadership book, <i>Developing the Leader Within</i>.</li> <li>▪ Select topics or concepts from assigned leadership development call that support participant's leadership plan.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Journal entry on which parts of the reading support participant's leadership plan.</li> <li>▪ Summarize information from leadership development call that support participant's leadership plan.</li> </ul>

Tier 2		
Activity	Objective(s)	Outcomes
Midyear Meeting Cohort meeting to share plus speaker on governance	<ul style="list-style-type: none"> <li>▪ With cohort group and NCSBN staff reflect on activities of Tiers 1 and 2; after a presentation on governance, discuss the meaning of governance and its relationship to leadership.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reflective journal entry; evaluate progress on leadership and Leadership Academy goals.</li> <li>▪ Reflect on how governance is related to leadership.</li> </ul>

### TIER 3: GOVERNANCE AND TRANSFORMATIONAL LEADERSHIP

The third tier focuses on governance and transformational leadership of groups. Activities include exploration of parliamentary procedure, mock campaign for office and analysis of leadership behaviors. Journals will be reviewed by NCSBN staff prior to or at the meeting. A certificate of completion and recognition will be awarded to all those who successfully complete the program.

#### Objectives

Upon successful completion of Tier 3, the participant will be able to:

1. Incorporate leadership tools and behaviors when working with groups.
2. Identify and incorporate components of responsible governance.
3. Evaluate leadership activities and goal achievement.
4. Prepare a nomination form and mock campaign speech.
5. Demonstrate understanding of parliamentary procedure.

Tier 3		
Activity	Objective(s)	Outcomes
NCSBN online courses: Governing Responsibly and New Delegate Orientation  Other NCSBN resources: <ul style="list-style-type: none"> <li>▪ Legal foundation for governance</li> <li>▪ Articles of incorporation</li> <li>▪ Bylaws</li> </ul>	<ul style="list-style-type: none"> <li>▪ See course objectives.</li> <li>▪ Utilize legal foundations for NCSBN as needed.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increased knowledge of the role of board members.</li> <li>▪ Awareness of Delegate Assembly processes.</li> <li>▪ Awareness of legal foundations of the organization.</li> </ul>
Conference call/webinar with NCSBN staff on transformational leadership	<ul style="list-style-type: none"> <li>▪ Discuss components of transformational leadership.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Journal entry of webinar/discussion.</li> </ul>

<b>Tier 3</b>		
<b>Activity</b>	<b>Objective(s)</b>	<b>Outcomes</b>
Independent Study Parlipro.org Transformational Leadership Leadership Plan Leadership Development Call	<ul style="list-style-type: none"> <li>▪ Apply the elements of parliamentary procedure to a BON meeting.</li> <li>▪ Through assigned reading, apply knowledge of transformational leadership to meet the objectives of Tier 3.</li> <li>▪ Meet at least one major goal of personal leadership plan.</li> <li>▪ Identify transformational leadership behaviors of leader interviewed on call.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Document completion of Parlipro tutorial and how participant applied knowledge at a BON meeting.</li> <li>▪ Journal entry related to transformational leadership behaviors observed at BON meeting (see below).</li> <li>▪ Summative evaluation of personal leadership plan.</li> <li>▪ Journal entry.</li> </ul>
Transformational leadership at BON meeting	<ul style="list-style-type: none"> <li>▪ Identify transformational leadership behaviors and governance activities of staff and board members at a BON meeting.</li> </ul>	<ul style="list-style-type: none"> <li>▪ After discussion with mentor write journal entry related to transformational leadership, and governance behaviors and activities observed at the meeting.</li> </ul>
<b>Activity</b>	<b>Objective(s)</b>	<b>Outcomes</b>
<ul style="list-style-type: none"> <li>▪ Campaign – Campaign 101 (if available)</li> <li>▪ Web-based resources on presentations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Submit a mock application for NCSBN office that incorporates leadership and governance concepts.</li> <li>▪ Incorporate best practices in planning and delivering a campaign speech.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Barriers to running for NCSBN office are reduced.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Annual Meeting</li> <li>▪ Cohort meeting</li> <li>▪ Speaker: Leadership Survival Skills</li> </ul>	<ul style="list-style-type: none"> <li>▪ Share experiences of NCSBN Leadership Academy with cohort.</li> <li>▪ Discuss crucial conversations and other approaches to difficult leadership situations; develop leadership plan for future.</li> <li>▪ Evaluate program.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participants enhanced their regulatory leadership effectiveness.</li> <li>▪ Participants continue to refine leadership skills.</li> <li>▪ Improvements are made in NCSBN Leadership Academy based on participant feedback.</li> </ul>





# Report of Member Board Profiles (MBP) Committee

## Background

MBP, an online publication of NCSBN, provides an overview of the regulatory environment in which boards of nursing (BONs) function in the U.S. and the four U.S. territories. Web statistics reveal 21,568 visits to MBP in fiscal year 2013 (FY13) and 15,115 visits to MBP in FY12. The MBP are very useful to the BON, but they are cumbersome to fill out and many BONs have difficulty finding the time to do so. This coupled with the fact that MBP have not been reviewed/ revised in several years, the Board of Directors convened an MBP Committee with the charge to review and revise the MBP.

Each MBP question was reviewed with the following vision in mind: clear, concise and relevant questions that provide an accurate depiction of the regulatory environment. The questions were streamlined to increase relevance, decrease redundancies, and improve clarity of questions and responses. The committee identified new questions relevant to the audience, as well as organized the questions into six profiles.

## Highlights of FY14 Activities

- Review and Revise the MBP
  - Held three face-to-face meetings and two conference calls/webinars.
  - Reviewed NCSBN surveys and Web surveys for question overlap.
  - Reviewed literature on survey development.
  - Defined a vision for the MBP questions: clear, concise and relevant to provide an accurate depiction of the regulatory environment.
  - Developed a question review process for the committee to use during revisions.
  - Committee members and NCSBN staff reviewed each profile looking at relevance, location, duplication, clarity of questions and clarity of responses.
  - Committee updated all questions.

## Future Activities

- Move forward with a pilot of the newly revised MBP with approximately 10 BONs in order to solicit feedback from the membership.
- Move the newly revised MBP forward for data collection and publication, and consider a review of the implementation of the survey process to obtain the best data, including information technology process and enhancements.

## Attachments

- A. Member Board Profile Revised Document

### Staff

Rula Harb, MS, RN  
Massachusetts, Area IV, Chair

Teresa Corrado  
Washington, Area I

Barbara Holtry  
Oregon, Area I

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### Staff

Kathleen Russell, JD, MN, RN  
Associate, Nursing Regulation

Beth Radtke, MS  
Associate, Nursing Regulation

### Meeting Dates

- Nov. 4-5, 2013
- Dec. 2-3, 2013
- Feb. 3, 2014 (Conference Call/ Webinar)
- Feb. 25, 2014 – (Conference Call/ Webinar)
- March 31, 2014

### Relationship to Strategic Plan

#### Strategic Initiative E

NCSBN promotes evidence-based regulation.

#### Strategic Objective 3

Provide accurate information about member boards through the Member Board Profiles for use by members and the public.

# Member Board Profile Revised Document

Draft 1: April 3, 2014, Prior to Board of Directors or Pilot Revisions

Member Board Profiles - Board of Nursing Structure					
	Jurisdiction				
	Abbreviation:				
Number of Members					
<b>1</b>	<b>What is the total number of mandated members of the Board of Directors?</b>				
	6-9				
	10-13				
	14-17				
	18 or more				
<b>2</b>	<b>How many members of the following are mandated for the Board of Directors?</b>				
<b>2a</b>	<b>Registered Nurses</b>				
	0				
	1-3				
	4-7				
	8 or more				
<b>2b</b>	<b>Licensed Practical/Vocational Nurses</b>				
	0				
	1-3				
	4-7				
	8 or more				
<b>2c</b>	<b>Advanced Practice Registered Nurse (APRN)</b>				
	0				
	1-3				
	4-7				
	8 or more				
<b>2d</b>	<b>If APRNs are mandated members of the Board of Directors, are specific roles mandated?</b>				
	<b>If Yes, check all that apply</b>	<b>CRNA</b>	<b>CNM</b>	<b>CNS</b>	<b>CNP</b>
	Yes				
	No				
<b>2e</b>	<b>Public (consumer) members</b>				
	0				
	1-3				
	4-7				
	8 or more				
<b>2f</b>	<b>Physician members</b>				
	0				
	1-3				
	4-7				
	8 or more				
<b>2g</b>	<b>Other representatives</b>				
	0				
	1-3				
	4-7				
	8 or more				

<b>3</b>	<b>Are any of the following educational levels mandated for membership of the Board of Directors? (check all that apply)</b>
	Associate degree
	Baccalaureate degree
	Master's degree
	Doctorate
	Diploma program
	Training program
	Does not apply
	<b>Method of Appointment</b>
<b>4</b>	<b>Are members of the Board of Directors appointed or elected? (Check all that apply)</b>
	Appointed
	Elected
<b>5</b>	<b>How are members of the Board of Directors appointed?</b>
	Governor
	Governor and confirmed/approved by some other Legislative body
	<b>Term Length</b>
<b>6</b>	<b>What is the length of a term for members of the Board of Directors?</b>
	1 year
	2 years
	3 years
	4 years
	5 years
	6 or more years
<b>7</b>	<b>How many terms may members of the Board of Directors serve?</b>
	1 term
	2 terms
	3 terms
	Indefinite
	<b>Qualifications applicable to nurse members of the Board of Directors</b>
<b>8</b>	<b>Are specific nurse work settings or roles mandated for membership of the Board of Directors? (check all that apply)</b>
	Nurse Educator
	Advanced Practice Registered Nurse
	Nurse in practice
	Nurse Administrator
	Other
<b>9</b>	<b>Are nurse members of the Board of Directors required to be currently employed in nursing at time of appointment?</b>
	Yes
	No
<b>10</b>	<b>Are members of the Board of Directors required to reside within the jurisdiction?</b>
	Yes
	No

Qualifications applicable to public Board of Director members	
<b>11</b>	<b>Are public applicants for membership of the Board of Directors required to meet specific qualifications to be considered for appointment?</b>
	Yes
	No
Board of Nursing Structure	
<b>12</b>	<b>How is the Board of Nursing structured within the jurisdiction's government?</b>
	Independent agency in state government
	Unit within an umbrella state agency
	Independent agency outside of state government
Decision making	
<b>13</b>	<b>How are decisions made regarding the Board of Nursing budget?</b>
	Made by the Board of Directors
	Made by the Board of Directors, but require approval at a higher governmental level
	Made with no Board of Directors input
<b>14</b>	<b>How are decisions made regarding internal policy?</b>
	Made by the Board of Directors
	Made by the Board of Directors, but require approval at a higher governmental level
	Made with no Board of Directors input
<b>15</b>	<b>Who has the authority to make internal staff hiring and firing decisions (excluding executive officer/director position)?</b>
	Made by Board of Directors
	Made by the Board of Directors, but require approval at a higher governmental level
	Made with no Board of Directors input
<b>16</b>	<b>Are public members excluded from participation in selected Board of Director functions/duties?</b>
	Yes
	No
	Does not apply
Powers and Duties of the Board of Nursing	
<b>17</b>	<b>Do the powers and duties include Initial Licensure?</b>
	Yes
	No
<b>18</b>	<b>Do the powers and duties include License Renewal?</b>
	Yes
	No
<b>19</b>	<b>Do the powers and duties include establishing standards for practice, practice guidelines, position statements, advisory rulings, declaratory orders, or interpretive guidelines?</b>
	Yes
	No
<b>20</b>	<b>Do the powers and duties include drafting legislation?</b>
	Yes
	No
<b>21</b>	<b>Do the powers and duties include establishing fees?</b>
	Yes
	No

<b>22</b>	<b>Do the powers and duties include imposing fines?</b>
	Yes
	No
<b>23</b>	<b>Does the Board of Nursing conduct formal disciplinary hearings?</b>
	Yes
	No
<b>24</b>	<b>Do the powers and duties include regulating advanced practice nursing?</b>
	Yes
	No
<b>Meeting Structure</b>	
<b>25</b>	<b>How many routine Board of Director meetings were held in the last fiscal year?</b>
	1-4
	5-8
	9-12
	More than 12
<b>26</b>	<b>Are committees comprised of Board of Director members and/or Board staff utilized to complete assigned tasks for the Board of Nursing?</b>
	Yes
	No
<b>27</b>	<b>Do these committees have full decision-making authority?</b>
	Yes
	No
<b>28</b>	<b>Can non-Board of Director members be appointed to serve on Board of Director committees, task forces, etc?</b>
	Yes
	No
<b>Regulatory Changes</b>	
<b>29</b>	<b>Were the nursing laws revised and/or amended this year?</b>
	<i>Definition of revised: complete review of all sections of Nurse Practice Act and changes made as needed.</i> <i>Definition of amended: review of selected sections of Nurse Practice Act and changes made to those sections as needed.</i>
	Revised
	Amended
	Both
	Neither
<b>30</b>	<b>If yes to either above, did the changes affect: (check all that apply)</b>
	Discipline
	Licensure
	Education
	Advanced practice
	Board of Director structure
	Assistive personnel
<b>31</b>	<b>Were any advisory opinions/declaratory rulings issued during the last year?</b>
	Yes
	No

<b>Regulatory Changes (Sunset/Sunrise)</b>	
<b>32</b>	<b>Do statutes in this jurisdiction, known as 'sunset' laws, mandate periodic review and justification to the legislature for the existence of regulatory agencies?</b>
	Yes
	No
<b>33</b>	<b>Do statutes in this jurisdiction, known as 'sunrise' laws, mandate periodic review and justification for the establishment of new regulatory agencies in order to prove the necessity for their existence?</b>
	Yes
	No
<b>Fiscal Information</b>	
<b>34</b>	<b>Does the budget cover a fiscal or calendar year?</b>
	Fiscal Year
	Calendar Year
<b>35</b>	<b>Revenue generated by the Board of Nursing (e.g. license renewal fees, etc.) is:</b>
	Retained by the Board of Nursing
	Placed in a state account
	Placed in a special fund account
	Split between a state account and a Board of Nursing account
	Other
<b>36</b>	<b>Is the Board of Nursing self-sustaining?</b>
	Yes
	No
<b>37</b>	<b>Can supplemental budget requests be submitted?</b>
	Yes
	No
<b>38</b>	<b>What percent of the budget is allocated for disciplinary matters?</b>
	Less than 15%
	16-30%
	31-60%
	More than 60%
	Percentage not available
<b>39</b>	<b>What percent of the budget is allocated for licensure (initial and renewals)?</b>
	Less than 15%
	16-30%
	31-60%
	More than 60%
	Percentage not available
<b>40</b>	<b>What percent of the budget is allocated for education program approval?</b>
	Less than 15%
	16-30%
	31-60%
	More than 60%
	Percentage not available

Board of Nursing Staff	
<b>41</b>	<b>Does the Board of Nursing Staff include any of the following? (check all that apply)</b>
	Contracted Personnel – nurse
	Contracted Personnel - non-nurse
	Employees of Attorney General’s office – nurse
	Employees of Attorney General’s office - non-nurse
	Non-Board of Nursing employees from same state agency – nurse
	Non-Board of Nursing employees from same state agency - non-nurse
	Legal Counsel – nurse
	Legal Counsel - non-nurse
Board of Nursing Publications	
<b>42</b>	<b>Is a newsletter published?</b>
	Yes
	No
<b>43</b>	<b>If yes, how is the newsletter published?</b>
	Paper only
	Website only
	Email only
	Combination of the above.
<b>44</b>	<b>How frequently is the newsletter published?</b>
	1-2 times per year
	3-4 times per year
	5 or more times per year
<b>45</b>	<b>Is an annual report published?</b>
	Yes
	No
<b>46</b>	<b>If yes, how is it published?</b>
	Paper only
	Website only
	Email only
	Some combination of the above
Member Board Profiles - Educational Programs/Entry into Practice	
	Jurisdiction
	Abbreviation:
Approval	
	<i><b>Definition of Approval:</b> the official recognition of nursing education programs which meet standards of approval established by Boards of Nursing. Some Boards of Nursing use the term <u>accreditation</u> instead of <u>approval</u>, but for the purposes of this document the term used will be <u>approval</u>.</i>
<b>47</b>	<b>Is the Board of Nursing responsible for the approval of educational programs?</b>
	Yes
	No

