



2015 ANNUAL MEETING

Aug. 19 – 21, 2015 | Chicago

About This Illustration

"I can do things you cannot, you can do things I cannot; together we can do great things."

—Mother Teresa

The NCSBN 2015 theme, "**A United Mission For Regulatory Excellence**," is at its surface deceptively simple – unity equals excellence. The unity evoked by the illustration of this year's theme, however, reveals a far more complex concept.

Unity as an ideal is not so homogeneous that individuality is sacrificed; rather, it is the strength of the individuals who comprise the whole that make excellence achievable. NCSBN Member Boards embody this virtue in action.

Viewed at a distance, a mosaic tile or a stained glass window may appear as a singular work of art. Examined close-up, the intricacies of every piece that makes up the whole become apparent — it is the convergence of each element that makes the finished design a thing of beauty.

Drawing inspiration from ancient Roman mosaic panels, medieval stained glass and modern kaleidoscopes, the illustration features interwoven lines and angles combining both classical and modern rhythmic motifs. This concentric, interlocking design graphically depicts the theme, with all points merging into a central point of union.

While not immediately apparent, the design contains several facets that exemplify the theme. Clasped hands ringing the outside of the circle represent collaboration. Abstract bird figures symbolize hope and the ability to soar to new heights. Arrows direct toward the center point; the zenith being a star. Movement is also suggested through the elements that travel inward, outward and in a circular direction, as ideas, dialogue and innovation are given wing to flow freely.

All the intertwined pieces reflect the relationship that member boards have with each other and NCSBN; their unity allows nursing regulatory leaders the foundation from which to influence and shape the health care environment. Their individuality ensures the public's safety and welfare remain protected.



A United Mission For Regulatory Excellence



2015 NCSBN Annual Meeting

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Membership

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia and four U.S. territories—American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 21 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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2015 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.
- 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.
- Backup notes in the cloud and synchronize across your devices. Log in to benefit from additional features that allow you to use multiple devices and sync your notes, schedule and starred items across devices. Participate in session conversations and add comments or, if attendee-to-attendee messaging is available, network with your peers.

How to Download

- Visit www.ncsbn.org/events and select 2015 Annual Meeting. Click on the mobile app image.
- **iOS App Store**
 1. On your device, open the App Store app.
 2. Search for NCSBN 2015.
 3. Install and run.
- **Android Google Play or Amazon App Store**
 1. On your device, open Android Market app.
 2. Search for NCSBN 2015.
 3. Install and run.
- **All other devices:** Enter <http://ativ.me/646> 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.

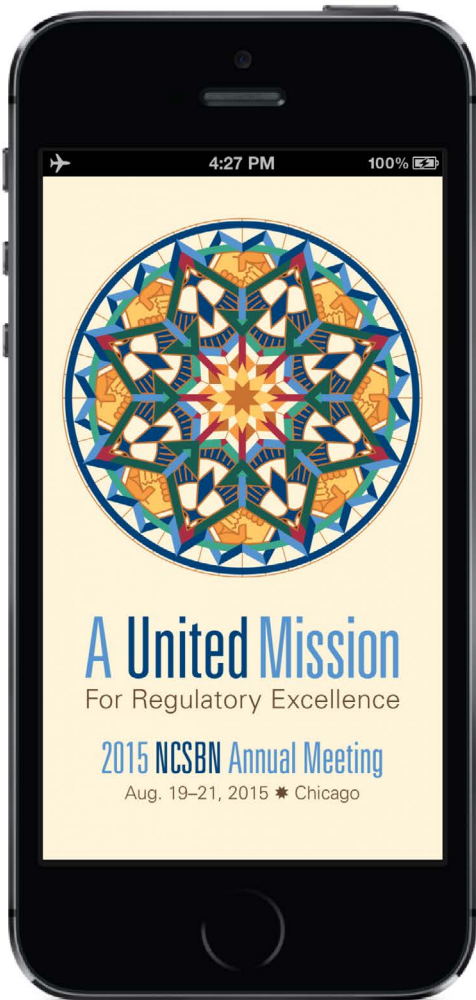
-
- **What's the app store login?** Check with the person who set up your phone to find out what your username and password are. If you cannot retrieve your password, use the Web version of the app (using your browser on the mobile device).
 - **I don't have an iPhone, iPad or Android device.** Use the Web app by entering <http://ativ.me/646> 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/6oy>



ANDROID APP ON
 **Google play**
<http://ativ.me/6oz>



For all other devices
Web Version
<http://ativ.me/6p0>



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

SAVE THE DATE

2015-2016 UPCOMING EVENTS

Sept. 21, 2015

NCLEX® Conference

Portland, Ore.

Oct. 6–7, 2015

Tri-Regulator Symposium

Arlington, Va.

FSMB, NABP and NCSBN members only.

Oct. 27–29, 2015

**NCSBN Leadership and
Public Policy Conference**

Westlake Village, Calif.

NCSBN members only.

Jan. 26–28, 2015

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

Long Beach, Calif.



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

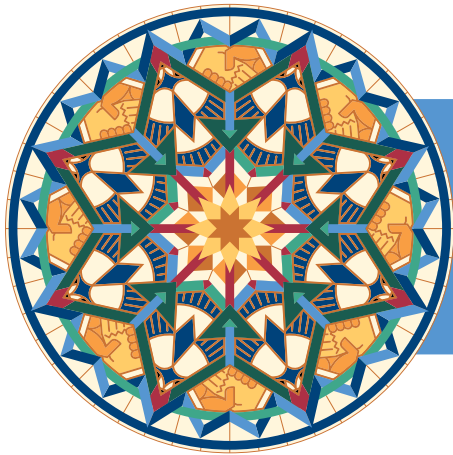
Directions for Obtaining Continuing Education (CE) Contact Hours for the 2015 Delegate Assembly

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. 8, 2015.**
5. If you have any questions, email Qiana Hampton at qhampton@ncsbn.org.

Provider Number: ABNP1046, expiration date October 2018



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Business Agenda of the 2015 Delegate Assembly

Wednesday, Aug. 19, 2015

9:30–11:15 am

OPENING CEREMONIES

- Introductions
- Announcements

OPENING REPORT

- Credentials Report

ADOPTION OF STANDING RULES

ADOPTION OF AGENDA

REPORT OF THE LEADERSHIP SUCCESSION COMMITTEE

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

PRESIDENT'S ADDRESS

CEO'S ADDRESS

Thursday, Aug. 20, 2015

8:30–9:00 am

ELECTION AND RESULTS

Friday, Aug. 21, 2015

10:30 am–12:00 pm

BOARD OF DIRECTORS' RECOMMENDATIONS

- Adopt the proposed revision to the NCSBN Model Practice Act & Rules.
- Approve the Association of Registered Nurses of Prince Edward Island as an Associate Member of NCSBN.
- Approve the Ordre des Infirmières et Infirmiers du Quebec as an Associate Member of NCSBN.
- Approve the Registered Nurses Association of the Northwest Territories and Nunavut as an Associate Member of NCSBN.

NCLEX® EXAMINATION COMMITTEE'S RECOMMENDATIONS

- Adopt the proposed 2016 NCLEX-RN® Test Plan

NEW BUSINESS

CLOSING CEREMONY

ADJOURNMENT

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

Annual Meeting Schedule

TUESDAY, AUG. 18, 2015

9:00 am–5:00 pm
Chicago Ballroom 10
Level 4

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

2:00–5:30 pm
Chicago Ballroom Promenade
Level 4

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
Illinois Boardroom
Level 2

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 a completed nomination form and must meet with the LSC the day before adoption of the slate of candidates by the Delegate Assembly. Please contact execoffice@ncsbn.org to schedule a time.

6:00–8:00 pm

NCSBN Welcome Reception
Chicago Cultural Center
78 E. Washington Street
Chicago, IL 60602

NCSBN welcomes all attendees to the 2015 Annual Meeting. Please join us at the Chicago Cultural Center for a networking reception. This is an opportunity to meet your 2015 candidates.

The reception is open to attendees only. The center is approximately one mile from the hotel. Shuttles will be provided. The first shuttle will depart from the hotel lobby at 5:45 pm. If you will be walking, please enter at the Washington Street entrance.

[Walking map](#)

WEDNESDAY, AUG. 19, 2015

6:30–7:30 am
Hotel Lobby

Wake up and Walk!
Start your day and awaken your senses with a morning fitness walk.
The maximum participant count is 30 people.

The class is for registered attendees only. All participants will be required to sign a one-time waiver acknowledging participation is at their own risk.

7:30 am–4:00 pm
Chicago Ballroom Promenade
Level 4

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
Chicago Ballroom 10
Level 4

Continental Breakfast

SCHEDULE AND LOCATIONS ARE SUBJECT TO CHANGE.

7:30–9:30 am

Chicago Ballroom 10
Level 4

7:45 –8:00 am

Chicago Ballroom 6-7
Level 4

8:00–9:00 am

Chicago Ballroom 9
Level 4

9:30–10:30 am

Chicago Ballroom 6-7
Level 4

10:30–10:45 am

Chicago Ballroom 10
Level 4

10:45–11:00 am

Chicago Ballroom 6-7
Level 4

11:00–11:15 am

Chicago Ballroom 6-7
Level 4

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.

Resolutions Committee Meeting

Open to Resolutions Committee members only.

Delegate Orientation

Open to all attendees.

Delegate Assembly: Opening Ceremony

- Opening Ceremony
- Welcome Address
 - Introductions
 - Announcements
- Opening Reports
 - Credentials
 - Adoption of the Standing Rules
- Adoption of Agenda
- Report of the Leadership Succession Committee (LSC)
 - Presentation of the 2015 Slate of Candidates
 - Nominations from Floor
 - Approval of the 2015 Slate of Candidates

Organization Exchange Break**President's Address**

Shirley Brekken, MS, RN
President, NCSBN Board of Directors
Executive Director, Minnesota Board of Nursing

CEO's Address

Kathy Apple, MS, RN, FAAN
CEO, NCSBN

11:15 am–12:30 pm
Chicago Ballroom 6-7
Level 4

Keynote: Safe in their Hands? Non-Technical Skills and Competence Assessment

Professor Rhona Flin
Industrial Psychology Research Centre, University of Aberdeen

In safety-critical domains, clinical practitioners, such as nurses, need both technical and non-technical skills. The term non-technical skills comes from European aviation and they are defined as 'the cognitive, social and personal resource skills that complement technical skills, and contribute to safe and efficient task performance.' They are not new or mysterious skills but are essentially what the best practitioners do in order to achieve consistently high performance: the skills include situation awareness, decision making, team work and leadership. We have been developing methods for training and assessing the non-technical skills of nurses and ODPs (operating department practitioners) who assist anaesthetists (ANTS-AP), and assist surgeons (SPLINTS), as well as for surgeons (NOTSS) and anaesthetists (ANTS). Applications are being developed for other clinical specialists. In this presentation, Flin will briefly outline the non-technical skills approach, describe the tools for nurses and will explain how this could become part of the demonstration of continuing competence.

12:30–1:30 pm
River Exhibit B
Level 1

Lunch

1:30–2:45 pm
Chicago Ballroom 6-7
Level 4

Candidate Forum

Tony Graham
Chair, NCSBN Leadership Succession Committee
Board Staff, North Carolina Board of Nursing

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

2:45–3:15 pm
Chicago Ballroom 10
Level 4

Organization Exchange Break

3:00–4:00 pm
Chicago Ballroom 6-7
Level 4

Committee Forums

Finance Committee

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

APRN Distance Learning Education Committee

Cynthia Gustafson, PhD, RN
Chair, APRN Distance Learning Education Committee
Executive Director, Montana Board of Nursing

NCLEX® Examination Committee

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

3:00–5:30 pm
Illinois Boardroom
Level 2

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. 20.

4:00–5:00 pm

Erie Room
Level 2

Legislative Strategy Team Breakout for States Currently in the NLC

4:00–5:00 pm

Ontario Room
Level 2

Legislative Strategy Team Breakout for States Considering Joining the NLC

THURSDAY, AUG. 20, 2015

6:30–7:30 am

Hotel Lobby

Wake up and Walk!

Start your day and awaken your senses with a morning fitness walk.

The maximum participant count is 30 people.

The class is for registered attendees only. All participants will be required to sign a one-time waiver acknowledging participation is at their own risk.

7:30 am–3:30 pm

Chicago Ballroom Promenade
Level 4

Registration

7:30–8:30 am

Chicago Ballroom 10
Level 4

Continental Breakfast

7:30–8:30 am

Chicago Ballroom 10
Level 4

Organization Exchange

8:30–9:00 am

Chicago Ballroom 6-7
Level 4

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

Chicago Ballroom 6-7
Level 4

Marijuana: A Prescription for Trouble?

*Doris C. Gundersen, MD, PC
Medical Director, Colorado Physician Health Program
President, Federation of State Physician Health Programs
Assistant Clinical Professor, Department of Psychiatry, University of Colorado*

10:00–10:30 am

Chicago Ballroom 10
Level 4

Organization Exchange Break

10:30–11:15 am

Chicago Ballroom 6-7
Level 4

Conversation with Tri-Council Organizations

*Marsha Adams, PhD, RN, CNE, ANEF
President, National League for Nursing*

*Debbie Dawson Hatmaker, PhD, RN, FAAN
Executive Director, American Nurses Association*

*Joan M. Stanley, PhD, CRNP, FAAN, FAANP
Senior Director of Education Policy, American Association of Colleges of Nursing*

*Pamela Thompson, MS, RN, CENP, FAAN
Chief Executive Officer, AONE*

11:15 am–12:00 pm
Chicago Ballroom 6-7
Level 4

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:

Michigan A, Level 2

- Consumer Member Network
Open to consumer/public members who serve on a board of nursing only.

Erie Room, Level 2

- NCSBN Executive Officers
Open to NCSBN Executive Officers only.

Mayfair Room, Level 2

- NCSBN Board Presidents
Open to NCSBN Board Presidents only.

Chicago Ballroom 8-9
Level 4

- Regulatory Network
Open to all attendees.

2:00–3:30 pm
Illinois Boardroom

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. 20.

3:30–4:30 pm
Illinois Boardroom

Resolutions Committee Meeting

Open to Resolutions Committee members only.

6:00–6:30 pm
Chicago Ballroom Promenade
Level 4

Awards Reception

Evening Cocktail Attire

6:30–10:30 pm
Sheraton Ballroom 4-5
Level 4

Awards Ceremony followed by Dinner and Dancing

Evening Cocktail Attire

FRIDAY, AUG. 21, 2015

8:00–9:00 am
Chicago Ballroom 10
Level 4

Pearson VUE Sponsored Breakfast

9:00–10:00 am

*Chicago Ballroom 6-7
Level 4*

Little Steps, Big Feat

Polly Letofsky

On Aug. 1, 1999, Polly Letofsky left her Colorado home, and headed west. She traveled across four continents, 22 countries and over 14,000 miles—by foot—becoming the first woman to walk around the world.

As an awareness campaign for breast cancer, survivors and supporters around the world came out to walk with her. Every day strangers welcomed her into their homes, offered food, accommodation and friendship. The world had embraced her.

But it was never an easy road. Each day Polly struggled with adversity. Floods, earthquakes, languages, muggings, religious riots – and antiquated road signage that left her lost and miles off path!

The ultimate challenge came in the middle of Polly’s five-year journey when Sept. 11 flung us all into a crossroads in world history.

Her journey became much more than a fundraising event. It became a journey personifying the spirit of commitment and perseverance that will compel us all to conquer life’s biggest challenges – one step at a time.

10:00–10:30 am

*Chicago Ballroom Promenade
Level 4*

Break**10:30 am–12:00 pm**

*Chicago Ballroom 6-7
Level 4*

Delegate Assembly

- New Business
- Closing Ceremonies

11:30 am–12:30 pm

*Chicago Ballroom Promenade
Level 4*

Boxed Lunch**12:00–2:00 pm**

*Fountainview Room
Level 3*

Post-Delegate Assembly Board of Directors Meeting

The FY16 Board of Directors will hold a brief meeting immediately following Delegate Assembly. Agenda and materials will be provided at the meeting. Open to FY16 NCSBN Board of Directors only.

NCSBN Awards Schedule

On Aug. 20, 2015, 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

Rula Harb, MS, RN, executive director, Massachusetts Board of Registration in 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 mission and vision of NCSBN.



Meritorious Service Award

Elizabeth Lund, MSN, RN, executive director, Tennessee State Board of Nursing

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



Elaine Ellibee Award

Deborah Haagenson, RN, president, Minnesota Board of Nursing

The Elaine Ellibee Award is granted to a member who has served as a board president within the past two years and who has made significant contributions to NCSBN.



Distinguished Achievement Award

Tish Smyer, DNSc, RN, CNE, past president, Nevada State Board of Nursing (posthumously)

The Distinguished Achievement Award is given to an individual whose contributions or accomplishments have impacted NCSBN's mission and vision.



Exceptional Contribution Award

Janice Hooper, PhD, RN, FRE, CNE, board staff, Texas 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

Washington State Nursing Care Quality Assurance Commission

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.



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Summary of Recommendations to the 2015 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 Advanced Practice Registered Nurse (APRN) Distance Learning Education Committee addressing the issues member boards have expressed related to the regulation of distance education programs for APRNs. The committee developed guidelines for APRN distance education programs similar to guidelines developed in 2014 for prelicensure distance education nursing programs. The recommended revisions support that faculty who teach only didactic course, or who have programmatic oversight but no involvement with patient care, should be licensed where the APRN program is regulated.

Fiscal Impact:

None.

Approve the Association of Registered Nurses of Prince Edward Island 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 Delegate Assembly. The current application for associate membership meets 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 Ordre des Infirmières et Infirmiers du Quebec 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 application for associate membership meets 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 Registered Nurses Association of the Northwest Territories and Nunavut 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 application for associate membership meets 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 2015 Slate of Candidates.

Rationale:

The LSC has prepared the 2015 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. 19, 2015.

Fiscal Impact:

Incorporated into the FY15 budget.

NCLEX® Examination Recommendation

Adopt the proposed 2016 NCLEX-RN® Test Plan.

Rationale:

The NEC reviewed and accepted the *2013 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* as a basis for recommending revisions to the *2011 NCLEX-RN® Test Plan* to the Delegate Assembly. Empirical evidence from the practice analysis, feedback from member boards and the professional judgment of the NEC provide support for the recommendation to the Delegate Assembly to adopt the *2016 NCLEX-RN® Test Plan*.

Fiscal Impact:

Incorporated into the FY15 budget.

Report of the Leadership Succession Committee (LSC)

Recommendation to the Delegate Assembly

Adopt the 2015 Slate of Candidates.

Rationale:

The LSC has prepared the 2015 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 at the 2015 NCSBN Annual Meeting in Chicago, IL.

Background

During FY15, the LSC met in four face-to-face meetings. With a focus on leadership development and succession, the LSC has developed and implemented innovative strategies to highlight the Leadership Development program that is located in the member board portion of the NCSBN website. Activities to inform and engage members in the process of learning about, and potentially seeking, an elected NCSBN office included presentations by LSC members at NCSBN meetings and conferences, hosting an LSC information table at meetings and conferences and actively interacting with members to affirm their leadership skills. The preparation of an annual slate of candidates is now reframed as a membership engagement process, in which members are being encouraged to not only identify themselves as a potential leader who may be interested in running for election, but also to identify other potential leaders. The LSC continues to embrace the phrase, "Leadership succession is everyone's responsibility!"

The LSC continues to be a visible participant in engaging members in their leadership journey by enhancing members' awareness of the Leadership Development Program, along with assisting in the identification of potential leaders to run for NCSBN office. The LSC strategies included: meeting with the Board of Directors (BOD), presentations by selected LSC members at NCSBN conferences and revision of key elements associated with the nominating and candidate campaign processes. Leadership Development calls took place with three recognized leaders: Donna Howard, a nurse leader of the Texas House of Representatives; Joey Ridenour, executive officer (EO) of the Arizona Board of Nursing; and Barbara Morvant, former EO of the Louisiana Board of Nursing. Three documents, the Frequently Asked Questions (FAQ) sheet on leadership succession and application, the Leadership Nomination/Engagement brochure and the Leadership Development Bookmarks were distributed, and a table was staffed by committee members at the Midyear Meeting. The leadership interview articles and leadership quotes by leaders within and outside of NCSBN will continue to be published in the online newsletter, *In Focus*. A special article was published that focused on the leadership experience and contributions of Kathy Apple, CEO.

LSC CHARGES:

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

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

Members

Tony Graham, CPM
North Carolina, Area III, Member-at-Large, Chair

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

Patricia Dufrene, MSN, RN
Louisiana-RN, Area III Member

Deb Haagenson, RN, Minnesota, Area II Member

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

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

Pamela Zickafoose, EdD, RN, NE-BC, CNE, Delaware, Area IV Member

Staff

Kathy Apple, MS, RN, FAAN
CEO

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

Meeting Dates

- Sept. 22–23, 2014
- Dec. 9–10, 2014
- Feb. 25–26, 2015
- April 15–17, 2015

Relationship to Strategic Plan

Strategic Initiative C

- Expand the active engagement and leadership potential of all members.
- 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 (LSC).

FY15 Highlights and Accomplishments

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

- Three Leadership Development Network calls were held with recognized leaders to discuss their route to leadership and the influence of NCSBN on their journey.
- A new strategy, the creation of an LSC bookmark for distribution to members, and for increasing the use of the Leadership Development Program, was implemented.
- LSC met with the BOD to discuss the Leadership Academy Plan, which was meant to focus on leadership in regulatory issues, as well as on engaging people to run for office, and on planting seeds for succession planning. There is no further action at this time.

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 2015 Delegate Assembly.
- The LSC continued to have a presence at NCSBN conferences.
- A new website portal was developed as a site for candidates for elected office to display their campaign materials.

Attachments

- A. 2015 Slate of Candidates
- B. Leadership Development Bookmark
- C. Nomination/Engagement Brochure
- D. Revised LSC Policy

Attachment A

2015 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 2015 Delegate Assembly.

Board of Directors

Treasurer

Joe Baker, Jr., Florida, Area III 34
Karen Lyon, Louisiana-RN, Area III 36

Director-at-Large (two positions)

Linda Burhans, North Carolina, Area III 38
Nathan Goldman, Kentucky, Area III 40
Joyce Hahn, Virginia, Area III 41
Karen Scipio-Skinner, District of Columbia, Area IV 43

Area I Director

Vacant

Area II Director

Adrian Guerrero, Kansas, Area II 45

Area III Director

Jim Cleghorn, Georgia, Area III 48
Patricia Spurr, Kentucky, Area III 50
Shela Upshaw, Arkansas, Area III 52

Area IV Director

Ellen Watson, Vermont, Area IV 53

Leadership Succession Committee

Member-at-Large (three positions)

Jane Christianson, North Dakota, Area II 55
Tony Graham, North Carolina, Area III 56
Tracy Rude, Washington, Area I 57

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. Describe one leadership accomplishment that you are most proud of. (300 word limit)
6. What do you perceive as the top two challenges to nursing regulation; what strategies would you use to address these challenges? (300 word limit)



Treasurer

Joe Baker, Jr.

Executive Officer, Florida Board of Nursing

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I have worked as an executive director for regulatory boards since June 1995, primarily with 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 re-elected a Director-at-Large in 2014. I frequently attend Federation of Associations of Regulatory Boards meetings and have spoken at several of their forums. I also served on the 2013 Statewide Nursing Summit Advisory Committee.

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 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, the Guardian ad Litem Program, and serve as a site team leader for the Community Human Service Partnership (a cooperative between our county, city, & United Way), which allocates funding for human service programs in our area.

DESCRIBE ONE LEADERSHIP ACCOMPLISHMENT THAT YOU ARE MOST PROUD OF.

The MQA (Division of Medical Quality Assurance) Mentoring Program was developed to support MQA's focus on developing the bench strength of its employees to ensure sustainability of MQA. Through workplace mentoring, learning partnerships have been established between more experienced employees and less experienced employees.

Why is work place mentoring important?

- Enhances personal and professional growth to meet career goals
- Provides for deliberate transfer of knowledge
- Serves as a method of providing job specific knowledge and insight
- Provides coaching for the future leaders of MQA
- Serves as a means to create a positive organizational culture
- Facilitates opportunities to shape the workforce of the future to meet strategic goals

I am proud of successfully mentoring a staff member into professional growth as a key manager within MQA. Alexandra and I were matched as mentee and mentor in 2012 when she was working as a Regulatory Specialist II (application processor) in another board office. Her primary goal was to work her way up into management in the board office where she was employed. During our initial weekly meetings, she and I began to discuss the job application, resume, and interview process utilized in our division. We worked to revise her existing job application, created a resume

for her, and conducted a thorough review of existing potential interview questions, which is a managerial tool developed a few years ago. When she applied to be a Regulatory Supervisor in 2013, we held several mock interviews which she subsequently credited as the basis for obtaining this initial supervisory position. Then in 2014 an opportunity opened in her office to be promoted to Program Operations Administrator (the number 2 position under the Executive Director). She was interviewed and secured that job as well. I am so proud of her!

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION; WHAT STRATEGIES WOULD YOU USE TO ADDRESS THESE 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 \$87,300,000 transferred to the state's general revenue fund during the last seven fiscal years. The Florida BON's portion was nearly \$29,000,000. 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.



Treasurer

Karen Lyon, PhD, MBA, APRN, ACNS

Executive Officer, Louisiana State Board of Nursing

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

In addition to an education administration minor in my Ph.D. program, I did a post-doc MBA to gain accounting, economics, finance, and general business administration skills. I have significant experience in operations and fiscal oversight, having managed four campus nursing programs for Samuel Merritt University in California as Associate Dean for Operations. Additionally, as Associate Dean of Nursing for Texas Woman's University with operational responsibility for the Houston Texas Medical Center Campus, I managed a \$2.5 million campus budget and was the PI on program 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 extends to the professional community where I currently represent Louisiana on the American Nurses Association Audit Committee. This is my second term on the committee. I was Vice President of Texas Nurses Association prior to relocating to Louisiana where I served as President of the Texas Nurses Foundation, the fund raising and development arm of the state nurses association. We were the repository for the RWJF/APIN Grant directed at increasing RN to BSN graduates in the state. I also served as Treasurer for the National Association of Clinical Nurse Specialists. Finally, in my 10 year tenure on the Board of Directors for the American Heart Association - Texas Affiliate, I served on the Finance, Audit and Operations Committees. During my tenure as President of AHA-Texas, I oversaw fund raising in excess of \$19 million.

DESCRIBE ONE LEADERSHIP ACCOMPLISHMENT THAT YOU ARE MOST PROUD OF.

I am most proud of the accomplishments of LSBN in relation to rule making during the 2014 legislative session. The session convened on March 10, 2014. LSBN activity was primarily directed at APRN issues that came before the House and Senate Committees on Health and Welfare. No bills passed that would require rule changes in the future. The rule changes that were written, published, and approved without incident included the fees and fines increases and the APRN Disaster Permits. The changes in fee structure had been on the Board's docket for the last three years with no action having been taken. We made it a priority given the deficit budget that LSBN faced for the 2014 fiscal year. Passing the APRN Disaster Permit rules was also significant in that it will allow both in-state and out-of-state APRNs to have full prescriptive authority during a declared disaster, practicing under a Collaborative Agreement with the Chief Medical Officer of the Department of Health and Hospitals. Additionally, we continued to reach out and work with the Louisiana medical board on Collaborative Practice Agreements and their proposed rules related to collaborating physicians. As a result of our outreach and the building of a successful coalition to challenge the proposed LSBME rules regarding APRN collaboration, the LSBME notified the Senate and House Health and Welfare Committees on January 26, 2015 that they would not pursue rulemaking in this regard.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION; WHAT STRATEGIES WOULD YOU USE TO ADDRESS THESE 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.



Director-at-Large

Linda Burhans, PhD, RN, NEA-BC, FRE

Associate Executive Director, PRE, North Carolina Board of Nursing

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I have 45 years' experience as a Registered Nurse, over 40 years in nursing management and administration, and 10 years in nursing regulation. I serve as the Associate Executive Director for Practice, Regulation, and Education at the North Carolina Board of Nursing. My role provides me the opportunity to influence all areas of nursing regulation. I also serve as Adjunct Faculty at East Carolina University College of Nursing in Greenville, NC.

I completed the NCSBN Institute of Regulatory Excellence (IRE) Fellowship in 2011. For the past 4 years, I have had the privilege of serving as a member, and current chair, of the IRE Committee. I am proud of the Fellowship Program's evolution and of the important contributions to evidence-based nursing regulation made by the graduate NCSBN Fellows of Regulatory Excellence (FRE). I have served as a member of the NCSBN Continued Competence Committee and of the Innovations in Education Regulation Committee which developed model rules for innovative education programs. I have also had the privilege of serving as a NC delegate or alternate at the NCSBN Delegate Assembly for the past 5 years. I have collaboratively published three articles in the *Journal of Nursing Regulation* and have presented at several NCSBN meetings.

In my community, I have served as United Way of Pitt County Board of Directors Member and Annual Campaign Chairperson and have volunteered since its inception for the annual Children's Miracle Network Telethon. I actively participate in multiple church committees. I was a 2012 inductee into the East Carolina University College of Nursing Hall of Fame in recognition of my clinical, academic, and research contributions to nursing.

DESCRIBE ONE LEADERSHIP ACCOMPLISHMENT THAT YOU ARE MOST PROUD OF.

My proudest leadership accomplishment is the manner in which I have been able to teach, mentor, and support the development of other nurses throughout my career.

I have led by example, modeling thoughtful, responsive approaches to new and long-standing challenges. My approach has been highly inclusive and participative but I do not hesitate to make difficult decisions when they are needed. I have consistently demonstrated integrity in my daily interactions and have been committed to collaborative relationships focused on win-win solutions to conflicts. By listening and building consensus among diverse stakeholders, I have been able to establish common ground upon which successful outcomes can be built.

In turn, I have mentored others to adopt these traits and have seen them be able to achieve professional success as a result. Some of this was accomplished through formal development programs but the majority was accomplished through individual and group interactions. Anticipating the best and highest from others and moving out of their way, has proven to provide them with the space to grow while I still provided the safety-net when they needed to be re-directed.

This contribution to developing new nurse leaders and helping them envision their own capabilities is uniquely rewarding.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION; WHAT STRATEGIES WOULD YOU USE TO ADDRESS THESE CHALLENGES?

The primary challenge to nursing regulation is anticipating and meeting the impact of rapid healthcare changes on local, national, and international levels. This is best exemplified by the challenge that telehealth continues to pose 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 current licensure compact offers a reasonable way forward. The consensus work done by the compact administrators and executive officers in developing the new compact has been significant. If approved by the Delegate Assembly, creative, collaborative approaches will be needed to facilitate acceptance and implementation in all jurisdictions.

A second regulatory challenge is the need to thoughtfully address how scope of practice laws define, facilitate, and hinder the provision of care and services necessary to the health and well-being of citizens. In meeting future healthcare needs, we will be challenged to recognize and endorse overlapping scopes of practice and to determine how regulatory bodies can best support broad collaboration among licensed and unlicensed providers while still protecting the public. Central to this process is a more clear identification of the unique nature, role, and contributions of 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, need to 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.



Director-at-Large

Nathan Goldman, JD

General Counsel, Kentucky Board of Nursing

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I presently serve as one of the Directors at Large on the NCSBN board of directors. I am also chair of the NCSBN Standards Committee. In the past, I have served as chair of the Bylaws Committee and the Model Act and Rules Committee.

I have been the General Counsel for the Kentucky Board of Nursing since 1990. In that role, I am the chief legal officer for the Board. I have been involved in all aspects of the Board's operations. I advise the Board and all committees. I am the liaison to the legislature, along with the Executive Director. With regards to discipline, I initially prosecuted disciplinary cases. In 2000 I became the hearing officer for the Board for disciplinary cases. In 2012, I was appointed Acting Executive Director for a short period of time.

DESCRIBE ONE LEADERSHIP ACCOMPLISHMENT THAT YOU ARE MOST PROUD OF.

Chairing the most recent Bylaws Committee to deal with a very specific issue was a challenge. However, with the help of my committee members, we were successful in proposing an amendment that was passed by the Delegate Assembly.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION; WHAT STRATEGIES WOULD YOU USE TO ADDRESS THESE CHALLENGES?

Clearly, the top challenge facing us as nurse regulators is threat of national licensure. Towards that end, we must be diligent in our revision of the Nurse Licensure Compact. However, we also need to be deliberate. The other major challenge is how to do more with less. As our collective fiscal problems continue in our states, we must look for ways, as an organization, to assist our Member Boards.

Director-at-Large

Joyce Hahn, PhD, RN, NEA-BC, FNA

President, Virginia Board of Nursing

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I am currently serving my second gubernatorial RN appointment to the Virginia Board of Nursing. Today, I serve in the leadership role as the President of the board. Previous service includes Vice-President of the board for two terms, chair of the Continued Competency Committee, Professional Licensure Committee, and the Education Special Conference Committee. APN service included appointed membership to the Joint Board of Nursing and Medicine. I was the first Executive Director of the Nursing Alliance for Quality Care (NAQC), a RWJ initiative. In the educational arena my leadership roles included: Assistant Dean of the Master's Division in the School of Nursing at George Mason University and the Director and Founding Faculty of an ABSN inaugural program at George Washington University. Today, as an Associate Professor, I teach online in the master's division in the GWU School of Nursing. Acute care experiences have included the position of Quality Director in a large health care organization and the manager of a home health care cardiac nurse specialist team. Community experiences include active membership through the Virginia Nursing Association with the VA Action Coalition (VAC), the VA response to the IOM report, the Future of Nursing, on the leadership and education committees. Additional Virginia Nursing Association participation includes past leadership as the Commissioner of Government Affairs (5 yrs.) and Co-Chair of the Legislative Coalition of Virginia Nurses (2 yrs.). Additional community involvement includes appointment to the Fauquier Hospital Board of Directors Safety and Quality Oversight Committee (6 yrs.). Recipient of the Virginia Nurses Foundation Leadership Award for Scholarship and Research and a Fellow of the National Academies of Practice as a Distinguished Nursing Scholar.

DESCRIBE ONE LEADERSHIP ACCOMPLISHMENT THAT YOU ARE MOST PROUD OF.

Serving in the role of Executive Director of the Nursing Alliance for Quality Care (NAQC) allowed me the privilege of working with representatives of the nation's leading national nursing organizations and patient advocacy groups. We came together to speak with "one voice" for nursing and patients in the health care quality arena. We were truly the first patient centered nursing leadership alliance. This was a dynamic time in our health care environment with the passage of the Affordable Care Act. I led this alliance in reading and reviewing the new ACA and cross walking the new law with our NAQC mission and nursing implications. I represented this alliance on national boards and participated in Capital Hill briefings. A pertinent reference list highlighting current literature on patient centered care, quality, and ACA was posted on our website. In this role, I was an active participant in the writing and production of a video promoting the value of nursing. A symposium on the topic of patient centered medical homes was held educating health providers and consumers to this emerging concept and the role APRNs were playing in nurse led PCMHs. Leading the nursing response, together with our consumer partners, during this emerging and new time in our health care history is indeed a leadership accomplishment that I feel securely proud of achieving.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION; WHAT STRATEGIES WOULD YOU USE TO ADDRESS THESE CHALLENGES?

The interstate practice that is emerging with the increase of telehealth is an example of the dynamic, changing, and shifting health care environment landscape. The interstate practice issue together with the national dialogue by lawmakers to move toward national licensure represents two top challenges to nursing regulation. What we have on our side is a regulatory model enabling licensure portability known as the Nurse Licensure Compact (NLC). Naysayers would tell us only 25 states have signed on to this current compact. What promotes nursing excitement is the knowledge we have a new and improved NLC that addresses the very reasons non-participatory



states have resisted becoming part of this compact. The strategies to address these challenges are easily achievable. Educating nursing students, current nursing workforce, employers, and consumer stakeholders is the paramount strategy. Involving the State Nurses Association who bring the monetary and established networking resources with all licensed nurses in each state and a lobbyist with all the right connections in the legislature to identify key nursing supporters is a first step. Reaching out to consumer groups in the state with large networks and a vested interest is a second step. In Virginia we have identified AARP as a strong consumer group. Educators are a strong resource to involve students through classroom lectures on the NLC. Involve the AONE state chapter and the AHA state membership as involved stakeholders. Bringing these stakeholders together with BON representatives to discuss the advantages to date of the NLC and highlight the improvements will educate and reinforce commitment to the NLC. With the adoption of the new NLC throughout the nation there will be no need for national licensure. Licensure portability will be the law and nurses will have taken the lead to regulate nursing.

Director-at-Large

Karen Scipio-Skinner, MSN, RN

Executive Officer, District of Columbia Board of Nursing

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I have worked in regulation for over 25 years. In 1982 I was appointed as a member of the District of Columbia Board of Nursing. My term on the board ended in 1994. During my tenure on the board we revised the Nurse Practice Act combining the LPN and RN Boards and for the first time recognizing the practice of APRNs. In 1990 I selected a Practice and Policy Associate for the DC Nurses Association. In that position, once my tenure on the board ended I continued to support the work of the board, as they did not have an executive director. In 2002 when the Board was finally authorized to hire an executive director, I was selected as the DC Board of Nursing's first executive director.

I have served as a member of NCSBN's Commitment to Ongoing Regulatory Excellence Committee and chaired NCSBN's Executive Officers Network. Presently, I serve as a member of NCSBN's Awards Committee and as their representative on the Alliance for the Ethical International Recruitment Practices Board.

Additionally, I'm a Nurse.com Northeast Regional Advisory Board member and serve on the DC Nurse Action Coalition's Executive Committee. I also serve on the YWCA of the National Capitol Area's Board of Directors.

DESCRIBE ONE LEADERSHIP ACCOMPLISHMENT THAT YOU ARE MOST PROUD OF.

In 1994, as the Nursing Practice and Policy Associate for the District of Columbia Nurses Association, I was instrumental in amending DC's Nurse Practice Act removing barriers to practice for DC advanced practice registered nurses. This was accomplished by building a strong coalition of APRNs which included representation from Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Certified Registered Nurse Anesthetists. The coalition drafted what we entitled our "dream bill". The coalition worked diligently to pass this legislation. I assured that meetings with DC Council Members included representation from all APRN categories and that persons did not meet with legislators without all representation from APRN categories being present. In previous efforts the group splintered and significant sections of the proposed legislation were allowed to be altered in an effort to get the legislation passed. With a strong coalition the legislation passed as written with the only concession being that APRNs would collaborate with other health care providers.

Passage of the legislation removed three (3) levels of physician "collaboration." It removed the requirement for CNM to deliver a specified number of babies before they could be licensed as an APRN and it provided prescriptive authority allowing all APRNs to prescribe all drug schedules with exception of schedule 1.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION; WHAT STRATEGIES WOULD YOU USE TO ADDRESS THESE CHALLENGES?

Nursing regulation must keep up with technological advances. While the use of apps on smartphones, electronic medical records and Skype have in many ways enhanced nursing practice by allowing nurses to quickly access information about a medication or a diagnosis and forcing them to not miss significant information as we document --- we need to assure that we are not compromising patient care as we embrace technology. We need to consider the possible unintended consequences of our dependence on being able to quickly look up information or receive reminders regarding what to document in place of using critical thinking.

While the social media explosion caught us somewhat off guard with patient pictures appearing on social media sites and licensee's opinions of a board's disciplinary decision creating unwanted



public scrutiny; as regulators we must support the proper use of technology while we attempt to envision its possible pitfalls.

In addition, as we work to strengthen our current Compact, we must also continue to strengthen ties with our international colleagues. Health care can now be delivered not only across borders but across waters. The NCLEX can be taken around the globe and we now have Canadian nurses taking NCLEX for licensure in their country. We should consider facilitating nurses practicing globally with an international license. Twenty years from now, it may be possible that we have an "app for that."

Area II Director

Adrian Guerrero, CPM

Director of Operations, Kansas State Board of Nursing

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I started my state government career in 1997 with the Kansas Department of Social and Rehabilitation Services. After three years of gaining valuable experiences, in 2000 I made the move and began my journey with the Kansas State Board of Nursing as an Information Technology Professional. In 2011 I was promoted to the Director of Operations. I oversee the Licensing Division, IT, HR, Procurement, and help with the creation the agency's budget.

Board & Committees:

- State of Kansas IT Advisory Board - Board Member
- Statewide FOCUS Committee for Accounting & HR Systems
- Statewide IT Security Council
- State Health Workforce Partnership Committee
- IT Services Wireless Committee
- Statewide E-Mail Consolidation Committee
- Small Agency HR & Policy Team
- Statewide Training Services Committee
- Influence ImageNow Advisory Council
- INTERFACE Technology Advisory Council
- Electronic Records Committee

NCSBN Experiences:

- Nursys® Committee - Chair
- Fraud Detection Committee
- Nursys® Advisory Panel
- 2014 IT/Operations Conference - Fireside Chat on Social Media | eTranscripts - Presenter
- 2013 IT Conference - Paperless Board Meetings - Presenter
- 2012 Operations Conference - Paperless Systems - Presenter
- 2011 IT Summit - Network Exchange Moderator
- 2010 IT Summit - Fingerprint System Criminal History Check - Presenter
- 2008 IT Summit - Proactive Information Distribution - Presenter
- 2008 Annual Meeting - Breakout Sessions: Nursys®/NPDB - Presenter
- 2007 IT Summit - Presenter
- 2007 Nursys® Users Meeting - Facilitator, Moderator & Presenter
- 2006 IT Summit - Presenter



- 2006 Nursys® Users Meeting - Presenter
- 2005 IT Summit - Presenter

Certifications & Awards:

- 2014 - Topeka's Top 20 Under 40
- 2013 - George Askew National Award - Top CPM Capstone Project
- 2012 - University of Kansas Public Management Center - Certified Public Manager
- 2000 - Alpha Beta Kappa Honor Society

Community Experience:

- USD #345 School District – IT Advisory Committee, Band Boosters, Debate Judge
- Boy & Cub Scouts – Parent Volunteer
- March of Dimes

DESCRIBE ONE LEADERSHIP ACCOMPLISHMENT THAT YOU ARE MOST PROUD OF.

I am most proud of the reputation that follows me as being a go-to person in areas of technology and office automation. One of my most valuable leadership skills is that I thrive being around people, and have done many things in my personal and professional life that has exposed me to people with different personalities, backgrounds and cultures. I have the ability to make connections with people and when working in groups, can bring diverse teams together to accomplish a common goal. I have the ability to understand complex real-world process and envision ways to reinvent and streamline those processes. I am able to notice when there is a need to change direction to address internal or external organizational challenges and stay relevant to the customers we serve. I understand the necessity to think strategically and as the world continues to change around us, I am someone who keeps my eyes on the horizon, ready to engage in new opportunities as they come.

