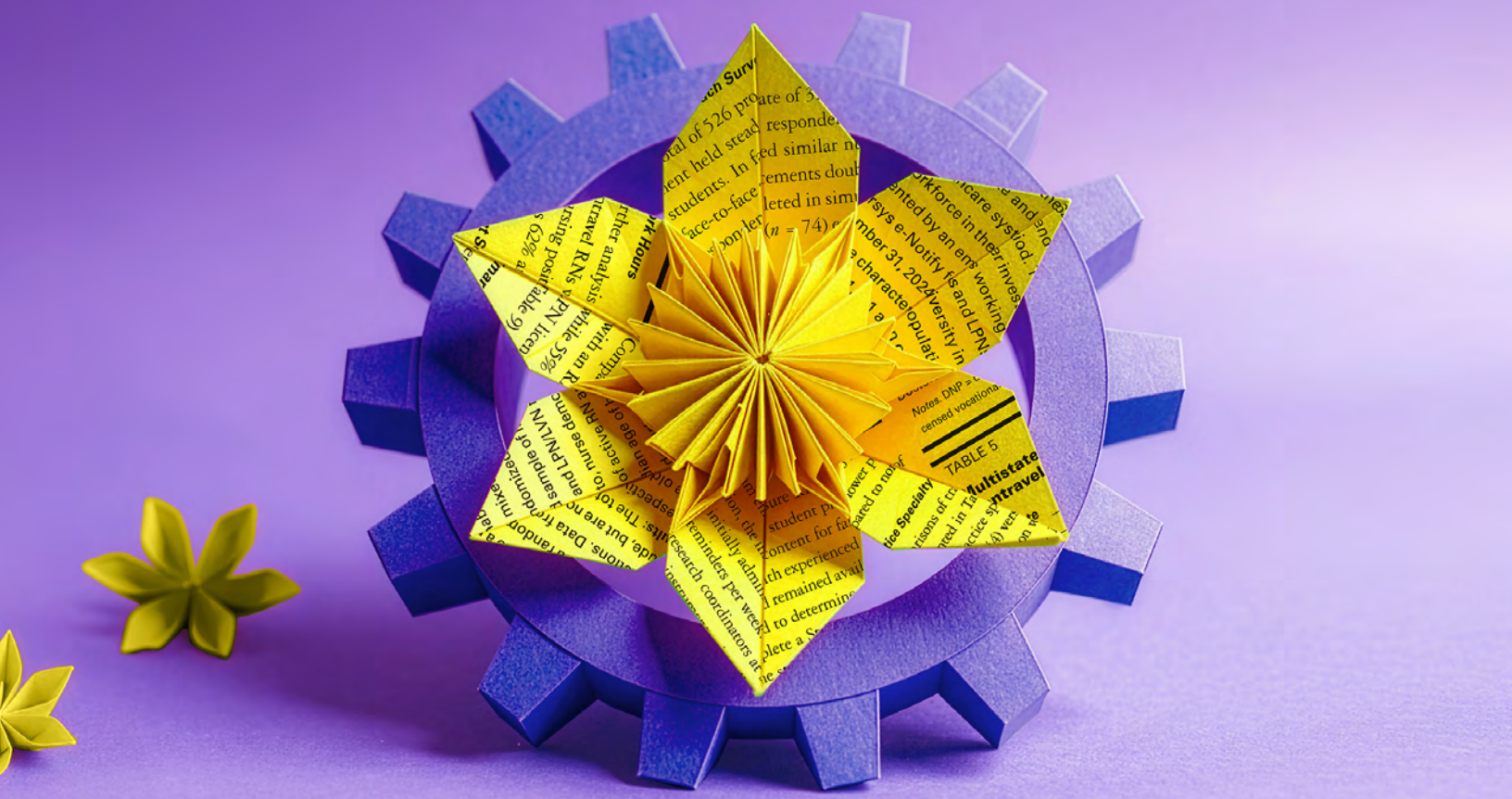


EVIDENCE IN ACTION

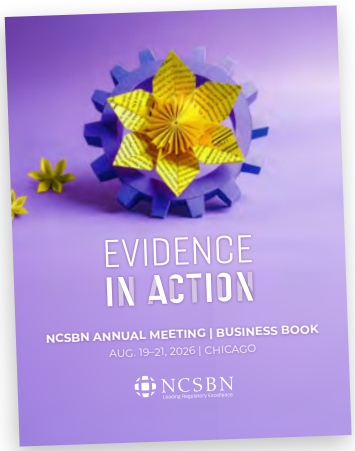
NCSBN ANNUAL MEETING | BUSINESS BOOK

AUG. 19–21, 2026 | CHICAGO

NCSBN
Leading Regulatory Excellence

NCSBN BUSINESS BOOK QUICK REFERENCE

The NCSBN Business Book contains essential Annual Meeting information. As a member organization, NCSBN needs your voice, expertise and perspective to advance our mission. The key to maximizing your Annual Meeting experience is reading and understanding the business book. By thoroughly reviewing the business book, you're not just preparing for the meeting — you're ensuring that you are informed, your contributions are meaningful, and your votes reflect the needs of your jurisdiction and the public you serve.



BUSINESS BOOK BASICS

The business book is divided into three color coded sections:

Section 1: Meeting Resources

Includes the business agenda, continuing education information, delegate seating chart and standing rules. Familiarize yourself with the standing rules, which are the governing rules including meeting procedures.

Section 2: Committee Reports

Reports with Recommendations: Committee reports which include recommendations that will be voted on, including the slate of candidates. Reviewing ahead of the meeting helps you be prepared to make informed voting decisions that shape our organization's future.

Informational Reports: Reports that provide updates from our committee members. They highlight the extensive work done by the committee throughout the year and provide an update of their efforts on behalf of our entire membership.

Section 3: NCSBN Resources

Understanding the foundation of NCSBN is essential. This section includes the basic foundations of who we are, an orientation to NCSBN including a brief history, our organizational structure and bylaws.

BUSINESS BOOK GUIDE VIDEO

Watch the Business Book Guide video to see how you can use the book to better prepare for Annual Meeting.

WAYS TO NAVIGATE

- **Table of Contents (TOC)**: Click each item to quickly jump to that section
- **Back to TOC Button:** At the bottom of each page, click to navigate back to the TOC
- **Viewing in Adobe Acrobat:** Input a page number to jump there directly

QUICK LINKS

Summary of Recommendations

2026 Slate of Candidates

Orientation Manual

TABLE OF CONTENTS

Section I: Meeting Resources

Section II: Committee Reports

Reports with Recommendations

Informational Reports

Section III: NCSBN Resources

About NCSBN

Empowering and supporting nursing regulators across the world in their mandate to protect the public, NCSBN is an independent, not-for-profit organization. As a global leader in regulatory excellence, NCSBN champions regulatory solutions to borderless health care delivery, agile regulatory systems and nurses practicing to the full scope of their education, experience and expertise. A world leader in test development and administration, NCSBN's NCLEX® Exams are internationally recognized as the preeminent nursing examinations.

NCSBN's membership is comprised of the nursing regulatory bodies (NRBs) in the 50 states, the District of Columbia and four U.S. territories. There are nine exam user members and 19 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

Mission

NCSBN empowers and supports nursing regulators in their mandate to protect the public.

Vision

Leading regulatory excellence worldwide.

Values

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

Excellence: Striving to be and do our best in rapidly changing environments.

Innovation: Embracing change as an opportunity to better organize endeavors for all and turn new ideas into action.

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

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

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together nursing regulatory bodies (NRBs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world.

Address inquiries in writing to NCSBN Permissions: 111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277

Section I: **Meeting Resources**

Business Agenda of the 2026 Delegate Assembly

Wednesday, Aug. 19, 2026

9:30–11:30 am

Opening Presentation

- **President's Address**
- **Opening Report**
  - Report of the Credentials Committee
- **Adoption of Standing Rules**
- **Adoption of Agenda**
- **Report of the Leadership Succession Committee (LSC)**
  - Presentation of the 2026 Slate of Candidates
  - Nominations from Floor

12:00–12:30 pm

CEO's Address

3:00–4:00 pm

Candidate Forum

4:00–5:00 pm

Committee Forums

Thursday, Aug. 20, 2026

8:30–9:00 am

Elections

10:30–10:45 am

Election Results

Friday, Aug. 21, 2026

10:30–11:00 am

Delegate Assembly

Business

Board of Directors' Recommendations

- Adopt the proposed revisions to the Model Act and Model Rules.
- Increase the NCLEX-RN® & NCLEX-PN® to $350 USD and the NCLEX-RN® Canadian Fee to $570 CAD, effective February 2027.

New Business

Adjournment

Note: Business conducted during the Delegate Assembly will be continuous, advancing through the agenda as time and discussion permit. The final agenda is posted on NCSBN.org.

Standing Rules of the Delegate Assembly

1. Onsite Meeting

The 2026 NCSBN Annual Meeting will be conducted in-person. Although the meeting may be live-streamed, all delegates are required to be onsite for the meeting and to vote. The meeting will begin promptly at the hour announced and order must be maintained at all times.

2. 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 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 at the Delegate Check-in desk. In the event that the voting platform permits use of personal devices (e.g., cell phone, laptop or tablet), delegates may be required to confirm that their personal device is compatible with the voting platform.

C. Per the NCSBN Bylaws, delegates authorized to cast one vote will be allowed one vote only; delegates authorized to cast two votes will be allowed two votes only.

D. The registered alternate may substitute for a delegate provided the delegate notifies the Delegate Check-in desk and follows the substitution instructions. The initial delegate may resume delegate status by the same process.

E. 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.

3. Meeting Conduct

A. Meeting Conduct
   a. Delegates must wear badges and sit in the section reserved for them.
   b. All attendees shall be in their seats at least five minutes before the scheduled meeting time.
   c. The quorum of the Delegate Assembly will be determined by the number of Delegates registered by:
      i. 9:00 am Central Time on Wednesday, Aug. 19, 2026
      ii. 10:00 am Central Time on Thursday, Aug. 20, 2026
      iii. 10:00 am Central Time on Friday, Aug. 21, 2026
   d. All attendees have a right to be treated respectfully.
   e. There shall be no video or audio recording, photographing, screenshots or captures of the sessions or the resulting digital feed without the written permission of NCSBN.
   f. All mobile devices shall be turned off or turned to a silent mode. An attendee must leave the meeting room to answer or make a call.
   g. A delegate's conversations with non-delegates during a business meeting must take place outside the designated delegate area.

4. Agenda

A. Business Agenda

a. The Business Agenda is prepared by the President in consultation with the Chief Executive Officer and approved by the Board of Directors for consideration by the delegate assembly.

5. Motions or Resolutions

A. Main Motions/Resolutions

a. Main motions introduce new business to the Delegate Assembly. At the delegate's discretion, a main motion may be presented as a resolution, including "Whereas" clauses. Main motions must follow the procedures outlined in this section. Procedural motions do not require submission on a motion form or review by the Resolutions Committee, unless otherwise specified here.

B. Who May Submit

a. Main motions may be submitted by delegates, members of the Board of Directors, or members of the NCLEX® Examination Committee. The NCLEX® Examination Committee may only submit main motions related to the approval of test plans, in accordance with Article X, Section 1(a) of the NCSBN Bylaws.

C. Submission Process

a. All main motions and amendments must be submitted using the official fillable form, available onsite or electronically at: https://www.ncsbn.org/motions.htm. Once submitted, these are automatically forwarded to the President and the Parliamentarian.

D. Review by Resolutions Committee

a. All main motions must be submitted to the Chair of the Resolutions Committee before being presented to the Delegate Assembly, unless otherwise specified in 5.I. Any item not included in the published business agenda will be treated as New Business.

E. Meeting with Parliamentarian

a. Motion-makers are expected to meet with the Parliamentarian during onsite office hours to review and refine their submissions prior to Resolutions Committee review.

F. Deadline for Pre-meeting Review

a. The Resolutions Committee will review motions and resolutions submitted by **Thursday, Aug. 20, 2026, at 3:30 pm**. Submitters are encouraged to meet this deadline for timely review.

G. Evaluation Criteria.

a. The Resolutions Committee evaluates submissions based on the following criteria:

i. Alignment with NCSBN's articles of incorporation, bylaws, mission, vision, strategic initiatives, objectives, and policies.

ii. Relevance to current programs and services.

iii. Avoidance of duplication with existing initiatives.

iv. Anticipated legal or business implications.

v. Financial impact, including estimated expenses, revenues, and funding.

vi. Urgency—whether immediate Delegate Assembly action is needed or further study is advisable.

H. Resolutions Committee Meetings

a. The Resolutions Committee will convene on **Thursday, Aug. 20, 2026, at 3:30 pm** and will arrange to meet with each main motions submitter during the meeting. The Committee will help prepare main motions for Delegate Assembly presentation and provide a formal recommendation—either for

immediate action or further study. During the Delegate Assembly, the Committee Chair will present the Committee's analysis and recommendation for each item reviewed.

I. Submitting New Business After the Deadline
   a. If a delegate wishes to submit a main motion after the Aug. 20 deadline:
      i. The item must be submitted as New Business and first provided to the Chair of the Resolutions Committee.
      ii. A written analysis must accompany the submission, addressing how the item aligns with the evaluation criteria outlined in Section 5.G.
      iii. The form must be submitted via https://www.ncsbn.org/motions.htm, and copies provided to the Resolutions Committee Chair, Parliamentarian and motion-maker.
      iv. Introduction of the item requires a **majority vote of delegates, without debate.**
      v. The Resolutions Committee will inform the Delegate Assembly if any required analysis is missing and may recommend deferring a vote pending further review.

6. Debate at Business Meetings

A. Order of Debate: Delegates shall have the first right to speak. Non-delegate members and employees of U.S. members and exam user members, 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 President, the speaker shall state their name and nursing regulatory body or organization.

C. A red card raised at a microphone interrupts business for the purpose of a point of order or an appeal. A red card may also be used for a question of privilege, orders of the day, or a parliamentary inquiry. Such questions may interrupt a speaker or other item of business if urgent; the President shall determine if the debate will be halted to take up the member's request.

D. No person may speak in debate more than twice on the same question on the same day, or longer than four (4) minutes per speech, without permission of the Delegate Assembly, granted by a majority vote without debate.

E. A timekeeper will signal when the speaker has one minute remaining and when the allotted time has expired. Ushers raising a red card will indicate that allotted time had expired.

F. The Delegate Assembly may go into executive session by a majority vote. The enacting motion shall specify those permitted to attend beside the regular delegates and members of the NCSBN Board of Directors.

7. Nominations and Elections

A. Definitions:
   a. **Majority Vote**: A majority vote means more than half of the total votes cast by registered delegates.
   b. **Plurality Vote**: A plurality vote is the largest number of votes to be given to any candidate.

B. A Slate of Candidates that were vetted by the Leadership Succession Committee at their April 2026 meeting will be presented in the Business Book.

C. Members who indicate their intention to be nominated from the floor by Aug. 18, at 12 pm Central are required to submit their completed application form and meet with the Leadership Succession Committee:
   a. Applicants who submit their application by July 8, 2026 at 5 pm Central will meet with the Leadership Succession Committee virtually on Wednesday, July 22, 2026, between 1 and 2 pm Central.

b. Applicants who submit an application after July 8, but by Aug. 18, 2026, at 12 pm Central will meet with the Leadership Succession Committee in person on Aug. 18, 2026, between 3 and 5 pm Central.
c. A motion to nominate someone from the floor must be made by a delegate.
d. After being acknowledged by the President, the delegate making the nomination from the floor shall have two minutes to list the qualifications of the nominee.

D. Members who indicate their intention to be nominated from the floor after Tuesday, Aug. 18, 2026 at 12 pm Central, are not precluded from running.
   a. A motion to nominate someone from the floor must be made by a delegate.
   b. After being acknowledged by the President, the delegate making the nomination from the floor shall have two minutes to list the qualifications of the nominee.

E. From-the-floor Candidates are added to the Slate of Candidates during the Presentation of the Slate of Candidates at the Delegate Assembly Opening Ceremony on Wednesday, Aug. 19, 2026. Campaigning by or for candidates nominated from the floor is not permitted until the candidate has been nominated from the floor and added to the Slate of Candidates.

F. Candidates may begin campaigning only after they've been added to the Slate of Candidates and may do so via the following avenues:
   a. The NCSBN Campaign webpage (not available for from the floor candidates),
   b. At the welcome reception (not available for from the floor candidates),
   c. At the candidate forum,
   d. Wearing a ribbon on their name tag, designating themselves as a candidate,
   e. Conversing with attendees to informally present their positions during Annual Meeting events outside of formal Delegate Assembly business sessions.

G. Campaign activity shall not include: distribution of printed materials, email, texts or other electronic broadcasts, gifts, favors or other inducements to vote.

H. Use of social media for campaigning is prohibited.

I. The voting strength for the election shall be determined by those registered by 8:30 am central on Thursday, Aug. 20, 2026.

J. Election for officers, directors, and members of the Leadership Succession Committee shall be held during the Delegate Assembly meeting on Thursday, Aug. 20, 2026.

K. If more than one position is listed on a ballot, each delegate may cast one vote for each position. Voting will be done electronically.

L. If more than one position is listed on a ballot and more candidates receive a majority vote than there are open positions, the candidates receiving the highest number of votes shall be selected. For example, if there are five candidates for two open positions, and three of the candidates receive a majority vote, the two candidates with the highest number of votes shall be selected.

M. If no candidate receives the required vote for an office or there is a tie, and repeated balloting is required, the President shall announce run-off candidates and the time for the run-off balloting.

N. For those positions that require a majority vote for election: 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:
   a. 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.

b. 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.

c. If more than one position is not filled by a candidate(s) receiving a majority vote on the first ballot, the runoff 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.

d. 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.

e. 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 drawing lots.

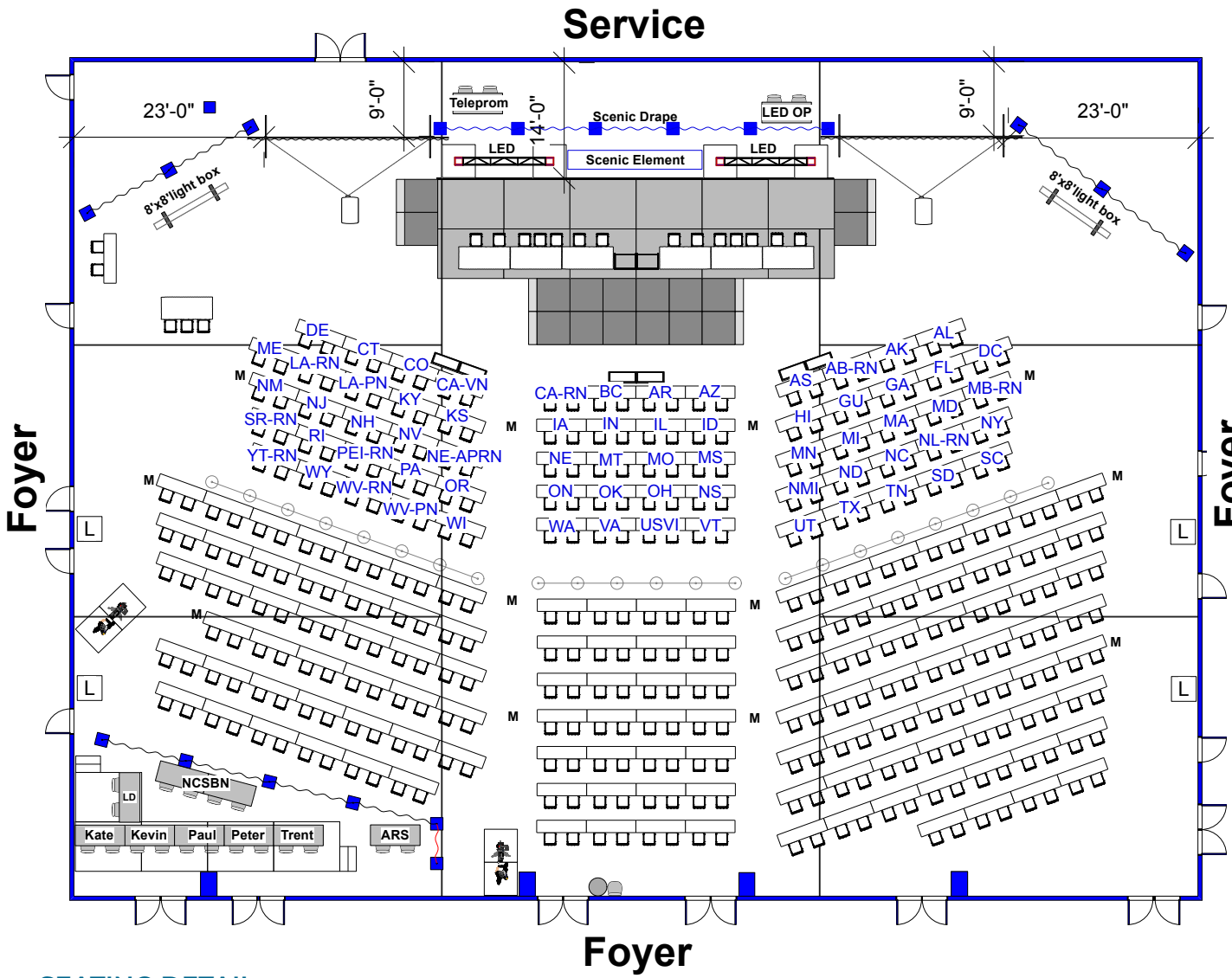
8. Forums

A. Scheduled Forums: The purpose of scheduled forums is to provide information helpful for decisions and to encourage dialogue among all delegates on the issues presented at the forum. All delegates are encouraged to attend forums to prepare for voting during the Delegate Assembly. Forum facilitators will give preference to voting delegates who wish to raise questions and/or discuss an issue. Guests may be recognized by the President to speak after all delegates, non-delegate members and employees of member boards have spoken.

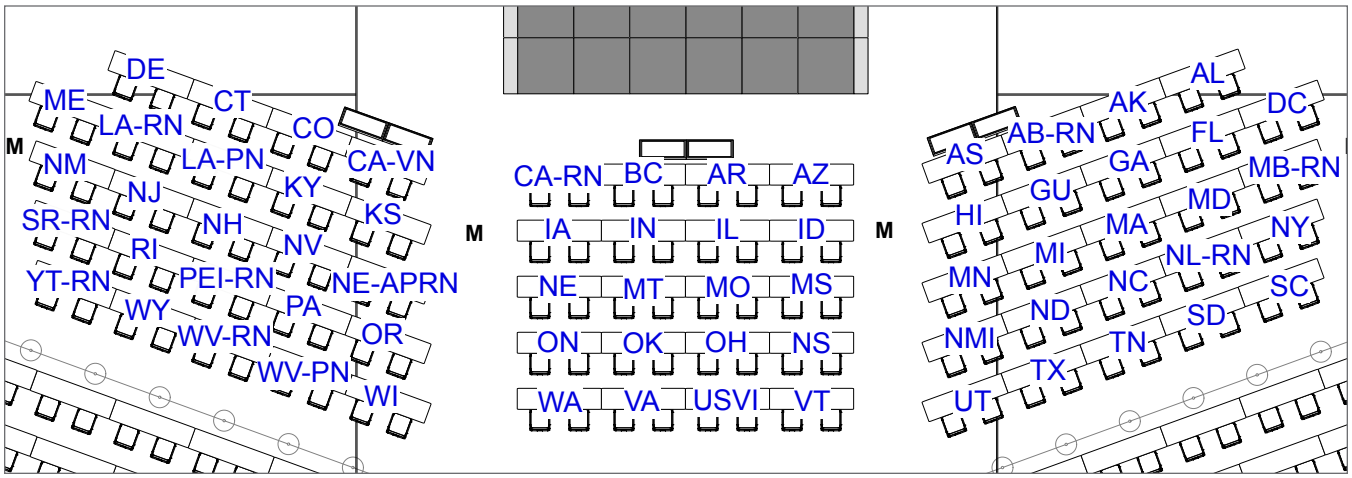
B. Open Forum: Open forum time may be scheduled to promote dialogue and discussion on issues by all attendees. Attendee participation determines the topics discussed during an Open Forum. The President will facilitate the Open Forum.

C. To ensure fair participation in forums, the forum facilitators may, at their discretion, impose rules of debate.

NCSBN Delegate Seating Chart



SEATING DETAIL



Directions for Obtaining Continuing Education (CE) Contact Hours for the 2026 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. At the conclusion of the meeting on Friday, confirm your CE attendance by scanning your name badge at the iPads available at the registration desk.
2. NCSBN will email the electronic evaluation form, which must be completed in order to obtain CE contact hours.
3. Once the evaluation has been completed, you will receive your electronic certificate of completion automatically. The deadline to complete the electronic evaluation is **Friday, Sept. 4, 2026**.

If you have any questions, email Qiana McIntosh at qmcintosh@ncsbn.org.

Provider Number: ABNP1046, expiration date, July 2027

Section II: **Committee Reports**

REPORTS WITH RECOMMENDATIONS

INFORMATIONAL REPORTS

Summary of Recommendations to the 2026 Delegate Assembly

Board of Directors' (BOD) Recommendations:

1. Adopt the proposed revisions to the Model Act and Model Rules.

Rationale:
The proposed revisions to the Model Act and Model Rules are recommended by the Model Act and Model Rules Committee. These changes are sought to reflect the current regulatory environment across education, licensure, practice and enforcement.

Fiscal Impact:
None.

2. Increase the NCLEX-RN® & NCLEX-PN® to $350 USD and the NCLEX-RN® Canadian Fee to $570 CAD, effective February 2027.

Rationale:
The NCLEX® exam fee increase is expected to support positive operating margins and long-term financial sustainability.

Fiscal Impact:
The NCLEX exam fee increase is expected to support positive operating margins and long-term financial sustainability.

Leadership Succession Committee (LSC) Recommendation:

3. Adopt the fiscal year 2026 (FY26) slate of candidates presented by the LSC through determination of qualifications and geographic distribution for inclusion on a ballot for the election to the BOD and LSC.

Rationale:
The LSC has prepared the 2026 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all candidates, and attention to the goals and purpose of NCSBN. Full biographical information and application responses for each candidate are posted in the Business Book under the Report of the LSC.

Fiscal Impact:
Incorporated into the FY27 budget.

Report of the Board of Directors (BOD)

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Fiscal Impact:
Incorporated into the FY27 budget.

Board Members

Phyllis Polk Johnson, DNP, APRN, FNP-BC, FNAP
Mississippi, Area III, President

Vacant
President-elect

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

Carolyn Jo McCormies, DNP, APRN, FNP-BC
Arizona, Area I Director

Sue Painter, DNP, RN
West Virginia RN, Area II Director

Jenny Barnhouse, DNP, RN
Oklahoma, Area III Director

Barbara Blozen, EdD, MA, RN-BC, CNL
New Jersey, Area IV Director

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

Ann Oertwich, PhD, RN
Nebraska, Area II, Director-at-Large

Missy Poortenga, MHA, RN
Montana, Area I, Director-at-Large

Tammy Vaughn, MSN, RN, CNE
Arkansas, Area III, Director-at-Large

Staff

Philip Dickison, PhD, RN
Chief Executive Officer

Chelsea Kelley
Director, Executive Office

Dalilah Hill
Executive Assistant, Executive Office

Andrew Hicks
Senior Associate, Executive Office

Kay Watson
Coordinator, Executive Office

Meeting Dates

Aug. 15, 2025 (Post Delegate Assembly Board Meeting, Chicago)

Sept. 23–24, 2025 (Board Meeting, Chicago)

Highlights of Business Activities

2026–2030 Strategic Initiative Plan

Strategic Initiative Statement

We protect the public and the trust in nursing by providing innovative regulatory solutions, insights and expertise.

The objectives are:

Model Act and Rules Advancement

Strengthen nursing regulation nationwide by updating the Model Act & Rules into a streamlined, evidence-based framework that provides member boards with contemporary standards across licensure, governance, practice, education and discipline.

Governance and Bylaws Alignment

Align NCSBN's governance structure and bylaws with strategic priorities to strengthen organizational effectiveness and advance regulatory excellence.

Member Learning Transformation

Advance regulatory excellence by transforming the International Center for Regulatory Scholarship (ICRS) into a comprehensive, on-demand learning program with approachable, real-world experiences that help members succeed today and excel tomorrow.

Oct. 20–22, 2025 (Strategy Retreat, Palm Springs, California)

Dec. 9–10, 2025 (Board Meeting, Chicago)

Feb. 10–11, 2026 (Board Meeting, Chicago)

May 5–7, 2026 (Board Meeting, Chicago)

July 7–8, 2026 (Board Meeting, Chicago)

Attachments

Attachment A:
2026–2030 (FY26–30) Strategic Progress Report

Attachment B:
2026 Midyear Meeting NCLEX Fee Considerations Presentation Slides

References:
2026 Midyear Meeting NCLEX Fee Considerations Presentation Video
(Member Login Required)

Professional Growth Program

Cultivate employee growth and build organizational capacity by developing leadership capabilities and the skills needed to meet rapidly evolving business demands and drive long-term success.

Championing the APRN Compact

Expand access to care with a licensure-only model for the APRN Compact, building on the Nurse Licensure Compact's proven model for successful state adoption and licensure mobility across state lines while preserving public protection.

Member Engagement Evolution

Create an environment where member boards can easily engage, consult, and collaborate on key issues surrounding nursing regulation and the trust of nursing.

Regulatory Metrics Modernization

Empower member boards with actionable insights by developing a comprehensive regulatory metrics framework and making data accessible, enabling them to measure their impact and effectiveness while driving continuous improvement.

Remote Proctoring Innovation

Expand candidate access and build exam administration resilience by implementing remote NCLEX testing while maintaining exam security and integrity.

Further information on the accomplishments and future activities of the current Strategic Plan can be found in Attachment A.

Government Affairs

State and federal affairs efforts continued to advance nursing regulatory priorities and support NCSBN members. The Federal Affairs and State Affairs teams focused on building and sustaining relationships with key stakeholders to advance and partner on key policy priorities. Federal Affairs engaged regularly with congressional offices and the administration, including holding monthly meetings with the bipartisan House Nursing Caucus. The team also sought information for members by connecting with federal agencies such as the Centers for Medicare and Medicaid Services (CMS), the Department of Education (DOE), the Department of Labor and the Veterans Health Administration.

Federal advocacy remained focused on protecting state licensure authority and advancing workforce priorities. NCSBN continued robust advocacy for the States Handling Access to Reciprocity for Employment (SHARE) Act, working closely with congressional sponsors, coalition partners, and developing an advocacy strategy for movement on the legislation. Staff also remain deeply engaged in ongoing efforts to reauthorize Title VIII Nursing Workforce Development Programs, coordinating with the Nursing Community Coalition (NCC), supporting bipartisan reauthorization legislation, and meeting regularly with congressional champions. NCSBN worked within the NCC and Tri-Council for Nursing to develop and execute a multifaceted advocacy campaign in response to the DOE's implementation of new student loan limits and worked with membership to activate a robust response from nursing regulators. Federal monitoring and engagement also addressed executive branch actions affecting nursing, including federal workforce reductions, agency restructuring, rural health funding through the Rural Health Transformation Program (RHTP), telehealth flexibilities, and evolving federal policy related to AI, occupational licensure and constitutional limits on professional regulation.

The State Affairs team provided policy analysis, environmental scans, and strategic support to members facing complex or high-impact legislation. The Policy Knowledge Network hosted a Public Policy Process Series covering the five critical steps of the policy process. State-based campaign work continued across the Nurse Licensure Compact (NLC) and NursingAmerica campaigns. Across campaign states, staff integrated research, state-specific data, and federal funding incentives to support evidence-based policymaking and legislative momentum.

The APRN Compact redesign process launched and work continues around development of a licensure mobility process for APRNs that promotes greater access to safe and quality care.

Education

In April 2026, the Education department hosted the Advanced Leadership Institute (ALI) in New Orleans, celebrating the participants who completed the ICRS certificate program. During this two-day working summit, 43 participants from across the U.S. and Canada analyzed their approach to leadership during times of intense pressure or crisis, united to solve a complex regulatory challenge rooted in evidence and celebrated one another at the awards ceremony and dinner.

Building on this momentum and based directly on member feedback, the Education department is actively developing Meridians: NCSBN Learning Hub, launching in October 2026. To ensure relevance to members, the Education department established an Education Advisory Group, comprised of professionals from various nursing regulatory body (NRB) roles, to align the curriculum with today's regulatory landscape. Built on the high standards that made ICRS successful, this evolution offers a flexible structure tailored to the daily realities of NRB staff and board members. Meridians will include flexible, on-demand learning with real-time sessions for practical application, plus regularly scheduled opportunities for connecting and consulting with other members and subject matter experts. Select content from ICRS will be updated and launched within Meridians, while other frequently used resources will transition directly and remain accessible pending future updates.

Research

The Research department launched the 2026 National Nursing Workforce Survey in late March 2026, partnering with The National Forum of State Nursing Workforce Centers to conduct the largest and most comprehensive survey of the U.S. nursing workforce. This study provides regular updates on the supply of nurses in the country, including details on their demographic and practice profiles. Findings from the 2026 survey will be published in the April 2027 issue of the *Journal of Nursing Regulation*.

The Research department has also sought to deepen engagement with NRBs to craft a member driven research agenda that focuses on regulators' most pressing challenges. In the coming months, the Research department will incorporate feedback from the Midyear Meeting to augment and refine its ongoing project flow to ensure member priorities inform every aspect of the work in which we engage. Among the topics that will take priority are prelicensure education, advanced practice registered nurse (APRN) scope of practice, licensure, workforce mobility and discipline. In advance of that work, Research staff have forthcoming publications in the *Journal of Nursing Regulation, Nursing Outlook*, the *American Journal of Nursing*, and the *Journal of Advanced Nursing*.

NCLEX® Examination

In 2025, the RN and PN standard setting studies took place, reevaluating the performance standards last set in 2023. After reviewing the results of the studies along with additional supporting information, the BOD voted to keep the standard the same for the next three-year cycle. The teams have also been actively involved in research around the use of assistive technology at multiple points of the test development process, teaching and measuring clinical judgment, advanced psychometric methods and test security.

Marketing and Communications

NCSBN continues to advance its mission through sustained marketing and communications efforts that build on the success of recent years. Overall work is focused on clearly and consistently communicating the value of nursing regulation to protect the public and the trust in nursing.

Promotional activities this year emphasize NCSBN's data, solutions and expertise, including Nursys® and research published in the *Journal of Nursing Regulation*. These efforts also highlight programs such as NCSBN Grants, Regulatory Scholars and the National Nursing Education Database developed through the Annual Report Program. The "This Very Moment" brand campaign highlights the immediacy and frequency with which millions of people place their trust in nursing across care settings, and NCSBN's role in protecting that trust through policy, data and innovation.

Content and social media efforts continue to grow, with increased focus on articles, publications and digital storytelling to support awareness and understanding of nursing regulation. This includes the introduction of externally placed articles alongside expanded content on NCSBN's own platforms. Public relations efforts remain centered on ongoing media pitching, relationship-building and thought leadership, with attention to expanding reach across national and niche outlets to strengthen visibility and credibility.

Customer Experience

Zendesk Messaging and AI Agent were successfully implemented, modernizing our customer engagement model and strengthening service scalability. The migration to unified messaging enabled seamless, real-time conversations across digital channels while preserving full context for both customers and agents. The introduction of Zendesk's AI Agent has increased automation of routine inquiries, improved response consistency, and enabled 24/7 self-service without compromising quality. Together, these capabilities have streamlined operations, reduced dependency on manual handling for repetitive requests and allowed human agents to focus on higher value, complex interactions. This implementation positions NCSBN's Customer Experience department as a strategic differentiator while supporting growth and operational efficiency.

Nursys®

For more than 25 years, Nursys has served as the national database for nurse licensure and discipline information. All 58 NRBs in the U.S. contribute data to Nursys. Additionally, 40 NRBs share advanced practice licensure data. Nursys contains information for more than 5.8 million nurses with active licenses.

Nursys.com remains essential for public protection, with more than 23 million QuickConfirm nurse license and discipline searches last year. The Nursys® e-Notify service, which sends license status alerts, continues to expand: Institution e-Notify covers 17,500+ institutions and 3.3 million nurses, while Nursys e-Notify has 1.25 million enrollees. Nurse e-Notify is also piloting a new program to automatically pre-enroll all licensees for a state. Recently, Nursys e-Notify added multifactor authentication for all account holders to enhance login security.

Nursys® in Canada is a separate instance of Nursys that is entirely hosted within Canadian borders. Currently 10 Canadian nursing regulatory bodies are contributing data to Nursys in Canada..

Optimal Regulatory Board System (ORBS®)

ORBS is a license and enforcement management system provided by NCSBN to its U.S. member boards of nursing (BONs). Currently, 19 BONs utilize ORBS with South Dakota being the most recent addition. All public portals within the ORBS suite have achieved compliance with the Web Content Accessibility Guidelines (WCAG), ensuring alignment with federal requirements for state websites.

Information Technology (IT)

The IT department continues to provide multifaceted support to the organization. Automation efforts for Human Resources, Meetings and Government Affairs have streamlined processes and improved operations. The expanding data repository platform supported new initiatives from Education Policy and Research. The Microsoft Copilot AI assistant was also rolled out to increase staff productivity. Security improvements are continuous, including recently upgraded network access controls and advanced data protection measures.

Information Security Assurance

NCSBN achieved annual GovRAMP re-authorization on April 21, 2026, for the Nursys, ORBS and Passport systems. GovRAMP is a cybersecurity assessment required by most state governments. GovRAMP requires compliance with security and privacy controls from the NIST 800-53 Rev. 5 framework, annual audits and continuous monitoring by GovRAMP.

NCSBN is the custodian of diverse, large-scale data sets and maintains stakeholder trust through robust cybersecurity and privacy governance, risk management, compliance and security operations. NCSBN continuously enhances its cybersecurity and privacy program to keep pace with an evolving threat environment. NCSBN's commitment to safeguarding the data entrusted to us is reflected in a strong, organization wide culture of security. All staff complete annual privacy and security awareness training and engage in ongoing, randomized phishing simulations.

Nurse Licensure Compact (NLC)

In FY26, the NLC is happy to report that there are presently 43 jurisdictions which have enacted the NLC. Massachusetts, Guam and the U.S. Virgin Islands are in the NLC implementation phase. In the past fiscal year, the implementation of the NLC in Connecticut was completed. Current important operational activities of the NLC includes the commencement of work in four key areas: (1) the three-year comprehensive review of NLC Policy Manual, (2) a comprehensive review of the NLC Rules which may lead to a future NLC rulemaking session, (3) the comprehensive review of all NLC educational materials and videos for currency, and (4) staff is engaged in the development of a virtual orientation session for new NLC commissioners focusing on the role of the

commissioner. Additionally, staff provided NLC Training at 10 BONs as well as presented 11 public monthly NLC webinars. Finally, the biennial Virtual NLC Legal Forum took place in June/July 2026.

NCLEX® Online

NCSBN continues to advance NCLEX Online through research, design refinement and early-stage testing of new platforms. That work has focused primarily on enhancing the candidate experience and strengthening regulatory board tools. Each phase is building towards an ecosystem that meets NCSBN's high standards while ensuring examination security and validity remain central.

Strategic Partnership Meeting Attendance by BOD and/or NCSBN Staff

- Academic Nursing Leadership Conference (ANLC)
- American Association of Nurse Practitioners (AANP) Annual Meeting
- American College of Nurse Midwives Annual Conference
- Council on Licensure, Enforcement & Regulation (CLEAR) Annual Education Conference
- Council on Licensure, Enforcement & Regulation (CLEAR) Winter Symposium
- Federation of Associations of Regulatory Boards (FARB) Annual Forum
- Occupational English Test (OET) Roundtable

Examinations

- BOD reviewed the data and analysis for the standard setting to set the policy for the next three years.
- Continued involvement in top industry groups: I.C.E., CLEAR and ATP.
- Publications:
  - A book chapter evaluating current methodologies for teaching and measuring clinical judgment in nursing education accepted for publication.
  - Published manuscripts related to research work on machine learning, GenAI, psychometrics, and clinical judgment.
- More than 10 presentations and outreach to nursing conferences and educational programs.
- More than 20 presentations at national and international conferences related to test security, psychometrics, and machine learning/GenAI.

Policy, Research & Education

- The BOD identified and appointed eight members to the Regulatory Metrics Committee.
- The BOD identified and appointed seven members to the Substance Use Disorder Resources Committee.
- The BOD convened the executive officers to explore the concept of a licensure only model and consider other revisions to the APRN Compact.
- The BOD reviewed and discussed the 2026 Environmental Scan Report.
- The BOD reviewed and discussed the Midyear and Annual Meeting theme and educational content.
- The BOD reviewed and discussed the Midyear Meeting and Area Meetings.
- The BOD reviewed and discussed the Model Act and Model Rules Committee report.
- The BOD reviewed and discussed the LSC report.
- The BOD reviewed and discussed the Annual Research Agenda.
- The BOD reviewed and discussed the launch of the 2026 National Nursing Workforce Survey.
- The BOD reviewed education and advocacy efforts within state legislatures throughout the year, including collaborative efforts with the government relations firm Prime Policy Group.

- The BOD was kept informed of progress on the NLC and NursingAmerica Campaigns, including legislative activity, implementation challenges, and emerging opportunities linked to federal and state policy developments.
- The BOD reviewed and discussed auto enrollment of licensees in Nursys e-Notify.

Finance

- The BOD reviewed and approved the annual budget for FY26.
- The BOD reviewed and approved the FY25 quarterly and annual Financial Statements for Fiscal Year ended Sept. 30, 2025.
- The BOD reviewed and approved the plans for the Financial Audit and the 403(b) DC and 403(b) TDA Retirement Plan audits.
- The BOD accepted the independent auditor's financial statement report for the fiscal year ended Sept. 30, 2025.
- The BOD reviewed the 2024 IRS Form 990 for the fiscal year ended Sept. 30, 2025.
- The BOD accepted the independent auditor's reports for the NCSBN 403(b) DC Plan and the NCSBN 403(b) TDA Plan for the plan year ended June 30, 2025.
- The BOD reviewed and discussed NCSBN's investment portfolio performance.
- The BOD reviewed and approved a revision to the Investment Policy 8.5.
- The BOD reviewed and approved the Finance Committee recommendation to raise the NCLEX-RN, NCLEX-PN and Canadian NCLEX-RN fees.
- The BOD reviewed and approved the NCLEX Fee Policy.

Information Technology (IT)

- The BOD received the Nursys Annual Report.
- The BOD received an annual report on the NCSBN data security program, compliance activities and audit results.

Operations

- The BOD appointed members to two new committees, Substance Use Disorder Resource and Metrics Committees.
- The BOD was informed of webinars supporting the awards campaign and the early Oct.1 launch.
- The BOD received an update on the annual Executive Officer Orientation, delivered as a series of virtual sessions.
- The BOD was informed that NCSBN hit ticket number 1,000,000 on April 7 in the customer service software Zendesk.
- The BOD received the annual Nursys Report.
- The BOD received the Meeting Performance and Outcome reports.
- The BOD received a report on the usage of the Resource Fund.
- The BOD reviewed a request on e-Notify Auto Enrollment.
- The BOD reviewed the updated M1 report with newly added visual health indicators for strategic objective projects.

Attachment A:
NCSBN Strategic Plan
Fiscal Year 2026–2030 (FY26–30)
Annual Strategic Plan Progress Report
October 2025 – May 2026

During the December 2025 Board of Directors (BOD) meeting, the BOD approved extending the strategic planning cycle from three years to five years and adopted a focused set of strategic objectives to guide organizational priorities throughout the 2026–2030 planning cycle.

This report provides an update on progress toward the fiscal year 2026–2030 (FY26-30) strategic objectives.

Model Act and Rules Advancement
Strengthen nursing regulation nationwide by updating the Model Act & Rules into a streamlined, evidence-based framework that provides Member Boards with contemporary standards across licensure, governance, practice, education and discipline.

FY26 Accomplishments

- Licensure and Governance, Discipline, Education and Practice subgroups met to review and discuss changes to the Model Act and Model Rules documents.
- The full committee met in November 2025 to discuss all changes and determine additional areas that required modification.
- Presented draft of revised documents to the NCSBN BOD at the February 2026 meeting.
- Presented an overview of the proposed edits to members at the 2026 Midyear Meeting.

Future Activities

- Present final documents to the 2026 Delegate Assembly for adoption.

Championing the APRN Compact
Expand access to care with a licensure-only model for the APRN Compact, building on the Nurse Licensure Compact's proven model for successful state adoption and licensure mobility across state lines while preserving public protection.

FY26 Accomplishments

- The team hosted an APRN Compact webinar with executive officers on Dec. 17, 2025.
- A President-to-President communication was distributed to AANP, NACNS, AANA, ACNM, and ANA on Dec. 17, 2025.
- The team hosted a meeting with current APRN Compact enactment states.
- Partnered with the Marketing& Communications department to develop communication resources for executive officers (EOs) and board of nursing (BON) presidents including talking point documents and slide decks for internal and external partners.

- The APRN Compact website changes were implemented and dedicated landing pages for APRN Compact related materials were developed on the EO Network and Presidents Network HIVE sites.
- A presentation was given at the 2026 Midyear Meeting to provide a historical timeline of the issue, the BOD charge, and next steps forward.
- The first APRN Compact redesign session with EOs was held on March 31st. This meeting consisted of a Q&A session where staff proposed questions to members to drive conversation and better understand areas of discussion for the remainder of the design process.

Future Activities

- Additional redesign webinars and development of redesigned language.
- Stakeholder outreach plan development and execution.
- NCSBN member communication and feedback opportunities.

Governance and Bylaws Alignment

Align NCSBN's governance structure and bylaws with strategic priorities to strengthen organizational effectiveness and advance regulatory excellence.

FY26 Accomplishments

- A listening tour and an executive summary were written with membership feedback in 2025.
- The Governance & Bylaws Committee met on Jan. 29, 2026, and went through each of the findings related to the charges to recommend propose changes to the BOD for the February BOD meeting.
- The Governance & Bylaws Committee presented an update at the 2026 Midyear Meeting.
- The BOD met in May 2026 to review the committee's recommendations and membership feedback from 2026 Midyear Meeting.

Future Activities

- The BOD will work with the membership over the remainder of FY26 and into FY27 to provide information and clarification on the recommendations.
- The BOD will propose changes for approval at the 2027 Delegate Assembly.

Member Engagement Evolution

Create an environment where Member Boards can easily engage, consult, and collaborate on key issues surrounding nursing regulation and the trust of nursing.

FY26 Accomplishments

- In Q1 2025, member engagement focus groups were conducted to gather insights on the perceived value of NCSBN Membership and key factors influencing engagement. Findings were analyzed and organized to inform a strategic initiative within the current strategic planning cycle.
- Four focus pillars have been identified for this objective: Communications, Mentoring, Networking and Member Connection, and Technology Enablement. Each pillar will be supported by targeted initiatives aligned to strategic priorities.

Future Activities

- The Member Engagement team will gather feedback from stakeholders to further develop the targeted initiatives in Q3 2026.
- The final comprehensive list of initiatives for each pillar will be shared with all stakeholders.

Member Learning Transformation

Advance regulatory excellence by transforming the International Center for Regulatory Scholarship (ICRS) into a comprehensive, on-demand learning program with approachable, real-world experiences that help members succeed today and excel tomorrow.

FY26 Accomplishments

- Configuration of the Docebo Learning Management System (LMS) platform kicked off in November 2025. A marketing strategy for the new system is also in development.
- The ICRS certificate program phase out is underway as of February 2026.
- Meridians - NCSBN Learning Hub production pre-work is underway.
- Advanced Leadership Institute commenced in April 2026.

Future Activities

- Complete marketing strategy, plan for customer experience strategy and automated CEU issuance process.
- Finalize development of Docebo LMS and Activate Payment Gateway.
- Complete Program Map and Learner Competency Matrix.
- Marketing strategy, financial strategy, and customer experience support workflows are operationalized.
- Begin development of new Meridians learning offerings.

Regulatory Metrics Modernization

Empower member boards with actionable insights by developing a comprehensive regulatory metrics framework and making data accessible, enabling them to measure their impact and effectiveness while driving continuous improvement.

FY26 Accomplishments

- In December 2025, eight members were appointed to the Regulatory Metrics Committee by the BOD and internal staff were identified to support the project.
- The project kickoff was hosted on Jan. 27-28, 2026. The committee reviewed the CORE survey and discussed data that could be obtained from existing NCSBN sources.
- Key regulatory metrics were identified from the survey and data sets reviewed.

Future Activities

- Finalize list of key regulatory metrics that should be incorporated into the final product.
- Identify potential gaps in current data and propose additional data collection streams necessary to address them.

- Create a recommendation for how to collect, aggregate and present identified metrics in a manner that facilitates and supports members' mission of public protection.

Professional Growth Program

Cultivate employee growth and build organizational capacity by developing leadership capabilities and the skills needed to meet rapidly evolving business demands and drive long-term success.

FY26 Accomplishments

- Phase 1 discovery identified more than 20 solutions to address employee skill, knowledge and information needs.
- Several priority initiatives have advanced into active development, including chief leadership development program, director leadership development program, LinkedIn Learning for on-demand and core business skill development, technology roadmap and training, skill enhancement, and living our values.

Future Activities

- Projects currently in development will be implemented incrementally throughout FY26, allowing for phased delivery and continuous improvement.
- Additional professional growth initiatives will enter development in FY27, consistent with the multiyear roadmap established for the program.

Remote Proctoring Innovation

Expand candidate access and build exam administration resilience by implementing remote NCLEX® testing while maintaining exam security and integrity.

FY26 Accomplishments

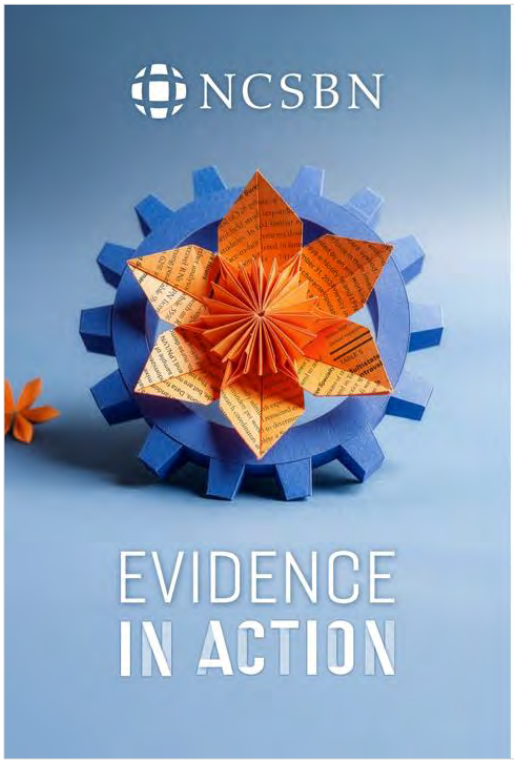
- As of January 2026, the project team are testing the Item Banking Console.
- Internal subject matter experts and consultants are meeting regularly to share information and transfer knowledge.

Future Activities

- Testing on other consoles to get started in Q3 of 2026.
- Developments will continue through the remainder of FY26.

Attachment B: **2026 Midyear Meeting NCLEX Fee Considerations Presentation Slides**

View the **2026 Midyear Meeting NCLEX Fee Considerations Presentation Video** (Member Login Required).

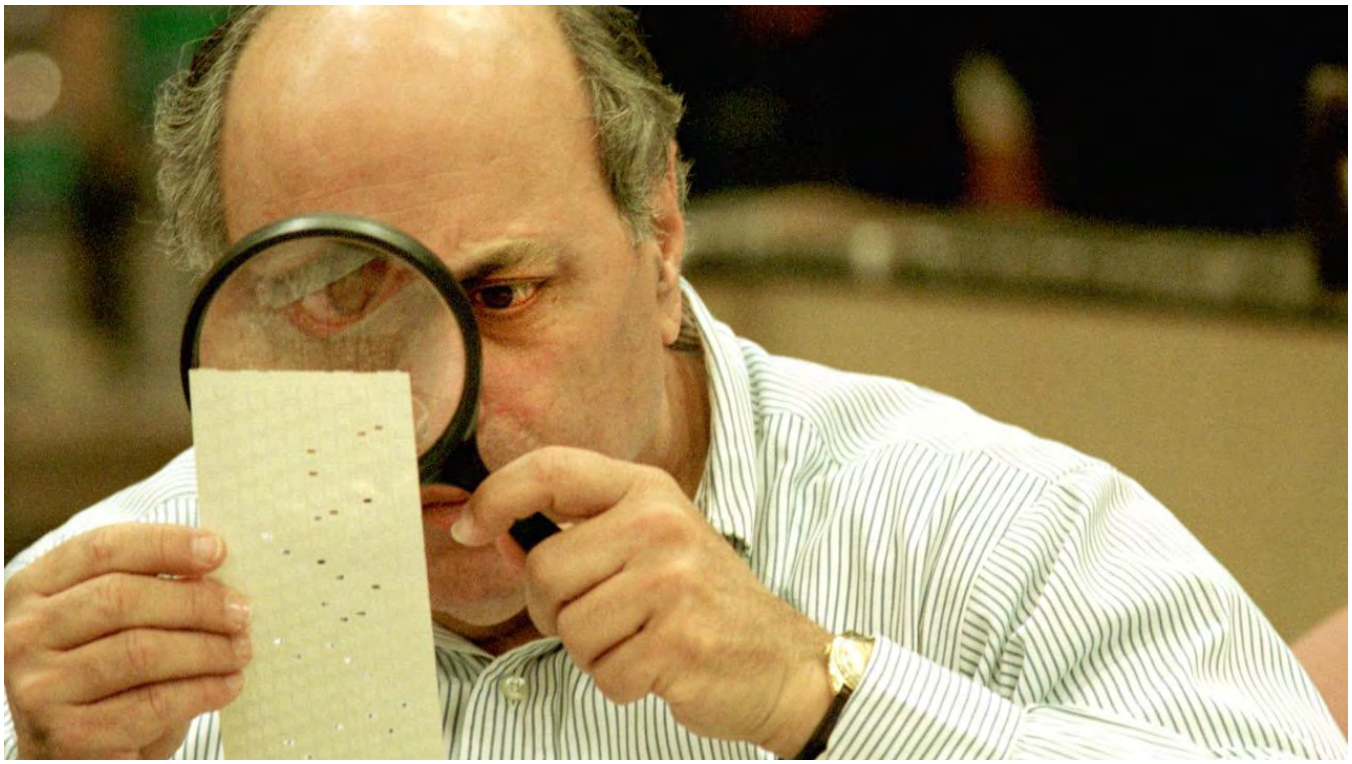


NCLEX FEE Considerations

Phyllis Polk Johnson, DNP, RN, FNP-BC
Lori Scheidt, MBA-HCM
Phil Dickison, PhD, RN


Dialing Progress


J-PHONE
by SHARP




DiskonKey™

NCLEX®

We Must Ensure Our Ability to Serve

FINANCE COMMITTEE

(Back Row)
Jeremy L. Cummins, LPN, MLS, LNHA
Mississippi, Area III

Donald Bucher, DNP, MSN, CRNP
Pennsylvania, Area IV

Phillip Petty, RN
Arkansas, Area III

(Front row)
Michael Starchman, RN, CPA
Oklahoma, Area III

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

Dan Li, CPA, MBA
Saskatchewan, Exam User Member

Also pictured:
Sally Beach, CPA
Chief Financial Officer, NCSBN

Finance Committee Article X Bylaws

Reviews annual budget

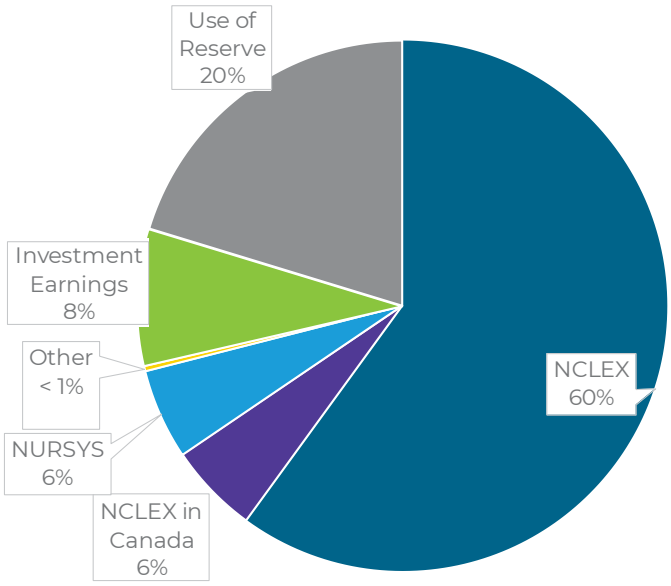
Reviews investments and audit

Recommends a budget to the Board of Directors

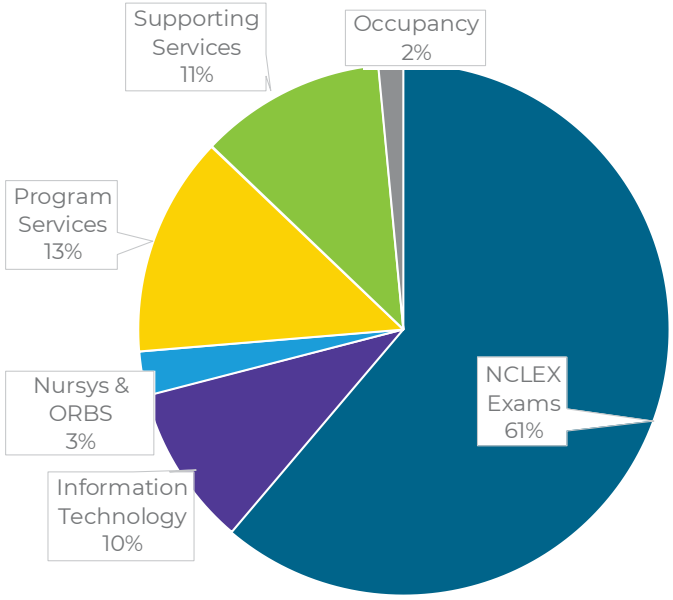
Advises the Board on fiscal policy

2026 NCSBN MIDYEAR MEETING March 17–19, 2026 · Phoenix

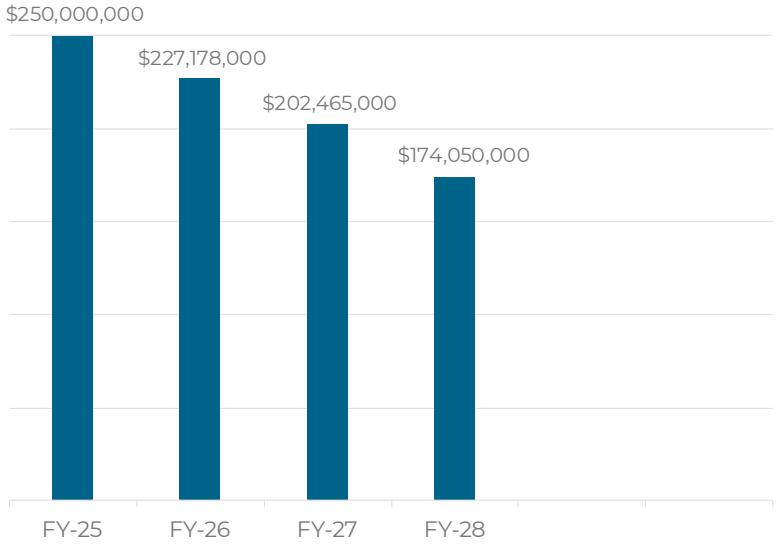
Source of Funds



Use of Funds



Projected Value of Fund Balance



NCLEX Fee

1983	2000	2020	2022	2025
The first NCLEX was administered	Delegate Assembly voted to raise the fee from $120 to $200	NCSBN Finance Committee recommended increasing the NCLEX fee The BOD determined that it would not propose a fee increase during pandemic	NCSBN Finance Committee recommended increasing the fee The BOD determined that it would not propose a fee increase and would monitor closely	NCSBN Finance Committee recommended increasing the fee The BOD agreed a fee increase was needed

Our buying power has dropped 50%

With inflation, our dollars buy us half what they did at the turn of the century.

2000-2025

Item	Ave Price in 2000	Ave Price in 2025	Increase
First-Class Stamp	$0.33	$0.78	136%
Loaf of Bread	$0.88	$2.64	200%
Gallon of Gas	$1.51	$3.22	113%
Movie Ticket	$5.39	$10.78	100%
New Car	$21,000	$48,000	129%
Average Home	$207,000	$450,000+	117%+
College Tuition	$4,000	$11,950	298%

All prices are approximate. College prices are public.

If our exam fee had been adjusted for inflation it would be $373 today.

The rising cost of our mission

The cost of our mission has fundamentally increased.

We can't deliver today's services with yesterday's prices.

The rising cost of our mission

In the last 5 years, our cyber liability premiums have risen 127%

In the past 5 years health insurance costs have increased more than 30%

Increase in structure/infrastructure costs

The rising cost of our mission

2.5 cyber attacks per second
6.5 million website attacks each month
2.1 million email attacks
80% are AI creating a 53% increase

GovRAMP
6.7 million lines of code are scanned for vulnerability each year.

NCSBN Margins

RN-US	2000	2002	2025
NCSBN Exam Fee	$120	$200	$200
NCSBN Contract Margin (NCLEX fee minus Pearson's processing costs)	$46.50	$95	$47.89
NCSBN Operating Margin (Total operating results after all NCSBN costs)	-1.6%	30.3%	-18.7%

Reducing Costs

We have reduced expenses overall by 7 million dollars

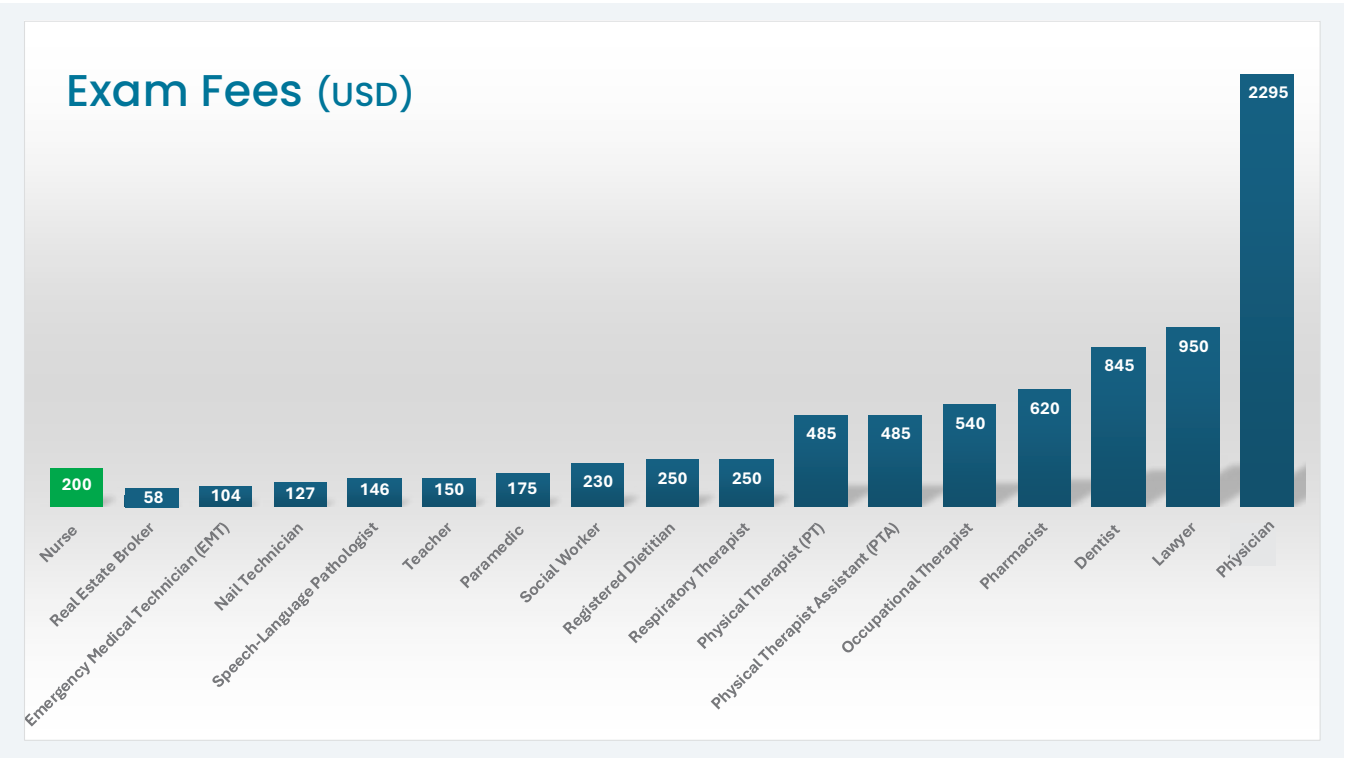
Almost 1 million saved in meetings and travel costs

More than 1.7 million saved from professional services by bringing them in house


Public Protection Requires Innovation
In nursing regulation, innovation is not a luxury, it's a necessity.
Protecting the public means staying ahead of threats, finding solutions to new problems and investing in the future.


NCLEX
ORBS
Optimal Regulatory Board System
ICRS
International Center for Regulatory Scholarship
NCSBN ID
nursys
National Nursing Education Database
25th ANNIVERSARY
NLC
EST. 2000
NURSE LICENSURE COMPACT
Celebrating 25 Years
of Multistate Mobility and Greater Access to Care
JOURNAL OF NURSING REGULATION
Advancing Nursing Excellence for Public Protection
The 2026 NCSBN Environmental Scan:
EVIDENCE IN ACTION
NCSBN
APRN ROUNDTABLE
INSIGHTS FOR IMPACT
April 29, 2026 · Virtual
Register Now
Results of the 2024 National Nursing Workforce Study


We Need Pricing That Reflects True Value
We need a fee that reflects what we deliver: the world's premier licensure exam for the most trusted profession.


Exam Fees (USD)
200
58
104
127
146
150
175
230
250
250
485
485
540
620
845
950
2295
Nurse
Real Estate Broker
Emergency Medical Technician (EMT)
Nail Technician
Speech-Language Pathologist
Teacher
Paramedic
Social Worker
Registered Dietitian
Respiratory Therapist
Physical Therapist (PT)
Physical Therapist Assistant (PTA)
Occupational Therapist
Pharmacist
Dentist
Lawyer
Physician

The NCSBN Board of Directors has voted to recommend adjusting the NCLEX fee to $350 dollars in February of 2027.

The NCSBN Board of Directors has voted to recommend adjusting the NCLEX fee to $350 dollars in February of 2027.

- Adjust for inflation
- Alleviate operating deficits
- Protect us from market volatility
- Guard against uncertainty
- Build a strong financial position in the long-term

NCLEX Fee Update- Five Realities

• Our Buying Power has dropped 50%	Our dollars buy less
• The Rising Cost of Our Mission	Our work costs more
• Public Protection Requires Innovation	We can't stand still
• We Need Pricing That Reflects True Value	We need an appropriate fee
• We Must Ensure Our Ability to Serve	Our mission is at stake

2026 NCSBN MIDYEAR MEETING March 17–19, 2026 · Phoenix

We Must Ensure Our Ability to Serve

We need to act now to continue our mission and build on our successes.

Report of the Leadership Succession Committee (LSC)

Committee Recommendations to the Delegate Assembly:

Adopt the fiscal year 2026 (FY26) slate of candidates presented by the LSC through determination of qualifications and geographic distribution for inclusion on a ballot for the election of the Board of Directors (BOD) and LSC.

Rationale:
The LSC has prepared the 2026 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all candidates, and attention to the goals and purpose of NCSBN. Full biographical information and application responses for each candidate are posted in the Business Book under the Report of the LSC.

Fiscal Impact: Incorporated into the FY27 budget.

Background

Created by a revision to the NCSBN Bylaws at the 2007 Delegate Assembly, the LSC aimed to build upon the work of the Committee on Nominations by ensuring that succession planning is built into the structure of the organization with the rationale that organizational leadership is a strategic, year-round process and that leaders are developed through careful planning, cultivation, orientation, education and involvement in NCSBN.

The LSC has become a visible participant in engaging members in their leadership journeys by enhancing members' awareness of resources available to them, along with assisting in the identification of potential leaders to run for NCSBN office through peer recognition and networking.

The LSC strategies include engaging with NCSBN Members to highlight leadership opportunities, providing pathways to enable members to gain key competencies to prepare them to serve in future leadership positions, and using the Leadership Succession Toolkit which is designed to foster a year-round focus on leadership succession.

Per the bylaws, the LSC considers the qualifications of all nominees for officers and directors of the BOD and the LSC and presents a qualified slate of candidates for vote at the Annual Meeting.

In FY26, the committee met once online and twice in person to fulfill its duties. It hosted a webinar about applications and open positions and was available at the March 2026 NCSBN Midyear Meeting in Phoenix. A summary of activities follows.

Committee Members

Cindy Smith, MN, RN,
Saskatchewan, Exam User Member, (Member-at-Large), Chair

Reuben Argel, MBA, RN
Washington, Area I Member

Maureen Bentz, MSN, RN, CNML
North Dakota, Area II Member

Adrian Guerrero, CPM
Kansas, Area II (Member-at-Large)

Linda Kmetz, PhD, RN
Pennsylvania, Area IV Member

Shannon McKinney
Arkansas, Area III Member

Patricia Motl, RN,
Nebraska, Area II (Member-at-Large)

Committee Staff

Jim Cleghorn, MA
Chief Officer, Policy, Research & Education

Jenifer Kohl
Manager, Administration, Policy, Research & Education

Meeting Dates

Sept. 25–26, 2026 (In-person Meeting)

Jan. 14, 2026 (Virtual Meeting)

April 20–22, 2026 (In-person Meeting) – Applicant Interviews

Relationship to Strategic Initiative Statement

N/A

Attachments

Attachment A:
2026 Slate of Candidates

FY26 Highlights and Accomplishments

The key achievements and highlights from the LSC for FY26 are listed below:

- Reviewed survey responses from FY25 candidates and applicants.
- Collaborated with NCSBN's Marketing & Communications to update resources for membership and to enhance the committee's outreach regarding upcoming leadership opportunities.
- Provided information to NCSBN Membership about positions open for applications and application process via:
  A. Open Leadership Positions page on NCSBN.org, including a link to the application for BOD and LSC positions as well as application questions and commitment and eligibility requirements.
  B. NCSBN Knowledge Network pitches presented by committee members.
  C. MailChimp email campaign.
  D. Informational webinar outlining the application process and open positions on the BOD and LSC.
  E. LSC Chair's presentation and LSC Video at the 2026 Midyear Meeting.
  F. Onsite LSC Lounge at the 2026 Midyear Meeting.
  G. Open position information displayed during breaks at 2026 Midyear Meeting.
- Reached out to those individuals who provided their contact information during the Annual and Midyear Meetings.
- Provided resources to applicants to prepare for the LSC interview process including:
  A. NCSBN Mission & Vision Statements
  B. NCSBN Bylaws
  C. NCSBN Strategic Statement
  D. NCSBN 101 Course
  E. NCSBN Committee Information
  F. Public and private NCSBN LSC web pages
- Interviewed 17 applicants virtually for six open positions on the BOD and two open positions on the LSC.
- Presented a slate of 13 candidates to the NCSBN membership.
- Provided resources to slate candidates:
  A. Candidate webinar
  B. Candidate webpage on the NCSBN website for candidate campaign materials

Future Activities

- Present the 2026 Slate of Candidates to the NCSBN Membership.
- Develop a year-round outreach to members to foster early engagement regarding leadership positions and highlight opportunities to develop necessary skills and competencies.