<b>48</b>	<b>Under the mandate to approve educational programs, does the Board of Nursing approve : (check all that apply)</b>
	Pre-licensure RN educational programs
	Pre-licensure PN/VN educational programs
	RN-baccalaureate completion programs
	Graduate programs in nursing
	Continuing education programs
	Direct entry master's programs
	Direct entry doctorate programs
<b>49</b>	<b>Is an annual review of educational programs required?</b>
	Yes
	No
<b>50</b>	<b>If so, is it electronic or paper?</b>
	Electronic
	Paper
<b>51</b>	<b>How often are educational program site visits performed?</b>
	1 year
	2 years
	3 years
	4 years
	5 years or more
	Does not apply
<b>52</b>	<b>Which of the following fees are charged during the educational program approval process? (check all that apply)</b>
	Initial site visit
	Continuing approval site visit
	Annual site visit
	Paper review
	Does not apply
<b>53</b>	<b>What is the charge for the initial site visit?</b>
	No charge
	<\$500
	\$501 - \$1500
	\$1501 - \$2500
	\$2501 - \$5000
	\$5001 - \$10,000
	>\$10,000



<b>54</b>	<b>What is the charge for the continuing approval site visit?</b>
	No charge
	<\$500
	\$501 - \$1500
	\$1501 - \$2500
	\$2501 - \$5000
	\$5001 - \$10,000
	>\$10,000
	<b>Criterion for Approval</b>
<b>55</b>	<b>Are nursing programs required to meet an NCLEX pass rate?</b>
	Yes
	No
<b>56</b>	<b>If Yes, what is it?</b>
	Percent of national pass rate
	Percent of program graduates passing NCLEX
<b>57</b>	<b>What NCLEX passage rate is required for program approval?</b>
	70%-75%
	76%-80%
	81%-85%
	86%-90%
	>90%
<b>58</b>	<b>Has the Board of Nursing established a minimum number of hours for theory courses in PN programs?</b>
	Yes
	No
<b>59</b>	<b>Has the Board of Nursing established a minimum number of hours for theory courses in RN programs?</b>
	Yes
	No
<b>60</b>	<b>Has Board of Nursing established a minimum number of clinical experience hours for PN programs?</b>
	Yes
	No
<b>61</b>	<b>If Yes, what is the established number of clinical experience hours?</b>
	<250
	251-500
	501-750
	751-1000
<b>62</b>	<b>Has the Board of Nursing established a minimum number of clinical experience hours for RN programs?</b>
	Yes
	No

<b>63</b>	<b>If Yes, what is the established number of clinical experience hours?</b>
	<250
	251-500
	501-750
	751-1000
<b>64</b>	<b>Does the Board of Nursing approve requests from nursing programs to allow simulation to replace clinical experience hours?</b>
	Yes, per nursing regulations
	Yes, not indicated in nursing regulations, decided on a case by case basis
	No, per nursing regulations, simulation cannot replace clinical hours, only supplement clinical
	Does not apply
<b>65</b>	<b>What is the maximum amount of simulation that can be substituted for clinical experiences?</b>
	Up to 10%
	Up to 25%
	Up to 50%
	Up to 75%
	Over 75%
	Does not apply
<b>66</b>	<b>Is the Board of Nursing an official recognized/approved accrediting agency by the United States Department of Education?</b>
	Yes
	No
<b>67</b>	<b>Does the Board of Nursing require national nursing accreditation?</b>
	Yes
	No
<b>68</b>	<b>If no, is the Board of Nursing considering this?</b>
	Yes
	No
<b>Approval of Nursing Education Programs</b>	
<b>69</b>	<b>Does the Board of Nursing regulate any of the following non pre-licensure programs?</b>
	RN to BSN program
	Master of Nursing
	Doctorate of Nursing
	PhD in Nursing
<b>Minimum Educational Requirements for Administrator and Faculty of Nursing Programs</b>	
<b>70</b>	<b>What are the minimum educational qualifications for LPN/VN program administrator?</b>
	Doctorate
	MSN
	MS
	BSN

<b>71</b>	<b>What are the minimum educational qualifications for RN program administrator?</b>
	Doctorate
	MSN
	MS
<b>72</b>	<b>What are the minimum educational qualifications for LPN/VN program faculty?</b>
	Doctorate
	MSN
	MS
	BSN
<b>73</b>	<b>What are the minimum educational qualifications for RN program faculty?</b>
	Doctorate
	MSN
	MS
	BSN
	<b>Articulation Program</b>
	<i>Definition of articulation: seamless matriculation from the LPN degree to the ADN or BSN degree or seamless matriculation from the ADN or diploma degree to the BSN degree.</i>
<b>74</b>	<b>Is articulation between levels of nursing education required by the Board of Nursing?</b>
	Yes
	No
<b>75</b>	<b>If Yes, which levels? (check all that apply).</b>
	PN to RN
	RN to BSN
	<b>Regulation of Board of Nursing Approved Nursing Education Programs</b>
<b>76</b>	<b>Are student-faculty ratios mandated for prelicensure nursing education programs?</b>
	Yes
	No
<b>77</b>	<b>If Yes, what is the student-faculty ratio for nursing education programs for LPN/VN programs?</b>
	6:01
	8:01
	10:01
	12:01
	Other
<b>78</b>	<b>If Yes, what is the student-faculty ratio for nursing education programs for RN programs?</b>
	6:01
	8:01
	10:01
	12:01
	Other

<b>79</b>	<b>Are full-time to part-time faculty ratios mandated for nursing education programs?</b>
	Yes
	No
<b>80</b>	<b>If yes, what is the percentage of full-time faculty for LPN/VN nursing education programs?</b>
	75% or greater full-time faculty
	50-74% full-time faculty
	25-49% full-time faculty
	<25% full-time faculty
<b>81</b>	<b>If yes, what is the percentage of full-time faculty for RN nursing education programs?</b>
	75% or greater full-time faculty
	50-74% full-time faculty
	25-49% full-time faculty
	<25% full-time faculty
<b>82</b>	<b>Are clinical education facilities used by LPN/VN nursing education programs approved by the Board of Nursing?</b>
	Yes
	No
<b>83</b>	<b>Are clinical education facilities used by prelicensure RN nursing education programs approved by the Board of Nursing?</b>
	Yes
	No
<b>84</b>	<b>Is the use of preceptors for providing supervision and/or education to nursing students regulated by the Board of Nursing for LPN/VN programs?</b>
	Yes
	No
<b>85</b>	<b>Is the use of preceptors for providing supervision and/or education to nursing students regulated by the Board of Nursing for RN Programs?</b>
	Yes
	No
	<b>Regulation of Students in Clinical Settings</b>
	<b>Curriculum Guidelines RN</b>
<b>86</b>	<b>Do curriculum guidelines/regulations in RN nursing programs include requirements for clinical experience in the following specialty areas?(check all that apply)</b>
	Obstetrics
	Adult health
	Pediatrics
	Psychiatric
	Community health

<b>87</b>	<b>Do curriculum guidelines/regulations in RN nursing programs include requirements for didactic experience in the following specialty areas? (check all that apply)</b>
	Obstetrics
	Adult health
	Pediatrics
	Psychiatric
	Community health
	<b>Curriculum Guidelines LPN/VN</b>
<b>88</b>	<b>Do curriculum guidelines/regulations in LPN/VN nursing programs include requirements for clinical experience in the following specialty areas?(check all that apply)</b>
	Obstetrics
	Adult health
	Pediatrics
	Psychiatric
	Community health
<b>89</b>	<b>Do curriculum guidelines/regulations in LPN/VN nursing programs include requirements for didactic experience in the following specialty areas?(check all that apply)</b>
	Obstetrics
	Adult health
	Pediatrics
	Psychiatric
	Community health
	<b>Distance Education</b>
	<i>Definition of Distance education in nursing: as instruction offered by any means where the student and faculty are in separate physical locations.</i>
<b>90</b>	<b>How many exclusively online LPN/VN programs does the Board of Nursing approve?</b>
	0
	1-10
	11-50
	51-100
	>100
<b>91</b>	<b>How many exclusively online entry-level ADN programs does the Board of Nursing approve?</b>
	0
	1-10
	11-50
	51-100
	>100

<b>92</b>	<b>How many exclusively online entry-level BSN programs does the Board of Nursing approve?</b>
	0
	1-10
	11-50
	51-100
	>100
<b>93</b>	<b>How many exclusively online RN to BSN programs are in the jurisdiction?</b>
	0
	1-10
	11-50
	51-100
	>100
<b>94</b>	<b>Does the Board of Nursing approve out of jurisdiction distance education nursing programs?</b>
	Didactic only
	Clinical only
	Didactic and clinical
	Do not approve
<b>95</b>	<b>How many complaints does the Board of Nursing receive each year related to out of jurisdiction distance education programs?</b>
	0
	1-10
	11-50
	51-100
	>100
<b>Member Board Profiles - Licensure Requirements/Maintenance-Examination</b>	
	Jurisdiction
	Abbreviation:
<b>96</b>	<b>Is graduation from high school or its equivalent a requirement for licensure?</b>
	Yes
	No
<b>97</b>	<b>Is there a minimum age requirement for licensure?</b>
	Yes
	No
<b>98</b>	<b>Is U.S. citizenship a requirement for licensure?</b>
	Yes
	No
<b>99</b>	<b>Is a Social Security number a requirement for licensure?</b>
	Yes
	No

<b>100</b>	<b>Is graduation from a Board of Nursing approved nursing education program a requirement for licensure?</b>
	Yes
	No
<b>101</b>	<b>Are graduates from a Board of Nursing approved program without a clinical component allowed licensure?</b>
	Yes
	No
<b>102</b>	<b>Are graduates from a Board of Nursing approved <u>distance learning</u> or virtual program allowed licensure?</b>
	Yes
	No
<b>103</b>	<b>Are applicants in a graduate entry-level nursing degree program eligible to take the NCLEX-RN examination following completion of the Board of Nursing's educational requirements for RN programs?</b>
	Yes
	No
<b>104</b>	<b>Are applicants in a pre-licensure RN program eligible to take the NCLEX-PN following completion the Board of Nursing's educational requirements for PN programs?</b>
	Yes
	No
<b>105</b>	<b>Are applicants who graduated from an RN program eligible to take the NCLEX-PN?</b>
	Yes
	No
<b>106</b>	<b>What is the time limit for applicants to pass the NCLEX after graduation?</b>
	1 year
	2 years
	3 years
	4 years
	5 years
	Unlimited
<b>107</b>	<b>What is the total number of times an initial applicant can take the NCLEX?</b>
	1-2 times
	3-4 times
	5-6 times
	No frequency limit
<b>108</b>	<b>Does the Board of Nursing require remediation after a certain number of failed NCLEX attempts?</b>
	Yes
	No
<b>109</b>	<b>Are official transcripts from the pre-licensure RN and LPN/VN nursing programs required for initial licensure by examination?</b>
	Yes
	No

Licensure Requirements/Maintenance International Educated	
<b>110</b>	<b>If an applicant is a graduate of an international education program, is an education evaluation required from a Board of Nursing-approved evaluation service?</b>
	Yes
	No
<b>111</b>	<b>If no, does the Board of Nursing perform the education evaluation?</b>
	Yes
	No
<b>112</b>	<b>If the Board of Nursing uses an outside evaluation service, which evaluation service is used? (check all that apply)</b>
	CGFNS course by course evaluation (Commission for Graduates of Foreign Nursing Schools)
	CGFNS certificate program (CES)
	ERES (Education Records Evaluation Service)
	IERF (International Education Research Foundation, Inc.)
	Other national evaluation service
	Other private state service
<b>113</b>	<b>Is an NCLEX-RN/PN predictor exam from one of the above evaluation services required by the Board of Nursing?</b>
	<i><b>Definition of Predictor Exam:</b> an exam that is taken prior to taking the NCLEX-RN/PN that evaluates an applicant's chance of passing the NCLEX-RN/PN</i>
	Yes
	No
<b>114</b>	<b>If an applicant is a graduate of an international education program, is an English proficiency exam required from a Board of Nursing-approved service?</b>
	Yes
	No
<b>115</b>	<b>If an English proficiency exam is required, which one is acceptable? (check all that apply)</b>
	TOEFL
	TOEIC
	IELTS
	Pearson
	MELAB
	OPI
	TSE
	TWE
Licensure Requirements/Maintenance-Military Educated	
<b>116</b>	<b>Are those who have graduated from the Army Practical Nursing Specialist program permitted to sit for the NCLEX-PN?</b>
	Yes
	No



<b>117</b>	<b>Are those who have graduated from any other military occupation specialist training program permitted to take the NCLEX-PN?</b>
	Yes
	No
<b>118</b>	<b>If yes, from which branch of the military? (check all that apply)</b>
	Army
	Navy
	Air Force
	Marine Corps
<b>119</b>	<b>Are those who have graduated from any military occupation specialist training program permitted to take the NCLEX-RN?</b>
	Yes
	No
<b>120</b>	<b>If yes, from which branch of the military? (check all that apply)</b>
	Army
	Navy
	Air Force
	Marine Corps
	<b>Licensure Requirements/Maintenance-Interstate Endorsement</b>
<b>121</b>	<b>How is nursing education verified for those applying for interstate endorsement? (check all that apply)</b>
	Official transcripts
	NURSYS
	Verification letter from another jurisdiction's Board of Nursing
<b>122</b>	<b>How are licenses verified for those applying for interstate endorsement? (check all that apply)</b>
	NURSYS
	Verification letter from another jurisdiction's Board of Nursing
<b>123</b>	<b>Prior to participation in graduate program clinical practicums within the jurisdiction, is licensure required for the student who is licensed as an RN in another jurisdiction?</b>
	Yes
	No
<b>124</b>	<b>While fingerprint-based FBI criminal background checks are pending for applicants applying for interstate endorsement, are temporary practice permits available?</b>
	<i>Definition of Temporary Practice Permit: a time limited permit that allows an applicant, who meets all qualifications for licensure, to practice while waiting for specific information regarding their application.</i>
	Yes
	No
<b>125</b>	<b>If yes, what length of time is the temporary practice permit valid?</b>
	30-60 days
	90-120 days
	160-180 days
	More than 180 days

<b>126</b>	<b>Are applicants with a restricted license for practice eligible for endorsement?</b>
	Yes
	No
	Case by case
<b>127</b>	<b>Are applicants whose license is encumbered by probation eligible for endorsement?</b>
	Yes
	No
<b>128</b>	<b>Are applicants whose license is under investigation or have an open complaint eligible for endorsement? (check all that apply)</b>
	Under investigation
	Complaint pending, with no investigation
<b>129</b>	<b>Are applicants who are participating in an alternative to discipline program eligible for endorsement?</b>
	Yes
	No
<b>130</b>	<b>Are exemptions to licensure requirements allowed for nurses in any of the following situations? (check all that apply)</b>
	Declared disaster
	State of emergency
	Short term travel
	Education/refresher courses
	Federal Government Employment
	<b>Licensure Requirements/Maintenance-Expired License</b>
<b>131</b>	<b>Is there a requirement to retake the NCLEX-RN or NCLEX-PN if a license has been expired for a certain period of time in order to reinstate the license?</b>
	Yes
	No
<b>132</b>	<b>When a license expires, is there a requirement to take an approved refresher program after a certain period of time in order to reinstate the license?</b>
	Yes
	No
<b>133</b>	<b>If yes, is a limited education license or authorization issued allowing clinical practice during the refresher program?</b>
	Yes
	No
<b>134</b>	<b>If yes, what length of time is limited license or authorization valid??</b>
	30-60 days
	90-120 days
	160-180 days
	More than 180 days