I have been asked to do presentations, moderating conferences and leading committees on the state and national level. Over the past 15 years, I've helped our small agency become a model for other state agencies to follow both within our state and across the nation. I am proud that we won several awards as an agency, one of which helped our entire state win the top government award citing that we helped model e-government licensing for state governments across the country.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION; WHAT STRATEGIES WOULD YOU USE TO ADDRESS THESE CHALLENGES?

1) A growing challenge is the ever-increasing pressure from state legislatures to downsize government and to do more with less. The limited resources can be budget cuts or fee fund sweeps, which puts the member boards in financial difficulty. These pressures are impacting the member board's ability to perform the critical functions and services they are required to deliver their mission of public protection. NCSBN can assist these member boards by providing resources to develop efficiencies within the boards by research, support for projects, and also continue to provide member boards with hosted technologies that help increase online services to customers while streamlining internal operations

2) Another challenge for nursing regulators is the increasing use of technology to deliver services to citizens and nurses of our states. Technology can provide "real time" information but safe guards and security measures must be taken to prevent data breaches or fraud. Member boards have become increasingly dependent on creating, collecting and analyzing data. At the same time hackers and nation-state sponsored cyber-criminals are also interested in this same type of information. Our dependence on technology and sensitive data has the potential to place our agencies at risk for intrusion and theft. As these threats continue to grow, we will need to analyze our operations to ensure we protect our information assets so that we can continue to maintain

the public's trust in our systems and operations. As an organization, we need to investigate, educate and possibly develop guidelines, safeguards, and safety measures for the membership to assist them with technology issues and needs.



Area III Director

Jim Cleghorn, MA

Executive Officer, Georgia Board of Nursing

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE

Serving as the executive director of the Georgia Board of Nursing since August 2010, I have instituted several innovative program changes to streamline the regulatory processes and have taken advantage of the opportunities afforded to me through involvement with NCSBN. The executive coaching program in 2012-2013 provided a "jump start" and a broader look at regulation. As a member of the Commitment to Ongoing Regulatory Excellence (CORE) Committee from 2012 through 2014 the importance of documenting and defining the immediate outcomes of the regulatory work became clear in helping identify promising practices for public safety. In September 2014 I was appointed to the Board of Directors as Area III Director and have worked ardently to learn the essential elements of representing the membership and the organization. Prior to my work with the Georgia Board of Nursing I served as business analyst with the Georgia Secretary of State's Office. In that role, I worked with the agency's Professional Licensing Boards Division to review licensure and discipline processes, identify inconsistencies and inefficiencies, and recommend improvements to maximize constituent services, agency productivity and protection of the public.

My service with NCSBN has provided me with many rewarding opportunities to learn from the examples set by leaders in nursing regulation. The invaluable education and experience has enabled me to increase my personal knowledge of board operations, regulation and management principles and has challenged me to become a well-rounded leader.

Our family is very involved with our local church where my wife and I participate in various ministries and lead a Sunday school class for young couples.

DESCRIBE ONE LEADERSHIP ACCOMPLISHMENT THAT YOU ARE MOST PROUD OF.

Instituting the integration of the registered nurse and licensed practical nursing boards in Georgia was an achievement for the regulatory community and is the leadership accomplishment I want to share. When I was appointed as executive director in 2010, Georgia had two boards to regulate the nursing profession: one for registered nurses and one for licensed practical nurses. I was the executive director and responsible for the operations of both boards. In 2012, I began discussions with the two boards about the possibility of combining to form one board of nursing. Board members were open to the possibility and worked diligently to formulate a plan for joining the two boards and merging the respective processes. The boards went to the Legislature during the 2013 session and provided information regarding the proposed merger that included financial savings, increased efficiency, better constituent service and, most importantly, better protection of the public. The legislation passed with overwhelming support and, effective July 1, 2014, the Georgia Board of Nursing was reconstituted with statutory oversight of registered nurses and licensed practical nurses.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION; WHAT STRATEGIES WOULD YOU USE TO ADDRESS THESE CHALLENGES?

Challenge 1: The health care delivery system is rapidly changing and the number of patients seeking health care is rising. Telemedicine has enabled our providers to work to meet the new demands by expanding their practice across the jurisdictional lines into other states and even into other countries. To accommodate the needs of the new delivery model, nursing regulation will have to rapidly adapt to meet the new challenges. I believe that nursing boards have made great strides over the past two years as we have worked collectively to develop a new licensure compact to facilitate practice across state lines and remove barriers that may limit access to care. Boards of nursing and NCSBN will want to continue to work together to identify issues and

barriers and develop solutions to ensure that our constituents continue to have access to safe and competent care through every possible delivery model.

Challenge 2: Limited Resources often challenge Boards of nursing which are tasked with the enormous responsibility of protecting the public. We are frequently charged with absorbing more and more work while the available resources remain static or even decline. To meet the challenges of tomorrow, boards of nursing must conduct a thorough assessment of current processes to identify areas of unrealized efficiencies. NCSBN will be able to help lead the initiative by collecting and sharing research data that allows boards to make informed, evidenced based decisions; facilitating collaboration with other organizations with common responsibility to share ideas and promising practices; providing toolkits and resources to streamline processes and ease the burden of state government; and by continually encouraging boards to aim for regulatory excellence.



Area III Director

Patricia Spurr, EdD, MSN, FRE

Board Member, Kentucky Board of Nursing

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

Dr. Patricia (Patty) Spurr was appointed to the Kentucky Board of Nursing in July 2014. Her full time position is the Associate Dean and Chair for the Spalding University School of Nursing in Louisville. Prior to her current position, she served for nine years as the Education Consultant at the Kentucky Board of Nursing. In this capacity she worked with pre-licensure and graduate programs across the state. For six years (two as chair) she was a member of the National Council of State Boards (NCSBN) Education Committee. Patty started her nursing career as an ADN graduate and became an RN at the age of 19. She has held licensure as a Registered Nurse for 38 years.

Dr. Spurr is active professionally holding membership in the ANA, NLN. She holds active certification as a nurse educator and is proud to have completed the Regulatory Fellowship with the NCSBN in 2012. While employed at the Board of Nursing, she completed two certifications through CLEAR as Certified Investigator. She speaks regionally and nationally on issues related to nursing student retention, academic misconduct, test development, and entry into practice.

DESCRIBE ONE LEADERSHIP ACCOMPLISHMENT THAT YOU ARE MOST PROUD OF.

When I joined the Board of Nursing, I had always lived in Kentucky and felt that I knew the Practice Act and Regulations fairly well. By the second day of phone calls and questions, I wondered if I had ever even lived in this state. My response to caller's questions was "I will find out and get back with you". Recognizing that others in my position most likely had also over estimated their knowledge related to state law, I decided to develop an education class. The purpose of the class was simple: "to introduce program administrators and nursing faculty to the educational regulations for the Commonwealth of Kentucky". Registration was free and open to any program administrator or faculty member who was interested in attending. The program was scheduled four times a year with registration capped at 25 people per session. To appeal to both current and future program administrators, the class was called "Faculty Essentials".

From the very first session, the program was a huge success with seating capacity reached each time the class was offered. The six (6) hour program focused on the review of regulations with explanations of how each could be operationalized at the program level. Attendees felt that the content was so beneficial that attendance should be required of new administrators. Since that time, mandatory attendance, within one year of appointment, was added to state regulation for all newly appointed administrators. Consistently evaluations were positive with comments such as "Patty has made regulations FUN! Very good information, relaxed, opportunity to network is invaluable". Though I am no longer employed at the Board and now serve as a Board Member, the class has continued for over ten (10) years. I am extremely proud of making nursing regulation "real" to programs of nursing.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION; WHAT STRATEGIES WOULD YOU USE TO ADDRESS THESE CHALLENGES?

I believe that the two largest challenges to nursing regulation in the immediate future include scope of practice and the development of evidence based regulations:

Scope of Practice:

As healthcare continues to become more complex and point of care expands, scope of practice issues will continue to surface and discussions will develop to ensure that nurses are able to function to their full ability. New practice patterns will emerge and nurses will be on the forefront. The continued development of nursing education in the preparation of strong practitioners

who are able to adjust as the health care system changes will remain critical. Modifications in regulation must always take into consideration that protection of the public is paramount rather than the promotion or self-interest of any special groups.

Evidence Based Regulations:

Are nursing regulations based on sound evidence or are they based on personal experiences or outdated research? The movement within nursing to develop care based on evidence has continued to grow in momentum over recent years. Access to data via electronic databases has allowed practitioners to reference best practices from the palm of their hand. Nancy Spector's article regarding Evidence Based Nursing Regulation points out some of the challenges that lie ahead as the regulatory realm continues to move in this direction. The examination of evidence must always remain clearly focused on public protection. As regulators, we must recognize that effective regulation does not stop at implementation but rather our focus shifts to an evaluation phase. Continued attention to outcomes of established regulation is critical to ensure that the desired effect has occurred and that unintended consequences are minimal. As regulators we must be ever vigilant to the determination of what constitutes public protection.



Area III Director

Shela Upshaw, RN

President, Arkansas State Board of Nursing

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I currently serve as President of the Arkansas State Board of Nursing. I was appointed to the Arkansas State Board of Nursing January 2012.

I have been Chair of the PN Program for the University of Arkansas at Monticello since August 1997.

I have twenty-three years of experience in patient care, primarily in emergent and critical care. I currently work as a PRN staff nurse in Med-surg, ER, CCU, and Home Health.

I chair two large blood drives a year for LifeShares. (Our largest blood drive collected 204 units of blood in a single day.)

I volunteer in a variety of ways in my community, including flu clinics, prostate screenings, career fairs and health fairs. I speak to groups such as Rotary Association of Retired Teachers, and staff at our local hospital.

I earned my ADN at the University of Arkansas at Monticello in 1992.

DESCRIBE ONE LEADERSHIP ACCOMPLISHMENT THAT YOU ARE MOST PROUD OF.

I am thankful to have practiced nursing in the clinical setting, in nursing education, and in nursing regulation. However, I am most proud of the opportunity to practice as a nurse educator.

I have chaired the PN Program for the University of Arkansas at Monticello (formerly Forest Echoes Technical Institute) for 18 years. It is a small program in which I administrate the program, teach the theory, and instruct some of the clinical. It is a successful program with a 100% pass rate 13 of the past 17 classes.

I remember being in our local hospital, Ashley County Medical Center, after my fourth class had graduated and entered the workforce. I was overwhelmed to see that most of the LPNs and some of the RNs had been my students. I was acutely aware that if I didn't do my job well, my community would suffer. It strengthened my resolve to be the best educator that I could be.

I continue to work in the clinical setting where I have the privilege to practice nursing with the nurses I have helped educate. This is a most rewarding experience. I am very proud of my graduates and their service to our community. They inspire me to start all over again every August.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION; WHAT STRATEGIES WOULD YOU USE TO ADDRESS THESE CHALLENGES?

One of the greatest challenges to nursing regulation is substance abuse, particularly prescription drug abuse, among nurses. Dealing with this one issue uses such a large part of our time and resources. It is also one of the biggest threats to public safety. I'm sure we can agree that finding ways to prevent this is the best use of our resources. I would like to see more accountability for prescribers who are irresponsible in prescribing medications with abuse potential. I would also like to see creative ways to educate nursing students and nurses on co-dependency and the role it plays in substance abuse. We repeatedly hear the phrases "but I'm a good nurse" and "I was in a bad relationship" when disciplining nurses for substance abuse related offences.

Another challenge is trying to agree on a nurse compact that works for every state. Whether the topic is telemedicine, travel nursing, on-line education or responding to national disasters, having a compact license agreement that works for every state will make the process much more seamless. The only strategy that I can suggest is to continue to have open communication and a willingness to make the hard choices in order to create a compact that works for everyone.

Area IV Director

Ellen Watson, MS, APRN, FNP-BC

Board Member, Vermont State Board of Nursing

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I have enjoyed the dynamics of "committee work" since my first (non-nursing) college experience at Hunter College in the late 1970s and early 1980s. With a few fellow students, The American Academic Youth Association (AAYA) was formed with the purpose of facilitating lectures and events for AAYA members to hear interesting and informative discussions on various topics. Through this group, I found my way to the world of non-governmental organizations (NGOs) at the United Nations and served as the representative of the World Assembly of Youth to the UN Economic and Social Council, in preparation for the International Youth Year and I went on to chair the committee of NGOs to plan activities designed to celebrate young people around the world.

While in my first nursing program, I was elected president of the Student Nurses Association and for that work, along with tutoring and other activities was given the President's Award for making "the most outstanding contribution to the College Community". My first nursing job was with that small college and I advised the Student Nurses Association and was appointed chair and helped to organize the Americans with Disabilities Act (ADA) Committee. I helped to organize several student events in my time at NCCC and this experience served to open my eyes to the complex world of higher education and in particular, nursing education.

While working at the Community Health Center of Burlington, I was the Clinical Champion for the work of the Chronic Care Model and the Health Disparities Collaborative. With other staff, I represented the Health Center at national meetings to move these programs forward. I also was able to offer all of the clinical staff education on these efforts and other quality improvement initiatives, as well as the electronic health record.

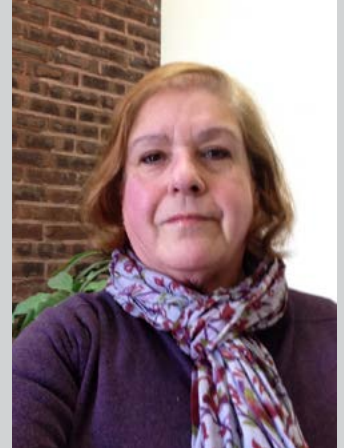
Several years later, after completing a bachelor's and master's degree in Nursing and becoming a Family Nurse Practitioner, I joined the Vermont Board of Nursing (about four years ago). I was elected Vice Chair in 2013 and have been the Chair of the Alternative to Discipline and Practice Remediation Program since December 2013.

I feel very fortunate to have been able to serve on the NCSBN APRN Committee and the Leadership Academy Committee since becoming a member of the Vermont BON. These experiences have been enjoyable, informative and stimulating. As much as I hope that I am making a worthwhile contribution to the world of nursing regulation, I know I have been extremely lucky to do this work and I am very eager to serve again.

DESCRIBE ONE LEADERSHIP ACCOMPLISHMENT THAT YOU ARE MOST PROUD OF.

It is difficult to choose one accomplishment that I am most proud of, but I'll try. I find that life's up and downs, big events and small, all lead me to where I need to be - to do and learn what I need to and move on to the next life lesson. With this in mind, all of the things I have learned by working on committees and projects over the years have allowed me to be willing and able to serve on the Vermont Board of Nursing.

Working with the Alternative to Public Discipline Committee and extending it to establish the Practice Remediation Program (PRP) has been very rewarding. This program allows nurses to improve their nursing practice without the stigma of a public disciplinary process in those selected cases where a non-public process is appropriate. This serves to protect the public and to use a Just Culture process to keep qualified nurses in nursing. We have had several nurses graduate from the PRP and those who have completed the survey afterward have said that they found the program beneficial and feel safer and better able to practice nursing. I am proud of the work of this small committee.



WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION; WHAT STRATEGIES WOULD YOU USE TO ADDRESS THESE CHALLENGES?

I live in the world of the APRN and see the many issues affecting APRNs across the country as vital challenges to understand. For NCSBN, the regulatory issues regarding APRNs are important, as well. I would love to see more work toward a unified approach to APRN regulation. As an organization dedicated to protecting the public, NCSBN is in a unique position to move forward on APRN issues. The public needs all APRNs to be able to practice to the fullest scope of their education and training. In some areas of the country, finding a primary care provider who is able to manage and integrate primary care and any necessary specialty care is a challenge and can often be a barrier to helping patients achieve optimal health. I believe that an "army" of fully autonomous APRNs is a vital and necessary component for this country to fulfill its potential and global responsibilities. Using the APRN consensus model as a guide, we need to move forward and provide member states with any available resources to facilitate this work.

A second challenge for NCSBN will be to remain as current as possible with all potential threats to state based licensure for all nurses. The Compacts are a great step in the right direction and may be the final solution, but understanding what outside forces are at work to influence nursing regulation is more important than ever. NCSBN is skilled at looking to and protecting the future while remembering the past. The NLC and APRN Compacts make a lovely foundation for nursing to continue to regulate nursing. And NCSBN now having a presence in Washington, DC will ensure that decisions about nursing regulation are as thoughtful as possible. And again, I may be more vigilant about this, as an APRN, than some others because there have been efforts for State Medical Boards to try to be the regulating agency for APRNs, but it could be a slippery slope for nursing. And I see this as an important issue because there is no available evidence that more regulation or tighter regulation of nursing in general, or APRNs in particular is necessary for public safety.

Nurses do a very good job regulating ourselves and I am extremely proud to be a board member and to do this work. We need to retain ownership of our profession and continue to prove that we deserve the trust and admiration of our patients. Something I would love to do to facilitate both of these goals is something I plan to begin within the next year. I am preparing an IRE fellowship proposal to study APRN regulation, as it is in 2015 along with public safety and outcomes. We need to prove over and over again how good we are and more or different or tighter regulation is not necessary.

Leadership Succession Committee Member-at-Large

Jane Christianson, APRN

Vice President, North Dakota Board of Nursing

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I have been a Family Nurse Practitioner for 32 years, currently working independently in rural settings in North Dakota, mostly emergency medicine for a locums company. I returned to my home state of North Dakota 8 years ago. I have practiced family medicine, pediatrics, occupational medicine and emergency medicine in Minneapolis and Phoenix. I was appointed to the North Dakota Board of Nursing by Governor Dalrymple in September of 2013 and was elected Vice-President of the board in 2014.

I serve on the Executive Committee, the Nursing Education Committee and the Drug Monitoring Committee for the board. I have been involved with the Arizona Nurse Practitioner organization as well as the North Dakota Nurse Practitioner Association.

Over the years I have been active in the communities I have lived in. Sunday school teacher, Girl Scout leader, and economic development board.

DESCRIBE ONE LEADERSHIP ACCOMPLISHMENT THAT YOU ARE MOST PROUD OF.

For 7 years I was the solo nurse practitioner in a rural practice here in North Dakota. The practice had been poorly managed prior to my being hired; the staff was angry and very mistrusting. Under my leadership the new staff was hired and were allowed to participate in decision making on a day to day basis. The staff blossomed and our clinic became the "go to clinic" in the community. The staff became active in community events, our patient satisfaction rate went up and after years of losing money we actually became profitable. I am a firm believer in teamwork and accountability. If you treat people with respect, listen and honor their opinions things will get done. Every student that came through our doors wanted a job with us. It was exciting to see the professional growth of the staff and the good work that was done.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION; WHAT STRATEGIES WOULD YOU USE TO ADDRESS THESE CHALLENGES?

1. The Nurse Compact is a big challenge. We have made huge strides so far but the work continues. I think by being actively involved in continuous dialogue with other nursing leaders around the country and sharing our successful experiences in North Dakota will help other states who are struggling with the concept.

2. Ongoing nursing shortages continue to be a major concern. I think state boards of nursing need to be on the front lines assuring our states can find and retain nurses. Being involved with our state legislatures and keeping them aware of the needs of nurses in our home states. Addressing wages, safety and ongoing support for our new nurses. We recently helped sponsor a legislative day at the state capitol where student nurses could sit in on committee meetings and meet with the legislators. I think it's important to get nurses interested in this process early in their career is very useful. It was a huge success for the students as well as the legislators.





Leadership Succession Committee Member-at-Large

Tony Graham, MS, CPM

Director of Operations, North Carolina Board of Nursing

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I am a certified Public Manager with over 17 years of management experience. I have served in both state and federal government. I have a strong working knowledge of development and implementation of policies and regulations. I am very familiar with strategic planning as this was part of my military training. I have served on numerous committees and several Boards of local organizations both in the United States and Greece. I am highly skilled in working with groups and understand group dynamics. As a Certified Public Manager I understand the importance of planning, communicating and educating. During my career I have worked closely with state budget officers, lobbyists and legislators. In addition to my work experience my educational background includes degrees in psychology and counseling, with certifications in both supervisory and public management. I served on the NCSBN Agreement Review Committee and currently serve as chair of the Leadership Succession Committee.

DESCRIBE ONE LEADERSHIP ACCOMPLISHMENT THAT YOU ARE MOST PROUD OF.

There are several leadership accomplishments that I am proud of and it's difficult to name only one. I am very proud to be a part of NCSBN and the Leadership Succession Team. I am honored to have been elected by the House of Delegates to serve in this position. I am committed to carrying out the charge of the committee to the best of my ability. Leadership is about service and the most noted, recognized leaders are those that are/were willing to serve. The accomplishments that I am most proud of are the ones where someone recognized my willingness and dedication to serve.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION; WHAT STRATEGIES WOULD YOU USE TO ADDRESS THESE CHALLENGES?

Establishing uniform licensure across all fifty states and territories will likely be a challenge to nursing regulation. With the rapid changes in healthcare it is imperative that nurses establish a workable agreement that will be applied across all jurisdictions. Several challenges must be met prior to achieving the ultimate result. First, the greater challenge is educating legislators on the need for the agreement and how the benefits will override the minimal losses. Secondly and more challenging is educating the nursing population, professional groups, labor groups and other opposition. Healthcare reform and the demands of access to care have heightened the urgency for uniform nurse licensure regulation across jurisdictions. The increase in use of telehealth and other health monitoring devices has created a degree of urgency among federal legislators and will ultimately effects all jurisdictions if timely legislation is not enacted.

How do you address this challenge? Education, we must fast-track the information to the supporters, decision makers and opposing groups. Be prepared to address the concerns of the opposition with information that appeal to their cause and how their constituents will benefit. Secondly, seize the moments of opportunity. Never pass up an opportunity to educate and promote the advancement of healthcare and nursing regulation. Always be ready to be an ambassador for public protection through quality nursing healthcare.

Leadership Succession Committee Member-at-Large

Tracy Rude

Commissioner, Washington State Nursing Care Quality Assurance Commission

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I started working in healthcare as a nursing assistant in 1977 and have been fortunate to have been part of the ever-changing industry since then. As an LPN in ND I was active in the NDLPNA and held office. On relocating to WA, I was not able to continue that affiliation and there was not a local association chapter. Washington was a different state with a far different climate for LPNs and I learned to adapt. I have been able to enjoy much and have used my little license to its maximum by simply walking through doors as they opened up to me.

I was appointed to the NCQAC by Governor Jay Inslee October 2014 and have been honored to serve since. I chair the NAPAP and serve on Discipline and CSP. I most recently served on the nominating committee. I am currently an instructor in a nursing assistant program in a public technical high school in Vancouver, WA and hold a Career and Technical Education teaching certificate in WA. I am a nurse volunteer for the Medical Reserve Corps under Homeland Security and have been deployed by FEMA and Clark County Public Health to local incidents and disaster and I serve on the Clark County Public Health Advisory Committee as a public member. I am an advisory member for the HLS program where I teach and I volunteer with the Trauma Intervention Program and respond to emergency calls from law enforcement and fire and rescue to provide immediate emotional support to victims and survivors of trauma due to an unexpected death, accident or other traumatizing event.

I have worked in LTC, a multi-specialty clinic in general and vascular surgery, an ENT HNS surgery office and Hospice. In 2002 I participated in a medical mission trip to Central America.

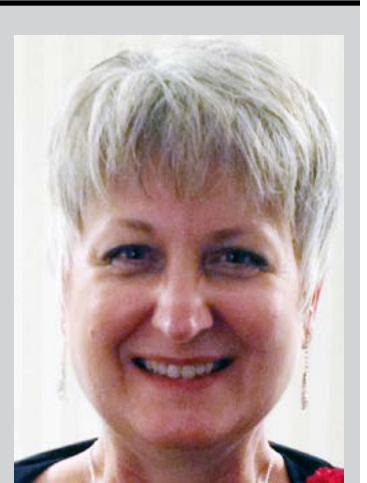
DESCRIBE ONE LEADERSHIP ACCOMPLISHMENT THAT YOU ARE MOST PROUD OF.

I am proud of my work in the public school system working with 11th and 12th graders in our NAC program at Clark County Skills Center in Vancouver, WA. It is not always easy to earn the respect of students this age and I have accepted the challenge to turn these young people into proud entry-level healthcare providers and future leaders in the industry.

I have not been able to do this all on my own and would like to acknowledge that at this time. I had the luxury of watching some of the most remarkable nurses and their leadership styles during my long tenure as an LPN. Doing so made me understand that to foster leadership in my students may require letting them stumble from time to time—as I, too, have stumbled. I know how important that aspect of leadership is and to be there to guide them back and move forward having learned from their mistakes. Having had that type of grace given to me, I wish to extend it to my students and co-workers.

It makes me so proud to have a former student return to tell me what they are doing and how their life would not have been the same had they not had the opportunity to be in our program. Most of the time it takes a couple of years for a student to recognize the value of having attended a program like ours during their high-school years. When they return, they are among the most grateful and humble professionals I have ever met.

We do good work where I work. I am proud to have been able to follow in the footsteps of some admirable leaders in my industry and I hope I have made them proud of me.



**WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION;
WHAT STRATEGIES WOULD YOU USE TO ADDRESS THESE CHALLENGES?**

One challenge I see is making the educational pathway less difficult for healthcare workers at every educational level to continue. We are working toward that in Washington State with community colleges and universities communicating more openly and working to make the ADN to BSN career path less cumbersome. I would like to see the same happen for LPNs who would like to continue to BSN but if they choose not to, I want that level of healthcare worker to continue to be a viable and respectable option.

The healthcare industry in Washington State has not always been friendly to LPNs and I would like to see that change. That is a challenge I have faced since I moved from North Dakota to Washington in 1986 and I believe if the scope of practice is more clearly defined and understood it will remove some of the confusion.

Another challenge I see is with what I call civility in the profession. Nurses can treat each other terribly and I have seen it happen as I am sure most nurses have. In my opinion it's simply a matter of mutual respect but there always seems to be those who have difficulty in that regard fearing they may no longer be relevant when a new nurse begins working with them. Nothing could be further from the truth. Our young nurses and industry professionals need our support, mentorship and coaching. Our seasoned professionals need to be reminded they have valuable experience to share and foster the desire to stay in industry. They may need to be taken care of some day and, as for me, I want to know the person I need to take care of me has learned from experienced nurses and that, above all else, they want to take care of me.

Leadership Development Bookmark

FRONT

BACK



ADVANCING POTENTIAL:
DISCOVER THE LEADER WITHIN

Building leadership within and throughout the organization

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

LEADERSHIP DEVELOPMENT PROGRAM

There are three different methods for leadership development:

Early Connectivity

Members engage early on to understand the mission, vision, values, and strategic initiatives.

Building Self-Knowledge—Self Discovery

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

Building Board & Organizational Governance Expertise

Members engage in opportunities to build governance expertise.

Discover the leader within and share your talents.

Investigate NCSBN's Leadership Development Program at www.ncsbn.org/701.htm

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

Attachment C Nomination/Engagement Brochure

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

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

2015 LEADERSHIP SUCCESSION COMMITTEE

Tony Graham, Chair, Designated Member,
Board Staff of Member Board (2013–2015)
tgraham@ncbn.com

Pamela Randolph, Area I Member (2012–2016)
prandolph@azbn.gov

Deb Haagenson, Area II Member (2014–2016)
debhaagenson@catholichealth.net

Patricia Dufrene, Area III Member (2014–2016)
dufrenep@isbn.state.la.us

Pamela Zickafoose, Area IV Member (2014–2016)

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

Ann Coughlin, Designated Member,
Board Member of Member Board (2013–2015)
ann.coughlin@jefferson.edu

2015 BOARD OF DIRECTORS

Shirley Brekken, President (2014–2016)

Katherine Thomas, President-elect (2014–2016)

Julia George, Treasurer (2011–2015)

Susan Odom, Area I Director (2013–2015)

Lanette Anderson, Area II Director (2011–2015)

Jim Cleghorn, Area III Director (2014–2015)

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

Joe Baker, Jr., Director-at-Large (2012–2016)

Gloria Damgaard, Director-at-Large (2012–2016)

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

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

NCSBN

National Council of State Boards of Nursing

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



ADVANCING POTENTIAL:
DISCOVER THE
LEADER WITHIN

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;
- Represent diversity in opinions and perspectives; 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 COMPETENCIES:

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 state, national and international health care policy.



LEADERSHIP SUCCESSION COMMITTEE COMPETENCIES:

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:

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

LEADERSHIP SUCCESSION COMMITTEE:

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



2015 ELECTION POSITIONS

BOARD OF DIRECTORS

Treasurer (2015–2017)

- 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) (2015–2016)

One-year term only per Bylaws Proviso

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

Area Directors

- Serves as a representative of designated Area
- Transacts the business and affairs, and acts on behalf of NCSBN

Area I Director (2015–2017)

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

Area II Director (2015–2017)

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

Area III Director (2015–2017)

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

Area IV Director (2015–2017)

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

LEADERSHIP SUCCESSION

Member-at-Large (3 positions) (2015–2017)

- 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

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:
nscbn.org/701.htm

NCSBN Courses:

<https://courses.nscbn.org>

- NCSBN 101
- President's Governance Role on a Board of Nursing
- Delegate Orientation
- Governing Responsibly



Attachment D
Revised LSC Policy

Leadership Succession Committee Policy and Procedure	
POLICY NUMBER	1.0
POLICY NAME	LEADERSHIP SUCCESSION COMMITTEE
DATE OF ORIGIN	December 2008
PURPOSE	<ul style="list-style-type: none"> ▪ To define the role, function, and procedures for the Leadership Succession Committee (LSC). ▪ To utilize core leadership competencies to determine applicants' readiness for candidacy for all elected positions consistent with the mission, vision and values of NCSBN. ▪ To establish a timeline of activity for engagement, preparation, and presentation of a slate of candidates at Delegate Assembly. ▪ To implement a nomination, selection, and campaign process that reflects the values of fairness, integrity, and accountability.
<hr/>	
1.0 POLICY	<p>1.1 LSC recommends strategies for the ongoing sustainability and advancement of the organization through leadership succession planning.</p> <p>1.2 LSC presents a slate of candidates through a determination of qualifications, including geographic distribution, for inclusion on the ballot for the election of the Board of Directors and LSC.</p>
2.0 STANDARDS / CRITERIA	<p>2.1 Facilitate the operations of the committee.</p> <p>2.2 Determine applicant's qualifications for candidacy based on demonstration of identified essential competencies for governance leadership as stated in the leadership development plan.</p> <p>2.3 Establish equitable, fair, and consistent campaign procedures.</p>
3.0 OPERATIONAL DEFINITIONS	<p>3.1 Annual Meeting: This term refers to NCSBN's annual meeting held yearly in August.</p> <p>3.2 Delegate Assembly: During the Annual Meeting, the Delegate Assembly, NCSBN's voting body, convenes. Activity includes discussion and voting on NCSBN business items and election of individuals to the Board of Directors and LSC.</p> <p>3.3 Campaign Procedure: permissible activities undertaken by candidates to communicate with the membership.</p>

- 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) LSC actively monitors campaign activity. 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) Campaign violations will be addressed by LSC as identified.
- (c) LSC provides a web portal for the purpose of campaigning.
- (d) LSC will provide an Annual Meeting Attendee list approximately two weeks prior to the Annual Meeting upon request.

4.6 Campaign Rules

- (a) Candidates will be expected to act ethically and professionally at all times and in accordance with the organizational values.
- (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 via the web portal and / or an Annual Meeting attendee list.

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
- September 22, 2014
- December 10, 2014
- April 16, 2015

2015 Report of the Board of Directors (BOD)

Highlights of Business Activities

Oct. 1, 2014 through May 31, 2015

STRATEGIC IMPLEMENTATION

The BOD has focused on a number of significant issues including the expansion of NCSBN's presence in Washington, D.C., approval of the new Nurse Licensure Compact (NLC) and new Advanced Practice Registered Nurse (APRN) Compact by member boards at a special Delegate Assembly, and conducting a search for a new Chief Executive Officer (CEO) resulting from the retirement of current CEO Kathy Apple.

The BOD made the decision to expand NCSBN's presence in Washington, D.C. last year. Since then, a Washington, D.C. office was opened and a new director of Government Affairs hired. The BOD closely followed education and advocacy efforts and were pleased to see many positive outcomes and new relationships developed with various policy stakeholders.

The BOD supported the innovative work by Member Board Executive Officers to revise the NLC and align it with the new APRN Compact to meet the needs of member boards and fulfill the 2014 Delegate Assembly resolution to achieve universal implementation by member boards. The BOD assigned three membership teams to move the work forward. The Compact Revision Team (CRT) met continuously to refine conceptual, legal, and language revisions to both compacts based on member input. The Financial Impact Team (FIT) provided members with guidance on how to assess and respond to the potential impact of implementing the two compacts. The Legislative Strategy Team (LST) continues to meet to develop legislative support and resources for members as they adopt the compacts.

On Jan. 22, 2015, Kathy Apple announced her plans to retire as the CEO of NCSBN effective Sept. 30, 2015. Throughout her tenure from 2001 to 2015, Kathy has worked diligently to support the important public protection work of boards of nursing throughout the U.S., its territories and the District of Columbia. She has promoted the mandate to protect the public through the regulation of nursing practice at the state, national and international levels. Subsequently the BOD has worked with Kathy Apple and a board governance consultant to plan for CEO succession. A national search firm was hired and a search committee of members appointed to assist in this process.

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 APRN Distance Learning Education Committee addressing the issues member boards have expressed related to the regulation of distance education programs for APRNs. The committee developed guidelines for APRN distance education programs similar to guidelines developed in 2014 for prelicensure distance education nursing programs. The recommended revisions support that faculty who teach only didactic course or who have programmatic oversight but no involvement with patient care should be licensed where the APRN program is regulated.

Fiscal Impact:

None.

Members

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

Katherine Thomas, MN, RN,
FAAN, Texas, Area III, President-Elect

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

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

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

Jim Cleghorn, MA, Georgia, 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, FRE
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
Senior Manager, Executive Office
(resigned effective Feb. 27, 2015)

Ashby Rosenberger
Office Manager, Executive Office

Board Meeting Dates

- Aug. 15, 2014
- Sept. 4–5, 2014
- Oct. 13–14, 2014 (Board Retreat)
- Dec. 10–12, 2014
- Feb. 11–13, 2015
(Washington, D.C.)
- March 16–17, 2015
- May 5–7, 2015
- July 12–14, 2015

Approve the Association of Registered Nurses of Prince Edward Island 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 Delegate Assembly. The current application for associate membership meets 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 Ordre des Infirmières et Infirmiers du Quebec 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 application for associate membership meets 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 Registered Nurses Association of the Northwest Territories and Nunavut 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 application for associate membership meets 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

- 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) Symposium & Business Meeting
- International Council of Nurses (ICN) Credentialing & Regulator Forum
- International Council of Nurses (ICN) Observatory on Registration & Licensure
- National Quality Forum (NQF) Annual Conference
- Federation of Associations of Regulatory Boards (FARB) Annual Forum

- American Organization of Nurse Executives (AONE)
- Federation of State Medical Boards (FSMB)
- National Association of Boards of Pharmacy (NABP)
- National Patient Safety Foundation (NPSF)
- Tri-Regulator Collaborative Meeting
- Tri-Council for Nursing

GOVERNANCE AND POLICY

- President Shirley Brekken facilitated a brief orientation with an experienced BOD for fiscal year 2015 (FY15). Jim Cleghorn was appointed to fill the Area III vacancy created when former Area III Director Kathy Thomas was elected as President-Elect at the 2014 Delegate Assembly.
- The BOD reviewed and discussed 2014 Delegate Assembly resolutions.
- The BOD was notified of two awards given to the NCSBN National Simulation Study from the Sigma Theta Tau International Honor Society and the Society for Simulation in Healthcare.
- The BOD continuously reviewed and discussed the revisions to the Nurse Licensure Compact (NLC) and the APRN Compact. The BOD approved three teams to move the compact revision forward including a Compact Revision Team (CRT), a Financial Impact Team (FIT), and a Legislative Strategy Team (LST).
- The BOD approved a special Delegate Assembly to be held May 4, 2015, to consider approval of the new NLC and the new APRN Compact.
- The BOD reviewed education and advocacy efforts in Washington, D.C. throughout the year including collaborative efforts with government relations firm Prime Policy Group.
- The BOD reviewed and discussed various environmental issues at each meeting. Topics ranged from health insurance compacts, closure of LPN education programs, closure of proprietary schools, military consolidation of health care role training, investigative reporting and telehealth barriers to the changing roles of nurses and unlicensed assistive personnel.
- The BOD hosted a dial-in/webinar for member boards on the final day of each BOD meeting. President Shirley Brekken facilitated dialogue with participating members.
- The BOD held a generative discussion at each board meeting, addressing various questions relevant to the current and future work of NCSBN.
- The BOD approved FY16 special NCSBN committees.
- The BOD continuously reviewed performance outcome data from NCSBN hosted education meetings and conferences.
- The BOD continuously reviewed an annual BOD performance self-assessment action plan.
- The BOD approved funding \$30,000 to support the development of a virtual public member network by the Citizen Advocacy Center.
- The BOD adopted proposed FY16 meeting dates, including a BOD retreat.
- The BOD endorsed the TriCouncil-NCSBN Framing Paper titled "Interstate Practice Education, and Licensure: Changing Practice, Evolving Regulation."
- The BOD reviewed and discussed the FY2014-2016 NCSBN marketing strategy.
- The BOD continuously reviewed and discussed performance measures and outcome data related to the NCSBN Strategic Plan.

- The BOD determined the education session content for the Midyear and Annual Meetings.
- The BOD held a retreat to explore the future of NCSBN, the future international role of NCSBN and CEO succession planning.
- The BOD reviewed and discussed prescription monitoring programs.
- The BOD approved a proposal to develop Simulation Guidelines for Boards of Nursing.
- The BOD approved endorsement of the outcome vision developed at the National Nursing Ethics Summit.
- The BOD met with various members of the United States Congress in Washington, D.C.

FINANCE

- The BOD approved the proposed budget for FY15.
- The BOD approved quarterly financial statements throughout the fiscal year.
- The BOD approved the proposed audit plan for FY14.
- The BOD approved the annual banking resolution authorizing the CEO to establish and maintain banking accounts.
- The BOD accepted the independent auditor's report for the NCSBN 403(b) defined contribution retirement plan for the year ended June 30, 2014.
- The BOD accepted the report of the independent auditors for the year ended Sept. 30, 2014.
- The BOD reviewed the 2014 IRS 990 form.
- The BOD approved additional liability insurance to the cyber insurance policy and added an indemnification clause to the Optimal Regulatory System (ORBS) participation agreement.
- The BOD met with NCSBN investments managers to review and discuss NCSBN's investment portfolio and performance analysis.

TESTING

- The BOD discussed and explored options for the next generation of NCLEX®. The BOD approved \$2.5 million dollars to fund usability studies for the development of next generation NCLEX®.
- The BOD approved development of an NCLEX® practice examination.
- The BOD reviewed update reports on the NNAAP®/MACE® examination programs.
- The BOD explored various international testing opportunities.
- The BOD approved revisions to various NCLEX® policies.
- The Board reviewed update reports on the NCLEX® examination program.

INFORMATION TECHNOLOGY (IT)

- The BOD reviewed operational and performance outcome data related to Nursys® and programs, products and services from the Interactive Services Department throughout the year.
- The BOD reviewed information on the exploration of exchanging licensure and discipline information between Canadian regulatory bodies and member boards.
- The BOD explored an alternative licensure verification model.
- The BOD reviewed the progress and implementation of the ORBS project.

NURSING REGULATION AND RESEARCH

- The BOD approved proposed research studies related to discipline.
- The BOD reviewed and discussed the Transition to Practice Research Report.
- The BOD reviewed and discussed the Nurse Licensure Compact Survey results.
- The BOD reviewed and discussed the annual environmental scan.
- The BOD reviewed and discussed performance outcome data related to ongoing programs, products, and services from the Nursing Regulation Division.
- The BOD reviewed and discussed results of the Continued Competence Pilot Study.
- The BOD reviewed and discussed the TERCAP® data analysis of 3,000 submitted cases.

Attachments

- A. Annual Strategic Plan Progress Report, October 2014–May 2015
- B. Proposed Revision to the NCSBN Model Practice Act & Rules
- C. Association of Registered Nurses of Prince Edward Island Associate Member Application
- D. Ordre des Infirmières et Infirmiers du Quebec Associate Member Application
- E. Registered Nurses Association of the Northwest Territories and Nunavut Associate Member Application

NCSBN Strategic Plan FY14–16

Annual Strategic Plan Progress Report, October 2014–May 2015

The Annual Progress Report is provided as a summary of the year's activities and accomplishments in the work toward aligning the strategies with NCSBN's vision, mission and values and achieving the organization's strategic initiatives. This progress report 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. The Board of Directors formally approved a Washington, D.C. satellite office and hired a full-time staff position to undertake efforts there. Under the direction of Elliot Vice, the Director of Government Affairs, significant organization and accomplishment has occurred. The team rapidly began building connections and relationships with a variety of stakeholders, including the Nursing Community Coalition. NCSBN has also met with several U.S. representatives and senators and staff related to telehealth legislation. During the February 2015 BOD Meeting, ten board members met directly with policy makers in Congress to share dialogue about common issues. The NCSBN CEO was also invited to meet with the president's economic policy staff on licensure barriers, and she also has met with the new Veterans Administration CNO, Donna Gage.

STRATEGIC OBJECTIVE 2

Provide members with current information and analysis on the evolving health care environment regarding the Affordable Care Act and how it impacts boards of nursing.

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 has contracted with State Net for an improved system to compile and relate state legislative information to BONs. The Nursing Regulation staff has also completed this year's Environmental Scan and has distributed it to BONs for their future planning. This information can be used for setting legislative agendas, strategic planning and anticipating emerging issues. A Journal of Nursing Regulation article, published recently, focused on the ACA and regulatory implications, and network calls were conducted on ACA with Education, Policy, Practice and APRN groups. Legislative reports are issued weekly, and *Good Morning Members*, a biweekly news release, was introduced to address emerging practice information.

