National Council of State Boards of Nursing

2016 Year in Review

2016 Year in Review

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Each new situation requires a **new architecture**.

– Jean Nouvel

LEADING TRANSFORMATION: ARCHITECTS OF NURSING REGULATION

The 2016 NCSBN
Annual Theme

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**," the 2016 NCSBN 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 took 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 profession in an ever-evolving health care environment. They build upon the successes of the past and plan for the future, ever mindful of their paramount goal of guarding public safety and welfare.

One great building does not make a great city.
— *Thomas Heatherwick*

About
NCSBN

The National Council of State Boards of Nursing (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 27 associate members.

The member boards that comprise NCSBN protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. NCSBN is the vehicle through which boards of nursing act and counsel together on matters of common interest.

Our 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.
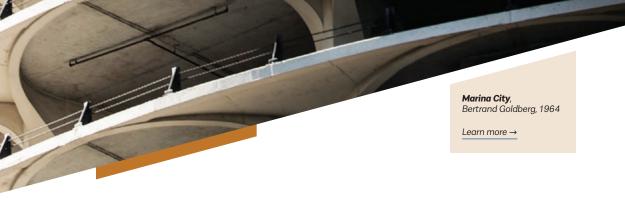
Our Vision

Advance regulatory excellence worldwide.

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

— *Frank Gehry*

NCSBN Member Boards in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands regulate more than **4.7 million licensed nurses**.

NCSBN has distributed more than **2.5 million outreach brochures** free of charge to both the nursing community and the public at large. Distributed to more than 4,500 hospitals, long-term care facilities, nursing schools, associations, organizations and consumer groups in the U.S., Canada and overseas, the brochures are part of NCSBN's extensive offerings for nurses and consumers that include posters, videos, books, research briefs, white papers and position statements.

NCSBN
Values

Our Values arise out of our purpose as an organization. They help us define our culture and beliefs and guide our actions as we face challenges and opportunities.

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.

Design is a plan for arranging elements in such a way as best to **accomplish a particular purpose**.

— *Charles Eames*

2016:
The Year
in Review

The 2016 theme, **Leading Transformation: Architects of Nursing Regulation**, provided the foundation for the groundbreaking work of NCSBN throughout the year. Here are the highlights of the year's accomplishments.

New Strategic Initiatives

NCSBN's strategic initiatives for the three-year fiscal period of Oct. 1, 2016– Sept. 30, 2019, were created to be relevant in supporting the needs of its members but nimble enough to take full advantage of opportunities to shape and influence the regulatory landscape both domestically and internationally.

These strategic initiatives are the defined high-level goals agreed upon by the NCSBN Delegate Assembly and are designed to advance NCSBN's vision and mission for the future.

A: **ENVISION** and refine regulatory systems for increased relevance and responsiveness to changes in health care.

B: **CHAMPION** regulatory solutions to address borderless health care delivery.

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

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

CRE Grants Awarded

In 2016, the **NCSBN Center for Regulatory Excellence Grant Program (CRE)** awarded grants totaling more than $1.4 million to five institutions: University of California – San Francisco, University of Iowa, The George Washington University, University of Pennsylvania and University of New Mexico. Since the grant program began in 2007, it has awarded more than $13 million in grant funding to 62 national and international organizations. The CRE Grant Program funds innovative projects that can have measurable impact on nursing regulation and can create meaningful change. CRE's research priorities include national and international regulatory issues, patient safety, practice (registered nurses [RNs], licensed practical/vocational nurses [LPN/VNs] and advanced practice registered nurses [APRNs]), nursing education, continued competence, nurse mobility and substance use disorder.

New IRE Inductees

Fellows of the **NCSBN Institute of Regulatory Excellence (IRE)** were inducted at the NCSBN Annual Meeting in August 2016. The IRE began in 2004 with the purpose of providing boards of nursing (BONs) with high-quality regulatory education, expanding the body of knowledge related to regulation through research and scholarly work, developing the capacity of regulators to become expert leaders, and developing a network of regulators who collaborate to improve regulatory practices and outcomes. The IRE Fellowship Program is a four-year comprehensive educational and professional development program designed for current or former regulators who want to enhance their knowledge of and leadership in nursing regulation. The program includes experiences in analyzing issues involving public policy and regulation, strategic planning, patient safety and communication. It also requires the application of evidence-based concepts in decision making and leadership.

John Hancock Center,
Skidmore, Owings and Merrill, 1969

Learn more →

New Standards Adopted

NCSBN-002-2016 Reporting of Disciplinary Actions by Boards of Nursing (new standard) and NCSBN-003-2016 Primary Source Verification of Licensure by Endorsement (new standard) were accepted by the American National Standards Institute (ANSI) Board of Standards Review. NCSBN received the designation of ANSI Accredited Standards Developer Organization (SDO) in 2013.

The purpose of the Reporting of Disciplinary Actions by Boards of Nursing Standard is to provide for reporting of disciplinary actions by a BON to a coordinated licensure information system in order to inform other BONs of the adverse action. NCSBN maintains the nursys.org coordinated licensure information system and reports required actions to the National Practitioner Data Bank (NPDB). While the NPDB policies and guidelines are used to determine what constitutes final 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.

Regulatory Scholars Program Announced

NCSBN announced a new **Regulatory Scholars Program (RSP)**, which will launch in 2017. RSP goals are to develop the field of nursing regulation by building regulatory experts and researchers, provide high-level evidence for nursing regulatory and policy decision making, and encourage scholarly dialogue and publications.