License Format/Renewal/Fees	
<b>135</b>	<b>How does the Board of Nursing issue licenses? (check all that apply)</b>
	Initial license - paper
	Initial license - Plastic/credit card
	Initial license - paperless
	Renewal license - paper
	Renewal license - Plastic/credit card
	Renewal license - paperless
<b>136</b>	<b>How long is a nursing license valid? (select one)</b>
	1 year
	2 years
	3 years
	4 years
<b>137</b>	<b>When are renewals processed? (select one)</b>
	On birthdate/birth month
	On a specific date/month (not related to birthdate)
<b>138</b>	<b>Which of the following is the amount closest to the RN/LPN/VN initial licensure fee (including application fee if applicable)? (Not to include NCLEX fee)</b>
	\$20 to \$50
	\$51 to \$100
	\$101 to \$150
	\$151 to \$200
	More than \$201
<b>139</b>	<b>Which of the following is the amount closest to the RN/LPN/VN renewal fee?</b>
	\$20 to \$50
	\$51 to \$100
	\$101 to \$150
	\$151 to \$200
	More than \$201
<b>140</b>	<b>Which of the following is the amount closest to the APRN initial licensure fee (including application fee if applicable)?</b>
	\$20 to \$50
	\$51 to \$100
	\$101 to \$150
	\$151 to \$200
	More than \$201

<b>141</b>	<b>Which of the following is the amount closest to the APRN renewal fee?</b>
	\$20 to \$50
	\$51 to \$100
	\$101 to \$150
	\$151 to \$200
	More than \$201
<b>142</b>	<b>Are late renewal penalties enforced?</b>
	Yes
	No
<b>143</b>	<b>If yes, which of the following is the amount closest to the RN/LPN/VN late renewal penalty?</b>
	\$20 to \$50
	\$51 to \$100
	\$101 to \$150
	\$151 to \$200
	More than \$201
	<b>Licensure Requirements/Maintenance Continued Competency</b>
<b>144</b>	<b>Are there continued competency requirements for licensure maintenance?</b>
	Yes
	No
<b>145</b>	<b>If yes, for which professions? (check all that apply)</b>
	RN
	LPN/VN
	APRN
<b>146</b>	<b>Which of the following methods can be used to meet the competency requirements? (check all that apply)</b>
	Peer review
	Continuing education
	Periodic refresher course
	Competency examination
	Minimal practice hours (paid or unpaid)
	Continued competency assessment
<b>147</b>	<b>Is continuing education by subject matter required as part of licensure maintenance?</b>
	Yes
	No

<b>148</b>	<b>If yes, which subject matter topics are required for licensure maintenance? (check all that apply)</b>
	Child abuse
	Domestic violence
	End of life
	HIV/AIDS
	Nursing law and rules
	Pain management
	Pharmacology
	None of the above
	<b>Licensure Applications/Criminal Background Checks</b>
<b>149</b>	<b>Can licensure applications be submitted on-line? (check all that apply)</b>
	Initial licensure by examination application
	Licensure by endorsement application
	Renewal licensure application
	Expired or Inactive reissuance application
	No
<b>150</b>	<b>Do licensure applications include questions addressing substance use disorder? (check all that apply)</b>
	Initial licensure by examination application
	Licensure by endorsement application
	Renewal licensure application
	Expired or Inactive reissuance application
	No
<b>151</b>	<b>Do initial licensure-by-examination applications address the request for special accommodations during administration of the NCLEX-RN/PN?</b>
	Yes
	No
<b>152</b>	<b>Do licensure applications contain questions addressing disciplinary action by another Board of Nursing, agency, or regulatory body?</b>
	Initial licensure by examination application
	Licensure by endorsement application
	Renewal licensure application
	Expired or Inactive reissuance application
	No
<b>153</b>	<b>Do licensure applications contain questions addressing ongoing investigations of charges potentially leading to disciplinary action by another Board of Nursing, agency, or regulatory body?</b>
	Initial licensure by examination application
	Licensure by endorsement application
	Renewal licensure application
	Expired or Inactive reissuance application
	No

<b>154</b>	<b>Is attestation of sound physical and mental health a requirement for licensure?</b>
	Yes
	No
<b>155</b>	<b>Can an individual with an inability to practice fully due to a health problem be issued a license with restrictions to practice?</b>
	Yes
	No
<b>156</b>	<b>If yes, check all that apply</b>
	Physical handicap
	Learning disability
	Hearing problems
	Psychological disorder
	Chemical/drug dependence
<b>157</b>	<b>Is attestation of good moral character a requirement for licensure?</b>
	Yes
	No
<b>158</b>	<b>Is a fingerprint-based FBI criminal background check required for licensure?</b>
	Yes
	No
<b>159</b>	<b>If yes, at what point during licensure? (check all that apply)</b>
	Initial licensure by examination application
	Licensure by endorsement application
	Renewal licensure application
	Expired or Inactive reissuance application
<b>160</b>	<b>Is a named-based criminal background check (state police/patrol) required for licensure?</b>
	Yes
	No
<b>161</b>	<b>If yes, at what point during licensure? (check all that apply)</b>
	Initial licensure by examination application
	Licensure by endorsement application
	Renewal licensure application
	Expired or Inactive reissuance application
<b>162</b>	<b>Are felony convictions (or equivalent criminal convictions) reviewed as part of the licensure application process?</b>
	Yes
	No
<b>163</b>	<b>If yes, are all felony convictions (or equivalent criminal convictions) a permanent bar to licensure?</b>
	Yes
	No

<b>164</b>	<b>If no, are certain types of felony convictions (or equivalent criminal convictions) a permanent bar to licensure?</b>
	Yes
	No
	Case by case
<b>165</b>	<b>If yes, identify the types of felonies (or equivalent criminal convictions) which are a permanent bar to licensure. (check all that apply)</b>
	Homicide/murder
	Manslaughter
	Sexual offense
	Aggravated assault (of an adult)
	Aggravated assault (of a minor or vulnerable adult)
	Violation of controlled substance act (delivery/intent/manufacture)
<b>166</b>	<b>Are all felony convictions (or equivalent criminal convictions) reviewed on a case by case basis?</b>
	Yes
	No
<b>167</b>	<b>Are misdemeanor convictions (or equivalent criminal convictions) reviewed?</b>
	Yes
	No
<b>168</b>	<b>Is NURSYS checked for disciplinary action at any following stages of licensure? (check all that apply)</b>
	Initial licensure by examination application
	Licensure by endorsement application
	Renewal licensure application
	Expired or Inactive reissuance application
	Reinstating after discipline
<b>Member Board Profiles - Discipline/Practice</b>	
	Jurisdiction
	Abbreviation:
<b>Disciplinary Procedures</b>	
<b>169</b>	<b>Is child, elder, vulnerable adult abuse by a licensee required to be reported to law enforcement or another agency?</b>
	Yes
	No
<b>170</b>	<b>Is there a provision requiring mandatory reporting of violations of the nurse practice act?</b>
	Yes
	No

<b>171</b>	<b>If yes, are any of the following allowed as exceptions to the mandatory reporting requirement? (check all that apply)</b>
	Mandatory reporting of substance use disorder is not required if the nurse is monitored by an employer or an Alternative to Discipline Program
	Mandatory reporting is not required by a nurse who has a bona fide health professional-patient relationship with a licensee or applicant
	Mandatory reporting pertains only to hospital and other health care institutions
	Mandatory reporting is not required if violations of the nurse practice act are not directly observed
	Does not apply
	<b>Investigation of Complaints</b>
<b>172</b>	<b>Who conducts investigations of complaints against licensees? (check all that apply)</b>
	Executive Officer
	RN or PN investigative Board of Nursing staff
	Non-nursing investigative Board of Nursing staff
	Non-nursing investigative staff from another department/division
	Attorney
<b>173</b>	<b>Does the Board of Nursing have subpoena power during investigation?</b>
	Yes
	No
<b>174</b>	<b>Does the Board of Nursing have subpoena power during prosecution?</b>
	Yes
	No
<b>175</b>	<b>Does the Board of Nursing receive malpractice payment reports as a result of insurers reporting to the National Practitioner Data Bank?</b>
	Yes, as a mandatory requirement under state law
	Yes, even though there is no mandatory requirement under state law
	Occasionally
	Does not apply
<b>176</b>	<b>Are malpractice reports reviewed to determine if a disciplinary investigation is warranted?</b>
	Yes
	No
<b>177</b>	<b>Are malpractice reports stored/filed for future reference?</b>
	Yes
	No
<b>178</b>	<b>Can the Board of Nursing require evaluation for substance use disorder during an investigation?</b>
	Yes
	No
<b>179</b>	<b>Can the Board of Nursing require evaluation of physical and/or mental during an investigation?</b>
	Yes
	No



<b>180</b>	<b>What is the standard of proof?</b>
	Clear and convincing evidence
	Preponderance of evidence
	Substantial evidence
	Reasonable cause
	<b>Formal Disciplinary Processes</b>
<b>181</b>	<b>Who hears formal disciplinary proceedings? (check all that apply)</b>
	Hearing examiner
	Administrative law judge
	Full Board of Directors
	Panel/committee of Board of Directors
	Board chair/member
	<b>Disciplinary Sanctions</b>
<b>182</b>	<b>Which of the following disciplinary actions can be ordered? (check all that apply)</b>
	Censure
	Cease and desist orders
	Reprimands
	Citation Orders
	Warnings
	Practice limitations with probation
	Practice limitations without probation
	Probation
	Conditional Probation
	Summary suspension
	Suspension-temporarily barred from nursing practice
	Revocation
	Fines/civil penalties
	Assessment of costs
	License surrender
	Community service
<b>183</b>	<b>Can the licensee be ordered to pay investigative fees?</b>
	Yes
	No
<b>184</b>	<b>Can the licensee be ordered to pay the legal fees?</b>
	Yes
	No
<b>185</b>	<b>Is the Board of Nursing required to take disciplinary action in any of the following instances? (check all that apply)</b>
	Non-payment of child support
	Non-payment of student loans
	Non-payment of alimony/spousal support
	Non-payment of jurisdiction taxes

Non-disciplinary Alternative Approaches	
<b>186</b>	<b>Does the Board of Nursing use non-disciplinary alternative programs for the following types of cases? (check all that apply)</b>
	Substance Use Disorder
	Psychiatric/mental health problems
	Physical or health problems
	Practice related
<b>187</b>	<b>Does the Board of Nursing offer an in-house non-disciplinary monitoring program for Substance Use Disorder?</b>
	Yes
	No
<b>188</b>	<b>Does the Board of Nursing refer the licensee to an external alternative to discipline program for Substance Use Disorder?</b>
	Yes
	No
<b>189</b>	<b>If the Board of Nursing uses a non-disciplinary <u>practice-related</u> alternative program, which of the following may be included in the alternative program? (check all that apply)</b>
	Civil penalties
	Conference/meeting
	Community service
	Continuing education
	Fines
	Mediation
	Monitored practice
	Non disciplinary probation
	Restitution
	Self-study
	Teaching conference
	Warning letters
<b>190</b>	<b>Is participation by the licensee in non-disciplinary alternative programs for nursing practice disclosed as public information?</b>
	Yes
	No
<b>191</b>	<b>Can the licensee be ordered to pay monitoring fees?</b>
	Yes
	No
Practice	
<b>192</b>	<b>Are there specific references to <u>delegation</u> in any of the following: (check all that apply)</b>
	Nurse Practice Act
	Rules and Regulations
	Declaratory rulings/advisory opinions
	Position statements
	Written Guidelines
	No

<b>193</b>	<b>If Yes, do the references to <u>delegation</u> apply to registered nurses or practical nurses? (check all that apply)</b>				
	Registered Nurses				
	Practical Nurses				
<b>194</b>	<b>Are there specific references to telenursing, telehealth or other terms referring to electronic practice in any of the following: (check all that apply):</b>				
	Nurse Practice Act				
	Rules and Regulations				
	Declaratory rulings/advisory opinions				
	Position statements				
	Written Guidelines				
	No				
<b>195</b>	<b>Does the Board of Nursing permit a nurse licensed and practicing telenursing in another jurisdiction to provide telenursing services to in-jurisdiction patients?</b>				
	Yes, provided the practitioner has a valid Compact license				
	Yes				
	No				
<b>Member Board Profiles – Advanced Practice Registered Nurses</b>					
	Jurisdiction				
	Abbreviation:				
	<i>Definition of Role: describes the function</i>				
	<i>Definition of Title: describes the label given to the role</i>				
	<b>APRNs Regulated as a Separate Group</b>				
<b>196</b>	<b>Does the Board of Nursing license/recognize APRNs in the following roles: Nurse Anesthetist, Nurse Midwife, Clinical Nurse Specialist, and Nurse Practitioner?</b>				
	<b>If Yes, check all that apply</b>	<b>Nurse Anesthetist</b>	<b>Nurse Midwife</b>	<b>Clinical Nurse Specialist</b>	<b>Nurse Practitioner</b>
	Yes				
	No				
<b>197</b>	<b>Does the Board of Nursing license by endorsement any of the following APRN roles?</b>				
	<b>If Yes, check all that apply</b>	<b>Nurse Anesthetist</b>	<b>Nurse Midwife</b>	<b>Clinical Nurse Specialist</b>	<b>Nurse Practitioner</b>
	Yes				
	No				
<b>198</b>	<b>Does the Board of Nursing use the following role titles for APRNs?</b>				
	<b>If Yes, check all that apply</b>	<b>CRNA</b>	<b>CNM</b>	<b>CNS</b>	<b>CNP</b>
	Yes				
	No				
<b>199</b>	<b>Do the nursing statutes or regulations describe the APRN scope of practice? Check all that apply</b>				
	Statutes				
	Regulations				

Regulatory Oversight Responsibility					
<b>200</b>	<b>Who regulates APRNs?</b>				
	<b>Check all that apply</b>	<b>CRNA</b>	<b>CNM</b>	<b>CNS</b>	<b>CNP</b>
	Board of Nursing				
	Board of Medicine				
	Board of Pharmacy				
	Advanced Practice Nursing Board				
	Department of Health				
Level of Prescriptive Authority					
<b>201</b>	<b>What is the level of prescriptive authority granted to APRNs?</b>				
	<b>Check all that apply</b>	<b>CRNA</b>	<b>CNM</b>	<b>CNS</b>	<b>CNP</b>
	No authority to prescribe				
	Restricted to formulary				
	Restricted to protocol				
	Restricted to practice agreement with physician				
	Independent but restricted to area of practice experience				
	Independent without restrictions				
Prescription of Controlled Substances					
<b>202</b>	<b>What is the level of prescriptive authority, relative to controlled substances, granted to APRNs?</b>				
	<b>Check all that apply</b>	<b>CRNA</b>	<b>CNM</b>	<b>CNS</b>	<b>CNP</b>
	Schedule II				
	Schedule III				
	Schedule IV				
	Schedule V				
	No authority for controlled substance prescribing				
DEA Numbers					
<b>203</b>	<b>Can APRNs apply for their own DEA numbers?</b>				
	<b>If Yes, check all that apply</b>	<b>CRNA</b>	<b>CNM</b>	<b>CNS</b>	<b>CNP</b>
	Yes				
	No				
Approval of APRN Education Program					
	<i><b>Definition of Approval:</b> the official recognition of nursing education programs which meet standards of approval established by boards of nursing. Some BONs use the term <u>accreditation</u> instead of <u>approval</u>, but for the purposes of this document the term used will be <u>approval</u>.</i>				
<b>204</b>	<b>Does the Board of Nursing have authority to approve APRN education programs? use a grid like no.14</b>				
	<b>If Yes, check all that apply</b>	<b>CRNA</b>	<b>CNM</b>	<b>CNS</b>	<b>CNP</b>
	Yes				
	No				
<b>205</b>	<b>Is graduation from an approved graduate or post-graduate program required for APRN license/recognition</b>				
	<b>If Yes, check all that apply</b>	<b>CRNA</b>	<b>CNM</b>	<b>CNS</b>	<b>CNP</b>
	Yes				
	No				

