



**LEADING  
TRANSFORMATION:  
ARCHITECTS OF  
NURSING REGULATION**

**2016 NCSBN Annual Meeting  
Chicago · Aug. 17–19, 2016**

## About This Illustration

*"As an architect you design for the present, with an awareness of the past, for a future which is essentially unknown."*

–Norman Foster

Architects design. Architects plan. Architects build. While what they build can be beautiful and admired, their creations need to be more than aesthetically pleasing – they must be functional, safe and meet the needs of the people who use them.

"Leading Transformation: Architects of Nursing Regulation," NCSBN's 2016 theme, draws an analogy between the underlying structural principles architects apply in building towers in the sky and the mission of nursing regulators in creating the foundational tenets of safe and competent nursing. Nursing regulators are the architects of their profession, shaping the laws, regulations and processes of nursing to protect the public.

This theme is especially apropos given that the NCSBN Annual Meeting takes place in the organization's headquarters city of Chicago. Long considered one of the preeminent influences on architecture both nationally and internationally, Chicago was the birthplace of the skyscraper and is still considered a laboratory for creative design. The landmark Chicago buildings represented in this design are some of the most important and iconic architectural symbols in the city. Each one is significant in style or innovation. The montage of these elements emphasizes the inter-connectedness of the architects and architecture; the design depicts how they built upon the work of those that came before and transformed ideas into physical reality.

NCSBN Member Boards have been architects throughout its history, they have built not only a well-respected and well-known organization, but also have designed regulations developed to meet the needs of the nursing in an ever-evolving health care environment. They build upon the successes of the past and planning for the future, ever mindful of their paramount goal of guarding public safety and welfare.

*"Architecture should speak of its time and place, but yearn for timelessness."*

–Frank Gehry





**SECTION I: MEETING RESOURCES**

2016 NCSBN Annual Meeting Mobile App Event Guide.....7  
Save the Date: 2016–2017 Upcoming Events.....10  
Directions for Obtaining Continuing Education (CE) Contact Hours for the 2016 Delegate Assembly.....11

**SECTION II: AGENDA**

Business Agenda of the 2016 Delegate Assembly.....15  
Annual Meeting Schedule.....17  
NCSBN Awards Schedule..... 23

**SECTION III: COMMITTEE REPORTS**

**Reports with Recommendations**

Summary of Recommendations to the 2016 Delegate Assembly with Rationale.....27  
2016 Report of the Board of Directors (BOD)..... 29  
    Attachment A: Annual Strategic Plan Progress Report, October 2015–May 2016.....34  
    Attachment B: Proposed Strategic Initiatives 2017–2019.....41  
    Attachment C: Proposed Amendments to the NCSBN Bylaws REDLINE .....42  
    Attachment D: Proposed Amendments to the NCSBN Bylaws CLEAN.....53  
    Attachment E: Association of New Brunswick Licensed Practical Nurses Associate Member Application.....64  
    Attachment F: Licensed Practical Nurses Registration Board of Prince Edward Island Associate Member Application.....66  
    Attachment G: College of Registered Psychiatric Nurses of British Columbia Associate Member Application.....68  
Report of the Leadership Succession Committee (LSC).....71  
    Attachment A: 2016 Slate of Candidates.....75  
    Attachment B: Leadership Development Bookmark.....101  
    Attachment C: Nomination/Engagement Brochure.....102  
    Attachment D: Revised LSC Policy.....104  
Report of the NCLEX® Examination Committee (NEC).....109  
    Attachment A: Proposed 2017 NCLEX-PN® Test Plan–Strikethrough Copy.....117  
    Attachment B: Proposed 2017 NCLEX-PN® Test Plan–Clean Copy.....124  
    Attachment C: Timeline for Implementation of the 2017 NCLEX-PN® Test Plan.....131  
    Attachment D: Annual Report of Pearson VUE for the NCLEX®.....132

**Informational Reports**

Report of the 40th Anniversary Committee.....149  
Report of the APRN Education Committee.....151  
    Attachment A: Map of States/Jurisdictions Approving APRN Programs.....154  
Report of the Awards Committee.....155

Attachment A: 2016 Awards Brochure.....	157
Report of the Bylaws Committee.....	171
Attachment A: Current Bylaws.....	173
Attachment B: Proposed Bylaws Revisions, Redline Version.....	184
Attachment C: Proposed Bylaws, Clean Copy.....	195
Report of the Commitment to Ongoing Regulatory Excellence (CORE) Committee.....	207
Attachment A: Template for Extracting CORE Data from CORE Reports.....	210
Attachment B: CORE FY16 Proposed Data Collection and Reporting Timeline.....	215
Attachment C: CORE Proposed Long-Term Data Collection and Reporting Timeline.....	216
Attachment D: Enhanced Nurse Licensure Compact Logic Model.....	217
Report of the Finance Committee.....	219
Attachment A: Report of the Independent Auditors FY15.....	220
Report of the Institute of Regulatory Excellence (IRE) Committee.....	239
Report of the Investigator Training Committee.....	243
Attachment A: Investigator Training Course Business Plan.....	244
Report of the Nursing Education Trends Committee.....	261
Report of the NCSBN Standards Development Committee.....	263
Attachment A: Draft NCSBN 002.....	265
Attachment B: Draft NCSBN 003.....	267
Report of Regulatory Implications of Legal Cannabis Committee.....	269
Attachment A: Regulatory Implications of Legal Cannabis Committee Report: <i>Facts, Trends and Issues Related to Marijuana Use and its Relationship to Nursing Regulation</i> .....	270
Attachment B: Marijuana Map.....	280
Attachment C: Federation of State Medical Boards Workgroup on Marijuana and Medical Regulation’s Model Guidelines for the Recommendation of Marijuana in Patient Care Report.....	281
Attachment D: Washington State Department of Health Medical Marijuana Authorization Guidelines.....	298
<b>SECTION IV: NCSBN ORGANIZATIONAL RESOURCES</b>	
Standing Rules of the Delegate Assembly.....	303
Orientation Manual for Delegate Assembly Participants.....	307
NCSBN Organizational Chart.....	313
NCSBN Bylaws.....	315
<b>SECTION V: MAPS</b>	
Sheraton Chicago: Ballroom Level 4.....	327
Sheraton Chicago: Lobby Level 3.....	328
Sheraton Chicago: Meeting Room Level 2.....	329
Sheraton Chicago: River Exhibition Level 1.....	330
2016 NCSBN Annual Meeting Seating Diagram.....	331

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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 24 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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Save the Date: 2016–2017 Upcoming Events.....10

Directions for Obtaining Continuing Education (CE) Contact Hours for the 2016 Delegate Assembly.....11





## 2016 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](http://www.ncsbn.org/events) and select 2016 Annual Meeting. Click on the mobile app image.
- iOS App Store
  1. On your device, open the App Store app.
  2. Search for NCSBN 2016.
  3. Install and run.
- Android Google Play or Amazon App Store
  1. On your device, open Android Market app.
  2. Search for NCSBN 2016.
  3. Install and run.
- All other devices: Enter <http://ativ.me/9wf> 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.

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### **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/9wf> 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

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**Web Version**  
<http://ativ.me/9wf>



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ativsoftware.com



# SAVE THE DATE

## 2016-2017 UPCOMING EVENTS

Sept. 12, 2016

**NCLEX® Conference**

*Philadelphia*

Oct. 4–5, 2016

**International Nurse Regulator  
Collaborative (INRC) Symposium**

*Chicago*

Oct. 6, 2016

**Scientific Symposium**

*Chicago*

Jan. 24–26, 2017

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

*Clearwater, FL*

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

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## Directions for Obtaining Continuing Education (CE) Contact Hours for the 2016 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. Check in using the iPads at the registration desk each morning and afternoon. **This is critical for obtaining CE contact hours.** If you don't check in for each morning and afternoon, you will not be eligible to receive the contact hours.
2. After the meeting concludes, NCSBN will email the electronic evaluation form, which must be completed in order to obtain CE contact hours.
3. Once we receive your electronic evaluation, NCSBN will send you an electronic CE certificate. **The deadline to complete the electronic evaluation is Friday, Sept. 2, 2016.**
4. If you have any questions, email Qiana Hampton at qhampton@ncsbn.org.

*Provider Number: ABNP1046, expiration date October 2018*







**SECTION II: AGENDA**

Business Agenda of the 2016 Delegate Assembly.....15

Annual Meeting Schedule.....17

NCSBN Awards Schedule.....23



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# Business Agenda of the 2016 Delegate Assembly

**Wednesday, Aug. 17, 2016**

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. 18, 2016**

8:30–8:45 am

## **ELECTIONS**

9:45–10:00 am

## **ELECTION RESULTS**

**Friday, Aug. 19, 2016**

10:30 am–12:00 pm

## **BOARD OF DIRECTORS' RECOMMENDATIONS**

- Approve the proposed Strategic Initiatives for the years 2017-2019
- Approve proposed amendments to the NCSBN Bylaws
- Approve the Association of New Brunswick Licensed Practical Nurses as an Associate Member of NCSBN
- Approve the Licensed Practical Nurses Registration Board of Prince Edward Island as an Associate Member of NCSBN
- Approve the College of Registered Psychiatric Nurses of British Columbia as an Associate Member of NCSBN

## **NCLEX® EXAMINATION COMMITTEE'S RECOMMENDATIONS**

- Adopt the proposed 2017 NCLEX-PN® Test Plan

## **NEW BUSINESS**

## **CLOSING CEREMONY**

## **ADJOURNMENT**

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



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# Annual Meeting Schedule

## TUESDAY, AUG. 16, 2016

**9:00 am–5:00 pm**

*Chicago Ballroom 9  
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](mailto:execoffice@ncsbn.org) to schedule a time.

**6:00–8:00 pm**

### **NCSBN Welcome Reception**

School of the Art Institute of Chicago (SAIC) Ballroom  
112 S. Michigan Avenue  
Chicago, IL 60603

NCSBN welcomes all attendees to the 2016 Annual Meeting. Please join us at the SAIC Ballroom for a networking reception. This is an opportunity to meet your 2016 candidates.

**The reception is open to attendees only.** The ballroom is approximately one mile from the hotel. Shuttles will be provided. The first shuttle will depart from the hotel lobby at 5:45 pm.

[Walking map](#)

## WEDNESDAY, AUG. 17, 2016

**6:30–7:30 am**

*Mayfair  
Level 2*

### **Tai Chi**

Align your body and mind with morning tai chi.

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–5:00 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**

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**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 LSC
  - Presentation of the 2016 Slate of Candidates
  - Nominations from Floor
  - Approval of the 2016 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**

David C. Benton, RGN, PhD, FFNF, FRCN, FAAN  
CEO, NCSBN

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

**Keynote: What is a Risk-based Regulator, and Would You Like to be One?**

*Malcolm K. Sparrow, PhD, MA, MPA*  
Professor of the Practice of Public Management, John F. Kennedy School of Government,  
Harvard University

Sparrow is faculty chair of the Executive Programs on Strategic Management of Regulatory and Enforcement Agencies. A mathematician by training, he joined the British Police Service in 1977, serving for 10 years and rising to the rank of detective chief inspector. At that rank he headed the Kent County Constabulary Fraud Squad. He has also conducted internal affairs investigations, commanded a tactical firearms unit, and had extensive experience of criminal investigation and general police management. His current research interests relate to the risk-control functions of government, and to the special managerial challenges which confront agencies of social regulation and law enforcement. In this work he has focused particularly on the fields of policing, environmental protection, tax administration, customs, occupational safety and health, fraud control, corruption control; and has developed new models of performance measurement, information management and analysis needed to support effective risk-control operations.

**12:30–1:30 pm**  
Riverwalk B, Level 1

**Lunch**

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

**Candidate Forum**

*Tony Graham*  
Chair, NCSBN LSC  
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 positions.

**2:45–3:00 pm**  
Chicago Ballroom 10  
Level 4

**Organization Exchange Break**

**3:00–5:00 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

**NCLEX® Examination Committee**

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

**Bylaws Committee**

*Mark Majek, MA, PHR, SHRM-CP*  
Chair, NCSBN Bylaws Committee  
Board Staff, Texas Board of Nursing

**Simulation Guidelines Update**

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

**Strategic Plan Update**

*Shirley Brekken*

**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. 18.

**THURSDAY, AUG. 18, 2016**

**6:30–7:30 am**

*Huron  
Level 2*

**Bust a Move Zumba**

Start your day with dance moves at a Zumba class.

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**

**8:30–8:45 am**

*Chicago Ballroom 6-7  
Level 4*

**Delegate Assembly: Elections**

Delegates will participate in electronic voting.

**8:45–9:45 am**

*Chicago Ballroom 6-7  
Level 4*

**Regulatory Aspects of Prescription Drug Abuse**

*Colleen Labelle, MSN, RN-BC, CARN  
Board Member, Massachusetts Board of Registration in Nursing*

**9:45–10:00 am**

*Chicago Ballroom 6-7  
Level 4*

**Delegate Assembly: Election Results**

**10:00–10:30 am**

*Chicago Ballroom 10  
Level 4*

**Organization Exchange Break**

**10:30–11:15 am**

*Chicago Ballroom 6-7  
Level 4*

**The Regulatory Implications of the Global Strategy on Human Resources for Health**

*Jim Campbell  
Executive Director, Global Health Workforce Alliance, (GHWA) and Director of the Health Workforce Department, World Health Organization (WHO)*

**11:15 am–12:00 pm**

*Chicago Ballroom 6-7  
Level 4*

**What's on Your Mind About Nursing Regulation Today?**

Join the NCSBN Board of Directors for an interactive session about your concerns and insights on nursing regulation. We will use the Social Q&A website for this session.

Executive Officer Recognition Awards will be presented during this session.



**12:00–3:30 pm**

*Huron, Level 2*

*Michigan AB, Level 2*

*Mayfair Room, Level 2*

*Sheraton Ballroom 1-2  
Level 4*

**2:00–3:30 pm**

*Illinois Boardroom*

**3:30–4:30 pm**

*Illinois Boardroom*

**6:00–6:30 pm**

*Chicago Ballroom Promenade  
Level 4*

**6:30–9:00 pm**

*Sheraton Ballroom 4-5  
Level 4*

### **Knowledge Network Lunches**

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

Choose from the following options:

- Consumer Member Network  
Open to consumer/public members who serve on a board of nursing only.
- NCSBN Executive Officers  
Open to NCSBN Executive Officers only.
- NCSBN Board Presidents  
Open to NCSBN Board Presidents only.
- Regulatory Network  
Open to all attendees.

### **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. 18.

### **Resolutions Committee Meeting**

Open to Resolutions Committee members only.

### **Awards Reception**

Evening Cocktail Attire

### **Awards Ceremony followed by Dinner**

Evening Cocktail Attire

## **FRIDAY, AUG. 19, 2016**

**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*

### **Turning Crisis into Opportunity**

*Alan Hobson*

*Mt. Everest Summiteer and Cancer Survivor*

At the age of 29, international bestselling author and worldwide adventurer Alan Hobson set out to realize his greatest childhood dream. It took him 10 grueling self-guided and self-organized expeditions to high altitude, including three expeditions to Mt. Everest, each of which required \$250,000 to \$500,000 in fundraising, to ultimately realize his dream. When he finally stood on top of the world, the tears of elation froze to his face. He could actually see the curvature of the Earth as the horizon bent in his peripheral vision at 29,035 feet (8,852 m). "Half the dream is done," the then 39-year-old radioed to base camp as his voice cracked with emotion. "If we're persistent enough, we can do the dreams."

Three years later after stepping down from the top of the world, he found himself at the bottom when, in August 2000, at 42, he was diagnosed with a very aggressive cancer of the blood and given less than a year to live. Using the hard-won lessons he learned on Everest, he chose to ignore solid medical evidence that there was an 85 percent chance he would die and thanks to raw courage, a strong spiritual faith and the miracles of modern medicine, he not only survived but thrived. He is now one of less than a few dozen people

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in the world ever to regain an elite level of fitness after an adult blood stem cell transplant for acute leukemia and has been leukemia-free for over a decade. In 2010, however, he was again diagnosed with cancer, this time with squamous cell carcinoma. After minor surgery, he was back cross-country skiing within a week. He is now considered to be medically cured and has no lasting significant side effects from either of his cancers or cancer treatments.

**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 FY17 Board of Directors will hold a brief meeting immediately following Delegate Assembly. Agenda and materials will be provided at the meeting. Open to FY17 NCSBN Board of Directors only.

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## NCSBN Awards Schedule

On Aug. 18, 2016, 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**

*Julia L. George, MSN, RN, FRE,  
Executive Director, North Carolina  
Board of Nursing*

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



### **Meritorious Service Award**

*Lori Scheidt, MBA-HCM, Executive  
Director, Missouri 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**

*Susan Odom, PhD, RN, CCRN, FRE,  
Board President, Idaho 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.



### **Exceptional Contribution Award**

*Rene Cronquist, JD, RN, Board Staff, Minnesota Board of  
Nursing (above left)*

*Rhonda Taylor, MSN, RN, Board Member, Washington State  
Nursing Care Quality Assurance Commission*

The Exceptional Contribution Award is granted for significant contribution and demonstrated support of NCSBN's mission.



### **Regulatory Achievement Award**

*West Virginia State Board of Examiners for Licensed  
Practical Nurses*

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.





### SECTION III: COMMITTEE REPORTS

#### Reports with Recommendations

Summary of Recommendations to the 2016 Delegate Assembly with Rationale.....	27
2016 Report of the Board of Directors (BOD).....	29
Attachment A: Annual Strategic Plan Progress Report, October 2015–May 2016.....	34
Attachment B: Proposed Strategic Initiatives 2017–2019.....	41
Attachment C: Proposed Amendments to the NCSBN Bylaws REDLINE .....	42
Attachment D: Proposed Amendments to the NCSBN Bylaws CLEAN.....	53
Attachment E: Association of New Brunswick Licensed Practical Nurses Associate Member Application.....	64
Attachment F: Licensed Practical Nurses Registration Board of Prince Edward Island Associate Member Application.....	66
Attachment G: College of Registered Psychiatric Nurses of British Columbia Associate Member Application.....	68
Report of the Leadership Succession Committee (LSC).....	71
Attachment A: 2016 Slate of Candidates.....	75
Attachment B: Leadership Development Bookmark.....	101
Attachment C: Nomination/Engagement Brochure.....	102
Attachment D: Revised LSC Policy.....	104
Report of the NCLEX® Examination Committee (NEC).....	109
Attachment A: Proposed 2017 NCLEX-PN® Test Plan–Strikethrough Copy.....	117
Attachment B: Proposed 2017 NCLEX-PN® Test Plan–Clean Copy.....	124
Attachment C: Timeline for Implementation of the 2017 NCLEX-PN® Test Plan.....	131
Attachment D: Annual Report of Pearson VUE for the NCLEX®.....	132

#### Informational Reports

Report of the 40th Anniversary Committee.....	149
Report of the APRN Education Committee.....	151
Attachment A: Map of States/Jurisdictions Approving APRN Programs.....	154
Report of the Awards Committee.....	155

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Attachment A: 2016 Awards Brochure.....	157
Report of the Bylaws Committee.....	171
Attachment A: Current Bylaws.....	173
Attachment B: Proposed Bylaws Revisions, Redline Version.....	184
Attachment C: Proposed Bylaws, Clean Copy.....	195
Report of the Commitment to Ongoing Regulatory Excellence (CORE) Committee.....	207
Attachment A: Template for Extracting CORE Data from CORE Reports.....	210
Attachment B: CORE FY16 Proposed Data Collection and Reporting Timeline.....	215
Attachment C: CORE Proposed Long-Term Data Collection and Reporting Timeline.....	216
Attachment D: Enhanced Nurse Licensure Compact Logic Model.....	217
Report of the Finance Committee.....	219
Attachment A: Report of the Independent Auditors FY15.....	220
Report of the Institute of Regulatory Excellence (IRE) Committee.....	239
Report of the Investigator Training Committee.....	243
Attachment A: Investigator Training Course Business Plan.....	244
Report of the Nursing Education Trends Committee.....	261
Report of the NCSBN Standards Development Committee.....	263
Attachment A: Draft NCSBN 002.....	265
Attachment B: Draft NCSBN 003.....	267
Report of Regulatory Implications of Legal Cannabis Committee.....	269
Attachment A: Regulatory Implications of Legal Cannabis Committee Report: <i>Facts, Trends and Issues Related to Marijuana Use and its Relationship to Nursing Regulation</i> .....	270
Attachment B: Marijuana Map.....	280
Attachment C: Federation of State Medical Boards Workgroup on Marijuana and Medical Regulation’s Model Guidelines for the Recommendation of Marijuana in Patient Care Report.....	281
Attachment D: Washington State Department of Health Medical Marijuana Authorization Guidelines.....	298

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# Summary of Recommendations to the 2016 Delegate Assembly with Rationale

## Board of Directors' (BOD) Recommendations

### 1. Approve the proposed Strategic Initiatives for the years 2017–2019.

**Rationale:**

The proposed strategic initiatives have been developed through a process of consultation commencing with an initial kick-off meeting by the BOD in October 2015. The Strategic Initiatives have been subject to consultation with members at the NCSBN Midyear Meeting and will be presented for adoption as required by the NCSBN Bylaws Article 4 Section 3 that state that 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.*

**Fiscal Impact:**

Consequences will be incorporated into fiscal years 2016–2019 (FY16–19) budgets.

### 2. Approve proposed amendments to the NCSBN Bylaws.

**Rationale:**

Article XIV requires that any proposed changes to the bylaws be notified to members at least 45 days prior to the Delegate Assembly and that a *two-thirds affirmative vote of the delegates present and voting* is required to adopt any changes. Alternatively, upon written notice of five days prior to the Delegate Assembly a *three-quarters affirmative vote of the delegates present and voting* is required.

**Note:** See *2016 Report of the Board of Directors (BOD), Attachment B to review the proposed amendments to the NCSBN Bylaws.*

**Fiscal Impact:**

None.

### 3. Approve the Association of New Brunswick Licensed Practical Nurses as an associate member of NCSBN.

**Rationale:**

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

**Fiscal Impact:**

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

### 4. Approve the Licensed Practical Nurses Registration Board 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 full membership of the Delegate Assembly. The current applications for associate membership meet the qualifications as stated in the NCSBN Bylaws.

**Fiscal Impact:**

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

**5. Approve the College of Registered Psychiatric Nurses of British Columbia as an associate member of NCSBN.**

**Rationale:**

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

**Fiscal Impact:**

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

**Leadership Succession Committee (LSC) Recommendations**

**6. Adopt the 2016 Slate of Candidates.**

**Rationale:**

The LSC has prepared the 2016 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 statements for each candidate are posted in the Business Book under the Report of the Leadership Succession Committee. Candidates will present themselves at the Candidate's Forum on Wednesday, Aug. 17, 2016.

**Fiscal Impact:**

Incorporated into the FY16 budget.

**NCLEX® Examination Committee (NEC) Recommendations**

**7. Adopt the proposed 2017 NCLEX-PN® Test Plan.**

**Rationale:**

The NEC reviewed and accepted the *Report of Findings from the 2015 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice* (NCSBN, 2016) as the basis for recommending revisions to the 2014 NCLEX-PN® Test Plan to the Delegate Assembly. Empirical evidence from the practice analysis, feedback from member boards and legal counsel, and the professional judgment of the NEC provide support for the recommendation to the Delegate Assembly to adopt the 2017 NCLEX-PN® Test Plan.

**Fiscal Impact:**

Incorporated into the FY17 budget.



# 2016 Report of the Board of Directors (BOD)

## Highlights of Business Activities Oct. 1, 2015 through May 31, 2016

### STRATEGIC IMPLEMENTATION

The BOD has focused on a number of significant issues, including the advancement of work regarding the introduction and passage of the enhanced Nurse Licensure Compact (eNLC) across a range of states, development of the draft strategic initiatives for FY17–19 and the onboarding of the new chief executive officer.

The BOD prioritized work with member boards who wished to move ahead with the introduction of the eNLC. This required development of new processes and a close monitoring of progress including reaching out to both national and state-based organizations to gather support in passing the legislation. The work has entailed working closely with the Nurse Licensure Compact Administrators (NLCA), individual member boards and a cross-functional team at NCSBN. To this point legislation has been passed in 10 states.

The BOD initiated work on the development of the new strategic initiatives. This entailed a careful consideration of the changing regulatory environment, including the longer-term demographic of the general population and nurses, health care delivery and technological changes that could impact the work of member boards. The BOD opted to engage members in active consultation of the draft initiatives to ensure that the resulting proposals were aligned to the current and potential needs of the membership.

On Sept. 30, 2015, Kathy Apple retired as the CEO of NCSBN and as of Oct. 1, 2015, David Benton took over as her successor. Dr. Benton comes to the organization with extensive international regulatory experience.

### Recommendations to the Delegate Assembly

#### 1. Approve the proposed Strategic Initiatives for the years 2017–2019.

##### Rationale:

The proposed strategic initiatives have been developed through a process of consultation commencing with an initial kick-off meeting by the BOD in October 2015. The Strategic Initiatives have been subject to consultation with members at the NCSBN Midyear Meeting and will be presented for adoption as required by the NCSBN Bylaws Article 4 Section 3 that state that 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.*

##### Fiscal Impact:

Consequences will be incorporated into fiscal years 2016–2019 (FY16–19) budgets.

#### 2. Approve proposed amendments to the NCSBN Bylaws.

##### Rationale:

Article XIV requires that any proposed changes to the bylaws be notified to members at least 45 days prior to the Delegate Assembly and that a *two-thirds affirmative vote of the delegates present and voting* is required to adopt any changes. Alternatively, upon written notice of five days prior to the Delegate Assembly a *three-quarters affirmative vote of the delegates present and voting* is required.

##### 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

Suelynn Masek, MSN, RN, CNOR, Washington, Area I, Area I Director

Adrian Guerrero, CPM, Kansas, Area II, Area II Director

Jim Cleghorn, MA, Georgia, Area III, Area III Director

Ellen Watson, MS, APRN, FNP-BC, Vermont, Area IV, Area IV Director

Karen Scipio-Skinner, MSN, RN, District of Columbia, Area IV, Director-at-Large

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

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

Valerie Smith, MS, RN, FRE, Arizona, Area I, Director-at-Large

### Staff

David Benton, RGN, PhD, FFNF, FRCN, FAAN, Chief Executive Officer

Ashby Rosenberger, Senior Manager, Executive Office

### Board Meeting Dates

- Aug. 21, 2015
- Sept. 21–23, 2015
- Oct. 12–13, 2015 (Board Retreat)
- Dec. 8–10, 2015
- Feb. 10–12, 2016
- March 17, 2016 (Washington, D.C.)
- April 24–25, 2015 (Board Retreat)
- May 10–12, 2016

**3. Approve the Association of New Brunswick Licensed Practical Nurses as an Associate Member of NCSBN.**

**Rationale:**

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

**Fiscal Impact:**

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

**4. Approve the Licensed Practical Nurses Registration Board 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 full membership of the Delegate Assembly. The current applications for associate membership meet the qualifications as stated in the NCSBN Bylaws.

**Fiscal Impact:**

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

**5. Approve the College of Registered Psychiatric Nurses of British Columbia as an Associate Member of NCSBN.**

**Rationale:**

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

**Fiscal Impact:**

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

## **FY16 Highlights and Accomplishments**

### **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
- CGFNS International leadership meeting
- Pearson VUE Leadership meeting
- Council on Licensure, Enforcement & Regulation (CLEAR) Educational Symposium
- International Nurse Regulator Collaborative (INRC) Symposium & Business Meeting
- International Council of Nurses (ICN) Credentialing & Regulator Forum
- Triad meeting (Government Chief Nurses, Regulatory Authorities and Professional Association)
- 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 Patient Safety Foundation (NPSF)
- Tri-Regulator Collaborative Meeting
- Tri-Council for Nursing
- American Nurses Association (ANA)
- Canadian Nurses Association
- World Health Professions Regulation Conference

### **Governance and Policy**

- President Shirley Brekken facilitated a board member briefing and orientation with contributions from Rob Clayborne (Chief Finance Officer) and Tom Abram (Legal Counsel) covering issues of fiduciary responsibility, governance, not-for-profit finance and 501c3 status.
- Julia George was appointed to fill Treasurer vacancy created when Joe Baker, Jr. submitted his resignation.
- The BOD reviewed FY15 delegate assembly resolutions and agreed to establish a Board subcommittee to investigate eligibility for membership.
- The BOD reviewed and endorsed NPSF report on root cause analysis.
- The BOD resolved to establish a committee to explore trends and issues regarding the regulatory oversight of nursing education programs.
- The BOD resolved to establish a committee to explore current trends and issues regarding cannabis use and its relationship to nursing regulation.
- The BOD approved a proposal from the Council of State Governments (CSG) to assist member boards to enact the enhanced NLC.
- The BOD approved revised *National Guidelines on Delegation*.
- The BOD approved an exception to hold the 2018 Annual Meeting in a venue other than Chicago due to non-availability of space and accommodations.
- The BOD approved proposals to develop two new American National Standards Institute (ANSI) compliant performance standards.
- The BOD resolved that two ex-officio members be appointed to the NCLEX® Examinations Committee.
- 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 approved revisions to the *Interstate Compact Support Policy* to enable a more responsive and flexible approach.
- The BOD reviewed and discussed various environmental issues at each meeting. Topics ranged from the decision of the Supreme Court with regard to the Federal Trade Commission (FTC) case against the North Carolina Dental Board, moves towards consolidation of regulatory boards, increasing shortages of nurses, education program performance, telehealth barriers, and 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 highlighted environmental issues identified by the

BOD, solicited issues noted by member boards and facilitated dialogue with participating members.

- The BOD held a generative discussion during several of its meetings to examine intergovernmental agencies and their impact on regulatory boards, the changing role of technology and its impact on regulation, and the implications of the World Health Organization report *Health Workforce 2030*.
- The BOD continuously reviewed performance outcome data from NCSBN hosted education meetings and conferences.
- 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 trends impacting on regulation and the future directions for the FY17–19 Strategic Initiatives.
- The BOD reviewed and discussed the annual environmental assessment report.
- The BOD appointed members to the newly formed Regulatory Implications of Legal Cannabis and Nursing Education Trends committees.
- BOD set the FY17 Board meeting and retreat dates.
- BOD approved a range of proposals relating to the NCSBN 40th anniversary including the development of a regulatory atlas that would act as a resource to members.
- The BOD approved a proposal to host a *Regulation: 2030* colloquium that would inform longer term strategic direction.

### **Finance**

- The BOD approved the proposed budget for FY16.
- The BOD approved quarterly financial statements throughout the fiscal year.
- The BOD approved the proposed audit plan for FY15.
- 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, 2015.
- The BOD accepted the report of the independent auditors for the year ended Sept. 30, 2015.
- The BOD reviewed the 2015 IRS 990 form.
- The BOD met with NCSBN investments managers to review and discuss NCSBN's investment portfolio and performance analysis.

### **Testing**

- The BOD discussed and approved no change to the NCLEX passing standard and that the current standard would remain in place until March 31, 2019.
- The BOD approved the business case for the development of an NCLEX practice examination.
- The BOD examined the feasibility of developing a disciplinary exam but rejected this due to lack of evidence to support such an initiative.
- The BOD received a number of progress reports on the development of the NCLEX research study.

- The BOD reviewed the NCLEX update reports on the NCLEX examination program.
- The BOD monitored NCLEX implementation in Canada.
- The BOD reviewed update reports on the NNAAP®/MACE® examination programs.
- The BOD approved minor revisions to various NCLEX policies.

### **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 received an update on the development of an algorithm to support the exchanging licensure and discipline information between Canadian regulatory bodies and member boards.
- The BOD explored a potential incentive model for the implementation of licensure verification in those boards not participating in the existing arrangements.
- The BOD reviewed the progress and implementation of the ORBS project and noted the efficiency gains that the system was delivering to member boards.

### **Nursing Regulation and Research**

- The BOD directed staff to develop a toolkit that would provide resources to assist member boards in their decision making regarding potential FTC issues.
- The BOD reviewed and discussed the study of gender differences in discipline reporting.
- The BOD reviewed and discussed an analysis of criminal convictions in nursing: occurrences, types of conviction and discipline.
- 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 national workforce study of registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) in 2015.
- The BOD approved a proposal to test the effectiveness of an NCSBN designed tool to support adverse event decision making.

### **Attachments**

- A. Annual Strategic Plan Progress Report, October 2015–May 2016
- B. Proposed Strategic Initiatives 2017–2019
- C. Proposed Amendments to the NCSBN Bylaws REDLINE
- D. Proposed Amendments to the NCSBN Bylaws CLEAN
- E. Association of New Brunswick Licensed Practical Nurses Associate Member Application
- F. Licensed Practical Nurses Registration Board of Prince Edward Island Associate Member Application
- G. College of Registered Psychiatric Nurses of British Columbia Associate Member Application

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Attachment A

## Annual Strategic Plan Progress Report, October 2015–May 2016

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

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

NCSBN's purpose, vision and mission all incorporate statements about its relation to regulation and ensuring the safety and well-being of the public. With this in mind, NCSBN needs to be on the cutting edge of knowledge regarding regulatory relevance in health care. It must play a lead role at the national level in support of jurisdiction-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 and the APRN Consensus Model, nursing research, evolution of technology, the effects of cost containment, the evolution of nursing practice, and the awareness of global issues that can impact immediately or in the foreseeable future.

#### STRATEGIC OBJECTIVE A1

##### Develop regulatory guidelines for Advanced Practice Registered Nurse (APRN) distance education programs.

NCSBN is diligently exploring ways to make informed decisions about approving APRN programs. The APRN Education Committee reported to the membership at the Midyear Meeting, incorporated feedback, and made a listing of pros and cons as well as recommendations to the NCSBN Board of Directors (BOD), completing its charge. The APRN Education Committee held two meetings: Oct. 29 and 30, 2015 and Jan. 7 and 8, 2016 and several webinars. A survey was conducted of boards of nursing (BONs) in October 2015 determining whether they approve graduate programs and how BON approval might differ from accreditation review. From their responses a list of pros and cons was developed. Committee staff have conducted accreditation, Model Act and BON approval crosswalks for committee review. The committee verified the accreditation status of all programs (reported and not reported) on the 2015 American Association of Colleges of Nursing (AACN) Survey of Graduate Programs and has made a report by state available to the BOD. The committee recommends continued approval by boards who approve and an alternate mechanism to address APRN educational program monitoring by those who do not approve APRN programs.

#### STRATEGIC OBJECTIVE A2

##### 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. FY16 is proving to be a very busy legislative year for APRN-related issues. The 2016 legislative session is underway with many APRN bills that could add map points. There are pending bills in nearly half the states. Telehealth related bills compose the largest number of bills by category introduced so far this session. Many include APRNs in the provision of services and in reimbursement.

Bills that have passed so far this legislative session include: West Virginia passed H4334 which gives them autonomy after a three-year transition. It also allows limited prescribing for

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controlled substances and gives signature authority. Florida HB 1241 was enacted and allows a licensed practitioner (a physician) to authorize APRNs to order controlled substances under certain conditions, though not autonomously. Florida H 977 requires a psychiatric nurse to hold a specialty certification for initial state certification and any recertification as an advanced registered nurse practitioner (NP), unless the BON allows by rule a provisional state certification. Florida HB 423 authorizes APRNs to prescribe, dispense, administer drugs, including certain controlled substances, only to the extent authorized under a supervising physician's protocol. Utah SB 58 allows an APRN to prescribe Schedule II controlled substances without a consultation or referral plan if they utilize a Prescription Drug Monitoring Program (PDMP), when treating an injured worker pursuant to prescribing for chronic pain guidelines developed by the Workers' Compensation System. Virginia S 264 provides if a physician collaborator becomes unavailable to the NP, he or she may continue to practice and treat with notice to the boards for 60 days provided only those drugs previously authorized are provided – if they cannot find another collaboration – then extend an additional 60 days with the permission of a BON. Virginia HB 330 provides that the BON may register an applicant as a clinical nurse specialist meeting certain criteria. Virginia SB 463 requires a NP licensed in the category of certified nurse midwife to practice in consultation with a licensed physician and in accordance with a practice agreement with such physician. This represents the largest number of bills introduced in a legislative session attempting to align with the APRN Consensus Model requirements.

### **STRATEGIC OBJECTIVE A3**

#### **Advance the implementation of Criminal Background Checks (CBCs).**

NCSBN has established that 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 required by nurses upon application for initial, endorsement, reinstatement and renewal of licensure, and will assure individuals with criminal histories are screened for their ability to safely practice nursing. Currently, 45 BONs are actively conducting CBCs while 11 are not. Communication with BONs not yet performing fingerprint-based CBCs is ongoing. Washington and Massachusetts had CBC legislation pending in the 2016 session, but it failed in both states. Hawaii's CBC bill is still moving through the state legislature.

## **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 jurisdiction-based licensure system. Being cognizant of the legislative process, current issues, and opportunity for NCSBN involvement and/or to facilitate the process will help accelerate the achievement of desired results for BONs and public protection.

### **STRATEGIC OBJECTIVE B1**

#### **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 (EO) forums in discussing future options and possibilities, along with licensure options. An EO meeting was held to review the work of the Compact Revision Team, the Financial Impact Team and the Legislative Strategy Team. An enhanced Nurse Licensure Compact (NLC) and a new APRN Compact was presented before a special session of the Delegate Assembly on May 4, 2015, and all 50 BONs approved the enhanced NLC (eNLC) via vote.

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In November 2013, 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. In August 2015, NCSBN was granted its first standard, Criminal Background Checks for Licensure as a Nurse. Currently, NCSBN is pursuing two additional standards of performance, one is Reporting of Disciplinary Actions by Boards of Nursing, and the other is Primary Source Verification of Licensure by Endorsement.

## **STRATEGIC OBJECTIVE B2**

### **Support NLC/Universal adoption of the NLC.**

NCSBN supports the Nurse Licensure Compact Administrators (NLCA) in meeting the contractual obligations of the NLC. By doing this it helps the NLC function efficiently and effectively. NCSBN staff have provided ongoing support and resources to BONs introducing eNLC legislation in 2016. This includes providing presentations to the state boards and stakeholders, educating legislators, meeting with the opposition and addressing concerns, hiring and working with lobbyists, developing and customizing resources. A new microsite for the eNLC has been developed. This includes an advocacy tool called "VoterVoice" that allows a supporter to generate a letter to their legislators. To date, 16 states have introduced eNLC legislation, 10 states (Arizona, Florida, Idaho, New Hampshire, Oklahoma, South Dakota, Tennessee, Virginia, Wyoming and Missouri) have passed the eNLC bill, and one state's eNLC bill failed (Kentucky). Three states are currently pending (New Jersey, Rhode Island and New Hampshire).

In April 2016, a forum was held in Washington, D.C. for stakeholders and policymakers. In addition, NCSBN is working with a media specialist to get media coverage in targeted states. A working group to address implementation has been assembled. The 2017 campaign is underway. To date, staff have provided eNLC presentations to the following BONs: West Virginia Board of Examiners for Registered Professional Nurses, Georgia Board of Nursing and North Carolina Board of Nursing. NCSBN will continue to keep the membership informed of all eNLC activities through the bi-weekly newsletter and EOs, presidents and the NLCA executive committee calls.

## **STRATEGIC OBJECTIVE B3**

### **Universal adoption of the APRN Compact.**

In a similar way, NCSBN supports the universal adoption of the APRN Compact by all the BONs. This is now part of the NLC campaign and many of the presentations being given also focus on the APRN Compact. In this year's legislative session, two states, Wyoming and Idaho, introduced and passed the APRN Compact bill.

## **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 EO, embracing generational changes in nursing regulation and building the regulatory expertise of the members.

## **STRATEGIC OBJECTIVE C1**

### **Explore opportunities to increase the use of technology to enhance capability and**



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**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 was implemented and tested in the NCSBN office. The new Hive collaboration site replaced the wiki tool and underwent technical integrations with Passport. Current site development and a communication plan for membership were conducted. Extensive promotion, documentation and training tactics were completed.

**STRATEGIC OBJECTIVE C2****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 to increase engagement of members. In addition, members who were new to Passport and new to NCSBN online presence and/or unfamiliar with NCSBN programs and services were identified. These new Passport users, Passport admins and associate members were surveyed to identify their needs, interest and knowledge. Educational sessions have been held on Passport knowledge network groups at various system conferences. 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 C3****Explore a structured method for leadership decision making.**

The BOD asked the Bylaws Committee to review the composition of the BOD, including the structure of the President and President-elect positions and make recommendations on any potential improvements. The committee met, prepared recommendations for bylaws revisions, shared them with legal counsel and sought out feedback from members at the 2016 Midyear Meeting. Some of these changes and recommendations are being brought forward by the Board and will be summarized in the annual business book as an attachment to the committee board report.

**STRATEGIC OBJECTIVE C4****Implement leadership succession planning.**

The Leadership Succession Committee (LSC) will recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning. Both current and new strategies for leadership development will be explored, reviewed, evaluated and recommended for use and implementation amongst 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. Leadership development network calls were held with NCSBN board members and staff, recognized leaders in the profession and the community, and will continue as a strategy for sharing the leadership experiences with NCSBN members.

**STRATEGIC OBJECTIVE C5****Build the regulatory expertise of members through the Institute of Regulatory**

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### **Excellence (IRE).**

Each year the IRE selects a cohort of candidates to pursue a fellowship in the IRE. Over the course of four years, candidates identify and work on projects that contribute value to the science of nursing regulation. The committee selects fellows, provides mentorship, and approves project proposals. Because of this opportunity, individuals are involved in efforts that build their regulatory knowledge, skill and ability. For 2016, 15 members were selected as fellows in the program. The 12th 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.

Discussions on preparing an alternative plan for participation in the IRE for those who do not meet the educational requirement of at least a master's degree will continue into next fiscal year.

### **STRATEGIC OBJECTIVE C6**

#### **Address member board needs.**

Developing resources on EO succession planning for use by the member boards is critical to BONs remaining on track to accomplishing their vision, mission and goals. Needs in the area of investigator training were identified and set in motion. A gap analysis of currently available investigator training was conducted to define the current state and develop a business plan for presentation to the BOD. Course objectives, teaching methods and potential speakers were identified addressing eight core competencies: effective communication, professional conduct, knowledge of applicable laws and rules, collaboration, knowledge of nursing practice, effective interviewing, managing investigative information and knowledge of common nursing practice violations.

### **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 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 D1**

#### **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). The 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 in the NCSBN offices to identify entry-level practice characteristics, their association with entry-level nursing tasks and potential future practice trends.

An enhanced "secret shopper" program at the Pearson VUE test centers was piloted. Full implementation of the secret shopper program is planned for fall 2016.

The 2016 NCLEX-RN® Test Plan was effective as of April 1, 2016. The 2017 NCLEX-PN® Test Plan has been approved by the NCLEX Examination Committee (NEC) and will be presented to the Delegate Assembly for discussion and voting.

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## **STRATEGIC OBJECTIVE D2**

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

By exploring the development of a psychometrically sound, legally defensible assessment to measure the competence of nurses who have had disciplinary action related to practice taken against their licenses, NCSBN will be able to provide a RN or LPN/VN disciplinary assessment with necessary regulatory sufficiency to assist member boards when making decisions relative to licensure reinstatement. Nursing regulatory bodies are seeking a method to provide additional data to consider when making licensure reinstatement decisions. A feasibility study on assessing the competence of nurses under disciplinary actions has been completed. Per results of the study, the development of the disciplinary assessment has been placed on hold.

The BOD approved the development of a licensure maintenance product. Examinations staff are developing a business plan for the product. Upon completion, the business plan will be presented to the BOD for review and discussion.

The BOD approved the development of the NCLEX Practice Examination (NPE). Examinations staff is finalizing the implementation plan for the product.

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

Knowledge is gained through a careful and thorough attempts 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. Possible issues to explore include influencing policy through building the science of nursing regulation; developing BON performance measurement data; developing patient safety measures and activities; regulatory standards setting; and advancing evidence-based regulation in the areas of discipline, licensure, education and practice.

## **STRATEGIC OBJECTIVE E1**

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

Research meets the needs of member boards by developing a three-year research agenda with sound scientific proposals. The agenda was presented to the BOD and currently, proposal development is underway.

By translating research data to policy recommendations, NCSBN's Nursing Regulation division helps provide policy recommendations that assist and influence the member boards in their decision making for evidence-based regulation. Two recently completed NCSBN studies were published in the April 2016 edition of the *Journal of Nursing Regulation* (JNR): 2015 National Nursing Workforce Survey, and Criminal Convictions Case Review. A Mixed Method Study of Gender Differences in Nursing was completed. Three research topics are currently being investigated: Nurse Reporting Practices by Chief Nursing Officers; Remediation Effectiveness; and Alternative to Discipline for Substance Use Disorder.

Delegation Guidelines, based on data from the Center of Regulatory Excellence (CRE) studies were published in the April issue of JNR.

## **STRATEGIC OBJECTIVE E2**

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

Increasing the clarity of the current Commitment to Ongoing Regulatory Excellence (CORE)

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survey questions will lead to collected data that is more accurate. The committee developed and conducted a survey to get EO's input on the revised CORE survey and reports. The team also assessed the current CORE measures, using criteria, to determine if they are useful and value-added to the process. Some of the criteria include: credible to stakeholders, linked to mission and goals, balanced and comprehensive, valid and reliable, timely and actionable, resistant to goal displacement and gaming, cost sensitive, and clear regarding preferred direction of movement. CORE definitions were revised for clarity and understanding. The BON survey was reviewed and revised. The Nursys department provided discipline data. CORE's consultant, Dr. Ted Poister, conducted a webinar that educated boards on what CORE is, how to read CORE graphs and charts, how CORE has been used, and how a board can use CORE data to make decisions and support needed resources. The committee finalized CORE website information such as FAQs, technical questions, and success stories. CORE will promote the website through *In Focus* spring issue. The committee finalized and distributed a template that is intended for the BONs to use when presenting their CORE data. The template facilitates pulling data pertinent to the board. The committee also finalized the FY16 data collection and reporting plan. The data plan utilizes a portal that collects and reports CORE data. The plan also involves utilizing e-notify to survey nurses and nurse employers. The committee proposed a five-year data collection and reporting plan and drafted the NLC logic model.

## Proposed Strategic Initiatives 2017–2019

### Direction

**Vision**  
Advance regulatory excellence worldwide

#### Strategic Initiatives

#### Narrative

#### Rationale

A: Envision and refine regulatory systems for increased 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 and recognizing the fast pace of change occurring in the health care environment, NCSBN needs to be on the cutting edge of evidence, knowledge and practice relating to regulatory systems that support contemporary health care. NCSBN must be a thought leader, informed by wider global and regional changes, and fully supportive and committed to the optimal delivery of jurisdiction-based, evidence-informed licensure. NCSBN will be proactive in identifying emergent trends so as to propose innovative yet pragmatic solution. To this end NCSBN will further nurture communication with all its stakeholders so as to interpret and prioritize multiple levels of often conflicting perspectives, data and information.

- Increased scrutiny of the effectiveness and efficiency of regulatory models
- Globalization and increased mobility will drive use of best and evidence-based practice.
- Recognition of need for regulatory and education systems to be aligned to the changing health care environment
- Changing population demographics and acuity and morbidity of chronic diseases
- Nurses will remain in high demand but team-based regulatory models will be explored

B: Champion 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 complex and challenging. It will require increased collaboration with multiple stakeholders and involve working synergistically with the support of technology to deliver optimal results.*  
*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 and will require new ways of working outside our traditional jurisdictional borders. Being cognizant of the legislative process, keeping an eye on current and emergent issues, as well as knowledgeable of where and how regulators can get involved will help accelerate the achievement of desired results for BONs and public protection.*

- Increased interest in trade agreements and the use of remote health care delivery
- Lack of global standards for nursing licensure and telehealth practice
- Increased demands for access to affordable quality services
- Increased mobility of nurses and new models of nurse led service
- Proactively address European Union (EU) initiatives on education standardization and discipline information data transfer.

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

*NCSBN’s success in achieving its vision, mission and goals is directly proportional to the active engagement and leadership of our members. NCSBN is committed to developing programs and services that support BON performance and facilitate sharing of best practice, mentoring of talent and diffusion of expertise. This initiative will concentrate on; exploring structured methods for leadership development to build and further the dissemination of regulatory expertise; implementation of leadership succession planning; address the specific needs of the executive officer; embrace and respond to generational changes in nursing regulation; and leverage the role of the regulator in complex inter-dependent systems that collectively secure public safety.*

- Need for proactive, rather than reactive, regulatory models and visible regulatory leadership
- Proactive management and innovative alternatives to address the call for federal licensure/reconstitution of BONs to implement “active supervision”
- Changes in generational values
- Equip members to deal with increasingly financially challenging and publically accountable governance environments

D: Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence.

*NCSBN is dedicated to providing state-of-the-art competency assessments that are psychometrically sound, secure and legally defensible. Maintaining the industry benchmark for consistency and value, and defining its future development and application requires a team effort*  
*Areas of focus include further enhancing precision of measurement, optimizing ease of delivery of NCLEX® to candidates through the use of technologies as well as exploring alternative usage of exam items.*

- Technology will continue to increase in power and capability
- Need for immediate access to information
- Interoperability, data security and big data analytics will feature more prominently
- Initial and continuing competence requirements in order to uphold public safety will remain a priority
- Increased need for mechanisms to calibrate competence of nurses across jurisdictions

### Foundation

#### Core Values

Collaboration      Excellence      Innovation      Integrity      Transparency

#### Mission

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

## Proposed Amendments to the NCSBN Bylaws REDLINE



### NCSBN Bylaws

*Revisions adopted - 8/29/87*  
*Amended - 8/19/88*  
*Amended - 8/30/90*  
*Amended - 8/01/91*  
*Revisions adopted - 8/05/94*  
*Amended - 8/20/97*  
*Amended - 8/8/98*  
*Revisions adopted - 8/11/01*  
*Amended - 08/07/03*  
*Revisions adopted - 08/08/07*  
*Amended - 8/13/10*  
*Amended - 08/16/13*  
*Amended - 08/15/14*  
*Amended - 5/11/16*

#### 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 ~~engagement 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.

- 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.

- a) Board Members or employees of Member Boards shall be eligible to be elected or appointed serve as NCSBN officers and ~~at-large or Area~~ directors and they may continue to serve in such capacity until their term or their employment with a Member Board ends. Members of a Member Board who become permanent employees of a Member Board will continue their eligibility to serve.

- b) An area director must be a Board Member or employee of a Member Board from an Area for which the director is elected.

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

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



- a) *Time and Place.* Election of officers and directors shall be by ballot of the Delegate Assembly during the Annual Meeting.
- b) *Officers and Directors-at Large.* Officers and directors-at large shall be elected by majority vote of the Delegate Assembly.
- ~~c) *Area Directors.* Each Area shall elect its Area director by majority vote of the delegates from each such Area.~~
- ~~c) *Run-Off Balloting.* If a candidate for officer or director does not receive a majority vote on the first ballot, no candidate for an officer or director position is elected by majority vote or if not all positions on the ballot are filled by a candidate receiving a majority vote, run-off balloting for the unfilled positions shall be conducted according to the Standing Rules adopted by the Delegate Assembly pursuant to Article IV, Section 7. rebalotting shall be limited to the two candidates receiving the highest numbers of votes for each position. In the case of a tie ~~or upon~~ the conclusion of rebalotting run-off balloting, provided for in the Standing Rules, the final selection shall be determined by lot.~~
- ~~d) *Voting.*~~
  - ~~(i.)~~ (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.)~~ (ii.) Cumulative voting for individual candidates is not permitted.
  - ~~(iii.)~~ (iii.) 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.
- ~~e) 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- or upon appointment in accordance with Section 8 of this Article.
- 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, which occurs prior to or on February 1<sup>st</sup> in any given year, the Board of Directors shall take the following action:
- i. ~~In the event the simultaneous vacancies occur prior to or on February 1 in any given year,~~ The Board of Directors shall notify all Member Boards of the simultaneous vacancies within five (5) business days of the occurrence.
  - ii. The notice shall specify the manner and deadline for nominating candidates for the office of the president to the Leadership Succession Committee. Nominations shall be accepted for a period of no more than twenty (20) business days. Candidates shall meet the eligibility requirements outlined in Section 3 of this Article.
  - iii. The Leadership Succession Committee shall review nominations received and announce a slate of no more than two candidates within ten (10) business days after the deadline for nominations.
  - iv. The Board of Directors shall schedule a special election by electronic voting to be held within fifteen (15) business days of the receipt of the slate. In the event of a tie, the election shall be decided by lot. The elected candidate shall serve until the next Annual Meeting.
  - v. The Board of Directors shall appoint one of its members to assume the responsibilities of the president until the results of the special election are final. If there are no nominations, that person shall serve until the next Annual Meeting.
  - vi. The office of president-elect shall remain vacant until the next Annual Meeting.
  - vii. At the Annual Meeting following the special election, the Delegate Assembly shall elect a president and a president-elect to fill any remainder of the term, if applicable. Otherwise, a president and a president-elect shall be elected for a regular term pursuant to Section 5 of this Article.
- d) In the event of a simultaneous vacancy in the offices of both president and president-elect, which occurs after February 1<sup>st</sup> in any given year, the Board of Directors shall appoint one of its members to serve as the president until the next Annual Meeting.
- ~~e)~~ The Board of Directors shall fill vacancies in the office of the treasurer, ~~and~~ 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)f) Being elected~~ Serving as president an officer or director under the ~~special election provisions~~ set forth in Section 8(~~e~~) of this Article shall not preclude the person from being nominated for any office in ~~the an~~ election under Section 5 of this Article. Time served by appointment or election to fill the remainder of a term as ~~president an officer or director under the provisions of as a result of a special election under~~ Section 8(~~e~~) 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. Quorum and Voting.** The quorum for conducting business by the Board of Directors at any meeting shall be the presence of a majority of directors and officers currently serving. Every act or decision done or made by a majority of the Board of Directors at a meeting duly held where a quorum is present is an act of the Board unless a greater number is required by law, the articles of incorporation or these bylaws.