Attachment A: **2026 Slate of Candidates**

The following is the slate of candidates developed and adopted by the Leadership Succession Committee (LSC). Each candidate profile is taken directly from the candidate's application form. The Candidate Forum will provide the opportunity for candidates to address the 2026 Delegate Assembly.

Board of Directors

President

Lori Scheidt	Missouri, Area II	page 47

President-elect

Barbara Blozen	New Jersey, Area IV	page 50

Director-at-Large

Jennifer Best	Nova Scotia, Exam User Member	page 52
Kelly Jenkins	Kentucky, Area III	page 55
Stacey (Pfenning) Olsen	North Dakota, Area II	page 57
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Leadership Succession Committee

Area II Member

Michael Payne	West Virginia, Area II	page 71

Area IV Member

Cathy Borris-Hale	DC, Area IV	page 72
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Note: Candidates' responses were edited to correct for formatting and have not been altered in any other way.

Detailed Information, as taken directly from application forms and organized as follows:

1. Name, Jurisdiction, Area
2. Present board of nursing position, board of nursing name
3. Application Questions

Board of Directors:

1. Describe your professional, regulatory and community experience.
2. Detail your involvement with NCSBN (e.g., attending NCSBN meetings/ conferences, subject matter expert panelist, participation on networking calls and NCSBN committee member) that make you a strong fit for the BOD.
3. Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.
4. Describe how you would contribute to NCSBN's achievement of the strategic initiative statement: "We protect the public and the trust in nursing by providing innovative regulatory solutions, insights and expertise."

Leadership Succession Committee:

1. Describe your professional, regulatory and community experience related to succession planning and recruitment strategies.
2. Detail your involvement with NCSBN (e.g., attending NCSBN meetings/ conferences, subject matter expert panelist, participation on networking calls and NCSBN committee member) that make you a strong fit for the LSC.
3. Identify the attributes of effective leaders and explain what leadership means to you.

Board of Directors

President

Lori Scheidt, MBA-HCM

Executive Director, Missouri State Board of Nursing

Describe your professional, regulatory and community experience.

I have been fortunate to serve in nearly every position at the Missouri State Board of Nursing, a result of board vacancies over the years that allowed me to gain a uniquely comprehensive understanding of the organization. This path gave me hands on experience across all departments, enabling me to improve systems, strengthen operations, and ultimately step into the role of Executive Director in 2001. My success has come from understanding how each section influences the others and using that perspective—combined with a shared commitment to public protection—to advance effective, consistent nursing regulation.

My educational background supports this work. I hold an Associate in Arts from Columbia College, a Bachelor of Science in Computer Information Management from William Woods University, and an MBA in Healthcare Management from Western Governors University. I am Just Culture certified, hold an International Center for Regulatory Scholarship (ICRS) certificate, and am a Certified Nonprofit Accounting Professional.

My leadership journey at NCSBN parallels my state experience. Serving as Director at Large, Area Director, and Treasurer has given me a broad understanding of NCSBN's mission, operations, and member needs. Each role offered a different vantage point, shaping a well rounded, strategic, and collaborative leadership approach.

At the state level, I led an initiative to use board funds to issue grants to nursing education programs—more than $27 million awarded to date—to expand infrastructure, increase student capacity, and support innovation with appropriate guardrails. Under my leadership, the Board also approved the Air Force's practical nursing education program, demonstrating that regulators can adapt while upholding standards.

My experience has given me a thorough understanding of NCSBN's governance structure, exposure to the full range of regulatory challenges, and a commitment to listening broadly and supporting decisions that serve the collective good. I believe every nursing regulatory body should feel heard, supported, and represented.

Detail your involvement with NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls and NCSBN committee member) that make you a strong fit for the BOD.

I am currently serving my third year on the NCSBN Board as Treasurer, a role that has deepened my understanding of how financial decisions shape NCSBN's ability to fulfill its mission. This experience strengthened my commitment to transparency and accountability, and it taught me how to align resources with strategic priorities while supporting long term planning and organizational sustainability. As Treasurer, I communicate financial data in a timely, accurate and clear manner which enables the Board of Directors to make decisions that are both mission driven and fiscally responsible—an essential balance for the President.

My previous service as Director at Large and Area Director provided a comprehensive understanding of NCSBN's work, governance, and strategic direction. These roles sharpened my ability to translate complex issues into clear, actionable guidance and strengthened my collaborative leadership style. Each position expanded my perspective and deepened my commitment to NCSBN's mission of public protection.

I have also contributed extensively through committee and task force work, including: Vice Chair, Nurse Licensure Compact Administrators (2012–2016); Chair, NLC Compliance Committee (2020–2023); NLC Technology Task Force (2020–Present); Chair, Fraud Detection Committee (2015); Discipline Effective Practices Subcommittee (2014–2015); Chair, Member Board Agreement Review Committee (2013); Nurse Licensure Models Committee (2011–2012); Awards Panel (2004–2006); CORE (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).

Under my leadership Missouri's Board of Nursing received the Missouri Governor's Award for Quality and Productivity for improvements in nursing investigations as well as NCSBN's Regulatory Achievement Award. I have been honored with NCSBN's Outstanding Achievement Award, Meritorious Service Award, and the R. Louis McManus Award.

These experiences have prepared me to serve as President with integrity, insight, and a deep commitment to public protection.

Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.

Having served in multiple leadership roles within NCSBN, I bring deep institutional knowledge, insight into member board needs, and a clear understanding of the organization's strategic direction. As an officer of the Board of Directors, I have been involved in complex and highly sensitive governance issues that required thoughtful strategy, sound judgment, and solutions grounded in what is best for NCSBN and its members—even when those decisions were difficult or unpopular. This experience has strengthened my ability to lead with clarity, steadiness, and a commitment to the collective good.

My past board service has given me a comprehensive understanding of NCSBN's governance structure and the diverse regulatory environments in which member boards operate. This experience will serve the membership well in this unique time when both the President and President-Elect positions are open. As Treasurer, I further developed my ability to analyze complex financial information, ensure transparency, and align resources with strategic priorities. I am committed to responsible stewardship and to supporting financial decisions that advance NCSBN's regulatory goals.

I have worked closely with nursing regulatory bodies across varied jurisdictions, serving as a mentor and conducting operational and policy audits. These experiences have strengthened my ability to identify gaps, promote best practices, and support the development of regulatory solutions that are both innovative and practical. My work chairing fraud detection initiatives enhanced my ability to identify vulnerabilities and promote regulatory integrity. Ongoing collaboration with English language proficiency organizations has deepened my understanding of testing standards and the importance of maintaining fair, rigorous, and equitable licensure pathways.

My regulatory work also extends internationally. Through participation in International Council of Nurses (ICN) meetings and speaking at a CLEAR international conference, I have gained valuable insight into global regulatory trends and emerging licensure models. These experiences broaden my perspective and support NCSBN's vision of global regulatory excellence.

At the core of my leadership is a strong commitment to public protection, reinforced by personal experience and an evidence based approach to decision making. My years of NCSBN Board service have prepared me to lead as President with integrity, informed judgment, and a deep respect for the mission and governance responsibilities and complexities of a 501(c)(3) organization. This experience positions me well to provide the steady, informed leadership needed during this critical time of transition.

Describe how you would contribute to NCSBN's achievement of the strategic initiative statement: "We protect the public and the trust in nursing by providing innovative regulatory solutions, insights and expertise."

NCSBN's strategic initiative—to protect the public and strengthen trust in nursing through innovative regulatory solutions, insights, and expertise—demands bold leadership, clarity of purpose, and a deep understanding of the complexities of modern regulation. My leadership experience within NCSBN has prepared me to contribute at this level. I understand the organization's mission, its governance structure, and the realities faced by nursing regulatory bodies operating in diverse political, legal, and resource environments. NCSBN is a complex organization with far reaching responsibilities: advancing regulatory excellence, supporting licensure and mobility, safeguarding examinations, and shaping national and global regulatory dialogue. Leading within this environment requires vision, steadiness, and the ability to unify many perspectives around a shared purpose.

Throughout my service, I have contributed to initiatives that strengthened regulatory consistency, transparency, and effectiveness. I have worked directly with nursing regulatory bodies across jurisdictions, identifying gaps, promoting best practices, and supporting the development of solutions that are both innovative and practical. These experiences have reinforced my belief that NCSBN's greatest strength lies in its ability to transform diverse regulatory realities into cohesive, forward looking strategies that protect the public.

A central priority moving forward is restoring and strengthening trust—both in NCSBN and across the regulatory community. The recent listening tours were an important beginning, but building and sustaining trust requires ongoing commitment. I will lead with transparency, foster open and respectful communication, and ensure that decisions consistently reflect fairness, integrity, and accountability. Achieving "one NCSBN" calls for a President who is willing to confront challenges directly, communicate with clarity, and make decisions grounded in what is best for public protection.

I am also deeply inspired by the extraordinary work of nursing regulatory bodies. Across the country, boards are innovating under pressure—modernizing licensure processes, responding to workforce challenges, and strengthening public protection in rapidly changing healthcare environments. These achievements should not remain isolated. They should inform national strategy, inspire new approaches, and reinforce the essential role of nursing regulation. I am committed to ensuring that NCSBN learns from, elevates, and amplifies the successes of its member boards.

To protect the public and maintain trust in nursing, NCSBN must remain closely connected to the realities faced by regulators. I will prioritize collaboration across jurisdictions, ensuring that regional insights shape national solutions. By strengthening communication channels and promoting knowledge sharing, I will help ensure that NCSBN's work remains grounded in real world needs and responsive to the evolving landscape of nursing regulation.

Innovation is essential to NCSBN's future. As healthcare evolves, regulation must evolve with it. I will champion modern approaches to licensure, mobility, and workforce flexibility, and advocate for tools and frameworks that help boards respond to emerging challenges. Innovation is not simply an aspiration—it is a responsibility we carry to maintain public trust.

Across my leadership roles, I have demonstrated a consistent commitment to evidence informed decision making, transparent communication, and regulatory integrity. I bring the experience, judgment, and forward looking mindset needed to advance NCSBN's strategic initiative. I am prepared to lead with purpose, champion innovation, and strengthen public protection and trust in the nursing profession.

Board of Directors

President-elect

Barbara Blozen, EdD, MA, RN-BC, CNL

Board President, New Jersey Board of Nursing

Describe your professional, regulatory and community experience.

I have been a member of the New Jersey Board of Nursing (BON) since 2014. I was voted by my peers to lead the BON as president in 2016 and have been re-elected each subsequent year since then. As a Registered Nurse for more than 40 years, my experience is extensive. I have worked in the hospital setting, as well as in the community setting. I hold Professor Emeritus status, and have taught at the prelicensure, RN-BSN and Masters levels, and continue to teach. In addition to my publications and international presentations i.e. Sigma (Theta Tau International) I was awarded grants from Robert Wood Johnson New Careers in Nursing and The Gold Foundation. My tenure as the New Jersey Board of Nursing President has provided me with several regulatory experiences. In my leadership role and position as President of the NJ BON it was my duty to mentor, lead and guide new appointees. The BON has seen three different executive officers under my tenure and, an addition of two new BON nursing positions for which I advocated. I have been a consistent and committed member of the BON, much of which I credit to the support of NCSBN. The staff and resources offered by NCSBN has proved to be instrumental for me in my leadership role. I had the opportunity to earn a certificate in Healthy Policy and Media Engagement from George Washington University, as I was awarded a scholarship through NCSBN. In addition, I am a graduate, inaugural cohort, of the invaluable International Center for Regulatory Scholarship. Both opportunities afforded to me by NCSBN has provided me with the tools I needed to be successful, and for which I am grateful.

Detail your involvement with NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls and NCSBN committee member) that make you a strong fit for the BOD.

My involvement with NCSBN reflects a sustained commitment to advancing nursing regulation, licensure, and public protection at a national level. I have actively engaged with NCSBN through conference participation, collaborative forums, and professional contributions that have strengthened my understanding of regulatory trends and multistate licensure issues. I have attended NCSBN's Annual and Mid-Year Meetings every year since 2017. I have attended NCSBN conferences, where I participated in discussions on evolving regulatory frameworks, the Nurse Licensure Compact (NLC), and emerging challenges in nursing practice. These experiences have provided me with valuable insights into national policy priorities and the collective role of BON's in safeguarding the public. In addition to conference participation, I have contributed to professional dialogue through the networking calls and collaborative discussions with peers across jurisdictions. I lead the Presidents networking calls as well as facilitate the Area Meetings and Presidents Networking Sessions held at the Mid-Year and Annual meetings for the past six years. I have served on the NCLEX Examination Committee (NEC) from 2019-2023, at which time I began my tenure on the BOD. On NCSBN's BOD I serve as the liaison to the NEC. My service on NEC included the Next Gen launch. My first committee service was on the NCLEX Item Review Subcommittee in 2016. I worked on the 45th Anniversary Committee from 2021-2023, and during that time I functioned as the interim NLC Commissioner in 2022.At the Mid-Year Meeting in Atlanta 2024, I participated in a Town Hall Meeting Interviewing CEO Dr. Phil Dickison at the Presidents Networking session. As a testament to my participation, commitment and service to NCSBN I was awarded the Elaine Ellibee Award in 2022. These interactions have

allowed me to exchange best practices, explore innovative regulatory approaches, and stay informed on issues impacting licensure, discipline, policy.

Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.

I believe my professional experience, leadership background, and commitment to advancing nursing regulation make me a strong fit to serve on the BOD at NCSBN. Throughout my career, I have developed a deep understanding of nursing regulation, public protection, and the evolving needs of the healthcare workforce. This perspective aligns closely with NCSBN's mission to advance regulatory excellence and ensure patient safety. I bring demonstrated leadership experience in policy development, strategic planning, and collaborative decision-making. I have worked with diverse stakeholders—including healthcare professionals, regulators, educators, and policymakers—to address complex challenges in nursing practice and regulation. These experiences have strengthened my ability to evaluate issues from multiple perspectives and contribute to thoughtful, evidence-based governance. As a current member (with a second term as Area IV Director) of the NCSBN BOD, and as the NJ BON president, I have realized a number of characteristics that will make me a strong fit to fulfill the responsibilities of the President Elect position. Currently serving on the NCSBN BOD has provided me with valuable insight into the organization's strategic priorities, governance processes, and its critical role in supporting nursing regulation and public protection across jurisdictions. Knowledge and experience in negotiation and regulation are two of the many skills I have acquired over my tenure as President. The courses in the International Center for Regulatory Scholarship program have imparted team and consensus building skills as well as specific knowledge related to regulation and governance. Earning The George Washington University Certificate in Health Policy and Media Engagement has conferred the policy understanding and comprehension necessary for me to serve on NCSBN's BOD in achieving their mission to support nursing regulators in their mandate to protect the public.

Describe how you would contribute to NCSBN's achievement of the strategic initiative statement: "We protect the public and the trust in nursing by providing innovative regulatory solutions, insights and expertise."

I would contribute to the strategic initiative statement: "We protect the public and the trust in nursing by providing innovative regulatory solutions, insights and expertise" by aligning my work with three core themes embedded in the statement: public protection, innovation, and trusted expertise. I would support NCSBN's mission by helping to translate insights into proactive regulatory recommendations. This could include analyzing licensure trends, exam performance data, and disciplinary patterns to anticipate issues before they impact patient safety. Healthcare is changing rapidly, so regulation must evolve just as quickly. I would contribute by exploring and supporting innovations such as streamlined processes that reduce burden while maintaining rigor ensuring regulations keep pace without compromising safety. Public trust depends on clear standards, I would help ensure that regulatory guidance is easy to understand and accessible. This includes contributing to well-developed policy resources, education for stakeholders, and communication strategies that reinforce confidence in the nursing profession. NCSBN plays a key role as a national and global thought leader. I would actively collaborate with boards of nursing, educators, and regulators to share insights and gather feedback. By staying informed on current research and policy trends, I would contribute to NCSBN's reputation as a trusted authority. Finally, I would focus on sustainability—helping NCSBN anticipate future challenges such as demographic shifts, global workforce mobility, and evolving scopes of practice. Contributing to forward-looking strategies ensures that regulatory frameworks remain relevant and resilient. Overall, my contribution would center on being analytical, forward-thinking, collaborative, and mission-driven, helping NCSBN continue to protect the public while strengthening trust in nursing through smart, modern regulation, as we are ONE NCSBN!

Board of Directors

Director-at-Large

Jennifer Best, MN, RN, FRE

Director of Standards and Guidance, Education Program Approval & Customer Experience, Nova Scotia Board of Nursing

Describe your professional, regulatory and community experience.

I have been a proud registered nurse for 28 years; I received a BScN from Saint Francis Xavier University in 1998 and a Masters in Nursing from Athabasca University in 2009. For the first 12 years of my career, I worked in acute care as a staff nurse, clinical nurse educator, and emergency department nurse manager. These positions required me to grow my skills in strategic planning, leadership, fiscal management and community and system partner engagement. In 2010, I served on the Board at the College of Registered Nurses of Nova Scotia (CRNNS). Through actively participation, I gained regulatory knowledge, leadership and experience with a Board that used a policy governance approach. This experience was my introduction into leadership in regulation and when an opportunity came to pivot my career to full time nursing regulation, I took a chance. In 2012 I began working at CRNNS as a practice consultant. In this role I was able to provide nurses across Nova Scotia with the best possible regulatory guidance and professional practice advice to support them in their practice. In 2021 I was promoted to the Director of Standards and Guidance, Education Program Approval and Customer Experience. Within this role I am privileged to provide leadership and strategic oversight to my team. I am the proud mom to 2 wonderful adult children and over the last 23 years I have supported their growth and dreams. This has led me, as it does for many parents, to serve my community in a variety of ways. I have served as president of our PTA, vice president of our lacrosse club and team manager for youth hockey. These experiences have taught me patience and empathy. In these roles I was able to use my financial literacy skills to secure thousands of dollars in grant funding to support our programs. I am actively involved in my church where I currently serve on the finance committee. I serve with our town Food Pantry which is intended to help address food insecurity in our community.

Detail your involvement with NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls and NCSBN committee member) that make you a strong fit for the BOD.

I became first became involved in NCSBN in 2013 when I was accepted into the Nursing Fellowship in Regulatory Excellence (FRE) program. Over the next four years with the support of NCSBN I attended yearly in-person meetings of the FRE program where I presented the work I had completed over the year. In 2017 I completed a 4-year research project titled “Understanding the Public’s Perception of the Mechanisms to Promote the Continuing Competence of Registered Nurses in Nova Scotia” and was granted the FRE designation. In 2015 I served as a committee member of the Regulatory Implications of Legal Cannabis Committee. The committee charge was to explore the current trends and issues related to marijuana use and its relationship to nursing regulation. I assisted in effectively meet the committee charge which included the development of a Board report “Facts, Trends and Issues Related to Marijuana Use and Its Relationship to Nursing Regulation”. Although this committee term was short, I felt my unique Canadian perspective and knowledge was helpful to complete the charge. When in 2021 when I became a Director in my current role, I started to attend more networking calls. I am currently a member of the APRN and Education Knowledge Networks. The information I have gained on these calls has assisted me in fulfilling my role at NSCN In 2022 I completed the National Council State Board of Nursing International Center for Regulatory Scholarship Certificate program and graduated with the inaugural

graduating class of the ICRS program. In August 2023 to the present, I have served on the Awards Committee. The committee charge is to select the Awards Recipients. Work on the committee has involved promoting the awards program, speaking and knowledge network calls and the development of two new awards- Nova and Catalyst Awards. I have participated in the annual general meeting and the mid year meeting on both 2025 and 2026.

Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.

My professional, regulatory, community experience and advanced education have all prepared me with the appropriate competencies to be a strong fit on the NCSBN Board of Directors. Specifically, I posses the following competencies: Deep understanding of nursing regulation: I have over 16 years of experience in nursing regulation, first as a Board member and for the last 14 years as a staff member. I have been active with committees and advancing my regulatory knowledge with NCSBN over the last 12 years. I have a deep understanding of nursing regulation in both Canada and the United States. Commitment to Governance: My experience in leadership with a variety of community organizations as well as my experience on the CRNNS Board and working with the NSCN Board have assisted me in developing and respecting the role of Board member. I understand the role Board members play in governance, which includes oversight without micromanaging. I understand Boards must respect the management team while providing strategic direction and support. Critical thinking to identify and manage risks: A critical part of my current role is to identify risks to NSCN. We cannot do the work we need to do to protect the public if we expose ourselves to risks. I understand risk management frameworks, and I have the courage to ask difficult questions related to risk. Strong understanding of financial planning and budgeting. Over the last 17 years I have been responsible to both create and manage multimillion-dollar budgets. This has required me to have strong skills in forecasting, analysis of historical data and looking at future trends to inform responsible and accurate budgets. Collaboration to build consensus: My professional and personal work are all rooted in the value of collaboration. I value teamwork, listening to under diverse perspectives to gain understanding while ensuring that all voices are heard during discussions. I aim to build consensus while supporting others on my team.

Describe how you would contribute to NCSBN's achievement of the strategic initiative statement: "We protect the public and the trust in nursing by providing innovative regulatory solutions, insights and expertise."

NCSBN is a trusted and proven leader internationally with a track record of developing innovative solutions to protect the public through regulatory science. I respectfully believe I can contribute to the NCSBN strategic initiative statement in the following ways: Advocating for the exploration of the ethical and responsible use of artificial intelligence. I would support both the exploration of AI tools to support regulators to achieve their mission of public protection as well as the development of international nursing standards to guide AI use in the clinical setting. The world of AI is growing at a rapid pace and NCSBN as a leader can promote the responsible use of AI through the development of regulator tools and clinical standards. I have an extensive knowledge of standards development and understand what Board need for evidence to ensure standards are achievable and legislatively accountable. These tools and standards would contribute to the strategic initiative statement of protection of the public and trust in the nursing profession. Upholding global nursing regulatory leadership and collaboration. As an exam user member from Canada, I would bring that global lens to Board. I feel this is vital at this time in our world history that we have a diverse and balanced approach to regulatory leadership. We need to continue moving from localized, siloed regulatory solutions to an interconnected, international approach that addresses the complexities of a mobile and interdependent profession. We need to ensure that regulatory solutions can be scalable for all users of NCSBN services and can be adapted to international contexts. As a regulatory leader in Canada and at NSCBN I am well positioned to provide this lens to the Board work. Promoting data driven solutions. NSCBN collects a wealth of data and has skilled and dedicated employees who can preform

predicative analysis using that data. As a Board member I would request that this data be used to identify early risk indicators in licensure and discipline and to improve cross jurisdictional mobility and transparency. An international approach to data analysis will assist Boards to make regulatory decision that both protect the public and create transparency and trust. I would encourage the use of this data to development of standards and guidance to address emerging risks within nursing practice. I have a proven track record of using data to inform decisions. From my Fellowship in Regulatory Excellence project which looked at the public perception of CCP programs to my most recent evaluation project on and expedited process to license and registered internationally education nurse, I have used data to innovate solutions for public protection. It is imperative that at this time in the world that NCSBN has a strong Board of Directors that is courageous and protects the public and the trust in nursing by providing innovative regulatory solutions, insights and expertise. I would be honored to use my extensive knowledge and skills to contribute to the NSCN Board as a Director at Large.

Board of Directors

Director-at-Large

Kelly Jenkins, MSN, RN

Executive Director, Kentucky Board of Nursing

Describe your professional, regulatory and community experience.

I am a registered nurse with over 30 years of experience spanning clinical practice, healthcare leadership, and nursing regulation. I currently serve as Executive Director of the Kentucky Board of Nursing (KBN), where I oversee licensure, discipline, education program approval, and compliance under KRS Chapter 314 and 201 KAR Chapter 20. My work is grounded in public protection, regulatory excellence, and workforce sustainability. My career began in critical care and progressed through leadership roles, including Nurse Manager, Nurse Educator, Chief Nursing Officer, and Corporate Compliance Officer. I led multidisciplinary teams, ensured regulatory compliance, and implemented system-wide quality and patient safety initiatives, including leading a hospital to Magnet designation. My regulatory experience includes nearly eight years on the KBN Board, serving as President and Vice President. As Executive Director, I have led modernization efforts, including implementing the Optimal Regulatory Board System (ORBS) to improve efficiency, transparency, and access to licensure services. I have collaborated with legislators to expand workforce capacity, including securing authority for Certified Medication Aide programs. I also developed a statewide workforce supply-and-demand model to inform policy decisions. Additionally, I led a redesign of KBN's Education Branch to provide tailored, proactive support to nursing programs statewide, strengthening partnerships and enhancing outcomes across both urban and rural settings. My community engagement includes extensive stakeholder outreach, legislative collaboration, and public education initiatives, including expanding KBN's presence at the Kentucky State Fair to promote nursing careers and public awareness.

Detail your involvement with NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls and NCSBN committee member) that make you a strong fit for the BOD.

I have been actively engaged with NCSBN through national meetings, leadership forums, and committee work, alongside ongoing collaboration with regulatory colleagues across jurisdictions. I have completed six credits in the ICRS Certificate Program and will attend the Advanced Leadership Institute in 2026. I currently serve on the Nurse Licensure Compact (NLC) Executive Committee and as Chair of the NLC Compliance Committee, promoting consistency, accountability, and adherence to compact requirements. I previously served as Co-Chair of the NLC Elections Committee, contributing to governance and leadership development. I regularly participate in NCSBN Midyear and Annual Meetings, EO Summits, and national discussions on regulatory innovation, workforce challenges, and public protection. I have also served as a subject matter expert panelist, sharing insights on workforce data, regulatory modernization, and stakeholder collaboration. I actively engage in NCSBN network calls across education, APRN, and discipline areas, encouraging staff participation to align with national standards and emerging trends. Through my leadership in Kentucky and national involvement, I bring a strong understanding of current regulatory challenges, including workforce shortages, evolving care models, and the need for modern systems—positioning me to contribute effectively to the NCSBN Board.

Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.

I bring executive leadership, regulatory expertise, and collaborative engagement aligned with the responsibilities of the NCSBN Board of Directors. First, I have deep governance experience, having served nearly eight years on the Kentucky Board of Nursing—including as President and Vice President—and now as Executive Director. This provides strong insight into policy development, fiduciary responsibility, and strategic oversight. Second, I am a collaborative, relationship-driven leader. I have successfully partnered with legislators, educators, healthcare organizations, and national stakeholders to advance regulatory and workforce initiatives, valuing diverse perspectives and shared accountability. Third, I am data-driven and outcomes-focused. I developed a statewide workforce supply-and-demand model to inform policy and guide strategic planning, emphasizing evidence-based decision-making. Fourth, I bring experience in regulatory innovation and operational leadership. I led the implementation of ORBS and am currently leading the development of a new platform to streamline education program processes and enhance stakeholder engagement. Finally, I am adaptable and forward-thinking, committed to balancing innovation, workforce needs, and public protection in an evolving healthcare environment.

Describe how you would contribute to NCSBN's achievement of the strategic initiative statement: "We protect the public and the trust in nursing by providing innovative regulatory solutions, insights and expertise."

NCSBN's strategic initiative—"We protect the public and the trust in nursing by providing innovative regulatory solutions, insights, and expertise"—aligns closely with my professional experience and leadership approach. I would contribute by advancing data-informed regulatory decision-making. In Kentucky, I developed a comprehensive workforce supply-and-demand projection model that integrates data from licensure systems, education programs, and healthcare employers. This model provides actionable insights to inform policy, identify gaps, and support workforce planning. At the national level, I would support efforts to expand the use of standardized, real-time data to guide regulatory strategies and evaluate outcomes. I would also contribute to regulatory innovation by modernizing systems and processes. The implementation of ORBS in Kentucky improved efficiency, transparency, and access for licensees and stakeholders while strengthening regulatory oversight. I believe technology-enabled solutions are essential to meeting the growing demands on boards of nursing and ensuring timely, effective regulation. The current development of our Kentucky Education Management System (KEMS) will reduce the burden on our training program coordinators, ensuring a more efficient process for meeting regulatory requirements. Collaboration is another key area of contribution. I have worked extensively with legislators, educators, state agencies, and healthcare organizations to develop solutions that address workforce challenges while maintaining public protection. For example, I partnered with stakeholders to secure authority for Certified Medication Aide programs, thereby expanding workforce capacity in a controlled, regulated manner. I also led development of faculty, clinical instructor, and preceptor training initiatives to strengthen the education pipeline. These efforts reflect the importance of engaging partners to develop sustainable solutions. Through my work with the NLC Executive Committee and as Chair of the Compliance Committee, I have supported consistent implementation of interstate licensure frameworks and strengthened accountability across jurisdictions. I would continue to promote collaboration and shared learning among states to address common regulatory challenges. Finally, I would contribute by maintaining a strong focus on public protection as the foundation of all regulatory decisions. As healthcare delivery evolves, boards must balance innovation with accountability. I am committed to ensuring that regulatory solutions enhance safety, maintain public trust, and support a competent and prepared nursing workforce. Through a combination of data-driven insights, innovative approaches, and collaborative leadership, I would support NCSBN in advancing its mission and strategic priorities.

Board of Directors

Director-at-Large

Stacey (Pfenning) Olsen, DNP, APRN, FNP, FAANP

Executive Director, North Dakota Board of Nursing

Describe your professional, regulatory and community experience.

Professional: Reflecting on my 29-year journey as a professional nurse is truly inspiring. This diverse and ever-evolving career spans a wide range of roles, and I've been fortunate to immerse myself in several, including clinical practice, academia, research, organizational leadership, healthcare policy, and regulatory work. In clinical practice, the experience I gained as a bedside nurse provided a strong foundation for my role as a Family Nurse Practitioner (FNP) in which I served a wide range of settings, including emergency/trauma, critical access hospitals, rural and private clinics, employee health services, and correctional facilities. In 2008, I earned my Doctor of Nursing Practice degree, which opened the opportunity to give back to the profession by incorporating academia into my career. In my roles as Associate Professor and FNP program coordinator, I gained experience in teaching, accreditation, and organizational leadership. Regulatory: NCSBN was instrumental in my growth as a regulatory leader, offering mentorship and professional development to support my transition to Executive Officer (EO) in 2015. As EO, I discovered the perfect culmination of all my experiences in clinical practice, academia, research, and organizational leadership. One of my favorite accomplishments originated from my time with Shirley Brekken, Minnesota EO. After we attended the Minnesota Tri-Regulator Collaborative, I shared the concept with the Governor's workforce initiative aimed to address the opioid epidemic and was appointed to establish North Dakota's own Tri-Regulator Collaborative which was successful. Community: Building on my background in trauma nursing, I delivered educational presentations and authored publications for my community and nursing organizations aimed to raise awareness about compassion fatigue. These offerings empowered individuals to recognize signs of secondary trauma and implement practical strategies to manage its daily impact on life.

Detail your involvement with NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls and NCSBN committee member) that make you a strong fit for the BOD.

I have had the privilege of presenting at multiple NCSBN events, including Mid-Year, APRN Roundtables, Discipline Case Management, and Executive Officer Summit. These opportunities allowed me to share knowledge, contribute to professional dialogue, and engage with leaders dedicated to advancing nursing regulation. My commitment to NCSBN is further demonstrated through service on several committees, most recently as practice group lead for the Model Act & Rules Committee. I consistently participate in NCSBN meetings and served as North Dakota's delegate since 2015. I contribute to the Executive Officer Leadership Council and APRN Knowledge Network including the APRN Peer Consultant Mentorship Program, which supports the onboarding of new APRN regulatory staff across jurisdictions. Through these experiences, I remained engaged in advancing the NCSBN mission. Below are details of my contributions: Committees: · APRN Peer Consultant Mentorship Program (2025-present) · Practice Team Lead, Model Act and Rules Committee (2024–present) · Vice Chair, Executive Officer Leadership Council (2019–2021) · APRN Licensure Compact Taskforce (2018–2019) · Commitment to Ongoing Regulatory Excellence (CORE) Committee (2016–2018) · APRN Education Committee (2015–2016) · 40th Anniversary Planning Committee (2015–2017) · Chair, Credentials Committee, Annual Meeting Delegate Assembly (2015) · APRN Distance Learning Education Committee (2014–2015) Presentations & Pubs · Executive Officer Summit-Seasoned EO Panel Discussion-2025. · Mid-Year Meeting & webinar-Model Act & Rules Forum-2025. · APRN Roundtable-

APRN Compact: Advancing APRN Licensure Mobility-2022 · Discipline Case Management Conference-Navigating the NLC Discipline Process-2021. · APRN Roundtable-APRN Experience with Prescription Drug Monitoring Programs-I.L.-2015. · Green, S. & Pfenning, S. (2015). Optimizing the use of state prescription drug monitoring programs for public safety. Journal of Nursing Regulation, 6(3). 1-7.

Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.

My engagement with NCSBN has been instrumental in shaping my development as a leader in nursing regulation and healthcare policy. Over the past 14 years, I have gained the knowledge, skills, and insight necessary to effectively serve as an Executive Officer, supporting the North Dakota Board of Nursing in navigating the evolving landscape of regulation, health policy, and legislative advocacy. To further strengthen the regulatory expertise gained through my NCSBN experience, I completed the Health Policy and Media post-certificate program at George Washington University in 2022. This rigorous academic experience expanded my foundation in health policy development and analysis, as well as providing experiences with necessary methods and tools for influencing and advancing policy. It also enhanced my ability to educate and engage key stakeholders. The program strengthened my competencies in economics and finance and provided valuable training in media engagement and the effective dissemination of evidence and data to drive action and meaningful change. This post-graduate certificate complimented my Doctor of Nursing Practice education which provided advanced decision-making, evidence-base practice, and leadership frameworks. I am deeply grateful for the opportunities NCSBN has provided and for the many dedicated members who have served as trusted mentors, colleagues, and friends. I feel both prepared and motivated to give back to the organization. My professional experience, combined with my additional and focused academic training, positions me to contribute meaningfully to NCSBN's mission to advance and empower nursing regulation globally. As an Executive Officer, I have actively participated in NCSBN's strategic planning efforts and am strongly aligned with its focus on right-touch regulation and adaptive, evidence-informed approaches that respond to the demands of a rapidly evolving healthcare environment while maintaining public protection at the forefront.

Describe how you would contribute to NCSBN's achievement of the strategic initiative statement: "We protect the public and the trust in nursing by providing innovative regulatory solutions, insights and expertise."

My engagement with NCSBN has been instrumental in shaping my development as a leader in nursing regulation and healthcare policy. Over the past 14 years, I have gained the knowledge, skills, and insight necessary to effectively serve as an Executive Officer, supporting the North Dakota Board of Nursing in navigating the evolving landscape of regulation, health policy, and legislative advocacy. To further strengthen the regulatory expertise gained through my NCSBN experience, I completed the Health Policy and Media post-certificate program at George Washington University in 2022. This rigorous academic experience expanded my foundation in health policy development and analysis, as well as providing experiences with necessary methods and tools for influencing and advancing policy. It also enhanced my ability to educate and engage key stakeholders. The program strengthened my competencies in economics and finance and provided valuable training in media engagement and the effective dissemination of evidence and data to drive action and meaningful change. This post-graduate certificate complimented my Doctor of Nursing Practice education which provided advanced decision-making, evidence-base practice, and leadership frameworks. I am deeply grateful for the opportunities NCSBN has provided and for the many dedicated members who have served as trusted mentors, colleagues, and friends. I feel both prepared and motivated to give back to the organization. My professional experience, combined with my additional and focused academic training, positions me to contribute meaningfully to NCSBN's mission to advance and empower nursing regulation globally. As an Executive Officer, I have actively participated in NCSBN's strategic planning efforts and am strongly aligned with its focus on right-touch regulation and adaptive, evidence-informed approaches that respond to the demands of a rapidly evolving healthcare environment while maintaining public protection at the forefront.

Board of Directors

Director-at-Large

Ann Oertwich, PhD, RN

Executive Director, Nebraska Board of Nursing

Describe your professional, regulatory and community experience.

I have been a Registered Nurse in Nebraska for over 40 years with a diverse nursing background in acute care, home health and hospice, as well as both public and private nursing education programs. I have served as the executive director of the Nebraska Nurses Association for which, while acting as a registered lobbyist, I was able to successfully make legislative changes that supported the mission of the Nebraska Board of Nursing. I have served as a founding member of my local health department board, the Elkhorn Logan Valley Public Health Board, for which I helped pass legislation to create such health departments across the state. I have also had niche involvement in nursing organizations which have led to experiences such as completing the Nurse in Washington Internship. I have developed and managed my own private practice as an ostomy and wound care nurse in rural Nebraska. I have a long history of community service as well as professional nursing service which has broadened by view of nursing as well as health care in general. Based on my current role as Executive Director of the Nebraska Board of Nursing, nursing regulation is at the heart of what I do as a public servant in my state.

Detail your involvement with NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls and NCSBN committee member) that make you a strong fit for the BOD.

I currently hold a Director-at-Large position on the NCSBN Board of Directors and am applying for re-appointment. I believe my professional history and ability to be a quick study have aided me in adapting quickly to the role of Director-at-Large over the past two years. Serving on the NCSBN Board is an intense experience that pulls upon every fiber of your being to be prepared, on target, and pull from many areas of experience such as prior organizational experience, skills of critical thinking, negotiation and consensus building, as well as perseverance. If find the Board's movement to strategic thinking versus simply strategic planning, has really enhanced our roles as Board members. The concept of 'ONE NCSBN' is very much alive in all that we do as Board members and it has been a delight to see that emulated by NCSBN staff and membership. We are all better together in this organization working as one! Prior be my time on the Board of Directors, I have participated in every EO Summit over the past 9 years, served as the Nebraska Commissioner for the Nurse Licensure Compact (NLC), and have served two terms as Treasurer of the NLC. I have participated in various work groups or meetings as needed within the NCSBN structure during my tenure.

Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.

I believe that my personal characteristics of tenacity and perseverance with a willingness to collaborate make me a strong fit for the NCSBN Board of Directors. My professional history is an asset, having been a participating member at various levels of other professional organizations such as ANA (and NNA), Sigma Theta Tau, Wound Ostomy and Continence Nurses Society, etc. I also believe that my history in state nursing regulation 'on both sides' , meaning Nebraska Nurses Association EO, a prior member of the Nebraska Board of Nursing, and now EO of that Board all uniquely qualify me for Board membership, as I have had an chance to view nursing through all three lenses.

Describe how you would contribute to NCSBN's achievement of the strategic initiative statement: "We protect the public and the trust in nursing by providing innovative regulatory solutions, insights and expertise."

As a current Board member seeking to serve another term – I strongly believe and uphold the mission of NCSBN – 'NCSBN empowers and supports nursing regulators in their mandate to protect the public.' I believe over the past two years I have been witness to the fine tuning of this mission within the realm of carefully articulating what we DO as an organization. NCSBN is not a regulatory agency – but is does support and elevate the nursing regulatory bodies (members) through policy, research and education. I believe that by carefully defining our mission and values, we, as an organization, have a better understanding of our strategic initiative statement (above). My contributions over the past two years have been to engage in serious strategic thinking about who NCSBN is, what we are about, and what we have the resources to accomplish.

Board of Directors

Director-at-Large

Missy Poortenga, MHA, RN

Executive Officer, Montana Board of Nursing

Describe your professional, regulatory and community experience.

As a registered nurse for the past 20 years, I have had the privilege of working as a staff nurse on a progressive care unit, a clinical nurse for a group of cardiothoracic surgeons, a cardiac clinical trials research nurse, a quality assurance nurse, creator of a pre-operative clinic, and now for eight years, a complete change of setting to take on the role as executive officer (EO) of the Montana Board of Nursing. As an EO at an umbrella agency where resources are quite finite, I've also served as EO for other professions including respiratory care practitioners and hearing aid dispensers. Included in my role as EO for nursing in Montana, I also function as a practice consultant for all levels of licensure and as the education consultant for all of our nursing programs. This past year, I've also temporarily filled the role of administrator for our multi-board alternative to discipline program. One of my most prioritized and loved opportunities in this role is that I have the privilege of having a manageable-enough number of programs that I can get face time with each graduating class to talk not just about how one applies for a license, but also describe what it means to hold a license in our state and how important it is to utilize the resources that are available to provide safe and competent care.

Detail your involvement with NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls and NCSBN committee member) that make you a strong fit for the BOD.

During my eight years as EO, I've had the pleasure of chairing the NLC policy committee for six years, serving on the NLC executive committee for four years, and for the past two years, serving as director-at-large on the NCSBN Board of Directors.

Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.

Walking into my first NCSBN Annual meeting, which was in 2018 – the 40th anniversary, I had six weeks of experience in nursing regulation. I became acutely aware of where I fell on the novice to expert spectrum (below novice!) and recognized how much I had to learn about this EO role as I listened to the various speakers and observed the methodical meeting practices that I've come to appreciate during subsequent NCSBN meetings. While the first meeting experience was intimidating, it was also an incredible introduction to the many, many resources that NCSBN has invested in to set every single member jurisdiction up for success in regulating the practice of nursing. And I'm not only referencing the investment in research and robust exam design, but also people development and leadership succession. So many individuals, from NCSBN staff to other EOs and even staff at other boards, have invested their time and knowledge into my development and helped guide me to be competent and even sometimes proficient in this EO role. This investment into my personal and regulatory development from so many has given me the characteristics I believe are necessary to fulfil my responsibilities as a director on the board: the willingness and confidence to ask questions and contribute to conversation, an understanding of the many resources that exist and the ability to assess what might still be needed or is missing, awareness that differing perspectives should be embraced and may bring about a greater solution and an appreciation for the work of so many who have gone before and will come after.

Describe how you would contribute to NCSBN's achievement of the strategic initiative statement: "We protect the public and the trust in nursing by providing innovative regulatory solutions, insights and expertise."

One of the aspects of this statement that I so appreciate as a nursing regulator in my own state is the partnership I feel from NCSBN in their embrace of our shared mission of protecting the public. There is a significant synergy we benefit from as individual boards and colleges of nursing in partnering with the Council that we would not gain even from partnering amongst ourselves. To me, this strategic statement is what drives us to One NCSBN – it's a cyclical statement – "we protect the public and the trust in nursing" by investing in staff, research, item writing, and security to have a state of the art licensing exam that measures entry level competence. Why do we want to measure entry level competence? To "protect the public and the trust in nursing". "We protect the public and trust in nursing" by investing in the infrastructure and maintenance that allows NRBs to contribute to national licensing databases that promote the sharing of critical information about individual jurisdictions' licensees. Why do we want accessible licensee databases? To "protect the public and trust in nursing". I think boiling the statement down in this simplistic way helps clarify how I would contribute to the achievement of this statement – in fulfilling my fiduciary responsibilities the two protect objectives must be met – public and nursing. When we ensure both objectives can be met, we can drive the mission of the organization in the right direction on any decision the board is asked to make.

Board of Directors

Director-at-Large

Crystal Tillman, DNP, CNP, RN, FRE

CEO, North Carolina Board of Nursing

Describe your professional, regulatory and community experience.

I am a highly experienced executive nursing leader with 43 years of experience as a registered nurse and nurse practitioner. My clinical background as an RN includes labor and delivery, pediatrics, and telemetry. I spent many years in nursing education as a Director of an ADN and BSN program. Since 1997, I have been working as a pediatric and psychiatric mental health nurse practitioner and still maintain both NP certifications and volunteer as an NP. My nursing journey brought me to nursing regulation in 2010 at the NCBON as an education consultant. Once I started working in nursing regulation, I found where my nursing talents could be the most beneficial and a place where I could impact nursing, not just statewide, but also nationally. After a couple of years, I was promoted to Manager of Education, then promoted to Director of Education and Practice. While working in education, I had the opportunity in 2019 to help Northern Mariana Islands solo nursing program. Dr. Nancy Spector suggested I travel to the Northern Marianas Islands to help the failing Northern Marianas College nursing program improve their NCLEX pass rate. It was a wonderful learning experience and an opportunity to share my nursing education knowledge with the CNMI Board, legislature, and nursing program. In 2020, I became the CEO of the NCBON, right during COVID. Currently, I remain the CEO of NCBON which includes 188,700 licensed nurses, serving 14 Board members and 54 Board staff. I have served on numerous state workforce, rural, mental health, and nursing committees.

Detail your involvement with NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls and NCSBN committee member) that make you a strong fit for the BOD.

NCSBN provided me with many opportunities early in my nursing regulatory career, especially in the areas of education, practice, and APRN practice. I completed the NCSBN Fellowship of Regulatory Excellence (FRE) focusing on Just Culture in nursing regulation which was based on my DNP project. I have served on the NCLEX Examinations Committee (NEC) since 2014 as either a committee member, consultant, and Chair of the NEC for the past three years. My term will end in fall 2026. In 2024, I was elected to the NLC Executive Committee and re-elected for a second term. I actively participate in all Executive Officer conferences, meetings and events to increase my regulatory knowledge and network with other Executive Officers. Virtual meetings include education, practice, APRN, discipline, government relations and policy staff. Fortunately, I attend all NCSBN Midyear and Annual meetings which allows me to increase my regulatory knowledge and the ability to network with my colleagues.

Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.

My interest in joining the NCSBN Board of Directors as a Director-at-Large, follows 16 years of interaction with NCSBN. As an experienced leader, I vow to work with my colleagues through effective communication, integrity, and a clear vision for the NCSBN Strategic Plan. My attributes include being accountable, empathetic, and adaptable, while fostering a positive attitude and making decisive, ethical decisions. In 2014, I was fortunate to get accepted to the NCLEX Examination Committee (NEC). Since 2014, I have been part of the NEC as either a committee member, consultant or now as Chair. My three-year term as Chair will end in fall 2026. It was a

great opportunity to take a deep dive behind the NCLEX curtain and learn the details of the NCLEX design, psychometrics, and safety of the examination. I was able to go from start to finish with the Next Generation NCLEX (NGN), clinical judgment, witness the successful NGN launch, and now the NEC is currently working on remote proctoring. It has been rewarding to receive feedback from candidates on the case studies and interactive examination, and to know I had some part in the process. My experience at the NCBON for the past 16 years has given me a solid foundation of nursing regulation and leadership skills. Throughout my nursing career I have developed a dearth and range of knowledge, skill and competencies which would complement a director at large role.

Describe how you would contribute to NCSBN's achievement of the strategic initiative statement: "We protect the public and the trust in nursing by providing innovative regulatory solutions, insights and expertise."

The NCSBN Strategic Plan for 2026-2028 is an inspiring and ambitious plan which aligns well with my long standing professional and personal commitment to protecting and acting in the interests of public protection. As a director-at-large position my contributions would be to bring my regulatory leadership and governance experience to work with the Board of Director colleagues to improve public protection in nursing regulation. I believe we can develop innovative solutions for some of the most complex public protection challenges before us. I possess a willingness to share knowledge and experiences as we work together to improve nursing regulation. Innovative regulatory solutions: I would support modernization of nursing regulation by helping design policies and tools that keep pace with evolving healthcare delivery. Innovation here means not just new technology, but smarter, more responsive regulation that reduces risk to patients while supporting nurses in practice. Insights: Protecting the public requires anticipating risk, not just reacting to it. I would leverage data analytics to identify trends in licensure, discipline, and workforce movement, helping regulators make proactive decisions. I would prioritize transparency, consistency, and fairness in regulatory processes, ensuring that decisions are clearly communicated and grounded in evidence. By aligning innovation with accountability, I would help ensure that regulatory evolution strengthens—rather than compromises—public protection. Expertise: NCSBN's influence depends on the strength of its partnerships. I would contribute by engaging with boards of nursing, educators, and healthcare organizations to share best practices and align standards. This includes translating complex regulatory information into practical guidance and supporting education initiatives that reinforce safe, competent practice. I would also stay current on emerging healthcare trends to ensure regulatory approaches remain relevant and evidence based. In short, I would contribute by combining forward-thinking solutions, rigorous analysis, and collaborative leadership to help NCSBN remain a trusted authority in nursing regulation while adapting to a rapidly changing healthcare landscape.

Board of Directors

Director-at-Large

Tammy Vaughn, MSN, RN, CNE

Assistant Director, Education & Licensing, Arkansas State Board of Nursing

Describe your professional, regulatory and community experience.

My nursing career began more than 30 years ago and has been dedicated to advancing safe nursing practice, high-quality education, and effective regulation. For the past 15 years, I have been actively involved in nursing regulation with the Arkansas State Board of Nursing. I currently serve as Assistant Director of Education and Licensure, where I oversee key regulatory functions that support safe entry into practice and promote the continued competence of the nursing workforce. Prior to this role, I served as Program Coordinator for Nursing Education, working closely with nursing education programs across the state to ensure compliance with regulatory standards and to support the delivery of high-quality nursing education. This work strengthened my understanding of the critical relationship between education, licensure, and public protection. I also have experience with the rulemaking process after legislative changes. I have helped develop and implement Board Rules by turning new laws into clear, practical policies that protect the public while supporting an efficient licensure process. This work has given me a strong understanding of how legislation, regulation, and nursing practice all connect. In addition to my regulatory experience, I spent nine years teaching in a registered nursing program and two years teaching in a practical nursing program. This experience provided valuable insight into student preparation, program operations, and the challenges faculty face in preparing the next generation of nurses. Earlier in my career, I practiced for six years as a maternal–newborn nurse, gaining a strong clinical foundation through direct patient care. Through my combined clinical, educational, and regulatory experience, I bring a well-rounded perspective to nursing regulation. My career has been dedicated to strengthening nursing education, supporting sound regulatory policy, and advancing the mission of protecting the public through safe nursing practice.

Detail your involvement with NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls and NCSBN committee member) that make you a strong fit for the BOD.

My involvement with the National Council State Boards of Nursing (NCSBN) spans more than 15 years and reflects a strong commitment to advancing the organization's mission, strategic initiative statement and objectives, and supporting nursing regulation across jurisdictions. I currently serve as a Director-at-Large on the NCSBN Board of Directors, where I have been able to contribute to strategic discussions and policy decisions that impact nursing regulation nationwide. Prior to joining the Board of Directors, I served on several key NCSBN committees and subcommittees. I was a member of the NCLEX Examination Committee (NEC) from 2011 to 2016, where I participated in oversight of the NCLEX examination and contributed to discussions that help ensure the exam accurately measures entry-level nursing competence. I also served on the NCLEX Item Review Subcommittee (NIRSC) from 2017 to 2020 and again from 2022 to 2024, reviewing and evaluating examination items to maintain the validity and reliability of the NCLEX. In addition, I have supported NCSBN governance through service on the 2021 and 2023 Election Committees and served as Chair of the 2022 Credentials Committee. These roles provided opportunities to contribute to the integrity and transparency of NCSBN's leadership and governance processes. Beyond formal committee service, I have actively participated in NCSBN Knowledge Network and operations

calls focused on nursing education, NCLEX, and the Nurse Licensure Compact (NLC). These forums have allowed me to stay engaged with regulatory colleagues across the country, share best practices, and remain informed about emerging issues affecting nursing regulation. With the support of my board leadership, I have also regularly attended NCSBN Board of Directors meetings, Annual and Midyear Meetings, Leadership and Policy Conferences, Scientific Symposiums, Disciplinary Case Management Conferences, and other NCSBN events. These experiences have deepened my understanding of NCSBN's programs, research, and strategic priorities, and have strengthened my ability to contribute effectively as a member of the Board of Directors.

Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.

My professional background, regulatory experience, and long-standing involvement with the National Council of State Boards of Nursing (NCSBN) have prepared me well to fulfill the responsibilities of the Board of Directors. As a current Director-at-Large, serving for nearly two years, I have gained valuable insight into the governance, strategic priorities, and collaborative decision-making necessary to continue advancing the vision of regulatory excellence. This experience has strengthened my ability to contribute thoughtfully to Board discussions while keeping the organization's mission and long-term goals at the forefront. Throughout my career, I have developed the leadership characteristics necessary for effective board service, including strategic thinking, collaboration, integrity, and the ability to balance diverse perspectives. My work in nursing regulation has required thoughtful analysis, sound judgment, and a commitment to decisions that ultimately protect the public while supporting the nursing profession. My leadership philosophy has also been deeply influenced by my upbringing. Growing up in a military household, and later with parents who served as international missionaries, instilled in me the importance of a servant's heart, ethical integrity, adaptability, resilience, and a willingness to think creatively and take thoughtful risks. These experiences shaped my approach to leadership, which is grounded in service, accountability, and respect for diverse viewpoints. They also align closely with NCSBN's vision of "Leading regulatory excellence worldwide" and guide my commitment to considering global and diverse perspectives when addressing regulatory challenges. I am also committed to continuous learning and professional development. I completed the NCSBN International Center for Regulatory Scholarship (ICRS) program and attended the Advanced Leadership Institute, experiences that have strengthened my understanding of regulatory policy, leadership, and global nursing regulation. These experiences, when combined with my clinical, educational, and regulatory background, allow me to bring a balanced and informed perspective to the Board. I remain committed to contributing collaboratively, supporting NCSBN's strategic initiatives, and advancing regulatory excellence in the interest of public protection.

Describe how you would contribute to NCSBN's achievement of the strategic initiative statement: "We protect the public and the trust in nursing by providing innovative regulatory solutions, insights and expertise."

My professional experience spans nursing practice, education, and regulation, and I have seen firsthand how well-designed regulation protects the public and builds trust in the profession. This understanding shapes how I would contribute to advancing NCSBN's strategic initiative. For the past 15 years with the Arkansas State Board of Nursing, and in my current role as Assistant Director of Education and Licensure, I have worked closely with the processes that support safe entry into practice. I oversee licensure and education functions with a focus on ensuring systems are both efficient and grounded in strong public protection standards. Through this work, I have come to appreciate the importance of balancing regulatory rigor with practical, workable solutions. I understand that effective regulation must not only set high standards, but also be clear, accessible, and responsive so that applicants, educators, and programs can successfully navigate the process while maintaining public safety. My experience in both clinical practice and nursing education helps me bring a balanced and practical perspective to regulation. I have seen how regulatory decisions directly affect patient care and how prepared nurses are to enter the workforce. This has strengthened my commitment to supporting regulatory solutions that protect the public while also being forward-thinking and adaptable to the

changing healthcare environment. A significant part of my work has involved putting legislative changes into actionable regulatory policy and processes. Through participation in rulemaking and implementation following legislative sessions, I have developed the ability to help shape policies that are enforceable and meaningful. I bring a practical understanding of how policy moves from concept to implementation, and I would contribute that insight to support NCSBN's efforts in regulatory innovation and policy development. I am also deeply committed to improving systems. Whether streamlining licensure processes, supporting nursing program compliance, or providing clear guidance to applicants and stakeholders, my focus has been on promoting transparency, consistency, and accountability. I believe innovation in regulation often comes through these kinds of improvements which make systems work better while maintaining the integrity of public protection. As a Director-at-Large, I would bring both an operational and strategic lens to NCSBN's work. I would contribute by sharing state-level insights, supporting the development of practical and innovative regulatory approaches, and helping ensure that policies remain grounded in the realities of implementation. Ultimately, my goal is to support NCSBN in protecting the public and strengthening trust in nursing by advancing regulatory solutions that are thoughtful, effective, and responsive to the needs of the profession and the communities we serve.

Board of Directors

Director-at-Large

John Whitcomb, PhD, RN, CCRN, FCCM

Board Member, South Carolina Board of Nursing

Describe your professional, regulatory and community experience.

Regulatory and Professional Leadership: In South Carolina, I am a Board Member and Vice-Chair for the State Board of Nursing. I served on the Investigational Review Committee (now Investigational Review Conference) for seven years, collaborating with diverse professionals to evaluate issues surrounding reported nursing practice violations, enhancing my understanding of regulatory compliance. I also served on the Advisory Committee on Nursing Education (ACONE), advising the South Carolina Board of Nursing on 47 nursing programs. As Chair of Deans and Directors, I contributed to curriculum development, program approval, and quality assurance. At Clemson University, Faculty Senate, served as President during the global pandemic, a period of unprecedented challenges. National Leadership: I have been a member of the American Association of Critical Care Nurses (AACN) since 1995, serving on the Board of Directors (2007-2010) and the Certification Corporation (2008-2010). I have been involved with the Society of Critical Care Medicine (SCCM), serving as President of the Carolina/Virginia Chapter and as Chair of the Scientific Review Committee. As President of the South Carolina League of Nurses (2014-2016), I advocated for improved nursing practice, policy, and professional development. Military Service: Prior to academia, I served in the U.S. Navy for 26 years, initially as a Hospital Corpsman and later as a Navy Nurse, retiring as Commander (O-5). I gained critical care expertise as the Trauma Training Officer for the White House Medical Staff and Specialty Advisor to the Surgeon General, Critical Care Nursing, providing care during Operation Iraqi Freedom. Editorial Board member for Dimensions of Critical Care Nursing and a grant reviewer for the NIH. In summary, my diverse experiences across academic, clinical, regulatory, and military settings have shaped me into a leader committed to advancing the nursing profession and improving patient outcomes.

Detail your involvement with NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls and NCSBN committee member) that make you a strong fit for the BOD.

My engagement with the National Council of State Boards of Nursing (NCSBN) reflects a sustained commitment to advancing nursing regulation, education, and workforce readiness at both the state and national levels—experience that positions me well for service on the NCSBN Board of Directors. I regularly participate in the NCSBN monthly Education Calls with the Director for Nursing Education Policy when my schedule permits, valuing these forums for their timely focus on regulatory trends, academic–practice alignment, licensure readiness, and emerging challenges facing nursing education. These discussions inform my leadership decisions as an academic nursing executive and state board member, ensuring alignment between regulatory expectations and educational innovation. I actively contribute to national dialogue on practice readiness and regulatory alignment. At the NCSBN Midyear Meeting in Pittsburgh, I served as a panelist following Dr. Linda Oermann's presentation, "Practice Ready: Innovative Approaches to the Education of Students." This opportunity allowed me to share perspectives grounded in academic leadership, critical care practice, and workforce policy, while engaging with regulators and educators on scalable strategies to better prepare graduates for safe, competent entry into practice. Further, I have intentionally invested in understanding NCSBN's governance, mission, and strategic priorities through consistent meeting participation. I attended the 2025 NCSBN Midyear

Meeting in Pittsburgh and the 2025 NCSBN Annual Meeting in Chicago, deepening my appreciation for the Council's national impact, collaborative culture, and data-driven approach to public protection. To strengthen my foundational knowledge of NCSBN structure and operations, I completed the NCSBN 101 Member Course, ensuring I bring informed, prepared, and governance-ready leadership. Collectively, these experiences—combined with my service on a state board of nursing and national accreditation roles—demonstrate my readiness to contribute meaningfully at the Board level in advancing NCSBN's mission to protect the public and support nursing regulation nationwide.

Detail the characteristics that make you a strong fit to fulfill the responsibilities of the BOD.

I am confident that my extensive background in regulatory, professional, academic, and military leadership, paired with the values of the NCSBN of collaboration, transparency, innovation, integrity, and excellence, uniquely position me to contribute meaningfully to the Board of Directors (BOD). Over my 35-year career in nursing, I have consistently sought opportunities to lead and foster positive change while adhering to the highest standards of professionalism and ethics. My multifaceted leadership experience in academic, clinical, regulatory, and military settings, combined with my values, makes me a strong fit to fulfill the responsibilities of the Board of Directors. I am dedicated to advancing the nursing profession, advocating for patient outcomes, and ensuring that our profession thrives in a dynamic and complex healthcare environment. Regulatory and Professional Leadership: In South Carolina, I served on the Investigational Review Committee (now Investigational Review Conference) for seven years. I collaborated with a diverse group of professionals to evaluate clinical research protocols. This experience deepened my understanding of research ethics, compliance, and regulatory processes. As a member of the Advisory Committee on Nursing Education (ACONE), I advised the South Carolina Board of Nursing on 47 nursing programs, contributing to curriculum development, program approval, and quality assurance. My leadership as Chair of the Deans and Directors allowed me to guide critical decisions regarding nursing education, ensuring that programs met rigorous standards to prepare students for a rapidly evolving healthcare landscape. Additionally, I served as President of the Faculty Senate during the global pandemic, a time of immense challenge that tested my capacity for transparent communication, decision-making, and fostering collaboration under pressure. National Leadership: I championed initiatives to improve nursing practice and policy, advocating for legislative support and professional development. My leadership roles in organizations reflect my ability to collaborate with diverse stakeholders, build consensus, and drive impactful change.

Describe how you would contribute to NCSBN's achievement of the strategic initiative statement: "We protect the public and the trust in nursing by providing innovative regulatory solutions, insights and expertise."

NCSBN's strategic initiative—to protect the public and sustain trust in nursing through innovative regulatory solutions, insights, and expertise—aligns directly with my professional leadership and regulatory experience at the state, national, and global levels. I would contribute to this mission by strengthening leadership capacity, advancing evidence-informed regulatory decision-making, and ensuring regulatory frameworks remain rigorous, adaptive, and future-focused.

As Vice-Chair of the South Carolina State Board of Nursing and former member of the Advisory Committee on Nursing Education (ACONE), I have worked to ensure that regulatory oversight protects the public while remaining responsive to rapid changes in healthcare delivery and nursing education. During periods of workforce strain and innovation, including expanded simulation, hybrid education models, and evolving scopes of practice—I helped guide regulatory discussions grounded in data, accountability, and transparency. This balanced approach safeguards standards while enabling responsible innovation.

My service on the Investigational Review Committee further strengthened my commitment to consistent, fair, and principled regulations. Reviewing complex disciplinary cases reinforced the importance of due process, regulatory clarity, and decision-making that maintains public confidence across diverse stakeholder groups.

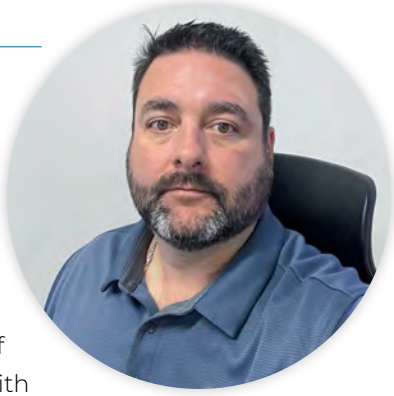
Nationally, through leadership roles with the American Association of Critical-Care Nurses (AACN) and its Certification Corporation, I contributed to the modernization of certification standards to reflect advances in clinical science, technology integration, and team-based care. Ensuring credentialing systems evolve alongside practice environments directly supports public protection and professional credibility.

Additionally, as a U.S. Navy Nurse and former Specialty Advisor to the Surgeon General for Critical Care Nursing, I worked within high-consequence operational environments that demanded agile regulatory structures and rapid policy adaptation—experience that underscores the importance of resilient, scalable regulatory systems.

At NCSBN, I would leverage these experiences to advance leadership development, strengthen regulatory consistency across jurisdictions, support data-driven policy innovation, and mentor emerging regulatory leaders. By cultivating organizational capacity and anticipating emerging practice challenges, I would help ensure that NCSBN continues to protect the public while reinforcing trust in the nursing profession nationwide.

Leadership Succession Committee

Area II Member



Michael Payne, JD

General Counsel, West Virginia Board of Registered Nurses

Describe your professional, regulatory and community experience related to succession planning and recruitment strategies.

I was the member of a small law firm from 2006 until 2021. During that time I was responsible for hiring numerous secretaries, paralegals and lawyers. Proper vetting of candidates was important to ensure that not only were they a good fit for the firm with regard to their legal competence, but also that candidates were presentable to the public in appearance and in personality. Also, the firm was required to have a succession plan for in the event that a one of the attorneys would leave the practice unexpectedly.

Detail your involvement with NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls and NCSBN committee member) that make you a strong fit for the LSC.

I have been attending NCSBN annual, mid year, leadership, and discipline conferences since 2021 through the present day. I was a member of the most recent Governance and By-Laws Committee, which I found to be very rewarding. My experience on the committee made me enthusiastic about continuing my work on behalf of NCSBN on the LSC.

Identify the attributes of effective leaders and explain what leadership means to you.

First and foremost, leadership starts with being present, accessible and prepared. In order to lead you must be present and around those who you seek to lead and in the place in which that leadership will take place. Accessibility means that you are approachable and open to the suggestions and questions that people will have for you. Preparedness means that you understand the subject matter intimately such that you can speak to it at the highest levels and know where to find answers quickly to questions that you cannot answer immediately. As a member of the LSC I would used these tools in two different ways. First, I would use these attributes to help steer the LSC, along with my fellow committee members, in a way that the LSC would most benefit the entire membership of NCSBN. Second, as a member of the LSC I would look for these same attributes in the vetting process that the LSC employs to determine who are the most viable candidates for NCSBN leadership positions.

Leadership Succession Committee

Area IV Member

Cathy Borris-Hale, MHA, RN

Nurse Specialist for Discipline & Practice, District of Columbia Board of Nursing

Describe your professional, regulatory and community experience related to succession planning and recruitment strategies.

Throughout my career, I have led and supported staff across multiple levels, which has given me a practical understanding of succession planning and the importance of building a strong leadership pipeline. In my roles as Chief Nursing Officer, Chief Operating Officer, and Chief Executive Officer, I was responsible for identifying emerging leaders and preparing them for advancement. I mentored nurse managers and directors, supported professional development, and ensured continuity in leadership during times of transition. I learned that succession planning is not just about filling positions, but about intentionally developing individuals to lead with confidence and accountability. In my current role with the DC Board of Nursing, I contribute from a regulatory perspective by supporting practices that strengthen the nursing workforce and promote safe, competent care. My work in discipline and practice reinforces the importance of leadership grounded in accountability, sound judgment, and public protection. At the national level, my service as Director-At-Large with NCSBN provided insight into leadership development within regulatory organizations. I have participated in discussions on board readiness and the need to recruit leaders who bring diverse perspectives and a commitment to the mission. I also remain engaged in mentoring through professional and community organizations, encouraging others to grow into leadership roles. I believe effective succession planning requires ongoing mentorship, intentional recruitment, and a commitment to developing future leaders.

Detail your involvement with NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls and NCSBN committee member) that make you a strong fit for the LSC.

My involvement with NCSBN has been consistent and meaningful over many years, beginning with my service on the DC Board of Nursing since 2012. During this time, I have remained actively engaged in NCSBN initiatives, meetings, and professional networks that support regulatory excellence and leadership development. I have regularly attended NCSBN Annual Meetings and Midyear Meetings, which have provided valuable opportunities to contribute to national discussions on nursing regulation, workforce challenges, and public protection.
My participation in the Discipline Network has strengthened my knowledge and application of regulatory frameworks related to complaint review, enforcement, and practice standards. In addition, my involvement in the APRN Knowledge Network has allowed me to stay informed on emerging issues impacting advanced practice nursing and regulatory oversight. I further expanded my engagement through service as Director-At-Large on the NCSBN Board of Directors, where I contributed to strategic discussions and governance at the national level. I also served as a charter member of the NCSBN Medical Marijuana Guidelines Committee, helping to develop guidance for boards of nursing in an evolving area of practice. Through these experiences, I have developed a strong understanding of NCSBN's mission, structure, and priorities. My sustained involvement, combined with my regulatory and leadership background, positions me to contribute meaningfully to the work of the Leadership Succession Committee.

Identify the attributes of effective leaders and explain what leadership means to you.

Effective leaders demonstrate integrity, accountability, and sound judgment, particularly in complex and high-stakes environments. They communicate clearly, build trust, and create space for others to contribute. Strong leaders are also adaptable and willing to make difficult decisions while remaining fair and consistent. Just as important, they are approachable and grounded, recognizing that leadership is about people as much as it is about outcomes. Over the course of my career, I have grown into a transformational leader. Early on, my focus was on managing operations and achieving results. Over time, I came to understand that sustainable success comes from investing in people, developing their strengths, and preparing them to lead. For me, leadership is not about position or authority—it is about influence, responsibility, and the ability to bring out the best in others. As a leader, I have made it a priority to mentor staff at all levels, from bedside nurses to executive leaders. I believe in creating opportunities for growth, even when it requires stepping outside of one's comfort zone. I have seen firsthand how intentional mentorship and support can build confidence and strengthen leadership capacity across an organization. This has been especially important in times of transition, where strong succession planning ensures continuity and stability. My leadership approach is grounded in accountability and fairness, with a strong commitment to public protection and professional standards. In my regulatory role, I have worked to promote a "Just Culture," where individuals are held accountable, but also supported in learning and improving. I believe this balance is critical to both patient safety and workforce development. Leadership, to me, also means having the courage to make difficult decisions and to stand by those decisions. It requires consistency, transparency, and a willingness to listen to different perspectives before taking action. I value collaboration and believe that the best outcomes are achieved when diverse voices are included in the decision-making process. Ultimately, leadership is about leaving organizations and people stronger than you found them. It is about building trust, developing future leaders, and ensuring that the work we do today continues to have a positive impact well into the future. My goal has always been to lead in a way that supports and develops people, builds strong teams, and creates an environment where individuals feel valued and empowered to succeed. As I continue to grow as a leader, I remain committed to supporting others in their leadership journey and helping to build a strong, prepared pipeline for the future. I believe leadership development is an ongoing responsibility, and I am intentional about creating opportunities for others to step forward, contribute, and lead.

Leadership Succession Committee

Area IV Member

Amanda Boulay, MSN, RN

Assistant Executive Director, Maine State Board of Nursing

Describe your professional, regulatory and community experience related to succession planning and recruitment strategies.

As a nurse for over 15 years, I have been a part of ongoing healthcare transformation. My nursing education and experience in leadership, education, policy development, and collaboration allow me to understand front line nursing, support growth and development of the profession, and ensure accountability through clear rules and standards. Continuing education has led me to complete my master's degree in nursing with the goal to impact nursing through leadership, policy, and regulation development. Over the years of nursing, I have embraced change and pushed for my own personal growth through a better understanding and involvement in regulation, and with significant support from mentors and leaders. From inpatient nursing to clinical coordinator, management, and adjunct nursing faculty roles, I have embraced the value of identifying key nursing team members, determining the needs of the business, and growing individual talents based on personal strengths and interests. In previous roles I have focused on protocol development, standardization, and education to staff and community. I have acted in public health nursing where the focus was not only on education to the community members, but on engagement and tools for nursing. As a leader in a larger organization, I focused on development of staff to support personal and organizational growth. This process included development and monitoring of a leadership succession plan for staff members. The care we provide for the community is only as good as the tools we put in our toolboxes. Support, education, collaboration, and engagement are key to the growth of a strong team and organization.

Detail your involvement with NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls and NCSBN committee member) that make you a strong fit for the LSC.

While relatively new to the Board of Nursing realm (2024), I have embraced opportunities to learn, grow, collaborate, and support NCSBN members. Active engagement at the 2024 and 2025 annual NCSBN meetings, along with attendance of midyear conferences has allowed me to see the importance of personal and professional growth as well as its impact on something larger- NCSBN! Regular attendance at APRN, Discipline, and Policy Knowledge Networks has offered a collaborative environment, essential education, and outlined the importance of not only the work and learning we do every day, but that each conference, session, meeting, or committee is an opportunity given by others to support my own professional development and success. I am currently a member of the NLC Rules Committee and look to engage in all conversations related to policy and regulation growth, evidence-based practice, and standardization. I look forward to continued growth as an essential part of the NCSBN family. As someone who has seen the importance of the networks, the inclusive nature of the meetings, and the overall support of NCSBN, I am excited to bring this viewpoint and provide support and opportunity for others through the Leadership Succession Committee.

Identify the attributes of effective leaders and explain what leadership means to you.