Certification					
206	Is APRN role certification by a nationally accredited certification program required for recognition or licensure as an APRN?				
	If Yes, check all that apply	CRNA	CNM	CNS	CNP
	Yes				
	No				
Continued Competence Requirements					
207	Is demonstration of continued competency required for APRNs?				
		CRNA	CNM	CNS	CNP
	Yes				
	No				
208	If Yes, which of the following methods can be used to meet the competency requirements?				
	Check all that apply:	CRNA	CNM	CNS	CNP
	Continuing education (beyond that required for the <u>basic</u> RN license)				
	Pharmacology course work or CEU				
	Maintenance of advanced practice certification by a national certifying organization/body				
	Practice requirements				
209	Is completion of an advanced <u>pharmacology/pharmacotherapeutic</u> course required for <u>initial</u> legal recognition of APRNs?				
		CRNA	CNM	CNS	CNP
	Yes				
	No				
Member Board Profiles - Assistive Personnel					
	Jurisdiction				
	Abbreviation:				
Regulation					
210	Does the Board of Nursing regulate any of the following assistive personnel? (check all that apply)				
	Certified Nursing Assistant				
	Dialysis assistant/technician				
	Hemodialysis assistant/technician				
	Home health aide				
	Medication aide				
	Nutrition or feeding aide				
	Psychiatric aide/technician				
	None				

<b>211</b>	<b>Are there specific statutes or regulations that reference delegation for any of the following assistive personnel? (check all that apply)</b>
	Certified Nursing Assistant
	Dialysis assistant/technician
	Hemodialysis assistant/technician
	Home health aide
	Medication Aide
	Nutrition or feeding aide
	Psychiatric aide/technician
	None
	<b>Training Programs/Examinations</b>
<b>212</b>	<b>Does the Board of Nursing approve training programs for any of the following assistive personnel?</b>
	Certified Nursing Assistant
	Dialysis assistant/technician
	Hemodialysis assistant/technician
	Home health aide
	Medication Aide
	Nutrition or feeding aide
	Psychiatric aide/technician
	None
<b>213</b>	<b>Does the Board of Nursing administer or outsource nursing assistant examinations?</b>
	Administer
	Outsource
<b>214</b>	<b>Which type of exam is required by the Board of Nursing for nursing assistant examinations?</b>
	Board of Nursing constructed exams
	Standardized exams
<b>215</b>	<b>Is the Board of Nursing responsible for the initial competency evaluation of assistive personnel?</b>
	Yes
	No
	<b>Registry</b>
<b>216</b>	<b>Does the Board of Nursing maintain a registry of assistive personnel employed in nursing homes?</b>
	Yes
	No
<b>217</b>	<b>Does the Board of Nursing maintain a registry of assistive personnel employed in home health care agencies?</b>
	Yes
	No
	<b>Discipline</b>
<b>218</b>	<b>Does the Board of Nursing have the authority to take disciplinary action on assistive personnel?</b>
	Yes
	No
<b>219</b>	<b>Does the Board of Nursing maintain a database of disciplined assistive personnel?</b>
	Yes
	No
<b>220</b>	<b>Does the Board of Nursing maintain a database of assistive personnel disciplined for patient abuse?</b>
	Yes
	No

# 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 assessment instrument in the U.S. MACE is a new national examination that NCSBN developed for state boards of nursing (BONs) and other medication aide/assistant oversight agencies and became effective Jan. 1, 2010. MACE helps to evaluate the competence of unlicensed individuals allowed to administer medications to clients in long-term care settings.

Pearson VUE is the exclusive test administrator for NNAAP and MACE, and continues to be responsible for all delivery, administration and publishing (electronic and paper), while assisting with sales and market development activities associated with the exams. In addition, Pearson VUE provides the following testing services for NNAAP: eligibility screening and registration; test site scheduling; test administration (test site and Registered Nurse Evaluator management); scoring; and reporting. The registry services provided by Pearson VUE include initial certification, recertification and reciprocity management, as well as public access registry verifications through the Internet.

NNAAP is consistent with the training requirements for nurse aides/nursing assistants (NAs) delineated in the Omnibus Budget Reconciliation Act (OBRA) of 1987, 1989. This act states that anyone working as an NA must complete a competency evaluation program. The competency evaluation program must be state-approved, consist of a minimum of 75 hours of training and include 16 hours of supervised clinical training.

The 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 FY14 Activities

The following is a list of the highlights and accomplishments.

- In January 2013, the NNAAP® Item Writing Workshop was held.
- In February 2013, the NNAAP® Item Review Workshop was held.
- In April 2013, the MACE® Item Writing Workshop was held.
- In May 2013, the MACE® Item Review Workshop was held.
- In January 2014, 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.

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## Meeting Dates

- Jan. 28-29, 2013  
NNAAP® Item Writing Webinar
- Feb. 11-12, 2013  
NNAAP® Item Review Webinar
- April 8-10, 2013  
MACE® On-site Item Writing  
Panel
- May 13-14, 2013  
MACE® Item Review Webinar
- July 8-10, 2013  
NNAAP® Onsite Item Writing  
Panel
- Aug. 12-13, 2013  
NNAAP® Item Review Webinar
- Oct. 21-23, 2013  
North Carolina MACE® Item  
Writing Webinar
- Nov. 18-19, 2013  
North Carolina MACE® Item  
Review Webinar

## Relationship to Strategic Plan

### Strategic Initiative D

Develop competency assessments to support the future of health care and the advancement of regulatory excellence.

## PROGRAM HIGHLIGHTS AND TEST DEVELOPMENT ACTIVITIES

### NNAAP® Item Writing and Review Workshops

SMEs engaged in test development activities for the NNAAP written examination on Jan. 28-29, 2013, and July 8-10, 2013. Both meetings 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, a gap analysis was conducted on 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 Feb. 11-12, 2013, and Aug. 12-13, 2013, meetings 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.

### MACE® Item Writing and Item Review Workshops

The MACE item writing and item review workshops, held April 8-10, 2013, and May 13-14, 2013, followed the same plan as the NNAAP item writing and review workshops as 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 nurse aide and medication aide certification.

### SUMMARY OF NNAAP® EXAMINATION RESULTS FOR TESTING YEAR 2013: PASS RATES BY STATE<sup>1</sup>

Across all jurisdictions, the pass rates for NNAAP were 89 percent for the written or oral examinations and 76 percent for the skills evaluation. The Table 1 provides passing rates by jurisdiction for the written or oral examination, skills evaluation and overall pass rates for forms administered in 2013. The number 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.

<sup>1</sup> The NNAAP testing year coincides with the calendar year. Pass rates from Jan. 1 – Dec. 31, 2013, 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	90%	78%	89%	66%	64%	65%	72%
	1,241	128	1,369	910	221	1,131	1,106
Alaska	96%	84%	94%	87%	80%	86%	90%
	589	58	647	530	93	623	610
California	90%	60%	86%	88%	82%	87%	87%
	10,782	1,158	11,940	10,520	1,661	12,181	11,506
Colorado	95%	73%	93%	81%	66%	78%	86%
	5,605	484	6,089	4,804	843	5,647	5,589
District of Columbia	82%	72%	79%	75%	69%	74%	76%
	269	66	335	252	68	320	300
Georgia	92%	70%	90%	76%	71%	76%	81%
	9,776	853	10,629	8,242	1,481	9,723	9,492
Guam	90%	50%	87%	62%	100%	63%	56%
	26	1	27	18	1	19	18
Louisiana	86%	65%	83%	91%	93%	91%	89%
	315	41	356	331	43	374	346
Maryland	94%	77%	92%	87%	80%	87%	88%
	3,286	272	3,558	3,074	382	3,456	3,367
Minnesota	95%	87%	94%	79%	74%	78%	88%
	4,967	1,099	6,066	4,115	1,571	5,686	5,619
Mississippi	86%	71%	83%	66%	60%	64%	70%
	2,093	445	2,538	1,614	557	2,171	2,096
New Hampshire	100%	0%	100%	100%	0%	100%	100%
	9	0	9	9	0	9	9
North Dakota	93%	84%	92%	91%	87%	91%	92%
	1,120	140	1,260	1,094	155	1,249	1,224
Pennsylvania	94%	73%	91%	75%	73%	74%	82%
	7,738	812	8,550	6,284	1,641	7,925	7,749
Rhode Island	88%	66%	84%	56%	60%	58%	73%
	1,362	256	1,618	912	509	1,421	1,351
South Carolina	94%	83%	92%	75%	66%	73%	79%
	3,647	530	4,177	2,945	840	3,785	3,658
Texas	86%	65%	82%	49%	49%	49%	86%
	15,736	2,452	18,188	725	90	815	17,550
Vermont	98%	67%	97%	80%	83%	80%	89%
	764	18	782	631	105	736	725
Virgin Islands	89%	100%	89%	69%	87%	76%	75%
	32	1	33	18	13	31	30
Virginia	92%	58%	87%	73%	64%	71%	78%
	5,794	617	6,411	4,685	1,106	5,791	5,693

**Table 1: Pass Rates by Jurisdiction**

Jurisdiction	Written/Oral (N)			Skills (N)			Total
	First Time Takers	Repeaters	Total	First Time Takers	Repeaters	Total	
Washington	94%	66%	90%	71%	73%	72%	80%
	7,949	674	8,623	6,104	1,589	7,693	7,558
Wisconsin	97%	84%	96%	75%	71%	74%	85%
	8,737	696	9,433	6,798	1,771	8,569	8,498
Wyoming	97%	93%	97%	75%	70%	74%	85%
	970	124	1,094	749	228	977	970
Total	92%	70%	89%	77%	71%	76%	83%
	92,807	10,925	103,732	65,364	14,968	80,332	95,064

**Attachments**

None.

# Report of the NCLEX® Examination Committee (NEC)

## Background

As a standing committee of NCSBN, the NEC is charged with advising the NCSBN Board of Directors (BOD) on matters related to the NCLEX® process, including examination item development, security, administration and quality assurance to ensure consistency with the member boards' need for examinations. In order to accomplish this, the committee monitors the NCLEX-RN® and NCLEX-PN® Examinations processes 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 chairs of the subcommittee on a rotating basis. Highlights of the activities of the NEC and NIRSC activities follow.

## Highlights of FY14 Activities

The following lists the highlights and accomplishments in fulfilling the NEC charge for fiscal year 2014 (FY14).

FY14 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 leading experts in the testing and measurement field. The committee reviews and conducts psychometric research to provide empirical support for the use of the NCLEX as a valid measurement of initial nursing licensure, as well as to investigate possible future enhancements to the examination program.

Several new research projects were completed in FY14. An example is the development of an optimal item pool design for computerized adaptive testing (CAT). The JRC also approved a number of research proposals in the past year, including a study examining clinical decision making in the context of various item types.

## NCSBN Examinations Department Internship Program

In 2014, NCSBN sponsored its third summer internship program for advanced doctoral students in educational measurement and related fields. The internship was eight weeks in June and July 2014 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 is to provide practical experience with operational 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.

## Members

### NCLEX® Examination Committee

Janice Hooper, PhD, RN  
Texas, Area III, Chair

M. Lynn Ansardi, RN  
Louisiana-PN, Area III

Pamela Autrey, PhD, MSN, MBA, RN, NE-BC  
Alabama, Area III

Tammy Claussen, MSN, RN, CNE  
Arkansas, Area III

Roseann Colosimo, PhD, RN  
Nevada, Area I

Catherine Dearman, PhD, RN  
Alabama, Area III

Loraine Fleming, DNP, APRN, PMHNP-BC  
Hawaii, Area I

Ann Jones, PhD, RN  
Minnesota, Area II

Francine Kirby-Chittum, MSN, RN  
West Virginia-PN, Area II

Constance McIntosh, EdD, MBA, RN  
Indiana, Area II

Rhonda Taylor, MSN, RN  
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Lanette Anderson, JD, MSN, RN  
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### NCLEX® Item Review Subcommittee

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Nina Almasy, MSN, RN  
Texas, Area III

William Anderson, JD, RN  
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Bonnie Cone, MSN, RN  
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Sheila Davis, LPN  
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Georgina R. Howard, MPA, RN-BC  
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Rebecca Reese, LPN  
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Brenda B. Rowe, JD, MN, RN  
Georgia, Area III

Felicia Stokes, JD  
District of Columbia, Area IV,

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PMHNP, ANP, GNP, RN  
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North Dakota, Area II

Jennifer Winston, MS, RN  
Ohio, Area II

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Ada Woo, PhD, MA  
Associate Director, Measurement  
and Testing, Examinations

### Meeting Dates

- Oct. 7-8, 2013  
(NCLEX® Examination  
Committee Business Meeting)
- Dec. 16-18, 2013  
(NCLEX® Item Review  
Subcommittee Meeting)
- Jan. 13-14, 2014  
(NCLEX® Examination  
Committee Business Meeting)
- March 17-19, 2014  
(NCLEX® Item Review  
Subcommittee Meeting)
- April 28-30, 2014  
(NCLEX® Item Review  
Subcommittee Meeting)
- April 14-15, 2014  
(NCLEX® Examination  
Committee Business Meeting)

## RN and PN Continuous Practice Analysis Studies

NCSBN began administering the 2013 RN and PN Continuous Practice Analysis online survey instruments in December 2012, and finished the analyses in the second fiscal quarter of 2014. 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 fewer 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.

Currently, the 2014 RN and PN Continuous Practice Analysis survey administration is underway. Data collection for these surveys began in December 2013 and will continue through October 2014. The methodology and survey forms from the 2013 RN and PN Continuous Practice Analysis are being utilized for the 2014 surveys.

### 2014 NCLEX-PN® Test Plan

The most recent triennial NCLEX-PN Practice Analysis study was completed in 2012. 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 2014 NCLEX-PN® Test Plan was developed and subsequently approved during the NCSBN Annual Meeting in August 2013. This test plan became effective on April 1, 2014.

Along with the development of the 2014 NCLEX-PN® Test Plan, NCSBN performs the triennial review of the NCLEX-PN passing standard. In December 2013, the BOD considered all available evidence, including results from a criterion-referenced standard setting study (see section below on PN Standard Setting Workshop), as well as annual national surveys of nursing professionals. It determined that safe and effective entry-level PN 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-PN passing standard. Effective April 1, 2014, the new passing standard of -0.21 logits was implemented for the NCLEX-PN Examination.

## RN Practice Analysis and Knowledge Skills and Ability (KSA) Study

The triennial NCLEX-RN Practice Analysis and Knowledge, Skills and Ability (KSA) studies are currently underway. In November 2013, a panel of subject matter experts (SMEs) met to develop a comprehensive list of entry-level registered nurse (RN) activity statements that form the basis of the 2014 NCLEX-RN Practice Analysis and subsequent development of the 2016 NCLEX-RN® Test Plan. Launched in spring 2014, the NCLEX-RN Practice Analysis survey requested feedback from newly licensed nurses regarding the importance and frequency of the activity statements as it relates to client safety and decreasing client complications.

Simultaneously, the development and subsequent launch of the NCLEX-PN KSA survey is in progress. In December 2013, a separate SME panel met to develop a list of knowledge statements relevant to entry-level RN practice. The KSA survey requested newly licensed nurses, as well as educators and supervisors who work with entry-level nurses, to respond as it related to the importance of the knowledge statements in the delivery of entry-level RN care. Results obtained from the KSA study will be used to inform item development for the 2016 NCLEX-RN® Test Plan.

## PN Standard Setting Workshop

Every three years, NCSBN conducts a practice analysis for entry-level PN licensure. Based on the practice analysis, NCSBN makes appropriate changes to the NCLEX-PN Test Plan if necessary and establishes a new passing standard based on the new test plan. These steps help ensure that the NCLEX-PN Examination continues to reflect current nursing practice and that nurses who pass the NCLEX-PN will continue to meet minimal levels of nursing competence.

A panel of SMEs convened in Chicago, Sept. 25-27, 2013, to conduct a criterion-referenced NCLEX-PN® Standard Setting Workshop. The SME panel was composed of nurses who represented all four NCSBN geographic areas and practiced in a variety of settings. The panel's findings supported the creation of a higher passing standard. The BOD used the workshop results and recommendations from the panel as part of its considerations for the revised NCLEX-PN passing standard.

## 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 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 four new Pearson Professional Centers (PPCs) in the U.S. in 2014. In addition, Pearson VUE also replaced eight test centers with larger test sites during 2014.

## Evaluated and Monitored NCLEX® Examination Policies and Procedures

The committee reviews the BOD's examination-related policies and procedures, as well as the NEC policies and procedures annually and updates them as necessary.