**Section 45. 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 56. 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~~The remaining members shall be at large members.
- b) **Term.** The term of office shall be two years. Area members shall be elected in even numbered years. At large members shall be elected in odd numbered years. A committee member shall serve no more than two consecutive terms excluding time served by appointment and/or election pursuant to Section 1e. of this Article. Members shall assume duties at the close of the Annual Meeting at which they are elected.
- c) **Election.** The Committee shall be elected by plurality vote of the Delegate Assembly at the Annual Meeting. In the event there is only one candidate for a committee position, election for that

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

## **Article VIII**

### **■ Meetings**

#### **Section 1. Participation.**

- a) *Delegate Assembly Session.*
  - (i) *Member Boards.* Members and employees of Member Boards shall have the right, subject to the Standing Rules of the Delegate Assembly, to speak at all open sessions and forums of the Delegate Assembly, provided that only delegates shall be entitled to vote and only delegates and members of the Board of Directors may make motions at the Delegate Assembly, except the Examination Committee may bring motions to approve test plans pursuant to Article X, Section 1(a).
  - (ii) *Public.* All sessions of the Delegate Assembly held in accordance with Sections 4 and 5 of Article IV of these bylaws shall be open to the public, except executive sessions, provided that the minutes reflect the purpose of, and any action taken in, executive session.
- b) *Delegate Assembly Forums.* Participation in forums conducted in association with the Annual Meeting shall be governed by the Standing Rules of the Delegate Assembly.
- c) *Meetings.* NCSBN, including all committees thereof, may establish methods of conducting its business at all other meetings provided that the meetings of the Board of Directors and committees are open to members and employees of Member Boards.
- d) *Interactive Communications.* Meetings held with one or more participants attending by telephone conference call, video conference or other interactive means of conducting conference communications constitute meetings where valid decisions may be made. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the NCSBN Office.
- e) *Manner of Transacting Business.* To the extent permitted by law and these bylaws, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting.

## **Article IX**

### **■ Chief Executive Officer**

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

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

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

## **Article X**

### **■ Committees**

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

- a) *NCLEX® Examination Committee.* The NCLEX® Examination Committee shall be comprised of at least nine members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board. The committee chair shall have served as a member of the committee prior to being appointed as chair. The NCLEX® Examination 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 amended Bylaws shall become effective on the day, and upon the adjournment, of the 2016 Annual Meeting Session of the Delegate Assembly at which the amendments to the Bylaws were adopted by the Delegate Assembly.

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

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

**Officer and Director Election Schedule**

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



# Proposed Amendments to the NCSBN Bylaws CLEAN



## 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*  
*Amended - 5/11/16*

### 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 engagement 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.

- 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.**

- a) Board Members or employees of Member Boards shall be eligible to be elected or appointed as NCSBN officers and directors and they may continue to serve in such capacity until their term or their employment with a Member Board ends. Members of a Member Board who become permanent employees of a Member Board will continue their eligibility to serve.
- b) An area director must be a Board Member or employee of a Member Board from an Area for which the director is elected.

**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.* Officers and directors shall be elected by majority vote of the Delegate Assembly.
- c) *Run-Off Balloting.* If, on the first ballot, no candidate for an officer or director position is elected by majority vote or if not all positions on the ballot are filled by a candidate receiving a majority vote, run-off balloting for the unfilled positions shall be conducted according to the Standing Rules adopted by the Delegate Assembly pursuant to Article IV, Section 7. In the case of a tie upon the conclusion of run-off balloting, provided for in the Standing Rules, the final selection shall be determined by lot.
- d) *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.) Cumulative voting for individual candidates is not permitted.
  - (iii.) 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.
- e) 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 or upon appointment in accordance with Section 8 of this Article.
- 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, which occurs prior to or on February 1<sup>st</sup> in any given year, the Board of Directors shall take the following action:
  - i. The Board of Directors shall notify all Member Boards of the simultaneous vacancies within five (5) business days of the occurrence.

- ii. The notice shall specify the manner and deadline for nominating candidates for the office of the president to the Leadership Succession Committee. Nominations shall be accepted for a period of no more than twenty (20) business days. Candidates shall meet the eligibility requirements outlined in Section 3 of this Article.
  - iii. The Leadership Succession Committee shall review nominations received and announce a slate of no more than two candidates within ten (10) business days after the deadline for nominations.
  - iv. The Board of Directors shall schedule a special election by electronic voting to be held within fifteen (15) business days of the receipt of the slate. In the event of a tie, the election shall be decided by lot. The elected candidate shall serve until the next Annual Meeting.
  - v. The Board of Directors shall appoint one of its members to assume the responsibilities of the president until the results of the special election are final. If there are no nominations, that person shall serve until the next Annual Meeting.
  - vi. The office of president-elect shall remain vacant until the next Annual Meeting.
  - vii. At the Annual Meeting following the special election, the Delegate Assembly shall elect a president and a president-elect to fill any remainder of the term, if applicable. Otherwise, a president and a president-elect shall be elected for a regular term pursuant to Section 5 of this Article.
- d) In the event of a simultaneous vacancy in the offices of both president and president-elect, which occurs after February 1<sup>st</sup> in any given year, the Board of Directors shall appoint one of its members to serve as the president until the next Annual Meeting.
  - e) The Board of Directors shall fill vacancies in the office of the treasurer and 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.
  - f) Serving as an officer or director under the provisions set forth in Section 8 of this Article shall not preclude the person from being nominated for any office in an election under Section 5 of this Article. Time served by appointment or election to fill the remainder of a term as an officer or director under the provisions of Section 8 of this Article 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. Quorum and Voting.** The quorum for conducting business by the Board of Directors at any meeting shall be the presence of a majority of directors and officers currently serving. Every act or decision done or made by a majority of the Board of Directors at a meeting duly held where a quorum is present is an act of the Board unless a greater number is required by law, the articles of incorporation or these bylaws.

**Section 5. 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 6. 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 areas. The remaining members shall be at large members.
- b) *Term.* The term of office shall be two years. Area members shall be elected in even numbered years. At large members shall be elected in odd numbered years. A committee member shall serve no more than two consecutive terms excluding time served by appointment and/or election pursuant to Section 1e. of this Article. Members shall assume duties at the close of the Annual Meeting at which they are elected.
- c) *Election.* The Committee shall be elected by plurality vote of the Delegate Assembly at the Annual Meeting. In the event there is only one candidate for a committee position, election for that position shall be declared by acclamation. No ballot shall be necessary. The Chair shall be selected by the Board of Directors.
- d) *Limitation.* A member elected or appointed to the Leadership Succession Committee may not be nominated for an officer or director position during the term for which that member was elected or appointed.
- e) *Vacancy.* A vacancy occurring in the committee shall be filled from the remaining candidates from the previous election, in order of votes received. If no remaining candidates can serve, the Board of Directors shall fill the vacancy with an individual who meets the qualifications of Section 1a. of this Article. The person filling a vacancy shall serve the remainder of the term.
- f) *Duties.* The Leadership Succession Committee shall recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; present a slate of candidates through a determination of qualifications and geographic

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

- g) *Eligibility.* Any board member of a Member Board or employee of a Member Board is eligible to serve as a member of the Leadership Succession Committee.

## **Article VIII**

### **■ Meetings**

#### **Section 1. Participation.**

- a) *Delegate Assembly Session.*
  - (i) *Member Boards.* Members and employees of Member Boards shall have the right, subject to the Standing Rules of the Delegate Assembly, to speak at all open sessions and forums of the Delegate Assembly, provided that only delegates shall be entitled to vote and only delegates and members of the Board of Directors may make motions at the Delegate Assembly, except the Examination Committee may bring motions to approve test plans pursuant to Article X, Section 1(a).
  - (ii) *Public.* All sessions of the Delegate Assembly held in accordance with Sections 4 and 5 of Article IV of these bylaws shall be open to the public, except executive sessions, provided that the minutes reflect the purpose of, and any action taken in, executive session.
- b) *Delegate Assembly Forums.* Participation in forums conducted in association with the Annual Meeting shall be governed by the Standing Rules of the Delegate Assembly.
- c) *Meetings.* NCSBN, including all committees thereof, may establish methods of conducting its business at all other meetings provided that the meetings of the Board of Directors and committees are open to members and employees of Member Boards.
- d) *Interactive Communications.* Meetings held with one or more participants attending by telephone conference call, video conference or other interactive means of conducting conference communications constitute meetings where valid decisions may be made. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the NCSBN Office.
- e) *Manner of Transacting Business.* To the extent permitted by law and these bylaws, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting.

## **Article IX**

### **■ Chief Executive Officer**

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

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

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

## Article X

### ■ Committees

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

- a) *NCLEX® Examination Committee.* The NCLEX® Examination Committee shall be comprised of at least nine members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board. The committee chair shall have served as a member of the committee prior to being appointed as chair. The NCLEX® Examination 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.

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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 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.

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### **Special Proviso**

The amended Bylaws shall become effective on the day, and upon the adjournment, of the 2016 Annual Meeting Session of the Delegate Assembly at which the amendments to the Bylaws were adopted by the Delegate Assembly.

# Association of New Brunswick Licensed Practical Nurses Associate Member Application

## NCSBN Associate Member Application

### Applicant Contact Information

Name Joanne Graham		Title Executive Dire
Phone 506-453-0747	Fax Number 506-459-0503	E-mail execdir@npls

### Organization Information

Full Name Association of New Brunswick Licensed Practical Nurses		Chief Staff Person Joanne Graham	
Mailing Address 384 Smythe Street			
City Fredericton	State NB	Country Canada	Postal Code E2E 4R
Street Address (if not the same) same as above			
City	State	Country	Postal Code
Phone Number 506-453-0747	Fax Number 506-459-0503	E-mail execdir@npls.ca	Web site www.anblpn.c

### Organization Description

1. Please list all the professions your organization regulates:

Licensed Practical Nurses

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

3,600

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

Private Act

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

Interested in relevant information for our field of practice, as well as access to continuing education materials - online learning and accessibility to conferences offered.

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

Yes. Not for Profit.

6. Are you a membership organization?

Yes.

7. Include your mission statement in the space below:

Ensuring the public's right to quality ethical care by regulating and enhancing the profession of practical nursing.

**Upon completion, you must submit this application form via email to [memberrelations@ncsb](mailto:memberrelations@ncsb) 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 adhere to NCSBN bylaws and the NCSBN Board Policy Manual. Failure to pay annual associate membership fee may result in loss of membership status. Decisions of the NCSBN Delegate Assembly regarding membership are final.*

Jolene Graham ANBLPN Exec. Dir/Registrar Aug  
Signature Title Date

# Licensed Practical Nurses Registration Board of Prince Edward Island Associate Member Application

## NCSBN Associate Member Application

### Applicant Contact Information

Name Alana Walsh Essery		Title Executive Director
Phone 902-566-4695	Fax Number 902-892-2648	E-mail aessery@lpna.ca

### Organization Information

Full Name PEI LPN Registration Board		Chief Staff Person Alana Walsh Essery	
Mailing Address 155 Belvedere Ave, Suite 204			
City Charlottetown	State PE	Country Canada	Postal Code C1A-2Y9
Street Address (if not the same)			
City	State	Country	Postal Code
Phone Number	Fax Number	E-mail	Web site www.clpnpei.ca

### Organization Description

1. Please list all the professions your organization regulates:

Licensed Practical Nurses

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

700

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

Currently, LPNs are regulated under the LPN Act. In 2016, LPNs will be regulated under the Regulated Health Professions Act and our organization name will change to the College of Licensed Practical Nurses of Prince Edward Island.

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

Our organization is a member of the Canadian Council of Practical Nurse Regulators. Many of our regulatory colleagues have benefited from associate membership with NCSBN.

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

No

6. Are you a membership organization?

No

7. Include your mission statement in the space below:

Mission: regulating and promoting licensed practical nursing excellence in Prince Edward Island.

**Upon completion, you must submit this application form via email to [memberrelations@ncsbn.org](mailto:memberrelations@ncsbn.org) along with a copy of your Bylaws 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

# College of Registered Psychiatric Nurses of British Columbia Associate Member Application

## NCSBN Associate Member Application

### Applicant Contact Information

Name Kyong-ae Kim		Title ED / Registrar
Phone (604) 931-5200, ext 104	Fax Number 604-931-5277	E-mail kkim@crpnbc.ca

### Organization Information

Full Name College of Registered Psychiatric Nurses of BC		Chief Staff Person Kyong-ae Kim	
Mailing Address #307 - 2502 St. Johns Street			
City Port Moody	State BC	Country Canada	Postal Code V6H 3W1
Street Address (if not the same)			
City	State	Country	Postal Code
Phone Number	Fax Number	E-mail	Web site

### Organization Description

1. Please list all the professions your organization regulates:

Registered Psychiatric Nurses

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

Currently, 2535 Practicing, 216 Non-practicing, and 20 Interim = total 2771



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

Mandated by statute: BC Health Professions Act

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

To connect with and learn from other nursing regulators

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


Incorporated by statute. Non-profit.

6. Are you a membership organization?

No, we have registrants, not members.

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

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

  
Signature

ED / Registrar  
Title

April 2, 2015  
Date



# Report of the Leadership Succession Committee (LSC)

## Recommendation to the Delegate Assembly

### Adopt the 2016 Slate of Candidates.

#### Rationale:

The LSC has prepared the 2016 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 statements for each candidate are posted in the Business Book under the Report of the Leadership Succession Committee. Candidates will present themselves at the Candidate's Forum on Wednesday, Aug. 17, 2016.

#### Fiscal Impact:

Incorporated into the FY16 budget.

## Background

During fiscal year 2016 (FY16), the LSC met in three face-to-face meetings and one teleconference call. Since the reframing of the LSC strategies to engaging members in the process of leadership succession, there has been an increased interest in leadership opportunities, which is evidenced by the increase in diversity of the elected members of the BOD. LSC members actively participate in engaging members through making presentations at NCSBN sponsored conferences and the Midyear meeting, as well as by having information tables at the Midyear and Annual meetings.

To assess the interest of board members and staff in running for elected NCSBN positions, the LSC conducted an online survey in October 2015, with responses received from 40 boards of nursing (BONs). These responses were from a variety of members, including executive officers, directors, consultant/specialists and board members. Respondents who are active participants in NCSBN activities reported that their top four NCSBN activities are the annual meetings, NCSBN conferences, network calls and NCSBN on-line resources. The top-rated LSC activities were the leadership articles in the online publications and the LSC information table at events, the online Leadership Development Plan, and the Midyear meeting presentation. Those who participated in the Leadership Development calls rated them with a mean score of 5.6 on a 6-point Likert scale. Responses to the question on what LSC can do to support and encourage members to seek elected office included having a mentoring program and providing more information on eligibility and qualifications for each position as well as of the responsibilities associated with each position. In response to the question on the most important attributes for a candidate for elected office, of 185 responses to the question, *have you ever run for office?* there were 26 yes responses. Of the yes responses, the top challenging factors as a candidate were fear of losing, lack of direct access to campaign to the delegates, and insufficient opportunities to interact with the delegates. Some narrative responses related to the challenges or barriers to running for office were the time commitments involved, having a board member from their state already on the board, and being involved in other time intensive NCSBN activities. In response to the question, *over the next five years, will you be eligible to run for an elected office?* 95 members answered yes, of which 68 responded they would consider submitting an application. When asked what additional activities or initiatives that LSC could pursue, comments were made about terms of office, with the suggestion that board members be able to complete their terms on NCSBN after their terms on their boards were completed, that new people, including associate members, be allowed to run for office, and that additional education and marketing materials be developed, such as a video on the processes involved with running for office and serving in elected positions.

The LSC continues to be a visible participant in engaging members to be actively involved as leaders in NCSBN and in engaging members to identify themselves or others to identify

## Members

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

Jane Christianson, RN, APRN North Dakota, Area II, Member-at-Large

Ann Michele Coughlin, MBA, MSN, RN, Pennsylvania, Area IV Member

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

Deb Haagenson, RN, Minnesota, Area II Member

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

Tracy Rude, LPN, Washington State, Area I, Member-at-Large

## Staff

David Benton, RGN, PhD, FFNF, FRCN, FAAN, Chief Executive Officer

Linda Olson, PhD, RN, NEA-BC, FAAN, Associate, Nursing Regulation

Ashby Rosenberger, Senior Manager, Executive Office

## Meeting Dates

- Nov. 9–10, 2015
- Jan. 13, 2016
- Feb. 9–10, 2016
- May 2–4, 2016

## 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 (BOD) and the Leadership Succession Committee (LSC).

themselves or others to run for NCSBN offices. The survey results are being used as important feedback for the LSC as it continuously strives to improve its strategies for leadership engagement and leadership development.

### **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.

## **FY16 Highlights and Accomplishments**

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

The LSC seeks every year to increase member engagement in NCSBN activities and in seeking elected office through various leadership activities. The strategies used by the LSC to increase the active participation of members in leadership development:

- A Leadership Development call was held Feb. 24, 2016, with guest speakers, Adrian Guerrero, CPM and Ellen Watson, MS, APRN, FNP-BC, two newly elected members of the NCSBN BOD. In response to interview questions asked by Tony Graham, CPM, Chair of LSC, the recently elected board members shared their leadership experiences and how they have contributed to their success throughout their careers.
- LSC continued use of the phrase, "Leadership succession is everyone's responsibility," which is now included on all communications, as well as in the presentations at Midyear meeting and other meetings and conferences of NCSBN.
- LSC met with the BOD to discuss the experiences of new board members with the process of running for office, and to obtain feedback in general about the processes associated with the application for office and the candidate experience.
- The Leadership Development bookmark will continue to be used to promote the Leadership Development Plan on the NCSBN website.
- A new strategy of creating a video with interviews of executive officers of BONs that have been actively involved with NCSBN and have encouraged their members to be involved in NCSBN, was initiated in collaboration with Interactive Services.

### **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.**

- LSC adopted the committee team charter document into its committee meeting operations.
- LSC continued to have a presence at NCSBN conferences.
- The website portal developed as a site for candidates for elected office to display their campaign materials was used for the second year.
- A decision was made to use the WebEx teleconference process to interview applicants for elected positions.
- The concepts of qualification versus eligibility of candidates was clarified, with eligibility indicative of a candidate's membership status, and qualification indicative of experience. Candidate leadership competencies for each elected position were identified.
- At the direction of the NCSBN BOD, the LSC re-opened the opportunity to submit applications for 2016 positions for NCSBN office on the BOD and the LSC. A number of positions did not attract sufficient numbers of applications during the initial nomination

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period and whilst the opportunity to run from the floor at the upcoming Delegate Assembly remains, the BOD asked the LSC to solicit additional candidates. The rationale for reopening the nomination period was to enable those additional individuals who choose to apply to initiate their campaign ahead of the Delegate Assembly. The BOD felt that this would provide members with an increased opportunity to enter into dialogue with candidates ahead of the Delegate Assembly

### **Attachments**

- A. 2016 Slate of Candidates
- B. Leadership Development Bookmark
- C. Nomination/Engagement Brochure
- D. Revised LSC Policy



**Attachment A**

# 2016 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 2016 Delegate Assembly.

## Board of Directors

### President-elect

Julia George, North Carolina, Area III . . . . .76  
Paula Meyer, Washington, Area I . . . . .78

### Treasurer

Gloria Damgaard, South Dakota, Area II. . . . .80

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

Kameka Brown, California, Area I. . . . .82  
Mary Kay Goetter, Maryland, Area IV. . . . .84  
Geraldine Marrocco, Connecticut, Area IV . . . . .86  
Barbara McGill, Louisiana, Area III . . . . .88  
Lori Scheidt, Missouri, Area II. . . . .90  
Karen Scipio-Skinner, District of Columbia, Area IV . . . . .93  
Valerie Smith, Arizona, Area I . . . . .95

## Leadership Succession Committee

### Area I Member

Vacant

### Area II Member

Vacant

### Area III Member

Stacey Copley, Texas, Area III . . . . .97  
Patricia Dufrene, Louisiana, Area III . . . . .99

### Area IV Member

Vacant

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

## Detailed Information on Candidates

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

1. Name, jurisdiction and area.
2. Present board position and board name.
3. Date of term expirations and eligibility for reappointment.
4. Describe all relevant professional, regulatory and community experience. (300 word limit)
5. What is your perspective regarding the following issues affecting nursing regulation?
  - a. Borderless health care delivery (100 words or less)
  - b. Regulation of nursing education (100 words or less)
  - c. The role of regulation in evolving scopes of practice (100 words or less)
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)



## President-elect

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

Executive Director, North Carolina Board of Nursing

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

I have over 40 years of experience as a Registered Nurse and 20 years of experience in nursing regulation. I serve as the Executive Director of the North Carolina Board of Nursing. I have had the privilege of serving on the NCSBN board of Directors as both Area III Director and Treasurer (2007-2016). My service on the Board of Directors has provided me an excellent working knowledge of NCSBN strategic initiatives, fiscal policies, internal controls and outcome measures. I believe my experience positions me to add value to the continued work of this organization if elected President-Elect.

My background with NCSBN spans my entire regulatory career—first attending conferences, next serving on committees, and then serving on the Board of Directors. I am pleased to say that I was part of the inaugural cohort of regulatory fellows, completing the NCSBN Institute of Regulatory Excellence Fellowship (IRE) in 2007. In the past, I've served on the Resolutions Committee, Practice Regulation and Education Subcommittee on Unlicensed Assistive Personnel, and the Finance Committee. I have been the liaison to both TERCAP and Disciplinary Resources Committees. In 2011, I received the NCSBN Meritorious Service Award for significant contributions to the mission and vision of NCSBN. Most recently, in 2015, I was honored to Chair the NCSBN Search Committee for the Chief Executive Officer.

#### **WHAT IS YOUR PERSPECTIVE REGARDING THE FOLLOWING ISSUES AFFECTING NURSING REGULATION?**

##### **A. BORDERLESS HEALTH CARE DELIVERY (100 WORDS OR LESS)**

The world is definitely getting smaller! Technological advances over the past decade have vastly changed the landscape of health care delivery and this will continue to advance and evolve. Consumers of health care want access and quality. NCSBN and member boards have made great strides in advancing the enhanced nurse licensure compact in the United States. However, borderless health care is much broader than practice across state borders. As regulators, we must remain relevant as practice permeates borders across countries, oceans, and cultures.

##### **B. REGULATION OF NURSING EDUCATION (100 WORDS OR LESS)**

As nursing moves toward a bachelor's prepared workforce and nationally accredited programs, we need to re-think the role of the nurse regulator in approval of education programs. While regulation may have been necessary when nursing education originated in hospitals many years ago, perhaps this is no longer the case. It may be time to look at our colleagues in other health professions to compare outcome measures of quality education.

##### **C. THE ROLE OF REGULATION IN EVOLVING SCOPES OF PRACTICE (100 WORDS OR LESS)**

This is an area where nursing regulation has been a leader. We have recognized evolving and overlapping scopes of practice for decades. Nurse regulators deal with a myriad of unlicensed assistive personnel and provide guidance for appropriate delegation and supervision to allow change, yet preserve safe practice. With increased demand for health care, regulators must not get stuck in a "guild" mentality. We must be open to new delivery models and be at the table as planning occurs and decisions are made. We can either be "on the train" or be left at the station.



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

1- Remaining relevant in a rapidly changing health care environment: with rapid advances in technology, it will become more and more important for boards of nursing to keep pace and remain receptive to change while remaining true to our missions of public protection. In order to remain relevant, we will need to gather and use meaningful data to guide regulatory practices. The NCSBN Commitment to Ongoing Regulatory Excellence (CORE) work, the NCSBN research agenda, the Institute of Regulatory Excellence (IRE) and our *Journal of Nursing Regulation* (JNR) are valuable resources for member boards as we seek effective regulatory solutions.

2- Continued scrutiny of occupational licensing boards: With the 2015 U.S. Supreme Court ruling on the Federal Trade Commission/North Carolina Dental Board case, state occupational licensing boards are grappling with how best to understand and respond. Nursing regulation is no exception. NCSBN remains committed to assisting member boards by providing updates and guidance. We have had formal presentations and informal networking sessions to keep members informed. The next few years may present both challenges and opportunities for nurse regulators. NCSBN is in a unique position to assist with research of public policy, legislative responses and evolving litigation.



## President-elect

### **Paula Meyer, MSN, RN, FRE**

Executive Director, Washington State Nursing Care Quality Assurance Commission

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

I have served as the Executive Director for the Washington State Nursing Commission since 1998. Since then, I served NCSBN in the following: I have had the pleasure to chair the Executive Officer Leadership Council since 2012. In that time, the Executive Officers decided to have a one day, facilitated meeting to discuss licensure issues. That motion led us to the Enhanced Nurse Licensure Compact and the Advanced Practice Compact. That journey was one of the most fulfilling for me: to work with an internationally recognized facilitator (Dr. Lenny Marcus) and watch our group struggle, discuss and achieve has been one of the most rewarding experiences of my career. I completed my Institute of Regulatory Excellence in 2014. I presented the work for my fellowship at the 2014 International Nurse Regulatory Symposium. The Nursing Commission completed a five year pilot project and gained increased authority over its personnel, legislation, finances and performance. This increase in authority was made permanent in the Nurse Practice Act in 2014. The Nursing Commission negotiated performance measures with the Department of Health and all health professional regulatory boards and commissions. The Nursing Commission not only met, but exceeded most of their performance targets. The Nursing Commission used CORE measures for comparison to the Arizona State Board of Nursing and the North Carolina Board of Nursing. This comparison demonstrated even more room to grow. In 2015, NCSBN gave the Nursing Commission the Regulatory Achievement Award based on this accomplishment.

I was a member of the nominations committee and one of the first members of the Leadership Succession Committee. I was the Area I director on the board of directors from 2001-2003. I chaired the Discipline Resources Committee in 2000.

The Nursing Commission is now working on legislation for the FBI Criminal Background Checks and RapBack.

The Nursing Commission continues to work with the nursing unions on the compacts.

#### **WHAT IS YOUR PERSPECTIVE REGARDING THE FOLLOWING ISSUES AFFECTING NURSING REGULATION?**

##### **A. BORDERLESS HEALTH CARE DELIVERY (100 WORDS OR LESS)**

Our society is mobile within the United States and globally. Nurses provide care and advice to a mobile population. Nurses are more mobile and embrace technology. Nurses depend on tools reaching patients across the country and the globe. As our profession embraces potential uses for technology we will experience growing pains. As regulators, we need to evaluate the benefits with the risk to patients. As regulators, we need to achieve the delicate balance of providing safe nursing practice while allowing nurses to practice to their fullest scope of practice.

##### **B. REGULATION OF NURSING EDUCATION (100 WORDS OR LESS)**

Two major challenges present in nursing education: the aging of nursing faculty and currency of nursing practice. The most significant single factor limiting the supply of nurses is the shortage of nursing faculty. Without adequately prepared faculty and the number of faculty needed to prepare students, we rapidly approach a crisis point in the shortage of nurses. We need to maximize strategies used by states demonstrating an increase in the supply of qualified new graduates. Nursing education needs to closely align with the competencies needed by new graduates in our changing health care environment.

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### **C. THE ROLE OF REGULATION IN EVOLVING SCOPES OF PRACTICE (100 WORDS OR LESS)**

Nursing regulation is building a growing body of evidence for decisions. Our Institute of Regulatory Excellence and research provide boards of nursing with reliable information to make decisions. Nursing regulators need to test and measure effectiveness of their outcomes. The recent simulation study was very well received and changed nursing education. The Commitment to Ongoing Regulatory Excellence reports provide measures of efficiency and effectiveness. This evidence needs to be widely shared and used to validate actions taken by boards of nursing. Boards of nursing need to protect patients while allowing the profession to grow. Boards of nursing need to delve in to determine best practices.

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

Boards of nursing exist to protect people. Boards of nursing accomplish public protection through licensing, discipline and determining standards of nursing care. Boards of nursing in the United States struggled with the criteria necessary to issue a multistate license. The struggle lead to meaningful discussions and decisions. Similarities and differences were documented. Respect for the differences was demonstrated. The opportunity to measure effectiveness of the enhanced nurse licensure and advanced practice compacts exists. Boards of nursing in the United States and the English speaking Canadian provinces have differences in requirements. The next level of evaluating nursing regulatory effectiveness could involve measuring the effectiveness of these differences. As these differences are explored, the outcomes must be published in the Journal of Nursing Regulation or other professional journals. Our work can also serve as basis for comparison across health professions.

Several autonomous boards of nursing are experiencing a centralization of their functions under umbrella structures. Boards of nursing need to collect baseline data and define clear performance expectations to determine if this change in governance achieves the intended outcomes. Assumptions of improved cost effectiveness and process efficiencies need to be defined and measured. The impact of these changes needs to be captured in terms of patient safety. The Commitment to Ongoing Regulatory Excellence (CORE) is an excellent tool to use to begin to measure these differences. The CORE reports include both quantity and quality measures to compare performance measures among boards of nursing. The CORE report provides objective data for the comparison. Advanced data collection and analysis may be needed to provide rationale for the differences. CORE provides information on licensing, education, discipline, and financial measures. Using this data and the promising practices is essential to improving nursing regulation.



## Treasurer

### **Gloria Damgaard, MS, RN, FRE**

Executive Director, South Dakota Board of Nursing

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

My interest and passion for the work of nursing regulation began early in my career when I received an appointment to the South Dakota Board of Nursing as an RN member. I served in this position from 1981-86 and held the position of Board President. Subsequently, I was hired to serve in the position of Nursing Education Specialist for the Board of Nursing, a position which I held for eleven years. In 2002, I was appointed to the position of Executive Director of the Board and currently serve in this capacity. My highest level of nursing education is a Master's Degree in Adult Health Nursing with a focus in nursing education. I taught nursing in South Dakota for over 13 years with experience in diploma, associate degree and baccalaureate nursing education programs. My areas of clinical practice included medical surgical and mental health nursing. In 2007, I was inducted as a Fellow of Regulatory Excellence following completion of the Institute of Regulatory Excellence. As a project for the IRE, I implemented an on-line orientation program for work site monitors supervising nurses that are enrolled in our alternative to discipline program. My experience also includes serving as a principal investigator for an NCSBN funded grant project entitled, "Virtual Nursing Care for School Children with Diabetes". The results of this study was published in the Journal of Nursing Regulation, Volume 4, 2014, with a follow-up article in Volume 6, 2015. This research study provided the evidence for rule changes that have impacted diabetes care in our state. I have served as a Director at Large for the NCSBN Board of Directors for two terms, served on various committees and as a liaison for the Board to the CORE committee.

#### **WHAT IS YOUR PERSPECTIVE REGARDING THE FOLLOWING ISSUES AFFECTING NURSING REGULATION?**

##### **A. BORDERLESS HEALTH CARE DELIVERY (100 WORDS OR LESS)**

My perspective is that new models of health care delivery, such as the telehealth industry, are exploding around us and challenging our thinking about our state based licensure models that have been in place for over 100 years. These challenges include considering new models of licensure that maintain the authority of the states to regulate nursing practice for the safety of the public that we serve while at the same time being flexible enough to find solutions to the need for borderless practice. I believe that the members of NCSBN have been leaders in advancing solutions to issues raised by borderless practice in the adoption of the Enhanced Nurse Licensure Compact. I believe that the work on this issue has been a unifying force for NCSBN. We will need to continue to support all of our member boards as we work through these challenges both individually and collectively.

##### **B. REGULATION OF NURSING EDUCATION (100 WORDS OR LESS)**

As the nursing education specialist for the SD Board of Nursing, I spent a considerable amount of time making site visits to the nursing education programs in our state. I continue to believe that nursing regulation should play a role in the approval of nursing education programs. It is incredible to bear witness to the innovation in nursing education as programs embrace the technology of simulation and distance education. Evidenced based decision making is critical for Boards of Nursing to embrace these changes. The research on simulation and the number of hours that can be safely substituted for clinical experience is an exemplar of the kind of evidence that Boards need to make policy changes for this to occur. I believe that Boards of Nursing play a pivotal role in ensuring that standards are met for the implementation of nursing education programs that prepare practitioners to safely enter the practice of nursing upon graduation and completion of the NCLEX. I believe that we will be challenged to assure that distance education programs deliver the same quality of programming as traditional models of nursing education

and that models are in place to protect the public from those that do not meet standards. I believe we have work to do regarding the licensure of faculty that teach in programs that cross state borders for both generic education and advanced practice education programs. I believe that we must work collaboratively with educators, accreditors and regulators to ensure a safe and effective system of nursing education for the benefit of the citizens of the world.

**C. THE ROLE OF REGULATION IN EVOLVING SCOPES OF PRACTICE  
(100 WORDS OR LESS)**

The role of regulation in evolving scopes of practice is an essential aspect of public protection. I believe that nursing practice guides the research in nursing which then builds the body of knowledge of the profession. The role of regulation is to ensure that standards are in place to assure that practitioners of nursing are qualified and safe to practice. These standards should have an evidence base and consider local, regional, national and international practices. Regulation also exists to ensure that practitioners are allowed to practice to the full extent of their education and licensure. I also believe that practice evolves at all levels, not just at the top, and that nurses need to have the knowledge and skill to delegate tasks to unlicensed individuals that have met educational and competency standards. As workforce shortages threaten the health care of the world, we need to recognize the skills and abilities of unlicensed health care workers that can assist in access to care for all of our citizens. This too needs to be evidenced based to assure public protection and standards need to be in place to guide the practice.

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

One of the top challenges to regulation at the present time is the issue of borderless health care delivery. Although it is a challenge, I believe our organization has met this challenge head on and has made considerable progress in achieving a desirable outcome. The implementation of a public policy director for the organization that is based in Washington, DC, has been a huge success for NCSBN and the member boards in the area of state based licensure. Our collective voice is being heard on Capitol Hill on issues related to nursing regulation. As a member board, I feel more informed on the issues at the national level and how they impact state based regulation than ever before. The adoption of an enhanced nurse licensure compact with uniform core licensure requirements is another success for member boards in meeting the challenge of borderless health care delivery. Our next challenge in this area is the legislative enactment of the enhanced nurse licensure compact. We had significant success with 10 member boards enacting the legislation so far in 2016. Another challenge that is less obvious but very important is maintaining the self-regulatory model of nursing regulation. By that, I mean a structure where nurses and public members make policy decisions regarding the regulation of nursing. We need to be aware of anticompetitive decision making in our regulatory environment and the effect that this might have on our ability to self-regulate. As an organization there are opportunities for us to develop guidelines and standards to assist member boards in understanding the parameters of decision making by market participants. In this era of cost saving by state governments, we need to be able to demonstrate the impact that boards of nursing have on public protection. The CORE program is an example of how boards can provide evidence of the effectiveness of the self-regulatory model of nursing regulation. We also need to stay in close communication with the public and maintain a high level of trust in our ability to protect the public as it relates to the practice of nursing. We must be responsive to the needs of our citizens for access to safe and effective nursing care.



## Director-at-Large

### Kameka Brown, PhD, MBA, MS

Executive Officer, California Board of Vocational Nursing and Psychiatric Technicians

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

It is an honor to submit my nomination as a Director at Large for the NCSBN. With over a decade in clinical experience, I believe I possess the skills needed to support the Mission and Vision of the Board. As the current Executive Officer for California Board of Vocational and Psychiatric Technicians, I advocate for nearly 200,000 clinicians practicing in a variety of areas while enforcing critical regulations needed to safeguard the public. In my past role as Chief of Workforce Development and Education with the Veteran Affairs, I maintained compliance with local, regional and national regulatory bodies to for over 1000 employees across 44,000 square miles.

My efforts extended to public service as Washington State's Commission for African American Affairs and Interagency Commission on Health Disparities. In both roles, I sought to review and enact policies that would protect all residents throughout the state. This service is bolstered by my experience as faculty at both the undergraduate and graduate level supporting nursing education. This support included the development of the first post DNP residency program in the VA system that continues to prepare advance practice providers for tomorrow.

Thank you for considering my nomination to the Leadership Committee. I believe my talents and tenacity will help the Board accomplish its goals for the next two years.

#### **WHAT IS YOUR PERSPECTIVE REGARDING THE FOLLOWING ISSUES AFFECTING NURSING REGULATION?**

##### **A. BORDERLESS HEALTH CARE DELIVERY (100 WORDS OR LESS)**

The development of a national certification is ideal in the seamless transition of nursing professional across states. To that end, shoring up incongruent scopes of practice and educational standards is needed to develop a national license for nursing professionals. Similar to clinicians practicing in the federal setting, adhering to a central set of standards allows for one defined scope of practice and one set of regulations for professionals to be measured against.

##### **B. REGULATION OF NURSING EDUCATION (100 WORDS OR LESS)**

Regulation is a critical element of nursing education to insure and enforce quality preparation of the next generation of nursing professionals. With the increasing development of private and proprietary schools, critical review of clinical components is needed for consumer protection and nurse preparation.

##### **C. THE ROLE OF REGULATION IN EVOLVING SCOPES OF PRACTICE (100 WORDS OR LESS)**

Regulation is critical for establishing the minimum proficiency and establishing scopes of practice. As new legislations changes, it will be critical to dovetail this against scope of practice to insure that appropriate parity and practice is not being encumbered. Equally, it is important to protect the public from those who are practicing outside of the intended guidelines.

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

Two key challenges in nursing regulations is reviewing international licensees and varying scope of practice. International licensee applications can be difficult to evaluation for initial application due to the challenge of validating the authenticity of the information, the differing grading scales and the dearth of information provided. While credentialing services are available, it is

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challenging as some do not require primary source documentation. Leveraging the FITS lists as a central repository is but one way to stymie fraudulent applications and track bad actors.

Varying scope of practice continues to be a challenge for licensees with multiple state licenses. Increasing compact state licenses serves as a method to increase license reciprocity and develop parity across states. Additionally, driving to the goal of a national standard of practice lends to uniform practice guidelines.



## Director-at-Large

### Mary Kay Goetter, PhD, RN, NEA-BC

Executive Officer, Maryland Board of Nursing

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

I began my career as an ICU nurse in Milwaukee in 1980. After 10 years, I was commissioned into the US Air Force and served active duty tours as an obstetrical nurse in Japan and Cheyenne. I earned board certification in Maternal Newborn Nursing and currently, in Nursing Executive-Advanced. Separating from active duty in 1999, I transitioned to Wyoming Air National Guard (WYANG) and civilian practice at Cheyenne Regional Medical Center where I progressed from a Unit Educator to Magnet Program Coordinator, and then Director of Nursing Practice. While completing a master's degree in Nursing Education, I taught undergraduate clinical and didactic nursing. Graduate school infected me with a passion for research and pursuit of evidence-based practice, which led to doctoral studies. In 2008, after deploying to Qatar as a clinical nurse in support of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), I became the Executive Director of the Wyoming State Board of Nursing (WSBN). I was selected by NCSBN to serve on two committees: Leadership Succession and Institute of Regulatory Excellence (IRE), as well as peer reviewer for the *Journal of Nursing Regulation*. In 2009, I earned my Doctor of Philosophy in Nursing Education while working fulltime, deploying four times and being Chief Nurse of the WYANG. After leaving WSBN in 2012, I completed Air War College, taught graduate nursing and deployed to Afghanistan as a Nurse Scientist on the Joint Combat Casualty Research Team (JC2RT). Still smitten with nursing regulation, I became the ED of the Maryland Board of Nursing in August 2014. Thriving on the energy of professional engagement and service, I continue to serve in the AF Reserves as a Nurse Scientist in the rank of Colonel. Serving on the Board of Directors has been my dream since my earliest exposure to NCSBN.

#### **WHAT IS YOUR PERSPECTIVE REGARDING THE FOLLOWING ISSUES AFFECTING NURSING REGULATION?**

##### **A. BORDERLESS HEALTH CARE DELIVERY (100 WORDS OR LESS)**

Globalization and explosive growth in technology and communication capabilities demands a more future oriented approach to regulation. However, NCSBN is comprised of states and territories from both within and without the US, each of which holds their own unique perspective and values. The first priority is identifying a vision for how NCSBN wishes to lead in borderless health care delivery while respecting differences in those individual values. To that end, we need to clarify which regulatory tenets are common to all players and maximize them, while also examining ones that may divide us and impede progress, and seek to mitigate them.

##### **B. REGULATION OF NURSING EDUCATION (100 WORDS OR LESS)**

Keeping a keen eye on nursing education programs is essential to our primary regulatory mission of public protection. Previously, the focus has been on entry-level programs and resulted in a solid regulatory framework and position that assures competent entry to practice. However, as advanced practice registered nurse (APRN) programs continue to proliferate and feed into a wide pipeline of providers, NCSBN must take a stand on assuring that graduate programs preparing APRNs are held to a consistent standard for entry to practice at the advanced level.

##### **C. THE ROLE OF REGULATION IN EVOLVING SCOPES OF PRACTICE (100 WORDS OR LESS)**

The nursing profession has basked in extremely favorable public opinion for decades. But if regulatory leaders fail to recognize the economical motivations that may exploit this assumption of altruism, there is a real risk of public harm by under-qualified individuals being allowed to expand their scope. These "evolving scopes of practice" must be based on evidence of need



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and have robust academic and clinical preparation. Baseline core competency assessment, fellowships, and oversight of outcomes are essential for public protection. On the other hand, regulators should continue to encourage practicing to the fullest scope of both RN and LPN roles.

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

The main challenge nursing regulation faces is balancing the pace of technological and communication growth and what we “can” do with what we “should” or “must” do. In other words, simply because we have ability to exponentially grow or push into an area does not mean that we should. Identifying and ranking priorities and strategically planning for how to achieve them is paramount. I would address this by drawing on research and other sources of available evidence to identify and rank order priorities and then address strategies. NCSBN is abundantly blessed with a healthy fiscal status, but more than its cash reserves, it has the IRE and a cadre of talented regulatory researchers at every level. I would tap the IRE specifically to address research priorities and add to the scientific body of knowledge to inform our efforts.

The second challenge is closely related to the first; we need more scientific evidence to support our initiatives and drive our efforts. If leading the world in borderless health care delivery is a priority (and I believe it should be) then we need to be seeding a robust research agenda related to that. What are the barriers and how will we overcome them? What would the core requirements for an international license look like? What is the information technology infrastructure needed to support even the Enhanced Licensure Compact much less a global compact? Regardless of the questions, the answers lie in more research and scientific evidence to support short-, mid-, and long-term goals. My strategy to realize this would be to grow the IRE and align the aspiring researchers with NCSBN staff researchers. While there is a place in this program for novices to explore personal areas of interest, we should focus on NCSBN leaders driving the research agenda to meet its needs.



## Director-at-Large

### Geraldine Marrocco, EdD, APRN, CNS, ANP

Member, Connecticut Board of Examiners for Nursing

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

My trajectory within the profession provides a wealth of experience academically and clinically. Teaching in diploma programs, ADN, BSN programs and most currently in MSN/DNP programs, gives me a deep understanding of the landscape in education and an understanding the challenges, opportunities and difficulties for each. Now, as a member of the nursing faculty at Yale, I am deeply committed to strengthening nurses' station in the current complex health care arena. Throughout my years of teaching, I maintained an independent practice and am most proud of establishing a privately owned and managed Primary Care Practice, now a Nurse Practitioner Consortium. The challenges of practicing primary care in this changing environment demands attention to detail, current trends, and issues while providing evidence based care. My areas of interest involve promoting student participation in health care policy activities, curriculum redesign modalities and better ways of teaching and learning through technology. I am a member of the NCSBN APRN education committee to assess the pros and cons of over site of APRN Education within the State Boards of Nursing. This committee work inspired me to become more involved at the national level. I have the experience, knowledge and desire to continue to contribute. Serving on the state board of nursing in CT for 3 years, has afforded me the opportunity to embrace the need for regulation and oversight of licensed nurses and nursing programs. I am well versed in the statutes, know the climate in the state and can offer insight and logic to interpretation of regulations. In addition to my work in education and regulation, I am an active member of the Yale community and participate in interprofessional curriculum development projects. I am an active member of the regional Emergency Relief Team providing health care to victims during disasters.

#### **WHAT IS YOUR PERSPECTIVE REGARDING THE FOLLOWING ISSUES AFFECTING NURSING REGULATION?**

##### **A. BORDERLESS HEALTH CARE DELIVERY (100 WORDS OR LESS)**

With the advent of electronic medical records, the entire system will allow a borderless delivery of care. My experience working within the VA system proved to be one that provides comprehensive care to patients without compromising quality. In my work at Yale, I lecture on the need for improved transitional care especially with the elderly, noting the new technology to advance improved care of the home bound patient. We have already begun the journey towards borderless health care. Telehealth is here to stay and with it will be struggles and regulation questions that insure public safety across state jurisdictions. I anticipate the NCSBN playing a larger role in shepherding state boards with guidance from the national perspective.

##### **B. REGULATION OF NURSING EDUCATION (100 WORDS OR LESS)**

Nursing education regulation has already become cumbersome with the emergence of multiple distance learning programs. In addition, the nursing shortage coupled with an aging faculty has created a need for a closer relationship between regulation and academia. The surge in distance learning commands a broader understanding of the populations served in many rural and remote areas. Students are mobile and the lack of qualified preceptors require that they often seek clinical learning outside the state of their program. Boards of Nursing will be challenged to understand need to create innovative clinical learning in the populations served and the specific curricular goals to graduate safe practitioners at all levels of entry.

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**C. THE ROLE OF REGULATION IN EVOLVING SCOPES OF PRACTICE  
(100 WORDS OR LESS)**

The role of regulation as scope of practice expands in many states requires active surveillance of the state boards. The challenges are dynamic as states continue to expand the scope especially for the APRN and are faced with a declining workforce. The discussion during my attendance at the APRN Education committee continued to reinforce my concern that while the body of knowledge achieved in nursing programs is recognized as sufficient preparation for safe practice nationally, the limits to practice are restricted to state borders. The anecdotal stories clearly identified the threat to patient safety during a patient's transition to other states. Clearly there is evidence that having different statutes hampers safe care. NCSBN has, and will need to continue, to play an active role in government and legislative changes to promote compact license agreements and move toward a national nursing license.

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

Will the regulations of today meet the demands of tomorrow? Care models will change and as a result, nurses will change the way they practice. For example, new ways of practicing using technology will summon boards to maintain standards for safe practice and not compromise public safety while adapting to more modern care modalities. The NCSBN needs to be at the helm as many states need direction to cope with these emerging trends. Each state can draw on the expertise provided by the NCSBN to assist not only in regulation, but also in examining laws that are restrictive, antiquated and have a deleterious effect on population care. NCSBN will continually have an active role, working with policymakers and governmental agencies regarding the impact of legislative changes to the practice of nursing and protection of the public. The NCSBN office in DC can continue as a strategic location.

The second pertains to nursing education and subsequent practice issues. The compact license is gaining popularity for RNs and APRNs. Striving for more uniformity in state regulation across borders could alleviate some scope of practice issues. Nursing education is facing a decreasing number of preceptors and sites for clinical learning, the faculty workforce is shrinking due to retirements and there is a greater demand for the BSN in hospital settings. NCSBN will need to reexamine and evaluate ways of learning and promote more inter professional learning models for RN and APRN programs. Broader outcome studies will determine if these ways of learning can achieve the same or better quality of education for future nurses. With a boom in the aging population, there is a need for more nurses to manage and supervise care in the community given by the UAP. Can telehealth be the answer? In addition, there remains a serious gap in population care as a result of antiquated laws. Hopefully Senate Bill 578 will move forward removing restriction of practice for the APRN.



## Director-at-Large

### Barbara McGill, MSN, RN

Director of Recovering Nurse Program/Monitoring, Louisiana State Board of Nursing

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

I have served the Louisiana Board of Nursing in various positions for approximately 16 years, including Director, Recovering Nurse Program (RNP), Director of Compliance (included RNP, monitoring, Investigations and Hearings). Was member of an NCSBN work group for Alternative to Discipline programs from 1997–1999. Out of that group the National Organization of Alternative Programs was born. I have served that group as Treasurer, Board Member and currently serving as President-Elect. I also served on The NCSBN Disciplinary Advisory Resources Panel from 2005–2006. I have been a member of the NCSBN Standards Development Committee for 2014–2016.

#### **WHAT IS YOUR PERSPECTIVE REGARDING THE FOLLOWING ISSUES AFFECTING NURSING REGULATION?**

##### **A. BORDERLESS HEALTH CARE DELIVERY (100 WORDS OR LESS)**

Borderless health care is needed as the nursing population is changing in the face of technology, diversity, and globalization. Having nurses be able to practice across borders without the expense of securing a license in each state will be helpful. It is helpful not only in telehealth, case management, and mobility, but also as nursing education changes to be more web based and the increased use of simulation. Borderless health care does have its challenges. BON's must increase their collaboration to regulate and discipline nurses who practice across borders.

##### **B. REGULATION OF NURSING EDUCATION (100 WORDS OR LESS)**

Boards of Nursing should regulate nursing education. There are still concerns regarding nurse preparation. As education is changing, BON's should maintain standards in curriculum, encourage schools to focus on communication, team work and critical thinking. Education is moving away from the traditional didactic and clinical experiences to more online classes, simulation, and videocasts, BON's must ensure that the art of nursing is not lost.

##### **C. THE ROLE OF REGULATION IN EVOLVING SCOPES OF PRACTICE (100 WORDS OR LESS)**

The role of regulation in evolving scopes of practice must also be evolving. Boards of nursing have led the way and must continue to be the leaders of innovation. It is incumbent upon nurse regulators to ensure that innovations meet the standards of care and maintain public safety.

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

One of the challenges to nursing regulation is the opioid epidemic. We must demonstrate how nurses are part of it, how nurses are adding to it, and how can nurses be of more help. The most common violations are related to substance use, diversion and impaired practice. One of the leading cause of Emergency Room visits are overdoses, both intentional and accidental. I think that we must look closely at prevention of opiate dependence as well as appropriate treatment. Medication assisted therapy may have a place in harm reduction, as the opiate replacement medications work on the same receptor sites as the opiates, the person is under the influence and that is not appropriate for health care professional. More education and understanding of the addiction process is needed.

Another challenge BON's are facing is public safety. As a recently published article indicated that the 3rd leading cause of death is medical errors; maintaining the BON's purpose of protecting the public will continue to be more difficult. The number of nurses is increasing, the number

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of prescribers is increasing and the number of complaints is increasing. How does a BON deal with ever increasing numbers with finite resources? Strategies to address include increased use of technology, increased education of nursing employers and standardization of handling complaints.



## Director-at-Large

### Lori Scheidt, MBA-HCM

Executive Director, Missouri State Board of Nursing

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

Lori Scheidt has served as the Executive Director of the Missouri State Board of Nursing since 2001. She knows how to execute a vision to achieve results while creating and maintaining an environment of professionalism and effectiveness for a team of 28 who work with over 137,000 licensees and a \$10 million annual fund. Prior to her executive director appointment, she served as the Board's Licensure Director and has performed virtually every position within the board office during vacancies.

#### **EDUCATION & STATE BOARD BACKGROUND:**

- Masters in Business Administration – Healthcare Management – Western Governors University 2012
- Bachelor of Science – Computer Information Management – William Woods University 2000
- Associate in Arts – Columbia College 2000
- Missouri Healthcare Workforce Coalition Member – 2015 – Present
- Missouri Center for Patient Safety – Chair/Advisory Member 2006 – Present

#### **NCSBN COMMITTEES & PRESENTATIONS & NLCA OFFICER**

- Nurse Licensure Compact Administrators Executive Committee – Vice Chair 2012 – Present
- Fraud Detection Committee – Chair – 2015
- Enhanced NLC Legislative Strategy Team 2015
- Member Board Agreement Review Committee – Chair – 2013
- Discipline Effective Practices Subcommittee – 2014 – 2015
- Nurse Licensure Models Committee – 2011 – 2012
- Awards Panel – 2004 – 2006
- CORE Committee – 2005
- Nursys Advisory Panel – 2003 – 2004
- Test Service Technical Subcommittee – 2001 – 2002
- Examination Committee – 1997 – 2000
- NCLEX Evaluation Task Force – 1996
- Committee for Special Projects (CAT) – 1995
- IT/Operations Conference – Speaker – 2014, 2013, 2012, 2007
- NCSBN Midyear Meeting – Speaker – 2016, 2015, 2013, 2011
- NCSBN Annual Meeting – Speaker – 2015, 2013
- NLCA Meeting – Speaker – 2016

## **AWARDS:**

- NCSBN Outstanding Contribution Award – 2001
- Missouri Board of Nursing awarded the NCSBN Regulatory Achievement Award – 2012
- Missouri Governor's Award for Quality and Productivity for significant improvements in nursing investigations – 2004

## **WHAT IS YOUR PERSPECTIVE REGARDING THE FOLLOWING ISSUES AFFECTING NURSING REGULATION?**

### **A. BORDERLESS HEALTH CARE DELIVERY (100 WORDS OR LESS)**

NCSBN has built a futuristic foundation to be a world leader in nursing regulation. We are ahead of the curve in developing evidenced based regulation through research and new models of regulation. NCSBN is also leading the way in the 21st century by committing significant resources in supporting all states to enact the enhanced nurse licensure compact. The organization has also established a presence in Washington, DC to build strong alliances with key stakeholders to enhance patient safety. The onboarding of additional DC staff charged with keeping member boards informed of federal legislative and emerging practice issues is critical in assisting the organization and its' members in keeping ahead of the curve. The next challenge for NCSBN and members will be moving beyond U.S. borders.

### **B. REGULATION OF NURSING EDUCATION (100 WORDS OR LESS)**

NCSBN has invested in committee work and research that addresses the regulation of nursing education programs. The NCSBN National Stimulation Study provided critical information for an expert panel to make evidence-based recommendations for simulation in pre-licensure nursing programs. Without a doubt, nurses need and demand flexible educational systems that promote seamless academic progression. Member boards struggle with faculty shortages, evaluating the effectiveness of online education, and lack of appropriate clinical facilities. NCSBN must continue to embark on important research to provide the evidence member boards need to make effective policy decisions and regulations. Patient safety must continue to be our priority.

### **C. THE ROLE OF REGULATION IN EVOLVING SCOPES OF PRACTICE (100 WORDS OR LESS)**

The patchwork of varying scopes of practice and borderless health care makes it difficult for patients, practitioners, employers and payers to traverse. To further complicate matters, boards of nursing are creatures of statutes that have evolved over the last century and therefor can only enforce state laws as they exist. NCSBN worked with key organizations to develop the APRN consensus model. The consensus model foundation was built on research that demonstrates APRN's provide safe, cost-effective, high-quality care and how the model benefits public safety. NCSBN needs to continue seek solutions that are deep-rooted with evidence and keep the attention on patient safety while enhancing access to quality health care.

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

A major accomplishment over the past two years was obtaining consensus on the enhanced nurse licensure compact (eNLC). We are now at the point where the rubber meets the regulatory road. We must shine in our abilities to assist boards with implementation strategies in order to achieve 26 states enacting the compact by 2018. Member boards need to work with key staff and team members to make sure they are ready for the transition. NCSBN should keep a pool of qualified member board staff and NCSBN team members that can assist member boards as they navigate through the process to ensure their state is ready to implement the compact. As the focus shifts from passage of the law to implementation, we need to have a robust plan in place to hit the ground running, including draft bylaws and rules.