I think we can all look back on situations in our careers where we felt unsure, unclear, or alone in our roles. Where we woke up and weren't thrilled about the workday. I also hope we can look back and remember situations

where we felt empowered, supported, and excited about our work environment. Where we felt valued for our input and being a part of something bigger. The best leaders don't necessarily tell you everything you want to hear or hand you everything you want- they empower you; they lift you up, they give you tools to be successful. Those leaders are collaborating, connecting, and offering clarity. Through my experiences in nursing, I have experienced both sides of this coin. The most effective leaders aren't the ones who were just present, rather they were engaged in my own development and gave me a toolkit to work on my own success! The best leaders aren't carrying employees to success, they are ensuring you are prepared, you can work through challenges, and you can even bring some ideas to the table. Simon Sinek presented a scenario where there are three circles within each other. The smallest circle is our self- as we are. The middle circle is our stretch zone- where we do the work of learning, growing, collaborating, taking on new tasks, relishing new ideas. And the final circle is the stress zone- where we shut down, we become overwhelmed and can't offer much to a successful environment. The most effective leaders, the most memorable leaders, are the ones who get you into your stretch zone. Those leaders don't want you to stay as you are because they see more. Those same leaders recognize the limitation of the stress zone and the balance between supporting growth and stunting it. Effective leadership allows you to see you are a part of something bigger, that your input matters, and the bigger picture is influenced by the work and effort you put in. A leader should inspire others to dream, learn and become. Those team members who grow are the defining moments for a leader and should be celebrated as wins.

Report of the Model Act and Rules Committee

Background

The Model Act and Model Rules were most recently revised in 2021. In July 2023, the Board of Directors (BOD) established a committee to thoroughly review these documents, making sure they align with current regulations regarding education, licensing, practice and enforcement. The BOD assigned the following charge to the committee:

- Perform ongoing review, revision, and development of the Model Act and Model Rules to reflect the current regulatory environment across education, licensure, practice and enforcement through nursing regulatory bodies' mission of public protection.

Fiscal Year 2026 (FY26) Highlights and Accomplishments

The key achievements and highlights from the Model Act and Rules Committee for FY26 are listed below:

- Licensure and Governance, Discipline, Education and Practice subgroups met to review and discuss changes to the Model Act and Model Rules documents.
- Met as a full committee in November 2025 to discuss all changes and determine additional areas that required modification.
- Presented draft of revised documents to NCSBN BOD at the February 2026 meeting.
- Presented an overview of the proposed edits to members at the 2026 Midyear Meeting.

Future Activities

- Present final documents to the 2026 Delegate Assembly for adoption.

Members

Gerianne Babbo, EdD, MSN, RN
Washington, Area I, Chair (Education)

Mary Boyer, JD
Ohio, Area II (Discipline)

Donald Bowman, JD
Louisiana, Area III (Licensure and Governance)

David Dawson, JD
Arkansas, Area III (Licensure and Governance)

Kim Esquibel, PhD, MSN, RN
Maine, Area IV (Licensure and Governance)

Cindy Griffin
Maine, Area IV (Discipline)

Jody Long, MBA, MSN, RN
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Audrey Volk
Assistant Editor, Research

Meeting Dates

Licensure & Governance Subcommittee:
· **Oct. 9, 2026** (In-person Meeting)

Practice Subcommittee:
· **July 16, 2025** (Virtual Meeting)

Discipline Subcommittee:
· **June 25, 2025** (Virtual Meeting)

Full Committee:
· **Nov. 3–4, 2026** (In-person Meeting)

Relationship to Strategic Initiative Statement

Strategic Objective:

MODEL ACT AND RULES ADVANCEMENT

Strengthen nursing regulation nationwide by updating the Model Act & Rules into a streamlined, evidence-based framework that provides member boards with contemporary standards across licensure, governance, practice, education and discipline.

Attachments

Attachment A:
Model Act Revisions and Rationales

Attachment B:
Model Act Clean Proposal

Attachment C:
Model Rules Revisions and Rationales

Attachment D:
Model Rules Clean Proposal

Attachment A: **Model Act Revisions and Rationales**

NCSBN MODEL ACT

Table of Contents

[1] Entire document rearranged to follow a progressive structure, listing LPN/VN first, then RN, then APRN.
[2] Updates terminology and matches what the article fully encompasses
[3] Technology is rapidly advancing, and the ways it effects health care are constantly evolving. This article would supply some broad language to guide boards in their regulation of health care technologies.
[4] Adjusted due to the addition of the new Article X. Emerging Technologies
[5] Updated to match terminology.
[6] Adjusted due to the addition of the new Article X. Emerging Technologies

Article I. Title and Purpose

a. This Act shall be known and may be cited as <~~the JURISDICTION~~jurisdiction[7]> Nurse Practice Act (NPA), which creates and empowers the board of nursing (BON) to regulate nursing and to enforce the provisions of this Act.

b. The purpose of this Act is to protect the health, safety, and welfare of the public.

Article II. Definitions

As used in Articles III through XI~~I~~ of this Act, unless the context thereof requires otherwise:

A. "Advanced assessment" means the taking by an advanced practice registered nurse (APRN) of the history, physical and psychological assessment of a patient's signs, symptoms, pathophysiologic status, and psychosocial variations in the determination of differential diagnoses and treatment.

B. "Advanced practice registered nurse" ("APRN") means an individual with knowledge and skills acquired in basic nursing education~~;~~, licensure as a registered nurse ("RN~~);~~"), ~~and~~ graduation from or completion of a graduate-level APRN program accredited by a national accrediting body, and current certification by a national certifying body in the appropriate APRN role and at least ~~1~~ one population focus. ~~"Advanced practice registered nurse"~~APRNs include~~s~~ certified nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, or clinical nurse specialists. Advanced practice nursing means an expanded scope of nursing in a role and population focus approved by the ~~Board of Nursing~~BON, with or without compensation or personal profit, and includes the RN scope of practice. The scope of an APRN includes performing acts of advanced assessment, diagnosing, prescribing, and ordering.

~~C. "Clinical learning experiences" means the planned, faculty-guided learning experiences that involve direct contact with patients.~~[8]

C. "Assign" means the process of transferring responsibility and accountability between licensed nurses based on their skills, qualifications, and workload.[9]

D. "Competence" means the ability of the nurse to integrate knowledge, skills, judgment, and personal attributes to practice safely and ethically in a designated role and setting ~~in~~ accord~~ance~~ing ~~with~~ to their scope of ~~nursing~~ practice.[10]

~~E. "Delegated responsibility" means a nursing activity, skill, or procedure that is transferred from a licensed nurse to a delegatee.~~[11]

[7] Updates to match the document's formatting and tense.
[8] Removed as it was not utilized within the document.
[9] Clarifies Article III.1.c.10
[10] Updates for grammar and removes unnecessary language.
[11] Duplicative; the document no longer utilizes this phrase.

~~F.~~E. "Delegatee" means ~~one who is delegated a nursing responsibility by either~~ an ~~APRN, RN, or~~ LPN/VN, ~~(where state NPA allows)~~ RN, or APRN, who is delegated a nursing responsibility by either an LPN/VN, RN, or APRN, is competent to perform it, and verbally accepts the responsibility. ~~A delegatee may be an RN, LPN/VN, or nursing assistive personnel.~~[12]

F. "Delegating" means transferring ~~to a competent individual~~ the authority to perform a selected nursing task in a selected situation, to a competent individual while maintaining accountability of the outcome.[13]

G. "Emerging technologies" means innovations or new applications of existing technology which represent evolving developments aimed at improving the nursing profession and practice.[14]

~~H. "Delegator" means one who delegates a nursing responsibility. A delegator may be an APRN, RN, or LPN/VN (where state NPA allows).~~[15]

~~"Eligible for graduation" means having met all program and institutional requirements pending conferment of the degree.~~[16]

~~I.~~ "Encumbered" means a license with current discipline, conditions, or restrictions.

~~J. "Inactive license" means the voluntary termination of an individual's license to practice nursing or failure to renew a license.~~[17]

H. "Incompetence" means failure to perform due to lack of knowledge, skills, judgment, or interest in performing the role.[18]

~~K.~~ "Internationally educated applicant~~s~~[19]" means a person educated outside the U.S. who applies for licensure or seeks temporary authorization to practice.

~~L.~~ "License" means the legal authority granted by the BON to practice as an LPN/VN, RN, or APRN. ~~registered nurse, licensed practical/vocational nurse, certified nurse midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist.~~[20]

~~M.~~ "Licensed Nurse" means ~~APRNs, RNs and~~LPN/VNs, RNs, and APRNs.

~~N.~~ "Licensed Practical/Vocational Nurse" ("LPN/VN") means an individual who holds a valid license pursuant to the terms of this Act and performs, with or without compensation, acts involving the care of the ill, injured, or infirm or the delegation of certain nursing practices to other personnel as determined by the BON under the direction of an RN, or APRN, or other

[12] Rearranges definition for clarity.
[13] Strengthens definition and rearranges for clarity..
[14] Provides clarity to the newly added article X. Emerging Technologies
[15] Duplicative; term utilized throughout is "Delegatee" which is current definition E
[16] No longer utilized within document
[17] No longer utilized within document
[18] Clarifies Article IV.4.b
[19] Updates definition to be singular to match Article II's formatting structure.
[20] Streamlines definition.

appropriate healthcare provider which acts to not require the substantial specialized skill, judgement and knowledge required in the nursing profession.[21]

~~O.~~I. "Nursing" means a profession focused on the care of individuals, families, and populations to attain, maintain, or recover optimal health and quality of life from conception to death.

~~P.~~J. "Nursing assessment" means~~, within the scope of the licensee,~~ the collection, analysis, and synthesis of data used to establish a health status baseline, plan care, and address changes in a patient's condition, within the licensee's scope of practice[22].

~~Q.~~K. "Nursing assistive personnel" means any personnel trained to function in a supportive role, regardless of title, to whom a nursing responsibility may be delegated. This includes but is not limited to ~~CNAs~~ certified nurse assistants, patient care technicians, ~~CMAs,~~ certified medication aides, and home health aides.[23]

~~R.~~L. "Nursing education standards" means the evidence-based criteria used to monitor the quality of nursing education programs that are in place to ensure that graduates of these programs are prepared for safe and effective nursing practice.[24]

~~S.~~M. "Patient" means a recipient of care; may be an individual, family, group, or community. May also be referred to as client.

~~T.~~N. "Patient-centered healthcare plan" means~~, in active collaboration with the patient,~~ incorporating the patient's values, beliefs and preferences, the identification of desired goals, strategies for meeting goals and processes for promoting, attaining, and maintaining optimal patient health outcomes while actively collaborating with the patient.[25].

~~U. "Licensed Practical/Vocational Nursing" ("LPN/VN") as a licensed practical/vocational nurse means the performance an individual who performs with or without compensation of acts involving the care of the ill, injured, or infirm or the delegation of certain nursing practices to other personnel as set forth in regulations established by the Board under the direction of a registered professional nurse, an advanced practice registered nurse, a licensed physician, a licensed dentist, or other appropriate healthcare provider which acts do not require the substantial specialized skill, judgment and knowledge required in professional nursingthe nursing profession.~~[26]

~~V.~~O. "~~Professional nursing~~ Registered Nurse" ("RN") means an individual who performs ~~as a registered nurse means the performance of~~ professional nursing services with or without compensation~~, by a person who~~ holds a valid license pursuant to the terms of this act, and who

[21] Streamlines the definition to match the cadence of the other defined licensure types.
[22] Updates tense of definition.
[23] Removes unnecessary acronyms.
[24] Moved from the original Article VI Section 1 to consolidate definitions.
[25] Updates tense of definition.
[26] Reorders list with updated title- moved to new letter "N".

bears primary responsibility and accountability for nursing practices based on specialized knowledge, judgment, and skill derived from the principles of biological, physical, and behavioral sciences.[27]

~~W.~~P. "Reactivation" means ~~reissuance of a license~~ restoring a license or authorization to practice[28] that has lapsed, expired, or been placed on inactive status in absence of disciplinary action.

~~X.~~Q. "Reinstatement" ~~reissuance of a license~~ means restoring a license or authorization to practice[29] following disciplinary action by the BON.

~~Y.~~R. ~~"Reissuance" means restoring a license (or authorization to practice) following non-disciplinary licensure action.~~[30]

S. "Supervision" means provision of guidance or oversight by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

~~T. "Temporary permit" means, issuance of a time-limited permit to a qualified applicant for licensure by examination.~~[31]

~~Z.~~U. "Temporary license" means issuance of a time-limited license to a qualified applicant for licensure by endorsement or under emergency provisions as determined by the BON.[32]

Article III. Scope of ~~RN,~~ LPN/VN, RN and APRN Practice

An LPN/VN, RN, or APRN:

1. May not practice or offer to practice as an LPN/VN, RN or APRN in this jurisdiction unless the person is licensed in the state as provided by this article or unless the licensee holds a multistate license under the provisions of the Nurse Licensure Compact.
2. Must wear identification which clearly identifies the licensee as an LPN/VN, RN or APRN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient.
3. May perform other acts that require education and training consistent with professional standards as prescribed by the BON and commensurate with the LPN/VN's, RN's or APRN's education, demonstrated competencies and experience.[33]

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[27] Updates this definition to reflect the original intent in defining licensure types.
[28] Removes the need to define Reissuance.
[29] Removes the need to define Reissuance.
[30] Removed as it no longer utilized within the document by redefining reactivation and reinstatement.
[31] Removed from document based off of member feedback,
[32] Determined to be needed as this was otherwise ambiguous terminology.
[33] This information was previously listed in each section, but as it applies to all has been moved to the article's preamble and removed from individual sections.

Section 1. Licensed Practical/Vocational Nurse (LPN/VN)

a. Licensed Practical/Vocational Nurse (LPN/VN)[34] is the title given to an individual licensed to practice practical/vocational nursing.

~~b. A person may not practice or offer to practice practical/ vocational nursing in this state unless the person is licensed as provided by this chapter.~~[35]

c. The practice of licensed practical/vocational nurses shall include the following guided by nursing standards established or recognized by the BON:

1. Plans for patient care, including:
    i. Planning nursing care for a patient whose condition is stable or predictable.
    ii. Assisting other authorized healthcare professionals in identification of patient needs and goals.
    iii. Determining priorities of care together with other authorized healthcare professionals.[36]
2. Providing patient surveillance and monitoring.[37]
3. ~~Collecting data and conducting nursing assessments~~ Contributing to the nursing assessments of the health status of patients through dependent collaboration with other healthcare professionals ~~as defined within the scope of practice~~.[38]
4. Participating with other healthcare providers and contributing ~~in~~to the development, modification and implementation of the patient-centered healthcare plan.
5. Participating in nursing care, health maintenance, patient teaching, counseling, collaborative planning and rehabilitation.[39]
6. Implementing nursing interventions within a patient-centered healthcare plan.
7. Assisting in the evaluation of responses to interventions.
8. Providing for the maintenance of safe and effective nursing care rendered directly or indirectly.

[34] Added for consistency.
[35] Moved to the article's preamble (#2).
[36] Moved from Rules, while updating terminology to list "authorized healthcare professionals" in lieu of specific professions.
[37] Moved from Rules while updating language to be less prescriptive.
[38] Instead of creating different definitions for each licensure type, assessments were adjusted for each regarding to the license scope. This creates clear definitions delineating independent vs. dependent evaluation.
[39] Moved from Rules.

9. Advocating for[40] the best interest of patients.
10. Communicating and collaborating with patients and members of the health care team.
11. Providing healthcare information to patients.
12. Delegating nursing interventions to implement the plan of care while maintaining accountability of the outcome.
13. Assigning nursing interventions to implement the plan of care.

~~14. Wearing identification which clearly identifies the nurse as an LPN/VN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient.~~

~~15.~~14. Other acts that require education and training consistent with professional standards as prescribed by the BON and commensurate with the LPN/VN's education, demonstrated competencies and experience.

Section 2. Registered Nurse (RN)

a. Registered Nurse (RN)[41] is the title given to an individual licensed to practice registered nursing.

b. Practices within the legal boundaries of nursing through the scope of practice as provided in this Act and administrative rules governing nursing.[42]

~~c. A person may not practice or offer to practice as a registered nurse in this state unless the person is licensed as provided by this chapter.~~[43]

~~d.~~c. The practice of ~~registered nurses~~RNs[44] shall ~~include the following~~ be guided by nursing standards established or recognized by the BON and include the following:[45]

1. ~~Providing nursing assessment of the health status of patients.~~Independently conducting nursing assessments of the health status of patients ~~as defined within the scope of practice~~.[46]
2. Providing patient surveillance and monitoring,
3. Identifying changes in patient's health status and taking appropriate action.

[40] Deemed incomplete without the preposition present.
[41] Added for consistency.
[42] Added to clarify section and match the information provided within the LPN/VN and APRN sections.
[43] Moved from Rules
[44] Changes to abbreviation for consistency.
[45] Updates sentence structure and purpose of statement.
[46] Instead of creating different definitions for each licensure type, assessments were adjusted for each regarding to the license scope. This creates clear definitions delineating independent vs. dependent evaluation.

4. Documenting nursing care, changes in the patient's condition and all relevant information.[47]
5. Collaborating with healthcare team to develop and coordinate an integrated patient centered healthcare plan.
6. Developing the comprehensive patient centered health care plan, including:
    a. Applying knowledge based on the biological, psychological, and social aspects of the patient's condition.
    b. Participat~~es~~ing[48] in and establish~~es~~ing patient diagnoses;
    c. Setting goals to meet identified health care needs; and
    d. Prescribing nursing interventions.
7. Implementing nursing care through the execution of independent nursing strategies, and the provision of regimens requested, ordered, or prescribed by authorized health care providers.
8. Evaluating responses to interventions and the effectiveness of the plan of care.
9. Provid~~es~~ing[49] education by:
    a. Designing and implementing teaching plans based on patient needs or patient populations.
    b. Teaching the theory and practice of nursing.
    c. Educating others as appropriate.
10. Delegating nursing interventions to implement the plan of care while maintaining accountability of the outcome.
    a. Delegates to another only those nursing measures for which that delegatee has the necessary skills and competence to accomplish safely[50]
11. Assigning nursing interventions to implement the plan of care.
12. Providing for the maintenance of safe and effective nursing care rendered directly or indirectly.
13. Advocating for[51] the best interest of patients.

[47] Moved from Rules
[48] Updates tense of statement.
[49] Updates tense of statement.
[50] Stated within Rules 3.2.1.f., which expands on III.2.c.8.
[51] Deemed incomplete within the preposition present.

14. Communicating, consulting, and collaborating with other health care team members and others in the management of health care and the implementation of the total health care regimen within and across care settings.

15. Managing, supervising, and evaluating the practice of nursing.

16. Takes preventative measures to protect patients, others and self.[52]

~~17. Teaching the theory and practice of nursing.~~[53]

~~18.~~17. ~~Participating in development of~~ Actively engaging in health care policies, procedures and systems.[54]

~~19. Wearing identification that clearly identifies the nurse as an RN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient.~~

~~20.~~18. ~~Other acts that require education and training consistent with professional standards as prescribed by the BON and commensurate with the RN's education, demonstrated competencies and experience.~~[55]

Section 3. Advanced Practice Registered Nurse (APRN) ~~Title and Scope of Practice~~[56]

~~a. Title~~[57]

~~b.~~a. Advanced Practice Registered Nurse (APRN) is the title given to an individual licensed to practice advanced practice registered nursing within one of the following roles: certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), or clinical nurse specialist (CNS).

~~c.~~b. Population focus shall include nationally recognized foci[58]:

1. Family/individual across the lifespan.
2. Adult-gerontology.
3. Neonatal.
4. Pediatrics.
5. Women's health/gender-related.

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[52] Moved from Rules
[53] Duplicative of Article III.2.6.b
[54] Reflects the everchanging aspect of these entities and better encompasses the entire lifecycle of the process.
[55] With the addition of the article's preamble, this information listed here is now redundant.
[56] Revised to match formatting of the preceding sections for LPN/VNs and RNs.
[57] Removed and reformats section to match those of the LPN/VN and RN.
[58] Refines statement and proceeding points.

6. Psychiatric/mental health.

~~d.~~c. In addition to the RN scope of practice stated in Article III Section 2,[59] and within the APRN academic education and national certification, designated[60] role, and, population focus, APRN practice shall include:

1. Conducting an advanced assessment.
2. Ordering and interpreting diagnostic procedures.
3. Establishing a diagnosis.

~~4. Prescribing, ordering, administering, and dispensing therapeutic measures and, pharmacological agents including over-the-counter, legend, and controlled substances.~~[61]

~~5.~~4. Delegating and assigning therapeutic measures to assistive personnel.

~~6.~~5. Consulting with other disciplines and providing referrals to health care agencies, health care providers and community resources.

~~7. Other acts that require education and training consistent with professional standards and commensurate with the APRN's education, certification, demonstrated competencies and experience.~~[62][63]

~~e. Prescribing, Ordering, Dispensing and Furnishing Authority~~

~~f.~~d. The BON shall grant prescribing, ordering, dispensing and furnishing authority through the APRN license. This shall include the authority to:

~~1. Prescribing, ordering, dispensing and furnishing shall include the authority to:~~[64]

a. Diagnose, prescribe and institute therapy or referrals of patients to health care agencies, health care providers and community resources.

b. Prescribe, procure, administer, dispense and furnish therapeutic measure and [65]pharmacological agents, including over the counter, legend and controlled substances.

c. Plan and initiate a therapeutic regimen that includes ordering and prescribing non- pharmacological interventions, including, but not limited to, durable medical equipment, medical devices, nutrition, blood and blood products, and

[59] Emphasizes that the APRN role encompasses all aspects expected of RNs and provides a direct reference to the RN scope.
[60] Refines statement
[61] Removed as the information is duplicative, the information is more robust in the following sub-bullet e.
[62] Aligns the APRN Section with the LPN/VN and RN sections and emphasizes the APRN's duty to properly identify.
[63] With the addition of the article's preamble, this information listed here is now redundant.
[64] Restructures three separate bullets into one concise statement.
[65] Provides additional function otherwise missing.

diagnostic and supportive services including, but not limited to, home health care, hospice, and physical and occupational therapy.

Article IV. Board of Nursing (BON)

Section 1. Membership

a. The BON shall consist of < > members to be appointed by the <applicable authority>.

b. In order to carry out the provisions of this Act, ~~T~~the membership of the BON shall consist of a majority of LPN/VNs, RNs, and APRNs who are licensed under this act and have the knowledge and experience necessary for expertly regulating the nursing profession. The membership shall include ~~be < > RNs,~~ < > LPN/VNs, ~~< > RNs,~~ < > APRNs, and < > public members.[66]

~~c. Each RN member shall be a resident in this jurisdiction, hold an active unencumbered license under the provisions of this chapter, be currently engaged in RN practice and have no less than five years of experience as an RN, at least three of which immediately preceded appointment.~~

~~d.~~c. Each LPN/VN member shall be a resident in this jurisdiction, hold an active unencumbered license under the provisions of this chapter, be currently engaged in LPN/VN practice, and have no less than five years of experience as an LPN/VN, at least three of which immediately preceded appointment.

~~e.~~d. Each RN member shall be a resident in this jurisdiction, hold an active unencumbered license under the provisions of this chapter, be currently engaged in RN practice, and have no less than five years of experience as an RN, at least three of which immediately preceded appointment.

~~f.~~e. Each APRN member shall be a resident in this jurisdiction, hold an active unencumbered license under the provisions of this chapter, be currently engaged in APRN practice, and have no less than five years of experience as an APRN, at least three of which immediately preceded appointment.

~~g.~~f. The public member(s) of the BON shall be a resident of this jurisdiction and shall not be, nor shall ever have been, a person who has ever had any material financial interest in the provision of healthcare services or who has engaged in any activity directly related to healthcare services.

~~h.~~g. Members of the BON shall be appointed for a term of < > years. Terms shall be staggered. Appointment of a person to an unexpired term is not considered a full term for this purpose. Each member may serve until a qualified successor has been appointed. At the expiration of a

[66] Address the concern stemming from the North Carolina Dental Case, where boards with a majority-professional membership composition was criticized. We added phrasing to stress the importance of the majority of BON members to be licensees of the board and provided justification by highlighting the importance of those BON members to "have knowledge and experience necessary for expertly regulating the nursing.

term, or if a vacancy occurs, the <appointing authority> shall appoint a new ~~board~~[67] member. The appointee's term expires on < > in the <> year of appointment.

~~i.~~h. No member shall serve more than <> consecutive full terms or <> consecutive years.

Section 2. Officers

a. The BON shall elect a first and second officer~~s~~[68] who shall serve a term of < > years, beginning < > and ending < >.

b. The <first officer> shall preside at ~~board~~BON meetings and shall be responsible for the performance of all duties and functions of the BON required or permitted by this Act. In the absence of the <first officer>, the <second officer> shall assume these duties. In the absence of both the first and second officer, the chair may appoint another member to act as their designee.[69]

c. Additional officer positions ~~offices~~[70] may be established and filled by the BON at its discretion.

Section 3. Meetings and Attendance[71]

a. The BON shall meet at least <> times per year for the purpose of transacting business in person or ~~electronically~~virtually.[72]

b. [73]A majority of the members of the BON constitutes a quorum; however, if there is a vacancy on the BON, a majority of the members serving constitutes a quorum.

~~a.~~c. A BON member is required to attend meetings or to provide proper notice and justification of their [74]inability to do so. Unexcused absences from meetings may result in removal from the BON.

~~b.~~d. Additional meetings may be called by the <first officer> of the BON or at the request of <> ~~of the~~[75] ~~board~~BON members.

e. The ~~Board~~BON may adopt rules with respect to calling, holding, and conducting regular and special meetings and attendance at meetings.

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[67] Streamlines to match the preceding statements.
[68] Aligned the language to refer to the election of both a first and second officer.
[69] Addresses the scenario that BONs face when all their officers may be absent from a meeting/proceeding.
[70] Provides for more inclusive language and removes redundancy.
[71] Better defines the section.
[72] Clarifies the timeframe for meetings and updates the language to current terminology.
[73] Breaks the former three bullets of information into individualized ones based off of the topic to provide actionable clauses.
[74] Adds qualifier to statement.
[75] Removes unnecessary language.

~~c.~~f. Notice of all ~~board~~BON meetings shall be given in the manner and pursuant to requirements prescribed by the jurisdiction's applicable statutes~~,~~ ~~and~~ rules,[76] and regulations.

Section 4. Vacancies~~,~~ and Removal ~~and Immunity~~[77]

a. Any vacancy that occurs ~~for any reason~~ [78]in the membership of the BON shall be filled by the <applicable authority> in the manner prescribed in the provisions of this article regarding appointments. A person appointed to fill a vacancy shall serve for the unexpired portion of the term.

b. The <applicable authority> may remove any member from the BON for neglect of any duty required by law, for incompetence, for unprofessional or dishonorable conduct, or any other reason pursuant to jurisdictional law.

~~All members of the BON shall have immunity from individual civil liability while acting within the scope of the duties as board members pursuant to jurisdictional law.~~[79]

c. A BON member's term ~~automatically~~[80] ends when ~~there is a~~ any of the following occur[81]:

1. Death;

2. Letter of resignation submitted by the BON or applicable authority; or,

~~c.~~3. Failure to attend <> consecutive meetings and/or <> percentage of meetings within a year.[82]

Section 5. Powers and Duties

The BON shall be responsible for the interpretation and enforcement of the provisions of this Act. The BON shall have all of the duties, powers, and authority ~~specifically granted by and~~ necessary ~~to~~ for the enforcement of this Act, ~~as well as other duties, powers and authority as it may be granted by appropriate statute,~~or any other appliable law,[83] including:

a. Make, adopt, amend, repeal, and enforce such administrative rules consistent with the law, as it deems necessary for the ~~proper~~[84] administration of this Act and to protect the public health, safety, and welfare.

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[76] Streamlines statement.
[77] Immunity provisions have been broken out into a new section 8.
[78] Streamlines statement.
[79] Moved to the new Section 8. Immunity
[80] Removed "automatically" to allow for state-specific removal processes to take place if needed.
[81] Clarifies that only one of the three conditions must be met to trigger the term end.
[82] Addresses the lack of attendance and availability of BON members, providing terms in which a BON member's term can end. Added from member feedback regarding concern for consecutive meetings not being the only measurement for removal. Percentage missed allows for BONs to avoid situation where BON member may attend every other meeting to avoid removal by consecutive meeting definition.
[83] Streamlines and updates language.
[84] Removes unnecessary language

b. Develop and enforce standards and processes for nursing education programs.

c. Provide consultation, conduct conferences, forums, studies and research on nursing education and practice.

d. Provide ~~consultation or~~[85] guidance regarding the interpretation and application of the jurisdiction's nursing law and regulation.

e. Participate or hold membership in national organizations that promote the provisions of this ~~chapter~~ article[86].

f. Grant temporary ~~permits~~ licenses[87] for qualified applicants ~~as set forth in rule~~.

g. License qualified applicants for ~~RN,~~ LPN/VN, RN, and APRN licensure and regulate their practice.

h. Develop standards for maintaining competence of licensees and requirements for returning to practice.

i. Implement the discipline process, in person or virtually, in accordance with jurisdictional law.

j. Issue subpoenas in connection with investigations, inspections, and hearings, either in person or ~~electronically~~virtually.[88]

k. Develop and enforce standards for nursing practice.

l. Discipline a license or certification issued under this Act for violation of any provision of this Act.

m. Maintain a record of all persons regulated by the BON.

n. Regulate the practice of nursing, which occurs in the jurisdiction where the patient is located at the time.

o. Collect, analyze, and share data regarding nursing education, nursing practice, and nursing resources. Data may be collected ~~with license~~from licensure[89] applications.

p. Appoint and employ an ~~qualified individual to serve as~~[90] executive officer.

q. Adopt a seal that shall be in the care of the executive officer and shall be affixed only in a manner as prescribed by the BON.

r. Share ~~current significant~~[91] investigative information with other regulatory bodies and law enforcement entities.

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[85] Streamlines language
[86] Updates terminology as the Act has Articles, Rules has Chapters.
[87] Updates language to match BON oversight.
[88] Updates terminology
[89] Updates phrasing to clarify where the information is coming from.
[90] Removes unnecessary language
[91] Removes ambiguous language.

s. Conduct criminal background checks for applicants and licensees[92] regulated under this Act.

~~s.~~t. Order competency to practice nursing evaluations for applicants and licensees as necessary to determine the individual's competence and/or ability to practice safely.[93]

~~t.~~u. In the event of a declared state of emergency in this ~~state~~jurisdicition, for and in the interest of the preservation of the health, safety and welfare of the public, the BON~~oard~~ may waive ~~the~~applicable requirements to the extent necessary to safely administer this Act ~~of this Article to allow emergency health services to the public~~.[94]

~~u.~~v. Any other act that is necessary for the enforcement of this Act or other applicable law as determined by the BON.[95]

Section 6. Financial

a. The BON is authorized to establish by rule ~~appropriate~~ fees for licensure by examination, reexamination, endorsement, reinstatement, reactivation, and such other reasonable[96] fees, ~~and~~ fines, and monetary penalties related to regulating the profession[97] ~~as the BON determines necessary~~.

b. All fees, ~~and~~ fines, and monetary penalties[98] collected by the BON shall be administered according to the established fiscal policies of this jurisdiction ~~and in such manner as~~ to ~~adequately~~[99] implement the provisions of this Act.

c. The BON may accept grants, contributions, devices, bequests, and gifts that shall be kept in a separate fund and shall be used by the BON to enhance the practice of nursing.

d. The BON may receive and expend funds, in addition to appropriations from this jurisdiction, provided such funds are received and expended for the pursuit of the authorized objectives of the BON, such funds are maintained in a separate account, and periodic reports of the receipt and expenditures of such funds are submitted to the <applicable authority>.

e. All fees, ~~and~~ fines, and monetary penalties[100] collected by the BON shall be retained by the BON. The monies retained shall be used for any of the BON's duties, including but not limited to the addition of full-time equivalent positions for program services and investigations. Monies

[92] Expanded the power of the BON to include the ability to conduct criminal background checks for applicants and licensees.
[93] Provides explicit authority for BONs to conduct competency to practice nursing evaluations.
[94] Modifies the original section, which gave blanket authority to a BON to waive requirements of this article to allow emergency health services to the public. Ensures that emergency authority is not taken advantage of and counters arguments after the emergency ends that if the waivers worked, they should be made permanent. Updates terminology to match the document- state will be replaced with jurisdiction throughout.
[95] Added to flesh out the BON's authority to act as needed.
[96] Constrains the BON and disincentivizes self-dealing.
[97] Adds language used within Chapter 7 and refines the rationale.
[98] Matches language used within Chapter 7.
[99] Outlines that fines are also collected by BONs and streamlines the language
[100] Outlines that fines are also collected by BONs. Matches language used within Chapter 7.

retained by the BON pursuant to this section are not subject to reversion to the general fund of the jurisdiction.

Section 7. Executive Officer

~~a.~~ The executive officer shall be responsible for and have the authority to:[101]

~~1.~~a. ~~The performance~~Perform the operation and ~~of administrative responsibilities of~~ administration of the agency and such additional powers and duties delegated by the BON.[102]

~~2.~~b. Employ~~ment~~ and ~~ion~~supervise[103] ~~of~~ personnel needed to carry out the functions of the BON.

~~b.~~c. ~~The performance of any other duties as necessary to the proper conduct of BON business and to the fulfillment of the BON's responsibilities as defined by this Act.~~[104]

Section 8. Immunity[105]

~~1.~~ Within the scope of duties, all members of the BON shall have immunity from individual civil liability while acting as BON members or in accordance with jurisdictional law.

Article V. ~~RN,~~ LPN/VN, RN, and APRN Licensure and Exemptions

Section 1. Titles and Abbreviations for Licensed Nurses

Only those persons who hold a license or privilege to practice nursing in this state ~~shall have the right to use~~ may use[106] the following title abbreviations:

~~a. Title: "Registered Nurse" and the abbreviation "RN."~~

~~b.~~a. Title: "Licensed Practical/Vocational Nurse" and the abbreviation "LPN/VN."

b. Title: "Registered Nurse" and the abbreviation "RN."

c. Title: "Advanced Practice Registered Nurse;" the roles of "certified registered nurse anesthetist," "certified nurse-midwife," "clinical nurse specialist," "certified nurse practitioner;" and the abbreviations "APRN," "CRNA," "CNM," "CNS", and "CNP," respectively. The abbreviation for the APRN designation of a certified registered nurse anesthetist, a certified nurse-midwife, a clinical nurse specialist, and, for a certified nurse practitioner will be APRN, plus the role title, i.e. CRNA, CNM, CNS, and CNP.

~~d. Only those persons who hold a license or privilege to practice advanced practice registered nursing in this state shall have the right to use the title "advanced practice registered nurse" and the roles of "certified registered nurse anesthetist," "certified nurse-midwife," "clinical nurse~~

[101] Streamlines section and provides authoritative language.
[102] Clarifies the BONs ability to delegate to the Executive Officer, updates tense to match document.
[103] Clarifies the role further
[104] Removes unnecessary language
[105] Extrapolated from previous Section 4 to provide further clarity.
[106] Refines to ensure that only nurses utilize the titles listed.

~~specialist" and "certified nurse practitioner;" and the abbreviations "APRN," "CRNA," "CNM," "CNS" and "CNP," respectively.~~

~~e. The abbreviation for the APRN designation of a certified registered nurse anesthetist, a certified nurse-midwife, a clinical nurse specialist and for a certified nurse practitioner will be APRN, plus the role title, i.e., CRNA, CNM, CNS and CNP.~~[107]

~~f.~~d. It shall be unlawful for any person to use the titles in this section ~~"APRN" or "APRN" plus their respective role titles, the role title alone, authorized abbreviations~~ or any other title that would lead a person to believe the individual is a~~n APRN~~ licensee, unless permitted by this Act.[108]

Section 2. LPN/VN and RN[109] Examinations

a. The BON shall authorize a national examination for applicants for licensure as ~~RNs or~~ LPN/VNs or RNs.

b. The BON may employ, contract, and cooperate with any entity in the preparation of a national examination and process for determining results of a licensure examination. When such an examination is utilized, the BON shall restrict access to questions and answers.

c. The ~~Board~~ BON shall ~~give an~~authorize applicants for examination~~, at the time and place it determines, to applicants~~ for licensure to practice as an LPN/VN or RN~~ registered nurse or licensed practical nurse~~. The ~~Board~~ BON shall adopt rules governing qualifications of applicants~~, the conduct of applicants during the examination, and the conduct of the examination. The applicants shall be required to pass the examination as defined by the board~~.

Section 3. LPN/VN and RN[110] Licensure by Examination

The BON may issue licensure by examination to practice as an LPN/VN or RN.[111]

a. An applicant for licensure by examination to practice as an ~~RN or~~ LPN/VN or RN must successfully meet the applicable requirements of this act and those~~, as~~ determined by the BON as set forth in ~~by~~ rule~~.~~ including:

1. Graduate from a BON approved education program

2. Pass the NCLEX-PN® or NCLEX-RN® examination

~~a.~~3. Submit fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that jurisdiction's criminal records.

[107] Reformats previous bullets into one concise point (new C.) clarifying the role and section.
[108] Refined to ensure that all licensees are included within this statement.
[109] Specifies the licenses addressed within the section.
[110] Specifies the licenses addressed within the section.
[111] Provides qualifying information prior to the proceeding points. Further refines statement, reorders license type.

b. ~~The Board shall provide for an examination for licensure to practice as a registered nurse or licensed practical nurse. The applicants shall be required to pass the examination as defined by the board. The Board shall adopt rules which identify the criteria which must be met by an applicant in order to be issued a license.~~ When the ~~Board~~ BON determines that an applicant has met those criteria~~, passed the required examination,~~ submitted the required fee, and has demonstrated to the ~~Board's~~ BON's satisfaction that ~~he or she is mentally and physically~~they are competent to practice nursing, the BON~~oard~~ may issue a license to the applicant.[112]

c. ~~For~~ An internationally educated applicant~~s~~, in addition to satisfying any requirements of this Act and those set forth in Rule, shall, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully pass~~age of~~ an English proficiency examination that includes the components of reading, speaking, writing, and listening~~, except for applicants from countries where English is the native language, and the nursing program where the applicant attended was taught in English, used English textbooks and clinical experiences were conducted in English~~.[113]

d. Graduates from an RN prelicensure program may take the LPN/VN licensure examination if they have completed a BON approved LPN/VN role delineation course. The BON shall ~~by rule~~ set standards for approval of the role delineation course by rule[114].

~~e. The BON shall promulgate rules to carry out the purposes of this section.~~[115]

Section 4. LPN/VN and RN[116] Licensure by Endorsement

The BON~~oard~~ may~~, without examination,~~ issue a license to an applicant without examination if the applicant ~~who~~ is duly licensed as an LPN/VN ~~or RN~~ ~~registered nurse or licensed practical nurse~~ under the laws of another jurisdiction ~~state, territory of the United States, the District of Columbia, or international country, as determined by criteria developed by the BON in rules~~.[117]

a. An applicant for licensure by endorsement to practice as an ~~RN or~~ LPN/VN or RN shall meet the applicable requirements of this Act and those determined by the BON as set forth in Rule including:[118]

1. ~~Submit a completed application and fees as established by the BON.~~Pass the NCLEX-RN® or NCLEX-PN® Examination or recognized predecessor.

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[112] Breaks the previous section out to define them further, expanding upon the purpose of the section while streamlining the language, removing discriminatory articles. The removed portion of Sub bullet b. has been moved to newly added Section 13.
[113] In lieu of evidence to make a determination to keep or remove it, the group decided to keep the existing language, altering it to mirror the NLC and APRN Compact English language proficiency for consistency purposes. Removes duplicative information found in the preceding bullets.
[114] Updates sentence structure.
[115] Art. IV Section 5: Powers and Duties subsection (a) authorizes rulemaking for administering the act.
[116] Specifies the licenses addressed within the section.
[117] Removed duplicative language and updates sentence structure.
[118] Strengthens statement

2. Submit fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that jurisdiction's criminal records. ~~Meet other criteria established by the BON in rule.~~

~~2.~~3. Demonstrate competency to practice nursing.[119]

~~b. Temporary Permits for licensure by endorsement~~

~~1. The BON may issue time-limited authorization to practice nursing through the granting of temporary permits, as set forth in BON rules.~~

~~2. Any person who has been approved as an applicant for licensure by endorsement and has been granted a temporary permit shall have the right to use the titles < > and abbreviations < > designated by the state. The BON shall promulgate rules to carry out the purposes of this section.~~[120]

Section 5. APRN Licensure

The BON may issue initial licensure or licensure by endorsement to practice as an APRN.[121]

a. An applicant for initial licensure to practice as an APRN shall meet the applicable requirements of this Act and those determined ~~established~~ by the BON set forth in Rules. including:

1. Hold current licensure as an RN.

2. Pass the NCLEX-RN®[122] examination or recognized predecessor.

3. Pass a national certification examination that measures APRN, role and population-focused competencies. Certification programs must be accredited by a national accreditation body as ~~acceptable~~ determined[123] by the BON.

4. Submit fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that jurisdiction's criminal records.

~~a.~~5. Demonstrate[124] competency to practice nursing.[125]

b. ~~The BON may issue a license~~An applicant for licensure by endorsement ~~to~~ as an APRN shall~~licensed under the laws of another state if, in the opinion of the BON, the applicant~~ meet~~s~~

[119] Algins with updates made throughout the document regarding nursing competency.
[120] Moved to newly added Section 7. Temporary Permit and Temporary Licenses to provide further clarification.
[121] Provides clarification on APRN Licensure actions and relocates APRN renewal into general licensee section.
[122] Removed based off of member feedback; only passage of the NCLEX-RN® is required to hold an APRN license.
[123] Clarifies the statement.
[124] Updates tense to clarify statement.
[125] Listed key licensure provisions for APRNs to match RN/LPN licensure sections. Incorporates an item located in the model rules which required certification programs to be accredited by a national accreditation body.

the qualifications for licensure in this jurisdiction and meet the requirements of this Act and those determined by the BON set forth in Rule including[126]:~~.~~

1. Pass the NCLEX-RN® ~~or NCLEX-PN®~~[127] examination or recognized predecessor.

2. Pass a national certification examination that measures APRN, role and population-focused competencies. Certification programs must be accredited by a national accreditation body as determined by the BON.[128]

3. Submit fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.

~~b.~~4. Demonstrate~~e~~[129] competency to practice nursing.[130]

c. The BON may issue an initial license or license by endorsement to an applicant from an international APRN education program ~~if the applicant meets the requirements set forth in rules.~~. An internationally educated applicant, in addition to satisfying any applicable requirements of this Act and those determined by the BON as set forth in Rule, shall, if a graduate of a foreign graduate-level or higher education program not taught in English or if English is not the individual's native language, successfully pass an English proficiency examination that includes the components of reading, speaking, writing and listening.[131]

~~d. APRN licenses issued under this Act shall be renewed at least every < > years according to a schedule established by the BON. An applicant for APRN license renewal shall:~~

~~1. Maintain national certification in the appropriate APRN role and at least one population focus, authorized by licensure, through an ongoing certification maintenance program of a nationally recognized certifying body recognized by the BON.~~

~~2. Meet other requirements set forth in rule.~~

~~3. The BON may reactivate or reinstate an APRN license as set forth in BON rules.~~

~~4. The duties of licensees are the same as previously stated in Article V Section 9 for RNs and LPN/VNs.~~[132]

~~Section 6. Reinstatement of Licenses~~

~~The BON may provide for the reinstatement of a license for individuals following disciplinary action by the BON.~~

[126] Streamlines statement with updated language.
[127] Removed based off of member feedback; only passage of the NCLEX-RN® is required to hold an APRN license.
[128] Mirrors initial licensure requirement.
[129] Updates tense to clarify statement.
[130] Lists key licensure provisions for APRNs to match RN, LPN/VN licensure sections.
[131] Mirrors internationally educated applicant language from APRN Compact and RN/LPN licensure sections.
[132] Moved to new Section 8. Renewal of Licenses to streamline the sections.

~~Applicants for APRN, RN, or LPN/VN licensure reinstatement shall meet the applicable requirements of this act and those determined by the BON as set forth in rule for reinstatement of licensure including demonstrating competency to practice nursing.~~[133]

Section 6. ~~Temporary Permit and~~[134] Temporary Licenses

~~A. The BON may issue time-limited authorization to practice nursing through the granting of a temporary permit to an applicant approved as an applicant for licensure by examination. The BON shall determine the applicant's competency to practice nursing~~[135]

A. The BON may issue time-limited authorization to practice nursing through the granting of a temporary license for applicants approved as an applicant for licensure by endorsement.

B. In the event of a declared state of emergency in this jurisdiction, the BON may issue time-limited authorization to practice nursing through the granting of a temporary license to an applicant who retired from the practice of nursing as defined by this Act with an unencumbered license in this jurisdiction in the last < > years.

C. In the event of a declared state of emergency in this jurisdiction, the BON may issue time-limited authorization to practice nursing through the granting of a temporary license to an applicant who voluntarily deactivated their license to practice nursing as defined by this Act with an unencumbered license in this jurisdiction in the last <> years. The applicant must have had an unencumbered license at the time of voluntarily deactivation.

D. An applicant for a ~~temporary permit or~~[136] temporary license shall meet the applicable requirements of the Act and those determined by the BON set forth in Rule including criminal history disclosure.

E. ~~Temporary permits are valid for < > days.~~[137] Temporary licenses for licensure by endorsement are valid for <> days.

~~2. Any person who has been granted a temporary permit shall be directly supervised by a licensed nurse while providing health care services and shall have the right to use the applicable title.~~[138]

F. Any person who has been granted a temporary license shall have the right to use the applicable titles as outlined in this Act.

G. The BON may issue an extension for < > days for any person who has been granted a ~~temporary permit or~~[139] temporary license.

~~4. A temporary permit is immediately revoked upon failure to pass the examination required for licensure by examination.~~[140]

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[133] ~~Removed as it was an unnecessary and uncommon BON action.~~

[134] Based on member feedback and L&G subcommittee discussions, the decision was made to eliminate temporary permits for applicants eligible for licensure by examination.

[135] Only pertained to Temporary Permits and as such was removed. Updates Section number to realign with other changes.

[136] Removed references to temporary permits based off of committee and member feedback.

[137] Removed references to temporary permits based off of committee and member feedback.

[138] Removed references to temporary permits based off of committee and member feedback.

[139] Removed references to temporary permits based off of committee and member feedback.

[140] Breaks out and provides needed clarification. Created two classifications of temporary authorizations – temporary permits and temporary licensure. The former – permits – are for licensure by examination candidates, and licenses are for licensure by endorsement applicants. Clarified rights of temporary permits and licenses to

Section ~~68~~7. Renewal of ~~RN and LPN/VN~~ Licenses[141]

The BON shall provide for renewal of licensure for LPN/VN, RN, and APRN licenses.[142]

A. ~~RN and~~ LPN/VN and RN licenses issued under this Act ~~shall~~ may[143] be renewed every < > years according to a schedule established by the BON.

~~B.~~1. An applicant for renewal of license to practice as an ~~RN or~~ LPN/VN or RN shall~~:~~ meet the requirements determined by the BON including demonstrating competency to practice nursing.~~to renew licensure as an RN or LPN/VN, whichever is applicable.~~[144]

~~C. A renewal license shall be issued to an RN or LPN/VN who submits an application, remits the required fee and satisfactorily completes any other requirements established by the BON as set forth in rules.~~[145]

~~D.~~2. Failure to renew the license shall result in ~~forfeiture~~ deactivation of the license and forfeiture of the[146] right to practice nursing in this jurisdiction.

~~E.~~3. In the event of a declared state of emergency in this ~~state~~jurisdiction, the ~~board~~BON may delay licensure renewal dates for any licensees ~~in the state~~under this Act.[147]

~~F. The BON shall promulgate rules to carry out the purposes of this section.~~[148]

B. APRN licenses issued under this Act~~shall~~ may[149] be renewed every < > years according to a schedule established by the BON.

1. An applicant for APRN license renewal shall meet the applicable requirements of this Act and those determined by the BON as set forth in rule including:
   a. Maintain national certification in the appropriate APRN role and at least one population focus authorized by licensure through an ongoing certification maintenance program of a nationally recognized certifying body recognized by the BON.
   b. Demonstrate competency to practice nursing.
2. If an applicant or licensee is no longer authorized to practice as an APRN, the BON may make a determination on authorization to practice as an RN.

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ensure BON has power to revoke. Subsections c and d were originally located in the licensure exemptions section, however, since they were issuances of permits, in this case during declared states of emergency and pertaining to retired and reactivation licensees, they were more appropriate in this section. Removed references to temporary permits based off of committee and member feedback.

[141] Shifts section number to accommodate added sections and the updated title creates a consolidated and inclusive section.

[142] Inclusive language quantifies the section's authority. Renumbered to match newly proposed structure.

[143] Replaces "shall" with "may" to better define the ability of the BON.

[144] Added competency to practice nursing demonstration as an element of renewal.

[145] Removes redundant language.

[146] Better defines statement and action of the BON. Adds clarifying language.

[147] Updates terminology.

[148] Removed statement as Article IV Section 5, Powers and Duties makes this information redundant.

[149] Updated to match changes made throughout (change 97, etc.,)

3. If an APRN applicant or licensee is no longer authorized to practice as an RN, they shall be unauthorized to practice as an APRN.

~~1.~~4. If national certification expires, authorization to practice as an APRN[150] in this jurisdiction also expires.[151]

~~2.~~5. In the event of a declared state of emergency in this jurisdiction, the BON may delay licensure renewal dates for any licensee under this Act.[152]

6. Failure to renew the license shall result in deactivation of the license and forfeiture of the right to practice advanced practice nursing in this jurisdiction.[153]

Section ~~7~~98[154]. Reactivation of Licensure

The BON may provide for the reactivation of a license for individuals whose license has lapsed, expired, or have been placed on inactive status in the absence of disciplinary action ~~by the BON~~.[155]

a. Applicants for ~~RN or~~ LPN/VN, RN, or APRN licensure reactivation shall meet the requirements of this Act and those determined by the BON set forth in Rule for reactivation of licensure as an ~~RN or~~ LPN/VN, RN, or APRN whichever is applicable.[156]

~~b. The BON shall promulgate rules to carry out the purposes of this section.~~[157]

Section ~~8~~9. Reinstatement of Licensure

The BON may provide for the reinstatement of a license for individuals following disciplinary action.

a. Applicants for LPN/VN, RN, or APRN licensure reinstatement shall meet the applicable requirements of this Act and those determined by the BON set forth in Rule for reinstatement of licensure including demonstrating competency to practice nursing.[158]

~~a. Applicants for RN or LPN/VN licensure reinstatement shall meet the requirements for reinstatement of licensure as an RN or LPN/VN, whichever is applicable.~~

~~b. The BON shall promulgate rules to carry out the purposes of this section.~~[159]

Section ~~9~~10. Duty to Report

~~a.~~ A ~~nurse~~licensee shall report to the BON ~~, in a timely manner,~~within <> days, ~~a felony arrest or indictment, and~~ any criminal charges, arrests, conviction or finding of guilt, or entering into an agreed disposition of a ~~felony~~ criminal[160] offense under applicable state or federal criminal law. ~~The nurse shall~~

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[150] Clarifies the licensure type effected.
[151] Updates language and structure of sub bullets within the new section.
[152] Added to match those items outlined for LPN/VNs and RNs
[153] Added to match those items outlined for LPN/VNs and RNs to cover licensure renewal
[154] Adjusts listing due to added sections.
[155] Added to match Chapter IV Section 9, removes duplication of BON within the same sentence.
[156] Refines for clarity and to include all license types.
[157] Removed as these statements are not required.
[158] Removes duplicative language within the other sections and follows the outline and verbiage throughout the Article by stating within this revised section.
[159] Information reformatted and moved to the newly assigned Article V. Section 6.
[160] Updates terminology and allows for the BON to be aware of convictions.

~~also report to the BON, in a timely manner, any arrest or indictment for the possession, use, or sale of any controlled substance or driving while impaired.~~[161]

Section ~~10~~11. Criminal Background Checks

~~Each applicant for licensure as an APRN, CNP, CNM, CRNA, CNS, RN, LPN and <any other licensee/registree/multistate licensee> under this act>~~[162] ~~shall submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check pursuant to <state statute> and Public Law 92-544. The <state agency or appropriate entity responsible for managing fingerprint data> may exchange this fingerprint data with the Federal Bureau of Investigation (FBI).~~

a. The BON shall require applicants to submit fingerprints to the <state criminal background check entity> for the purpose of conducting a state and federal fingerprint-based criminal history background check.
b. The BON may require that such fingerprint submissions be made as part of an application seeking <license, permit, certificate, or registration of authority> for <categories/type of license, permit, certificate, registration of authority), as defined in <applicable statute(s)>.
c. The fingerprints and any required fees shall be sent to the <state criminal background check entity> central repository. The fingerprints shall be used for searching the state criminal records repository and shall also be forwarded to the Federal Bureau of Investigation for a federal criminal records search under section <>. The <state criminal background check entity> shall notify the BON of any criminal history record information or lack of criminal history record information discovered on the individual. Notwithstanding <prohibiting provisions> to the contrary, all records related to any criminal history information discovered shall be accessible and available to the BON.
d. <Definitions of categories, if not clearly defined in other areas of statute.> [163]

Section 12. Criminal History

The BON is authorized to consider the criminal history of an applicant, licensee, or others authorized to practice under this Act.

A. Except as provided in paragraph (c), an applicant's criminal history ~~convictions~~ may be reviewed by the BON on a case-by-case basis to determine eligibility for licensure, authorization to practice, and competency to practice.

~~A.~~B. If an applicant's criminal history ~~record check~~ reveals a conviction~~.~~ ~~The~~ the ~~Board~~ BON ~~shall~~ may consider ~~all~~ any of the following factors regarding the ~~conviction~~criminal history:

[161] Updates section number to align with new formatting, creates a timeframe for reporting to the BON, and eliminates unnecessary language within the article.
[162] Updates and strengthens the language to address FBI concerns of lack of specification of the licensure types background checks are authorized for.
[163] Language borrowed from template developed by State of Missouri to achieve compliance with the FBI criminal background check requirements

1. ~~The l~~Level of seriousness of the ~~crime~~conduct.[164]
2. ~~The d~~Date of the ~~crime~~conduct.
3. ~~The a~~Age of the applicant at the time of the ~~conviction~~conduct.
4. ~~The c~~Circumstances surrounding the commission of the ~~crime~~conduct, if known.
5. ~~The~~ A nexus between the criminal conduct ~~of the applicant~~ and ~~the~~ competence to practice ~~of~~ nursing.
6. ~~The~~ Evidence of~~applicant's prison, jail, probation, parole,~~ rehabilitation~~, including but not limited to, prison, fail, probation, parole, rehabilitation, and employment records since the date of the crime was committed conduct.~~[165]
7. ~~The subsequent commission by the person of a crime~~Evidence of repeated similar conduct.

~~B. The BON shall determine whether an applicant or licensee is mentally and physically capable of practicing nursing with reasonable skill and safety. The Board may require an applicant or licensee to submit to a mental health examination by a licensed mental health professional designated by the Board and to a physical examination by a physician or other licensed health care professional designated by the Board. The Board may order an applicant or licensee to be examined before or after charges are presented against the applicant or licensee. The results of the mental health examination or physical examination shall be reported directly to the Board and shall be admissible into evidence in a hearing before the Board.~~[166]

C. All individuals convicted of a sexual offense involving a minor or performing a sexual act against the will of another person, or of a person who is legally incapacitated and incapable of giving ~~including those without the mental capacity to~~[167] consent, shall be subject to a BON order for evaluation by a qualified expert approved by the BON. If the evaluation identifies sexual behaviors of a predatory nature, the BON shall deny licensure.

Section 13. Competence to Practice Evaluation

A. The BON shall determine whether an applicant, licensee, or individual with authorization to practice is competent to practice nursing with reasonable skill and safety.

B. The ~~Board~~ BON may require an applicant or licensee to submit to a:
   1. Mental health~~examination~~ evaluation by a licensed mental health professional designated by the~~Board~~ BON; and,
   2. Physical~~examination~~ evaluation by a ~~physician or other~~ licensed healthcare professional designated by the~~Board~~ BON.

[164] Removed "The" from sub bullets to refine statements.
[165] Removed qualifying statements.
[166] Removes unnecessary descriptive language, restructures information and breaks it into a new section that better encompasses the actions of the BON.
[167] Refined to have more up to date and inclusive language.

C. The ~~Board~~ BON may order an applicant or licensee to be ~~examined~~evaluated before or after charges are presented against the applicant or licensee.

D. The results of the ~~examination~~evaluation shall be reported directly to the ~~Board~~ BON and shall be admissible into evidence in a hearing before the ~~Board~~ BON.[168]

Section 14~~1~~. Exemptions

No provisions of this Act shall be construed to prohibit the following Acts as established in this Act and those determined by the BON set forth in rule[169]:

a. The practice of nursing by ~~a~~ student~~s currently~~ as part of a curriculum ~~enrolled~~ in a BON approved ~~and actively pursuing completion of an approved prelicensure~~ nursing education program leading to initial licensure~~, or a graduate nursing program involving nursing practice, according to criteria established by the board in rules~~.[170]

b. The provision of gratuitous[171] nursing services to family members or in emergency situations.

c. The engagement by an individual ~~is engaging~~ in the practice of nursing by discharging official duties while employed by or under contract with the United States government or any agency thereof.[172]

d. The temporary activities of an individual with an active or unencumbered ~~currently~~ license~~d to practice nursing~~ in another jurisdiction~~, if the individual's license has not been revoked, the individual is not currently under suspension or on probation, and the individual engages in temporary activities as determined by the board, including~~ such as travel with a patient to and within the ~~state~~jurisdiction, teaching activities, activities involving program accreditation, consultation with healthcare providers located within the ~~state~~jurisdiction, gratuitous volunteer nursing services, and other activities ~~involving program accreditation~~determined by the BON.[173]

e. ~~In the event of a declared state of emergency in this state, an individual who retired from licensed practice of practical nursing, registered nursing, or advanced practice registered nursing in this state in the last <> years shall be issued a temporary license to practice for <time period> from the date of issuance. The individual must have retired with an unencumbered license to qualify for a temporary license.~~ The practice of an individual in the state pursuant to any provision of this section is prohibited from representing themselves as holding a license to practice in this jurisdiction.

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[168] Originally within Section 3. Licensure by Examination. This new section clarifies the statement and provides updated language throughout. Language updated to address ADA concerns. Adjustments made to adjust to terminology used throughout document and to break section down into actionable items.
[169] Updates section number while clarifying the statement and proceeding points with updated language.
[170] Clarifies that practice must be associated with the program of study, not unrelated practice while in the program.
[171] Further defines the guidelines around exemptions.
[172] Refines tense of statement.
[173] Streamlines language by using "active or unencumbered" to define licensure status for those engaged in temporary activities.

f. ~~In the event of a declared state of emergency in this state, an individual who voluntarily deactivated their license to practice practical nursing, registered nursing, or advanced practice registered nursing in this state in the last <> years shall be issued a temporary license to practice for <time period> from the date of issuance. The individual must have become inactive with an unencumbered license to qualify for a temporary license.~~The practice of an individual in the jurisdiction pursuant to any provision of this section is authorized to practice for a time not exceeding < >.[174]

Section 15. Audit

The BON may conduct a random audit of licensees and upon request of the BON, licensees shall submit documentation of compliance with this Act and Rules. [175]

Article VI. Prelicensure Nursing Education

~~Section 1. Definition and Purpose of Nursing Education Standards~~

~~Nursing education standards are the evidence-based criteria used to monitor the quality of the nursing program. Early intervention, when the standards are not met, will assist the programs to make improvements before warning signs are evident and sanctions are necessary. The purpose of nursing education standards is to ensure that graduates of nursing education programs are prepared for safe and effective nursing practice.~~[176]

Section ~~2~~1. Prelicensure Nursing Education Standards

All nursing education programs shall meet these standards:

a. Administrative Requirements

1. The program ~~has~~ shall have[177] criteria for admission, progression and student performance.

2. Written policies~~, including those on the use of artificial intelligence for faculty and students, and procedures have been~~ shall be vetted by faculty and students and are readily accessible.[178]

[174] Moves original sub bullets e & f to applicable sections within the article and replaces them with new bullets. These clarify that individuals practicing under an exemption may not represent themselves as a licensee and clarifies that exempted individuals are authorized to practice for a certain time.
[175] Moved from Rules 5.15 and refined as it was otherwise missing from the Act.
[176] Definition for "Nursing Education Standards" moved to Article II. The purpose was removed as it was outside the scope of the section and fell under the purpose as stated in Article I. All proceeding sections have been renumbered accordingly.
[177] Updates tense and requirement of statement.
[178] Strengthens the language found in originally sub bullet b.3 and includes artificial intelligence as it is a growing concern for educators. Removed proposed language as AI is referred to within newly numbered Section 13. Updates tense and requirement of statement.

3. The program shall hold students responsible for professional behavior, including honesty and integrity, while in their program of study.

~~3.~~4. The program shall hold students responsible for meeting health standards and criminal background check requirements.[179]

b. Program Administrator

1. Shall hold a current, active RN license or privilege to practice that is unencumbered and meets requirements in the jurisdiction where the program is approved.[180]

~~1.~~2. Of an RN program shall be doctorally prepared and ~~has~~ have[181] a degree in nursing or a graduate degree in nursing and a doctoral degree.[182]

~~2.~~3. Of an LPN/VN[183] program shall have a minimum of a graduate degree in nursing or a bachelor's ~~and a~~ degree in nursing with a graduate degree.[184]

~~3. Shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved;~~

4. ~~Has~~ Shall have[185] institutional authority and administrative responsibility over the program.

5. Shall be responsible for completing ~~the BON's~~regulatory reports, including the nursing education annual report~~, consisting of aggregate program data as determined by the BON, by their deadline~~.

c. Nursing[186] Faculty

1. At a minimum, 35% of ~~the total~~nursing faculty shall be ~~(including all clinical adjunct, part-time and other faculty) are employed at the institution as~~ full-time ~~faculty~~.[187]

~~2. In RN programs, faculty shall:~~

~~i. Hold a graduate degree.~~

[179] Clarifies the statement and moves it from former Article VI.2.d.5. Updates language for consistency.
[180] Clarifies the statement and prioritizes the sub bullets.
[181] Corrects the tense of the sentence.
[182] Updates language mirroring those found in Rules.
[183] Updated for consistency.
[184] Provides more comprehensive language.
[185] Updates tense and requirement of statement.
[186] Clarifies bullet and information therein.
[187] Clarifies the composition of total faculty who teach nursing students. Details moved to Rules.

~~ii.~~i. ~~Faculty who teach clinical courses, whether didactic or clinical, shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the state where the program is approved.~~[188]

~~3.~~2. In LPN/VN ~~PN~~[189] programs, faculty shall:

~~i. Hold a BSN degree.~~

i. ~~Faculty clinical courses shall~~[190] Hold a current, active RN license or privilege to practice that is ~~not~~ unencumbered and meets requirements in the ~~state~~jurisdiction where the program is approved.

ii. Hold a BSN degree.[191]

3. In RN programs, faculty shall:

i. Hold a current active RN license or privilege to practice that is unencumbered and meets requirements in the jurisdiction where the program is approved.

ii. Hold a graduate degree.

4. ~~Nursing Faculty facultycan~~ Shall[192] demonstrate that they have been educated in basic instruction of teaching and adult learning principles and curriculum development.[193] ~~This may include the following:~~

~~i. Methods of instruction.~~

~~ii. Teaching in clinical practice settings.~~

~~iii. How to conduct assessments, including test item writing.~~

~~iv. Managing "difficult" students.~~

~~4. Faculty demonstrate participation in continuing education related to nursing education and adult learning pedagogies.~~

~~5. The school provides substantive and periodic workshops and presentations devoted to faculty development.~~

~~5. Formal mentoring of new and part-time faculty takes place by established peers.~~

[188] Reorganized the follow the information on LPN/VN programs.
[189] Updates for consistency throughout the document.
[190] Updates for consistency within the section.
[191] Reorganized to list licensure first, degree second for both PN and RN sections.
[192] Updates tense and requirement of statement.
[193] Clarifies statement, removing language that was duplicative in rules (4.i,ii,iii,iv)

5. Nursing education programs shall[194] provide opportunities for nursing faculty professional development.

6. Formal orientation and mentoring of new full-time and part-time nursing faculty shall be implemented.[195]

~~6.~~7. Clinical faculty have ~~up-to-date clinical skills and have had recent experience in~~ supervisory and direct patient care experience within the past 5 years.[196]

~~7.~~8. Simulation nursing faculty are certified or have developed a~~re~~ plan~~ning~~ to be certified within the next 5 years of being hired.[197]

d. Student Support and Resources[198]

1. Assistance ~~English as a second language assistance~~ shall be ~~is~~ provided for non-native English speakers.[199]

2. Assistance shall be~~is~~ available for students with ~~learning or other~~ disabilities.[200]

3. ~~All students have books and resources necessary throughout the program and strategies to help students who can't afford books and resources.~~Program shall provide strategies to help students obtain books and resources for students in need.[201]

4. Remediation strategies shall be ~~are~~ in place at the beginning of each course and students are aware of how to seek help. This ~~should~~ shall include processes to remediate errors and near misses in the clinical setting.[202]

5. Simulation lab shall be accredited or endorsed by an agency acceptable to the BON~~Students shall meet health standards and criminal background requirements.~~[203]

~~5.~~6. The fiscal, human, physical, library, clinical and technical learning resources shall be adequate to support program processes, security, and outcomes.[204]

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[194] Updates tense and requirement of statement.
[195] Removes former 5,6,7 and replaces with statements that are succinct and clear. Updates tense and requirement of statement.
[196] Creates a more comprehensive, evidence-based statement. Refines the statement with a timeframe for clarity.
[197] Creates a more comprehensive, evidence-based statement based off of NCSBN & INASCL best practices. Provides for a more exact timeframe for the training.
[198] Combined d. Students & f. Teaching and Learning Resources content to streamline section.
[199] Updates language to current terminology. Updates tense and requirement of statement.
[200] Removes language that is unnecessary to the statement. Updates tense and requirement of statement.
[201] Clarifies language and combines the information from previous f.1. Updates tense and requirement of statement.
[202] Updates tense and requirement of statement.
[203] Removed original statement as is now detailed in A.4 as an administrative requirement, replacing with a section accurate statement supported by research. Updates tense and requirement of statement.
[204] Restructures information previously listed in VI.2.f.1.

e. Curriculum and Clinical Experiences

1. There is a sound foundation in biological, physical, social, and behavioral sciences.
2. A systematic evaluation of the ~~curriculum is in place~~program shall be utilized for continuous quality improvement.[205]
3. Didactic and clinical content shall include prevention of illness and the promotion, restoration, and maintenance of health in patients, communities, and populations, in a variety of clinical settings,[206] across the lifespan and from diverse social, cultural, ethnic and economic backgrounds.
4. Didactic courses and clinical experiences shall include content in the areas of medical/surgical, obstetric, pediatric, psychiatric/mental health and community health nursing.
5. Quality and safety shall be ~~are~~ integrated into the curriculum, including clinical reasoning and judgment, ~~skill in~~ clinical ~~management,~~ supervision, delegating effectively, emergency preparedness, interprofessional communication, time management and ~~navigation and~~ understanding of health care systems.[207]

~~6. Practice/academic partnerships are implemented.~~[208]

~~7.~~6. Legal and ethical issues and professional responsibilities shall be ~~are~~[209] integrated into didactic and clinical experiences.

~~8.~~7. Didactic and clinical experiences shall be equivalent regardless of modality of delivery, including ~~Distance~~ distance education ~~methods are consistent with the curriculum plan~~.[210]

~~9. 50% or more of clinical experiences in each course is direct care with patients.~~[211]

~~10. A variety of clinical settings are used, and the patient population is diverse.~~

~~f. Teaching and Learning Resources~~

~~1. The fiscal, human, physical (including access to a library), clinical and technical learning resources shall be adequate to support program processes, security, and outcomes.~~

[205] Explains the purpose of a systematic evaluation of a program. Updates tense and requirement of statement.
[206] Combines the previous e.10 into one statement for better organization and clarity. Updates tense and requirement of statement.
[207] Updates the terminology and broadens the scope of the statement. Updates tense and requirement of statement.
[208] Moved to Rules.
[209] Updates tense and requirement of statement.
[210] Updated for clarity providing missing pertinent details.
[211] Removes duplicative language.

~~2. The simulation lab is accredited or with plans to be within 5 years.~~

~~3. Programs shall assess students with learning disabilities and tailor the curriculum to meet their needs.~~[212]

Section ~~3~~2. Determination of Compliance with Standards

a. The parent institution offering nursing education programs shall have institutional accreditation, as determined by the BON.[213]

~~a.~~b. Accreditation by a national nursing accrediting body, set forth by the United States Department of Education (USDE), shall be ~~is~~[214] required, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval.

1. Nursing programs ~~must~~shall[215] submit to the BON copies of accreditation related correspondence with the national nursing accrediting agency within 30 days of receipt.
2. The BON shall identify the required correspondence that the programs must submit.

Section ~~4~~3. Purposes of Prelicensure Nursing Education Program Approval

a. To promote the safe practice of nursing by implementing standards for individuals seeking licensure as ~~RNs and~~ LPN/VNs and RNs.

b. To grant legal recognition to nursing education programs that ~~the BON determines~~[216] ~~-~~have met the standards.

c. To ensure graduates meet the educational and legal requirements for the level of licensure for which they are preparing and to facilitate their endorsement to other ~~states and countries~~ jurisdictions.

d. To provide the public and prospective students with a published list of in-state[217] nursing programs that ~~meets~~ meets the standards established by the BON.

Section ~~5~~4. Establishment of a ~~New~~[218] Prelicensure Nursing Education Program

~~Before establishing a new nursing education program, the program shall~~ submit a letter of intent ~~to~~contact the BON ~~and complete the process outlined below:~~.[219]

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[212] Entire sub bullet f. combined with updated D. Student support and resources, outlined within reference #110
[213] Restructures and clarifies statement.
[214] Spells out the acronym and updates tense and requirement of statement.
[215] Updates tense and requirement of statement.
[216] Clarifies the sentence and the action of the BON.
[217] While the USDE has other requirements, the BON requires an in-state list of programs.
[218] Removes a word deemed redundant.
[219] Removed as it was determined to be redundant per the bullets following it.

a. Phase I – Application to BON providing evidence of regulatory compliance.[220] ~~The proposed program shall provide the following information to the BON:~~

~~1. Governing institution approval and ongoing support.~~

~~2. Evidence of adequate financial support that can be provided on an ongoing basis.~~

~~3. Availability of educational resources, such as human, physical (including access to a library), clinical and technical learning resources.~~

~~4. Evidence of the institution meeting state requirements, and regional or national accreditation by an accredited agency recognized by the USDE.~~

~~5. Evidence of the nursing program actively seeking pre-accreditation or candidate accreditation from a USDE recognized national nursing accrediting agency.~~

~~6. Evidence of adequate numbers of clinical partnerships.~~

~~7. Availability of a qualified faculty and program director.~~

~~8. A proposed timeline for initiating the program.~~

b. Phase II – Initial approval for admission of students. The proposed program shall provide the BON with verification of a curriculum and nurse administrator, as determined by the BON set forth in rule.[221] ~~that the following program components and processes have been completed:~~

~~1. Employment of a qualified director.~~

~~2. A comprehensive program curriculum.~~

~~3. Establishment of student policies for admission, progression, retention, and graduation.~~

~~4. Policies and strategies to address students' needs including those with learning disabilities and English as an international language; and remediation tactics for students performing below standard and for when clinical errors or near misses occur.~~

~~5. Creation of an emergency preparedness plan for addressing situations including but not limited to a reduction in the availability of student clinical sites, a transition from in-person to virtual learning platforms, and a need for increased use of simulation.~~

c. Phase III – Full approval of program. The BON shall grant full~~y approve~~ approval when the program[222] demonstrates regulatory compliance.~~upon:~~

~~1. Completion of BON program survey visit.~~

~~2. A comprehensive program curriculum.~~

[220] Refines the statement and removes the explanatory sub bullets as they are stated within Rules.
[221] Further refines the statement and removes the explanatory sub bullets as they are stated within Rules.
[222] Refines the statement and removes the explanatory sub bullets as they are stated within Rules.