Designed to add to the body of knowledge in nursing regulation and expand the number of internal and external stakeholders educated in advanced nursing regulation, the program has three components: the CRE Grant Program for Doctoral Students, a paid graduate internship and an unpaid graduate student experience.

New Associate Members Welcomed

The Association of New Brunswick Licensed Practical Nurses, the Licensed Practical Nurses Registration Board of Prince Edward Island and the College of Registered Psychiatric Nurses of British Columbia became associate members, **bringing the total number of members in this category to 27**. Created by a Delegate Assembly resolution in 2007, the associate membership category is designed to provide a forum in which nursing regulatory bodies from around the globe can join NCSBN in a dialogue regarding issues of common concern, as well as share information and knowledge in a multicultural exchange of thoughts and ideas.

International Collaboration

NCSBN had the honor of hosting a **delegation from the Ministry of Health of the Republic of Korea and the Korea Health Personnel Licensing Examination Institute**. The group was made up of legislators, educators and government officials, led by Kyung Rim Shin, EdD, RN, FAAN. They were visiting the U.S. with a desire to learn more about benchmarking educational programs, testing, accreditation and strategic management of a nursing workforce. In an all-day meeting with NCSBN CEO David Benton, RGN, PhD, FFNF, FRCN, FAAN, and some members of the NCSBN leadership team, the delegation had the chance to see presentations about the NCLEX® examinations, the Nursys® database and how the NCSBN Interactive Services division provides continuing education and resources for nurses.

Regulation 2030

Regulation 2030 brought together 80 regulators from around the world who endeavored to chart the future of nursing regulation by using concept mapping. Nursing leaders from eight countries, 17 states, the District of Columbia and two U.S. territories—as well as representatives from the American Association of Colleges of Nursing (AACN), the United States Federal Trade Commission (FTC), the Federation of State Boards of Physical Therapy (FSBPT), the Federation of State Medical Boards (FSMB), the National League for Nursing (NLN), the Organization for Associate Degree Nursing (OADN), the American Nurses Association (ANA), the National Federation of Licensed Practical Nurses (NFLPN), the Office of Economic Cooperation Development (OECD), nurse regulators and a state senator from Minnesota undertook the task of trying to understand where nursing regulation is headed.

NCSBN CEO David Benton challenged participants to do "out of the box" and audacious thinking about the challenges and opportunities of the future. Using the draft of his article, "**Regulation 2030: First Steps of a Journey**" as a jumping-off point, he noted that nursing regulation is increasingly influenced by globalization and the growing complexity of the health care system. And it is also influenced by the emergence of new infectious diseases and the re-emergence of older diseases such as tuberculosis, nurse mobility and changing demographics and social behavior. Benton noted that very little work has been done using a bibliometric approach to the identification of trends and issues in regulatory literature and that "development of a contemporary approach to regulation including a systematic examination of the literature and an analysis of the potential implications of identified trends is required."

The paper outlines a four-phase research study that aims to describe the characteristics of nurse regulation in the year 2030. In the first phase, 25 emergent trends that fall into seven categories (governance, purposes and processes, licensee/registrants, workforce, education, fitness for practice, and technology and information) were identified.

These trends are the building blocks of the work that was done during the conference, which was phase two. Phase three will compile the work of the conference and phase four will "identify gaps in the research base and guide research and development investment to support optimum progress towards a new and contemporary model of regulation.

Workforce Research

NCSBN and The National Forum of State Nursing Workforce Centers (The National Forum) published the **2015 National Nursing Workforce Survey**, a study that provides a comprehensive snapshot of the U.S. RN and LPN/VN workforce in 2015.

Every two years, NCSBN partners with The National Forum to conduct the only national-level survey specifically focused on the U.S. nursing workforce. The study generates information on the supply of nurses in the country, which is critical to planning for sufficient numbers of nurses and ensuring a safe, diverse, accessible and effective health care system.

Study data were collected between June 2015 and September 2015. Approximately 79,000 nurses participated in the study, with representation from all 50 states, the District of Columbia and four U.S. territories (American Samoa, Guam, the Northern Mariana Islands and Virgin Islands).

In addition to offering a description of the current nursing workforce, the data obtained from this study allow for an examination of trends as compared to the previous survey conducted in 2013, as well as past studies conducted by the Health Resources and Services Administration (HRSA). It also serves as a baseline for future research.

A trend that emerged from the study is that the nursing population is changing in both ethnic/racial and gender makeup. **The number of male RNs is growing slightly** with a higher proportion of male nurses in the more recently licensed cohorts (12.7 percent) as opposed to those licensed prior to 2000 (4.7 percent). Additionally, the nursing workforce is becoming more ethnically diverse as ethnic minorities are better represented in younger age groups and in more recently licensed RNs than in older RNs and RNs licensed prior to 2000. Similarly, newly licensed LPN/VNs were more likely to have a more diverse racial/ethnic composition.

Reflecting transformations in the health care environment, the study found that what is considered the "work setting" for both RNs and LPN/VNs has evolved, as patient care is no longer confined within the walls of a health care facility, owing in part to the growing use and acceptance of technology. **Nearly half of RNs and LPN/VNs in the study reported having provided nurse services using telehealth technologies.**

Enhanced Nurse Licensure Compact (eNLC)

The **eNLC welcomed its first member when South Dakota Gov. Dennis Daugaard signed the eNLC bill into law on Feb. 16, 2016**. By the end of 2016, South Dakota was joined by Arizona, Florida, Idaho, Missouri, New Hampshire, Oklahoma, Tennessee, Virginia and Wyoming in enacting the eNLC.