The second challenge is international nurse licensure. One of my passions is fraud detection. I had the pleasure of chairing the Fraud Detection Committee and assisting in development of the *Resource Manual for Foreign-Educated Nurses*. We have an obligation to make sure we license only qualified individuals. Fraud, particularly from international applicants, is on the rise and we must remain ever vigilant because as soon as one scheme is uncovered, more arise. One of the strategies that is currently underway based on a recommendation from our Fraud Detection Committee, was that an educational course with an evaluation post-test be created as an additional tool to train member boards on fraud detection. We can't stop there. We need to make sure the course is updated as new trends are discovered. We also need to develop more alliances with our international partners. Having a more thorough understanding of how education and licensure works in other countries will broaden our body of knowledge. We also need to work with our credential evaluation agencies to ensure there is proper vetting of international applicants.



## Director-at-Large

### Karen Scipio-Skinner, MSN, RN

Executive Director, District of Columbia Board of Nursing

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

I serve as executive director for the District of Columbia Board of Nursing. I was elected last year to a one-year term as an at-large member of the NCSBN Board of Directors.

As a member, I have represented NCSBN on the Alliance for Ethical International Recruitment Practices Governing Board for six years. I have served as a member of NCSBN's Commitment to Ongoing Regulatory Excellence Committee, Awards Committee and chaired NCSBN's Executive Officers Network. I have also served as a mentor to several Executive Officers. I have had thirty years of regulatory experience. In addition to my position as executive director, early in my nursing career I was appointed to serve as a board member of the District of Columbia Board of Nursing. While serving on the Board we revised the Nurse Practice Act, combined the LPN and RN Boards of Nursing, and recognized--for the first time--the role of the Advanced Practice Registered Nurse. I began my nursing career as a psychiatric mental health nurse educator in a large federal government run psychiatric facility and as the Director of Staff Development for a private psychiatric facility. I later worked as a Psychiatric Review Specialist/Training Supervisor with the American Psychiatric Association. Prior to my current position, I worked for over ten years for the District of Columbia Nurses Association as their Practice and Policy Associate and Continuing Education Coordinator. While at DCNA I worked with the DC Board of Nursing to pass regulations removing APRN practice barriers. I also worked to pass legislation establishing an alternative to discipline program, which I had the privilege of establishing when appointed as executive director of the Board. My recent community experience includes member on the Nurse.com Northeast Regional Advisory Board, member of the DC Nurses Action Coalition and member of the YWCA of the National Capitol Area's Board of Directors.

#### **WHAT IS YOUR PERSPECTIVE REGARDING THE FOLLOWING ISSUES AFFECTING NURSING REGULATION?**

##### **A. BORDERLESS HEALTH CARE DELIVERY (100 WORDS OR LESS)**

Borderless health care delivery is the natural outcome of innovations in health care delivery. Digital communication tools are being used to provide a seamless, integrated care where patients anywhere in the world can access medical care; ICU monitoring, radiology and mental health care are routinely delivered remotely. Our challenge as regulators is to protect the health care consumer by rehabilitating, or removing from practice licensees who are unsafe. Our traditional regulatory model, multistate licensure, does not lend itself to addressing these challenges. We must be able to provide borderless regulation as seamlessly as we are able to deliver health care.

##### **B. REGULATION OF NURSING EDUCATION (100 WORDS OR LESS)**

With the current nursing shortage it has become increasingly important that we facilitate nursing education, especially in areas where traditional educational programs are not accessible. While online education allows us to reach more students it also brings with it the challenge of monitoring the quality of these programs. We must continue to work with these programs to ensure that students are developing the critical thinking skills needed in nursing. And to require them in to prepare graduates who will be able to care for health care consumers in an ever-evolving and demanding health care delivery system.

##### **C. THE ROLE OF REGULATION IN EVOLVING SCOPES OF PRACTICE (100 WORDS OR LESS)**

As a regulator it is challenging to keep up with technological advances; to determine whether or not a new clinical skill is within the scope of practice of a nurse. When do we cross the line from



RN practice to advanced practice or even into medicine? Nursing practice has evolved and must continue to do so. But as regulators whose foremost mission is protection of the public, while we allow nurses to practice within the fullest scope of their practice, we must continue ensure that they are providing safe and competent care.

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

I foresee two diverse challenges in nursing regulation. One is regulating and defining the scope of practice for nurses in an environment of constant technological changes. The other is the regulation of unlicensed assistive personnel (UAP). I wrote in an earlier answer regarding regulating nursing practice amidst innovation in health care delivery, so I will focus on the regulation of unlicensed assistive personnel.

The DC Board of Nursing (BON) recognized about ten years ago the need to regulate UAPs. The first decision made by the board was to classify them as “nursing assistive personnel” (NAPs) thereby clarifying that only personnel who perform tasks delegated by licensed nurses would be under the authority of the BON. DC legislators were then asked to give the board the authority to not only regulate NAPs, but to also determine which NAPs to regulate. This would allow the Board to determine which additional categories of NAPs to regulate in the future. In 2009 the Nurse Practice Act was amended, as requested, giving the board the authority to regulate NAPs. The Board began with the regulation of Home Health Aides (HHA), the fastest growing health care career and, by our estimation, the least regulated. The board delineated their tasks, developed a model curriculum and required them to pass both a written and skills examination. As a result, in 2014, when the FBI began cracking down on the illegal practice of HHAs in DC we were able to remove them from practice by revoking their certification. Prior to the BON regulating them, there was not an HHA registry and no way for agencies to verify their status.

By the end of this year, the regulation of Certified Nursing Assistants (CNAs) will also come under the authority of the Board, along with Patient Care Technicians (acute care CNAs), Medication Aides, and Dialysis Technicians.

## Director-at-Large

### Valerie Smith, MS, RN, FRE

Associate Director, Arizona State Board of Nursing

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

I have worked in nursing regulation for more than 21 years. I began employment with the Arizona Board of Nursing (AZBN) in 1995 and have been in a leadership role over the past 16 years. The five areas of responsibility have included providing direction and oversight of the complaint, investigative and hearing departments; administration and oversight of AZBN's alternative to discipline program (CANDO) for licensees with substance use disorders; oversight of the discipline compliance monitoring department; and supervision of staff within the diverse departments at AZBN.

Over the past two decades I have served on a number of NCSBN committees, task forces and planning groups focused on developing evidence based regulatory guidelines for use by nursing regulators. The committee/group work included six subject areas: investigator core competencies; investigative promising practices; the regulatory management of licensees with substance use disorders (SUD); drug testing guidelines; use of criminal background checks in licensure decision points; and developing strategies for monitoring effectiveness of licensure disciplinary actions and remediation. My service to NCSBN includes consulting with the Nurse Licensure Compact Administrators (NLCA) in the areas of Nurse Licensure Compact (NLC) complaints, investigation and discipline data as well promoting uniform guidelines for alternative to discipline programs within the NLC.

In 2007, I was awarded Fellow Regulatory Excellence. My research focused on identifying core competencies needed by board of nursing investigative staff to assure appropriate regulatory decision-making and public protection. In 2010, I was selected for NCSBN's Exceptional Contribution Award. I regularly attend Delegate Assembly and Midyear meetings and have presented at numerous NCSBN and NLCA conferences and meetings.

I was appointed to NCSBN's Board of Directors in 2015 and currently serve as Director at Large. In this role, I have worked earnestly to broaden my knowledge to understand and address challenges facing Member Boards.

#### **WHAT IS YOUR PERSPECTIVE REGARDING THE FOLLOWING ISSUES AFFECTING NURSING REGULATION?**

##### **A. BORDERLESS HEALTH CARE DELIVERY (100 WORDS OR LESS)**

While telehealth will continue to expand as a practical cost-effective, safe platform for patient care, it has challenged traditional models of state based licensure necessitating developing new measures and solutions. The demand for solutions from organizations, employers, state and federal legislators includes the threat of national licensure. National licensure would undermine the authority of each state to regulate the practice of nursing within its state and likely have unintended consequences for consumers of health care and the nursing profession. Nursing regulators must lead in identifying and promoting appropriate solutions to borderless health care. The enhanced NLC and APRN compacts provide such solution.

##### **B. REGULATION OF NURSING EDUCATION (100 WORDS OR LESS)**

Regulation of nursing education programs is one of the four pillars related to the mission of boards of nursing (BON). Continuous evolving evidence is needed to demonstrate BON are effective in their oversight of nursing programs to achieve the following:

- Reduced risk of harm to public and to the student when individuals are adequately prepared through their education program



- Increased understanding of regulatory challenges and therefore oversight of for profit, distance, and state based programs to ensure graduates are prepared and competent
- Augmented investigative competencies of BON education staff as they conduct more complex nursing education program investigations.

### **C. THE ROLE OF REGULATION IN EVOLVING SCOPES OF PRACTICE (100 WORDS OR LESS)**

In meeting current and future anticipated health care needs, nurses and other health care professionals must be able to practice at the full scope of their education and training. Nursing regulators must continue to advocate for the APRN consensus model, pursue changes to NPA and other statutes allowing full practice authority and assure educational preparation of nurses from entry into practice to advanced practice prepares individuals to meet health care needs of today and the future. We must collaborate with other health care professionals and endorse overlapping scopes of practice of other health care professionals who have education and training to provide safe patient care.

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

The rapid changes in the health care delivery environment have brought about numerous challenges for nursing regulation and requires regulators to be responsive and adaptive. An ongoing challenge nursing regulators have faced is licensure portability and decisions related to nursing practice across jurisdictions. With the growing use of technology to deliver both patient care and nursing education across jurisdictions and the threat of national licensure, it is imperative nursing regulators remain actively involved in discussions and lead in the decisions. Strategies I support include:

- Maintaining an office site in Washington D.C.
- Continuing a dynamic engagement with the membership to better understand concerns and barriers regarding the enhanced nurse licensure and APRN compacts
- Collaborating to search for mutually agreeable solutions
- Engaging the assistance of individuals and organizations supportive of NLC
- Educating policymakers, legislators, nursing professionals, students and other stakeholders regarding the benefits of NLC in meeting consumer health care needs
- Ongoing support and education of Member Boards and key leadership positions during a time of unprecedented turnover of executive officers.

A second challenge to nursing regulation is access to research and evidence to support regulatory decision-making related to complaint investigation and discipline against licensees, applicants and nursing programs. While select evidence has been developed in the areas of substance use disorders, sexual misconduct and boundary violations, how boards of nursing administer their investigative and discipline programs varies widely between jurisdictions. Additionally, some states report an increase in the number and complexity of complaints against nursing programs necessitating their education staff developing complaint investigation skills. Boards of nursing require access to research based evidence and education for all levels of staff including investigative and education staff, attorneys representing boards, and board members. Obtaining and disseminating research-supported guidelines for administering the discipline process facilitates informed, consistent evidence based decisions ultimately promoting public protection.

## Leadership Succession Committee Area III Member

### Stacey Cropley, DNP, RN

Lead Nursing Consultant for Practice, Texas Board of Nursing

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

Stacey is the Lead Nursing Consultant for Practice at the Texas Board of Nursing. Throughout her career Dr. Cropley has consistently applied her knowledge and expertise in nursing regulation and practice through the coordination of committee activities, assisting in research, and serving as a resource for nursing practice. Dr. Cropley has served in progressive leadership positions, developing and implementing of innovative models of care delivery.

Dr. Cropley's leadership efforts to improve nursing quality have been recognized, earning the Joint Commission's Key Quality Performer Award in recognition for top performance on SCIP and Pneumonia Core Measures, as well as the Texas Health Care Quality Improvement Silver Award by the Texas Medical Foundation in 2012. In addition, Stacey achieved the Texas Nurse's Association Panhandle Region Nurse of the Year Award in 2012. Dr. Cropley has consistently demonstrated dedication to the advancement of nursing through volunteer activities, including the Panhandle Rural Champion for the Texas Team, driving *Future of Nursing Initiatives* from 2011-2012 and as the Co-Lead for the Texas Team Rural Task Force. She has dedicated professional leadership to the Pediatric Nursing Certification Board, serving in several leadership roles including Item Writing Committee Member for the Certification Exam from 2007-2013, as well as serving on the Role Delineation Survey Committee for the 2012 survey. Dr. Cropley has been honored to be published in the *Journal of Nursing Administration* in June, 2012 as well as in *Creative Nursing* in November, 2013. She was given the honor by Koloroutis and Trout to review their book *See Me As a Person*, published in 2012. Currently, Dr. Cropley serves on the NCSBN Commitment to Ongoing Regulatory Excellence Committee, as well as the Choosing Wisely® Campaign in conjunction with The American Academy of Nursing (AAN), working with member fellows in the dissemination of campaign objectives for nursing.

#### WHAT IS YOUR PERSPECTIVE REGARDING THE FOLLOWING ISSUES AFFECTING NURSING REGULATION?

##### A. BORDERLESS HEALTH CARE DELIVERY (100 WORDS OR LESS)

The rapidly increasing cost of health-care delivery, critical staff shortages, and increased consumer demands for convenient, quality care are critically dependent on the nurse's ability to engage in borderless nursing care practices. Enabling the future nursing workforce to provide cross-regional nursing care requires the reform of health systems, promoting regulatory solutions in an effort to deliver seamless and borderless health care which is efficient, effective and of high quality. Current efforts to promote seamless, accessible borderless health care in all reaches of the country include regulatory efforts to enhance Telehealth as well as licensure compacts, improving nursing mobility across the country.

##### B. REGULATION OF NURSING EDUCATION (100 WORDS OR LESS)

Without legal regulation of nursing education programs, the public has no assurance of effective preparation of graduates who will provide safe, competent, compassionate care. Through nursing regulation, nursing program curricula may be reviewed through content mapping for evidence that knowledge, clinical judgments and behaviors, and skills of new graduates are relevant and consistent with the education program and with the mission of protecting the public. Nursing regulation of educational programs enable the design of seamless articulation plans for education mobility and for employers to create differentiated job descriptions for entry-level nursing practice:



### **C. THE ROLE OF REGULATION IN EVOLVING SCOPES OF PRACTICE (100 WORDS OR LESS)**

The professional registered nurse is an advocate for the patient and the patient's family, and promotes safety by practicing within the NPA and the BON Rules and Regulations. As evidence based research refines and defines health care and corresponding health care roles, nursing regulation serves to interpret and translate evidence based practices into applicable regulations that define the scope of practice and promote patient safety. The RN provides nursing services that require substantial specialized judgment and skill, predicated on knowledge and application of the principles acquired by a completed course of study in an approved school of professional nursing.

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

Nursing regulation is challenged to implement evidence-based regulatory practices as health care delivery systems and technology evolves. The diversity and health care needs of the growing population of health care consumers presents challenges on many levels impacting nursing regulation. Borderless practice mobility for Advanced Practice Registered Nurses through adoption of a Compact and adoption of telehealth technologies are two issues that challenge the regulation of nursing practice.

To meet the needs of complex patient populations in a manner that promotes safety, quality, cost efficiency, and promotes access to care, regulatory evidence-based decision making must focus on the development of underlying processes that facilitate nursing practice mobility. The need for interstate APRN practice is of particular importance to key stakeholders that include the telehealth industry, the federal government, and the nursing professional itself. At this time, it is not possible for APRNs to practice across state lines without meeting the licensure requirements in every state in which they intend to practice. Due to the wide variation in licensure requirements from one state to another, this is a cumbersome and costly process for APRNs and their employers that ultimately may result in decreased access to patient care. As a result, there have been increased calls for federal intervention that would create a national license for APRN practice.

The anticipated increase in use of telehealth technologies has implications for regulation of health care providers with regard to licensure and standards of care. In April 2014 the Federation of State Medical Boards adopted the Model Policy on the Appropriate Use of Telemedicine Technologies in the Practice of Medicine as a measure to ensure patient protection as telemedicine is implemented. Of note, this model policy defines licensure according to the location of the patient, which is consistent with the Texas Board of Nursing's guidance to nurses practicing telenursing.

## Leadership Succession Committee Area III Member

### Patricia Dufrene, PhD(c), MSN, RN

Director Education and Licensure, Louisiana State Board of Nursing

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

I currently serve as a member of the NCSBN Leadership Succession Committee. As a registered nurse for 30 years, I have practiced as an RN, APRN and faculty. Currently, I am pursuing a PhD in Nursing Administration and Education and anticipate completion August 2016.

Since 2009, I have been in regulation as the Nurse Practice Consultant for Education and Licensure. My role includes oversight of the Registered Nurse and Advanced Practice Registered Nurse Education Programs operating in or offering distance education clinical experiences in Louisiana. Oversight includes approval of undergraduate students applying for clinical, candidates for licensure by exam, criminal background checks of applicants, education program compliance, continuing education providers approved by the Board, RN refresher course providers, and evaluation of education for endorsement applicants.

I have served on boards and committees for several specialty related organizations on the local, regional and national level throughout my career. I remain active in professional and specialty nursing organizations including Sigma Theta Tau, Society of Pediatric Nurses, and American Nurses Association. I was selected by a specialty nursing organization as the representative at a national leadership conference.

Over the years, I have been active with several local community and church agencies. I particularly enjoy participating in activities for Gods special children with Down Syndrome.

#### **WHAT IS YOUR PERSPECTIVE REGARDING THE FOLLOWING ISSUES AFFECTING NURSING REGULATION?**

##### **A. BORDERLESS HEALTH CARE DELIVERY (100 WORDS OR LESS)**

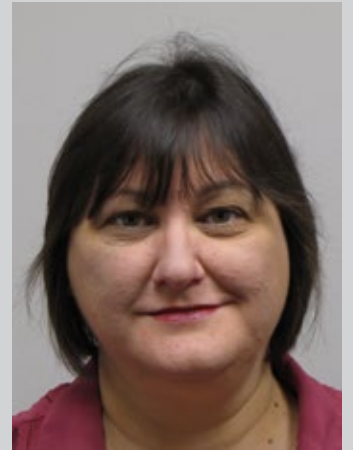
As distance education programs and interstate practice such as telehealth continues to emerge and expand, Boards of Nursing continue to be challenged with concerns of licensure portability of nurses across state lines. Boards must explore licensing options for safe and effective interstate education and practice. NCSBN has made great strides in developing and advancing interstate licensure with the new Nurse Licensure Compact (NLC). The new NLC addresses fears and resistance of some Boards not participating in the original compact. The endeavor requires continual education of Boards, legislators and stakeholders of the need and benefits of the NLC.

##### **B. REGULATION OF NURSING EDUCATION (100 WORDS OR LESS)**

The mission of most Boards is public protection. Nursing board approval of nursing education programs assures the standards are met to educate practitioners to meet this mission. Nursing education is becoming more innovative and there are increase opportunities for distance education. Distance education offers interstate portability of education and opportunities for students who otherwise couldn't attend a nursing program. As new programs and distance education programs enter the state, regulatory boards are positioned to protect the public from fraudulent programs and programs exhibiting poor quality in terms of attrition rates and NCLEX scores. Collaboration between education and regulation is necessary:

##### **C. THE ROLE OF REGULATION IN EVOLVING SCOPES OF PRACTICE (100 WORDS OR LESS)**

Scope of practice barriers impact the challenge of the Future of Nursing: Leading Change, Advancing Health. Practice restrictions prevent health care professionals from practicing to



the full extent of the skills for which they have been educated and trained. Practice restrictions limit the consumer's access to care and choice of providers. As practice changes and health care continues to become more complex for RN's and APRN's, Boards of Nursing must address the scope of practice associated with these roles. Overlapping of health care provider roles is inevitable and requires interprofessional education of the health team and consumers regarding the different roles.

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

Challenges to nursing regulation include but are not limited to scope of practice barriers, interstate licensure for practice and education, nursing education, distance learning, leadership development, and resource limitations. Challenges and strategies can be overlapping. Two challenges identified and discussed are related to portability licensure for education and practice and financial stability.

Challenge 1: Exploration of licensing options for safe and effective interstate education and practice to increase BSN and APRN populations remains a challenge and priority. The Institute of Medicine's Future of Nursing report called for nurses to advance their education. Regulators are experiencing education budget cuts resulting in nursing faculty shortages, limited clinical experiences, and reduced seat availability for students. Distance education offers interstate portability of education and opportunities for educational advancement by offering flexible access to quality nursing education in areas without resources to establish and maintain nursing programs and allowing students educational options without relocation. Collaboration is required between the education programs and practice setting to provide a pathway for working nurses to further their education within their practice setting. Strategies must also include collaboration between regulation and education at the state and regional levels to establish seamless articulation and common evidence-based and competency based curriculum, learning experiences, and instruction.

Challenge 2: Financial stability in economic changes and legislative impositions on regulation will continue to be a top priority at the state and national levels. The budget cuts experiences by legislative action hinder the member board's ability to efficiently perform essential functions to protect the public. Strategies to address this increasing challenge include providing workshops on fiscal responsibility and the development of strong business plans for sustainability and flexibility to do more with less. Research and support is required in developing processes and strategic plans for boards to continue to be efficient and remain effective in regulatory functions.



# Leadership Development Bookmark

FRONT

BACK



## 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](http://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.

### 2016 LEADERSHIP SUCCESSION COMMITTEE

**Tony Graham**, Chair, Member-at-Large (2013–2017)

[tgraham@ncsbn.com](mailto:tgraham@ncsbn.com)

**Pamela Randolph**, Area I Member (2012–2016)

[prandolph@azbn.gov](mailto:prandolph@azbn.gov)

**Deb Haagenson**, Area II Member (2014–2016)

[debhaagenson@catholichealth.net](mailto:debhaagenson@catholichealth.net)

**Patricia Dufrene**, Area III Member (2014–2016)

[dufrenep@lsbn.state.la.us](mailto:dufrenep@lsbn.state.la.us)

**Ann Coughlin**, Area IV Member (2015–2016)

[ann.coughlin@jefferson.edu](mailto:ann.coughlin@jefferson.edu)

**Jane Christianson**, Member-at-Large (2015–2017)

[jimchristianson@gmail.com](mailto:jimchristianson@gmail.com)

**Tracy Rude**, Member-at-Large (2015–2017)

[tracyrude58@gmail.com](mailto:tracyrude58@gmail.com)

### 2016 BOARD OF DIRECTORS

**Shirley Brekken**, President (2014–2016)

**Katherine Thomas**, President-elect (2014–2016)

**Julia George**, Treasurer (2011–2016)

**Suelyn Masek**, Area I Director (2015–2017)

**Adrian Guerrero**, Area II Director (2015–2017)

**Jim Cleghorn**, Area III Director (2014–2017)

**Ellen Watson**, Area IV Director (2015–2017)

**Karen Scipio-Skinner**, Director-at-Large (2015–2016)

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

**Nathan Goldman**, Director-at-Large (2013–2016)

**Valerie Smith**, Director-at-Large (2015–2016)


**NCSBN**  
*National Council of State Boards of Nursing*  
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 312.525.3600  
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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.

### 2016 ELECTION POSITIONS

#### BOARD OF DIRECTORS

##### Treasurer (2016–2017)

- 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

##### President-elect (2016–2018)

- Assists the president and performs the duties of the president in the president's absence
- Assumes the office of the president at the conclusion of the president's term and fills any vacancy in the office of the president
- 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

##### Director-at-Large (4 positions) (2016–2018)

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

#### LEADERSHIP SUCCESSION COMMITTEE

##### Area Members (4 positions) (2016–2018)

- Recommends strategies for the ongoing sustainability and advancement of NCSBN through succession planning

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

##### Area I Member (2016–2018)

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

##### Area II Member (2016–2018)

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

##### Area III Member (2016–2018)

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

##### Area IV Member (2016–2018)

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

### RESOURCES

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

#### Leadership Development Plan

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

#### NCSBN 101

[www.ncsbn.org/5148.htm](http://www.ncsbn.org/5148.htm)

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

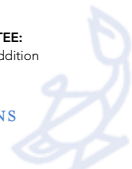
[www.ncsbn.org/5150.htm](http://www.ncsbn.org/5150.htm)

[www.ncsbn.org/5177.htm](http://www.ncsbn.org/5177.htm)

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Attachment D  
**Revised LSC Policy**

**Leadership Succession Committee  
 Policy and Procedure**

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

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

#### 4.0 OPERATIONAL PROCEDURE

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.

#### 4.1 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 no later than 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.
- (10) Nominees from the floor will be subject to provisions 4.5, 4.6 and 4.7.

#### 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.
- (e) A ribbon and a button will be provided to the candidate by NCSBN and is the only candidate identification allowed during Annual Meeting.

#### 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 only after the member has been added to the slate of candidates.
- (c) Prior to Annual Meeting, candidates may engage in campaign activity by communicating with the membership via the NCSBN web portal and / or contact information included in a campaign distribution list provided by NCSBN.
- (d) At Annual Meeting, including pre-meetings, permitted campaign activities include: candidate ribbon, candidate button, posted pictures, introduction at welcome reception and candidate forum. Candidates may converse with attendees and informally present their positions during Annual Meeting events.
- (e) Campaign activity shall not include: distribution of printed materials, gifts, favors or other inducements to vote.

- (f) Persons violating this policy will be provided a verbal warning. A second infraction may result in removal of candidate from the slate of candidates.

**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 candidate unable to attend Annual Meeting may have his or her personal statement read during the candidate forum by their member board representative or submit an audio visual presentation in accordance with subsection (d).
- (d) 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
- (e) 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
- November 9, 2015





# Report of the NCLEX® Examination Committee (NEC)

## Recommendation to the Delegate Assembly

**Adopt the proposed 2017 NCLEX-PN® Test Plan.**

### Rationale:

The NEC reviewed and accepted the *Report of Findings from the 2015 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice* (NCSBN, 2016) as the basis for recommending revisions to the 2014 NCLEX-PN® Test Plan to the Delegate Assembly. Empirical evidence from the practice analysis, feedback from member boards and legal counsel, and the professional judgment of the NEC provide support for the recommendation to the Delegate Assembly to adopt the 2017 NCLEX-PN® Test Plan.

### Fiscal Impact:

Incorporated into the FY17 budget.

## 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.

## FY16 Highlights and Accomplishments

The following lists the highlights and accomplishments in fulfilling the NEC charge for FY16.

FY16 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

NCSBN successfully completed one-year of administration of the NCLEX-RN in the following Canadian provinces/territories: Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories and Nunavut, Nova Scotia, Ontario, Prince Edward Island and Saskatchewan. In 2015, Pearson VUE administered 11,869 NCLEX-RN exams to candidates seeking Canadian licensure/registration.

### 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.

## Members

### NCLEX® Examination Committee

Janice I. Hooper, PhD, RN, FRE, CNE, Texas, Area III, Chair

Tammy Claussen, MSN, RN, CNE, Arkansas, Area III

Loraine Fleming, DNP, APRN, PMHNP-BC, Hawaii, Area I

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

Lisa Renee Johnson, RN, LPN, Florida, Area III

Kimberly Miller, RN, MC, Minnesota, Area II

Brenda Bolen Rowe, MN, JD, RN, Georgia, Area III

Deborah Swartz, MSN, RN, Vermont, Area IV

Rhonda Taylor, MSN, RN, Washington, Area I

Crystal Tillman, DNP, RN, CPNP, North Carolina, Area III

Anne Coghlan, MScN, RN, Ontario, Associate Member – Ex-Officio

Cynthia Johansen, MAL, MSc, British Columbia-RN, Associate Member–Ex-Officio

### NCLEX® Item Review Subcommittee

Janzie Allmacher, MSN, RN, CEN, ACNS-BC, Virgin Islands, Area IV

Nina Almasy, MSN, RN, Texas, Area III

Kathleen S. Ashe, MSN, RN, CNE, Massachusetts, Area IV

Teresa Corrado, LPN, Washington, Area I

Mariclaire E. England, MA, RN, PHN, Minnesota, Area II

Diana O. Forst, RNC, PCCN, MSBC, OCN, Chemo, Florida, Area III

Myra Goldman, MSN, RN, Kentucky, Area III

Anna Hubbard, EdD, DNP, ARNP, CNE, Florida, Area III

Joy Ingwerson, MSN, RN, Oregon, Area I

Keva S. Jackson-McCoy, MSN, RN, Maryland, Area IV

Miriah L. Kidwell, MBA, RN, Kansas, Area II

Jennifer Lewis, MSN, MBA, RN,

North Carolina, Area III  
Maryam Lyon, MSN, RN, CNN,  
Ohio, Area II  
Teresita McNabb, RN, MSHSA,  
NE-A, FACHE, CLNC,  
Louisiana-RN, Area III  
Deborah Meyer, LPN, Minnesota,  
Area II  
Julie Prange, RN, Louisiana-PN,  
Area III  
Elizabeth Sherfy, RN, Tennessee,  
Area III  
Felicia Stokes, JD, RN, District of  
Columbia, Area IV  
Rhigel (Jay) Alforque Tan, DNP,  
RN, APRN, APN, PMHNP, GNP,  
ANP, Nevada, Area I

### Staff

Philip Dickison, PhD, RN, Chief  
Officer, Examinations  
Melissa Franke, Product  
Development Manager,  
Examinations  
Jennifer Gallagher, Associate  
Director, Operations,  
Examinations  
Chelsea Kelley, Manager,  
Examinations  
Doyoung Kim, PhD, Senior  
Psychometrician, Examinations  
Nicole Williams, MSN, RN,  
Nursing Content Manager,  
Examinations  
Terrence Wright, MA, Test  
Development Manager,  
Examinations  
Ada Woo, PhD, Director,  
Measurement and Testing,  
Examinations

### Meeting Dates

- Oct. 19–20, 2015 (NCLEX®  
Examination Committee  
Business Meeting)
- Dec. 14–16, 2015 (NCLEX® Item  
Review Subcommittee Meeting)
- Jan. 11–12, 2016 (NCLEX®  
Examination Committee  
Business Meeting)
- March 21–23, 2016 (NCLEX® Item  
Review Subcommittee Meeting)
- April 11–12, 2016 (NCLEX®  
Examination Committee  
Business Meeting)
- June 6, 2016 (NCLEX  
Examination Committee WebEx)

Several new research projects were completed in FY16 and focused on studies related to the Next Generation NCLEX (NGN).

### NCSBN Examinations Department Internship Program

In 2016, 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 2016 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 computerized adaptive testing (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 2016 RN and PN Continuous Practice Analysis online survey instruments in December 2015 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 2016 RN and PN Continuous Practice Analysis survey administration is underway. Data collection for these surveys began in December 2015 and will continue through October 2016. The methodology and survey forms from the 2015 RN and PN Continuous Practice Analysis are being utilized for the 2016 surveys.

### 2016 NCLEX-RN® Test Plan

Approved in August 2015, the final 2016 NCLEX-RN Test Plan was made publically available. In December 2015, the 2016 NCLEX-RN Detailed Test Plan was made available. The newly approved 2016 NCLEX-RN Test Plan along with the newly approved 2016 NCLEX Passing Standard of 0.0 Logit became effective on April 1, 2016.

### 2017 NCLEX-PN® Test Plan

The 2015 NCLEX-PN Practice Analysis and Knowledge Skills and Abilities studies are complete. The implementation of the newly revised entry-level definition of a newly licensed nurse with no more than 12 months experience has been implemented in this practice analysis cycle. In October 2015, the NCLEX Examination Committee reviewed the survey results and recommended a draft 2017 NCLEX-PN® Test Plan. In November 2015, the draft 2017 NCLEX-PN Test Plan was forwarded to NCSBN member boards for review and feedback. The final draft 2017 will be presented to the NCSBN BOD during their May 2016 meeting and subsequently to the NCSBN Delegate Assembly in August 2016.

### RN Standard Setting Workshop

Every three years, NCSBN conducts a practice analysis for entry-level RN licensure. Based on the practice analysis, NCSBN makes appropriate changes to the NCLEX-RN Test Plan if necessary and establishes a new passing standard based on the new test plan. These steps help ensure that

the NCLEX-RN 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 convened in Chicago from Sept. 9–11, 2015, to conduct a criterion-referenced NCLEX-RN Standard Setting Workshop. The SME panel was composed of nurses who represent all four NCSBN geographic areas and two Canadian jurisdictions and practice in a variety of settings. In December 2015, the NCSBN BOD recommended that the NCLEX-RN passing standard remain unchanged at 0.0 Logit. The 2016 NCLEX-RN Passing Standard became effective April 1, 2016 along with the *2016 NCLEX-RN Test Plan*.

### **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 three new Pearson Professional Centers (PPCs) in the U.S. in 2016. In addition, Pearson VUE expanded the number of seats at three test centers during 2016.

### **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 the 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.

Assistance from the subcommittee continues to reduce the NEC's item review workload, facilitating its efforts toward achieving defined goals. As the item pools continue to grow, review of operational items is critical to ensure that the item pools reflect current entry-level nursing practice. At this time, the number of volunteers serving on the subcommittee is 19, with representation from all four NCSBN geographic areas. Orientation to the subcommittee occurs at each meeting and is offered as needed on a quarterly basis.

### **Monitored Item Production**

Under the direction of the NEC, RN and PN pretest items were written and reviewed by NCLEX Item Development Panels. NCLEX Item Development Panels' productivity can be seen in Tables

- June 20–22, 2016 (NCLEX® Item Review Subcommittee Meeting)
- Sept. 26–28, 2016 (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.

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
April 15 – March 16	3	39	1,688	4	2,500

**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
April 15 – March 16	4	40	1,159	4	1,875

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/regulatory bodies (BONs/RBs) are provided opportunities to conduct reviews of NCLEX items twice a year. Based on this review, representatives 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 2015, the committee reviewed the items referred from the April 2015 Member Board Review. Additionally, in April 2016, items were reviewed from the October 2015 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 BON/RB to take advantage of the semi-annual opportunities to review NCLEX items. The October 2015 review consisted of 10 BONs/RBs (five U.S. and five Canadian), an increase from six BONs during the October 2014 review. The April 2015 review consisted of 14 BONs/RBs, an increase from the seven BONs during the April 2014 review. For the April 2016 review, there are 20 BONs/RBs (10 U.S. and 10 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 that have tested within the last six months.

### **Monitored the Security Related to Publication and Administration of the NCLEX®**

The NEC continues to approach security proactively, and has developed and implemented formal evaluation procedures to identify and correct potential breaches of security. NCSBN and its testing 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 implemented a secret shopper program for the PPCs where the NCLEX is administered. The secret shopper process will provide NCSBN staff with firsthand candidate experience at the PPC, as well as data on the strengths and weaknesses of the PPC examination delivery channel security to ensure NCSBN's established procedural/security measures are being consistently followed. 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, 2015 to Dec. 31, 2015, 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 2015 candidate volumes and pass rates for the international testing centers.

## **EDUCATE STAKEHOLDERS**

### **NCLEX® Research Presentations and Publications**

NCSBN presented a paper at the 2016 Association of Test Publishers (ATP) Innovations in Testing Conference in Orlando, FL, entitled "Adapting to Change: Implementing and Maintaining an Adaptive Testing Program," with colleagues from the National Commission on Certification of Physician Assistants. 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.

NCSBN Examinations staff presented the following research projects at the 2016 American Educational Research Association (AERA) and National Council of Measurement in Education (NCME) Annual Meetings in Washington, D.C., "A Top-down Approach to Designing a Computerized Multistage Test," "Effects of Testlet Characteristics on Estimating Abilities in Testlet-based CAT," "Separating Assessment of Subject Matter Knowledge from Assessment of Higher-Order Cognitive Constructs" and "Evaluating Sample Size Requirements for Disordered Partial Credit Models." AERA and NCME are prestigious measurement and testing organizations with broad membership bases. These organizations are internationally recognized as the premier psychometric professional associations.

In collaboration with the Pearson VUE psychometric team, staff presented "Model Comparison in the Presence of Highly Correlated Latent Traits: A Test of Dimensionality" at the 2016 Association of Psychological Science (APS) Annual Convention. The APS is a professional organization dedicated to the advancement of scientific psychology.

Active involvement with measurement and regulatory organizations not only helps NCSBN share expertise on best testing practices worldwide, but also allows NCSBN to move ahead in psychometric testing solutions through the collective strength of internal and external stakeholders. Furthermore, collaborating on psychometric testing issues with external communities allows NCSBN to remain at the forefront of the testing industry.

### **Test Development and Industry Presentations and Publications**

NCSBN Examinations staff regularly conducts presentations, publishes articles, and hosts workshops for NCSBN stakeholders and audiences in the testing industry. In 2016, NCSBN published “Assessing Higher-order Cognitive Constructs by Using an Information-processing Framework” in the *Journal of Applied Testing Technology* and “Using Response Time to Detect Item Preknowledge in Computer-based Licensure Examinations” in *Educational Measurement: Issues and Practice*.

At the 2015 China Basic Education Quality Assessment and Psychometrics Conference in Beijing, China, staff presented “NCSBN Research on Computerized Adaptive Testing.” This conference was sponsored by the Center of Basic Education Quality Research, whose mission is to construct psychometrically-sound educational assessments for Chinese primary and secondary students.

In the fall of 2015, staff co-presented a session entitled “Test Security: A Look behind the Scenes” at the Institute of Credentialing Excellence (ICE) Exchange conference held in Portland, Oregon with colleagues from the National Association of Boards of Pharmacy. In the same conference, NCSBN staff presented “Issues to Consider when Undertaking a Standard-setting Exercise” and co-presented “Optimize Item Quality with Distractor Development Practices” with the CFA Institute. An article based on the Test Security presentation was published in the *ICE Digest: 2015 Quarter 2*. 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.

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 five 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, 2015 and April 1, 2016, in the following jurisdictions: Georgia, Kansas, Kentucky, Texas and Utah. These opportunities assist NCSBN’s Examinations department in educating stakeholders about the examination, as well as recruit for NCSBN item development panels.

### **NCLEX® Manuals**

The *NCLEX Member Board Manual* (for U.S. BONs) and the *NCLEX Administration Manual* (for Canadian RBs) contain policies and procedures related to the development and administration of the NCLEX. Twice a year, NCSBN updates the NCLEX Manuals to reflect any changes to policies and procedures. Ad hoc changes are also made to the manuals 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 2015 NCLEX Conference was held in Portland, Ore. on Sept. 21, 2015,

with approximately 320 participants. The 2016 NCLEX Conference for Canadian Educators was held April 18, 2016 in Toronto, Ontario. The 2016 NCLEX Conference is scheduled for Monday, Sept. 12, 2016 in Philadelphia.

### **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. A candidate 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-PN standard setting.
- Continue to monitor all administrative, test development and psychometric aspects of the NCLEX 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 2016 NCLEX Conference for Canadian Educators (April 18, 2016) and the 2016 NCLEX Conference (Sept. 12, 2016).
- Introduce additional alternate format item types.
- Explore additional item writing strategies for the NCLEX.

### **Attachment**

- A. Proposed 2017 NCLEX-PN® Test Plan – Strikethrough Copy
- B. Proposed 2017 NCLEX-PN® Test Plan – Clean Copy
- C. Timeline for Implementation of the 2017 NCLEX-PN® Test Plan
- D. Annual Report of Pearson VUE for the NCLEX®



# Proposed 2017 NCLEX-PN® Test Plan – Strikethrough Copy

## 1 ~~2014-2017~~ NCLEX-PN® Test Plan

### 2 National Council Licensure Examination for Practical/Vocational Nurses 3 (NCLEX-PN® Examination)

#### 4 Introduction

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

11 Several steps occur in the development of the NCLEX-PN Test Plan. The first step is conducting a practice analysis that is used  
12 to collect data on the current practice of entry-level practical/vocational nurses (Report of Findings from the ~~2014-2015~~ LPN/VN  
13 Practice Analysis: Linking the NCLEX-PN® Examination to Practice [NCSBN, ~~20132016~~]). There were 12,000 newly licensed  
14 practical/vocational nurses are asked about the frequency and priority of performing- nursing care activities. Nursing care  
15 activities are then analyzed in relation to the frequency of performance, impact on maintaining client safety and client care  
16 settings where the activities are performed. This analysis guides the development of a framework for entry-level nursing practice  
17 that incorporates specific client needs, as well as processes that are fundamental to the practice of nursing. The next step is the  
18 development of the NCLEX-PN Test Plan, which guides the selection of content and behaviors to be tested. Variations in  
19 jurisdiction laws and regulations are considered in the development of the test plan.  
20  
21

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

#### 28 Beliefs

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

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

43 The practical/vocational nurse uses "specialized knowledge and skills which meet the health needs of people in a variety of  
44 settings under the direction of qualified health professionals" (NFLPN, 2003). ~~Considering unique cultural and spiritual client~~  
45 ~~preferences, the applicable standard of care and legal instructions~~ ~~The~~ practical/vocational nurse uses a clinical problem-  
46 solving process (the nursing process) to collect and organize relevant health care data, assist in the identification of the health  
47 needs/problems throughout the client's life span and contribute to the interdisciplinary team in a variety of settings. The entry-  
48 level practical/vocational nurse demonstrates the essential competencies needed to care for clients with commonly occurring  
49 health problems that have predictable outcomes. "Professional behaviors, within the scope of nursing practice for a  
50 practical/vocational nurse, are characterized by adherence to standards of care, accountability of one's own actions and  
51 behaviors, and use of legal and ethical principles in nursing practice" (NAPNES, 2007).

---

**52 Classification of Cognitive Levels**

**53** Bloom's taxonomy for the cognitive domain is used as a basis for writing and coding items for the examination (Bloom et al.,  
**54** 1956; Anderson & Krathwohl, 2001). The practice of practical/vocational nursing requires application of knowledge, skills and  
**55** abilities; therefore, the majority of items are written at the application or higher levels of cognitive ability.

**56 Test Plan Structure**

**57** The framework of Client Needs was selected because it provides a universal structure for defining nursing actions and  
**58** competencies for a variety of clients across all settings and is congruent with state laws/ rules.

**59 Client Needs**

**60** The content of the NCLEX-PN Test Plan is organized into four major Client Needs categories; two of the four categories are  
**61** divided into subcategories:

- 62**
- 63** Safe and Effective Care Environment
    - 64** ■ Coordinated Care
    - 65** ■ Safety and Infection Control
  - 66** Health Promotion and Maintenance
  - 67** Psychosocial Integrity
  - 68** Physiological Integrity
    - 69** ■ Basic Care and Comfort
    - 70** ■ Pharmacological Therapies
    - 71** ■ Reduction of Risk Potential
    - 72** ■ Physiological Adaptation
- 73**
- 74**
- 75**

**76 Integrated Processes**

**77** The following processes fundamental to the practice of practical/vocational nursing are integrated throughout the Client Needs  
**78** categories and subcategories:

- 79**
- 80** ■ *Clinical Problem-solving Process (Nursing Process)* – a scientific approach to client care that includes data collection,  
**81** planning, implementation and evaluation.
  - 82**
  - 83** ■ *Caring* – interaction of the practical/vocational nurse and client in an atmosphere of mutual respect and trust. In this  
**84** collaborative environment, the practical/vocational nurse provides support and compassion to help achieve desired  
**85** therapeutic outcomes.
  - 86**
  - 87** ■ *Communication and Documentation* –verbal and nonverbal interactions between the practical/vocational nurse and the  
**88** client, as well as other members of the health care team. Events and activities associated with client care are  
**89** validated in written and/or electronic records that reflect standards of practice and accountability in the provision of  
**90** care.
  - 91**
  - 92** ■ *Teaching and Learning* – facilitation of the acquisition of knowledge, skills and attitudes to assist in promoting a change  
**93** in behavior.
  - 94**
  - 95** ■ *Culture and Spirituality* – interaction of the nurse and the client (individual, family or group, including significant others  
**96** and population) which recognizes and considers the client-reported, self-identified, unique and individual preferences  
**97** to client care, the applicable standard of care and legal instructions.

**98 Distribution of Content**

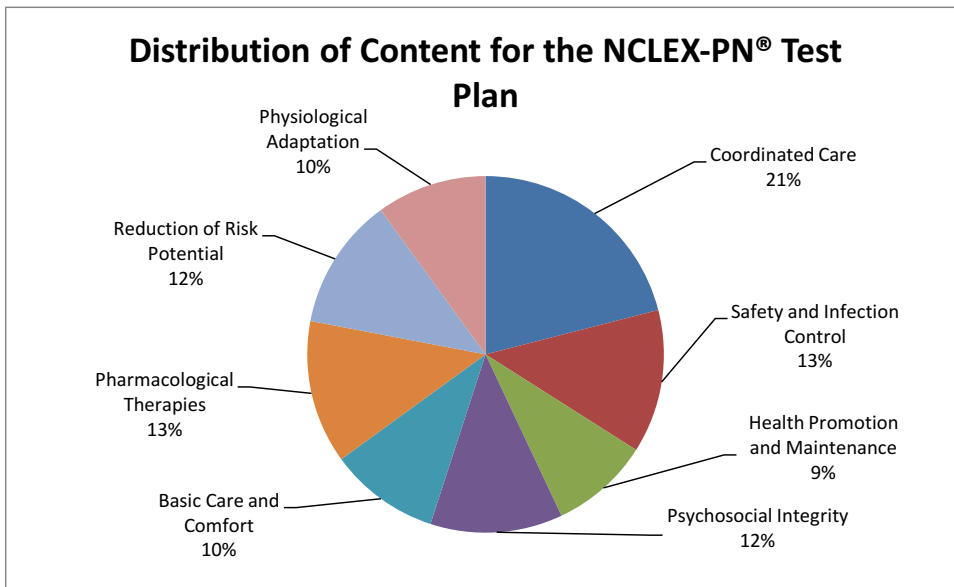
99 The percentage of test items assigned to each Client Needs category and subcategory in the NCLEX-PN Test Plan is based on  
 100 the results of the study *Report of Findings from the 2015-2012 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination*  
 101 *to Practice* (NCSBN, 2013/2016), and expert judgment provided by members of the NCLEX® Examination Committee.  
 102  
 103

**Client Needs** **Percentage of Items from each Category/Subcategory**

<ul style="list-style-type: none"> <li>Safe and Effective Care Environment               <ul style="list-style-type: none"> <li>▪ Coordinated Care</li> <li>▪ Safety and Infection Control</li> </ul> </li> <li>Health Promotion and Maintenance</li> <li>Psychosocial Integrity</li> <li>Physiological Integrity               <ul style="list-style-type: none"> <li>▪ Basic Care and Comfort</li> <li>▪ Pharmacological Therapies</li> <li>▪ Reduction of Risk Potential</li> <li>▪ Physiological Adaptation</li> </ul> </li> </ul>	<p style="color: red;">16-22%18-24%</p> <p style="color: red;">10-16%</p> <p style="color: red;">7-13%6-12%</p> <p style="color: red;">8-14%9-15%</p> <p style="color: red;">7-13%</p> <p style="color: red;">11-17%10-16%</p> <p style="color: red;">10-16%9-15%</p> <p style="color: red;">7-13%</p>
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104

105



106

107

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

111 **Overview of Content**

112 All content categories and subcategories reflect client needs across the life span in a variety of settings.  
113

114 **Safe and Effective Care Environment**

115 The practical/vocational nurse provides nursing care that contributes to the enhancement of the health care delivery setting and  
116 protects clients and health care personnel.  
117

- 118
- 119 ■ *Coordinated Care* – The practical/vocational nurse collaborates with health care team members to facilitate effective  
120 client care.

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

- 122
- 123 ■ Advance Directives
  - Advocacy
  - Client Care Assignments
  - Client Rights
  - Collaboration with Interdisciplinary Team
  - Concepts of Management and Supervision
  - Confidentiality/Information Security
  - Continuity of Care
  - Establishing Priorities
  - Ethical Practice
  - Informed Consent
  - Information Technology
  - Legal Responsibilities
  - Performance Improvement (Quality Improvement)
  - Referral Process
  - Resource Management

124

- 125 ■ *Safety and Infection Control* – The practical/vocational nurse contributes to the protection of clients and health care  
126 personnel from health and environmental hazards.

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

- 128
- 129 ■ Accident/Error/Injury Prevention
  - Emergency Response Plan
  - Ergonomic Principles
  - Handling Hazardous and Infectious Materials
  - Home Safety
  - Reporting of Incident/Event/Irregular Occurrence/Variance
  - Least Restrictive Restraints and Safety Devices
  - Safe Use of Equipment
  - Security Plan
  - Standard Precautions/Transmission-Based Precautions/Surgical Asepsis

130

131

132 **Health Promotion and Maintenance**

133 The practical/vocational nurse provides nursing care for clients that incorporate the knowledge of expected stages of growth and  
134 development, and prevention and/or early detection of health problems.  
135

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

- 137
- Aging Process
  - Ante/Intra/Postpartum and Newborn Care
  - Data Collection Techniques
  - Developmental Stages and Transitions
  - Health Promotion/Disease Prevention
  - High Risk Behaviors
  - Lifestyle Choices
  - Self-care

138

139

140

141 **Psychosocial Integrity**

142 The practical/vocational nurse provides care that assists with promotion and support of the emotional, mental and social well-  
143 being of clients.

144  
145 Related content includes, but is **not limited** to:

- Abuse or Neglect
- Behavioral Management
- Chemical and Other Dependencies
- Coping Mechanisms
- Crisis Intervention
- Cultural Awareness
- End-of-Life Concepts
- Grief and Loss
- Mental Health Concepts
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Stress Management
- Support Systems
- Therapeutic Communication
- Therapeutic Environment

147

148 **Physiological Integrity**

149 The practical/vocational nurse assists in the promotion of physical health and well-being by providing care and comfort, reducing  
150 risk potential for clients and assisting them with the management of health alterations.

151  
152 ■ *Basic Care and Comfort* – The practical/vocational nurse provides comfort to clients and assistance in the performance  
153 of activities of daily living.

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

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

157

158 ■ *Pharmacological Therapies* – The practical/vocational nurse provides care related to the administration of medications  
159 and monitors clients who are receiving parenteral therapies.

160  
161 Related content includes, but is **not limited** to:

- Adverse Effects/Contraindications/Side Effects/Interactions
- Dosage Calculations
- Expected Actions/Outcomes
- Medication Administration
- Pharmacological Pain Management

163

164 ■ *Reduction of Risk Potential* – The practical/vocational nurse reduces the potential for clients to develop complications  
165 or health problems related to treatments, procedures or existing conditions.

166  
167 Related content includes but is **not limited** to:

- Changes/Abnormalities in Vital Signs
- 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
- Therapeutic Procedures

169

170 ■ *Physiological Adaptation* – The practical/vocational nurse participates in providing care for clients with acute, chronic or  
171 life-threatening physical health conditions.

172  
173 Related content includes but is **not limited** to:

174

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

**175 Administration of the NCLEX-PN® Examination**

**176** The NCLEX-PN Examination is administered to candidates by Computerized Adaptive Testing (CAT). CAT is a method of  
**177** delivering examinations that uses computer technology and measurement theory. With CAT, each candidate's examination is  
**178** unique because it is assembled interactively as the examination proceeds. Computer technology selects items to administer that  
**179** match the candidate's ability. The items, which are stored in a large item pool, have been classified by test plan category and  
**180** level of difficulty. After the candidate answers an item, the computer calculates an ability estimate based on all of the previous  
**181** answers the candidate selected. The next item administered is chosen to measure the candidate's ability in the appropriate test  
**182** plan category. This process is repeated for each item, creating an examination tailored to the candidate's knowledge and skills,  
**183** while fulfilling all NCLEX-PN Test Plan requirements. The examination continues with items selected and administered in this  
**184** way until a pass or fail decision is made.

**185**  
**186** All practical/vocational nurse candidates must answer a minimum of 85 items. The maximum number of items that a  
**187** practical/vocational nurse candidate may answer is 205 during the allotted five-hour time period. The maximum five-hour time  
**188** limit to complete the examination includes the tutorial, sample questions and all breaks. Candidates may be administered  
**189** multiple choice items, as well as items written in [alternate formats](#). These formats may include but are not limited to multiple  
**190** response, fill-in-the-blank calculation, ordered response, and/or hot spots. All item types may include multimedia, such as charts,  
**191** tables, graphics, sound and video. All items go through an extensive review process before being used as items on the  
**192** examination.

**193**  
**194** More information about the NCLEX examination, including CAT methodology, items, the candidate bulletin and Web tutorials, is  
**195** listed on the NCSBN website: [www.ncsbn.org](http://www.ncsbn.org).

**196**

**197 Examination Security and Confidentiality**

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

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

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# Proposed 2017 NCLEX-PN® Test Plan – Clean Copy

## 1 2017 NCLEX-PN® Test Plan

### 2 National Council Licensure Examination for Practical/Vocational Nurses 3 (NCLEX-PN® Examination)

#### 4 Introduction

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19 nursing. The next step is the development of the NCLEX-PN Test Plan, which guides the selection of content and behaviors to  
20 be tested. Variations in jurisdiction laws and regulations are considered in the development of the test plan.

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22 The NCLEX-PN Test Plan provides a concise summary of the content and scope of the licensure examination. It serves as a  
23 guide for examination development, as well as candidate preparation. The NCLEX® examination assesses the knowledge, skills  
24 and abilities that are essential for the entry-level practical/vocational nurse to use in order to meet the needs of clients requiring  
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## 52 Classification of Cognitive Levels

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- 66
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- 68
- 69 Psychosocial Integrity
- 70
- 71 Physiological Integrity
- 72     ▪ Basic Care and Comfort
- 73     ▪ Pharmacological Therapies
- 74     ▪ Reduction of Risk Potential
- 75     ▪ Physiological Adaptation

## 76 Integrated Processes

77 The following processes fundamental to the practice of practical/vocational nursing are integrated throughout the Client Needs  
78 categories and subcategories:

- 79
- 80     ▪ *Clinical Problem-solving Process (Nursing Process)* – a scientific approach to client care that includes data collection,  
81     planning, implementation and evaluation.
- 82
- 83     ▪ *Caring* – interaction of the practical/vocational nurse and client in an atmosphere of mutual respect and trust. In this  
84     collaborative environment, the practical/vocational nurse provides support and compassion to help achieve desired  
85     therapeutic outcomes.
- 86
- 87     ▪ *Communication and Documentation* – verbal and nonverbal interactions between the practical/vocational nurse and the  
88     client, as well as other members of the health care team. Events and activities associated with client care are  
89     validated in written and/or electronic records that reflect standards of practice and accountability in the provision of  
90     care.
- 91
- 92     ▪ *Teaching and Learning* – facilitation of the acquisition of knowledge, skills and attitudes to assist in promoting a change  
93     in behavior.
- 94
- 95     ▪ *Culture and Spirituality* – interaction of the nurse and the client (individual, family or group, including significant others  
96     and population) which recognizes and considers the client-reported, self-identified, unique and individual preferences  
97     to client care, the applicable standard of care and legal instructions.