~~3. Submission of program's ongoing systematic evaluation plan.~~

~~4. Employment of qualified faculty.~~

~~5. Additional oversight of new programs will take place for the first 7 years of operation.~~

- ~~May include progress reports periodically on program leadership, consistency of faculty, numbers of students and trends of NCLEX pass rates, along with the regularly collected BON annual reports.~~

Section ~~6~~5. Continuing Approval of a Prelicensure Nursing Education Program

a. Every < > years previously approved nursing education programs with full program approval status ~~will~~shall[223] be evaluated for continuing approval by the BON.

b. Focused site visits may be required, as determined by the BON.~~Warning signs that might trigger a focused site visit include:~~

~~1. Complaints from students, faculty, and clinical agencies.~~

~~2. Turnover of program administrators, defined by more than 3 in 5 years.~~

~~3. Frequent nursing faculty turnover/cuts in numbers of nursing faculty.~~

~~4. Decreasing trend in NCLEX pass rates, based on the jurisdiction's NCLEX pass rate standard.~~[224]

c. The BON shall review and analyze various sources of information regarding program performance~~, including, but not limited to:~~

~~1. Periodic BON survey visits and/or reports.~~

~~2. Annual report data.~~

~~3. Evidence of being accredited by a USDE recognized national nursing accredited agency.~~

~~4. BON recognized national nursing accreditation visits, reports and other pertinent national nursing accreditation documents provided by the program.~~

~~5. Results of ongoing program systematic evaluation.~~[225]

d. Continuing approval ~~will~~shall[226] be granted upon the BON's verification that the program is in compliance with the BON's nursing education administrative rules.

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[223] Updates tense and requirement of statement.
[224] Clarifies original sentence and moves details as to how site visits may be triggered into Rules.
[225] Removes language that has been relocated/can be found within Rules.
[226] Updates tense and requirement of statement.

Section ~~7~~6. Conditional/Probationary[227] Approval of Prelicensure Nursing Education Program

a. The BON may grant conditional/probationary[228] approval when it determines that a program ~~is~~ does not fully meet~~ing~~[229] approval standards.

b. ~~If the BON determines that an approved nursing education program is not meeting the criteria set forth in these regulations, t~~The nursing program shall ~~be given a reasonable period of time to~~ submit an action plan and ~~to~~ correct the identified program deficiencies within the timeframe determined by the BON.[230]

Section ~~8~~7. Withdrawal of Approval

a. The BON shall withdraw approval if, after proper notice and opportunity, it determines that:

1. A nursing education program fails to correct the identified deficiencies within the time specified.[231]

~~1.~~2. A nursing education program fails to meet the standards ~~of this Rule~~.[232]

~~2. A nursing education program fails to correct the identified deficiencies within the time specified.~~

Section ~~9~~8. Appeal

A program denied approval or given less than full approval may appeal that decision. All such actions shall be in accordance with due process ~~rights~~.[233]

Section ~~10~~9. Reinstatement of Approval

The BON may reinstate full[234] approval if the program submits evidence of compliance with nursing education standards within the specified time frame.

Section 1~~1~~0. Closure of Prelicensure Nursing Education Program and Storage of Records

a. A nursing education program may be closed due to withdrawal of BON approval or may close voluntarily.

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[227] Matches heading in Rules and throughout the document.
[228] Includes common terminology utilized by BONs
[229] Updates tense of sentence.
[230] Expands the terminology and updates the sentence for clarity.
[231] Reorders the section chronologically.
[232] Removes incorrect terminology.
[233] Provides clarity and updates the terminology.
[234] Clarifies the statement.

b. If the closure is voluntary, the reason for the closure and the intended date of the closure shall be submitted to the BON.[235]

~~b.~~c. Provisions shall be made for maintenance of the standards for nursing education during the transition to closure.

~~c.~~d. Arrangements ~~are~~shall be[236] made for the secure storage and access to academic records and transcripts, in a timeframe determined by the BON.[237]

~~d.~~e. An acceptable plan ~~is~~shall be[238] developed for students to complete a BON approved program.

~~e.~~f. Confirmation shall be provided to the BON, in writing, that the plan has been fully implemented.

~~Section 12. Prelicensure Nursing Education Program Closed Voluntarily~~[239]

~~The program shall submit to the BON:~~

~~a. Reason for the closing of the program and date of intended closure.~~

~~b. An acceptable plan for students to complete a BON approved program.~~

~~c. Arrangements for the secure storage and access to academic records and transcripts.~~

Section 11~~3~~.[240] Innovative Approaches in Prelicensure Nursing Education Program

A ~~nursing education~~ program may use~~apply to implement an~~ innovative approaches when approved by the BON to address the changing needs in healthcare while assuring they are conducted in a manner consistent with the BON's role of public protection. ~~by complying with the provisions of this section. Nursing education programs approved to implement innovative approaches shall continue to provide quality nursing education that prepares graduates to practice safely, competently, and ethically within the scope of practice as defined in <jurisdiction's> Act.~~[241]

~~Section 14. Purposes~~

~~a. To foster innovative models of nursing education to address the changing needs in health care.~~

~~b. To assure that innovative approaches are conducted in a manner consistent with the BON's role of protecting the public.~~

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[235] Included as adhering to this step will assist BONs when following up with programs. (Shifts listing accordingly)
[236] Updates tense and requirement of statement.
[237] Provides a realistic timeframe that will assist students with moving forward as seamlessly as possible.
[238] Updates tense and requirement of statement.
[239] Information merged with VI.11 to strengthen section and reformat information appropriately.
[240] Section shifted due to the removal of previous Section 12.
[241] Combines information from Innovative Approaches in Prelicensure Nursing Education Program with the information found in the previous Purposes section to strengthen section and remove information deemed unnecessary in the Act.

~~Section 15. Eligibility~~

~~a. The nursing education program shall hold full BON approval without conditions.~~

~~b. There are no substantiated complaints in the past 2 years.~~

~~c. There are no rule violations in the past 2 years.~~[242]

~~Section 16. Application~~

~~a. A description of the innovation plan, with rationale, shall be provided to the BON at least < > days before the BON meeting.~~[243]

~~Section 17. Standards for Approval~~

~~a. Eligibility criteria in Section 15 are met.~~

~~b. The innovative approach will not compromise the quality of education or safe practice of students.~~

~~c. Resources are sufficient to support the innovative approach.~~

~~d. Timeline provides for a sufficient period to implement and evaluate the innovative approach.~~[244]

~~Section 18. Review of Application and BON Action~~

~~a. If the application meets the standards, the BON may:~~

~~1. Approve the application; or~~

~~2. Approve the application with modifications as agreed between the BON and the nursing education program.~~

~~b. If the submitted application does not meet the criteria in 6.3.2 and 6.3.4., the BON may deny approval or request additional information.~~[245]

~~Section 19. Requesting Continuation of the Innovative Approach~~

~~a. If the innovative approach has achieved the desired outcomes, the program may request that the innovative approach be continued.~~

~~b. Request for the innovative approach to become an ongoing part of the education program must be submitted < > days prior to a regularly scheduled BON meeting.~~

[242] Information belongs in Rules and has been updated accordingly.
[243] Information belongs in Rules and has been updated accordingly.
[244] Information belongs in Rules and has been updated accordingly.
[245] Information belongs in Rules and has been updated accordingly.

~~c. The BON may grant the request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with core nursing education criteria.~~[246]

Section 12~~20~~. ~~Simulation~~ Emerging Nursing Education Technologies[247]

a. Using professional simulation guidelines, a ~~A prelicensure nursing education~~ program ~~("program")~~ may use simulation as determined by the BON set forth in rules, as a substitute for ~~traditional~~ direct care clinical experiences.~~, not to exceed fifty percent (50%) of its clinical hours per course~~. ~~A program that uses simulation shall adhere to the standards set in this section~~forth ~~in rules~~.[248]

b. A program may use Artificial Intelligence (AI), as determined by the BON set forth in rules, to supplement teaching and evaluation methods.[249]

~~Section 21. Evidence of Compliance~~

~~A program shall provide evidence to the board of nursing that these standards have been met.~~[250]

~~Section 22. Organization and Management~~

~~a. The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.~~

~~b. Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.~~

~~c. There shall be a budget that will sustain the simulation activities and training of the faculty.~~[251]

~~Section 23. Facilities and Resources~~

~~The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.~~[252]

~~Section 24. Faculty Preparation~~

~~a. Faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation.~~

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[246] Information belongs in Rules and has been updated accordingly.
[247] Updates to ensure room for future advances in technology.
[248] Strengthens information in the section moving appropriate details into Rules. Added based on what programs are using.
[249] Added as AI is being utilized within nursing education.
[250] Information belongs in Rules and has been updated accordingly.
[251] Information belongs in Rules and has been updated accordingly.
[252] Information belongs in Rules and has been updated accordingly.

~~b. Faculty involved in simulations, both didactic and clinical, shall engage in on-going professional development in the use of simulation.~~[253]

~~Section 25. Curriculum~~

~~a. The program shall demonstrate that the simulation activities are linked to programmatic outcomes.~~[254]

~~Section 26. Policies and Procedures~~

~~The program shall have written policies and procedures on the following:~~

~~a. Short-term and long-term plans for integrating simulation into the curriculum;~~

~~b. Method of debriefing each simulated activity; and~~

~~c. Plan for orienting faculty to simulation.~~[255]

~~Section 27. Evaluation~~

~~a. The program shall develop criteria to evaluate the simulation activities.~~

~~b. Students shall evaluate the simulation experience on an ongoing basis.~~[256]

~~Section 28. Annual Report~~

~~a. The program shall include information about its use of simulation in its annual report to the board of nursing.~~[257]

Section ~~29~~13. State of Emergency[258]

a. During a declared state of emergency, the ~~board~~BON may authorize approved nursing education programs to implement mitigation efforts to address, including but not limited to, the availability of clinical placement sites, transition to virtual learning from in-person platforms, and changes in use of simulation. The program shall keep records of any mitigation policies or strategies used and shall include the information in the annual report submitted to the ~~board~~BON.

[253] Information belongs in Rules and has been updated accordingly.
[254] Information belongs in Rules and has been updated accordingly.
[255] Information belongs in Rules and has been updated accordingly.
[256] Information belongs in Rules and has been updated accordingly.
[257] Information belongs in Rules and has been updated accordingly.
[258] Updates number according to new list.

Article VII. ~~Discipline~~ BON Action[259] and Proceedings

Section 1. ~~Discipline~~BON Action[260]

~~Grounds for Discipline.~~ The BON retains jurisdiction over all ~~may discipline a~~ licensees regardless of status and may take action if the act occurred while licensed. The BON may take action on an application for licensure, a license, a privilege to practice, or prescriptive authority for any ~~or deny a license to an applicant for any one or a combination~~ of the following:[261]

a. Convicted or found guilty, or has entered into an agreed disposition, of

a. ~~a~~ A felony offense under applicable state or federal criminal law, or

~~a.~~b. A misdemeanor offense related to the practice of nursing under applicable state or federal criminal law.[262]

b. Confidentiality, patient privacy, consent or disclosure violations.

c. ~~Misconduct or~~Patient abuse.[263]

d. Fraud, deception or misrepresentation.

e. Unsafe practice, or, substandard care ~~or unprofessional conduct.~~[264]

f. Unprofessional conduct[265]

~~f.~~g. Drug or alcohol related offenses.

~~g.~~h. Revocation, suspension, or denial of, or any other action relating to, the person's license or privilege to practice nursing in another jurisdiction or under federal law.

~~h.~~i. Other violations of the Act or administrative rules adopted under this act, ~~board~~BON orders issued under this Act, and any applicable ~~federal or~~ state or federal law.

~~The Board retains jurisdiction over an expired, inactive, or voluntarily surrendered license. The Board's jurisdiction over the licensee extends for all matters, known or unknown to the Board, at the time of the expiration, inactivation, or surrender of the license.~~[266]

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[259] Algins with evolving culture: throughout the section, when appropriate, the term discipline is replaced with board action.
[260] Better addresses the information within the section that doesn't only pertain to discipline.
[261] Ensures that this section outlines actions against a license while license is active and clarifies authority. Privilege to practice included to fully define the BON's jurisdiction.
[262] Clarifies that this statement applies to felony and misdemeanor charges, mimicking the NLC's language.
[263] Misconduct is clarified further in additional bullets, while putting focus on patient abuse should be clarified.
[264] Creating a separate bullet allows for citation during hearing, and branching. E. is more patient focused, while f. is more encompassing of patient, coworkers, family, the public.
[265] Creating a separate bullet allows for citation during hearing, and branching. E. is more patient focused, while f. is more encompassing of patient, coworkers, family, the public.
[266] Reformatted into the preamble at the beginning of the section to allow for citation.

Section 2. Authority

A. For any one or combination of the grounds set forth in Section 1 above, the BON is authorized to take any of the following ~~disciplinary~~ actions on a license:

1. ~~deny~~Deny,
2. ~~revoke~~Revoke,
3. ~~suspend~~Suspend,
4. ~~place~~ Place on probation,
5. ~~summarily i~~Issue an emergency limitation or suspension thereof,
6. ~~reprimand~~ Reprimand or censure,
7. Order restitution, ~~or other publicly known conditions and findings,~~
8. Impose fine forfeiture or monetary penalty,
9. Require an applicant or licensee to submit to an evaluation at their expense to determine their ability to practice safe nursing,
10. Impose monitoring requirements,
11. Require additional education,

~~1.~~12. ~~accept~~ Accept voluntary surrenders or limitations, ~~and~~

~~2.~~13. Issue notice of cease and desist,[267]

14. Issue letter of concern,[268]
15. ~~place~~ Place any other limitations or restrictions as necessary, ~~-~~or any other action as warranted by the facts of the case in accordance with the state administrative procedure act.[269]

B. The BON is authorized to recover the costs of the proceedings for actions resulting in discipline against a nursing license ~~The cost of proceedings may include but are not limited to~~ which may include but are not limited to[270]:

1. Costs paid by the BON to the Office of Administrative Hearings and the Office of the Attorney General or other BON counsel for legal and investigative services,
2. Costs of a court reporter, ~~and~~ witnesses~~,~~ reimbursements, expert witnesses, security services, and peer review services,[271]
3. Costs for reproduction of records,
4. BON staff time, travel and expenses,
5. BON members' per diem reimbursements, travel costs and expenses.[272]

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[267] Added based off of member feedback; deemed missing from section.
[268] Added based off of member feedback; deemed missing from section.
[269] Removes disciplinary action language as the action could be non-disciplinary, breaks list down into bullets to add clarity and refines the list into actionable items. Fining is an action on a license. Applicable portions of previous Section 3. Items are listed in increasing order of severity.
[270] Cleans the revision to remove redundancy in the preceding points which have all been altered to match the tense of the lead in.
[271] Added based off of member feedback; deemed missing from section.
[272] Streamlines section and language therein. These are all within the authority of the BON and therefor do not need a separate section.

~~Section 3. Civil Penalties~~

~~a. Impose fine or monetary penalty.~~

~~b. Recover the costs of the proceedings resulting in disciplinary action against a nursing license. The cost of proceedings shall include, but is not limited to: the cost paid by the BON to the office of administrative hearings and the office of the attorney general or other BON counsel for legal and investigative services; the costs of a court reporter and witnesses; reproduction of records; BON staff time, travel and expenses; and BON members' per diem reimbursements, travel costs and expenses.~~[273]

Section 3. Reporting[274]

A. Licensees shall report, within <> days of the event, the following: change of physical, mailing, and/or email address(es), arrests,[275] charges,[276] criminal convictions, malpractice claims and dispositions, discipline or complaints pending, enrollment in a board recognized alternative to discipline program, actions issued in another jurisdiction or by another professional licensing board.[277]

B. A licensed nurse, or any individual, shall report a nurse to the BON if the nurse, or individual, has reasonable cause to suspect that a nurse or an applicant engaged in conduct that may constitute a violation under this Act.[278]

C. Persons required to report under this section includes but are not limited to: employers of LPN/VNs, RNs, or APRNs; jurisdictional agencies required to license, register or survey a facility or agency employing a licensee under this act; an insurer providing professional liability insurance pertaining to the practice of a licensee under this act.

D. Alternative to discipline programs have a duty to report to the BON any nurse's failure to comply with the program requirements or termination from the program.

E. A licensed health care professional shall not be required to report a nurse to the board under this Code section as a result of professional knowledge obtained in the course of the healthcare professional-patient relationship when the nurse is the patient.[279]

Section 4. Immunity and Protection from Retaliation

a. Any person, including BON staff or BON members, or an organization reporting in good faith information to the BON under this article shall be immune from civil action.[280]

b. Any licensed healthcare professional who examines an applicant or licensee under this act at the request of the BON shall be immune from suit for damages by the individual examined if the

[273] Section removed as it has been incorporated into the proposed section 2.
[274] Reporting occurs first in the process and as such has been moved to Section 3 (previously section 5).
[275] Added based off of member feedback; deemed missing from section.
[276] Added to provide the BON the knowledge of a charge allowing for the BON to take action if and when necessary prior to a conviction.
[277] Creates a more comprehensive list delineating exactly what needs to be reported by the licensee to the BON.
[278] Removes unnecessary disciplinary language.
[279] Removes court administrator language as this is not relevant/applicable. Removes disciplinary language in sub-bullet 1 and matches the style of the rest of the section.
[280] Refines for thoroughness.

examining health care professional conducted the examination and made findings or diagnoses in good faith. The immunity does not extend to willful or wanton behavior by the licensed health care professional.

c. A person ~~may~~ shall[281] not suspend, terminate, or otherwise discipline, discriminate against, or retaliate against anyone who reports, or advises on reporting, in good faith under this section.

~~d. A person who in good faith reports violations in accordance with this Article has a cause of action against a person who violates subsection b., and may recover:~~

~~1. The greater of:~~

~~a. Actual damages, including damages for mental anguish even if no other injury is shown; or~~

~~b. $5,000.~~

~~2. Exemplary damages.~~

~~3. Court costs.~~

~~4. Reasonable attorney's fees.~~

~~e. In addition to the amount recovered under subsection c., a person whose employment is suspended or terminated in violation of this section is entitled to:~~

~~1. Reinstatement in the employee's former position or severance pay in an amount equal to three months of the employee's most recent salary.~~

~~2. Compensation for wages lost during the period of suspension or termination.~~[282]

~~Section 5. Reporting~~[283]

~~a. Licensees shall report, within 30 days of the event, the following: change of address, criminal convictions, malpractice claims, or discipline or complaints pending in another jurisdiction or by another professional licensing board.~~

~~b. A licensed nurse, or any individual, shall report a nurse to the BON if the nurse, or individual, has reasonable cause to suspect that a nurse or an applicant engaged in conduct that may constitute grounds for disciplinary action under this Act.~~

~~c. Persons required to report under this section include: employers of RNs, LPN/VNs, or APRNs; jurisdictional agencies required to license, register or survey a facility or agency employing a licensee under this act; an insurer providing professional liability insurance pertaining to the~~

[281] Creates a more accurate statement.
[282] These items (d,c) are not actions that BONs are able to follow through with and were removed.
[283] Section moved up, as outlined within footnote #163

~~practice of a licensee under this act; and a court administrator who receives a judgment relevant to the licensee's fitness to practice.~~

~~1. A person who is required to report a nurse under this section because the nurse is impaired or suspected of substance use disorder or mental illness may report to the alternative to discipline program instead of reporting to the BON. Alternative to discipline programs have a duty to report to the BON any nurse's failure to comply with the program requirements or termination from the program.~~

Section 5~~6~~.[284] Emergency Action

a. Summary Suspension

1. The BON is authorized to summarily suspend the license of a nurse without a hearing if:

a. The BON finds that there is probable cause to believe that the nurse has violated a statute or rule that the BON is empowered to enforce and continued practice by the nurse would create imminent and serious risk of harm to others; or

b. The nurse fails to obtain a BON ordered evaluation.

2. The suspension shall remain in effect until the BON issues a stay of suspension or a final order in the matter after a hearing or upon agreement between the BON and licensee.

3. The BON shall schedule a disciplinary hearing to be held under the Administrative Procedures Act~~, to begin no later than < > days after receipt of the request. The licensee shall receive at least < > days notice of the hearing~~.[285]

b. Injunctive Relief

1. The BON, or any prosecuting officer, upon a proper showing of the facts, is authorized to petition a court of competent jurisdiction for an order to enjoin:

a. Any person who is practicing nursing within the meaning of this Act from practicing without a valid license, unless exempted under this Act;

b. Any person employing, with or without compensation, any person who is not licensed to practice nursing under this Act or exempted under this Act;

c. Any person, firm, corporation, institution or association from operating a school of nursing without approval;

[284] Adjusts Section number due to the removal of the former Section 3. Civil Penalties

[285] The timeline for this is included within BON's Administrative Procedures Act and removing from this Act allows continuity if there are any changes to the other.

d. Any person whose license has been suspended or revoked from practicing as an ~~RN,~~ LPN/VN, RN or APRN; or

e. Any person from using the title "nurse," "licensed practical/vocational nurse," "registered nurse," "advanced practice registered nurse" or their authorized abbreviations unless licensed or privileged to practice nursing in this jurisdiction.

2. The court may, without notice or bond, enjoin such acts and practice. A copy of the complaint shall be served on the defendant and the proceedings thereafter shall be conducted as in other civil cases.

c. The emergency proceedings herein described shall be in addition to, not in lieu of, all penalties and other remedies provided by law.

Article VIII. Violations and Penalties

Section 1. Violations

No person shall:

a. Use the title "nurse," ~~"registered nurse,"~~ "licensed practical/vocational nurse," "registered nurse," "advanced practice registered nurse," their authorized abbreviations, or any other words, abbreviations, figures, letters, title, sign, card or device that would lead a person to believe the individual is a licensed nurse unless permitted by this Act.

b. Employ or contract, ~~for compensation~~with or without compensation, a person that does not have the authority to practice nursing as defined in this Act in this jurisdiction.[286]

c. Engage in the practice of nursing as defined in the Act without a valid, current license or privilege to practice, except as otherwise permitted under this Act.

d. Fraudulently obtain or furnish a license.

e. Conduct a program for the preparation for licensure under this chapter, unless the BON has approved the program.

f. Engage in inappropriate behavior in connection with the licensure or certification examination, including, but not limited to, the giving or receiving of aid in the examination or the unauthorized possession, reproduction, or disclosure of examination questions or answers.

g. Otherwise violate, or aid or abet another person to violate, any provision of this Act.

Section 2. Penalties

a. Violation of any provision of this Article shall also constitute a <class> misdemeanor/crime.

[286] Clarifies the employment status of the person.

b. The BON may impose on any person violating a provision of this Act a civil penalty not to exceed <$> for each count or separate offense.

Section 3. Criminal Prosecution

Nothing in this Act shall ~~be construed as a~~ bar ~~to~~ criminal prosecution for violation of the provisions of this Act.[287]

Article IX. Severability

The provisions of this Act are severable. If any provision of this Act is declared unconstitutional, illegal or invalid, the constitutionality, legality and validity of the remaining portions of this Act shall be unaffected and shall remain in full force and effect.

Article X. Emerging Technologies[288]

The licensee is responsible for obtaining the requisite competence prior to implementing emerging technology and ensuring appropriate use. Nurses are accountable for their practice and the responsibility to provide competent care remains even in instances of technological failure.

Article XI.[289] Nurse~~ing~~ Licensure Compact

Article XII.[290] APRN Compact

[287] Clarifies the statement.
[288] Technology is rapidly advancing, and the ways it effects healthcare are constantly evolving. This article would supply some broad language to guide boards in their regulation of healthcare technologies.
[289] Adjusted due to the addition of the new Article X. Emerging Technologies
[290] Adjusted due to the addition of the new Article X. Emerging Technologies

Attachment B: **Model Act Clean Proposal**

NCSBN Model Act

Table of Contents

Article I. Title and Purpose

(A) This Act shall be known and may be cited as <Jurisdiction> Nurse Practice Act (NPA), which creates and empowers the Board of Nursing (BON) to regulate nursing and to enforce the provisions of this Act.

(B) The purpose of this Act is to protect the health, safety and welfare of the public.

Article II. Definitions

As used in Articles III through XII of this Act, unless the context thereof requires otherwise:

(1) "Advanced assessment" means the taking, by an advanced practice registered nurse (APRN), of the history, physical and psychological assessment of a patient's signs, symptoms, pathophysiologic status, and psychosocial variations in the determination of differential diagnoses and treatment.

(2) "Advanced practice registered nurse" ("APRN") means an individual with knowledge and skills acquired in basic nursing education, licensure as a registered nurse (RN), graduation from or completion of a graduate-level APRN program accredited by a national accrediting body, and current certification by a national certifying body in the appropriate APRN role and at least one population focus. APRNs include certified nurse practitioners, certified registered nurse anesthetists, certified nurse midwives or clinical nurse specialists. Advanced practice nursing means an expanded scope of nursing in a role and population focus approved by the BON, with or without compensation or personal profit, and includes the RN scope of practice. The scope of APRN includes performing acts of advanced assessment, diagnosing, prescribing and ordering.

(3) "Assign" means the process of transferring responsibility and accountability between licensed nurses based on their skills, qualifications and workload.

(4) "Competence" means the ability of the nurse to integrate knowledge, skills, judgment, and personal attributes to practice safely and ethically in a designated role and setting according to their scope of practice.

(5) "Delegatee" means an LPN/VN, RN, APRN or nursing assistive personnel who is delegated a nursing responsibility by either an LPN/VN, RN or APRN, is competent to perform it and verbally accepts the responsibility.

(6) "Delegating" means transferring the authority to perform a selected nursing task in a selected situation to a competent individual while maintaining accountability of the outcome.
(7) "Emerging technologies" means innovations or new applications of existing technology which represent evolving developments aimed at improving the nursing profession and practice.
(8) "Encumbered" means a license with current discipline, conditions or restrictions.
(9) "Incompetence" means failure to perform due to lack of knowledge, skills, judgment or interest in performing the role.
(10) "Internationally educated applicant" means a person educated outside the U.S. who applies for licensure or seeks temporary authorization to practice.
(11) "License" means the legal authority granted by the BON to practice as an LPN/VN, RN or APRN.
(12) "Licensed nurse" means LPN/VNs, RNs and APRNs.
(13) "Licensed Practical/Vocational Nurse" ("LPN/VN") means an individual who holds a valid license pursuant to the terms of this Act and performs, with or without compensation, acts involving the care of the ill, injured, or infirm or the delegation of certain nursing practices to other personnel as determined by the BON under the direction of an RN, APRN or other appropriate healthcare provider which acts do not require the substantial specialized skill, judgment and knowledge required in the nursing profession.
(14) "Nursing" means a profession focused on the care of individuals, families and populations to attain, maintain or recover optimal health and quality of life from conception to death.
(15) "Nursing assessment" means the collection, analysis and synthesis of data used to establish a health status baseline, plan care and address changes in a patient's condition within the licensee's scope of practice.
(16) "Nursing assistive personnel" means any personnel trained to function in a supportive role, regardless of title, to whom a nursing responsibility may be delegated. This includes but is not limited to certified nurse assistants, patient care technicians, certified medication aides and home health aides.
(17) "Nursing education standards" means the evidence-based criteria used to monitor the quality of nursing education programs that are in place to

ensure that graduates of these programs are prepared for safe and effective nursing practice.

(18) "Patient" means a recipient of care; may be an individual, family, group or community. May also be referred to as client.

(19) "Patient-centered healthcare plan" means incorporating the patient's values, beliefs and preferences, identification of desired goals, strategies for meeting goals and process for promoting, attaining and maintaining optimal patient health outcomes while actively collaborating with the patient.

(20) "Registered Nurse" ("RN") means an individual who performs professional nursing services with or without compensation, holds a valid license pursuant to the terms of this Act, and bears primary responsibility and accountability for nursing practices based on specialized knowledge, judgment and skill derived from the principles of biological, physical and behavioral sciences.

(21) "Reactivation" means restoring a license or authorization to practice that has lapsed, expired or been placed on inactive status in absence of disciplinary action from the BON.

(22) "Reinstatement" means restoring a license or authorization to practice following disciplinary action by the BON.

(23) "Supervision" means provision of guidance or oversight by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

(24) "Temporary license" means issuance of a time-limited license to a qualified applicant for licensure by endorsement or under emergency provisions as determined by the BON.

Article III. Scope of LPN/VN, RN and APRN Practice

An LPN/VN, RN, or APRN:

(1) May not practice or offer to practice as an LPN/VN, RN or APRN in this jurisdiction unless the person is licensed in the state as provided by this article or unless the licensee holds a multistate license under the provisions of the Nurse Licensure Compact.

(2) Must wear identification which clearly identifies the licensee as an LPN/VN, RN or APRN when providing direct patient care, unless wearing

identification creates a safety or health risk for either the nurse or the patient.

(3) May perform other acts that require education and training consistent with professional standards as prescribed by the BON and commensurate with the LPN/VN's, RN's or APRN's education, demonstrated competencies and experience.

Section 1. Licensed Practical/Vocational Nurse (LPN/VN)

(A) Licensed practical/vocational nurse (LPN/VN) is the title given to an individual licensed to practice practical/vocational nursing.

(B) The practice of LPN/VNs shall include the following guided by nursing standards established or recognized by the BON:

(1) Plans for patient care, including:

(a) Planning nursing care for a patient whose condition is stable or predictable;

(b) Assisting other authorized healthcare professionals in identification of patient needs and goals; and

(c) Determining priorities of care together with other authorized healthcare professionals.

(2) Providing patient surveillance and monitoring.

(3) Contributing to the nursing assessments of the health status of patients through dependent collaboration with other healthcare professionals.

(4) Participating with other healthcare providers and contributing to the development, modification and implementation of the patient-centered healthcare plan.

(5) Participating in nursing care, health maintenance, patient teaching, counseling, collaborative planning and rehabilitation.

(6) Implementing nursing interventions within a patient-centered healthcare plan.

(7) Assisting in the evaluation of responses to interventions.

(8) Providing for the maintenance of safe and effective nursing care rendered directly or indirectly.

(9) Advocating for the best interest of patients.

(10) Communicating and collaborating with patients and members of the healthcare team.

(11) Providing healthcare information to patients.

(12) Delegating nursing interventions to implement the plan of care while maintaining accountability of the outcome.

(13) Assigning nursing interventions to implement the plan of care.
(14) Other acts that require education and training consistent with professional standards as prescribed by the BON and commensurate with the LPN/VN's education, demonstrated competencies and experience.

Section 2. Registered Nurse (RN)

(A) Registered nurse (RN) is the title given to an individual licensed to practice registered nursing.
(B) Practices within the legal boundaries of nursing through the scope of practice as provided in this Act and administrative rules governing nursing.
(C) The practice of RNs shall be guided by nursing standards established by the BON and include the following:
(1) Independently conducting nursing assessments of the health status of patients.
(2) Providing patient surveillance and monitoring.
(3) Identifying changes in patient's health status and taking appropriate action.
(4) Documenting nursing care, changes in the patient's condition and all relevant information.
(5) Collaborating with healthcare team to develop and coordinate an integrated patient centered healthcare plan.
(6) Developing the comprehensive patient centered healthcare plan, including:
(a) Applying knowledge based on the biological, psychological and social aspects of the patient's condition;
(b) Participating in and establishing patient diagnoses;
(c) Setting goals to meet identified healthcare needs; and
(d) Prescribing nursing interventions.
(7) Implementing nursing care through the execution of independent nursing strategies, and the provision of regimens requested, ordered or prescribed by authorized healthcare providers.
(8) Evaluating responses to interventions and the effectiveness of the plan of care.
(9) Providing education by:
(a) Designing and implementing teaching plans based on patient needs or patient populations;
(b) Teaching the theory and practice of nursing; and

(c) Educating others as appropriate.

(10) Delegating nursing interventions to implement the plan of care while maintaining accountability of the outcome.

(a) Delegates to another only those nursing measures for which that delegate has the necessary skills and competence to accomplish safely.

(11) Assigning nursing interventions to implement the plan of care.

(12) Providing for the maintenance of safe and effective nursing care rendered directly or indirectly.

(13) Advocating for the best interest of patients.

(14) Communicating, consulting, and collaborating with other healthcare team members and others in the management of healthcare and the implementation of the total healthcare regimen within and across care settings.

(15) Managing, supervising and evaluating the practice of nursing.

(16) Taking preventative measures to protect patients, others and self.

(17) Actively engaging in healthcare policies, procedures and systems.

Section 3. Advanced Practice Registered Nurse (APRN)

(A) Advanced practice registered nurse (APRN) is the title given to an individual licensed to practice advanced practice registered nursing within one of the following roles: certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM) or clinical nurse specialist (CNS).

(B) Population focus shall include nationally recognized foci:

(1) Family/individual across the lifespan;

(2) Adult-gerontology;

(3) Neonatal;

(4) Pediatrics;

(5) Women's health/gender-related; and,

(6) Psychiatric/mental health.

(C) In addition to the RN scope of practice stated in Article III Section 2, and within the APRN academic education and national certification, designated role and population focus, APRN practice shall include:

(1) Conducting an advanced assessment.

(2) Ordering and interpreting diagnostic procedures.

(3) Establishing a diagnosis.

(4) Delegating and assigning therapeutic measures to assistive personnel.

(5) Consulting with other disciplines and providing referrals to healthcare agencies, healthcare providers and community resources.

(D) The BON shall grant prescribing, ordering, dispensing and furnishing authority through the APRN license. This shall include the authority to:

(1) Diagnose, prescribe and institute therapy or referrals of patients to healthcare agencies, healthcare providers and community resources.

(2) Prescribe, procure, administer, dispense and furnish therapeutic measure and pharmacological agents, including over the counter, legend and controlled substances.

(3) Plan and initiate a therapeutic regimen that includes ordering and prescribing nonpharmacological interventions, including but not limited to durable medical equipment, medical devices, nutrition, blood and blood products, and diagnostic and supportive services, including but not limited to home healthcare, hospice and physical and occupational therapy.

Article IV. Board of Nursing (BON)

Section 1. Membership

(A) The BON shall consist of < > members to be appointed by the <appliable authority>.

(B) In order to carry out the provisions of this Act, the membership of the BON shall consist of a majority of LPN/VNs, RNs, and APRNs who are licensed under this Act and have the knowledge and skill necessary for expertly regulating the nursing profession. The membership shall include < > LPN/VNs, < > RNs, < > APRNs and < > public members.

(C) Each LPN/VN member shall be a resident in this jurisdiction, hold an active unencumbered license under the provisions of this chapter, be currently engaged in LPN/VN practice and have no less than five years of experience as an LPN/VN, at least three of which immediately preceded appointment.

(D) Each RN member shall be a resident in this jurisdiction, hold an active unencumbered license under the provisions of this chapter, be currently engaged in RN practice and have no less than five years of experience as an RN, at least three of which immediately proceeded appointment.

(E) Each APRN member shall be a resident in this jurisdiction, hold an active unencumbered license under the provisions of this chapter, be currently engaged in APRN practice and have no less than five years of experience as an APRN, at least three of which immediately proceeded appointment.

(F) The public member(s) of the BON shall be a resident in this jurisdiction and shall not be, nor shall ever have been, a person who has ever had any material financial interest in the provision of healthcare services or who has engaged in any activity directly related to healthcare services.

(G) Members of the BON shall be appointed for a term of < > years. Terms shall be staggered. Appointment of a person to an unexpired term is not considered a full term for this purpose. Each member may serve until a qualified successor has been appointed. At the expiration of a term, or if a vacancy occurs, the <appointing authority> shall appoint a new member. The appointee's term expires on < > in the < > year of appointment.

(H) No member shall serve more than < > consecutive full terms or < > consecutive years.

Section 2. Officers

(A) The BON shall elect a first and second officer who shall serve a term of < > years, beginning < > and ending < >.

(B) The <first officer> shall preside at BON meetings and shall be responsible for the performance of all duties and functions of the BON required or permitted by this Act. In the absence of the first officer, the <second officer> shall assume these duties. In the absence of both the first and second officer, the chair may appoint another member to act as their designee.

(C) Additional officer positions may be established by the BON at its discretion.

Section 3. Meetings and Attendance

(A) The BON shall meet at least < > times per year for the purpose of transacting business in person or virtually.

(B) A majority of the members of the BON constitutes a quorum; however, if there is a vacancy on the BON, a majority of the members serving constitutes a quorum.

(C) A BON member is required to attend meetings or to provide proper notice and justification of their inability to do so. Unexcused absences from meetings may result in removal from the BON.

(D) Additional meetings may be called by the <first officer> of the BON, or at the request of < > BON members.

(E) The BON may adopt rules with respect to calling, holding, and conducting regular and special meetings and attendance at meetings.

(F) Notice of all BON meetings shall be given in the manner and pursuant to requirements prescribed by the jurisdiction's applicable statutes, rules and regulations.

Section 4. Vacancies and Removal

(A) Any vacancy that occurs in the membership of the BON shall be filled by the <applicable authority> in the manner prescribed in the provisions of this article regarding appointments. A person appointed to fill a vacancy shall serve for the unexpired portion of the term.

(B) The <applicable authority> may remove any member from the BON for neglect of any duty required by law, for incompetence, for unprofessional or dishonorable conduct or any other reason pursuant to jurisdictional law.

(C) A BON member's term ends when any of the following occur:

(1) Death;

(2) Letter of resignation submitted to the BON or applicable authority; or

(3) Failure to attend < > consecutive meetings and/or < > percentage of meetings within a year.

Section 5. Powers and Duties

The BON shall be responsible for the interpretation and enforcement of the provisions of this Act. The BON shall have all of the duties, powers and authority necessary for the enforcement of this Act, or any other applicable law, including:

(1) Make, adopt, amend, repeal and enforce such administrative rules consistent with the law, as it deems necessary for the administration of this Act and to protect the public health, safety and welfare.

(2) Develop and enforce standards and processes for nursing education programs.

(3) Provide consultation, conduct conferences, forums, studies and research on nursing education and practice.

(4) Provide guidance regarding the interpretation and application of the jurisdiction's nursing law and regulation.

(5) Participate or hold membership in national organizations that promote the provisions of this article.

(6) Grant temporary licenses for qualified applicants.

(7) License qualified applicants for LPN/VN, RN and APRN licensure and regulate their practice.

(8) Develop standards for maintaining competence of licensees and requirements for returning to practice.

(9) Implement the discipline process, in person or virtually, in accordance with jurisdictional law.

(10) Develop and enforce standards for nursing practice.

(11) Discipline a license or certification issued under the Act for violation of any provision of this Act.
(12) Maintain a record of all persons regulated by the BON.
(13) Regulate the practice of nursing, which occurs in the jurisdiction where the patient is located at the time.
(14) Collect, analyze and share data regarding nursing education, nursing practice and nursing resources. Data may be collected from licensure applications.
(15) Appoint and employ an executive officer.
(16) Adopt a seal that shall be in the care of the executive officer and shall be affixed only in a manner as prescribed by the BON.
(17) Share investigative information with other regulatory bodies and law enforcement entities.
(18) Conduct criminal background checks for applicants and licensees regulated under this Act.
(19) Order competency to practice nursing evaluations for applicants and licensees as necessary to determine the individual's competence and/or ability to practice safely.
(20) In the event of a declared state of emergency in this jurisdiction, for and in the interest of the preservation of the health, safety and welfare of the public, the BON may waive applicable requirements to the extent necessary to safely administer this Act.
(21) Any other act that is necessary for the enforcement of this Act or other applicable law as determined by the BON.

Section 6. Financial

(A) The BON is authorized to establish by rule fees for licensure by examination, reexamination, endorsement, reinstatement, reactivation and such other reasonable fees, fines and monetary penalties related to regulating the profession.
(B) All fees, fines and monetary penalties collected by the BON shall be administered according to the established fiscal policies of this jurisdiction to implement the provisions of this Act.
(C) The BON may accept grants, contributions, devices, bequests, and gifts that shall be kept in a separate fund and shall be used by the BON to enhance the practice of nursing.
(D) The BON may receive and expend funds, in addition to appropriations from this jurisdiction, provided such funds are received and expended for the pursuit of the authorized objectives of the BON. Such funds are maintained in a separate account,

and periodic reports of the receipt and expenditures of such funds are submitted to the <applicable authority>.

(E) All fees, fines and monetary penalties collected by the BON shall be retained by the BON. The monies retained shall be used for any of the BON's duties, including but not limited to the addition of full-time equivalent positions for program services and investigations. Monies retained by the BON pursuant to this section are not subject to reversion to the general fund of the jurisdiction.

Section 7. Executive Officer

The executive officer shall be responsible for and have the authority to:

(1) Perform the operation and administration of the agency and such additional powers and duties delegated by the BON.

(2) Employ and supervise personnel needed to carry out the functions of the BON.

Section 8. Immunity

Within the scope of duties, all members of the BON shall have immunity from individual civil liability while acting as BON members or in accordance with jurisdictional law.

Article V. LPN/VN, RN and APRN Licensure Exemptions

Section 1. Titles and abbreviations for Licensed Nurses

(A) Title: "Licensed Practical/Vocational Nurse" and the abbreviation "LPN/VN"

(B) Title: "Registered Nurse" and the abbreviation "RN"

(C) Title: "Advanced Practice Registered Nurse;" the roles of "certified registered nurse anesthetist," "certified nurse-midwife," "clinical nurse specialist," "certified nurse practitioner;" and the abbreviations "APRN", "CRNA," "CNM," "CNS" and "CNP" respectively. The abbreviation for the APRN designation of a certified registered nurse anesthetist, certified nurse-midwife, clinical nurse specialist, and for a certified nurse practitioner will be APRN plus the role title, i.e. CRNA, CNM, CNS and CNP.

(D) It shall be unlawful for any person to use the titles in this section or any other title that would lead a person to believe the individual is a licensee, unless permitted by this Act.

Section 2. LPN/VN and RN Examinations

(A) The BON shall authorize a national examination for applicants for licensure as LPN/VNs or RNs.

(B) The BON may employ, contract, and cooperate with any entity in the preparation of a national examination and process for determining results of a licensure examination. When such an examination is utilized, the BON shall restrict access to questions and answers.

(C) The BON shall authorize applicants for examination for licensure to practice as an LPN/VN or RN. The BON shall adopt rules governing qualification of applicants.

Section 3. LPN/VN and RN Licensure by Examination

The BON may issue licensure by examination to practice as an LPN/VN or RN.

(1) An applicant for licensure by examination to practice as an LPN/VN or RN must successfully meet the applicable requirements of this Act and those determined by the BON as set forth in rule including:

  (a) Graduate from a BON approved education program;

  (b) Pass the NCLEX-PN® or NCLEX-RN® examination; and

  (c) Submit fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that jurisdiction's criminal records.

(2) When the BON determines that an applicant has met those criteria, submitted the required fee and has demonstrated to the BON's satisfaction that they are competent to practice nursing, the BON may issue a license to the applicant.

(3) An internationally educated applicant, in addition to satisfying any requirements of this Act and those set forth in rule, shall, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully pass an English proficiency examination that includes the components of reading, speaking, writing and listening.

(4) Graduates from an RN prelicensure program may take the NCLEX-PN if they have competed the BON approved LPN/VN role delineation course. The BON shall set standards for approval of the role delineation course by rule.

Section 4. LPN/VN and RN Licensure by Endorsement

The BON may issue a license to an applicant without examination if the applicant is duly licensed as an LPN/VN or RN under the laws of another jurisdiction.

(1) An applicant for licensure by endorsement to practice as an LPN/VN or RN shall meet the applicable requirements of this Act and those determined by the BON as set forth in rule including:

(a) Pass the NCLEX-PN or NCLEX-RN examination or recognized predecessor;

(b) Submit fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation (FBI) and the agency responsible for retaining that jurisdiction's criminal records; and

(c) Demonstrate competency to practice nursing.

Section 5. APRN Licensure

The BON may issue initial licensure by endorsement to practice as an APRN.

(1) An applicant for initial licensure to practice as an APRN shall meet the applicable requirements of this Act and those determined by the BON set forth in rules including:

(a) Hold current licensure as an RN;

(b) Pass the NCLEX-RN examination or recognized predecessor;

(c) Pass a national certification examination that measures APRN, role and population-focused competencies. Certification programs must be accredited by a national accreditation body as determined by the BON;

(d) Submit fingerprints or other biometric data for the purpose of obtaining criminal history record information from the FBI and the agency responsible for retaining that jurisdiction's criminal records; and

(e) Demonstrate competency to practice nursing.

(2) An applicant for licensure by endorsement as an APRN shall meet the qualifications for licensure in this jurisdiction and meet the requirements of this Act and those determined by the BON set forth in rule including:

(a) Pass the NCLEX-RN examination or recognized predecessor;

(b) Pass a national certification examination that measures APRN, role and population-focused competencies. Certification

programs must be accredited by a national accreditation body as determined by the BON;

(c) Submit fingerprints or other biometric data for the purpose of obtaining criminal history record information from the FBI and the agency responsible for retaining that jurisdiction's criminal records; and

(d) Demonstrate competency to practice nursing.

(3) The BON may issue an initial license by endorsement to an applicant from an international APRN education program. An internationally educated applicant, in addition to satisfying any requirements of this Act and those set forth in rule, shall, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully pass an English proficiency examination that includes the components of reading, speaking, writing and listening.

Section 6. Temporary Licenses

(A) The BON may issue time-limited authorization to practice nursing through the granting of a temporary license for applicants approved as an applicant for licensure by endorsement.

(B) In the event of a declared state of emergency in this jurisdiction, the BON may issue time-limited authorization to practice nursing through the granting of a temporary license to an applicant who retired from the practice of nursing as defined by this Act with an unencumbered license in this jurisdiction in the last < > years.

(C) In the event of a declared state of emergency in this jurisdiction, the BON may issue time-limited authorization to practice nursing through the granting of a temporary license to an applicant who voluntarily deactivated their license to practice nursing as defined by this Act with an unencumbered license in this jurisdiction in the last < > years. The applicant must have had an unencumbered license at the time of voluntary deactivation.

(D) An applicant for a temporary license shall meet the applicable requirements of this Act and those determined by the BON set forth in rule including criminal history disclosure.

(E) Temporary licenses for licensure by endorsement are valid for < > days.

(F) Any person who has been granted a temporary license shall have the right to use the applicable titles as outlined in this Act.

(G) The BON may issue an extension for < > days for any person who has been granted a temporary license.

Section 7. Renewal of Licenses

The BON shall provide for renewal of licensure for LPN/VN, RN and APRN licenses:

(1) LPN/VN and RN licenses issued under this Act may be renewed every < > years according to a schedule established by the BON.

(a) An applicant for renewal of license to practice as an LPN/VN or RN shall meet the requirements determined by the BON including demonstrating competency to practice nursing;

(b) Failure to renew the license shall result in deactivation of the license and forfeiture of the right to practice nursing in this jurisdiction; and

(c) In the event of a declared state of emergency in this jurisdiction, the BON may delay licensure renewal dates for any licensees under this Act.

(2) APRN licenses issued under this Act may be renewed every < > years according to a schedule established by the BON.

(a) An applicant for APRN licensure renewal shall meet the applicable requirements of this Act and those determined by the BON set forth in rule including:

(i). Maintain national certification in the appropriate APRN role and at least one population focus authorized by licensure through an ongoing certification maintenance program of a nationally recognized certifying body recognized by the BON.

(ii). Demonstrate competency to practice nursing.

(b) If an applicant or licensee is no longer authorized to practice as an APRN, the BON may make a determination on authorization to practice as an RN.

(c) If an APRN applicant or licensee is no longer authorized to practice as an RN, they shall be unauthorized to practice as an APRN.

(d) If national certification expires, authorization to practice as an APRN is this jurisdiction also expires.

(e) In the event of a declared state of emergency in this jurisdiction, the BON may delay licensure renewal dates for any licensee under this Act.

(f) Failure to renew the license shall result in deactivation of the license and forfeiture of the right to practice advanced practice registered nursing in this jurisdiction.

Section 8. Reactivation of Licensure

(A) The BON may provide for the reactivation of a license for individuals whose licenses have lapsed, expired or been placed on inactive status in the absence of disciplinary action.

(B) Applicants for LPN/VN, RN or APRN licensure reactivation shall meet the requirements of this Act and those determined by the BON set forth in rule for reactivation of licensure as an LPN/VN, RN or APRN, whichever is applicable.

Section 9. Reinstatement of Licensure

(A) The BON may provide for the reinstatement of a license for individuals following disciplinary action.

(B) Applicants for LPN/VN, RN, or APRN licensure reinstatement shall meet the applicable requirements of this Act and those determined by the BON set forth in rule for reinstatement of licensure including competency to practice nursing.

Section 10. Duty to Report

A licensee shall report to the BON within < > days any criminal charges, arrests, conviction or finding of guilt, or entering into an agreed disposition of a criminal offense, under applicable state or federal criminal law.

Section 11. Criminal Background Checks

(A) The BON shall require applicants to submit fingerprints to the <state criminal background check entity> for the purpose of conducting a state and federal fingerprint-based criminal history background check.

(B) The BON may require that such fingerprint submissions be made as part of an application seeking <license, permit, certificate, or registration of authority> for <categories/type of license, permit, certificate, registration of authority), as defined in <applicable statute(s)>.

(C) The fingerprints and any required fees shall be sent to the <state criminal background check entity> central repository. The fingerprints shall be used for searching the state criminal records repository and shall also be forwarded to the Federal Bureau of Investigation for a federal criminal records search under section <>. The <state criminal background check entity> shall notify the BON of any criminal history record information or lack of criminal history record information discovered on the individual. Notwithstanding <prohibiting provisions> to the contrary, all records related to any criminal history information discovered shall be accessible and available to the BON.

(D) <Definitions of categories, if not clearly defined in other areas of statute.>

Section 12. Criminal History

The BON is authorized to consider the criminal history of an applicant, licensee or others authorized to practice under this Act.

(1) Except as provided in paragraph (3), an applicant's criminal history may be reviewed by the BON on a case-by-case basis to determine eligibility for licensure, authorization to practice and competency to practice.

(2) If an applicant's criminal history reveals a conviction, the BON may consider any of the following factors regarding the criminal history:

(a) Level of seriousness of the conduct;

(b) Date of the conduct;

(c) Age of the applicant at the time of the conduct;

(d) Circumstances surrounding the commission of the conduct, if known;

(e) A nexus between the criminal conduct of the applicant and competence to practice nursing;

(f) Evidence of rehabilitation; and

(g) Evidence of repeated similar conduct.

(3) All individuals convicted of a sexual offense involving a minor or performing a sexual act against the will of another person, or of a person who is legally incapacitated and incapable of giving consent, shall be subject to a BON order for evaluation by a qualified expert approved by the BON. If the evaluation identifies sexual behaviors of a predatory nature, the BON shall deny licensure.

Section 13. Competence to Practice Evaluation

(A) The BON shall determine whether an applicant, licensee or individual with authorization to practice is competent to practice nursing with reasonable skill and safety.

(B) The BON may require an applicant or licensee to submit to a:

(1) Mental health evaluation by a licensed mental health professional designated by the BON; and

(2) Physical evaluation by a licensed healthcare professional designated by the BON.

(C) The BON may order an applicant or licensee to be evaluated before or after charges are presented against the applicant or licensee.

(D) The results of the evaluation shall be reported directly to the BON and shall be admissible into evidence in a hearing before the BON.

Section 14. Exemptions

No provisions of this Act shall be construed to prohibit the following Acts as established by this Act and those determined by the BON set forth in rule:

(1) The practice of nursing by students as part of a curriculum in a BON approved nursing education program leading to initial licensure.
(2) The provision of gratuitous nursing services to family members or in emergency situations.
(3) The engagement by an individual in the practice of nursing by discharging official duties while employed by or under contract with the U.S. government or any agency thereof.
(4) The temporary activities of an individual with an active or unencumbered license in another jurisdiction, such as travel with a patient to and within the jurisdiction, teaching activities, activities involving program accreditation, consultation with healthcare providers located within the jurisdiction, gratuitous volunteer nursing services and other activities determined by the BON.
(5) The practice of an individual in the jurisdiction pursuant to any provision of this section is authorized to practice for a time not exceeding < >.

Section 15. Audit

The BON may conduct a random audit of licensees and upon request of the BON, licensees shall submit documentation of compliance with this Act and rules.

Article VI. Prelicensure Nursing Education

Section 1. Prelicensure Nursing Education Standards

All nursing education programs shall meet these standards:

(1) Administrative Requirements:
  (a) The program shall have criteria for admission, progression and student performance;
  (b) Written policies shall be vetted by faculty and students and be readily accessible;

(c) The program shall hold students responsible for professional behavior, including honesty and integrity, while in their program of study; and

(d) The program shall hold students responsible for meeting health standards and criminal background check requirements.

(2) Program Administrator:

(a) Shall hold a current, active RN license or privilege to practice that is unencumbered and meets requirements in the jurisdiction where the program is approved;

(b) Of an RN program shall be doctorally prepared and have a degree in nursing, or a graduate degree in nursing and a doctoral degree;

(c) Of an LPN/VN program shall have a minimum of a graduate degree in nursing, or a bachelor's degree in nursing with a graduate degree;

(d) Shall have institutional authority and administrative responsibility over the program; and

(e) Shall be responsible for completing regulatory reports, including the nursing education annual report.

(3) Nursing Faculty:

(a) At a minimum, 35% of nursing faculty shall be full time;

(b) In LPN/VN programs, faculty shall:

(i). Hold a current, active RN license or privilege to practice that is unencumbered and meets requirements in the jurisdiction where the program is approved; and

(ii). Hold a BSN degree.

(c) In RN programs, faculty shall:

(i). Hold a current active RN license or privilege to practice that is unencumbered and meets requirements in the jurisdiction where the program is approved; and

(ii). Hold a graduate degree.

(d) Shall demonstrate that they have been educated in basic instruction of teaching and adult learning principles and curriculum development.

(e) Nursing education programs shall provide opportunities for nursing faculty professional development.

(f) Formal orientation and mentoring of new full-time and part-time nursing faculty shall be implemented.

(g) Clinical faculty have supervisory and direct patient care experience within the past five years.
(h) Simulation nursing faculty are certified or have developed a plan to be certified within the next five years of being hired.

(4) Student Support and Resources:
(a) Assistance shall be provided for non-native English speakers;
(b) Assistance shall be available for students with disabilities;
(c) Program shall provide strategies to help students obtain books and resources for students in need;
(d) Remediation strategies shall be in place at the beginning of each course and students shall be aware of how to seek help. This shall include processes to remediate errors and near misses in the clinical setting;
(e) Simulation lab shall be accredited or endorsed by an agency acceptable to the BON; and
(f) The fiscal, human, physical, library, clinical and technical learning resources shall be adequate to support program processes, security and outcomes.

(5) Curriculum and Clinical Experiences
(a) There is a sound foundation in biological, physical, social and behavioral sciences.
(b) A systematic evaluation of the program shall be utilized for continuous quality improvement.
(c) Didactic and clinical content shall include prevention of illness and the promotion, restoration and maintenance of health in patients, communities and populations, in a variety of clinical settings, across the lifespan and from diverse social, cultural, ethnic and economic backgrounds.
(d) Didactic courses and clinical experiences shall include content in the areas of medical/surgical, obstetric, pediatric, psychiatric/mental health and community health nursing.
(e) Quality and safety shall be integrated into the curriculum, including clinical reasoning and judgment, clinical supervision, delegating effectively, emergency preparedness, interprofessional communication, time management and understanding of healthcare systems.
(f) Legal and ethical issues and professional responsibilities shall be integrated into didactic and clinical experiences.

(g) Didactic and clinical experiences shall be equivalent regardless of modality of delivery, including distance education.

Section 2. Determination of Compliance with Standards

(A) The parent institution offering nursing education programs shall have institutional accreditation, as determined by the BON.

(B) Accreditation by a national nursing accrediting body, set forth by the U.S. Department of Education (USDE), shall be required, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval.

(1) Nursing programs shall submit to the BON copies of accreditation related correspondence with the national nursing accrediting agency within 30 days of receipt.

(2) The BON shall identify the required correspondence that the programs must submit.

Section 3. Purposes of Prelicensure Nursing Education Program Approval

(A) To promote the safe practice of nursing by implementing standards for individuals seeking licensure as LPN/VNs and RNs.

(B) To grant legal recognition to nursing education programs that have met the standards.

(C) To ensure graduates meet the educational and legal requirements for the level of licensure for which they are preparing and to facilitate their endorsement to other jurisdictions.

(D) To provide the public and prospective students with a published list of in-state nursing programs that meet the standards established by the BON.

Section 4. Establishment of Prelicensure Nursing Education Programs

(A) Phase I: Application to BON providing evidence of regulatory compliance.

(B) Phase II: Initial approval for admission of students. The proposed program shall provide the BON with verification of a curriculum and nurse administrator as determined by the BON set forth in rule.

(C) Phase III: Full approval of program. The BON shall grant full approval when the program demonstrates regulatory compliance.

Section 5. Continuing Approval of Prelicensure Nursing Education Programs

(A) Every < > years previously approved nursing education programs with full program approval status shall be evaluated for continuing approval by the BON.
(B) Focused site visits may be required, as determined by the BON.
(C) The BON shall review and analyze various sources of information regarding program performance.
(D) Continuing approval shall be granted upon the BON's verification that the program is in compliance with the BON's nursing education administrative rules.

Section 6. Conditional/Probationary Approval of Prelicensure Nursing Education Programs

(A) The BON may grant conditional/probationary approval when it determines that a program does not fully meet approval standards.
(B) The nursing program shall submit an action plan and correct the identified program deficiencies within the timeframe determined by the BON.

Section 7. Withdrawal of Approval

The BON shall withdraw approval if, after proper notice and opportunity, it determines that:

(1) A nursing education program fails to correct the identified deficiencies within the time specified; and
(2) A nursing education program fails to meet the standards.

Section 8. Appeal

A program denied approval or given less than full approval may appeal that decision. All such actions shall be in accordance with due process.

Section 9. Reinstatement of Approval

The BON may reinstate full approval if the program submits evidence of compliance with nursing education standards within the specified timeframe.

Section 10. Closure of Prelicensure Nursing Education Programs and Storage of Records

(A) A nursing education program may be closed due to withdrawal of BON approval or may close voluntarily.

(B) If the closure is voluntary, the reason for the closure and the intended date of the closure shall be submitted to the BON.
(C) Provisions shall be made for maintenance of the standards for nursing education during the transition to closure.
(D) Arrangements shall be made for the secure storage and access to academic records and transcripts, in a timeframe determined by the BON.
(E) An acceptable plan shall be developed for students to complete a BON approved program.
(F) Confirmation shall be provided to the BON, in writing, that the plan has been fully implemented.

Section 11. Innovative Approaches in Prelicensure Nursing Education Programs

A program may use innovative approaches when approved by the BON to address the changing needs in healthcare while assuring they are conducted in a manner consistent with the BON's role of public protection.

Section 12. Emerging Nursing Education Technologies

(A) Using professional simulation guidelines, a program may use simulation as determined by the BON set forth in rules, as a substitute for direct care clinical experiences.
(B) A program may use artificial intelligence (AI), as determined by the BON set forth in rules, to supplement teaching and evaluation methods.

Section 13. State of Emergency

During a declared state of emergency, the BON may authorize approved nursing education programs to implement mitigation efforts to address, including but not limited to, the availability of clinical placement sites, transition to virtual learning from in-person platforms and changes in use of simulation. The program shall keep records of any mitigation policies or strategies used and shall include the information in the annual report submitted to the BON.

Article VII. BON Action and Proceedings

Section 1. BON Action

The BON retains jurisdiction over all licensees regardless of status and may take action if the act occurred while licensed. The BON may take action on an

application for licensure, a license, a privilege to practice or prescriptive authority for any of the following:

(1) Convicted or found guilty, or has entered into an agreed disposition, of:
  (a) A felony offense under applicable state or federal criminal law; or
  (b) A misdemeanor offense related to the practice of nursing under applicable state or federal criminal law.
(2) Confidentiality, patient privacy, consent or disclosure violations.
(3) Patient Abuse.
(4) Fraud, deception or misrepresentation.
(5) Unsafe practice or substandard care.
(6) Unprofessional conduct.
(7) Drug or alcohol related offenses.
(8) Revocation, suspension or denial of, or any other action relating to, the person's license or privilege to practice nursing in another jurisdiction or under federal law.
(9) Other violations of the Act or administrative rules adopted under this Act, BON orders issued under this Act and any applicable state or federal law.

Section 2. Authority

(A) For any one or combination of the grounds set forth in Section 1 above, the BON is authorized to take any of the following actions on a license:
  (1) Deny;
  (2) Revoke;
  (3) Suspend;
  (4) Place on probation;
  (5) Issue an emergency limitation or suspension thereof;
  (6) Reprimand or censure;
  (7) Order restitution;
  (8) Impose fine forfeiture or monetary penalty;
  (9) Require an applicant or licensee to submit to an evaluation at their expense to determine their ability to practice safe nursing;
  (10) Impose monitoring requirements;
  (11) Require additional education;
  (12) Accept voluntary surrenders or limitations;
  (13) Issue notice of cease and desist;

(14) Issue letter of concern; and

(15) Plan any other limitations or restrictions as necessary, or any other action as warranted by the facts of the case in accordance with the state Administrative Procedure Act.

(B) The BON is authorized to recover the costs of the proceedings for actions resulting in discipline against a nursing license which may include but are not limited to:

(1) Costs paid by the BON to the Office of Administrative Hearings and the Office of the Attorney General or other BON counsel for legal and investigative services;

(2) Costs of a court reporter, witness reimbursements, expert witnesses, security services and peer review services;

(3) Costs for reproduction of records;

(4) BON staff time, travel and expenses; and

(5) BON members' per diem reimbursements, travel costs and expenses.

Section 3. Reporting

(A) Licensees shall report, within <> days of the event, the following: change of physical, mailing, and/or email address(es), arrests, charges, criminal convictions, malpractice claims and disposition, discipline or complaints pending, enrollment in a BON recognized alternative to discipline program, actions issued in another jurisdiction or by another professional licensing board.

(B) A licensed nurse, or any individual, shall report a nurse to the BON if the nurse or individual has reasonable cause to suspect that a nurse or an applicant engaged in conduct that may constitute a violation under this Act.

(C) Persons required to report under this section include but are not limited to: employes of LPN/VNs, RNs, or APRNs; jurisdictional agencies required to license, register or survey a facility or agency employing a licensee under this Act; an insurer providing professional liability insurance pertaining to the practice of a licensee under this Act.

(D) Alternative to discipline programs have a duty to report to the BON any nurse's failure to comply with the program requirements or termination from the program.

(E) A licensed health care professional shall not be required to report a nurse to the BON under this code section as a result of professional knowledge obtained in the course of the healthcare professional-patient relationship when the nurse is the patient.

Section 4. Immunity and Protection from Retaliation

(A) Any person, including BON staff, BON members or an organization reporting in good faith information to the BON under this article shall be immune from civil action.

(B) Any licensed healthcare professional who examines an applicant or licensee under this Act at the request of the BON shall be immune from suit for damages by the individual examined if the examining healthcare professional conducted the examination and made findings or diagnoses in good faith. The immunity does not extend to willful or wanton behavior by the licensed health care professional.

(C) A person shall not suspend, terminate, or otherwise discipline, discriminate against or retaliate against anyone who reports, or advises on reporting, in good faith under this section.

Section 5. Emergency Action

(A) Summary suspension

(1) The BON is authorized to summarily suspend the license of a nurse without a hearing if:

(a) The BON finds that there is probable cause to believe that the nurse has violated a statute or rule that the BON is empowered to enforce and continued practice by the nurse would create imminent and serious risk of harm to others; or

(b) The nurse fails to obtain a BON ordered evaluation.

(2) The suspension shall remain in effect until the BON issues a stay of suspension or a final order in the matter after a hearing or upon agreement between the BON and licensee.

(3) The BON shall schedule a disciplinary hearing to be held under the Administrative Procedures Act.

(B) Injunctive relief

(1) The BON or any prosecuting officer, upon a proper showing of the facts, is authorized to petition a court of competent jurisdiction or an order to enjoin any person:

(a) Who is practicing nursing within the meaning of this Act from practicing without a valid license, unless exempted under this Act;

(b) Employing, with or without compensation, any person who is not licensed to practice nursing under this Act or exempted under this Act;

(c) Firm, corporation, institution or association from operating a school of nursing without approval;

(d) Whose license has been suspended or revoked from practicing as an LPN/VN, RN or APRN; or

(e) From using the title "nurse," "licensed practical/vocational nurse," "registered nurse," "advanced practice registered nurse" or their authorized abbreviations unless licensed or privileged to practice nursing in this jurisdiction.

(2) The court may, without notice or bond, enjoin such acts and practice. A copy of the complaint shall be served on the defendant and the proceedings thereafter shall be conducted as in other civil cases.

(C) The emergency proceedings herein described shall be in addition to, not in lieu of, all penalties and other remedies provided by law.

Article VIII. Violations and Penalties

Section 1. Violations.

No person shall:

(1) Use the title "nurse," "licensed practical/vocational nurse," "registered nurse," "advanced practice registered nurse," their authorized abbreviations or any other words, abbreviations, figures, letters, title, sign, card or device that would lead a person to believe the individual is a licensed nurse unless permitted by this Act.

(2) Employ or contract, with or without compensation, a person who does not have the authority to practice nursing as defined in this Act in this jurisdiction.

(3) Engage in the practice of nursing as defined in this Act without a valid, current license or privilege to practice, except as otherwise permitted in this Act.

(4) Fraudulently obtain or furnish a license.

(5) Conduct a program for the preparation for licensure under this chapter, unless the BON has approved the program.

(6) Engage in inappropriate behavior in connection with the licensure or certification examination, including but not limited to the giving or receiving of aid in the examination or the unauthorized possession, reproduction or disclosure of examination questions or answers.

(7) Otherwise violate, or aid or abet another person to violate, any provision of this Act.

Section 2. Penalties

(A) Violation of any provision of this article shall also constitute a <class> misdemeanor/crime.

(B) The BON may impose on any person violating a provision of this Act a civil penalty not to exceed <$> for each count or separate offense.

Section 3. Criminal Prosecution.

Nothing in this Act shall bar criminal prosecution for violation of the provisions of this Act.

Article IX. Severability

The provisions of this Act are severable. If any provision of this Act is declared unconstitutional, illegal or invalid, the constitutionality, legality and validity of the remaining portions of this Act shall be unaffected and shall remain in full force and effect.

Article X. Emerging Technologies

The licensee is responsible for obtaining the requisite competence prior to implementing emerging technology and ensuring appropriate use. Nurses are accountable for their practice and the responsibility to provide competent care remains even in instances of technological failure.

Article XI. Nurse Licensure Compact

Article XII. APRN Compact

Attachment C: **Model Rules Revisions and Rationales**

NCSBN Model Rules

Table of Contents

[1] Updated throughout document to match determination made in the Act that the licensure type should be listed progressively.
[2] With the addition of APRN Education, the renamed Chapter is more inclusive towards the contents therein.
[3] Updated terminology to match the proposed change within the Act.
[4] Chapter's contents have been divided and moved to the existing chapters within the Rules to allow for all information regarding a specific topic to be found within that specific chapter.

Chapter 1. Title and Purpose

Reserved for future use.[5]

Chapter 2. Definitions

As used in Chapters 3 through 8 of ~~this Act~~ these rules[6], unless the context thereof requires otherwise:

a. "Abandonment" means the intentional leaving of a patient for whom the nurse is responsible without providing for another nurse or appropriate ~~caretaker~~ healthcare provider[7] to assume care upon the nurse's leaving.

~~b. "Dual relationship" means when a nurse is involved in any relationship with a patient in addition to the therapeutic nurse- patient relationship.~~[8]

b. "Assign" means the process of transferring responsibility and accountability between licensees based on their skills, qualifications, and workload.[9]

c. "Conditional/Probationary Approval" of nursing education programs means less than full approval of a nursing program.[10]

d. "Debriefing" means an activity that follows a simulation experience, is led by a facilitator, encourages participant's reflective thinking, and provides feedback regarding the participant's performance.[11]

~~c.~~e. "NCLEX-PN®" means the National Council Licensure Examinations for ~~Practical Nurses~~LPN/VNs.[12]

~~d.~~f. "NCLEX-RN®" means the National Council Licensure Examinations for ~~Registered Nurses~~RNs.[13]

g. "Nursing faculty" means individuals employed full or part time by an academic institution who are responsible for developing, implementing, evaluating and updating nursing program curricula.

h. "Practice-academic Partnerships" means the collaboration of educators, practice leaders and nurse regulators to ensure quality in-person clinical experiences for prelicensure students.[14]

~~e.~~i. "Prebriefing" means to have an information session held prior to the start of a simulation activity in which instructions or preparatory information is given to the

[5] Added as a place holder if BONs have the need for it.
[6] Updates language per the document.
[7] Updates terms to match those used within the Act.
[8] Removed as it is not used within the document.
[9] Term utilized throughout updated document, and matches the definition proposed within the Act.
[10] Aligns with BON terminology.
[11] Moved from former bullet "m" to format the chapter alphabetically.
[12] Updates terminology.
[13] Updates terminology.
[14] Associated with better nursing education outcomes when implemented. (modified from Spector et al., 2021) Updated for grammar.

participants. The purposes of the prebriefing are to set the stage for a scenario and to assist participants in achieving scenario objectives.[15]

~~f.~~j. "Preceptor" means an individual at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model, or supervisor in a clinical setting.