## NCLEX® Paperless Project

In an effort to improve effectiveness and efficiency, the NCLEX program went "green" and transitioned to a paperless program this fiscal year. NCSBN can more expediently and reliably deliver the same information through electronic means. The paperless initiative was implemented Jan. 1, 2014, and was a smooth and successful transition.

## Definition of an Entry-level Nurse

The Examinations department conducted a literature review of the health care industry's definition and practice surrounding entry-level incumbent characteristics. The results indicated that entry-level nurse characteristics are evident within the first one to two years of practice. Additionally, staff consulted a group of SMEs asking the following question: "Considering the environment of practice, the needs of today's client and practice competency considerations a new nurse will face when entering the nursing profession, what is the length of time entry-level characteristics will remain present?" As a result of the study, the NEC made a recommendation to change the definition of an entry-level nurse to "no more than 12 months of practice."

## 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 committee and the subcommittee: (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 sample of all validations for pretest and master pool items scheduled for review.

- June 23-25, 2014  
(NCLEX® Item Review Subcommittee Meeting)
- July 16, 2014  
(NCLEX® Examination Committee Conference Call)
- July 28-30, 2014  
(NCLEX® Item Review Subcommittee Meeting)
- Aug. 25-27, 2014  
(NCLEX® Item Review Subcommittee Meeting)
- Sept. 22-24, 2014  
(NCLEX® Item Review Subcommittee Meeting)

## Relationship to Strategic Plan

### Strategic Initiative D

Develop competency assessments to support the future of health care and the advancement of regulatory excellence.

### Strategic Objective D1

Enhance precision of the measurement of NCLEX candidates through the use of the state-of-the-art technologies and unfolding scoring models.

### Strategic Objective D2

Investigate use of NCSBN's exam resources to support the work of the regulatory bodies.

Assistance from the subcommittee continues to reduce the NEC's item review workload, facilitating its efforts toward achieving defined goals. As the item pools continue to grow, review of operational items is critical to ensure that the item pools reflect current entry-level nursing practice. At this time, the number of volunteers serving on the subcommittee is 19, with representation from all four NCSBN geographic areas. Orientation to the subcommittee occurs at each meeting and is offered as needed on a quarterly basis.

### Monitored Item Production

Under the direction of the NEC, RN and PN pretest items were written and reviewed by NCLEX® Item Development Panels (for panel productivity, 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) have been developed and deployed in item pools. Information about items using alternate formats has been made available to member boards and candidates in the NCLEX® Candidate Bulletin, candidate tutorial and on the NCSBN website.

### 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
April 13 – March 14	6	60	2,047	7	4,306

**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
April 13 – March 14	6	57	1,861	6	4,343

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. NCLEX staff continues to oversee each panel. Overall, panelists and NCLEX staff in attendance have rated item development sessions favorably.

### **Monitored Development of Operational NCLEX® Item Pools**

NCSBN Examinations 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 2013, the committee reviewed the items referred from the April 2013 Member Board Review. The committee provided direction on the resolution of each referred item and staff gave BONs feedback on the committee'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 2013 review consisted of 12 BONs, an increase from seven BONs during the October 2012 review. The April 2013 review consisted of six BONs, an increase from four BONs during the April 2012 review. For the April 2014 review, 12 BONs participated.

### **Item-related Incident Reports (IRs)**

Electronically filed incident reports may be submitted at PPCs when candidates question item content. Pearson VUE and NCSBN staff continues to investigate 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 committee 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 who 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 the 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, on-site 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, 2013 to Dec. 31, 2013, 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 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 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 A.

### **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 A for the 2013 candidate volumes and pass rates for the international testing centers.

## **EDUCATE STAKEHOLDERS**

### **NCLEX® Research Presentations and Publications**

NCSBN staff presented at two sessions at the 2014 Association of Test Publishers (ATP) Innovations in Testing Conference in Scottsdale, Ariz. Collaborating with colleagues from other testing organizations, NCSBN staff shared experiences in a session titled "Creating Innovation in Your Testing Program: The Experiences of Some Who Have 'Been There'." Staff also co-presented in the workshop "Psychometric Rules of Thumb that Every Credentialing Manager Should Know." To the international audience, staff presented the paper "Journey from Approval of Accommodations to Implementing Those Accommodations" at the Europe ATP Conference in St. Julians, Malta. 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.

At the 2013 Council on Licensure, Enforcement and Regulation (CLEAR) Annual Education Conference in St. Louis, Mo., NCSBN Examinations staff took part in the expert panel discussion "Responding to Your Questions about Examinations: Ask the Experts." Participation in industry expert panels such as this reinforced NCSBN's position as one of the leading test developers in the licensure and certification field. CLEAR promotes regulatory excellence through conferences and various education programs. It is a prominent international organization within the regulation community.



In addition, NCSBN and Pearson VUE staff jointly presented “Score Reporting Pitfalls for Licensure and Certification Examinations” at the Institute of Credentialing Excellence (ICE) Exchange Conference. 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.

Active involvement with testing and regulatory organizations such as ATP, CLEAR 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 2014, NCSBN Examinations staff published “Assessing DIF among Small Samples with Separate Calibration t and Mantel-Haenszel Chi-Square Statistics in the Rasch Model” in the *Journal of Applied Measurement*. This study was conducted in collaboration with members of the Joint Research Committee. Additionally, Examinations staff presented five papers at the jointly held 2014 American Educational Research Association (AERA) and National Council on Measurement in Education (NCME) Annual Conferences. AERA and NCME are prestigious measurement and testing organizations with broad membership bases. These organizations are internationally recognized as the premier psychometric membership associations. These conferences took place in Philadelphia, Pa. in April 2014.

NCSBN Examinations staff, collaborating with vendors Pearson VUE and Mountain Measurement, presented five papers and two roundtable sessions at the 9th Conference of the International Test Commission (ITC) in Spain. The ITC is an “association of national psychological associations, test commissions, publishers and other organizations committed to promoting effective testing and assessment policies and to the proper development, evaluation and uses of educational and psychological instruments.” The conference took place in San Sebastian, Spain in July 2014.

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 content staff conducted four NCSBN-sponsored NCLEX® Regional Workshops. Regional workshops are presented for the purpose of providing information to educators preparing students to take the NCLEX. The member boards that hosted a regional workshop were Alabama, Arkansas, Ohio, South Dakota and Texas. 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® Information Flyer**

The candidate bulletin contains procedures and key information specific to candidates preparing to test for the NCLEX. The candidate bulletin is updated on an annual basis and can be obtained in electronic format. The abbreviated at-a-glance version of the bulletin was discontinued in 2014. The NCLEX® Information Flyer was created as a brief snapshot of the NCLEX candidate process, rules and identification requirements, and is available in an electronic format.

### **NCLEX® Conference**

Historically, the Examinations staff has coordinated and hosted an NCLEX® Conference in order to provide member boards, educators and other stakeholders an opportunity to learn about the NCLEX program. The 2013 NCLEX® Conference was held in Chicago, Ill. on Sept. 9, 2013, with approximately 350 participants. The 2014 NCLEX® Conference is scheduled for Monday, Sept. 29, 2014, in Charlotte, N.C. In addition, the NCLEX® Conference for Canadian Educators was held in Calgary, Alberta on April 28, 2014.

### **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 NCLEX® Program Report subscriptions.

### **NCLEX® Unofficial Quick Results Service**

The member boards, through NCSBN, offer candidates the opportunity to obtain their “unofficial results” (official results are only available from the BONs) through the NCLEX® Quick Results Service. A candidate may use the Internet to access their unofficial result 48 business hours 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 2013, approximately 133,000 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 the NCLEX-RN® Examination in 2015.
- Evaluate ongoing international testing.
- Host the 2014 NCLEX® Conference.
- Introduce additional alternate format item types.
- Explore additional item writing strategies for the NCLEX.

### **Attachment**

- A. Annual Report of Pearson VUE for the NCLEX®

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## Attachment A

# Annual Report of Pearson VUE for the NCLEX®

This report represents information gained during Pearson VUE's 11th full year of providing test delivery services for the NCLEX® program to NCSBN. This report summarizes the activities of the past year.

## PEARSON VUE ORGANIZATIONAL CHANGES

Several staffing changes occurred during the Jan. 1 – Dec. 31, 2013, reporting period.

### Program Management

- Wendy Jackson joined the NCLEX® team as senior client support specialist in February 2013 after Jessica Carlson moved to another position at Pearson. Jackson has worked on multiple projects for the Client Support Specialist team since 2011.
- Marianne Griffin became the senior client program manager in August 2013 to fill the vacancy created when James Mooney moved to a new position within Pearson. Griffin has worked in the Program Management group since 2009.

### Psychometrics

- Joe Betts, PhD, NCSP, joined the team in October 2013 as manager, Psychometric Services, after Jerry Gorham resigned in August 2013. He is a graduate of the University of Minnesota, Twin Cities, where he studied psychology, psychometric methods and applied statistics. Betts worked for more than a decade as a psychologist in both clinical and school milieus, and he also has more than 10 years of experience in research and development, and psychometric services. Previous positions included senior measurement statistician, principal research scientist, and director of measurement services for large-scale testing organizations with international experience. Betts has extensively published in professional journals and currently holds several editorial board positions for various professional journals. Additionally, he engages in active research projects that result in scholarly presentations at professional venues.
- Nathan Becker became a statistical analyst in May 2013 to fill the vacancy created when Kristine Lower left the company. He has an undergraduate degree in mathematics from the University of South Dakota. Becker served as a math teacher in the U.S. Peace Corps in Tanzania. He has held several significant positions utilizing his statistical and computational skills, ranging from application programming to working with financial models for companies in Silicon Valley and the Minneapolis area. Prior to moving to the NCLEX team, Becker worked in the Software Quality Assurance group as an automation programmer and analyst.

### Content Development

- Lisa Barton, MSN, RN, joined the NCLEX team as a content developer in June 2013 to fill a previous vacancy. Barton worked as a labor and delivery and postpartum nurse for seven years and received her master's degree in nursing with a concentration in Public Health Education from Benedictine University. She is certified in inpatient obstetrics from the National Certification Corporation. She is a member of Sigma Theta Tau International Society for Nurses and a member of the Association of Women's Health, Obstetric, and Neonatal Nurses.
- Kelly McMunn, MSN, RN, became an NCLEX® content developer in September 2013 to replace Megan McCatty, who resigned in 2013. Kelly holds a master's degree in nursing with a focus in nursing education from Indiana Wesleyan University. She worked as a nursing instructor for a licensed practical nurse program for the past four years. Her previous experience includes medical-surgical nursing with a concentration in patient care for stroke, orthopedic and cardiac patients. McMunn is a member of the National League for Nursing.

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- Marie Lindsay, RN, was promoted to senior content developer, NCLEX. Marie joined the NCLEX team as a content developer in 2009.

### **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 the traditional and alternate-format items at targeted difficulty levels and in sufficient quantities to meet our contractual obligations.

### **NCLEX® EXAMINATIONS OPERATIONS**

On April 1, 2013, the passing score for the NCLEX-RN® Examination changed from -0.16 to 0.00 on the logit scale. There was no change in passing score for the NCLEX-PN® Examination.

### **MEASUREMENT AND RESEARCH**

The Joint Research Committee (JRC) met twice in the year 2013. The first JRC meeting was held at the NCSBN offices in Chicago on March 29, 2013. In attendance were JRC members Ira Bernstein, Gage Kingsbury and Mark Reckase; NCSBN staff Phil Dickison, Sarah Hagge, Michael Monardo and Ada Woo; and Pearson VUE staff Betty Bergstrom, Jerry Gorham, Shu-chuan Kao, John Stahl, William Muntean and Anthony Zara. JRC guest researchers present were Michael Kolen, Won-Chan Lee, Casey Marks, Adisack Nhouyvanisvong and Wei Wang.

The JRC received updates on four ongoing projects: Using Response Time to Detect Item Preknowledge and Increase Measurement Efficiency in Computerized Adaptive Tests (Qian); Discovering Factors that Affect the Difficulty of NCLEX® Items (Nhouyvanisvong); Assessment of the Reliability and Validity of the NCLEX® in Measuring Complexity of Cognitive Processing (Muntean); and Comparability of Scores and Passing Decisions on Different Item Pools for the NCLEX-RN® and NCLEX-PN® Examinations (Kolen). The JRC also received two research proposals: Understanding Critical Decision-Making in the Context of Extended Response Item Types (Luecht) and Development of an Item Pool Design for the NCLEX-RN® Examination (Reckase).

The second JRC meeting was held at the Pearson VUE offices in Chicago on Aug. 23, 2013. In attendance were JRC members Ira Bernstein, Gage Kingsbury and Mark Reckase; NCSBN staff Hong Qian, Xiao Luo, Michael Monardo and Ada Woo; and Pearson VUE staff Betty Bergstrom, Shu-chuan Kao, William Muntean, Nathan Becker and Anthony Zara. One JRC guest researcher was also present: Jing-Ru Xu.

The JRC received updates on six ongoing projects: Using Response Time to Detect Item Preknowledge and Increase Measurement Efficiency in Computerized Adaptive Tests (Qian); Assessment of the Reliability and Validity of the NCLEX® in Measuring Complexity of Cognitive Processing (Muntean, Kimball and Bernstein); Review of NCLEX® Next Generation Items: A Comparison Study of Fixed and Variable Content Distributions in Computer Adaptive Testing (Xu); Progress Report: Potential Changes to NCLEX® to Help Slow Starting NCLEX® Candidates (Kingsbury); and Development of an Item Pool Design for the NCLEX-RN® Examination (Reckase). The JRC also received one research proposal: Understanding Critical Decision-Making in the Context of Extended Response Item Types (Luecht).

### **PEARSON VUE MEETINGS WITH NCSBN**

- Jan. 14-16, 2013      NCLEX® Examination Committee Business Meeting
- March 11-13, 2013    NCSBN® Midyear Meeting
- March 27, 2013      NCLEX® Development Group Meeting
- March 29, 2013      NCLEX® Joint Research Committee Meeting
- June 5, 2013        Joint Psychometric Meeting

- June 18, 2013 NCLEX® Development Group Meeting
- July 17, 2013 NCLEX® Examination Committee Business Meeting
- Aug. 14-16, 2013 NCSBN Annual Meeting
- Aug. 23, 2013 Joint Research Committee Meeting
- Sept. 9, 2013 NCLEX® Conference
- Oct. 7-9, 2013 NCLEX® Examination Committee Business Meeting
- Nov. 20, 2013 NCSBN Contract Evaluation Meeting
- Nov. 22, 2013 NCLEX® Research Meeting

### **RECURRING MEETINGS AND CONFERENCE CALLS**

- Jason Schwartz and Phil Dickison meet in person biweekly, in addition to conducting calls and other meetings on an as-needed basis.
- Jason Schwartz and Ada Woo meet in person biweekly, in addition to conducting calls and other meetings on an as-needed basis.
- Marianne Griffin and Ada Woo held weekly calls on NCLEX operations matters.
- Marianne Griffin and NCSBN operational staff meet biweekly regarding NCLEX operations matters.
- Phil Dickison and Tony Zara meet regularly by phone and in person.
- Greg Applegate and Terrence Wright meet in person biweekly, in addition to conducting 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 2013 CALENDAR YEAR**

Longitudinal summary statistics are provided in Tables 1 to 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 2012, the overall candidate volumes were higher for the NCLEX-RN (about 8.03 percent) and lower for the NCLEX-PN (about 6.39 percent). The RN passing rate for the overall group was 8.4 percentage points lower for 2013 than for 2012, and the passing rate for the reference group was 7.3 percentage points lower for this period compared to 2012. The PN overall passing rate was higher by 0.1 percentage points from 2012, and the PN reference group passing rate was 0.7 percentage points higher than in 2012. The change in the RN passing rate reflects the change in the RN passing standard. 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 2013 testing year for the NCLEX-RN Examination:

- Overall, 210,552 NCLEX-RN Examination candidates tested during 2013, as compared to 194,901 during the 2012 testing year. This represents an increase of approximately 8.03 percent.
- The candidate population reflected 155,097 first-time, U.S.-educated candidates who tested during 2013, as compared to 150,266 for the 2012 testing year, representing a 3.21 percent increase.
- The overall passing rate was 71.1 percent in 2013, compared to 79.5 percent in 2012. The passing rate for the reference group was 83.0 percent in 2013 and 90.3 percent in 2012.