Allowing nurses to have mobility across state borders, the eNLC increases access to care while maintaining public protection. The eNLC, which is an updated version of the current NLC, allows for RNs and LPN/VNs to have one multistate license, with the ability to practice in both their home state and other NLC states. There are 25 states in the current NLC.

NCSBN presented "Unlocking Access to Nursing Care across the Nation" at the Newseum in Washington, D.C. At this half-day forum, expert panelists and speakers from across the U.S. were brought together to discuss the challenges of 21st century nursing and the solutions presented by the eNLC.

Scientific Symposium

From Data to Decision Making, the 2016 Scientific Symposium, brought together researchers, policymakers and stakeholders in the area of professional nursing regulation to present and discuss national and international research that increase the body of evidence for regulatory decision making and help inform nursing policy.

Nursys e-Notify

NCSBN opened the **Nursys e-Notify notification system**, that was previously only available to institutions that employ nurses, to individual nurses who can receive automatic license status quickly, easily, securely and free of charge through a simple enrollment process.

Nursys is the only national database for licensure verification for RNs, LPN/VNs and APRNs. Nursys is designated as a primary source equivalent database through a written agreement with participating BONs. Nursys is live and dynamic, and all updates to the system are reflected immediately, pushed directly from participating BON databases through frequent, secured data updates.

Nurses that self-enroll into Nursys e-Notify can take advantage of this convenient way to keep up-to-date with their professional licenses receiving licensure status updates, track license verifications for endorsement and create and manage multiple license expiration reminders directly. Keeping on top of license status can help nurses prevent fraudulent licenses or certificates being issued in their names.

Substance Use Disorder (SUD) Courses Offered Free of Charge

Cognizant of the opioid crisis and substance use disorder's societal impact, the **"Understanding Substance Use Disorder in Nursing" and "Nurse Manager Guidelines for Substance Use Disorder" online continuing education (CE) courses were made free of charge** for all nurses and nursing students.

The chronic and complex disease of SUD is an issue of importance to U.S. BONs because of the potential harm to patient welfare. NCSBN's SUD toolkit, which includes brochures, posters, a book and two CE courses, was developed to assure that nurses are armed with knowledge to help identify the warning signs of SUD in patients, nurses and the general public and provide guidelines for prevention, education and intervention. All of these resources are available free of charge from ncsbn.org/sud.

Products and Services

NCSBN's products and services are provided to the nursing community and to other allied health professions to contribute to the body of nursing knowledge and the science of regulation.

Publications and Web Resources

NCSBN produces a wide variety of publications including books, white papers, brochures and research briefs that focus on the NCLEX-RN® and NCLEX-PN® Examinations, as well as health care issues and activities, in addition to conducting its own research studies by addressing some of today's most important nursing practice issues. These publications present in-depth information and best practice techniques to enhance perspective and contribute to the nursing knowledge base. These publications are available for download free of charge from the NCSBN website, www.ncsbn.org.

An online library of resources and tools also includes videos that count among its catalog subjects such as nursing licensure explained for new nurses, professional boundaries in nursing, substance use disorder in nursing, the Nurse Licensure Compact (NLC) and NCLEX. Additionally, recorded webinars, toolkits and presentations are available for download.

Online Courses

NCSBN Learning Extension is a pioneer in e-learning for the nursing community, currently offering more than 50 online courses promoting safe nursing practices to nurses, student nurses and nursing faculty. Rich in content and features, the online courses offer interactive and fun learning experiences, which facilitate better understanding of the topics presented. Online course offerings for external audiences are available through the NCSBN Learning Extension campus located at www.learningext.com. NCSBN Learning Extension delivered 67,000 online courses during 2016. The online campus catalog of 58 courses covers a range of subjects, including continuing education courses for nurses, preparatory courses for licensure exam candidates, and item writing and test development courses for nursing faculty.

Collaboration Tools

NCSBN supports online engagement of its membership with survey tools, collaboration sites, discussion forums, video conferencing and live webinars/webcasts.

Videos

Videos are available for both membership and external audiences. There are 24 educational and promotional videos in the NCSBN catalog, which had 340,000 combined views during 2016. NCSBN records presentations at its conferences and the catalog now includes 509 presentations from 77 past events.

The NCLEX® Examination

From April 1, 1994 through Dec. 31, 2016, more than **5.1 million candidates** for nurse licensure have taken NCLEX® examinations via CAT.

For the calendar year ending Dec. 31, 2016, **309,804 candidates** took the NCLEX-RN® and NCLEX-PN® Examinations.