~~g.~~k. "Professional boundaries" means the space between the ~~nurse~~licensee's power and the patient's vulnerability; the power of the ~~nurse~~licensee comes from the professional position and access to private knowledge about the patient; establishing boundaries allows the ~~nurse~~licensee to control this power differential and allows a safe connection to meet the patient's needs.[16]

~~h. "Professional-boundary crossing" means a deviation from an appropriate boundary for a specific therapeutic purpose with a return to established limits of the professional relationship.~~[17]

~~i. "Professional-boundary violation" means the failure of a nurse to maintain appropriate boundaries with a patient and key parties.~~[18]

~~j. "Sexualized body part" means a part of the body not conventionally viewed as sexual in nature that evokes arousal.~~[19]

~~k. "Sexual misconduct" means any unwelcome behavior of a sexual nature that is committed without consent or by force, intimidation, coercion, or manipulation.~~[20]

l. "Simulation" means a technique that creates a situation or environment to allow persons to ~~replace or amplify real~~ experience~~s~~ a representation ~~with guided experiences that evoke or replicate substantial aspects~~ of ~~a~~the real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions~~world in a fully interactive manner (Gaba, 2004)~~.[21]

m. ~~"Debriefing" means an activity that follows a simulation experience, is led by a facilitator, encourages participant's reflective thinking, and provides feedback regarding the participant's performance.~~ [22]"Simulation Faculty" means faculty whose majority of teaching responsibilities are to provide input into developing simulation vignettes, implement simulations, facilitate simulations with other faculty, utilize an accepted and evidence-based debriefing method, and evaluate the students.[23]

~~m.~~n. "Simulation Program Manager" means those who direct all simulation activities, including education and monitoring of faculty who provide simulation experiences for students; adequately furnishing the simulation center; planning and developing

[15] A necessary part of simulation, necessary to define for clarity. (Healthcare Simulation Dictionary, 2020) Clarifies what "information" is in regards to.
[16] Nurse is replaced with licensee where applicable throughout the document.
[17] Removed as it is not used within the document.
[18] Removed as it is not used within the document.
[19] Removed as it is not used within the document.
[20] Removed as it is not used within the document.
[21] More inclusive with the use of SIM in nursing education. (Healthcare Simulation Dictionary, 2nd Edition, 2020)
[22] Moved to proposed letter D to reorder alphabetically (explained in footnote #5).
[23] This role has specific qualifications and responsibilities warranting a distinction.

vignettes to align with the curriculum; evaluating simulation experiences; and making improvements when necessary.[24]

Chapter 3. Scope of ~~RN,~~ LPN/VN, RN and APRN Practice

3.1.~~1~~ Standards Related to ~~Licensed Practical/Vocational Nurse (~~LPN/VN~~)~~, RN~~,~~, and APRN Professional Accountability[25]

The LPN/VN, RN, and APRN:

a. Accepts responsibility for individual nursing actions, competence, decisions and behavior ~~in the course of nursing~~ while engaged in the practice of nursing[26].
b. Maintains competence through ongoing learning and application of knowledge in nursing practice.
c. Implements nursing interventions and prescribed medical regimens in a timely and safe manner.
d. Documents nursing care in an accurate and timely manner.
e. Collaborates and communicates relevant and timely information with patients and other healthcare team members to ensure quality and continuity of care, including:
    a. Patient status and progress;
    b. Patient response or lack of response to therapies;
    c. Changes in patient condition; and,
    d. Patient needs and special requests.
f. Takes preventive measures to promote an environment that is conducive to safety and health for patients, others and self.
g. Respects patient diversity and advocates for the patient's rights, concerns, decisions and dignity.
h. Maintains appropriate professional boundaries.
i. Participates in systems, clinical practice, and patient care performance improvement efforts to improve patient outcomes.[27]

3.~~1.~~2 Standards Related to LPN/VN Scope of Practice

~~The~~ LPN/VNs, practicing to the extent of their education and training under the supervision of an RN, ~~advanced practice registered nurse (~~APRN~~), physician~~ or other authorized licensed healthcare provider, shall practice and comply within standards established by the BON and ensure patient care is provided according to relevant patient care standards recognized by the BON and other national standards of care.[28]

~~a. Participates in nursing care, health maintenance, patient teaching, counseling, collaborative planning and rehabilitation.~~
~~b.~~a. ~~Plans for patient care, including:~~

[24] A role that is needed if/when programs uses a simulation center to teach more than 10% of the program.
[25] Updates title to fully reflect acronyms and the numbering to match flow of document.
[26] Updates language to match previously used terminology.
[27] Moved from Act and revised to match tense of document.
[28] Removes unnecessary language and incorporates (and aligns) appropriate language from the Act

~~1. Planning nursing care for a patient whose condition is stable or predictable.~~
~~2. Assisting the RN, APRN, or physician in identification of patient needs and goals.~~
~~3. Determining priorities of care together with the RN, APRN or physician.~~

~~c. Provides patient surveillance and monitoring~~
~~1. Participating with other health care providers and contributing in the development, modification, and implementation of the patient centered healthcare plan.~~

~~d. Implements nursing interventions and prescribed medical regimens in a timely and safe manner.~~

~~e. Documents nursing care provided accurately and timely.~~

~~f. Collaborates and communicates relevant and timely patient information with patients and other health team members to ensure quality and continuity of care, including:~~
~~1. Patient status and progress.~~
~~2. Patient response or lack of response to therapies.~~
~~3. Changes in patient condition.~~
~~4. Patient needs and special requests.~~

~~g. Takes preventive measures to promote an environment that is conducive to safety and health for patients, others and self.~~

~~h. Respects patient diversity and advocates for the patient's rights, concerns, decisions and dignity.~~

~~i. Maintains appropriate professional boundaries.~~

~~j. Participates in systems, clinical practice and patient care performance improvement efforts to improve patient outcomes.~~

~~k. Assigns and delegates nursing activities to assistive personnel. The LPN shall:~~
~~1. Delegate only those nursing measures for which that person has the necessary skills and competence to accomplish safely.~~[29]

Authority: Model Act Article III Section 1

3.~~2.1~~3. Standards Related to RN Scope of Practice

a. RNs shall practice and comply within standards established by the BON and ensure patient care is provided according to relevant patient care standards recognized by the BON and other national standards of care.[30]

~~The RN:~~

~~a. Practices within the legal boundaries for nursing through the scope of practice authorized in the Nurse Practice Act and rules governing nursing.~~

~~b. Provides patient surveillance and monitoring.~~

~~c. Identifies changes in patient's health status and takes appropriate action.~~

~~d. Documents nursing care, changes in the patient's condition and all relevant information.~~

~~e.~~a. ~~Takes preventive measures to protect patient, others and self.~~

[29] Moved to the Act.

[30] Included to match changes made to LPN/VN and APRN sections.

~~f.~~b. ~~Delegates to another only those nursing measures for which that person has the necessary skills and competence to accomplish safely.~~[31]

Authority: Model Act Article III Section 2

3.~~2.~~24 Standards Related to APRN Scope of Practice

a. ~~The~~ APRN~~s~~ shall comply with the standards for RNs as specified in Chapter 3 and to the standards set forth by the BON. Standards for a specific role and population focus of APRN supersede standards for RNs where conflict between the standards, if any, exists.

b. APRNs shall practice within standards established by the BON ~~in Rule~~ and ~~a~~ensure patient care is provided according to relevant patient care standards recognized by the BON, and other national standards of care.[32]

~~c. Discipline of Prescriptive Authority~~

~~1. APRN discipline and proceedings is the same as previously stated for RN and LPN/VN in Chapter 7.~~

~~2. The BON may limit, restrict, deny, suspend or revoke APRN licensure, or prescriptive or dispensing authority.~~

~~3. Additional grounds for discipline related to prescriptive or dispensing authority include, but are not limited to:~~

~~1. Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards.~~

~~2. Selling, purchasing, trading, or offering to sell, purchase or trade drug samples.~~

~~3. Prescribing, dispensing, administering or distributing drugs for other than therapeutic or prophylactic purposes. or~~

~~4. Prescribing or distributing drugs to individuals who are not patients of the APRN or who are not within that nurse's role and population focus.~~[33]

Authority: Model Act Article III Section 3

[31] Moved to the Act.
[32] Section 3.4 altered to mirror cadence and terminology used within sections 3.2 and 3.3 for LPN/VNs and RNs.
[33] Redundant language that is outlined within Chapter 7.

Chapter 4. Board of Nursing (BON)

~~**4.1 Membership, Nominations, Qualifications, Appointment and Term of Office**~~[34]

~~**4.2 Officers**~~

~~**4.3 Meetings**~~

~~**4.4 Guidelines**~~

~~**4.5 Vacancies, Removal and Immunity**~~

~~**4.6 Powers and Duties**~~

4.~~7~~ 6 ~~Collection of Fees~~Financial[35]

a. The BON may collect the following licensure/application[36] fees:
    1. Application for licensure by examination
        a. ~~RN < >~~ LPN/VN < >
        b. ~~LPN/VN < >~~ RN < >
        c. APRN < >
    2. Application for licensure by endorsement
        a. ~~RN < >~~ LPN/VN < >
        b. ~~LPN/VN < >~~ RN < >
        c. APRN < >
    3. Temporary ~~permit~~license[37] for endorsement applicants
        a. ~~RN < >~~ LPN/VN < >
        b. ~~LPN/VN < >~~ RN < >
        c. APRN < >
    4. Renewal of licensure
        a. ~~RN < >~~ LPN/VN < >
        b. ~~LPN/VN < >~~ RN < >
        c. APRN < >
    5. Late renewal < >
    6. Reinstatement < >
    7. Certified statement that nurse is licensed in this[38] jurisdiction < >
    8. Duplicate or reissued license < >
    9. Insufficient funds < >

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[34] ~~Empty sections removed throughout.~~
[35] Matches the corresponding title within the Act, adjusting list to account for the removal of 4.4.
[36] Refines the BON scope for collecting fees.
[37] Updates terminology
[38] Updated for grammar.

10. Nursing education program survey and evaluation per level < >
11. Discipline monitoring < >
~~12. Copying costs < >~~[39]
~~13.~~12. Criminal background check processing fees < >
13. Other miscellaneous costs
~~14.~~a. Specific fee or statutory references <>[40]

b. The BON may collect disciplinary fines and monetary penalties[41]
1. Specific fee or statutory references <>[42]

c. All fees, fines, and monetary penalties[43] collected by the BON are non-refundable.

Authority: Model Act Article IV Section 6

~~**4.8 Executive Officer**~~

~~**4.8 Immunity**~~

Chapter 5. ~~RN,~~ LPN/VN, RN and APRN Licensure and Exemptions

~~**5.1 Titles and Abbreviations for Licensed Nurses**~~

~~**5.1.1 Titles and Abbreviations for APRNs**~~

~~a. Individuals are licensed or granted privilege to practice as APRNs in the roles of certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS) and certified nurse practitioner (CNP) and in the population focus of family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/ gender-related or psychiatric/mental health.~~

~~b. Each APRN shall use the designation "APRN" plus role title as a minimum for purposes of identification and documentation.~~

~~c. When providing nursing care, the APRN shall provide clear identification that indicates his or her APRN designation.~~

~~*Authority: Model Act Article III Section 3*~~[44]

[39] Deemed to be an outdated fee. Should states still have copying cost fees or an other fee, section provides guidance for listing them and citing to the statutory reference.
[40] Provides for a specific fee or statutory reference be added for any additional fees.
[41] Provides the BON the ability to collect disciplinary fines and related monetary penalties.
[42] Provides for a specific fee or statutory reference be added for any additional fees.
[43] Matches language used within Act Article VII.
[44] This information is within the Act and did not need to be duplicated in Rules.

~~**5.2 LPN/VN and RN Examinations**~~

5.~~3~~1. ~~Application for~~ LPN/VN and RN Licensure by Examination ~~as an RN or LPN/VN~~[45]

An applicant for licensure as an ~~RN~~LPN/VN or ~~LPN/VN~~RN shall, in addition to meeting the applicable requirements of the Act:[46]

a. Submit a completed application and fees established by the BON.

~~b. Graduate or be eligible for graduation from a <your jurisdiction> BON approved prelicensure program or a program that meets criteria comparable to those established by the <your jurisdiction> BON in its rules.~~[47]

~~c. Pass an examination authorized by the BON.~~[48]

~~1.~~b. ~~All RN applicants shall take~~ Take and pass the NCLEX-PN® if an LPN/VN applicant.[49]

~~2.~~c. ~~All LPN/VN applicants shall take~~ Take and pass the NCLEX-RN® if an RN applicant.[50]

~~d. Submit to state and federal criminal background checks.~~[51]

~~e.~~d. Report any ~~criminal~~ conviction or finding of guilt or entering into an agreed disposition of a criminal offense under applicable state or federal criminal law~~, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction~~.[52]

e. Demonstrate to the BON their competency to practice nursing which may include competency to practice nursing evaluations.

~~f. Report any condition or impairment (including but not limited to substance abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner.~~[53]

f. Report any actions taken or initiated against a professional or occupational license, registration or certification.

g. Report current participation in an alternative to discipline program in any jurisdiction.[54]

~~h. For an applicant who is a graduate of a prelicensure education program not taught in English, passage of an English proficiency examination that includes the components of reading, speaking, writing and listening.~~[55]

~~i.~~h. Identify any ~~state, territory or country~~jurisdiction in which the applicant holds a professional license or credential, if applicable. Required information includes:

1. The number and status of the license or credential.

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[45] Matches the corresponding title within the Act. Updated to match V.3 of the Act.
[46] Clarifies that the requirements set forth in the Model Act need to also be met.
[47] This information is within the Act and did not need to be duplicated in Rules.
[48] This information is within the Act and did not need to be duplicated in Rules.
[49] Streamlines rule.
[50] Streamlines rule.
[51] This information is within the Act and did not need to be duplicated in Rules.
[52] Updates to match changes made to the Act.
[53] Removes problematic language while clarifying the intent of the statement.
[54] Information that should be reported to the BON.
[55] Moved to the International Applicant Section to reflect the changes made within the Act.

2. The original ~~state or country~~jurisdiction of licensure or credentialing.

~~j.~~i. ~~Provide~~ Report[56] employment information including current healthcare employer ~~if employed in health care~~, including address, telephone number, position and dates of employment and previous healthcare employer ~~in health care~~, if any, if current employment is less than 12 months.

~~k.~~j. ~~Provide~~ Report[57] information regarding whether the applicant previously applied for a license in another jurisdiction and either was denied a license, ~~or~~ withdrew the application, or allowed the application to expire, if applicable.

~~l.~~k. Provide detailed explanations and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.

Authority: Model Act Article V Section 3

5.4*1.1*[58] Additional Requirements for Licensure by Examination of Internationally Educated Applicants

In addition to the requirements listed in the Act and Section 5.3,[59] ~~the requirements for licensure by examination of~~ internationally educated applicants~~, includes~~ shall meet the following requirements for licensure by examination:

a. Graduat~~ione~~[60] from a foreign ~~RN or~~ LPN/ VN or RN prelicensure education program that (a) has been approved by the authorized accrediting body in the applicable country and (b) has been verified by an independent credentials review agency to be comparable to a licensing board-approved prelicensure education program;

b. ~~Acceptable~~ Submit acceptable documentation ~~shall~~ that verif~~y~~ies[61] the date of enrollment, date of graduation and credential conferred. An official transcript and a certified translation of the official transcript, if not in English, ~~a certified translation~~ is required prior to the approval to take the NCLEX-PN® or NCLEX-RN® examination.

~~c. Passage of an English proficiency examination, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, that includes the components of reading, speaking, writing and listening.~~[62]

Authority: Model Act Article V Section 3

5.~~5~~2 LPN/VN and RN ~~Application for~~ Licensure by Endorsement ~~as an RN or LPN/VN~~[63]

a. An applicant for licensure by endorsement in this ~~state~~ jurisdiction shall, in addition to meeting the applicable requirements of the Act:[64]

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[56] Further clarifies the rule.
[57] Further clarifies the rule.
[58] Not needing an entire section, this was moved to a subsection of 5.3.
[59] Further clarifies the sentence and removed ambiguity in the language.
[60] Updates tense of statement to match those proposed throughout the Act and rest of Rules.
[61] Updates tense of statement and intent. Adds more language to NCLEX to match cadence of proposed revisions.
[62] Removed as this information is duplicated within the Act V.3.c
[63] Updated to match proposed changes to V.4 of the Act.
[64] Clarifies that the requirements set forth in the Model Act need to also be met.

1. Submit a completed application and fees as established by the BON.
2. Graduate from a <~~your~~ jurisdiction> BON-approved prelicensure program or a program that meets criteria comparable to those established by the <~~your~~ jurisdiction>.[65]
3. Hold a license as an ~~RN or an~~ LPN/VN or an RN that is not encumbered.
~~4. Pass an examination authorized by the BON.~~[66]
~~5.~~4. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
~~6. Submit to state and federal criminal background checks.~~[67]
5. Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.[68]
~~7.~~6. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.
~~8. Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner.~~[69]
~~9.~~7. Report any actions taken or initiated against a professional or occupational license, registration, or certification.
~~10.~~8. Report current participation in an alternative to discipline program in any jurisdiction.
~~11.~~9. Submit verification of licensure status provided directly from the U.S. jurisdiction of licensure by examination, or a coordinated licensure information system.

~~b. An applicant for licensure by endorsement as an RN or LPN/ VN in this state, whichever is applicable, shall provide the following information:~~
~~1. Evidence of having passed the licensure examination required by this jurisdiction at the time the applicant was initially licensed in another jurisdiction.~~[70]

10. Identif~~yication of~~[71] any ~~state, territory or country~~jurisdiction in which the applicant holds a health profession license or credential, if applicable. Required information includes:
    i. ~~The n~~umber and status of the license or credential.
    ii. ~~The o~~riginal ~~state or country~~ jurisdiction of licensure or credentialing.[72]

[65] Removes possessive language tense not found throughout the document.
[66] This information is within the Act and did not need to be duplicated in Rules.
[67] This information is within the Act and did not need to be duplicated in Rules.
[68] Addresses the BON's need to be able to ascertain a nurse's ability to competently practice nursing.
[69] Removes problematic and otherwise unnecessary language.
[70] This information is within the Act and did not need to be duplicated in Rules.
[71] Updates tense to match preceding rules.
[72] Updates bullet style to match document's formatting.

11. Report employment information including current healthcare employer including address, telephone number, position and dates of employment and previous healthcare employer, if any, if current employment is less than 12 months.[73]
12. The date and jurisdiction the applicant previously applied for a license in another jurisdiction, and either was denied a license or withdrew the application, if applicable.

B. Detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.

Authority: Model Act Article V Section 4

5.3~~11~~[74] APRN Licensure

5.3~~11~~.1 Application for Initial Licensure

a. An applicant for initial licensure as an APRN ~~in this state~~ shall, in addition to meeting the applicable requirements of the Act ~~submit to the BON the required fee as specified in Chapter 4, verification of licensure or eligibility for licensure as an RN in this jurisdiction and a completed application that provides the following information~~:[75]
   a. Submit a completed application and fees as established by the BON.[76]
   b. Graduate from an APRN graduate or post-graduate program as evidenced by official documentation received directly from an APRN program accredited by a nursing accrediting body that is recognized by the United States Department of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization, as acceptable by the BON. Documentation received should verify:
      i. Date of graduation;
      ii. Credential conferred;
      iii. Completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents;
      iv. Role and population focus of the education program; and
      ~~b.~~v. Evidence of meeting the standards of nursing education in this jurisdiction.[77]

~~c.~~b. ~~This documentation shall verify the date of graduation; credential conferred; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad~~

[73] Included as to match those provisions noted within the other licensure sections for licensure by examination as an LPN/VN, RN, and APRN.
[74] Numbers adjusted due to removed sections. Moved from end of Chapter to align with proposed changes to the Act.
[75] Streamlines language with other licensure types.
[76] Streamlines information to match the formatting found for the other licensure types.
[77] Streamlines information to match the formatting found for the other licensure types.

~~categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.~~[78] Demonstrate to the BON competency to practice nursing which may include completing competency to practice nursing evaluations.[79]

~~d. Report any criminal conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.~~[80]

~~e. Requirements for Certification Programs~~

~~i. Certification programs are accredited by a national accreditation body as acceptable by the BON.~~[81]

c. Report any actions taken or initiated against a professional or occupational license, registration or certification.[82]

d. Report current participation in an alternative to discipline program in any jurisdiction.[83]

e. Identify any jurisdiction in which the applicant holds a professional license or credential, if applicable. Required information includes:

a. Number and status of the license or credential.

b. Original jurisdiction of licensure or credentialing.[84]

f. Report employment information including current healthcare employer, including address, telephone number, position, dates of employment, and, previous healthcare employer, if any, if current employment is less than 12 months.[85]

g. Report information regarding whether the applicant previously applied for a license in another jurisdiction and either was denied a license, withdrew the application, or, allowed the application to expire, if applicable.[86]

~~f.~~h. Report detailed explanations and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.[87]

Authority: Model Act Article V Section 5

5.~~11~~3.2 Additional Requirements for Licensure by Examination of Internationally Educated Applicants

In addition to the requirements listed in the Act and Section 2.1, internationally educated applicants for APRN licensure must:[88]

a. Graduate from a graduate or post-graduate level APRN program equivalent to an APRN educational program in the U.S. accepted by the BON.

[78] Streamlines language with other licensure types.
[79] Addresses the BON's need to be able to ascertain a nurse's ability to competently practice nursing.
[80] Restated within newly numbered 5.8.1.c
[81] Information moved to the Act.
[82] Matches the terminology used within the Act and Rules.
[83] Includes language found in other licensure types.
[84] Matches information required for other licensure types.
[85] Matches information found within the Licensure by Exam section for consistency.
[86] Matches information found within the Licensure by Exam section for consistency.
[87] Matches information found within the Licensure by Exam section for consistency.
[88] Streamlines language and reformats bullet to match other sections.

b. Submit documentation through a BON approved credentials review agency which documents that the training and education are comparable to APRN training and education programs in the U.S.

c. Meet all other licensure criteria required of applicants educated in the U.S.

Authority: Model Act Article V Section 5

5.~~11~~3.3 Application for Licensure by Endorsement

a. An applicant for licensure by endorsement as an APRN in this jurisdiction shall, in addition to meeting the applicable requirements of the Act:

a. Submit a completed application and fees as established by the BON.

b. Submit verification of eligibility for a license or privilege to practice as an RN in this jurisdiction.

1. Graduate from a graduate or post-graduate level APRN program, as evidenced by an official transcript or other official documentation received directly from a graduate program accredited by a nursing accrediting body that is recognized by the USDE and/or CHEA, or its successor organization, as acceptable to the BON. Documents received shall verify:

i. Date of graduation;

ii. Credential conferred;

iii. Completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents;

iv. Role and population focus of the education program; and,

~~1.~~ Evidence of meeting the standards of nursing education in this state.

~~2. This documentation shall verify the date of graduation; credential conferred; number of clinical hours completed; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.~~[89]

b. Hold a license as an APRN that is unencumbered.[90]

~~b.~~c. Not have an encumbered license or privilege to practice in any jurisdiction.

~~c.~~d. Report any conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.

[89] Restructures the original two statements to match the bullet point formatting of the rest of the document.

[90] Mimics section on Licensure by Endorsement for RNs and LPN/VNs.

~~d.~~e. Demonstrate to the BON competency to practice nursing which may include completing competency to practice nursing evaluations.[91] ~~Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.~~[92]

~~e.~~f. ~~Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation.~~[93] Report any actions taken or initiated against a professional or occupational license, registration or certification.[94]

~~a. Primary source of verification of certification is required.~~[95]

g. Report current participation in an alternative to discipline program in any jurisdiction.[96] ~~Requirements of 5.3.d.-i. shall apply to APRNs.~~[97]

h. Identify any jurisdiction in which the applicant holds a professional license or credential, if applicable. Required information includes:

a. Number and status of the license or credential.

b. Original state or country of licensure or credentialing.[98]

i. Report employment information including current healthcare employer, including address, telephone number, position and dates of employment and previous healthcare employer, if any, if current employment is less than 12 months.[99]

j. Report information regarding whether the applicant previously applied for a license in another jurisdiction and either was denied a license, or withdrew the application or allowed the application to expire, if applicable.[100]

~~f.~~k. Submit detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.[101]

Authority: Model Act Article V Section 5

~~5.11.4 Application for License Renewal~~

~~An applicant for license renewal as an APRN shall submit to the BON the required fee for license renewal, as specified in Chapter 4, and a completed license renewal application including:~~

~~a. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background.~~

~~b. Evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of 8.2.1.~~

~~c. Submit a renewal application as directed by the BON and remit the required fee as set forth in rule.~~

[91] Mimics section on Licensure by Endorsement for RNs and LPN/VNs.
[92] Removed to mimics section on Licensure by Endorsement for RNs and LPN/VNs.
[93] Removed to mimics section on Licensure by Endorsement for RNs and LPN/VNs.
[94] Mimics section on Licensure by Endorsement for RNs and LPN/VNs.
[95] Removed to mimics section on Licensure by Endorsement for RNs and LPN/VNs.
[96] Mimics section on Licensure by Endorsement for RNs and LPN/VNs.
[97] Removed to mimics section on Licensure by Endorsement for RNs and LPN/VNs.
[98] Mimics section on Licensure by Endorsement for RNs and LPN/VNs.
[99] Mimics section on Licensure by Endorsement for RNs and LPN/VNs.
[100] Mimics section on Licensure by Endorsement for RNs and LPN/VNs.
[101] Mimics section on Licensure by Endorsement for RNs and LPN/VNs.

~~*Authority: Model Act Article V Section 5*~~[102]

5.3~~11~~.~~45~~ Quality Assurance/Documentation and Audit

The BON may conduct a random audit of licensees and ~~nurses to verify current APRN certification and/or continuing education. U~~upon request of the BON, licensees shall submit documentation of compliance with the Act and rules. The audit may include:

1. Information relating to APRN certification;
2. Continuing competency including continuing education requirements; and,
3. Other information as requested by the BON.[103]

Authority: Model Act Article V Section 5

~~5.11.6 Reinstatement of License~~

~~The reinstatement of APRN licensure is the same as previously stated for RNs and LPN/VNs in Chapter 5 plus the following:~~

~~a. An individual who applies for licensure reinstatement and who has been out of practice for more than five years shall provide evidence of successfully completing < > hours of a reorientation in the appropriate advanced practice role and population focus, which includes a supervised clinical component by a qualified preceptor.~~

~~b. Preceptor must the following requirements:~~

~~1. Holds an active license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus.~~

~~2. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.~~

~~c. For those licensees applying for licensure reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specified requirements set forth in the BON's discipline order, is required.~~

~~*Authority: Model Act Article V Section 5*~~[104]

5.~~6~~4 Renewal of Licenses ~~as an APRN, RN, or LPN/VN~~[105]

A. ~~The renewal of a license must be accomplished by <date determined by the BON>. Failure to renew the license on or before the date of expiration shall result in the forfeiture of the right to practice nursing in this jurisdiction.~~An applicant for licensure renewal in this jurisdiction shall, in addition to meeting the applicable requirements of the Act:

[102] APRN Licensure Renewal has been included within the renewal section for other licenses and does not need to be broken out.
[103] Section taken from previous APRN Model Rules and made more generalizable for all licenses. Updates to match list formatting of the document providing for citations.
[104] Removes unnecessary information to streamline the chapter.
[105] Updated to match the corresponding title within the Act.

a. Submit a completed application and fees as established by the BON.
b. Demonstrate continued competency through:
    i. Peer Review
    ii. Continuing education hours
    iii. Competency examination
    iv. NCLEX-RN® examination
    v. Minimal Practice hours
    vi. Continued competency assessment
    vii. Maintenance of RN certification[106]
c. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.[107]
d. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations[108]
e. Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.[109]
f. Report any actions pending, taken or initiated against a professional or occupational license, registration or certification.[110]
g. Report current participation in an alternative to discipline program in any jurisdiction.[111]
~~a.~~h. [112]Submit detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.[113]

B. Failure to provide the requested information may result in non-renewal of the license to practice nursing or a disciplinary action.

Authority: Model Act Article V Section 7

~~5.6.1 Application for Renewal of License as an RN or LPN/VN~~[114]

~~An applicant for license renewal shall submit to the BON the required fee for license renewal and a completed application for license renewal that provides the following information:~~

[106] A. reformats information to match the document's structure and adds continued competency measurements as examples for BONs to include or exclude as needed. Specifies the examination needed for APRN licensure renewal.
[107] Moved from original 5.6.1.b
[108] Moved from original 5.6.1.c
[109] Rephrases 5.6.1.d to clarify the intent of the rule.
[110] Moved from original 5.6.1.e
[111] Moved from original 5.6.1.f
[112] Moved from original 5.6.1.g
[113] Added for each licensure type to allow for the BON to have the authority to inquire further.
[114] Information combined with previous section to streamline information and remove unnecessary delineation.

~~a. Detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.~~
~~b. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.~~
~~c. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations~~
~~d. Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional, or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner.~~
~~e. Report any actions pending, taken or initiated against a professional or occupational license, registration or certification.~~
~~f. Report current participation in an alternative to discipline program in any jurisdiction.~~
~~g. Failure to provide the requested information may result in non-renewal of the license to practice nursing or a disciplinary action.~~

~~*Authority: Model Act Article V Section 6*~~

5.~~7~~5 Reactivation of License ~~Following Failure to Renew~~[115]

A. An applicant for licensure~~individual whose license is inactive by failure to renew may apply for~~ reactivation ~~by submitting an application, paying a fee, meeting all practice requirements for renewal of licensure and satisfying the conditions listed below. At any time after a license has been inactive, the BON may require evidence of the licensee's current nursing knowledge and skill before reactivating the licensee to the status of active license. An applicant must~~in this jurisdiction shall, in addition to meeting the requirements of the Act:[116]

1. Submit a completed application and fees as established by the BON.[117]
~~1.~~2. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.
~~2.~~3. Submit to state and federal criminal background checks.
~~3.~~4. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
~~4.~~5. ~~Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely in a competent and professional manner.~~Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.[118]
~~5.~~6. Report any action taken or initiated against a professional or occupational license, registration or certification.

[115] Matches the corresponding title within the Act.
[116] Streamlines language and removes restatement of provisions within the Act.
[117] Added for each licensure type as it was otherwise missing.
[118] Addresses the BON's need to be able to ascertain a nurse's ability to competently practice nursing.

7. Report current participation in an alternative to discipline program in any jurisdiction.

~~6.~~8. Submit detailed explanations and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.[119]

B. Failure to provide the requested information may result in the license to practice nursing not being reactivated.[120]

Authority: Model Act Article V Section 7

5.~~7~~6.~~1~~ Reinstatement ~~Following Disciplinary Action~~ of Licensure[121]

~~For those l~~Licensees applying for reinstatement shall comply ~~following disciplinary action, compliance~~ with all BON licensure requirements, as well as any specific requirements set forth in the BON's discipline order. ~~is required An applicant~~ Licensees must:[122]

A. Submit a completed application and fees as established by the BON.[123]

~~A.~~B. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.

~~B.~~C. Submit to state and federal criminal background checks.

~~C.~~D. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.

~~D.~~E. ~~Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely in a competent and professional manner.~~ Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.[124]

~~E.~~F. Report any action taken or initiated against a professional or occupational license, registration or certification.

G. Report current participation in an alternative to discipline program in any jurisdiction.

~~A.~~H. Submit detailed explanations and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.[125]

~~B.~~I. Failure to provide the requested information may result in the license to practice nursing not being reinstated.[126]

Authority: Model Act Article V Section 8

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[119] Added for each licensure type to allow for the BON to have the authority to inquire further. Updated to match change 111 proposed in previous section.
[120] Added to match proposed change to 5.7.A.h
[121] Matches the corresponding title within the Act.
[122] Refines language and formatting of section.
[123] Added for each licensure type for uniformity.
[124] Addresses the BON's need to be able to ascertain a nurse's ability to competently practice nursing.
[125] Added for each licensure type to allow for the BON to have the authority to inquire further. Clarifies action required.
[126] Added to match proposed changes to 5.7.A.h and 5.8.1.I

~~**5.8 Duties of Licensees**~~[127]

~~**5.9 Criminal Background Checks**~~[128]

~~**5.10 Exemptions to Licensure – Nursing Students**~~

~~1. No provisions of this Act shall be construed to prohibit the practice of nursing if:~~

~~a. The student is enrolled in a program located in this jurisdiction and approved by the BON or participating in this jurisdiction in a component of a program located in another jurisdiction and approved by a BON.~~

~~b. The student's practice is under the auspices of the program.~~

~~c. The student acts under the supervision of an RN serving for the program as a faculty member or teaching assistant.~~

~~*Authority: Model Act Article V Section 11*~~[129]

~~**5.9 Duty to Report**~~

~~**5.10 Criminal Background Checks**~~

~~**5.11 Criminal History**~~

~~**5.12 Competence to Practice Evaluation**~~

~~**5.13 Exemptions**~~

Chapter 6. ~~Prelicensure~~ Nursing Education[130]

~~**6.1 Purpose of Nursing Education Standards**~~

~~The purpose of nursing education standards is to ensure that graduates of nursing education programs are prepared for safe and effective nursing practice.~~

~~*Authority: Model Act Article VI Section 1*~~[131]

6.1~~.1~~ Prelicensure Nursing Education Standards

All nursing education programs shall meet these standards:

a. The purpose and outcomes of the nursing program shall be consistent with the Act~~, and BON promulgated administrative~~[132] rules, regulations and other relevant state statutes.

b. The input of stakeholders shall be considered in developing and evaluating the purpose and outcomes of the program.

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[127] Removed as it does not correlate with the Act title structure.
[128] Removed as it does not correlate with the Act title structure.
[129] Removed as the information is found within the Act.
[130] Updated title to be inclusive of APRN Education which has been moved to this chapter.
[131] Removed to match proposed changes to the Act.
[132] Updated to match proposed language used throughout the Act and rules.

c. A systematic evaluation plan of the ~~curriculum~~ program[133] is in place.
d. The curriculum shall provide ~~diverse~~ varied[134] didactic and clinical learning experiences consistent with program outcomes.
e. Faculty and students shall participate in program planning, implementation, evaluation and continuous improvement.
f. The nursing program administrator shall be professionally and academically qualified RN with institutional authority and administrative responsibility for the program.
g. The nursing program administrator shall be consistent in a nursing program, with no more than 3 nursing program administrators in 5 years.
h. Professionally, academically and clinically qualified faculty shall be sufficient in number, have a low turnover, and have the expertise to accomplish program outcomes and quality improvement.
~~i. The simulation center shall be accredited or endorsed by an organization approved by the BON.~~[135]
i. Written and easily accessible policies and procedures that have been vetted by students and faculty shall be utilized[136].
~~j. Formal mentoring of full-time and part-time faculty.~~
~~k.~~j. Formal orientation ~~of adjunct faculty.~~ and mentoring processes of full-time, part-time, and adjunct faculty shall be implemented.[137]
~~l.~~k. The ~~school~~ institution shall provide opportunities for[138] substantive and periodic workshops and presentations devoted to faculty development.
~~m.~~l. The program ~~can~~ shall[139] provide evidence that their admission, progression, and student performance standards are based on data.
~~n.~~m. The fiscal, human, physical, ~~(including access to a~~ library~~)~~,[140] clinical and technical learning resources shall be adequate to support program processes, security and outcomes.

Authority: Model Act Article VI Section ~~2~~1[141]

6.~~1.~~1~~2 Required~~[142] Criteria for Prelicensure Nursing Education Programs

a. Curriculum, regardless of delivery method, shall include: [143]
    1. Experiences that promote clinical judgment; skill in clinical management, supervision and delegation; interprofessional collaboration; quality and safety; and navigation and understanding of healthcare systems.

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[133] Program is more inclusive in terms of what needs to be evaluated.
[134] Updates terminology to provide clarity.
[135] Provides more comprehensive language, mirroring how INASCL endorses simulation centers.
[136] Quantifies statement.
[137] Combines two separate bullets into one cohesive sentence.
[138] Allows for faculty to be able to attend workshops, conferences, etc.
[139] Updates language to streamline word choice throughout the documents.
[140] Clarifies statement and removes unnecessary language.
[141] Renumbers to match changes proposed to the Act.
[142] Removes unnecessary language.
[143] Includes all delivery methods to ensure distance education is considered within these requirements.

2. ~~Distance education methods are consistent with the curriculum plan.~~[144]
   - ~~i. Any out-of-state program that wants to use clinical experiences must inform the BON. If the out-of-state program does have clinical experiences in this state without informing the BON, the out-of-state program can no longer use the clinical experience sites in this state.~~
   - ~~ii. The faculty of the out-of-state program shall find the appropriate sites for the students and have a contractual agreement with the site.~~
   - ~~iii. Clinical faculty, or designated preceptor, shall be present during the students' clinical experiences, and they shall meet the BON required credentials in the state where the clinical site is located.~~
   - ~~iv. Out-of-state programs using clinical sites shall apply to the BON for approval with the following information:~~
   - ~~v. Name of the site being used;~~
   - ~~vi. Number of students;~~
   - ~~vii. Hours and days being used;~~

   ~~2.viii. Credentials of faculty with oversight of students.~~[145]

   ~~3. Coursework shall include, but not be limited to:~~

2. Sound foundation in biological, physical, social and behavioral sciences
3. Didactic content including prevention of illness and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social and economic backgrounds.
4. Didactic and direct patient care[146] experiences ~~shall~~ including ~~Medical~~medical/ ~~Surgical~~surgical, obstetrics, pediatrics, ~~Psychiatric~~psychiatric/~~Mental~~ mental ~~Health~~ health and ~~Community~~ community ~~Health~~health.[147]
5. A minimum of 50% ~~clinical~~ direct patient care experiences, within each of the content areas in Rule 6.1.1(A)(4) ~~course, shall include direct patient care~~.[148]
6. Direct patient care experiences and simulation that are planned, ~~shall be~~ supervised, and evaluated by nursing faculty[149] ~~and occur directly with patients~~.[150]
7. A variety of direct patient care ~~Clinical~~ experiences and simulation that ~~shall include a variety of clinical settings and~~ are sufficient for meeting program outcomes.[151]

~~3. International clinical experiences used to meet the direct care of clinical hours shall be approved in advance by the BON.~~[152]

[144] Removed as it is now covered within the distance education section.
[145] Moved to its own sub-bullet, 6.1.2.b
[146] Clarifies statement.
[147] Updates tense of statement and adjusts for capitalization of words that shouldn't be in this sentence.
[148] Clarifies statement.
[149] Clarifies statement
[150] Clarifies and provides for a more comprehensive statement.
[151] Clarifies statement.
[152] Added to address future concerns that are arising. Moved to bullet 6.1.2.b.5

~~9. The program has processes in place to manage and learn from near misses and errors.~~[153]

8. ~~The program has o~~Opportunities for collaboration with interprofessional teams.[154]
9. Professional responsibilities, legal and ethical issues, history and trends in nursing and healthcare.
10. Assessment plan of student learning, such as exams and clinical experience evaluations, developed and administered by the faculty. Standardized exams shall not be used as program exit exams.[155]
11. Ongoing systematic evaluation that is managed by faculty.[156]

b. Out-of-State Clinical Experiences[157]
   1. Any program that anticipates utilizing clinical experiences in another state must inform the BON in the other state. If the out-of-state program does have clinical experiences in the other state without informing the BON, the out-of-state program can no longer use the clinical experience sites in that state.
   2. The faculty of the out-of-state program shall find appropriate sites for the students and have a contractual agreement with the site.
   3. Clinical faculty, or designated preceptor, shall be present during the students' clinical experiences, and they shall meet the BON's credential requirements in the state where the clinical site is located.
   4. Out-of-state programs shall apply for approval to the BON where the clinical site is located with the following information:
      i. Name of the site being used;
      ii. Number of students;
      iii. Hours and days being used;
      iv. Credentials of faculty with oversight of students.

c. If international clinical experiences are used to meet the direct care clinical experience hours, they shall be approved in advance by the BON.[158]

d. Students
   1. The program shall hold students accountable for professional behavior, including honesty and integrity, while in their program of study.
   2. All policies relevant to applicants and students shall be readily available in writing and vetted by students and faculty.
   3. Students shall meet health standards and criminal background check requirements.
   4. The program shall support non-native English ~~as a second language assistance is provided~~ speakers with resources to enhance success.[159]

[153] Removed as this information is found within the act- D4 student support and resources.
[154] Removes unnecessary language.
[155] BON's have had issues with programs hiring external vendor exit exams.
[156] Faculty should be included in evaluating program curriculum. Moved further in list to list progressively.
[157] Originally 6.1.2.a.2
[158] Moved from original 6.1.2.a.2 as it is a specific area of nursing education.
[159] Mirrors changes made within the Act and provides updated terminology.

5. The program shall support ~~Assistance is available for~~ students with disabilities with resources to enhance success.[160]
6. ~~All students have books and resources necessary throughout the program~~Students shall have resources necessary to support program progression. .[161]
7. Remediation strategies shall be ~~are~~ in place at the beginning of each course and students are ~~aware of how to seek help~~ informed about how to access academic support[162].

e. Program[163] Administrator Qualifications
   1. Administrator qualifications in a program preparing for LPN/VN licensure shall include:
      a. A current, active RN license or privilege to practice that is ~~not~~ unencumbered[164] and meets requirements in the jurisdiction where the program is approved;
      b. A minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree;
      c. Experience in teaching, nursing practice and administration; and
      d. ~~A c~~Current knowledge of ~~nursing~~ LPN/VN practice ~~at the practical/vocational level~~.[165]
   2. Administrator qualifications in a program preparing for RN licensure shall include:
      a. A current, active RN license or privilege to practice that is ~~not~~ unencumbered[166] and meet requirements in the jurisdiction where the program is approved;
      b. A doctoral degree in nursing, or a graduate degree in nursing and a doctoral degree;
      c. Educational preparation or experience in academic teaching;
      d. Experience in nursing practice and administration; and,
      e. ~~A c~~Current knowledge of ~~registered nursing~~ RN practice.[167]

f. Nursing[168] Faculty
   1. ~~There shall be~~ A minimum of 35% of the total nursing[169] faculty, (including all ~~clinical~~[170] adjunct and part-time~~, or other~~ faculty),[171] ~~are~~ shall be employed at the institution as full-time faculty.

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[160] Clarifies statement
[161] Provides for more specific language; terminology moved from current Act.
[162] Refined for clarity.
[163] Consistent with changes proposed within the Act.
[164] Updates terminology
[165] Streamlined for clarity.
[166] Updates terminology
[167] Streamlined for clarity.
[168] Clarifies who the section is referring to.
[169] Provides clarity to the statement.
[170] Not all faculty have clinical positions; removing the word allows for this to apply to all nursing faculty.
[171] Reformats sentence to refine statement and provide clarity.

2. ~~The n~~Nursing faculty shall hold a current, active RN license or privilege to practice that is ~~not~~ unencumbered[172] and meet requirements in the ~~state~~ jurisdiction where the program is approved.
3. Faculty supervising clinical experiences shall hold a current active RN license or privilege to practice that is ~~not~~ unencumbered[173] and meet requirements in the jurisdiction where the clinical ~~practicum~~ experience[174] is conducted.
4. Qualifications for nursing faculty who teach in a program leading to licensure as an LPN/VN should be academically and experientially qualified with a minimum of a bachelor's degree in nursing.
5. Qualifications for nursing faculty who teach ~~clinical courses, including didactic or clinical experiences,~~ in a program leading to licensure as an RN ~~should be academically and experientially qualified with a minimum of a graduate degree in nursing~~ should be academically and experientially qualified with a minimum of a bachelor's degree in nursing.[175]
6. Faculty ~~can~~ shall demonstrate participation in professional development. This may include but is not limited to the following:
    i. Methods of instruction
    ii. Teaching in clinical practice settings
    iii. Conducting assessments, including item writing
    ~~6.~~iv. Managing students~~continuing education.~~[176]
7. Interprofessional faculty teaching non-clinical nursing courses shall have advanced preparation appropriate for the content being taught.
8. Clinical faculty, preceptors and adjunct faculty shall demonstrate current clinical experience related to the area of assigned clinical teaching responsibilities.
9. Clinical preceptors shall have an unencumbered license or privilege to practice ~~as a nurse~~ at or above the level for which the student is being prepared, in the jurisdiction where they are precepting students.[177]

~~10. Simulation faculty are program manager is certified and simulation faculty shall have professional development in simulation.~~[178]

Authority: Model Act Article VI Section 2

6.~~1.3~~2. ~~Determination of Compliance with Standards~~ National Nursing Accreditation[179]

a. Accreditation by a national nursing accrediting body recognized ~~set forth~~ by the United States Department of Education (USDE) is required, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval.[180]

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[172] Updates terminology
[173] Updates terminology
[174] Updates terminology.
[175] Updates language to match the qualification structure outlined for LPN/VNs.
[176] Language relocated from Act.
[177] Adds applicable modality while streamlining sentence.
[178] Meets simulation best practices and standards. Moved to 6.4 Faculty Preparation
[179] Updates title to match information within the section.
[180] Adjust formatting to provide for ability to cite this rule and updates the terminology of the statement.

b. Nursing programs ~~must~~ shall submit to the BON copies of accreditation related correspondence with the national nursing accrediting ~~agency~~ body within 30 days of receipt.[181]

Authority: Model Act Article VI Section 3

6.~~1.4~~3. Purposes of Prelicensure Nursing Education Program Approval

a. ~~To p~~Promote public protection through the safe practice of nursing by implementing standards for individuals seeking licensure as ~~RNs and~~ LPN/VNs and RNs.
b. ~~To g~~Grant legal recognition to nursing education programs that the BON determines have met the standards.
c. ~~To e~~Ensure graduates meet the educational and legal requirements for the level of licensure for which they are preparing and to facilitate their endorsement to other ~~states and countries~~jurisdictions.
d. ~~To p~~Provide the public and prospective students with a published list of in-state[182] nursing programs that meet~~s~~ the standards established by the BON.[183]

Authority: Model Act Article VI Section 4

6.~~1.5~~3 Establishment of ~~a~~ New Prelicensure Nursing Education Programs[184]

~~Before establishing a new nursing education program, the program shall contact the BON and complete the process outlined below:~~[185]

a. Phase I – Application to BON. The proposed program shall provide the following information to the BON:
    1. Evidence of sufficient and sustainable financial support.~~Identification of sufficient financial and other resources.~~[186]
    2. Approval and ongoing support from the governing institution ~~approval and evidence of financial support that can be provided on an ongoing basis~~.[187]
    3. Evidence of availability of educational resources, including human, physical, library, clinical and technical learning resources.[188]
    ~~3.~~4. Evidence of the institution meeting state requirements, and regional or national accreditation by an ~~accredited~~ accrediting[189] agency recognized by the USDE.
    ~~4.~~5. Evidence of ~~the nursing program actively seeking~~ pre-accreditation or ~~candidate~~ candidacy status[190] ~~accreditation~~ from a USDE recognized national nursing accrediting agency.

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[181] Adjust formatting to provide for ability to cite this rule and updates the terminology of the statement.
[182] Clarifies which programs are referenced within the rule.
[183] Statement leads updated to match document's style.
[184] Updated to match title in Article VI. Section 2. of the Act.
[185] Removed as the proceeding points don't require a preamble.
[186] Provides for more specific language. Updates newly added sentence for further refinement.
[187] Ongoing support of the parent institution is an evidence-based quality indicator. Refines statement.
[188] Moved from the Act.
[189] Reframes sentence for clarity.
[190] Creates a more accurate statement.

~~5.~~6. Evidence of clinical opportunities and ~~availability of~~ resources to meet the program outcomes.[191]

~~6.~~7. Evidence of ~~clinical~~ practice-academic[192] partnerships and availability of resources.

~~7.~~8. Evidence of availability of qualified faculty and program director.[193]

~~8.~~9. ~~A p~~Proposed timeline for initiating the program.

b. Phase II – Initial Approval for Admission of Students. When the BON determines that all requirements have been satisfied, the BON may authorize the program to admit students.[194] The proposed program shall provide the BON with verification ~~that~~of the following ~~program components and processes have been completed~~:

1. Employment of a qualified director;
2. ~~A c~~Comprehensive program curriculum;
3. Establishment of student policies for admission, progression, retention, and graduation;
4. ~~Policy and strategies to address students' needs including those with learning disabilities and~~non-native ~~English as a second language~~speakers~~; and remediation tactics~~ strategies ~~for students performing below standard~~and ~~for when clinical errors or near misses occur.~~[195]
5. Documentation ~~Creation~~ of an emergency preparedness plan for addressing situations including, but not limited to, a reduction in the availability of student clinical sites, a transition from in-person to virtual learning platforms, and a need for increased use of simulation.[196]

~~5.~~6. ~~When the BON determines that all components and processes are completed and in place, the BON shall authorize the program to admit students.~~ [197]Initial employment of sufficient numbers of academically and experientially qualified faculty.[198]

c. Phase III – Full Approval of Program. The BON ~~shall~~ may[199] fully approve the program upon:

1. Completion of BON program survey visit.
2. Submission of program's ongoing systematic evaluation plan.
3. Employment of a sufficient number of academically and experientially[200] qualified faculty.

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[191] Clarifies the actions of the BON.
[192] Research suggests that these partnerships improve academic outcomes.
[193] Refines statement.
[194] Provides clarity to programs for when to admit students.
[195] Removed as deemed not a requirement within the section.
[196] Moved from the Act.
[197] Moved to 6.1.5.b
[198] Programs should begin to look for qualified faculty.
[199] Updates terminology to match necessity of statement.
[200] Clarifies statement.

d. [201]Additional oversight of new programs will take place for the first 6 years of operation. This may include progress reports every 6 months on program leadership, consistency of faculty, ~~number of students~~ enrollment, and trends of NCLEX pass rates, along with the regularly collected annual reports ~~to the BON~~.[202]

Authority: Model Act Article VI Section 5

6.~~1.6~~5 Continuing Approval of Prelicensure Nursing Education Programs

a. Every < > years previously approved nursing education programs with full program approval status will be evaluated for continuing approval by the BON.
b. Warning signs that may trigger a focused site visit include:
    1. Complaints from students, faculty and clinical agencies.
    2. Turnover of program administrators, defined by more than 3 administrators in a 5 year period.
    3. Frequent nursing faculty turnover or reduction in number of nursing faculty.
    ~~4. Frequent cuts in numbers of nursing faculty.~~[203]
    ~~5.~~4. Decreasing trends in NCLEX pass rates.

c. ~~The BON may accept all or partial evidence prepared by a program, to meet national nursing accreditation requirements.~~ [204]The BON shall review and analyze various sources of information regarding program performance, including, but not limited to:
    1. Periodic BON survey visits, ~~as necessary,~~[205] and/or reports.
    2. Annual report data, which shall include:[206]
        i. Program demographics such as program type, ownership, geographical area served, and number of enrolled students.
        ii. How well evidence-based quality indicators as outlined in Rule 6.1.1. are met.[207]
    3. Evidence of ~~being~~ accredit~~ed~~ation by a USDE recognized national nursing accredited ~~agency~~ body.[208]
    4. BON recognized national nursing accreditation site visits, reports and other ~~pertinent documents~~ documentation provided by the program.[209]
    5. Results of ongoing systematic[210] program evaluation.

[201] Shifted to match proposed change in Act
[202] Refines language.
[203] Combines statements for consistency and clarity.
[204] Removes redundant information.
[205] Removes unnecessary language.
[206] These reports will provide the BONs with how well their program are meeting the regulatory quality indicators.
[207] Added to further outline the information included in the annual report data.
[208] Refines statement.
[209] Refines statement.
[210] Updates terminology.

d. Continuing approval ~~will~~may be granted upon the BON's ~~verification~~ determination that the program is in compliance with ~~the BON's nursing education administrative~~ applicable rules.[211]

Authority: Model Act Article VI Section 6

6.~~1.7~~6. Conditional/Probationary[212] Approval of Prelicensure Nursing Education Programs

a. The BON may grant conditional or probationary approval when it determines that a nursing education program does not fully meet the nursing education program standards as outlined in the Act and applicable rules. The nursing program shall be given a reasonable period of time, as determined by the BON, to submit an action plan and correct the identified program deficiencies.~~The BON may grant conditional approval when it determines that a program is not fully meeting approval standards.~~

~~b. If the BON determines that an approved nursing education program is not meeting the criteria set forth in these regulations, the nursing program shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies.~~[213]

Authority: Model Act Article VI Section 7

6.~~1.8~~ 7. Withdrawal of Approval

a. The BON shall withdraw approval if, after proper notice and opportunity, it determines that a nursing education program has failed to comply with nursing education program standards as outlined in the Act and applicable rules within the time specified by the BON.~~:~~

~~1.~~

~~1. A nursing education program Has failed to meet the standards correct the identified deficiencies within the time specified.~~[214]

~~2. Fails to meet the standards of this Rule.~~[215]

Authority: Model Act Article VI Section 8

6.~~1.9~~8. Appeal

A program denied approval or given less than full approval may appeal ~~that~~ the decision to the BON. All such actions shall be in accordance with ~~due process rights~~ Administrative Procedure Act and applicable rules.[216]

Authority: Model Act Article VI Section 9

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[211] Updates requirements of statement for clarity.
[212] Matches proposed changes made to the Act.
[213] Makes the section more succinct. Refines for further clarity.
[214] Updates tense of sentence.
[215] Re-orders list to align with the order in which approval occurs within. Restructures lead sentence to remove duplicative language.
[216] Updates terminology. Refines statement.

6.~~1.10~~9. Reinstatement of Full[217] Approval

The BON may reinstate approval if the program submits evidence of compliance with nursing education program standards within the ~~specified~~ time frame specified by the BON[218].
Authority: Model Act Article VI Section 10

6.~~2~~10. Closure of Prelicensure Nursing Education Programs and Storage of Records

a. A nursing education program may be closed due to withdrawal of BON approval or may close voluntarily. If the closure is voluntary, the reason for the closure and the intended date of the closure shall be submitted to the BON.[219]
b. Provisions shall be made for maintenance of the ~~standards for~~ nursing education standards as outlined in the Act and applicable rules during the transition to closure.[220]
c. Arrangements ~~are~~ shall be made for the secure storage and access to academic records and transcripts.[221]
d. A plan,~~n~~ shall be developed and approved by ~~acceptable plan~~ the BON ~~is developed~~ for students to complete a BON approved program.[222]
e. Written ~~C~~confirmation shall be provided to the BON~~, in writing,~~ that the plan has been fully implemented.[223]

Authority: Model Act Article VI Section 11

~~**6.2.1 Prelicensure Nursing Education Program Closed Voluntarily**~~

~~The program shall submit to the BON:~~

~~a. Reason for the closing of the program and date of intended closure.~~
~~b. An acceptable plan for students to complete a BON approved program.~~
~~c. Arrangements for the secure storage and access to academic records and transcripts.~~

~~*Authority: Model Act Article VI Section 12*~~[224]

6.~~3~~11. Innovative Approaches in Prelicensure Nursing Education Programs

A nursing education program may apply to implement an innovative approach by complying with the provisions of this section. Nursing education programs approved to implement innovative approaches shall continue to provide quality nursing education that prepares graduates to practice safely, competently and ethically within the scope of practice as defined in the Act.
Authority: Model Act Article VI Section 13

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[217] Clarifies section.
[218] Updated to use consistent terminology.
[219] Provides consistency with changes proposed within the Act.
[220] Updated to use consistent terminology.
[221] Updated to use consistent terminology.
[222] Clarifies that BONs have oversight of these programs and processes and adds additional details to refine the rule.
[223] Refined for grammar and to match the flow of the preceding statements.
[224] Combined with previous section for clarity.

6.~~3~~11.~~r~~1 Purposes

a. To foster innovative models of nursing education to address the changing needs in healthcare.
b. To assure that innovative approaches are conducted in a manner consistent with the BON's role of protecting the public.

Authority: Model Act Article VI Section 14

6.~~3~~11.2 Eligibility

a. The nursing education program shall hold full ~~BON~~ approval from the BON without conditions.[225]
b. The nursing education program hall have ~~re are~~ no substantiated complaints in the ~~past~~ last 2 years.[226]
c. The nursing education program hall have ~~re are~~ no ~~rule~~ regulatory violations in the ~~past~~ last 2 years.[227]

Authority: Model Act Article VI Section ~~15~~12

6.~~3~~11.3 Application

a. A description of the innovation plan, with rationale, and timeline shall be provided to the BON ~~at least < > days before the BON meeting~~for approval.[228]

Authority: Model Act Article VI Section ~~16~~12

6.311.4 Standards for Approval

a. The innovative approach shall meet the eligibility criteria as defined in Rule 6.~~3~~11.2 ~~are met~~.[229]
b. The innovative approach ~~will~~shall not compromise the quality of education or safe practice of students.[230]
c. Resources ~~are~~shall be sufficient to support the innovative approach.[231]
d. The timeline provides for a sufficient period to implement and evaluate the innovative approach.[232]

Authority: Model Act Article VI Section ~~17~~12

6.~~3~~11.5 Review of Application and BON Action

a. If the application meets the standards as provided in 6.11.2 and 6.44.4,[233] the BON may:
    1. Approve the application; or

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[225] Updates language for consistency
[226] Updates language for consistency
[227] Further updates language for consistency.
[228] Provides boundaries for the programs to follow.
[229] Updated to use consistent terminology and outline the refined rule.
[230] Updated to use consistent terminology.
[231] Updated to use consistent terminology.
[232] Updated to use consistent terminology.
[233] Clarifies which statements need to be met.

2. Approve the application with modifications as agreed between the BON and the nursing education program.

b. If the ~~submitted~~ application does not meet the criteria as provided in Rules 6.~~3~~11.2 and 6.~~3~~11.4, the BON may deny approval or request additional information.[234]

Authority: Model Act Article VI Section ~~18~~12

6.3.6 ~~Requesting~~ [235]Continuation of the Innovative Approach

a. The BON may grant a request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with the nursing education approval guidelines as provided in the Act and applicable rules. ~~If the innovative approach has achieved the desired outcomes and the final evaluation has been submitted, the program may request that the innovative approach be continued.~~

~~b. Request for the innovative approach to become an ongoing part of the education program must be submitted <> days prior to a regularly scheduled BON meeting.~~

~~c. The BON may grant the request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with core nursing education criteria.~~[236]

Authority: Model Act Article VI Section ~~19~~12

6.~~4~~12. ~~Simulation~~ Emerging Nursing Education Technologies[237]

6.12.1 Simulation[238]

~~A prelicensure nursing education program ("program") may~~shall ~~use a 1:1 ratio of simulation hours to direct clinical care hours as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours per course.~~ A program that uses simulation shall adhere to ~~the professional simulation standards as approved by the BON, set in this section~~ and provide evidence that these standards have been met.[239]

~~*Authority: Model Act Article VI Section 2013*~~

~~6.4.1 Evidence of Compliance~~

~~A program shall provide evidence to the board of nursing that these standards have been met.~~

~~*Authority: Model Act Article VI Section 21*~~

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[234] Clarifies which statements need to be met.
[235] Clarifies the content of the section.
[236] Provides BONs with a broader overall plan for evaluating innovation. Outlines which guidelines the BON would be referencing in this rule.
[237] Updated to match proposed changes to the Act
[238] Added to define the section's content.
[239] Reorganized for clarity. The ratios are found elsewhere within the Rules.

~~**6.4.2 Organization and Management**~~

~~a. The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.~~

~~b. Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.~~

~~c. There shall be a budget that will sustain the simulation activities and training of the faculty.~~

~~*Authority: Model Act Article VI Section 22*~~

~~**6.4.3 1**~~

a. Facilities and Resources[240]

1. The program shall provide adequate fiscal, human, and material resources to support the simulation activities.

~~1.~~2. The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

~~2.~~3. The simulation center shall be accredited or endorsed by an organization approved by the BON.[241]

~~*Authority: Model Act Article VI Section 23*~~*12*

~~**6.4.2**~~

b. Faculty Preparation[242]

1. Simulation ~~Faculty~~ faculty ~~involved in simulations, both didactic and clinical,~~ shall have ~~training~~ education in the use of simulation.[243]

2. Simulation ~~Faculty~~ faculty ~~involved in simulations, both didactic and clinical,~~ shall engage in on-going professional development in the use of simulation.[244]

~~2.~~3. Simulation activities shall be managed by a simulation program manager who is certified in simulation and is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.[245]

~~*Authority: Model Act Article VI Section 24*~~*12*

[240] Restructured for clarity
[241] Provides more comprehensive language, mirroring how INASCL endorses simulation centers. Was originally 6.1.1.i but moved here under the applicable section and header.
[242] Restructured for clarity
[243] Fortifies intent of the rule.
[244] Streamlines sentence.
[245] Provides section with missing information.

~~**6.4.5 3**~~

c. Curriculum[246]

1. The program shall demonstrate that the simulation activities are linked to programmatic outcomes.
2. A program shall use a 1:1 ratio of simulation hours to direct clinical care hours as a substitute for direct clinical experiences.
3. Simulation shall not be used for more than 50% of clinical hours per clinical specialty area (medical-surgical, pediatrics, obstetrics, psychiatric-mental health, and community health).
    a. Programs that have 600 or more direct clinical care hours, may substitute up to 50% simulation for total clinical experience hours.
    b. Programs having less than 600 direct clinical care hours may substitute up to 25% simulation for total clinical experience hours.
4. Screen- Based Simulation shall not be used as a substitute for direct care clinical experience but it can be used to complement education. [247]

~~*Authority: Model Act Article VI Section 2512*~~[248]

~~**6.4.6 4**~~

d. Policies and Procedures[249]

1. The program shall have written policies and procedures on the following:
    a. ~~Short-term and long-term plans for~~ Integrating simulation into the curriculum;[250]
    b. ~~Method of debriefing~~ Prebriefing each simulated activity; and[251]
    c. ~~Plan for~~ Orienting faculty and students to simulation.[252]

~~*Authority: Model Act Article VI Section 2612*~~

~~**6.4.7 5**~~

e. Evaluation[253]

1. The program shall develop criteria to evaluate the simulation activities.
2. Faculty and ~~Students~~ students shall evaluate the simulation experience on an ongoing basis.[254]

~~*Authority: Model Act Article VI Section 27*~~

[246] Restructured for clarity
[247] Reorganized for clarity as the ratios only need to be within the Curriculum section.
[248] Aligns with changes made to the Act.
[249] Adjusts for removed sections.
[250] Clarifies the purpose of the rule.
[251] Updates terminology.
[252] Strengthens rule with missing information.
[253] Added to match formatting.
[254] Strengthens rule with missing information.

~~**6.4.8 Annual Report**~~[255]

~~a.~~3. The program shall include information about its use of simulation in its annual report to the ~~board of nursing~~BON.

Authority: Model Act Article VI Section ~~28~~12[256]

6.12.2 Artificial Intelligence (AI)[257]

a. The program shall develop policies related to the responsible use of AI to include privacy, fairness, transparency, accountability and faculty responsibilities for oversight.

b. AI may supplement, not replace, human decision making. [258]

Authority: Model Act Article VI Section

6.13 APRN Education[259]

6.13.1 Required Criteria for APRN Education Programs

(A) APRN education programs shall appoint the following personnel:

(1) An APRN program administrator whose qualifications shall include:

(a) A current, unencumbered RN and APRN license or privilege to practice in the state where the program is approved and/or accredited;

(b) A doctoral degree in a health-related field;

(2) A lead faculty member who is educated and nationally certified in the same role and population foci and licensed as an APRN shall coordinate the educational component, including curriculum development, for the role and population foci in the APRN program.

(3) Nursing faculty to teach any APRN nursing course that includes a clinical learning experience shall meet the following qualifications:

(a) An active unencumbered APRN license or privilege to practice in the state where the program is approved and/or accredited;

(b) A minimum of a master's degree in nursing or health related field in the clinical specialty;

(c) Current knowledge, competence, and certification as an APRN in the role and population foci consistent with teaching responsibilities.

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[255] Separate section deemed unnecessary as the report is mentioned throughout the Chapter.
[256] Aligns with changes made to the Act.
[257] Added section to mirror additions proposed within the Act.
[258] Added as these are the important aspects regarding AI that should be considered by Nursing Educators per expert input.
[259] Entirety of 6.13 moved from Chapter 8 and updated accordingly to match current terminology, structure, and information.

(4) Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty qualifications for the program level they are teaching.

(5) Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to these areas of content.

(6) Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities.

(7) Clinical preceptors will be approved by faculty and meet the following requirements:

(a) Hold an active unencumbered license or privilege to practice as an APRN or physician and practices in a comparable practice focus; and

(b) Evaluate the individual's performance in the clinical setting.

(B) The curriculum of the APRN nursing education program must prepare graduates to practice in one of the four identified APRN roles, i.e., CRNA, CNM, CNS and CNP, and at least one of the six population foci, i.e., family, individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health, gender-related or psychiatric-mental health. The curriculum shall include:

(1) Three separate graduate level courses (the APRN core) in:

(a) Advanced physiology and pathophysiology, including general principles that apply across the lifespan.

(b) Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and,

(c) Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.

(2) Diagnosis and management of diseases across practice settings including diseases representative of all systems.

(3) Preparation that provides a basic understanding of the principles for decision making in the identified role.

(4) Preparation in the core competencies for the identified APRN role.

(5) Role preparation in one of the six population foci of practice.

(C) Additional required components of graduate or post-graduate education programs preparing APRNs shall include:

(1) Each student enrolled in an APRN program shall have an active unencumbered RN license or privilege to practice in the state of clinical practice, unless exempted from this licensure requirement under Article 5 section 3 or Article 5 section 4 of the Act.

(2) Education programs offered by an accredited college or university that offers a graduate degree with a concentration in the advanced nursing practice role and at least one population focus, or post-masters certificate programs offered by an accredited college or university shall include the following components:

(a) Clinical supervision congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus.

(b) Curriculum that is congruent with national standards for graduate level and advanced practice nursing education, is consistent with nationally recognized APRN roles and population foci, and includes, but is not limited to:

(i). Graduate APRN program core courses; and,

(ii). An advanced practice nursing core, including legal, ethical, and professional responsibilities of the APRN.

(3) The curriculum shall be consistent with competencies of the specific areas of practice.

(4) APRN programs preparing for two population foci or combined nurse practitioner/clinical nurse specialist shall include content and clinical experience in both functional roles and population foci.

(5) Each instructional track/major shall include clinical supervised hours congruent with current national professional organizations and nursing accrediting body standards, or as otherwise defined by the BON. The clinical supervised hours must be applicable to the APRN role and population foci, including pharmacotherapeutic management of patients.

(6) There shall be provisions for the recognition of prior learning and advanced placements in the curriculum for individuals who hold a master's in nursing and are seeking preparation in a different role and population focus. Post-masters nursing students shall complete the requirements of the master's APRN program through a formal graduate level certificate in the desired role and population focus. Post-master students must meet the same APRN outcome competencies as the master level students.

6.13.2. Establishment of a New APRN Education Program

Before establishing a new nursing education program, the APRN program shall:

(a) Submit an application to the professional accrediting body.

(b) Provide the following information to the BON:

(i). Results of a needs assessment, including identification of potential students and employment opportunities for program graduates.
(ii). Identification of sufficient financial and other resources.
(iii). Evidence of approval and support from the governing institution.
(iv). Documentation regarding the type of educational program proposed.
(v). Evidence of clinical opportunities and availability of resources.
(vi). Evidence of availability of qualified faculty.
(vii). A proposed timeline for initiating and expanding the program.

Authority: Model Act Article IV Section 5

Chapter 7. ~~Discipline~~ BON[260] and Proceedings

7.1 Grounds for ~~Discipline~~BON Action[261]:

Behaviors and activities that may result in ~~disciplinary~~ action by the ~~board~~BON may include but are not limited to[262] the following:

7.1.1 Criminal Conduct[263]

~~a. Failing to meet the initial requirements of a license.~~
~~b.~~a. Committing any crime that demonstrates conduct inconsistent with safe nursing practice or demonstrates the nurse's compromised professional judgement, or that involves deceit or fraud against the public. Evidence of a crime includes but is not limited to:
1. Being convicted,
2. Having pleaded guilty or nolo contendere,
3. Pleading no contest or pursuant to an Alford plea that results in a judicial finding of guilt,
4. Entering into a pretrial diversion agreement, deferred adjudication or prosecution,
5. Participating in an intervention in lieu of conviction, or other similar programs.

~~Engaging in conduct that violates the security of the licensure or certification~~

[260] Updates terminology to match proposed changes to the Act.
[261] Updates terminology to match proposed changes to the Act.
[262] Makes the section less restrictive
[263] Updates the organization of section 7.1 to separate violations into categories. Removed sub-bullets have been broken out into these new categories throughout 7.1.

~~examination or the integrity and/or the security of the licensure or certification examination. results,~~ [264] ~~including, but not limited to:~~

~~6. Having a license to practice nursing, a multi-state privilege to practice or another professional license or other credential denied for cause, revoked, suspended, or restricted.~~

~~7. Disciplined in this or any other state, territory, possession, or country or by a branch of the United States military.~~

~~8. Failing to cooperate with a lawful BON investigation.~~

~~9. Practicing without an active license.~~

~~10. Failing to comply with continuing education or competency requirements.~~

~~11. Failing to meet licensing board reporting requirements.~~

~~12. Violating or failing to comply with BON order or agreement.~~

~~13. Practicing beyond the legal scope of practice.~~

~~14. Violating jurisdictional health code.~~

Authority: Model Act Article VII Section 1

~~c. Criminal conviction or adjudication in any jurisdiction for any crime that bears on a licensee's fitness to practice nursing.~~

~~d. Obtaining, accessing, or revealing healthcare information from a client record or other source, except as required by professional duties or authorized by law.~~

~~e. Threatening, harassing, abusing, or intimidating a patient.~~

7.1.2 Boundaries

a. Violating boundaries of a professional relationship such as physical, sexual, or emotional acts with~~, or financial exploitation of~~ a ~~patients~~ patient, ~~or~~ a patient's family member or caregiver, regardless of consent. [265]

~~f.~~b. Financially ~~exploitation~~ exploiting a patient, a patient's family member, or caregiver, regardless of consent. ~~shall include accepting or soliciting money, gifts, loans, or the equivalent during the professional relationship.~~

~~1. Disruptive or abusive conduct in the workplace.~~ [266]

~~2.~~c. ~~Misappropriation~~ Misappropriating ~~of~~ patient property or other property.

~~3. Directly or indirectly offering, giving, soliciting, or receiving or agreeing to receive any fee or other consideration to or from a third party or exercising influence on the client for the financial or personal gain of the licensee.~~

~~4. Aiding, abetting, directing, or assisting an individual to violate or circumvent any law or rule intended to guide the conduct of a licensed nurse or any other licensed healthcare provider.~~ [267]

Authority: Model Act Article VII Section 1 [268]

[264] Section was previously missing criminal conduct, this new addition clarifies the statement, adding language that describes compromised practice judgment.
[265] Clarifies which boundaries are addressed within this Rule.
[266] Clarifies which boundaries are addressed within this Rule.
[267] Separates sub bullets to restructure the section while moving others into their appropriate sub headings.
[268] Aligns with changes made to the Act.

7.1.3 Patient Abuse

a. Any action or inaction, including but not limited to physical, sexual, verbal, psychological/emotional conduct, that causes harm or distress towards a patient, a patient's family member or caregiver.[269]

Authority: Model Act Article VII Section 1 [270]

7.1.4 Fraud

a. Engaging in conduct that violates the integrity and/or the security of the NCLEX-PN®, NCLEX-RN®, or other licensure or certification examination.[271]

b. Fraud, deception, or misrepresentation to obtain license.[272]

c. Engaging in ~~Fraud~~fraud, deception, or misrepresentation in the practice of nursing.[273]

~~g.~~ Authority: Model Act Article VII Section 1[274]

7.1.5 Practice

a. Practicing without an active license or a multi-state privilege to practice.[275]

b. Failing to comply with municipal, state, or federal statute or regulation related to the practice of nursing.[276]

c. Practicing or offering to practice beyond the applicable scope of practice.[277]

d. Obtaining, accessing, revealing, or disseminating healthcare information from a patient record or other source, except as required by professional duties or authorized by law.

e. Displaying disruptive or abusive conduct in the workplace.[278]

f. Aiding, abetting, directing, or assisting an individual to violate or circumvent any law or rule intended to guide the conduct of a licensed nurse or any other licensed healthcare provider.[279]

~~h.~~g. Unsafe practice, substandard care or unprofessional conduct, including, but not limited to:

1. Failing to perform nursing functions in a manner that is consistent with established customary standards.[280]
2. Administering, advising, or distributing drugs or non-pharmacological interventions contrary to acceptable and prevailing standards.[281]

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[269] Identifies the relationship between the licensee and those this provision encompasses.
[270] Aligns with changes made to the Act.
[271] Moved from proposed section 7.1.1.a to clarify that this rule does apply to fraud.
[272] Failing to meet requirements is not a violation, this clarifies what is
[273] Updates the tense of the sentence.
[274] Aligns with changes made to the Act.
[275] Moves from original b.4
[276] Addresses practice related violations covered under state or federal laws.
[277] Encompasses attempts, which were deemed necessary to include.
[278] Creates more inclusive language than previous statement 7.1.c
[279] Moved from original 7.1.b.4
[280] Clarifies rule.
[281] Updates to match proposed changes throughout the document.