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. FY15 proved to be a very busy legislative year for APRN-related issues. Four states have bills pending to address the APRN title. Three states have bills pending to address recognizing an APRN role. Three states have bills pending to clarify graduate or postgraduate education requirements for one or more APRN roles. Three states have bills pending to require advanced certification for one or more APRN roles. Four states have bills pending to require the RN and APRN license. Twelve states have bills pending to add full practice authority for one or more APRN roles. Thirteen states have bills pending to add prescriptive authority for one or more APRN roles. This represents the largest number of bills introduced in a legislative session attempting to align with the APRN Consensus Model requirements. As of May 2015, one state, Nebraska, was successful in achieving full practice and prescribing authority for the CNP role.

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 background checks are obtained upon application for licensure, and will assure individuals with criminal histories are screened so BONs can make informed decisions. Currently, 44 BONs are actively conducting CBCs while 11 are not. Nebraska, Montana, and Virginia have recently passed legislation for this authority. Communication with BONs not yet performing fingerprint-based CBCs is ongoing.

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. An executive officer meeting was held to review the work of the Compact Revision Team, the Financial Impact Team and the Legislative Strategy Team. A new NLC and a new APRN Compact were presented at a special session of the Delegate Assembly on May 4, 2015.

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; thus, facilitating the NLC to 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. An international study and survey regarding out of country telehealth practice was conducted. A survey was sent to nursing leaders in almost 100 countries to collect data regarding telehealth practice and regulation between and among countries. Results were reported to the BOD at the February 2015 meeting of the Board.

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 the 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. The transition to WebEx for video conferencing is being installed and tested in the NCSBN office. The new Hive collaboration site is replacing the existing WIKI tool and is currently undergoing technical integrations with Passport. Current site development and a communication plan for membership are being executed. An August launch in conjunction with the Annual Meeting is planned.

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 utilize available resources. Discovery work has been started for introducing new video conferencing and other new tools. In addition, members new to Passport and new to NCSBN Online presence and/or unfamiliar with NCSBN programs and services were identified. New Passport users, Passport administrators and associate members were surveyed to identify their needs, interest and knowledge. Four educational sessions were held with Passport Knowledge Network Groups at the IT/Operations conference. To get users engaged and actively participating in Passport and Knowledge Network Groups, Passport administrators were educated on the process to assign and match users to the appropriate knowledge network groups.

STRATEGIC OBJECTIVE 3

Explore a structured method for leadership development.

The BOD asked the Leadership Succession Committee (LSC) to explore options for the development and creation of a Leadership Academy. This strategy and framework was presented to the BOD in May 2014 for their review. A meeting was held among the NCSBN leadership team to identify all organizational activities that can be considered membership leadership development opportunities. The BOD met with the LSC to discuss the direction of leadership development.

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 have been explored, reviewed, evaluated and recommended for use and implementation among member boards and their staff. Considerations include leadership development calls, articles on leadership in the *In Focus* online publication (formerly *Council Connector*), and visibility of committee members at NCSBN conferences in order to highlight the nomination process. A Leadership Development Network call was held with a nurse member of the Texas House of Representatives to discuss leadership development from her perspective and experience.

STRATEGIC OBJECTIVE 5

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

Developing resources on Executive Officer (EO) succession planning for use by the member boards is critical to BONs remaining on track to accomplishing their vision, mission and goals. A comprehensive toolkit is now available to member boards to develop an EO succession plan. The EO Succession Committee from FY14 developed an online toolkit, and collaborated with Interactive Services and Marketing and Communications to review the document and develop the web pages. The final toolkit was reviewed by the BOD and made available to the membership at the 2014 Annual Meeting via kiosk and as a presentation to the executive officer and presidents networking sessions.

STRATEGIC OBJECTIVE 6

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

Each year the Institute for Regulatory excellence (IRE) selects a cohort of candidates to pursue a fellowship in the IRE. Over the course of four years they identify and work on ground breaking projects that contribute value to the science of nursing regulation. The committee selected fellows and mentors, and approved project proposals. Because of this opportunity, individuals are involved in efforts that build their regulatory knowledge, skill and ability. For 2015, 11 members were selected as fellows in the program. The 11th IRE Conference was held in January. Inducted IRE Fellows (FREs) were invited to the annual meeting to discuss ideas for continued engagement in the IRE fellowship program.

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 conducts 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 is being conducted to explore alternative job analysis methodology. In addition to examining current entry-level nursing job tasks, this pilot study investigates the characteristics of minimally competent entry-level nurses and focuses on the evolving aspects of entry-level nursing practice. A total of eight Subject Matter Expert (SME) panels have been convened to identify entry-level practice characteristics, their association with entry-level nursing tasks and potential future practice trends.

NCSBN and its contracted research service, the American Institute for Research, have completed the pilot practice analysis study and reviewed it with the NCLEX Examination Committee for understanding and approval. This study will form the basis of the next generation NCLEX measurement construct.

Under the guidance of NCSBN psychometric staff and members of the Joint Research Committee (JRC), psychometric researchers from the University of Iowa and the University of North Carolina at Greensboro are conducting research on innovative item construction and scoring.

STRATEGIC OBJECTIVE 2

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

Nursing regulatory bodies are seeking a method to provide additional data to consider when making licensure reinstatement decisions. By exploring the development of a psychometrically sound, legally defensible assessment to measure the competence of nurses who have had disciplinary action taken against their licenses as a result of practice breakdown, NCSBN will be able to provide an RN and LPN/VN disciplinary assessment with necessary regulatory sufficiency to assist member boards when making decisions relative to licensure reinstatement. The project team has conducted a literature review and gathered information surrounding industry practices to develop a feasibility study.

Testing staff continues to investigate best practices in the licensure and certification industry regarding licensure maintenance assessments and models.

A detailed business plan including market research, product proposal and cost analysis was developed and presented to the BOD for a practice examination. The BOD approved the business plan and the development of the practice tests.

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 Board of Directors meeting.

NCSBN is working 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 discussion supporting licensure examinations within the regulatory environment. Collaborating with psychometricians from vendor organizations Pearson VUE and Mountain Measurement, the testing staff presented the results of seven research projects at the 2014 ITC Conference in San Sebastian, Spain in July to an international audience.

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.

STRATEGIC OBJECTIVE 1

Influence policy through building the science of nursing regulation.

Research staff strives to meet the needs of member boards by developing a three-year research agenda with sound scientific proposals. The agenda was presented to the Board of Directors and proposal development is currently underway and being developed.

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. Two proposals were approved by the BOD, Gender Differences in Nurse Discipline, and the Study of Criminal Convictions in Nurses. Both of these are underway. Initial work was initiated on the National Workforce Studies that will take place over the summer in collaboration with the National Forum of State Workforce Centers. An expert panel was convened to examine the data from the National Simulation Study and develop guidelines for BONs along with model rules.

STRATEGIC OBJECTIVE 2

Develop BON performance measurement data.

Increasing the clarity of the current CORE (Commitment for Ongoing Regulatory Excellence) survey questions will support increased accuracy of the collected data. The committee developed and conducted a short survey to solicit input from member boards on the revised CORE survey and reports. The team also assessed the current CORE measures, using criteria, to determine if they are useful and add value to the process. Some of the criteria include: 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 clarity regarding preferred direction of movement. The BON survey was reviewed and questions were revised pertaining to complaints versus cases, number of FTEs and budget questions that were identified as problematic for boards to answer. The IT department provided discipline data from Nursys that CORE requested.

Patricia Keehley, PhD, facilitated a focus group consisting of five independent boards and two umbrella boards. The participants developed eight varieties of concepts, process steps and policies that potentially may be promising practices.

A subcommittee reviewed final drafts of toolkits and templates created for three areas related to discipline: triage, investigation and resolution. The CORE committee also created an adoption plan for effective practices in the area of discipline to provide a plan that member boards can utilize to improve performance in the area of discipline.

The CORE committee is developing a logic model and a uniform set of data measures regarding the performance of the boards that have adopted the Nurse Licensure Compact. The CORE committee will develop a tool to collect data for this initiative.

STRATEGIC OBJECTIVE 3

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

It is prudent to periodically review and revise the MBP for currency and relevance. Such efforts will increase reliability 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 feedback. They developed a vision for MBP, including the audience, content, online collection, executive summary and type of reports. They also developed a process for evaluation of each MBP survey section/questions, and then compared all five profiles against the criteria. Staff created a new vision for a MBP application. Development of the application is almost complete and will be launched in the near future.

Proposed Revision to the NCSBN Model Practice Act & Rules

PROPOSED MODEL ACT CHANGE

ARTICLE V. RN AND LPN LICENSURE EXEMPTIONS, SECTION 10. E.

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 **or is engaged in other programmatic activities not involving patient contact** via distance education, for a ~~an approved prelicensure program approved by a BON or accredited by a national nursing accrediting agency.~~

Rationale: The language is broadened to include APRN, as well as prelicensure, nursing programs. Additionally, it exempts licensure in the host state of those faculty in the home state who have no patient contact, but who are responsible for programmatic processes, such as oversight of preceptors or clinical faculty.

Association of Registered Nurses of Prince Edward Island Associate Member Application

NCSBN Associate Member Application

Applicant Contact Information

Name Becky Gosbee		Title Executive Director
Phone 902-368-3764	Fax Number 902-628-1430	E-mail bgosbee@arnpei.ca

Organization Information

Full Name Association of Registered Nurses of Prince Edward Island		Chief Staff Person Becky Gosbee	
Mailing Address 53 Grafton Street			
City Charlottetown	State PEI	Country Canada	Postal Code C1A 1K8
Street Address (if not the same)			
City	State	Country	Postal Code
Phone Number	Fax Number	E-mail	Web site www.arnpei.ca

Organization Description

1. Please list all the professions your organization regulates:

Registered Nurses

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

1738

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

Professional and Regulatory Body for RN on PEI

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

to keep current with NCSBN activities. ARNPEI is administering NCLEX as of Jan 5, 2015

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

Incorporated; non-profit

6. Are you a membership organization?

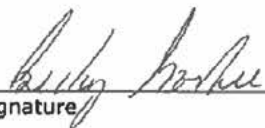
yes - membership is mandatory

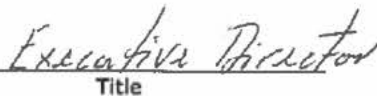
7. Include your mission statement in the space below:

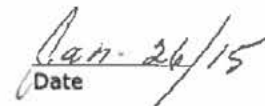
MISSION: The Association of Registered Nurses of Prince Edward Island provides leadership in regulating RN practice on PEI and promoting the principles of Primary Health Care (PHC)

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

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


Title


Date

Ordre des Infirmières et Infirmiers du Québec Associate Member Application

NCSBN Associate Member Application

Applicant Contact Information

Name CAROLE MERCIER		Title Secretary General
Phone 514 935-2501 ext. 263	Fax Number 514 935-8874	E-mail secretariatgeneral@oiiq.org

Organization Information

Full Name Ordre des infirmières et infirmiers du Québec (OIIQ)		Chief Staff Person Lucie Tremblay, President	
Mailing Address 4200 Molson Street			
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Street Address (if not the same)			
City	State	Country	Postal Code
Phone Number 514 935-2501	Fax Number 514 935-1799 (general fax)	E-mail inf@oiiq.org (general info)	Web site www.oiiq.org

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):

As of February 1st, 2015:
Registered Nurses: 73,468 members
Nurse Practitioners: 283 members (included in 73,468)

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

Under the authority of the Office des professions, which is under the authority of the Minister of Justice of Quebec.
(http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/l_8/18_A.html)

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

We wish to be informed of the present issues/developments regarding Nursing Practice and regulation.

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

OIQ is incorporated as a non-profit organization.

6. Are you a membership organization?

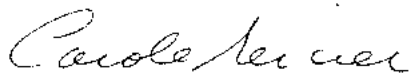
Yes.

7. Include your mission statement in the space below:

Our mission is to protect the public and regulate the nursing profession.

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

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

Secretary General

Title

2015-03-17

Date

Registered Nurses Association of the Northwest Territories and Nunavut Associate Member Application

NCSBN Associate Member Application

Applicant Contact Information

Name Donna Stanley-Young		Title Executive Director	
Phone 867-873-2745	Fax Number 867-873-2336	E-mail ed@mantnu.ca	

Organization Information

Full Name Registered Nurses Association of the Northwest Territories and Nunavut			Chief Staff Person Donna Stanley-Young	
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Street Address (if not the same) 483 Range Lake Road				
City Yellowknife	State NT	Country Canada	Postal Code X1A	
Phone Number 867-873-2745	Fax Number 867-873-2336	E-mail ed@mantnu.ca	Web site www.rnantnu.ca	

Organization Description

- Please list all the professions your organization regulates:
Registered Nurses and Nurse Practitioners
- Please list the number of persons regulated (by profession):
Registered Nurses 1238 and Nurse Practitioners 52

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

The Nursing Profession Act SWNT in force January 1, 2004 and Nursing Act (Government of Nunavut) in force January 1, 2004

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

The NCLEX Exam is the entry to practice examination for all new nursing graduates in both of our territories. RNANT/NU believes membership with NCSBN will enhance communication with other regulatory boards about the exam and other shared issues. As well, it will be valuable for our employee to have access to NCSBN resources, tools and offered education.

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

Our organization is a non-profit organization.

6. Are you a membership organization?

Yes. Our organization is both a regulatory body and a professional association.

7. Include your mission statement in the space below:

"To promote and ensure competent nursing practice for the people of the Northwest Territories and Nunavut"

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

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.

Donna Hanley - Young Executive Director
Signature Title

17-Dec-2014
Date

Report of the APRN Distance Learning Education Committee

Recommendation to the Delegate Assembly

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

PROPOSED MODEL ACT CHANGE

ARTICLE V. RN AND LPN LICENSURE EXEMPTIONS, SECTION 10. E.

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 **or is engaged in other programmatic activities not involving patient contact** via distance education, for **a an approved prelicensure program approved by a BON or accredited by a national nursing accrediting agency.**

Rationale:

The language is broadened to include APRN, as well as prelicensure, nursing programs. Additionally, it exempts licensure in the host state of those faculty in the home state who have no patient contact, but who are responsible for programmatic processes, such as oversight of preceptors or clinical faculty.

Background

In 2013 NCSBN's APRN Committee identified issues related to APRN distance education programs, and concurrently NCSBN's Distance Learning Education Committee was developing guidelines for prelicensure nursing education programs. Model Act and Rules changes were adopted by our members at the 2014 Delegate Assembly that support and allow implementation of the prelicensure guidelines. This Distance Learning Education Committee then recommended that NCSBN convene a committee to develop guidelines for APRN nursing programs, based on the prelicensure guidelines.

FY15 Highlights and Accomplishments

- Develop regulatory guidelines for APRN distance education programs based on the regulatory guidelines for prelicensure distance education program.
 - A survey was conducted with member boards to review their jurisdictions' regulation impact on APRN distance learning programs.
 - The APRN Distance Learning Education Committee conducted calls with APRN education program accreditors and APRN certification programs to learn about their processes and how they uphold their standards.
 - The APRN Distance Learning Education Committee conducted a call with the membership to learn about their issues and recommendations for the guidelines.
 - The APRN Distance Learning Education Committee held a call with the executive director of the National Council of State Authorization of Reciprocity Agreements (NC-SARA) to learn about the roles of boards of higher education and about the national compact that's being developed for making distance education more seamless across state boundaries.
 - The APRN Distance Learning Education Committee presented a draft of their guidelines at the 2015 Midyear Meeting, receiving feedback and incorporating suggestions into the final version.
 - The APRN Distance Learning Education Committee finalized five regulatory guidelines, based on the prelicensure regulatory guidelines for distance education programs.

Members

Cynthia Gustafson, PhD, RN, Montana, Area I, Chair
Valerie Fuller, DNP, ACNP-BC, FNP-BC, GNP-BC, Maine, Area IV
Pamela C. Hagan, MSN, RN, Kentucky, Area III
Jill Hasley, MNSc, APRN, Arkansas, Area III
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Stacey Pfenning, DNP, APRN, FNP, North Dakota, Area II
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Ann O'Sullivan, PhD, FAAN, CRNP, Pennsylvania, Board Liaison

Staff

Nancy Spector, PhD, RN, FAAN
Director, Regulatory Innovations
Maureen Cahill, MSN, APN-CNS
Associate, Nursing Regulation

Meeting Dates

- Oct. 9–10, 2014
- Dec. 2–3, 2014
- Feb. 18, 2015 (Conference Call)
- Feb. 25–26, 2015
- March 17, 2015 (Meeting at Midyear)
- April 2, 2015 (Conference Call)

Relationship to Strategic Plan

Strategic Initiative A

NCSBN promotes evidence-based regulation

Strategic Objective 3

Create resources for evidence-based regulation

Future Activities

- Establish an APRN Committee to explore APRN approval and make recommendations. Rationale: Only 50 percent of the members currently approve APRN programs. A committee should study and make recommendations on whether BONs should approve APRN programs.
- NCSBN should continue discussions with Licensure, Accreditation, Certification and Education (LACE) about the need for accreditors to preapprove new programs.

Attachments

- A. White paper: "Regulatory Guidelines for Distance Education: Part II – APRN Programs"

White Paper: Regulatory Guidelines for Distance Education: Part II – APRN Programs

INTRODUCTION

In 2014, an NCSBN committee studied the regulatory issues related to prelicensure distance education programs, developing guidelines for boards of nursing (BONs) (Lowery & Spector, 2014; NCSBN, 2014). At the same time an Advance Practice Registered Nurse (APRN) committee was discussing the regulatory issues of distance education in APRN programs. With input from both committees, NCSBN's Board of Directors convened a committee in 2015 to recommend regulatory guidelines for APRN Distance Education programs, based on the prelicensure guidelines. This paper builds upon the prelicensure white paper on distance education (NCSBN, 2014) and therefore will be referred to as part II of the white paper, whereas the prelicensure white paper is referred to as part I. This part II white paper outlines five regulatory guidelines for APRN distance education programs, presenting how they were developed and the evidence that supports them.

BACKGROUND

Because of the Affordable Care Act and the need to increase the access to care, it is critical to educate more APRNs and increase the capacity of APRN programs. Distance education is one solution that has been identified by the Institute of Medicine for accomplishing this (Hodges & McGinness, 2014; Russell, 2015). Distance education expands the educational opportunities for APRN nursing students while providing flexible access to programs that may offer balance to their work and private lives (Fitzgerald, Kantrowitz-Gordon, Katz & Hirsch, 2012). In many less-populated, rural and frontier areas in the U.S., distance education provides the only access to APRN education. Indeed, distance education in APRN programs has proliferated and traditional methods for student and faculty interaction have changed (Hodges & McGinness, 2014).

In part 1 (the prelicensure paper on distance education) of this white paper (NCSBN, 2014), similar benefits of distance education for prelicensure students were cited:

- Distance education can provide education flexibility and access.
- Distance education offers opportunity for more individualized learning.
- Web-based teaching can foster meaningful exchanges.
- The accessibility of distance education can result in social and financial benefits to the student.

There are potential downsides to distance education as well. The U.S. Department of Education listed the oversight and monitoring of distance education as one of their challenges for 2015. Their concerns are for students whose identity is difficult to verify through electronic media and for those who may be fraudulently obtaining student aid by enrolling in distance programs, receiving aid and then withdrawing (U.S. Department of Education, 2014). Similar to prelicensure programs (NCSBN, 2014), the rapid expansion of distance learning in nursing may provide challenges to BONs, such as: not being aware of students in their state who are participating in APRN distance education clinical experiences; being assured that such programs are meeting the same standards as traditional programs; and dealing with the influx of students wishing to find clinical assignments in their state.

LITERATURE REVIEW

Part I of the white paper provides a review of the literature related to the regulatory perspective of distance education in nursing, including the context of distance education today, the future as it relates to nursing regulation, research on the effectiveness of this education strategy, quality indicators in distance education and some of the regulatory and educational issues associated

with distance education (NCSBN, 2014). Therefore, this section will only highlight relevant articles and research that were not in part 1.

Two systematic reviews on distance education provide some insight into the distance education modality. While some individual studies cited in part 1 of this white paper support the effectiveness of distance education when compared to traditional teaching methods, a recent systematic review of nine randomized controlled trials in nursing education, which included either prelicensure or postlicensure students, provide some encouraging further evidence supporting the efficacy of distance education. They reported equivalent or sometimes even better outcomes with knowledge acquisition, skill performance, self-efficacy and satisfaction when faculty used web-based distance learning teaching methods as compared to traditional methods (Du et al., 2013), though there were some negative findings too. The authors emphasize that further research needs to be conducted with web-based distance education.

Similarly, Russell (2015) used a systematic and iterative approach to examine the state of the science of evaluation strategies with online nursing education, and educators and BONs are interested in student outcomes. The sample included 36 studies of students in baccalaureate, registered nurse (RN) to bachelor of science in nursing (BSN) and graduate education. The researcher found that evaluation practices with online teaching are diffuse and superficial. There is a need to move from measuring perceived learning to actual learning, and therefore this is an area for further research.

Because APRNs deliver safe and effective, quality, affordable and timely care to patients in all types of communities and settings, distance education modalities often must be innovative in order to provide students with rich experiences. The literature cites many of these innovations, and three are highlighted here. Rutledge, Haney, Bordelon, Renaud & Fowler (2014) emphasize the importance of preparing APRNs to work with underserved populations by describing a three-phase process they've used to teach students to use telehealth to provide access to patients in rural communities. Other authors describe the use of virtual clinics for teaching APRN students via distance education (Lowery, Corbett, King, Brown & Faser, 2014). Their virtual clinic community learning environment (VCCL) has been used to teach students management of multiple chronic conditions, and it is being proposed as a method for promoting interprofessional education. Similarly, Colella & Beery (2014) have developed a creative methodology for teaching differential diagnosis to nurse practitioner students. With this modality, the faculty member is a role model in an interactive case study.

Currently, all of these innovative modalities can augment the student's experience by allowing skills-based practice and enhanced opportunities for learning (Miskovsky & Miller, 2014). Virtual environments can present students with a fictitious patient allowing for some clinical learning requirements to be met without competing for actual patients. The trend toward greater interprofessional education could include shared simulation patients as well as team-based clinical learning (Masters, O'Toole & Baker, 2013).

ACCREDITATION AND PROGRAM APPROVAL

The accreditation of graduate programs for APRN education results when programs meet standards of quality as assessed by independent nonprofit organizations. Graduate programs, preparing students for certification and practice in one of the four APRN roles, are required to be accredited by a national accrediting body for the type of nursing education provided in order for their graduates to be eligible to take an APRN role certification exam. If the program is not accredited by one of the national nursing accreditors, the graduating students cannot be certified and therefore cannot practice. The certifying bodies and then national nursing accreditors welcome conversations and collaboration with the BONs. Please find their websites, with contacts, in Table 1.

Boards of nursing consider that approval of prelicensure nursing education programs to be a significant part of their public protection mission and so this is an almost universal function of most boards in the U.S. and their territories. Some boards view their oversight of APRN Distance Educational Programs in the same way, though as will be seen in the results of the survey the

APRN Distance Learning Education Committee conducted, currently not all BONs approve APRN nursing programs.

COMMITTEE DATA COLLECTION

The APRN Distance Learning Education Committee took several steps to gather information from various sources before developing the regulatory guidelines for BONs related to distance education programs. First they reviewed the previous APRN Committee's work with identifying BON issues with distance education programs. They held two separate conference calls with representatives from the accrediting bodies and the certifying agencies to learn of their processes, to hear about any issues they might have and to ask for their input on our guidelines. The committee also had a call with Marshall Hill, the executive director of the National Council of State Authorization Reciprocity Agreements or NC-SARA. The committee further invited the BON executive officers and the APRN and education consultant knowledge networks to a conference call to hear their thoughts about the guidelines we were developing, as well as any of their issues. Lastly, we sent a survey to the BON executive officers (asking them to forward it to their APRN consultants, if they wished) to learn how the BONs regulate APRN distance education programs and how the guidelines might help them. The following is a summary of these findings.

Previous APRN committee work. A previous APRN Committee examined the issues BONs had with distance education programs. Here is a summary of the issues they identified:

- Regulatory gaps exist in the oversight of APRN students on a clinical assignment in states other than where their educational program is located.
- BONs are sometimes not notified of an APRN student on clinical assignment in their state.
- Most APRN students are licensed RNs and subject to state BON discipline.
- Students and/or educational programs may seek clinical assignments in states that do not enforce regulatory standards described in Model Acts and Model Rules. Such states may be unaware of students on clinical assignment in their state.

Conference call with the national accreditation agencies. At our October meeting we had representatives from the following accreditation agencies on a conference call with the committee: the Accreditation Commission for Education in Nursing (ACEN), the NLN Commission for Nursing Education Accreditation (CNEA), the Commission on Collegiate Nursing Education (CCNE), the Council on Accreditation (COA) and the Accreditation Commission for Midwifery Education (ACME) (see Table 1). The accreditors hold the programs to their standards, and verify that the practice hours are met. COA specifically collects data on those programs that offer distance education. The accreditors reported requiring pass rates on the certification exams. They all indicated that a great majority of their programs had some online courses.

Crosswalks of accreditation standards and quality. We developed two crosswalks for BONs. Table 2 compares the three national nursing accrediting agency standards with NCSBN's APRN model rules. Table 3 compares the three national nursing accrediting agencies related to quality standards.

Conference call with Marshall Hill of NC-SARA. Also at the October meeting, Dr. Hill enlightened the committee about the background, functions and responsibilities of the boards of higher education. He also discussed the 2010 U.S. DOE state authorization rule and its status. Dr. Hill described how states can apply to NC-SARA, the cost and how to become an approved state or institution. Currently 19 states are part of NC-SARA.

Conference call with national certification organizations. At our December meeting we hosted a teleconference with the national certifiers of APRN programs. They verified that the nursing education program must be accredited before their graduates can be certified. They require primary sources from the nursing programs, and faculty must attest to the numbers of clinical hours students have. They look at aggregate pass rates and have found no differences in pass rates for distance education programs. They emphasized that the certifiers must

themselves be accredited and meet standards. The certifiers were happy to collaborate and it was suggested that further opportunities like this be offered.

Conference call with membership. Also at the December meeting, we held a teleconference with our BONs to discuss issues and thoughts about the regulatory guidelines. The following is a summary of that call:

- There was agreement that the APRN guidelines for distance education programs should be similar to the prelicensure guidelines that were developed last year.
- Licensure was discussed, along with the need to be consistent. There was a discussion that the APRN Compact would assist with this.
- Some BONs would like aggregate data on pass rates from the certifiers so that they can look at program outcomes.
- There were worries about accreditation being every 10 years.
- There was considerable discussion about the accreditors providing BONs with quality assurances.
- There was discussion, both on the call with the membership and then separately with the BON that was involved, about a new APRN track in an existing, accredited graduate program, that graduated students who took the certification exam (and passed), and yet the APRN track did not receive accreditation. These students, therefore, could not be certified because they didn't graduate from an accredited APRN track. The students then had to reenroll in another accredited APRN track at another program. Because this BON did not approve APRN programs there was not much action they could take.

Survey results. The survey sent to BONs had a total of 37 BONs responding after three reminders. The following are highlights from the survey:

- 51 percent of the BONs responding approve APRN programs. Of the 49 percent that do not, only 17 percent wish they did.
- 11 percent of the BONs responding approve out-of-state APRN programs.
- 97 percent of the BONs responding require RN licensure of APRN students who work with patients.
- 86 percent of the BONs responding require preceptors who work with APRN students from out-of-state programs to have an RN license, while 71 percent require an APRN license.
- 26 percent of the BONs responding require faculty who only teach didactic content from the home state to have an RN license in the host state, while 14 percent require an APRN license.
- 30 percent of the BONs responding require faculty in the home state, who have oversight of clinical faculty/preceptors in a host state, to have an RN license in the host state, while 27 percent require an APRN license.
- 19 percent of the BONs responding require notification to the BON if APRN students from an out-of-state program are having clinical experiences in their state.
- Issues identified included: too many inquiries from prospective out-of-state clinical placements; finding preceptors for students; slow responses to problems by the accreditors; BONs not knowing when students from out-of-state programs are taking clinical experiences in their states.

The evidence presented both in this white paper and in the 2014 prelicensure white paper supports distance education as a viable teaching method for prelicensure and APRN nursing students. Systematic reviews and large studies of students (Du et al., 2015; NCSBN, 2014; Russell, 2015) continue to find no differences in outcomes between traditional and distance education teaching methods. With an increased need for APRNs to provide access to health care (Hodges

& McGuinniss, 2014), distance education programs provide advanced nursing educational opportunities to students who otherwise would not have access to APRN nursing programs. The data collected also confirmed that the accreditors and certifiers both verify the APRN program hours and that the program must be accredited by a national nursing organization before the students can take the certification exam. Both the accreditors and the certifiers indicated they were willing to collaborate with NCSBN and BONs on an ongoing basis. However, there were some regulatory issues identified as well. For example, in at least one situation students graduated from a new APRN track that was not accredited, and yet they were able to take the certification exam.

Please see Figure 1 for a visual description of how BONs, APRN certifier and APRN accreditors collaborate to maintain quality of APRN programs to protect the public.

Based on this data collection, the committee members developed regulatory guidelines for APRN distance education programs, keeping them in line with the precicensure guidelines. The guidelines, based on the evidence collected and the precicensure distance education guidelines, are presented below.

REGULATORY GUIDELINES FOR APRN DISTANCE EDUCATION PROGRAMS

Definitions

Distance Education: 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).

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).

Guidelines

1. Distance education in APRN nursing programs shall meet the same standards as traditional educational approaches in APRN nursing programs.

Rationale: The mode of curricular delivery should not affect the regulatory guidelines for nursing education, including distance education.

2. Only one state/jurisdiction should approve an APRN nursing education program, and that approval should be done by the BON in the home state.

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

Currently, while many BONs have statutory authority over APRN programs, not all approve such programs. Therefore, it is recommended that BONs, which currently do not approve APRN programs, examine their statutory authority to approve APRN programs as consistent with the NCSBN APRN Model Act (Article XI: APRN, Section 4. Education Programs) and Rules (Chapter 11.4 APRN Education). Here is a link to the Model Rules: https://www.ncsbn.org/14_Model_Rules_0914.pdf.

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

Rationale: The APRN program in the home state provides adequate clinical supervision of the students in the host state, just as they do with programs located in their own states/jurisdictions.

Further, it is an accreditation expectation that programs maintain oversight of students in clinical sites wherever these students are located. It is recommended that BONs report lack of student oversight or any other complaints about an APRN Education Program to that program's national accrediting bodies. (See the NCSBN Distance Education Webpage for links to the accrediting bodies.)

4. Licensure guidelines include:
 - a. APRN students shall hold an active RN license or privilege to practice, which is not encumbered, and meet licensure requirements in the state/jurisdiction where the patient is located.
 - b. Preceptors who teach direct clinical experiences for an APRN distance education program shall hold an active license or privilege to practice, which is not encumbered, at or above the level of licensure that the student is seeking, and meet licensure requirements in the state/jurisdiction where the patient is located.
 - c. Faculty who only teach didactic content for an APRN distance education program or who provide programmatic oversight (but no patient contact) shall hold an active license or privilege to practice, which is not encumbered, and meet licensure requirements in the home state.

Proposed Model Act Change to support this:

ARTICLE V. RN AND LPN LICENSURE EXEMPTIONS, SECTION 10. E.

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 **or is engaged in other programmatic activities not involving patient contact** via distance education, for **a an approved prelicensure program approved by a BON or accredited by a national nursing accrediting agency.**

Rationale: The APRN students and their preceptors should be licensed where patient care is located for public protection. If a practice complaint occurs, this allows the host state to investigate.

Faculty who only teach didactic courses or who have programmatic oversight but no involvement with patient care should be licensed where the APRN program is regulated.

If all states involved are members of the NLC, the nurse would be licensed in the state of residence, and the nurse would have a privilege to practice in the other states.

5. BONs will specify their APRN distance education requirements to NCSBN, and NCSBN will post them on its website.

Rationale: Until there is consistency among the BONs, this will allow educators easy access to the requirements of all BONs so that they can comply with their laws.

RECOMMENDATIONS FOR THE FUTURE

1. NCSBN's Board of Directors should consider establishing an APRN Committee to explore APRN program approval. Currently only 50 percent of the members approve APRN programs. A committee should study why this is the case and make some recommendations so that our BONs will be more consistent.
2. NCSBN should continue discussions with Licensure, Accreditation, Certification and Education (LACE) about the need for accreditors to preapprove new programs.

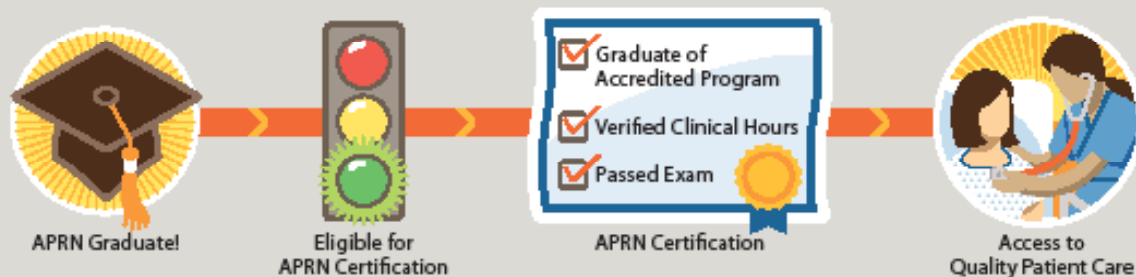
FIGURE 1: APRN INFOGRAPHIC

Collaboration Leads to Quality APRN Education

APRN Distance Education Regulation Guidelines



APRN Consensus Model



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TABLE 1: APRN ACCREDITORS AND CERTIFIERS

ACCREDITORS	WEBSITES
Accreditation Commission for Education in Nursing (ACEN)	www.acenursing.org
Accreditation Commission for Midwifery Education (ACME)	www.midwife.org/Accreditation
Commission on Collegiate Nursing Education (CCNE)	www.aacn.nche.edu/ccne-accreditation
Council on Accreditation [COA] (nurse anesthesia)	http://home.coa.us.com/Pages/default.aspx
NLN Commission for Nursing Education Accreditation (CNEA)	www.nln.org/accreditation-services/the-nln-commission-for-nursing-education-accreditation-(cnea)
CERTIFIERS	WEBSITES
American Association of Critical Care Nurses Certification Corporation (AACN)	www.certcorp.org ; www.aacn.org/aprnresources
American Academy of Nurse Practitioners Certification Program	www.aanpcert.org/ptistore/control/index
American Midwifery Certification Board	www.amcbmidwife.org
American Nurses Credentialing Center	www.nursecredentialing.org
National Board of Certification and Recertification of Nurse Anesthetists	www.nbcrna.com
National Certification Corporation	www.nccwebsite.org
Pediatric Nursing Certification Board	www.pncb.org

TABLE 2: EDUCATION PROGRAM ACCREDITATION CROSSWALK.

This is not a complete review of all standards but rather a comparison of major accreditation categories of standards. For full evaluation refer to each accreditation program’s standards.

Accreditor	ACEN	CCNE	CNEA	Model Act/Rules
Graduate	Standards	Standards	Standards	
Mission/Admin	The mission/philosophy and program outcomes of the nursing education unit are congruent with the core values and mission/goals of the governing organization.	Mission, goals and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.	The mission, goals, and core values and expected outcomes of the nursing program are consistent with and contribute to the mission, goals and core values of the parent institution.	The BON shall, by administrative rule, set standards for the establishment and outcomes of APRN education programs, including clinical learning experiences, and approve such programs that meet the requirements of the Act and BON rules. The BON shall by administrative rules, identify the process for determining APRN education program compliance with standards. The BON shall set requirements for the establishment of a new APRN education program. New programs will be preapproved by an APRN accrediting body.
	Communities of interest have input into program processes and decision making. Partnerships that exist promote excellence in nursing education, enhance the profession and benefit the community.	The mission/goals and expected student outcomes are reviewed periodically and revised to reflect: professional nursing standards and guidelines and the needs and expectations of the community of interest.	Communities of interest are engaged in providing input into the program’s operations. There is demonstrated institutional commitment to providing resources critical to maintaining the operational integrity of the nursing unit and supporting continuous quality improvement efforts designed to meet the program’s expected outcomes.	

Accreditor	ACEN	CCNE	CNEA	Model Act/Rules
Mission/Admin	<p>Policies for nursing faculty and staff are comprehensive, provide for the welfare of faculty and staff and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.</p> <p>When present, nursing faculty who coordinate or lead program option/tracks are academically and experientially qualified.</p>	<p>Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations.</p> <p>Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals and expected student outcomes. These policies are fair and equitable, published and accessible, and reviewed and revised as necessary to foster program improvement.</p> <p>Faculty and students participate in program governance.</p>	<p>Organizational support for faculty and students, including those enrolled in distance education programs, to participate in the governance of the institution and the nursing programs is evident. Documented evidence exists demonstrating that faculty and students are engaged in governance activities, and related outcomes associated with faculty and student success in achieving outcomes is cited.</p> <p>The institution and program provide student support services that are student-centered; culturally sensitive; readily accessible to all students including those enrolled in distance education; and guide students throughout the processes associated with admission, recruitment, retention and progression, graduation and career preparation.</p>	
Nurse administrator	<p>The governing organization and nursing education unit ensure representation of the nurse administrator and nursing faculty in governance activities; opportunities exist for student representation in governance activities.</p> <p>The nurse administrator is experientially qualified, meets governing organization and state requirements, and is oriented and mentored to the role.</p> <p>The nurse administrator has the authority to prepare and administer the program budget with faculty input.</p>	<p>The chief nursing administrator is a registered nurse, with a graduate degree in nursing, with a doctoral degree in nursing if the nursing unit offers a graduate program in nursing, and is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes.</p>	<p>The chief nurse administrator of the nursing program is academically and experientially qualified and has the administrative responsibility to provide the leadership needed to achieve the program's mission, goals, core values and expected outcomes.</p>	<p>An APRN program shall appoint: An APRN programs administrator whose qualifications include a current, active APRN license or privilege to practice that is not encumbered in the state where the program is approved and/or accredited, a doctoral degree in a health-related field, at least 2 years of experience as an APRN, and current national APRN certification. A lead faculty member who is educated and nationally certified in the same role, and population foci and licensed as an APRN shall coordinate the education component, including curriculum development, for the role and population</p>

Accreditor	ACEN	CCNE	CNEA	Model Act/Rules
Faculty/Staff	Qualified and credentialed faculties are sufficient in number to ensure the achievement of the student learning outcomes and program outcomes. Sufficient qualified staffs are available to support the nursing unit.	Faculty are sufficient in number to accomplish the mission, goals, and expected program outcomes; are academically prepared for the areas in which they teach, and experientially prepared for the areas in which they teach. Academic support services are sufficient to endure quality and are evaluated on a regular basis to meet program and student needs.	Faculty is sufficient in number and qualifications to meet the program's mission, goals and expected outcomes. There is sufficient faculty to meet the program's expected outcomes and support students in achieving learning outcomes.	Nursing faculty to teach any APRN nursing course that includes a clinical learning experience shall meet the following qualifications: a current, active APRN license or privilege to practice that is not encumbered in the state where the program is approved and accredited, a minimum of a master's degree in nursing or a health-related field in the clinical specialty, two years of APRN clinical experience, and current knowledge, competence, and certification as an APRN in the role and population foci consistent with teaching responsibilities. Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty qualifications for the program level they are teaching. Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to these areas of content. Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences, but not to replace them. Clinical preceptors will be approved by faculty and meet the following requirements: hold an active license or privilege to practice that is not encumbered as an APRN or physician and practices in a comparable practice focus; and function as a supervisor and teacher and evaluate the individual's performance in the clinical setting.
Students	Student policies and services support the achievement of the student learning outcomes and program outcomes of the nursing education unit.	Teaching-learning practices and environments support the achievement of expected student outcomes.	Student policies are clearly documented and accessible with changes communicated to students in a timely manner.	Each student enrolled in an APRN program shall have an RN license or privilege to practice that is not encumbered in the state of clinical practice, unless exempted from this licensure requirement under Article 5 section 10.

Accreditor	ACEN	CCNE	CNEA	Model Act/Rules
Curriculum	The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary healthcare environments.	The curriculum is developed in accordance with the program's mission, goals and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest; teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning foster achievement of expected student outcomes.	The curriculum is designed by faculty to create a culture of learning that fosters the professional and personal growth of diverse learners and supports the achievement of expected student learning outcomes in alignment with the program's mission, goals, values and expected program outcomes. The curriculum incorporates professional nursing standards, guidelines and role-specific competencies congruent with expected student learning outcomes and practice roles. [see additional curriculum requirements in the section on differences below]	<p>The curriculum of the APRN nursing education program must prepare the graduate to practice in one of the four identified APRN roles, i.e. CRNA, CNM, CNS, and CNP and at least one of the six populations. Three separate graduate-level courses (the APRN core 3Ps) shall be required.</p> <p>Additional required components of graduate or post-graduate education programs preparing APRNs shall include the following:</p> <ol style="list-style-type: none"> 1. Each student enrolled in an APRN program shall have an RN license or privilege to practice that is not encumbered in the state of clinical practice, unless exempted from this licensure requirement under Article 5 section 10. 2. Education programs offered by an accredited college or university that offers a graduate degree with a concentration in the advanced nursing practice role and at least one population focus or post-master's certificate programs offered by an accredited college or university shall include the following components: <ol style="list-style-type: none"> a. Clinical supervision congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus. b. Curriculum that is congruent with national standards for graduate level and advanced practice nursing education, is consistent with nationally recognized APRN roles and population foci, and includes, but is not limited to: <ol style="list-style-type: none"> i. Graduate APRN program core courses; ii. An advanced practice nursing core, including legal, ethical and professional responsibilities of the APRN. 3. The curriculum shall be consistent with competencies of the specific areas of practice. 4. APRN programs preparing for two population foci or combined nurse practitioner/clinical nurse specialist shall include content and clinical experience in both functional roles and population foci. 5. Each instructional track/major shall have a minimum of 500 supervised clinical hours as defined by the BON. The supervised experience is directly related to the role and population foci, including pharmacotherapeutic management of patients. 6. There shall be provisions for the recognition of prior learning and advanced placements in the curriculum for individuals who hold a masters degree in nursing and are seeking preparation in a different role and population focus. Post-masters nursing students shall complete requirements of the masters APRN program through a formal graduate-level certificate in the desired role and population focus. Post-masters students must meet the same APRN outcome competencies as the masters level students.