NCLEX® Pass Rates – RN

	JAN. – MAR. 2016			APR. – JUN. 2016			JUL. – SEP. 2016			OCT. – DEC. 2016			TOTAL		
	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING
First-Time, U.S. Educated															
RN - Diploma	793	653	82.3	471	414	87.9	1,278	1,107	86.6	206	171	83.0	2748	2,345	85.3
RN - BSN	19,039	16,550	86.9	24,564	22,186	90.3	23,127	20,054	86.7	5,938	5,010	84.4	72,668	63,800	87.8
RN - ADN	22,703	18,356	80.9	26,815	22,744	84.8	24,759	20,324	82.1	7,476	5,351	71.6	81,753	66,775	81.7
Special Program Codes	2	0	0.0	11	4	36.4	12	9	75.0	10	5	50.0	35	18	51.4
Total – First-Time, U.S. Educated	42,537	35,559	83.6	51,861	45,348	87.4	49,176	41,494	84.4	13,630	10,537	77.3	157,204	132,938	84.6
Repeat, U.S. Educated	10,776	4,625	42.9	11,645	4,890	42.0	13,518	7,069	52.3	11,660	5,371	46.1	47,599	21,955	46.1
First-Time, Internationally Educated	2,407	888	36.9	2,805	1,062	37.9	3,046	1,135	37.3	3,286	1,386	42.2	11,544	4,471	38.7
Repeat, Internationally Educated	3,925	950	24.2	4,048	853	21.1	3,915	844	21.6	4,344	1,184	27.3	16,232	3,831	23.6
ALL CANDIDATES	59,645	42,022	70.5	70,359	52,153	74.1	69,655	50,542	72.6	32,920	18,478	56.1	232,579	163,195	70.2

NCLEX® Pass Rates – PN

	JAN. – MAR. 2016			APR. – JUN. 2016			JUL. – SEP. 2016			OCT. – DEC. 2016			TOTAL		
	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING
First-Time, U.S. Educated	10,793	8,915	82.6	10,141	8,437	83.2	17,053	14,769	86.6	9,358	7,505	80.2	47,345	39,626	83.7
Repeat, U.S. Educated	3,637	1,233	33.9	4,109	1,345	32.7	3,403	1,258	37.0	3,754	1,355	36.1	14,903	5,191	34.8
First-Time, Internationally Educated	289	125	43.3	297	140	47.1	263	118	44.9	190	89	46.8	1,039	472	45.4
Repeat, Internationally Educated	347	70	20.2	322	67	20.8	285	72	25.3	306	58	19.0	1,260	267	21.2
ALL CANDIDATES	15,066	10,343	68.7	14,869	9,989	67.2	21,004	16,217	77.2	13,608	9,007	66.2	64,547	45,556	70.6

NCLEX® Pass Rates – RN Candidates for Canadian Licensure / Registration

	JAN. – MAR. 2016			APR. – JUN. 2016			JUL. – SEP. 2016			OCT. – DEC. 2016			TOTAL		
	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING
First-Time, Canadian Educated	1,478	1,194	80.8	2,777	2,301	82.9	3,566	2,767	77.6	1,512	1,197	79.2	9,333	7,459	79.9
Repeat, Canadian Educated	561	358	63.8	580	375	64.7	610	373	61.1	828	539	65.1	2,579	1,645	63.8
First-Time, Internationally Educated	130	79	60.8	122	75	61.5	125	76	60.8	170	124	72.9	547	354	64.7
First-Time, Internationally Educated	52	27	51.9	51	33	64.7	58	35	60.3	58	35	60.3	219	130	59.4
ALL CANDIDATES	2,221	1,658	74.7	3,530	2,784	78.9	4,359	3,251	74.6	2,568	1,895	73.8%	12,678	9,588	75.6

Tiffany Dome at the Chicago Cultural Center,
J. A. Holtzer, 1897

Learn more →

More than 125,900 nurse licensure candidates have taken NCLEX® examinations in international test centers.

Top Five Countries (with respect to volume)

First-Time, Internationally Educated Candidates for U.S. Licensure / Registration

	JAN. – MAR. 2016	APR. – JUN. 2016	JUL. – SEP. 2016	OCT. – DEC. 2016	TOTAL
1	Philippines 1,337	Philippines 1,533	Philippines 1,654	Philippines 1,776	Philippines 6,340
2	India 287	India 341	India 347	India 344	India 1,319
3	Puerto Rico 171	Puerto Rico 147	South Korea 172	Puerto Rico 191	Puerto Rico 660
4	Canada 106	South Korea 146	Jamaica 153	Jamaica 168	South Korea 588
5	South Korea 103	Canada 142	Puerto Rico 151	South Korea 167	Jamaica 552

Top Five Countries (with respect to volume)

First-Time, Internationally Educated Candidates for Canadian Licensure / Registration

	JAN. – MAR. 2016	APR. – JUN. 2016	JUL. – SEP. 2016	OCT. – DEC. 2016	TOTAL
1	India 51	India 41	India 49	India 70	India 211
2	Philippines 34	Philippines 40	Philippines 36	Philippines 47	Philippines 157
3	Iran 5	United Kingdom 9	Australia 5	Australia 5	United Kingdom 23
4	Nepal 5	Jamaica 4	United Kingdom 5	Iran 5	Australia 17
5	United Kingdom 5	Australia 3	Jamaica 4	Jamaica 5	Jamaica 16