## 98 Distribution of Content

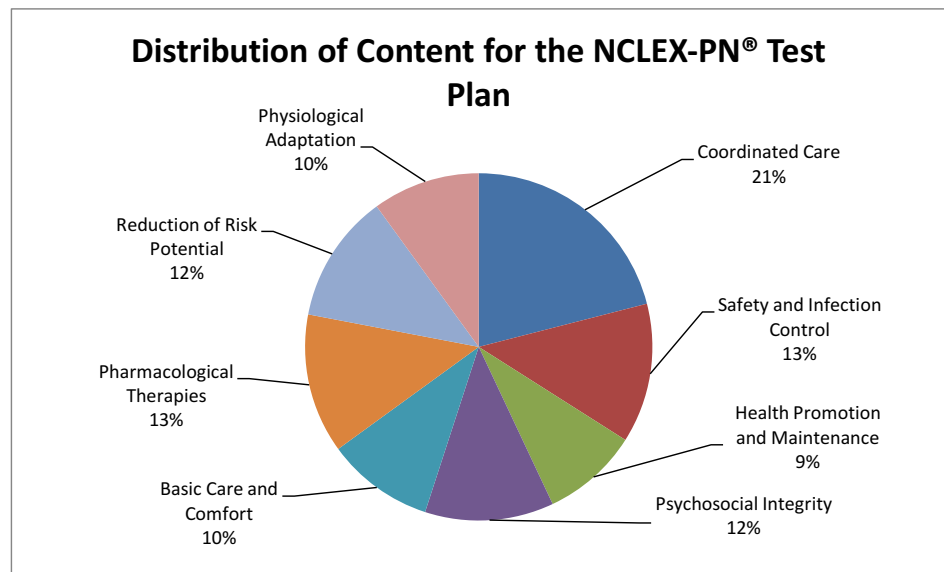
99 The percentage of test items assigned to each Client Needs category and subcategory in the NCLEX-PN Test Plan is based on  
 100 the results of the study *Report of Findings from the 2015 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to*  
 101 *Practice* (NCSBN, 2016), and expert judgment provided by members of the NCLEX® Examination Committee.  
 102  
 103

**Client Needs** **Percentage of Items from each Category/Subcategory**

Safe and Effective Care Environment	
▪ Coordinated Care	18-24%
▪ Safety and Infection Control	10-16%
Health Promotion and Maintenance	6-12%
Psychosocial Integrity	9-15%
Physiological Integrity	
▪ Basic Care and Comfort	7-13%
▪ Pharmacological Therapies	10-16%
▪ Reduction of Risk Potential	9-15%
▪ Physiological Adaptation	7-13%

104

105



106

107 NCLEX PN examinations are administered adaptively in variable length format to target candidate-specific ability. To  
 108 accommodate possible variations in test length, content area distributions of the individual examinations may differ up to ±3% in  
 109 each category.

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**110 Overview of Content**

**111** All content categories and subcategories reflect client needs across the life span in a variety of settings.  
**112**

**113 Safe and Effective Care Environment**

**114** The practical/vocational nurse provides nursing care that contributes to the enhancement of the health care delivery setting and  
**115** protects clients and health care personnel.  
**116**

- 117**
- *Coordinated Care* – The practical/vocational nurse collaborates with health care team members to facilitate effective client care.

**118** Related content includes, but is **not limited** to:  
**119**

- 120**
- Advance Directives
  - Advocacy
  - Client Care Assignments
  - Client Rights
  - Collaboration with Interdisciplinary Team
  - Concepts of Management and Supervision
  - Confidentiality/Information Security
  - Continuity of Care
  - Establishing Priorities
  - Ethical Practice
  - Informed Consent
  - Information Technology
  - Legal Responsibilities
  - Performance Improvement (Quality Improvement)
  - Referral Process
  - Resource Management

**123**

- 124** ▪ *Safety and Infection Control* – The practical/vocational nurse contributes to the protection of clients and health care  
**125** personnel from health and environmental hazards.  
**126**

**127** Related content includes, but is **not limited** to:  
**128**

- Accident/Error/Injury Prevention
- Emergency Response Plan
- Ergonomic Principles
- Handling Hazardous and Infectious Materials
- Home Safety
- Reporting of Incident/Event/Irregular Occurrence/Variance
- Least Restrictive Restraints and Safety Devices
- Safe Use of Equipment
- Security Plan
- Standard Precautions/Transmission-Based Precautions/Surgical Asepsis

**129**

**130**

**131 Health Promotion and Maintenance**

**132** The practical/vocational nurse provides nursing care for clients that incorporate the knowledge of expected stages of growth and  
**133** development, and prevention and/or early detection of health problems.  
**134**

**135** Related content includes, but is **not limited** to:  
**136**

- Aging Process
- Ante/Intra/Postpartum and Newborn Care
- Data Collection Techniques
- Developmental Stages and Transitions
- Health Promotion/Disease Prevention
- High Risk Behaviors
- Lifestyle Choices
- Self-care

**137**

**138**

**139**

140 **Psychosocial Integrity**

141 The practical/vocational nurse provides care that assists with promotion and support of the emotional, mental and social well-being of clients.

142  
143 Related content includes, but is **not limited to**:

- 144  
145
- Abuse or Neglect
  - Behavioral Management
  - Chemical and Other Dependencies
  - Coping Mechanisms
  - Crisis Intervention
  - Cultural Awareness
  - End-of-Life Concepts
  - Grief and Loss
  - Mental Health Concepts
  - Religious and Spiritual Influences on Health
  - Sensory/Perceptual Alterations
  - Stress Management
  - Support Systems
  - Therapeutic Communication
  - Therapeutic Environment

146  
147 **Physiological Integrity**

148 The practical/vocational nurse assists in the promotion of physical health and well-being by providing care and comfort, reducing risk potential for clients and assisting them with the management of health alterations.

149  
150  
151  
152

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

153  
154 Related content includes, but is **not limited to**:

- 155
- Assistive Devices
  - Elimination
  - Mobility/Immobility
  - Nonpharmacological Comfort Interventions
  - Nutrition and Oral Hydration
  - Personal Hygiene
  - Rest and Sleep

156  
157  
158

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

159  
160 Related content includes, but is **not limited to**:

- 161
- Adverse Effects/Contraindications/Side Effects/Interactions
  - Dosage Calculations
  - Expected Actions/Outcomes
  - Medication Administration
  - Pharmacological Pain Management

162  
163  
164

- *Reduction of Risk Potential* – The practical/vocational nurse reduces the potential for clients to develop complications or health problems related to treatments, procedures or existing conditions.

165  
166 Related content includes but is **not limited to**:

- 167
- Changes/Abnormalities in Vital Signs
  - 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
  - Therapeutic Procedures

168  
169  
170

- *Physiological Adaptation* – The practical/vocational nurse participates in providing care for clients with acute, chronic or life-threatening physical health conditions.

171  
172 Related content includes but is **not limited to**:

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173

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

**174 Administration of the NCLEX-PN® Examination**

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

**184** All practical/vocational nurse candidates must answer a minimum of 85 items. The maximum number of items that a practical/vocational nurse candidate may answer is 205 during the allotted five-hour time period. The maximum five-hour time limit to complete the examination includes the tutorial, sample questions and all breaks. Candidates may be administered multiple choice items, as well as items written in [alternate formats](#). These formats may include but are not limited to multiple response, fill-in-the-blank calculation, ordered response, and/or hot spots. All item types may include multimedia, such as charts, tables, graphics, sound and video. All items go through an extensive review process before being used as items on the examination.

**192** More information about the NCLEX examination, including CAT methodology, items, the candidate bulletin and Web tutorials, is listed on the NCSBN website: [www.ncsbn.org](http://www.ncsbn.org).

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**196 Examination Security and Confidentiality**

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

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

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Attachment C

## Timeline for Implementation of the 2017 NCLEX-RN® Test Plan

October 2015	NCLEX Examination Committee reviews 2015 PN Practice Analysis results and makes recommendations for the proposed 2017 NCLEX-PN® Test Plan.
November 2015	Proposed 2017 NCLEX-PN® Test Plan is sent to member boards for feedback.
April 2016	NCLEX Examination Committee reviews feedback on the test plan and submits recommendations to the Delegate Assembly.
May 2016	NCSBN Board of Directors (BOD) review NEC recommendations for draft 2017 NCLEX-PN Test Plan.
August 2016	Delegate Assembly action is provided.
September 2016	The approved 2017 NCLEX-PN Test Plan is published and placed on the NCSBN website.
September 2016	Panel of Judges meet to recommend the 2017 NCLEX-PN Passing Standard.
December 2016	NCSBN BOD evaluates the 2017 NCLEX-PN® Passing Standard.
April 1, 2017	Approved 2017 NCLEX-PN® Test Plan and the 2017 NCLEX-PN Passing Standard go into effect.

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## Attachment D

# Annual Report of Pearson VUE for the NCLEX®

This report represents information gained during Pearson VUE's 13th 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.

This report was prepared by Wendy Jackson and Kathy Spaltro, with input from other team members.

## PEARSON VUE ORGANIZATIONAL CHANGES

Several staffing changes occurred during the Jan. 1 – Dec. 31, 2015, reporting period.

- In January 2015, Betty Bergstrom, PhD, Vice President, Global Measurement and Research, transitioned to a new part-time role supporting our ongoing work on the NCLEX program. Dr. Bergstrom began at Pearson in 2006 and has great expertise in computer-based testing, computerized adaptive testing, innovative item types, item response theory, and large-scale item banking. She recently received the 2015 Association of Test Publishers Career Achievement Award. This award honors "individuals who have made sustained and positive contributions to the development, application, and innovations in testing and measurement through research, publications, presentations, professional activities, technology, conceptualizations, or theoretical contributions over a career."
- In January 2015, Julie Miles, PhD, assumed the role of Vice President, Global Measurement and Research, working from the Iowa City office. Dr. Miles was most recently Director, Assessment Solutions & Design, in Pearson's School business. In that role, she led numerous efficacy initiatives across the Pearson Assessment Centre. Previously at Pearson, Dr. Miles was Vice President of Measurement Services and led the full range of assessment services including content development, publishing, project management, and psychometric support for numerous national and state assessment programs. These programs were predominantly online, high-stakes, as well as computer-adaptive, and they often used a full range of item types. She also led professionals on multiple state-level projects (including Virginia, New York, Georgia, and Colorado) as well as national programs such as the Partnership for Assessment of Readiness for College and Careers (PARCC), ACT Aspire, and ReadiStep. Prior to her time at Pearson, Dr. Miles filled psychometric and measurement roles at Measurement, Inc., the Collin County Community School District, and Boston College. Dr. Miles has a BA in Psychology from the University of West Florida, an MA in Experimental Psychology from California State University, and a PhD in Educational Measurement, Research, and Evaluation from Boston College.
- Jing-Ru Xu assumed the role of Associate Psychometrician for the Pearson VUE NCLEX team in June 2015. Jing-Ru earned an MS in Statistics at Michigan State University and an MA in Teaching English as a Second Language at the University of Illinois at Urbana-Champaign. Jing-Ru is a member of the American Educational Research Association, the National Council on Measurement in Education, and the Psychometric Society. Prior to joining Pearson, Jing-Ru was an intern at the Defense Language Institute in the U.S. Department of Defense, the National Council of State Boards of Nursing, and CTB/McGraw-Hill Education. She published research articles and received grants from Pearson, the National Science Foundation, and CTB/McGraw-Hill Education to fund her research interests. Her expertise includes item response theory, computerized adaptive testing, multidimensional IRT, higher-order IRT models, subscore reporting, linking, equating, and language testing. When she was hired in June, Jing-Ru was a doctoral candidate at Michigan State University and was working on her dissertation. She received her PhD in measurement and quantitative methods from Michigan State University in December 2015. Jing-Ru wrote her dissertation, "Using Multidimensional Item Response Theory to Report Subscores across Multiple Test Forms," under the guidance of her adviser, Mark Reckase, PhD, a University Distinguished Professor Emeritus of Measurement and Quantitative Methods.



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- Christine Andreadis, MSN, RN, NCLEX Senior Content Developer, resigned from Pearson VUE in September 2015.
  - Ellen Guirl, BA, the part-time NCLEX Operations Coordinator, became a full-time employee in that position in October 2015. Ellen has also been working on the Next Generation NCLEX project. Her responsibilities have included compiling and organizing the research into the Zotero library and providing support for meetings and panels.
  - Gretchen Schlesinger, MSPM, PMP, joined the NCLEX team as the Project Manager for the Next Generation NCLEX project in November 2015. She has a BA in communications with a specialty in journalism from Cleveland State University and an MS in project management from George Washington University. Gretchen previously worked at Orange Business Services, a global IT and communications services provider based in France. She managed the North America Best Practices Group in the Center of Excellence. Her project experience includes Internet Protocol telephony. She has also managed wired and wireless project deployments, including those for multiple international locations, for large companies such as Microsoft and Cisco.
  - Luci Sabala, MSN, RN, ANP-BC, joined the NCLEX team as a Content Developer in November 2015. After receiving an associate degree from Harper College in 1992, Luci pursued undergraduate and graduate degrees simultaneously from DePaul University. She completed them in 3 years and graduated Sigma Theta Tau and as a member of the Golden Key National Honor Society, in 1998. Her internship in graduate school included primary care, with a majority focus on cardiology. Luci is certified as an Adult Nurse Practitioner through the American Nursing Credentialing Center. She was a nurse practitioner at Midwest Heart Specialists, assessing and treating cardiac outpatients. Luci ran a Hypertension Clinic and worked with the Lipid Clinic, the Coumadin Clinic, and the Arrhythmia Center. She remained in cardiology but transitioned to making rounds for hospital inpatients. Luci held privileges at Sherman Hospital and St. Joseph Hospital in Elgin, IL, and at St. Alexius Medical Center in Hoffman Estates, IL. Luci was a Clinical Instructor for students pursuing associate degrees in nursing and BS degrees in nursing, mostly in critical care. She is an associate of the American Association of Nurse Practitioners, the American College of Cardiology, and the Nurse Practitioner Associates for Continuing Education.
  - Gina Paveglio, MSN, RN, CNOR, joined the NCLEX team as a Content Developer in November 2015. Gina worked as a Clinical Learning Lab Specialist for the past 3 years for a nursing college that grants bachelor's degrees. Her previous experience includes working as an operating room nurse, with cardiac surgery as her specialty. Gina is a member of the International Nursing Association for Clinical Simulation and Learning, the Association of periOperative Registered Nurses, and the American Nurses Association. She earned her BA in dance and dance therapy from Barat College in 1995, her BSN from Marian College in 2004, her certification in perioperative nursing in 2010, and her MSN with a focus on nursing education from Chamberlain College of Nursing in 2015.
  - Amy Grand, MS, RN, Principal Content Developer, resigned in November 2015 to take a position at another company.
  - Two members of the NCLEX content development team, Marie Lindsay and Karen Sutherland, formally began to work on the Next Generation NCLEX project in December 2015. Marie Lindsay, MS, RN, is a Senior Content Developer, and Karen Sutherland, PhD, RN, is a Principal Content Developer. Other members of the Next Generation NCLEX team include Betty Bergstrom, PhD (Senior Research Advisor, Testing Services), Jason Schwartz, MS (Senior Director, Testing Services), Greg Applegate, PhD, MBA (Manager, Content Development), Ellen Guirl, BA (Operations Coordinator), Joe Betts, PhD, NCSP (Manager, Psychometric Services), and Will Muntean, PhD (Psychometrician).

## 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

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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**

There was no change in passing score for the NCLEX-RN/PN examination.

### **MEASUREMENT AND RESEARCH**

The Joint Research Committee (JRC) met twice during 2015.

The first JRC meeting was held at the NCSBN offices in Chicago on March 20, 2015. In attendance were JRC members Ira Bernstein, Gage Kingsbury, Mark Reckase, and Steve Wise; NCSBN staff Doyoung Kim and Ada Woo; and Pearson VUE staff Betty Bergstrom, Joe Betts, and Tony Zara. JRC guest researchers also present were Alison Cheng, Cheryl Hendrickson, Neal Kingston, Won-Chan Lee, and Gerald Melican.

The JRC received updates on four ongoing projects: Next Generation NCLEX Timeline (Woo and Bergstrom); Functional Job Analysis and Pilot Strategic Job Analysis Results (Hendrickson); NCSBN's Clinical Decision Making Model and Job Analysis RN Worker Characteristics Crosswalk (Hendrickson); and Clinical Judgment Definition and Item Types Mapping (Betts and Kim); The JRC also discussed research directions/generated research ideas (all attendees).

The second JRC meeting was held at the Pearson VUE office in Chicago on August 7, 2015. In attendance were JRC members Ira Bernstein, Gage Kingsbury, Mark Reckase, and Steve Wise; NCSBN staff Doyoung Kim, Ada Woo, and Melissa Cunningham; and Pearson VUE staff Betty Bergstrom and Joseph Betts. JRC guest researchers also present were Fanmin Guo, Neal Kingston, Casey Marks, and April Zenisky.

The meeting was devoted to project updates. The following topics were presented to the committee: Review the Meeting Goals and Anticipated Outcomes (Woo); Review Revised Clinical Judgement and Decision Making Model (Kim); Discuss the Next Generation NCLEX Five Year Research Plan (Bergstrom); Review Available Validity Research and Generate Research Topics (Woo); Review Available Pre-test Design Research and Generate Research Topics (Kim); Review Available Usability Research and Generate Research Topics (Bergstrom); and Update on Progress of NGN Development (Betts).

### **PEARSON VUE MEETINGS WITH NCSBN**

- Jan. 12–14, 2015                      NCLEX® Examination Committee Business Meeting
- Feb. 25, 2015                              NCLEX Test Development Meeting
- March 16–18, 2015                      NCSBN Midyear Meeting
- April 3, 2015                                Next Generation NCLEX Research Meeting
- July 15, 2015                                NCLEX Examination Committee Business Meeting
- Aug. 5, 2015                                NCLEX Test Development Meeting
- Aug. 19–21, 2015                        NCSBN Annual Meeting
- Oct. 19–20, 2015                        NCLEX Examination Committee Business Meeting
- Dec. 17, 2015                              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 2015 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 2014, the overall candidate volumes were higher for the NCLEX-RN examination (about 2.38%) and lower for the NCLEX-PN examination (about 4.92%). The RN passing rate for the overall group was 0.92 percentage points higher for 2015 than for 2014, and the passing rate for the reference group was 2.72 percentage points higher for this period compared to 2014. The PN overall passing rate was lower by 0.75 percentage points from 2014, and the PN reference group passing rate was 0.28 percentage points lower than in 2014. 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 2015 testing year for the NCLEX-RN Examination:

- Overall, 229,467 NCLEX-RN examination candidates tested during 2015, as compared to 224,122 during the 2014 testing year. This represents an increase of approximately 2.38%.
- The candidate population reflected 157,958 first-time, U.S.-educated candidates who tested during 2015, as compared to 157,360 for the 2014 testing year, representing a 0.38% increase.
- The overall passing rate was 69.87% in 2015, compared to 68.95% in 2014. The passing rate for the reference group was 84.51% in 2015 and 81.79% in 2014.
- Approximately 43.31% of the total group and 47.76% of the reference group ended their tests after a minimum of 75 items were administered in 2015. This is slightly higher than in the 2014 testing year, in which 41.94% of the total group and 44.84% of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 17.19% for the total group and 15.07% for the reference group in 2015. This is slightly lower than last year's figures of 18.29% for the total group and 16.97% for the reference group.
- The average time needed to take the NCLEX-RN examination during the 2015 testing period was 2.72 hours for the overall group and 2.41 hours for the reference group (slightly shorter than last year's average times of 2.74 hours and 2.50 hours, respectively).
- A total of 60.54% of the candidates chose to take a break during their examinations in 2015 (compared to 61.48% last year).
- Overall, 3.37% of the total group and 1.66% of the reference group ran out of time before completing the test in 2015. These percentages of candidates timing out were higher for the total group but lower for the reference group than the corresponding percentages for candidates during the 2014 testing year (3.11% and 1.76%, respectively).

- 
- In general, the NCLEX-RN examination summary statistics for the 2015 testing period indicated patterns that were similar to those observed for the 2014 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 2015 testing year for the NCLEX-PN examination:

- Overall, 70,097 PN candidates tested in 2015, as compared to 73,727 PN candidates tested during 2014. This represents a decrease of approximately 4.92%.
- The candidate population reflected 50,977 first-time, U.S.-educated candidates who tested in 2015, as compared to 55,487 for the 2014 testing year (a decrease of approximately 8.13%).
- The overall passing rate was 69.04% in 2015 compared to 69.79% in 2014, and the reference group passing rate was 81.88% in 2015, as compared to 82.16% in 2014.
- There were 47.68% of the total group and 51.75% of the reference group who ended their tests after a minimum of 85 items were administered in 2015. These figures are slightly lower than those from the 2014 testing year, in which 50.22% of the total group and 54.27% of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 19.82% for the total group and 17.57% for the reference group in 2015. These figures are slightly higher for the total group and for the reference group than last year's percentages (18.73% for the total group and 16.99% for the reference group).
- The average time needed to take the NCLEX-PN examination during the 2015 testing period was 2.48 hours for the overall group and 2.26 hours for the reference group (slightly longer for the total group and the same for the reference group than last year's times of 2.47 and 2.26 hours, respectively).
- A total of 61.98% of the candidates chose to take a break during their examinations in 2015 (compared to 61.03% last year).
- Overall, 2.65% of the total group and 1.42% of the reference group ran out of time before completing the test in 2015. These percentages were slightly lower than last year's figure of 2.92% for the total group and 1.57% for the reference group.
- In general, the NCLEX-PN examination summary statistics for the 2015 testing period indicated patterns that were similar to those observed for the 2014 testing period. These results provide continued evidence that the administration of the NCLEX-PN examination is psychometrically sound.

The NCLEX-RN examination has been used as the Registered Nurse licensing examination throughout Canada, except for the province of Quebec, since January 4, 2015. The examination is offered in English and in Canadian French. Table 9 sorts the Canadian test candidates in 2015 by province and territory. The following are highlights of the 2015 testing year for Canadian candidates:

- Canadian candidates completed a total of 11,869 examinations.
- 98.49% of the Canadian examinations were taken in English.
- Candidates from New Brunswick accounted for 63.57% of the examinations taken in Canadian French.
- The overall passing rate was not available in this report

**Table 1: Longitudinal Technical Summary for the NCLEX-RN® Examination: Group Statistics for 2015 Testing Year**

	Jan 15 – Mar 15		Apr 15 – Jun 15		Jul 15 – Sep 15		Oct 15 – Dec 15		Cumulative 2015	
	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	54,675	39,688	69,164	51,519	71,679	52,292	33,949	14,459	229,467	157,958
Percent Passing	71.69	85.26	74.81	87.91	71.93	83.27	52.53	74.86	69.87	84.51
Avg. # Items Taken	130.02	123.17	126.02	118.48	132.53	127.41	138.60	129.88	130.87	123.66
% Taking Min # Items	43.67	47.51	47.17	52.13	41.83	44.82	37.97	43.55	43.31	47.76
% Taking Max # Items	16.75	14.64	15.65	13.46	18.17	16.58	18.98	16.54	17.19	15.07
Avg. Test Time (hours)	2.74	2.47	2.56	2.25	2.68	2.44	3.13	2.69	2.72	2.41
% Taking Break	60.94	53.80	55.52	47.09	59.86	53.29	71.54	59.75	60.54	51.99
% Timing Out	3.42	1.82	2.76	1.16	2.88	1.68	5.55	2.93	3.37	1.66

**Table 2: 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	73.16	84.69	74.42	86.19	68.84	78.44	52.12	71.06	68.95	81.79
Avg. # Items Taken	130.91	126.78	129.24	124.09	135.94	132.94	139.70	133.69	133.37	128.66
% Taking Min # Items	42.81	45.29	45.89	48.93	39.93	41.60	37.22	41.36	41.94	44.84
% Taking Max # Items	17.21	16.08	17.05	15.56	19.48	18.58	19.81	18.33	18.29	16.97
Avg. 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	61.43	55.62	56.77	49.93	61.56	56.73	70.65	61.47	61.48	54.70
% Timing Out	2.80	1.68	3.04	1.61	2.42	1.54	5.19	3.31	3.11	1.76

**Table 3: Longitudinal Technical Summary for the NCLEX-RN® Examination: Item Statistics for 2015 Testing Year\***

Operational Item Statistics										
	Jan 15 – Mar 15		Apr 15 – Jun 15		Jul 15 – Sep 15		Oct 15 – Dec 15		Cumulative 2015	
	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	0.10	0.19	0.08	N/A	N/A
Avg. Item Time (secs)	76.55	23.83	72.78	22.50	73.83	22.54	78.33	22.41	N/A	N/A
Pretest Item Statistics										
# of Items	650		861		866		190		2,567	
Avg. Sample Size	380		508		506		684		488	
Mean Point-Biserial	0.09		0.09		0.09		0.09		0.09	
Mean P value	0.61		0.63		0.59		0.69		0.62	
Mean Item Difficulty	-0.34		-0.45		-0.22		-0.88		-0.38	
SD Item Difficulty	1.95		1.98		1.84		1.57		1.89	
Total Number Flagged	223		314		275		82		894	
Percent Items Flagged	34.31		36.47		31.76		43.16		34.83	

\*Data do not include research and retest items.

**Table 4: 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	N/A	N/A
Avg. Item Time (secs)	75.02	23.41	72.74	22.30	74.03	21.52	80.93	26.39	N/A	N/A
Pretest Item Statistics										
# of Items	670		832		958		174		2,634	
Avg. Sample Size	474		563		537		364		518	
Mean Point-Biserial	0.08		0.08		0.08		0.09		0.08	
Mean P value	0.56		0.60		0.55		0.61		0.57	
Mean Item Difficulty	-0.04		-0.22		-0.01		-0.53		-0.12	
SD Item Difficulty	1.82		2.02		1.69		1.75		1.84	
Total Number Flagged	231		302		372		81		986	
Percent Items Flagged	34.50		36.30		38.80		46.60		37.43	

\*Data do not include research and retest items.

**Table 5: Longitudinal Technical Summary for the NCLEX-PN® Group Statistics for 2015 Testing Year**

	Jan 15 – Mar 15		Apr 15 – Jun 15		Jul 15 – Sep 15		Oct 15 – Dec 15		Cumulative 2015	
	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	16,138	11,881	16,014	10,943	22,754	18,030	15,191	10,123	70,097	50,977
Percent Passing	68.99	81.38	64.81	79.69	73.5	84.11	66.88	80.88	69.04	81.88
Avg. # Items Taken	121.65	118.62	120.94	116.18	119.70	116.03	125.53	120.24	121.70	117.50
% Taking Min # Items	46.62	49.47	49.10	54.19	49.39	53.11	44.75	49.35	47.68	51.75
% Taking Max # Items	19.25	17.57	19.61	17.23	18.53	16.72	22.57	19.43	19.82	17.57
Avg. Test Time (hours)	2.48	2.29	2.53	2.29	2.37	2.19	2.58	2.34	2.48	2.26
% Taking Break	62.75	55.72	63.44	54.77	57.3	50.86	66.62	58.70	61.98	54.39
% Timing Out	2.44	1.40	3.13	1.74	2.26	1.24	2.96	1.44	2.65	1.42

**Table 6: 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	73.09	83.81	65.97	81.06	73.71	84.16	63.99	77.66	69.79	82.16
Avg. # Items Taken	118.46	114.81	120.82	116.00	117.82	115.42	123.54	119.26	119.86	116.14
% Taking Min # Items	51.84	55.90	49.09	54.21	52.37	55.34	46.30	50.38	50.22	54.27
% Taking Max # Items	18.27	16.41	19.03	16.80	17.69	16.63	20.50	18.54	18.73	16.99
Avg. Test Time (hours)	2.42	2.24	2.55	2.30	2.32	2.15	2.65	2.43	2.47	2.26
% Taking Break	59.78	53.39	63.35	55.16	55.85	49.39	67.89	60.57	61.03	53.78
% Timing Out	2.52	1.28	3.83	1.88	1.93	1.15	3.96	2.37	2.92	1.57

**Table 7: Longitudinal Technical Summary for the NCLEX-PN® Examination: Item Statistics for 2015 Testing Year\***

Operational Item Statistics										
	Jan 15 – Mar 15		Apr 15 – Jun 15		Jul 15 – Sep 15		Oct 15 – Dec 15		Cumulative 2015	
	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	0.10	0.21	0.08	N/A	N/A
Ave. Item Time (secs)	72.60	21.10	74.16	25.51	70.15	21.54	71.29	23.63	N/A	N/A
Pretest Item Statistics										
# of Items	555		587		958		498		2,598	
Avg. Sample Size	369		446		453		466		436	
Mean Point-Biserial	0.10		0.13		0.11		0.11		0.11	
Mean P value	0.53		0.57		0.55		0.56		0.55	
Mean Item Difficulty	-0.10		-0.25		-0.11		-0.25		-0.17	
SD Item Difficulty	2.05		1.74		1.77		1.83		1.83	
Total Number Flagged	233		224		342		190		989	
Percent Items Flagged	41.98		38.16		35.7		38.15		38.07	

\*Data do not include research and retest items.

**Table 8: 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	N/A	N/A
Ave. Item Time (secs)	72.46	23.99	74.89	21.79	70.30	23.51	76.03	24.93	N/A	N/A
Pretest Item Statistics										
# of Items	643		552		910		501		2,606	
Avg. Sample Size	548		507		528		374		516	
Mean Point-Biserial	0.13		0.12		0.11		0.12		0.12	
Mean P value	0.54		0.51		0.50		0.53		0.51	
Mean Item Difficulty	-0.06		0.14		0.22		-0.03		0.11	
SD Item Difficulty	1.58		1.74		1.76		1.65		1.70	
Total Number Flagged	204		210		323		163		900	
Percent Items Flagged	31.70		38.00		35.50		32.50		34.54	

\*Data do not include research and retest items.

**Table 9: Longitudinal Summary of NCLEX-RN-1 Examinations Delivered in the 2015 Testing Year\***

Operational Item Statistics										
	Jan 15 – Mar 15		Apr 15 – Jun 15		Jul 15 – Sep 15		Oct 15 – Dec 15		Total	
	English	French	English	French	English	French	English	French	English	French
Alberta	495	0	584	0	585	0	386	0	2,050	0
British Columbia	291	0	606	0	481	0	318	0	1,696	0
Ontario	428	3	1,481	27	2,196	29	1,180	8	5,285	67
Manitoba	58	0	197	0	165	0	207	0	627	0
New Brunswick	33	6	163	64	73	17	81	25	350	112
Newfoundland and Labrador	6	0	141	0	114	0	51	0	312	0
Northwest Territories and Nunavut	1	0	17	0	3	0	4	0	25	0
Nova Scotia	20	0	232	0	121	0	97	0	470	0
Prince Edward Island	13	0	57	0	10	0	6	0	86	0
Saskatchewan	74	0	164	0	339	0	212	0	789	0
Total	1,419	9	3,642	91	4,087	46	2,542	33	11,690	179

### International Testing Update

Pearson VUE has a total of 249 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 277 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 10: NCLEX International Test Center Volume by Member Board, 1/1/15–12/31/15\*

Member Board	Total	Melbourne, Australia	Sydney, Australia	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Burnaby, Canada	Hamilton, Canada	Surrey, Canada	London, Canada	Calgary, Canada	Winnipeg, Canada	Halifax, Canada	Saskatoon, 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
Alabama	4	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2	0	0
Alaska	15	0	0	0	2	0	3	2	0	0	0	0	1	0	1	0	0	1	0	0	0	1	0	0	3	0	0	0	1
Arizona	53	0	0	6	0	0	2	1	1	0	1	0	1	2	0	0	0	0	0	0	0	0	0	0	34	0	0	0	5
California–RN	51	1	1	1	1	1	0	1	3	0	3	0	2	0	0	0	4	3	0	0	1	5	5	0	5	1	1	8	5
California–VN	12	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	2	1	0	0	0	0	0
Colorado	32	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	9	14	0	0	3
Connecticut	29	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	3	1	2	0	0	0	9	11	0	0	0
Delaware	37	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	35	0	1	0	0
District of Columbia	12	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0	2	0
Florida	183	1	0	3	1	0	2	6	2	1	1	0	3	2	1	3	2	3	1	2	1	5	2	1	0	112	10	0	18
Georgia	6	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	2	0	0	2	0
Guam	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
Hawaii	73	0	0	0	3	0	0	0	4	0	0	0	1	0	0	0	2	0	1	0	0	0	3	3	55	0	1	0	0
Idaho	5	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
Illinois	433	0	0	1	1	0	2	2	2	3	0	2	0	2	1	0	6	49	21	1	41	2	0	0	294	0	0	3	0
Iowa	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0
Kansas	4	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
Kentucky	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
Maine	4	0	0	0	0	0	0	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Maryland	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	1	0
Massachusetts	23	0	0	0	0	2	0	4	0	1	0	0	0	3	2	0	0	0	0	0	0	0	0	1	6	0	0	3	0
Michigan	147	1	1	0	0	0	9	9	2	1	2	11	2	0	0	0	2	9	4	1	2	0	1	1	61	1	0	27	0
Minnesota	330	1	0	20	15	18	51	63	15	23	12	13	32	16	4	5	1	1	0	0	1	0	0	0	37	0	0	2	0

Table 10: NCLEX International Test Center Volume by Member Board, 1/1/15–12/31/15\*

Member Board	Total	Melbourne, Australia	Sydney, Australia	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Burnaby, Canada	Hamilton, Canada	Surrey, Canada	London, Canada	Calgary, Canada	Winnipeg, Canada	Halifax, Canada	Saskatoon, 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
Missouri	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	1
Montana	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Nebraska	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nevada	30	2	1	0	0	0	0	1	2	0	2	0	0	0	0	1	1	0	0	0	0	0	0	0	0	20	0	0	0
New Jersey	19	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	1	0	0	0	0	1	0	0	10	2	0	2	
New Mexico	370	3	1	2	0	1	0	1	0	0	2	0	1	1	0	0	9	1	4	0	5	6	1	0	323	1	1	7	
New York	1,125	8	4	6	6	1	16	13	12	8	7	1	2	6	0	1	109	5	3	3	4	16	54	280	361	51	118	30	
North Carolina	12	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	1	1	0	6	1	0	0	
North Dakota	3	0	0	1	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Northern Mariana Islands	362	0	0	0	0	0	1	2	1	0	0	0	2	1	0	0	7	0	0	0	2	0	0	0	343	0	1	2	
Ohio	11	1	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	3	1	0	2	
Oregon	70	0	0	0	0	0	1	0	1	0	7	0	1	0	0	2	1	12	1	2	0	0	0	0	40	0	1	1	
Pennsylvania	28	2	0	0	0	1	0	1	0	0	0	0	1	0	0	0	0	1	1	0	2	0	0	0	11	4	0	4	
South Carolina	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Tennessee	4	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	
Texas	402	3	0	0	0	0	3	0	0	1	3	1	0	1	0	0	4	15	6	1	3	9	2	1	322	4	0	23	
Utah	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Vermont	24	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	14	0	0	5	
Virgin Islands	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0	0	
Virginia	24	0	0	0	0	1	0	0	0	1	0	0	1	0	0	0	2	0	0	0	0	0	0	0	15	0	0	4	
Washington	70	3	0	3	0	1	2	1	9	0	17	0	4	0	0	2	1	0	1	0	0	1	6	0	12	1	0	6	
West Virginia-PN	5	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	4	0	0	0	
Wisconsin	26	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	13	0	2	
Wyoming	2	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

**Table 10: NCLEX International Test Center Volume by Member Board, 1/1/15–12/31/15\***

Member Board	Total	4,068	29	10	46	31	26	97	110	56	43	59	29	59	38	11	16	156	101	52	11	67	48	80	289	1	2,185	126	131	161			
London, United Kingdom																																	
Taipei, Taiwan																																	
Guaynabo, Puerto Rico																																	
Manila, Philippines																																	
Mexico City, Mexico																																	
Osaka-shi, Japan																																	
Chiyoda-ku, Japan																																	
New Delhi, India																																	
Mumbai, India																																	
Hyderabad, India																																	
Chennai, India																																	
Bangalore, India																																	
Hong Kong, Hong Kong																																	
Saskatoon, Canada																																	
Halifax, Canada																																	
Winnipeg, Canada																																	
Calgary, Canada																																	
London, Canada																																	
Surrey, Canada																																	
Hamilton, Canada																																	
Burnaby, Canada																																	
Toronto (West), Canada																																	
Toronto, Canada																																	
Ottawa, Canada																																	
Montreal, Canada																																	
Edmonton, Canada																																	
Sydney, Australia																																	
Melbourne, Australia																																	
Total																																	

\*Only member boards with international test center candidate data are represented.

**Table 11: NCLEX International Test Center Volume by Country of Education, 1/1/15–12/31/15**

Member Board	Total	Melbourne, Australia	Sydney, Australia	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Burnaby, Canada	Hamilton, Canada	Surrey, Canada	London, Canada	Calgary, Canada	Winnipeg, Canada	Halifax, Canada	Saskatoon, 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		
Antigua & Barbuda	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Australia	16	7	4	0	0	0	0	1	1	0	1	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	
Azerbaijan	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Bahamas	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bahrain	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Belgium	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0
Botswana	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Canada	413	1	0	29	27	21	68	91	23	29	24	21	42	17	7	11	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0
China	17	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	12	0	0	0	0	0	0	0	0	0	0	3	1	0	0
Columbia	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cuba	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ethiopia	4	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0
France	3	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Germany	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0
Haiti	2	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 11: NCLEX International Test Center Volume by Country of Education, 1/1/15–12/31/15

Member Board	Total	Melbourne, Australia	Sydney, Australia	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Burnaby, Canada	Hamilton, Canada	Surrey, Canada	London, Canada	Calgary, Canada	Winnipeg, Canada	Halifax, Canada	Saskatoon, 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
Hong Kong	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0
India	274	2	1	1	0	1	3	5	1	4	11	2	1	10	0	0	0	99	37	5	47	29	0	0	0	0	0	15	
Iran	8	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0	0	3	
Iraq	2	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Ireland	3	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	
Israel	2	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Italy	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Jamaica	9	0	0	0	0	0	1	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	4	
Japan	15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0	0	
Jordan	11	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	3	6	0	0	0	0	0	0	
Kenya	18	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	7	0	0	0	0	0	0	0	0	
Korea, South	514	2	1	0	1	0	0	0	7	1	2	0	1	0	0	0	79	0	0	0	1	2	46	275	0	17	0	74	5
Malaysia	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	1	
New Zealand	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nigeria	13	0	0	1	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	2	0	0	0	0	0	7	
Oman	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	2	0	
Pakistan	8	0	0	2	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	4	
Palestine	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	0	
Philippines	2,371	9	3	10	1	1	17	8	17	1	15	1	9	2	2	2	42	0	0	5	4	3	13	4	0	2,162	0	38	
Puerto Rico	119	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	118	0	1	
Romania	1	0	0	0	0	0	0	0	0	0	0	1	0	0	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	0	0	0	0	0	0	

Table 11: NCLEX International Test Center Volume by Country of Education, 1/1/15–12/31/15

Member Board	Total	Melbourne, Australia	Sydney, Australia	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto (West), Canada	Burnaby, Canada	Hamilton, Canada	Surrey, Canada	London, Canada	Calgary, Canada	Winnipeg, Canada	Halifax, Canada	Saskatoon, 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
Saint Lucia	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Saudi Arabia	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	4
Sierra Leone	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Singapore	2	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0
Spain	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Sweden	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Switzerland	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Taiwan	50	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	50	0	0
Thailand	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0	0	0	0	0	0	0	0	0	0	0	0
Turkey	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
United Kingdom	43	2	0	0	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	37
United States	91	4	1	3	1	1	0	0	4	5	2	2	5	6	1	3	2	1	2	0	1	1	10	4	1	3	5	2	20
<b>Total</b>	<b>4,068</b>	<b>29</b>	<b>10</b>	<b>46</b>	<b>31</b>	<b>26</b>	<b>97</b>	<b>110</b>	<b>56</b>	<b>43</b>	<b>59</b>	<b>29</b>	<b>59</b>	<b>38</b>	<b>11</b>	<b>16</b>	<b>156</b>	<b>101</b>	<b>52</b>	<b>11</b>	<b>67</b>	<b>48</b>	<b>80</b>	<b>289</b>	<b>1</b>	<b>2,185</b>	<b>126</b>	<b>131</b>	<b>161</b>

**Table 12: NCLEX® International Volume by Testing Center, 1/1/15–12/31/15**

Site ID	City	Country	Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
67712	Melbourne	Australia	29	2	3	0	1	3	3	4	1	8	1	2	1
50482	Sydney	Australia	10	2	0	0	0	0	0	0	0	0	1	1	6
50486	Burnaby	Canada	56	6	6	2	6	5	6	1	5	6	3	5	5
63110	Edmonton	Canada	46	3	4	5	2	0	6	4	3	8	6	2	3
50485	Montreal	Canada	31	2	1	8	1	1	3	3	4	1	3	1	3
57935	Ottawa	Canada	26	0	0	3	2	1	7	3	3	0	2	3	2
50484	Toronto	Canada	97	6	12	5	6	15	12	6	7	8	9	6	5
57936	Toronto (West)	Canada	110	7	5	7	9	15	12	6	7	7	16	10	9
69818	Hamilton	Canada	43	1	3	3	6	2	2	5	6	3	2	5	5
69825	Surrey	Canada	59	1	7	3	7	5	7	6	3	5	4	3	8
69826	London	Canada	29	1	1	1	4	5	2	4	2	0	4	3	2
69827	Calgary	Canada	59	2	11	1	7	3	8	5	4	4	3	2	9
69828	Winnipeg	Canada	38	4	5	3	3	0	7	2	2	0	4	4	4
69829	Halifax	Canada	11	2	0	0	0	1	2	1	0	2	1	1	1
69830	Saskatoon	Canada	16	0	1	1	3	2	3	0	1	0	2	2	1
50493	Hong Kong	Hong Kong	156	11	12	15	15	17	18	9	12	13	14	9	11
50497	Bangalore	India	101	4	2	5	7	4	3	4	10	7	25	6	24
50498	Chennai	India	52	3	4	3	3	3	4	5	5	9	9	1	3
50495	Delhi	India	48	0	5	2	6	2	3	6	6	0	4	5	9
50496	Hyderabad	India	11	0	0	1	0	0	2	1	0	1	0	2	4
50494	Mumbai	India	67	4	3	5	3	6	7	4	3	9	6	6	11
50500	Chiyoda-ku	Japan	80	6	9	2	7	3	8	6	8	6	8	12	5
57585	Osaka-shi	Japan	289	23	21	22	23	21	21	21	20	25	37	25	30
50503	Mexico City	Mexico	1	0	0	0	0	0	0	0	0	1	0	0	0
54555	Manila	Philippines	2,185	163	152	153	192	192	146	195	170	200	212	174	236
47108	Guaynabo	Puerto Rico	126	9	10	8	16	6	9	19	7	14	4	10	14
50506	Taipei	Taiwan	131	7	6	4	10	21	10	12	13	14	9	13	12
50140	London	United Kingdom	161	6	15	15	11	15	11	14	15	15	6	21	17
<b>Total</b>			<b>4,068</b>	<b>275</b>	<b>298</b>	<b>277</b>	<b>350</b>	<b>348</b>	<b>322</b>	<b>346</b>	<b>317</b>	<b>366</b>	<b>395</b>	<b>334</b>	<b>440</b>

**Table 13: NCLEX® International Volume by Pass/Fail Rate, 1/1/15–12/31/15**

Site ID	City	Country	Total Taken	Total Passed	Total Exams Delivered / Total Pass (Pass Rate)											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
67712	Melbourne	Australia	29	11	2/0 (0.00%)	3/1 (33.33%)	0/0 (0.00%)	1/1 (100.00%)	3/1 (33.33%)	4/1 (25.00%)	1/0 (0.00%)	8/4 (50.00%)	1/1 (100.00%)	2/1 (50.00%)	1/0 (0.00%)	
50482	Sydney	Australia	10	3	2/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	1/0 (0.00%)	6/2 (33.33%)	
50486	Burnaby	Canada	56	30	6/3 (50.00%)	6/2 (33.33%)	2/1 (50.00%)	6/2 (33.33%)	5/3 (60.00%)	6/5 (83.33%)	1/1 (100.00%)	5/4 (80.00%)	6/2 (33.33%)	3/1 (80.00%)	5/4 (40.00%)	
63110	Edmonton	Canada	46	26	3/1 (33.33%)	4/3 (75.00%)	5/4 (80.00%)	2/1 (50.00%)	0/0 (0.00%)	6/3 (50.00%)	4/1 (25.00%)	3/2 (66.66%)	8/4 (50.00%)	6/5 (83.33%)	2/1 (50.00%)	
50485	Montreal	Canada	31	22	2/2 (100.00%)	1/0 (0.00%)	8/6 (75.00%)	1/1 (100.00%)	1/0 (0.00%)	3/2 (66.66%)	3/3 (100.00%)	4/2 (50.00%)	1/1 (100.00%)	3/3 (100.00%)	1/0 (0.00%)	
57935	Ottawa	Canada	26	13	0/0 (0.00%)	0/0 (0.00%)	3/3 (100.00%)	2/0 (0.00%)	1/0 (0.00%)	7/3 (42.86%)	3/1 (33.33%)	3/2 (66.66%)	0/0 (0.00%)	2/0 (0.00%)	3/2 (20.00%)	
50484	Toronto	Canada	97	36	6/2 (33.33%)	12/5 (41.67%)	5/1 (20.00%)	6/2 (33.33%)	15/4 (26.67%)	12/4 (33.33%)	6/3 (50.00%)	7/3 (42.86%)	8/5 (62.50%)	9/3 (33.33%)	5/1 (20.00%)	
57936	Toronto (West)	Canada	110	36	7/2 (28.57%)	5/0 (0.00%)	7/2 (28.57%)	9/3 (33.33%)	15/8 (53.33%)	12/7 (58.33%)	6/2 (33.33%)	7/2 (28.57%)	7/3 (42.86%)	16/4 (25.00%)	10/1 (10.00%)	
69818	Hamilton	Canada	43	19	1/1 (100.00%)	3/0 (0.00%)	3/0 (0.00%)	6/4 (66.67%)	2/2 (100.00%)	2/2 (100.00%)	5/3 (60.00%)	6/2 (33.33%)	3/2 (66.66%)	2/0 (0.00%)	5/1 (40.00%)	
69825	Surrey	Canada	59	26	1/0 (0.00%)	7/3 (42.86%)	3/1 (33.33%)	7/3 (42.86%)	5/2 (40.00%)	7/5 (71.43%)	6/2 (33.33%)	3/2 (66.66%)	5/1 (20.00%)	4/1 (25.00%)	3/1 (33.33%)	
69826	London	Canada	29	15	1/0 (0.00%)	1/0 (0.00%)	1/0 (0.00%)	4/2 (50.00%)	5/1 (20.00%)	2/2 (100.00%)	4/2 (50.00%)	2/1 (50.00%)	0/0 (0.00%)	4/4 (100.00%)	3/2 (50.00%)	
69827	Calgary	Canada	59	34	2/2 (100.00%)	11/7 (63.64%)	1/1 (100.00%)	7/3 (42.86%)	3/3 (100.00%)	8/4 (50.00%)	5/5 (100.00%)	4/3 (75.00%)	4/2 (50.00%)	3/1 (33.33%)	2/1 (22.22%)	
69828	Winnipeg	Canada	38	19	4/2 (50.00%)	5/1 (20.00%)	3/3 (100.00%)	3/2 (66.67%)	0/0 (0.00%)	7/4 (57.14%)	2/1 (50.00%)	2/0 (0.00%)	0/0 (0.00%)	4/2 (50.00%)	4/1 (25.00%)	
69829	Halifax	Canada	11	7	2/1 (50.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	2/1 (50.00%)	1/0 (0.00%)	0/0 (0.00%)	2/2 (100.00%)	1/1 (100.00%)	1/0 (0.00%)	
69830	Saskatoon	Canada	16	10	0/0 (0.00%)	1/1 (100.00%)	1/1 (100.00%)	3/1 (33.33%)	2/1 (50.00%)	3/3 (100.00%)	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	2/2 (100.00%)	2/0 (0.00%)	
50493	Hong Kong	Hong Kong	156	55	11/3 (27.27%)	12/4 (33.33%)	15/4 (26.67%)	15/3 (20.00%)	17/5 (29.41%)	18/8 (44.44%)	9/6 (66.67%)	12/5 (41.67%)	13/6 (46.15%)	14/3 (21.43%)	9/2 (54.55%)	
50497	Bangalore	India	101	29	4/0 (0.00%)	2/2 (100.00%)	5/2 (40.00%)	7/1 (14.29%)	4/0 (0.00%)	3/1 (33.33%)	4/0 (0.00%)	10/3 (30.00%)	7/4 (57.14%)	25/5 (20.00%)	6/2 (37.50%)	
50498	Chennai	India	52	15	3/1 (33.33%)	4/2 (50.00%)	3/2 (66.66%)	3/0 (0.00%)	3/1 (33.33%)	4/1 (25.00%)	5/1 (20.00%)	5/2 (40.00%)	9/1 (11.11%)	9/2 (22.22%)	1/0 (0.00%)	
50495	Delhi	India	48	15	0/0 (0.00%)	5/1 (20.00%)	2/0 (0.00%)	6/1 (16.67%)	2/0 (0.00%)	3/3 (100.00%)	6/1 (16.67%)	0/0 (0.00%)	0/0 (0.00%)	4/3 (75.00%)	5/2 (40.00%)	

Table 13: NCLEX® International Volume by Pass/Fail Rate, 1/1/15–12/31/15

Site ID	City	Country	Total Taken	Total Passed	Total Exams Delivered/Total Pass (Pass Rate)												
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
50496	Hyderabad	India	11	2	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	2/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	2/0 (0.00%)	4/2 (50.00%)
50494	Mumbai	India	67	19	4/2 (50.00%)	3/0 (0.00%)	5/3 (60.00%)	3/1 (33.33%)	6/1 (16.67%)	7/4 (57.14%)	4/2 (50.00%)	3/1 (33.33%)	9/3 (33.33%)	3/1 (33.33%)	6/2 (33.33%)	6/0 (0.00%)	11/0 (0.00%)
50500	Chiyoda-ku	Japan	80	28	6/1 (16.67%)	9/0 (0.00%)	2/0 (0.00%)	7/2 (28.57%)	3/2 (66.66%)	8/4 (50.00%)	6/1 (16.67%)	8/3 (37.50%)	6/2 (33.33%)	8/3 (33.33%)	8/3 (37.50%)	12/7 (58.33%)	5/3 (60.00%)
57585	Osaka-shi	Japan	289	126	23/6 (26.09%)	21/14 (66.67%)	22/9 (40.91%)	23/12 (52.17%)	21/12 (57.14%)	21/11 (52.38%)	21/4 (19.05%)	20/10 (50.00%)	25/10 (40.00%)	25/10 (40.00%)	37/16 (43.24%)	25/7 (28.00%)	30/15 (50.00%)
50503	Mexico City	Mexico	1	0	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)
54555	Manila	Philippines	2,185	814	163/51 (31.29%)	152/64 (42.11%)	153/47 (30.72%)	192/66 (34.38%)	192/77 (40.10%)	146/57 (39.04%)	195/74 (37.95%)	170/65 (38.24%)	200/82 (41.00%)	170/65 (38.24%)	212/96 (45.28%)	174/56 (32.18%)	236/79 (33.47%)
47108	Guaynabo	Puerto Rico	126	27	9/1 (11.11%)	10/2 (20.00%)	8/1 (12.50%)	16/5 (31.25%)	6/2 (33.33%)	9/1 (11.11%)	19/5 (26.32%)	7/5 (71.43%)	14/3 (21.43%)	14/3 (21.43%)	4/0 (0.00%)	10/1 (10.00%)	14/1 (7.14%)
50506	Taipei	Taiwan	131	42	7/4 (57.14%)	6/3 (50.00%)	4/1 (25.00%)	10/1 (10.00%)	21/6 (28.57%)	10/3 (30.00%)	12/4 (33.33%)	13/6 (46.15%)	14/5 (35.71%)	14/5 (35.71%)	9/4 (44.44%)	13/3 (23.08%)	12/2 (16.67%)
50140	London	United Kingdom	161	50	6/3 (50.00%)	15/3 (20.00%)	15/5 (33.33%)	11/1 (9.09%)	15/4 (26.67%)	11/4 (36.36%)	14/3 (21.43%)	15/5 (33.33%)	15/5 (33.33%)	6/4 (66.67%)	21/9 (42.86%)	17/4 (25.53%)	
		<b>Total</b>	<b>4,068</b>	<b>1,529</b>	<b>275/88 (32.00%)</b>	<b>298/118 (39.60%)</b>	<b>277/97 (35.02%)</b>	<b>350/118 (33.71%)</b>	<b>348/136 (39.08%)</b>	<b>322/143 (44.41%)</b>	<b>346/126 (36.42%)</b>	<b>317/130 (41.01%)</b>	<b>366/147 (40.16%)</b>	<b>395/167 (42.28%)</b>	<b>334/108 (32.34%)</b>	<b>440/151 (34.32%)</b>	



# Report of the 40th Anniversary Committee

## Background

The Board of Directors (BOD) in September 2015 (FY16) appointed the 40th Anniversary Committee to assist in planning and implementing the 40th Anniversary of the National Council of State Boards of Nursing (NCSBN). The NCSBN Annual Meeting and celebration will be held in Minneapolis, Aug. 17–19, 2018.

## Highlights of FY16 Activities

- Met with NCSBN Meetings Manager to discuss initial plans for the 40th anniversary celebration and Annual Meeting.
- Participated in the selection of the 40th anniversary theme. The re-branding of NCSBN and a new logo will be launched at the 40th anniversary.
- Discussed and reviewed potential speakers for the 2018 Annual Meeting educational sessions.
- Determined that *The First 25 Years: 1978-2003* book will be updated at the NCSBN 50-year anniversary.
- Discussed developing an electronic Global Nursing Regulatory Atlas.
- Identified celebration activities for the 40th anniversary which includes the following:
  - Celebration activities will begin early in 2018 leading up to the 2018 NCSBN Annual Meeting in August;
  - Celebration activities will be done early in 2018 with a “big reveal” to be unveiled at the 2018 NCSBN Midyear Meeting in March;
  - Boards will be asked to submit a video which will be shown at the Annual Meeting;
  - The NCSBN timeline will be updated with new technology, and a montage of images related to what was happening in NCSBN at various points in time will be developed. The video will be shown in brief clips interspersed throughout the meeting and when attendees return from breaks.
- Identified organizations that will receive a scholarship and donation in honor of the 40th anniversary in 2018.

## Future Activities

The committee will continue to meet in FY17 to finalize the plans for the 40th anniversary of NCSBN.