Accreditor	ACEN	CCNE	CNEA	Model Act/Rules
Resources	Fiscal, physical and learning resources are sustainable and sufficient to endure the achievement of the student learning outcomes and program outcomes of the nursing education unit.	Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.	The nursing program's fiscal, physical, technology and human resources are sufficient for achieving the mission, goals expected program outcomes and learning outcomes. The nursing program's resources are periodically reviewed and revised as needed to sustain an environment of continuous quality improvement that enables the program to meet expected program standards.	
Outcomes	Program evaluation demonstrated that students and graduates have achieved the student learning outcomes, program outcomes, and role-specific graduate competencies of the nursing education unit.	The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.	The program demonstrates effective achievement of expected program outcomes related to program completion rates. Decisions regarding program effectiveness and continuous quality improvement efforts are informed through multiple means of collecting and analyzing data and are inclusive of input from communities of interest.	

Accreditor	ACEN	CCNE	CNEA	Model Act/Rules
	ACEN Differences	CCNE Differences	CNEA Differences	
Other:	Distance education, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.	<p>Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.</p> <p>Preceptors when used by the program as an extension of faculty are academically and experientially prepared for their roles in assisting in the achievement of the mission, goals and expected student outcomes.</p>	<p>Program publications, documents and policies are up to date, accurately reflect program practices, and are accessible to communities of interest.</p> <p>Additional curriculum standards: The curriculum is logically and progressively designed and implemented to support student achievement of learning outcomes and appropriate preparation for role-specific competencies. The curriculum is up to date, dynamic and evidence-based and reflects current societal and health care trends and issues, research findings and contemporary educational practices.</p> <p>The teaching, learning and evaluation strategies used by faculty within the curriculum, including distance education programs, are evidence-based, student-centered and designed to create a culture of learning, demonstrated through student achievement of expected course and program outcomes.</p> <p>Technology, including the use of distance education technology as applicable, is used effectively to support the teaching/learning/evaluation process.</p>	

*CCNE and ACEN require programs to reference:

The Essentials of Master's Education in Nursing (AACN 2011); the Essentials of Doctoral Education for Advanced Nursing Practice for DNP Programs

The Essentials of Doctoral Education for Advanced Nursing Practice (AACN 2006)

Criteria for Evaluation of Nurse Practitioner Programs (NTF 2012)

ACEN also references The Consensus Model of APRN Regulation and Health Professions Education, A Bridge to Quality, IOM, and NLN Competencies for Graduate Nursing Education Programs and Core Competencies for Interprofessional Collaborative Practice

TABLE 3: EDUCATION PROGRAM ACCREDITATION CROSSWALK (APRN PROGRAM QUALITY).

This is not a complete review of all standards but rather a comparison of standards related specifically to APRN programs and program quality. For full evaluation refer to each accreditation program's standards.

Accreditor	ACEN	CCNE	CNEA
Graduate	Standards	Standards	Standards
APRN Specific	<p>The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary health care environments.</p> <p>The curriculum is congruent with established standards for clinical doctorate programs including appropriate advanced nursing practice competencies, role-specific professional standards and guidelines, and certification requirements, and has clearly articulated student learning outcomes and program outcomes consistent with contemporary practice.</p>	<p>An APRN education program (degree or certificate) prepares students for one of the four APRN roles and in at least one population focus, in accordance with the APRN Consensus Model.</p> <p>A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.</p> <p>Postgraduate APRN certificate programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse practitioner Programs [National Taskforce Criteria]</p>	<p>The curriculum provides students with experiential learning that supports evidence-based practice, intra- and interprofessional collaborative practice, student achievement of clinical competence, and as appropriate to the program's mission and expected outcomes, expertise in a specific role or specialty.</p>
Program Specific	<p>Program evaluation demonstrates that students and graduates have achieved the student learning outcomes, program outcomes and role-specific graduate competencies of the nursing education unit.</p> <p>The systematic plan for evaluation of the nursing education unit emphasizes the ongoing assessment and evaluation of each of the following: Evaluation findings are aggregated and trended by program option, location and date of completion and are sufficient to inform program decision making for the maintenance and improvement of the student learning outcomes and the program outcomes.</p> <p>The program demonstrates evidence of achievement in meeting the program outcomes:</p> <ul style="list-style-type: none"> ■ Performance on certification exams ■ Program completion ■ Graduate program satisfaction ■ Employer program satisfaction ■ Professional job placement/ role-related positions 	<p>A systematic process is used to determine program effectiveness.</p> <p>Program completion rates demonstrate program effectiveness.</p> <p>Licensure and certification pass rates demonstrate program effectiveness.</p> <p>Employment rates demonstrate program effectiveness.</p> <p>Program outcomes demonstrate program effectiveness.</p> <p>Faculty outcomes, individually, and in the aggregate, demonstrate program effectiveness.</p> <p>The program defines and reviews formal complaints according to established policies.</p> <p>Data analysis is used to foster ongoing program development.</p>	<p>The program engages in a systematic, data-based process that supports ongoing assessment and evaluation of expected program outcomes.</p> <p>Decisions regarding program effectiveness and continuous quality improvement efforts are informed through multiple means of collecting data and are inclusive of input from communities of interest. The program demonstrates effective achievement of expected program outcomes related to program completion rates.</p> <p>The program demonstrates effective achievement of expected program outcomes related to graduate performance on licensure and certification exams.</p> <p>The program demonstrates effective achievement of expected program outcomes related to graduate employment rates.</p> <p>Students, alumni and employers express satisfaction with program effectiveness.</p>

*CCNE and ACEN require programs to reference:

The Essentials of Master's Education in Nursing (AACN 2011); the Essentials of Doctoral Education for Advanced Nursing Practice for DNP Programs

The Essentials of Doctoral Education for Advanced Nursing Practice (AACN 2006)

Criteria for Evaluation of Nurse Practitioner Programs (NTF 2012)

ACEN also references The Consensus Model of APRN Regulation and Health Professions Education, A Bridge to Quality, IOM and NLN Competencies for Graduate Nursing Education Programs and Core Competencies for Interprofessional Collaborative Practice

Report of the NCLEX® Examination Committee (NEC)

Recommendation to the Delegate Assembly

Adopt the proposed 2016 NCLEX-RN® Test Plan.

Rationale:

The NEC reviewed and accepted the *2013 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* as a basis for recommending revisions to the *2011 NCLEX-RN® Test Plan* to the Delegate Assembly. Empirical evidence from the practice analysis, feedback from member boards and the professional judgment of the NEC provide support for the recommendation to the Delegate Assembly to adopt the *2016 NCLEX-RN® Test Plan*.

Background

As a standing committee of NCSBN, the NEC is charged with advising the NCSBN Board of Directors (BOD) on matters related to the NCLEX® process, including examination item development, security, administration and quality assurance to ensure consistency with the member boards' need for examinations. In order to accomplish this, the committee monitors the NCLEX-RN® and NCLEX-PN® examination process to ensure policies, procedures and standards utilized by the program meet and/or exceed guidelines proposed by the testing and measurement profession. The NEC recommends test plans to the Delegate Assembly.

Additionally, the committee oversees the activities of the NCLEX Item Review Subcommittee (NIRSC), which plays a critical role in the item development and review processes. Individual NEC members act as chairs of the subcommittee on a rotating basis. Highlights of the activities of the NEC and NIRSC activities follow.

FY15 Highlights and Accomplishments

The following lists the highlights and accomplishments in fulfilling the NEC charge for FY15.

FY15 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.

NCLEX-RN® in Canada

On Jan. 5, 2015, the NCLEX-RN was successfully launched in Canada. The NCLEX-RN is now used by the following Canadian provinces/territories for purposes of licensure/registration in their jurisdiction: Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories and Nunavut, Nova Scotia, Ontario, Prince Edward Island and Saskatchewan.

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 FY15. An example is the development of an optimal item pool design for computerized adaptive tests (CATs). The JRC approved a research proposal in the past year: a study examining masking effect of model misfit (investigation of

Members

NCLEX® Examination Committee

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Terrence Wright, MA, Test Development Manager, Examinations
Ada Woo, PhD, Director, Measurement and Testing, Examinations

Meeting Dates

- Oct. 13–14, 2014
(NCLEX® Examination Committee Business Meeting)
- Dec. 15–17, 2014
(NCLEX® Item Review Subcommittee Meeting)
- Jan. 12–13, 2015
(NCLEX® Examination Committee Business Meeting)
- March 23–25, 2015
(NCLEX® Item Review Subcommittee Meeting)
- April 7–8, 2015
(NCLEX® Examination Committee Business Meeting)
- April 27–29, 2015
(NCLEX® Item Review Subcommittee Meeting)

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dimensionality with CAT data when a misspecified model is used). The JRC will focus on research studies related to Next Generation NCLEX (NGN) in FY15.

NCSBN Examinations Department Internship Program

In 2015, NCSBN sponsored its fourth summer internship program for advanced doctoral students in educational measurement and related fields. The internship lasted eight weeks in June and July 2015 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 discuss current measurement topics. In addition, the intern conducted a research project directly pertaining to issues encountered in operational CAT programs.

Registered nurse (RN) and Practical nurse (PN) Continuous Practice Analysis Studies

NCSBN began administering the 2014 RN and PN Continuous Practice Analysis online survey instruments in December 2013 and finished the analyses in the second fiscal quarter of 2015. 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 2015 RN and PN Continuous Practice Analysis survey administration is underway. Data collection for these surveys began in December 2014 and will continue through October 2015. The methodology and survey forms from the 2013 RN and PN Continuous Practice Analysis are being utilized for the 2015 surveys.

2016 NCLEX-RN® Test Plan

The final report of 2014 NCLEX-RN Practice Analysis study is complete. Following the analyses of survey results, the draft 2016 NCLEX-RN® Test Plan was developed and forwarded to NCSBN member boards in February 2015 for review and feedback. Subsequently, the draft document was presented to the NCSBN BOD in July 2015.

The draft 2016 NCLEX-RN Test Plan will be presented to the membership of NCSBN during its Annual Meeting in August 2015 for review and approval. A strikethrough copy, a clean copy and the timeline for implementation of the 2016 NCLEX-RN Test Plan are included in Attachments A, B and C respectively.

PN Practice Analysis and Knowledge Skills and Ability (KSA) Study

The triennial NCLEX-PN Practice analysis and KSA studies are currently underway. In November 2014, a panel of subject matter experts (SMEs) met to develop a comprehensive list of entry-level licensed practical/vocational nurse (LPN/VN) activity statements that form the basis of the 2015 NCLEX-PN Practice Analysis and subsequent development of the 2017 NCLEX-PN® Test Plan. Launched in spring 2015, the NCLEX-PN 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 2014, a separate SME panel met to develop a list of knowledge statements relevant to entry-level LPN/VN 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 LPN/VN care. Results obtained from the KSA study will be used to inform item development for the 2017 NCLEX-PN Test Plan.

RN 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-RN examination continues to reflect current nursing practice and that nurses who pass the NCLEX-RN examination will continue to meet minimal levels of nursing competence.

A panel of SME's will convene in Chicago from Sept. 9–11, 2015, to conduct a criterion-referenced NCLEX-RN Standard Setting Workshop. The SME panel will be composed of nurses who represent all four NCSBN geographic areas and practice in a variety of settings. The NCSBN BOD will use the workshop results and recommendations from the panel as part of their 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 five new Pearson Professional Centers (PPCs) in the U.S. in 2015. In addition, Pearson VUE expanded the number of seats at three test centers during 2015

Evaluated and Monitored NCLEX Examination Policies and Procedures

The committee reviews the NCSBN BOD examination-related policies and procedures as well as the NEC policies and procedures annually and updates them as necessary.

Definition of an Entry-level Nurse

NCSBN launched a project focused on current characteristics of an entry-level nurse and the effects of the practice environment. Information outlined in this project suggests entry-level characteristics and subsequent entry-level nursing practice is more likely present within the first one to two years of practice. As a result of the findings, the NCSBN BOD has approved a revised definition of the entry-level nurse in the NCLEX environment. With the start of the next NCLEX practice analysis cycle and subsequent NCLEX test plan development and item generation, the NCLEX entry-level nurse will be defined as a nurse having no more than 12 months of experience. Implementation of the revised definition will occur with 2015 NCLEX-PN Practice Analysis and the NCLEX-PN® Test Plan effective, April 1, 2017.

MONITORED CRITICAL 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 NIRSC 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. 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 15–17, 2015 (NCLEX® Item Review Subcommittee Meeting)
- June 16, 2015 (NCLEX® Examination Committee WebEx)
- Aug. 10–12, 2015 (NCLEX® Item Review Subcommittee Meeting)
- Aug. 31–Sept. 2, 2015 (NCLEX® Item Review Subcommittee Meeting)
- Sept. 28–30, 2015 (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 state-of-the-art technologies and unfolding scoring models.

Strategic Objective D2

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

Strategic Objective D3

Increase the NCLEX presence within the international nursing and testing community.

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 18, 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. NCLEX Item Development Panels' productivity can be seen in 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
April 14 – March 15	4	40	1,266	4	2,700

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
April 14 – March 15	4	38	1,367	4	2,700

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, boards may refer items to the NEC for review and comment for one of the following reasons: not entry-level practice, not consistent with the Nursing Practice Act or for other reasons. In October 2014, the committee reviewed the items referred from the April 2014 Member Board Review. Additionally, in April 2015, items were reviewed from the October 2014 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 2014 review consisted of six BONs, a decrease from 12 BONs during the October 2013 review. The April 2014 review consisted of seven BONs, an increase from the six BONs during the April 2013 review. For the April 2015 review, there are 14 BONs/regulatory bodies (nine U.S. and five Canadian) scheduled to participate.

Item-related Incident Reports (IRs)

Electronically filed incident reports may be submitted at PPCs when candidates question item content. Pearson VUE and NCSBN staff continue to investigate each incident and report 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 semi-annual 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 vendor, Pearson VUE, provide mechanisms and opportunities for individuals to inform NCSBN about possible examination eligibility and administration violations. In addition, NCSBN works directly with two third-party security firms to conduct extensive open-source web patrol services. Patrolling consists of monitoring websites, social media discussion forums, online study services/programs and peer-to-peer nursing networks that may contain proprietary examination material/information and/or provide an environment for any possible threats to the examination.

NCSBN also develops and maintains an annual site visit plan for its domestic and international test centers. The plan is designed to conduct unannounced, onsite visits of test centers for the purpose of ensuring NCSBN's established procedural/security measures are being consistently implemented by Pearson VUE test administration staff. NCSBN, Pearson VUE and the NEC are committed to vigilance in ensuring the security of the NCLEX.

Compliance with the 30-/45-Day Scheduling Rule for Domestic PPCs

The NEC monitors compliance with the 30-/45-day scheduling rule. For the period of Jan. 1, 2014 to Dec. 31, 2014, 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 NCSBN Examinations department staff responded to member board questions and concerns regarding administration of the NCLEX.

More specific information regarding the performance of the NCLEX test service provider, Pearson VUE, can be found in the Annual Report of Pearson VUE for the National Council Licensure Examinations (NCLEX), available in Attachment D of this report.

Administered NCLEX® at International Sites

The international test centers meet the same security specifications and follow the same administration procedures as the professional centers located in member board jurisdictions. Please see Attachment D of this report for the 2014 candidate volumes and pass rates for the international testing centers.

EDUCATE STAKEHOLDERS

NCLEX® Research Presentations and Publications

NCSBN presented a session at the 2015 Association of Test Publishers (ATP) Innovations in Testing Conference in Palm Springs, Calif., entitled "Opportunities in International Credentialing: Organizations, Relationships and Collaboration." The 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 2015 Council on Licensure, Enforcement and Regulation (CLEAR) Annual Education Conference in Boston, Mass., NCSBN Examinations, alongside the Chartered Financial Analyst (CFA) Institute, will co-present "Optimize Item Quality with Distractor Development Practices." Participation in presentations such as this reinforces 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 the fall, NCSBN staff co-hosted a workshop entitled “Psychometric Rules of Thumb that Every Credentialing Manager Should Know” at the Institute of Credentialing Excellence (ICE) Exchange conference held Nov. 11–14, 2014, in San Antonio, TX. In collaboration with Pearson VUE, NCSBN staff also presented “How Do I Select the Best Testing Model for My Organization: Should It Be CAT, LOFT, Paper-and-Pencil, or ??” at the same 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 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.

NCSBN conducts the nursing practice analysis (NPA) every three years to evaluate the validity of the NCLEX test plan. To determine whether changes in entry-level nursing have occurred during the NPA interim period, four continuous practice analyses (CPAs) are conducted every year. Researchers analyzed nine years of data collected in the NPAs and CPAs. The results of the study indicate some differences from one NPA to the next, but no substantial differences between NPA data and data from more frequent CPAs. The article “Validating the NCLEX-RN Test Plan: Comparing Practice Analysis Data” was published in the October 2014 issue of the *Journal of Nursing Regulation*.

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 2015, NCSBN psychometrics staff published “Comparison of English and Spanish Translations of a National Certification Examination” in the Spring 2014 issue of CLEAR Exam Review. CLEAR Exam Review is a biannual journal with useful discussions of current licensing examination issues and is geared toward a general audience.

NCSBN psychometrics staff presented “Is Response Time a Good Indicator of Aberrance” at the 2014 Conference on Test Security. The 2014 Conference on Test Security offered a unique opportunity for experts across the industry to focus on test security capabilities and enhancements that protect the validity of test results and brand integrity. Industry leaders and experts presented on a variety of test-security topics. The conference was held Oct. 1–2, 2014, in Iowa City, Iowa.

NCSBN psychometrics staff and summer interns gave three presentations at the 2014 International Association for Computerized Adaptive Testing (IACAT) in October 2014: 1) “A Change Point-Detection Based Method for Warm-Up Effect Detection in Computerized Adaptive Testing,” 2) “Variable Starting Item Difficulty for Repeat Test Takers in CAT,” 3) “An Empirical Study of Variable Content-Balancing Designs for Optimal CAT Pool Design.” The International Association for Computerized Adaptive Testing (IACAT) teamed with Educational Testing Service in Princeton, NJ from Oct. 8 to 10, 2014 to create a premier summit on the latest Adaptive Testing research available.

NCSBN psychometrics staff presented “Exploring the Psychometric Properties of Innovative Items in CAT” at the 2014 Maryland Assessment Research Center (MARC) Conference in College Park, Md., from Oct. 16 to 17, 2014. The main theme of the conference was technology enhanced innovative assessment: development, modeling and scoring from an interdisciplinary perspective.

NCSBN psychometrics staff presented the following at the 2015 AERA and NCME conference in Chicago from April 16 to 20, 2015: “ Investigating Scoring Options for Ordered List Items,” “Constructing a Framework for Scoring Innovative Items,” “Robustness of the Equal-variance Signal-detection Model in Estimating Item and Candidate Parameters,” “Evaluating Sample Size Requirement for PCM,” “Homogeneity of Item Options” and “Evaluating Clinical Judgment in

Licensure Tests: Application of Decision Theory.” AERA and NCME are prestigious measurement and testing organizations with broad membership bases. These organizations are internationally recognized as the premier psychometric membership associations.

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, examination content staff conducted four sponsored NCLEX Regional Workshops. Regional workshops are presented for the purpose of providing information to educators preparing students to take the NCLEX. NCLEX Regional Workshops were held between March 31, 2014 and April 1, 2015, in the following jurisdictions: Minnesota, Nebraska, Nevada, New Brunswick, New Jersey, Ohio, South Dakota, Texas and Washington. 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 NCLEX Information Flyer provides a brief snapshot of the NCLEX candidate process, rules and identification requirements and is available in an electronic format

NCLEX® Conference

Historically, the examinations staff has coordinated and hosted an NCLEX Conference in order to provide member boards, educators and other stakeholders an opportunity to learn about the NCLEX program. The 2014 NCLEX Conference was held in Charlotte, N.C., on Sept. 29, 2014, with approximately 350 participants. The 2015 NCLEX Conference is scheduled for Monday, Sept. 21, 2015, in Portland, Oregon.

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 semi-annual and annual bases. In addition, beginning in the first fiscal quarter of 2013, supplemental report data in comma-separated values (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. Candidates may use the Internet to access their unofficial result 48 business hours after completing their examination. Currently, 47 BONs participate in offering this service to their candidates. In 2014, approximately 143,927 candidates utilized this service.

Future Activities

- Complete the continuous online RN and PN practice analyses.
- Conduct NCLEX-RN standard setting.
- 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.
- Evaluate ongoing international testing.
- Host the 2015 NCLEX Conference.
- Introduce additional alternate format item types.
- Explore additional item writing strategies for the NCLEX.

Attachment

- A. Proposed 2016 NCLEX-RN® Test Plan – Strikethrough Copy
- B. Proposed 2016 NCLEX-RN® Test Plan – Clean Copy
- C. Timeline for Implementation of the 2016 NCLEX-RN® Test Plan
- D. Annual Report of Pearson VUE for the NCLEX®

Proposed 2016 NCLEX-RN® Test Plan – Strikethrough Copy

1 | ~~2013-2016~~ NCLEX-RN® Test Plan

2 | National Council Licensure Examination 3 | for Registered Nurses

4 | (NCLEX-RN® EXAMINATION)

5 | Introduction

6 | Entry into the practice of nursing is regulated by the licensing authorities within each of the National
7 | Council of State Boards of Nursing (NCSBN™) member board jurisdictions (state, commonwealth, and
8 | territorial boards of nursing). To ensure public protection, each jurisdiction requires candidates for
9 | licensure to meet set requirements that include passing an examination that measures the competencies
10 | needed to perform safely and effectively as a newly licensed, entry-level registered nurse. NCSBN
11 | develops a licensure examination, the National Council Licensure Examination for Registered Nurses
12 | (NCLEX-RN®), which is used by member board jurisdictions to assist in making licensure decisions.

13 | Several steps occur in the development of the NCLEX-RN Test Plan. The first step is conducting a
14 | practice analysis that is used to collect data on the current practice of the entry-level nurse (*Report of*
15 | *Findings from the ~~2011-2014~~ RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice*, NCSBN,
16 | ~~2012~~2014). Twelve thousand newly licensed registered nurses are asked about the frequency and
17 | importance of performing ~~141-139~~ nursing care activities. Nursing care activities are then analyzed in
18 | relation to the frequency of performance, impact on maintaining client safety, and client care settings
19 | where the activities are performed. This analysis guides the development of a framework for entry-level
20 | nursing practice that incorporates specific client needs as well as processes fundamental to the practice of
21 | nursing. The second step is the development of the NCLEX-RN Test Plan, which guides the selection of
22 | content and behaviors to be tested.

23 | The NCLEX-RN Test Plan provides a concise summary of the content and scope of the licensing
24 | examination. It serves as a guide for examination development as well as candidate preparation. The
25 | NCLEX® examination assesses the knowledge, skills and abilities that are essential for the entry-level
26 | nurse to use in order to meet the needs of clients requiring the promotion, maintenance or restoration of
27 | health. The following sections describe beliefs about people and nursing that are integral to the
28 | examination, cognitive abilities that will be tested in the examination and specific components of the
29 | NCLEX-RN Test Plan.

30 | Beliefs

31 | Beliefs about people and nursing underlie the NCLEX-RN Test Plan. People are finite beings with varying
32 | capacities to function in society. They are unique individuals who have defined systems of daily living
33 | reflecting their values, motives and lifestyles. People have the right to make decisions regarding their
34 | health care needs and to participate in meeting those needs. The profession of nursing makes a unique
35 | contribution in helping clients (~~individual, family or group, including significant others and~~
36 | ~~population~~individual, family, or group) achieve an optimal level of health in a variety of settings. For the
37 | purposes of the NCLEX Examination, a client is defined as the individual, family, or group which
38 | includes significant others and population.

39

40 Nursing is both an art and a science, founded on a professional body of knowledge that integrates
41 concepts from the liberal arts and the biological, physical, psychological and social sciences. It is a learned
42 profession based on knowledge of the human condition across the life span and the relationships of an
43 individual with others and within the environment. Nursing is a dynamic, continually evolving
44 discipline that employs critical thinking to integrate increasingly complex knowledge, skills,
45 technologies, and client care activities into evidence-based nursing practice. The goal of nursing for client
46 care is preventing illness and potential complications; protecting, promoting, restoring, and facilitating
47 comfort; health; and dignity in dying.

48 The registered nurse provides a unique, comprehensive assessment of the health status of the client,
49 applying principles of ethics, client safety, health promotion and the nursing process, the nurse then
50 develops and implements an explicit plan of care considering unique cultural and spiritual client
51 preferences. The nurse assists clients to promote health, cope with health problems, adapt to and/or
52 recover from the effects of disease or injury, and support the right to a dignified death. The registered
53 nurse is accountable for abiding by all applicable member board jurisdiction statutes related to nursing
54 practice.

55 **Classification of Cognitive Levels**

56 Bloom's taxonomy for the cognitive domain is used as a basis for writing and coding items for the
57 examination (Bloom, et al., 1956; Anderson & Krathwohl, 2001). Since the practice of nursing requires
58 application of knowledge, skills and abilities, the majority of items are written at the application or higher
59 levels of cognitive ability, which requires more complex thought processing.

60 **Test Plan Structure**

61 The framework of Client Needs was selected for the examination because it provides a universal
62 structure for defining nursing actions and competencies, and focuses on clients in all settings.

63 **Client Needs**

64 The content of the NCLEX-RN Test Plan is organized into four major Client Needs categories. Two of the
65 four categories are divided into subcategories:

66 **Safe and Effective Care Environment**

- 67 ■ Management of Care
- 68 ■ Safety and Infection Control

69 **Health Promotion and Maintenance**

70 **Psychosocial Integrity**

71 **Physiological Integrity**

- 72 ■ Basic Care and Comfort
- 73 ■ Pharmacological and Parenteral Therapies
- 74 ■ Reduction of Risk Potential
- 75 ■ Physiological Adaptation

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78 **Integrated Processes**

79 The following processes are fundamental to the practice of nursing and are integrated throughout the
80 Client Needs categories and subcategories:

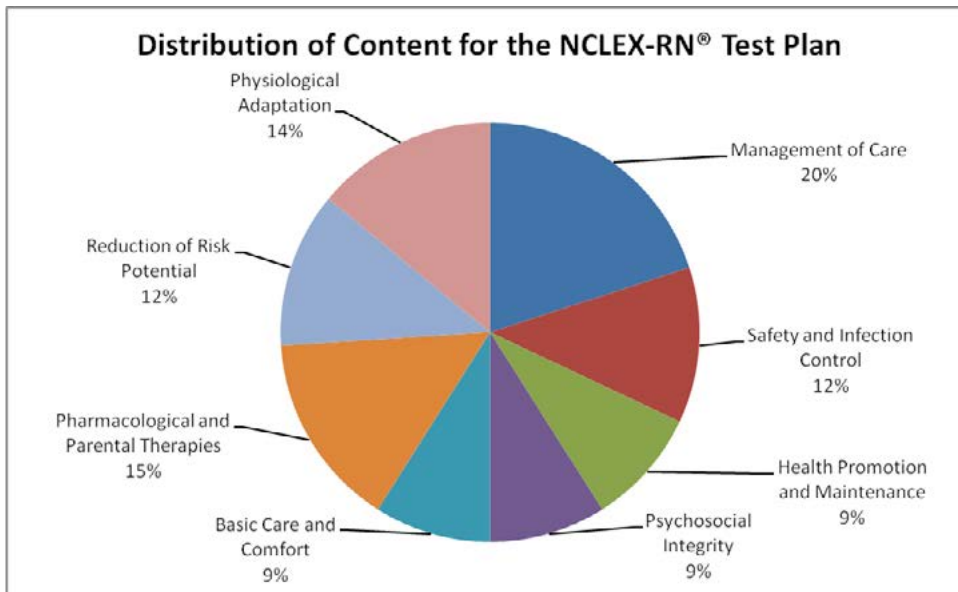
- 81 ▪ *Nursing Process* – a scientific, clinical reasoning approach to client care that includes
82 assessment, analysis, planning, implementation and evaluation.
- 83 ▪ *Caring* – interaction of the nurse and client in an atmosphere of mutual respect and trust. In
84 this collaborative environment, the nurse provides encouragement, hope, support and
85 compassion to help achieve desired outcomes.
- 86 ▪ *Communication and Documentation* – verbal and nonverbal interactions between the nurse and
87 the client, the client’s significant others and the other members of the health care team.
88 Events and activities associated with client care are recorded in written and/or electronic
89 records that demonstrate adherence to the standards of practice and accountability in the
90 provision of care.
- 91 ▪ *Teaching/Learning* – facilitation of the acquisition of knowledge, skills and attitudes promoting
92 a change in behavior.
- 93 ▪ *Culture and Spirituality* – interaction of the nurse and the client (individual, family or group,
94 including significant others and population) which recognizes and considers the client-
95 reported, self-identified, unique and individual preferences to client care.

96 **Distribution of Content**

97 The percentage of test questions assigned to each Client Needs category and subcategory of the NCLEX-
98 RN Test Plan is based on the results of the *Report of Findings from the 2011-2014 RN Practice Analysis:*
99 *Linking the NCLEX-RN® Examination to Practice* (NCSBN, 2012(2014)), and expert judgment provided by
100 members of the NCLEX Examination Committee.

Client Needs	Percentage of Items From Each Category/Subcategory
Safe and Effective Care Environment	
▪ Management of Care	17-23%
▪ Safety and Infection Control	9-15%
Health Promotion And Maintenance	6-12%
Psychosocial Integrity	6-12%
Physiological Integrity	
▪ Basic Care and Comfort	6-12%
▪ Pharmacological and Parenteral Therapies	12-18%
▪ Reduction of Risk Potential	9-15%
▪ Physiological Adaptation	11-17%

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108 NCLEX-RN examinations are administered adaptively in variable length format to target candidate-
 109 specific ability. To accommodate possible variations in test length, content area distributions of the
 110 individual examinations may differ up to $\pm 3\%$ in each category.
 111
 112

113 Overview of Content

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

115 Safe and Effective Care Environment

116 The nurse promotes achievement of client outcomes by providing and directing nursing care that
 117 enhances the care delivery setting in order to protect clients and health care personnel.

- 118 ■ *Management of Care* – providing and directing nursing care that enhances the care delivery setting
 119 to protect clients and health care personnel.

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

- | | |
|--|---|
| <ul style="list-style-type: none"> ■ Advance Directives/<u>Self-Determination/Life Planning</u> ■ Advocacy ■ Case Management ■ Client Rights ■ Collaboration with Interdisciplinary Team ■ Concepts of Management ■ Confidentiality/ Information Security ■ Continuity of Care | <ul style="list-style-type: none"> ■ <u>Organ Donation</u> ■ Assignment, Delegation and Supervision ■ Establishing Priorities ■ Ethical Practice ■ Informed Consent ■ Information Technology ■ Legal Rights and Responsibilities ■ Performance Improvement (Quality Improvement) ■ Referrals |
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- 121
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123 ■ *Safety and Infection Control* – protecting clients and health care personnel from health and
124 environmental hazards.
125 Related content includes but is **not limited** to:
- Accident/Error/Injury Prevention
 - Emergency Response Plan
 - Ergonomic Principles
 - Handling Hazardous and Infectious Materials
 - Home Safety
 - Reporting of Incident/Event/Irregular Occurrence/Variance
 - Safe Use of Equipment
 - Security Plan
 - Standard Precautions/Transmission-Based Precautions/Surgical Asepsis
 - Use of Restraints/Safety Devices

126 **Health Promotion and Maintenance**

127 The nurse provides and directs nursing care of the client that incorporates the knowledge of expected
128 growth and development principles; prevention and/or early detection of health problems, and strategies
129 to achieve optimal health.

- 130 Related content includes but is **not limited** to:
- Aging Process
 - Ante/Intra/Postpartum and Newborn Care
 - Developmental Stages and Transitions
 - Health Promotion/Disease Prevention
 - Health Screening
 - High Risk Behaviors
 - Lifestyle Choices
 - Self-Care
 - Techniques of Physical Assessment

131 **Psychosocial Integrity**

132 The nurse provides and directs nursing care that promotes and supports the emotional, mental and social
133 well-being of the client experiencing stressful events, as well as clients with acute or chronic mental
134 illness.

- 135 Related content includes but is **not limited** to:
- Abuse/Neglect
 - Behavioral Interventions
 - Chemical and Other Dependencies/Substance Use Disorder
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 - End of Life Care
 - Family Dynamics
 - Grief and Loss
 - Mental Health Concepts
 - Religious and Spiritual Influences on Health
 - Sensory/Perceptual Alterations
 - Stress Management
 - Support Systems
 - Therapeutic Communication
 - Therapeutic Environment

136

137 **Physiological Integrity**

138 The nurse promotes physical health and wellness by providing care and comfort, reducing client risk
139 potential and managing health alterations.

140

- 141 ■ *Basic Care and Comfort* - providing comfort and assistance in the performance of activities of daily
142 living.

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

- Assistive Devices
- Elimination
- Mobility/Immobility
- Non-Pharmacological Comfort Interventions
- Nutrition and Oral Hydration
- Personal Hygiene
- Rest and Sleep

- 144 ■ *Pharmacological and Parenteral Therapies* - providing care related to the administration of
145 medications and parenteral therapies.

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Side Effects/Interactions
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- Dosage Calculation
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- Medication Administration
- Parenteral/Intravenous Therapies
- Pharmacological Pain Management
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- 148 ■ *Reduction of Risk Potential* - reducing the likelihood that clients will develop complications or
149 health problems related to existing conditions, treatments or procedures.

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- Changes/Abnormalities in Vital Signs
- Diagnostic Tests
- Laboratory Values
- Potential for Alterations in Body Systems
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- Potential for Complications from Surgical Procedures and Health Alterations
- System Specific Assessments
- Therapeutic Procedures

151

- 152 ■ *Physiological Adaptation* - managing and providing care for clients with acute, chronic or life
153 threatening physical health conditions.

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

- Alterations in Body Systems
- Fluid and Electrolyte Imbalances
- Hemodynamics
- Illness Management
- Medical Emergencies
- Pathophysiology
- Unexpected Response to Therapies

155 **Administration of the NCLEX-RN® Examination**

156 The NCLEX-RN Examination is administered to candidates by computerized adaptive testing (CAT).
 157 CAT is a method of delivering examinations that uses computer technology and measurement theory.
 158 With CAT, each candidate's examination is unique because it is assembled interactively as the
 159 examination proceeds. Computer technology selects items to administer that match the candidate's
 160 ability. The items, which are stored in a large item pool, have been classified by test plan category and
 161 level of difficulty. After the candidate answers an item, the computer calculates an ability estimate based
 162 on all of the previous answers the candidate selected. The next item administered is chosen to measure
 163 the candidate's ability in the appropriate test plan category. This process is repeated for each item,
 164 creating an examination tailored to the candidate's knowledge and skills while fulfilling all NCLEX-RN
 165 Test Plan requirements. The examination continues with items selected and administered in this way
 166 until a pass or fail decision is made.

167
 168 All registered nurse candidates must answer a minimum of 75 items. The maximum number of items
 169 that a registered nurse candidate may answer is 265 during the allotted six-hour time period. The
 170 maximum six-hour time limit to complete the examination includes the tutorial, sample questions and all
 171 breaks. Candidates may be administered multiple choice items as well as items written in [alternate](#)
 172 [formats](#). These formats may include but are not limited to multiple response, fill-in-the-blank calculation,
 173 ordered response, and/or hot spots. All item types may include multimedia such as charts, tables,
 174 graphics, sound and video. All items go through an extensive review process before being used as items
 175 on the examination.

176
 177 More information about the NCLEX examination, including CAT methodology, items, the candidate
 178 bulletin and Web tutorials can be found on the the NCSBN website: <http://www.ncsbn.org>.
 179

180 **Examination Security and Confidentiality**

181 Any candidate that violates test center regulations or rules, or engages in irregular behavior, misconduct
 182 and/or does not follow a test center administrator's warning to discontinue inappropriate behavior may
 183 be dismissed from the test center. Additionally, exam results may be withheld or cancelled and the
 184 licensing board may take other disciplinary action such as denial of a license and/or disqualifying the
 185 candidate from future registrations for licensure. Refer to the current candidate bulletin for more
 186 information.

187
 188 Candidates should be aware and understand that the disclosure of any examination materials including
 189 the nature or content of examination items, before, during or after the examination is a violation of law.
 190 Violations of confidentiality and/or candidates' rules can result in criminal prosecution or civil liability
 191 and/or disciplinary actions by the licensing agency including the denial of licensure. Disclosure of
 192 examination materials includes but is not limited to discussing examination items with faculty, friends,
 193 family, or others.
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196 **Bibliography**

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Proposed 2016 NCLEX-RN® Test Plan – Clean Copy

1 *2016 NCLEX-RN® Test Plan*

2 **National Council Licensure Examination**
3 **for Registered Nurses**

4 **(NCLEX-RN® EXAMINATION)**

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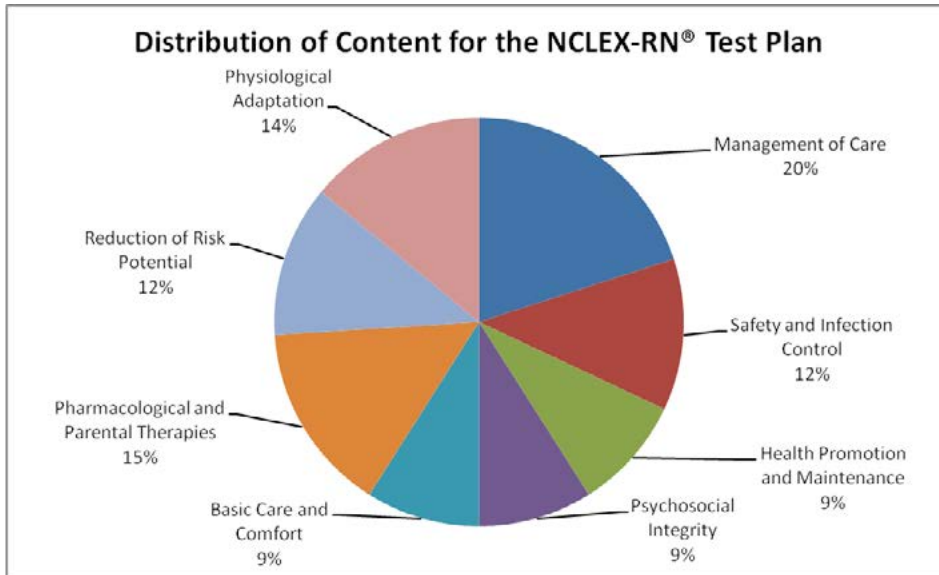
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- | | |
|---|---|
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| ■ Case Management | ■ Establishing Priorities |
| ■ Client Rights | ■ Ethical Practice |
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 - Stress Management
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- Blood and Blood Products
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- Dosage Calculation
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- Pharmacological Pain Management
- Total Parenteral Nutrition

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- 147 ■ *Reduction of Risk Potential* - reducing the likelihood that clients will develop complications or
148 health problems related to existing conditions, treatments or procedures.

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- Diagnostic Tests
- Laboratory Values
- Potential for Alterations in Body Systems
- Potential for Complications of Diagnostic Tests/Treatments/Procedures
- Potential for Complications from Surgical Procedures and Health Alterations
- System Specific Assessments
- Therapeutic Procedures

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- Fluid and Electrolyte Imbalances
- Hemodynamics
- Illness Management
- Medical Emergencies
- Pathophysiology
- Unexpected Response to Therapies

154 **Administration of the NCLEX-RN® Examination**

155 The NCLEX-RN Examination is administered to candidates by computerized adaptive testing (CAT).
 156 CAT is a method of delivering examinations that uses computer technology and measurement theory.
 157 With CAT, each candidate's examination is unique because it is assembled interactively as the
 158 examination proceeds. Computer technology selects items to administer that match the candidate's
 159 ability. The items, which are stored in a large item pool, have been classified by test plan category and
 160 level of difficulty. After the candidate answers an item, the computer calculates an ability estimate based
 161 on all of the previous answers the candidate selected. The next item administered is chosen to measure
 162 the candidate's ability in the appropriate test plan category. This process is repeated for each item,
 163 creating an examination tailored to the candidate's knowledge and skills while fulfilling all NCLEX-RN
 164 Test Plan requirements. The examination continues with items selected and administered in this way
 165 until a pass or fail decision is made.

166
 167 All registered nurse candidates must answer a minimum of 75 items. The maximum number of items
 168 that a registered nurse candidate may answer is 265 during the allotted six-hour time period. The
 169 maximum six-hour time limit to complete the examination includes the tutorial, sample questions and all
 170 breaks. Candidates may be administered multiple choice items as well as items written in [alternate](#)
 171 [formats](#). These formats may include but are not limited to multiple response, fill-in-the-blank calculation,
 172 ordered response, and/or hot spots. All item types may include multimedia such as charts, tables,
 173 graphics, sound and video. All items go through an extensive review process before being used as items
 174 on the examination.

175
 176 More information about the NCLEX examination, including CAT methodology, items, the candidate
 177 bulletin and Web tutorials can be found on the the NCSBN website: <http://www.ncsbn.org>.
 178

179 **Examination Security and Confidentiality**

180 Any candidate that violates test center regulations or rules, or engages in irregular behavior, misconduct
 181 and/or does not follow a test center administrator's warning to discontinue inappropriate behavior may
 182 be dismissed from the test center. Additionally, exam results may be withheld or cancelled and the
 183 licensing board may take other disciplinary action such as denial of a license and/or disqualifying the
 184 candidate from future registrations for licensure. Refer to the current candidate bulletin for more
 185 information.

186
 187 Candidates should be aware and understand that the disclosure of any examination materials including
 188 the nature or content of examination items, before, during or after the examination is a violation of law.
 189 Violations of confidentiality and/or candidates' rules can result in criminal prosecution or civil liability
 190 and/or disciplinary actions by the licensing agency including the denial of licensure. Disclosure of
 191 examination materials includes but is not limited to discussing examination items with faculty, friends,
 192 family, or others.
 193
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195 **Bibliography**

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Attachment C

Timeline for Implementation of the 2016 NCLEX-RN® Test Plan

October 2014	NCLEX Examination Committee reviews <i>2014 RN Practice Analysis</i> results and makes recommendations for the proposed 2016 NCLEX-RN® Test Plan.
January 2015	Proposed 2016 NCLEX-RN® Test Plan is sent to member boards for feedback.
April 2015	NEC reviews test plan feedback and submits recommendations to the Delegate Assembly.
July 2015	NCSBN Board of Directors (BOD) review proposed test plan.
August 2015	Delegate Assembly action is provided.
September 2015	The approved 2016 NCLEX-RN® Test Plan is published and placed on the NCSBN website.
September 2015	Panel of Judges meet to recommend the 2016 NCLEX-RN® Passing Standard.
December 2015	NCSBN BOD evaluates the 2016 NCLEX-RN® Passing Standard.
April 1, 2016	Approved 2016 NCLEX-RN® Test Plan and the 2016 NCLEX-RN® Passing Standard go into effect.