- Approximately 43.7 percent of the total group and 46.0 percent of the reference group ended their tests after a minimum of 75 items were administered. This is slightly lower than in the 2012 testing year, in which 52.0 percent of the total group and 55.6 percent of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 17.8 percent for the total group and 16.8 percent for the reference group. This is slightly higher than last year's figures (12.9 percent for the total group and 11.0 percent for the reference group).
- The average time needed to take the NCLEX-RN Examination during the 2013 testing period was 2.68 hours for the overall group and 2.47 hours for the reference group (slightly longer than last year's average times of 2.45 hours and 2.21 hours, respectively).
- A total of 60.0 percent of the candidates chose to take a break during their examinations (compared to 53.7 percent last year).
- Overall, 2.8 percent of the total group and 1.6 percent of the reference group ran out of time before completing the test. These percentages of candidates timing out were higher for the total group and for the reference group than the corresponding percentages for candidates during the 2012 testing year (2.3 percent and 1.1 percent, respectively).
- In general, the NCLEX-RN Examination summary statistics for the 2013 testing period indicated patterns that were similar to those observed for the 2012 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 2013 testing year for the NCLEX-PN Examination:

- Overall, 75,282 PN candidates tested in 2013, as compared to 80,424 PN candidates tested during 2012. This represents a decrease of approximately 6.39 percent.
- The candidate population reflected 58,576 first-time, U.S.-educated candidates who tested in 2013, as compared to 63,349 for the 2012 testing year (a decrease of approximately 7.53 percent).
- The overall passing rate was 73.9 percent in 2013 compared to 73.8 percent in 2012, and the reference group passing rate was 84.9 percent in 2013 compared to 84.2 percent in 2012.
- There were 52.7 percent of the total group and 57.0 percent of the reference group who ended their tests after a minimum of 85 items were administered. These figures are slightly higher than those from the 2012 testing year, in which 52.4 percent of the total group and 56.4 percent of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 16.9 percent for the total group and 14.7 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 (16.8 percent for the total group and 14.8 percent for the reference group).
- The average time needed to take the NCLEX-PN Examination during the 2013 testing period was 2.41 hours for the overall group and 2.21 hours for the reference group (these figures are similar to last year's exam times of 2.39 and 2.21 hours, respectively).
- A total of 59.4 percent of the candidates chose to take a break during their examinations (compared to 59.0 percent last year).
- Overall, 2.7 percent of the total group and 1.5 percent of the reference group ran out of time before completing the test (slightly higher than last year's figures of 2.5 percent and 1.4 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 2012 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 2013 Testing Year**

	Jan 13 - Mar 13		Apr 13 - Jun 13		Jul 13 - Sep 13		Oct 13 - Dec 13		Cumulative 2013	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	51,091	40,979	58,556	47,819	71,446	53,734	29,459	12,565	210,552	155,097
Percent Passing	79.9	90.3	72.3	83.0	72.2	80.8	50.9	69.0	71.1	83.0
Ave. # Items Taken	117.0	112.1	131.1	129.9	137.5	134.2	141.6	139.1	131.3	127.4
% Taking Min # Items	53.2	56.5	44.1	44.6	39.4	41.0	36.9	38.3	43.7	46.0
% Taking Max # Items	12.2	10.7	18.2	18.3	20.2	19.2	20.8	21.0	17.8	16.8
Ave. Test Time (hours)	2.48	2.27	2.53	2.38	2.76	2.60	3.15	2.86	2.68	2.47
% Taking Break	54.8	48.9	54.9	50.1	62.3	57.7	73.9	66.2	60.0	53.7
% Timing Out	2.5	1.4	2.1	1.2	2.7	1.9	4.6	2.6	2.8	1.6

**Table 2: 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	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	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	56.0	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 3: Longitudinal Technical Summary for the NCLEX-RN® Examination: Item Statistics for 2013 Testing Year\***

Operational Item Statistics										
	Jan 13 - Mar 13		Apr 13 - Jun 13		Jul 13 - Sep 13		Oct 13 - Dec 13		Cumulative 2013	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.22	0.10	0.21	0.10	0.21	0.1	0.2	0.09	NA	NA
Ave. Item Time (secs)	76.5	32.2	71.7	26.0	73.6	21.5	79.1	23.5	NA	NA
Pretest Item Statistics										
# of Items	999		897		991		217		3,104	
Ave. Sample Size	527		628		575		502		570	
Mean Point-Biserial	0.08		0.09		0.09		0.11		0.09	
Mean P+	0.56		0.61		0.57		0.62		0.58	
Mean b	-0.06		-0.26		-0.08		-0.51		-0.15	
SD b	1.86		1.66		1.64		1.71		1.74	
Total Number Flagged	336		304		292		64		996	
Percent Items Flagged	33.6		33.9		29.5		29.5		32.1	

\*Data does not include research and retest items.

**Table 4: 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.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	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 do not include research and retest items.

**Table 5: Longitudinal Technical Summary for the NCLEX-PN® Group Statistics for 2013 Testing Year**

	Jan 13 - Mar 13		Apr 13 - Jun 13		Jul 13 - Sep 13		Oct 13 - Dec 13		Cumulative 2013	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	17,565	13,650	16,611	12,208	24,824	20,696	16,282	12,022	75,282	58,576
Percent Passing	73.5	84.2	70.3	83.2	79.0	87.8	69.4	81.1	73.9	84.9
Ave. # Items Taken	116.4	112.5	121.1	116.0	112.7	109.5	120.8	116.6	117.2	113.0
% Taking Min # Items	53.2	57.4	49.2	54.1	56.8	60.5	49.4	53.5	52.7	57.0
% Taking Max # Items	16.2	14.3	19.4	16.5	13.9	12.4	19.6	17.3	16.9	14.7
Ave. Test Time (hours)	2.40	2.21	2.53	2.29	2.27	2.10	2.51	2.3	2.41	2.21
% Taking Break	60.3	53.3	62.8	55.0	53.6	47.5	63.8	56.6	59.4	52.3
% Timing Out	2.8	1.5	3.5	1.9	2.2	1.2	2.7	1.5	2.7	1.5

**Table 6: 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	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	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	115.0	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 7: Longitudinal Technical Summary for the NCLEX-PN® Examination: Item Statistics for 2013 Testing Year\***

Operational Item Statistics										
	Jan 13 - Mar 13		Apr 13 - Jun 13		Jul 13 - Sep 13		Oct 13 - Dec 13		Cumulative 2013	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.22	0.09	0.21	0.09	0.22	0.09	0.22	0.09	NA	NA
Ave. Item Time (secs)	72.2	22.4	73.8	23.0	78.1	22.9	73.0	26.3	NA	NA
Pretest Item Statistics										
# of Items	724		496		897		578		2,695	
Ave. Sample Size	421		442		474		520		451	
Mean Point-Biserial	0.11		0.10		0.11		0.11		0.11	
Mean P+	0.49		0.47		0.50		0.47		0.49	
Mean b	0.21		0.32		0.26		0.35		0.27	
SD b	1.73		1.66		1.74		1.74		1.72	
Total Number Flagged	252		193		318		221		984	
Percent Items Flagged	34.8		38.9		35.5		38.2		36.5	

\*Data do not include research and retest items.

**Table 8: 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.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	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	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 242 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 262 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, 2013**

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
Alaska	8	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	6	0	0	0	
Arizona	17	0	0	4	0	1	0	1	0	0	0	0	0	0	0	0	8	0	0	3	
California - RN	134	3	7	4	2	0	1	3	7	2	3	6	0	2	3	1	0	58	5	14	13
California - VN	6	0	0	1	0	0	0	1	0	0	0	0	0	0	1	0	0	3	0	0	0
Colorado	14	0	0	0	0	0	0	1	0	3	2	0	1	0	0	1	0	6	0	0	0
Connecticut	16	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13	1	0	1
Delaware	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11	0	0	1
District of Columbia	5	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0
Florida	111	0	3	0	1	1	2	0	2	1	1	3	0	1	1	0	0	69	2	0	24
Georgia - RN	8	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	3	0	0	3
Guam	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0
Hawaii	61	2	1	3	0	0	0	0	0	0	0	0	0	0	4	1	0	43	0	1	6
Idaho	3	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	1	0	0	0
Illinois	227	3	1	1	1	0	2	0	5	24	15	6	1	5	0	0	0	158	0	0	5
Indiana	3	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Iowa	3	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1
Kentucky	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Maryland	14	0	0	2	1	0	0	0	0	0	1	0	0	0	0	0	0	4	3	0	3
Massachusetts	17	1	1	1	0	1	2	0	3	0	0	0	0	0	0	0	0	5	1	1	1
Michigan	95	0	1	5	0	1	6	5	1	0	2	0	0	1	0	0	1	51	0	0	21
Minnesota	223	1	25	41	15	21	31	59	1	0	0	0	0	0	0	0	0	23	0	0	6
Mississippi	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Missouri	14	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0	0	4
Montana	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

**Table 9: NCLEX® International Test Center Volume by Member Board\* Jan. 1–Dec. 31, 2013**

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
Nevada	25	0	2	1	0	0	0	1	1	0	0	0	0	0	1	0	0	18	0	0	1
New Jersey	22	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	13	5	0	2
New Mexico	195	1	2	2	0	0	2	0	5	4	0	4	0	3	0	2	1	157	0	2	10
New York	1,079	13	6	6	10	4	18	18	137	18	15	3	4	4	56	277	1	360	23	65	41
North Carolina	15	1	0	2	0	0	0	1	1	0	0	0	0	0	0	0	0	6	2	0	2
North Dakota	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Northern Mariana Islands	114	0	0	0	0	0	1	0	2	0	0	0	0	0	1	0	0	110	0	0	0
Ohio	3	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Oregon	29	0	4	2	0	0	0	1	0	0	0	0	1	1	0	0	0	17	0	0	3
Pennsylvania	20	0	0	0	0	0	0	2	0	6	2	0	3	0	0	0	0	2	3	0	2
South Carolina	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Tennessee	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0
Texas	267	5	1	2	1	0	5	6	3	15	13	12	3	6	0	3	1	165	1	0	25
Vermont	182	0	2	0	2	0	0	2	1	4	2	5	0	20	0	0	0	125	2	0	17
Virgin Islands	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0
Virginia	20	1	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	11	0	0	5
Washington	20	1	8	0	1	0	1	0	0	0	0	1	0	0	0	0	0	6	1	0	1
Wisconsin	77	0	0	0	0	0	1	0	0	0	1	0	0	1	0	0	0	13	61	0	0
Total	3,080	34	69	79	35	31	74	104	172	77	57	41	14	44	69	285	4	1,488	116	83	204

\*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, 2013**

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
Argentina	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Armenia	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Australia	19	15	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	2	0
Belgium	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Bulgaria	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Canada	290	1	34	66	27	27	53	79	0	0	0	0	0	0	0	0	1	0	0	0	2
China	21	0	0	0	0	0	0	0	15	0	0	0	0	0	0	0	0	1	0	1	4
Costa Rica	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Eritrea	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Finland	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
France	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Germany	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Ghana	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Guyana	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Haiti	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
India	223	1	2	3	0	0	0	8	0	65	55	22	11	35	0	0	0	0	0	0	21
Iran	7	0	1	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0
Ireland	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Israel	10	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	8
Italy	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Jamaica	3	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Japan	22	0	0	0	0	0	0	0	0	0	0	0	0	0	15	7	0	0	0	0	0
Jordan	10	0	0	0	1	0	0	0	0	0	0	4	0	2	0	0	0	1	1	0	1
Kenya	1	0	0	0	0	0	0	0	0	0	0	0	0	1	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
Korea, South	494	4	4	0	2	0	2	1	119	0	0	0	0	0	45	269	0	21	0	24	3
Malaysia	3	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1

**Table 10: NCLEX® International Test Center Volume by Country of Education Jan. 1–Dec. 31, 2013**

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
Mexico	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
Myanmar	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Nepal	10	0	0	0	0	0	1	2	0	0	0	5	0	0	0	0	0	0	0	0	2
Netherlands	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
New Zealand	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nigeria	12	0	0	0	0	0	1	1	0	0	0	1	0	2	0	0	0	0	0	0	7
Oman	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Pakistan	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Philippines	1,583	5	14	5	3	1	9	6	25	1	0	0	0	3	5	4	0	1,460	2	1	39
Poland	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Puerto Rico	112	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	112	0	0	0
Romania	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Saint Kitts and Nevis	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Saint Lucia	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Saudi Arabia	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Singapore	3	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	1	0	0
South Africa	2	1	0	0	0	0	0	0	0	0	0	0	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
Sweden	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Taiwan	55	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	54	0	0
Thailand	9	0	0	0	0	0	1	0	8	0	0	0	0	0	0	0	0	0	0	0	0
Trinidad and Tobago	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Turkey	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Ukraine	4	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
United Kingdom	62	0	0	0	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	0	59
United States	70	1	13	4	2	2	2	5	0	7	2	1	3	0	4	5	0	3	0	0	16
Venezuela	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Zambia	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Total	3,080	34	69	79	35	31	74	104	172	77	57	41	14	44	69	285	4	1,488	116	83	204

**Table 11: NCLEX® International Volume by Testing Center Jan. 1–Dec. 31, 2013**

Site ID	City	Country	Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
50482	Sydney	Australia	34	5	3	4	1	1	4	3	4	1	2	4	2
50486	Burnaby	Canada	69	6	3	6	5	6	5	6	3	6	9	7	7
63110	Edmonton	Canada	79	3	10	9	10	5	8	5	8	4	12	1	4
50485	Montreal	Canada	35	4	1	1	4	4	0	4	3	3	0	5	6
57935	Ottawa	Canada	31	4	0	5	3	5	0	6	3	0	3	1	1
50484	Toronto	Canada	74	4	5	0	10	9	6	10	8	2	7	6	7
57936	Toronto (West)	Canada	104	8	8	10	11	7	13	5	9	12	4	7	10
50493	Hong Kong	Hong Kong	172	20	9	14	14	14	16	9	18	10	17	9	22
50497	Bangalore	India	77	8	9	6	8	5	11	4	4	4	8	7	3
50498	Chennai	India	57	7	8	6	9	3	3	8	2	0	3	3	5
50495	Delhi	India	41	4	4	8	1	6	1	3	4	1	4	2	3
50496	Hyderabad	India	14	0	4	1	0	0	1	0	1	0	3	2	2
50494	Mumbai	India	44	2	7	5	3	2	4	5	2	6	2	5	1
50500	Chiyoda-ku	Japan	69	4	5	4	13	4	8	6	9	5	6	1	4
57585	Osaka-shi	Japan	285	6	17	31	31	29	26	18	30	27	24	20	26
50503	Mexico City	Mexico	4	0	0	0	2	0	0	0	0	0	1	0	1
54555	Manila	Philippines	1,488	127	93	123	149	122	108	112	91	151	157	120	135
47108	San Juan	Puerto Rico	116	5	10	14	8	10	7	11	11	10	7	12	11
50506	Taipei	Taiwan	83	3	4	5	9	6	11	3	5	7	6	5	19
50140	London	United Kingdom	204	20	12	22	21	16	14	18	18	14	13	15	21
Total			3,080	240	212	274	312	254	246	236	233	263	288	232	290