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

— *Norman Foster*

NCLEX® Pass Rates – RN

2016 – First-Time, U.S. Educated Candidates

JURISDICTION	JAN. – MAR. 2016			APR. – JUN. 2016			JUL. – SEP. 2016			OCT. – DEC. 2016			TOTAL		
	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING
Alabama	848	702	82.8	1,482	1,340	90.4	919	799	86.9	176	125	71.0	3,425	2,966	86.6
Alaska	86	77	89.5	57	51	89.5	66	53	80.3	24	22	91.7	233	203	87.1
American Samoa	–	–	–	8	4	50.0	2	1	50.0	–	–	–	10	5	50.0
Arizona	1,236	1,077	87.1	920	808	87.8	745	628	84.3	221	173	78.3	3,122	2,686	86.0
Arkansas	607	488	80.4	462	421	91.1	635	522	82.2	252	211	83.7	1,956	1,642	83.9
California	3,413	2,967	86.9	2,009	1,740	86.6	4,218	3,825	90.7	1,761	1,529	86.8	11,401	10,061	88.2
Colorado	589	524	89.0	613	564	92.0	672	569	84.7	239	211	88.3	2,113	1,868	88.4
Connecticut	299	260	87.0	450	416	92.4	867	790	91.1	181	154	85.1	1,797	1,620	90.2
Delaware	169	142	84.0	178	159	89.3	207	182	87.9	27	19	70.4	581	502	86.4
District Of Columbia	97	54	55.7	68	51	75.0	122	100	82.0	138	61	44.2	425	266	62.6
Florida	3,823	2,726	71.3	3,908	2,987	76.4	3,351	2,493	74.4	2,249	1,483	65.9	13,331	9,689	72.7
Georgia	1,066	897	84.1	1,775	1,570	88.5	726	618	85.1	226	189	83.6	3,793	3,274	86.3
Guam	1	0	0.0	–	–	–	10	10	100.0	12	12	100.0	23	22	95.7
Hawaii	161	128	79.5	54	43	79.6	248	219	88.3	120	89	74.2	583	479	82.2
Idaho	258	217	84.1	281	263	93.6	122	99	81.1	20	13	65.0	681	592	86.9
Illinois	1,893	1,580	83.5	2,072	1,804	87.1	2,264	1,911	84.4	557	459	82.4	6,786	5,754	84.8
Indiana	890	751	84.4	1,914	1,689	88.2	888	711	80.1	243	170	70.0	3,935	3,321	84.4
Iowa	536	440	82.1	808	681	84.3	585	466	79.7	113	87	77.0	2,042	1,674	82.0
Kansas	351	261	74.4	1,048	885	84.4	272	194	71.3	193	159	82.4	1,864	1,499	80.4
Kentucky	884	759	85.9	1,066	966	90.6	529	450	85.1	164	128	78.0	2,643	2,303	87.1
Louisiana	996	856	85.9	485	455	93.8	541	492	90.9	35	31	88.6	2,057	1,834	89.2
Maine	111	88	79.3	418	362	86.6	184	154	83.7	75	59	78.7	788	663	84.1
Maryland	978	815	83.3	764	685	89.7	795	638	80.3	139	104	74.8	2,676	2,242	83.8
Massachusetts	881	750	85.1	683	605	88.6	1,924	1,595	82.9	460	351	76.3	3,948	3,301	83.6
Michigan	1,454	1,194	82.1	1,848	1,596	86.4	1,315	1,069	81.3	383	310	80.9	5,000	4,169	83.4
Minnesota	944	785	83.2	1,663	1,411	84.8	776	608	78.4	245	202	82.4	3,628	3,006	82.9
Mississippi	444	384	86.5	1,035	887	85.7	219	174	79.5	43	26	60.5	1,741	1,471	84.5
Missouri	1,154	973	84.3	1,431	1,266	88.5	1,056	877	83.0	290	245	84.5	3,931	3,361	85.5
Montana	146	131	89.7	150	136	90.7	166	121	72.9	21	17	81.0	483	405	83.9
Nebraska	204	178	87.3	570	528	92.6	312	276	88.5	80	59	73.8	1,166	1,041	89.3
Nevada	296	276	93.2	389	345	88.7	189	161	85.2	105	92	87.6	979	874	89.3
New Hampire	45	43	95.6	392	360	91.8	215	188	87.4	19	15	78.9	671	606	90.3
New Jersey	645	542	84.0	297	237	79.8	1,757	1,539	87.6	317	249	78.5	3,016	2,567	85.1
New Mexico	231	180	77.9	237	205	86.5	238	205	86.1	196	161	82.1	902	751	83.3
New York	2,242	1,885	84.1	2,045	1,727	84.4	4,429	3,671	82.9	677	502	74.2	9,393	7,785	82.9
North Carolina	680	633	93.1	2,749	2,545	92.6	416	344	82.7	102	88	86.3	3,947	3,610	91.5
North Dakota	121	100	82.6	320	302	94.4	47	41	87.2	6	5	83.3	494	448	90.7
Northern Mariana Islands	1	0	0.0	1	0	0.0	7	3	42.9	2	1	50.0	11	4	36.4
Ohio	2,037	1,615	79.3	2,180	1,757	80.6	3,276	2,774	84.7	969	718	74.1	8,462	6,864	81.1
Oklahoma	531	458	86.3	862	770	89.3	623	490	78.7	111	64	57.7	2,127	1,782	83.8
Oregon	115	96	83.5	373	326	87.4	831	737	88.7	75	56	74.7	1,394	1,215	87.2
Pennsylvania	1,644	1,415	86.1	2,435	2,246	92.2	2,945	2,578	87.5	433	362	83.6	7,457	6,601	88.5
Rhode Island	210	182	86.7	183	160	87.4	292	253	86.6	13	12	92.3	698	607	87.0
South Carolina	639	547	85.6	1,090	973	89.3	443	375	84.7	181	155	85.6	2,353	2,050	87.1
South Dakota	201	168	83.6	348	315	90.5	191	166	86.9	43	25	58.1	783	674	86.1
Tennessee	1,168	1,032	88.4	1,270	1,137	89.5	1,177	1,004	85.3	212	165	77.8	3,827	3,338	87.2
Texas	3,812	3,330	87.4	3,951	3,590	90.9	2,895	2,442	84.4	599	455	76.0	11,257	9,817	87.2
Utah	478	375	78.5	702	598	85.2	260	205	78.8	89	60	67.4	1,529	1,238	81.0
Vermont	2	1	50.0	248	211	85.1	110	90	81.8	7	6	85.7	367	308	83.9
Virgin Islands	3	2	66.7	1	1	100.0	7	3	42.9	6	4	66.7	17	10	58.8
Virginia	1,001	863	86.2	817	719	88.0	1,727	1,521	88.1	333	266	79.9	3,878	3,369	86.9
Washington	538	459	85.3	639	580	90.8	1,326	1,191	89.8	196	163	83.2	2,699	2,393	88.7
West Virginia	163	148	90.8	426	380	89.2	290	247	85.2	51	44	86.3	930	819	88.1
Wisconsin	1,157	962	83.1	1,571	1,391	88.5	647	536	82.8	190	163	85.8	3,565	3,052	85.6
Wyoming	58	43	74.1	115	100	87.0	102	86	84.3	11	8	72.7	286	237	82.9
TOTAL	42,537	35,559	83.6	51,861	45,348	87.4	49,176	41,494	84.4	13,630	10,537	77.3	157,204	132,938	84.6