Attachment D

Annual Report of Pearson VUE for the NCLEX®

This report represents information gained during Pearson VUE's 12th full year of providing test delivery services for the National Council Licensure Examination (NCLEX) program to National Council of State Boards of Nursing, Inc. (NCSBN). This report summarizes the activities of the past year.

PEARSON VUE ORGANIZATIONAL CHANGES

Several staffing changes occurred during the Jan. 1 – Dec. 31, 2014, reporting period.

- In May 2014, Marie Lindsay earned her Master of Science in Nursing Education from Northern Illinois University. William J. Muntean earned his PhD in Psychology from the University of Oklahoma.
- In June 2014, Shu-chuan Kao, PhD, was promoted to Supervisor, Senior Psychometrician, from Supervisor, Psychometric Services. William J. Muntean, formerly a Psychometric Intern, was promoted to Psychometrician.
- In August 2014, Ellen Guirl joined the NCLEX team as Operations Coordinator. She replaced Denita Scott, who left to pursue another position. Ellen has a BA in Liberal Arts and Sciences from the University of Illinois with joint majors in Creative Writing and English Literature. Ellen worked for Alpine Bank (in Rockford, Ill.) as a Relationship Banker and Lead Teller. Ellen also works as a freelance writer and editor in her spare time.
- In December 2014, Greg Applegate earned his PhD in Educational Psychology from Purdue University. Julie Miles, PhD, accepted the position of Vice President, Global Measurement and Research at Pearson VUE, and agreed to a start date of January 5, 2015. Julie succeeds Betty Bergstrom, PhD, who will be stepping down from this role but will continue to work with us part-time to support our ongoing work on the NCSBN NCLEX program. Julie joins us from Pearson's School of Business, where she most recently was Director, Assessment Solutions & Design.

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

The passing standard for the NCLEX-PN® examination changed from -0.27 to -0.21 effective on April 1, 2014. There was no change in passing score for the NCLEX-RN® examination.

MEASUREMENT AND RESEARCH

The Joint Research Committee (JRC) met twice during 2014.

The first JRC meeting was held at the NCSBN offices in Chicago on March 14, 2014. In attendance were JRC members Ira Bernstein, Gage Kingsbury, Steve Wise and Mark Reckase; NCSBN staff Doyoung Kim, Xiao Luo, Michael Monardo, Hong Qian and Ada Woo; and Pearson VUE staff Betty Bergstrom, Joe Betts, Shu-chuan Kao, John Stahl, William Muntean, Nathan Becker and Anthony Zara. JRC guest researchers present were Michael Kolen, Won-Chan Lee, Stella Kim, Yujin Kang and Wei Wang.

The JRC received updates on six ongoing projects: Literature Review on Development of Scoring Rubrics for Innovative Items in Technology-Enhanced Assessments (Kolen and Lee), Development of an Item Pool Design for the NCLEX-RN Examination (Reckase), Task Model Grammar (TMG) for Clinical Decision Making (Leucht), Variable Starting Item Difficulty for Repeat Test Takers in Computerized Adaptive Testing (Qian), Item Selection in Severely Constrained Testing Context (Luo), and Q3 Index Performance under Various Missing Data and Treatment Conditions (Kimm). JRC also received one research proposal: A Novel Approach to Evaluated Item Pools: The Item Pool Utilization Index (Gonulates and Reckase).

The second JRC meeting was held at the Pearson VUE offices in Chicago on Aug. 8, 2014. In attendance were JRC members Ira Bernstein, Gage Kingsbury, Steve Wise, and Mark Reckase; NCSBN staff Hong Qian, Xiao Luo, Doyoung Kim, and Ada Woo; and Pearson VUE staff Betty Bergstrom, Joe Betts, Shu-chuan Kao, John Stahl, William Muntean, Nathan Becker, and Anthony Zara. JRC guest researchers also present were Xin Luo, Ying Cheng, Won-Chan Lee, Stella Kim, Can Shao, Ellen Julian, Tre Rodriguez, Melissa Bentley, Dong Gi Seo and Emre Gonulates.

The JRC received updates on one ongoing project: A Novel Approach to Evaluated Item Pools: The Item Pool Utilization Index (Gonulates and Reckase). JRC also received three research proposals: How to Assemble a CAT Consisting of Mixed Item Formats: A Comparison of the Weighted Deviation Model and Bin-structured Approach (Luo and Reckase), Using the Bi-factor Model for Score Reporting of NCLEX Tests (Cheng), and Development of Scoring Procedures for NCLEX Innovative Items (Kolen, Lee and Kim). There were two guest presentations: A Change-point-detection Based Method for Warm-up Effect Detection in Computerized Adaptive testing (Shao) and Research Trends in the Licensure and Certification Industry (Julian, Bentley and Rodriguez).

PEARSON VUE MEETINGS WITH NCSBN

- Jan. 13–15, 2014 NCLEX® Examination Committee Business Meeting
- Jan. 24, 2014 Test Development Meeting
- March 10–12, 2014 NCSBN Midyear Meeting
- March 14, 2014 NCLEX Joint Research Committee Meeting
- April 14–15, 2014 NCLEX Examination Committee Business Meeting
- May 27, 2014 Next Generation Research Meeting
- July 16, 2014 NCLEX Examination Committee Business Meeting
- Aug. 13–15, 2014 NCSBN Annual Meeting
- Sept. 5, 2014 NCLEX Test Development Meeting
- Oct. 13–14, 2014 NCLEX Examination Committee Business Meeting
- Dec. 17, 2014 NCSBN Contract Evaluation 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 hold 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 on an as-needed basis.
 - Betty Bergstrom, Joe Betts, Doyoung Kim and Ada Woo meet regularly to discuss research issues.
 - 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 2013, the overall candidate volumes were higher for the NCLEX-RN® (about 6.44 percent) and lower for the NCLEX-PN® (about 2.07 percent). The RN passing rate for the overall group was 2.2 percentage points lower for 2014 than for 2013, and the passing rate for the reference group was 1.2 percentage points lower for this period compared to 2013. The PN overall passing rate was lower by 4.1 percentage points from 2013, and the PN reference group passing rate was 2.4 percentage points lower than in 2013. The change in the PN passing rate reflects the change in the PN 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 2014 testing year for the NCLEX-RN Examination:

- Overall, 224,122 NCLEX-RN examination candidates tested during 2014, as compared to 210,552 during the 2013 testing year. This represents an increase of approximately 6.44 percent.
- The candidate population reflected 157,360 first-time, U.S.-educated candidates who tested during 2014, as compared to 155,097 for the 2013 testing year, representing a 1.46 percent increase.
- The overall passing rate was 68.9 percent in 2014, compared to 71.1 percent in 2013. The passing rate for the reference group was 81.8 percent in 2014 and 83.1 percent in 2013.
- Approximately 41.9 percent of the total group and 44.8 percent of the reference group ended their tests after a minimum of 75 items were administered. This is slightly lower than in the 2013 testing year, in which 43.7 percent of the total group and 46.0 percent of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 18.4 percent for the total group and 17.0 percent for the reference group. This is slightly higher than last year's figures (17.8 percent for the total group and 16.8 percent for the reference group).
- The average time needed to take the NCLEX-RN® examination during the 2014 testing period was 2.74 hours for the overall group and 2.50 hours for the reference group (slightly longer than last year's average times of 2.68 hours and 2.47 hours, respectively).
- A total of 61.5 percent of the candidates chose to take a break during their examinations (compared to 60.0 percent last year).
- Overall, 3.1 percent of the total group and 1.7 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 2013 testing year (2.8 percent and 1.6 percent, respectively).

-
- In general, the NCLEX-RN® examination summary statistics for the 2014 testing period indicated patterns that were similar to those observed for the 2013 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 2014 testing year for the NCLEX-PN examination:

- Overall, 73,727 PN candidates tested in 2014, as compared to 75,282 PN candidates tested during 2013. This represents a decrease of approximately 2.07 percent.
- The candidate population reflected 55,487 first-time, U.S.-educated candidates who tested in 2014, as compared to 58,576 for the 2013 testing year (a decrease of approximately 5.27 percent).
- The overall passing rate was 69.8 percent in 2014 compared to 73.9 percent in 2013, and the reference group passing rate was 82.5 percent in 2014 compared to 84.9 percent in 2013.
- There were 50.4 percent of the total group and 54.6 percent of the reference group who ended their tests after a minimum of 85 items were administered. These figures are slightly lower than those from the 2013 testing year, in which 52.8 percent of the total group and 57.1 percent of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 18.7 percent for the total group and 16.8 percent for the reference group. These figures are slightly higher for the total group for the reference group than last year's percentages (16.8 percent for the total group and 14.6 percent for the reference group).
- The average time needed to take the NCLEX-PN® examination during the 2014 testing period was 2.46 hours for the overall group and 2.25 hours for the reference group (slightly longer for the total group and slightly shorter for the reference group than last year's times of 2.41 and 2.20 hours, respectively).
- A total of 60.8 percent of the candidates chose to take a break during their examinations (compared to 59.2 percent last year).
- Overall, 2.9 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 figure of 2.8 percent for the total group but the same (1.5 percent) for the reference group).
- In general, the NCLEX-PN examination summary statistics for the 2014 testing period indicated patterns that were similar to those observed for the 2013 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 2014 Testing Year

	Jan 14 - Mar 14		Apr 14 - Jun 14		Jul 14 - Sep 14		Oct 14 - Dec 14		Cumulative 2014	
	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	51,119	38,277	66,382	50,756	72,781	53,988	33,840	14,339	224,122	157,360
Percent Passing	73.2	84.7	74.4	86.2	68.8	78.4	52.1	71.1	68.9	81.8
Ave. # Items Taken	130.9	126.8	129.2	124.1	135.9	132.9	139.7	133.7	133.4	128.6
% Taking Min # Items	42.8	45.3	45.9	48.9	39.9	41.6	37.2	41.4	41.9	44.8
% Taking Max # Items	17.2	16.1	17.0	15.6	19.5	18.6	19.8	18.3	18.4	17.0
Ave. Test Time (hours)	2.72	2.51	2.63	2.38	2.70	2.53	3.10	2.76	2.74	2.50
% Taking Break	61.4	55.6	56.8	49.9	61.6	56.7	70.6	61.5	61.5	54.7
% Timing Out	2.8	1.7	3.0	1.6	2.4	1.5	5.2	3.3	3.1	1.7

Table 2: 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	83.1
Ave. # Items Taken	117.0	112.1	131.1	129.9	137.50	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 3: Longitudinal Technical Summary for the NCLEX-RN® Examination: Item Statistics for 2014 Testing Year*

Operational Item Statistics										
	Jan 14 - Mar 14		Apr 14 - Jun 14		Jul 14 - Sep 14		Oct 14 - Dec 14		Cumulative 2014	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.21	0.10	0.21	0.10	0.21	0.09	0.20	0.09	NA	NA
Ave. Item Time (secs)	75.0	23.4	72.7	22.3	74.0	21.5	80.9	26.4	NA	NA
Pretest Item Statistics										
# of Items	670		832		958		174		2,634	
Ave. Sample Size	474		563		537		364		518	
Mean Point-Biserial	0.08		0.08		0.08		0.09		0.08	
Mean P+	0.56		0.60		0.55		0.61		0.57	
Mean b	-0.04		-0.22		-0.01		-0.53		-0.12	
SD b	1.82		2.02		1.69		1.75		1.84	
Total Number Flagged	231		302		372		81		986	
Percent Items Flagged	34.5		36.3		38.8		46.6		37.4	

*Data do not include research and retest items.

Table 4: 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	0.10	0.20	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		-0.16	
SD b	1.86		1.66		1.64		1.71		1.74	
Total Number Flagged	336		304		292		30		962	
Percent Items Flagged	33.6		33.9		29.5		64.1		31.0	

*Data do not include research and retest items.

Table 5: Longitudinal Technical Summary for the NCLEX-PN® Group Statistics for 2014 Testing Year

	Jan 14 - Mar 14		Apr 14 - Jun 14		Jul 14 - Sep 14		Oct 14 - Dec 14		Cumulative 2014	
	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	18,029	14,097	15,797	11,188	23,880	19,231	16,021	10,971	73,727	55,487
Percent Passing	73.1	83.8	66.0	81.1	73.7	84.2	64.0	77.7	69.8	82.5
Ave. # Items Taken	118.5	114.8	120.8	116.0	117.8	115.4	123.5	119.3	119.7	115.8
% Taking Min # Items	51.8	55.9	49.1	54.2	52.4	55.3	46.3	50.4	50.4	54.6
% Taking Max # Items	18.3	16.4	19.0	16.8	17.7	16.6	20.5	18.5	18.7	16.8
Ave. Test Time (hours)	2.42	2.24	2.55	2.30	2.32	2.15	2.65	2.43	2.46	2.25
% Taking Break	59.8	53.4	63.4	55.1	55.8	49.4	67.9	60.6	60.8	53.2
% Timing Out	2.5	1.3	3.8	1.9	1.9	1.1	4.0	2.4	2.9	1.5

Table 6: 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	117.1	112.9
% Taking Min # Items	53.2	57.4	49.2	54.1	56.8	60.5	49.4	53.5	52.8	57.1
% Taking Max # Items	16.2	14.3	19.4	16.5	13.9	12.4	19.6	17.3	16.8	14.6
Ave. Test Time (hours)	2.40	2.21	2.53	2.29	2.27	2.10	2.51	2.30	2.41	2.20
% Taking Break	60.3	53.3	62.8	55.0	53.6	47.5	63.8	56.6	59.2	52.1
% Timing Out	2.8	1.5	3.5	1.9	2.2	1.2	2.7	1.5	2.8	1.5

Table 7: Longitudinal Technical Summary for the NCLEX-PN® Examination: Item Statistics for 2014 Testing Year*

Operational Item Statistics										
	Jan 14 - Mar 14		Apr 14 - Jun 14		Jul 14 - Sep 14		Oct 14 - Dec 14		Cumulative 2014	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.21	0.10	0.22	0.09	0.22	0.09	0.21	0.09	NA	NA
Ave. Item Time (secs)	72.5	24.0	74.9	21.8	70.3	23.5	76.0	24.9	NA	NA
Pretest Item Statistics										
# of Items	643		552		910		501		2,606	
Ave. Sample Size	548		507		528		374		516	
Mean Point-Biserial	0.13		0.12		0.11		0.12		0.12	
Mean P+	0.54		0.51		0.50		0.53		0.51	
Mean b	-0.06		0.14		0.22		-0.03		0.11	
SD b	1.73		1.74		1.76		1.65		1.70	
Total Number Flagged	204		210		323		163		900	
Percent Items Flagged	31.7		38.0		35.5		32.5		34.5	

*Data do not include research and retest items.

Table 8: 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.

International Testing Update

Pearson VUE has a total of 244 Pearson Professional Centers (PPCs) in the United States and 28 PPCs internationally in Australia, Canada, England, Hong Kong, India, Japan, Mexico, the Philippines, Puerto Rico and Taiwan, for a total of 272 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, 2014

Member Board	Total	Melbourne, Australia	Sydney, Australia	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Vancouver (Burnaby), Canada	Hong Kong, Hong Kong	Bangalore, India	Chennai, India	Hyderabad, India	Mumbai, India	New Delhi, India	Chiyoda-ku, Japan	Osaka-shi, Japan	Mexico City, Mexico	Manila, Philippines	Guaynabo, Puerto Rico	Taipei, Taiwan	London, United Kingdom
Alaska	4	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	
Arizona	16	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	12	0	0	0	
Arkansas	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	
California - RN	51	0	4	3	0	1	0	1	1	3	2	1	1	1	2	1	2	0	12	5	4	7
California - VN	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	5	0	0	0	
Colorado	12	1	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0	4	3	0	1	
Connecticut	13	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	10	1	0	1	
Delaware	40	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	39	0	0	1	
District of Columbia	6	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	3	0	0	1	
Florida	119	0	4	3	2	1	5	4	1	0	2	0	1	1	3	1	2	0	73	3	0	13
Georgia	8	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	4	0	0	2	
Guam	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0	0	
Hawaii	64	0	1	0	0	0	1	0	6	1	0	0	0	0	3	0	0	49	0	0	3	
Idaho	3	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	
Illinois	267	0	0	0	0	0	5	3	2	2	32	22	0	11	1	0	0	185	0	0	4	
Iowa	5	2	0	1	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	
Kansas	4	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	1	0	0	0	
Kentucky	3	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	2	0	0	0	
Maryland	9	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	0	2	1	0	3	
Massachusetts	23	0	0	1	3	2	3	1	0	1	0	0	0	0	1	1	0	6	1	0	3	
Michigan	108	1	3	2	1	0	5	8	3	1	3	2	1	4	3	2	0	46	0	0	23	
Minnesota	297	0	1	54	13	12	66	76	46	0	0	1	0	0	1	0	0	23	0	0	4	
Missouri	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0	0	0	
Nevada	17	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	14	0	0	1	

Table 9: NCLEX® International Test Center Volume by Member Board* Jan. 1–Dec. 31, 2014

Member Board	Total	Melbourne, Australia	Sydney, Australia	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Vancouver (Burnaby), Canada	Hong Kong, Hong Kong	Bangalore, India	Chennai, India	Hyderabad, India	Mumbai, India	New Delhi, India	Chiyoda-ku, Japan	Osaka-shi, Japan	Mexico City, Mexico	Manila, Philippines	Guaynabo, Puerto Rico	Taipei, Taiwan	London, United Kingdom
New Jersey	22	0	1	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	13	4	0	2
New Mexico	192	1	1	4	0	1	3	1	2	6	1	0	0	4	4	0	0	0	159	0	0	5
New York	1,116	4	8	5	3	1	24	17	16	120	18	10	1	4	10	62	278	1	371	34	95	34
North Carolina	16	0	1	2	0	0	0	1	0	0	0	1	0	0	0	0	0	0	8	2	0	1
Northern Mariana Islands	211	0	0	1	0	0	3	0	2	3	0	0	0	0	0	0	1	0	200	0	0	1
Ohio	5	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	1
Oklahoma	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Oregon	44	0	1	2	0	0	0	2	6	0	1	0	1	0	0	0	0	0	29	0	0	2
Pennsylvania	18	0	0	0	0	0	0	2	1	1	1	3	1	0	0	1	0	0	4	2	0	2
Rhode Island	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Tennessee	5	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	3	0	0	0
Texas	239	2	3	4	0	1	3	2	0	2	9	5	1	2	9	3	1	0	173	3	0	16
Vermont	47	0	0	1	2	0	0	0	1	0	0	1	2	3	0	1	0	0	27	0	0	9
Virgin Islands	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0
Virginia	15	1	0	0	0	0	1	0	1	0	0	0	0	0	0	3	0	0	7	0	0	2
Washington	44	0	4	4	0	0	1	0	21	0	0	0	0	0	2	1	0	0	8	0	0	3
West Virginia - PN	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
Wisconsin	66	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13	52	0	0
Total	3,143	13	36	96	25	20	121	120	114	144	69	49	9	32	36	82	286	1	1,526	119	99	146

*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, 2014

Member Board	Total	Melbourne, Australia	Sydney, Australia	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Vancouver (Burnaby), Canada	Hong Kong, Hong Kong	Bangalore, India	Chennai, India	Hyderabad, India	Mumbai, India	New Delhi, India	Chiyoda-ku, Japan	Osaka-shi, Japan	Mexico City, Mexico	Manila, Philippines	Guaynabo, Puerto Rico	Taipei, Taiwan	London, United Kingdom
Argentina	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Australia	24	5	12	1	0	0	0	1	1	1	0	0	0	0	0	0	1	0	0	0	1	1
Canada	362	0	0	75	18	17	87	96	66	0	0	0	0	0	0	0	0	0	0	0	0	3
China	11	0	0	0	0	0	0	0	1	9	0	0	0	0	0	0	0	0	0	0	0	1
Denmark	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Egypt	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Ethiopia	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fiji	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Finland	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
France	3	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Germany	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Greece	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Hong Kong	3	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	1	0	0	0	0	0
Hungary	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
India	199	0	3	1	0	1	1	8	5	0	65	44	8	24	24	0	0	0	0	0	0	15
Iran	6	0	0	1	0	0	2	2	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Ireland	6	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Israel	4	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Jamaica	3	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Japan	21	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15	6	0	0	0	0	0
Jordan	4	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	1	0	0	1
Kenya	2	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
Korea, North	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Korea, South	504	1	2	0	1	0	2	1	6	107	0	0	0	0	0	48	270	0	10	0	53	3
Lebanon	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Malaysia	4	0	0	0	0	0	0	0	0	2	0	0	0	0	2	0	0	0	0	0	0	0
Myanmar	4	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	2	0	0	0
Nepal	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
New Zealand	6	1	4	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 10: NCLEX® International Test Center Volume by Country of Education Jan. 1–Dec. 31, 2014

Member Board	Total	Melbourne, Australia	Sydney, Australia	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Vancouver (Burnaby), Canada	Hong Kong, Hong Kong	Bangalore, India	Chennai, India	Hyderabad, India	Mumbai, India	New Delhi, India	Chiyoda-ku, Japan	Osaka-shi, Japan	Mexico City, Mexico	Manila, Philippines	Guaynabo, Puerto Rico	Taipei, Taiwan	London, United Kingdom
Niger	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Nigeria	11	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
Oman	2	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0
Pakistan	2	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Philippines	1,641	0	10	11	1	2	24	5	24	12	1	0	0	1	5	7	3	0	1,509	0	0	26
Poland	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Portugal	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Puerto Rico	115	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	115	0	0
Romania	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Russian Federation	2	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Saudi Arabia	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Singapore	2	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
South Africa	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Spain	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Taiwan	47	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	44	1
Tanzania	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Thailand	6	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	1
Trinidad and Tobago	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Turkey	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
United Arab Emirates	2	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0
United Kingdom	41	0	0	0	0	0	0	0	0	0	1	0	0	2	0	0	0	0	0	0	0	38
United States	76	3	4	5	3	0	2	1	10	1	1	4	1	1	1	12	4	0	4	3	1	15
Virgin Islands, US	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Total	3,143	13	36	96	25	20	121	120	114	144	69	49	9	32	36	82	286	1	1,526	119	99	146

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
67712	Melbourne	Australia	13	2	0	1	0	2	0	4	3	0	0	1	0
50482	Sydney	Australia	36	8	6	0	0	2	0	3	1	4	3	4	5
50486	Burnaby	Canada	114	6	8	6	14	9	14	6	14	9	11	10	7
63110	Edmonton	Canada	96	4	4	13	7	7	11	6	11	11	12	5	5
50485	Montreal	Canada	25	1	0	4	1	4	2	2	4	0	3	3	1
57935	Ottawa	Canada	20	2	2	1	1	0	0	2	0	4	1	1	6
50484	Toronto	Canada	121	5	8	10	8	12	6	11	6	13	14	11	17
57936	Toronto (West)	Canada	120	7	6	13	5	5	10	12	8	7	10	13	24
50493	Hong Kong	Hong Kong	144	13	15	13	13	17	10	11	11	12	7	8	14
50497	Bangalore	India	69	7	3	8	5	5	1	6	3	8	6	8	9
50498	Chennai	India	49	8	3	2	5	2	5	3	3	3	3	5	7
50495	Delhi	India	36	3	4	0	2	6	2	1	1	5	2	6	4
50496	Hyderabad	India	9	1	1	0	0	0	2	1	1	1	1	0	1
50494	Mumbai	India	32	2	2	4	2	2	3	7	2	2	1	2	3
50500	Chiyoda-ku	Japan	82	3	6	9	3	10	15	6	3	5	10	6	6
57585	Osaka-shi	Japan	286	29	29	19	27	24	20	22	22	20	26	22	26
50503	Mexico City	Mexico	1	0	0	0	0	0	0	0	1	0	0	0	0
54555	Manila	Philippines	1,526	87	100	115	132	115	141	155	139	119	144	152	127
47108	Guaynabo	Puerto Rico	119	8	7	3	12	11	4	15	12	13	7	14	13
50506	Taipei	Taiwan	99	10	8	10	12	11	5	0	8	12	6	11	6
50140	London	United Kingdom	146	16	18	11	14	13	6	14	9	10	10	13	12
Total			3,143	222	230	242	263	257	257	287	262	258	277	295	293

Table 12: NCLEX® International Testing Volume Pass Rate: Jan. 1–Dec. 31, 2014

Site ID	City	Country	Total Taken	Total Passed	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
67712	Melbourne	Australia	13	6	2/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	0/0 (0.00%)	4/3 (75.00%)	3/1 (33.33%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)
50482	Sydney	Australia	36	14	8/1 (12.50%)	6/2 (33.33%)	0/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	0/0 (0.00%)	3/1 (33.33%)	1/1 (100.00%)	4/1 (25.00%)	3/2 (66.67%)	4/2 (50.00%)	5/3 (60.00%)
50486	Burnaby	Canada	114	63	6/4 (66.67%)	8/8 (100.00%)	6/2 (33.33%)	14/8 (57.14%)	9/4 (44.44%)	14/7 (50.00%)	6/5 (83.33%)	14/3 (21.43%)	9/5 (55.56%)	11/4 (36.36%)	10/8 (80.00%)	7/5 (71.43%)
63110	Edmonton	Canada	96	60	4/2 (50.00%)	4/4 (100.00%)	13/8 (61.54%)	7/5 (71.43%)	7/7 (100.00%)	11/10 (90.91%)	6/2 (33.33%)	11/5 (45.45%)	11/4 (36.36%)	12/7 (58.33%)	5/5 (100.00%)	5/1 (20.00%)
50485	Montreal	Canada	25	18	1/1 (100.00%)	0/0 (0.00%)	4/3 (75.00%)	1/1 (100.00%)	4/2 (50.00%)	2/1 (50.00%)	2/2 (100.00%)	4/2 (50.00%)	0/0 (0.00%)	3/3 (100.00%)	3/3 (100.00%)	1/0 (0.00%)
57935	Ottawa	Canada	20	12	2/0 (0.00%)	2/2 (100.00%)	1/1 (100.00%)	1/1 (100.00%)	0/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	0/0 (0.00%)	4/2 (50.00%)	1/1 (100.00%)	1/1 (100.00%)	6/3 (50.00%)
50484	Toronto	Canada	121	53	5/3 (60.00%)	8/6 (75.00%)	10/3 (30.00%)	8/3 (37.50%)	12/9 (75.00%)	6/3 (50.00%)	11/5 (45.45%)	6/1 (16.67%)	13/7 (53.85%)	14/6 (42.86%)	11/4 (36.36%)	17/3 (17.65%)
57936	Toronto (West)	Canada	120	37	7/3 (42.86%)	6/2 (33.33%)	13/2 (15.38%)	5/1 (20.00%)	5/1 (20.00%)	10/4 (40.00%)	12/5 (41.67%)	8/1 (12.50%)	7/3 (42.86%)	10/3 (30.00%)	13/4 (30.77%)	24/8 (33.33%)
50493	Hong Kong	Hong Kong	172	59	13/4 (30.77%)	15/7 (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%)	0/0 (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, 2014

Site ID	City	Country	Total Taken	Total Passed	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
47108	Guaynabo	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%)

Report of the Awards Committee

Background

The NCSBN Awards Program recognizes outstanding achievement of members and celebrates significant contributions to nursing regulation at the annual awards program. Awards recipients are selected based on the strength of the nomination in meeting the award criteria.

One of the founders of the National Council of State Boards of Nursing (NCSBN), Mildred Schmidt, passed away on Oct. 8, 2014. Mildred was appointed executive secretary to the New York State Board of Nursing in 1965 and served as the NCSBN Treasurer in 1978 and as President in 1979 and 1980. She was the first recipient of the R. Louise McManus award for her contributions to the establishment of NCSBN and body of work in nursing regulation. Mildred Schmidt will be acknowledged and honored at the 2015 annual awards ceremony.

This year the committee collaborated with the NCSBN Marketing and Communications department to promote the awards program with an email announcement and corresponding news item posted to the ncsbn.org home page and the news and updates webpage. In addition, video footage of the 2014 award recipients is posted on the NCSBN awards webpage. The video, "Reflections of Past Award Recipients," is included in the library of videos on the NCSBN website. A direct link to the video is located on the awards webpage.

The committee selected an honoree in the following award categories: R. Louise McManus, Meritorious Service, Regulatory Achievement, Elaine Ellibee 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. Members celebrating their centennial and Institute of Regulatory Excellence (IRE) Fellows will also be honored during the awards presentation ceremony. The awards ceremony will be held at a dinner at the Annual Meeting in Chicago on Aug. 20, 2015. The awards will be presented by NCSBN Board President Shirley Brekken.

Highlights of FY15 Activities

- The award ceremony video of the 2014 recipients was posted to the awards program web page.
- Developed a frequently asked questions (FAQs) sheet on the nomination process.
- Communicated the launch of the 2015 awards program to the membership.
- Collaborated with marketing and communications on the following:
 - Obtained quotes from two past awards recipients that were posted on the awards webpage.
 - Sent email announcement to the membership to announce the launch of the awards program.
 - Posted an awards program promotional announcement to the NCSBN news and updates section of the website.
- Identified four member boards that are celebrating 100 years of nursing regulation (centennial).
- Collaborated with Interactive Services to develop a video to honor Mildred Schmidt at the awards ceremony.
- Identified executive officers who are eligible for the Executive Officer Recognition Award for five, 10, 20 and 30 years of service.
- Staff reviewed all nominations to ensure compliance with the blind review process.
- Committee conducted a blind review of the award nominations.

Members

Margaret E. Kelly, LPN
Washington, Area I

Ann Mann, MN, RN
Nova Scotia-PN, Associate
Member

Paula Schenk, MPH, RN
Kentucky, Area III

Karen V. Scipio-Skinner, MSN, RN
District of Columbia, Area IV

Staff

Alicia Byrd, RN
Director, Member Relations

Meeting Dates

- Oct. 27, 2014 (Conference Call)
- March 30, 2015

- Committee selected the 2015 award recipients.
- Committee reported to the Board of Directors the 2015 award recipient's selection.
- Sent letters of notification to the 2015 award recipients.

2015 AWARD RECIPIENTS:

R. Louise McManus Award

Rula Harb, MS, RN, executive director, Massachusetts Board of Registration in Nursing

Meritorious Service Award

Elizabeth Lund, MSN, RN, executive director, Tennessee State Board of Nursing

Regulatory Achievement Award

Washington State Nursing Care Quality Assurance Commission

Elaine Ellibee Award

Deborah Haagenson, RN, president, Minnesota Board of Nursing

Exceptional Contribution Award

Janice Hooper, PhD, RN, FRE, board staff, Texas Board of Nursing

Distinguished Achievement Award

Tish Smyer, DNSc, RN, CNE, past president, Nevada State Board of Nursing (posthumously)

Executive Officer Recognition Awards

5 YEARS

- Joe Baker, Jr., executive director, Florida Board of Nursing
- Jim Cleghorn, MA, executive director, Georgia Board of Nursing
- Linda Davidson, APRN, executive director, Vermont State Board of Nursing
- Cynthia Gustafson, PhD, RN, executive director, Montana Board of Nursing
- Aurelia G. Long, RNC, WHNP, FNP, past board chairperson, Northern Mariana Islands Board of Nursing
- Linda Stanger, executive director/registrar, College of Licensed Practical Nurses of Alberta
- Sue Tedford, MNsc, APN, RN, executive director, Arkansas State Board of Nursing
- Lee Ann Teshima, executive officer, Hawaii Board of Nursing
- Diane Wilson-Máté, MEd, RN, executive director, College of Registered Nurses of Manitoba
- Pamela Zickafoose, EdD, RN, NE-BC, CNE, executive director, Delaware Board of Nursing

10 YEARS

- Rula Harb, MS, RN, executive director, Massachusetts Board of Registration in Nursing
- Betsy Houchen, JD, MS, RN, executive director, Ohio Board of Nursing

20 YEARS

- Laura Rhodes, MSN, RN, executive director, West Virginia Board of Examiners for Registered Professional Nurses
- Joey Ridenour, MN, RN, FAAN, executive director, Arizona State Board of Nursing
- Katherine Thomas, MN, RN, FAAN, executive director, Texas Board of Nursing

30 YEARS

- Elizabeth Lund, MSN, RN, executive director, Tennessee State Board of Nursing

MEMBERS CELEBRATING 100 YEARS OF NURSING REGULATION (CENTENNIAL AWARD)

- Alabama Board of Nursing
- Maine State Board of Nursing
- North Dakota Board of Nursing
- Ohio Board of Nursing

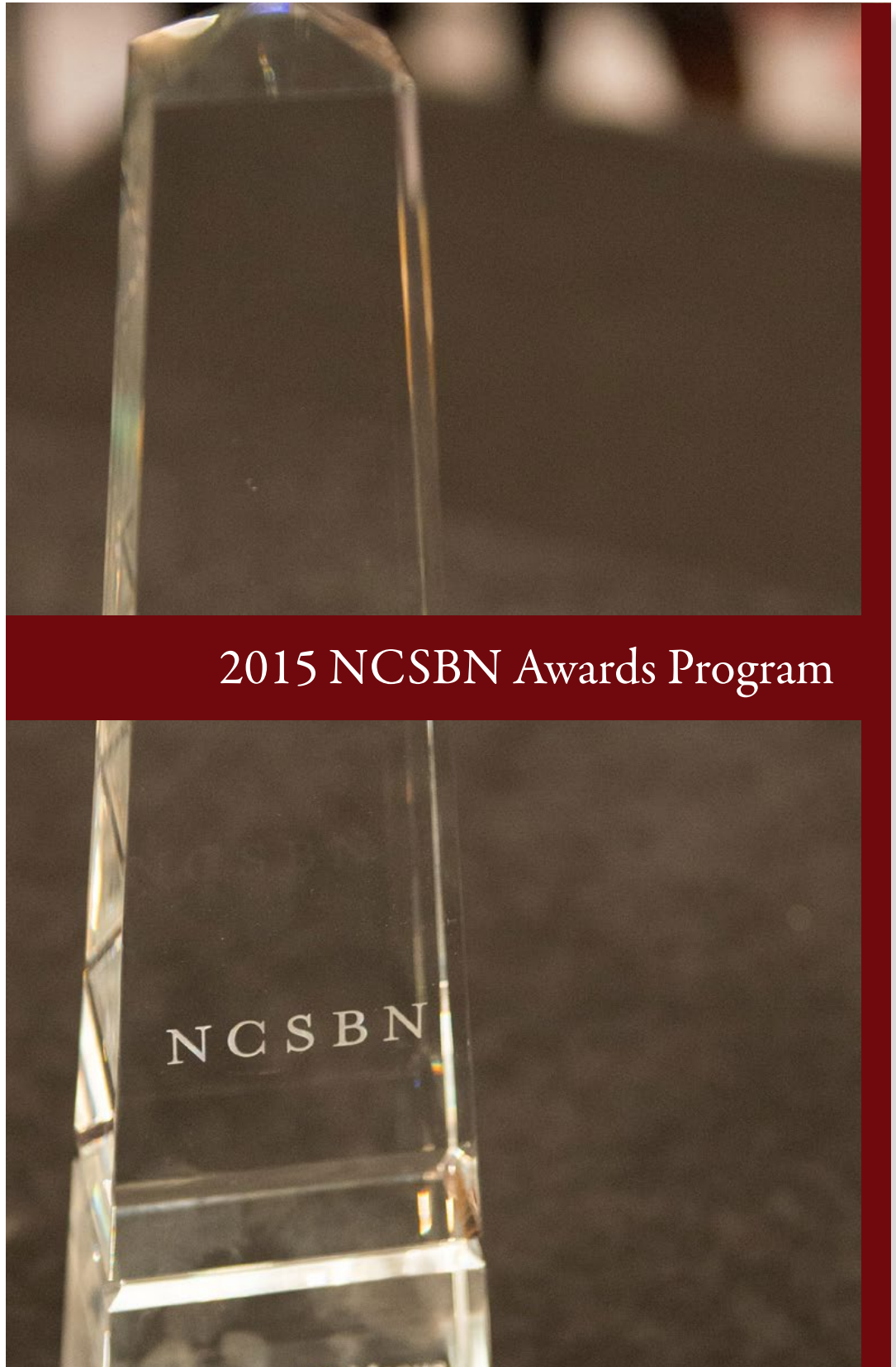
Future Activities

- Select the 2016 awards recipients.

Attachment

- A. 2015 Awards Brochure

Attachment A
2015 Awards Brochure



2015 NCSBN Awards Program

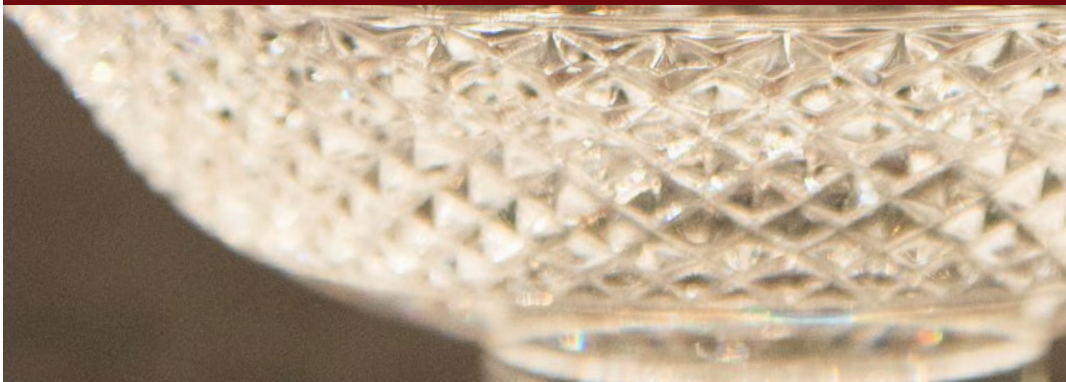


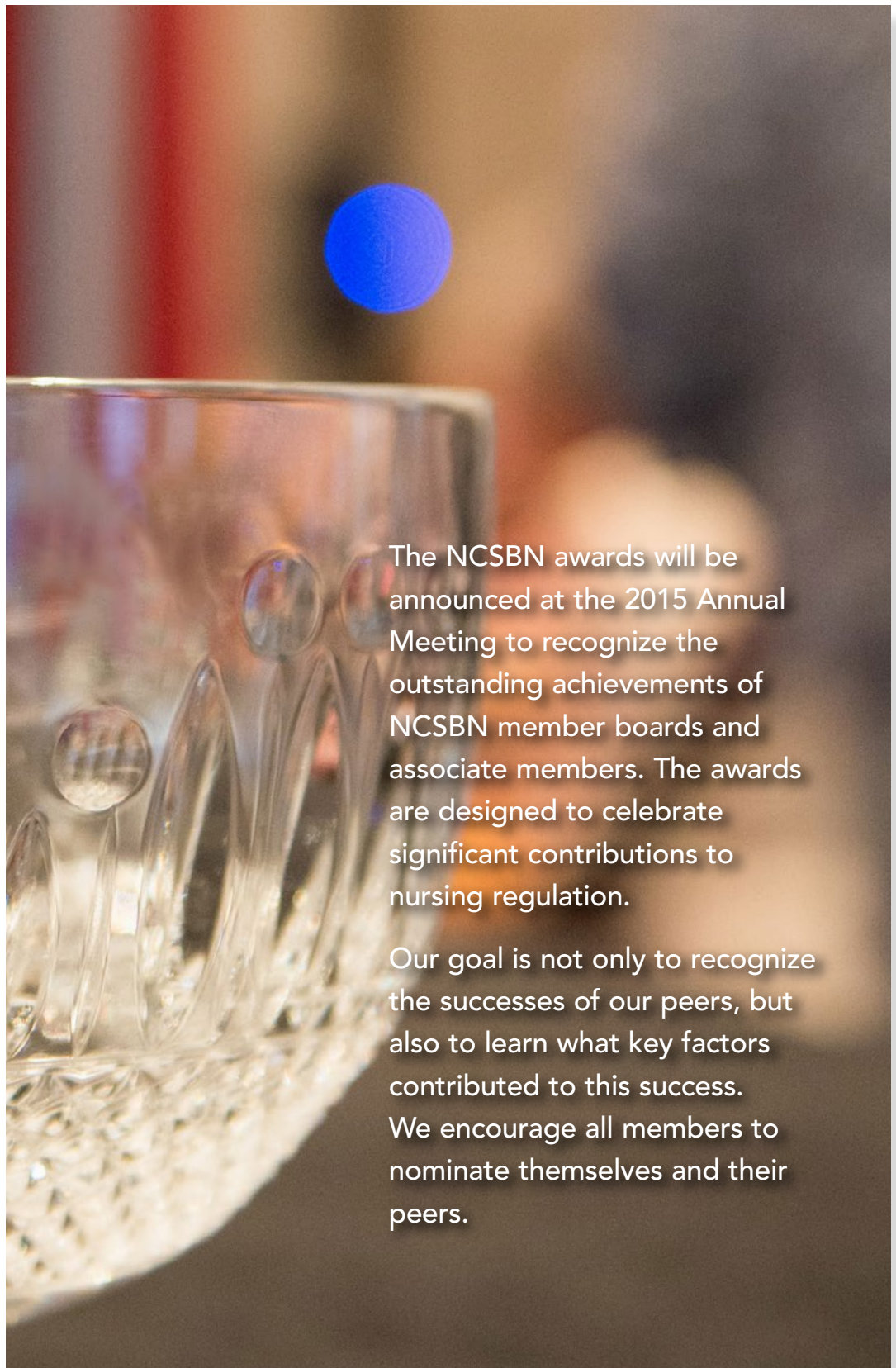
MISSION

NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

VISION

Advance regulatory excellence worldwide.





The NCSBN awards will be announced at the 2015 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.

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 **March 2, 2015**, to Alicia Byrd, director, member relations, NCSBN, at abyrd@ncsbn.org.
- Members may nominate themselves or others.
- Two letters of support are required. Entries must include one letter of support from the executive officer or designee. For the Regulatory Achievement Award, entries must include one letter of support from another member regulatory agency or a representative from an external regulatory agency.
- Entries must be typed and 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.

If you have questions about the Awards Program, contact Alicia Byrd at abyrd@ncsbn.org or 312.525.3666.