Table 12: NCLEX® International Testing Volume Pass Rate: Jan. 1–Dec. 31, 2013

Site ID	City	Country	Total Taken	Total Passed	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
50482	Sydney	Australia	34	17	5/4 (80.00%)	3/0 (0.00%)	4/3 (75.00%)	1/0 (0.00%)	1/1 (100.00%)	4/1 (25.00%)	3/3 (100.00%)	4/1 (25.00%)	1/1 (100.00%)	2/2 (100.00%)	4/0 (0.00%)	2/1 (50.00%)
50486	Burnaby	Canada	69	47	6/4 (66.67%)	3/2 (66.67%)	6/5 (83.33%)	5/2 (40.00%)	6/4 (66.67%)	5/4 (80.00%)	6/6 (100.00%)	3/3 (100.00%)	6/3 (50.00%)	9/3 (33.33%)	7/5 (71.43%)	7/6 (85.71%)
63110	Edmonton	Canada	79	53	3/0 (0.00%)	10/8 (80.00%)	9/9 (100.00%)	10/7 (70.00%)	5/1 (20.00%)	8/6 (75.00%)	5/4 (80.00%)	8/5 (62.50%)	4/4 (100.00%)	12/5 (41.67%)	1/1 (100.00%)	4/3 (75.00%)
50485	Montreal	Canada	35	22	4/2 (50.00%)	1/1 (100.0%)	1/0 (0.00%)	4/3 (75.00%)	4/2 (50.00%)	0/0 (0.00%)	4/3 (75.00%)	3/3 (100.00%)	3/2 (66.67%)	0/0 (0.00%)	5/3 (60.00%)	6/3 (50.00%)
57935	Ottawa	Canada	31	14	4/3 (75.00%)	0/0 (0.00%)	5/1 (20.00%)	3/2 (66.67%)	5/2 (40.00%)	0/0 (0.00%)	6/2 (33.33%)	3/3 (100.00%)	0/0 (0.00%)	3/0 (0.00%)	1/1 (100.00%)	1/0 (0.00%)
50484	Toronto	Canada	74	29	4/3 (75.00%)	5/3 (60.00%)	0/0 (0.00%)	10/4 (40.00%)	9/2 (22.22%)	6/2 (33.33%)	10/2 (20.00%)	8/1 (12.50%)	2/0 (0.00%)	7/5 (71.43%)	6/5 (83.33%)	7/2 (28.57%)
57936	Toronto (West)	Canada	104	45	8/3 (37.50%)	8/2 (25.00%)	10/6 (60.00%)	11/4 (36.36%)	7/2 (28.57%)	13/7 (53.85%)	5/1 (20.00%)	9/3 (33.33%)	12/8 (66.67%)	4/3 (75.00%)	7/1 (14.29%)	10/5 (50.00%)
50493	Hong Kong	Hong Kong	172	59	20/8 (40.00%)	9/3 (33.33%)	14/4 (28.57%)	14/3 (21.43%)	14/3 (21.43%)	16/6 (37.50%)	9/3 (33.33%)	18/7 (38.89%)	10/5 (50.00%)	17/4 (23.53%)	9/0 (0.00%)	22/13 (59.09%)
50497	Bangalore	India	77	23	8/1 (12.50%)	9/3 (33.33%)	6/2 (33.33%)	8/2 (25.00%)	5/2 (40.00%)	11/4 (36.36%)	4/2 (50.00%)	4/2 (50.00%)	4/0 (0.00%)	8/2 (25.00%)	7/2 (28.57%)	3/1 (33.33%)
50498	Chennai	India	57	21	7/2 (28.57%)	8/4 (50.00%)	6/3 (50.00%)	9/3 (33.33%)	3/2 (66.67%)	3/1 (33.33%)	8/2 (25.00%)	2/1 (50.00%)	2/0 (0.00%)	3/1 (33.33%)	3/0 (0.00%)	5/2 (40.00%)
50495	Delhi	India	41	22	4/3 (75.00%)	4/2 (50.00%)	8/4 (50.00%)	1/1 (100.00%)	6/5 (83.33%)	1/0 (0.00%)	3/0 (0.00%)	4/2 (50.00%)	1/1 (100.00%)	4/3 (75.00%)	2/1 (50.00%)	3/0 (0.00%)
50496	Hyderabad	India	14	0	0/0 (0.00%)	4/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	3/0 (0.00%)	2/0 (0.00%)	2/0 (0.00%)
50494	Mumbai	India	44	6	2/0 (0.00%)	7/1 (14.29%)	5/1 (20.00%)	3/0 (0.00%)	2/1 (50.00%)	4/2 (50.00%)	5/0 (0.00%)	2/0 (0.00%)	6/1 (16.67%)	2/0 (0.00%)	5/0 (0.00%)	1/0 (0.00%)
50500	Chiyoda-ku	Japan	69	18	4/1 (25.00%)	5/1 (20.00%)	4/1 (25.00%)	13/6 (46.15%)	4/2 (50.00%)	8/3 (37.50%)	6/0 (0.00%)	9/2 (22.22%)	5/1 (20.00%)	6/1 (16.67%)	1/0 (0.00%)	4/0 (0.00%)
57585	Osaka-shi	Japan	285	106	6/0 (0.00%)	17/3 (17.65%)	31/20 (64.52%)	31/6 (19.35%)	29/10 (34.48%)	26/13 (50.00%)	18/4 (22.22%)	30/12 (40.00%)	27/7 (25.93%)	24/10 (41.67%)	20/8 (40.00%)	26/13 (50.00%)
50503	Mexico City	Mexico	4	2	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	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%)	1/0 (0.00%)
54555	Manila	Philippines	1,488	529	127/49 (38.58%)	93/34 (36.56%)	123/57 (46.34%)	149/43 (28.86%)	122/46 (37.70%)	108/32 (29.63%)	112/35 (31.25%)	91/33 (36.26%)	151/45 (29.80%)	157/66 (42.04%)	120/40 (33.33%)	135/49 (36.30%)

Table 12: NCLEX® International Testing Volume Pass Rate: Jan. 1–Dec. 31, 2013

Site ID	City	Country	Total Taken	Total Passed	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
47108	San Juan	Puerto Rico	116	23	5/2 (40.00%)	10/1 (10.00%)	14/7 (50.00%)	8/2 (25.00%)	10/1 (10.00%)	7/0 (0.00%)	11/1 (9.09%)	11/5 (45.45%)	10/1 (10.00%)	7/1 (14.29%)	12/0 (0.00%)	11/2 (18.18%)
50506	Taipei	Taiwan	83	22	3/0 (0.00%)	4/2 (50.00%)	5/1 (20.00%)	9/1 (11.11%)	6/2 (33.33%)	11/3 (27.27%)	3/1 (33.33%)	5/1 (20.00%)	7/2 (28.57%)	6/3 (50.00%)	5/0 (0.00%)	19/6 (31.58%)
50140	London	United Kingdom	204	53	20/5 (25.00%)	12/5 (41.67%)	22/8 (36.36%)	21/4 (19.05%)	16/4 (25.00%)	14/3 (21.43%)	18/7 (38.89%)	18/5 (27.78%)	14/0 (0.00%)	13/2 (15.38%)	15/4 (26.67%)	21/6 (28.57%)
		Total	3,080	1,111	240/90 (37.50%)	212/75 (35.38%)	274/132 (48.17%)	312/94 (30.13%)	254/92 (36.22%)	246/87 (35.37%)	236/76 (32.20%)	233/89 (38.20%)	263/81 (30.80%)	288/112 (38.89%)	232/71 (30.60%)	290/112 (38.62%)





Section IV  
**2014 NCSBN Annual Meeting**

**SECTION IV: NCSBN ORGANIZATIONAL RESOURCES**

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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.

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#### 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. 14, 2014, 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. 14, 2014, 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. 14, 2014, 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.

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- 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 pm on Wednesday, August 13, 2014.
- E. Election for officers, directors, and members of the Leadership Succession Committee shall be held Thursday, August 14, 2014 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.



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## 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.

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## 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 years 2014-2016:

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

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 59 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, 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 compliance with all membership terms and conditions and bylaws. In return, they receive the privilege of participating in the development and use of NCSBN's licensure examinations. 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 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 16 associate members:

- Association of Registered Nurses of Newfoundland and Labrador
- 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 Manitoba
- 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 and Midwifery Board of Ireland
- Nursing Council of New Zealand
- Saskatchewan Association of Licensed Practical Nurses
- Saskatchewan Registered Nurses' Association
- Singapore Nursing Board



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## 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.

- Area I members include: Alaska, American Samoa, Arizona, California-RN, California-VN, Colorado, Guam, Hawaii, Idaho, Montana, Nevada, New Mexico, Northern Mariana Islands, Oregon, Utah, Washington and Wyoming.
- Area II members include: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Nebraska-APRN, North Dakota, Ohio, South Dakota, West Virginia-PN, West Virginia-RN and Wisconsin.
- Area III members include: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana-PN, Louisiana-RN, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and Virginia.
- Area IV members include: Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont and U.S. Virgin Islands.

## 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 August. Special sessions can be called under certain circumstances.

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, approves all new NCSBN memberships, the substance of all Terms and Conditions of NCSBN Membership between the 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, president-elect 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. No one shall serve more than four consecutive years in the same Board of Director position.

The president, president-elect and treasurer are elected for terms of two years or until their successors are elected. The president-elect and the directors-at-large are elected in even-numbered years. The treasurer and area directors are elected in odd-numbered years.

The four area directors are elected for terms of two years or until their successors are elected. Four directors-at-large will be elected for terms of two years or until their successors are elected.

Officers and directors are elected by ballot during the annual session of the 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 rebaloting process.

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Officers and directors assume their duties at the close of the session at which they were elected. The president-elect fills a vacancy in the office of president. Board appointees fill other officer vacancies until the next Annual Meeting and a successor is elected.

### **BOD**

The BOD, the administrative body of NCSBN, consists of 11 elected officers. The BOD is responsible for the general supervision of the affairs of NCSBN between sessions of the 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](http://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 consists of seven elected members. Four members are elected from each area and are elected for two-year terms in even-numbered years. Three at-large members are elected for two-year terms in odd-numbered years. 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.

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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 of 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 may 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.

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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 of at least four members and the treasurer, who serves as the chair. The committee reviews the annual budget, monitors NCSBN investments and facilitates the annual independent audit. The committee recommends the budget to the BOD and advises the BOD on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to member 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.

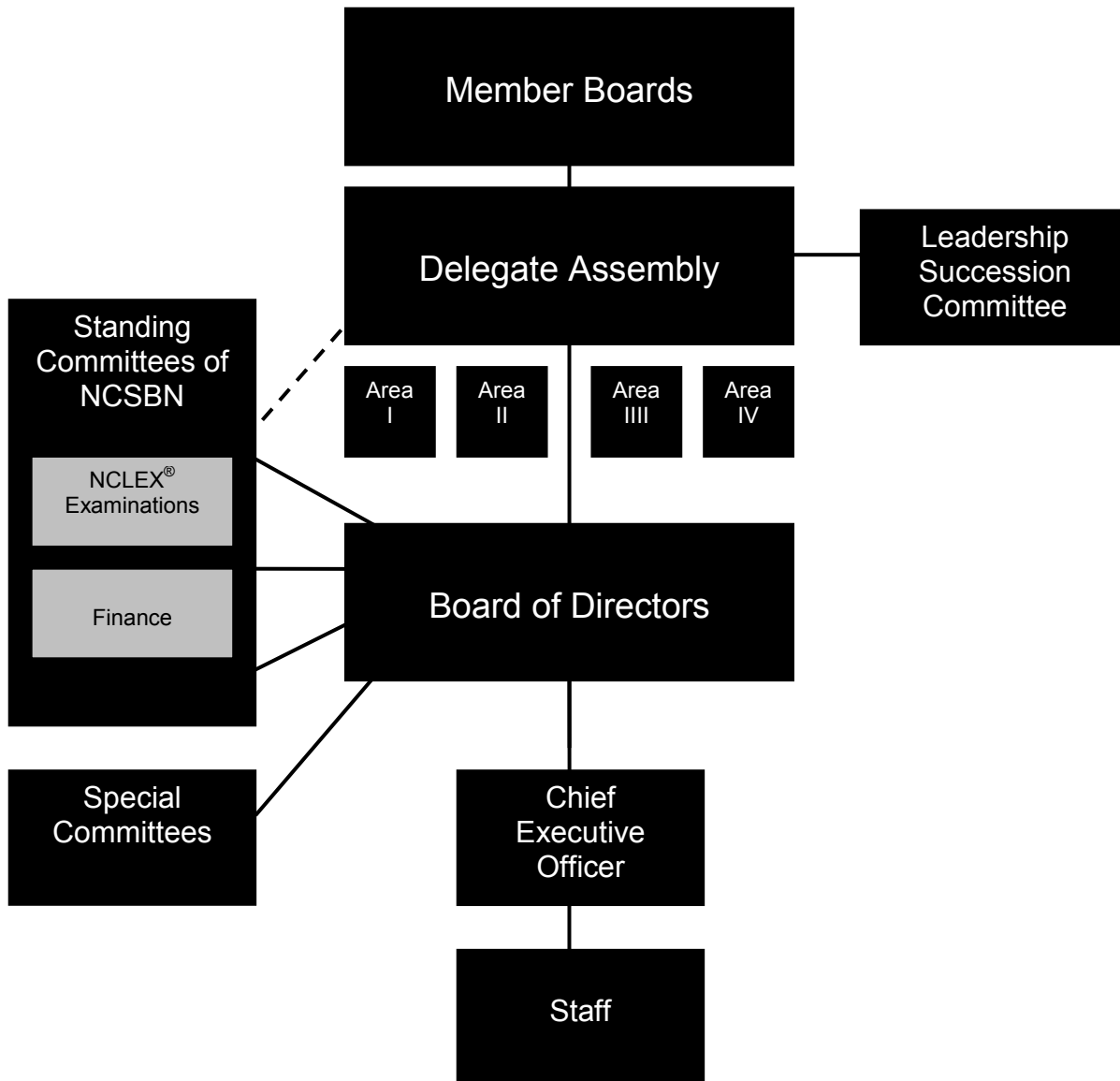
Prior to the annual session of the Delegate Assembly, the president appoints the credentials, resolutions and elections committees, as well as the Committee to Approve Minutes. The president may also appoint a timekeeper, a parliamentarian and pages.

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 receives, edits, and evaluates all resolutions in terms of their relationship to NCSBN's mission and fiscal impact to the organization. At a time designated by the president, it reports to the 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.

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# NCSBN Organizational Chart





# 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, and legally defensible and in compliance with professionally accepted psychometric standards.

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

## Article III

### ■ Members

#### Section 1. Definitions.

- a) 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

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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 four directors-at-large, and a director from each Area.

#### **Section 3. Eligibility.**

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.

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

#### **Section 5. Election of Officers and Directors.**

- a) *Time and Place.* Election of officers and directors shall be by ballot of the Delegate Assembly during the Annual Meeting.
- b) *Officers and Directors-at-Large.* Officers and directors-at-large shall be elected by majority vote of the Delegate Assembly.

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- 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, rebaloting shall be limited to the two candidates receiving the highest numbers of votes for each position. In the case of a tie on the rebaloting, 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.

**Section 6. Terms of Office.**

- a) The president-elect, treasurer, Area directors, and directors-at-large shall be elected for a term of two years or until their successors are elected. The president shall serve for a term of two years.
- b) The president-elect and the directors-at-large shall be elected in even-numbered years. The treasurer and area directors shall be elected in odd-numbered years.
- c) Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected.
- 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 officer or director position, the term in their current position shall terminate at the close of the Annual Meeting at which the election is held.

**Section 8. Vacancies.**

- a) 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.

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**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

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- 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 and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee. The Committee's report shall be read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee. The Leadership Succession Committee shall determine qualifications and geographic distribution of nominations from the floor for recommendations to the Delegate Assembly.
  - g) *Eligibility.* Any board member 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.
- 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**

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**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

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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.

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## 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.