2016 – First-Time, Canadian Educated Candidates (RN Candidates for Canadian Licensure / Registration)

JURISDICTION	JAN. – MAR. 2016			APR. – JUN. 2016			JUL. – SEP. 2016			OCT. – DEC. 2016			TOTAL		
	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING
Alberta	433	338	78.1	436	357	81.9	493	369	74.8	210	163	77.6	1,572	1,227	78.1
British Columbia	302	263	87.1	531	474	89.3	479	410	85.6	183	150	82.0	1,495	1,297	86.8
Manitoba	20	17	85.0	155	134	86.5	96	82	85.4	195	167	85.6	466	400	85.8
New Brunswick	36	29	80.6	161	106	65.8	123	59	48.0	1	0	0.0	321	194	60.4
Newfoundland And Labrador	–	–	–	162	139	85.8	34	32	94.1	27	25	92.6	223	196	87.9
Northwest Territories And Nunavut	–	–	–	16	11	68.8	–	–	–	–	–	–	16	11	68.8
Nova Scotia	17	11	64.7	169	139	82.2	132	94	71.2	64	52	81.3	382	296	77.5
Ontario	562	457	81.3	992	820	82.7	1,938	1,543	79.6	723	559	77.3	4,215	3,379	80.2
Prince Edward Island	20	20	100.0	44	38	86.4	1	0	0.0	1	0	0.0	66	58	87.9
Saskatchewan	84	57	67.9	110	83	75.5	257	167	65.0	92	69	75.0	543	376	69.2
TOTAL	1,474	1,192	80.9	2,776	2,301	82.9	3,553	2,756	77.6	1,496	1,185	79.2	9,299	7,434	79.9

*Note: 34 Candidates are not included because their educational jurisdictions are not one of the 10 regulatory bodies that decided to adopt the NCLEX-RN as the nursing licensure/registration exam for Canada.