Awards Review and Selection

- To ensure a fair and equitable review and selection process, each individual nomination is subjected to a blind review by each Awards Committee member. The committee then makes the final decision about all award recipients.
- Awards Committee members are not permitted to nominate award recipients, participate in the nomination process or write letters of support during their tenure on the Awards Committee.
- Awards Committee members recuse themselves from both the blind review and the final decisions for the award recipient(s) in categories where a member from their particular jurisdiction is nominated, or in cases where they feel that they cannot be objective about the nominee.
- Entries are evaluated using uniform guidelines for each award category.
- Awards may not necessarily be given in each category.
- Award recipients will be notified following the May Board of Directors 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.

R. Louise McManus Award

R. Louise McManus (1896-1993) is widely recognized as a major figure in furthering the professionalism of nursing. She worked tirelessly to produce a standardized national approach to nursing licensure. As a patient advocate, she developed the Patient Bill of Rights adopted by the Joint Commission in Accreditation of Hospitals.

ELIGIBILITY

An individual who is a member

DESCRIPTION OF AWARD

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

CRITERIA FOR SELECTION

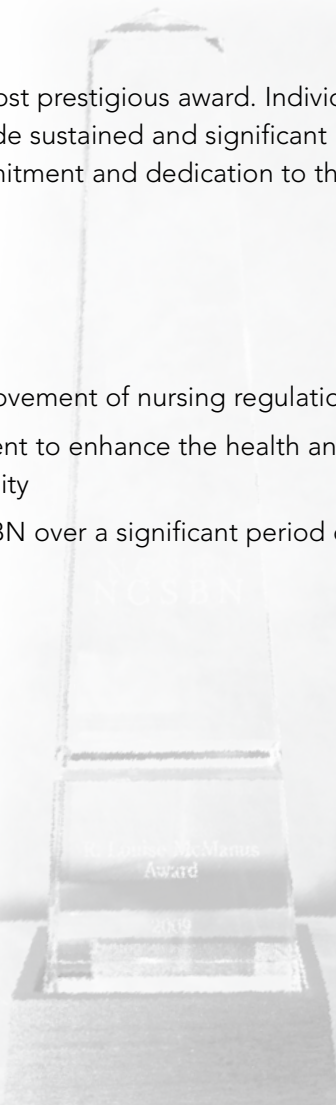
- Active leadership in NCSBN
- Substantial contributions to the improvement of nursing regulation
- Impacts public policy and development to enhance the health and well-being of individuals and the community
- Contributions to the mission of NCSBN over a significant period of time

AWARD CYCLE

Annually as applicable

NUMBER OF RECIPIENTS

One



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



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

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. **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.*

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

Past NCSBN Award Recipients

R. LOUISE MCMANUS AWARD

- 2014 – Myra Broadway
- 2013 – Betsy Houchen
- 2012 – Sandra Evans
- 2011 – Kathy Malloch
- 2009 – Faith Fields
- 2008 – Shirley Brekken
- 2007 – Polly Johnson
- 2006 – Laura Poe
- 2005 – Barbara Morvant
- 2004 – Joey Ridenour
- 2003 – Sharon M. Weisenbeck
- 2002 – Katherine Thomas
- 2001 – Charlie Dickson
- 1999 – Donna Dorsey
- 1998 – Jennifer Bosma
Elaine Ellibee
Marcia M. Rachel
- 1997 – Jean Caron
- 1996 – Joan Bouchard
- 1995 – Corinne F. Dorsey
- 1992 – Renatta S. Loquist
- 1989 – Marianna Bacigalupo
- 1986 – Joyce Schowalter
- 1983 – Mildred Schmidt

MERITORIOUS SERVICE AWARD

- 2014 – Gloria Damgaard
- 2013 – Constance Kalanek
- 2012 – Debra Scott
- 2011 – Julia George
- 2010 – Ann L. O'Sullivan
- 2009 – Sheila Exstrom
- 2008 – Sandra Evans
- 2007 – Mark Majek
- 2005 – Marcia Hobbs
- 2004 – Ruth Ann Terry
- 2001 – Shirley Brekken
- 2000 – Margaret Howard

- 1999 – Katherine Thomas
- 1998 – Helen P. Keefe
Gertrude Malone
- 1997 – Sister Teresa Harris
Helen Kelley
- 1996 – Tom O'Brien
- 1995 – Gail M. McGuill
- 1994 – Billie Haynes
- 1993 – Charlie Dickson
- 1991 – Sharon M. Weisenbeck
- 1990 – Sister Lucie Leonard
- 1988 – Merlyn Mary Maillian
- 1987 – Eileen Dvorak

REGULATORY ACHIEVEMENT AWARD

- 2014 – Nevada State Board of Nursing
- 2013 – North Dakota Board of Nursing
- 2012 – Missouri State Board of Nursing
- 2011 – Virginia Board of Nursing
- 2010 – Texas Board of Nursing
- 2009 – Ohio Board of Nursing
- 2008 – Kentucky Board of Nursing
- 2007 – Massachusetts Board of
Registration in Nursing
- 2006 – Louisiana State Board of Nursing
- 2005 – Idaho Board of Nursing
- 2003 – North Carolina Board of Nursing
- 2002 – West Virginia State Board of
Examiners for Licensed
Practical Nurses
- 2001 – Alabama Board of Nursing

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**

2014 – Ann L. O'Sullivan
2013 – Susan L. Woods
2012 – Julia Gould
Sue Petula
2011 – Judith Personett
Mary Beth Thomas
2010 – Valerie Smith
Sue Tedford
2009 – Nancy Murphy
2008 – Lisa Emrich
Barbara Newman
Calvina Thomas
2007 – Peggy Fishburn
2005 – William Fred Knight
2004 – Janette Pucci

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



■ ■ ■ ■ ■ NCSBN
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www.ncsbn.org

11/14

Report of the Commitment to Ongoing Regulatory Excellence (CORE) Committee

Background

CORE was approved by Board of Directors (BOD) in FY02 to provide an ongoing performance measurement system for nursing regulators. CORE utilizes data collected periodically from boards of nursing (BONs) and stakeholders, and identifies promising practices in the provision of regulatory services. This measurement system serves many purposes such as decision making related to board operations, budgeting more intentionally, evaluating service delivery and outcomes, and learning about “what works” along with the driving factors of success, but their core purpose is to improve performance (Robert Behn, 2003). Overall the CORE performance management refers to using performance measures to improve management and decision making in order to achieve goals and produce desired results or outcomes in the delivery of safe, effective nursing care to the public.

CORE incorporated surveys of BONs, as well three external stakeholder groups: 1) employers; 2) nursing education programs; and 3) nurses. These groups were surveyed through the CORE process six times – in 2003, 2006, 2008, 2010, 2013 and 2015. Data from the surveys were used to operationalize measures of outputs and outcomes of nursing regulatory board programs. CORE prepares individualized state reports for each BON that allows boards to track their performance over time.

In FY12, the CORE Committee redesigned the entire process with the purpose of providing highly valued and useful performance information to BONs. This redesign included a State Board of Nursing Logic Model that was used to ensure CORE is asking valuable and reliable questions on the CORE survey tools. CORE also identified additional sources for data collection: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), Nursys and NCLEX.

In FY13, the CORE implemented the enhanced CORE process. This entailed substantial redesigns of the four CORE surveys, fielding those surveys, accessing the requisite data from HCAHPS survey, Nursys and NCLEX, and completely redesigning and producing individual state reports that present the comparative performance information clearly and concisely.

In FY14, based off of the FY12 data collection and feedback from Executive Officers (EOs), the CORE committee increased the precision of the CORE survey questions. The committee also identified promising practices in the area of licensure.

Highlights of FY15 Activities

Charge #1: Continue to refine CORE process, revise survey tools and develop new production scheme for CORE report. Propose long-term plan for distribution and data collection for CORE surveys.

The CORE Committee studied all survey tools and made adjustments. The discipline section on the BON survey had many modifications to help boards better comprehend data being requested. The committee also added a flowchart to the survey. Also, many of the identified promising practices in the Discipline Effective Practices subcommittee report were incorporated to the BON survey. The committee explored data currently collected by NCSBN as a way to decrease redundancy and number of questions in the CORE BON survey. The committee debated whether or not to stagger the years CORE surveys were distributed. The committee explored the idea of collecting licensure and discipline data one year and education and practice data the next year. Committee members sensed that though it would be less cumbersome for boards, not having all the information organized together (licensure, discipline, education and practice) could be a problematic for many boards.

Members

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

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

Margaret A. Sheaffer, JD, RN, BBA
Pennsylvania, Area IV

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

Brett B. Thompson, JD
Mississippi, Area III

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

Gloria Damgaard, MS, RN
South Dakota, Area II,
Board Liaison

Theodore H. Poister, PhD, MPA
Consultant

Staff

Lindsey Erickson, MS
Manager, Special Projects,
Executive Office

Meeting Dates

- Sept. 25–26, 2014
- Dec. 8–9, 2014
- April 9–10, 2015

Relationship to Strategic Plan

Strategic Initiative E

Promote evidence-based regulation.

Strategic Objective 2

Develop board of nursing performance measurement data.

Charge #2: Identify needs and concerns of non-participating boards to increase participation by 10 percent; conduct non-participating board focus group.

The committee consulted with Patricia Keehley, PhD, to conduct telephone interviews with BONs who have not responded to the current FY14 BON survey as of January 2015. The telephone interviews were to define the barriers that boards have in completing the CORE survey. Keehley contacted 21 boards through telephone, email or both. After the contact or conversation, 11 boards committed to responding to the BON survey. Of these 11 boards, only three responded.

The other 10 boards that did not commit to responding to the survey for the following reasons:

- Data are not readily available as requested.
- Insufficient staff to research the data requested.
- Assumed NCSBN did not want incomplete surveys and he/she was unable to respond to all of the questions.
- Too many boards to manage so it is very difficult to respond to this particular survey.
- Insufficient time to respond because the survey is quite lengthy.
- Board structure; umbrella boards do not maintain the data in the format requested in the survey, and do not have the resources or motivation to disaggregate the existing data.

Based on the discussion with the boards, Keehley provided CORE with the following recommendations:

- Adjust the survey questions to accommodate the umbrella boards' data structure.
- Clarify whether CORE would accept incomplete surveys from umbrella boards.
- Distribute the BON and other survey results on a monthly basis. This would allow directors to absorb and act on the results without feeling overwhelmed.
- Continue current communication efforts. Several directors expressed appreciation for the regular conference calls, best practices activities and survey results for their respective boards.
- Adjust the time of year when the BON survey is administered. Summer or earlier in the year might be better.

Committee members followed up with the 11 boards that committed to responding to the BON survey through emails, phone calls and personal communication with the EOs. The committee also sent a letter to all EOs explaining that CORE is allowing more time for boards to respond to the CORE survey. However, through all the efforts made by the committee and by Keehley, the committee was not able to increase the participation by 10 percent. Some reasons for this may be related to executive officer or staff turnover and other unique circumstances that left the boards few resources to complete the CORE survey.

Charge #3: Produce 2014 CORE surveys, collect and analyze data, and prepare CORE report.

The committee administered the nurse's survey to 1,500 nurses in each jurisdiction, the employer's survey to 300 employers in each state, the educator's survey to all nursing education programs and the BON survey to all boards of nursing. The committee worked with the NCSBN Nursys team to go through all discipline codes and create an algorithm to pull data from Nursys on the following measures for all boards of nursing.

- Number of nurses who have had denial of licensure
 - 1148 – Denial of licensure renewal
 - 1149 – Denial of initial license
 - 1285 – License restoration or reinstatement, denied

- Number of nurses with a successful completion of discipline
 - Last revision action is 1280 – license restored or reinstated. Complete; with no subsequent discipline action code in the defined fiscal year
 - Automatic reinstatement with an end date within the defined fiscal year; with no subsequent discipline action code in the defined fiscal year
- Workload measure for discipline
 - Data provided counts all different board action dates for all the nurses/applicants in the defined fiscal year except for the board action date with the revision action code of 1280.
- Number of active nurses in good standing
- Number of nurses with action codes in the initial discipline
 - 1110 – Revocation of license
 - 1125 – Probation of license
 - 1135 – Suspension of license
 - 1138 – Summary or emergency limitation or restriction on license
 - 1139 – Summary or emergency suspension of license
 - 1140 – Reprimand or censure
 - 1145 – Voluntary surrender of license
 - 1146 – Voluntary limitation or restriction on license
 - 1147 – Limitation or restriction on license
 - 1173 – Publicly available fine/monetary penalty
 - 1189 – Publicly available negative action or finding
 - 1199 – Other licensure action – not classified
- Number of nurses removed from practice
 - 1110 – Revocation of license
 - 1135 – Suspension of license
 - 1139 – Summary or emergency suspension of license
 - 1145 – Voluntary surrender of license
 - 1150 – Interim action

The data will be approved by all BONs then included in the CORE reports. The committee also created the aggregate CORE report layout. The aggregate report is intended to be an overview of CORE trends throughout the years.

Charge #4: Identify a uniform set of data measures regarding the performance of the NLC states. (Carry over from FY14)

The committee reviewed the 2014 NLC Evaluation Report created by NCSBN’s nursing regulation department. Results of the report were discussed in relation to the current BON CORE logic model in order to identify unique measures regarding the performance of the NLC states. The committee identified performance outcomes and started the initial construction of a logic model for the NLC program. The committee referred the drafted logic model to the NLC Executive Committee to make recommendations to the committee prior to finalization.

Committee recommendations to the BOD for additional work or research (This is especially important for committees that have completed their charge.) Could include:

- Charge 1: Educate executive officers and board staff at the appropriate level on how to collect data for the CORE survey tool.
- Charge 2: Create a template for analyzing and utilizing CORE data for use by member boards.
- Charge 3: Continue work on long-term plan for data collection for CORE surveys.
- Charge 4: Finalize the uniform performance data measures and logic model for the Nurse Licensure Compact.
- As part of its 2013 charge to validate promising practices in the area of discipline, the CORE committee invited “high performing” boards to form a subcommittee to develop tools and resources that member boards can use to increase efficiency and effectiveness. Discipline is the largest expenditure for many boards. To determine whether the tools and resources developed by the subcommittee enhance the efficiency and effectiveness of the discipline process, it is essential to measure key performance indicators. One such indicator, for example, is the length of time it takes to resolve a case. Therefore, CORE recommends a discipline committee to validate promising practices as identified in the Discipline Subcommittee report:
 - Charge 1: Identify boards to pilot the practices and measure the boards’ performance throughout the year.
 - Charge 2: Develop a standardized course curriculum to educate and train investigators who conduct investigations.

Attachments

- A. 2014 Board of Nursing Survey
- B. 2014 Employer Survey
- C. 2014 Nurse Survey
- D. 2014 Nursing Education Program Directors Survey

2014 Board of Nursing Survey



Board of Nursing Survey

Instructions to Board EO's:

1. Submit Board Survey data as soon as possible but no later than end of November 2014. Please email responses to coreinfo@ncsbn.org, fax to 312.279.1032, or mail to:

NCSBN
Attn: CORE
111 E Wacker Dr, Suite 2900
Chicago, IL 60601.

2. Suggest EO/designee print out hard copy Board Survey or send electronically to staff who will be completing the data.
3. Request EO review all data before submission and signify approval with signature.

You will be able to review your responses on CORE's passport application after the survey is returned to NCSBN.

Part I: Licensure

1. How many applications for nursing licensure were received in FY2014? Please indicate the number of applications received in each of the following three categories.

Initial Exam: _____

Endorsement: _____

Renewal: _____

2. What percentage of **initial** nursing licenses were processed online?

_____ %

3. What percentage of nursing licensure renewals were processed online?

_____ %

Over →

-
4. During FY2014, what was the average number of calendar days it took to process applications for nurse licensure **from receipt of all required information to issuance of license**? Exclude disciplinary and/or unusual situations.

Nurse licensure by initial examination: _____

Nurse licensure by endorsement: _____

Nurse licensure by renewal: _____

5. Do you perform audits of your nurse licensure process?

Yes

No

Over →

Part II: Education

6. Does your Board of Nursing approve nursing education programs?

- Yes
- No (*go to question 12*)

7. What is the total number of approved nursing education programs at the end of FY2014?

Total: _____

8. What is the status of all nursing education programs at the end of FY2014?

	VN/PN	RN	APRN
Number of education programs new to the state with initial approval:			
Number of education programs with full approval:			
Number of education programs placed on conditional, provisional, or probationary status:			

9. Does your board approve nursing education programs where the domicile is outside your state?

- Yes: Please indicate total number of these nursing education programs that are domiciled outside your state: _____
- No

10. How many nursing education program actions/decisions were made in FY2014?

Number of education programs received initial approval in FY2014: _____

Number of education programs received full approval in FY2014: _____

Number of education programs placed on conditional, provisional, or probationary status: _____

Number of programs had their approval withdrawn or closed in FY2014: _____

Number of programs denied initial approval in FY2014: _____

Other (*specify*): _____

11. How many nursing education program applications were pending at the end of FY2014?

Total: _____

Over →

Part III: Discipline

12. In FY2014, how many cases* with action were...

Cases* closed with disciplinary action* taken and reported to data bank: _____

Cases* closed with action taken that was considered non-disciplinary* and not reported to data bank: _____

13. In FY2014, how many cases* were closed without action*: no violation of the Nurse Practice Act, no jurisdiction, referred to other agency, or does not meet threshold to open?

Cases* closed with no action: _____

14. Of the cases* brought to final resolution* by the Board of Nursing in FY2014 (which includes consent agreements, board orders, or dismissals) what was the average number of calendar days between the time the complaint* was received by the state to the date when the agency took a final action?

Average number of days: _____

15. Of the cases* brought to final resolution* by the Board of Nursing in FY2014 (final board order e.g. consent agreement, board orders, dismissals), how many had been open for:

6 months or less _____

7 months – 12 months _____

13 months – 2 years _____

Over 2 years _____

16. How many formal hearings* were conducted by the Board of Nursing or by the Administrative Law Judge in FY2014?

Formal Hearings*: _____

17. What was the average number of calendar days from the date the complaint* is received by the state to the final action date of the formal hearing* cases* conducted in FY2014?

Average number of days: _____

Over →

* Please refer to CORE definitions and CORE Investigation/Discipline Flowchart attached to this survey

18. How many new complaints* were received in FY2014 whether they were opened as a case* for investigations or not?

- Number of new complaints*: _____
- Not applicable, do not count or keep track of complaints* coming in that do not get assigned to investigations.

19. How many cases* were assigned to investigations in FY2014? _____

20. Does staff have delegated authority to...

	Yes	No
Close complaints* through approved guidelines and policies for allegations that fall below threshold to investigate	<input type="checkbox"/>	<input type="checkbox"/>
Expedite closure of cases* where a violation has not been established	<input type="checkbox"/>	<input type="checkbox"/>
Identify priority or risk level at time of complaint* assignment	<input type="checkbox"/>	<input type="checkbox"/>
Make and accept settlement offers through consent agreements (agreed orders)	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____		

21. Does your Board of Nursing....

	Yes	No
Provide the option of online complaint* submission utilizing a standardized form to promote the receipt of critical information during the submission of a complaint*	<input type="checkbox"/>	<input type="checkbox"/>
Assign cases* to particular investigators with expertise in the area of the allegation/practice	<input type="checkbox"/>	<input type="checkbox"/>
Use interview templates to guide investigative interviews	<input type="checkbox"/>	<input type="checkbox"/>
Use standardized templates for report preparation	<input type="checkbox"/>	<input type="checkbox"/>
Use an expedited process for complaints* where the respondent is admitting the allegations	<input type="checkbox"/>	<input type="checkbox"/>
Utilize approved guidelines, policies, or matrix to determine type and conditions of discipline	<input type="checkbox"/>	<input type="checkbox"/>
Delegate authority to a subcommittee of the Board to review and resolve cases*	<input type="checkbox"/>	<input type="checkbox"/>
Make use of automatic suspension clauses in consent agreements/agreed orders for noncompliance	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____		

Over →

* Please refer to CORE definitions and CORE Investigation/Discipline Flowchart attached to this survey

Part IV: Administrative

Please enter the number of full-time equivalent (FTEs) staff. An FTE^{*} of 1.0 means that the person is equivalent to a full-time worker; while an FTE of 0.5 signals that the worker is only half-time. **(Staff who may have overlapping responsibilities should have FTE time adjusted in the appropriate categories.)**

22. Number of FTEs involved in the **licensure process** who are...

Licensing staff: _____

Other (*specify*): _____

23. Number of FTEs involved in the **education program approval and monitoring** process who are...

Education Consultant/Manager: _____

Administrative Support Staff: _____

Contract Personnel: _____

Other (*specify*): _____

24. Number of FTEs involved in the **investigative process** that are Board of Nursing employees who are...

Nurse Investigators: _____

Non-Nurse Investigators: _____

Administrative Support Staff: _____

Attorney (who are not investigators): _____

Other (*specify*): _____

25. Number of FTEs involved in the **investigative process** that are **contracted personnel**, not employed by the Board of Nursing:

Nurse Investigators: _____

Non-Nurses Investigators: _____

Administrative Support Staff: _____

Attorney (who are not investigators): _____

Other (*specify*): _____

Over →

* Please refer to CORE definitions and CORE Investigation/Discipline Flowchart attached to this survey

Part V: Budget

FY2014 Budget Worksheet

Please indicate expenses for the following budget items. Adding the total expenses for all items should match your total FY2014 expenditures. **When a member of the Board staff contributes to more than one category, please allocate a proportion of their salary among the appropriate times.**

Note: Please do not include one-time capital expenditures or expenses related to the regulation of Certified Nursing Assistants (CNAs) or other Assistive Personnel in any of the following categories.

****If you are unable to answer a question or are not sure of the exact value, please leave the question blank, as approximations will alter the results and the integrity of the data.**

The Board of Nursing's total fiscal year* 2014 expenditures (excluding capital expenditures and CNA expenses) _____

Complaint*/Discipline total salaries and related expenses _____

Investigator (non-board staff) fees _____

Hearing* costs (including board expenses related to hearings*) _____

Expenses related to monitoring compliance with probation _____

Expenses related to alternative programs _____

Miscellaneous expenses _____

Over →

Licensure (including renewal) total salaries and related expenses _____

Total salaries (including fringe) of board staff involved in licensure _____

Expenses related to endorsement (excluding board staff salaries) _____

Expenses related to examination (excluding board staff salaries) _____

Expenses related to renewal (excluding board staff salaries) _____

Miscellaneous expenses related to licensure _____

Education program total salaries and related expenses _____

Total salaries (including fringe) of board staff involved in education program approval _____

Travel expenses related to education program approval _____

Expenses related to distribution of information and materials _____

Miscellaneous expenses related to approval of nursing programs _____

X _____

Executive Director Signature

Date (MM/DD/YYYY)

Thank you for your help and participation

CORE Definitions →

CORE Definitions

FISCAL YEAR

A twelve-month period for which the Board of Nursing plans the use of its funds. The dates correspond to an individual Board's own fiscal year.

COMPLAINT

An allegation received by the Board related to a specific licensee(s).

CASE

A complaint(s) that rises to the board threshold that a potential violation of the Nurse Practice Act has occurred and merits investigation/collecting evidence.

DATE OF RECEIPT OF COMPLAINT

Date complaint is received by the state from the complainant

HEARING

An evidentiary proceeding before a hearing examiner/administrative law judge or board (board is the judge) in which evidence in contested cases are heard as required by law.

CASE RESOLUTION

Resolution may be disciplinary or non-disciplinary when the agency makes a final action.

Resolution includes consent agreements, board orders, closures, and dismissals.

This action is distinct from an appeal or any appeal process that might occur. The time for appeals or any waiting or appeal period following final action by the Board should not be used when calculating how long it took to resolve a complaint.

DISCIPLINARY ACTIONS

After an investigation, any administrative, civil, equitable or criminal action permitted by the state's laws which are imposed on a nurse by the state's Board of Nursing or other authority, including actions against an individual's license, such as revocation, suspension, probation or any other action which sanctions or affects a nurse's authorization to practice and is reportable to the national data banks.

NON-DISCIPLINARY ACTION

No action is taken against the person's license and is not reportable to the national data banks. Examples are alternative to discipline programs for substance use, alternative to discipline programs for practice conditions, or may include an activity directing the nurse to complete coursework or supervisory evaluation that is not a case/complaint resolution.

CLOSED WITHOUT ACTION

When a Board makes a decision that evidence does not exist or cannot be collected and ceases to pursue further action or activity. Such actions may also be taken based on Board policies whereby the allegations do not meet triage thresholds resulting in an investigation.

APPEAL

Request to consider a decision regarding administrative proceeding or superior court final decision on the ground that it was based upon an erroneous application of law.

Over →

MONITORING

The process of ongoing monitoring supervision or testing of a nurse or nursing program as directed by the Board of Nursing as a condition of remediation and disciplinary action. This may include observing and checking the nurse's progress over a period of time through systematic review of competencies or compliance.

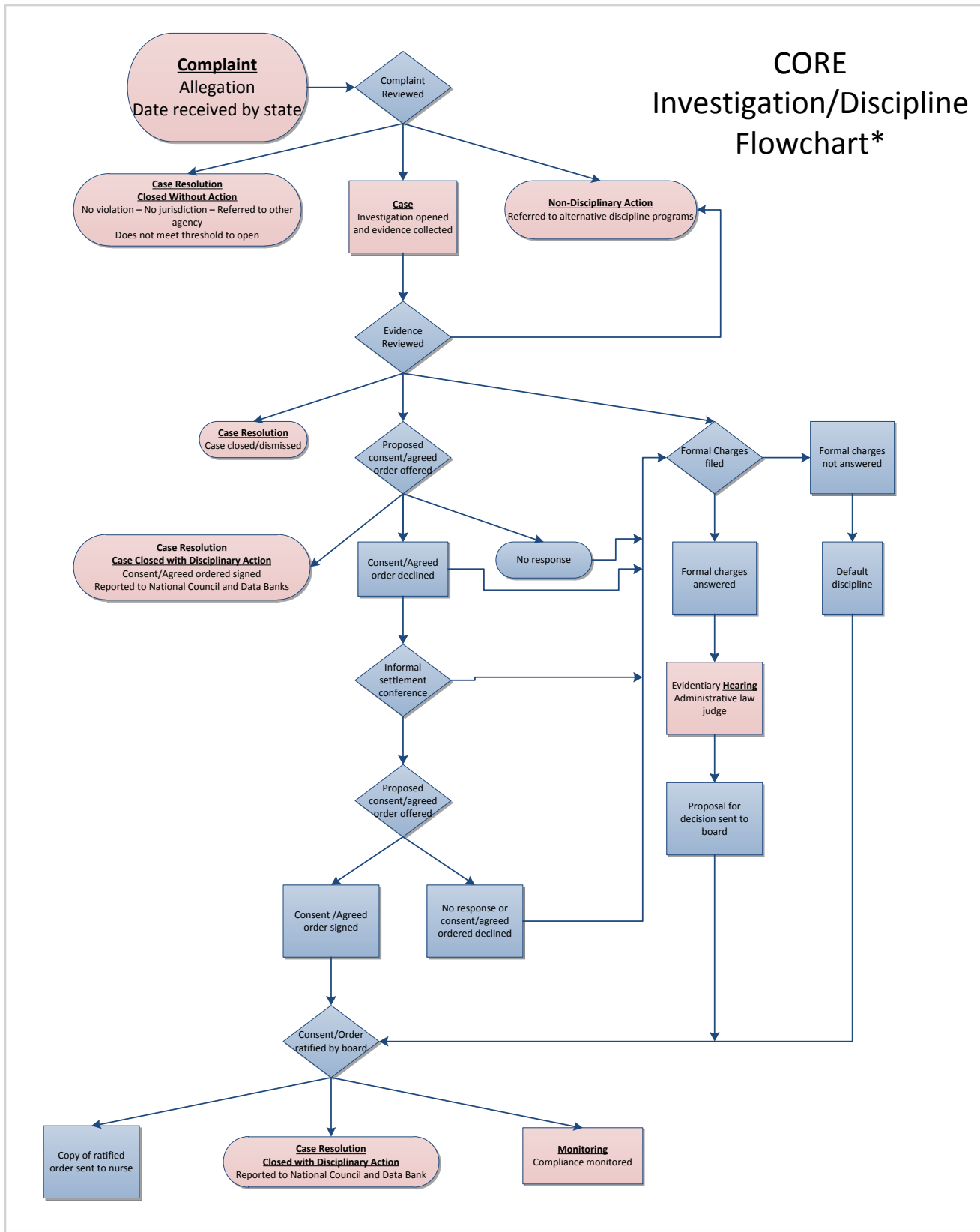
FTE

A government, FTE is defined by the [Government Accountability Office](#) (GAO) as the number of total hours worked divided by the maximum number of compensable hours in a work year as defined by law. For example, if the work year is defined as 2,080 hours, then one worker occupying a paid full time job all year would consume one FTE. An employee working for 1,040 hours would be an .5 FTE.

NON-BOARD STAFF

Individuals or organizations providing services through a contract that are completing Board business.

CORE Investigation/Discipline Flowchart →



2014 Employer Survey



National Council of State Boards of Nursing Survey of Employers

1. Which of the following best describes your type of organization? (check one)

- Hospital
- Long-term care facility
- Community-based or ambulatory care facility/organization (including public health department, visiting nurses association, home health, physician's office, clinic, school health services, correctional facility)
- Temporary service/employment agency
- Managed care organization
- Nursing education program
- Other (specify): _____

2. Rate the Board of Nursing's performance in each of the following areas:

	Excellent	Good	Fair	Poor	Not Sure
Assuring accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting quality education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to health care changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to innovation in education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressing emerging issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assuring the competence of practicing nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. To what extent do you understand the scope/legal limits of nursing practice as defined by the Nurse Practice Act and related state statutes and rules?

- Fully Understand
- Partially Understand
- Do Not Understand

Over ►

4. Rate you state's Nurse Practice Act (statutes and administrative rules/regulations) in terms of being current and reflecting state-of-the-art nursing in each of the following areas:

	Excellent	Good	Fair	Poor	Not Sure
Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Are the Board of Nursing's guidelines and regulations regarding supervision of student nurses adequate to assure safe and competent nursing care?

- Adequate
- Inadequate (*explain*): _____

Indicate the extent to which you agree or disagree with the following statements:

6. The nursing education programs in your state are high quality programs.

- Strongly Agree
- Somewhat Agree
- Somewhat Disagree
- Strongly Disagree

7. New graduates from nursing education programs in your state are well prepared to provide safe and competent care.

- Strongly Agree
- Somewhat Agree
- Somewhat Disagree
- Strongly Disagree

8. The Board of Nursing's disciplinary process deters nurses from violating regulations.

- Strongly Agree
- Somewhat Agree
- Somewhat Disagree
- Strongly Disagree

9. In the past 24 months, have you received reports on nurses whose practice has led to near misses or patient harm?

- Seldom or Never
- Occasionally
- Fairly Often

Over ►

10. Does your nursing organization emphasize a culture of safety such as the Just Culture™, that promotes the report of errors without the fear of retribution?

- Yes
- No
- Don't Know

11. During the past 24 months, have you been involved in any aspect of your state's Board of Nursing's complaint/discipline process (e.g. filed a complaint, provided a report, a witness, an interviewee, etc.)?

- Yes
- No (*Go to Question 15*)

Indicate whether you agree or disagree with the following statements regarding the complaint/discipline process:

12. The process used by the Board of Nursing to investigate and resolve the problem was fair.

- Agree
- Disagree

13. The Board of Nursing acted in a timely manner.

- Agree
- Disagree

14. The Board of Nursing kept you informed throughout the disciplinary process.

- Agree
- Disagree

15. Which of the following do you reference when making decisions regarding nursing practice? (Check all that apply)

- Nursing practice statutes and laws
- Board newsletter/magazine
- Board website
- Association newsletter/magazine
- Association website
- Personal communication with Board staff or member
- Public meetings/educational workshops
- Public hearings
- Other (*specify*): _____

Over ►

16. During the past 24 months, have you accessed the Board of Nursing's website for information on a specific question?

- Yes
- No (*Go to Question 18*)

17. Rate your experience in using the Board of Nursing's website in the following areas:

	Excellent	Good	Fair	Poor
Ease of navigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness of content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. During the past 24 months, have you made any inquiries via telephone to the Board of Nursing?

- Yes
- No (*Go to Question 20*)

19. Rate your experience regarding your telephone inquiries in the following areas:

	Excellent	Good	Fair	Poor
Ease of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness of response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. During the past 24 months, have you made any inquiries via email to the Board of Nursing?

- Yes
- No (*Go to Question 22*)

21. Rate your experience regarding your email inquiries in the following areas:

	Excellent	Good	Fair	Poor
Timeliness of response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness of response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over ►

22. During the past 24 months, have you attended a Board of Nursing presentation, webinar, workshop, conference, Board meeting, etc.?

- Yes
- No (*Go to Question 24*)

23. How useful was the information provided by the Board of Nursing during the event?

- Useful
- Not Useful

24. How useful are the Board of Nursing's publications/magazine?

- Useful
- Not Useful
- Not Used
- Not Aware

25. Do you understand the difference between the roles of the Board of Nursing vs. professional nursing associations?

- Understand the Difference
- Do Not Understand the Difference

26. Is there anything about your Board of Nursing that you would like more information about in order to more fully understand the Board's role in your state?

27. Are the statutes/rules that govern nursing practice readily accessible?

- Yes
- No
- Don't Know

28. Are the statutes/rules that govern nursing practice clear?

- Yes
- No
- Don't Know

Over ►

29. Do you know how to report a suspected violation of the nursing statutes or rules?

- Yes
- No

30. Do you understand your obligation to report conduct that you think may violate the nursing statutes and rules of the Board of Nursing?

- Understand
- Do Not Understand

31. Overall, rate the Board of Nursing's performance in fulfilling its role in protecting the health and safety of the public.

- Excellent
- Good
- Fair
- Poor

32. What suggestions, if any do you have for improving the Board of Nursing's activities for the protection of the public?

33. In what state/territory is your organization located?

State/Territory: _____

Thank you for your assistance in completion of this survey.

If you have any questions or comments about this survey, please contact Lindsey Erickson at 312.525.3714 or coreinfo@ncsbn.org.

2014 Nurse Survey



National Council of State Boards of Nursing Survey of Nurses

1. **Have you actively worked as a nurse or utilized your nursing license anytime in the past 24 months?**
 - Yes
 - No (*Please end survey*)

2. **What type(s) of active nursing license/certifications do you hold? (Check all that apply)**
 - Licensed practical/vocational (LPN/VN)
 - Registered nurse (RN)
 - Advanced practice (APRN) includes, CNM, CRNA, NP, CNS, etc.

3. **Where did you receive your basic nursing education for your LPN/VN or RN license? (If you have both, please report for the RN education only)**
 - United States: (*specify State/territory*) _____
 - Outside of the United States: (*Specify Country*) _____

4. **Did you graduate from that nursing program in the past 5 years?**
 - Yes
 - No (*Go to Question 8*)

5. **Rate your entry-level nursing education in preparing you to provide safe and competent care.**
 - Excellent
 - Good
 - Fair
 - Poor

6. **In which state/territory were you initially licensed?**
State/Territory: _____

Over ►

7. How satisfied were you with the initial licensure process?

- Satisfied
- Not Satisfied

8. Whether you practice in one state or multiple states, answer all the following questions based on only one Board of Nursing and please indicate that Board.

State/Territory Board of Nursing: _____

9. Rate the Board of Nursing's performance in each of the following areas:

	Excellent	Good	Fair	Poor	Not Sure
Assuring accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting quality of education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to health care changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to innovation in education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressing emerging issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assuring the competence of practicing nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. During the past 24 months, have you renewed your nursing license?

- Yes
- No (*Go to Question 12*)

11. How satisfied were you with the renewal process?

- Satisfied
- Not Satisfied

12. Which of the following best describes your practice setting? (Please check one)

- Hospital
- Long-term care facility
- Community-based or ambulatory care facility/organization (*including public health department, visiting nurses association, home health, physician's office, clinic, school health services, correctional facility*)
- Temporary service/employment agency
- Managed care organization
- Nursing education program
- Other (*specify*): _____

Over ►

13. Do you believe student nurses you work with are well supervised to provide safe and competent care?

- Yes
- No
- Not Applicable

14. The Board of Nursing's disciplinary process deters nurses from violating regulations.

- Strongly Agree
- Somewhat Agree
- Somewhat Disagree
- Strongly Disagree

15. What percentage of the nurses you work with provide safe and competent care?

- 100% - 96%
- 95% - 91%
- 90% - 86%
- 85% - 80%
- Less than 80%

16. During the past 24 months, have you worked with nurses whose practice has led to near misses or patient harm?

- Seldom or Never
- Occasionally
- Fairly Often

17. Does your organization emphasize a culture of safety such as the Just Culture™, that promotes the reporting of errors without fear of retribution?

- Yes
- No
- Don't Know

18. Are the statutes/rules that govern nursing practice readily accessible?

- Yes
- No
- Don't Know

19. Are the statutes/rules that govern nursing practice clear?

- Yes
- No
- Don't Know

Over ►

20. Do you know how to report a suspected violation of the nursing statutes or rules?

- Yes
- No

21. Do you understand your obligation to report conduct that you think may violate the nursing statutes and rules of the Board of Nursing?

- Understand
- Do Not Understand

22. During the past 24 months, have you been involved in any aspect of your state Board of Nursing's complaint/discipline process (e.g. subject of a complaint, filed a complaint, provided a report, served as a witness)?

- Yes
- No (**Go to Question 26**)

Indicate whether you agree or disagree with the following statements regarding the complaint/discipline process:

23. The process used by the Board of Nursing to investigate and resolve the problem was fair.

- Agree
- Disagree

24. The Board of Nursing acted in a timely manner.

- Agree
- Disagree

25. The Board of Nursing kept you informed throughout the disciplinary process.

- Agree
- Disagree

26. To what extent do you understand the scope/legal limits of nursing practice as defined by the Nurse Practice Act and related state statutes and rules?

- Fully Understand
- Partially Understand
- Do Not Understand

Over ►

27. Rate your state's Nurse Practice Act (statutes and administrative rules/regulations) in terms of being current and reflecting state-of-the-art nursing in the following areas:

	Excellent	Good	Fair	Poor	Not Sure
Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Which of the following do you reference when making decisions regarding nursing practice? (Check all that apply)

- Nursing practice law and rules
- Board newsletter/magazine
- Board website
- Association newsletter/magazine
- Association website
- Personal communication with Board staff or member
- Public meetings/educational workshops
- Public hearings
- Other (specify): _____

29. Do you understand the difference between the roles of the Board of Nursing vs. professional nursing associations?

- Understand the Difference
- Do Not Understand the Difference

30. Is there anything about your Board of Nursing that you would like more information about in order to more fully understand the Board's role in your state?

31. During the past 24 months, have you accessed the Board of Nursing's website for information on a specific question?

- Yes
- No (**Go to Question 33**)

Over ►

32. Rate your experience in using the Board of Nursing's website in the following areas:

	Excellent	Good	Fair	Poor
Ease of navigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness of content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. During the past 24 months, have you made any inquires via telephone to the Board of Nursing?

- Yes
- No (*Go to Question 35*)

34. Rate your experience regarding your telephone inquiries in the following areas:

	Excellent	Good	Fair	Poor
Ease of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness of response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. During the past 24 months, have you made any inquiries via email to the Board of Nursing?

- Yes
- No (*Go to Question 37*)

36. Rate your experience regarding email inquiries in the following areas:

	Excellent	Good	Fair	Poor
Timeliness of response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness of response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Have you attended a Board of Nursing presentation, webinar, workshop, conference, Board meeting, etc. in the past 24 months?

- Yes
- No (*Go to Question 39*)

38. How useful was the information provided by the Board of Nursing during the event?

- Useful
- Not Useful

Over ►

39. During the past 24 months, did you ask the Board of Nursing about practice issues?

- Yes
- No (Go to Question 41)

40. How helpful was the response you received from the Board of Nursing regarding your practice issue?

- Helpful
- Not Helpful

41. How useful are the Board of Nursing's publications/magazine?

- Useful
- Not Useful
- Do Not Use
- Not Aware

42. Overall, rate the Board of Nursing's performance in fulfilling its role in protecting the health and safety of the public.

- Excellent
- Good
- Fair
- Poor

43. What suggestions, if any do you have for improving the Board of Nursing's activities for the protection of the public?

Thank you for your assistance in completion of this survey.

If you have any questions or comments about this survey, please contact Lindsey Erickson at 312.525.3714 or coreinfo@ncsbn.org.

2014 Nursing Education Program Directors Survey



Survey of Nursing Education Program Directors National Council of State Boards of Nursing

1. Rate the performance of the Board of Nursing in each of the following areas:

	Excellent	Good	Fair	Poor	Not Sure
Assuring accountability of nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting quality of education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to health care changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressing emerging issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assuring the competence of practicing nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. To what extent do you understand the scope/legal limits of nursing practice as defined by the Nurse Practice Act and related state statutes and rules?

- Fully Understand
- Partially Understand
- Do Not Understand

3. Rate your state's Nurse Practice Act (statutes and administrative rules/regulations) in terms of being current and reflecting state-of-the-art nursing in each of the following areas:

	Excellent	Good	Fair	Poor	Not Sure
Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are the Board of Nursing's guidelines and regulations regarding supervision of student nurses adequate to assure safe and competent nursing care?

- Adequate
- Inadequate, *please explain:* _____

5. Does the Board of Nursing review or approve your nursing program?

- Yes
- No (**Go to Question 8**)

Over ►

6. Rate the Board of Nursing's performance in the initial and ongoing review or approval process with regards to the following:

	Excellent	Good	Fair	Poor	Not Applicable
Consultation regarding pertinent rules, regulations, and polices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notification of Board visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with Board staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness in feedback provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of feedback provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fairness/objectivity of Board findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Due process for disagreements regarding findings and plan of corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Rate the Board of Nursing's overall performance in conducting the program review or approval process.

- Excellent
- Good
- Fair
- Poor

8. During the past 24 months, has your nursing program received sanctions or been the subject of additional monitoring by the Board of Nursing?

- Yes
- No (*Go to Question 12*)

Indicate whether you agree or disagree with the following statements regarding sanctions or monitoring of your program by the Board of Nursing.