## Attachments

None

### Members

Demetrius Chapman, MPH,  
MSN(R), APRN, New Mexico, Area I  
Julia L. George, MSN, RN, FRE,  
North Carolina, Area III  
Elizabeth Lund, MSN, RN,  
Tennessee, Area III  
Stacey Pfenning, DNP, APRN, FNP,  
North Dakota, Area II  
Laura Skidmore Rhodes, MSN, RN,  
West Virginia-RN, Area II

### Staff

Alicia Byrd, RN, Director, Member  
Relations

### Meeting Dates

- Dec. 11, 2015



# Report of the APRN Education Committee

## Background

As an extension of their work, the 2014–15 APRN Distance Learning Education Committee recommended to the Board of Directors (BOD) that a committee study whether boards of nursing (BONs) should approve APRN programs. The BOD convened the 2015–16 APRN Education Committee and gave them the following charge:

Explore the pros and cons of member board oversight of APRN education programs and make recommendations to the BOD.

## Highlights of FY16 Activities

- Reviewed relevant background information:
  - Breakdown in the system where students graduated from an unaccredited APRN program and therefore were not able to be credentialed to practice.
  - NCSBN's 2015 discussion with Licensure, Accreditation, Certification & Education (LACE) about APRN education programs that were not in alignment with the Consensus Model.
- Discussed the American Association of Colleges of Nursing (AACN) APRN Clinical Training Taskforce Report, and recommendations, on the future of APRN Education (See the report here: [http://www.aacn.nche.edu/leading\\_initiatives\\_news/news/2015/aprn-white-paper](http://www.aacn.nche.edu/leading_initiatives_news/news/2015/aprn-white-paper)).
- Conducted survey of the member board executive officers. Received a 100 percent response rate; n=55 (3 PN BONs excluded and only 1 NE BON included).
- Developed map of states/jurisdictions that approve APRN programs (Attachment A).
- Compared those BONs that approve APRN programs to those that do not, finding that BONs that approve APRN programs tend to license fewer RNs and APRNs, and have fewer APRN programs and tend to have an independent structure, versus BONs that do not approve APRN programs. As part of this work, the committee developed, by state/jurisdiction, a list of all known APRN programs (available to BONs upon request).
- Created a crosswalk comparing the accreditation standards and the APRN Model Act/Rules (available upon request).
- Held a conference call with the NCSBN Education Consultants to learn their perspectives on this issue.

The following are the pros and cons identified by the committee after reviewing the executive officer survey:

### Pros

The following are the advantages of approving APRN programs as identified by BONs.

- **Protects the public:** 77 percent indicated that approval of APRN programs protects the public.
- **Consistency:** 77 percent indicate APRN program approval is consistent with the regulation of registered nurse (RN) and licensed practical/vocational nurse LPN/VN programs.
- **Timelier and more comprehensive oversight:** 67 percent indicate BON oversight complements accreditation; 23 percent indicate accreditors cannot monitor programs as frequently as BONs do. Because BONs have fewer programs than accreditors and can monitor them more closely, the BONs identify program needs and issues in a timelier manner; 17 percent state the BONs place more emphasis on the APRN clinical experiences than do accreditors.

*The APRN Education Committee feels approval would complement accreditation and may enhance feedback and partnerships with accreditors.*

### Members

Valerie Fuller, DNP, AGACNP-BC, FNP-BC, Maine, Area IV, Chair  
Derrick C. Glymph, CRNA, DNAP, Florida, Area III  
Pamela C. Hagan, MSN, RN, Kentucky, Area III  
Robin A. Lewis, EdD, MSN, APRN, FNP-BC, NP-C, West Virginia-RN, Area II  
Geraldine Marrocco, EdD, APRN, CNS, ANP-BC, Connecticut, Area IV  
Stacey Pfenning, DNP, APRN, FNP, North Dakota, Area II  
Gayle P. Varnell, PhD, RN, CPNP-PC, Texas, Area III  
Ellen Watson, MS, APRN, FNP-BC, Vermont, Area IV, Board Liaison

### Staff

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

### Meeting Dates

- Oct. 29–30, 2015
- Jan. 7–8, 2016
- March 15, 2016, presented at Midyear Meeting
- March 25, 2016 (Conference Call)

### Relationship to Strategic Plan

#### Strategic Initiative A

Promote evidence-based regulation.

#### Strategic Objective 3

Create resources for evidence-based regulation.

- **Prevention of fraud:** 60 percent indicate BON approval prevents fraudulent or deficit programs from operating.
- Other reasons for supporting BON approval of APRN programs include: better tracking of distance education programs, BON approval ensures that all APRN programs meet consistent standards set forth by the state, it ensures program consistency with the APRN Consensus Model and it builds relationships between the educational programs and the BONs.

### Cons

The following are the disadvantages to APRN approval as identified by BONs:

- **Lack of staffing and expertise:** 45 percent indicated the BON lacks the staffing and expertise to approve APRN programs.
- **Lack of statutory authority:** 41 percent indicated the BON lacks statutory authority and APRN program approval would require a statute or rule change.
- **Lack of financial resources:** 38 percent indicated the BON lacks the financial resources to conduct APRN program approval.
- Other reasons indicated were: “it’s repetitious because the APRN programs are accredited” (31 percent) and “other health boards do not approve professional programs” (24 percent).

When asked whether the BON had received any complaints about APRN programs, 23 different issues arose, and these ranged from distance education programs not understanding state requirements for APRN programs, insufficient curricula, poor clinical placements, faculty not meeting state requirements for licensure, concern about the overall quality of the APRN programs and programs not meeting the requirements of the Consensus Model.

Since accreditation was addressed in both the pros and cons identified by BONs (“it would complement nursing accreditation” versus “it’s repetitious”) the APRN Education Committee conducted a crosswalk of APRN education accreditation criteria with the NCSBN Model Rules . From the crosswalk, we learned that accreditation standards tend to be broader than the Model Rules, applying to program mission statements, goals, curriculum and outcomes. The NCSBN Model Rules are more specific to the educational requirements described in the *Consensus Model for APRN Regulation* (NCSBN, 2008, Retrieved from [https://www.ncsbn.org/Consensus\\_Model\\_for\\_APRN\\_Regulation\\_July\\_2008.pdf](https://www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf)). The crosswalk suggests that BON approval would not be redundant and would add another dimension to the oversight of APRN programs.

### Committee Recommendations to the BOD for Additional Work or Research

Given the high percentages of BONs that indicate APRN program approval is a public protection issue and the other advantages identified supporting program approval, the committee recommends that BONs who are currently approving APRN programs should continue. For other BONs that have indicated constraints in doing so, the committee recommends the following solutions:

#### REASONS FOR NOT APPROVING APRN PROGRAMS

The BON lacks staffing, expertise, and/or resources to conduct APRN education program approval.

Lack of statutory authority.

#### RECOMMENDED SOLUTIONS

NCSBN could assist BONs in this process. Comparable to the review of APRN certification programs and exams currently being done, NCSBN staff could assess whether a program meets the state/Consensus Model criteria and provide this information to the BON. The BON would then make the determination to approve or not approve the APRN program.

NCSBN could assist BONs that need statutory authority for regulatory oversight of APRN programs to obtain it.

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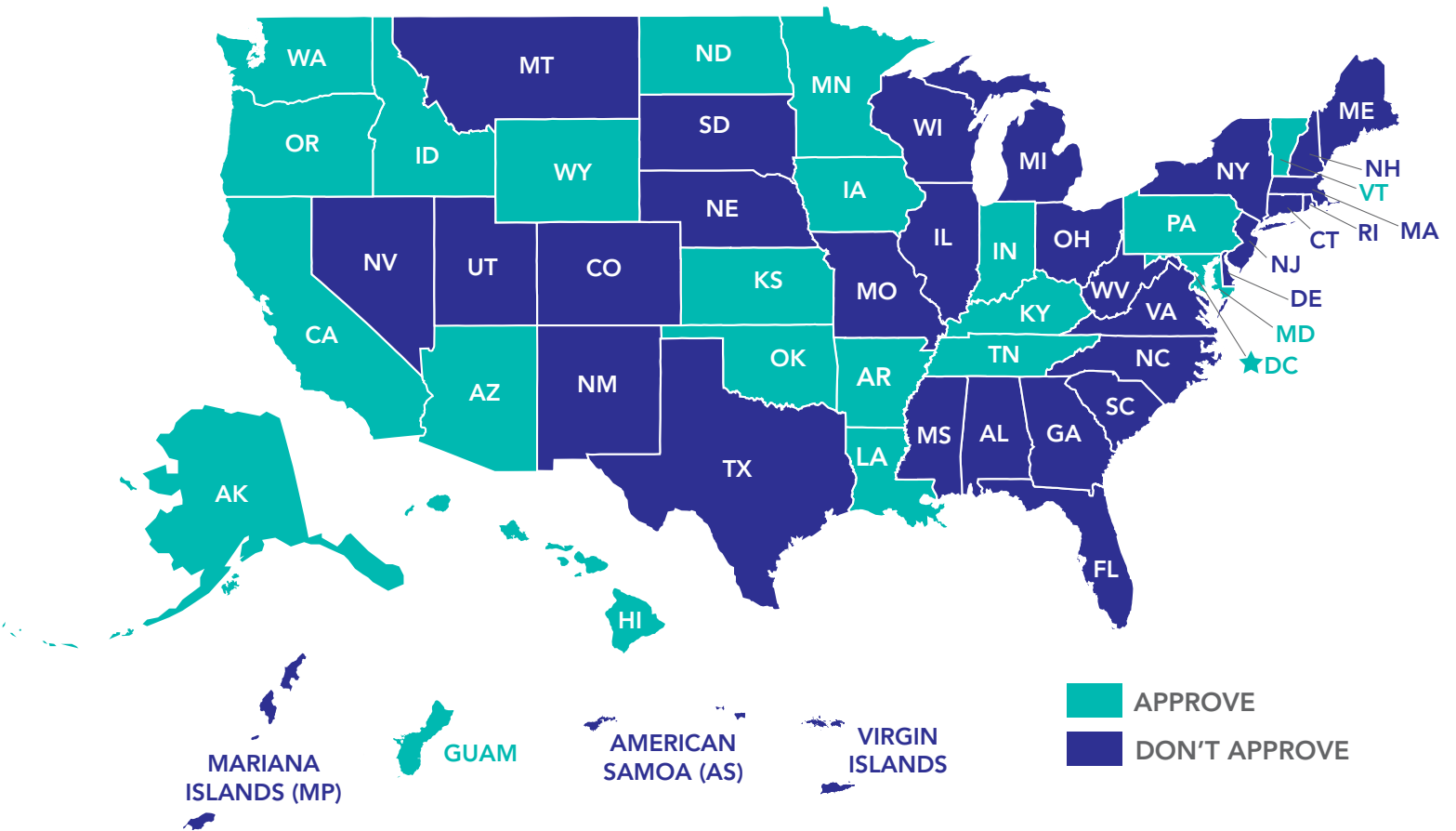
**OTHER RECOMMENDATIONS INCLUDE:**

1. NCSBN should continue working with LACE, so that APRN issues affecting BONs can be brought to the Consensus Model leaders and rapidly addressed.
2. The committee's review of the education section of the APRN model rules found them to be overly prescriptive and detailed. NCSBN should review and revise the current APRN model rules to streamline educational requirements for APRN programs and make them less cumbersome for BONs that wish to adopt them.
3. In anticipation of APRN educational changes, where competency-based progression might replace numbers of clinical hours, consideration could be given to the development of a measurement tool to assess the common competencies. This recommendation is futuristic and not intended to be implemented right now; instead, it is intended to begin a dialogue about the future of APRN education and regulation.

**Attachments**

- A. Map of States/Jurisdictions Approving APRN Programs

# Map of States/Jurisdictions Approving APRN Programs



# 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.

The committee selected an honoree in the following award categories: R. Louise McManus, Meritorious Service, Elaine Ellibee and Regulatory Achievement award. Two members will receive the Exceptional Contribution award. 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 ceremony. The awards ceremony will be held at a dinner at the annual meeting in Chicago, Illinois on Aug. 18, 2016. The awards will be presented by NCSBN Board President, Shirley Brekken.

## Highlights of FY16 Activities

- The award ceremony videos of the 2015 recipients were posted to the awards program web page.
- Posted a frequently asked questions (FAQ) sheet on the nomination process.
- Communicated the launch of the 2016 awards program to the membership.
- Collaborated with marketing and communications on the following:
  - Developed a promotional flyer for distribution at the Midyear Meeting in Baltimore, Md.
  - 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 one associate member celebrating 100 years of nursing regulation (centennial).
- Identified executive officers who are eligible for the Executive Officer Recognition Award for five, 10, 15, and 20 years of service.
- Staff reviewed all nominations to ensure compliance with the blind review process.
- Awards Committee conducted a blind review of the award nominations.
- Awards Committee selected the 2016 award recipients.
- The 2016 award recipient selections were reported to the Board of Directors.
- Letters of notification were sent to the 2016 award recipients.

### 2016 AWARD RECIPIENTS:

#### R. Louise McManus Award

Julia L. George, MSN, RN, FRE, executive director, North Carolina Board of Nursing

#### Meritorious Service Award

Lori Scheidt, MBA-HCM, executive director, Missouri State Board of Nursing

#### Regulatory Achievement Award

West Virginia State Board of Examiners for Licensed Practical Nurses

#### Elaine Ellibee Award

Susan Odom, PhD, RN, CCRN, FRE, past board president, Idaho Board of Nursing

### Members

Mary Dale, Washington, Area I

Margaret E. Kelly, LPN,  
Washington, Area I

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

Cynthia York, MSN, RN, CGRN,  
Louisiana-RN, Area III

### Staff

Alicia Byrd, RN  
Director, Member Relations

### Meeting Dates

- Oct. 13, 2015 (Conference Call)
- March 30, 2016

### **Exceptional Contribution Award**

Rene Cronquist, JD, RN, board staff, Minnesota Board of Nursing

Rhonda Taylor, MSN, RN, board member, Washington State Nursing Care Quality Assurance Commission

### **Executive Officer Recognition Awards**

#### **5 YEARS**

- Marlene Carbullido, RN, executive officer, Guam Board of Nurse Examiners
- Kwek Puay Ee, BSN, RN, executive secretary, Singapore Nursing Board
- Gaynell Hayward-Caesar, MPH, RN, chief nursing officer, Bermuda Nursing Council
- Nancy Murphy MS, RN, BC, CPM, administrator, South Carolina Board of Nursing
- Dan Williams, bureau director, Division of Board Services, Wisconsin Department of Safety and Professional Services

#### **10 YEARS**

- Michele L. Bromberg, MSN, RN, nursing coordinator, Illinois Board of Nursing

#### **15 YEARS**

- Lanette Anderson, JD, MSN, RN, executive director, West Virginia State Board of Examiners for Licensed Practical Nurses
- Lori Scheidt, MBA-HCM, executive director, Missouri State Board of Nursing

#### **20 YEARS**

- Sandra Evans, MAEd, RN, executive director, Idaho Board of Nursing

### **MEMBERS CELEBRATING 100 YEARS OF NURSING REGULATION (CENTENNIAL AWARD)**

- College and Association of Registered Nurses of Alberta

### **Future Activities**

- Select the 2017 awards recipients.

### **Attachment**

- A. 2016 Awards Brochure



2016 Awards Brochure





## 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 2016 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.

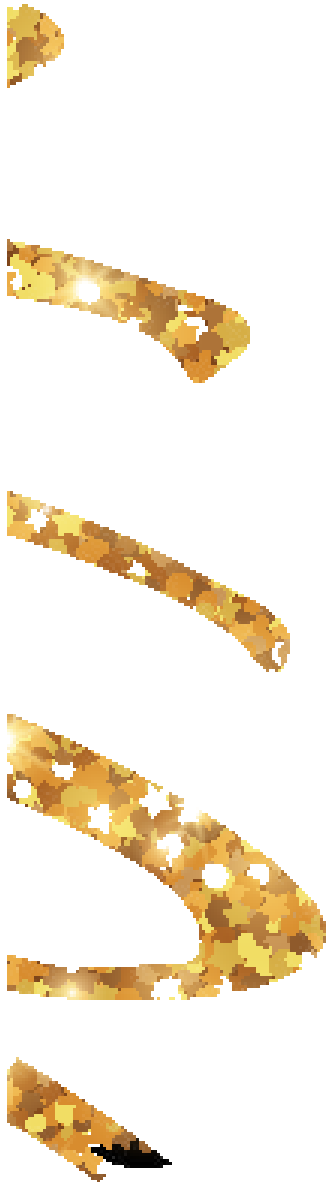
Our goal is not only to recognize the successes of our peers, but also to learn what key factors contributed to this success. We encourage all members to participate.

## 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 18, 2016**, to Alicia Byrd, director, member relations, NCSBN, at [abyrd@ncsbn.org](mailto:abyrd@ncsbn.org).
- Members may nominate themselves or others.
- Two letters of support are required. Entries must include one letter of support from the executive officer or designee. For the Regulatory Achievement Award, entries must include one letter of support from another member regulatory agency or a representative from an external regulatory agency.
- Entries must be typed and submitted on the respective award template.
- Entries must be accompanied by the official awards program cover page. Your narrative should be between 1,000 – 1,500 words and in size 10 pt. Arial font, as is standard with the provided template.

**If you have questions about the Awards Program, contact Alicia Byrd at [abyrd@ncsbn.org](mailto:abyrd@ncsbn.org) or 312.525.3666.**



## Awards Review and Selection

- To ensure a fair and equitable review and selection process, each individual nomination is subjected to a blind review by each Awards Committee member. The committee 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, specifically in cases where no nomination meets the specific criteria.
- 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

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## 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



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## 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

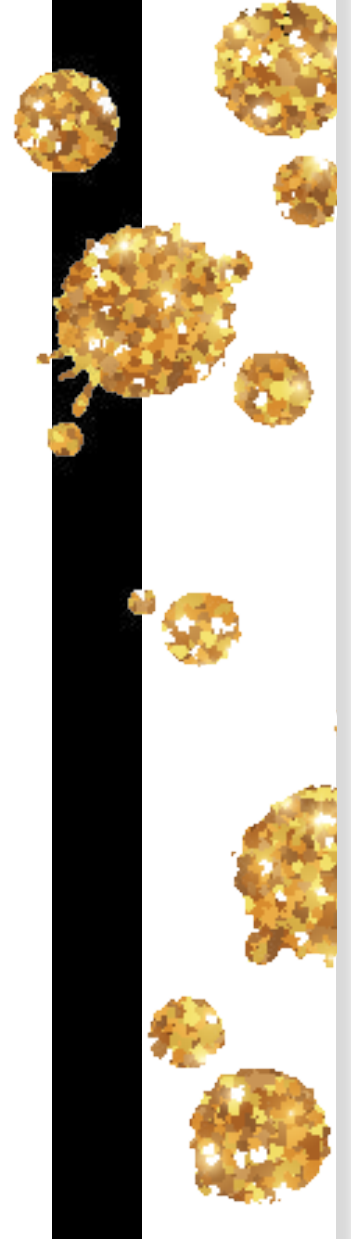
- Active participation in NCSBN activities
- Effective leadership in the development, implementation and maintenance of licensing and regulatory policies
- Active collaborative relationships among the member board or associate member, NCSBN, the public and other member boards or associate members
- Demonstrated 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

The award is given in five-year increments to individuals serving in the Executive Officer role. *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

### FOUNDERS AWARD

2015 – Kathy Apple

### R. LOUISE MCMANUS AWARD

2015 – Rula Harb

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

2015 – Elizabeth Lund

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

2015 – Washington State Nursing Care Quality Assurance Commission

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

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

- 2015 – Deborah Haagenon
- 2013 – Linda R. Rounds

**EXCEPTIONAL  
CONTRIBUTION AWARD**

- 2015 – Janice Hooper
- 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

**DISTINGUISHED ACHIEVEMENT  
AWARD**

- 2015 – Patricia "Tish" Smyer
- 2013 – Lorinda Inman

**THE FOLLOWING AWARDS ARE  
NO LONGER PRESENTED:**

**EXCEPTIONAL LEADERSHIP  
AWARD**

- 2011 – Lisa Klenke
- 2010 – Catherine Giessel
- 2007 – Judith Hiner
- 2006 – Karen Gilpin
- 2005 – Robin Vogt
- 2004 – Christine Alichnie
- 2003 – Cookie Bible
- 2002 – Richard Sheehan
- 2001 – June Bell

**NCSBN 30TH ANNIVERSARY  
SPECIAL AWARD**

- 2008 – Joey Ridenour  
Sharon Weisenbeck Malin  
Mildred S. Schmidt

**NCSBN SPECIAL AWARD**

- 2008 – Thomas Abram

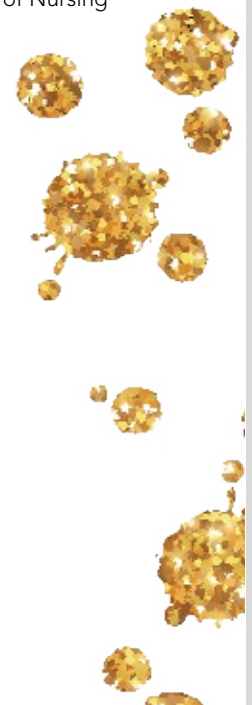
- 2004 – Robert Waters
- 2002 – Patricia Benner

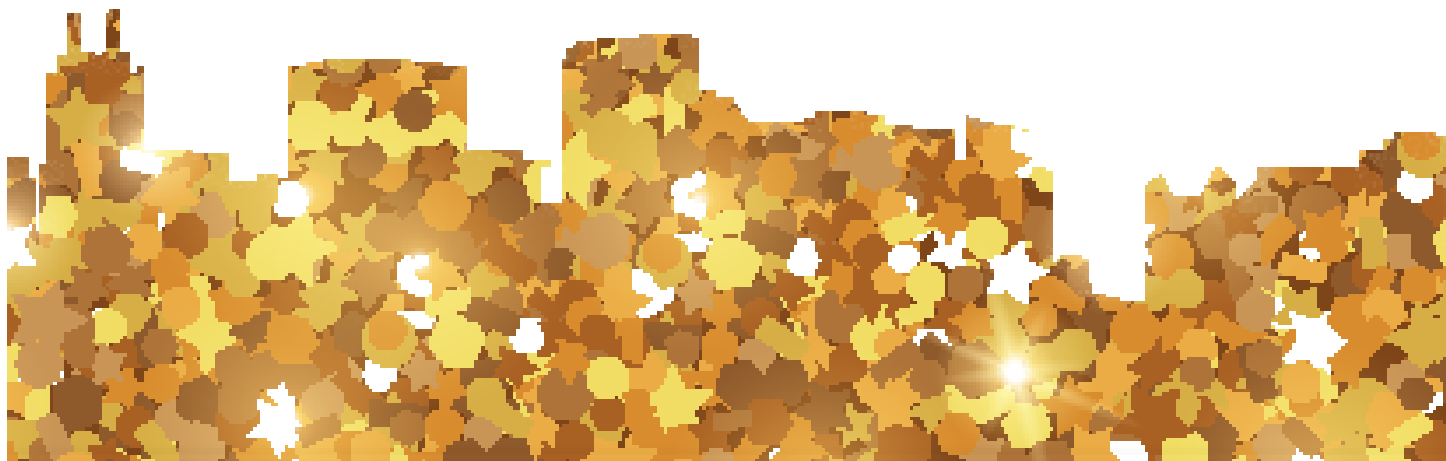
**SILVER ACHIEVEMENT AWARD**

- 2000 – Nancy Wilson
- 1998 – Joyce Schowalter

**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





**NCSBN**

*Leading in Nursing Regulation*

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Chicago, IL 60601-4277

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

01/16



# Report of the Bylaws Committee

## Background

The Bylaws Committee was created by the BOD in fiscal year 2016 (FY16) and given the two charges indicated below. The committee convened in person three times and participated in two conference calls.

**Charge 1:** To review the composition of the BOD including the Structure of the President and President-elect positions.

**Charge 2:** To review an additional membership category for former board members and board staff of member boards to remain active with NCSBN.

## FY16 Highlights and Accomplishments

- The committee received training on the committee HIVE site and WebEx conferencing.
- The committee received an update on developing performance measures.
- The committee reviewed both charges and developed a plan on how to proceed.
- Nathan Goldman, the committee board liaison, provided a briefing on the charges to the committee.
- The committee reviewed and approved the charter and performance measures document.
- The committee reviewed and discussed bylaw fundamentals utilizing the book, *Better Bylaws, Creating Effective Rules for Your Nonprofit Board*.
- The committee examined research on similar organizations regarding their BOD positions.
- The committee interviewed the NCSBN President and President-elect and discussed their responses to committee questions.
- The committee held a conference call with the NCSBN Legal Counsel, Tom Abram.
- The committee drafted an initial rough draft on consensus-recommended changes to the bylaws to be presented at the 2016 Midyear meeting.
- The chair presented the committee's initial recommended changes to the 2016 Midyear meeting.
- Committee members attended each area meeting at the 2016 Midyear meeting and gathered comments on the proposed bylaw amendments.
- Using comments from the Midyear meeting, the committee revised their bylaw recommendations.
- The committee reviewed and approved bylaw changes to be submitted to the BOD.
- The committee reviewed and discussed the 2015 Delegate Assembly resolution on expanded international membership.

## Future Activities

- Recommendations:
  - 1. Replace Area Directors with Directors-at-Large.
  - 2. Allow board members and board staff of member boards to run for office as long as they are eligible on the date of their election to the NCSBN BOD.
- Future Bylaw Issues:
  - 1. Revisit the positions of President and President-elect after the 2016 election to have history on this recent bylaw change.

## Members

Mark Majek, MA, PHR, SHRM-CP, Texas, Area III, Chair  
Kathryn Busby, JD, Arizona, Area I  
Michelle Harker, Minnesota, Area II  
Jason Owen, JD, Pennsylvania, Area IV  
Nathan Goldman, JD, Kentucky, Area III, Board Liaison

## Staff

David Benton, RGN, PhD, FFNF, FRCN, FAAN, Chief Executive Officer, NCSBN  
Ashby Rosenberger, Senior Manager, Executive Office, NCSBN

## Meeting Dates

- Nov. 10–11, 2015
- Nov. 25, 2015 (Conference Call)
- Jan. 12–13, 2016
- April 4–5, 2016
- April 15, 2016 (Conference Call)

## Relationship to Strategic Plan

### Strategic Initiative C

Expand the active engagement and leadership potential of all members.

The proposed recommended changes will allow more members to participate in NCSBN activities, specifically, running for the Board of Directors (BOD).

- 2. If Directors-at-Large replace the Area Directors, review the designated area positions for the Leadership Succession Committee.

**NOTE: Subsequent to the recommendations made by the Bylaws Committee as detailed above, a number of changes were proposed by the BOD. Please reference the BOD Report for the summary of proposed bylaws amendments.**

### **Attachments**

- A. Current Bylaws
- B. Proposed Bylaws Revisions, Redline Version
- C. Proposed Bylaws, Clean Copy





## NCSBN Bylaws

*Revisions adopted - 8/29/87*  
*Amended - 8/19/88*  
*Amended - 8/30/90*  
*Amended - 8/01/91*  
*Revisions adopted - 8/05/94*  
*Amended - 8/20/97*  
*Amended - 8/8/98*  
*Revisions adopted - 8/11/01*  
*Amended - 08/07/03*  
*Revisions adopted - 08/08/07*  
*Amended - 8/13/10*  
*Amended - 08/16/13*  
*Amended - 08/15/14*

### Article I

#### ■ Name

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

### Article II

#### ■ Purpose and Functions

**Section 1. Purpose.** The purpose of the NCSBN is to provide an organization through which state boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing that are valid, reliable, and legally defensible and in compliance with professionally accepted psychometric standards.

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

### Article III

#### ■ Members

##### Section 1. Definitions.

- a) State Board of Nursing. A state board of nursing is the governmental agency empowered to license and regulate nursing practice in any state, territory or political subdivision of the United States of America.
- b) Member Board. A Member board is a state board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.
- c) Associate Member. An Associate Member is a nursing regulatory body or empowered regulatory authority from another country or territory, which is approved by the Delegate Assembly.

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

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.

- b) *Special Meetings.* A Member Board may choose to vote by proxy at any special session of the Delegate Assembly. A proxy vote shall be conducted by distributing to Member Boards a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may authorize the corporate secretary of the NCSBN or a delegate of another Member Board to cast its votes.

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

**Section 4. Annual Meeting.** The NCSBN Annual Meeting shall be held at a time and place as determined by the Board of Directors. The Delegate Assembly shall meet each year during the Annual Meeting. The official call to that meeting, giving the time and place, shall be conveyed to each Member Board at least 90 days before the Annual Meeting. In the event of a national emergency, the Board of Directors by a two thirds vote may cancel the Annual Meeting and shall schedule a meeting of the Delegate Assembly as soon as possible to conduct the business of the NCSBN.

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

**Section 6. Quorum.** The quorum for conducting business at any session of the Delegate Assembly shall be at least one delegate from a majority of the Member Boards and two officers present in person or, in the case of a special session, by proxy.

**Section 7. Standing Rules.** The Board of Directors shall present and the Delegate Assembly shall adopt Standing Rules for each Delegate Assembly meeting.

## Article V

### ■ Officers and Directors

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

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

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

Board Members or employees of Member Boards shall be eligible to serve as NCSBN officers and at-large or Area directors until their term or their employment with a Member Board ends. Members of a Member Board who become permanent employees of a Member Board will continue their eligibility to serve.

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

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

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

- c) *Area Directors.* Each Area shall elect its Area director by majority vote of the delegates from each such Area.
- d) *Run-Off Balloting.* If a candidate for officer or director does not receive a majority vote on the first ballot, reballoting shall be limited to the two candidates receiving the highest numbers of votes for each position. In the case of a tie on the reballoting, the final selection shall be determined by lot.
- e) *Voting.*
  - (i.) Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write-in votes shall be prohibited.
  - (ii.) Notwithstanding any provision of this Section, in the event there is only one candidate for an officer or director position, election for that position shall be declared by acclamation. No ballot shall be necessary.
- f) The provisions of this section shall not apply to a special election as provided in Section 8(c) of this Article.

**Section 6. Terms of Office.**

- a) The president-elect, treasurer, Area directors, and directors-at-large shall be elected for a term of two years or until their successors are elected. The president shall serve for a term of two years.
- b) The president-elect and the directors-at-large shall be elected in even-numbered years. The treasurer and area directors shall be elected in odd-numbered years.
- c) Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected.
- d) The treasurer and the directors shall serve no more than 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.

- 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.

- 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.

- 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.

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

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

## **Article XV**

### **■ Dissolution**

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

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

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

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

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

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

## Special Proviso

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

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

**Officer and Director Election Schedule**

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

## Proposed Bylaws Revisions, Redline Version



### NCSBN Bylaws

*Revisions adopted - 8/29/87*  
*Amended - 8/19/88*  
*Amended - 8/30/90*  
*Amended - 8/01/91*  
*Revisions adopted - 8/05/94*  
*Amended - 8/20/97*  
*Amended - 8/8/98*  
*Revisions adopted - 8/11/01*  
*Amended - 08/07/03*  
*Revisions adopted - 08/08/07*  
*Amended - 8/13/10*  
*Amended - 08/16/13*  
*Amended - 08/15/14*  
*Amended - 4/15/16*

#### 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 and encourage regional dialogue engagement 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-~~at-large~~ may not represent a Member Board as a delegate.
- c) *Term.* Delegates and alternates serve from the time of appointment until replaced.

#### Section 2. Voting.

- a) *Annual Meetings.* Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. There shall be no proxy or absentee voting at the Annual Meeting.

- b) *Special Meetings.* A Member Board may choose to vote by proxy at any special session of the Delegate Assembly. A proxy vote shall be conducted by distributing to Member Boards a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may authorize the 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-at-Large

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

**Section 2. Directors-at-Large.** There shall be eight directors-at-large of the NCSBN. ~~shall consist of four directors-at-large, and a director from each Area.~~

### Section 3. Eligibility.

~~Individuals who are Board Members or employees of Member Boards, on the date of election or appointment, shall be eligible to serve as NCSBN officers and directors-at-large provided that they are Board Members or employees of a Member Board at the date of election or appointment. 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-at-Large.

- a) *Time and Place.* Election of officers and directors-at-large 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.
- ~~e) *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, no candidate for an officer or director-at-large position is elected by majority vote or if not all positions on the ballot are filled by a candidate receiving a majority vote, run-off balloting for the unfilled positions shall be conducted according to the Standing Rules adopted by the Delegate Assembly pursuant to Article IV, Section 7. rebaloting shall be limited to the two candidates receiving the highest numbers of votes for each position. In the case of a tie on upon the conclusion of rebaloting run-off balloting, provided for in the Standing Rules, the final selection shall be determined by lot.~~
- e)d) *Voting.*
  - (i.) Voting for officers and directors-at-large shall be conducted in accordance with these bylaws and the Standing Rules. Write-in votes shall be prohibited.
  - ~~(i)(ii.) Cumulative voting for individual candidates is not permitted.~~
  - ~~(ii)(iii.)~~ Notwithstanding any provision of this Section, in the event there is only one candidate for an officer or director-at-large position, election for that position shall be declared by acclamation. No ballot shall be necessary.
- ~~f)e) 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 four~~ directors-at-large shall be elected in even-numbered years. The treasurer and ~~area four~~ directors-at-large shall be elected in odd-numbered years.
- c) Officers and directors-at-large shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected ~~or upon appointment in accordance with Section 8 of this Article.~~
- d) The treasurer and the directors-at-large 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-at-large 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-at-large win an election for another officer or director-at-large 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, ~~which occurs prior to or on February 1<sup>st</sup> in any given year~~, the Board of Directors shall take the following action:
- i. ~~In the event the simultaneous vacancies occur prior to or on February 1 in any given year,~~ The Board of Directors shall notify all Member Boards of the simultaneous vacancies within five (5) business days of the occurrence.
  - ii. The notice shall specify the manner and deadline for nominating candidates for the office of the president to the Leadership Succession Committee. Nominations shall be accepted for a period of no more than twenty (20) business days. Candidates shall meet the eligibility requirements outlined in Section 3 of this Article.
  - iii. The Leadership Succession Committee shall review nominations received and announce a slate of no more than two candidates within ten (10) business days after the deadline for nominations.
  - iv. The Board of Directors shall schedule a special election by electronic voting to be held within fifteen (15) business days of the receipt of the slate. In the event of a tie, the election shall be decided by lot. The elected candidate shall serve until the next Annual Meeting.
  - v. The Board of Directors shall appoint one of its members to assume the responsibilities of the president until the results of the special election are final. If there are no nominations, that person shall serve until the next Annual Meeting.
  - vi. The office of president-elect shall remain vacant until the next Annual Meeting.
  - vii. At the Annual Meeting following the special election, the Delegate Assembly shall elect a president and a president-elect to fill any remainder of the term, if applicable. Otherwise, a president and a president-elect shall be elected for a regular term pursuant to Section 5 of this Article.
- ~~viii.d)~~ In the event of a simultaneous vacancy in the offices of both president and president-elect, which occurs after February 1<sup>st</sup> in any given year, the Board of Directors shall appoint one of its members to serve as the president until the next Annual Meeting.
- ~~d)e)~~ The Board of Directors shall fill vacancies in the office of the treasurer ~~and~~ 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)f)~~ ~~Being elected~~ Serving as president ~~an officer or director-at-large~~ under the ~~special election provisions~~ set forth in Section 8 ~~(e)~~ of this Article shall not preclude the person from being nominated for any office in ~~the an~~ election under Section 5 of this Article. Time served by appointment or election to fill the remainder of a term as ~~president-an officer or director-at-large~~ under the provisions of ~~as a result of a special election under~~ Section 8 ~~(e)~~ 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-at-large 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. Quorum and Voting.** The quorum for conducting business by the Board of Directors at any meeting shall be the presence of a majority of directors-at-large and officers currently serving. Every act or decision done or made by a majority of the Board of Directors at a meeting duly held where a quorum is present is an act of the Board unless a greater number is required by law, the articles of incorporation or these bylaws.

**Section 5. Continuation in Office.** If an officer or director-at-large is no longer a Board Member or employee of a Member Board because of a circumstance not previously disclosed or anticipated upon assuming office pursuant to Article V, Section 3, he or she may continue to serve the remainder of their term subject to majority approval of the remaining members of the Board of Directors.

**Section 46. 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 57. 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~~ The remaining -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-*at-large* position during the term for which that member was elected or appointed.
  - e) *Vacancy.* A vacancy occurring in the committee shall be filled from the remaining candidates from the previous election, in order of votes received. If no remaining candidates can serve, the Board of Directors shall fill the vacancy with an individual who meets the qualifications of Section 1a. of this Article. The person filling a vacancy shall serve the remainder of the term.
  - f) *Duties.* The Leadership Succession Committee shall recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; present a slate of candidates through a determination of qualifications and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee. The Committee's report shall be read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee. The Leadership Succession Committee shall determine qualifications and geographic distribution of nominations from the floor for recommendations to the Delegate Assembly.
  - g) *Eligibility.* Any board member of a Member Board or employee of a Member Board is eligible to serve as a member of the Leadership Succession Committee.

## Article VIII

### ■ Meetings

#### Section 1. Participation.

- a) *Delegate Assembly Session.*
  - (i) *Member Boards.* Members and employees of Member Boards shall have the right, subject to the Standing Rules of the Delegate Assembly, to speak at all open sessions and forums of the Delegate Assembly, provided that only delegates shall be entitled to vote and only delegates and members of the Board of Directors may make motions at the Delegate Assembly, except the Examination Committee may bring motions to approve test plans pursuant to Article X, Section 1(a).
  - (ii) *Public.* All sessions of the Delegate Assembly held in accordance with Sections 4 and 5 of Article IV of these bylaws shall be open to the public, except executive sessions, provided that the minutes reflect the purpose of, and any action taken in, executive session.
- b) *Delegate Assembly Forums.* Participation in forums conducted in association with the Annual Meeting shall be governed by the Standing Rules of the Delegate Assembly.
- c) *Meetings.* NCSBN, including all committees thereof, may establish methods of conducting its business at all other meetings provided that the meetings of the Board of Directors and committees are open to members and employees of Member Boards.
- d) *Interactive Communications.* Meetings held with one or more participants attending by telephone conference call, video conference or other interactive means of conducting conference communications constitute meetings where valid decisions may be made. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the NCSBN Office.
- e) *Manner of Transacting Business.* To the extent permitted by law and these bylaws, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting.

## Article IX

### ■ Chief Executive Officer

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

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

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

## Article X

### ■ Committees

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

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

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

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

**Section 4. *Committee Membership.***

- a) *Composition.* Members of Standing and Special committees shall be appointed by the Board of Directors from the membership, provided, however, that Associate Members may not serve on the NCLEX® Examination, Bylaws, or Finance committees. Committees may also include other individuals selected for their special expertise to accomplish a committee's charge. In appointing committees, one representative from each Area shall be selected unless a qualified member from each Area is not available considering the expertise needed for the committee work. The president, or president's designee, shall be an ex-officio member of all committees except the

Leadership Succession Committee. Associate Members shall have full voting rights as committee members.

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

## Article XI

### ■ Finance

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

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

## Article XII

### ■ Indemnification

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

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

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

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

## Article XIII

### ■ Parliamentary Authority

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

## Article XIV

### ■ Amendment of Bylaws

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

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

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

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

## Article XV

### ■ Dissolution

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

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

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

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

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

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

## Special Proviso

The revised Bylaws shall become effective on the day, and upon the adjournment, of the 2016 Annual Meeting Session of the Delegate Assembly at which the amendments to the Bylaws were adopted by the Delegate Assembly. The designation of sitting Area Directors will change to Director-at-Large upon the effective date of these Bylaws amendments and elections for these Director-at-Large positions will occur at the 2017 Annual Meeting Session of the Delegate Assembly.

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

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

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

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

## Proposed Bylaws, Clean Copy



# NCSBN Bylaws

*Revisions adopted - 8/29/87*  
*Amended - 8/19/88*  
*Amended - 8/30/90*  
*Amended - 8/01/91*  
*Revisions adopted - 8/05/94*  
*Amended - 8/20/97*  
*Amended - 8/8/98*  
*Revisions adopted - 8/11/01*  
*Amended - 08/07/03*  
*Revisions adopted - 08/08/07*  
*Amended - 8/13/10*  
*Amended - 08/16/13*  
*Amended - 08/15/14*  
*Amended - 4/15/16*

## 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 and encourage engagement on NCSBN issues.

**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-at-large may not represent a Member Board as a delegate.
- c) *Term.* Delegates and alternates serve from the time of appointment until replaced.

#### Section 2. Voting.

- a) *Annual Meetings.* Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. There shall be no proxy or absentee voting at the Annual Meeting.
- b) *Special Meetings.* A Member Board may choose to vote by proxy at any special session of the Delegate Assembly. A proxy vote shall be conducted by distributing to Member Boards a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may authorize the 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-at-Large**

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

**Section 2. Directors-at-Large.** There shall be eight directors-at-large of the NCSBN.

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

Individuals who are Board Members or employees of Member Boards, on the date of election or appointment, shall be eligible to serve as NCSBN officers and directors-at-large provided that they are Board Members or employees of a Member Board at the date of election or appointment.

**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-at-Large.**

- a) *Time and Place.* Election of officers and directors-at-large shall be by ballot of the Delegate Assembly during the Annual Meeting.
- b) *Officers and Directors-at-Large.* Officers and directors-at-large shall be elected by majority vote of the Delegate Assembly.
- c) *Run-Off Balloting.* If, on the first ballot, no candidate for an officer or director-at-large position is elected by majority vote or if not all positions on the ballot are filled by a candidate receiving a majority vote, run-off balloting for the unfilled positions shall be conducted according to the Standing Rules adopted by the Delegate Assembly pursuant to Article IV, Section 7. In the case of a tie upon the conclusion of run-off balloting, provided for in the Standing Rules, the final selection shall be determined by lot.

- d) *Voting.*
  - (i.) Voting for officers and directors-at-large shall be conducted in accordance with these bylaws and the Standing Rules. Write-in votes shall be prohibited.
  - (ii.) Cumulative voting for individual candidates is not permitted.
  - (iii.) Notwithstanding any provision of this Section, in the event there is only one candidate for an officer or director-at-large position, election for that position shall be declared by acclamation. No ballot shall be necessary.
- e) 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, 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 four directors-at-large shall be elected in even-numbered years. The treasurer and four directors-at-large shall be elected in odd-numbered years.
- c) Officers and directors-at-large shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected or upon appointment in accordance with Section 8 of this Article.
- d) The treasurer and the directors-at-large 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-at-large 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-at-large win an election for another officer or director-at-large 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, which occurs prior to or on February 1<sup>st</sup> in any given year, the Board of Directors shall take the following action:
  - i. The Board of Directors shall notify all Member Boards of the simultaneous vacancies within five (5) business days of the occurrence.
  - ii. The notice shall specify the manner and deadline for nominating candidates for the office of the president to the Leadership Succession Committee. Nominations shall be accepted for a period of no more than twenty (20) business days. Candidates shall meet the eligibility requirements outlined in Section 3 of this Article.
  - iii. The Leadership Succession Committee shall review nominations received and announce a slate of no more than two candidates within ten (10) business days after the deadline for nominations.

- iv. The Board of Directors shall schedule a special election by electronic voting to be held within fifteen (15) business days of the receipt of the slate. In the event of a tie, the election shall be decided by lot. The elected candidate shall serve until the next Annual Meeting.
  - v. The Board of Directors shall appoint one of its members to assume the responsibilities of the president until the results of the special election are final. If there are no nominations, that person shall serve until the next Annual Meeting.
  - vi. The office of president-elect shall remain vacant until the next Annual Meeting.
  - vii. At the Annual Meeting following the special election, the Delegate Assembly shall elect a president and a president-elect to fill any remainder of the term, if applicable. Otherwise, a president and a president-elect shall be elected for a regular term pursuant to Section 5 of this Article.
- d) In the event of a simultaneous vacancy in the offices of both president and president-elect, which occurs after February 1<sup>st</sup> in any given year, the Board of Directors shall appoint one of its members to serve as the president until the next Annual Meeting.
  - e) The Board of Directors shall fill vacancies in the office of the treasurer and directors-at-large 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.
  - f) Serving as an officer or director-at-large under the provisions set forth in Section 8 of this Article shall not preclude the person from being nominated for any office in an election under Section 5 of this Article. Time served by appointment or election to fill the remainder of a term as an officer or director-at-large under the provisions of Section 8 of this Article 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-at-large 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. Quorum and Voting.** The quorum for conducting business by the Board of Directors at any meeting shall be the presence of a majority of directors-at-large and officers currently serving. Every act or decision done or made by a majority of the Board of Directors at a meeting duly held where a quorum is present is an act of the Board unless a greater number is required by law, the articles of incorporation or these bylaws.

**Section 5. Continuation in Office.** If an officer or director-at-large is no longer a Board Member or employee of a Member Board because of a circumstance not previously disclosed or anticipated upon assuming office pursuant to Article V, Section 3, he or she may continue to serve the remainder of their term subject to majority approval of the remaining members of the Board of Directors.

**Section 6. 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 7. 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 areas. The remaining 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-at-large position during the term for which that member was elected or appointed.
- e) *Vacancy.* A vacancy occurring in the committee shall be filled from the remaining candidates from the previous election, in order of votes received. If no remaining candidates can serve, the Board of Directors shall fill the vacancy with an individual who meets the qualifications of Section 1a. of this Article. The person filling a vacancy shall serve the remainder of the term.
- f) *Duties.* The Leadership Succession Committee shall recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; present a slate of candidates through a determination of qualifications and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership

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

- g) *Eligibility.* Any board member of a Member Board or employee of a Member Board is eligible to serve as a member of the Leadership Succession Committee.

## Article VIII

### ■ Meetings

#### Section 1. *Participation.*

- a) *Delegate Assembly Session.*
  - (i) *Member Boards.* Members and employees of Member Boards shall have the right, subject to the Standing Rules of the Delegate Assembly, to speak at all open sessions and forums of the Delegate Assembly, provided that only delegates shall be entitled to vote and only delegates and members of the Board of Directors may make motions at the Delegate Assembly, except the Examination Committee may bring motions to approve test plans pursuant to Article X, Section 1(a).
  - (ii) *Public.* All sessions of the Delegate Assembly held in accordance with Sections 4 and 5 of Article IV of these bylaws shall be open to the public, except executive sessions, provided that the minutes reflect the purpose of, and any action taken in, executive session.
- b) *Delegate Assembly Forums.* Participation in forums conducted in association with the Annual Meeting shall be governed by the Standing Rules of the Delegate Assembly.
- c) *Meetings.* NCSBN, including all committees thereof, may establish methods of conducting its business at all other meetings provided that the meetings of the Board of Directors and committees are open to members and employees of Member Boards.
- d) *Interactive Communications.* Meetings held with one or more participants attending by telephone conference call, video conference or other interactive means of conducting conference communications constitute meetings where valid decisions may be made. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the NCSBN Office.
- e) *Manner of Transacting Business.* To the extent permitted by law and these bylaws, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting.

## Article IX

### ■ Chief Executive Officer

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

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

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

## Article X

### ■ Committees

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

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

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

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

**Section 4. *Committee Membership.***

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

## Article XI

### ■ Finance

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

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

## Article XII

### ■ Indemnification

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

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

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

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

## Article XIII

### ■ Parliamentary Authority

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

## Article XIV

### ■ Amendment of Bylaws

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

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

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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 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.



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### **Special Proviso**

The revised Bylaws shall become effective on the day, and upon the adjournment, of the 2016 Annual Meeting Session of the Delegate Assembly at which the amendments to the Bylaws were adopted by the Delegate Assembly. The designation of sitting Area Directors will change to Director-at-Large upon the effective date of these Bylaws amendments and elections for these Director-at-Large positions will occur at the 2017 Annual Meeting Session of the Delegate Assembly.



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

## Background

CORE is a comparative performance measurement system for boards of nursing (BONs) intended to benchmark and track performance overtime. BONs have the ability to compare their performance measure values with the national average. The average for independent boards and umbrella boards are presented separately so boards of different structures can compare their performance measure values to the appropriate average.

The CORE Committee utilizes data gathered from four surveys, NCLEX examination data and discipline data from Nursys, a repository for licensure and discipline information maintained by NCSBN. Each BON receives a survey that asks questions pertaining to their processes in licensure, education, discipline, administration and budget. The committee also surveys three external stakeholders: 1) nurses; 2) nurse employers; and 3) nurse educators regarding their perception of their BON's performance in practice, nursing education, licensure and discipline. Data from the four surveys, NCLEX data, and Nursys discipline data are reported in four different state reports where each report focuses on a separate function: practice, education, licensure and discipline.

Since developed and approved by the Board of Directors (BOD), the CORE Committee has collected and reported performance data in FY02, FY05, FY07, FY09, FY12 and FY14. In FY12, CORE redesigned their process and adopted a logic model as their performance framework for nursing regulation to validate and identify key performance measures. All survey questions are linked directly to the logic model to ensure only key board functions are being assessed. Since the redesign, CORE has collected data twice: FY12 and FY14.

In FY16, the CORE Committee focused more on educating and promoting the project by way of being more visible to the membership through the website, webinars and annual meeting. There is still a lot of confusion regarding what CORE is; therefore, the committee is dedicated to helping and educating BONs on how they can use CORE to benchmark and improve performance.

## Highlights of FY16 Activities

### Educate executive officers and board staff at the appropriate level on how to collect data for the CORE survey tool.

The CORE Committee's consultant, Ted Poister, PhD, MPA, held a webinar regarding the overview of CORE in early April intended for board members. The webinar highlighted the purpose of CORE, the development of the CORE survey tools and reports, how to read CORE's logic model and how the logic model was used to identify performance measures, the different graphs represented in the CORE reports, how CORE can be used by a BON to assess their own board performance, and how the Georgia Board of Nursing and the Washington State Nursing Care Quality Assurance Commission have used CORE measures to gain authority and resources to improve performance. The webinar was posted on NCSBN's website for all members to see at any time.

The committee designed a web page for CORE ([www.ncsbn.org/CORE](http://www.ncsbn.org/CORE)) intended to educate and promote CORE. The Web page provides information on what CORE is, how data is collected and reported, FAQ's, CORE survey tools, the CORE webinar, and selected CORE results pertaining to practice, education, licensure, and discipline and examples of BONs using CORE to improve performance.

The CORE Committee intends to have a booth at NCSBN's 2016 Annual Meeting as a way to become more visible to the entire membership. The booth is a way for members to communicate with the committee regarding their experience with CORE, ask questions about CORE and provide any suggestions on CORE. The committee will also provide educational information for members.

## Members

Vicki Lynn Allen, RN, CLNC, Idaho, Area I, Chair

Stacey Cropley, DNP, RN, CPN, Texas, Area III

Barbara Damchik-Dykes, JD, Minnesota, Area II

Kim Glazier, MEd, RN, Oklahoma, Area III

Mary Sue Gorski, PhD, RN, Washington, Area I

Sara A. Griffith, MSN, RN, North Carolina, Area III

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

Brett B. Thompson, JD, Mississippi, Area III

Sharyl Toscano, PhD, MS, RN-CPN, Alaska, Area I

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

Theodore H. Poister, PhD, MPA, Consultant

## Staff

Lindsey Erickson, MS  
Manager, Special Projects,  
Research

## Meeting Dates

- Oct. 15–16, 2015
- Jan. 13–14, 2016
- March 3–4, 2016
- March 31–April 1, 2016 (small group)

## Relationship to Strategic Plan

### Strategic Initiative E

Promote evidence-based regulation.

### Strategic Objective E2

Develop board of nursing performance measurement data.

### **Create a template for analyzing and utilizing CORE data for use by member boards (Attachment A).**

In 2013, the Texas Board of Nursing (TXBON) created a document that highlighted FY12 CORE measures they performed above the overall average and measures they performed below the overall average. TXBON assessed and drew conclusions based on their performance in these highlighted measures. The committee indicated this is a useful way for BONs to pull and present relevant CORE data measures for their board needs. Therefore, the committee created a template that BONs can use when analyzing their CORE reports. The template includes an introduction and purpose of CORE, the data collection and processing process, the response rates, and the limitations of the presented CORE measures. Under each function (practice, education, licensure and discipline) there is a section to present CORE measures when a BON exceeds the aggregate average and a section to present CORE measures when a BON is below the aggregate average. For each of these sections are fillable tables that a BON would use to include the measure they want to present, the BON's value on that measure, the average among all participating boards, the average among independent boards, and the average among umbrella boards. There is also a section for the BON to draw any conclusions based on the measures presented. With the length of the CORE reports being so long, this provides a way for BONs to pull and present useful measures.

### **Continue work on long-term plan for data collection for CORE surveys (Attachment B, Attachment C).**

CORE identified the need for BONs to receive their CORE reports in a timelier manner. In order to achieve this, the committee decided to change the data collection process. In the past, CORE collected all data at once, and continued to extend the BON survey deadline. For these reasons, the CORE reports were continuously delayed. The committee has developed a timeline that shortens the time from BON submitting their CORE data to the time the BONs receive their first of four CORE reports to 30 days. The committee will administer the stakeholder data collection from June–July 2016. This enables the committee to analyze the stakeholder data before the BON survey is administered. The committee will administer the BON survey on Aug. 1, 2016 and have a firm deadline on Sept. 1, 2016. If a BON cannot submit their data by Sept. 1, 2016, then they will unfortunately not be included in the FY16 results. This revised timeline ensures BONs receive their state discipline report on Oct. 1, 2016, state licensure report on Oct. 20, 2016, state education reports on Nov. 10, 2016, state practice reports on Nov. 30, 2016, and the aggregate report on Dec. 14, 2016.

The committee also created a long-term data collection plan. This plan includes data collection and reporting for years FY16, FY18, FY20, and FY22. This timeline demonstrates how the use of technology can streamline the data collection and reporting process and enhance utilization for CORE data by BONs.

### **Finalize the uniform performance data measures and logic model for the Nurse Licensure Compact (Attachment D).**

The committee started constructing the logic model around the six general purposes of the compact noted in the Nurse Licensure Compact (NLC) Article 1. The logic model starts with the "compact facilitates interstate practice for nurses who meet Uniform Licensure Requirements (ULRs)" and maps through outputs and outcomes to ensure consumers receive safe and competent care. The CORE logic model ties into the NLC logic model in many areas, as the CORE logic model is a model of nursing regulation, and the compact is regulating nurses though there is some uniqueness to the compact. The committee presented the logic model to the NLC Executive Committee to confirm the NLC was represented appropriately, and to ensure key items were not missed.

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**Committee recommendations to the BOD for additional work or research.**

1. Finalize the uniform performance data measures for the NLC (continuation from FY16).
2. Collect, report and provide education to member boards regarding FY16 CORE data.
3. Design an online portal that facilitates data collection and customized reporting of CORE data.
4. Develop a long-term plan to increase the utilization and impact of CORE.