NCLEX® Pass Rates – PN

2016 – First-Time, U.S. Educated Candidates

JURISDICTION	JAN. – MAR. 2016			APR. – JUN. 2016			JUL. – SEP. 2016			OCT. – DEC. 2016			TOTAL		
	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING
Alabama	281	262	93.2	133	118	88.7	271	264	97.4	104	98	94.2	789	742	94.0
Alaska	6	6	100.0	1	1	100.0	1	1	100.0	2	1	50.0	10	9	90.0
American Samoa	–	–	–	11	5	45.5	–	–	–	–	–	–	11	5	45.5
Arizona	100	93	93.0	113	107	94.7	198	180	90.9	72	65	90.3	483	445	92.1
Arkansas	257	239	93.0	174	163	93.7	406	366	90.1	101	87	86.1	938	855	91.2
California	1,233	861	69.8	1,162	827	71.2	2,124	1,612	75.9	1,655	1,161	70.2	6,174	4,461	72.3
Colorado	52	47	90.4	77	73	94.8	149	144	96.6	48	46	95.8	326	310	95.1
Connecticut	122	113	92.6	118	97	82.2	91	74	81.3	84	75	89.3	415	359	86.5
Delaware	36	33	91.7	17	14	82.4	61	55	90.2	12	10	83.3	126	112	88.9
District Of Columbia	8	4	50.0	7	5	71.4	10	5	50.0	16	11	68.8	41	25	61.0
Florida	855	607	71.0	639	445	69.6	1,003	802	80.0	762	543	71.3	3,259	2,397	73.6
Georgia	288	245	85.1	118	107	90.7	364	331	90.9	107	91	85.0	877	774	88.3
Guam	1	0	0.0	7	5	71.4	10	5	50.0	8	3	37.5	26	13	50.0
Hawaii	10	8	80.0	7	2	28.6	27	22	81.5	31	30	96.8	75	62	82.7
Idaho	55	53	96.4	31	31	100.0	53	52	98.1	37	36	97.3	176	172	97.7
Illinois	289	254	87.9	235	204	86.8	618	580	93.9	205	181	88.3	1,347	1,219	90.5
Indiana	235	220	93.6	122	87	71.3	242	223	92.1	104	91	87.5	703	621	88.3
Iowa	254	231	90.9	267	248	92.9	317	290	91.5	59	51	86.4	897	820	91.4
Kansas	220	187	85.0	418	369	88.3	193	162	83.9	52	40	76.9	883	758	85.8
Kentucky	176	159	90.3	105	93	88.6	79	74	93.7	56	49	87.5	416	375	90.1
Louisiana	250	210	84.0	359	317	88.3	217	180	82.9	129	98	76.0	955	805	84.3
Maine	17	11	64.7	35	27	77.1	5	3	60.0	4	1	25.0	61	42	68.9
Maryland	31	29	93.5	20	17	85.0	45	42	93.3	48	43	89.6	144	131	91.0
Massachusetts	123	96	78.0	42	30	71.4	565	527	93.3	160	109	68.1	890	762	85.6
Michigan	268	229	85.4	283	262	92.6	318	276	86.8	121	114	94.2	990	881	89.0
Minnesota	357	305	85.4	499	439	88.0	216	169	78.2	105	89	84.8	1,177	1,002	85.1
Mississippi	203	163	80.3	26	20	76.9	392	342	87.2	61	39	63.9	682	564	82.7
Missouri	214	183	85.5	174	144	82.8	609	556	91.3	143	131	91.6	1,140	1,014	88.9
Montana	29	29	100.0	34	34	100.0	47	44	93.6	2	2	100.0	112	109	97.3
Nebraska	53	49	92.5	88	81	92.0	81	72	88.9	30	29	96.7	252	231	91.7
Nevada	15	14	93.3	24	22	91.7	25	24	96.0	24	20	83.3	88	80	90.9
New Hamphire	22	22	100.0	27	20	74.1	16	16	100.0	26	26	100.0	91	84	92.3
New Jersey	320	212	66.3	299	224	74.9	403	327	81.1	416	329	79.1	1,438	1,092	75.9
New Mexico	16	14	87.5	22	21	95.5	41	37	90.2	14	13	92.9	93	85	91.4
New York	309	227	73.5	463	351	75.8	1,205	947	78.6	687	509	74.1	2,664	2,034	76.4
North Carolina	119	107	89.9	165	141	85.5	461	433	93.9	126	113	89.7	871	794	91.2
North Dakota	19	18	94.7	50	49	98.0	66	65	98.5	13	13	100.0	148	145	98.0
Northern Mariana Islands	1	0	0.0	–	–	–	–	–	–	–	–	–	1	0	0.0
Ohio	552	451	81.7	518	386	74.5	912	776	85.1	837	699	83.5	2,819	2,312	82.0
Oklahoma	235	205	87.2	245	216	88.2	486	431	88.7	215	183	85.1	1,181	1,035	87.6
Oregon	63	55	87.3	95	81	85.3	89	79	88.8	134	117	87.3	381	332	87.1
Pennsylvania	589	498	84.6	472	388	82.2	733	638	87.0	608	483	79.4	2,402	2,007	83.6
Rhode Island	11	9	81.8	11	11	100.0	21	19	90.5	29	26	89.7	72	65	90.3
South Carolina	121	109	90.1	90	84	93.3	212	203	95.8	89	88	98.9	512	484	94.5
South Dakota	34	27	79.4	30	27	90.0	99	96	97.0	16	16	100.0	179	166	92.7
Tennessee	224	183	81.7	416	371	89.2	467	414	88.7	336	283	84.2	1,443	1,251	86.7
Texas	1,286	1,096	85.2	861	746	86.6	1,544	1,398	90.5	959	827	86.2	4,650	4,067	87.5
Utah	93	93	100.0	204	197	96.6	115	111	96.5	27	26	96.3	439	427	97.3
Vermont	1	1	100.0	2	2	100.0	129	127	98.4	3	3	100.0	135	133	98.5
Virgin Islands	2	1	50.0	2	0	0.0	–	–	–	–	–	–	4	1	25.0
Virginia	271	203	74.9	310	245	79.0	501	412	82.2	222	167	75.2	1,304	1,027	78.8
Washington	93	89	95.7	101	91	90.1	226	216	95.6	109	104	95.4	529	500	94.5
West Virginia	59	49	83.1	24	20	83.3	286	249	87.1	81	72	88.9	450	390	86.7
Wisconsin	285	278	97.5	357	341	95.5	233	227	97.4	65	60	92.3	940	906	96.4
Wyoming	30	28	93.3	31	31	100.0	71	71	100.0	4	4	100.0	136	134	98.5
TOTAL	10,793	8,915	82.6	10,141	8,437	83.2	17,053	14,769	86.6	9,358	7,505	80.2	47,345	39,626	83.7

Board of Directors

22

Front row, left to right:
Julia George, Shirley Brekken, Katherine Thomas

Back row, left to right: **Karen Scipio-Skinner, Valerie Smith, Adrian Guerrero, Ellen Watson, Nathan Goldman, Gloria Damgaard, James Cleghorn, Suellyn Masek**

Shirley Brekken, MS, RN
President

Executive Director,
Minnesota Board of Nursing

Katherine Thomas, MN, RN, FAAN
President-Elect

Executive Director,
Texas Board of Nursing

Julia L. George, MSN, RN, FRE
Treasurer

Executive Director,
North Carolina Board of Nursing

Suellyn Masek, MSN, RN, CNOR
Area I Director

Board Member,
Washington State Nursing Care
Quality Assurance Commission

Adrian Guerrero, CPM
Area II Director

Board Staff,
Kansas State Board of Nursing

James D. Cleghorn, MA
Area III Director

Executive Director,
Georgia Board of Nursing

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

Vice Chair,
Vermont State Board of Nursing

Karen Scipio-Skinner, MSN, RN
Director-At-Large

Executive Director, District of
Columbia Board of Nursing

Nathan Goldman, JD
Director-At-Large

Board Staff,
Kentucky Board of Nursing

Valerie Smith, MS, RN, FRE
Director-At-Large

Associate Director,
Arizona Board of Nursing

Gloria Damgaard, MS, RN, FRE
Director-At-Large

Executive Officer,
South Dakota Board of Nursing

Member Awards and Achievements

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
Past 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

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.