## Special Proviso

The revised Bylaws shall become effective on the day and upon the adjournment of the 2013 Annual Meeting Session of the Delegate Assembly at which the revisions to the Bylaws were adopted by the Delegate Assembly. Officers and directors shall be elected in the years 2014-16 in accordance with the following schedule:

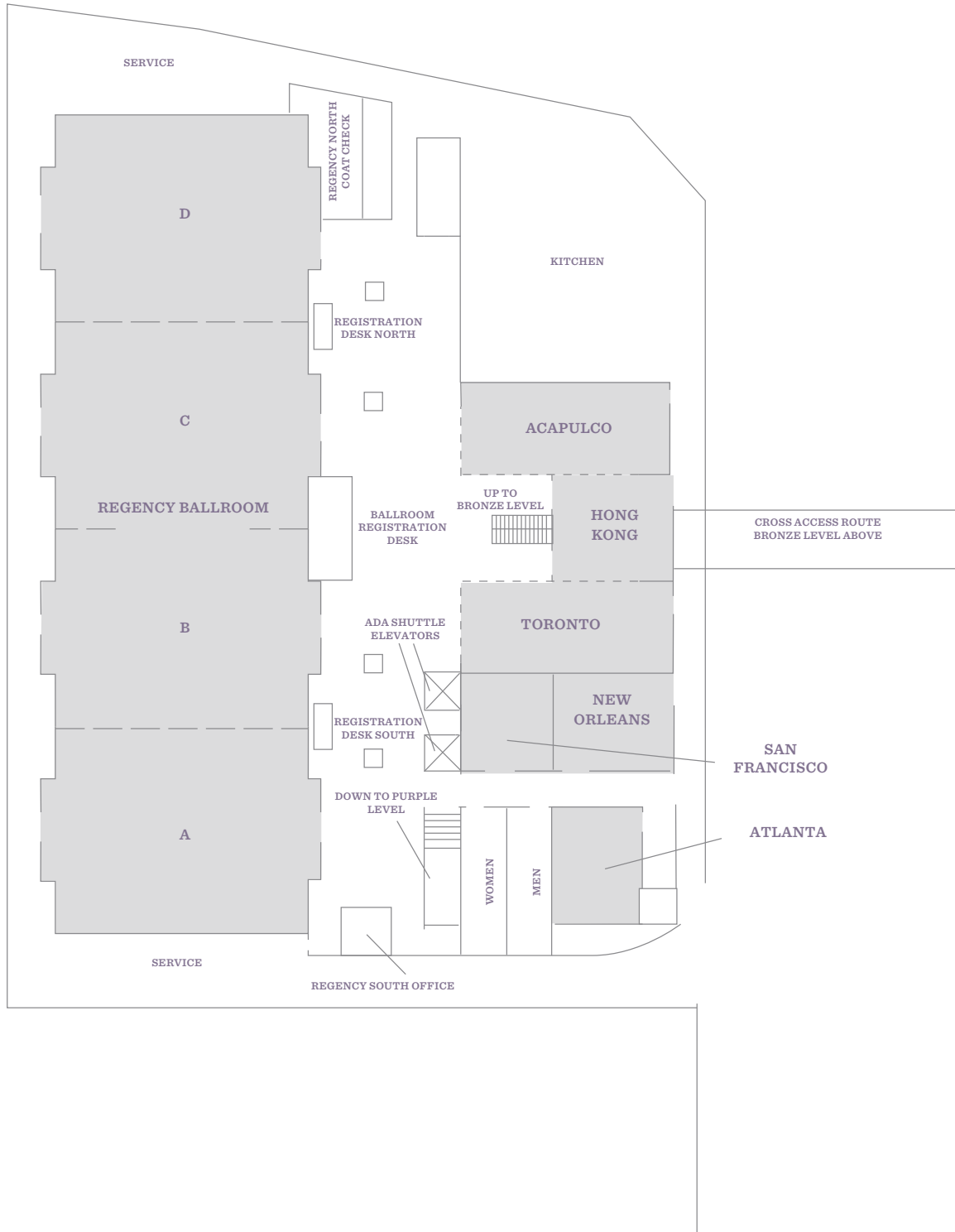
<b>Positions</b>	<b>2013 Election</b>	<b>2014 Election</b>	<b>2015 Election</b>	<b>2016 Election</b>
President		X (two-year term only; not eligible for re-election)		
President-elect		X (two-year term)		X (two-year term)
Treasurer		X (one-year term)	X (two-year term)	
Director-at-Large	X (two-year term)		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)
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)	

### **Officer and Director Election Schedule**

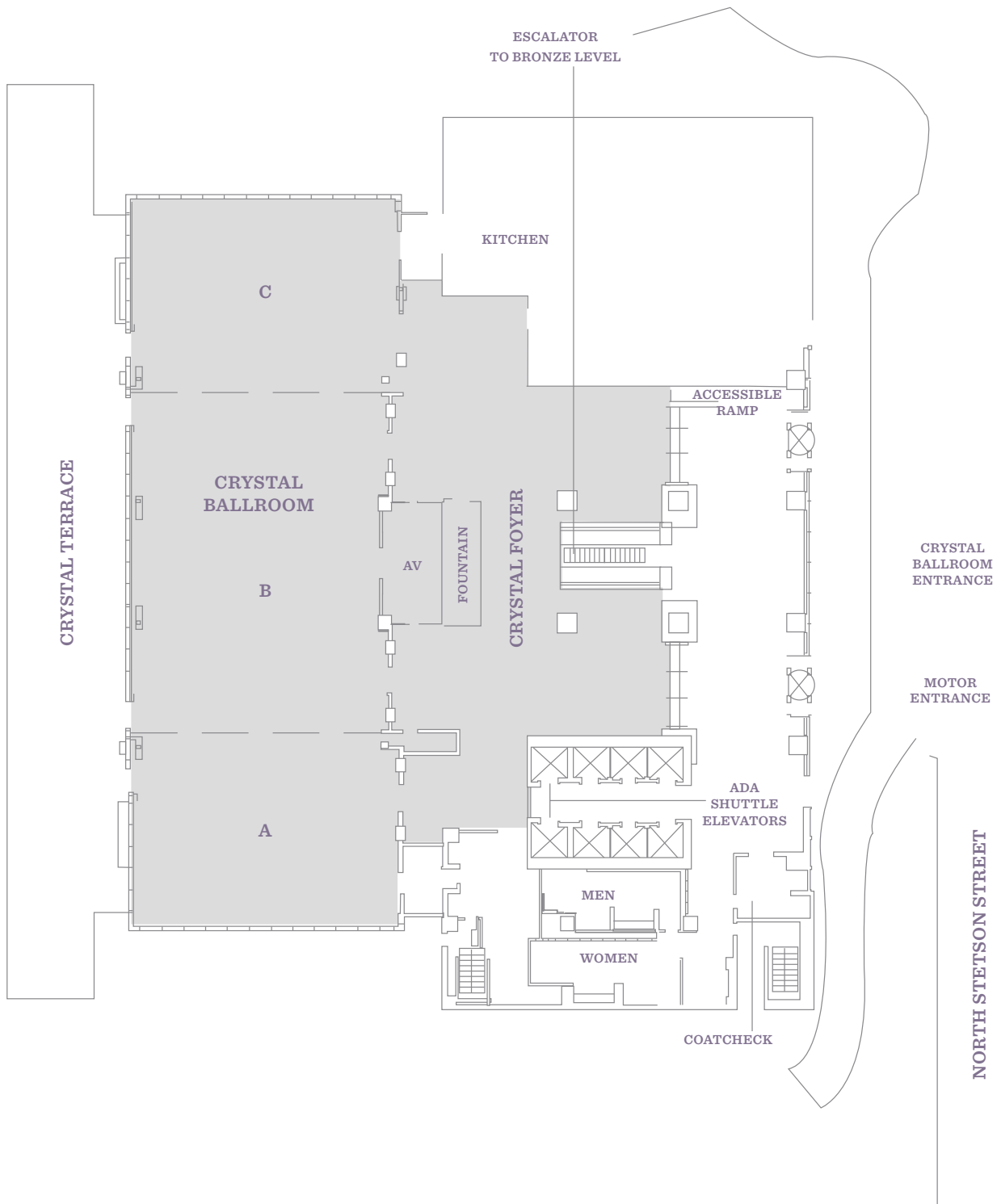
X – Indicates the year in which a position will be elected.



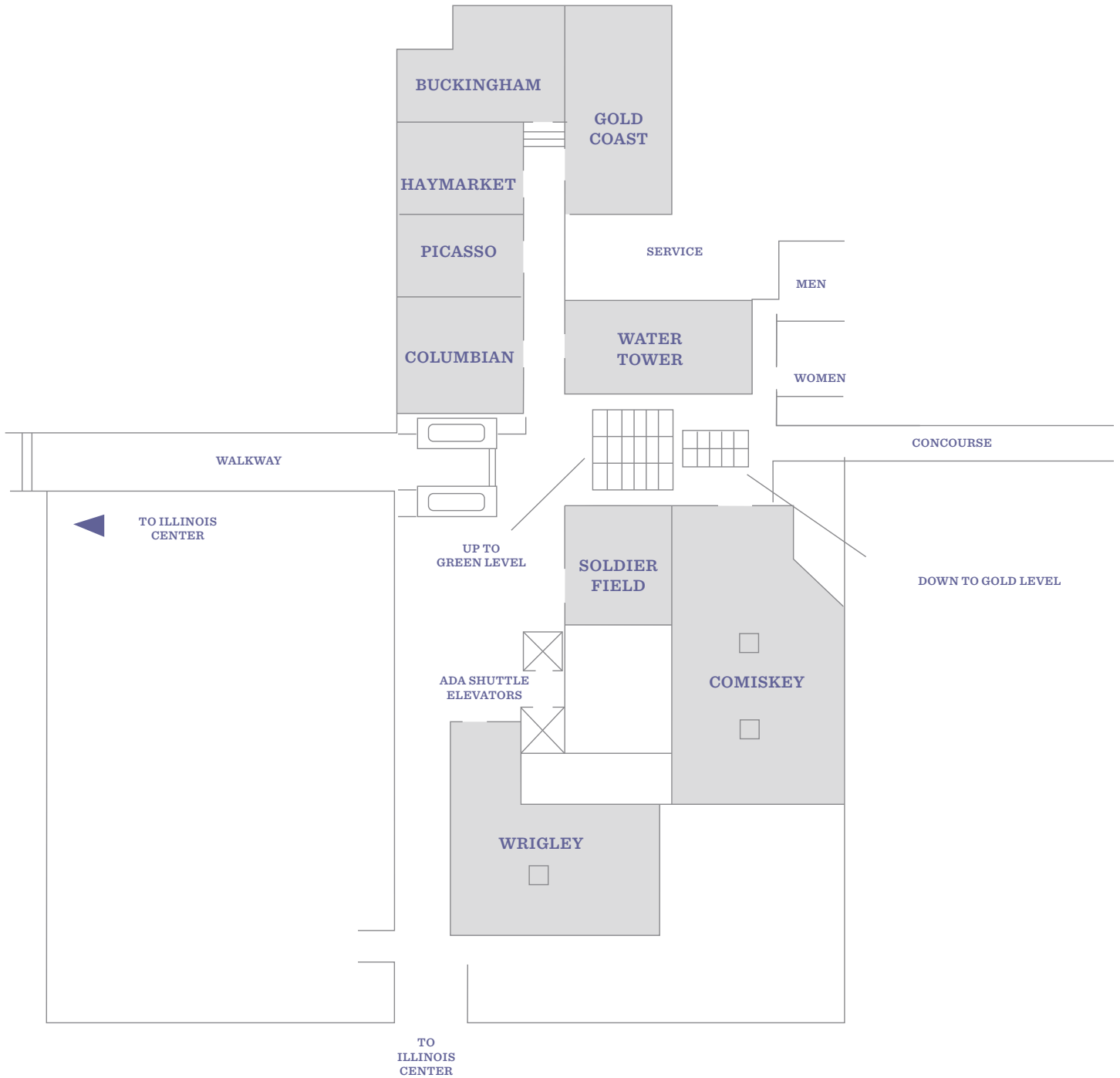
# Hyatt Regency Chicago: Gold Level



# Hyatt Regency Chicago: Green Level

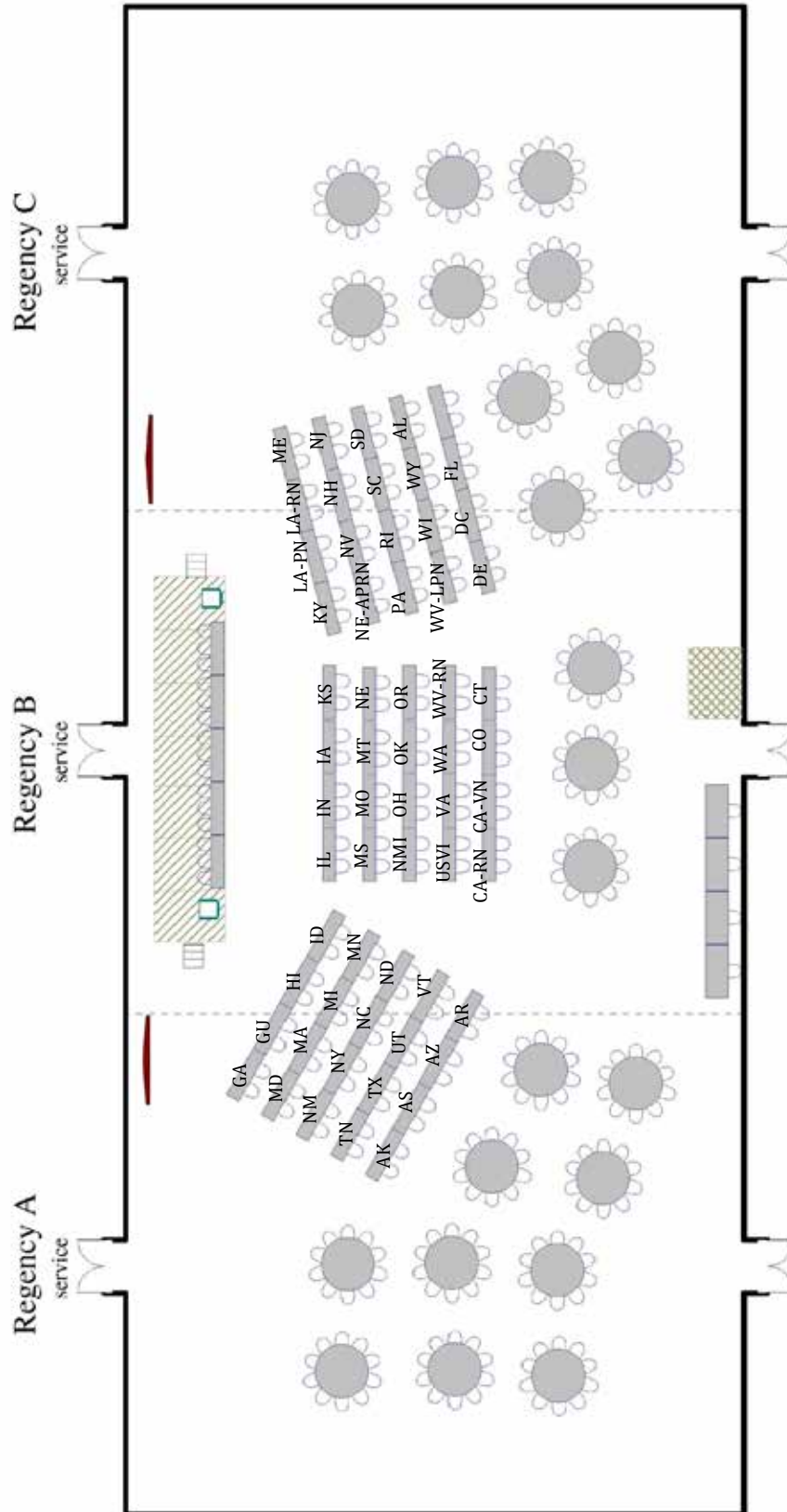


# Hyatt Regency Chicago: Bronze Level





# 2014 NCSBN Annual Meeting Seating Diagram



# SAVE THE DATE

# MARCH 16-18

## 2015 NCSBN MIDYEAR MEETING

Whether you are looking for a “downtown” or some “down time”, Louisville is a place that’s sure to show you something new. See world-class art, shopping, dining and attractions in entertainment corridors like Fourth Street Live!, Museum Row on Main and the Arena District - all in a place that’s just as walkable as your hometown. It’s a great place to hang out as you celebrate all things NCSBN.

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*Louisville*  
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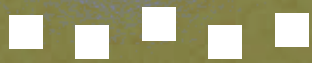


# SAVE THE DATE

2015 NCSBN Annual Meeting

AUG. 19-21, 2015 | CHICAGO

photos courtesy of Choose Chicago



# NCSBN

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