**Attachments**

- A. Template for Extracting CORE Data from CORE Reports
- B. CORE FY16 Proposed Data Collection and Reporting Timeline
- C. CORE Proposed Long-Term Data Collection and Reporting Timeline
- D. Enhanced Nurse Licensure Compact Logic Model

## Template for Extracting CORE Data from CORE Reports

### Template for Extracting CORE Data

#### Introduction and Purpose

The Commitment to Ongoing Regulatory Excellent (CORE) project is a performance measurement and benchmarking system for boards of nursing that incorporates data collected from internal and external sources. The CORE project is intended to help boards of nursing track performance over time, as well as compare their own performance against that of other boards of similar size and structure to ensure they are protecting the public by regulating the practice of nursing by protecting the public from unsafe nurses.

#### Data Collection and Processing

CORE collects data from Boards of Nursing (BONs), as well as three external stakeholder groups: 1) employers of nurses; 2) nursing education programs; and 3) nurses. The four surveys are scheduled to be distributed on a biennial basis with data collection opening in the autumn and closing in the spring. A total of 54 BONs were sent a BON survey, a simple random sample of 1,500 nurses from 43 BON were sent a nurse survey, 300 employers of nurses (or as many as available) from all 50 states were sent an employer survey, and all nursing education programs with an NCLEX® code were sent an educator survey. In addition to the four surveys, two outside data sources were used: NCLEX-RN® and NCLEX-PN® examinations data and Nursys® disciplinary data. Table 1 summarizes the number of surveys sent to and completed by each of the four stakeholder groups.

**Table 1. Response Rates for 2014 CORE Surveys**

Group	Surveys			[STATE]
	Distributed	Surveys Returned	Response Rate	Response Rate
BONs	54	30	55.6%	[PERCENT]
Nurses	60,500	8,301	13.7%	[PERCENT]
Employers	12,772	1,478	11.6%	[PERCENT]
Educators	3,413	607	17.8%	[PERCENT]

#### Limitations

Limitations of the report include missing or incomplete data and inconsistencies among the BONs as how to report certain data are reported. Because each BON maintains its own information systems that accumulate transactional data on an ongoing basis, BONs do not keep track of the same information and do not count measures the same way. Although the BONs were provided with definitions of the measures or informational items being solicited, there were still some inconsistencies related to definitional discrepancies and/or misalignment.

It should be understood that the results presented in this report are descriptive data only. While almost all of the data presented represent indicators of the performance of their respective BONs, the data are indicators only and are therefore subject to possible problems regarding measurement validity and reliability. Furthermore, these performance measures have not been subjected to analysis of associations or relationships among them, nor does this report constitute a cause/effect evaluation of BON performance. Thus, the data provided in this report should be taken at face value and not over interpreted. Nevertheless, the data presented in this report does provide a clear, comprehensive and well-balanced indication of what the performance of the [STATE] Board of Nursing looks like and how that compares with its counterparts around the country.

**I. Discipline**

Key areas exceeding aggregate averages

[INSERT MEASURE]	
Aggregate	[PERCENT]
Independent	[PERCENT]
Umbrella	[PERCENT]
[STATE]	[PERCENT]

[INSERT MEASURE]		
Nurses	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]
Employers	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]
Educators	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]

Key areas below aggregate averages

[INSERT MEASURE]	
Aggregate	[PERCENT]
Independent	[PERCENT]
Umbrella	[PERCENT]
[STATE]	[PERCENT]

[INSERT MEASURE]		
Nurses	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]
Employers	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]
Educators	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]

**Conclusion of [STATE] discipline data**

[INSERT CONCLUSIONS]

## II. Licensure

Key areas exceeding aggregate averages

[INSERT MEASURE]	
Aggregate	[PERCENT]
Independent	[PERCENT]
Umbrella	[PERCENT]
[STATE]	[PERCENT]

[INSERT MEASURE]		
Nurses	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]
Employers	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]
Educators	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]

Key areas below aggregate averages

[INSERT MEASURE]	
Aggregate	[PERCENT]
Independent	[PERCENT]
Umbrella	[PERCENT]
[STATE]	[PERCENT]

[INSERT MEASURE]		
Nurses	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]
Employers	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]
Educators	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]

Conclusion of [STATE] licensure data

[INSERT CONCLUSIONS]



### III. Education

Key areas exceeding aggregate averages

[INSERT MEASURE]	
Aggregate	[PERCENT]
Independent	[PERCENT]
Umbrella	[PERCENT]
[STATE]	[PERCENT]

[INSERT MEASURE]		
Nurses	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]
Employers	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]
Educators	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]

Key areas below aggregate averages

[INSERT MEASURE]	
Aggregate	[PERCENT]
Independent	[PERCENT]
Umbrella	[PERCENT]
[STATE]	[PERCENT]

[INSERT MEASURE]		
Nurses	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]
Employers	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]
Educators	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]

Conclusion of [STATE] education data

[INSERT CONCLUSIONS]

#### IV. Practice

Key areas exceeding aggregate averages

[INSERT MEASURE]	
Aggregate	[PERCENT]
Independent	[PERCENT]
Umbrella	[PERCENT]
[STATE]	[PERCENT]

[INSERT MEASURE]		
Nurses	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]
Employers	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]
Educators	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]

Key areas below aggregate averages

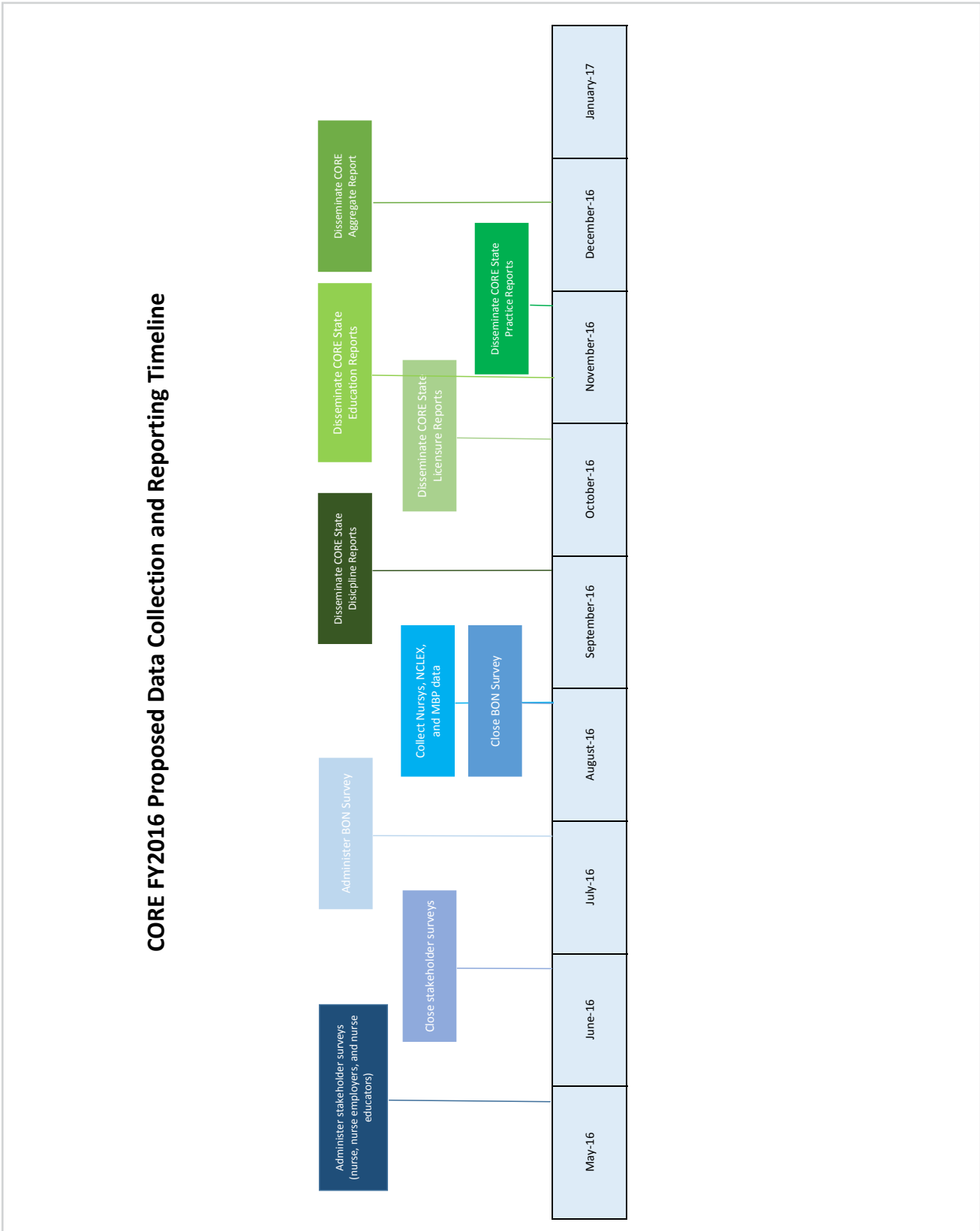
[INSERT MEASURE]	
Aggregate	[PERCENT]
Independent	[PERCENT]
Umbrella	[PERCENT]
[STATE]	[PERCENT]

[INSERT MEASURE]		
Nurses	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]
Employers	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]
Educators	Aggregate	[PERCENT]
	Independent	[PERCENT]
	Umbrella	[PERCENT]
	[STATE]	[PERCENT]

Conclusion of [STATE] practice data

[INSERT CONCLUSIONS]

# CORE FY16 Proposed Data Collection and Reporting Timeline



Attachment C

# CORE Proposed Long-Term Data Collection and Reporting Timeline

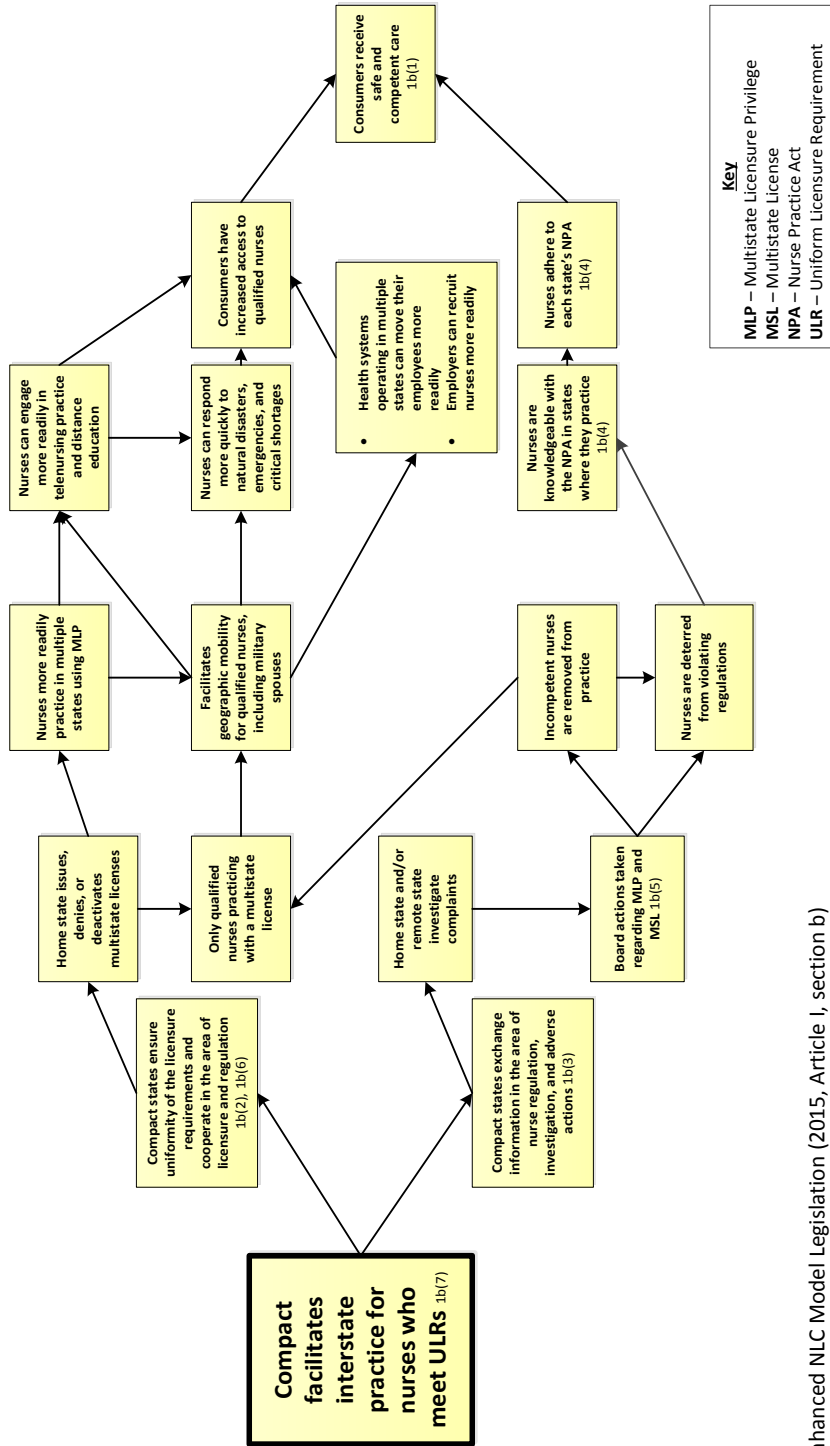
## CORE Long-term Proposed Data Collection and Reporting Timeline with Proposed Portal

Activity	FY2012	FY2014	Proposed FY2016	Proposed FY2018	Proposed FY2020	Proposed FY2022
<b>Sampling</b>						
BON Data	Full Member Boards (Participation: 34)	Full Member Boards (Participation: 30)	Full Member Boards (Participation Target: 35)	Member Boards (Participation Target: 40 Full Members; Associate Member Boards as identified)	Member Boards (Participation Target: 59 Full Members; Associate Member Boards as identified)	All Member Boards
Stakeholder Input	1,500 active nurses per jurisdiction, 300 nurse employers per state, and all NLCEX code programs	1,500 active nurses per jurisdiction, 300 nurse employers per state, and all NLCEX code programs	1,500 active nurses per jurisdiction, 300 nurse employers per state, and all NLCEX code programs	Active nurses, nurse employers, all NLCEX code education programs, and additional sources as identified.	Active nurses, nurse employers, all NLCEX code education programs, and additional sources as identified.	Active nurses, nurse employers, all NLCEX code education programs, and additional sources as identified.
<b>Data Collection Process</b>						
BON Data	EOs submitted a paper data collection form	EOs submitted a paper data collection form	EOs will be emailed a fillable PDF data collection form	EOs submit data via Qualtrics. Data fed into portal.	EOs submit data via Qualtrics or ORBS. Data fed into portal.	EOs submit data via Qualtrics or ORBS. Data fed into portal.
Stakeholder Input	Paper surveys mailed with the option to complete online via Key Survey. Data entry and analysis completed by hand	Paper surveys mailed with option to complete online via Qualtrics. Data entry and analysis completed by hand	Paper surveys mailed with option to complete online via Qualtrics. Data entry and analysis completed by hand	Stakeholders complete a Qualtrics survey. Responses are fed into CORE portal.	Stakeholders complete a Qualtrics survey. Responses are fed into CORE portal.	Stakeholders complete a Qualtrics survey. Responses are fed into CORE portal.
<b>Current Additional Data Sources</b>						
Nursys Data	CORE Staff collected data by hand	NCSBN IT Staff collected data and sent to CORE Staff for analysis	NCSBN IT Staff collected data and sent to CORE Staff for analysis	Data analyzed according to algorithm and fed into CORE portal	Data analyzed according to algorithm and fed into CORE portal	Data analyzed according to algorithm and fed into CORE portal
NLCEX Data	Data collected by NCSBN Exams Department and emailed to CORE Staff	Data collected by NCSBN Exams Department and emailed to CORE Staff	Data collected by NCSBN Exams Department and emailed to CORE Staff	Data fed directly into CORE portal	Data fed directly into CORE portal	Data fed directly into CORE portal
Member Board Profiles Data	N/A	N/A	Data collected by CORE Staff and analyzed by hand	Data pulled from MBP and fed into CORE portal	Data pulled from MBP and fed into CORE portal	Data pulled from MBP and fed into CORE portal
<b>Report Preparation (create and disseminate)</b>						
CORE State Reports	Paper reports are created by hand and emailed to EO's	Paper reports are created by hand and emailed to EO's	Paper reports are created by hand and emailed to EO's	Reports are available through the CORE online portal. Users can customize as needed	Reports are available through the CORE online portal. Users can customize as needed	Reports are available through the CORE online portal. Users can customize as needed
CORE Aggregate Report	N/A	Paper report on selected measures are created and emailed to EO's	Paper report on selected measures are created and emailed to EO's	Executive Summary Aggregated Reports are available to download via the CORE online portal.	Executive Summary Aggregated Reports are available to download via the CORE online portal.	Executive Summary Aggregated Reports are available to download via the CORE online portal.

# Enhanced Nurse Licensure Compact Logic Model

## Enhanced Nurse Licensure Compact Logic Model

**Components**      **Activities/Outputs**      **Immediate Outcomes**      **Intermediate Outcomes**      **Longer-Term Outcomes**



Enhanced NLC Model Legislation (2015, Article I, section b)  
5/10/2016

1. Facilitate the states' responsibility to protect the public's health and safety;
2. Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;
3. Facilitate the exchange of information between party states in the areas of nurse regulation, investigation and adverse actions;
4. Promote compliance with the laws governing the practice of nursing in each jurisdiction;
5. Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licensees;
6. Decrease redundancies in the consideration and issuance of nurse licenses; and
7. Provide opportunities for interstate practice by nurses who meet uniform licensure requirements.

**Key**  
 MLP – Multistate Licensure Privilege  
 MSL – Multistate License  
 NPA – Nurse Practice Act  
 ULR – Uniform Licensure Requirement



# 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 FY16 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, 2015. 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, 2015. The Finance Committee recommended that the BOD accept the auditor's report.
- Reviewed and discussed the long-range financial reserve forecast.
- Reviewed and discussed the financial statements and supporting schedules quarterly, and made recommendations that the reports be accepted by the BOD.
- Reviewed and discussed the performance of NCSBN investments with NCSBN staff and the organization's investment consultant, the Bogdahn Group, quarterly. Informed the BOD that the current investment policy and strategy appear to be appropriate for NCSBN.
- Reviewed and discussed with the Insurance brokers from USI Midwest the property and professional liability coverage for NCSBN. Informed the Board of Directors that the organization is appropriately insured.

## Future Activities

- There are no recommendations to the BOD. The purpose of this report is for information only.
- At a future meeting, the committee will review the budget proposal for the fiscal year beginning Oct. 1, 2016.

## Attachment

- A. Report of the Independent Auditors FY15

## Members

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

Deborah Bell, CLU, ChFC, RIA  
Texas, Area III

Gayle Bellamy  
North Carolina, Area III

Lois E. Hoell, MS, MBA, RN  
Washington, Area I

Karen C. Lyon, PhD, MBA, APRN,  
NEA, Louisiana, Area III

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

Randolph L. Smith, MA  
Kentucky, Area III

## Staff

Robert Clayborne, MBA, CPA,  
CGMA, Chief Financial Officer

## Meeting Dates

- Dec. 2, 2015
- Feb. 4, 2016 (Conference Call)
- April 27, 2016
- July 27, 2016

## Report of the Independent Auditors FY15

### 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, 2015 and 2014 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.



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To the Board of Directors  
National Council of State Boards of Nursing, Inc.

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of National Council of State Boards of Nursing, Inc. as of September 30, 2015 and 2014 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, 2015

# National Council of State Boards of Nursing, Inc.

## Statement of Financial Position

	September 30, 2015	September 30, 2014
<b>Assets</b>		
Cash and cash equivalents	\$ 33,143,787	\$ 30,194,722
Accounts receivable	207,024	27,266
Due from test vendor	9,380,316	8,362,362
Accrued investment income	444,932	456,886
Prepaid expenses	1,785,267	1,453,644
Investments	163,343,170	161,540,133
Property and equipment - Net	4,281,139	4,856,313
Intangible asset - Net	406,250	531,250
Cash held for others	1,074,384	928,476
	<u>1,074,384</u>	<u>928,476</u>
Total assets	<b><u>\$ 214,066,269</u></b>	<b><u>\$ 208,351,052</u></b>
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts payable	\$ 1,155,343	\$ 960,309
Accrued payroll, payroll taxes, and compensated absences	728,292	853,330
Due to test vendor	13,880,362	11,278,585
Deferred revenue	-	16,500
Grants payable	1,086,450	618,128
Deferred rent credits	1,296,132	1,064,018
Cash held for others	1,074,384	928,476
	<u>1,074,384</u>	<u>928,476</u>
Total liabilities	19,220,963	15,719,346
<b>Unrestricted Net Assets</b>	<u>194,845,306</u>	<u>192,631,706</u>
Total liabilities and net assets	<b><u>\$ 214,066,269</u></b>	<b><u>\$ 208,351,052</u></b>

# National Council of State Boards of Nursing, Inc.

## Statement of Activities

	Year Ended	
	September 30, 2015	September 30, 2014
<b>Revenue</b>		
Examination fees	\$ 65,992,979	\$ 62,350,600
Other program services income	10,843,944	9,312,695
Net realized and unrealized (loss) gain on investments	(2,642,562)	7,030,525
Interest and dividend income	4,920,053	4,803,010
Total revenue	79,114,414	83,496,830
<b>Expenses</b>		
Program services:		
Nurse competence	54,906,399	45,841,489
Nurse practice and regulatory outcome Information	9,766,037	7,839,676
	8,196,852	8,640,193
Total program services	72,869,288	62,321,358
Support services - Management and general	4,031,526	3,600,472
Total expenses	76,900,814	65,921,830
<b>Net Increase</b>	2,213,600	17,575,000
<b>Unrestricted Net Assets</b>		
Beginning of year	192,631,706	175,056,706
End of year	<b>\$ 194,845,306</b>	<b>\$ 192,631,706</b>

# National Council of State Boards of Nursing, Inc.

## Statement of Cash Flows

	Year Ended	
	September 30, 2015	September 30, 2014
<b>Cash Flows from Operating Activities</b>		
Increase in unrestricted net assets	\$ 2,213,600	\$ 17,575,000
Adjustments to reconcile increase in unrestricted net assets to net cash provided by operating activities:		
Depreciation and amortization	1,745,972	2,152,193
Net realized and unrealized loss (gain) on investments	2,642,562	(7,030,525)
(Increase) decrease in assets:		
Accounts receivable	(179,758)	33,285
Due from test vendor	(1,017,954)	(287,469)
Accrued investment income	11,954	(24,503)
Prepaid expenses	(331,623)	64,750
Increase (decrease) in liabilities:		
Accounts payable	195,034	237,482
Accrued payroll, payroll taxes, and compensated absences	(125,038)	67,505
Due to test vendor	2,601,777	876,660
Deferred revenue	(16,500)	-
Grants payable	468,322	(449,472)
Deferred rent credits	232,114	(65,484)
Net cash provided by operating activities	8,440,462	13,149,422
<b>Cash Flows from Investing Activities</b>		
Purchases of property and equipment	(1,045,798)	(1,898,622)
Purchases of investments	(36,148,256)	(63,673,160)
Proceeds on sale of investments	31,702,657	51,948,534
Net cash used in investing activities	(5,491,397)	(13,623,248)
<b>Net Increase (Decrease) in Cash</b>	2,949,065	(473,826)
<b>Cash - Beginning of year</b>	30,194,722	30,668,548
<b>Cash - End of year</b>	<b>\$ 33,143,787</b>	<b>\$ 30,194,722</b>
<b>Supplemental Disclosure of Cash Flow Information</b>		
Capital expenditures included in accounts payable	<b>\$ 86,517</b>	<b>\$ 86,682</b>

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# National Council of State Boards of Nursing, Inc.

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## Notes to Financial Statements September 30, 2015 and 2014

### 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 healthcare 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 assets. 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. The NCLEX exam is primarily administered in the United States. Approximately 5 percent of examination fee revenue is related to NCLEX in Canada. 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.

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# National Council of State Boards of Nursing, Inc.

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## Notes to Financial Statements September 30, 2015 and 2014

### Note 2 - Summary of Significant Accounting Policies (Continued)

Other program services income includes revenue from member dues, e-learning online courses, licensure verification fees, publication sales, and royalty fees from the National Nurse Aide Assessment Program (NNAAP) and Medication Aide Certification Examination (MACE). Revenue is recognized when earned. Member dues are recognized over the membership period, licensure verification fees are earned when reports are requested, and publication sales are recognized when sold.

**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 represent amounts owed to NCSBN for services dealing with board membership fees, meeting fees, and online course revenue. 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.

# National Council of State Boards of Nursing, Inc.

## Notes to Financial Statements September 30, 2015 and 2014

### Note 2 - Summary of Significant Accounting Policies (Continued)

**Financial Instruments** - NCSBN's financial instruments consist of cash, accounts receivable, due from test vendor, investments, accounts payable, accrued payroll, 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.

**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.

**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, 2015 and 2014 was \$125,000 each year.

	2015	2014
Intellectual property	\$ 1,250,000	\$ 1,250,000
Less accumulated amortization	(843,750)	(718,750)
Total	<u>\$ 406,250</u>	<u>\$ 531,250</u>

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# National Council of State Boards of Nursing, Inc.

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## Notes to Financial Statements September 30, 2015 and 2014

### Note 2 - Summary of Significant Accounting Policies (Continued)

**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.

Due to test vendor includes accrued amounts totaling \$9,203,267 as of September 30, 2015 and \$7,337,084 as of September 30, 2014 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. There was no deferred revenue as of September 30, 2015.

**Grants Payable** - Grants payable represent nurse practice and regulatory outcome research grants that are generally available for periods of one to two years. NCSBN awarded eight grants ranging in amounts from \$58,000 to \$300,000 during the current year.

As of September 30, 2015 and 2014, the amount remaining to be paid on grants awarded is as follows:

	2015	2014
Grants awarded in the current year	\$ 969,265	\$ 351,555
Grants awarded in the prior year	117,185	266,573
Total	\$ 1,086,450	\$ 618,128

**Deferred Rent Credits** - Deferred rent credits were established in conjunction with taking possession of new leased office space in 2003. The landlord abated a portion of the monthly rent and made cash disbursements to NCSBN in connection with the lease. These amounts are amortized to reduce rent expense over the term of the lease period ending January 31, 2013. The term of the lease was extended for the period beginning on February 1, 2013 and ending on April 30, 2022. The landlord agreed to reimburse NCSBN for tenant improvement costs related to the lease extension. These amounts will be amortized to reduce rent expense over the term of the lease period ending April 30, 2022.



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# National Council of State Boards of Nursing, Inc.

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## Notes to Financial Statements September 30, 2015 and 2014

### Note 2 - Summary of Significant Accounting Policies (Continued)

**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.

**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, 2015, which is the date the financial statements were available to be issued.

**Upcoming Accounting Change** – In May 2014, the Financial Accounting Standards Board issued Accounting Standards Update No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), which will supersede the current revenue recognition requirements in Topic 605, *Revenue Recognition*. The ASU is based on the principle that revenue is recognized to depict the transfer of goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The ASU also requires additional disclosure about the nature, amount, timing and uncertainty of revenue and cash flows arising from customer contracts, including significant judgments and changes in judgments and assets recognized from costs incurred to obtain or fulfill a contract. The new guidance will be effective for NCSBN's year ending September 30, 2020. The ASU permits application of the new revenue recognition guidance to be applied using one of two retrospective application methods. NCSBN has not yet determined which application method it will use or the potential effects of the new standard on the financial statements, if any.

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# National Council of State Boards of Nursing, Inc.

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## Notes to Financial Statements September 30, 2015 and 2014

### 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, 2015, 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 2012.

### Note 4 - Cash Concentrations

The cash balance as of September 30, 2015 and 2014 consisted of the following:

	2015	2014
JPMorgan Chase:		
Checking account	\$ 3,742	\$ 969,688
Savings account	17,288,105	13,664,192
Wells Fargo Bank - Checking account	543,081	383,979
Harris Bank - Money market account	15,242,944	15,152,064
Credit card merchant accounts	65,602	24,187
Petty cash	313	612
	<u>33,143,787</u>	<u>30,194,722</u>
Total	<u>\$ 33,143,787</u>	<u>\$ 30,194,722</u>

NCSBN maintains cash balances at various financial institutions. NCSBN has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash.

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# **National Council of State Boards of Nursing, Inc.**

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## **Notes to Financial Statements September 30, 2015 and 2014**

### **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, 2015 and 2014, 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 assets 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, 2015 and 2014, there were no such transfers.

# National Council of State Boards of Nursing, Inc.

## Notes to Financial Statements September 30, 2015 and 2014

### Note 5 - Fair Value Measurements (Continued)

Description	Fair Value Measurements as of Reporting Date Using			
	Fair Values as of September 30, 2015	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	\$ 27,129,337	\$ -	\$ 27,129,337	\$ -
Treasury inflation-protected securities	7,697,886	-	7,697,886	-
Government agency obligations:				
Zero coupon bonds	301,805	-	301,805	-
U.S. agency fixed-rate notes and bonds	2,332,441	-	2,332,441	-
Federal Home Loan Mortgage Pool	675,069	-	675,069	-
Federal National Mortgage Association Pool	5,825,978	-	5,825,978	-
Government National Mortgage Association Pool	463,093	-	463,093	-
Other agency loan pool	9,887,558	-	9,887,558	-
Corporate bonds:				
Corporate bonds - Fixed	15,460,993	-	15,460,993	-
Corporate CMO	1,305,850	-	1,305,850	-
Corporate ABS	1,855,036	-	1,855,036	-
Mutual funds:				
Mortgage-backed fixed-income mutual fund	3,917,790	-	3,917,790	-
Developed market institutional fund	8,178,052	8,178,052	-	-
Institutional index fund	43,872,466	43,872,466	-	-
Small-cap Index-Institutional Fund	20,018,491	20,018,491	-	-
American EuroPacific Growth Fund	3,971,927	3,971,927	-	-
Real estate investment trust	9,053,498	-	9,053,498	-
Total	\$ 161,947,270	\$ 76,040,936	\$ 85,906,334	\$ -

# National Council of State Boards of Nursing, Inc.

## Notes to Financial Statements September 30, 2015 and 2014

### 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>\$ 73,219,339</u>	<u>\$ 87,301,350</u>	<u>\$ -</u>

Not included in the above table is \$1,395,900 and \$1,019,444 in money market accounts as of September 30, 2015 and 2014, respectively.

#### Level 1

**Mutual Funds** - The estimated fair values for NCSBN's marketable mutual funds were based on quoted market prices in an active market.

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# **National Council of State Boards of Nursing, Inc.**

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## **Notes to Financial Statements September 30, 2015 and 2014**

### **Note 5 - Fair Value Measurements (Continued)**

#### **Level 2**

**U.S. Treasury Notes and Bonds, Treasury Inflation-protected Securities 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.

**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, 2015.

**International Equity Fund - Limited Liability Company** - The estimated fair value of the international equity fund was based on quoted market prices in an active market.

#### **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.

# National Council of State Boards of Nursing, Inc.

## Notes to Financial Statements September 30, 2015 and 2014

### Note 5 - Fair Value Measurements (Continued)

At year end, the fair value unfunded commitments and redemption rules of those investments are as follows:

	Fair Values as of September 30, 2015	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
International equity fund:				
Limited liability company (a)	\$ -	\$ -	-	-
Real estate investment (b)	9,053,498	-	Quarterly	90 days
	<u>\$ 9,053,498</u>	<u>\$ -</u>		
	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
	<u>\$ 11,998,528</u>	<u>\$ -</u>		

- (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.

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# National Council of State Boards of Nursing, Inc.

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## Notes to Financial Statements September 30, 2015 and 2014

### Note 6 - Property and Equipment

The composition of property and equipment as of September 30, 2015 and 2014 is as follows:

	2015	2014
Property and equipment:		
Furniture and equipment	\$ 1,991,152	\$ 1,991,723
Course development costs	744,501	658,668
Computer hardware and software	23,734,892	22,805,036
Leasehold improvements	1,852,695	1,852,695
Total	28,323,240	27,308,122
Less accumulated depreciation	(24,042,101)	(22,451,809)
Net property and equipment	<u>\$ 4,281,139</u>	<u>\$ 4,856,313</u>

Depreciation was \$1,620,972 and \$2,027,193 for the years ended September 30, 2015 and 2014, 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, 2015:

2016	\$ 639,339
2017	656,426
2018	673,513
2019	690,600
2020	707,687
Thereafter	<u>1,153,370</u>
Total	<u>\$ 4,520,935</u>

Rent expense for the years ended September 30, 2015 and 2014 was \$622,252 and \$605,165, respectively. Property taxes and common area maintenance expenses for the years ended September 30, 2015 and 2014 were \$499,973 and \$500,790, respectively.



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# **National Council of State Boards of Nursing, Inc.**

## **Notes to Financial Statements September 30, 2015 and 2014**

### **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 \$768,410 and \$740,567 for the years ended September 30, 2015 and 2014, respectively.

### **Note 9 - Non-qualified Deferred Compensation**

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. As of September 30, 2015, the plan participant was no longer with the NCSBN. The participant had the ability to commence distributions of benefits at any time during the sixty days following severance from employment.



# 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 an integrative 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 time commitment of 3 ½ years in the 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 Fellowship of Regulatory Excellence (FRE) certificates of completion and pins at the NCSBN Awards ceremony. There are currently 39 active participants in the IRE Fellowship Program.

The numbers of current participants in the IRE Fellowship program are as follows:

- Year 4 (2013 cohort, class of 2016): five Fellows
- Year 3 (2014 cohort, class of 2017): nine Fellows
- Year 2 (2015 cohort, class of 2018): nine Fellows
- Year 1 (2016 cohort, class of 2019): 16 Fellows

## Highlights of FY16 Activities

**Charge 1: Select 2016 IRE fellows and mentors, and approve project proposals and final reports.**

Fifteen new participants in the IRE Fellowship program were accepted. An additional fellow from the 2015 cohort group (class of 2018) moved into the new 2015 (class of 2019) cohort group. This group represents nine U.S. states and seven Canadian provinces. All of the new fellows have master's degrees, three have doctoral degrees and one has a doctor of jurisprudence.

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 fellows in NCSBN activities.**

Of the 49 IRE participants who have achieved the designation of FRE since inception of the IRE Fellowship Program, 27 (55 percent) are still actively involved in NCSBN activities, such as member of the NCSBN Board of Directors (BOD) and committees. Two members of the IRE Committee hold the designation of FRE. One recently graduated fellow participated as a speaker at the 2016 IRE annual conference during the pre-conference, and one former FRE participant served as a mentor for an IRE Fellow.

**Charge 3: Prepare a proposed alternative plan for participation in the IRE for board members and board staff who do not meet the educational requirements for obtaining the designation of FRE.**

### IRE Program Background

When the IRE Fellowship Program was started in 2003, the requirements were that participants have a minimum education of a bachelor's degree, be in their first or second year as a nurse regulator in an administrative position, and complete an IRE scholarly project each year of the four-year program. The project could be an individual or group project in collaboration with other

## Members

Linda D. Burhans, PhD, RN, NEA-BC, CPHQ, FRE, North Carolina, Area III, Chair

Mary Baroni, PhD, RN, Washington, Area I

Cynthia Bienemy, PhD, RN, Louisiana-RN, Area III

Cynthia Gustafson, PhD, RN, Montana, Area I

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

Patricia A. Sharpnack, DNP, RN, CNE, NEA-BC, ANEF, Ohio, Area II

Susan S. VanBeuge, DNP, APRN, FNP-BC, CNE, FAANP, Nevada, Area I

Wendy Winslow, MSN, RN, FCCHL, British Columbia-PN, Associate Member

## Staff

Linda L. Olson, PhD, MSN, MBA, RN, NEA-BC, FAAN, Associate, Nursing Regulation

Lindsey Gross, Coordinator, Research

## Meeting Dates

- Oct. 19–20, 2015
- March 22–23, 2016

## Relationship to Strategic Plan

### Strategic Initiative C

Expand the active engagement and leadership potential of all members.

### Strategic Objective C5

Build the regulatory expertise of members through the IRE.

- Select 2017 IRE fellows and mentors, and approve project proposals and reports.
- Implement strategies for engagement of inducted IRE Fellows in NCSBN activities.
- Prepare a proposed alternative plan for participation in the IRE for board members and board staff who do not meet the educational requirements for obtaining the designation of FRE.

fellows. The requirement that participants have master's degrees was initiated in 2009, along with changing the IRE project requirements to one comprehensive scholarly project or research study, using the steps of the research process. Since this change, the quality and scholarly rigor of the IRE Fellowship has increased.

#### **IRE Fellowship Program Status**

The purpose of the IRE is to prepare fellows to be leaders in nursing regulation who have expertise in evidence-based regulation, and the strategic goals are to 1) expand the body of knowledge related to regulation through research and scholarly work; 2) develop the capacity of regulators to become expert leaders; and 3) build a network of regulators to collaborate on research questions and improve regulatory practices and outcomes.

The current requirements and eligibility for participation in the IRE Fellowship Program are: 1) be currently involved in nursing regulation as a staff member or board member of an NCSBN member board or associate member board; 2) have a master's degree, doctorate or be enrolled in a graduate program; 3) have the support of the executive officer of their regulatory agency; 4) have a clearly delineated area of interest in nursing regulation; and 5) have a minimum of three years remaining in their term as of the Jan. 1 following their application (if a board member). Successful completion of the outcome requirements results in the designation of FRE.

#### **IRE Committee Charge Report**

The IRE Committee did not consider an alternative path to achievement of the FRE designation. The committee is fully committed to the continuing enhancement of the high standards and expectations already established for the IRE Fellowship Program. The IRE Committee does not want to detract from the current IRE Fellowship Program and its mission to contribute to the science of nursing regulation. The IRE Fellowship Program has a positive reputation, has had an increasing number of applicants over the past five years, and has progressively increased the rigor and quality of the outcomes of the fellows' work.

In evaluating the possibilities for an additional, different program, the IRE Committee interpreted that the primary intent of the charge was related to inclusivity, and identified five other possible program components, i.e., networking, recognition, access to resources, disseminating innovation, and individual development. The committee engaged in extensive substantive discussion and drafted a tentative plan for consideration by the BOD. This tentative plan did not lead to FRE designation. It was shorter in length, required limited qualifications, and was focused primarily at the state BON level. However, the IRE Committee continued to generate more questions than answers and realized that it lacked a clear understanding of the board's overall goal for an alternative plan. As a result, the committee was unable to identify an alternative program that it could confidently recommend.

#### **Conclusion**

The IRE Committee recognizes that leadership occurs in a variety of ways. It concluded that other opportunities for those lacking the educational requirements to be successful in the IRE Fellowship program could be better served through existing NCSBN programs.

The investment of additional NCSBN resources would be more effective if focused on further improvement of the IRE Fellowship Program and its resulting impact on the development of regulatory knowledge.

#### **IRE Fellows**

The following will be inducted as Fellows of Regulatory Excellence (FRE) at the 2016 Annual Meeting, pending successful completion of IRE requirements:

- Debra Elias, MN, RN, Director of Practice and Standards, College of Registered Nurses of Manitoba
- Lisa Emrich, MSN, RN, Program Manager, Ohio Board of Nursing
- Anne Logie, MA, RN, Standards Dissemination & Quality Assurance Advisor, College of Registered Nurses of British Columbia

- 
- Carla Taylor, MN, RN, Registration Advisor, Nurse Practitioners and Certified Practice, Registration, Inquiry and Discipline, College of Registered Nurses of British Columbia
  - Pamela C. Zickafoose, EdD, MSN, RN, NE-BC, CNE, Nursing Instructional Director & Chairperson, Delaware Technical Community College, formerly Executive Director, Delaware Board of Nursing

## **Future Activities**

### **FY17 Charges:**

- Select 2017 IRE Fellows and approve research/project proposals.
- Conduct an overall evaluation of components of the IRE Fellowship Program, including the conference themes, with recommendations for change, if needed.

## **Attachments**

None.



# Report of the Investigator Training Committee

## Background

A primary function of boards of nursing (BONs) is to investigate complaints. This investigation must be sophisticated, expedient and thorough. Currently available investigator training courses do not address the unique characteristics of nursing investigations and the fundamental investigative techniques required for investigators of BON cases. No standardization exists; thus, current investigative training lacks consistency, comprehensiveness and specialization for BON cases. The way an investigator is trained can influence the quality of investigations and is essential to public protection.

## Highlights of FY16 Activities

- **Charge 1:** Conduct a gap analysis of currently available investigator training.
  - The committee completed a gap analysis via a review of the environment related to investigator training, which included an assessment of existing courses available to BONs and surveys to the executive officers as well as investigative staff. Survey results positively identified a need for an investigator training course and a desire for NCSBN to develop the course.
- **Charge 2:** Develop a curriculum plan for investigator training for BON cases based on the gap analysis
  - The committee used the survey results, the review of existing training courses and their expertise to create a curriculum.
- **Charge 3:** Develop a business plan for recommendation to the Board of Directors
  - The committee wrote a business plan to support the curriculum.

## Future Activities

- Approve the Investigator Training Course Business Plan

## Attachment

- A. Investigator Training Course Business Plan

## Members

Paula S. Schenk, MPH, RN,  
Kentucky, Area III, Chair

Catherine Boden, MSN, RN,  
Alabama, Area III

Angie Matthes, MBA, MHA, RN,  
North Carolina, Area III

Karen McCumpsey, MNSc, RN,  
CNE, Arkansas, Area III

Gregory N. Scurlock, District of  
Columbia, Area IV

Catherine Crews Woodard,  
Washington, Area I

Karen Scipio-Skinner, MSN, RN,  
District of Columbia, Area IV,  
Board Liaison

## Staff

Kathy Russell, JD, MN, RN,  
Associate, Nursing Regulation

## Meeting Dates

- Oct. 22, 2015
- Dec. 3–4, 2015
- Feb. 4, 2016
- Feb. 29–March 1, 2016

## Relationship to Strategic Plan

### Strategic Initiative E

NCSBN promotes evidence-based regulation.

### Strategic Initiative E1

Influence policy through building the science of nursing regulation.

# Investigator Training Course Business Plan

<b>Table of Contents</b>	
<b>Section</b>	<b>Page</b>
A. Introduction	2
B. Goals	3-4
C. Current Resources & Environment	
1. Gap analysis	3
2. Identification and Evaluation of Existing Investigator Training Resources	4
3. Financial analysis	5
4. Total market size	5
D. Identified Core Competencies and Essential Skills for Investigators of BON Cases	5-7
E. Proposed Operations & Functions	
1. Planning & Implementation	7
2. Course attendance size	8
3. Frequency	8
4. Length of program	8
5. Course schedule	9
6. Curriculum	10-13
7. Assessment of participant completion	13
8. Evaluation of investigation training course	13
F. Budget	14
G. Benefits and Consequences	
1. Benefits	15
2. Adverse consequences	15
H. Implementation Plan & Milestones	15-16
<b>List of Tables</b>	
Table 1: Gap Analysis	
Table 2: Course schedule	
Table 3: Curriculum	
Table 4 Budget	
Table 5: Investigation training course implementation plan and milestones	



## **A. Introduction**

The NCSBN Board of Directors appointed the Investigator Training Committee (ITC) to conduct a gap analysis and business plan for an Investigator Course. This business plan reflects the work of the committee.

NCSBN provides cutting edge products in the form of resources and tools which assist boards of nursing in their mission of ensuring patient safety and public protection. The NCSBN website, Nursys®, HIVE, Knowledge Networks, NCSBN educational conferences and interactive courses are products and tools that promote collaborative leadership by providing the opportunity for boards of nursing (BON) to receive education, counsel together, as well as advance NCSBN's vision and specific initiatives of its strategic plan.

NCSBN vision:

*Building regulatory expertise worldwide.*

NCSBN Strategic Plan Initiative B:

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

- *Strategic objective # 1* Increase knowledge of regulation
- *Strategic objective #5* Leadership self-knowledge, governance, and regulatory expertise enhanced

A primary function of BONs is to investigate complaints which contain various allegations of violation of laws or rules governing nursing practice. This investigation must be sophisticated, expedient and thorough. Currently available investigator training curricula do not address the unique characteristics of nursing investigations or fundamental investigative techniques required for investigators of BON cases. Presently, BON case investigators receive investigator training from a variety of sources and materials. No standardized training exists thus, investigative training lacks consistency, comprehensiveness and specialization for BON cases. Investigative training can impact the quality of investigations and thus can compromise protection of the public.

Although a variety of training resources are utilized by BONs, a gap between desired investigator competencies and training exists. A recent survey of BON leadership, as well as investigative staff, identified a need and desire for a training course targeted specifically towards staff charged with investigating complaints related to nursing. Nearly all of the boards responding to the survey expressed a desire for NCSBN to develop this training course.

## **B. Goals**

This business plan will achieve the following:

1. Define current state of training for investigators of BON cases
2. Identify key learning needs and core competencies for the investigator of BON cases
3. Provide information regarding satisfaction with current investigator training and a gap analysis

4. Identify current resources offered by NCSBN that can be utilized either as part of the training or as a prerequisite
5. Describe the curriculum, identify the target participant population, course objectives, teaching methods, length and frequency of program, and evaluation method for investigator training.

### C. Current Resources & Environment

#### 1. Gap Analysis.

A gap analysis of currently available investigator training was conducted via two surveys: board management survey and investigator survey. A third survey provided data regarding the pool of investigators. The article entitled Identification of the Core Competencies of Board of Nursing Investigators authored by Karla Bitz and Valerie Smith, provided the framework for survey development.

##### a. Management Survey 1

- i. Forty-five BONs participated in the management survey which revealed that most BONs utilize the CLEAR Basic Training for orientation/training for investigators (75%) and the NCSBN Discipline Case Management Conference (60%).
- ii. Other less frequently used training courses include Clear Specialized (50% BONs) and NCSBN Intro to Disciplinary Investigation Interactive Course (25% BONs)
- iii. Eighty-nine percent of BON management (Executive Officer or Director of Investigations) surveyed expressed interest in an NCSBN orientation/training course; 98% would send staff to a NCSBN investigator training course.
- iv. Recommendations for course content included communication skills, professional conduct, regulatory statutes/rules and investigative techniques

##### b. Investigator Survey

- i. One hundred and ninety three investigators from 32 jurisdictions participated in the investigator survey.
- ii. Questions related to type of orientation/initial training revealed that *informal internal training* was the predominate training received as orientation to investigations at a BON (74%). Less frequent were formal internal training (33%), CLEAR Basic (23%), state specific training (22%) and no formal training (11%)
- iii. Most rated their orientation/training as a C+ or below (61%)
- iv. Many investigators hold no certification (49%)
- v. A significant gap exists between content that is currently included in BON investigator training and content that a BON investigator considers should be included in training. (Table 1)

Table 1. Gap Analysis		
Content	Included in BON training	Should be included in BON training
Report Writing	74%	84%
Interviewing Skills	60%	85%
Professional Conduct	57%	70%
Developing Investigative Plan	53%	85%
NPA And Rules	53%	85%
Investigative Tools and Resources	52%	80%
Interdisciplinary Collaboration	39%	77%
Clinical Record Reviews	34%	81%
Preparation for Testifying	30%	75%
Nursing Terminology	26%	77%

2. Identification and Evaluation of Existing Investigator Training Resources.

The ITC reviewed resources offered by NCSBN and other entities to identify current/effective good resources for investigator orientation/training:

- a. Interactive courses available from NCSBN include Boundary Violations, Substance Use Disorder, Social Media and Introduction to Disciplinary Investigations v 4.1. All four of these courses are current and would be useful for BON investigator training for new investigators.
- b. Practical Guidelines for Board of Nursing on Sexual Misconduct is a useful booklet and contains case studies that would be helpful as a discussion tool.
- c. Commitment to Ongoing Regulatory Excellence (CORE) Discipline Subcommittee Report is informative and includes some investigative templates.
- d. NCSBN’s Nursing Pathways for Patient Safety provides background information on how mistakes happen. This is a useful resource for a speaker/person teaching investigations.
- e. Understanding Substance Use Disorder in Nursing: Resource Manual and Guidelines. A review of the manual determined the manual is a valuable resource for investigators to learn about substance abuse; however, the manual is lengthy and very detailed. NCSBN used information from the Substance Use Disorder manual to develop the NCSBN interactive courses Understanding Substance Use Disorder in Nursing and Nurse Manager Guidelines for Substance Use Disorder. These courses are current and would be useful for BON investigator training for new investigators.
- f. NCSBN Discipline Case Management Conference is a resource less valuable for a new investigator/investigator training as the topics are not necessarily beginner focused. Recommended as a resource for the advanced investigator.

- g. Taxonomy of Error Reporting, Root Cause Analysis and Practice Responsibility Project (TERCAP) tracks elements of nursing practice breakdown. It is a beneficial tool for new investigators' employee orientation, but less beneficial for purposes of investigator training.
  - h. A review of CLEAR (Basic & Specialized) and Reid Training identified useful topics for training including professionalism, administrative rules and report writing. The Reid course provides comprehensive training on interviewing as opposed to what is provided by CLEAR. Interrogation is included in training provided by Reid and is not as helpful for BON investigations.
3. Financial Analysis.
- a. Clear Basic, 3 day training – \$345 (member) - \$430 (non-member) plus travel & accommodations
  - b. Clear Specialized, 3 day training – \$415 (member) - \$515 (non-member) plus travel & accommodations
  - c. Reid Training, 4 day training - \$770 plus travel & accommodations
  - d. NCSBN written materials – free
  - e. NCSBN Interactive Courses – no charge for Member Board staff
4. Total Market Size.
- a. The ITC conducted a second survey of the executive officers (Management Survey 2) to determine the pool of investigators available for a training course. Almost 50% of the 39 BONs answering indicated that they hired 1-3 investigators during each of the years 2013, 2014 and 2015.
  - b. Just over 50% of the BONs indicated that they did not hire any new investigators in 2013, 2014 and 2015.
  - c. The approximate average number of newly hired investigators per year from 2013 to 2015 is 36-40 each year.
  - d. The current staffing of BON investigations includes a majority of investigators with 6 months to 2 years of experience (64% of BONs).
  - e. Approximate current average number of investigators with 6 months to 2 years of experience is equal to 50-55. Approximate average number of investigators with 2 – 4 years of experience is equal to 35-40.

#### **D. Identified Core Competencies and Essential Skills for Investigator of BON Cases**

1. EFFECTIVE COMMUNICATION
- 1. Respects individual and cultural differences in communication styles
  - 2. Demonstrates effective interviewing skills
  - 3. Documents findings in a logical and factual manner
  - 4. Comprehensively documents the sequence of an investigation
  - 5. Presents findings in an objective manner
  - 6. Provides effective testimony

2. PROFESSIONAL CONDUCT
  1. Demonstrates objective manner and objective analysis
  2. Demonstrates integrity, honesty and ethical conduct
  3. Maintains composure under adverse situations
  4. Maintains objectivity throughout the investigation
  5. Accepts responsibility and accountability for actions and work product
  6. Demonstrates respect for others
  7. Works collaboratively with others throughout the course of an investigation
  8. Manages, organizes and prioritize workload
  
3. KNOWLEDGE OF APPLICABLE LAWS AND RULES
  1. Understands regulatory laws and rules
  2. Understands health care related federal statutes
  3. Understands federal supremacy as it pertains to nursing regulation Understands facility nursing policies and procedures
  
4. COLLABORATION
  1. Cooperates with the regulatory board
  2. Develops professional and positive working relationships with stakeholders, local and federal law enforcement and other agencies.
  
5. KNOWLEDGE OF NURSING PRACTICE
  1. Understands various nursing licenses and corresponding roles and scope of practice
  2. Demonstrates of knowledge of nursing nomenclature
  3. Understands respective policies/standards of care/patient rights
  4. Accurately analyzes medical records/charts
  5. Accurately analyzes data from additional resources
  6. Accurately completes a licensing/credential review
  
6. EFFECTIVE INTERVIEWING
  1. Demonstrates awareness of mitigating and aggravating factors
  2. Understands how to develop interview strategy
  3. Abides by and respects the standards of practice recognized in field
  4. Maintains focus, direction and control of interview
  5. Demonstrates effective persuasive skills
  6. Identifies deceptive verbal/written and non-verbal responses and develops subsequent investigative steps
  7. Identifies safety issues during investigation and is able to deescalate an interviewee

7. MANAGING INVESTIGATIVE INFORMATION

1. Able to prioritize work according to well defined goals
2. Determines appropriate strategies for investigation
3. Applies investigative methods, tools and technologies
4. Maintains supporting documents
5. Maintains chain of custody
6. Maintains confidentiality
7. Accurately documents investigative activities and findings
8. Analyzes record(s) and other evidence
9. Identifies and detects inconsistencies in investigation information
10. Recognizes potential immediate risks of harm to the public
11. Prepares concise, factual and objectively written investigative reports

8. KNOWLEDGE OF COMMON NURSING PRACTICE VIOLATIONS

1. Identifies key investigate materials and interview topics specific to the following type of cases:
  1. substance use disorder/impairment
  2. drug diversion
  3. medication error
  4. failure to document, incomplete or inaccurate patient data and clinical assessments and nursing intervention
  5. professional boundary violations
  6. sexual misconduct
  7. failure to use sound reasoning and/or clinical judgment
  8. failure to adequately/correctly interpret authorized provider orders
  9. patient abuse (sexual, emotional, physical, psychological)
  10. social media
  11. fraud/deceit
  12. illegal prescribing
  13. failure to report

**E. PROPOSED OPERATIONS AND FUNCTIONS - ITC Recommendations**

1. Planning & Implementation.

NCSBN staff would oversee the planning and implementation of the Investigator Training Course, including but not limited to, development of a group of subject matter experts as possible faculty, selection of venue, and advertisement of the program and registration functions.

2. Course attendance size.

The course be limited to no more than forty (40) participants, with no more than one participant from a specific BON. Registrations will be accepted on a first come, first serve basis. If registrations are submitted in excess of the limit, NCSBN may compile a waiting list in the event of cancellations.

3. Frequency.

NCSBN would schedule the Investigator Training Course two (2) times per year, in April and October respectively.