~~1.~~3. Altering, destroying, or attempting to destroy patient or employer records.

~~2. Failing to supervise student experiences as a clinical nursing instructor.~~[282]

~~3.~~4. Failing to ~~act to~~ safeguard the patient from the incompetent, abusive or illegal practice of any individual.[283]

~~4.~~5. Engaging in any discriminatory conduct.~~Discriminating on the basis of age, marital status, gender, sexual preference, race, religion, diagnosis, socioeconomic status or disability while providing nursing services.~~[284]

~~5.~~6. ~~Leaving~~ Abandoning a nursing assignment prior to the proper reporting and notification to the appropriate department head or personnel of such an action.

~~6. Knowingly abandon a patient in need of nursing care.~~[285]

7. ~~Knowingly neglect~~Neglecting a patient in need of nursing care.[286]

8. Falsifying, omitting, inaccurately documenting, or creating an unintellible entry in any record. [287]

9. Failing to maintain a patient record that accurately reflects the nursing assessment, care, treatment, and other nursing services provided to the patient.[288]

~~8.~~10. Demonstrating an actual or potential inability to safely practice nursing ~~with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material or as a result of any mental or physical illnesses or conditions.~~due to any condition that impairs judgment or that would otherwise adversely affect the nurse's ability to practice safely and in a competent, ethical, and professional manner.[289]

~~9. Causing an immediate threat to the health or safety of a patient or the public.~~[290]

~~10. Delivering substandard or inadequate care.~~[291]

~~i.~~h. Performing ~~the delegation of~~ a nursing function or undertaking a specific practice without the necessary knowledge, preparation, experience and competency to properly execute the practice ~~that could reasonably be expected to result in unsafe or ineffective patient care~~.[292]

~~j.~~i. Failing to supervise student experience as assigned.~~Improper supervision or allowing unlicensed practice, including, but not limited to:~~

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[282] Removes redundant information.
[283] Streamlines sentence.
[284] Creates a more inclusive statement that removes chances for loopholes.
[285] Combined with following statement to streamline and refine the section.
[286] Refines the rule.
[287] Streamlines portions found throughout initial section.
[288] Deemed necessary and otherwise missing from previous rule.
[289] Updates language to adhere to current standards and changes made throughout the documents.
[290] Removes redundancy.
[291] Removes redundancy.
[292] Refines statement for clarity.

~~1. Delegating a nursing function or a prescribed health function when the delegation could reasonably be expected to result in unsafe or ineffective patient care.~~

~~2. Failing to supervise the performance of acts by any individual working at the nurse's delegation or assignment.~~[293]

~~3.~~1. Failing to ~~follow appropriate and recognized standards and guidelines in providing~~provide administrative oversight of the nursing organization and nursing services of a health care delivery system or program.[294]

2. Knowingly aiding, ~~abetting assisting, advising~~ or allowing an unlicensed person to engage in the unlawful practice of ~~registered or practical~~ nursing ~~or in violating or circumventing a law or BON regulation or rule~~.[295]

~~4.~~3. Knowingly aiding or allowing a person to violate or circumvent a law or BON regulation or rule.[296]

Authority: Model Act Article VII Section 1[297]

7.1.6 Drugs & Alcohol

~~k.~~a. Drug related offenses, including, but not limited to:

1. Illegally obtaining, possessing, or distributing drugs for personal or other use or other violations of state or federal drug laws.
2. Unauthorized prescribing, dispensing, or administrating medication.
~~2.~~3. Testing positive on a drug screen for alcohol, non-prescribed drug, or illicit substance while engaging in the practice of nursing.[298]

Authority: Model Act Article VII Section 1

7.1.7 Administrative Actions

a. Actions taken by a regulatory body on a license to practice nursing, a multi-state privilege to practice or another professional license or other credential. [299]
b. Failing to respond to a BON investigation.[300]
c. Failing to comply with BON reporting requirements.[301]
d. Violating or failing to comply with any term of a BON order or agreement.[302]
e. Submitting a fraudulent application for licensure.[303]
f. Failing to provide requested documentation related to applications, renewals, investigations, or continuing competency requirements.[304]

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[293] Removes redundant information.
[294] Refines statement and allows for flexibility.
[295] Separates sentence into two (i.2 & i.3) to provide clarity and easier citation to the rule.
[296] Separates sentence into two (i.2 & i.3) to provide clarity and easier citation to the rule.
[297] Aligns with changes made to the Act.
[298] Provides clarity to what constitutes a substance use related violation in terms of quantity, substance and timing.
[299] Added to create a more inclusive list of actions that can be taken by the BONs.
[300] Originally 7.1.b.2, updated to refine the rule.
[301] Provides clarity and is inclusive of the profession.
[302] Gives the BON more discretion/authority in their agreements.
[303] Deemed missing and necessary to add as a BON action.
[304] Deemed missing and necessary to add as a BON action. Updated statement to be an action.

g. Providing false or misleading documents related to applications, renewals, investigations, or continuing competency requirements.[305]

Authority: Model Act Article VII Section 1[306]

7.2 BON Action Related to Prescriptive Practice Authority[307]

a. Prescribing, dispensing, administering, or distributing drugs or non-pharmacological interventions contrary to acceptable and prevailing standards.[308]
b. Selling, purchasing, trading, or offering to sell, purchase, or trade drug samples.

Authority: Model Act Article VII Section 1[309]

7.~~2~~ 3[310] Notification

a. The BON shall provide information as required by federal law to federal databanks, to a ~~nationally recognized centralized licensing and discipline databank~~ coordinated licensure information system, and may develop procedures for communicating with others in BON policy.[311]
b. All nurse participants or nurse licensure applicants in alternative programs may be reported to a non-public ~~national database~~ coordinated licensure information system that ~~gives access to all states~~ is accessible to all BONs[312].

Authority: Model Act Article IV Section 5

~~Chapter 8. APRN~~[313]

~~8.1 Standards~~

~~a. The APRN shall comply with the standards for RNs as specified in Chapter 3 and to the standards set forth by the BON. Standards for a specific role and population focus of APRN supersede standards for RNs where conflict between the standards, if any, exists.~~
~~b. APRNs shall practice within standards established by the BON in rule and assure patient care is provided according to relevant patient care standards recognized by the BON, and other national standards of care.~~

~~*Authority: Model Act Article X Section 1*~~[314]

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[305] Deemed missing and necessary to add as a BON action.
[306] Added due to the creation of the new section.
[307] Originally "8.6. Discipline of Prescriptive Authority". Section moved to Chapter 7 to streamline the document and create a throughline for where information is found.
[308] Consolidates language and includes terminology used within Chapter 8.
[309] Added due to the creation of the new section.
[310] Shifts section due to addition of 7.2 Board Action Related to Prescriptive Practice Authority.
[311] Updates terminology to use what is used within the NLC's rules for consistency.
[312] Updates terminology to match proposed changes.
[313] The information previously found within this chapter has been moved to appropriate chapters throughout the document to keep a throughline of information. The editing has remained here to outline the changes made by the committee as the information was refined prior to being moved to the new chapters.
[314] Removed as this information is found within proposes to Chapter 3.

~~8.2 Licensure~~[315]

~~8.2.1 Application for Initial Licensure~~[316]

~~a. An applicant for licensure as an APRN in this state shall submit to the BON the required fee as specified in Chapter 4, verification of licensure or eligibility for licensure as an RN in this jurisdiction and a completed application that provides the following information:~~

~~1. Graduation from an APRN graduate or post-graduate program as evidenced by official documentation received directly from an APRN program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization, as acceptable by the BON.~~

~~2. This documentation shall verify the date of graduation; credential conferred; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.~~

~~b. Report any criminal conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.~~

~~c. Requirements for Certification Programs:~~

~~1. Certification programs are accredited by a national accreditation body as acceptable by the BON.~~

~~*Authority: Model Act Article X Section 2*~~

~~8.2.2 Application of an Internationally Educated APRN~~[317]

~~An internationally educated applicant for licensure as an APRN in this state shall:~~

~~a. Graduate from a graduate or post-graduate level APRN program equivalent to an APRN educational program in the U.S. accepted by the BON.~~

~~b. Submit documentation through a BON approved qualified credentials evaluation process for the license being sought.~~

~~c. Has, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening;~~

~~d. Met all other licensure criteria required of applicants educated in the U.S.~~

~~*Authority: Model Act Article V Section 5*~~

~~8.2.3 Application for Licensure by Endorsement~~[318]

~~a. An applicant for licensure by endorsement as an APRN in this state shall submit to the BON the required fee as specified in Chapter 4, verification of eligibility for a license or~~

[315] Removed as this information is found within the Licensure section of the document.
[316] Removed as this information is found within the Licensure section of the document.
[317] Removed as this information is found within the Licensure section of the document.
[318] Removed as this information is found within the Licensure section of the document.

~~privilege to practice as an RN in this jurisdiction and a completed APRN application that provides the following information:~~

~~1. Graduation from a graduate or post-graduate level APRN program, as evidenced by an official transcript or other official documentation received directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or CHEA, or its successor organization, as acceptable by the BON.~~

~~2. This documentation shall verify the date of graduation; credential conferred; number of clinical hours completed; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.~~

~~b. Not have an encumbered license or privilege to practice in any state or territory.~~

~~c. Report any conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.~~

~~d. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.~~

~~e. Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation.~~

~~1. Primary source of verification of certification is required.~~

~~f. Requirements of 5.3.d.-i. shall apply to APRNs.~~

~~*Authority: Model Act Article X Section 2*~~

~~8.2.4 Application for License Renewal~~[319]

~~An applicant for license renewal as an APRN shall submit to the BON the required fee for license renewal, as specified in Chapter 4, and a completed license renewal application including:~~

~~a. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background.~~

~~b. Evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of 8.2.1.~~

~~c. Submit a renewal application as directed by the BON and remit the required fee as set forth in rule.~~

~~*Authority: Model Act Article X Section 2*~~

~~8.2.5 Quality Assurance/Documentation and Audit~~[320]

~~The BON may conduct a random audit of nurses to verify current APRN certification and/or continuing education. Upon request of the BON, licensees shall submit documentation of compliance.~~

~~*Authority: Model Act Article V Section 5*~~

[319] Removed as this information is found within the Licensure section of the document.
[320] Removed as this information is found within the Licensure section of the document.

~~8.2.6 Reinstatement of License~~[321]

~~The reinstatement of APRN licensure is the same as previously stated for RNs and LPN/VNs in Chapter 5 plus the following:~~

~~a. An individual who applies for licensure reinstatement and who has been out of practice for more than five years shall provide evidence of successfully completing < > hours of a reorientation in the appropriate advanced practice role and population focus, which includes a supervised clinical component by a qualified preceptor.~~

~~b. Preceptor must the following requirements:~~

~~1. Holds an active license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus.~~

~~2. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.~~

~~c. For those licensees applying for licensure reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specified requirements set forth in the BON's discipline order, is required.~~

~~*Authority: Model Act Article X Section 2*~~

~~8.3 [322]Titles and Abbreviations~~

~~a. Individuals are licensed or granted privilege to practice as APRNs in the roles of certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS) and certified nurse practitioner (CNP) and in the population focus of family/individual across the lifespan, adult- gerontology, neonatal, pediatrics, women's health/ gender-related or psychiatric/mental health.~~

~~b. Each APRN shall use the designation "APRN" plus role title as a minimum for purposes of identification and documentation.~~

~~c. When providing nursing care, the APRN shall provide clear identification that indicates his or her APRN designation.~~

~~*Authority: Model Act Article X Section 3*~~[323]

~~8.4 1[324]APRN Education~~

~~8.41.1 Required Criteria for APRN Education Programs~~

~~The BON shall determine whether an APRN education program meets the qualifications for the establishment of a program based upon the following standards[325]:~~

~~a. An APRN program shall appoint the following personnel:~~

~~1. An APRN program administrator whose qualifications shall include:~~

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[321] Removed as this information is found within the Licensure section of the document.

~~[322] Shifted due to the removal of original 8.2 Licensure~~

[323] Removed as this information is covered in the proposed changes to the Act Article III.3.a1-b6, Article III.3.c.6 and Article IV.b

~~[324] APRN Education moved within Chapter 6.~~

~~[325] Removes unnecessary language.~~

a. A current, unencumbered active RN or and APRN license or privilege to practice that is not encumbered in the state where the program is approved and/or accredited;[326]

b. A doctoral degree in a health-related field;

2. A lead faculty member who is educated and nationally certified in the same role and population foci and licensed as an APRN shall coordinate the educational component, including curriculum development, for the role and population foci in the APRN program.

3. Nursing faculty to teach any APRN nursing course that includes a clinical learning experience shall meet the following qualifications:

a.b. An current, active unencumbered APRN license or privilege to practice that is not encumbered in the state where the program is approved and/or accredited;[327]

b. A minimum of a master's degree in nursing or health related field in the clinical specialty;

c. Current knowledge, competence, and certification as an APRN in the role and population foci consistent with teaching responsibilities.

4. Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty qualifications for the program level they are teaching.

5. Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to these areas of content.

6. Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities.

7. Clinical preceptors will be approved by faculty and meet the following requirements:

a.c. Hold an active unencumbered license or privilege to practice that is not encumbered as an APRN or physician and practices in a comparable practice focus; and[328]

b. Evaluate the individual's performance in the clinical setting.

b. The curriculum of the APRN nursing education program must prepare the graduates[329] to practice in one of the four identified APRN roles, i.e., CRNA, CNM, CNS and CNP, and at least one of the six population foci, i.e., family/ individual across the lifespan, adult-

[326] Updates language to match terminology used throughout as well as to clarify licensure requirements.
[327] Updates language to match terminology used throughout.
[328] Updates language to match terminology used throughout.
[329] Updated for grammar.

~~gerontology, neonatal, pediatrics, women's health/ gender-related or psychiatric /mental health. The curriculum shall include:~~

~~1. Three separate graduate level courses (the APRN core) in:~~

~~a. Advanced physiology and pathophysiology, including general principles that apply across the lifespan.~~

~~b. Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and~~

~~c. Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.~~

~~2. Diagnosis and management of diseases across practice settings including diseases representative of all systems.~~

~~3. Preparation that provides a basic understanding of the principles for decision making in the identified role.~~

~~4. Preparation in the core competencies for the identified APRN role.~~

~~5. Role preparation in one of the six population foci of practice.~~

~~c. Additional required components of graduate or post-graduate education programs preparing APRNs shall include the following:~~

~~1.~~b. ~~Each student enrolled in an APRN program shall have an active unencumbered RN license or privilege to practice that is not encumbered in the state of clinical practice, unless exempted from this licensure requirement under Article 5 section 3 or Article 5 section 4 of the Act.~~[330]

~~2. Education programs offered by an accredited college or university that offers a graduate degree with a concentration in the advanced nursing practice role and at least one population focus, or post-masters certificate programs offered by an accredited college or university shall include the following components:~~

~~a. Clinical supervision congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus.~~

~~b. Curriculum that is congruent with national standards for graduate level and advanced practice nursing education, is consistent with nationally recognized APRN roles and population foci, and includes, but is not limited to:~~

~~i. Graduate APRN program core courses; and~~

~~ii. An advanced practice nursing core, including legal, ethical, and professional responsibilities of the APRN.~~

[330] Updates language to match terminology used throughout.

3. The curriculum shall be consistent with competencies of the specific areas of practice.

4. APRN programs preparing for two population foci or combined nurse practitioner/clinical nurse specialist shall include content and clinical experience in both functional roles and population foci.

5.2. Each instructional track/major shall have a minimum of 500 supervised clinical hours as defined by the BON. The supervised experience is directly related to the role and population foci, including pharmacotherapeutic management of patients.[331]

6. There shall be provisions for the recognition of prior learning and advanced placements in the curriculum for individuals who hold a master's in nursing and are seeking preparation in a different role and population focus. Post- masters nursing students shall complete the requirements of the master's APRN program through a formal graduate level certificate in the desired role and population focus. Post-master students must meet the same APRN outcome competencies as the master level students.

Authority: Model Act Article XI Section 4

8.41.2 Models for Determining Compliance with Standards[332]

The models for determining compliance with APRN education standards are the same as previously stated for RN and LPN/VN programs in Chapter 6.

Authority: Model Act Article X Section 5

8.41.3 Establishment of a New APRN Education Program

Before establishing a new nursing education program, the APRN program shall complete the process outlined below:

a. Submit an application to the professional accrediting body.[333]

b. The proposed program shall provide the following information to the BON:

1. Results of a needs assessment, including identification of potential students and employment opportunities for program graduates.

2. Identification of sufficient financial and other resources.

3.1. Evidence of approval and support from the governing institution approval and support.[334]

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[331] Different professional organizations recommend different numbers that are all non-evidence-based. Updating this language to remove the numerical constraint prompts readers to look to professional organizations and accrediting bodies for the purposed hours. As the recommendation of hours in the Act has been changed, this document models that proposed change.

[332] Section removed as it is no longer applicable and does not have a corresponding section within the prelicensure section..

[333] Updated tense to be action based.

[334] Updated for grammar.

4. Documentation regarding the type of educational program proposed.
5. Evidence of clinical opportunities and availability of resources.
6. Evidence of availability of qualified faculty.
7.2. A pool of available students.[335]
8. A proposed timeline for initiating and expanding the program.

Authority: Model Act Article XIV Section 5[336]

8.5 Prescriptive Authority[337]

8.6 Discipline of Prescriptive Authority[338]

a. APRN discipline and proceedings is the same as previously stated for RN and LPN/VN in Chapter 7.
b. The BON may limit, restrict, deny, suspend or revoke APRN licensure, or prescriptive or dispensing authority.
c. Additional grounds for discipline related to prescriptive or dispensing authority include, but are not limited to:
    1. Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards.
    2. Selling, purchasing, trading, or offering to sell, purchase or trade drug samples.
    3. Prescribing, dispensing, administering, or distributing drugs for other than therapeutic or prophylactic purposes. or
    4. Prescribing or distributing drugs to individuals who are not patients of the APRN or who are not within that nurse's role and population focus.

Authority: Model Act Article X Section 1

[335] Duplicative of the information within the first bullet.
[336] APRN Education moved to Chapter 6.
[337] Removed as this information is found within the proposed revisions to Chapter 7 Section 2.
[338] Removed as this information is found within the proposed revisions to Chapter 7 Section 2.

Attachment D: **Model Rules Clean Proposal**

NCSBN Model Rules

Table of Contents

Chapter 1. Title and Purpose

Reserved for future use.

Chapter 2. Definitions

As used in Chapters 3 through 8 of these rules, unless the context thereof requires otherwise:

(1) "Abandonment" means the intentional leaving of a patient for whom the nurse is responsible without providing for another nurse or appropriate healthcare provider to assume care upon the nurse's leaving.

(2) "Assign" means the process of transferring responsibility and accountability between licensees based on their skills, qualifications and workload.

(3) "Conditional/probationary approval" of nursing education programs means less than full approval of a nursing program.

(4) "Debriefing" means an activity that follows a simulation experience, is led by a facilitator, encourages participant's reflective thinking and provides feedback regarding the participant's performance.

(5) "NCLEX-PN®" means the National Council Licensure Examination for LPN/VNs.

(6) "NCLEX-RN®" means the National Council Licensure Examination for RNs.

(7) "Nursing faculty" means individuals employed full or part time by an academic institution who are responsible for developing, implementing, evaluating and updating nursing program curricula.

(8) "Practice-academic partnerships" means the collaboration of educators, practice leaders and nurse regulators to ensure quality in-person clinical experiences for prelicensure students.

(9) "Prebriefing" means to have an information session held prior to the start of a simulation activity in which instructions or preparatory information is given to the participants. The purposes of the prebriefing are to set the stage for a scenario and to assist participants in achieving scenario objectives.

(10) "Preceptor" means an individual at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model or supervisor in a clinical setting.

(11) "Professional boundaries" means the space between the licensee's power and the patient's vulnerability; the power of the licensee comes from the

professional position and access to private knowledge about the patient; establishing boundaries allows the licensee to control this power differential and allows a safe connection to meet the patient's needs.

(12) "Simulation" means a technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human interactions.

(13) "Simulation faculty" means faculty whose majority of teaching responsibilities are to provide input into developing simulation vignettes, implement simulations, facilitate simulations with other faculty, utilize an accepted and evidence-based debriefing method and evaluate the students.

(14) "Simulation program manager" means those who direct all simulation activities, including education and monitoring of faculty who provide simulation experiences for students; adequately furnishing the simulation center; planning and developing vignettes to align with the curriculum; evaluating simulation experiences; and making improvements when necessary.

Chapter 3. Scope of LPN/VN, RN and APRN Practice

3.1. Standards Related to LPN/VN, RN and APRN Professional Accountability

(A) The LPN/VN, RN and APRN:

(1) Accepts responsibility for individual nursing actions, competence, decisions and behavior while engaged in the practice of nursing.

(2) Maintains competence through ongoing learning and application of knowledge in nursing practice.

(3) Implements nursing interventions and prescribed medical regimens in a timely and safe manner.

(4) Documents nursing care in an accurate and timely manner.

(5) Collaborates and communicates relevant and timely information with patients and other healthcare team members to ensure quality and continuity of care, including:

(a) Patient status and progress;

(b) Patient response or lack of response to therapies;

(c) Changes in patient condition; and

(d) Patient needs and special requests.

(6) Takes preventive measures to promote an environment that is conducive to safety and health for patients, others and self.

(7) Respects patient diversity and advocates for the patient's rights, concerns, decisions and dignity.

(8) Maintains appropriate professional boundaries.

(9) Participates in systems, clinical practice and patient care performance improvement efforts to improve patient outcomes.

3.2. Standards Related to LPN/VN Scope of Practice

LPN/VNs, practicing to the extent of their education and training under the supervision of an RN, APRN or other authorized healthcare provider, shall practice and comply within standards established by the BON and ensure patient care is provided according to relevant patient care standards recognized by the BON and other national standards of care.

Authority: Model Act Article III Section 1

3.3. Standards Related to RN Scope of Practice

RNs shall practice and comply within standards established by the BON and ensure patient care is provided according to relevant patient care standards recognized by the BON and other national standards of care.

Authority: Model Act Article III Section 2

3.4. Standards Related to APRN Scope of Practice

(A) APRNs shall comply with the standards for RNs as specified in Chapter 3.3 and to the standards set forth by the BON. Standards for a specific role and population focus of APRN supersede standards for RNs where conflict between the standards, if any, exists.

(B) APRNs shall practice within standards established by the BON and ensure patient care is provided according to relevant patient care standards recognized by the BON and other national standards of care.

Authority: Model Act Article III Section 3

Chapter 4. Board of Nursing (BON)

4.1. Financial

(A) The BON may collect the following licensure/application fees:

(1) Application for licensure by examination

(a) LPN/VN < >

(b) RN < >

(c) APRN < >

(2) Application for licensure by endorsement

(a) LPN/VN < >

(b) RN < >

(c) APRN < >

(3) Temporary license for endorsement applicants

(a) LPN/VN < >

(b) RN < >

(c) APRN < >

(4) Renewal of licensure

(a) LPN/VN < >

(b) RN < >

(c) APRN < >

(5) Late renewal < >

(6) Reinstatement < >

(7) Certified statement that a nurse is licensed in this jurisdiction < >

(8) Duplicate or reissued license < >

(9) Insufficient funds < >

(10) Nursing education program survey and evaluation per level < >

(11) Discipline monitoring < >

(12) Criminal background check processing fees < >

(13) Other Miscellaneous costs

(a) Specific fee or statutory references < >

(B) The BON may collect disciplinary fines and monetary penalties.

(1) Specific fee or statutory references < >

(C) All fees, fines, and monetary penalties collected by the BON are nonrefundable.

Authority: Model Act Article IV Section 6

Chapter 5. LPN/VN, RN and APRN Licensure and Exemptions

5.1. LPN/VN and RN Licensure by Examination

(A) An applicant for licensure as an LPN/VN or RN shall, in addition to meeting the applicable requirements of the Act:

(1) Submit a completed application and fees established by the BON.

(2) Take and pass the NCLEX-PN® if an LPN/VN applicant.

(3) Take and pass the NCLEX-RN® if an RN applicant.

(4) Report any conviction or finding of guilt, or entering into an agreed disposition of a criminal offense under applicable state or federal criminal law.

(5) Demonstrate to the BON their competency to practice nursing which may include competency to practice nursing evaluations.

(6) Report current participation in an alternative to discipline program in any jurisdiction.

(7) Identify any jurisdiction in which the applicant holds a professional license or credential, if applicable. Required information includes:

(a) The number and status of the license or credential.

(b) The original jurisdiction of licensure or credentialing.

(8) Report employment information including current healthcare employer including address, telephone number, position and dates of employment and previous healthcare employer, if any, if current employment is less than 12 months.

(9) Report information regarding whether the applicant previously applied for a license in another jurisdiction and was denied a license, withdrew the application or allowed the application to expire, if applicable.

(10) Provide detailed explanations and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.

Authority: Model Act Article V Section 2

5.1.1. Additional Requirements for Licensure by Examination of Internationally Educated Applicants

In addition to the requirements listed in the Act and Section 5.3, internationally educated applicants shall meet the following requirements for licensure by examination:

(1) Graduate from a foreign LPN/VN or RN prelicensure education program that:
   (a) Has been approved by the authorized accrediting body in the applicable country; and
   (b) Has been verified by an independent credentials review agency to be comparable to a licensing board-approved prelicensure education program.

(2) Submit acceptable documentation that verifies the date of enrollment, date of graduation and credential conferred. An official transcript and a certified translation of the official transcript, if not in English, is required prior to the Approval to take the NCLEX-PN® or NCLEX-RN® examination.

Authority: Model Act Article V Section 2

5.2. Licensure by Endorsement

(A) An applicant for licensure by endorsement in this jurisdiction shall, in addition to meeting the applicable requirements of the Act:

(1) Submit a completed application and fees as established by the BON.

(2) Graduate from a <jurisdiction> BON approved prelicensure program or a program that meets criteria comparable to those established by the <jurisdiction>.

(3) Hold a license as an LPN/VN or an RN that is not encumbered.

(4) Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.

(5) Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.

(6) Report any criminal conviction, nolo contendere plea, Alfort plea, deferred judgement or other plea arrangements in lieu of conviction.

(7) Report any actions taken or initiated against a professional or occupational license, registration or certification.

(8) Report current participation in an alternative to discipline program in any jurisdiction.

(9) Submit verification of licensure status provided directly from the U.S. jurisdiction of licensure by examination, or a coordinated licensure information system.

(10) Identify any jurisdiction in which the applicant holds a health profession license or credential, if applicable. Required information includes:

(a) Number and status of the license or credential; and

(b) Original jurisdiction of licensure or credentialing.

(11) Report employment information including current healthcare employer including address, telephone number, position and dates of employment and previous healthcare employer, if any, if current employment is less than 12 months.

(12) The date and jurisdiction the applicant previously applied for a license in another jurisdiction, and either was denied a license or withdrew the application, if applicable.

(B) Detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.

Authority: Model Act Article V Section 4

5.3. APRN Licensure

5.3.1. Application for Initial Licensure

An applicant for initial licensure to practice as an APRN shall, in addition to meeting the applicable requirements of the Act:

(1) Submit a completed application and fees as established by the BON.

(2) Graduate from an APRN graduate or post-graduate program as evidenced by official documentation received directly from an APRN program accredited by a nursing accrediting body that is recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA), or its successor organization, as acceptable by the BON. Documentation received should verify:

(a) Date of graduation;

(b) Credential conferred;

(c) Completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents;

(d) Role and population focus of the education program; and

(e) Evidence of meeting the standards of nursing education in this jurisdiction.

(3) Demonstrate to the BON competency to practice nursing which may include completing competency to practice nursing evaluations.

(4) Report any actions taken or initiated against a professional or occupational license, registration or certification.

(5) Report current participation in an alternative to discipline program in any jurisdiction.

(6) Identify any jurisdiction in which the applicant holds a professional license or credential, if applicable. Required information includes:

(a) Number and status of the license or credential; and

(b) Original jurisdiction of licensure or credentialling.

(7) Report employment information including current healthcare employer including address, telephone number, position and dates of employment and previous healthcare employer, if any, if current employment is less than 12 months.

(8) Report information regarding whether the applicant previously applied for a license in another jurisdiction and either was denied a license, withdrew the application or allowed the application to expire, if applicable.

(9) Provide detailed explanations and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.

Authority: Model Act Article V Section 5

5.3.2. Additional Requirements for Licensure by Examination of Internationally Educated Applicants.

In addition to the requirements listed in the Act and Section 2.1, internationally educated applicants for APRN licensure must:

(1) Graduate from a graduate or post-graduate level APRN program equivalent to an APRN educational program in the U.S. accepted by the BON.

(2) Submit documentation through a BON approved credentials review agency which documents that the training and education are comparable to APRN training and education programs in the U.S.

(3) Meet all other licensure criteria required of applicants educated in the U.S.

Authority: Model Act Article V Section 5

5.3.3. Application for Licensure by Endorsement

(A) An applicant for licensure by endorsement as an APRN in this jurisdiction shall, in addition to meeting the applicable requirements of the Act:

(1) Submit a completed application and fees as established by the BON.

(2) Submit verification of eligibility for a license or privilege to practice as an RN in this jurisdiction.

(3) Graduate from a graduate or post-graduate level APRN program, as evidenced by an official transcript or other official documentation received directly from a graduate program accredited by a nursing accrediting body that is recognized by the USDE and/or CHEA, or its successor organization, as acceptable to the BON. Documents received shall verify:

(a) Date of graduation;

(b) Credential conferred;

(c) Completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents;

(d) Role and population focus of the education program; and

(e) Evidence of meeting the standards of nursing education in this jurisdiction.

(4) Hold a license as an APRN that is unencumbered.

(5) Not have an encumbered license or privilege to practice in any jurisdiction.

(6) Report any conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.

(7) Demonstrate to the BON competency to practice nursing which may include competency to practice nursing evaluations.

(8) Report any actions taken or initiated against a professional or occupational license, registration or certification.

(9) Report current participation in an alternative to discipline program in any jurisdiction.

(10) Identify any jurisdiction in which the applicant holds a professional license or credential, if applicable. Required information includes:

(a) Number and status of the license or credential; and

(b) Original jurisdiction of licensure or credentialling.

(11) Report employment information including current healthcare employer including address, telephone number, position and dates of employment and previous healthcare employer, if any, if current employment is less than 12 months.

(12) Report information regarding whether the applicant previously applied for a license in another jurisdiction and either was denied a license, withdrew the application or allowed the application to expire, if applicable.

(13) Submit detailed explanations and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.

Authority: Model Act Article V Section 5

5.3.4. Quality Assurance/Documentation and Audit

The BON may conduct a random audit of licensees and, upon request of the BON, licensees shall submit documentation of compliance with the Act and rules. The audit may include:

(1) Information relating to APRN certification.

(2) Continuing competency including continuing education requirements.

(3) Other information as requested by the BON.

Authority: Model Act Article V Section 5

5.4. Renewal of Licenses

(A) An applicant for licensure renewal in this jurisdiction shall, in addition to meeting the applicable requirements of the Act:

(1) Submit a completed application and fees as established by the BON.

(2) Demonstrate continued competency through:

(a) Peer review;

(b) Continuing education hours;

(c) Competency evaluation;

(d) NCLEX-RN®;

(e) Minimal practice hours;

(f) Continued competency assessment; and

(g) Maintenance of RN certification.

(3) Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgement or other plea arrangements in lieu of conviction.

(4) Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
(5) Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.
(6) Report any actions pending, taken, or initiated against a professional or occupational license, registration or certification.
(7) Report current participation in an alternative to discipline program in any jurisdiction.
(8) Submit detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.

(B) Failure to provide the requested information may result in nonrenewal of the license to practice nursing or a disciplinary action.

Authority: Model Act Article V Section 7

5.5. Reactivation of License

(A) An applicant for licensure reactivation in this jurisdiction shall, in addition to meeting the requirements of the Act:
(1) Submit a completed application and fees as established by the BON.
(2) Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgement or other plea arrangements in lieu of conviction.
(3) Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
(4) Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.
(5) Report any actions pending, taken, or initiated against a professional or occupational license, registration or certification.
(6) Report current participation in an alternative to discipline program in any jurisdiction.
(7) Submit detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.

(B) Failure to provide the requested information may result in the license to practice nursing not being reactivated.

Authority: Model Act Article V Section 8

5.6. Reinstatement of Licensure

(A) Licensees applying for reinstatement shall comply with all BON licensure requirements, as well as any specific requirements set forth in the BON's discipline order. Licensees must:

(1) Submit a completed application and fees as established by the BON.

(2) Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgement or other plea arrangements in lieu of conviction.

(3) Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.

(4) Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.

(5) Report any actions pending, taken, or initiated against a professional or occupational license, registration or certification.

(6) Report current participation in an alternative to discipline program in any jurisdiction.

(7) Submit detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.

(B) Failure to provide the requested information may result in the license to practice nursing not being reinstated.

Authority: Model Act Article V Section 9

Chapter 6. Nursing Education

6.1 Prelicensure Nursing Education Standards

All nursing education programs shall meet these standards:

(1) The purpose and outcomes of the nursing program shall be consistent with the Act, rules, regulations and other relevant state statutes.

(2) The input of stakeholders shall be considered in developing and evaluating the purpose and outcomes of the program.

(3) A systematic evaluation plan of the program is in place.

(4) The curriculum shall provide varied didactic and clinical learning experiences consistent with program outcomes.

(5) Faculty and students shall participate in program planning, implementation, evaluation and continuous improvement.

(6) The nursing program administrator shall be professionally and academically qualified RN with institutional authority and administrative responsibility for the program.
(7) The nursing program administrator shall be consistent in a nursing program, with no more than three nursing program administrators in five years.
(8) Professionally, academically and clinically qualified faculty shall be sufficient in number, have a low turnover, and have the expertise to accomplish program outcomes and quality improvement.
(9) Written and easily accessible policies and procedures that have been vetted by students and faculty shall be utilized.
(10) Formal orientation and mentoring processes of full-time, part-time and adjunct faculty shall be implemented.
(11) The institution shall provide opportunities for substantive and periodic workshops and presentations devoted to faculty development.
(12) The program shall provide evidence that their admission, progression and student performance standards are based on data.
(13) The fiscal, human, physical, library, clinical and technical learning resources shall be adequate to support program processes, security and outcomes.

6.1.1 Criteria for Prelicensure Nursing Education Programs

(A) Curriculum, regardless of delivery method, shall include:
(1) Experiences that promote clinical judgement; skill in clinical management, supervision and delegation; interprofessional collaboration; quality and safety; and navigation and understanding of healthcare systems.
(2) Sound foundation in biological, physical, social and behavioral sciences.
(3) Didactic content including prevention of illness and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social and economic backgrounds.
(4) Didactic and direct patient care experiences including medical-surgical, obstetrics, pediatrics, psychiatric-mental health and community health.
(5) A minimum of 50% direct patient care experiences within each of the content areas in Rule 6.1.1(A)(4).
(6) Direct patient care experiences and simulation that are planned, supervised and evaluated by nursing faculty.
(7) A variety of direct patient care experiences and simulation that are sufficient for meeting program outcomes.

(8) Opportunities for collaboration with interprofessional teams.

(9) Professional responsibilities, legal and ethical issues, history and trends in nursing and healthcare.

(10) Assessment plan of student learning, such as exams and clinical experience evaluations, developed and administered by the faculty. Standardized exams shall not be used as program exit exams.

(11) Ongoing systematic evaluation that is managed by faculty.

(B) Out-of-State Clinical Experiences

(1) Any program that anticipates utilizing clinical experiences in another state must inform the BON in the other state. If the out-of-state program does have clinical experiences in the other state without informing the BON, the out-of-state program can no longer use the clinical experience sites in that state.

(2) The faculty of the out-of-state program shall find appropriate sites for the students and have a contractual agreement with the site.

(3) Clinical faculty, or designated preceptor, shall be present during the students' clinical experiences, and they shall meet the BON's credential requirements in the state where the clinical site is located.

(4) Out-of-state programs shall apply for approval to the BON where the clinical site is located with the following information:

(a) Name of the site being used;

(b) Number of students;

(c) Hours and days being used; and

(d) Credentials of faculty with oversight of students.

(C) If international clinical experiences are used to meet the direct care clinical experience hours, they shall be approved in advance by the BON.

(D) Students

(1) The program shall hold students accountable for professional behavior, including honesty and integrity, while in their program of study.

(2) All policies relevant to applicants and students shall be readily available in writing and vetted by students and faculty.

(3) Students shall meet health standards and criminal background check requirements.

(4) The program shall support non-native English speakers with resources to enhance success.

(5) The program shall support students with disabilities with resources to enhance success.

(6) Students shall have resources necessary to support program progression.

(7) Remediation strategies shall be in place at the beginning of each course and students are informed about how to access academic support.

(E) Program Administrator Qualifications

(1) Administrator qualifications in a program preparing for LPN/VN licensure shall include:

(a) A current, active RN license or privilege to practice that is unencumbered and meets requirements in the jurisdiction where the program is approved;

(b) A minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree;

(c) Experience in teaching, nursing practice and administration; and

(d) Current knowledge of LPN/VN practice.

(2) Administrative qualifications in a program preparing for RN licensure shall include:

(a) A current, active RN license or privilege to practice that is unencumbered and meet requirements in the jurisdiction where the program is approved;

(b) A doctoral degree in nursing, or a graduate degree in nursing and a doctoral degree;

(c) Educational preparation or experience in academic teaching;

(d) Experience in nursing practice and administration; and

(e) Current knowledge of RN practice.

(3) Nursing faculty

(a) A minimum of 35% of the total nursing faculty (including all adjunct and part-time faculty) shall be employed at the institution as full-time faculty.

(b) Nursing faculty shall hold a current, active RN license or privilege to practice that is unencumbered and meet requirements in the jurisdiction where the program is approved.

(c) Faculty supervising clinical experiences shall hold a current active RN license or privilege to practice that is unencumbered and meet requirements in the jurisdiction where the clinical experience is conducted.

(d) Qualifications for nursing faculty who teach in a program leading to licensure as an LPN/VN should be academically and

experientially qualified with a minimum of a bachelor's degree in nursing.

(e) Qualifications for nursing faculty who teach in a program leading to licensure as an RN should be academically and experientially qualified with a minimum of a bachelor's degree in nursing.

(f) Faculty shall demonstrate participation in professional development. This may include but is not limited to:

(i). Methods of instruction;

(ii). Teaching in clinical practice settings;

(iii). Conducting assessments, including item writing; and

(iv). Managing students.

(g) Interprofessional faculty teaching nonclinical courses shall have advanced preparation appropriate for the content being taught.

(h) Clinical faculty, preceptors and adjunct faculty shall demonstrate current clinical experience related to the area of assigned clinical teaching responsibilities.

(i) Clinical preceptors shall have an unencumbered license or privilege to practice at or above the level for which the student is being prepared, in the jurisdiction where they are precepting students.

Authority: Model Act Article VI Section 1

6.2. National Nursing Accreditation

(A) Accreditation by a national nursing accrediting body recognized by the U.S.Department of Education (USDE) is required, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval.

(B) Nursing programs shall submit to the BON copies of accreditation related correspondence with the national nursing accrediting body within 30 days of receipt.

Authority: Model Act Article VI Section 2

6.3. Purposes of Prelicensure Nursing Education Program Approval

(A) Promote public protection through the safe practice of nursing by implementing standards for individuals seeking licensure as LPN/VNs and RNs.

(B) Grant legal recognition to nursing education programs that the BON determines have met the standards.
(C) Ensure graduates meet the education and legal requirements for the level of licensure for which they are preparing and to facilitate their endorsements to other jurisdictions.
(D) Provide the public and prospective health students with a published list of in-state nursing programs that meet the standards established by the BON.

Authority: Model Act Article VI Section 3

6.4 Establishment of Prelicensure Nursing Education Programs

(A) Phase 1: Application to BON. The proposed program shall provide the following information to the BON:
    (1) Evidence of sufficient and sustainable financial support.
    (2) Approval and ongoing support from the governing institution.
    (3) Evidence of availability of educational resources, including human, physical, library, clinical and technical learning resources.
    (4) Evidence of the institution meeting state requirements, and regional or national accreditation by an accrediting agency recognized by the USDE.
    (5) Evidence of pre-accreditation or candidacy status from a USDE recognized national nursing accrediting agency.
    (6) Evidence of clinical opportunities and resources to meet the program outcomes.
    (7) Evidence of practice-academic partnerships and availability of resources.
    (8) Evidence of availability of qualified faculty and program director.
    (9) Proposed timeline for initiating the program
(B) Phase II: Initial approval for admission of students. When the BON determines that all requirements have been satisfied, the BON may authorize the program to admit students. The proposed program shall provide the BON with verification of the following:
    (1) Employment of a qualified director;
    (2) Comprehensive program curriculum;
    (3) Establishment of student policies for admission, progression, retention and graduation;
    (4) Documentation of an emergency preparedness plan for addressing situations including, but not limited to, a reduction in the availability of student clinical sites, a transition from in-person to virtual learning platforms and a need for increased use of simulation; and

(5) Initial employment of sufficient numbers of academically and experientially qualified faculty.

(C) Phase III: Full approval of program. The BON may fully approve the program upon:

(1) Completion of BON program survey visit;

(2) Submission of program's ongoing systematic evaluation plan; and

(3) Employment of a sufficient number of academically and experientially qualified faculty.

(D) Additional oversight of new programs will take place for the first six years of operation. This may include progress reports every six months on program leadership, consistency of faculty, enrollment and trends of NCLEX pass rates, along with the regularly collected annual reports.

Authority: Model Act Article VI Section 4

6.5. Continuing Approval of Prelicensure Nursing Education Programs

(A) Every < > years previously approved nursing approved nursing education programs with full program approval status will be evaluated for continuing approval by the BON.

(B) Warning signs that may trigger a focused site visit include:

(1) Complaints from students, faculty and clinical agencies;

(2) Turnover of program administrators, defined by more than three administrators in a five-year period;

(3) Frequent nursing faculty turnover or reduction in number of nursing faculty; and

(4) Decreasing trends in NCLEX pass rates.

(C) The BON shall review and analyze various sources of information regarding program performance, including but not limited to:

(1) Periodic BON survey visits, and/or reports.

(2) Annual Report data, which may include:

(a) Program demographics such as program type, ownership, geographical are served and number of enrolled students; and

(b) How evidence-based quality indicators, as outlined in Rule 6.1.1., are met.

(3) Evidence of accreditation by a USDE recognized national nursing accrediting body.

(4) BON recognized national nursing accreditation site visits, reports and other documentation provided by the program.

(5) Results of ongoing systematic program evaluation.

(D) Continuing approval may be granted upon the BON's determination that the program is in compliance with applicable rules.

Authority: Model Act Article VI Section 5

6.6. Conditional/Probationary Approval of Prelicensure Nursing Education Programs

The BON may grant conditional or probationary approval when it determines that a nursing education program does not fully meet the nursing education program standards as outlined in the Act and applicable rules. The nursing program shall be given a reasonable period of time, as determined by the BON, to submit an action plan and correct the identified program deficiencies.

Authority: Model Act Article VI Section 6

6.7. Withdrawal of Approval

The BON shall withdraw approval if, after proper notice and opportunity, it determines that a nursing education program has failed to comply with nursing education program standards as outlined in the Act and applicable rules within the time specified by the BON.

Authority: Model Act Article VI Section 7

6.8. Appeal

A program denied approval or given less than full approval may appeal the decision to the BON. All such actions shall be in accordance with Administrative Procedure Act and applicable rules.

Authority: Model Act Article VI Section 8

6.9. Reinstatement of Full Approval

The BON may reinstate approval if the program submits evidence of compliance with nursing education program standards as outlined in the Act and applicable rules within the time frame specified by the BON.

Authority: Model Act Article VI Section 9

6.10. Closure of Prelicensure Nursing Education Programs and Storage of Records

(A) A nursing education program may be closed due to withdrawal of BON approval or may close voluntarily. If the closure is voluntary, the reason for the closure and the intended date of the closure shall be submitted to the BON.
(B) Provisions shall be made for maintenance of the nursing education program standards as outlined in the Act and applicable rules during the transition to closure.
(C) Arrangements shall be made for secure storage and access to academic records and transcripts.
(D) A plan shall be developed and approved by the BON for students to complete a BON approved program.
(E) Written confirmation shall be provided to the BON that the plan has been fully implemented.

Authority: Model Act Article VI Section 10

6.11. Innovative Approaches in Prelicensure Nursing Education Programs

A nursing education program may apply to implement an innovative approach by complying with the provisions of this section. Nursing education programs approved to implement innovative approaches shall continue to provide quality nursing education that prepares graduates to practice safely, competently and ethically within the scope of practice as defined in the Act.

6.11.1. Purposes

(A) To foster innovative models of nursing education to address the changing needs in healthcare.
(B) To assure that innovative approaches are conducted in a manner consistent with the BON's role of protecting the public.

6.11.2. Eligibility

(A) The nursing education program shall hold full approval from the BON without conditions.
(B) The nursing education program shall have no substantiated complaints within the last two years.
(C) The nursing education program shall have no regulatory violations within the last two years.

6.11.3. Application

A description of the innovative plan, with rationale and timeline, shall be provided to the BON for approval.

6.11.4. Standards for Approval

(A) The innovative approach shall meet the eligibility criteria as defined in Rule 6.11.2.
(B) The innovative approach shall not compromise the quality of education or safe practice of students.
(C) Resources shall be sufficient to support the innovative approach.
(D) The timeline shall provide for a sufficient period to implement and evaluate the innovative approach.

6.11.5. Review of Application and BON Action

(A) If the application meets the standards as provided in Rules 6.11.2. and 6.11.4, the BON may:
    (1) Approve the application, or
    (2) Approve the application with modifications as agreed between the BON and the nursing education program.
(B) If the application does not meet the criteria as provided in Rules 6.11.2. and 6.11.4, the BON may deny approval or request additional information.

6.11.6. Continuation of the Innovative Approach

The BON may grant a request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with nursing education approval guidelines as provided in the Act and applicable rules.

Authority: Model Act Article VI Section 11

6.12. Emerging Nursing Education Technologies

6.12.1. Simulation

(A) A program that uses simulation shall adhere to professional simulation standards as approved by the BON and provide evidence that these standards have been met.
    (1) Facilities and Resources
        (a) The program shall provide adequate fiscal, human and material resources to support the simulation activities.
        (b) The program shall have appropriate facilities for conducting simulation. This shall include educational and technological

resources and equipment to meet the intended objectives of the simulation.

(c) The simulation center shall be accredited or endorsed by an organization approved by the BON.

(2) Faculty Preparation

(a) Simulation faculty shall have education in the use of simulation.

(b) Simulation faculty shall engage in ongoing professional development in the use of simulation.

(c) Simulation activities shall be managed by a simulation program manager who is certified in simulation and is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.

(3) Curriculum

(a) The program shall demonstrate that the simulation activities are linked to programmatic outcomes.

(b) A program shall use a 1:1 ration of simulation hours to direct clinical care hours as a substitute for direct clinical experiences.

(c) Simulation shall not be used for more than 50% of clinical hours per clinical specialty area (medical-surgical, pediatrics, obstetrics, psychiatric-mental health and community health).

(i). Programs that have 600 or more direct clinical care hours may substitute up to 50% simulation for total clinical experience hours.

(ii). Programs that have fewer than 600 direct clinical care hours may substitute up to 25% simulation for total clinical experience hours.

(d) Screen-based simulation shall not be used as a substitute for direct care clinical experience, but it can be used to complement education.

(4) Policies and Procedures

(a) The program shall have written policies and procedures on the following:

(i). Integrating simulation into the curriculum;

(ii). Prebriefing each simulated activity; and

(iii). Orienting faculty and students to simulation.

(5) Evaluation

(a) The program shall develop criteria to evaluate the simulation activities.
(b) Faculty and students shall evaluate the simulation experience on an ongoing basis.
(c) The program shall include information about its use of simulation in its annual report to the BON.

6.12.2. Artificial Intelligence (AI)

(A) The program shall develop policies related to the responsible use of AI to include privacy, fairness, transparency, accountability and faculty responsibilities for oversight.
(B) AI may supplement, not replace, human decision-making.

Authority: Model Act Article VI Section 12

6.13. APRN Education

6.13.1. Required Criteria for APRN Education Programs

(A) APRN education programs shall appoint the following personnel:
(1) An APRN program administrator whose qualifications shall include:
(a) A current, unencumbered RN and APRN license or privilege to practice in the state where the program is approved and/or accredited; and
(b) A doctoral degree in a health-related field.
(2) A lead faculty member who is educated and nationally certified in the same role and population foci and licensed as an APRN shall coordinate the educational component, including curriculum development, for the role and population foci in the APRN program.
(3) Nursing faculty to teach any APRN nursing course that includes a clinical learning experience shall meet the following qualifications:
(a) An active unencumbered APRN license or privilege to practice in the state where the program is approved and/or accredited;
(b) A minimum of a master's degree in nursing or health related field in the clinical specialty; and
(c) Current knowledge, competence and certification as an APRN in the role and population foci consistent with teaching responsibilities.
(4) Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty qualifications for the program level they are teaching.

(5) Interdisciplinary faculty who teach nonclinical nursing courses shall have advanced preparation appropriate to these areas of content.

(6) Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities.

(7) Clinical preceptors will be approved by faculty and meet the following requirements:

(a) Hold an active unencumbered license or privilege to practice as an APRN or physician and practices in a comparable practice focus; and

(b) Evaluate the individual's performance in the clinical setting.

(B) The curriculum of the APRN nursing education program must prepare graduates to practice in one of the four identified APRN roles, i.e., CRNA, CNM, CNS and CNP, and at least one of the six population foci, i.e., family, individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health, gender-related or psychiatric-mental health. The curriculum shall include:

(1) Three separate graduate level courses (the APRN core) in:

(a) Advanced physiology and pathophysiology, including general principles that apply across the lifespan;

(b) Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and

(c) Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.

(2) Diagnosis and management of diseases across practice settings including diseases representative of all systems.

(3) Preparation that provides a basic understanding of the principles for decision making in the identified role.

(4) Preparation in the core competencies for the identified APRN role.

(5) Role preparation in one of the six population foci of practice.

(C) Additional required components of graduate or post-graduate education programs preparing APRNs shall include:

(1) Each student enrolled in an APRN program shall have an active unencumbered RN license or privilege to practice in the state of clinical practice, unless exempted from this licensure requirement under Article 5 section 3 or Article 5 section 4 of the Act.

(2) Education programs provided by an accredited college or university that offer a graduate degree with a concentration in the advanced nursing

practice role and at least one population focus, or post-masters certificate programs offered by an accredited college or university shall include the following components:

(a) Clinical supervision congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus; and

(b) Curriculum that is congruent with national standards for graduate level and advanced practice nursing education, is consistent with nationally recognized APRN roles and population foci, and includes, but is not limited to:

(i). Graduate APRN program core courses; and

(ii). An advanced practice nursing core, including legal, ethical and professional responsibilities of the APRN.

(3) The curriculum shall be consistent with competencies of the specific areas of practice.

(4) APRN programs preparing for two population foci or combined nurse practitioner/clinical nurse specialist shall include content and clinical experience in both functional roles and population foci.

(5) Each instructional track/major shall include clinical supervised hours congruent with current national professional organizations and nursing accrediting body standards, or as otherwise defined by the BON. The clinical supervised hours must be applicable to the APRN role and population foci, including pharmacotherapeutic management of patients.

(6) There shall be provisions for the recognition of prior learning and advanced placements in the curriculum for individuals who hold a master's in nursing and are seeking preparation in a different role and population focus. Post- masters nursing students shall complete the requirements of the master's APRN program through a formal graduate level certificate in the desired role and population focus. Post-masters students must meet the same APRN outcome competencies as the masters level students.

6.13.2. Establishment of a New APRN Education Program

Before establishing a new nursing education program, the APRN program shall:

(1) Submit an application to the professional accrediting body.

(2) Provide the following information to the BON:

(a) Results of a needs assessment, including identification of potential students and employment opportunities for program graduates;
(b) Identification of sufficient financial and other resources;
(c) Evidence of approval and support from the governing institution;
(d) Documentation regarding the type of educational program proposed;
(e) Evidence of clinical opportunities and availability of resources;
(f) Evidence of availability of qualified faculty; and
(g) A proposed timeline for initiating and expanding the program.

Authority: Model Act Article IV Section 5

Chapter 7. Board of Nursing (BON) Action and Proceedings

7.1. Grounds for BON Action

Behaviors and activities that may result in action by the BON may include but are not limited to the following:

7.1.1. Criminal Conduct

Committing any crime that demonstrates conduct inconsistent with safe nursing practice or demonstrates the nurse's compromised professional judgement, or that involves deceit or fraud against the public. Evidence of a crime includes but is not limited to:

(1) Being convicted,
(2) Having pleaded guilty or nolo contendere,
(3) Pleading no contest or pursuant to an Alford plea that results in a judicial finding of guilt,
(4) Entering into a pretrial diversion agreement, deferred adjudication or prosecution,
(5) Participating in an intervention in lieu of conviction, or other similar programs.

7.1.2. Boundaries

(A) Violating boundaries of a professional relationship such as physical, sexual or emotional acts with a patient, a patient's family member or caregiver, regardless of consent.

(B) Financially exploiting a patient, a patient's family member or caregiver, regardless of consent.
(C) Misappropriating patient property or other property.

7.1.3. Patient Abuse

Any action or inaction, including but not limited to physical, sexual, verbal or psychological/emotional conduct that causes harm or distress towards a patient, a patient's family member or caregiver.

7.1.4. Fraud

(A) Engaging in conduct that violates the integrity and/or the security of the NCLEX-PN®, NCLEX-RN®, or other licensure or certification examination.
(B) Fraud, deception or misrepresentation to obtain licensure.
(C) Engaging in fraud, deception or misrepresentation in the practice of nursing.

7.1.5. Practice

(A) Practicing without an active license or a multi-state privilege to practice.
(B) Failing to comply with municipal, state, or federal statute or regulation related to the practice of nursing.
(C) Practicing or offering to practice beyond the applicable scope of practice.
(D) Obtaining, accessing, revealing or disseminating healthcare information from a patient record or other source, except as required by professional duties or authorized by law.
(E) Displaying disruptive or abusive conduct in the workplace.
(F) Aiding, abetting, directing, or assisting an individual to violate or circumvent any law or rule intended to guide the conduct of a licensed nurse or any other licensed healthcare provider.
(G) Unsafe practice, substandard care or unprofessional conduct, including but not limited to:
    (1) Failing to perform nursing functions in a manner that is consistent with established customary standards.
    (2) Administering, advising, or distributing drugs or nonpharmacological interventions contrary to acceptable and prevailing standards.
    (3) Altering, destroying, or attempting to destroy patient or employer records.
    (4) Failing to safeguard the patient from incompetent, abusive or illegal practice of any individual.
    (5) Engaging in any discriminatory conduct.

(6) Abandoning a nursing assignment prior to the proper reporting and notification to the appropriate department head or personnel of such an action.
(7) Neglecting a patient in need of nursing care.
(8) Falsifying, omitting, inaccurately documenting or creating an unintelligible entry in any record.
(9) Failing to maintain a patient record that accurately reflects the nursing assessment, care, treatment and other nursing services provided to the patient.
(10) Demonstrating an actual or potential inability to safely practice nursing due to any condition that impairs judgement or that would otherwise adversely affect the nurse's ability to practice safely and in a competent, ethical and professional manner.

(H) Performing a nursing function or undertaking a specific practice without the necessary knowledge, preparation, experience and competency to properly execute the practice.
(I) Failing to supervise student experience as assigned.
(1) Failing to provide administrative oversight of the nursing organization and nursing services of a healthcare delivery system or program.
(2) Knowingly aiding or allowing an unlicensed person to engage in the unlawful practice of nursing.
(3) Knowingly aiding or allowing a person to violate or circumvent a law or BON regulation or rule.

7.1.6. Drugs and Alcohol

Drug related offenses, including, but not limited to:

(1) Illegally obtaining, possessing, or distributing drugs for personal or other use or other violations of state or federal drug laws.
(2) Unauthorized prescribing, dispensing or administering medication.
(3) Testing positive on a drug screen for alcohol, nonprescribed drug or illicit substance while engaging in the practice of nursing.

7.1.7. Administrative Actions

(A) Actions taken by a regulatory body on a license to practice nursing, a multi-state privilege to practice, or another professional license or other credential.
(B) Failing to respond to a BON investigation.
(C) Failing to comply with BON reporting requirements.
(D) Violating or failing to comply with any term of a BON order or agreement.

(E) Submitting a fraudulent application for licensure.
(F) Failing to provide requested documentation related to applications, renewals, investigations or continuing competency requirements.
(G) Providing false or misleading documents related to applications, renewals, investigations or continuing competency requirements.

Authority: Model Act Article VII Section 1

7.2. BON Action Related to Prescriptive Practice Authority

(A) Prescribing, dispensing, administering, or distributing drugs or nonpharmacological interventions contrary to acceptable and prevailing standards.
(B) Selling, purchasing, trading or offering to sell, purchase or trade drug samples.

Authority: Model Act Article VII Section 2

7.3. Notification

(A) The BON shall provide information as required by federal law to federal databanks, to a coordinated licensure information system, and may develop procedures for communicating with others in BON policy.
(B) All nurse participants or nurse licensure applicants in alternative programs may be reported to a nonpublic coordinated licensure information system that is accessible to all BONs.

Authority: Model Act Article VII Section 3

Report of the Awards Committee

Background

The NCSBN Awards Program recognizes and celebrates members' outstanding achievements and significant contributions to nursing regulation. The recipients are honored each year at the NCSBN Annual Meeting Awards Ceremony held in August in Chicago. Since 2021, there had been a decline in the number of award submissions, but the past couple years have shown signs of a reversal as 2026 nominations showed an increase of 46% more nominations than 2025, which had previously increased over 2024. Targeted strategies on the part of the committee and NCSBN Member Engagement included a streamlined user interface for the nomination form, a series of webinars supporting the nomination process, and collaboration with NCSBN's Marketing & Communications (M&C) department on some creative ways to engage members at NCSBN's Midyear Meeting.

The Awards Committee selected six members as recipients for the 2026 Awards Program. In addition, 17 executive officers will receive the Executive Officer Recognition Award for their years of service and contributions to nursing regulation. The following is a list of all members who will be honored at the 2026 NCSBN Annual Meeting:

Catalyst Award
Peggy Sellers Benson, MSN, MSHA, RN, NE-BC
Executive Officer
Alabama Board of Nursing

Elaine Ellibee Award
Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS
Board Chair
Alaska Board of Nursing

Exceptional Contribution Award
Prisicilla Burks, PhD, RN
Director of Practical Nursing Education
Mississippi Board of Nursing

Meritorious Service
Crystal Tillman, DNP, RN, CPNP, PMHN-BC, FRE
Chief Executive Officer
North Carolina Board of Nursing

Nova Award
Kyle Martin
Director of Operations
North Dakota Board of Nursing

Regulatory Achievement Award
Mississippi Board of Nursing

Committee Members

Marty Alston
West Virginia RN, Area II

Teri Belcourt, MSHS
Saskatchewan RN, Exam User Member

Jennifer Best, MSN, MN, RN, FRE
Nova Scotia, Exam User Member

Allison Edwards, DrPH, MS, CNE, CDDN, FAAN
Texas, Area III

Bonny Kehm, PhD, RN
Missouri, Area II

Carol Moreland, MSN, RN
Kansas, Area II

Lori Underwood
Washington, Area I

Committee Staff

Alicia Byrd, RN
Director, Member Engagement

Jason Schwartz, MS
Director, Member Outreach

Meeting Dates

Dec. 12, 2025 (In-person Meeting)

Feb. 12, 2026 (Virtual Meeting)

April 16, 2026 (In-person Meeting)

Relationship to Strategic Initiative Statement

Strategic Objective:
MEMBER ENGAGEMENT EVOLUTION

Create an environment where Member Boards can easily engage, consult, and collaborate on key issues surrounding nursing regulation and the trust of nursing.

Our objective is strengthened by members learning about the successes of other members. The Awards Program is one of the most visible ways NCSBN highlights achievement in ways other members can learn from, emulate or build upon in their own nursing regulatory body (NRB) environments.

Executive Officer Recognition Award

Five Year Award

- Jenny Barnhouse, DNP, RN, Executive Director, Oklahoma Board of Nursing
- Shiela Boni, MSN, RN, Executive Officer, Vermont State Board of Nursing
- Nicki Chopski, PharmD, Executive Director, Idaho Board of Nursing
- Laura Lynn Jackson, MSc, RN, RM, Chief Nursing Officer, Bermuda Nursing and Midwifery Council
- Kelly Jenkins, MSN, RN, NE-BC, Executive Director, Kentucky Board of Nursing
- Sherry Richardson, MSN, RN, Executive Director, Tennessee State Board of Nursing
- Brad Wojciechowski, Executive Director, Wisconsin Department of Safety and Professional Services

10 Year Award

- Michelle L. Chapman, MSN, MBA/HCM, RN-BC, Executive Director, West Virginia Board of Examiners for Licensed Practical Nurses
- Cathy Dinauer, MSN, RN, Executive Director, Nevada State Board of Nursing
- JoAnne Graham, LPN, Executive Director/Registrar, College of Nursing of New Brunswick
- Ann Oertwich, PhD, RN, Executive Director, Nebraska Board of Nursing
- Sue Ann Painter, DNP, RN, Executive Director, West Virginia Board of Registered Nurses
- Dawn Rix-Moore, Chief Operating Officer, Prince Edward Island College of Nursing and Midwifery (previously Executive Director, College of Licensed Practical Nurses of Prince Edward Island)

15 Year Award

- Jennifer Breton, RN, LPN, Executive Director, College of Licensed Practical Nurses of Manitoba
- Laura Panteluk, RPN, Registrar and Chief Executive Officer, College of Registered Psychiatric Nurses of Manitoba

20 Year Award

- Michele Bromberg, MSN, RN, Nursing Coordinator, Illinois Department of Financial and Professional Regulation

25 Year Award

- Lori Scheidt, MBA-HCM, Executive Director, Missouri State Board of Nursing

Founders Award

The Board of Directors (BOD) will award Joey Ridenour, MN, RN, FAAN, Executive Director, Arizona State Board of Nursing, with the Founders Award to honor her for distinguished leadership, extensive accomplishments in advancing nursing regulation and significant contributions to NCSBN.

Attachments

Attachment A:
2026 Awards Brochure

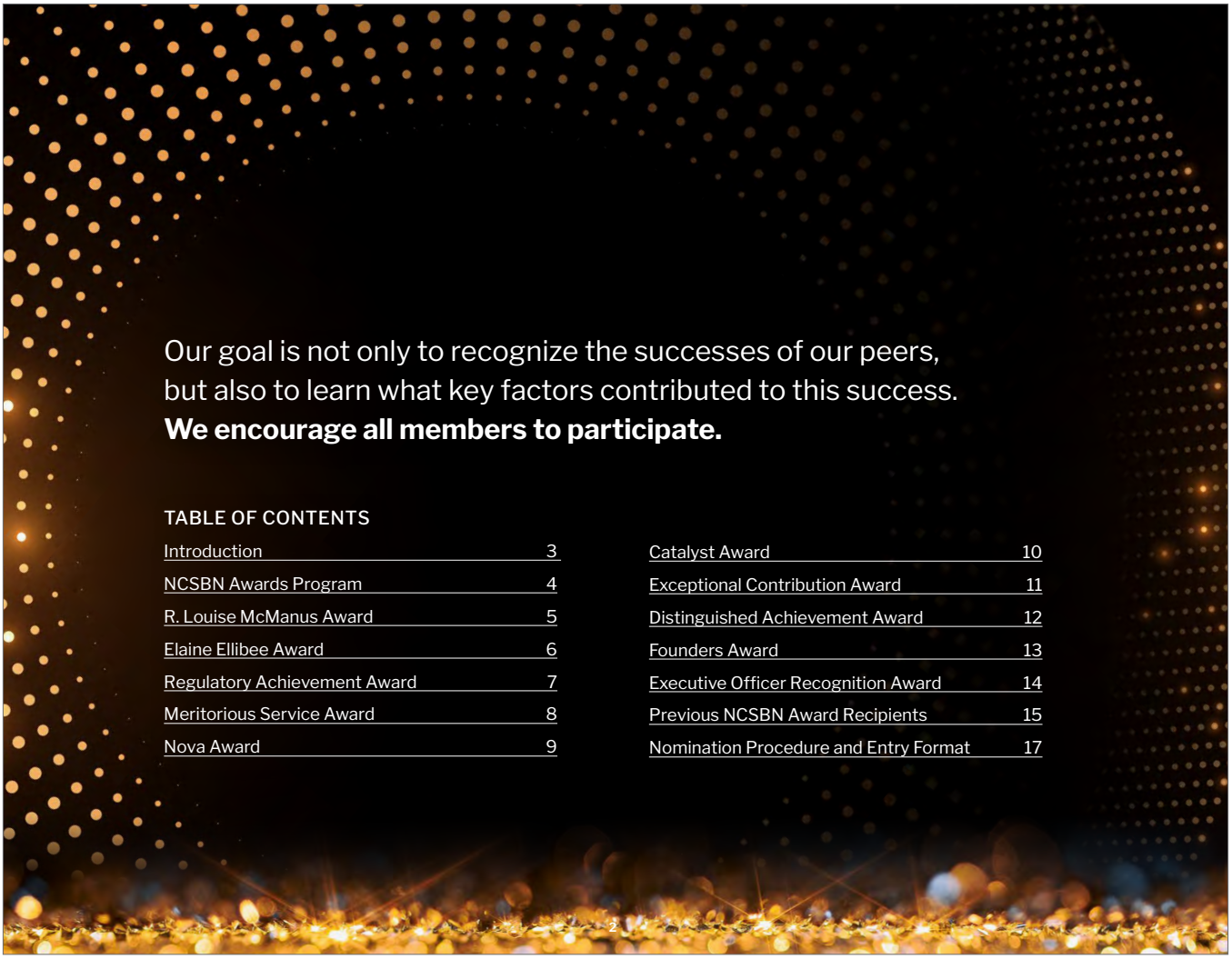
Fiscal Year 2026 (FY26) Highlights and Accomplishments

- Selection of six award recipients
- Three webinars to drive interest and address barriers to nomination
- Active engagement at NCSBN Midyear Meeting to generate additional nominations
- Consideration and recommendation of new “One NCSBN” award

Future Activities:

Following the successful implementation of the Nova and Catalyst awards in 2025, the Awards Committee began consideration and discussion regarding a possible future award showcasing “One NCSBN” successes. The committee will also meet this summer to review feedback from the April 2026 committee meeting and follow up with the M&C department to discuss outreach and promotions for FY27.

Attachment A: **2026 Awards Brochure**



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.**

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By recognizing those who succeed in the service of nursing regulation we empower others to reach even greater heights of achievement.
We celebrate the work that enhances public protection nationally and internationally and honor those individuals that made such enrichment possible.
Their success inspires others on their own journey toward regulatory excellence.
These awards honor not only the recipient but the accomplishments that effect positive change for the betterment of all.
Recognition. Celebration. Inspiration.
NCSBN
Leading Regulatory Excellence
R. Louise McManus Award

NCSBN AWARDS

NCSBN Awards Program

The NCSBN awards are designed to recognize the outstanding achievements of the membership and celebrate significant contributions to nursing regulation. The NCSBN awards will be announced at the 2026 Annual Meeting.

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 and nominators will be notified after the May 2026 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 is made, the nominator will be contacted to determine if he/she is agreeable to the nominee being given a different award.

NCSBN AWARDS

CALL FOR AWARD NOMINATIONS

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.

Watch the video for the 2024 award recipient, Jay Douglas, MSM, RN, CSAC, FRE, former Executive Director (retired), Virginia Board of Nursing.

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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NCSBN AWARDS

CALL FOR AWARD NOMINATIONS

Elaine Ellibee 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

Current service as a member president or served 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

Watch the video for the 2022 award recipient, Barbara Blozen, EdD, MA, RN-BC, CNL, Board President, New Jersey Board of Nursing.

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NCSBN AWARDS

CALL FOR AWARD NOMINATIONS

Regulatory Achievement Award

This award recognizes the 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.

Eligibility

A nursing regulatory body who is a member

Criteria for Selection

- Active participation in NCSBN activities (include list of specific activities in the nomination narrative)
- 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

Watch the video for the 2025 award recipient, the College of Registered Nurses of Alberta.

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NCSBN AWARDS

CALL FOR AWARD NOMINATIONS

Meritorious Service Award

This award is presented to a board or staff member for positive impact and significant contributions to the purposes of NCSBN. The Meritorious Service Award is granted to a member for significant contributions to the mission and vision of NCSBN.

Eligibility

An individual who is a member

Criteria for Selection

- Significant promotion of the mission and vision of NCSBN and nursing regulation
- Positive impact on the contributions of NCSBN
- Demonstrated support of NCSBN's mission and nursing regulation
- Dedication to public protection

Award Cycle

Annually as applicable

Number of Recipients

One

Watch the video for the 2024 award recipient, Sue Tedford, MNSc, APRN, Executive Director, Arkansas State Board of Nursing.

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NCSBN AWARDS

CALL FOR AWARD NOMINATIONS

Nova Award

As the name implies, nova is a star showing an increase in brightness. This award recognizes emerging nursing regulatory leaders.

Eligibility

An individual who is a member with less than five years tenure in nursing regulation or in their role

Criteria for Selection

- Demonstrated support of nursing regulation and NCSBN
- Commitment to public protection
- Ongoing exceptional growth in contribution to nursing regulation

Award Cycle

Annually as applicable

Number of Recipients

One

Watch the video for the 2025 award recipient, Alison Bradywood, DPN, MN/MPH, RN, NEA-BC, Executive Director, Washington State Board of Nursing.

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NCSBN AWARDS

CALL FOR AWARD NOMINATIONS

Catalyst Award

The recipient of this award is someone who sparks change and transformation. The award is given for significant contributions to nursing regulation at any level.

Eligibility

An individual who is a member

Criteria for Selection

- Demonstrated innovation that significantly impacts public protection through right touch regulation
- Meaningful contributions to nursing regulation

Award Cycle

Annually as applicable

Number of Recipients

One

Watch the video for the 2025 award recipient, Douglas Bungay, MN, RN, Chief Executive Officer and Registrar, Nova Scotia College of Nursing.

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NCSBN AWARDS

CALL FOR AWARD NOMINATIONS

Exceptional Contribution Award

This award is given for significant contribution by a member who is not a president or executive officer and demonstrated support of NCSBN's mission and nursing regulation.

Eligibility

An NCSBN Member who is not a president or executive officer

Criteria for Selection

- Significant contributions to nursing regulation
- Demonstrated support of NCSBN's mission and nursing regulation
- Dedication to public protection

Award Cycle

Annually as applicable

Number of Recipients

One

Watch the video for the 2025 award recipient, Jacci Reznicek, EdD, MSN, RN, ANP-BC, Nursing Education Consultant, Nebraska Board of Nursing.