9. The process used by the Board of Nursing to investigate and resolve problems was fair.

- Agree
- Disagree

10. The Board of Nursing acted in a timely manner.

- Agree
- Disagree

11. The Board of Nursing kept the program informed throughout the process.

- Agree
- Disagree

Over ►

12. In the past 24 months, has faculty or students reported information on nurses whose practice has led to near misses or patient harm?

- Seldom or Never
- Occasionally
- Fairly Often

13. Does your nursing program emphasize a culture of safety such as the Just Culture™, that promotes the reporting of errors without the fear of retribution?

- Yes
- No
- Don't Know

14. Which of following do you reference when making decisions regarding nursing practice and education?

(Check all that apply)

- Nursing practice law and rules
- Board newsletter/magazine
- Board website
- Association newsletter/magazine
- Association website
- Personal communication with Board staff or member
- Public meetings/educational workshops
- Public hearings
- Other (specify): _____

15. During the past 24 months, have you accessed the Board of Nursing's website for information on a specific question?

- Yes
- No (**Go to Question 17**)

16. Rate your experience in using the Board of Nursing's website in the following areas:

	Excellent	Good	Fair	Poor
Ease of navigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness of content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. During the past 24 months, have you made any inquiries via telephone to the Board of Nursing?

- Yes
- No (**Go to Question 19**)

Over ►

18. Rate your experience regarding telephone inquiries in the following areas:

	Excellent	Good	Fair	Poor
Ease of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness of response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. During the past 24 months, have you made any inquiries via email to the Board of Nursing?

- Yes
- No (*Go to Question 21*)

20. Rate your experience regarding email inquiries in the following areas:

	Excellent	Good	Fair	Poor
Timeliness of response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness of response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. During the past 24 months, have you attended a Board of Nursing presentation, webinar, workshop, conference, Board meeting, etc?

- Yes
- No (*Go to Question 23*)

22. How useful was the information provided by the Board of Nursing during the event?

- Useful
- Not Useful

23. How useful are the Board of Nursing's publications/magazine?

- Useful
- Not Useful
- Not Used
- Not Aware

24. Do you understand the difference between the roles of the Board of Nursing vs. professional nursing associations?

- Understand the Difference
- Do Not Understand the Difference

Over ►

25. Is there anything about your Board of Nursing that you would like more information about in order to more fully understand the Board's role in your state?

26. Are the statutes/rules that govern nursing practice readily accessible?

- Yes
- No
- Don't Know

27. Are the statutes/rules that govern practice clear?

- Yes
- No
- Don't Know

28. Do you know how to report a suspected violation of the nursing statutes or rules?

- Yes
- No

29. Do you understand your obligation to report conduct that you think may violate the nursing statutes and rules of the Board of Nursing?

- Understand
- Do Not Understand

Over ►

30. What suggestions, if any do you have for improving the Board of Nursing’s activities for the protection of the public?

31. In what state/territory is your nursing program located?

State/Territory: _____

32. What type of nursing degree does your nursing education program offer? (Check all that apply)

- LPN
- Diploma RN
- ADN
- BSN
- Master
- PhD
- DNP
- Other (*specify*): _____

Thank you for your assistance in completion of this survey.

If you have any questions or comments about this survey, please contact Lindsey Erickson at 312.525.3714 or coreinfo@ncsbn.org.

Report of the Finance Committee

Background

The Finance Committee advises the Board of Directors (BOD) on the overall direction and control of the finances of the organization. It reviews and recommends a budget to the BOD, monitors income, expenditures and program activities against projections, and presents quarterly financial statements to the BOD.

The Finance Committee oversees the financial reporting process, the systems of internal accounting and financial controls, the performance and independence of the auditors and the annual independent audit of NCSBN financial statements. It recommends to the BOD the appointment of a firm to serve as auditors.

The Finance Committee makes recommendations to the BOD with respect to investment policy and assures that the organization maintains adequate insurance coverage.

Highlights of FY15 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, 2014. With and without management present, the committee discussed and reviewed the results of the independent accountant's examination of the internal controls and the financial statements. Based on the review and discussions referred to above, the Finance Committee recommended to the BOD that the financial statements and the Report of the Auditors be accepted and provided to the membership.
- Reviewed and discussed with management and the organization's independent accountant, the auditor's report on the NCSBN 403(b) defined contribution retirement plan, for the year ended June 30, 2014. 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 assessment of information security for NCLEX registration and administration. The Committee directed staff to implement auditor recommendations.
- 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.
- Recommended that the BOD approve Capital Group to manage the NCSBN international equity investment in the Euro Pacific Growth Fund.

Future Activities

- At a future meeting, the committee will review the budget proposal for the fiscal year beginning Oct. 1, 2015.

Attachment

- A. Report of the Independent Auditors FY14

Members

Julia George, MSN, 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

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

Cynthia York, MSN, RN, CGRN
Louisiana, Area III

Staff

Robert Clayborne, MBA, CPA
Chief Financial Officer

Meeting Dates

- Dec. 2, 2014
- Jan. 26, 2015 (Conference call)
- April 28, 2015
- July 28, 2015

Report of the Independent Auditors FY14

Independent Auditor's Report

To the Board of Directors
National Council of State Boards of Nursing, Inc.

We have audited the accompanying financial statements of National Council of State Boards of Nursing, Inc. (NCSBN), which comprise the statement of financial position as of September 30, 2014 and 2013 and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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, 2014 and 2013 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 2, 2014

National Council of State Boards of Nursing, Inc.

Statement of Financial Position

	September 30, 2014	September 30, 2013
Assets		
Cash and cash equivalents	\$ 30,194,722	\$ 30,668,548
Accounts receivable	27,266	60,551
Due from test vendor	8,362,362	8,074,893
Accrued investment income	456,886	432,383
Prepaid expenses	1,453,644	1,518,394
Investments	161,540,133	142,784,982
Property and equipment - Net	4,856,313	4,984,884
Intangible asset - Net	531,250	656,250
Cash held for others	928,476	799,119
	<hr/>	<hr/>
Total assets	\$ 208,351,052	\$ 189,980,004
	<hr/>	<hr/>
Liabilities and Net Assets		
Liabilities		
Accounts payable	\$ 960,309	\$ 722,827
Accrued payroll, payroll taxes, and compensated absences	853,330	785,825
Due to test vendor	11,278,585	10,401,925
Deferred revenue	16,500	16,500
Grants payable	618,128	1,067,600
Deferred rent credits	1,064,018	1,129,502
Cash held for others	928,476	799,119
	<hr/>	<hr/>
Total liabilities	15,719,346	14,923,298
	<hr/>	<hr/>
Unrestricted Net Assets	192,631,706	175,056,706
	<hr/>	<hr/>
Total liabilities and net assets	\$ 208,351,052	\$ 189,980,004
	<hr/>	<hr/>

National Council of State Boards of Nursing, Inc.

Statement of Activities

	Year Ended	
	September 30, 2014	September 30, 2013
Revenue		
Examination fees	\$ 62,350,600	\$ 59,415,050
Other program services income	9,288,670	7,985,761
Net realized and unrealized gain on investments	7,030,525	6,798,676
Interest and dividend income	4,803,010	4,223,117
Membership fees	24,025	192,000
Total revenue	83,496,830	78,614,604
Expenses		
Program services:		
Nurse competence	45,841,489	43,193,372
Nurse practice and regulatory outcome Information	7,839,676	11,438,651
	8,640,193	8,819,895
Total program services	62,321,358	63,451,918
Support services - Management and general	3,600,472	3,611,925
Total expenses	65,921,830	67,063,843
Net Increase	17,575,000	11,550,761
Unrestricted Net Assets		
Beginning of year	175,056,706	163,505,945
End of year	\$ 192,631,706	\$ 175,056,706

National Council of State Boards of Nursing, Inc.

Statement of Cash Flows

	Year Ended	
	September 30, 2014	September 30, 2013
Cash Flows from Operating Activities		
Increase in unrestricted net assets	\$ 17,575,000	\$ 11,550,761
Adjustments to reconcile increase in unrestricted net assets to net cash provided by operating activities:		
Depreciation and amortization	2,152,193	2,417,382
Net realized and unrealized gain on investments	(7,030,525)	(6,798,676)
Decrease (increase) in assets:		
Accounts receivable	33,285	203,171
Due from test vendor	(287,469)	(769,530)
Accrued investment income	(24,503)	18,783
Prepaid expenses	64,750	(93,317)
Increase (decrease) in liabilities:		
Accounts payable	237,482	(846,427)
Accrued payroll, payroll taxes, and compensated absences	67,505	50,834
Due to test vendor	876,660	1,073,736
Deferred revenue	-	(124,500)
Grants payable	(449,472)	324,080
Deferred rent credits	(65,484)	321,766
Net cash provided by operating activities	13,149,422	7,328,063
Cash Flows from Investing Activities		
Purchases of property and equipment	(1,898,622)	(2,112,881)
Purchases of investments	(63,673,160)	(91,328,912)
Proceeds on sale of investments	51,948,534	87,317,502
Net cash used in investing activities	(13,623,248)	(6,124,291)
Net (Decrease) Increase in Cash	(473,826)	1,203,772
Cash - Beginning of year	30,668,548	29,464,776
Cash - End of year	<u>\$ 30,194,722</u>	<u>\$ 30,668,548</u>
Supplemental Disclosure of Cash Flow Information -		
Capital expenditures included in accounts payable	<u>\$ 86,682</u>	<u>\$ 64,596</u>

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements September 30, 2014 and 2013

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 upon exam registration since NCSBN's earnings process is complete at that point. NCSBN has an agreement with Pearson VUE to administer the examinations and the obligation to provide the examination becomes Pearson VUE's responsibility upon registration.

Other program services income includes revenue from member dues, e-learning online courses, licensure verification fees, publication sales, and royalty fees from the National Nurse Aide Assessment Program (NNAAP) and Medication Aide Certification Examination (MACE). Revenue is recognized when earned.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements September 30, 2014 and 2013

Note 2 - Summary of Significant Accounting Policies (Continued)

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, 2014 and 2013 were \$27,266 and \$60,551, 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).

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Investment income, including net realized and unrealized gains (losses), is reflected in the statement of activities as an increase (decrease) in net assets.

Financial Instruments - NCSBN's financial instruments consist of cash, accounts receivable, due from test vendor, investments, accounts payable, due to test vendor, and grants payable. 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.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements September 30, 2014 and 2013

Note 2 - Summary of Significant Accounting Policies (Continued)

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, 2014 and 2013 were \$8,362,362 and \$8,074,893, 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, 2014 and 2013 was \$125,000 each year.

	2014	2013
Intellectual property	\$ 1,250,000	\$ 1,250,000
Less accumulated amortization	(718,750)	(593,750)
Total	<u>\$ 531,250</u>	<u>\$ 656,250</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 to whom the examinations were administered during the preceding month.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements September 30, 2014 and 2013

Note 2 - Summary of Significant Accounting Policies (Continued)

Due to test vendor includes accrued amounts totaling \$7,337,084 as of September 30, 2014 and \$6,651,863 as of September 30, 2013 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 2014 and 2013.

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 \$31,000 to \$298,000 during the current year.

As of September 30, 2014, the amount remaining to be paid on grants awarded was \$618,128. Of this amount, \$351,555 was awarded in 2014 and \$266,573 was awarded in 2013. As of September 30, 2013, the amount remaining to be paid on grants awarded was \$1,067,600. Of this amount, \$975,965 was awarded in 2013 and \$91,635 was awarded in 2012.

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.

Functional Allocation of Expenses - The costs of providing the program and support services have been reported on a functional basis in the statement of activities. Indirect costs have been allocated between the various programs and support services based on estimates, as determined by management. Although the methods of allocation used are considered reasonable, other methods could be used that would produce a different amount.

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.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements September 30, 2014 and 2013

Note 2 - Summary of Significant Accounting Policies (Continued)

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 2, 2014, the date the financial statements were available to be issued.

Note 3 - Income Tax

NCSBN is exempt from income tax under provisions of Internal Revenue Code Section 501(c)(3). Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by NCSBN and recognize a tax liability if NCSBN has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. Management has analyzed the tax positions taken by NCSBN, and has concluded that as of September 30, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. NCSBN is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes it is no longer subject to income tax examinations for years prior to 2011.

Note 4 - Cash Concentrations

The cash balance as of September 30, 2014 and 2013 consisted of the following:

	2014	2013
JPMorgan Chase:		
Checking account	\$ 969,688	\$ 946,787
Money market account	-	1,451,066
Savings account	13,664,192	13,039,616
Wells Fargo Bank - Checking account	383,979	156,740
Harris Bank - Money market account	15,152,064	15,061,726
Credit card merchant accounts	24,187	12,240
Petty cash	612	373
Total	<u>\$ 30,194,722</u>	<u>\$ 30,668,548</u>

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements September 30, 2014 and 2013

Note 4 - Cash Concentrations (Continued)

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 tables present information about NCSBN's assets measured at fair value on a recurring basis at September 30, 2014 and 2013, 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 that the NCSBN has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using 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.

NCSBN's policy is to recognize transfers in and transfers out of Level 1, 2, and 3 fair value classifications as of the beginning of the reporting period. During the years ended September 30, 2014 and 2013, there were no such transfers.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements September 30, 2014 and 2013

Note 5 - Fair Value Measurements (Continued)

Description	Fair Value Measurements as of Reporting Date Using			
	Fair Values as of September 30, 2014	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	\$ 26,068,380		\$ 26,068,380	\$ -
Treasury inflation-protected securities	7,764,197	7,764,197	-	-
Government agency obligations:				
Zero coupon bonds	288,252	-	288,252	-
U.S. agency fixed-rate notes and bonds	1,829,414	-	1,829,414	-
Federal Home Loan Mortgage Pool	1,022,065	-	1,022,065	-
Federal National Mortgage Association Pool	5,528,958	-	5,528,958	-
Government National Mortgage Association Pool	550,910	-	550,910	-
Other agency loan pool	10,391,214	-	10,391,214	-
Corporate bonds:				
Corporate bonds - Fixed	15,162,355	-	15,162,355	-
Corporate CMO	1,303,286	-	1,303,286	-
Corporate ABS	1,622,212	-	1,622,212	-
Mutual funds:				
Mortgage-backed fixed-income mutual fund	3,771,579	3,771,579	-	-
Developed market institutional fund	8,885,401	8,885,401	-	-
Institutional index fund	44,152,029	44,152,029	-	-
Small-cap Index-Institutional Fund	20,050,017	20,050,017	-	-
Other	131,892	131,892	-	-
International Equity Fund - Limited liability company	4,134,416	-	4,134,416	-
Real estate investment trust	7,864,112	-	7,864,112	-
Total	<u>\$ 160,520,689</u>	<u>\$ 84,755,115</u>	<u>\$ 75,765,574</u>	<u>\$ -</u>

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements September 30, 2014 and 2013

Note 5 - Fair Value Measurements (Continued)

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 CMO and CMBS	80,618	-	80,618	-
Real estate investment trust bonds backed	588,836	-	588,836	-
Corporate ABS	1,629,598	-	1,629,598	-
Mutual funds:				
Spartan Extended Market Index Fund	8,621,410	8,621,410	-	-
Spartan International Index Fund	6,165,593	6,165,593	-	-
DWS Equity 500 Index Fund	35,521,338	35,521,338	-	-
Mortgage-backed fixed-income mutual 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	-
Total	\$ 141,513,735	\$ 74,150,997	\$ 67,362,738	\$ -

Not included in the above table is \$1,019,444 and \$1,271,247 in money market accounts as of September 30, 2014 and 2013, respectively.

Level 1

Treasury Inflation-protected Securities - 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.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements September 30, 2014 and 2013

Note 5 - Fair Value Measurements (Continued)

Level 2

U.S. Treasury Notes and Bonds, 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 NCSBN considers the 90-day period to be redeemable at September 30, 2014.

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, 2014	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
International equity fund:				
Limited liability company (a)	\$ 4,134,416	\$ -	Monthly	10 days
Real estate investment (b)	7,864,112	-	Quarterly	90 days

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements September 30, 2014 and 2013

Note 5 - Fair Value Measurements (Continued)

	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

- (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 percent to 10 percent total return over a market cycle. All portfolio assets are acquired through Clarion Lion Properties Fund Holdings, L.P., a limited partnership. The properties within the portfolio are valued on a quarterly basis to establish market value estimates of the fund's assets for the purpose of establishing the fund's net asset value. Ownership interests and redemptions are calculated based upon net asset value. The values of the properties are established in accordance with the fund's independent property valuation policy. Each property is appraised by third-party appraisal firms identified and supervised by an independent appraisal management firm retained by the investment manager. Shares will be redeemed at 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, 2014 and 2013 is as follows:

	2014	2013
Property and equipment:		
Furniture and equipment	\$ 1,991,723	\$ 1,983,974
Course development costs	658,668	601,165
Computer hardware and software	22,805,036	22,472,350
Leasehold improvements	1,852,695	1,852,695
Total	27,308,122	26,910,184
Less accumulated depreciation	(22,451,809)	(21,925,300)
Net property and equipment	\$ 4,856,313	\$ 4,984,884

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements September 30, 2014 and 2013

Note 6 - Property and Equipment (Continued)

Depreciation was \$2,027,193 and \$2,292,382 for the years ended September 30, 2014 and 2013, 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, 2014:

<u>Year Ending September 30</u>	<u>Amount</u>
2015	\$ 622,252
2016	639,339
2017	656,426
2018	673,513
2019	690,600
Thereafter	<u>1,861,059</u>
Total	<u>\$ 5,143,189</u>

Rent expense for the years ended September 30, 2014 and 2013 was \$605,165 and \$588,078, respectively. Property taxes and common area maintenance expenses for the years ended September 30, 2014 and 2013 were \$500,790 and \$488,575, 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 \$740,567 and \$708,303 for the years ended September 30, 2014 and 2013, 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.

Report of the Institute of Regulatory Excellence (IRE) Committee

Background

The IRE Fellowship program, designed to contribute to the body of science of nursing regulation, is open to board of nursing (BON) members and staff, as well as associate members and staff, who study an area of interest in nursing regulation, conduct and write a thorough literature review, develop and implement a research study or project proposal and disseminate the results through presentations and publication. Since the program requires knowledge of the research process, participants selected have a minimum of a graduate degree at the master's level. New cohorts of fellows are selected each year in October, with their fellowship officially beginning at the IRE conference held in January each year. During the 3.5-year program, the Fellows participate in four IRE conferences on the themes of leadership and organizational development, public policy, public protection (disciplinary process), and continued competence. The Fellows complete the research process through disseminating their results in a poster presentation at the NCSBN Annual Meeting, which culminates in their receiving their Fellow of Regulatory Excellence (FRE) Institute certificates of completion and pins at the NCSBN Awards ceremony. During FY15, there were 34 active participants in the IRE Fellowship Program.

The numbers of current participants in the IRE Fellowship program are as follows:

- Year 4 (2012 cohort, class of 2015): seven Fellows
- Year 3 (2013 cohort, class of 2016): eight Fellows
- Year 2 (2014 cohort, class of 2017): eight Fellows
- Year 1 (2015 cohort, class of 2018): 11 Fellows

Highlights of FY15 Activities

Charge #1: Select 2015 IRE Fellows and mentors, and approve project proposals and final reports.

Ten new participants in the IRE Fellowship program were accepted. An additional fellow who had been accepted into the 2014 (class of 2017) cohort group, moved into the 2015 cohort group. The 2015 fellows represent five U.S. states and six Canadian provinces. Board members and staff of BONs, as well as associate members, continue to express interest in the IRE Fellowship program, as evidenced by the numbers of applications, evaluations from the IRE annual conference and inquiries from potential applicants about the program and its requirements.

The IRE Committee and staff reviewed and provided feedback to the fellows on their project proposals and reports.

Charge #2: Implement strategies for engagement of inducted IRE Fellows, and promote their active involvement in NCSBN activities.

A special "FRE Connection" session was held at the 2015 IRE Conference with those holding the designation of FRE and who are actively involved at their board of nursing. Eleven FREs attended the special session where a discussion was held on how the Fellowship program has impacted their roles, and to elicit suggestions on how they could continue to be engaged in the activities of the IRE. All participants agree the program had a positive impact on their roles and on their BONs, and that their participation had helped them be more proactive and deepened their understanding of and expertise in regulation and their relationships with other regulators. Some identified they have used evidence to rewrite regulations, are continuing to work on their projects started in the fellowship program, and have communicated their findings in conferences and through publications. The notion of serving in advisory capacities to current IRE participants was discussed and positively received.

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

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

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. 21-22, 2014
- April 21-22, 2015

Relationship to Strategic Plan

Strategic Initiative C

Expand the active engagement and leadership potential of all members.

Strategic Objective 6

a) Build the regulatory expertise of members through the IRE.

b) Explore and develop strategies to continue engagement of inducted IRE fellows.

- Select 2015 IRE fellows and mentors, and approve project proposals and reports.

- Implement strategies for engagement of inducted IRE Fellows, and promote their active involvement in NCSBN activities.

Special Request from Board of Directors (BOD).

The request from the BOD to consider possibilities for another level of participation in the IRE was discussed, along with the eligibility requirements for graduate education as a prerequisite, and consideration of project intensity and time commitment. The IRE committee had a substantive discussion on these concerns, and recommends maintaining the current educational requirement of a graduate degree for participation in the IRE that leads to the designation of FRE. With sensitivity to the concerns identified, the IRE committee discussed an idea for another level of participation in the IRE program. This alternative program is proposed to be within a 12–18 month timeframe, be NCSBN funded, require attendance of the participant at two IRE conferences of their choosing, and consist of the four goals of networking, self-directed education focused on nursing regulation, access to consultation and leadership development. The requirement of a project that meets the needs of a BON or is nursing regulation related would be sponsored and funded by the sponsoring BON. This second program would be open to BON members and staff, have no minimum education requirements and lead to the designation of Certificate in Nursing Regulation (CNR).

The IRE Committee also discussed the idea of partnering with a local university DNP program to offer the option for interested IRE fellows to simultaneously complete the IRE Fellowship program leading to the designation of FRE and completion of the formal academic courses leading to the DNP degree.

IRE Fellows

The following will be inducted as Fellows of Regulatory Excellence (FRE) at the 2015 Annual Meeting, pending successful completion of IRE requirements:

- Mary Fanning, DNP, RN, NEA-BC, director, Nursing Administration/ANCC Program Director, West Virginia University Hospitals and board member, West Virginia Board of Examiners for Registered Professional Nurses
- Farah Ismail, MScN, RN, LLB, manager, Prosecutions and Monitoring, Professional Conduct, College of Nurses of Ontario
- Joan Libner, EdD, RN-BC, CNE, associate professor and chair, Department of Nursing and Health and RN-BSN program director, Benedictine University, Lisle, Ill., and chair, Illinois Board of Nursing
- David MacDonald, MN, RN, professional conduct review consultant, Registration, Inquiry and Discipline, College of Registered Nurses of British Columbia
- Jackye Ward, MS, RN, NEA-BC, deputy director, Regulatory Services, Oklahoma Board of Nursing
- Joyce Winstead, MSN, RN, nursing practice consultant, North Carolina Board of Nursing

Future Activities

FY16 Charges:

- Select 2016 IRE Fellows and approve research/project proposals.
- Implement strategies for engagement of inducted Fellows, and promote their active involvement in NCSBN activities.
- Prepare a proposed alternative plan for participation in the IRE for board members and staff who do not meet the educational requirements for obtaining the designation of FRE.
- Pursue the potential partnership with a university DNP program for selected IRE participants who desire to obtain a DNP degree in conjunction with completing their IRE fellowship and FRE.

Attachments

None.

Report of the Fraud Detection Committee

Background

The Fraud Detection Committee was charged to identify types of application fraud member boards have experienced and/or are experiencing; identify promising practices for detecting whether documents are fraudulent or authentic; and develop training for utilization of FITS in relationship to applicant fraud.

The working definition of fraud for this committee is an act of deception, misrepresentation or dishonesty. Application fraud is further defined as the act of deceiving or misrepresenting by submitting an application for nurse licensure or licensure application materials with false or inaccurate details.

Highlights of FY15 Activities

- Held three face-to-face meetings, one conference call/webinar.
- Identified types of application fraud member boards have experienced and/or are experiencing:
 - In order to ascertain the frequency of fraud and the type of occurrences member boards were experiencing, a survey was devised by the committee and administered to all member board's executive directors. There were 46 BONs that participated in the survey. More than 70 percent of BONs participating in the survey reported to have investigated an instance of fraud within the last two years involving each of the following: nondisclosure of discipline history/denial of license in other jurisdiction, nondisclosure of criminal background and nondisclosure of pending disciplinary investigations in other jurisdictions. To a lesser degree BONs reported investigating fraud involving identity, U.S. education credentials, foreign education credentials, false/altered nursing license, work history and Social Security number. Fifty-seven percent of BONs reported the most concerning type of fraud was nondisclosure of criminal background. The failure to disclose discipline history/denial of license in other jurisdiction and deception involving foreign credentials ranked as the second and third most concerning types of applicant fraud.
 - The committee also reviewed Nursys data for 2012-2014 related to entries involving denial of initial or renewal licensure for some type of fraud. It is important to note that NCSBN education and training regarding the need to report denial of licensure or denial of renewal licensure was implemented in the Fall 2013. Forty-one BONs have entered either a denial of initial licensure or renewal licensure (action codes 1148 or 1149) with the basis of the action being one of the following violations related to fraud: misrepresentation of credentials; filing false reports; fraud, deceit or material omission on obtaining license or credentials; failure to disclose or unspecified fraud (violation codes 81, E3, E4, E6, 05 or E5). In total, 243 applicants were denied a license or a renewal based on some type of fraud with the most frequent type of fraud reported as E4 – fraud, deceit or material omission in obtaining license or credentials. The second most frequent type of fraud was coded as E6 – failure to disclose.
- Identified promising practices for detecting whether documents are fraudulent or authentic
 - Additional survey questions pertaining to promising practices for identification of application fraud were included in the original survey to member boards. Survey data revealed that 71 percent of BONs participating in the survey utilize criminal background checks, 48 percent of BONs have separation of duties or other quality assurance processes for application review and approval in place, 29 percent have fraud detection guidelines or policies for application/credential review and only 10 percent have an audit process for detection of applicant/credential fraud. Although 50 percent of BONs reported via survey to have staff training regarding fraud detection, upon

Members

Lori Scheidt, MBA-HCM, Missouri, Area II, Chair
Kathryn Busby, JD, BSFS, Arizona, Area I
Jennifer Childears, Delaware, Area IV
Adrian Guerrero, Kansas, Area II
Karen McCumpsey, MN, RN, CNE, Arkansas, Area III
Melissa McDonald, MS-HRD, North Carolina, Area III
Veronica Robertson, Texas, Area III
Joe Baker, Jr.
Florida, Area III, Board Liaison

Staff

Kathy Russell, JD, MN, RN,
Associate, Nursing Regulation

Meeting Dates

- Oct. 9, 2014 (Conference call and webinar)
- Dec. 1–2, 2014
- Jan. 29–30, 2015
- March 26–27, 2015

Relationship to Strategic Plan

Strategic Initiative E

NCSBN promotes evidence-based regulation.

- Created survey questions for member boards regarding misrepresentation and fraud
- Created promising practices for detection of misrepresentation and fraud in licensure applications

further investigation, that training is not comprehensive; may only include an NCSBN conference topic or two over the years.

- In addition to the committee's review of all data, individual members of the Fraud Detection Committee communicated with BON representatives where there was a higher number of fraud cases or a cluster of fraud cases. As well, committee members interviewed representatives from the Educational Commission for Foreign Medical Graduates, Association of Certified Fraud Examiners, College of Registered Nurses of Manitoba, EMS Association, National Association of Architectural Registration Boards and the National Association of Pharmacy Boards.
- The committee members and board liaison represented eight different BONs and gave their insight as a result of their experiences with licensure activities of the BON and cases of fraud.
- As a result of the number of member boards reporting that investigations regarding misrepresentation on licensure applications related to nondisclosure of discipline history/denial of license in other jurisdiction, nondisclosure of criminal background, and nondisclosure of pending disciplinary investigations in other jurisdictions, the committee focused its work on practices which would clarify licensure applications, as well as processes which would improve the licensure verification process, credential evaluation, communication and reporting of instances of misrepresentation/fraud.
- Promising Practices
 - Use plain language in application questions
 - Use clear description and definition of attestation on applications
 - Use CBCs to verify all criminal background
 - Verify authenticity of electronic documents
 - Full utilization of Nursys.com for verification of licensure
 - Discontinue providing paper verification if BON is a full-participating Nursys board
 - Do not accept electronic verification of licensure other than Nursys
 - Do not accept paper verification of licensure from Nursys-participating BON
 - Require third party (non-board) verification of credential evaluations reports
 - Allow credential evaluation reports to be valid for a certain period of time
 - Board staff separation of duties to improve error and fraud detection
 - Report all "for cause" denial of licensure or renewal licensure via Nursys/NPDB
 - Share facts about fraudulent activity with other boards via Nursys
 - Eliminate temporary permits and/or shorten length of time a temporary permit is valid
 - Complete fraud detection training for all BON licensure staff including executive officers, operations, discipline and legal staff
 - Develop policies and procedures for staff review of licensure applications
- Development of Fraud Detection Manual and NCSBN website tool kit which includes the promising practices and rationale developed by committee members; NCSBN staff drafted copy, committee reviewed
- Develop training guidelines for utilization of FITS in relationship to applicant fraud
 - Baseline data of individuals entered into FITS from 2009 – 2014 revealed 508 entries from 36 BONs. The remaining 23 BONs did not make a single entry into FITS during the

six-year period. Of the 36 BONs that made entries, 58 percent of the BONs (21) made less than 10 entries.

- The two most frequent codes used in the FITS data set were “misrepresentation of educational credentials” (63 percent) and “misrepresentation of identity” (23 percent). Less frequently used codes include “imposter” (9 percent) and “other” (5 percent).
- In order to develop informative guidelines for use of FITS, a team of committee members completed a review of the FITS system. From that review, which also included evaluating web statistics for the various parts of the system, several facts were revealed:
 - FITS allows member boards the ability to share information with other member boards in a safe and secure manner. The FITS system also contains other resources that are available to the membership such as: member board posted articles/news, news reader aggregator and NCLEX Rules Violators.
 - The history of why the FITS system was established in 2009 was a result of member boards requesting a private system for member boards that were opposed to sending email blasts regarding fraudulent nursing programs and nurse imposters. The member boards wanted a centralized system that was available to all member boards that could be accessed as needed. The system has also undergone several revisions, one of which included the addition of NCLEX Rules Violators in 2010.
 - FITS news reader aggregator and articles are beneficial to the member boards but most boards do not sign directly into FITS to view these.
 - The ability to search via FITS, the Office of Inspector General (OIG), Social Security Death Index (SSDI) and Sex Offender Registry (SOR) is beneficial when doing research on a licensee, but that having the search embedded within FITS escapes most member boards that perform such searches.
 - In May 2014, imposters began to be tracked within Nursys. Given that most of the membership utilizes Nursys for the search of licensed individuals, it appears that the search in FITS is not as beneficial as it had been in the past. When searching for an individual in Nursys, one is required to click a checkbox to conduct a FITS search for each individual searched. In the future, per NCSBN IT Division, Nursys will have the capability to do system-to-system cross reference checks with FITS information and will display an icon within a Nursys record indicating that there is information within FITS.
 - The work space section within FITS was designed as a place to organize information while searching for, or investigating, a particular case. FITS users can create their own work spaces to store case information, attach files, and add other individual or program information in one place for future reference. This section has been used only 63 times in the life of this feature.
 - NCLEX rules violator information is entered into this section by NCLEX staff as a result of communications from Pearson Vue. This section of FITS will be evaluated further by the committee.
- As a result of the many issues revealed during the team’s evaluation of the FITS system and usage, the committee does not recommend developing informative guidelines for use of FITS; instead, the committee has identified several aspects of FITS that may require change/clarification of the FITS system (see below Recommendations for Consideration).

Future Activities

- Fraud Prevention, Detection and Training recommendations:
 - Development of NCSBN Learning Extension fraud detection course based on the work of the committee, which could serve as orientation for licensure staff and certification of fraud detection.
 - Consideration by the NCSBN BOD to assist Nursys Licensure Verification non-participating BONs to participate in Nursys Licensure Verification
- FITS recommendations/request for clarification:
 - Educate member boards to report instances of "for cause" denial of licensure or renewal licensure and imposters/unlicensed practitioners via Nursys.
 - Determine if there are any remaining instances that require reporting in FITS which are not required reporting in Nursys.
 - Display articles via user dashboard or member portal.
 - Delete the NCLEX Rules Violator section or rename the section "NCLEX Incidents."

Attachment

None.

Report of the National Nurse Aide Assessment Program (NNAAP®) and the Medication Aide Certification Examination (MACE®)

Background

In August 2008, NCSBN acquired exclusive ownership of the intellectual property for NNAAP® and MACE® program. 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 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.

FY15 Highlights and Accomplishments

The following is a list of the highlights and accomplishments in fulfilling strategic initiatives for FY15.

- The NNAAP Job Analysis and KSA Study was conducted in September 2014.
- In January 2015, 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.
- The NNAAP test specifications panel was conducted in February 2015
- The NNAAP Item Linkage Exercise was completed in February/March 2015

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Ada Woo, PhD, MA
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Meeting Dates

- Oct. 21–23, 2013
NC MACE Virtual Item Writing
- Nov. 8–19, 2013
NC MACE Virtual Item Review
- Sept. 15–17, 2014
NNAAP Job Analysis and
Knowledge, Skills and Abilities
(KSA) Study Panel
- Sept. 23, 2014
NNAAP Job Analysis and KSA
Study Virtual Panel
- Sept. 24, 2014
NNAAP Job Analysis and KSA
Study Virtual Panel
- Feb. 18, 2015
NNAAP Test Specifications Panel
- NNAAP Item Linkage Exercise
Sessions:
 - Feb. 13, 2015
 - Feb. 19, 2015
 - Feb. 20, 2015
 - Feb. 23, 2015
 - March 4, 2015
 - March 5, 2015
 - March 6, 2015
- Virtual item development
activities for NNAAP and MACE
will be scheduled throughout
FY15 based on item pool needs.

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

NC MACE Item Writing and Review Workshops

The NC MACE item writing and item review workshops were held May 13–14, 2013, Oct. 21–23, 2013, and Nov. 18–19, 2013. SMEs engaged in test development activities for the NC MACE examination. 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 NC MACE 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 determined the activity statements to which SMEs wrote items.

NNAAP Job Analysis and KSA Study

NCSBN is responsible for assuring that the NNAAP examination is reflective of the activities NAs currently perform at the entry-level. The NNAAP Job Analysis and KSA Study was conducted in September 2014. NCSBN collected and reviewed background information on the NA position. An in-person SME panel was then convened Sept. 15–17, 2014, to develop a list of the activities performed by entry-level nurse aides on the job, and the KSAs required to perform those activities. Following an internal editorial review, the lists were verified by two virtual SME panels on Sept. 23 and 24, 2014, and finalized at an internal nurse expert review in December 2014. The NNAAP Job Analysis and KSA Study report will be published on the NCSBN website in 2015.

NNAAP Test Specifications Panel

On Feb. 18, 2015, a panel of SMEs convened virtually to review results of the NNAAP Job Analysis and KSA Study, and consider changes to the NNAAP Content Outline. Based on the review of the job analysis information, very minor changes were made to the NNAAP Content Outline. The revised NNAAP Content Outline will be published on the NCSBN website in 2015, and will go into effect in January 2016.

As part of the test specifications process, SMEs reviewed all NNAAP item pools in February 2015, where each item was linked to a specific activity performed on the job. This confirms the content validity of each item, in addition to ensuring that the NNAAP Content Outline is accurately represented in every examination administered to candidates.

NNAAP Item Linkage Exercise

SMEs reviewed all active NNAAP item pools in February/March 2015. A pair of SMEs reviewed items one at a time with an NCSBN facilitator and linked each item to a specific activity from the list of NA Activity Statements, resulting from the job analysis. This exercise confirms the content validity of each item because it associates each item with an activity performed by NAs on the job. The linkage exercise confirms that items are coded consistently and appropriately, and ensures that the NNAAP Content Outline is accurately represented in every examination administered to candidates.

Future Activities

- Publish the NNAAP Job Analysis and KSA Study report on the NCSBN website.
- Publish the NNAAP Content Outline on the NCSBN website.
- 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 2014: PASS RATES BY STATE¹

Across all jurisdictions, the pass rates for NNAAP were 88 percent for the written or oral examinations and 78 percent for the skills evaluation. The table below provides passing rates by jurisdiction for the written or oral examination, skills evaluation and overall pass rates for forms administered in 2014. The number in parentheses represents the number of candidates taking the examination. The overall pass rate provides information on the completion of all requirements for NA certification. A candidate must pass both the written or oral examination and skills evaluation to obtain an overall pass.

¹ The NNAAP testing year coincides with calendar year. Pass rates from Jan. 1 – Dec. 31, 2014 are presented here. Pass rates for 2015 will be available in the next Business Book Report

Table 1: Pass Rates by Jurisdiction							
Jurisdiction	Written/Oral (N)			Skills (N)			Total
	First Time Takers	Repeaters	Total	First Time Takers	Repeaters	Total	
Alabama	85% (1,465)	66% (174)	83% (1,639)	59% (1,481)	66% (407)	61% (1,888)	66% (1,649)
Alaska	95% (589)	79% (67)	93% (656)	83% (591)	73% (143)	81% (734)	89% (655)
California	89% (13,211)	61% (2,312)	84% (15,523)	87% (13,295)	80% (2,358)	86% (15,653)	85% (14,787)
Colorado	95% (5,334)	77% (498)	94% (5,832)	71% (5,416)	64% (1,621)	70% (7,037)	81% (5,950)
District of Columbia	74% (609)	58% (236)	69% (845)	68% (610)	66% (250)	68% (860)	69% (757)
Georgia	91% (9,700)	69% (1,250)	88% (10,950)	76% (9,865)	71% (2,140)	75% (12,005)	80% (10,788)
Guam	84% (44)	80% (5)	84% (49)	92% (37)	100% (5)	93% (42)	73% (49)
Louisiana	86% (367)	61% (69)	82% (436)	85% (367)	92% (63)	86% (430)	88% (395)
Maryland	91% (3,546)	74% (423)	89% (3,969)	83% (3,577)	79% (554)	82% (4,131)	84% (3,871)
Minnesota	95% (4,642)	86% (1,098)	93% (5,740)	76% (4,656)	72% (2,091)	75% (6,747)	88% (5,668)
Mississippi	82% (2,248)	76% (638)	81% (2,886)	58% (2,289)	61% (1,015)	59% (3,304)	64% (2,857)
New Hampshire	100% (10)	0% (0)	100% (10)	100% (10)	0% (0)	100% (10)	100% (10)
North Carolina	93% (18,497)	78% (1,357)	92% (19,854)	61% (18,447)	61% (6,859)	61% (25,306)	73% (20,729)
North Dakota	91% (986)	77% (159)	89% (1,145)	88% (984)	85% (189)	87% (1,173)	89% (1,100)
Pennsylvania	93% (7,667)	74% (1,125)	90% (8,792)	78% (7,795)	76% (2,077)	78% (9,872)	84% (8,831)
Rhode Island	84% (1,350)	54% (512)	76% (1,862)	63% (1,423)	66% (733)	64% (2,156)	74% (1,699)
South Carolina	93% (3,336)	82% (492)	91% (3,828)	74% (3,346)	65% (1,080)	72% (4,426)	79% (3,923)
Texas	85% (14,310)	68% (3,157)	82% (17,467)	60% (14,856)	61% (5,047)	60% (19,903)	66% (17,087)
Vermont	98% (785)	79% (19)	97% (804)	69% (790)	75% (181)	70% (971)	81% (822)
Virgin Islands	80% (25)	80% (5)	80% (30)	46% (28)	56% (9)	49% (37)	48% (31)
Virginia	90% (6,473)	59% (1,013)	86% (7,486)	63% (6,527)	61% (2,122)	63% (8,649)	71% (7,441)

Table 1: Pass Rates by Jurisdiction

Jurisdiction	Written/Oral (N)			Skills (N)			Total
	First Time Takers	Repeaters	Total	First Time Takers	Repeaters	Total	
Washington	92% (8,494)	65% (1,199)	89% (9,693)	62% (8,531)	67% (3,681)	63% (12,212)	77% (9,738)
Wisconsin	97% (8,155)	85% (722)	96% (8,877)	73% (8,205)	72% (2,715)	73% (10,920)	85% (9,232)
Wyoming	96% (857)	93% (120)	96% (977)	72% (855)	73% (353)	72% (1,208)	84% (1,024)
Total	91% (112,700)	70% (16,650)	88% (129,350)	70% (113,981)	67% (35,693)	69% (149,674)	78% (129,093)

Attachments

None.

Staff

Nathan Goldman, JD, Kentucky, Area III, Chair

Karla Bitz, PhD, RN, FRE, North Dakota, Area II (former ND staff member)

Peter Dennehy, BAI, CEng, FIEI, Ireland, Associate

Amy Fitzhugh, JD, North Carolina, Area III

Ruby Jason, MSN, RN, NEA-BC, Oregon, Area I

Barbara McGill, MSN, RN, Louisiana RN, Area III

Staff

Greg Pulaski, MS, PMP, SSBB
Director, Performance
Measurement and
Standard Setting

Meeting Dates

- June 30–July 1, 2014
- Dec. 8–9, 2014
- June 15–16, 2015

Relationship to Strategic Plan

Strategic Initiative 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.

Strategic Objective 4A

Advance the implementation of Criminal Background Checks (CBCs)

Report of the NCSBN Standards Development Committee

Background

In 2012, the Board of Directors (BOD) and NCSBN staff began discussing the benefits of introducing the notion of standardizing steps and activities in the processes of licensure. It was felt that such focus and accomplishment would lend great credence to the overall process and ensure the accomplishment of the overarching goals of patient safety and public protection.

NCSBN reached out to the American National Standards Institute (ANSI) for direction and guidance. ANSI is the administrator and coordinator of the U.S. private sector voluntary standardization system. ANSI is the U.S. member to the International Standards Organization (ISO). Founded in 1918, ANSI's primary goal has been the enhancement of global competitiveness of U.S. business and the American quality of life by promoting and facilitating voluntary consensus standards and conformity assessment systems. ANSI empowers its members and constituents to strengthen the U.S. marketplace position in the global economy while helping to assure the safety and health of consumers and the protection of the environment. ANSI currently represents the interests of its nearly 1,000 company, organization, government agency, institutional and international members.