4. Length of program.

The Investigator Training Course would be conducted over two and a half (2 ½) days. Prior to attending the Investigator Training Course, participants must verify completion of the following NCSBN online courses:

- a. Board of Nursing Complaint Process: Investigation to Resolution
- b. Professional Boundaries in Nursing
- c. Introduction to Disciplinary Investigations
- d. Substance Use Disorder in Nursing
- e. Social Media Guidelines for Nurses
- f. Nurse Practice Act Course (if not available for particular jurisdiction, a worksheet with necessary questions will be substituted)

5. Course Schedule.

<b>Table 2. Course Schedule</b>			
<b>Time</b>	<b>TOPIC</b>	<b>COMPETENCY</b>	<b>TIME</b>
<b>Prerequisites</b>			
	<ul style="list-style-type: none"> <li>• NPA Course or equivalent</li> <li>• Board of Nursing Complaint Process: Investigation to Resolution</li> <li>• Introduction to Disciplinary Investigations</li> <li>• Substance Use Disorder in Nursing</li> <li>• Social Media Guidelines for Nurses</li> <li>• Professional Boundaries course</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge applicable rules</li> <li>• Common Nursing Practice Violations</li> </ul>	On own time prior to course
<b>Day 1</b>			
8:30-5	<ul style="list-style-type: none"> <li>• Nursing Licenses</li> <li>• Nomenclature,</li> <li>• Medical Records</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge of Nursing Practice</li> </ul>	60 min
	<ul style="list-style-type: none"> <li>• Professional Conduct</li> <li>• Collaboration</li> <li>• Safety</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct</li> <li>• Collaboration</li> </ul>	60 min
	<ul style="list-style-type: none"> <li>• Legal Authority (law &amp; rules)</li> <li>• Disciplinary process</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge applicable rules</li> </ul>	120 min
	<ul style="list-style-type: none"> <li>• Managing Investigations</li> </ul>	<ul style="list-style-type: none"> <li>• Managing Effective Investigating</li> </ul>	60 min
	<ul style="list-style-type: none"> <li>• Failure to document</li> <li>• Sound reasoning</li> <li>• Clinical judgment</li> <li>• Failure to report</li> </ul>	<ul style="list-style-type: none"> <li>• Common Nursing Practice Violations</li> </ul>	60 min
<b>Day 2</b>			
8:30-5	<ul style="list-style-type: none"> <li>• Interviewing &amp; stress behavior analysis (5 hours)</li> <li>• Safety (1 hour)</li> <li>• Evidence (1 hour)</li> </ul>	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Interviewing</li> </ul>	7 hours
<b>Day 3</b>			
8:00-10:30	<ul style="list-style-type: none"> <li>• Report writing</li> </ul>	<ul style="list-style-type: none"> <li>• Managing investigative information</li> <li>• Effective Investigating</li> <li>• Communication</li> </ul>	2.5 hours
11:00-1:00	<ul style="list-style-type: none"> <li>• Common Nursing Practice Violations                             <ul style="list-style-type: none"> <li>○ Medication error</li> <li>○ Boundary/social media/abuse</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Common Nursing Practice Violations</li> </ul>	2 hours
<b>At home</b>			
	<ul style="list-style-type: none"> <li>• Evaluation method</li> </ul>	All	Exam



6. Curriculum.

<b>Table 3. Curriculum</b>					
<b>Investigator Course Competency</b>	<b>Objectives</b>	<b>Content (Topics) Outline of the content to be presented.</b>	<b>Time</b>	<b>Potential Faculty</b>	<b>Teaching Methods</b>
Knowledge of Nursing Practice	Understand various nursing licenses and corresponding roles and scope of practice	<ul style="list-style-type: none"> <li>• Licensure Types versus Degrees</li> <li>• Role &amp; Scope of practice defined</li> </ul>	10 min	Practice consultant, Investigator	Lecture with multimedia presentation and case study
Knowledge of Nursing Practice	Identify key components of nursing nomenclature, symbols. Identify key components of facility specific considerations	<ul style="list-style-type: none"> <li>• Standardized nursing language</li> <li>• Facilitate communication across health care professionals</li> <li>• Complete and concise</li> <li>• Vocabulary/Terminology</li> <li>• Abbreviations</li> <li>• Symbols/units of measurement</li> <li>• Facility specific considerations</li> </ul>	15 min	Practice consultant or Investigator	Lecture with multimedia presentation
Knowledge of Nursing Practice	Demonstrate understanding of various types of medical records	<ul style="list-style-type: none"> <li>• Electronic medical record versus paper</li> <li>• Organization of medical record</li> <li>• Automated Medication Dispensing system</li> </ul>	20 min	Practice consultant or Investigator	Demonstration
Knowledge of Nursing Practice	Understand respective policies, standards of care, patient rights	<ul style="list-style-type: none"> <li>• Relevant institutional policies</li> <li>• Standard of care</li> <li>• Patient Bill of Rights</li> </ul>	10 min	Practice consultant or Investigator	Lecture with multimedia presentation
Professional Conduct	Identify desirable characteristics for an investigator  Explore own practice to incorporate desirable characteristics	<ul style="list-style-type: none"> <li>• Professional in all communication</li> <li>• Displays confidence</li> <li>• Maintaining confidentiality</li> <li>• Accountability for investigative work and organizing and prioritizing workload to ensure that higher priority is given to cases involving greater risk to the public</li> <li>• Ability to work multiple cases concurrently with little supervision</li> <li>• Persistence throughout investigation; knowing where to go for information</li> <li>• Reports are clear, concise and written in a manner that a non-clinical board member or judge can understand</li> <li>• Findings are presented factually and objectively</li> <li>• All written correspondence is free of errors, grammatically correct and appears professional</li> <li>• Collaborative work with other entities or agencies</li> </ul>	10 min	Director of Investigations	Lecture with multimedia presentation and case study, demonstration

Professional Conduct	List situations that may pose an ethical or moral dilemma for the investigator	<ul style="list-style-type: none"> <li>Investigator knows the licensee, patient or complainant</li> <li>Investigator has additional background knowledge regarding the complaint</li> <li>Investigator discovers pertinent information at the end of an investigation</li> <li>Integrity and professionalism throughout the investigation</li> <li>Transparency, honesty, integrity</li> </ul>	10 min	Director of Investigations Director of Investigations	
Collaboration	Identify the benefits of effective cooperation within the regulatory board	<ul style="list-style-type: none"> <li>Collaboration defined</li> <li>Benefits of collaboration</li> <li>Improved teamwork</li> <li>Positive outcome</li> <li>Expansive utilization of resources</li> <li>Experiential knowledge of members</li> </ul>	10 min	Director of Investigations	Lecture with multimedia presentation
Collaboration	Identify characteristics of beneficial collaboration	<ul style="list-style-type: none"> <li>Establish effective working relationships with stakeholders, law enforcement, and other agencies <ul style="list-style-type: none"> <li>Sharing ideas</li> <li>Collective problem solving</li> <li>Goal setting</li> <li>Balanced responsibility</li> <li>Cooperative work</li> <li>Collegiality</li> </ul> </li> <li>Process of collaboration <ul style="list-style-type: none"> <li>Problem identification &amp; solving</li> <li>Establishing identifiable direction</li> <li>Structuring &amp; use of resources to reach go</li> </ul> </li> <li>Identify key stakeholders</li> <li>Plan &amp; promote interdisciplinary collaboration among stakeholders</li> </ul>	10 min	Director of Investigations	Lecture with multimedia presentation
Collaboration	Recognize barriers to collaborative teamwork  Identify methods to overcome barriers to collaborative teamwork	<ul style="list-style-type: none"> <li>Barriers to collaborative teamwork</li> <li>Personal and team member mindset</li> <li>Traditional norms of board processes</li> <li>Time restraints</li> <li>Established organizational values</li> <li>Power struggle among team members</li> </ul>	15 min	Director of Investigations	Lecture with multimedia presentation
Knowledge of applicable rules	Identify key aspects of the legal authority for disciplinary investigations  Describe subpoena powers and other methods to obtain evidence	<ul style="list-style-type: none"> <li>Civil, Criminal, Administrative Law</li> <li>Uniform Disciplinary Act</li> <li>Administrative Procedure Act</li> <li>Identify the NPA and rules/regulations in your jurisdiction</li> <li>Burden of Proof</li> <li>Due Process</li> <li>Subpoena power</li> <li>Obtaining medical records legally</li> <li>Contacting medical providers</li> <li>Appeal process</li> <li>Case law enumerated</li> </ul>	45 min  15 min	BON Attorney	Lecture with multimedia presentation

	Identify important regulatory case law				
Knowledge of applicable rules	Understand disciplinary process	<ul style="list-style-type: none"> <li>Complaint intake</li> <li>Open an investigation</li> <li>Case disposition/case management</li> <li>Legal review/prosecution</li> <li>Disciplinary decisions</li> <li>Possible sanctions/guidelines/alternative to discipline</li> <li>Names of legal documents used</li> <li>Hearing process</li> <li>Appeal</li> <li>Reportable to Nursys/NPDB</li> </ul>	15 min 15 min 15 min	BON Attorney	Lecture with multimedia presentation and case study
Knowledge of applicable rules Managing Effective Investigation	Describe the framework for administrative investigations	<ul style="list-style-type: none"> <li>Scope of investigation</li> <li>Rules of evidence</li> <li>Identify key evidence and arguments for both prosecution and defense</li> </ul>	15 min	BON Attorney	Lecture with multimedia presentation and case study
Managing Effective Investigation	Prioritize Investigations	<ul style="list-style-type: none"> <li>Consideration of the nature and severity of the complaint</li> <li>Imminent danger to the public</li> <li>Other complaints should be assigned a lower level priority level (i.e. High, Medium High, Medium, and Low priority).</li> </ul>	15 min	Director of Investigations	Lecture with multimedia presentation and case study
Managing Effective Investigation Effective Interviewing	Determine appropriate strategy for investigation	<ul style="list-style-type: none"> <li>Identify separate lines of pursuit</li> <li>Determine objectives of the investigation</li> <li>Identify effective and efficient investigation actions/process and gather maximum and accurate information</li> <li>Identify key elements essential to the investigation, objectively analyze evidence, identify and detect inconsistencies</li> </ul>	15 min	Director of Investigations	Lecture with multimedia presentation
Managing Effective Investigation Effective Interviewing		<ul style="list-style-type: none"> <li>NCSBN tools for investigation</li> </ul>	15 min	NCSBN staff	Lecture with multimedia presentation
Managing Effective Investigation	Review license/credentials	<ul style="list-style-type: none"> <li>Verification of licensure</li> <li>State verification</li> <li>NURSYS</li> <li>Review credentials</li> </ul>	15 min	NCSBN staff	Lecture with multimedia presentation
Knowledge of Nursing Practice Managing Effective Investigation	Analyze medical records and create a chronology of events Analyze data from additional resources	<ul style="list-style-type: none"> <li>Identification of missing medical records</li> <li>Creating chronological list of events</li> <li>Identifying relevant events</li> <li>PDMP</li> <li>PYXIS audit</li> </ul>	15 min	Director of Investigations	Lecture with multimedia presentation and case study

Managing Effective Investigation	Safeguarding Investigation Information	<ul style="list-style-type: none"> <li>Records such as medical, personal, financial, confidential information written statements tape recordings, social media information and the like should be safeguarded to maintain and ensure integrity</li> <li>Refer media questions to public/media relations spokesperson.</li> </ul>	15 min	Director of Investigations	Lecture with multimedia presentation and case study
Managing Effective Investigation	Accurately document investigation	<ul style="list-style-type: none"> <li>Accurately documents all information, which should include exhibit management, precise description of location where information was gathered, date and time information was received or observed</li> <li>A contiguous record of all information received, document timeline completion dates (i.e. all interviews, retrieval of pertinent records, investigation notes).</li> </ul>	15 min	Director of Investigations	Lecture with multimedia presentation
Knowledge of Common Nursing Practice Violations	Recognize common sources of misinterpretation	<ul style="list-style-type: none"> <li>Failure to accurately/correctly interpret authorized provider orders <ul style="list-style-type: none"> <li>Sources of misinterpretation</li> <li>Contributing factors</li> </ul> </li> <li>Small group activity</li> </ul>	15 min	Investigator	Case study
Knowledge of Common Nursing Practice Violations	Recognize & identify common documentation errors	<ul style="list-style-type: none"> <li>Failure to Document; incomplete or inaccurate patient data and clinical assessments; nursing interventions <ul style="list-style-type: none"> <li>Documentation key principles</li> <li>Written and electronic documentation systems</li> </ul> </li> <li>Scenario</li> </ul>	15 min	Investigator	Case study

7. Assessment of participant completion.

Following completion of the Investigator Training Course, participants will be emailed a link to a post-test to measure comprehension of the information provided in the course. The ITC proposed that NCSBN develop a post-test to measure the participants' comprehension of information. Specifically, the post-test is envisioned to be an online interactive multiple choice format. If the participant responds with an incorrect answer, the participant is informed of the correct answer (see post-test in the online interactive course Introduction to Board of Nursing Disciplinary Investigations).

In addition, NCSBN will ask the participant to complete a course evaluation. The participant will need to complete both items in order to receive the course Certificate of Completion and the corresponding continuing education contact hours.

8. Evaluation of Investigator Training Course.

NCSBN staff will review evaluations and modify the course accordingly. After two (2) presentations of the Investigator Training Course, NCSBN will conduct a summative evaluation, based upon the completed participant evaluations of the course objectives, content, presenters and location, be performed with results reported to the ITC. For

evaluative purposes, all members of the ITC request to attend one of the first two (2) presentations of the program.

After 2 courses, NCSBN staff will evaluate market size and determine the frequency of the training course. It is anticipated that after a few cycles, the Investigator Training Course will be held at least annually.

**F. Budget**

<b>Table 4. Budget</b>	
<b>Expense</b>	<b>Amount</b>
Guest Speakers	
• Professional Speaker - Investigator	4,000
• Misc. Speakers	5,000
Meeting Giveaways/Conference Bags	300
Hotel - Meeting Room Rental	3,000
Hotel - Meeting Food & Beverage	15,000
Hotel - Audio Visual	15,000
Meetings Expense	3,000
Hotel - Lodging	30,000
Travel Air Fare	28,400
Travel - Other Reimbursements	16,500
Telecom Services - Data - Internet Access	3,000
Postage & Shipping	500
Copying Costs	3,000
Library	2,000
<b>Total Cost Per Training Course for 40 participants + 10 staff and speakers</b>	<b>\$128,700</b>
Committee attendance (1 <sup>st</sup> year)	10,000
<b>Total Cost per Training Course for 40 participants + 10 staff and speakers + 6 committee members</b>	<b>\$138,700</b>

## Benefits and Consequences

### 1. Benefits

There is no course available specifically for training BON investigators. Various benefits are evident from implementation of this business plan. This investigator training course will advance interaction and investigative potential of all BON investigators through education, information and networking. It will increase the investigator's knowledge of specialized skills associated with BON investigations and will add to their self-knowledge, governance, and regulatory expertise. Additionally, it will ease the burden on the BON for attempting to train investigators with fragmented material that does not specifically focus on an identified need.

### 2. Adverse Consequences

A potential adverse consequence which could result with the implementation of this training course is that Member Boards may not send staff to the training course as expected.

## G. Implementation Plan & Milestones

<b>Step</b>	<b>Work product</b>	<b>Estimated date (before an Oct training)</b>
1	Identify potential speakers for training	March/April 2016
2	Secure venue in preferred date range (October 2016 in Rosemont)	May 2016, on approval of NCSBN Board of Directors
3	Send save the date notifications	May 2016
4	Approved speakers sent to meeting manager	July 2016
5	Post event on NCSBN website and open registration	July 2016
6	Collect speaker forms and presentation materials	August/September 2016
7	Create session book and materials for registration packet	August/September 2016
8	Develop questions and submit for CE evaluation	August/September 2016
9	Create curriculum evaluation	September 2016
10	Host three-day NCSBN Investigator Training Course	October 2016 (additional dates TBD)
11	Send out evaluation within 24 hours of conclusion of the meeting	October 2016
12	Review evaluation feedback	October 2016
13	Schedule debriefing session	November 2016

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14	Determine additional training dates based on recommendation of twice yearly, spring and fall for two years	November 2016
15	Evaluate and make changes to curriculum and/or presenters based on evaluations and observations	November/December 2016
.....	Repeat steps 1-15 above to secure venue and prepare for training	November/December 2016





# Report of the Nursing Education Trends Committee

## Background

At the 2015 NCSBN Delegate Assembly, boards of nursing (BONs) voiced the challenges they face with the regulation of nursing education programs. Therefore, in September 2015, the NCSBN Board of Directors (BOD) convened the Nursing Education Trends Committee. The committee was charged with exploring and identifying the trends and issues in the regulatory oversight of nursing education programs.

## FY16 Highlights and Accomplishments

- A literature review was conducted on published trends and issues in the regulation of nursing education programs, acknowledging that the literature, and especially research, is limited in this area. Themes were identified.
- A survey of BON education consultants was conducted to learn about the emerging issues education consultants face as they regulate nursing education programs on a daily basis. Themes were identified.
- The Nursing Education Committee members collected and collated the issues and trends from the literature and education consultant survey. They then discussed their own experiences and knowledge as subject matter experts and identified additional issues/trends related to nursing education.
- All the issues/trends from these sources (literature, education consultants and the committee) were aggregated to develop an evidenced-based survey of trends and issues in the regulatory oversight of nursing programs. This survey was then disseminated to the EOs of the BONs since they see the broader picture of their BONs' needs.
- The EO survey responses were weighted, and the top five trends/issues were identified.

## Future Activities

This committee's work is not finished. The final report will be presented to the BOD at the July 2016 BOD meeting.

## Members

Mindy Schaffner, PhD, MSN-CNS, RN, Washington, Area I, Chair  
Cheryl Dover, DNP, MS, RN, NE-BC, Maryland, Area IV  
Denise Hirst, MSN, RN, North Carolina, Area III  
Bonita Jenkins, EdD, RN, CNE, District of Columbia, Area IV  
Odette Comeau Lavoie, MAEd, RN, New Brunswick, Associate Member  
Kathleen M. McManus, MSN, RN, CNE, Maine, Area IV  
Kristie Oles, EdD, MSN, RN, Ohio, Area II  
Francine Parker, EdD, MSN, RN, Alabama, Area III  
Deborah Vendittelli, DNP, RN, ANP-BC, Michigan, Area II  
Gail Wise, EdD, RN-BC, Kentucky, Area III  
Suellyn Masek, MSN, RN, Washington, Area I, Board Liaison  
Joan M. Stanley, PhD, DS (Hon), RN, CRNP, FAAN, FAANP, American Association of Colleges of Nursing (AACN), Consultant  
Elaine Tagliareni, EdD, RN, CNE, FAAN, National League for Nursing (NLN), Consultant

## Staff

Nancy Spector, PhD, RN, FAAN, Director, Regulatory Innovations  
Josephine Silvestre, MSN, RN, Associate, Regulatory Innovations

## Meeting Dates

- March 7–8, 2016
- March 31, 2016 (Conference Call)
- May 25, 2016 (Conference Call)

## Relationship to Strategic Plan

### Strategic Initiative A

Advance regulatory relevance and responsiveness to changes in health care.

### Strategic Objective A4

Explore trends and issues in the regulatory oversight of nursing education programs.



# 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; and
- 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.

On Aug. 11, 2015, NCSBN was granted American National Standard status for Criminal Background Checks by ANSI (NCSBN 001).

## Members

Nathan Goldman, JD, Kentucky, Area III, Chair  
Peggy Benson, MSN, MSHA, NE-BC, Alabama, Area III  
Amy Fitzhugh, JD, North Carolina, Area III  
Tara Hulseley, PhD, RN, CNE, FAAN, West Virginia-RN, Area II  
Ruby Jason, MSN, RN, NEA-BC, Oregon, Area I  
Linda Kmetz, PhD, RN, Pennsylvania, Area IV  
Barbara H. McGill, MSN, RN, Louisiana-RN, Area III  
Linda Young, MS, RN, FRE, BC, South Dakota, Area II

## Staff

Greg Pulaski, MS, PMP, SSBB  
Director, Performance Measurement and Standard Setting

## Meeting Dates

- Nov. 9–10, 2015
- Jan. 11–12, 2016
- May 4–5, 2016

## 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 A3

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 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.

### Strategic Objective B1

Explore licensing options for safe and effective interstate telehealth practice.

- Develop standards for nursing licensure that require expediting verification of licensure by endorsement, and develop standards for nursing licensure that incorporate reporting of disciplinary actions to a shared nursing data base. Through these standards, NCSBN contributes to public protection and effectiveness by obtaining thorough information on applicants and making informed decisions about licensure.

The BOD also chose to identify and form a committee, the NCSBN Standards Development Committee (NSDC), with a formal charter, to further exercise influence and coordinate NCSBN's efforts. The NSDC named Nathan Goldman, a seasoned committee leader, as its chair.

## FY16 Highlights and Accomplishments

While meeting three times during FY16, the NSDC is focusing on the following charge: Develop standards for regulation regarding licensure, investigations, discipline and education.

After discussions with the BOD, it was decided that the two following standards should be next for the NSDC to pursue (attached):

1. Reporting of Disciplinary Action by Boards of Nursing, and
2. Primary Source Verification of Licensure by Endorsement.

The NSDC committee is currently pursuing the following process, timeline and deliverables. A summary of their progress and milestones is found below.

■ Board agrees on standard(s) to pursue (complete)	9/2015
■ Convert to a committee charge (complete)	9/2015
■ Identify four new committee members and orient them (complete)	11/2015
■ Conduct first NSDC meeting (complete)	11/2015
■ Define draft standards (complete)	11/2015
■ Conduct second NSDC meeting (complete)	1/2016
■ Reach out to stakeholders (complete)	1/2016
■ File PINS form (complete)	1/2016
■ BSR-8 form (complete)	2/2016
■ Stakeholder public comment	3/2016
■ Resolution of concerns	3/2016
■ Identification of Consensus Group	4/2016
■ Ballot distribution	4/2016
■ Voting	4/2016
■ Circulation of comments	5/2016
■ Final tally of votes	5/2016
■ Appeals process	6/2016
■ BSR-9 submission	6/2016
■ Publication of standard	6/2016

## Attachments

- A. Draft NCSBN 002
- B. Draft NCSBN 003

## Draft NCSBN 002

**DRAFT 7/22/16**

**NCSBN-002**

### ***TITLE OF STANDARD***

#### **REPORTING OF DISCIPLINARY ACTIONS BY BOARDS OF NURSING**

##### ***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 (BON) is to protect the public. Violations of the state nurse practice act may result in adverse action on a license. It is incumbent on BONs to report the adverse actions taken on a nurse to a shared database in order to protect the public when nurses relocate to another state or practice remotely across state borders.

##### ***STATEMENT OF SCOPE***

This standard relates to a board of nursing reporting disciplinary actions to a shared database.

##### ***IDENTIFICATION OF STAKEHOLDERS***

The NCSBN Standards Development Committee (NSDC) has identified the following stakeholders related to this standard:

Member boards

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### ***NOMENCLATURE***

Board of Nursing – the entity within a state, territory or other jurisdiction of the United States responsible for the regulation of nurses and nursing practice. The entity is considered a primary source of licensing information.

Coordinated licensure information system – an integrated process for collecting, storing, and sharing primary source information on nurse licensure and enforcement activities related to nurse licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards.

Disciplinary action – an adverse action on a nurse’s license taken by a board of nursing and as defined by the National Practitioners Data Bank (NPDB)

### ***EXISTING STANDARDS***

No existing standards have been identified.

### ***DRAFT STANDARD (COPYRIGHT NCSBN)***

Section 1.0 A board of nursing shall report all disciplinary actions it takes against a licensee to a coordinated licensure information system.

Section 2.0 A board of nursing shall make a report pursuant to Section 1.0 of this Standard no later than 15 calendar days from the entry of the disciplinary action.

### ***WRITTEN INTERPRETATION OF THE STANDARD***

The purpose of this Standard is to provide for reporting of disciplinary actions by a board of nursing to a coordinated licensure information system in order to inform other boards of nursing of the adverse action. NCSBN maintains such a coordinated licensure information system and reports required actions to the NPDB.

While the National Practitioner Data Bank’s (NPDB) policies and guidelines are used to determine what constitutes disciplinary action for purposes of reporting, the NPDB is not a coordinated licensure information system as defined by this Standard. The requirement to report to the NPDB is independent of this Standard.

## Draft NCSBN 003

DRAFT 5/24/16

NCSBN-003

### *TITLE OF STANDARD*

### **PRIMARY SOURCE VERIFICATION OF LICENSURE BY ENDORSEMENT**

#### *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 (BON) is to protect the public. BONs issue licenses to qualified individuals. Nurses often relocate to other states and practice remotely across state borders. In order to insure a properly vetted workforce, boards of nursing must receive primary source information on current licensure that is both accurate and timely. Current use of paper documents present a greater risk for fraud than those sent through a secure electronic transmission.

#### *STATEMENT OF SCOPE*

This standard relates to a board of nursing issuing primary source verification of licensure through a secure electronic transmission for endorsement of an applicant to another board of nursing.

#### *IDENTIFICATION OF STAKEHOLDERS*

The NCSBN Standards Development Committee (NSDC) has identified the following stakeholders related to this standard:

Member boards

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### ***NOMENCLATURE***

Board of Nursing – the entity within a state, territory or other jurisdiction of the United States responsible for the regulation of nurses and nursing practice. The entity is considered a primary source of licensing information.

Coordinated licensure information system - an integrated process for collecting, storing, and sharing of primary source information on nurse licensure and enforcement activities related to nurse licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards.

Secure electronic transmission – encrypted transmission from and to a system which enforces approved user access to control the flow of information within the system and between interconnected systems, and also protects the confidentiality and integrity of information at rest.

### ***EXISTING STANDARDS***

No existing standards have been identified.

### ***DRAFT STANDARD (COPYRIGHT NCSBN)***

Section 1.0 A Board of Nursing shall conduct primary source verification of licensure on an applicant for licensure by endorsement.

Section 2.0 Primary source verification shall be obtained from a board of nursing or a coordinated licensure information system.

Section 2.1 The coordinated licensure information system shall be a board of nursing designated primary source equivalent information system.

Section 3.0 Primary source verification shall be obtained via a secure electronic transmission from the board of nursing or the coordinated licensure information system.

Section 4.0 The primary source shall provide license verification within ten business days upon request for verification.

### ***WRITTEN INTERPRETATION OF THE STANDARD***

The purpose of this Standard is to describe a mechanism to obtain primary source verification of a license from one board of nursing for the purpose of endorsement into another board of nursing. Electronic transmission will accomplish verification efficiently and securely to decrease potential for fraud.



# Report of Regulatory Implications of Legal Cannabis Committee

## Background

Currently 23 states and the District of Columbia in the U.S. and all provinces of Canada allow for the medical use of marijuana. Four states within the U.S. have allowed for various forms of legal or decriminalized recreational use of marijuana. The exploration of the trends and issues related to marijuana use and nursing regulation involve three primary areas: (1) regulating the practice implications of licensees who use either medical or recreational marijuana; (2) regulating the practice implications of APRN licensees who may authorize/prescribe marijuana; (3) regulating the practice implications for RNs and LPNs who care for patients using marijuana.

## Highlights of FY16 Activities

**Charge: Explore the current trends and issues related to marijuana use and its relationship to nursing regulation.**

Review of selected literature and discussion by the committee led to the creation of a report entitled *Facts, Trends and Issues Related to Marijuana Use and Its Relationship to Nursing Regulation*.

## Committee Recommendations to the BOD for Additional Work or Research

Further exploration is needed regarding the regulatory issues related to the APRN authorization of marijuana, including consideration of model guidelines for licensee care of patients who use marijuana; recommendations for marijuana-specific curriculum content in licensee education programs; recommendations for assessing safeness to practice of licensees who use marijuana.

## Attachments

- A. Regulatory Implications of Legal Cannabis Committee Report: *Facts, Trends and Issues Related to Marijuana Use and its Relationship to Nursing Regulation*
- B. Marijuana Map
- C. Federation of State Medical Boards Workgroup on Marijuana and Medical Regulation's Draft Model Guidelines for the Recommendation of Marijuana in Patient Care Report
- D. Washington State Department of Health Medical Marijuana Authorization Guidelines

## Members

Kathleen J. Beebout, Iowa, Area II, Chair  
Jennifer Best, MN, RN, Nova Scotia-RN, Associate Member  
Martha Ann Harrell, North Carolina, Area III  
Karl Hoehn, JD, Washington, Area I  
Kathleen Pollard, RN, Idaho, Area I  
Sherri Twedt, RN, CLNC, Nevada, Area I  
Valerie Smith, MS, FRE, Arizona, Area I, Board Liaison

## Staff

Kathleen Russell, JD, MN, RN, Associate, Nursing Regulation  
Esther White, MS, Coordinator, Nursing Regulation

## Meeting Dates

- Jan. 11, 2016
- Feb. 8–9, 2016
- March 8, 2016

## Relationship to Strategic Plan

### Strategic Initiative E

Promote evidence-based regulation.

### Strategic Objective E1

Influence policy through building the science of nursing regulation.

# Regulatory Implications of Legal Cannabis Committee Report: *Facts, Trends and Issues Related to Marijuana Use and its Relationship to Nursing Regulation*

Date: May 23, 2016

Table 1. Definitions.	
Cannabidiol (CBD)	One compound found in cannabis that belongs to a class of molecules called cannabinoids. CBD, along with another compound, is usually present in the highest concentrations in cannabis. CBD seems to offer natural protection against the marijuana high.
Cannabis	The dried flowering tops of hemp plants, contains over 60 compounds; used interchangeably with the word marijuana.
Drug Enforcement Administration (DEA)	Federal agency responsible for enforcing laws and regulations governing narcotics and controlled substances.
Food and Drug Administration (FDA)	Federal agency responsible for monitoring trading and safety standards in the food and drug industries
Marijuana	The dried flowering tops of hemp plants, contains over 60 compounds; used interchangeably with the word cannabis.
Schedule I Controlled Substance	Substances which have a high potential for abuse, not currently accepted medical use in U.S., lack of accepted safety for use under medical supervision (e.g. marijuana and heroin are Schedule I Controlled Substances).
Tetrahydrocannabinol (THC)	One of over 60 compounds found in cannabis that belongs to a class of molecules called cannabinoids. Along with CBD, is usually present in the highest concentrations in cannabis. THC is the chemical responsible for most of marijuana's psychological effects (high).

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## **Introduction**

The Regulatory Implications of Legal Cannabis Committee explored the facts, trends and issues related to marijuana use and nursing regulation. The facts and trends inform the issues for nursing regulatory authorities. The issues differ depending on the particular licensee and type of cannabis: regulations that involve the use of marijuana medically by licensees of member boards of nursing (BON); the use of recreational marijuana by licensees of BONs; and regulations that involve the practice implications of BON licensees who may provide authorizations, administer or educate their patients regarding marijuana use.

## **Exploration of the facts, trends and issues related to marijuana use and its relationship to nursing regulation**

### *State government.*

Since 1996, the trend among states is to legalize marijuana for medical use. Currently twenty-three states and the District of Columbia in the United States and all provinces of Canada allow for the medical use of marijuana. Four states within the United States have allowed for various forms of legal or decriminalized recreational use of marijuana. Several states have legalized low THC high cannabidiol (CBD) products derived from the marijuana plant for limited medical purposes and many others are currently examining legislation to expand legal use for medical purposes (Federation of State Medical Boards [FSMB], 2016; National Conference of State Legislatures, 2016). See Attachment B.

In January/February 2016, a survey was conducted of member boards of nursing (BONs) (hereinafter referred to NCSBN Cannabis Regulation Survey). Forty-three BONs (73%) responded to the survey. APRN authorization of medical marijuana is allowed for Nurse Practitioners in 6 jurisdictions (GA, ME, MN, NM, VT, WA); Nurse Anesthetists in 3 jurisdictions (NM, VT, WA); Clinical Nurse Specialists in 4 jurisdictions (GA, MN, NM, VT); and Nurse Midwives in 4 jurisdictions (GA, MN, NM, VT).

The many differences between state laws related to marijuana authorization for medical use has caused issues of consistency of policy and regulatory focus among various jurisdictions.

The NCSBN Cannabis Regulation Survey also revealed that some BONs report particular issues with state statutes related to the lack of specificity regarding the definition of intractable pain, and other conditions for which medical marijuana may be indicated and type of exams necessary for medical marijuana authorization and necessary documentation of examination.

*Federal government.*

The United States Drug Enforcement Administration (DEA) classifies marijuana as a Schedule I controlled substance under the Controlled Substances Act (e.g. heroin is also a Schedule I controlled substance) (Drug Enforcement Administration [DEA], n.d.). Therefore, authorization of marijuana by any health-care practitioner is illegal according to federal law. However, the current trend is to not federally prosecute an individual for possessing small amounts of marijuana. The Obama administration, as of October 2009, took a position that discourages federal prosecutors from prosecuting people who distribute marijuana for medical purposes in accordance with state law (U.S. Department of Justice, 2009). In fact, no known federal prosecutions for possessing small amounts of marijuana for legalized medical use have occurred since 1996 (Marijuana Policy Project, 2015).

The classification of a Schedule I controlled substance also causes various barriers to research: clinical researchers must be registered by the DEA; marijuana products for research purposes must be obtained from the National Institute on Drug Abuse; and review of new investigational drug applications and research protocol for marijuana related products must be approved by the U.S. Food and Drug Administration (FDA, 2016, February 9).

Although two drugs, Marinol and Cesamet, which contain synthetically derived chemical structures similar to THC have been approved by the FDA, the FDA has not approved marijuana as a safe and effective drug for any indication (FDA, 2016, February 9). Thus, the purity and potency of the drug may vary considerably because of the lack of FDA approval and oversight (FDA, 2016, February 9). Therefore, the mere task of establishing standardized medication administration protocols and dosage is challenging and poses numerous safety concerns.

In March 2014, the U.S. Public Health Service approved a study of smoked marijuana (whole plant) for symptoms of post-traumatic stress disorder (PTSD) in veterans of war (Multidisciplinary Association for Psychedelic Studies [MAPS], n.d.). This study is being conducted by MAPS and funded by a grant from the state of Colorado (MAPS, n.d.).

However, the restrictions to marijuana research may be somewhat lessened in the near future. In December 2015, the DEA eased requirements for FDA-approved clinical trials on cannabidiol (CBD), which should streamline the research process regarding possible medical value CBD (DEA, 2015, December). Further, the DEA reports that it plans to release a decision on rescheduling marijuana in the first half of 2016 (DEA, 2016, April).

Nursing professionals, those APRNs who authorize medical marijuana, and RNs and PNs who, in the role of caregiver, administrator or educator of the patient, come into contact with patients who are receiving marijuana, are influenced by the federal illegality of medical marijuana and the lack of evidence-based research regarding dosage and efficacy. This lack of research and illegal nature of marijuana causes some nursing professionals to have moral/ethical concerns with the use of marijuana. Others may object to the use of marijuana due to its illicit nature according to federal law, or that it has long been considered a stigmatized drug. Ethical, legal and research debates also influence the nursing professional's understanding and opinion of the use of marijuana.

*Healthcare professions and policy organizations.*

Some health care professions and healthcare policy organizations, such as, the American Medical Association (AMA, 2013) and American Nurses Association (ANA, 2008), have weighed in on the trend of marijuana legalization and have encouraged further controlled study research, federal rescheduling or de-scheduling of marijuana, increasing research funding and access to medical grade cannabis for research. Several state nurses associations also support legalization of marijuana for medical purposes (Alaska, California, Colorado, Hawaii, Illinois, Mississippi, New Mexico, New Jersey, New Mexico, New York, North Carolina, Oregon, Rhode Island, Virginia, Wisconsin) (NORML, n.d.; Oregon Nurses Association, 2008).

The National Conference of State Legislatures (NCSL) takes the position that “federal laws, including the Controlled Substances Act, should be amended to explicitly allow states to set their own marijuana and hemp policies without federal interference and urges the administration not to undermine state marijuana and hemp policies” (National Council of State Legislatures [NCSL], 2015).

The American Society for Pain Management Nursing has adopted a patient advocacy role related to perceived need for patient use of marijuana, finding certain conditions and situations where the use of marijuana is considered appropriate and advocating that the nurses need to be knowledgeable about the use, benefits, risks and adverse effects (American Society for Pain Management Nursing, 2015). The American Cannabis Nurses Association’s mission statement is to “advance excellence in cannabis nursing practice through advocacy, collaboration, education, research, and policy development” (American Cannabis Nurse Association, n.d.).

Other organizations hold opposite viewpoints. The Treatment Research Institute (2012) finds that there is inadequate justification to overrule FDA standards to implement policies promoting the use of marijuana for medical purposes. The American Osteopathic Association takes the position that it cannot support the medical use of marijuana until scientific evidence clearly demonstrates results equivalent to those of other therapeutic agents approved by the FDA (American Osteopathic Organization, 2010, July).

The Substance Abuse and Mental Health Services Administration (SAMHSA, October 2015) encourages further research and caution on the known health and safety implication of marijuana use and other substance abuse. “The short-term effects of marijuana include problems with memory and learning, distorted perception, difficulty in thinking and problem-solving, and loss of coordination. The use of marijuana increases the risk of developing cancer of the head, neck, lungs, and respiratory tract due to toxins and carcinogens. Among youth, heavy cannabis use is associated with cognitive problems and increased risk of mental illness” (SAMHSA, October 2015).

*Medical marijuana authorization practice guidelines.*

The Federation of State Medical Boards (FSMB) organized a work group on marijuana and medical regulation and drafted model guidelines for recommendations in patient care, without advocating for or against such recommendations (Federation of State Medical Boards [FSMB], 2015). See Attachment C. Similarly, the Colorado Medical Board adopted a Policy Regarding Recommendations for Marijuana as a Therapeutic Option. This policy provides guidelines for Colorado physicians who recommend marijuana for medical use (Colorado Medical Board Policy, 2015).

Only one BON, the Washington Nursing Care Quality Assurance Commission, has adopted specific guidelines or professional practice standards expected for all healthcare professionals who authorize medical marijuana under Washington State law (Washington Department of Health, 2015, May). These guidelines were developed and adopted by the Board of Naturopathy, the Medical Quality Assurance Commission, the Nursing Care Quality Assurance Commission, and the Board of Osteopathic Medicine and Surgery. See Attachment D.

The NCSBN Cannabis Regulation Survey noted that forty percent of jurisdictions have authority to bring charges or issue discipline related to an APRN's authorization of medical marijuana, however, the trend of opened cases for APRN authorization of medical marijuana is low. In 2014, only one jurisdiction (WA) opened a small number of cases (1-3) and in 2015, two jurisdictions (DC, WA) opened a small number of cases (1-3).

*Licensee use of marijuana.*

The Colorado BON adopted a "zero tolerance" policy for licensee use of any marijuana, despite legality for medical and recreational use in Colorado (Colorado Board of Nursing, 2013, January). The Oregon BON, upon a licensee's positive drug test for cannabis, evaluates behavior or conduct for impairment while engaged in the practice of nursing to determine if discipline is warranted (Oregon State Board of Nursing, n.d.).

According to the NCSBN Cannabis Regulation Survey, seventy-seven percent of jurisdictions have authority to bring charges or issue discipline related to the recreational use of marijuana. In 2014, only four jurisdictions opened a small number cases related to the use of legal recreational marijuana (CO, NM, SD, WY) and in 2015, only two jurisdictions (NM, WY) opened a small number cases related to the use of legal recreational marijuana and one jurisdiction opened more than ten cases (CO). However, in that same time period, forty-four percent of jurisdictions opened cases related to illegal recreational marijuana with the number of cases for those jurisdictions varying from one case to more than ten cases.

In complaints/cases opened by the BON due to marijuana use, 20 BONs would refer licensees to a fitness to practice or fitness to work evaluation, while 29 would refer the licensee for a substance use or related marijuana use disorder evaluation.

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Detection of cannabis in a drug test is dependent on the cannabinoid and the route, as well as the dosage and whether the individual is tested after a single use or after chronic use. The route, smoked or eaten, of the cannabinoid intake will influence the rate of absorption and the psychoactive response in the brain. Additionally, THC, the chemical responsible for most of marijuana's psychological effects, is distributed into different parts of the body for metabolism, excretion and storage (Department of Health and Human Services [DHHS], May 31, 2014). The speed of excretion of THC varies dependent on the tissue it is stored in. For example, the THC stored in fatty tissues gradually reenter the bloodstream. This factor confounds interpretation of biological tests which examine a sample with a drug concentration at a specific cutoff level.

A chronic user will have cannabinoid metabolites stored in the fatty tissues over time and thus, will demonstrate detectable levels of metabolites for a much longer period of time after the last use of cannabinoids than the infrequent user (DHHS, May 31, 2014). But even an infrequent user of marijuana may demonstrate a detectable level for 1-5 days after use of marijuana (DHHS, May 31, 2014). Therefore, metabolite test results do not infer the timing of the use of the drug or whether the individual is experiencing any current psychoactive response in the brain. The duration of the urinary cannabinoid detection window is not settled science and is the subject of debate among forensic toxicologists and a matter of on-going scientific research.

Additionally, for some routes of ingestion, blood concentration may actually diminish more rapidly than actual impairment, further muddling the efficacy of testing for metabolites (National Institute of Drug Abuse [NIDA], 2016, January).

Very recently, the AAA Foundation for Traffic Safety commissioned several studies to see what effects, if any, marijuana has on driving and driving safety (AAA Foundation for Traffic Safety [AAA], 2016b). The *Data from Drivers Arrested for Driving Under the Influence in Relation to Per se Limits for Cannabis* study compared the Standardized Field Sobriety Test battery (Sobriety Test) with blood testing for the cannabis metabolite, THC, in drivers arrested for driving under the influence (AAA, 2016a). This study indicated that a substantial number of drivers would have been classified as impaired via the Sobriety Test whose THC concentration was below the cutoff. In addition, a substantial number of drivers would have been classified as unimpaired by the Sobriety Test whose THC concentration were above the cutoff level (AAA, 2016a). From this data, the AAA Foundation concluded that a quantitative threshold for *per se* laws for THC following cannabis use cannot be scientifically supported.

Due to the nature of drug testing for marijuana, regulatory questions exist regarding how to test for the effects of marijuana use as biologic testing alone is not an accurate indicator of impairment.

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### **Summary**

The identification of facts, trends and issues related to marijuana use and its relationship to nursing regulation demonstrates a state of evolution. Where states were once slowly adopting legislation to legalize medical and recreational marijuana, the current trend is that more and more states are moving to adopt this legislation much more quickly.

A dichotomy exists between BON licensees' use of a legal substance, in some states medicinal and others recreational, and disallowance of such by the BON. Also, the difficulties in testing for marijuana metabolites as a measure of impairment will continue to cause impediments in the screening for marijuana use.

The most significant development is very recent, the April 2016 letter from the DEA informing U.S. Senators that the DEA will decide whether or not to reschedule marijuana sometime in 2016. Rescheduling marijuana would remove the issue of federal illegality and will open the door to more research - perhaps informing dosage, preparation, side effects and long term effects, as well as practice guidelines.



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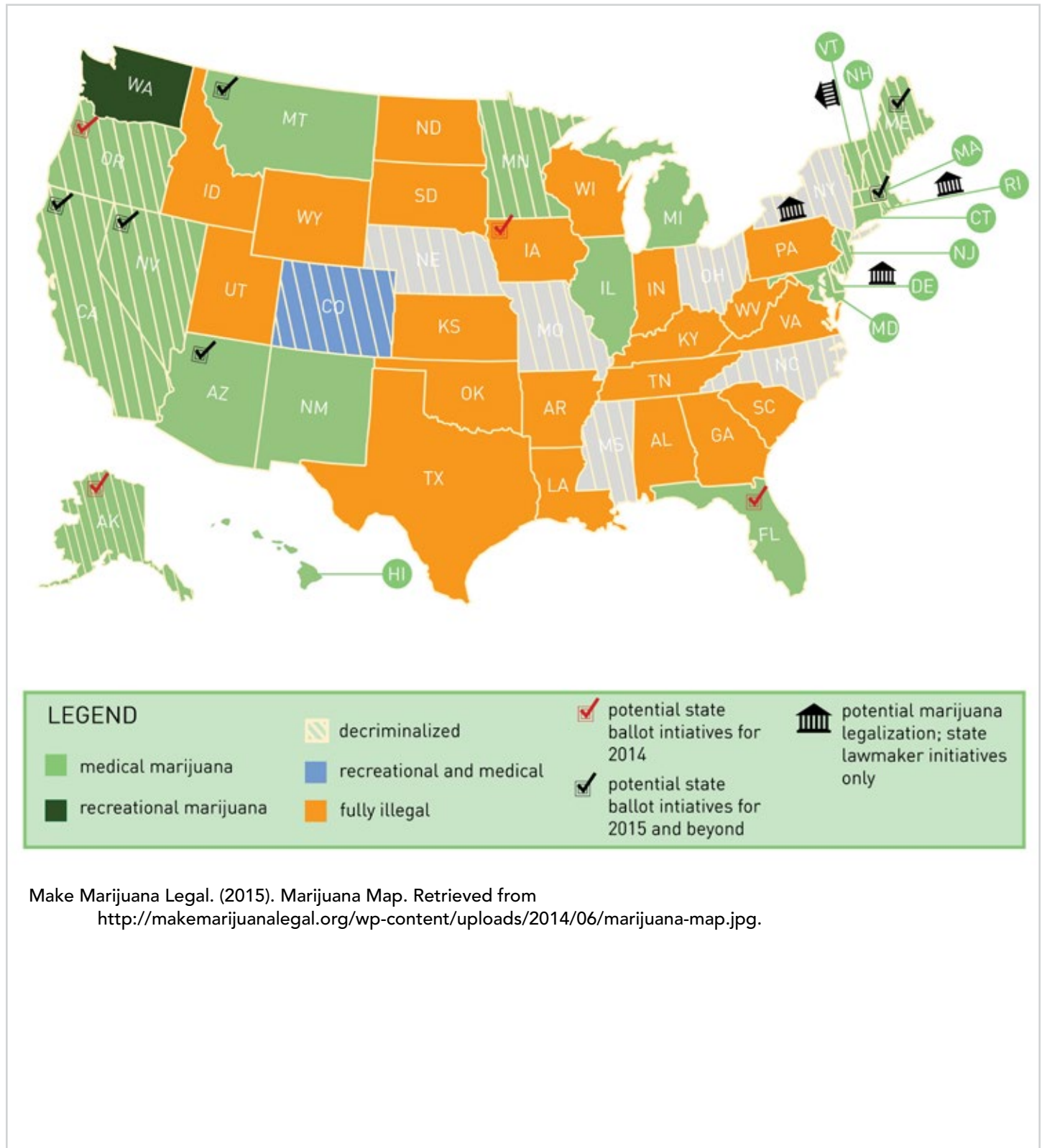
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Attachment B

# Marijuana Map, June 2014

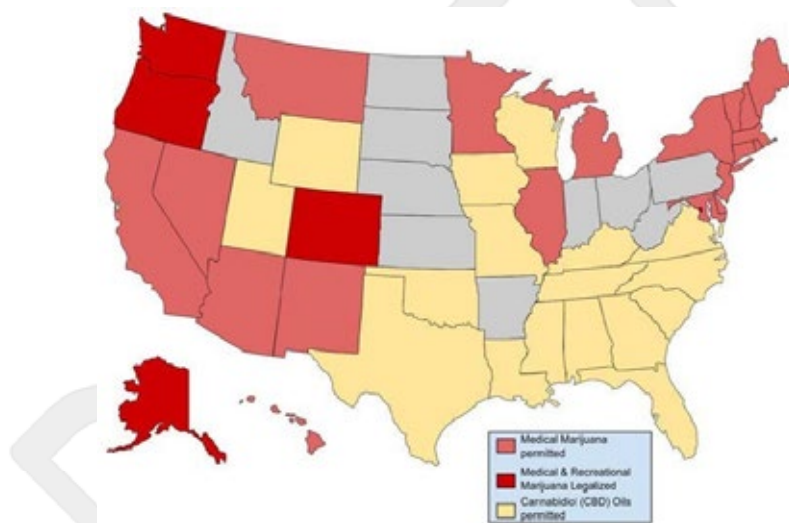


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47 Marijuana has been suggested for alleviating symptoms of a range of debilitating medical  
48 conditions, such as cancer, HIV/AIDS, multiple sclerosis, Alzheimer’s Disease, post-traumatic  
49 stress disorder (PTSD), epilepsy, Crohn’s Disease, and glaucoma, as well as an alternative to  
50 narcotic painkillers. Accordingly, marijuana use in patient care has increased in popularity  
51 nationwide since 1996 when California voters passed Proposition 215, making it the first state to  
52 allow marijuana to be recommended in patient care. Since then, 22 other states, in addition to the

comprehensive “medical marijuana programs,” authorizing marijuana for medical purposes.<sup>1</sup>  
Moreover, 17 states have enacted laws to permit limited use of cannabidiol (CBD) oils for the



The states and territories that have enacted comprehensive marijuana programs are: Alaska (AS 17.37.070), Arizona (A.R.S. § 36-2801), California (Cal. Health & Safety Code § 11362.7 et seq.), Colorado (Colo. Rev. Stat. § 25-1.5-106), Connecticut (Conn. Gen. Stat. §420f-21a-408), Delaware (Del. Code tit. 16 § 4901A et seq.), District of Columbia (D.C. Code § 7-1671.01 et seq.), Guam (10 Guam Code Ann. § 122501 et seq.), Hawaii (Haw. Rev.

53 District of Columbia and Guam, have enacted laws or passed ballot initiatives establishing  
54 treatment of specific illnesses and symptoms.<sup>1</sup> See Figure 1.  
55

56 **Figure 1: State Map of Marijuana and Cannabidiol Oils Laws**  
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<sup>1</sup> The states that have enacted laws permitting limited use of cannabidiol oils are: Alabama, Florida, Georgia, Iowa, Kentucky, Louisiana, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Utah, Virginia, Wisconsin, and Wyoming.

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76 Stat. § 329-121), Illinois (410 Ill. Comp. Stat. § 130/10), Maine (Me. Stat. tit. 22, § 2422 et seq.), Maryland (Md.  
77 Code, Health Gen. § 13-3301 et seq.), Massachusetts (105 Code of Mass. Regs. 725.000), Michigan (Mich. Comp.  
78 Laws § 333.26423), Minnesota (Minn. Stat. § 152.21 et seq.), Montana (Mont. Code Ann. § 50-46-301 et seq.),  
79 Nevada (NRS 453A), New Hampshire RSA 126-X), New Jersey (N.J.S.A. C.24:6I-3), New Mexico (N.M. Stat. §  
80 26-2B-1 et seq.), New York (NY Pub Health Law § 3360), Oregon (Or. Rev. Stat. § 475.300 et seq.), Rhode Island  
81 (R.I. Gen. Laws § 21-28.6-3), Vermont (18 V.S.A. § 4472 et seq.), and Washington (RCS 69.51A).  
82 Recreational Marijuana Ballot Initiatives: Alaska (2014); Colorado (2012); District of Columbia (2014); Oregon  
83 (2014); Washington (2012).

84 Although states have enacted laws permitting the use of both medical and recreational marijuana,  
85 the prescribing of marijuana remains illegal by Federal Law as marijuana has not been subject to  
86 the U.S. Food and Drug Administration’s evaluation and approval process. Marijuana is classified  
87 in Federal law as a Schedule 1 substance under the Controlled Substance Act.<sup>2</sup> As a Schedule 1  
88 substance, the Federal government classifies marijuana as a substance with high potential for  
89 dependency or addiction, with no accepted medical use. Federal law prohibits against knowingly  
90 or intentionally distributing, dispensing, or possessing marijuana.<sup>3</sup> Additionally, a person who aids  
91 and abets another in violating federal law or engages in a conspiracy to purchase, cultivate, or  
92 possess marijuana may be punished to the same extent as the individual who commits the crime.<sup>4</sup>  
93

94 Prescribers and state regulators should continue to monitor usage and adverse effects of marijuana.  
95 See Figure 2. Based on the increasing number of states permitting the recommendation of  
96 marijuana in patient care, the U.S. Department of Justice updated its marijuana enforcement policy

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<sup>2</sup> 21 U.S.C. §812

<sup>3</sup> 21 U.S.C. §841-44.

<sup>4</sup> 18 U.S.C. §2; 21 U.S.C. §846.

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97 in August 2013. The updated policy reiterates marijuana’s classification as an illegal substance  
98 under federal law, but advises states and local governments that authorize marijuana-related  
99 conduct to implement strong and effective regulatory and enforcement systems to address any  
100 threat state laws could pose to public safety, public health, and other interests. Should these state  
101 efforts be insufficient, the federal government may seek to challenge the regulatory structure itself  
102 and bring forward individual enforcement actions.<sup>5</sup>

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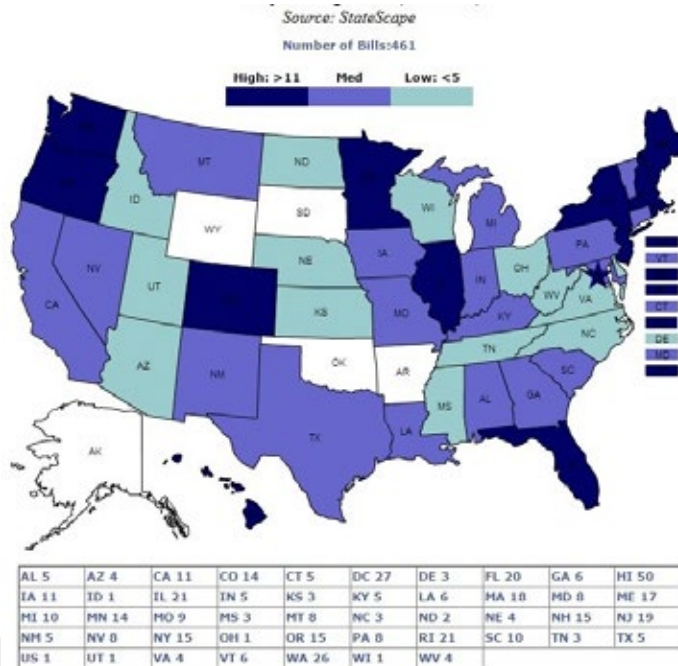
104 The Guidelines that follow are designed to communicate to state medical board licensees that if  
105 marijuana is recommended, these recommendations should be consistent with accepted  
106 professional and ethical practices.

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<sup>5</sup> James M. Cole, “Guidance Regarding Marijuana Enforcement [Memorandum],” Washington, DC: Department of Justice. (August 19, 2013).



1 Figure 2: Marijuana Legislation (2013-2015)



## Section Two. Definitions.

“Marijuana” means the leaves, stems, flowers, and seeds of all species of the plant genus cannabis, whether growing or not. It does not include the mature stalks of the plant, fiber produced from the stalks, oil or cake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture or preparation of the mature stalks, fiber, oil or cake or sterilized seed of the plant which is incapable of germination.