Institute of Regulatory Excellence (IRE) Fellows

The IRE began in 2004 with the purpose of providing boards of nursing with high quality regulatory education, expanding the body of knowledge related to regulation through research and scholarly work, developing the capacity of regulators to become expert leaders, and developing a network of regulators who collaborate to improve regulatory practices and outcomes.

The IRE Fellowship Program which begins a four-year comprehensive educational and professional development program designed for current regulators who want to enhance their knowledge of and leadership in nursing regulation. The program includes experiences in analyzing issues involving public policy and regulation, strategic planning, patient safety, and communication. It also requires the application of evidence-based concepts in decision making and leadership.

Left to right:
Pamela C. Zickafoose, Carla Taylor, Lisa Emrich, Anne Logie, Debra Elias

Pamela C. Zickafoose, EdD, MSN, RN, NE-BC, CNE
Nursing Instructional Director & Chairperson, Delaware Technical Community College *(formerly Executive Director, Delaware Board of Nursing)*

Carla Taylor, MN, RN
Registration Advisor, Nurse Practitioners and Certified Practice, Registration, Inquiry and Discipline, College of Registered Nurses of British Columbia

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

Debra Elias, MN, RN
Director of Practice and Standards, College of Registered Nurses of Manitoba

NCSBN inducted its tenth group of Fellows of the NCSBN IRE during its Annual Meeting and Delegate Assembly in Chicago Aug. 17-19, 2016.

Executive Officer Recognition Awards

Five Years

Marlene Carbullido, MSN, RN
Executive Officer,
Guam Board of Nurse Examiners

Not pictured:

**Gaynell Hayward-Caesar,
MPH, RN**
Chief Nursing Officer,
Bermuda Nursing Council

Kwek Puay Ee, RN
Executive Secretary,
Singapore Nursing Board

Nancy Murphy, MS, RN, BC, CPM
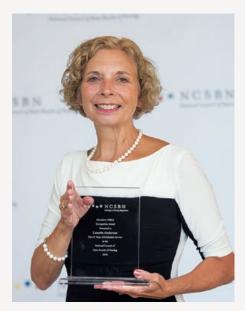Administrator,
South Carolina Board of Nursing

Dan Williams
Executive 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
Former 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

Centennial Anniversary

Cathy Giblin, MS, RN accepted the service award for the **College and Association of Registered Nurses of Alberta**, NCSBN Associate Member, which is celebrating 100 years of nursing regulation in 2016.

All photos from the 2016 Annual Meeting were taken by Tricia Koning Photography.

Timeline

1978

First NCSBN Delegate Assembly called to order.

NCSBN office opened in Madison, Wisconsin.

1979

Delegates adopted plan to revise NCLEX-RN® Test Plan.

First LPN voting member recognized.

1981

Criterion-referenced scoring for NCLEX® examination implemented.

1982

First NCLEX-RN® administered under new test plan.

First LPN appointed to the Board of Directors.

1983

Nursing Practice Act and Model Administrative Rules developed.

1984

NCLEX-PN® Test Plan adopted.

1994

Computerized adaptive testing (CAT) implemented.

1996

NCSBN website launched.

1997

NCLEX®, NCLEX-RN® and NCLEX-PN® registered.

Nurse Licensure Compact (NLC) adopted.

1998

First online NCLEX-RN® preparation course launched on NCSBN Learning Extension.

1999

Uniform licensure requirements adopted.

2000

Utah became first state to adopt the NLC.

2002

Public access to Nursys® implemented.

2004

First Institute of Regulatory Excellence held.

Utah adopted the Advanced Practice Registered Nurse (APRN) Compact.

2005

International NCLEX® examination testing launched.

2008

Published *The First 25 Years: 1978–2003*, which explores the organization's work from 1978 to 2003.

NCSBN acquired exclusive ownership of NNAAP® and MACE®.

NCSBN celebrated its 30th anniversary.

2009

Published *Nursing Pathways for Patient Safety*.

2010

Published first issue of *Journal of Nursing Regulation*.

2011

Implemented the Memorandum of Understanding among eight international nursing regulatory bodies.

Proposed consensus model for APRN regulation.

2012

NCLEX-RN® selected by Canadian regulators for license requirement in Canada.

2013

NCSBN celebrated its 35th anniversary.

2014

Results of the award-winning "NCSBN National Simulation Study" published.

2015

Enhanced Nurse Licensure Compact (eNLC) and APRN Compact adopted.

NLCEX-RN® Examinations begin in Canada for Canadian licensure.

2016

South Dakota becomes the 1st state to enact the eNLC.

Regulation 2030 Summit brings together nursing leaders from across the globe.

Dawn Kappel
Senior Writer and Editor

Kalona Owens
Contributing Editor

Michael Grossenbacher
Contributing Editor

Malcolm Wolf
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NCSBN

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