ANSI facilitates the development of American National Standards (ANS) by accrediting the procedures of standards developing organizations (SDOs). These groups work cooperatively to develop voluntary national consensus standards. Accreditation by ANSI signifies that the procedures used by the standards body in connection with the development of ANS meet the Institute's essential requirements for openness, balance, consensus and due process.

After a rigorous application process, NCSBN was granted accreditation as a SDO by ANSI on Nov. 15, 2013.

NCSBN believes that by achieving SDO accreditation, it will be able to further advance its mission by:

- Focusing on the protection of the public through evidence-based standards
- Addressing the future of nursing through inclusivity and consensus building
- Achieving public awareness
- Demonstrating leadership in nursing regulation and nurse licensure
- Influencing government regulation through ANSI participation and visibility
- Evolving regulatory models

In response to our accreditation by ANSI, the BOD engaged in a dialogue around what would be a first process to consider for standardization. After careful debate they chose CBCs.

The profession of nursing requires a high degree of skill and responsibility. Often, nursing involves working with vulnerable individuals who rely on BONs to assure that health care providers are safe and competent. The level of trust that comes with the practice of nursing coupled with the ease of mobility between jurisdictions requires BONs to be vigilant in properly assessing the qualifications of nurses. One step in this process is the utilization of fingerprint-based state and federal CBCs for nurses upon application for initial, endorsement, reinstatement and renewal of licensure to assure individuals with criminal histories are screened for their ability to safely practice nursing.

The BOD also chose to identify and form a committee to further exercise influence and coordinate NCSBN's efforts. As committee chair they named Nathan Goldman, a seasoned committee leader. The following was identified as the committee's charter or target for the first standard:

FY15 Highlights and Accomplishments

Charge 1: As a requirement for nurse licensure, submit the use of fingerprint-based or other federal biometric background checks as an ANS.

After an initial meeting, the committee formed their team charter and have been pursuing their deliverables. A summary of their progress and milestones is found below.

The following activities and timeline for NCSBN's pursuit of SDO status have been completed or are in progress:

- Board presented with background information on ANSI and PowerPoint presentation 2/2012
- Application reviewed and approved by board 7/2012
- Draft support letter templates approved by board 7/2012
- NCSBN Standards Development Procedures Manual approved by board 5/2013
- Procedures Manual submitted to ANSI for approval (attachment A) 7/2013
- NCSBN Accredited Standards Developer status approved by ANSI 11/2013
- Publish press release 11/2013
- Letters submitted to Federal Trade Commission and Department of Justice regarding liability limiting protection 12/2013
- Formalized procedures manual 12/2013
- Select committee chair 2/2014
- Select team members 3/2014
- Submit 2014 procedural compliance form 3/2014
- Enroll team in ANSI-sponsored training and webinars 4/2014
- Decide on first standard to pursue CBCs 4/2014
- Conduct first committee meeting 6/2014
- Begin developing web page content and design 7/2014
- Produce first draft of proposed standard 7/2014
- Submit Project Initiation Notification (PINS) form 7/2014
- Preliminary review of standard by stakeholders 10/2014
- Respond to stakeholders 10/2014
- Conduct second committee meeting 12/2014
- Modify draft standard based on stakeholder input and feedback (Attachment A) 12/2014
- Agree on Consensus Body members for balloting purposes (Attachment B) 12/2014
- Agree on remaining steps to complete process 12/2014
- Develop web page content and design 12/2014
- Brainstorm list of next potential standards to create (Attachment C) 12/2014
- Craft an email to EOs directing them to standard and NCSBN Web page link 12/2014
- Publish draft standard on NCSBN website 12/2014
- Request EOs to post link on state website 1/2015
- Publish BSR-8 containing standard and begin 45-day review period 1/2015

■ 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 background checks would be utilized by nurses upon application by examination, reactivation, reinstatement, endorsement, or renewal of licensure, and will assure individuals with criminal histories are screened for their ability to safely practice nursing.

-
- Submit 2015 procedural compliance form 2/2015
 - Send ballot invitation to Consensus Body for voting 3/2015
 - Track and record Consensus Body voting and responses 3/2015
 - Respond to questions or negative comments 3/2015
 - Publish BSR-9 with results from balloting 4/2015
 - Approval of using CBCs as a ANS for nursing licensure 4/2015
 - Publication of the standard 5/2015
 - Identify the next process to be standardized 5/2015
 - Add two members to the committee due to attrition 5/2015

Attachments

- A. Standard Criminal Background Checks
- B. Consensus Body for Voting
- C. Potential Standard Topics

Standard Criminal Background Checks

TITLE OF STANDARD

CRIMINAL BACKGROUND CHECKS FOR LICENSURE AS A NURSE

FORWARD

In November, 2013, the National Council of State Boards of Nursing (NCSBN) received the designation of American National Standards Institute (ANSI) Accredited Standards Developer Organization. In support of NCSBN's mission, this designation is for the purpose of developing and promoting increased recognition and voluntary adoption of standards of excellence in the regulation of nursing practice through nurse licensure and competency assessment throughout the U.S. and its territories.

This standard has been developed by the NCSBN Standards Development Committee with the intention that it will be submitted to ANSI for adoption as a national standard.

EXPLANATION OF NEED

The primary purpose of boards of nursing (BONs) is to protect the public. One way this is accomplished is by the enforcement of minimum standards for licensure.

The level of trust that comes with the practice of nursing coupled with the ease of mobility between jurisdictions requires BONs to be vigilant in the assessment of applicants in meeting the requirements for licensure. The practice of nursing deals with vulnerable populations and, as such, there may be a criminal history within the background of the applicant that could have a significant impact on the ability to safely care for and interact with patients/clients.

Currently, a majority of BONs require a state and federal fingerprint-based criminal background check (CBC). Some jurisdictions allow self-disclosure or state records search as the only requirement for determining the existence of a criminal history. A state records search does not take into account the ease of mobility within jurisdictions and review of the literature has determined that self-disclosure results do not reveal the same extent of criminal history as a state and federal fingerprint-based CBC.

STATEMENT OF SCOPE

NCSBN proposes this standard which would require a biometrics-based state and federal criminal background check for all applicants consistent with Public Law 92-544.

IDENTIFICATION OF STAKEHOLDERS

The NCSBN Standards Development Committee (NSDC) has identified the following stakeholders related to this standard:

- Professional nursing associations or societies (professional associations)
- Hospital systems and major employers (employer, consumer)
- NCSBN Member Boards and associate members (user)
- Regulatory representatives (users/producers)
- Education and training programs and institutions (general interest)
- Members of the public (consumer)
- Licensed nurses (user)
- Legislators (producer)
- Law Enforcement (user)

NOMENCLATURE

Applicant – a person who applies for licensure by examination, reactivation, reinstatement, endorsement or renewal.

EXISTING STANDARDS

No existing standards have been identified.

DRAFT STANDARD (COPYRIGHT NCSBN)

Section 1.0 A board of nursing (BON) shall obtain the statutory authority to conduct criminal background checks (CBCs) by adoption of the language of section 2.0 of this standard.

Section 2.0 The BON shall require a state and federal CBC of an applicant by means of a fingerprint check or other biometric method which is in compliance with the methodology acceptable to the appropriate state law enforcement agency and the Federal Bureau of Investigation (FBI).

Section 3.0 The BON shall include the CBCs as part of the application process in such a manner as is consistent with the FBI policy.

WRITTEN INTERPRETATION OF THE STANDARD

It is the purpose of this standard to assist each jurisdiction to pass legislation consistent with Public Law 92-544 to require a state and federal fingerprint-based CBC. The Standard is written to allow the use of new biometric technologies as they emerge.

It is anticipated that each jurisdiction would implement a review process for applicants with criminal convictions, determining which convictions may warrant disciplinary action or denial.

References

1. Surowiec, V. P. (2010), Does Past Criminal Behavior Predict Future Criminal Behavior? *Journal of Nursing Regulation. 1(3), 33-37.*
2. Blubaugh, M (2012) Using Electronic Fingerprinting for Criminal Background Checks. *Journal of Nursing Regulation. 2(4), 50-52.*
3. Smith, D., Corvers, S., Wilson, W. J., Douglas, D., & Bienemy, C. (2013) Prelicensure RN Students With and Without Criminal Histories: A Comparative Analysis. *Journal of Nursing Regulation. 4(1), 34-38.*
4. Texas Board of Nursing. (2007) Experiences with Nurses Who Have Criminal Histories. Unpublished presentation.

Consensus Body for Voting

Criminal Background Checks for Licensure as a Nurse

Consensus Body for Balloting

<input type="checkbox"/> State Boards of Nursing	59
<input type="checkbox"/> State registered nurse (RN) and licensed practical nurse (LPN) Nursing Associations	53 + 11 = 64
<input type="checkbox"/> American Nurses Association (ANA)	1
<input type="checkbox"/> National League of Nurses (NLN)	1
<input type="checkbox"/> American Organization of Nurse Executives (AONE)	1
<input type="checkbox"/> American Association of Colleges of Nursing (AACN)	1
<input type="checkbox"/> National Federation of Licensed Practical Nurses (NFLPN)	1
<input type="checkbox"/> Citizens Advocacy Center (CAC)	1
<input type="checkbox"/> American Hospital Association (AHA)	1
<input type="checkbox"/> American Association for Long Term Care Nursing (AALTCN)	1
<input type="checkbox"/> National Student Nurses Association (NSNA)	1
TOTAL	132

Representing five major interest groups:

Users

Employers

Consumers

Professional Associations

General Interest

Potential Standard Topics

NCSBN Standards Development Committee (NSDC)

Potential Processes for Standardization

Brainstorm List

From the Nursing Regulation Team (March, 2015)

- All applicants for advanced practice registered nurse (APRN) state recognition or licensure must have advanced certification in an APRN role and population
- All applicants for registered nurse (RN) licensure renewal must have _____ minimal hours of nursing or board of nursing (BON) approved continuing education units (CEUs)
- All RNs will complete an accredited program of study in nursing
- All BONs adopt uniform licensure requirements (ULRs) as written
- Adopt all elements of Consensus Model – all APRN licensees must have a RN license, APRN license, title as APRN plus the role, regulation by a BON, advanced certification in a role plus population, graduate education in a role plus population, with full practice authority and full prescriptive authority where appropriate
- Methods or processes that states use to verify licensure must be uniform
- All Boards demonstrate “best performing practices” as defined by CORE
- NCLEX is the international standard for testing for entry into a registered nurse practice
- All errors are reported into a coordinated data base
- All Boards adopt the use of the NCSBN Regulatory Decision Pathway (RDP)
- Boards should administer discipline according to the concepts of Just Culture (systems view of errors vs individual blame and punishment)
- All RNs should have a Baccalaureate Degree for entering into practice
- All RNs should have a MSN Degree for entering into practice
- After a maximum of three attempts at the NCLEX exam, candidates must take additional education (previously known as three strikes and you’re out)
- There should be a minimum standard of time to take the NCLEX test after graduation (two years?)
- There should be a minimum pass rate established to allow BON programs to continue
- BONs will adopt state and federal Rap Back systems

From the NSDC Team (December, 2014)

- Handwashing
- Utilization of Scope Tree to define scope of practice
- Nursing education requirements
- Review of transcripts for international students
- Standardization of nomenclature for discipline
- Distance learning with clinical experiences and simulation
- Standard workplace monitor as alternative to discipline



Section IV
2015 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.

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 bylaws of the National Council.
- 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. 20, 2015 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. 20, 2015 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. 20, 2015, the request shall be submitted under New Business; provided that the maker first submits the resolution or motion to the Chair of the Resolutions Committee. All motions or resolutions submitted after the deadline must be presented with a written analysis that addresses the motion or resolution's consistency with established review criteria, including, but not limited to, the NCSBN mission, purpose and/or functions, strategic initiatives and outcomes; preliminary assessment of fiscal impact; and potential legal implications. The member submitting such a motion or resolution shall provide written copies of the motion or resolution to all delegates. A majority vote of the delegates shall be required to grant the request to introduce this item of business. [The Resolutions Committee shall advise the Delegate Assembly where the required analyses have not been performed and/or recommend deferral of a vote on the motion pending further analysis.]

5. Debate at Business Meetings

- A. Order of Debate: Delegates shall have the first right to speak. Non-delegate members and employees of Member Boards including members of the Board of Directors, followed by Associate Members, may speak only after all delegates have spoken.
- B. Any person who wishes to speak shall go to a microphone. When recognized by the Chair, the speaker shall state his or her name and Member Board or organization.
- C. No person may speak in debate more than twice on the same question on the same day, or longer than four minutes per speech, without permission of the Delegate Assembly, granted by a majority vote without debate.
- D. A red card raised at a microphone interrupts business for the purpose of a point of order, a question of privilege, orders of the day, a parliamentary inquiry or an appeal. Any of these motions takes priority over regular debate.
- E. A timekeeper will signal when the speaker has one minute remaining, and when the allotted time has expired.

-
- F. The Delegate Assembly may by a majority vote go into executive session. The enacting motion shall specify those permitted to attend.

6. Nominations and Elections

- A. Any member who intends to be nominated from the floor is required to submit their completed nomination form and must meet with the Leadership Succession Committee the day before adoption of the slate of candidates by the Delegate Assembly.
- B. A delegate making a nomination with a motion form from the floor shall have two minutes to list the qualifications of the nominee.
- C. Electioneering for candidates is prohibited except during the candidate forum.
- D. The voting strength for the election shall be determined by those registered by 5 pm on Wednesday, Aug. 19, 2015.
- E. Election for officers, directors and members of the Leadership Succession Committee shall be held Thursday, Aug. 20, 2015 from 8:30 – 9:00 am.
- F. If no candidate receives the required vote for an office and repeated balloting is required, the president shall immediately announce run-off candidates and the time for the run-off balloting.
 - 1. If no candidate for officer or area director receives a majority on the first ballot, the run-off shall be limited to the two candidates receiving the highest number of votes.
 - 2. If no candidate for director-at-large receives a majority on the first ballot, the run-off shall be limited to the four candidates receiving the highest number of votes. If no candidate receives a majority on the second ballot, another run-off shall be limited to the three candidates receiving the highest number of votes.
 - 3. If, on the initial ballot, one candidate for director-at-large receives a majority, a run-off shall be limited to the two candidates receiving the next highest number of votes.

7. Forums

- A. Scheduled Forums: The purpose of scheduled forums is to provide information helpful for decisions and to encourage dialogue among all delegates on the issues presented at the forum. All delegates are encouraged to attend forums to prepare for voting during the Delegate Assembly. Forum facilitators will give preference to voting delegates who wish to raise questions and/or discuss an issue. Guests may be recognized by the Chair to speak after all delegates, non-delegate members and employees of member boards have spoken.
- B. Open Forum: Open forum time may be scheduled to promote dialogue and discussion on issues by all attendees. Attendee participation determines the topics discussed during an Open Forum. The president will facilitate the Open Forum.
- C. To ensure fair participation in forums, the forum facilitators may, at their discretion, impose rules of debate.

Orientation Manual for Delegate Assembly Participants

The purpose of the Orientation Manual is to provide information about the mission, governance and operations of NCSBN. It is hoped that this manual will facilitate the active participation of all Delegate Assembly participants as well as the Board of Directors (BOD) and committee members.

Following a brief discussion of NCSBN's history, this manual will describe the organization's structure, functions, policies and procedures.

History

The concept of an organization such as NCSBN had its roots as far back as August 1912 when a special conference on state registration laws was held during the American Nurses Association (ANA) convention. At that time, participants voted to create a committee that would arrange an annual conference for people involved with state boards of nursing (BONs) to meet during the ANA convention. It soon became evident that the committee required a stronger structure to deal with the scope of its concerns. However, for various reasons, the committee decided to remain within the ANA.

BONs also worked with the National League for Nursing Education (NLNE), which in 1932, became the ANA's Department of Education. In 1933, by agreement with ANA, NLNE accepted responsibility for advisory services to the State Boards of Nurse Examiners (SBNE) in all education and examination-related matters. Through its Committee on Education, NLNE set up a subcommittee that would address, over the following decade, state board examination issues and problems. In 1937, NLNE published *A Curriculum Guide for Schools of Nursing*. Two years later, NLNE initiated the first testing service through its Committee on Nursing Tests.

Soon after the beginning of World War II, nurse examiners began to face mounting pressures to hasten licensing and to schedule examinations more frequently. In response, participants at a 1942 NLNE conference suggested a "pooling of tests" whereby each state would prepare and contribute examinations in one or more subjects that could provide a reservoir of test items. They recommended that the Committee on Nursing Tests, in consultation with representative nurse examiners, compile the tests in machine-scorable form. In 1943, the NLNE board endorsed the action and authorized its Committee on Nursing Tests to operate a pooling of licensing tests for interested states (State Board Test Pool Examination or SBTPE). This effort soon demonstrated the need for a clearinghouse whereby BONs could obtain information needed to produce their test items. Shortly thereafter, a Bureau of State Boards of Nursing began operating out of ANA headquarters.

The bureau was incorporated into the ANA bylaws and became an official body within that organization in 1945. Two years later, the ANA board appointed the Committee for the Bureau of State Boards of Nurse Examiners, which was comprised of full-time professional employees of BONs.

In 1961, after reviewing the structure and function of the ANA and its relation to BONs, the committee recommended that a council replace it. Although council status was achieved, many people continued to be concerned about potential conflicts of interest and recognized the often-heard criticism that professional boards serve primarily the interests of the profession they purport to regulate.

In 1970, following a period of financial crisis for the ANA, a council member recommended that a free-standing federation of BONs be established. After a year of study by the BONs, this proposal was overwhelmingly defeated when the council adopted a resolution to remain with the ANA. However, an ad hoc committee was appointed later to examine the feasibility of the council becoming a self-governing incorporated body. At the council's 1977 meeting, a task force was elected and charged with the responsibility of proposing a specific plan for the formation of a new independent organization. On June 5, 1978, the Delegate Assembly of ANA's Council of State Boards of Nursing voted 83 to 8 to withdraw from ANA to form the National Council of State Boards of Nursing.

Organizational Mission, Strategic Initiatives and Outcomes

NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

NCSBN currently has five strategic initiatives for fiscal 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 21 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 Newfoundland and Labrador
- 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
- Nurses Association of New Brunswick
- Nursing and Midwifery Board of Australia
- Nursing and Midwifery Board of Ireland
- Nursing and Midwifery Council of New South Wales

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- Nursing Council of New Zealand
 - Saskatchewan Registered Nurses' Association
 - Saskatchewan Association of Licensed Practical Nurses
 - Singapore Nursing Board
 - Yukon Registered Nurses Association

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 reballoting process.

Officers and directors assume their duties at the close of the session at which they were elected. The president-elect fills a vacancy in the office of president. 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).

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.

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.

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

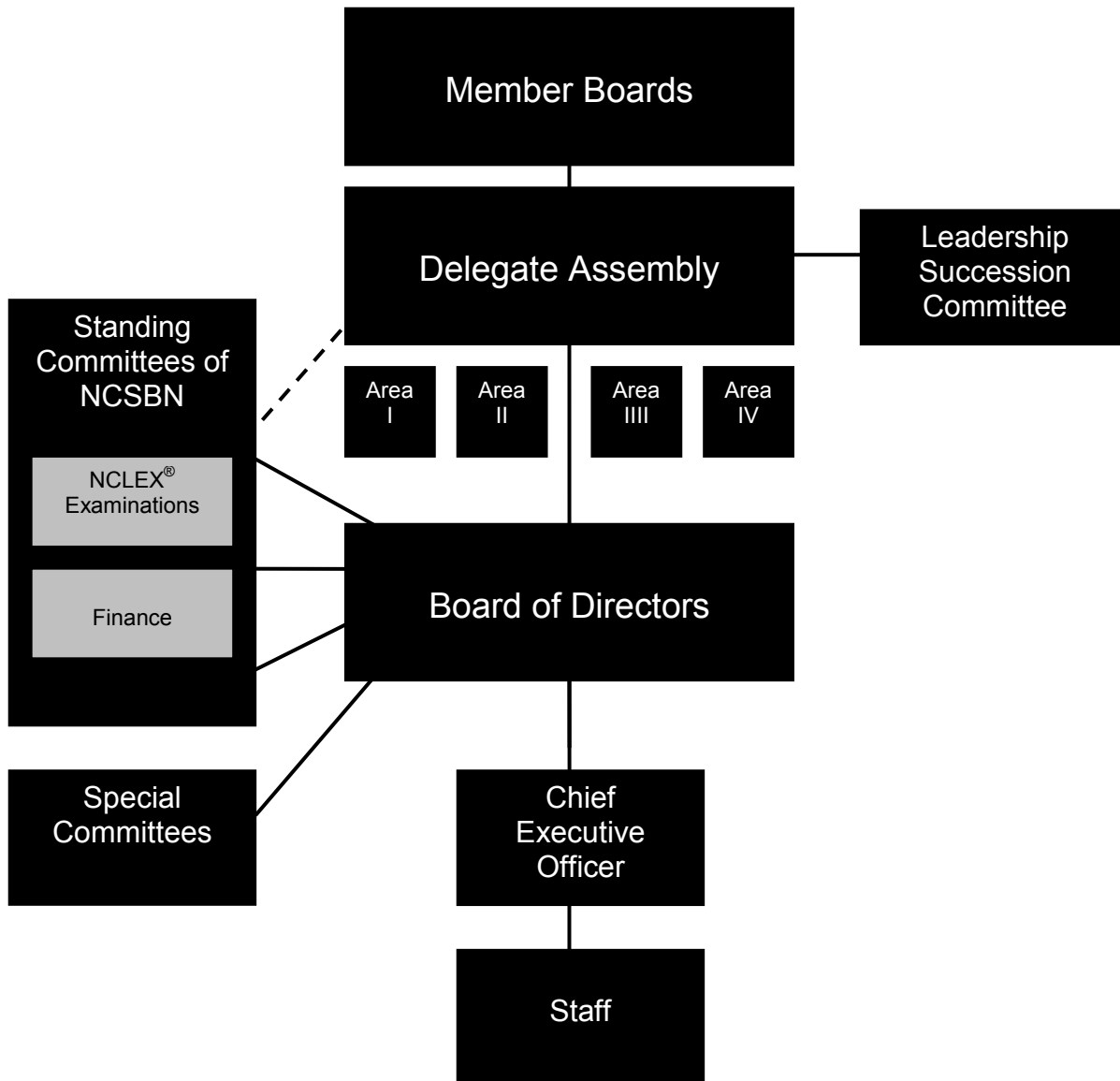
The business agenda of the Delegate Assembly is prepared and approved by the BOD. At least 45 days prior to the Annual Meeting, member boards are sent the recommendations to be considered by the Delegate Assembly. A Business Book is provided to all Annual Meeting registrants which contains the agenda, 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, editse 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.

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
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

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.

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.

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- 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.

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.

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

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

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

Section 4. *Committee Membership.*

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

Article XI

■ Finance

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

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

Article XII

■ Indemnification

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

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

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

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

Article XIII

■ Parliamentary Authority

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

Article XIV

■ Amendment of Bylaws

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

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

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

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

Article XV

■ Dissolution

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

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

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

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

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

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

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)	

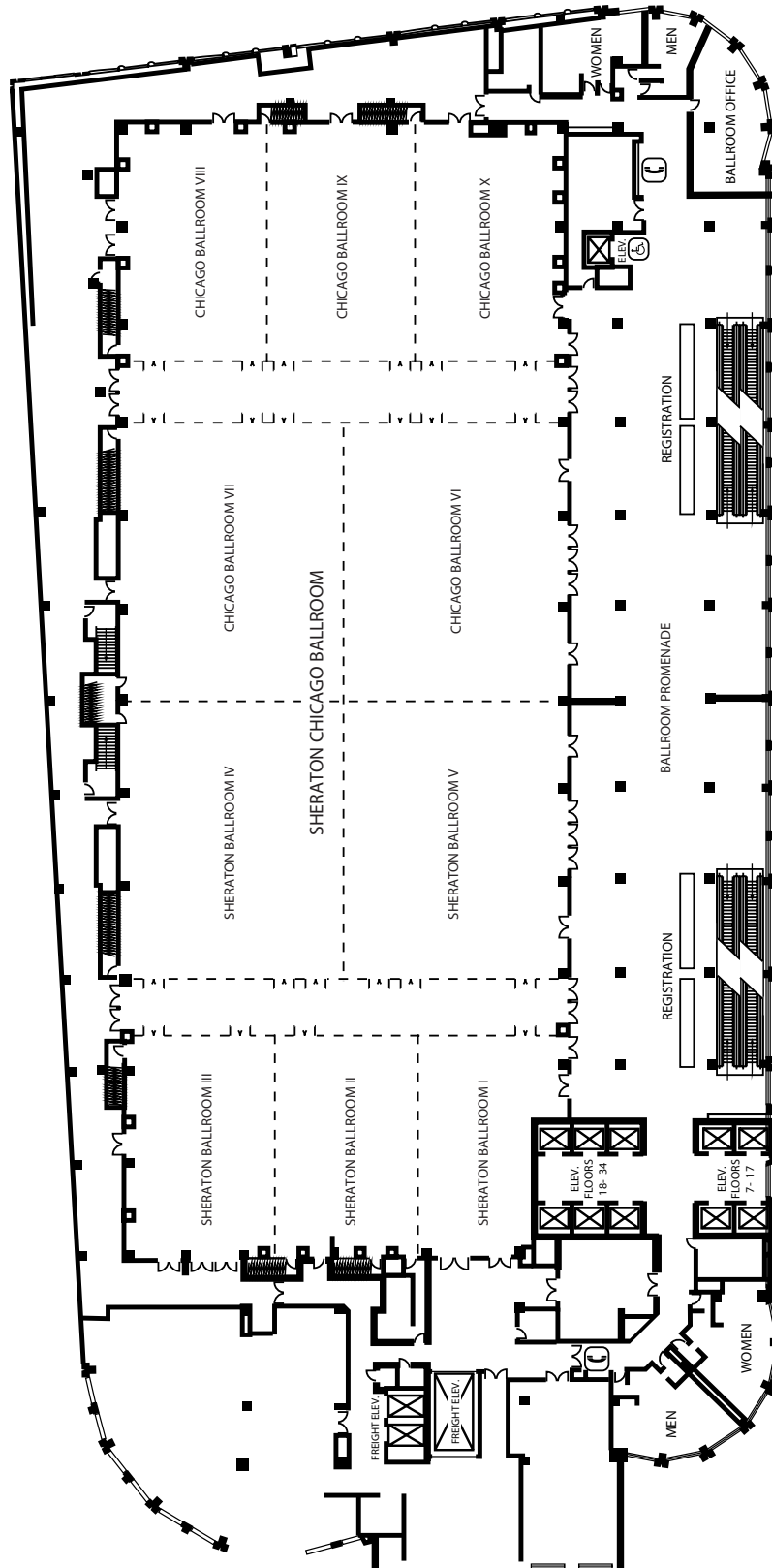
Officer and Director Election Schedule

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

Sheraton Chicago: Ballroom Level 4



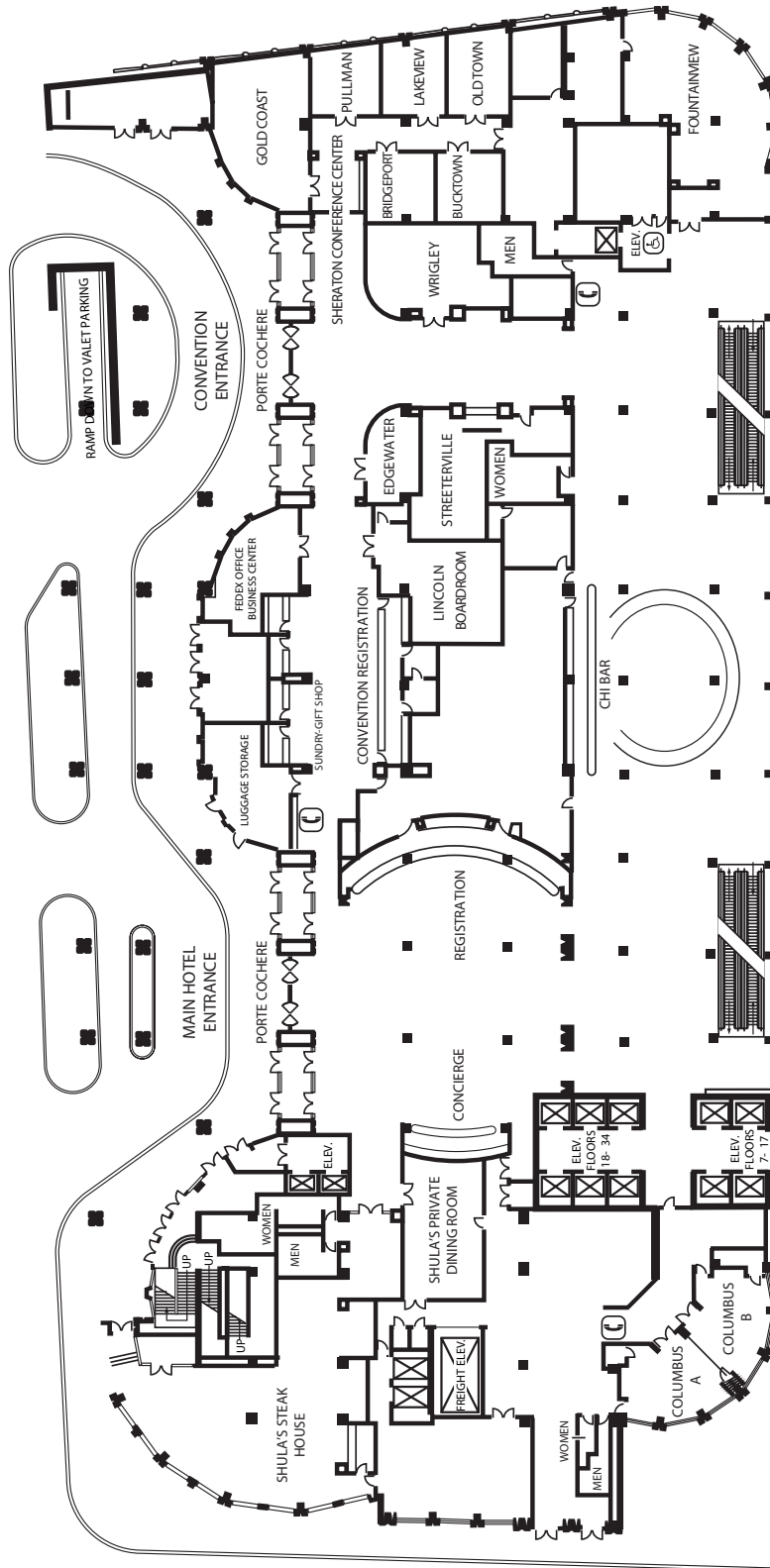
Ballroom Level 4



Sheraton Chicago: Lobby Level 3



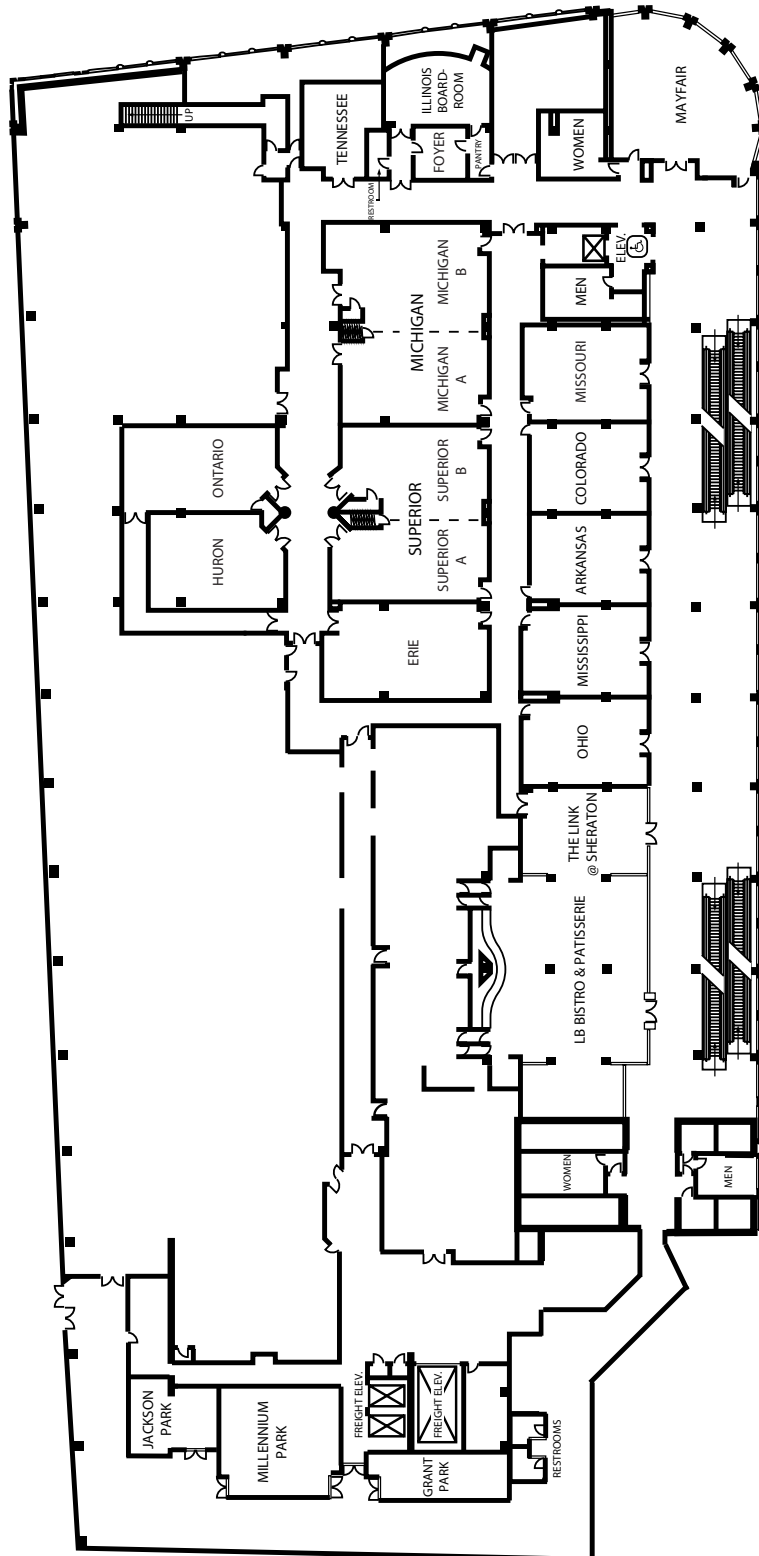
Lobby Level 3



Sheraton Chicago: Meeting Room Level 2



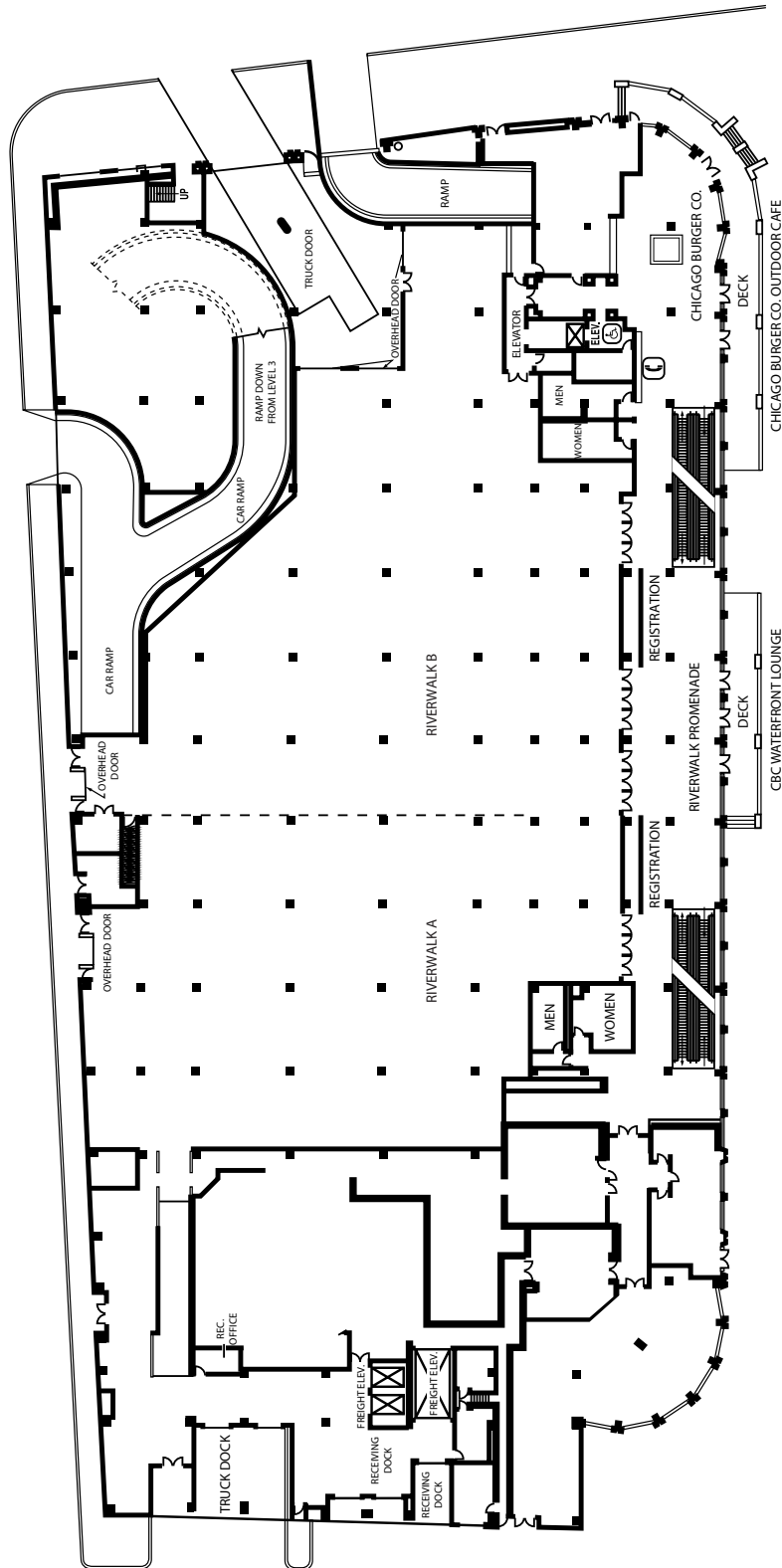
Meeting Room Level 2



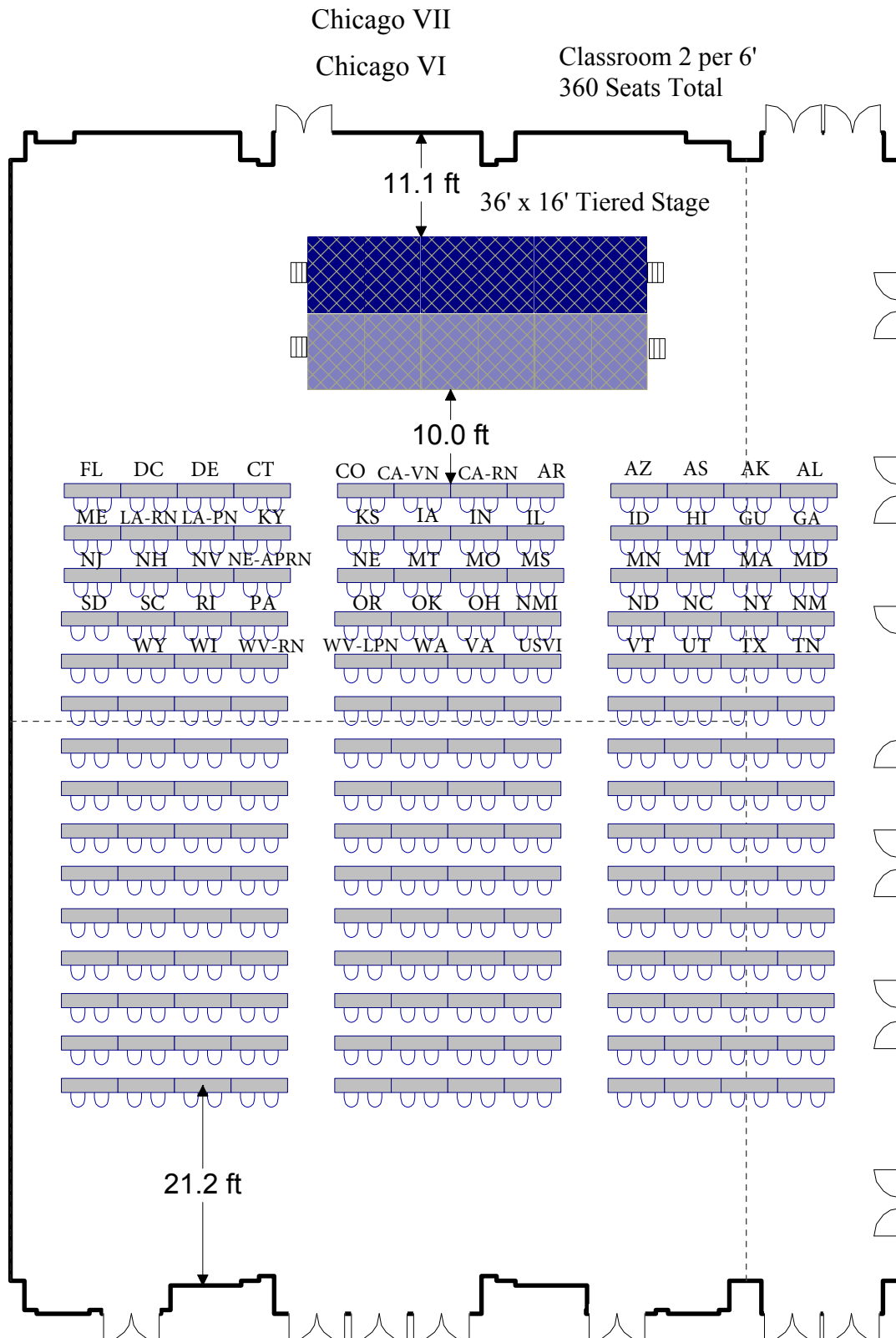
Sheraton Chicago: River Exhibition Level 1



River Exhibition Level 1



2015 NCSBN Annual Meeting Seating Diagram



Save the Date

2016 NCSBN Midyear Meeting
March 14-16, 2016
Baltimore, MD



NCSBN

National Council of State Boards of Nursing