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NCSBN AWARDS

CALL FOR AWARD NOMINATIONS

Distinguished Achievement Award

This honor is given to individuals or organizations whose contributions or accomplishments have impacted NCSBN's mission and vision.

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

One

Watch the video for the 2020 award recipient, David Swankin, Esq., President and CEO, Citizen Advocacy Center (CAC).

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NCSBN AWARDS

BOARD OF DIRECTORS SELECTED

Founders Award

The founders of the National Council of State Boards of Nursing (NCSBN) exhibited courage and vision in 1977 when they voted to form a task force to study the reorganization of the ANA Council of State Boards of Nursing. This action resulted in NCSBN evolving as "an organization of stature, strengthening the images of boards of nursing as state government agencies concerned with protecting the public health, safety and welfare, and fostering within our profession an increased respect and recognition of this crucial role" (Mildred Schmidt, NCSBN president 1979–1981).

Description of Award

This prestigious award is given only upon occasion that an individual with ethics, integrity and sincerity has demonstrated the highest regard for the ideals and beliefs upon which NCSBN was founded.

Eligibility

The award is not eligible for nomination, it is given by the Board of Directors to an individual who has:

- Demonstrated courage and vision for innovation in regulation to enhance the health, safety and welfare of the public;
- Shown exemplary and sustained commitment to excellence in nursing regulation;
- Sponsored the development of significant regulatory policy at the national and international level;
- Evidenced a profound regard for the mission, vision and values of NCSBN;
- Fostered interprofessional regulatory collaboration nationally and internationally; and
- Facilitated the cogent and insightful advancement of evidence-based regulation.

Award Cycle

Determined by the Board of Directors

Number of Recipients

One

Watch the video for the 2025 award recipient, Tony Zara, PhD, Former NCSBN COO, Special Services Division; Vice President, Assessment Solution at Pearson VUE.

NCSBN AWARDS

YEARS OF SERVICE

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

14

Previous NCSBN Award Recipients

FOUNDERS AWARD

2025 Tony Zara
2023 David Benton
2020 Carmen A. Catizone
Elizabeth Lund
2018 Joyce M. Schowalter
2017 Thomas G. Abram
2015 Kathy Apple

R. LOUISE MCMANUS AWARD

2024 Jay Douglas
2022 Anne Coghlan
2021 Kim Glazier
2020 Lori Scheidt
2019 Elizabeth Lund
2018 Gloria Damgaard
2017 Mary Blubaugh
2016 Julia L. George
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

2024 Sue Tedford
2023 Paula R. Meyer
2020 Adrian Guerrero
2019 Fred Knight
2017 Linda D. Burhans
2016 Lori Scheidt
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

NOVA AWARD

2025 Alison Bradywood

CATALYST AWARD

2025 Douglas Bungay

REGULATORY ACHIEVEMENT AWARD

2025 College of Registered Nurses of Alberta
2024 British Columbia College of Nurses and Midwives
2023 Kansas State Board of Nursing
2022 North Dakota Board of Nursing
2020 North Carolina Board of Nursing
2019 Alabama Board of Nursing
2018 College of Nurses of Ontario
2017 Minnesota Board of Nursing
2016 West Virginia State Board of Examiners for Licensed Practical Nurses
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

2022 Barbara Blozen
2020 Patricia Sharpnack
2017 Valerie J. Fuller
2016 Susan Odom
2015 Deborah Haagenson
2013 Linda R. Rounds

EXCEPTIONAL CONTRIBUTION AWARD

2025 Jacci Reznicek
2024 Victoria Record
Patricia Towler
2023 Suzanne Hunt

Previous NCSBN Award Recipients (continued)

2020 Mary A. Baroni
2019 Ingeborg "Bibi" Schultz
2018 Lois Hoell
Suellyn Masek
2017 Nathan Goldman
Mindy Schaffner
Catherine C. Woodard
2016 Rene Cronquist
Rhonda Taylor
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

2020 David Swankin
2018 Gregory Y. Harris
Deb Soholt
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

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 30TH ANNIVERSARY SPECIAL AWARD

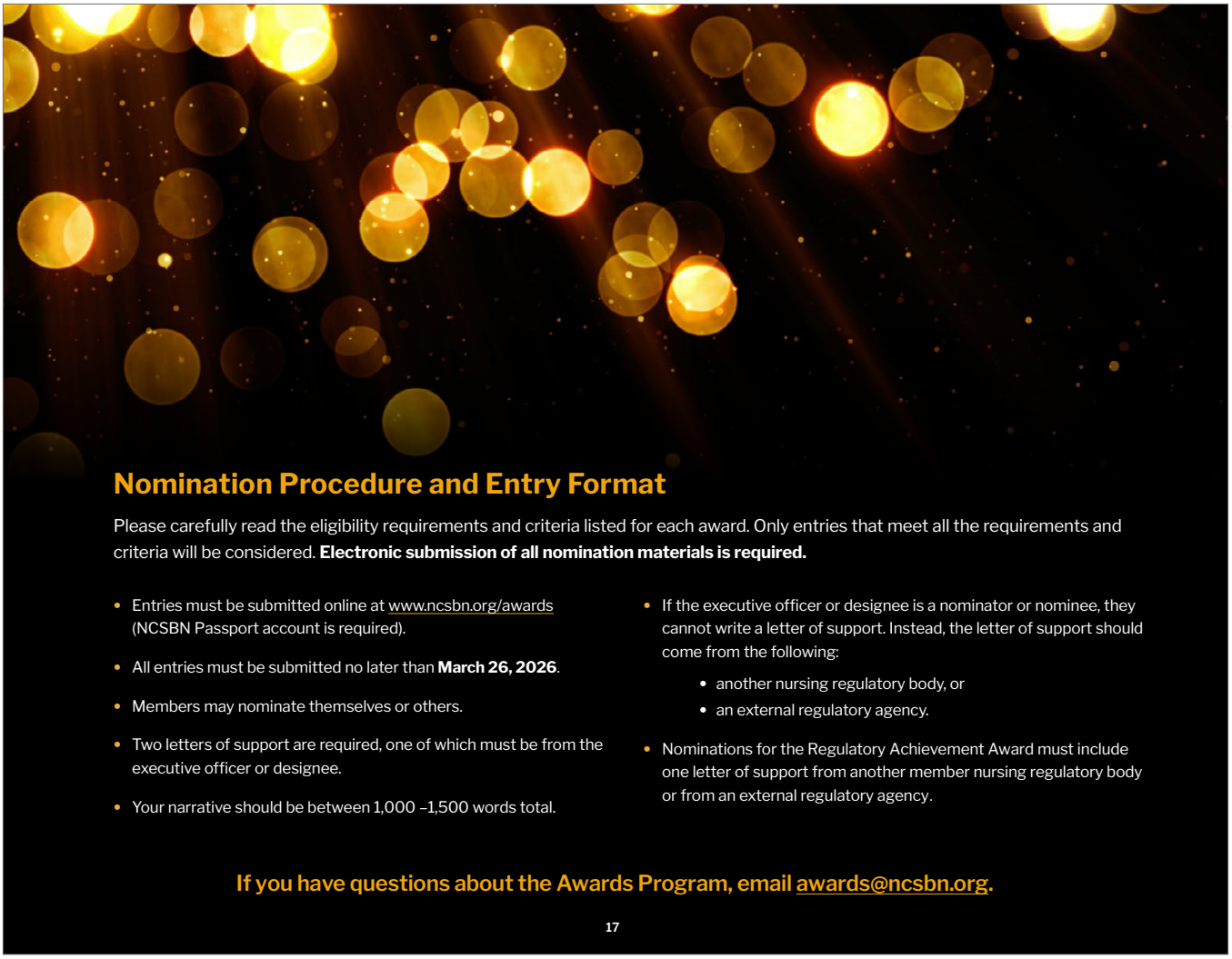
2008 Joey Ridenour
Sharon Weisenbeck Malin
Mildred S. Schmidt

NCSBN SPECIAL AWARD

2008 Thomas G. Abram
2004 Robert Waters
2002 Patricia Benner

SILVER ACHIEVEMENT AWARD

2000 Nancy Wilson
1998 Joyce Schowalter



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 online at www.ncsbn.org/awards (NCSBN Passport account is required).
- All entries must be submitted no later than **March 26, 2026**.
- Members may nominate themselves or others.
- Two letters of support are required, one of which must be from the executive officer or designee.
- Your narrative should be between 1,000 –1,500 words total.
- If the executive officer or designee is a nominator or nominee, they cannot write a letter of support. Instead, the letter of support should come from the following:
  - another nursing regulatory body, or
  - an external regulatory agency.
- Nominations for the Regulatory Achievement Award must include one letter of support from another member nursing regulatory body or from an external regulatory agency.

If you have questions about the Awards Program, email awards@ncsbn.org.

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NCSBN
Leading Regulatory Excellence
111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277
312.525.3600
www.ncsbn.org
These awards are designed to celebrate significant contributions in nursing regulation.
Nominate those who have made an impact.
Recognition. Celebration. Inspiration.

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.

Fiscal Year 2026 (FY26) Highlights and Accomplishments

- Reviewed the NCSBN audited financial statements for the fiscal year ended Sept. 30, 2025, with management and the organization's independent accountant. The committee met both with and without management present to review the results of the accountant's examination of internal controls and the financial statements.
- Reviewed the auditor's report for the NCSBN 403(b) defined contribution retirement plans for the year ended June 30, 2025, with management and the organization's independent accountant.
- Reviewed the quarterly financial statements and supporting schedules and recommended that the BOD accept the reports.
- Reviewed the financial reserve and advised the BOD that operating expenses continue to outpace program revenue, creating an ongoing operating deficit and requiring continued use of unrestricted net assets.
- Recommended that the BOD approve a $150 increase to the NCLEX® exam fee and submit the proposal to the Delegate Assembly at the August 2026 Annual Meeting. Unchanged for 25 years, the current fee no longer reflects the organization's cost structure, inflationary pressures or operational realities. This adjustment is necessary to strengthen operating stability and support the organization's long-term financial sustainability.
- Reviewed NCSBN investment performance quarterly with staff and the organization's investment consultant, Mariner, and advised the BOD that the current investment strategies remain appropriate for NCSBN. The committee also recommended approval of revisions to Investment Policy 8.5.

Committee Members

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

Donald Bucher, DNP, CRNP
Pennsylvania, Area IV

Jeremy Cummins, LPN, LNHA
Mississippi, Area III

Dan Li, MBA, CPA, CA
Exam User Member

Phillip Petty, RN
Arkansas, Area III

Michael Starchman, RN, CPA
Oklahoma, Area III

Committee Staff

Sally Beach, MBA, CPA
Chief Financial Officer

Meeting Dates

Dec. 11, 2025

Feb. 9, 2026

May 4, 2026

July 6, 2026

Relationship to Strategic Initiative Statement

N/A

Attachments

Attachment A:
Report of the Independent Auditors FY25

Future Activities

At its July 6, 2026, meeting the committee will review the following:

- Financial reports through May 31, 2026
- Investment fund performance
- The FY27 budget, beginning Oct. 1, 2026
- Plans for the FY26 financial audit and the audits of the 403(b) DC and 403(b) TDA retirement plans
- Revisions to the Financial Policies 8.1 - 8.9.

Attachment A: **Report of the Independent Auditors FY25**

RSM US LLP

Independent Auditor's Report

Board of Directors
National Council of State Boards of Nursing, Inc.

Opinion
We have audited the financial statements of National Council of State Boards of Nursing, Inc. (NCSBN), which comprise the statement of financial position as of September 30, 2025 and 2024, the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the NCSBN as of September 30, 2025 and 2024, and the changes in its net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion
We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of NCSBN and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about NCSBN's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 NCSBN's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about NCSBN's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control-related matters that we identified during the audit.

RSM US LLP

Chicago, Illinois
December 22, 2025

National Council of State Boards of Nursing, Inc.

Statements of Financial Position
September 30, 2025 and 2024

	2025	2024
Assets		
Cash and cash equivalents	**$ 31,548,673**	$ 25,071,933
Cash held for others	**1,618,332**	1,429,232
Accounts receivable	**1,222,301**	254,252
Accrued investment income	**652,100**	621,526
Prepaid expenses	**2,804,283**	1,891,587
Investments	**264,494,988**	266,740,452
Operating lease right-of-use assets, net	**2,802,615**	3,344,409
Financing lease right-of-use assets, net	**10,273**	41,521
Property and equipment, net	**20,520,544**	18,153,495
Total assets	**$ 325,674,109**	$ 317,548,407
Liabilities and Net Assets		
Liabilities:		
Accounts payable	**$ 1,898,219**	$ 2,331,193
Due to test vendor	**6,517,032**	5,747,910
Accrued payroll, payroll taxes and compensated absences	**1,697,685**	1,740,096
Contract liabilities	**21,489,390**	21,719,008
Grants payable	**1,121,801**	375,036
Cash held for others	**1,618,332**	1,429,232
Operating lease liability	**4,231,847**	5,040,087
Financing lease liability	**11,681**	46,613
Total liabilities	**38,585,987**	38,429,175
Net assets without donor restrictions:		
Board-designated	**125,000,000**	125,000,000
Undesignated	**162,088,122**	154,119,232
Total net assets without donor restrictions	**287,088,122**	279,119,232
Total liabilities and net assets	**$ 325,674,109**	$ 317,548,407

See notes to financial statements.

National Council of State Boards of Nursing, Inc.

Statements of Activities
Years Ended September 30, 2025 and 2024

	2025	2024
Changes in net assets without donor restrictions:		
Revenue:		
Examination fees	**$ 107,507,781**	$ 103,748,509
Other program services income	**9,921,262**	9,677,854
Net realized and unrealized gain on investment	**17,368,482**	38,779,025
Interest and dividend income, net of investment expenses	**5,737,547**	5,683,517
Total revenue	**140,535,072**	157,888,905
Expenses:		
Program services:		
Nurse competence	**89,054,602**	84,836,484
Nurse practice and regulatory outcome	**16,235,287**	17,121,755
Information	**18,913,167**	19,288,815
Total program services	**124,203,056**	121,247,054
Support services:		
Management and general	**8,363,126**	5,818,001
Total support services	**8,363,126**	5,818,001
Total expenses	**132,566,182**	127,065,055
Increase in net assets without donor restrictions	**7,968,890**	30,823,850
Net assets without donor restrictions—beginning of year	**279,119,232**	248,295,382
Net assets without donor restrictions—end of year	**$ 287,088,122**	$ 279,119,232

See notes to financial statements.

National Council of State Boards of Nursing, Inc.

Statement of Functional Expenses
Year Ended September 30, 2025

	Program Services				
	Nurse Competence	Nurse Practice and Regulatory Outcome	Information	Management and General	Total
Salaries	$ 4,986,019	$ 5,634,041	$ 5,687,924	$ 3,871,234	$ 20,179,218
Fringe benefits	1,359,050	1,428,868	1,511,498	977,390	5,276,806
NCLEX processing costs	79,850,237	-	-	-	79,850,237
Other professional services fees	900,124	3,505,650	3,077,394	1,514,828	8,997,996
Supplies	11,909	17,282	17,347	21,719	68,257
Meetings and travel	1,126,005	2,815,607	80,774	685,906	4,708,292
Telephone and communications	-	-	205,469	6,300	211,769
Postage and shipping	12,480	46,083	14,408	21,503	94,474
Occupancy	331,552	321,242	351,646	572,681	1,577,121
Printing and publications	-	130,148	-	-	130,148
Library and membership	81,400	27,127	2,881	21,717	133,125
Equipment and maintenance	98,872	801,387	4,061,043	155,870	5,117,172
Depreciation and amortization	96,045	84,403	3,552,783	165,896	3,899,127
Other expenses	200,909	105,505	-	348,082	654,496
Grants	-	1,317,944	350,000	-	1,667,944
Total functional expenses	$ 89,054,602	$ 16,235,287	$ 18,913,167	$ 8,363,126	$ 132,566,182

See notes to financial statements.

National Council of State Boards of Nursing, Inc.

Statement of Functional Expenses
Year Ended September 30, 2024

	Program Services				
	Nurse Competence	Nurse Practice and Regulatory Outcome	Information	Management and General	Total
Salaries	$ 5,376,932	$ 5,078,741	$ 5,419,299	$ 2,838,779	$ 18,713,751
Fringe benefits	1,463,662	1,462,016	1,570,674	605,080	5,101,432
NCLEX processing costs	75,063,060	-	-	-	75,063,060
Other professional services fees	945,889	4,155,512	3,205,074	1,083,790	9,390,265
Supplies	14,458	17,309	21,171	12,383	65,321
Meetings and travel	1,123,252	3,592,847	271,475	530,145	5,517,719
Telephone and communications	-	24,885	181,639	-	206,524
Postage and shipping	8,564	18,802	8,594	6,934	42,894
Occupancy	394,305	444,282	627,789	317,635	1,784,011
Printing and publications	703	94,470	703	566	96,442
Library and membership	110,190	31,973	1,261	33,161	176,585
Equipment and maintenance	5,785	857,377	4,471,679	123,220	5,458,061
Depreciation and amortization	118,924	125,530	3,509,457	95,800	3,849,711
Other expenses	210,760	68,022	-	170,508	449,290
Grants	-	1,149,989	-	-	1,149,989
Total functional expenses	$ 84,836,484	$ 17,121,755	$ 19,288,815	$ 5,818,001	$ 127,065,055

See notes to financial statements.

National Council of State Boards of Nursing, Inc.

Statements of Cash Flows
Years Ended September 30, 2025 and 2024

	2025	2024
Cash flows from operating activities:		
Increase in net assets without donor restrictions	**$ 7,968,890**	$ 30,823,850
Adjustments to reconcile increase in net assets without donor restrictions to net cash used in operating activities:		
Depreciation and amortization	**3,899,127**	3,849,711
Net realized and unrealized gain on investments	**(17,368,482)**	(38,779,025)
Amortization of operating right-of-use assets	**541,794**	744,834
Changes in assets and liabilities:		
Accounts receivable	**(968,049)**	(44,788)
Accrued investment income	**(30,574)**	(118,039)
Prepaid expenses	**(912,696)**	266,000
Accounts payable	**(432,974)**	764,315
Due to test vendor	**769,122**	(396,525)
Accrued payroll, payroll taxes and compensated absences	**(42,411)**	109,755
Contract liabilities—deferred revenue	**(229,618)**	(1,211,876)
Grants payable	**746,765**	(239,359)
Cash held for others	**189,100**	229,892
Operating lease liability	**(808,240)**	(756,601)
Net cash used in operating activities	**(6,678,246)**	(4,757,856)
Cash flows from investing activities:		
Purchase of property and equipment	**(6,234,928)**	(11,380,859)
Purchases of investments	**(93,017,268)**	(84,894,789)
Proceeds from sales of investments	**112,631,214**	108,796,892
Net cash provided by investing activities	**13,379,018**	12,521,244
Cash flows from financing activities:		
Principal payments for finance lease liability	**(34,932)**	(33,242)
Net cash used in financing activities	**(34,932)**	(33,242)
Net increase in cash, cash equivalents and cash held for others	**6,665,840**	7,730,146
Cash, cash equivalents and cash held for others—beginning of year	**26,501,165**	18,771,019
Cash, cash equivalents and cash held for others—end of year	**$ 33,167,005**	$ 26,501,165
Classification and cash, cash equivalents and cash held for others:		
Cash and cash equivalents	**$ 31,548,673**	$ 25,071,933
Cash held for others	**1,618,332**	1,429,232
Total cash, cash equivalents and cash held for others	**$ 33,167,005**	$ 26,501,165

See notes to financial statements.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

Note 1. Nature of Activities

National Council of State Boards of Nursing, Inc. (NCSBN) is a nonprofit 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 practices 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 with implementation of strategies to promote regulatory effectiveness to fulfill their public protection role. Analyze the changing health care environment to develop state and national strategies to impact public policy and regulation affecting public protection.

Information: Develop information technology solutions valued and utilized by member boards to enhance regulatory efficiency.

Note 2. Significant Accounting Policies

Basis of presentation: NCSBN is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions. Net assets are generally reported as net assets without donor restrictions unless assets are received from donors with explicit stipulations that limit the use of the assets. NCSBN does not have any net assets with donor restrictions.

Revenue recognition: NCSBN derives its revenue primary from the National Council Licensure Examination (NCLEX) fees. Other significant revenue streams include licensure verification fees, member dues and publication sales. During 2025 and 2024, NCSBN recognized revenue from contracts with customers of $117,429,043 and $113,426,363, respectively. For the year ended September 30, 2025, the beginning balance of NCSBN's receivables from contracts with customers was $254,252 and the closing balance was $1,222,301. For the year ended September 30, 2024, the beginning balance of NCSBN's receivables from contracts with customers was $209,464. This includes fees that have been collected on behalf of NCSBN by NCSBN's outsourced test vendor, Pearson VUE.

For each revenue stream identified above, revenue recognition is subject to the completion of performance obligations. For each contract with a customer, NCSBN determined whether the performance obligations in the contract are distinct or bundled. Factors to be considered include the pattern of transfer, whether customers can benefit from the resources, and whether the resources are readily available.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

NCSBN's revenue is recognized when a given performance obligation is satisfied, either over a period of time or at a given point in time. NCSBN recognizes revenue over a period of time if the customer receives and consumes the benefits that NCSBN provides simultaneously or if NCSBN's performance does not create an asset with an alternative use and has an enforceable right to payment for the performance. The revenue is recognized at a given point in time when the control of the goods or service is transferred to the customer and when the customer can direct its use and obtain substantial benefit from the goods. The transaction price is calculated as the amount of consideration to which NCSBN expects to be entitled (such as the exam price and verification fee price). NCSBN collects payment upfront for NCLEX fees and at the time of purchase for all other revenue streams. For NCLEX fees, NCSBN collects cash prior to the satisfaction of the performance obligations, which results in NCSBN recognizing contract liabilities upon receipt of payment. For the year ended September 30, 2025, the beginning balance of NCSBN's contract liabilities was $21,719,008 and the closing balance was $20,614,606. For the year ended September 30, 2024, the beginning balance of NCSBN's contract liabilities was $22,930,884.

The following explains the performance obligations related to each revenue stream and how they are recognized:

Examination fees: The NCLEX is administered primarily in the United States. Approximately 9% and 8% of examination fee revenue related to the NCLEX in Canada for the years ended September 30, 2025 and 2024, respectively. NCSBN has a performance obligation to provide the NCLEX to the candidates and recognizes revenue when the exam is taken.

The revenue streams listed below are included in other program services income on the statements of activities.

Licensure verification fees: Nurses can request verification of their licenses by completing a verification process, for which NCSBN charges a fee. NCSBN has a performance obligation to provide the verification, which is satisfied at the time of purchase.

Member dues: NCSBN earns dues from its associate members and exam user members. Member dues are earned over each fiscal year, representing the period over which NCSBN satisfied the performance obligation.

Publication sales: Customers can purchase NCSBN's publication, *Journal of Nursing Regulation*. NCSBN has a performance obligation to provide the publication, and revenue is recognized upon purchase.

Total revenue recognized at a point in time and over time was as follows for the years ended September 30, 2025 and 2024:

	2025	2024
Revenue recognized at a point in time	$ 117,392,293	$ 113,335,863
Revenue recognized over time	36,750	90,500
	$ 117,429,043	$ 113,426,363

Cash and cash equivalents: NCSBN considers all investments with an original maturity of three months or less when purchased to be cash equivalents.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

Cash held for others: Cash held for others represents cash held for the Interstate Commission of Nurse Licensure Compact Administrators (ICNLCA).

Accounts receivable: Accounts receivable represent amounts owed to NCSBN, stated at contract amount less an estimate made for credit losses. Management determines the allowance for credit losses by identifying troubled accounts and by using historical risk characteristics that are meaningful to estimating credit losses and any new risk characteristics that arise in the natural course of business applied to an aging of accounts. Accounts receivable are written off when deemed uncollectible. Recoveries of accounts receivable previously written off are recorded when received. Interest is not charged on past due accounts. Based on management's risk assessment over outstanding receivable balances, management's best estimate is that all balances will be collected. Accordingly, NCSBN has not established an allowance for credit losses at September 30, 2025 and 2024. There were no write-offs or bad debt expense for the years ended September 30, 2025 and 2024.

Board-designated net assets: The board has designated $100,000,000 in a long-term reserve for the purpose of supplementing future programmatic revenue. In addition, the board has designated $25,000,000 for future capital expenditures. These designations are based on board actions, which can be altered or revoked at a future time by the board.

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. 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 that 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 statements of activities as an increase (decrease) in net assets.

Property and equipment: Purchases of individual fixed assets of $1,000 or greater are capitalized and depreciated. Property and equipment is recorded at cost. Major additions are capitalized, while replacements, maintenance, and repairs that do not improve or extend the lives of the respective assets are expensed. Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable. No impairment was recognized during the years ended September 30, 2025 and 2024.

Leases: NCSBN accounts for leases according to Accounting Standards Codification (ASC) Topic 842. NCSBN determines if an arrangement is or contains a lease at inception, which is the date on which the terms of the contract are agreed to, and the agreement creates enforceable rights and obligations. A contract is or contains a lease when: (i) explicitly or implicitly identified assets have been deployed in the contract, and (ii) NCSBN obtains substantially all of the economic benefits from the use of that underlying asset and directs how and for what purpose the asset is used during the term of the contract. NCSBN also considers whether its service arrangements include the right to control the use of an asset.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

NCSBN made an accounting policy election available under Topic 842 not to recognize right-of-use (ROU) assets and lease liabilities for leases with a term of 12 months or less. For all other leases, ROU assets and lease liabilities are measured based on the present value of future lease payments over the lease term at the commencement date of the lease. The ROU assets also include any initial direct costs incurred and lease payments made at or before the commencement date and are reduced by any lease incentives.

To determine the present value of lease payments, NCSBN made an accounting policy election available to non-public companies to utilize a risk-free borrowing rate, which is aligned with the lease term at the lease commencement date (or remaining term for leases existing upon the adoption of Topic 842).

Due to test vendor: NCSBN has a contract with Pearson VUE to administer the examinations. NCSBN accrues a base price fee at the time the exam is taken. 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 vendors on the statements of financial position represents administered exams that had not been paid at the end of the year.

Grants payable: NCSBN awards grants to selected institutions for nurse practice and regulatory outcome research, which are generally available for periods of one to two years. Unconditional grants are recorded by NCSBN in the period awarded. The expenditures in the accompanying financial statements include the amount expensed for the years ended September 30, 2025 and 2024. Conditional grants, if any, are expensed when such conditions are substantially met. There were no conditional grants awarded as of September 30, 2025 and 2024.

Functional allocation of expenses: The costs of providing the program and support services have been reported on a functional basis in the statements of functional expenses. Costs are charged to program and support services on an actual basis when available. Additionally, certain occupancy, equipment and maintenance and depreciation and amortization have been allocated between program and support services based on estimates of time and effort determined by management.

Advertising expenses: Advertising expenses are expensed as incurred. Total advertising expenses were $2,027,048 and $1,356,483 for the years ended September 31, 2025 and 2024, respectively.

Income taxes: NCSBN is exempt from income tax under the provisions of Internal Revenue Code Section 501(c)(3), except for income taxes pertaining to unrelated business income. The Financial Accounting Standards Board (FASB) issued guidance that requires tax effects from uncertain tax positions to be recognized in the consolidated financial statements only if the position is more likely than not to be sustained if the position were to be challenged by a taxing authority. Management has determined there are no material uncertain tax positions that require recognition in the financial statements, as such, no provision for income taxes is reflected. Additionally, there is no interest or penalties recognized in the statements of activities or statements of financial position.

NCSBN files Form 990 in the U.S. federal jurisdiction and the state of Illinois.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) 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 during the reporting period. Actual results could differ from those estimates.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

Recently issued accounting pronouncements: In July 2025, the FASB issued Accounting Standards Update (ASU) 2025-05, *Financial Instruments—Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets*. The ASU introduces a practical expedient and, for entities other than public business entities, an accounting policy election to simplify the application of Topic 326, *Financial Instruments—Credit Losses*, to current accounts receivable and current contract assets arising from revenue transactions accounted for under Topic 606, *Revenue from Contracts with Customers*.

ASU 2025-05 is effective prospectively. This ASU is effective for all entities for annual reporting periods beginning after December 15, 2025, and interim reporting periods within those annual reporting periods. Early adoption is permitted in both interim and annual reporting periods in which financial statements have not yet been issued or made available for issuance. NCSBN is currently evaluating the impact of this new guidance on its financial statements.

In September 2025, the FASB issued ASU 2025-06, *Intangibles—Goodwill and Other—Internal-Use Software (Subtopic 350-40): Targeted Improvements to the Accounting for Internal-Use Software*. The amendments modernize guidance on capitalization of internal-use software costs and remove prescriptive development stage requirements.

The ASU is effective for all entities for annual reporting periods beginning after December 15, 2027, including interim periods within those annual periods. Early adoption is permitted as of the beginning of an annual reporting period in which financial statements have not yet been issued or made available for issuance. NCSBN is currently evaluating the impact of this new guidance on its financial statements.

Subsequent events: NCSBN has evaluated subsequent events through December 22, 2025, which is the date the financial statements were available to be issued.

Note 3. Cash Concentrations

The cash and cash equivalents balance as of September 30, 2025 and 2024, consisted of the following:

	2025	2024
JPMorgan Chase:		
Checking account	$ 5,855,030	$ 5,178,033
Savings account	7,405,200	7,560,254
Credit card merchant accounts	30,085	26,595
Certificates of deposit with original maturity of 3 months or less	18,258,358	12,307,051
Total	$ 31,548,673	$ 25,071,933

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.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

Note 4. 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, 2025 and 2024, and the valuation techniques used by NCSBN to determine those fair values.

Level 1: The estimated fair values for NCSBN's money market funds, marketable mutual funds and common stock are based on quoted market prices in an active market.

Level 2: U.S. government issues (consisting of Treasury notes and bonds, Treasury Inflation-Protected Securities, and other government agency obligations), and corporate bonds 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.

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 pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset. NCSBN currently uses no Level 3 inputs.

Net asset value (NAV): NAV consists of shares or interests in investment companies at year-end where the fair value of the investment held is estimated based on NAV per share (or its equivalent) of the investment company as a practical expedient.

In instances where 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.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

	Assets Measured at Fair Value on a Recurring Basis at September 30, 2025			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Fixed income:				
Money market funds	$ 2,681,326	$ -	$ -	$ 2,681,326
U.S. government issues	-	68,314,019	-	68,314,019
Corporate bonds	-	22,133,858	-	22,133,858
Mutual funds:				
Mortgage-backed fixed-income mutual fund	4,438,785	-	-	4,438,785
Developed market institutional fund	18,578,239	-	-	18,578,239
Institutional index fund	62,544,381	-	-	62,544,381
Small-cap Index-Institutional Fund	30,073,318	-	-	30,073,318
American EuroPacific Growth Fund	8,711,142	-	-	8,711,142
Equities—common stock	33,277,778	-	-	33,277,778
Total	$ 160,304,969	$ 90,447,877	$ -	250,752,846
Investments measured at NAV—real estate investment trust				13,742,142
Total investments at fair value				$ 264,494,988

	Assets Measured at Fair Value on a Recurring Basis at September 30, 2024			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Fixed income:				
Money market funds	$ 2,006,577	$ -	$ -	$ 2,006,577
U.S. government issues	-	65,217,211	-	65,217,211
Corporate bonds	-	21,575,876	-	21,575,876
Mutual funds:				
Mortgage-backed fixed-income mutual fund	4,302,131	-	-	4,302,131
Developed market institutional fund	15,819,594	-	-	15,819,594
Institutional index fund	71,168,111	-	-	71,168,111
Small-cap Index-Institutional Fund	33,419,687	-	-	33,419,687
American EuroPacific Growth Fund	7,597,757	-	-	7,597,757
Equities—common stock	32,502,679	-	-	32,502,679
Total	$ 166,816,536	$ 86,793,087	$ -	253,609,623
Investments measured at NAV—real estate investment trust				13,130,829
Total investments at fair value				$ 266,740,452

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

Investments in entities that calculate NAV per share: The investment below is valued at net asset value, and there are no unfunded commitments as of September 30, 2025 and 2024:

	Fair Value at September 30		Redemption Frequency, if Eligible	Redemption Notice Period
	2025	2024		
Real estate investment (a)	$ 13,742,142	$ 13,130,829	Quarterly	90 days

(a) The real estate investment trust represents an ownership interest in a private equity fund. The real estate investment trust invests in a diversified portfolio primarily of institutional-quality real estate assets within the United States. The fund has a long-term investment objective of delivering an 8% to 10% total return over a market cycle. All portfolio assets are acquired through Clarion Lion Properties Fund Holdings, L.P., a limited partnership. The properties within the portfolio are valued on a quarterly basis to establish market value estimates of the fund's assets for the purpose of establishing the fund's NAV. Ownership interests and redemptions are calculated based upon NAV. 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 NAV at the last day of the calendar quarter immediately preceding the redemption date.

Note 5. Leases

NCSBN has a lease agreement for office space. On May 15, 2019, NCSBN amended its previous lease agreement to extend the lease term for the space through February 28, 2030. The amended agreement includes lease incentives, including a free rent period and a tenant improvement allowance. The leases includes an option to renew at NCSBN's sole discretion, with renewal terms that can extend the lease term by five years. This option to extend the lease is not included in the lease term as it is not reasonably certain that NCSBN will exercise that option. NCSBN's operating lease does not contain any material restrictive covenants or residual value guarantees.

NCSBN also leases equipment under finance lease agreements with terms ranging from two to three years. NCSBN's finance leases generally do not contain any material restrictive covenants or residual value guarantees.

Operating lease cost is recognized on a straight-line basis over the lease term. Finance lease cost is recognized as a combination of the amortization expense for the ROU assets and interest expense for the outstanding lease liabilities, and results in a front-loaded expense pattern over the lease term.

The components of lease expense are as follows for the years ended September 30, 2025 and 2024:

	2025	2024
Operating lease cost	$ 717,355	$ 717,355
Finance lease cost—amortization of right-of-use assets	31,248	37,056
Finance lease cost—interest on lease liabilities	1,048	2,485
Short-term lease cost	42,477	44,737
Variable lease cost	1,638	2,184
Total lease cost	$ 793,766	$ 803,817

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

Note 5. Leases (Continued)

Supplemental cash flow information related to leases is as follows for the years ended September 30, 2025 and 2024:

	2025	2024
Cash paid for amounts included in measurement of lease liabilities:		
Operating cash outflows—payments on operating leases	$ 983,801	$ 962,606
Operating cash outflows—payments on finance leases	495	1,068
Financing cash outflows—payments on finance leases	34,932	33,242

Supplemental information related to leases as presented on the statements of financial position as of September 30, 2025 and 2024, is as follows:

	2025	2024
Finance leases:		
Equipment	$ 97,059	$ 97,059
Accumulated depreciation	(86,786)	(55,538)
Finance lease right-of-use assets, net	$ 10,273	$ 41,521
Weighted-average remaining lease term:		
Operating leases	4.42 years	5.42 years
Finance leases	0.47 years	1.36 years
Weighted-average discount rate:		
Operating leases	3.82%	3.82%
Finance leases	4.16%	4.18%

Future undiscounted cash flows for each of the next five years and thereafter and a reconciliation to the lease liabilities recognized on the statement of financial position are as follows as of September 30, 2025:

	Operating Leases	Finance Leases
Years ending September 30:		
2026	$ 1,004,996	$ 11,750
2027	1,026,191	-
2028	1,047,386	-
2029	1,068,581	-
2030	450,394	-
Thereafter	-	-
Total	4,597,548	11,750
Less imputed interest	(365,701)	(69)
Total present value of lease liabilities	$ 4,231,847	$ 11,681

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

Note 6. Property and Equipment

The composition of property and equipment as of September 30, 2025 and 2024, is as follows:

	2025	2024	Depreciable Life (Years)
Furniture and equipment	$ 1,432,322	$ 1,436,525	5-7
Course development costs	723,083	723,083	2-5
Computer equipment and software	27,817,980	29,719,858	3-7
Leasehold improvements	2,746,604	2,746,604	Shorter of useful life or life of lease
Software in development	17,000,000	11,000,000	
Total cost	49,719,989	45,626,070	
Less accumulated depreciation	29,199,445	27,472,575	
Net property and equipment	$ 20,520,544	$ 18,153,495	

Depreciation and amortization expense for 2025 and 2024 was $3,899,127 and $3,849,711, respectively.

As of September 30, 2025, NCSBN has completed the contract work, and all codes have been delivered to NCSBN. This software has not been placed into service as of September 30, 2025. As such, associated costs totaling $17,000,000 related to the software were classified as software in development. At this time there are no other costs for software development, but until additional testing is completed the software will not be operationalized. NCSBN plans to negotiate the testing costs in 2026.

Note 7. 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 approximately $3,000 to $350,000 during the year ended September 30, 2025, and two grants ranging in amounts from approximately $110,000 to $175,000 during the year ended September 30, 2024.

The following summarizes the changes in grants payable as of September 30, 2025 and 2024:

	2025	2024
Grants awarded in the current year	$ 1,076,948	$ 282,078
Grants awarded in prior years	44,853	92,958
Total	$ 1,121,801	$ 375,036

Note 8. Retirement Plans

NCSBN maintains a 403(b) defined contribution pension plan covering all employees who complete six months of employment. Contributions are made at 8% of participants' compensation. NCSBN's policy is to fund accrued pension contributions. Retirement plan expense totaled $1,543,136 and $1,448,615 for the years ended September 30, 2025 and 2024, respectively.

National Council of State Boards of Nursing, Inc.

Notes to Financial Statements

Note 9. Liquidity and Availability of Resources

NCSBN regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. The finance committee reviews and the Board of Directors annually assesses the adequacy of financial reserves as they relate to current and long-range spending plans. NCSBN's financial planning policy requires a total of $100 million held as a long-term board-designated fund to supplement future programmatic revenue and $25 million held as a board-designated fund to be spent on future capital expenditures.

The following table shows the total financial assets held by NCSBN as of September 30, 2025 and 2024, and the amounts of those financial assets that could be made readily available within one year of September 30, to meet general expenditures:

	2025	2024
Cash and cash equivalents	$ 31,548,673	$ 25,071,933
Cash held for others	1,618,332	1,429,232
Investments	264,494,988	266,740,452
Accounts receivable	1,222,301	254,252
Accrued investment income	652,100	621,526
Financial assets at year-end	299,536,394	294,117,395
Less those unavailable for general expenditures within one year due to:		
Cash held for others	1,618,332	1,429,232
Board designations	125,000,000	125,000,000
Financial assets available to meet cash needs for general expenditures within one year	$ 172,918,062	$ 167,688,163

Note 10. Commitments

NCSBN has a contract with Pearson VUE through December 31, 2029, which grants rights to Pearson VUE to act as the sole provider to NCSBN of examination-related services covered by the agreement.

Report of the Governance and Bylaws Review Committee

Background

The committee was formed to review the governance structure — including mandatory committees, positions and terms of the NCSBN Board of Directors (BOD) — and make recommendations per the five charges:

1. Assess the articles of incorporation considering the current and foreseeable developments as being driven via the strategic initiatives and associated objectives.
2. Review the governance structure, including mandatory committees, positions and terms of the NCSBN BOD and make recommendations.
3. Review each section of the bylaws for clarity and currency, and ensure they apply to both independent and umbrella boards, and they facilitate the achievement of NCSBN's vision of leading regulatory excellence worldwide.
4. Modernize the Leadership Succession Committee (LSC) including assessment and selection of BOD candidates based on a competency-based approach.
5. Evaluate the necessity for the continuation of dividing the nursing regulatory bodies (NRBs) into regional areas.

Fiscal Year 2026 (FY26) Highlights and Accomplishments

The Governance and Bylaws Review Committee conducted a comprehensive review of NCSBN's governance structure, bylaws, and leadership succession framework, supported by a national listening tour and targeted stakeholder engagement. Input was received through nine listening sessions across membership, including former board members, executive officers, LSC members and broader membership.

The assessment identified general alignment with the need to modernize NCSBN's governance model to ensure effectiveness, agility and future readiness. Common themes included transparency in governance decision-making; careful implementation of competency-based leadership selection; balanced approaches to BOD continuity and rotation; equitable representation across jurisdictions; and election processes that promote meaningful member participation.

Feedback received at NCSBN's Midyear Meeting: While members largely supported the direction of proposed reforms, feedback

Members

Kim Glazier, MEd, RN
Virginia, Area III, Chair

Cynthia Arpin, MBM
Connecticut, Area IV

Sara Griffith, PhD, MSN, RN, NE-BC
North Carolina, Area III

Karen Lyon, PhD, MBA, APRN-CNSBC, NEA-BC
Louisiana RN, Area III

Shan Montgomery, MPPA, MBA
Mississippi, Area III

Michael Payne, JD
West Virginia RN, Area II

Heather Totton, MHSA, LLB
Nova Scotia, Exam User Member

Phyllis Polk Johnson, DNP, APRN, FNP-BC, FNAP
Mississippi, Area III, Board Liaison

Staff

Philip Dickison, PhD, RN
Chief Executive Officer

Dalilah Hill
Executive Assistant, Executive Office

Meeting Dates

Jan. 29, 2026

Feb. 24, 2026

Relationship to Strategic Initiative Statement

Strategic Objective:

GOVERNANCE AND BYLAWS ALIGNMENT

Align NCSBN's governance structure and bylaws with strategic priorities to strengthen organizational effectiveness and advance regulatory excellence.

emphasized the need for clear articulation of rationale, safeguards to promote inclusivity and ongoing communication during implementation.

Future Activities

The BOD will partner with NCSBN staff to further develop and clearly articulate the rationale supporting the recommendations submitted by the Governance and Bylaws Committee. These activities will include:

1. Affirming the current BOD composition of 11 voting members.
2. Maintaining the existing officer structure, including the President elect to President succession model, with the Treasurer role remaining outside the officer succession pathway.
3. Amending the bylaws to establish three-year terms for Directors, with a maximum of two terms (six years total).
4. Amending the Bylaws to require BOD rotation upon completion of the maximum allowable service period.
5. Amending the Bylaws to permit a one-year extension of a Presidential term under extraordinary circumstances, including the authority to appoint a one-year President if necessary.
6. Removing area-based BOD representation from the bylaws, with geographic diversity addressed through BOD qualifications.
7. Directing staff to develop a structured leadership development pathway supported by a BOD-approved competency matrix.
8. Authorizing the exploration of electronic voting options, including an assessment of any required bylaw amendments.
9. Reevaluating the organization's reliance on Robert's Rules of Order.

While the overall direction of these recommendations has been positively received, the BOD recognizes that additional information and clarification will be essential to support member understanding and alignment. Over the coming year, the BOD will work closely with the membership to provide further context, reinforce transparency, and ensure an inclusive and well-informed path forward.

Report of the NCLEX® Examination Committee (NEC)

Background

As a standing committee of NCSBN, the NEC is charged with advising the NCSBN Board of Directors (BOD) on matters related to the NCLEX process, including examination item development, security, administration, and quality assurance to ensure consistency with the nursing regulatory bodies' (NRBs') need for examinations. To accomplish this, the committee ensures that the NCLEX-RN® and NCLEX-PN® examination process meets policies, procedures, and standards utilized by the program and/or exceeds 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.

Fiscal Year 2026 (FY26) Highlights and Accomplishments

The following lists the highlights and accomplishments in fulfilling the NEC charge for FY26.

FY26 Charge:

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 NRBs' need for examinations.

Technical Advisory Committee (TAC)

The TAC is composed of NCSBN 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. As there are no proposed changes to test content or procedures, there are no TAC meetings scheduled in FY26.

NCLEX® Online

NCSBN continues to explore technology that would allow candidates to take the NCLEX outside of traditional test centers. Our enhanced technology and monitoring will ensure a proper testing environment

Members

NCLEX® Examination Committee (NEC)

Crystal Tillman, DNP, RN, CPNP, PMHNP-BC, FRE
North Carolina, Area III, Chair

Troy Allbright, MSN-Ed, RN
Idaho, Area I

Kristin Benton, DNP, RN
Texas, Area III

Salvatore Diaz, DNP, CNE
Connecticut, Area IV

JaCinda Downs, EdD, CNE
Minnesota, Area II

Camille Forbes-Scott, DNP, MSN-Ed, RN
Maryland, Area IV

Amanda Matteson, MSN-Ed, RN
Rhode Island, Area IV

Carel Mountain, DNP, MSN, ADN
California, Area I

Melissa Panton, MN, RN
Prince Edward Island RN, Exam User Member

Christine Penney, PhD, MPA, RN
British Columbia, Exam User Member

Barbara Blozen, EdD, MA, RN-BC, CNL
New Jersey, Area IV, Board Liaison

NCLEX® Item Review Subcommittee (NIRSC)

Amy Ackerson, MSN-NE
Missouri, Area II

S. Danielle Baker, DNP, MSN,
Alabama, Area III

Jackie Barber, EdD, MSN, RN, CNS, CNL
Iowa, Area II

Joshua Barnes, MSN, RN
Delaware, Area IV

Deborah Becker, DNP, MS
Florida, Area III

Pamela Caver-Smith, DNP, MSN
Alabama, Area III

and the utmost in exam fairness and integrity. This endeavor requires extensive research, testing and validation. We are committed to delivering an experience that maintains our high standards for quality and security. As always, we will share key developments with the membership as they occur. Periodic updates on the progress of this initiative have been provided to both the NEC and the BOD and will continue until launch.

NCSBN Examinations Department Internship Program

In 2026, NCSBN will continue its summer internship program for advanced doctoral students in educational measurement and related fields. The award will be granted to two advanced graduate students; one with a more traditional psychometric research agenda and another with a computer science/machine learning agenda. The selected interns will participate in research under the guidance of NCSBN psychometrics staff and will acquire practical experience working on licensure and certification exams. They will also acquire experience working with operational computerized adaptive testing (CAT) and advanced psychometric applications. At the conclusion of the internship the interns will present their findings to the Examinations staff at the conclusion of the internship.

2026 Registered Nurse (RN) and Practical Nurse (PN) Continuous Practice Analysis Studies

NCSBN began administering the 2026 RN and PN Continuous Practice Analysis online survey instruments in April 2026. Seven forms of the electronic survey instrument were administered to both RN and PN samples. The seven 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 third, fifth and sixth weeks of the administration period. Newly licensed RNs and PNs, defined as individuals who have passed the NCLEX-RN or NCLEX-PN 12 months or fewer prior to the survey data collection, were included in the survey sample. The duration of each data collection period was six weeks. After the six weeks of survey administration, datasets from each survey form were combined, and demographic frequency analyses and average rating analyses were completed. Results were comparable to previous practice analysis studies.

2026 NCLEX-RN® Test Plan

Approved in August 2025, the final 2026 NCLEX-RN Test Plan was presented to the 2025 Delegate Assembly. In December 2025, the 2026 NCLEX-RN Test Plan was made publicly available. The newly approved 2026 NCLEX-RN passing standard of 0.0 logits became effective on April 1, 2026.

Robin Cole, DNP
Wyoming, Area I

Kristina Deaver, MSN
North Carolina, Area III

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2026 NCLEX-PN® Test Plan

Approved in August 2025, the final 2026 NCLEX-PN Test Plan was presented to the 2025 Delegate Assembly. In December 2025, the 2026 NCLEX-PN Test Plan was made publicly available. The newly approved 2026 NCLEX-PN Test Plan along with the approved 2026 NCLEX-PN passing Standard of -0.18 logits became effective on April 1, 2026.

NCLEX® Alternate Item Types

The committee consistently reviews research findings and suggestions from the Examinations staff with an eye toward innovations that would maintain the examination's premier status in licensure.

NCLEX® Test Center Enhancements

Pearson is in progress with the opening for a new international Pearson Professional Center (PPC) in Jordan in 2026. More detailed information regarding international test centers can be found at https://www.nclex.com/testing-locations.page.

Evaluated NCLEX® Examination Policies

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

Oversee Critical Aspects of Examination Development

NEC and NIRSC Sessions

Members of the NEC continue to chair NIRSC meetings to ensure consistency regarding the way NCLEX items are reviewed before becoming operational. The committee and the subcommittee: (1) reviewed RN and PN operational and pretest items and (2) provided direction regarding RN and PN exam items.

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. Currently, the number of volunteers serving on the subcommittee is 28, 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.

Item Production

Under the direction of NCSBN Examinations staff and following guidelines established with the NEC, RN and PN pretest items were written and reviewed by NCLEX item development panels. NCLEX item development panels' productivity can be seen in Tables 1 and 2. Items that use alternate formats (i.e., any format other than multiple choice)

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Staff

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Nicholas Barnes
Exams Specialist II, Consolidated Services

Note: Other NCSBN Examinations staff may also present or attend depending on the meeting agenda.

Meeting Dates

Oct. 21, 2025 (NCLEX Examination Committee Business Meeting, Chicago)

Nov. 18–20, 2025 (NCLEX Item Review Subcommittee Meeting, Chicago)

Jan. 13, 2026 (NCLEX Examination Committee Business Meeting by Teams)

Feb. 3–5, 2026 (NCLEX Item Review Subcommittee Meeting, Chicago)

April 14–15, 2026 (NCLEX Examination Committee Business Meeting, Chicago)

May 12–14, 2026 (NCLEX Item Review Subcommittee Meeting, Chicago)

June 8, 2026 (NCLEX Examination Committee Business Meeting by Teams)

June 23–25, 2026 (NCLEX Item Review Subcommittee Meeting, Chicago)

Aug. 10, 2026 (NCLEX Examination Committee Business Meeting by Teams)

have been developed and deployed in item pools. Information about items using alternate formats has been made available to NRBs and candidates in the NCLEX® Candidate Bulletin as well as in the NCLEX tutorial located on the NCSBN website.

NCSBN Item Development Sessions Held

Table 1. RN Item Development Productivity Comparison

Year	Writing Sessions	Item Writers	Items Written	Review Sessions	Items Reviewed
April '16 – March '17	5	49	2,250	4	3,024
April '17 – March '18	4	39	1,785	4	3,615
April '18 – March '19	5	49	2,253	3	2,275
April '19 – March '20	8	77	2,498	7	5,938
April '20 – March '21	1	5	117	0	0
April '21 – March '22	7	62	824	5	5,902
April '22 – March '23	4	54	1,344	11	5,793
April '23 – March '24	3	57	1,624	10	5,552
April '24 – March '25	5	97	2,170	9	4,301
April '25 – March '26	3	58	2,022	9	5,396

Table 2. PN Item Development Productivity Comparison

Year	Writing Sessions	Item Writers	Items Written	Review Sessions	Items Reviewed
April '16 – March '17	4	39	1,821	4	2,308
April '17 – March '18	4	40	1,926	4	2,431
April '18 – March '19	4	38	1,592	4	1,723
April '19 – March '20	2	20	711	3	3,979
April '20 – March '21	6	53	1,331	0	0
April '21 – March '22	4	44	412	4	3,650
April '22 – March '23	3	24	582	9	4,181
April '23 – March '24	1	18	588	6	3,708
April '24 – March '25	1	20	295	6	3,657
April '25 – March '26	2	36	1,089	7	4,419

The test development staff continues to work to improve item development sessions and increase the quality and quantity of NCLEX items.

Item Sensitivity Review

NCLEX pretest item sensitivity review procedures are designed to ensure all test items are fair across our testing population and do not include language that would disadvantage test takers based on age, gender, region, ethnicity or cultural background. 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. During this reporting period, four sensitivity review panels were held prior to the deployment of each new quarterly experimental pool up to and including the July 2026 experimental pool.

Sept. 15–17, 2026 (NCLEX Item Review Subcommittee Meeting, Chicago)

Relationship to Strategic Initiative Statement

Strategic Objective:

REMOTE PROCTORING INNOVATION

Expand candidate access and build exam administration resilience by implementing remote NCLEX testing while maintaining exam security and integrityce, practice, education and discipline.

Attachments

Attachment A:
Annual Report of Pearson for the NCLEX®

Item Development Process and Progress

The NEC evaluated reports provided at each meeting on item development sessions. The Examinations staff continue to oversee each panel. Overall, panelists have rated item development sessions favorably. Staff continued to explore internal procedures that align with standardized examination development principles while increasing panel efficiency.

Operational NCLEX® Item Pools

NCSBN Examinations staff balanced 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 content and psychometric variables. The resulting operational item pools were evaluated extensively regarding these variables and were found to be within operational specifications. These results indicate that the item bank is robust for continued operations.

To ensure that operational item pools and the item selection algorithms were functioning together as expected, simulated examinations were evaluated. Using these simulated examinations, the functioning of the algorithms was scrutinized regarding the distribution of items by test plan content area specifications. It was concluded that the operational item pools and the item selection algorithms 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 empirical data. The committee will continue to track the performance of the NCLEX through these procedures, as well as other psychometric reports and analyses.

NRB Review of Items

NRBs 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 for one of the following reasons: not entry-level practice, not consistent with the nursing practice act/administrative rules, or for other reasons. The NEC encourages each NRB to take advantage of the semiannual opportunities to review NCLEX items.

The April 2025 review consisted of 16 NRBs (eight U.S., seven Canadian and one Australian). The October 2025 review consisted of 16 NRBs (nine U.S., six Canadian and one Australian).

Item-related Case Reports

Electronically filed case reports may be submitted at PPCs when candidates question item content. NCSBN staff continue to investigate each case and report their findings to the NEC for decisions related to retention of the item.

Examination Administration

Procedures for Candidate Tracking: Candidate-matching Algorithm

The committee continued to observe the status and effectiveness of the candidate-matching algorithm. On a semiannual basis, Pearson conducts a check for duplicate candidate records on all candidates that have tested within the past six months.

Security Related to Publication and Administration of the NCLEX®

The NEC continues to proactively examine security and has developed and implemented formal evaluation procedures to identify and correct potential breaches of security. NCSBN and its testing vendor, Pearson, 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 continues to work with Pearson to ensure enhanced security measures are implemented at test centers.

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

The NEC supervises compliance with the 30/45-day scheduling rule. For the period of Jan. 1 to Dec. 31, 2025, Pearson reported zero capacity violations. Pearson has a dedicated department that continues to analyze test center utilization levels in order to project future testing volumes. Pearson meets biweekly with NCSBN regarding NCLEX operational matters.

Responded to NRB Inquiries Regarding NCLEX® Administration

As part of its activities, the committee and the NCSBN Examinations staff responded to NRB questions and concerns regarding administration of the NCLEX. More specific information regarding the performance of the NCLEX test service provider, Pearson, can be found in the Annual Report of Pearson for the National Council Licensure Examinations (NCLEX), available in Attachment A 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 PPCs located in NRB jurisdictions. See Attachment A of this report for the 2025 candidate volumes and pass rates for the international testing centers.

Educate Stakeholders

NCLEX® Presentations and Publications

Active involvement with the academic and professional arms of measurement and testing along with regulatory organizations not only helps NCSBN share expertise on best practices worldwide but also allows NCSBN to move ahead in measurement solutions through the collective strength of internal and external stakeholders. Furthermore, collaborating on testing issues with external communities allows NCSBN to remain at the forefront of the testing industry while also demonstrating our continued commitment to our own learning and professional development.

NCSBN Examinations staff participated in a number of committee and working groups with Institute for Credentialing Excellence, The Council on Licensure, Enforcement and Regulation and Association of Test Publishers ensuring we are committed to being a part of the professional organizations related to licensure and certification. To ensure that NCSBN membership has continued involvement in the NCLEX program, and is informed of test development practice, the Examinations department presented four informational webinars for NRBs. In addition, the Examinations and Operations departments produce the annual NCLEX® Conference for all nursing professionals.

The Examinations staff had five presentations accepted at the National Council of Measurement in Education (NCME) Annual Meetings, two presentations at the inaugural Artificial Intelligence in Measurement and Education Conference (AIME-Con), and six presentations at the Conference on Test Security. In addition, staff will present at the ATP international conference and have submitted three proposals to the International Meeting of the Psychometric Society. Presentation opportunities at these international conferences are highly sought after as these organizations are internationally recognized as the premier psychometric professional associations. NCSBN Examinations staff also had a publication featured in Editor's Choice in the *Journal of Nursing Regulation (JNR)* and another publication in the *Journal of Nursing Measurement*.

As part of the department's outreach activities, Examinations staff gave the following presentations.

- Navigating the Early Stages: Clinical Judgment in Entry-Level Nursing Practice at the 2025 Illinois Organization for Nursing Leadership Conference in September 2025 (keynote presentation)
- The Role of Clinical Judgment in Measuring Competency at the 2025 CLEAR Annual Educational Conference in September 2025 (keynote presentation)
- Entry-Level Clinical Judgment: The Essential Foundation for the Newly Licensed Nurse at the 2025 Organization of Associate Degree Nursing Annual Convention in November 2025
- NCLEX and Entry-Level Nurse Clinical Judgment at the National League for Nursing Practical Nurse Collaborative Group in November 2025 (virtual presentation)
- Elevating Clinical Judgment: The DNP's Role in Shaping Nursing Practice at the American Association of Colleges of Nursing Doctoral Education Conference in January 2026
- Redefining "New": When Does a Nurse Stop Being New at the 2026 American Organization for Nursing Leadership Conference in March 2026
- The Importance of Clinical Judgment in Measuring Entry-Level Nurse Competency at the American Board of Nursing Specialties Conference in March 2026
- 2026 NCLEX® Test Plan and Nursing Leadership at the Fostering Undergraduate Excellence and Leadership in Nursing Conference in April 2026
- Entry-Level Practice Trends and Clinical Judgment Implications at the 2026 Assessment Technologies Institute ATI Education Summit in April 2026

Additionally, Examinations staff provided support and resources to NRBs by conducting an NCLEX® Regional Workshop for the Wyoming State Board of Nursing on May 18, 2026.

NCSBN Examination Manual

The NCSBN Examination Manual contains policies and procedures related to the development and administration of the NCSBN examinations (formerly titled Member Board Manual and NCLEX Administration Manual). Once a year, NCSBN updates the Examination Manual 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.

NCLEX® Conference

Historically, the Examinations staff has coordinated and hosted an NCLEX Virtual Conference in order to provide NRBs, educators, and other stakeholders with an opportunity to learn about the NCLEX program updates and educational outreach. A total of 1,501 registered participants attended the Sept. 10, 2025 Virtual NCLEX® Conference.

In line with the NEC's charge, the 2026 NCLEX® Virtual Conference issued an inaugural Call for Abstracts. Abstract submissions focused on five tracks outlined for the 2026 conference: assessment and credentialing; clinical judgment; entry-level nursing in the initial practice period; prelicensure education and the NCLEX; and strategies for aligning academic preparation and clinical practice. The request received over 100 abstract submissions, resulting in external speakers representing each conference track. This new approach furthers the scholarly, well-established Virtual NCLEX Conference, which the NCSBN membership, nursing profession and the public have come to rely on. The 2026 Virtual NCLEX® Conference is scheduled for Sept. 10, 2026.

NCLEX® Program Reports

NCSBN Examinations staff oversees production of the NCLEX Program Reports as delivered by the vendor. The updated program reports, incorporating the NCLEX historical data, can be ordered, paid for and accessed via a web-based system, which permits program directors and staff to receive reports in a timely manner and in a more portable, electronic format. It also allows subscribers to distribute reports via email to those who need them most – the faculty and staff responsible for designing curriculum and teaching students. Subscribers can 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 available with user-specified reporting periods on a quarterly, semiannual and annual basis. Furthermore, the web-based system provides longitudinal information benchmark the education program performance against state/province level, national level and program type level. In addition, supplemental report data in comma-separated values (CSV) format is available with 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 NRBs) through the NCLEX Quick Results Service. A candidate may go online to access their unofficial result two business days after completing their examination. Currently, 54 U.S. NRBs participate in offering this service to their candidates. In 2025, approximately 237,934 candidates utilized this service.

Future Activities

- Continue to oversee 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.
- Host the NCLEX Conference on Sept. 10, 2026.
- Explore future uses of the clinical judgment model to better support efforts of nursing regulation.
- Continue to develop and test enhanced security, scoring and development consoles.
- Continue outreach to key stakeholders in an effort to better educate and further the understanding of NCLEX and examination best practices.
- Continue to disseminate original and collaborative research at conferences and in peer reviewed journals.

Attachment A: **Annual Report of Pearson for the NCLEX®**

National Council of State Boards of Nursing (NCSBN®)

National Council Licensure Examination (NCLEX®)

Jan. 1, 2025–Dec. 31, 2025

Prepared by:

Pearson

March 11, 2026

Scope of Work

Under direction from the National Council of State Boards of Nursing (NCSBN), Pearson prepares an annual report for the NCLEX-RN® and NCLEX-PN® examinations.

Executive Summary

This report presents information gained during Pearson's 22nd full year of providing test delivery services for the National Council Licensure Examination (NCLEX) program to the National Council of State Boards of Nursing, Inc. (NCSBN). This report summarizes the activities of the past year.

This report was prepared by Sarah DuCharme, Ellen Guirl and Cary Lin, with input from other team members.

Test Development

Psychometric and statistical analyses of the NCLEX data continue to be conducted and documented as required. NCSBN is continuing to develop various item types like traditional multiple choice and multiple-response items, as well as new item types that support clinical judgment. These new item types are developed using case scenarios, graphics, and chart/exhibit information. All items are targeted at various difficulty levels and in sufficient quantities to meet the examination delivery obligations.

NCLEX Examinations Operations

There was no change in the passing standard for the NCLEX-RN/PN examinations.

Measurement and Research

The Technical Advisory Committee (TAC) did not meet in 2025.

Pearson Meetings with NCSBN

- Jan. 24, 2025 Pearson, NCSBN, and ExamRoom AI meeting
- March 11–13, 2025 NCSBN Midyear Meeting
- May 6, 2025 Board of Directors Dinner
- June 10, 2025 NCLEX Online meeting between NCSBN and Pearson
- Aug. 12–15, 2025 2025 Annual Meeting

Recurring Meetings and Conference Calls

- Marianne Griffin and Eric D'Astolfo met bi-weekly with Steve Viger and his NCSBN management team.
- Marianne Griffin met bi-weekly with Sandy Rhodes and Cathy Doan to discuss operational processes.
- Pearson and NCSBN met weekly to review the test publishing work required for quarterly deployment.
- Pearson and NCSBN met weekly to review defects and monthly enhancements for the VUE item writing tool.
- Pearson and NCSBN met twice to discuss planned yearly enhancements to the item writing tool.

Summary of NCLEX Examination Results for the 2025 Calendar Year

Longitudinal summary statistics are provided in Tables 1 to 11. Results can be compared to data from the previous testing year to identify trends in candidate performance and item characteristics over time.

Compared to 2024, the 2025 overall candidate volumes were higher for the NCLEX-RN examination (3.33%) and higher for the NCLEX-PN examination (9.24%). The RN passing rate for the overall group was 4.18 percentage points lower for 2025 than for 2024, and the passing rate for the reference group was 4.46 percentage points lower for this period compared to 2024. The PN overall passing rate was lower by 1.72 percentage points than in 2024, and the PN reference group passing rate was 1.78 percentage points lower than in 2024. 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 2025 testing year for the NCLEX-RN examination:

- Overall, 328,401 NCLEX-RN examination candidates tested in 2025, as compared to 317,814 during the 2024 testing year. This represented an increase of approximately 3.33%.
- The candidate population reflected 192,927 first-time, U.S.-educated candidates who tested during 2025, as compared to 186,765 for the 2024 testing year, which represented an increase of approximately 3.30%.
- The overall passing rate was 69.09% in 2025, compared to 73.27% in 2024. The passing rate for the reference group was 86.70% in 2025, as compared to 91.16% in 2024.
- In 2025, approximately 54.76% of the total group and 59.14% of the reference group ended their tests after a minimum of 70 operational items were administered. These figures were lower than in the 2024 testing year, in which 58.38% of the total group and 65.43% of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 23.09% for the total group and 20.54% for the reference group in 2025. These figures were higher than last year's figures of 20.69% for the total group and 16.73% for the reference group.
- The average time needed to take the NCLEX-RN examination during the 2025 testing period was 2.57 hours for the overall group and 2.24 hours for the reference group. These times were shorter than last year's average time of 2.62 hours for the overall group and the same as last year's average time of 2.24 hours for the reference group).
- A total of 68.79% of the candidates chose to take a break during their examinations in 2025 (compared to 70.49% last year).
- Overall, 1.83% of the total group and 0.50% of the reference group ran out of time before completing the test in 2025. These percentages were lower than last year’s figures of 2.28% for the total group and 0.55% for the reference group.
- In general, the NCLEX-RN examination summary statistics for the 2025 testing period indicated patterns that were similar to those observed for the 2024 testing period. These results provided continued evidence that the administration of the NCLEX-RN examination is psychometrically sound.

The following points are candidate highlights of the 2025 testing year for the NCLEX-PN examination:

- Overall, 68,985 NCLEX-PN candidates tested in 2025, as compared to 63,151 PN candidates during the 2024 testing year. This represented an increase of approximately 9.24%.
- The candidate population reflected 54,814 first-time, U.S.-educated candidates who tested in 2025, as compared to 50,574 for the 2024 testing year, which represented an increase of approximately 8.38%.
- The overall passing rate was 77.35% in 2025 compared to 79.07% in 2024. The passing rate for the reference group was 86.60% in 2024, as compared to 88.38% in 2023.
- In 2025, approximately 59.61% of the total group and 64.65% of the reference group ended their tests after a minimum of 70 operational items were administered. These figures were lower than those from the 2024 testing year, in which 62.07% of the total group and 67.85% of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 20.86% for the total group and 17.68% for the reference group in 2025. These figures were higher than last year's figures of 19.87% for the total group and 16.20% for the reference group.
- The average time needed to take the NCLEX-PN examination during the 2025 testing period was 2.46 hours for the overall group and 2.30 hours for the reference group. These times were longer for both the total group and the reference group as compared to last year (2.44 and 2.28 hours, respectively).
- A total of 64.80% of the candidates chose to take a break during their examinations in 2025 (compared to 64.37% last year).
- Overall, 1.53% of the total group and 0.73% of the reference group ran out of time before completing the test in 2025. These percentages were higher than last year's figures of 1.43% for the total group and 0.67% for the reference group.
- In general, the NCLEX-PN examination summary statistics for the 2025 testing period indicated patterns that were similar to those observed for the 2024 testing period. These results provided 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 Jan. 4, 2015. The examination is offered in English and in Canadian French. The following are highlights of the 2025 testing year for Canadian candidates taking the English version of the NCLEX-RN examination:

- Overall, 26,251 RN candidates tested in 2025, as compared to 23,590 RN candidates during the 2024 testing year. This represented an increase of approximately 11.28%.
- The candidate population reflected 10,708 first-time, Canadian-educated candidates who tested in 2025, as compared to 10,922 for the 2024 testing year, which represented a decrease of approximately 1.96%.
- The overall passing rate was 58.95% in 2025 as compared to 67.87% in 2024. The first-time, Canadian-educated group passing rate was 86.15% in 2024, as compared to 88.72% in 2024.
- In 2025, 56.03% of the total group and 62.08% of the first-time, Canadian-educated group who ended their tests after a minimum of 70 operational items were administered. These percentages were lower than last year's percentages of 56.53% for the total group and 64.93% for the first-time, Canadian-educated group.
- In 2025, the percentage of maximum-length test takers was 21.89% for the total group and 19.77% for the first-time, Canadian-educated group. These percentages were higher than last year's figures of 21.48% for the total group and 18.23% for the reference group.
- The average time needed to take the NCLEX-RN examination during the 2025 testing period was 2.81 hours for the overall group and 2.29 hours for the first-time, Canadian-educated group. These times were shorter for the total group and the first-time, Canadian-educated group as compared to last year's average times of 2.82 for the total group and 2.31 hours for the first-time, Canadian-educated group.

- A total of 77.28% of the candidates chose to take a break during their examinations in 2025, as compared to 76.86% in 2024.
- Overall, 3.22% of the total group and 0.70% of the first-time, Canadian-educated group ran out of time before completing the test in 2025. These percentages were lower than the 2024 figure of 3.67% for the total group and higher than the 2024 figure of 0.57% for the first-time, Canadian-educated group.
- In general, the NCLEX-RN Canadian English examination summary statistics for the 2025 testing period indicated patterns that were similar to those observed for the 2024 testing period. These results provided continued evidence that the administration of the NCLEX-RN Canadian English examination is psychometrically sound.
- 99.16% of the Canadian examinations were taken in English.