“Medical Marijuana Program” is the term used in some State statutes, rules, and regulations that provides for the medical use, cultivation and dispensing of marijuana for medical purposes,

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4 For the purposes of these guidelines, the following definitions apply:

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14 which may or may not include specific medical conditions for which a physician (or other 15 licensed health care provider) may issue a recommendation, attestation, or authorization for a 16 patient to obtain and use marijuana.

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18 “Cannabidiol (CBD) Oil” means processed cannabis plant extract, oil, or resin that contains a 19 high percentage of cannabidiol, but a low percentage of tetrahydrocannabinol.

1 “Tetrahydrocannabinol (THC)” means the primary psychoactive compound in cannabis is delta9-  
2 tetrahydrocannabinol (THC), which is a partial agonist at cannabinoid receptors in the body.

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5 **Section Three. Guidelines.**

6

7 The [Name of Board] has adopted the following guidelines for the recommendation of marijuana  
8 in patient care:

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10 ***Physician-Patient Relationship:*** The health and well-being of patients depends upon a  
11 collaborative effort between the physician and the patient. The relationship between a patient and  
12 a physician is complex and based on the mutual understanding of the shared responsibility for the  
13 patient’s health care. The physician-patient relationship is fundamental to the provision of  
14 acceptable medical care. Therefore, physicians must have documented that an appropriate  
15 physician-patient relationship has been established, prior to providing a recommendation,  
16 attestation, or authorization for marijuana to the patient. Consistent with the prevailing standard  
17 of care, physicians should not recommend, attest, or otherwise authorize marijuana for themselves  
18 or family member.

19

20 ***Patient Evaluation:*** A documented in-person medical evaluation and collection of relevant clinical  
21 history commensurate with the presentation of the patient must be obtained before a decision is  
22 made as to whether to recommend marijuana for medical use. At minimum, the evaluation should  
23 include the patient’s history of present illness, social history, past medical and surgical history,  
24 alcohol and substance use history, physical exam, and documentation of therapies with inadequate  
25 response.

26

27 ***Informed Consent:*** The decision to recommend marijuana should be a shared decision between  
28 the physician and the patient. The physician should discuss the risks and benefits of the use of  
29 marijuana with the patient. Patients should be advised of the variability and lack of standardization  
30 of marijuana preparations and the effect of marijuana. Patients should be reminded not to drive or  
31 operate heavy machinery while under the influence of marijuana. If the patient is a minor or  
32 without decision making capacity, the physician should ensure that the patient’s parent, guardian  
33 or surrogate is involved in the treatment plan and consents to the patient’s use of marijuana.

34

35 ***Treatment Agreement:*** A health care professional should document a written treatment plan that  
36 includes:

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- Review of other measures attempted to treat the terminal or debilitating medical condition that do not involve the recommendation of marijuana.
- Advice about other options for treating the terminal or debilitating medical condition.
- Determination that the patient may benefit from treatment of the terminal or debilitating medical condition with the recommendation of marijuana.
- Advice about the potential risks of the medical use of marijuana to include:

- 43           ○ The variability of quality and concentration of marijuana
- 44           ○ Adverse events, including falls or fractures
- 45           ○ Use of marijuana during pregnancy or breast feeding;
- 46           ○ The need to safeguard all marijuana and marijuana infused products from children
- 47           and pets or domestic animals; and
- 48           ○ The need to notify the patient that the marijuana is for the patient’s use only and
- 49           the marijuana should not be donated or otherwise supplied to another individual.
- 50       • Additional diagnostic evaluations or other planned treatments.
- 51       • A specific duration for the marijuana authorization for a period no longer than twelve
- 52       months.
- 53       • A specific ongoing treatment plan as medically appropriate.
- 54

55       **Qualifying Conditions:** At this time, there is a paucity of evidence for the efficacy of marijuana in  
56       treating certain medical conditions. Recommending marijuana for certain medical conditions is at  
57       the professional discretion of the physician. The indication, appropriateness, and safety of the  
58       recommendation should be evaluated in accordance with current standards of practice and in  
59       compliance with state laws, rules and regulations which specify qualifying conditions for which a  
60       patient may qualify for marijuana.

61

62       **Ongoing Monitoring and Adapting the Treatment Plan:** Where available, the physician  
63       recommending marijuana should register with the appropriate oversight agency and provide the  
64       registry with information each time a recommendation, attestation, authorization, or  
65       reauthorization is issued. [See Appendix 1]. Where available, the physician recommending  
66       marijuana should check the state Prescription Drug Monitoring Program (PDMP) each time a  
67       recommendation, attestation, authorization, or reauthorization is issued.

68

69       The physician should regularly assess the patient’s response to the use of marijuana and overall  
70       health and level of function. This assessment should include the efficacy of the treatment to the  
71       patient, the goals of the treatment, and the progress of those goals.

72

73       **Consultation and Referral:** A patient who has a history of substance use disorder or a cooccurring  
74       mental health disorder may require specialized assessment and treatment. The physician should  
75       seek a consultation with, or refer the patient to, a pain management, psychiatric, addiction or  
76       mental health specialist as needed.

77

78       **Medical Records:** The physician should keep accurate and complete medical records. Information  
79       that should appear in the medical record includes, but is not necessarily limited to the following:

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- 81       • The patient’s medical history, including a review of prior medical records as appropriate;
- 82       • Results of the physical examination, patient evaluation, diagnostic, therapeutic, and
- 83       laboratory results;
- 84       • Other treatments and prescribed medications;

- 
- 85 • Authorization, attestation or recommendation for marijuana, to include date, expiration,  
86 and any additional information required by state statute;  
87 • Instructions to the patient, including discussions of risks and benefits, side effects and  
88 variable effects; and  
89 • Results of ongoing assessment and monitoring of patient's response to the use of  
90 marijuana.

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2 ***Physician Conflicts of Interest:*** A physician who recommends marijuana should not have a 3 professional office located at a dispensary or cultivation center or receive financial compensation 4 from or hold a financial interest in a dispensary or cultivation center. Nor should the physician 5 be a director, officer, member, incorporator, agent, employee, or retailer of a dispensary or 6 cultivation center.

DRAFT

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#### 166 **Appendix 1: Registration**

167

168 Many states that permit the recommendation of marijuana to patients for the treatment of serious  
169 medical conditions have laws establishing a registry to track and monitor the utilization of  
170 marijuana in patient care.<sup>6</sup>

171

172 In these states, physicians recommending marijuana to patients for the treatment of conditions  
173 are required to register with the regulatory agency overseeing the marijuana program, and must  
174 provide the registry with information each time a recommendation is issued.

175

176 The state's registry is required by law to regularly perform analyses of the number of  
177 recommendations issued. With the statistical review of physician recommendations, the  
178 regulating agency periodically determines whether a physician should be referred to the state  
179 medical or osteopathic board for review and possible sanction.

180

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<sup>6</sup> See e.g. Colorado Medical Marijuana Registry; See e.g. Minnesota Medical Cannabis Registry

181 The following are common factors oversight agencies rely on in referring physicians to the state  
182 board for possible abuse of marijuana recommendations:

183

- 184 1. Physician caseload as determined by the number of patients for whom marijuana is  
185 recommended. A high caseload is calculated as 3,521 or more patient  
186 recommendations in one year for a general practitioner. This reflects the  
187 recommendation of patients equal to or greater than the national average of patient  
188 visits per year for a generalist physician as reported by the Centers for Disease  
189 Control and Prevention (Co. Registry Policy # 2014-04\_001);
- 190 2. The plant and ounce recommendations by the physician. Physicians recommending  
191 an amount of marijuana above the standard set within a state's statutes will be  
192 referred to the state medical board for review;
- 193 3. Age demographics of the patient caseload. According to the CDC, older adults have a  
194 significantly higher prevalence of chronic conditions than younger adults. Physicians  
195 for whom more than one-third of the patient caseload is under the age of 30 may be  
196 recommended for referral.
- 197 4. Other circumstances determined by the overseeing agency. The oversight agency may  
198 also refer physicians to the state medical board if there is evidence of potential  
199 violation of the constitution, statutes, state medical board regulations or any violation  
200 of the Medical Practice Act.

201

202 If evidence supports a referral, the overseeing agency will issue a formal referral to the state  
203 medical board with the physician's identifying information, the reason for the referral, and any  
204 statistical data supporting the referral. Once the referral is received, the state medical board  
205 typically reviews the documentation and conduct an investigation as deemed appropriate.

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## **STAFF SUPPORT**

Page 17 of 17

# Washington State Department of Health Medical Marijuana Authorization Guidelines



## Medical Marijuana Authorization Guidelines

### Purpose

To improve patient safety and maintain the dignity of the health professions in the state of Washington, the Board of Naturopathy, the Medical Quality Assurance Commission, the Nursing Care Quality Assurance Commission, and the Board of Osteopathic Medicine and Surgery have worked together to adopt shared professional practice standards expected of all healthcare professionals who authorize medical marijuana under Washington State law.

### Guidelines

A healthcare professional may provide valid documentation to authorize medical marijuana to a qualifying patient under Chapter 69.51A RCW under the following conditions:

#### Section 1: Patient Examination

1. A healthcare professional should obtain, evaluate, and document the patient's health history and physical examination in the health record prior to treating for a terminal or debilitating condition.
  - a. The patient's health history should include:
    - i. Current and past treatments for the terminal or debilitating condition;
    - ii. Comorbidities; and
    - iii. Any substance abuse.
  - b. The healthcare provider should:
    - i. Complete an initial physical examination as appropriate based on the patient's condition and medical history; and
    - ii. Review the patient's medications including indication(s), date, type, dosage, and quantity prescribed.

## **Section 2: Treatment Plan**

2. A healthcare professional should document a written treatment plan that includes:
  - a. Review of other measures attempted to treat the terminal or debilitating medical condition that do not involve the medical use of marijuana;
  - b. Advice about other options for treating the terminal or debilitating medical condition;
  - c. Determination that the patient may benefit from treatment of the terminal or debilitating medical condition with medical use of marijuana;
  - d. Advice about the potential risks of the medical use of marijuana to include:
    - i. The variability of quality and concentration of medical marijuana;
    - ii. Adverse events, including falls or fractures;
    - iii. Use of marijuana during pregnancy or breast feeding; and
    - iv. The need to safeguard all marijuana and marijuana infused products from children and pets or domestic animals.
  - e. Additional diagnostic evaluations or other planned treatments;
  - f. A specific duration for the medical marijuana authorization for a period no longer than 12 months; and
  - g. A specific ongoing treatment plan as medically appropriate.

## **Section 3: Ongoing treatment**

3. A healthcare professional should conduct ongoing treatment as medically appropriate to review the course of patient's treatment, to include:
  - a. Any change in the medical condition;
  - b. Any change in physical and psychosocial function; and
  - c. Any new information about the patient's terminal or debilitating medical condition.

## **Section 4: Maintenance of Health Records**

4. A healthcare professional should maintain the patient's health record in an accessible manner, readily available for review, and include:

- a. The diagnosis, treatment plan, and therapeutic objectives;
- b. Documentation of the presence of one or more recognized terminal or debilitating medical conditions identified in RCW 69.51A.010(6) or approved pursuant to RCW 69.51A.070;
- c. Results of ongoing treatment; and
- d. The healthcare professional's instructions to the patient.

#### **Section 5: Treating Minor Patients or Patients Without Decision Making Capacity**

5. If the patient is under the age of 18 or the patient is without decision making capacity, the healthcare professional should:
  - a. Ensure the patient's parent, guardian, or surrogate participates in the treatment and agrees to the medical use of marijuana;
  - b. Consult with other healthcare providers involved in the patient's treatment, as medically indicated and as agreed to by the patient's parent, guardian, or surrogate, before authorization or reauthorization of the medical use of marijuana; and
  - c. Include a follow-up discussion with the minor's parent or patient surrogate to ensure the parent or patient surrogate continues to participate in the treatment.

#### **Section 6: Continuing Education**

6. A healthcare professional issuing authorizations or valid documentation for the medical use of marijuana on or after the effective date of these guidelines should complete a minimum of three hours of continuing education related to medical marijuana. Such program should explain the proper use of marijuana, including the pharmacology and effects of marijuana (e.g., distinction between cannabidiol (CBD) and tetrahydrocannabinol (THC); methods of administration; and potential side effects or risks).





**SECTION IV: NCSBN ORGANIZATIONAL RESOURCES**

Standing Rules of the Delegate Assembly.....303

Orientation Manual for Delegate Assembly Participants.....307

NCSBN Organizational Chart.....313

NCSBN Bylaws.....315



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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 devices authorized for that delegate. Delegates authorized to cast one vote shall receive one voting device. Delegates authorized to cast two votes shall receive two voting devices. Any transfer of voting devices 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 device(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 mobile devices shall be turned off or turned to a silent mode. An attendee must leave the meeting room to answer a telephone.
- 5. A delegate's conversations with non-delegates during a business meeting must take place outside the designated delegate area.
- 6. All attendees have a right to be treated respectfully.
- 7. There shall be no videotaping, audio recording or photographing of the sessions without the written permission of NCSBN.

## 3. Agenda

### A. Business Agenda

- 1. The Business Agenda is prepared by the President in consultation with the Chief Executive Officer and approved by the Board of Directors.

### B. Consent Agenda

- 1. The Consent Agenda contains agenda items that do not recommend actions.
- 2. The Board of Directors may place items on the Consent Agenda that may be considered received without discussion or vote.
- 3. An item will be removed from the Consent Agenda for discussion or vote at the request of any delegate.
- 4. All items remaining on the Consent Agenda will be considered received without discussion or vote.

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#### 4. Motions or Resolutions

- A. Only delegates, members of the Board of Directors, and the NCLEX® Examination Committee may present motions or resolutions to the Delegate Assembly. Resolutions or motions made by the NCLEX® Examination Committee are limited to those to approve test plans pursuant to Article X, Section 1(a) of the 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 will evaluate motions and resolutions in accordance with the following established criteria:
  - a. Determination of consistency with NCSBN articles of incorporation, bylaws, mission, vision, strategic initiative(s), objectives and policies;
  - b. Determination of relationship to ongoing programs and services;
  - c. Will not duplicate concurrent programs and services;
  - d. Determination that no negative legal or business implications are anticipated; and
  - e. Financial impact, including budget estimates of expense and/or revenue and funding
- D. The Resolutions Committee shall review motions and resolutions submitted before Thursday, Aug. 18, 2016 at 3:30 pm. Resolution or motion-makers are encouraged to submit motions and resolutions to the Resolutions Committee for review before this deadline.
- E. The Resolutions Committee will convene its meeting on Thursday, Aug. 18, 2016 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 established criteria. The Committee Chair shall notify the Delegate Assembly of the Committee's review, analysis, and evaluation of each resolution and motion referred to the Committee.
- F. 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. 18, 2016, 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 the established review criteria. The member submitting such a motion or resolution shall provide written copies of the motion or resolution to all delegates. A majority vote of the delegates shall be required to grant the request to introduce this item of business. The Resolutions Committee shall advise the Delegate Assembly where the required analyses have not been performed and/or recommend deferral of a vote on the motion pending further analysis.

#### 5. Debate at Business Meetings

- A. Order of Debate: Delegates shall have the first right to speak. Non-delegate members and employees of Member Boards including members of the Board of Directors, followed by Associate Members, may speak only after all delegates have spoken.
- B. Any person who wishes to speak shall go to a microphone. When recognized by the Chair, the speaker shall state his or her name and Member Board or organization.
- C. No person may speak in debate more than twice on the same question on the same day, or longer than four minutes per speech, without permission of the Delegate Assembly, granted by a majority vote without debate.

- 
- D. A red card raised at a microphone interrupts business for the purpose of a point of order, a question of privilege, orders of the day, a parliamentary inquiry or an appeal. Any of these motions takes priority over regular debate.
  - E. A timekeeper will signal when the speaker has one minute remaining, and when the allotted time has expired.
  - F. The Delegate Assembly may by a majority vote go into executive session. The enacting motion shall specify those permitted to attend.

## 6. Nominations and Elections

- A. Any member who intends to be nominated from the floor is required to submit their completed nomination form and must meet with the Leadership Succession Committee the day before adoption of the slate of candidates by the Delegate Assembly.
- B. A delegate making a nomination with a motion form from the floor shall have two minutes to list the qualifications of the nominee.
- C. Electioneering for candidates is prohibited except during the candidate forum.
- D. The voting strength for the election shall be determined by those registered by 5:00 pm on Wednesday, Aug. 17, 2016.
- E. Election for officers, directors, and members of the Leadership Succession Committee shall be held Thursday, Aug. 18, 2016 from 8:30–8:45 am.
- F. If more than one position is listed on a ballot, each delegate may cast one vote for each position. Cumulative voting for individual candidates is not permitted.
- G. 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.
- H. If, on the first ballot, no candidate for officer or director receives a majority vote, or if not all positions on the ballot are filled by a candidate receiving a majority vote, the run-off balloting shall proceed as follows:
  - 1. Where only one open position is on the ballot, the run-off shall be limited to the two candidates receiving the highest number of votes.
  - 2. If there is more than one position on the ballot and only one position is not filled by a candidate(s) receiving a majority vote on the first ballot, the run-off shall be limited to the two unelected candidates receiving the highest number of votes on the first ballot.
  - 3. If more than one position is not filled by a candidate(s) receiving a majority vote on the first ballot, the run-off shall be limited to up to twice the number of candidates as there are open positions to be filled on the second ballot, the candidates to be selected for inclusion on the second ballot will be in the order of the votes received on the first ballot.
  - 4. In the event there remains an unfilled position after the second ballot, the candidate receiving the fewest votes on the second ballot shall be removed from the next run-off ballot.
  - 5. If there is a tie vote on the third ballot or if a position remains unfilled after the third ballot, the final selection shall be determined by lot.

## 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

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raise questions and/or discuss an issue. Guests may be recognized by the Chair to speak after all delegates, non-delegate members and employees of member Boards have spoken.

- B. Open Forum: Open forum time may be scheduled to promote dialogue and discussion on issues by all attendees. Attendee participation determines the topics discussed during an Open Forum. The president will facilitate the Open Forum.
- C. To ensure fair participation in forums, the forum facilitators may, at their discretion, impose rules of debate.

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## Orientation Manual for Delegate Assembly Participants

The purpose of the Orientation Manual is to provide information about the mission, governance and operations of NCSBN. It is hoped that this manual will facilitate the active participation of all Delegate Assembly participants as well as the Board of Directors (BOD) and committee members.

Following a brief discussion of NCSBN's history, this manual will describe the organization's structure, functions, policies and procedures.

### History

The concept of an organization such as NCSBN had its roots as far back as August 1912 when a special conference on state registration laws was held during the American Nurses Association (ANA) convention. At that time, participants voted to create a committee that would arrange an annual conference for people involved with state boards of nursing to meet during the ANA convention. It soon became evident that the committee required a stronger structure to deal with the scope of its concerns. However, for various reasons, the committee decided to remain within the ANA.

Boards of nursing also worked with the National League for Nursing Education (NLNE), which, in 1932, became the ANA's Department of Education. In 1933, by agreement with 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 (the State Board Test Pool Examination or SBTPE). This effort soon demonstrated the need for a clearinghouse whereby state boards could obtain information needed to produce their test items. Shortly thereafter, a Bureau of State Boards of Nursing began operating out of ANA headquarters.

The bureau was incorporated into the ANA bylaws and became an official body within that organization in 1945. Two years later, the ANA board appointed the Committee for the Bureau of State Boards of Nurse Examiners, which was comprised of full-time professional employees of state boards.

In 1961, after reviewing the structure and function of the ANA and its relation to state boards of nursing, the committee recommended that a council replace it. Although council status was achieved, many 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 state boards be established. After a year of study by the state boards, this proposal was overwhelmingly defeated when the council adopted a resolution to remain with the ANA. However, an ad hoc committee was appointed later to examine the feasibility of the council becoming a self-governing incorporated body. At the council's 1977 meeting, a task force was elected and charged with the responsibility of proposing a specific plan for the formation of a new independent organization. On June 5, 1978, the Delegate Assembly of ANA's Council of State Boards of Nursing voted 83 to 8 to withdraw from ANA to form the National Council of State Boards of Nursing.

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## Organizational Mission, Strategic Initiatives and Outcomes

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

NCSBN currently has five strategic initiatives for fiscal years 2014-2016:

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

To achieve its strategic initiatives, NCSBN identifies expected outcomes, under which performance measures for achieving these outcomes are developed, assessed and refined each fiscal year and provide the organization with a flexible plan within a disciplined focus. Annually, the BOD evaluates the accomplishment of strategic initiatives and objectives, and the directives of the Delegate Assembly.

## Organizational Structure and Function

### MEMBERSHIP

Membership in NCSBN is extended to those BONs that agree to use, under specified terms and conditions, one or more types of licensing examinations developed by NCSBN. At the present time, there are 59 member boards, including those from the District of Columbia, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands. BONs may become member boards upon approval of the Delegate Assembly, and execution of a contract for using the NCLEX-RN® Examination and/or the NCLEX-PN® Examination. Revisions to the bylaws by the membership in 2007 also allow for advanced practice nurse boards to become full members.

Member boards maintain their good standing through compliance with all membership terms and conditions and bylaws. In return, they receive the privilege of participating in the development and use of NCSBN's licensure examinations. Member boards also receive information services, public policy analyses and research services. Member boards that fail to adhere to the conditions of membership may have their membership terminated by the BOD. They may then choose to appeal the BOD's decision to the Delegate Assembly.

Associate members are authorized nurse regulatory bodies from other countries, must pay an annual membership fee and be approved for membership by the Delegate Assembly. NCSBN has 24 associate members:

- Association of Registered Nurses of Newfoundland and Labrador
- Association of Registered Nurses of Prince Edward Island
- 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
- Nursing Council of New Zealand
- Ordre des infirmières et infirmiers du Québec
- Registered Nurses Association of the Northwest Territories and Nunavut
- Saskatchewan Association of Licensed Practical Nurses
- Saskatchewan Registered Nurses' Association
- 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 early 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.

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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 eleven elected officers. The BOD is responsible for the general supervision of the affairs of NCSBN between sessions of the Delegate Assembly. The BOD authorizes the signing of contracts, including those between NCSBN and its Member Boards. It also engages the services of legal counsel, approves and adopts an annual budget, reviews membership status of noncompliant Member Boards and renders opinions, when needed, about actual or perceived conflicts of interest.

Additional duties include approval of the NCLEX® examination test service, appointment of committees, monitoring of committee progress, approval of studies and research pertinent to NCSBN's purpose, and provision for the establishment and maintenance of the administrative offices.

## **MEETINGS OF THE BOD**

All BOD meetings are typically held in Chicago, with the exception of the post-Annual Meeting BOD meeting that may be held at the location of the Annual Meeting. The call to meeting, agenda and related materials are mailed to BOD officers and directors two weeks before the meeting. The agenda is prepared by staff, in consultation with the president, and provided to the membership via the NCSBN website ([www.ncsbn.org](http://www.ncsbn.org)).

A memo or report that describes the item's background and indicates the BOD action needed accompanies items for BOD discussion and action. Motion papers are available during the meeting and are used so that an accurate record will result. Staff takes minutes of the meeting.

Resource materials are available to each BOD officer and director for use during BOD meetings. These materials are updated periodically throughout the year and include copies of the articles of incorporation and bylaws, strategic plan, policies and procedures, contracts, budget, test plan, committee rosters, minutes, and personnel manual.

## **COMMUNICATIONS WITH THE BOD**

Communication between BOD meetings takes place in several different ways. The CEO communicates weekly with the president regarding major activities and confers as needed with the treasurer about financial matters. Monthly updates are provided to the full BOD by the CEO.

## **LSC**

The LSC consists of seven elected members. Four members are elected from each area and are elected for two-year terms in even-numbered years. Three at-large members are elected for two-year terms in odd-numbered years. Members are elected by ballot with a plurality vote.

The LSC's function is to recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; present a slate of candidates through a determination of qualifications and geographic distribution for inclusion on a ballot for the election of the BOD and the LSC. The LSC's report shall be read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee.

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## 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 and licensed practical/vocational nurses, and consumers. Nonmembers may be appointed to special committees to provide specialized expertise. A BOD liaison and an NCSBN staff member are assigned to assist each committee. The respective roles of BOD liaison, committee chair and committee staff are provided in NCSBN policy. Each work collaboratively to facilitate committee work and provide support and expertise to committee members to complete the charge. Neither the BOD liaison nor the NCSBN staff are entitled to a vote, but respectively can advise the committee regarding the strategic or operational impact of decisions and recommendation.

## Description of Standing Committees

### NCLEX® EXAMINATION COMMITTEE (NEC)

The NEC comprises at least nine members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board of nursing. 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

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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.

### **FINANCE COMMITTEE**

The Finance Committee comprises at least four members and the treasurer, who serves as the chair. The Committee reviews the annual budget, monitors NCSBN investments, and facilitates the annual independent audit. The Committee recommends the budget to the BOD and advises the BOD on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to Member Board needs. It also reviews financial status on a quarterly basis.

### **NCSBN STAFF**

NCSBN staff members are hired by the chief executive officer. Their primary role is to implement the Delegate Assembly's and BOD's policy directives and provide assistance to committees.

### **GENERAL DELEGATE ASSEMBLY INFORMATION**

The business agenda of the Delegate Assembly is prepared and approved by the BOD. At least 45 days prior to the Annual Meeting, member boards are sent the recommendations to be considered by the Delegate Assembly. A Business Book is provided to all Annual Meeting registrants which contains the agenda, reports requiring Delegate Assembly action, reports of the BOD, reports of special and standing committees, and strategic initiatives and objectives.

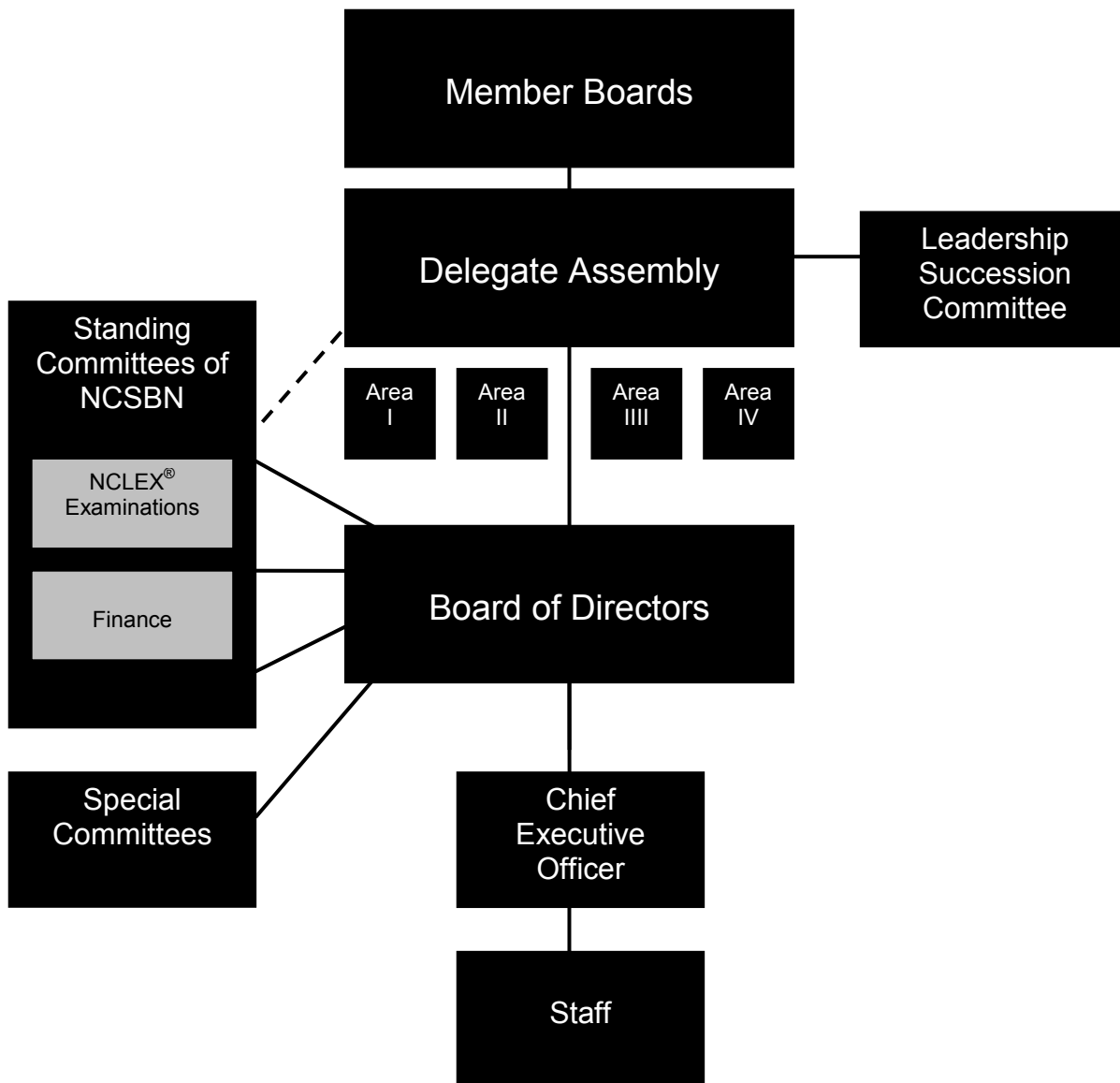
Prior to the annual session of the Delegate Assembly, the president appoints the credentials, resolutions, and elections committees, as well as the Committee to Approve Minutes. The president may also appoint a timekeeper, a parliamentarian and pages.

The function of the Credentials Committee is to provide delegates with identification bearing the number of votes to which the delegate is entitled. It also presents oral and written reports at the opening session of the Delegate Assembly and immediately preceding the election of officers and the LSC. The Elections Committee conducts all elections that are decided by ballot in accordance with the bylaws and standing rules. The Resolutions Committee receives, edits, and evaluates all resolutions in terms of their relationship to NCSBN's mission and fiscal impact to the organization. At a time designated by the president, it reports to the Delegate Assembly.

The parliamentarian keeps minutes of the Delegate Assembly. These minutes are then reviewed, corrected as necessary and approved by the Committee to Approve Minutes, which includes the chief executive officer who serves as corporate secretary.

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## NCSBN Organizational Chart





# NCSBN Bylaws

*Revisions adopted - 8/29/87*  
*Amended - 8/19/88*  
*Amended - 8/30/90*  
*Amended - 8/01/91*  
*Revisions adopted - 8/05/94*  
*Amended - 8/20/97*  
*Amended - 8/8/98*  
*Revisions adopted - 8/11/01*  
*Amended - 08/07/03*  
*Revisions adopted - 08/08/07*  
*Amended - 8/13/10*  
*Amended - 08/16/13*  
*Amended - 08/15/14*

## Article I

### ■ Name

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

## Article II

### ■ Purpose and Functions

**Section 1. Purpose.** The purpose of the NCSBN is to provide an organization through which state boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing that are valid, reliable, and legally defensible and in compliance with professionally accepted psychometric standards.

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

## Article III

### ■ Members

#### Section 1. Definitions.

- a) State Board of Nursing. A state board of nursing is the governmental agency empowered to license and regulate nursing practice in any state, territory or political subdivision of the United States of America.
- b) Member Board. A Member board is a state board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.
- c) Associate Member. An Associate Member is a nursing regulatory body or empowered regulatory authority from another country or territory, which is approved by the Delegate Assembly.

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

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

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

**Section 4. Areas.** The Delegate Assembly shall divide the membership into numbered geographical Areas. At no time shall the number of Areas be less than three nor more than six. New members shall be assigned to existing Areas by the Board of Directors. The purpose of this division is to facilitate communication, encourage regional dialogue on NCSBN issues and provide diversity of representation on the Board of Directors and on committees.

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

**Section 6. Privileges.** Member Board privileges include but are not limited to the right to vote as prescribed in these bylaws and the right to assist in the development of the NCLEX® examination, except that a Member Board that uses both the NCLEX® examination and another examination leading to the same license shall not participate in the development of the NCLEX® examination to the extent that such participation would jeopardize the integrity of the NCLEX® examination.

**Section 7. Noncompliance.** Any member whose fees remain unpaid after January 15 is not in good standing. Any member who does not comply with the provisions of the bylaws, and where applicable, the membership agreement, shall be subject to immediate review and possible termination by the Board of Directors.

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

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

## Article IV

### ■ Delegate Assembly

#### Section 1. Composition.

- a) *Designation of Delegates.* The Delegate Assembly shall be comprised of no more than two (2) delegates designated by each Member Board as provided in the Standing Rules of the Delegate Assembly ("Standing Rules"). An alternate duly appointed by a Member Board may replace a delegate and assume all delegate privileges.
- b) *Qualification of Delegates.* Members and employees of Member Boards shall be eligible to serve as delegates until their term or their employment with a Member Board ends. A NCSBN officer or director may not represent a Member Board as a delegate.
- c) *Term.* Delegates and alternates serve from the time of appointment until replaced.

#### Section 2. Voting.

- a) *Annual Meetings.* Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. There shall be no proxy or absentee voting at the Annual Meeting.



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- b) *Special Meetings.* A Member Board may choose to vote by proxy at any special session of the Delegate Assembly. A proxy vote shall be conducted by distributing to Member Boards a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may authorize the corporate secretary of the NCSBN or a delegate of another Member Board to cast its votes.

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

**Section 4. Annual Meeting.** The NCSBN Annual Meeting shall be held at a time and place as determined by the Board of Directors. The Delegate Assembly shall meet each year during the Annual Meeting. The official call to that meeting, giving the time and place, shall be conveyed to each Member Board at least 90 days before the Annual Meeting. In the event of a national emergency, the Board of Directors by a two thirds vote may cancel the Annual Meeting and shall schedule a meeting of the Delegate Assembly as soon as possible to conduct the business of the NCSBN.

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

**Section 6. Quorum.** The quorum for conducting business at any session of the Delegate Assembly shall be at least one delegate from a majority of the Member Boards and two officers present in person or, in the case of a special session, by proxy.

**Section 7. Standing Rules.** The Board of Directors shall present and the Delegate Assembly shall adopt Standing Rules for each Delegate Assembly meeting.

## Article V

### ■ Officers and Directors

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

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

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

Board Members or employees of Member Boards shall be eligible to serve as NCSBN officers and at-large or Area directors until their term or their employment with a Member Board ends. Members of a Member Board who become permanent employees of a Member Board will continue their eligibility to serve.

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

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

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

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- c) *Area Directors.* Each Area shall elect its Area director by majority vote of the delegates from each such Area.
  - d) *Run-Off Balloting.* If a candidate for officer or director does not receive a majority vote on the first ballot, reballoting shall be limited to the two candidates receiving the highest numbers of votes for each position. In the case of a tie on the reballoting, the final selection shall be determined by lot.
  - e) *Voting.*
    - (i.) Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write-in votes shall be prohibited.
    - (ii.) Notwithstanding any provision of this Section, in the event there is only one candidate for an officer or director position, election for that position shall be declared by acclamation. No ballot shall be necessary.
  - f) The provisions of this section shall not apply to a special election as provided in Section 8(c) of this Article.

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

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

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

**Section 8. *Vacancies.***

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

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

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

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

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

## Article VI

### ■ Board of Directors

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

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

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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**

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**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.

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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)	

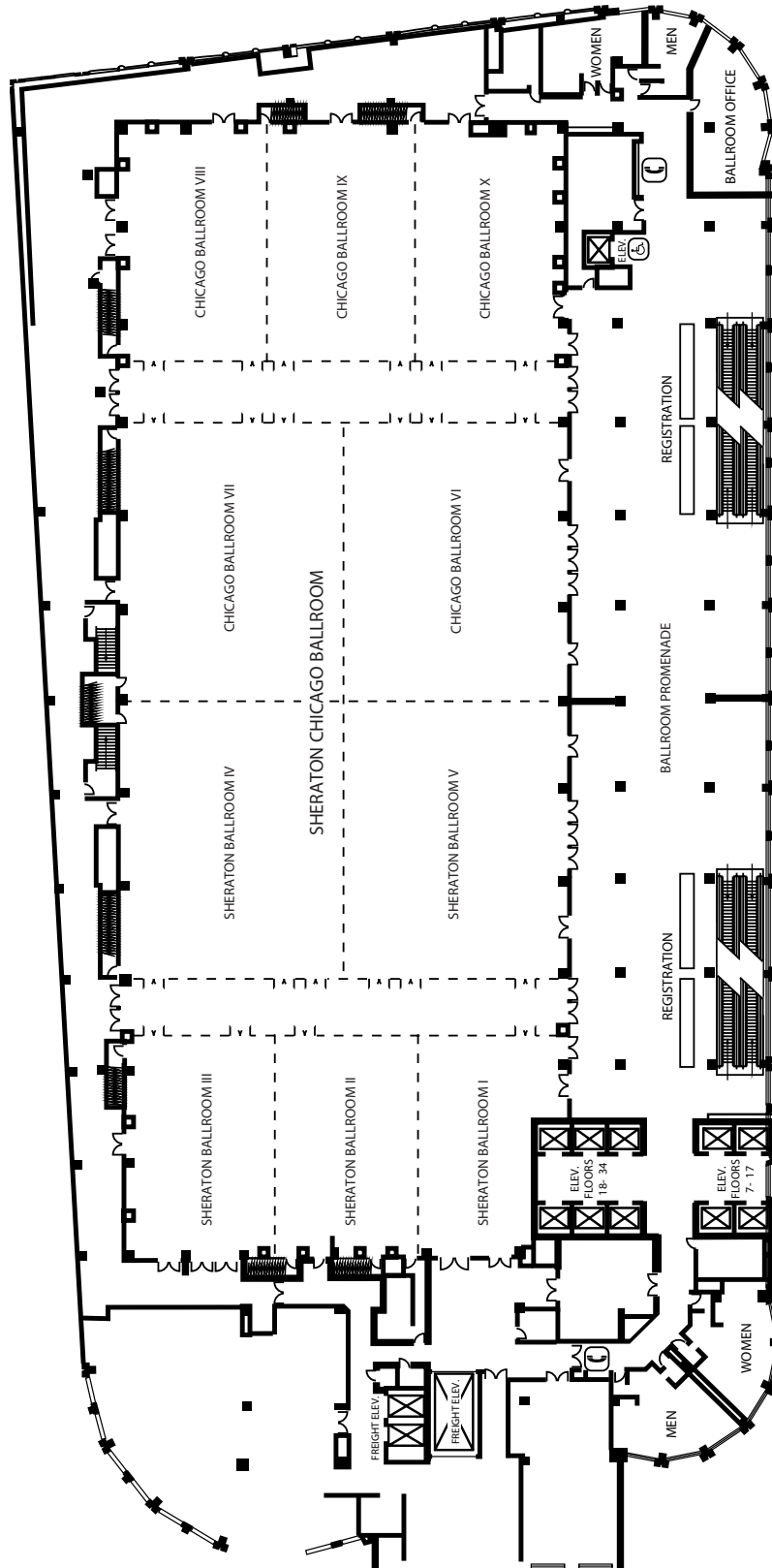
### Officer and Director Election Schedule

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

# Sheraton Chicago: Ballroom Level 4



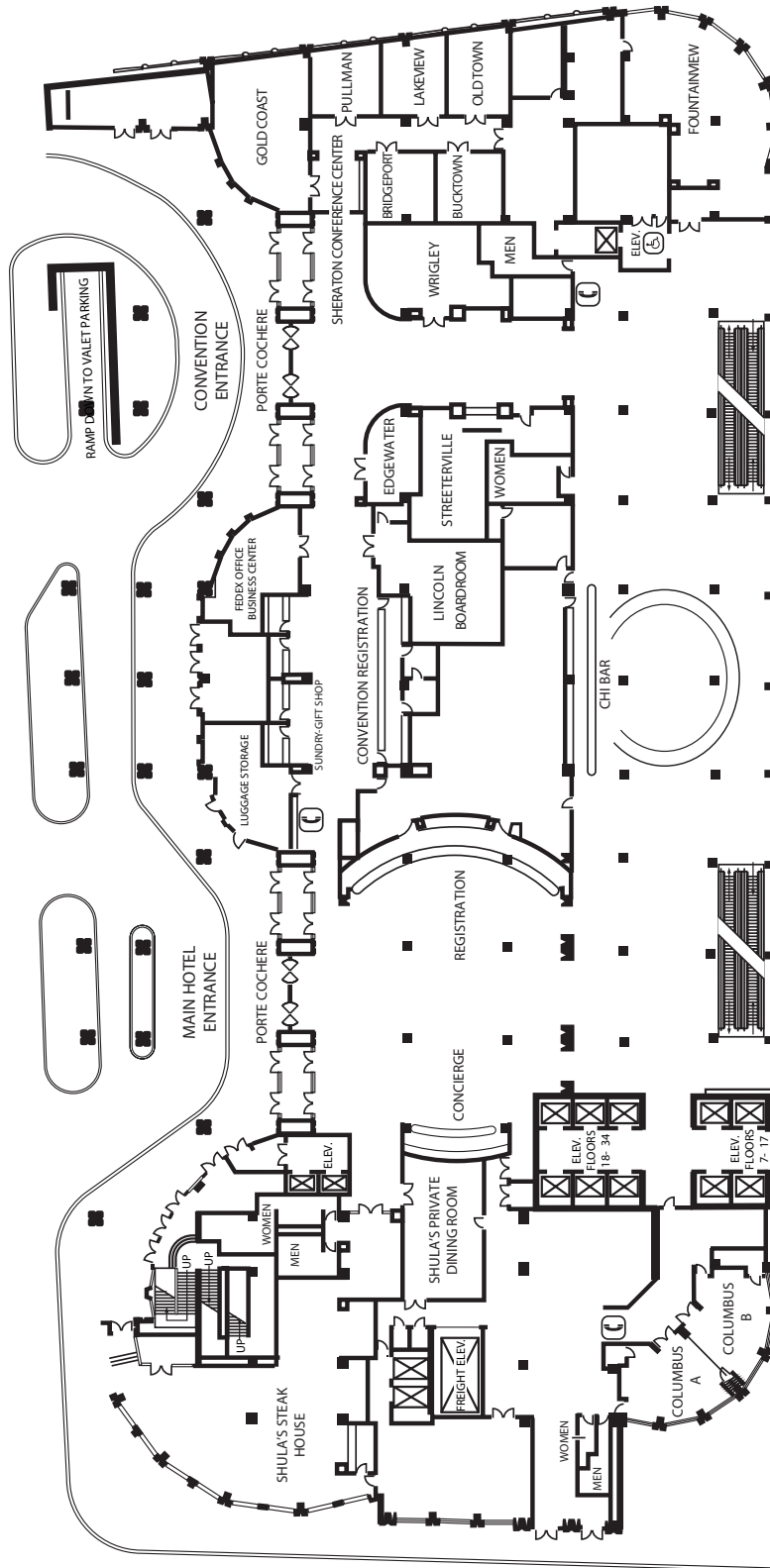
## Ballroom Level 4



# Sheraton Chicago: Lobby Level 3



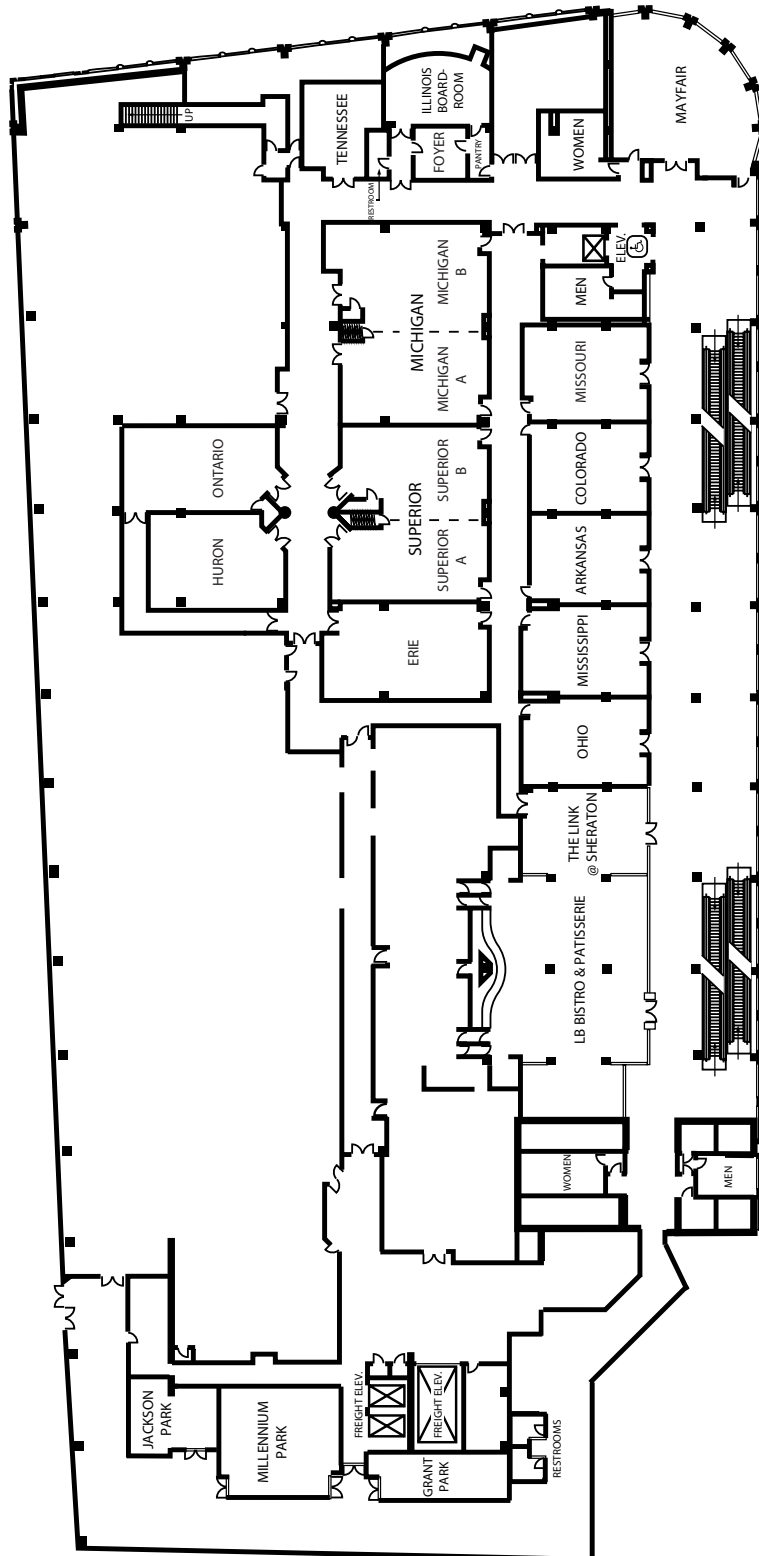
## Lobby Level 3



# Sheraton Chicago: Meeting Room Level 2



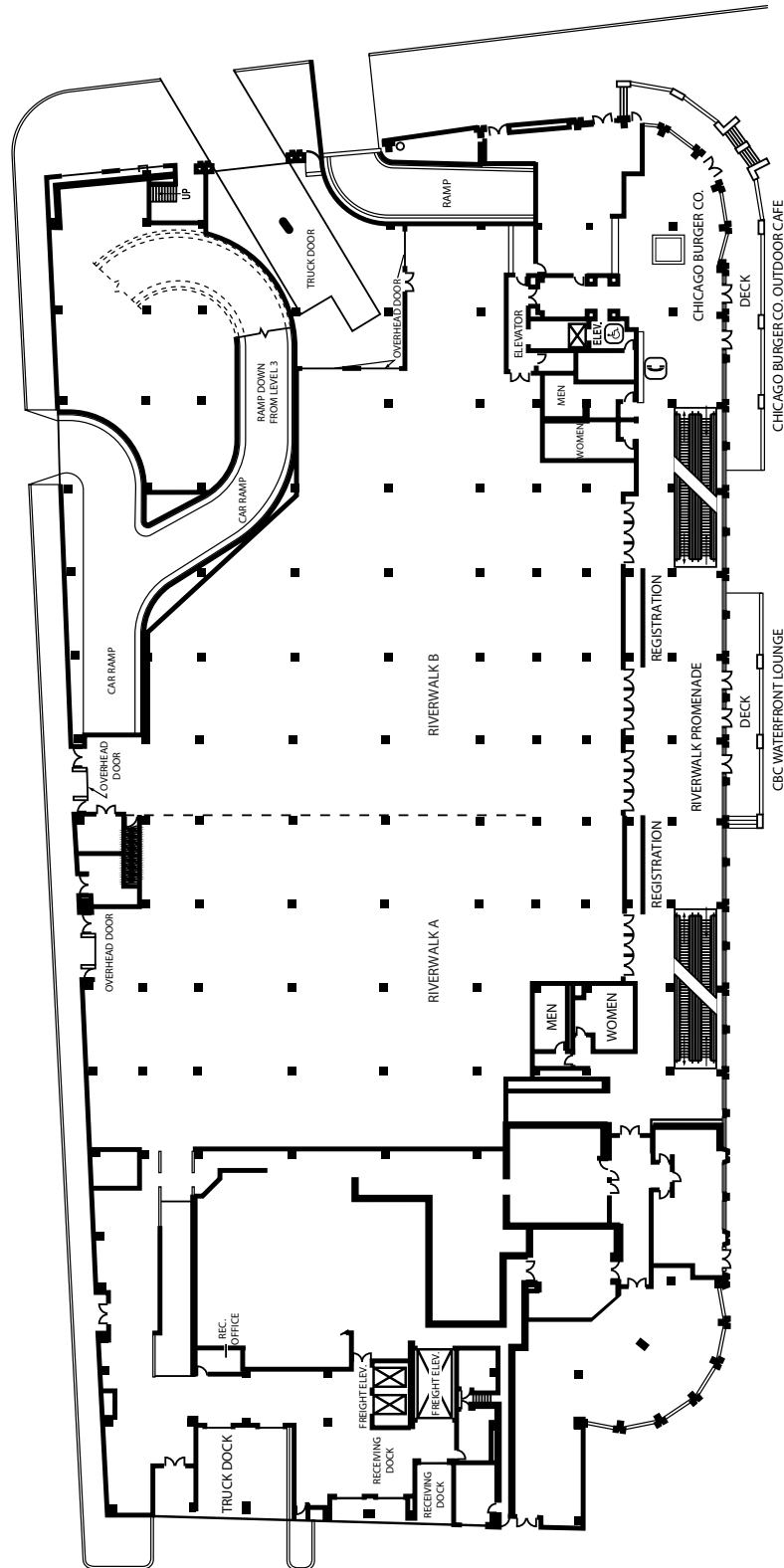
## Meeting Room Level 2



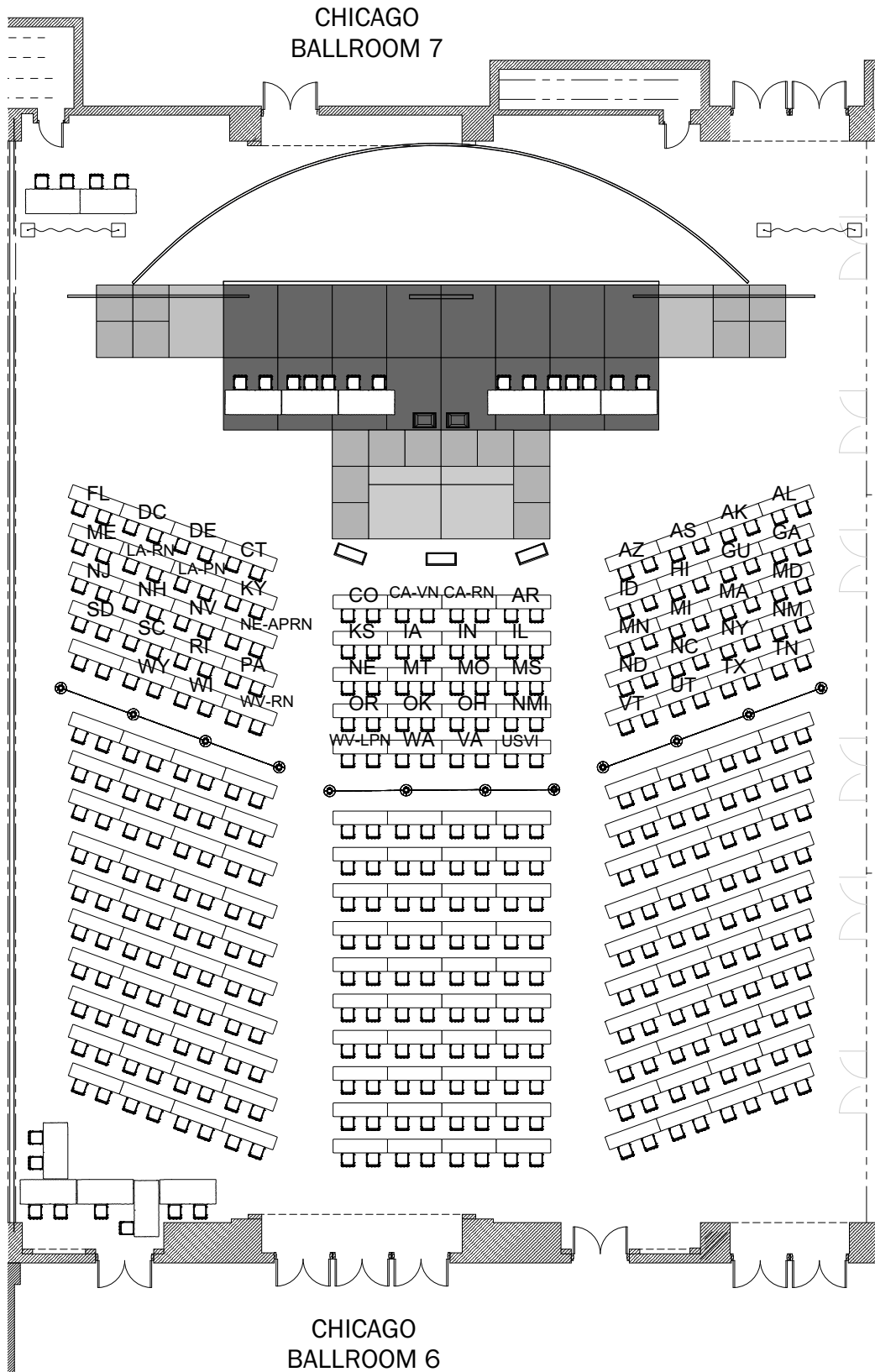
# Sheraton Chicago: River Exhibition Level 1



## River Exhibition Level 1



# 2016 NCSBN Annual Meeting Seating Diagram





**NCSBN**

*National Council of State Boards of Nursing*



# Save the Date!

## March 13-15, 2017

**2017 NCSBN Midyear Meeting**

**Little America Hotel**

Salt Lake City, Utah