Table 1. Longitudinal Technical Summary for the NCLEX-RN Examination: Group Statistics for 2025 Testing Year

	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2025	
Statistic	Overall	1st Time U.S.-educated	Overall	1st Time U.S.-educated	Overall	1st Time U.S.-educated	Overall	1st Time U.S.-educated	Overall	1st Time U.S.-educated
Number Testing	83,428	52,897	100,924	68,092	88,553	51,813	55,496	20,125	328,401	192,927
Percent Passing	71.59	88.37	73.65	89.09	68.71	84.01	57.63	81.16	69.09	86.70
Avg. # Items Taken	102.94	100.34	103.91	101.86	106.56	105.18	109.12	106.66	105.26	102.84
% Taking Min # Items	58.70	63.76	56.99	60.62	52.41	54.95	48.51	52.78	54.76	59.14
% Taking Max # Items	19.89	17.34	21.53	19.32	24.92	23.59	27.83	25.22	23.09	20.54
Avg. Test Time (hours)	2.50	2.18	2.40	2.09	2.63	2.38	2.90	2.50	2.57	2.24
% Taking Break	66.33	54.32	61.71	50.03	71.99	63.00	80.25	67.45	68.79	56.51
% Timing Out	1.59	0.35	1.38	0.31	1.81	0.72	3.07	0.96	1.83	0.50

Table 2. Longitudinal Technical Summary for the NCLEX-RN Examination: Group Statistics for 2024 Testing Year

	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2024	
Statistic	Overall	1st Time U.S. educated	Overall	1st Time U.S. educated	Overall	1st Time U.S. educated	Overall	1st Time U.S. educated	Overall	1st Time U.S. educated
Number Testing	81,824	51,946	98,298	66,464	84,803	50,653	52,889	17,702	317,814	186,765
Percent Passing	79.08	94.15	77.75	92.71	73.39	89.19	55.74	82.21	73.27	91.16
Avg. # Items Taken	100.87	96.57	102.71	99.50	105.28	102.46	106.05	103.09	103.48	99.83
% Taking Min # Items	63.97	72.65	59.64	65.57	54.83	60.08	53.10	58.98	58.38	65.43
% Taking Max # Items	17.63	12.90	19.73	16.16	23.11	20.04	23.32	20.69	20.69	16.73
Avg. Test Time (hours)	2.71	2.37	2.42	2.05	2.65	2.33	2.84	2.38	2.62	2.24
% Taking Break	74.07	64.29	61.75	48.38	72.04	61.04	78.73	62.36	70.49	57.57
% Timing Out	2.62	0.68	1.82	0.32	2.18	0.65	2.75	0.80	2.28	0.55

Table 3. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2025 Testing Year

Operational Item Statistics										
	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2025	
Statistic	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.22	0.10	0.23	0.11	0.22	0.10	0.22	0.10	NA	NA
Avg. Item Time (secs.)	76.03	35.50	72.47	38.23	75.31	38.54	80.45	37.43	NA	NA
Pretest Item Statistics										
# of Items[1]	748		794		660		300		2,502	
Avg. Sample Size	826		859		930		1,005		905	
Mean Point-Biserial	0.12		0.11		0.12		0.14		0.12	
Mean P value	0.71		0.69		0.68		0.70		0.70	
Mean Item Difficulty	-0.75		-0.65		-0.63		-0.74		-0.69	
SD Item Difficulty	1.27		1.34		1.32		1.28		1.30	
Total Number Flagged	52		77		73		15		217	
Percent Items Flagged	6.95		9.70		11.06		5.00		8.67	

1 Data do not include research and retest items.

Table 4. Longitudinal Technical Summary for the NCLEX-RN Examination: Item Statistics for 2024 Testing Year

Operational Item Statistics										
	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2024	
Statistic	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.22	0.10	0.22	0.10	0.21	0.10	0.21	0.09	NA	NA
Avg. Item Time (secs.)	79.53	45.61	72.66	34.96	75.70	35.67	82.17	37.66	NA	NA
Pretest Item Statistics										
# of Items[2]	477		628		690		140		1,935	
Avg. Sample Size	1,237		1,166		1,054		781		1,060	
Mean Point-Biserial	0.12		0.12		0.12		0.16		0.13	
Mean P value	0.70		0.72		0.70		0.69		0.70	
Mean Item Difficulty	-0.53		-0.73		-0.72		-0.65		-0.66	
SD Item Difficulty	1.34		1.28		1.31		1.22		1.29	
Total Number Flagged	44		38		42		7		131	
Percent Items Flagged	9.22		6.05		6.09		5.00		6.77	

2 Data do not include research and retest items.

Table 5. Longitudinal Technical Summary for the NCLEX-PN Examination: Group Statistics for 2025 Testing Year

	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2025	
Statistic	Overall	1st Time U.S.-educated	Overall	1st Time U.S.-educated	Overall	1st Time U.S.-educated	Overall	1st Time U.S.-educated	Overall	1st Time U.S.-educated
Number Testing	16,437	13,292	15,548	11,771	21,755	18,281	15,245	11,470	68,985	54,814
Percent Passing	77.25	86.28	75.57	86.47	81.63	88.83	73.16	83.56	77.35	86.60
Avg. # Items Taken	103.80	101.49	103.11	100.02	101.31	99.01	105.00	101.91	103.12	100.44

Table 5. Longitudinal Technical Summary for the NCLEX-PN Examination: Group Statistics for 2025 Testing Year

	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2025	
Statistic	Overall	1st Time U.S.-educated	Overall	1st Time U.S.-educated	Overall	1st Time U.S.-educated	Overall	1st Time U.S.-educated	Overall	1st Time U.S.-educated
% Taking Min # Items	58.43	62.86	59.58	65.50	63.08	67.28	55.96	61.65	59.61	64.65
% Taking Max # Items	21.95	19.26	20.60	16.97	18.57	15.74	23.22	19.65	20.86	17.68
Avg. Test Time (hours)	2.48	2.34	2.51	2.31	2.30	2.17	2.63	2.44	2.46	2.30
% Taking Break	66.38	61.49	66.77	60.34	57.95	53.07	70.86	65.08	64.80	59.19
% Timing Out	1.37	0.66	1.74	0.82	1.08	0.52	2.13	1.05	1.53	0.73

Table 6. Longitudinal Technical Summary for the NCLEX-PN Examination: Group Statistics for 2024 Testing Year

	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2024	
Statistic	Overall	1st Time U.S.-educated	Overall	1st Time U.S.-educated	Overall	1st Time U.S.-educated	Overall	1st Time U.S.-educated	Overall	1st Time U.S.-educated
Number Testing	15,842	12,844	13,985	10,813	19,349	16,333	13,975	10,584	63,151	50,574
Percent Passing	82.38	91.09	77.86	88.30	82.62	90.04	71.59	82.60	79.07	88.38
Avg. # Items Taken	101.19	97.50	102.11	98.78	100.54	98.04	105.36	102.86	102.12	99.07
% Taking Min # Items	63.46	70.40	62.06	68.44	65.47	70.10	55.80	60.68	62.07	67.85
% Taking Max # Items	17.93	13.61	19.86	15.84	18.32	15.17	24.21	21.29	19.87	16.20
Avg. Test Time (hours)	2.54	2.37	2.48	2.28	2.31	2.18	2.49	2.32	2.44	2.28
% Taking Break	68.26	63.48	65.86	59.67	59.14	54.26	65.70	59.66	64.37	58.89
% Timing Out	2.01	0.97	1.49	0.64	0.98	0.43	1.32	0.71	1.43	0.67

Table 7. Longitudinal Technical Summary for the NCLEX-PN Examination: Item Statistics for 2025 Testing Year

Operational Item Statistics										
	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2025	
Statistic	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.22	0.10	0.22	0.11	0.22	0.11	0.22	0.10	NA	NA
Avg. Item Time (secs.)	69.78	32.90	70.99	35.14	70.45	35.64	74.90	36.08	NA	NA
Pretest Item Statistics										
# of Items[3]	210		194		244		188		836	
Avg. Sample Size	666		739		698		675		695	
Mean Point-Biserial	0.16		0.17		0.15		0.17		0.16	
Mean P value	0.61		0.63		0.67		0.65		0.64	
Mean Item Difficulty	-0.34		-0.39		-0.62		-0.55		-0.48	
SD Item Difficulty	1.23		1.21		1.14		1.06		1.16	
Total Number Flagged	17		10		8		16		51	
Percent Items Flagged	8.10		5.15		3.28		8.51		6.10	

3 Data do not include research and retest items.

Table 8. Longitudinal Technical Summary for the NCLEX-PN Examination: Item Statistics for 2024 Testing Year

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2024	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.22	0.11	0.22	0.10	0.22	0.10	0.22	0.10	NA	NA
Avg. Item Time (secs.)	73.98	41.54	69.11	33.59	68.70	33.74	72.22	34.23	NA	NA
Pretest Item Statistics										
# of Items[4]	139		116		211		160		626	
Avg. Sample Size	1,376		1,224		819		566		996	
Mean Point-Biserial	0.17		0.17		0.15		0.16		0.16	
Mean P value	0.62		0.62		0.62		0.68		0.64	
Mean Item Difficulty	-0.20		-0.33		-0.27		-0.79		-0.40	
SD Item Difficulty	1.08		1.09		1.16		1.21		1.14	
Total Number Flagged	12		7		15		13		47	
Percent Items Flagged	8.63		6.03		7.11		8.13		7.51	

4 Data do not include research and retest items.

Table 9. Longitudinal Summary of NCLEX-RN-1 Examinations Delivered in the 2025 Testing Year

Jurisdiction	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Total	
	English	French	English	French	English	French	English	French	English	French
Alberta	1,496	2	1,578	0	1,486	0	1,480	0	6,040	2
British Columbia	518	1	760	2	704	1	556	1	2,538	5
Manitoba	169	0	226	0	164	0	177	0	736	0
New Brunswick	26	19	206	54	91	32	75	54	398	159
Newfoundland and Labrador	194	0	376	0	344	0	254	0	1,168	0
Northwest Territories and Nunavut	2	0	17	0	12	0	6	0	37	0
Nova Scotia	859	4	1,118	0	1,344	0	983	0	4,304	4
Ontario	1,698	5	2,681	5	3,321	23	2,013	17	9,713	50
Prince Edward Island	24	0	77	0	30	1	27	1	158	2
Saskatchewan	274	0	360	0	304	0	215	0	1,153	0
Yukon	1	0	5	0	0	0	0	0	6	0
Total	**5,261**	**31**	**7,404**	**61**	**7,800**	**57**	**5,786**	**73**	**26,251**	**222**

Table 10. Longitudinal Technical Summary for the Canadian NCLEX-RN Examination: Group Statistics for 2025 Testing Year

Statistic	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2025	
	Overall	1st Time Canadian-educated	Overall	1st Time Canadian-educated	Overall	1st Time Canadian-educated	Overall	1st Time Canadian-educated	Overall	1st Time Canadian-educated
Number Testing	5,261	1,846	7,404	3,962	7,800	3,395	5,786	1,505	26,251	10,708
Percent Passing	57.27	86.57	66.22	88.16	59.13	84.15	50.92	84.85	58.95	86.15
Avg. # Items Taken	103.56	99.41	103.62	101.28	105.37	103.75	106.52	103.01	104.77	101.98

Table 10. Longitudinal Technical Summary for the Canadian NCLEX-RN Examination: Group Statistics for 2025 Testing Year

	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2025	
Statistic	Overall	1st Time Canadian-educated	Overall	1st Time Canadian-educated	Overall	1st Time Canadian-educated	Overall	1st Time Canadian-educated	Overall	1st Time Canadian-educated
% Taking Min # Items	56.61	65.87	58.66	63.88	55.12	58.59	53.37	60.53	56.03	62.08
% Taking Max # Items	19.69	16.09	20.79	19.01	22.88	22.21	23.95	20.80	21.89	19.77
Avg. Test Time (hours)	2.84	2.27	2.62	2.16	2.81	2.37	3.03	2.49	2.81	2.29
% Taking Break	78.60	57.48	69.92	53.36	77.82	62.47	84.77	67.24	77.28	58.91
% Timing Out	3.59	0.60	2.67	0.63	2.94	0.71	3.94	1.00	3.22	0.70

Table 11. Longitudinal Technical Summary for the Canadian NCLEX-RN Examination: Group Statistics for 2024 Testing Year

	Jan.–March		April–June		July–Sept.		Oct.–Dec.		Cumulative 2024	
Statistic	Overall	1st Time Canadian-educated	Overall	1st Time Canadian-educated	Overall	1st Time Canadian-educated	Overall	1st Time Canadian-educated	Overall	1st Time Canadian-educated
Number Testing	4,621	1,733	7,054	3,990	6,887	3,530	5,028	1,669	23,590	10,922
Percent Passing	71.80	91.63	72.94	91.65	69.33	87.82	55.13	80.59	67.87	88.72
Avg. # Items Taken	104.58	97.72	103.41	99.25	105.48	103.43	104.84	100.87	104.55	100.61
% Taking Min # Items	56.76	71.38	59.40	67.44	54.70	59.69	54.79	63.33	56.53	64.93
% Taking Max # Items	20.95	14.71	20.44	16.47	22.87	21.90	21.54	18.33	21.48	18.23
Avg. Test Time (hours)	3.08	2.52	2.62	2.14	2.81	2.37	2.88	2.36	2.82	2.31
% Taking Break	85.20	70.98	69.01	51.95	76.65	62.69	80.51	63.15	76.86	60.15
% Timing Out	4.80	0.75	2.88	0.30	3.73	0.68	3.66	0.78	3.67	0.57

International Testing Update

Pearson has a total of 291 Pearson Professional Centers (PPCs) in the United States and 81 PPCs internationally. Therefore, the total number of test centers globally is 372.

Represented in the following tables are international volume by Member Board, Country of Education, Test Center, and Pass/Fail rate, respectively.

Table 12. NCLEX International Test Center Volume by Member Board, Jan. 1, 2025–Dec. 31, 2025[5,6]

Member Boards with International Test Center Candidate Data	Total	Australia	Brazil	Canada	France	Hong Kong	India	Israel	Japan	Kenya	Malaysia	Mexico	Pakistan	Philippines	Puerto Rico	South Africa	Spain	Taiwan	Türkiye	United Kingdom
Alabama	**3**	0	0	0	0	0	0	0	2	0	0	0	0	0	1	0	0	0	0	0
Alaska	**1**	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arizona	**108**	0	0	9	1	0	2	0	0	45	0	0	0	7	0	36	0	0	1	7
California-PN	**1**	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
California-RN	**99**	3	0	8	0	2	9	1	5	2	0	0	0	52	11	0	0	2	0	4
Colorado	**782**	6	1	9	2	0	52	0	2	320	13	1	49	156	0	72	2	0	7	90
Connecticut	**140**	0	0	1	1	1	1	0	1	0	0	0	0	3	123	1	2	0	3	3
Delaware	**6**	0	0	1	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	2

Table 12. NCLEX International Test Center Volume by Member Board, Jan. 1, 2025–Dec. 31, 2025[5,6]

Member Boards with International Test Center Candidate Data	Total	Australia	Brazil	Canada	France	Hong Kong	India	Israel	Japan	Kenya	Malaysia	Mexico	Pakistan	Philippines	Puerto Rico	South Africa	Spain	Taiwan	Türkiye	United Kingdom
Florida	**373**	4	4	39	2	0	56	5	0	133	5	1	1	53	9	13	1	0	1	46
Georgia	**7**	0	0	0	1	0	1	0	2	1	0	0	0	0	0	1	0	0	0	1
Guam	**1**	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Hawaii	**29**	0	0	4	0	0	0	1	6	2	0	2	0	12	0	0	0	0	0	2
Idaho	**5**	1	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Illinois	**7,723**	37	11	1,299	18	7	1,748	4	1	1,483	45	6	14	1,422	1	1,083	23	3	4	514
Indiana	**11**	0	0	0	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0	2
Iowa	**1**	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kansas	**1**	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kentucky	**88**	0	0	2	0	0	7	0	0	12	0	4	1	0	1	17	0	0	2	42
Maine	**3**	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Maryland	**13**	1	0	0	0	0	0	1	0	2	0	0	0	0	0	2	0	0	0	7
Massachusetts	**61**	2	0	7	0	1	5	2	2	20	0	1	0	3	2	4	0	0	2	10
Michigan	**42**	2	0	15	0	0	1	1	0	6	0	0	0	15	0	2	0	0	0	0
Minnesota	**126**	1	0	92	1	0	2	0	2	6	0	0	0	7	0	1	0	0	2	12
Missouri	**5**	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	1	0	0	2
Montana	**2,888**	13	516	65	12	0	24	66	1	1,473	10	64	45	102	0	171	102	0	51	173
Nebraska	**11**	6	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	2
Nevada	**16**	4	0	0	0	3	0	0	0	0	0	0	0	6	0	0	0	0	0	3
Newfoundland and Labrador	**2**	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
New Jersey	**11**	0	0	1	0	0	1	2	1	1	0	0	0	2	1	0	0	0	0	2
New Mexico	**2,044**	6	5	66	8	0	282	39	1	687	148	2	10	407	0	102	11	0	77	193
New York	**41,433**	282	115	8,385	92	729	3,051	70	2,528	826	526	151	297	21,267	102	193	162	828	241	1,588
North Carolina	**39**	1	3	2	0	0	2	0	0	14	1	0	0	3	1	5	1	0	0	6
North Dakota	**7**	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Northern Mariana Islands	**752**	12	0	105	1	4	44	4	2	3	3	1	0	531	0	0	0	2	1	39
Ohio	**29**	1	1	9	0	3	0	0	1	3	0	0	0	2	0	0	0	1	0	8
Oklahoma	**1**	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Oregon	**16**	0	0	5	1	2	0	0	1	0	0	3	0	0	0	2	0	0	0	2
Pennsylvania	**74**	0	3	4	2	0	8	0	0	25	0	0	1	6	1	16	0	0	0	8
Prince Edward Island	**1**	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South Dakota	**36**	0	0	2	0	0	1	0	0	20	0	0	0	2	0	2	0	0	0	9
Tennessee	**1**	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 12. NCLEX International Test Center Volume by Member Board, Jan. 1, 2025–Dec. 31, 2025[5,6]

Member Boards with International Test Center Candidate Data	Total	Australia	Brazil	Canada	France	Hong Kong	India	Israel	Japan	Kenya	Malaysia	Mexico	Pakistan	Philippines	Puerto Rico	South Africa	Spain	Taiwan	Türkiye	United Kingdom
Texas	**6,454**	47	13	225	11	7	1,460	2	10	1,953	47	27	81	577	5	306	12	2	47	1,622
Utah	**43**	0	0	1	0	0	0	0	0	0	0	38	0	0	1	0	0	0	0	3
Vermont	**3**	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Virgin Islands	**5**	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0
Virginia	**36**	0	1	3	2	0	6	0	1	4	0	0	0	2	1	6	0	0	0	10
Washington	**138**	5	0	72	2	0	7	0	4	9	2	0	1	14	0	6	1	1	2	12
Wisconsin	**4**	0	0	1	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0
Total	**63,673**	**437**	**673**	**10,448**	**158**	**759**	**6,774**	**198**	**2,576**	**7,055**	**800**	**303**	**500**	**24,651**	**275**	**2,041**	**320**	**839**	**441**	**4,425**

5 Only Member Boards with international test center data are represented.

6 Canadian candidates seeking licensure/registration in a Canadian jurisdiction are not included.

Table 13. NCLEX International Test Center Volume by Country of Education, Jan. 1, 2025–Dec. 31, 2025[7]

Country of Education	Total	Australia	Brazil	Canada	France	Hong Kong	India	Israel	Japan	Kenya	Malaysia	Mexico	Pakistan	Philippines	Puerto Rico	South Africa	Spain	Taiwan	Türkiye	United Kingdom
Afghanistan	**4**	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Albania	**9**	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	2
Antigua and Barbuda	**3**	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Argentina	**17**	0	16	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Australia	**82**	81	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Bahamas	**3**	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Bahrain	**3**	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0
Bangladesh	**119**	1	0	0	0	0	3	0	3	1	108	0	1	0	0	0	0	0	0	2
Barbados	**8**	0	1	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Belarus	**1**	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Belgium	**4**	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Belize	**6**	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	1
Benin	**1**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Bhutan	**4**	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bolivia	**5**	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bosnia and Herzegovina	**1**	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Botswana	**18**	0	0	0	0	0	0	0	0	1	0	0	0	0	0	10	0	0	0	7
Brazil	**523**	3	483	14	2	0	0	0	1	0	0	0	0	0	0	0	6	0	0	14
Brunei Darussalam	**1**	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0

Table 13. NCLEX International Test Center Volume by Country of Education, Jan. 1, 2025–Dec. 31, 2025[7]

Country of Education	Total	Australia	Brazil	Canada	France	Hong Kong	India	Israel	Japan	Kenya	Malaysia	Mexico	Pakistan	Philippines	Puerto Rico	South Africa	Spain	Taiwan	Türkiye	United Kingdom
Bulgaria	**1**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Burundi	**1**	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cambodia	**1**	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Cameroon	**105**	0	0	18	1	0	19	0	0	51	0	0	0	1	0	4	0	0	0	11
Canada	**292**	0	0	288	0	0	1	0	1	0	2	0	0	0	0	0	0	0	0	0
Chile	**46**	2	39	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
China	**431**	10	0	75	0	306	0	0	14	0	3	0	0	1	0	1	1	17	1	2
Colombia	**137**	9	22	8	1	0	0	0	0	0	0	85	0	0	1	0	10	0	0	1
Costa Rica	**13**	0	0	0	0	0	0	0	0	0	0	13	0	0	0	0	0	0	0	0
Cuba	**6**	0	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Cyprus	**7**	0	0	1	0	0	0	0	0	4	0	0	0	1	0	0	0	0	0	1
Czech Republic	**1**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Denmark	**6**	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Dominica	**15**	0	5	3	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	5
Dominican Republic	**6**	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
Ecuador	**18**	0	16	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0
Egypt	**194**	0	0	2	2	0	164	0	0	6	10	0	1	0	0	1	0	0	3	5
El Salvador	**5**	0	1	0	0	0	1	0	0	0	0	3	0	0	0	0	0	0	0	0
Eritrea	**3**	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Estonia	**1**	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Eswatini	**6**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	2
Ethiopia	**129**	0	0	16	0	0	1	1	0	104	0	0	0	0	0	1	2	0	0	4
Fiji	**4**	3	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Finland	**38**	0	0	3	6	0	0	0	0	3	0	0	0	0	0	0	6	0	0	20
France	**5**	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Gambia	**94**	0	0	3	2	0	2	0	0	63	1	0	0	0	0	9	3	0	0	11
Georgia	**3**	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0	0
Germany	**7**	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Ghana	**2,498**	2	13	229	5	0	25	0	4	726	0	0	0	19	0	989	3	0	0	483
Gibraltar	**2**	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Greece	**6**	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Grenada	**3**	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Guatemala	**1**	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Guinea-Bissau	**1**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Guyana	**32**	0	2	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	28

Table 13. NCLEX International Test Center Volume by Country of Education, Jan. 1, 2025–Dec. 31, 2025[7]

Country of Education	Total	Australia	Brazil	Canada	France	Hong Kong	India	Israel	Japan	Kenya	Malaysia	Mexico	Pakistan	Philippines	Puerto Rico	South Africa	Spain	Taiwan	Türkiye	United Kingdom
Haiti	**31**	0	0	29	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0
Honduras	**21**	0	3	0	0	0	0	0	0	0	0	17	0	0	0	0	1	0	0	0
Hong Kong	**74**	0	0	48	0	25	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Hungary	**4**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
India	**7,939**	53	0	4,144	7	2	3,251	2	1	6	6	0	2	1	0	3	13	0	1	447
Indonesia	**13**	0	0	0	0	1	0	0	4	0	8	0	0	0	0	0	0	0	0	0
Iran	**410**	1	0	175	2	0	19	0	0	2	6	0	1	0	0	0	3	0	194	7
Iraq	**3**	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	1	0
Ireland	**17**	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16
Israel	**204**	0	0	31	1	0	2	147	0	0	16	0	0	0	0	0	3	0	4	0
Italy	**22**	0	0	0	1	0	2	0	0	0	0	0	0	0	0	0	7	0	0	12
Jamaica	**83**	0	12	20	0	0	0	0	0	0	0	4	0	0	1	0	0	0	0	46
Japan	**59**	0	0	8	0	0	0	0	51	0	0	0	0	0	0	0	0	0	0	0
Jordan	**277**	0	0	9	3	0	74	0	0	2	103	0	0	1	0	0	3	0	78	4
Kenya	**5,150**	2	0	31	4	0	6	0	0	4,871	0	0	0	1	0	65	2	0	0	168
Korea, North	**9**	0	0	0	0	2	0	0	7	0	0	0	0	0	0	0	0	0	0	0
Korea, South	**2,908**	19	0	94	1	178	2	0	2,302	0	12	0	0	36	0	0	0	247	1	16
Kuwait	**3**	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	1	0	0
Kyrgyzstan	**1**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Latvia	**1**	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Lebanon	**74**	0	0	5	2	0	21	0	0	1	0	0	0	1	0	0	0	0	41	3
Lesotho	**9**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0	0	0	1
Liberia	**5**	0	0	1	1	0	2	0	0	1	0	0	0	0	0	0	0	0	0	0
Lithuania	**1**	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Malawi	**70**	0	0	0	0	2	0	0	0	25	0	0	0	0	0	42	0	0	0	1
Malaysia	**55**	0	0	8	0	0	2	0	2	2	38	0	1	0	0	0	0	1	0	1
Mauritius	**4**	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Mexico	**164**	0	0	2	0	0	0	0	1	0	0	160	0	0	0	0	1	0	0	0
Morocco	**11**	0	0	1	0	0	3	0	0	0	2	0	0	0	0	0	0	0	4	1
Myanmar	**2**	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Namibia	**10**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0	0	0	0
Nepal	**2,676**	42	2	349	2	0	2,223	0	20	0	4	0	0	2	0	1	4	0	0	27
Netherlands	**5**	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	2
New Zealand	**12**	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Niger	**2**	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nigeria	**2,506**	2	7	165	4	0	9	1	0	914	0	2	0	7	0	16	7	0	0	1,372
Niue	**1**	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0

Table 13. NCLEX International Test Center Volume by Country of Education, Jan. 1, 2025–Dec. 31, 2025[7]

Country of Education	Total	Australia	Brazil	Canada	France	Hong Kong	India	Israel	Japan	Kenya	Malaysia	Mexico	Pakistan	Philippines	Puerto Rico	South Africa	Spain	Taiwan	Türkiye	United Kingdom
Northern Mariana Islands	**1**	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Norway	**2**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Oman	**5**	0	0	0	0	0	4	0	0	0	0	0	0	1	0	0	0	0	0	0
Pakistan	**773**	2	0	63	0	0	0	0	1	32	130	0	492	11	0	1	4	2	1	34
Palestine, State of	**17**	0	0	0	0	0	1	6	0	0	8	0	0	0	0	0	1	0	1	0
Peru	**21**	0	18	1	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0
Philippines	**31,642**	169	6	4,269	79	119	820	33	112	10	122	0	1	24,545	0	5	118	41	14	1,179
Poland	**11**	0	0	2	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	6
Portugal	**7**	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	1	0	0	4
Puerto Rico	**271**	0	0	2	0	0	0	0	1	0	0	0	0	0	263	0	3	0	1	1
Qatar	**7**	0	0	0	0	0	2	0	1	0	0	0	0	2	0	0	1	0	0	1
Romania	**11**	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	6
Russian Federation	**9**	0	0	2	1	0	0	3	0	0	0	0	0	0	0	0	1	0	2	0
Rwanda	**15**	0	0	3	0	0	0	0	0	12	0	0	0	0	0	0	0	0	0	0
Saint Kitts and Nevis	**3**	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Saint Lucia	**8**	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Saudi Arabia	**31**	0	0	6	0	0	3	0	0	1	1	0	0	0	0	0	0	0	1	19
Serbia	**1**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Seychelles	**2**	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sierra Leone	**17**	0	0	1	0	0	2	0	0	11	0	0	0	0	0	0	0	0	0	3
Singapore	**28**	2	0	2	0	3	0	0	0	0	20	0	0	1	0	0	0	0	0	0
Somalia	**1**	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South Africa	**182**	0	0	6	0	0	1	0	1	2	0	0	0	0	0	166	0	0	0	6
Spain	**97**	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	84	0	0	11
Sri Lanka	**104**	0	0	40	0	0	60	0	0	0	3	0	0	0	0	0	0	0	0	1
St. Vincent and Grenadines	**4**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Sudan	**9**	0	0	0	0	0	5	0	0	1	3	0	0	0	0	0	0	0	0	0
Sweden	**12**	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	7
Syrian Arab Republic	**2**	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Taiwan	**438**	3	0	29	1	2	0	0	1	0	0	0	0	0	0	0	0	401	0	1
Tanzania	**65**	0	0	4	1	0	0	0	0	55	0	0	0	0	0	4	0	0	0	1
Thailand	**490**	13	0	15	3	113	0	0	27	0	181	0	0	8	0	0	3	125	0	2

Table 13. NCLEX International Test Center Volume by Country of Education, Jan. 1, 2025–Dec. 31, 2025[7]

Country of Education	Total	Australia	Brazil	Canada	France	Hong Kong	India	Israel	Japan	Kenya	Malaysia	Mexico	Pakistan	Philippines	Puerto Rico	South Africa	Spain	Taiwan	Türkiye	United Kingdom
Trinidad and Tobago	**25**	0	3	2	0	0	0	0	0	0	0	3	0	0	1	0	0	0	0	16
Tunisia	**2**	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0
Türkiye	**139**	2	0	30	3	0	0	0	0	6	1	0	0	0	0	0	3	0	89	5
Uganda	**125**	0	0	6	0	0	0	0	0	115	0	0	0	0	0	1	0	0	0	3
Ukraine	**3**	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
United Arab Emirates	**33**	0	0	4	0	0	19	0	0	4	6	0	0	0	0	0	0	0	0	0
United Kingdom	**277**	0	0	7	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	268
United States	**197**	3	0	103	6	6	11	2	17	7	2	3	0	6	3	1	5	4	0	18
Uruguay	**2**	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Uzbekistan	**4**	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0
Venezuela	**26**	0	14	0	0	0	0	0	0	0	0	3	0	0	0	0	9	0	0	0
Vietnam	**5**	0	0	3	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0
Virgin Islands, U.S.	**4**	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0
Zambia	**375**	0	0	0	0	0	0	0	0	9	0	0	0	0	0	345	0	0	0	21
Zimbabwe	**404**	0	0	7	1	0	3	0	0	2	0	0	0	0	0	351	0	0	0	40
Total	**63,673**	**437**	**673**	**10,448**	**158**	**759**	**6,774**	**198**	**2,576**	**7,055**	**800**	**303**	**500**	**24,651**	**275**	**2,041**	**320**	**839**	**441**	**4,425**

7 Canadian candidates seeking licensure/registration in a Canadian jurisdiction are not included.

Table 14. NCLEX International Volume by Testing Center, Jan. 1, 2025–Dec. 31, 2025[8]

Site ID	City	Country	Total	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
81599	Adelaide	Australia	**28**	2	1	4	5	2	2	1	0	7	2	1	1
81597	Box Hill	Australia	**30**	5	2	7	3	2	2	0	1	2	3	1	2
81600	Brisbane	Australia	**67**	4	5	2	7	7	9	4	9	3	9	3	5
81866	Canberra	Australia	**11**	1	0	3	1	3	1	0	0	2	0	0	0
67712	Melbourne	Australia	**85**	12	10	3	10	5	4	9	6	7	6	6	7
90411	Melbourne	Australia	**23**	0	0	1	2	0	2	0	4	5	4	2	3
81598	Parramatta	Australia	**57**	5	5	4	6	7	3	3	7	5	5	3	4
81601	Perth	Australia	**29**	1	3	3	2	2	1	3	2	3	4	3	2
50482	Sydney	Australia	**107**	10	8	15	11	5	5	6	11	9	8	7	12
50483	Sao Paulo	Brazil	**673**	50	61	64	30	53	65	55	67	54	64	51	59
50486	Burnaby	Canada	**294**	20	33	28	30	22	20	37	19	15	19	15	36
69827	Calgary	Canada	**382**	34	34	45	53	31	22	31	30	34	26	21	21
78699	Calgary	Canada	**276**	27	24	36	30	17	13	20	28	16	25	18	22
69853	Charlottetown	Canada	**38**	8	0	0	0	23	0	0	0	0	0	7	0
69846	Corner Brook	Canada	**1**	0	0	0	0	0	1	0	0	0	0	0	0
63110	Edmonton	Canada	**269**	23	26	29	25	22	21	22	22	18	25	18	18
78698	Edmonton	Canada	**437**	46	52	49	40	38	36	32	32	22	38	25	27
69844	Fredericton	Canada	**90**	0	17	0	0	0	32	5	0	0	36	0	0
69829	Halifax	Canada	**193**	14	16	25	17	17	17	7	23	9	17	14	17
78710	Halifax	Canada	**250**	19	17	23	36	16	3	20	28	20	20	26	22
69818	Hamilton	Canada	**676**	94	83	97	43	71	48	53	37	55	23	46	26
69849	Iqaluit	Canada	**1**	0	0	0	0	0	0	0	0	1	0	0	0

Table 14. NCLEX International Volume by Testing Center, Jan. 1, 2025–Dec. 31, 2025[8]

Site ID	City	Country	Total	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
69831	Kamloops	Canada	**9**	0	0	0	0	0	9	0	0	0	0	0	0
69826	London	Canada	**643**	92	120	139	40	31	38	42	31	22	36	23	29
69848	Membertou	Canada	**2**	0	0	0	0	0	0	0	2	0	0	0	0
50485	Montreal	Canada	**345**	45	40	54	46	56	48	32	8	8	3	3	2
69832	Nanaimo	Canada	**5**	0	0	0	0	0	5	0	0	0	0	0	0
80503	Oakville	Canada	**977**	76	106	215	81	51	72	56	57	48	80	62	73
57935	Ottawa	Canada	**260**	20	31	31	16	8	22	15	25	22	24	17	29
78711	Ottawa	Canada	**347**	15	52	51	22	16	20	18	19	32	29	35	38
69835	Prince George	Canada	**4**	0	0	0	0	0	0	3	1	0	0	0	0
78697	Regina	Canada	**150**	15	13	17	19	5	13	11	15	10	12	9	11
69830	Saskatoon	Canada	**156**	9	15	19	16	14	14	10	12	10	12	14	11
78703	St Johns	Canada	**128**	14	6	11	13	13	8	15	9	7	16	5	11
69825	Surrey	Canada	**388**	41	37	46	33	23	40	28	28	20	43	29	20
69851	Thunder Bay	Canada	**16**	0	0	0	0	0	5	0	0	11	0	0	0
50484	Toronto (Midtown) ON	Canada	**684**	108	122	128	57	51	52	48	11	19	26	28	34
57936	Toronto (West) ON	Canada	**312**	9	0	47	15	8	11	41	40	26	51	21	43
78704	Toronto (Downtown) ON	Canada	**1,128**	150	192	225	75	70	70	72	82	79	44	28	41
78705	Toronto (East) ON	Canada	**1,291**	139	203	225	116	103	117	95	74	64	51	51	53
78700	Vancouver	Canada	**279**	31	26	32	19	25	20	14	22	28	18	19	25
78701	Victoria	Canada	**66**	5	7	7	7	3	3	9	3	7	4	5	6
69852	Windsor	Canada	**2**	0	0	0	0	0	2	0	0	0	0	0	0
69828	Winnipeg	Canada	**265**	28	47	38	18	21	18	26	10	16	10	12	21
78702	Winnipeg	Canada	**252**	30	27	34	26	21	27	15	15	18	9	10	20
69847	Yellowknife	Canada	**2**	0	0	0	0	0	1	0	0	1	0	0	0
50490	Paris	France	**158**	7	3	16	14	3	5	21	19	23	22	11	14
50493	Hong Kong	Hong Kong	**759**	79	74	72	73	46	62	72	56	32	62	64	67
81606	Ahmedabad	India	**334**	27	19	34	26	34	29	25	29	27	28	29	27
81608	Amritsar	India	**45**	8	5	4	3	3	3	4	4	2	3	2	4
86887	Amritsar	India	**116**	10	15	14	8	5	7	17	7	11	6	7	9
50497	Bangalore	India	**569**	53	43	41	36	57	42	58	50	40	47	49	53
81602	Bangalore	India	**802**	63	68	64	72	71	59	75	54	77	63	63	73
81603	Chandigarh	India	**119**	13	6	12	14	5	11	9	10	11	7	9	12
50498	Chennai	India	**389**	26	23	29	35	33	32	29	38	44	29	26	45
81607	Gurugram	India	**1,044**	80	71	87	95	67	76	101	88	153	71	73	82
81604	Hyderabad	India	**27**	10	9	8	0	0	0	0	0	0	0	0	0
50496	Hyderabad GHMC	India	**255**	12	14	17	23	23	22	22	17	31	27	19	28
81610	Jalandhar	India	**112**	14	15	7	8	7	19	5	9	7	8	7	6
88506	Jalandhar	India	**48**	6	3	9	3	3	4	6	3	2	2	2	5
88912	Ludhiana	India	**233**	35	20	28	20	23	16	16	14	18	10	16	17
88913	Mohali	India	**75**	3	11	5	12	5	4	11	3	5	5	8	3
88914	Mohali	India	**11**	0	0	2	2	0	1	1	1	2	1	0	1
50494	Mumbai	India	**505**	40	47	26	40	57	36	39	41	50	36	51	42
50495	New Delhi	India	**1,853**	194	151	191	166	158	157	170	156	156	115	107	132
76935	Noida	India	**145**	12	14	21	11	10	14	17	13	6	11	8	8
81605	Pune	India	**40**	4	1	5	1	5	5	6	3	3	3	4	0
81609	Surat	India	**52**	7	4	2	2	8	6	6	6	3	4	1	3
50499	Tel Aviv Jaffa	Israel	**198**	21	10	30	28	15	7	17	15	19	12	1	23
57585	Osaka	Japan	**1,269**	84	104	99	116	111	127	101	100	87	125	122	93
84078	Shinjuku	Japan	**1,307**	100	118	125	98	108	143	81	99	175	94	81	85
89331	Nairobi	Kenya	**7,055**	537	470	623	633	630	589	551	658	630	591	541	602
88878	Kuala Lumpur	Malaysia	**800**	59	75	65	66	79	38	48	89	71	70	68	72
50503	Mexico City	Mexico	**303**	26	30	24	23	28	24	20	16	26	28	24	34
89332	Lahore	Pakistan	**500**	0	10	19	51	52	49	48	0	21	81	85	84
54555	Manila	Philippines	**17,481**	1,508	1,279	1,214	1,350	1,638	1,537	1,687	1,431	1,367	1,518	1,390	1,562
89911	Muntinlupa City	Philippines	**7,170**	336	301	561	650	606	636	653	683	558	467	827	892
47108	Guaynabo	Puerto Rico	**275**	15	22	7	25	17	18	34	17	23	46	18	33
55315	Johannesburg	South Africa	**2,041**	145	180	184	152	184	162	158	212	151	193	160	160
50505	Madrid	Spain	**320**	2	23	16	35	33	17	42	27	31	20	38	36
50506	Taipei City	Taiwan	**839**	70	76	70	66	69	64	71	70	87	46	73	77
50508	Istanbul	Türkiye	**441**	49	35	36	26	30	18	39	54	34	50	36	34

Table 14. NCLEX International Volume by Testing Center, Jan. 1, 2025–Dec. 31, 2025[8]

Site ID	City	Country	Total	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
48868	Belfast	United Kingdom	**143**	16	10	8	7	9	15	15	13	13	9	21	7
77701	Docklands London	United Kingdom	**693**	75	47	76	67	69	72	55	51	27	31	57	66
48901	Edinburgh	United Kingdom	**132**	8	2	3	10	15	25	20	3	16	12	9	9
48909	Glasgow	United Kingdom	91	4	3	3	11	4	10	6	8	15	13	5	9
82839	Horley, Surrey	United Kingdom	380	19	35	25	29	36	22	30	42	38	29	36	39
48940	Leeds	United Kingdom	265	22	11	14	32	18	17	20	25	31	30	26	19
77197	Manchester	United Kingdom	379	27	19	44	43	23	22	40	32	43	36	31	19
77156	Mile End, London	United Kingdom	751	84	104	50	94	90	47	55	8	13	52	84	70
73885	Southwark	United Kingdom	1,591	62	143	148	123	153	155	159	134	134	141	101	138
Total			**63,843**	**5,174**	**5,164**	**5,895**	**5,369**	**5,502**	**5,346**	**5,518**	**5,198**	**5,048**	**5,056**	**5,028**	**5,545**

8 Canadian candidates seeking licensure/registration in a Canadian jurisdiction are not included.

Table 15. NCLEX International Volume by Pass/Fail Rate, Jan. 1, 2025–Dec. 31, 2025[9]

Site ID	City	Country	Total Taken	Total Passed	Total Exams Delivered /Total Pass (Pass Rate)											
					Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
50482	Sydney	Australia	**107**	**47**	10/6 (60.00%)	8/4 (50.00%)	15/8 (53.33%)	11/2 (18.18%)	5/1 (20.00%)	5/1 (20.00%)	6/1 (16.67%)	11/7 (63.64%)	9/5 (55.56%)	8/5 (62.50%)	7/2 (28.57%)	12/5 (41.67%)
67712	Melbourne	Australia	**85**	**36**	12/4 (33.33%)	10/3 (30.00%)	3/1 (33.33%)	10/6 (60.00%)	5/2 (40.00%)	4/2 (50.00%)	9/4 (44.44%)	6/4 (66.67%)	7/1 (14.29%)	6/4 (66.67%)	6/3 (50.00%)	7/2 (28.57%)
81599	Adelaide	Australia	**28**	**15**	2/1 (50.00%)	1/1 (100.00%)	4/0 (0.00%)	5/3 (60.00%)	2/1 (50.00%)	2/2 (100.00%)	1/1 (100.00%)	0/0 (0.00%)	7/3 (42.86%)	2/2 (100.00%)	1/1 (100.00%)	1/0 (0.00%)
81600	Brisbane	Australia	**67**	**32**	4/3 (75.00%)	5/4 (80.00%)	2/1 (50.00%)	7/3 (42.86%)	7/3 (42.86%)	9/4 (44.44%)	4/4 (100.00%)	9/4 (44.44%)	3/0 (0.00%)	9/4 (44.44%)	3/0 (0.00%)	5/2 (40.00%)
81597	Box Hill	Australia	**30**	**12**	5/1 (20.00%)	2/2 (100.00%)	7/2 (28.57%)	3/1 (33.33%)	2/0 (0.00%)	2/2 (100.00%)	0/0 (0.00%)	1/1 (100.00%)	2/0 (0.00%)	3/2 (66.67%)	1/0 (0.00%)	2/1 (50.00%)
81598	Parramatta	Australia	**57**	**25**	5/4 (80.00%)	5/2 (40.00%)	4/2 (50.00%)	6/4 (66.67%)	7/1 (14.29%)	3/1 (33.33%)	3/1 (33.33%)	7/3 (42.86%)	5/2 (40.00%)	5/3 (60.00%)	3/1 (33.33%)	4/1 (25.00%)
81601	Perth	Australia	**29**	**5**	1/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	2/2 (100.00%)	3/2 (66.67%)	0/0 (0.00%)	2/2 (100.00%)	0/0 (0.00%)	5/2 (40.00%)	3/3 (100.00%)	1/1 (100.00%)	3/1 (33.33%)
81866	Canberra	Australia	**11**	**4**	1/1 (100.00%)	0/0 (0.00%)	3/1 (33.33%)	1/0 (0.00%)	3/1 (33.33%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)
90411	Melbourne	Australia	**23**	**11**	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	2/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	0/0 (0.00%)	4/1 (25.00%)	5/2 (40.00%)	4/2 (50.00%)	2/2 (100.00%)	3/2 (66.67%)
50483	Sao Paulo	Brazil	**673**	**295**	50/24 (48.00%)	61/29 (47.54%)	64/32 (50.00%)	30/17 (56.67%)	53/18 (33.96%)	65/29 (44.62%)	55/22 (40.00%)	67/23 (34.33%)	54/29 (53.70%)	64/23 (35.94%)	51/19 (37.25%)	59/30 (50.85%)
50484	Toronto	Canada	**684**	**212**	108/43 (39.81%)	122/38 (31.15%)	128/37 (28.91%)	57/12 (21.05%)	51/15 (29.41%)	52/17 (32.69%)	48/13 (27.08%)	11/1 (9.09%)	19/4 (21.05%)	26/10 (38.46%)	28/9 (32.14%)	34/13 (38.24%)
50485	Montreal	Canada	**345**	**150**	45/18 (40.00%)	40/18 (45.00%)	54/20 (37.04%)	46/15 (32.61%)	56/30 (53.57%)	48/23 (47.92%)	32/17 (53.13%)	8/3 (37.50%)	8/4 (50.00%)	3/1 (33.33%)	3/0 (0.00%)	2/1 (50.00%)
50486	Burnaby	Canada	**294**	**126**	20/5 (25.00%)	33/14 (42.42%)	28/14 (50.00%)	30/16 (53.33%)	22/8 (36.36%)	20/9 (45.00%)	37/18 (48.65%)	19/12 (63.16%)	15/5 (33.33%)	19/9 (47.37%)	15/5 (33.33%)	36/11 (30.56%)
57935	Ottawa	Canada	**260**	**99**	20/8 (40.00%)	31/14 (45.16%)	31/9 (29.03%)	16/6 (37.50%)	8/6 (75.00%)	22/10 (45.45%)	15/6 (40.00%)	25/8 (32.00%)	22/5 (22.73%)	24/8 (33.33%)	17/6 (35.29%)	29/13 (44.83%)
63110	Edmonton	Canada	**269**	**80**	23/9 (39.13%)	26/8 (30.77%)	29/11 (37.93%)	25/6 (24.00%)	22/10 (45.45%)	21/4 (19.05%)	22/4 (18.18%)	22/6 (27.27%)	18/5 (27.78%)	25/6 (24.00%)	18/3 (16.67%)	18/8 (44.44%)
57936	Toronto	Canada	**312**	**102**	9/4 (44.44%)	0/0 (0.00%)	47/14 (29.79%)	15/5 (33.33%)	8/2 (25.00%)	11/4 (36.36%)	41/15 (36.59%)	40/13 (32.50%)	26/11 (42.31%)	51/13 (25.49%)	21/5 (23.81%)	43/16 (37.21%)
69830	Saskatoon	Canada	**156**	**52**	9/4 (44.44%)	15/3 (20.00%)	19/5 (26.32%)	16/6 (37.50%)	14/9 (64.29%)	14/3 (21.43%)	10/3 (30.00%)	12/4 (33.33%)	10/2 (20.00%)	12/4 (33.33%)	14/3 (21.43%)	11/6 (54.55%)
69818	Hamilton	Canada	**676**	**212**	94/30 (31.91%)	83/24 (28.92%)	97/34 (35.05%)	43/13 (30.23%)	71/18 (25.35%)	48/13 (27.08%)	53/15 (28.30%)	37/9 (24.32%)	55/20 (36.36%)	23/9 (39.13%)	46/14 (30.43%)	26/13 (50.00%)
69825	Surrey	Canada	**388**	**132**	41/11 (26.83%)	37/12 (32.43%)	46/15 (32.61%)	33/15 (45.45%)	23/3 (13.04%)	40/18 (45.00%)	28/12 (42.86%)	28/7 (25.00%)	20/9 (45.00%)	43/13 (30.23%)	29/9 (31.03%)	20/8 (40.00%)
69826	London	Canada	**643**	**191**	92/25 (27.17%)	120/37 (30.83%)	139/37 (26.62%)	40/10 (25.00%)	31/14 (45.16%)	38/15 (39.47%)	42/7 (16.67%)	31/14 (45.16%)	22/2 (9.09%)	36/10 (27.78%)	23/12 (52.17%)	29/8 (27.59%)
69827	Calgary	Canada	**382**	**104**	34/9 (26.47%)	34/9 (26.47%)	45/14 (31.11%)	53/17 (32.08%)	31/10 (32.26%)	22/6 (27.27%)	31/6 (19.35%)	30/8 (26.67%)	34/8 (23.53%)	26/6 (23.08%)	21/8 (38.10%)	21/3 (14.29%)
69828	Winnipeg	Canada	**265**	**85**	28/7 (25.00%)	47/20 (42.55%)	38/16 (42.11%)	18/6 (33.33%)	21/7 (33.33%)	18/5 (27.78%)	26/11 (42.31%)	10/4 (40.00%)	16/3 (18.75%)	10/2 (20.00%)	12/1 (8.33%)	21/3 (14.29%)
69829	Halifax	Canada	**193**	**68**	14/3 (21.43%)	16/3 (18.75%)	25/14 (56.00%)	17/6 (35.29%)	17/7 (41.18%)	17/5 (29.41%)	7/1 (14.29%)	23/7 (30.43%)	9/1 (11.11%)	17/7 (41.18%)	14/7 (50.00%)	17/7 (41.18%)
78697	Regina	Canada	**150**	**47**	15/2 (13.33%)	13/5 (38.46%)	17/2 (11.76%)	19/7 (36.84%)	5/1 (20.00%)	13/6 (46.15%)	11/4 (36.36%)	15/5 (33.33%)	10/2 (20.00%)	12/3 (25.00%)	9/6 (66.67%)	11/4 (36.36%)

Table 15. NCLEX International Volume by Pass/Fail Rate, Jan. 1, 2025–Dec. 31, 2025[9]

Site ID	City	Country	Total Taken	Total Passed	Total Exams Delivered /Total Pass (Pass Rate)											
					Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
78698	Edmonton	Canada	**437**	**139**	46/14 (30.43%)	52/15 (28.85%)	49/18 (36.73%)	40/13 (32.50%)	38/7 (18.42%)	36/9 (25.00%)	32/10 (31.25%)	32/8 (25.00%)	22/7 (31.82%)	38/18 (47.37%)	25/9 (36.00%)	27/11 (40.74%)
78699	Calgary	Canada	**276**	**100**	27/9 (33.33%)	24/9 (37.50%)	36/10 (27.78%)	30/16 (53.33%)	17/7 (41.18%)	13/6 (46.15%)	20/3 (15.00%)	28/12 (42.86%)	16/4 (25.00%)	25/10 (40.00%)	18/7 (38.89%)	22/7 (31.82%)
78700	Vancouver	Canada	**279**	**131**	31/15 (48.39%)	26/15 (57.69%)	32/17 (53.13%)	19/9 (47.37%)	25/13 (52.00%)	20/7 (35.00%)	14/7 (50.00%)	22/13 (59.09%)	28/12 (42.86%)	18/7 (38.89%)	19/6 (31.58%)	25/10 (40.00%)
78701	Victoria	Canada	**66**	**33**	5/2 (40.00%)	7/3 (42.86%)	7/4 (57.14%)	7/3 (42.86%)	3/3 (100.00%)	3/1 (33.33%)	9/6 (66.67%)	3/2 (66.67%)	7/3 (42.86%)	4/1 (25.00%)	5/1 (20.00%)	6/4 (66.67%)
78702	Winnipeg	Canada	**252**	**72**	30/11 (36.67%)	27/10 (37.04%)	34/10 (29.41%)	26/8 (30.77%)	21/6 (28.57%)	27/12 (44.44%)	15/1 (6.67%)	15/5 (33.33%)	18/3 (16.67%)	9/2 (22.22%)	10/1 (10.00%)	20/3 (15.00%)
78703	St Johns	Canada	**128**	**42**	14/4 (28.57%)	6/2 (33.33%)	11/3 (27.27%)	13/5 (38.46%)	13/3 (23.08%)	8/4 (50.00%)	15/5 (33.33%)	9/3 (33.33%)	7/1 (14.29%)	16/5 (31.25%)	5/2 (40.00%)	11/5 (45.45%)
78704	Toronto	Canada	**1128**	**366**	150/43 (28.67%)	192/69 (35.94%)	225/60 (26.67%)	75/27 (36.00%)	70/22 (31.43%)	70/27 (38.57%)	72/21 (29.17%)	82/29 (35.37%)	79/29 (36.71%)	44/16 (36.36%)	28/9 (32.14%)	41/14 (34.15%)
78710	Halifax	Canada	**250**	**88**	19/8 (42.11%)	17/4 (23.53%)	23/11 (47.83%)	36/11 (30.56%)	16/5 (31.25%)	3/0 (0.00%)	20/8 (40.00%)	28/9 (32.14%)	20/5 (25.00%)	20/13 (65.00%)	26/9 (34.62%)	22/5 (22.73%)
78711	Ottawa	Canada	**347**	**128**	15/6 (40.00%)	52/22 (42.31%)	51/16 (31.37%)	22/9 (40.91%)	16/8 (50.00%)	20/6 (30.00%)	18/3 (16.67%)	19/7 (36.84%)	32/12 (37.50%)	29/12 (41.38%)	35/10 (28.57%)	38/17 (44.74%)
78705	Toronto	Canada	**1291**	**465**	139/57 (41.01%)	203/77 (37.93%)	225/82 (36.44%)	116/39 (33.62%)	103/33 (32.04%)	117/41 (35.04%)	95/30 (31.58%)	74/28 (37.84%)	64/21 (32.81%)	51/20 (39.22%)	51/19 (37.25%)	53/18 (33.96%)
80503	Oakville	Canada	**977**	**311**	76/28 (36.84%)	106/39 (36.79%)	215/63 (29.30%)	81/28 (34.57%)	51/13 (25.49%)	72/23 (31.94%)	56/17 (30.36%)	57/15 (26.32%)	48/17 (35.42%)	80/32 (40.00%)	62/19 (30.65%)	73/17 (23.29%)
50490	Paris	France	**158**	**72**	7/4 (57.14%)	3/3 (100.00%)	16/6 (37.50%)	14/7 (50.00%)	3/0 (0.00%)	5/2 (40.00%)	21/11 (52.38%)	19/9 (47.37%)	23/10 (43.48%)	22/10 (45.45%)	11/4 (36.36%)	14/6 (42.86%)
50493	Hong Kong	Hong Kong	**759**	**384**	79/43 (54.43%)	74/42 (56.76%)	72/26 (36.11%)	73/32 (43.84%)	46/17 (36.96%)	62/33 (53.23%)	72/49 (68.06%)	56/23 (41.07%)	32/20 (62.50%)	62/31 (50.00%)	64/36 (56.25%)	67/32 (47.76%)
50494	Mumbai	India	**505**	**242**	40/19 (47.50%)	47/29 (61.70%)	26/15 (57.69%)	40/19 (47.50%)	57/29 (50.88%)	36/16 (44.44%)	39/18 (46.15%)	41/19 (46.34%)	50/26 (52.00%)	36/11 (30.56%)	51/25 (49.02%)	42/16 (38.10%)
50495	New Delhi	India	**1853**	**976**	194/110 (56.70%)	151/76 (50.33%)	191/97 (50.79%)	166/86 (51.81%)	158/93 (58.86%)	157/73 (46.50%)	170/81 (47.65%)	156/88 (56.41%)	156/81 (51.92%)	115/73 (63.48%)	107/51 (47.66%)	132/67 (50.76%)
50496	Hyderabad GHMC	India	**255**	**94**	12/6 (50.00%)	14/6 (42.86%)	17/9 (52.94%)	23/9 (39.13%)	23/12 (52.17%)	22/6 (27.27%)	22/7 (31.82%)	17/4 (23.53%)	31/12 (38.71%)	27/9 (33.33%)	19/6 (31.58%)	28/8 (28.57%)
50497	Bangalore	India	**569**	**206**	53/19 (35.85%)	43/11 (25.58%)	41/16 (39.02%)	36/11 (30.56%)	57/17 (29.82%)	42/18 (42.86%)	58/27 (46.55%)	50/20 (40.00%)	40/10 (25.00%)	47/18 (38.30%)	49/18 (36.73%)	53/21 (39.62%)
50498	Chennai	India	**389**	**149**	26/10 (38.46%)	23/9 (39.13%)	29/10 (34.48%)	35/18 (51.43%)	33/10 (30.30%)	32/20 (62.50%)	29/9 (31.03%)	38/14 (36.84%)	44/20 (45.45%)	29/10 (34.48%)	26/7 (26.92%)	45/12 (26.67%)
76935	Noida	India	**145**	**70**	12/4 (33.33%)	14/6 (42.86%)	21/7 (33.33%)	11/6 (54.55%)	10/6 (60.00%)	14/8 (57.14%)	17/11 (64.71%)	13/6 (46.15%)	6/2 (33.33%)	11/8 (72.73%)	8/5 (62.50%)	8/1 (12.50%)
81607	Gurugram	India	**1044**	**569**	80/44 (55.00%)	71/39 (54.93%)	87/45 (51.72%)	95/49 (51.58%)	67/35 (52.24%)	76/39 (51.32%)	101/53 (52.48%)	88/53 (60.23%)	153/88 (57.52%)	71/37 (52.11%)	73/36 (49.32%)	82/51 (62.20%)
81604	Hyderabad	India	**27**	**12**	10/5 (50.00%)	9/4 (44.44%)	8/3 (37.50%)	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%)
81610	Jalandhar	India	**112**	**34**	14/5 (35.71%)	15/8 (53.33%)	7/0 (0.00%)	8/3 (37.50%)	7/4 (57.14%)	19/4 (21.05%)	5/1 (20.00%)	9/2 (22.22%)	7/1 (14.29%)	8/4 (50.00%)	7/0 (0.00%)	6/2 (33.33%)
81605	Pune	India	**40**	**6**	4/0 (0.00%)	1/0 (0.00%)	5/0 (0.00%)	1/0 (0.00%)	5/0 (0.00%)	5/1 (20.00%)	6/1 (16.67%)	3/1 (33.33%)	3/1 (33.33%)	3/0 (0.00%)	4/2 (50.00%)	0/0 (0.00%)
81602	Bangalore	India	**802**	**285**	63/20 (31.75%)	68/30 (44.12%)	64/22 (34.38%)	72/25 (34.72%)	71/25 (35.21%)	59/17 (28.81%)	75/33 (44.00%)	54/19 (35.19%)	77/24 (31.17%)	63/17 (26.98%)	63/26 (41.27%)	73/27 (36.99%)
81608	Amritsar	India	**45**	**16**	8/6 (75.00%)	5/3 (60.00%)	4/0 (0.00%)	3/1 (33.33%)	3/0 (0.00%)	3/0 (0.00%)	4/1 (25.00%)	4/1 (25.00%)	2/1 (50.00%)	3/1 (33.33%)	2/0 (0.00%)	4/2 (50.00%)
81609	Surat	India	**52**	**23**	7/3 (42.86%)	4/2 (50.00%)	2/2 (100.00%)	2/1 (50.00%)	8/4 (50.00%)	6/2 (33.33%)	6/2 (33.33%)	6/2 (33.33%)	3/3 (100.00%)	4/1 (25.00%)	1/0 (0.00%)	3/1 (33.33%)
81603	Chandigarh	India	**119**	**38**	13/2 (15.38%)	6/1 (16.67%)	12/7 (58.33%)	14/4 (28.57%)	5/3 (60.00%)	11/2 (18.18%)	9/2 (22.22%)	10/3 (30.00%)	11/3 (27.27%)	7/3 (42.86%)	9/6 (66.67%)	12/2 (16.67%)
81606	Ahmedabad	India	**334**	**132**	27/9 (33.33%)	19/8 (42.11%)	34/17 (50.00%)	26/14 (53.85%)	34/12 (35.29%)	29/8 (27.59%)	25/6 (24.00%)	29/13 (44.83%)	27/9 (33.33%)	28/13 (46.43%)	29/12 (41.38%)	27/11 (40.74%)
86887	Amritsar	India	**116**	**41**	10/3 (30.00%)	15/4 (26.67%)	14/5 (35.71%)	8/4 (50.00%)	5/1 (20.00%)	7/3 (42.86%)	17/3 (17.65%)	7/3 (42.86%)	11/8 (72.73%)	6/1 (16.67%)	7/1 (14.29%)	9/5 (55.56%)
88506	Jalandhar	India	**48**	**16**	6/1 (16.67%)	3/2 (66.67%)	9/3 (33.33%)	3/2 (66.67%)	3/1 (33.33%)	4/0 (0.00%)	6/2 (33.33%)	3/0 (0.00%)	2/1 (50.00%)	2/1 (50.00%)	2/1 (50.00%)	5/2 (40.00%)
88912	Ludhiana	India	**233**	**70**	35/12 (34.29%)	20/7 (35.00%)	28/9 (32.14%)	20/5 (25.00%)	23/10 (43.48%)	16/3 (18.75%)	16/5 (31.25%)	14/4 (28.57%)	18/5 (27.78%)	10/2 (20.00%)	16/4 (25.00%)	17/4 (23.53%)
88913	Mohali	India	**75**	**19**	3/0 (0.00%)	11/3 (27.27%)	5/3 (60.00%)	12/2 (16.67%)	5/0 (0.00%)	4/3 (75.00%)	11/3 (27.27%)	3/0 (0.00%)	5/3 (60.00%)	5/2 (40.00%)	8/0 (0.00%)	3/0 (0.00%)
88914	Mohali	India	**11**	**3**	0/0 (0.00%)	0/0 (0.00%)	2/0 (0.00%)	2/1 (50.00%)	0/0 (0.00%)	1/0 (0.00%)	1/1 (100.00%)	1/0 (0.00%)	2/1 (50.00%)	1/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)

Table 15. NCLEX International Volume by Pass/Fail Rate, Jan. 1, 2025–Dec. 31, 2025[9]

Site ID	City	Country	Total Taken	Total Passed	Total Exams Delivered /Total Pass (Pass Rate)											
					Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
50499	Tel Aviv Jaffa	Israel	**198**	**107**	21/9 (42.86%)	10/7 (70.00%)	30/16 (53.33%)	28/15 (53.57%)	15/12 (80.00%)	7/5 (71.43%)	17/7 (41.18%)	15/7 (46.67%)	19/11 (57.89%)	12/6 (50.00%)	1/1 (100.00%)	23/11 (47.83%)
57585	Osaka	Japan	**1269**	**650**	84/39 (46.43%)	104/58 (55.77%)	99/52 (52.53%)	116/60 (51.72%)	111/58 (52.25%)	127/66 (51.97%)	101/56 (55.45%)	100/55 (55.00%)	87/49 (56.32%)	125/52 (41.60%)	122/60 (49.18%)	93/45 (48.39%)
84078	Shinjuku	Japan	**1307**	**716**	100/56 (56.00%)	118/61 (51.69%)	125/65 (52.00%)	98/56 (57.14%)	108/49 (45.37%)	143/78 (54.55%)	81/49 (60.49%)	99/60 (60.61%)	175/97 (55.43%)	94/53 (56.38%)	81/47 (58.02%)	85/45 (52.94%)
89331	Nairobi	Kenya	**7055**	**4044**	537/317 (59.03%)	470/289 (61.49%)	623/389 (62.44%)	633/351 (55.45%)	630/344 (54.60%)	589/311 (52.80%)	551/312 (56.62%)	658/380 (57.75%)	630/364 (57.78%)	591/326 (55.16%)	541/302 (55.82%)	602/359 (59.63%)
88878	Kuala Lumpur	Malaysia	**800**	**417**	59/31 (52.54%)	75/42 (56.00%)	65/30 (46.15%)	66/38 (57.58%)	79/41 (51.90%)	38/16 (42.11%)	48/15 (31.25%)	89/50 (56.18%)	71/33 (46.48%)	70/43 (61.43%)	68/38 (55.88%)	72/40 (55.56%)
50503	Mexico City	Mexico	**303**	**130**	26/15 (57.69%)	30/12 (40.00%)	24/10 (41.67%)	23/6 (26.09%)	28/14 (50.00%)	24/12 (50.00%)	20/7 (35.00%)	16/9 (56.25%)	26/14 (53.85%)	28/7 (25.00%)	24/11 (45.83%)	34/13 (38.24%)
89332	Lahore	Pakistan	**500**	**226**	0/0 (0.00%)	10/5 (50.00%)	19/8 (42.11%)	51/18 (35.29%)	52/23 (44.23%)	49/23 (46.94%)	48/15 (31.25%)	0/0 (0.00%)	21/12 (57.14%)	81/45 (55.56%)	85/34 (40.00%)	84/43 (51.19%)
54555	Manila	Philippines	**17481**	**7525**	1508/543 (36.01%)	1279/499 (39.01%)	1214/525 (43.25%)	1350/588 (43.56%)	1638/686 (41.88%)	1537/706 (45.93%)	1687/751 (44.52%)	1431/658 (45.98%)	1367/614 (44.92%)	1518/654 (43.08%)	1390/619 (44.53%)	1562/682 (43.66%)
89911	Muntinlupa City	Philippines	**7170**	**3138**	336/135 (40.18%)	301/128 (42.52%)	561/236 (42.07%)	650/284 (43.69%)	606/268 (44.22%)	636/278 (43.71%)	653/293 (44.87%)	683/305 (44.66%)	558/224 (40.14%)	467/217 (46.47%)	827/404 (48.85%)	892/366 (41.03%)
47108	Guaynabo	Puerto Rico	**275**	**73**	15/5 (33.33%)	22/5 (22.73%)	7/1 (14.29%)	25/6 (24.00%)	17/1 (5.88%)	18/3 (16.67%)	34/8 (23.53%)	17/6 (35.29%)	23/8 (34.78%)	46/7 (15.22%)	18/8 (44.44%)	33/15 (45.45%)
55315	Johannesburg	South Africa	**2041**	**1086**	145/70 (48.28%)	180/96 (53.33%)	184/104 (56.52%)	152/72 (47.37%)	184/98 (53.26%)	162/80 (49.38%)	158/91 (57.59%)	212/118 (55.66%)	151/87 (57.62%)	193/87 (45.08%)	160/91 (56.88%)	160/92 (57.50%)
50505	Madrid	Spain	**320**	**182**	2/1 (50.00%)	23/14 (60.87%)	16/10 (62.50%)	35/23 (65.71%)	33/19 (57.58%)	17/9 (52.94%)	42/21 (50.00%)	27/14 (51.85%)	31/20 (64.52%)	20/10 (50.00%)	38/21 (55.26%)	36/20 (55.56%)
50506	Taipei City	Taiwan	**839**	**438**	70/35 (50.00%)	76/35 (46.05%)	70/38 (54.29%)	66/39 (59.09%)	69/41 (59.42%)	64/37 (57.81%)	71/41 (57.75%)	70/32 (45.71%)	87/47 (54.02%)	46/22 (47.83%)	73/35 (47.95%)	77/36 (46.75%)
50508	Istanbul	Türkiye	**441**	**274**	49/26 (53.06%)	35/24 (68.57%)	36/23 (63.89%)	26/17 (65.38%)	30/19 (63.33%)	18/10 (55.56%)	39/20 (51.28%)	54/41 (75.93%)	34/23 (67.65%)	50/28 (56.00%)	36/27 (75.00%)	34/16 (47.06%)
48940	Leeds	United Kingdom	**265**	**151**	22/14 (63.64%)	11/6 (54.55%)	14/9 (64.29%)	32/16 (50.00%)	18/8 (44.44%)	17/9 (52.94%)	20/8 (40.00%)	25/14 (56.00%)	31/22 (70.97%)	30/19 (63.33%)	26/15 (57.69%)	19/11 (57.89%)
48868	Belfast	United Kingdom	**143**	**75**	16/10 (62.50%)	10/3 (30.00%)	8/4 (50.00%)	7/3 (42.86%)	9/2 (22.22%)	15/5 (33.33%)	15/8 (53.33%)	13/5 (38.46%)	13/9 (69.23%)	9/7 (77.78%)	21/13 (61.90%)	7/6 (85.71%)
48901	Edinburgh	United Kingdom	**132**	**63**	8/3 (37.50%)	2/2 (100.00%)	3/2 (66.67%)	10/8 (80.00%)	15/3 (20.00%)	25/11 (44.00%)	20/9 (45.00%)	3/2 (66.67%)	16/6 (37.50%)	12/4 (33.33%)	9/6 (66.67%)	9/7 (77.78%)
48909	Glasgow	United Kingdom	**91**	**41**	4/1 (25.00%)	3/2 (66.67%)	3/1 (33.33%)	11/6 (54.55%)	4/3 (75.00%)	10/4 (40.00%)	6/0 (0.00%)	8/4 (50.00%)	15/6 (40.00%)	13/7 (53.85%)	5/2 (40.00%)	9/5 (55.56%)
73885	Southwark	United Kingdom	**1591**	**872**	62/40 (64.52%)	143/84 (58.74%)	148/82 (55.41%)	123/62 (50.41%)	153/83 (54.25%)	155/82 (52.90%)	159/81 (50.94%)	134/78 (58.21%)	134/73 (54.48%)	141/82 (58.16%)	101/51 (50.50%)	138/74 (53.62%)
77156	Mile End, London	United Kingdom	**751**	**411**	84/49 (58.33%)	104/59 (56.73%)	50/28 (56.00%)	94/49 (52.13%)	90/50 (55.56%)	47/28 (59.57%)	55/28 (50.91%)	8/4 (50.00%)	13/7 (53.85%)	52/29 (55.77%)	84/46 (54.76%)	70/34 (48.57%)
77197	Manchester	United Kingdom	**379**	**198**	27/15 (55.56%)	19/11 (57.89%)	44/22 (50.00%)	43/22 (51.16%)	23/12 (52.17%)	22/10 (45.45%)	40/21 (52.50%)	32/17 (53.13%)	43/25 (58.14%)	36/17 (47.22%)	31/17 (54.84%)	19/9 (47.37%)
77701	Dockland London	United Kingdom	**693**	**362**	75/46 (61.33%)	47/27 (57.45%)	76/40 (52.63%)	67/33 (49.25%)	69/38 (55.07%)	72/29 (40.28%)	55/28 (50.91%)	51/27 (52.94%)	27/10 (37.04%)	31/18 (58.06%)	57/30 (52.63%)	66/36 (54.55%)
82839	Horley, Surrey	United Kingdom	**380**	**198**	19/11 (57.89%)	35/16 (45.71%)	25/13 (52.00%)	29/16 (55.17%)	36/19 (52.78%)	22/9 (40.91%)	30/17 (56.67%)	42/17 (40.48%)	38/21 (55.26%)	29/17 (58.62%)	36/20 (55.56%)	39/22 (56.41%)
50482	Sydney	Australia	**107**	**47**	10/6 (60.00%)	8/4 (50.00%)	15/8 (53.33%)	11/2 (18.18%)	5/1 (20.00%)	5/1 (20.00%)	6/1 (16.67%)	11/7 (63.64%)	9/5 (55.56%)	8/5 (62.50%)	7/2 (28.57%)	12/5 (41.67%)
Total			**63673**	**28851**	**5166/2215 (42.88%)**	**5147/2293 (44.55%)**	**5895/2596 (44.04%)**	**5369/2431 (45.28%)**	**5479/2457 (44.84%)**	**5291/2395 (45.27%)**	**5510/2488 (45.15%)**	**5195/2462 (47.39%)**	**5035/2350 (46.67%)**	**5020/2293 (45.68%)**	**5021/2346 (46.72%)**	**5545/2525 (45.54%)**

9 Canadian candidates seeking licensure/registration in a Canadian jurisdiction are not included.

Report of the Regulatory Metrics Committee

Background

Nursing regulators are under increasing scrutiny to demonstrate both efficiency and effectiveness. The NCSBN Board of Directors (BOD) acknowledges the need for members to have access to essential regulatory metrics, facilitating the provision of critical information to legislators, stakeholders and the public. Establishing a system that enables access to such data would enhance members' workflows, outputs, and capacity to regulate with greater effectiveness and efficiency. To facilitate this initiative, NCSBN's BOD appointed individuals to the Regulatory Metrics Committee at its September 2025 meeting, assigning the following charges:

- Analyze Commitment to Ongoing Regulatory Excellence (CORE) data and methodology.
- Collect member input to identify and define key regulatory metrics and data collection strategies.
- Develop practical tools and systems for ongoing data collection, analysis and visualization.
- Publish updated guidance and tools for use by member boards.

Fiscal Year 2026 (FY26) Highlights and Accomplishments

The key achievements and highlights from the Regulatory Metrics Committee for FY26 are listed below:

- Conducted comprehensive analysis of CORE data, methodologies and metrics obtained from Nursys®, Member Board Profiles, e-Notify, the NCSBN Annual Report Program, National Nursing Workforce Survey and NCLEX®.
- Determined essential regulatory metrics from the reviewed survey datasets for inclusion in the tool.

Future Activities

- Identify knowledge gaps using available key metrics and suggest additional data collection streams as needed.
- Recommend methods for gathering, aggregating and presenting key data metrics to support members' public protection mission.

Members

Nick Siniff, JD
Ohio, Area II, Chair

Laura Blackhurst, PhD
Oregon, Area I

Emma Cozart, MS
Washington, Area I

Kelly Hoffman, MSN-NCEL, RN
Pennsylvania, Area IV

Kyle Martin
North Dakota, Area II

Angie Matthes, MBA/MHA
North Carolina, Area III

Vicki Muscat, PMI-ACP
Nova Scotia, Exam User Member

Lydia Watkins, DNP, MSN, CNE, CPNP
Georgia, Area III

Staff

Brendan Martin, PhD
Director, Research

Joe Betts, PhD, EdS, MMIS
Director, Measurement & Testing, Examinations

Mark Huffman, MBA, PMP
Senior Delivery Manager, IT

Nicole Kaminski-Ozturk, PhD, PMP
Data Scientist II, Research

Jen Kohl
Manager, Administration, Policy, Research & Education

William Muntean, PhD
Principal Research Scientist, Innovation & Measurement Research, Examinations

Richard Smiley, MS, MA
Senior Statistician, Research

Nancy Spector, PhD, RN, FAAN
Director, Nursing Education Policy

Matt Sterzinger
Deputy Chief Officer, IT

Meeting Dates

Jan. 27–28, 2026

June 15–16, 2026

Relationship to Strategic Initiative Statement

Strategic Objective:

REGULATORY METRICS MODERNIZATION

Empower member boards with actionable insights by developing a comprehensive regulatory metrics framework and making data accessible, enabling them to measure their impact and effectiveness while driving continuous improvement.

Report of the Substance Use Disorder Resources Committee

Background

Recent developments have significantly impacted the landscape of substance use disorders. To ensure NCSBN Members have access to the most current resources for informed decision-making as nursing regulatory bodies (NRBs), the Board of Directors (BOD) appointed individuals to the Substance Use Disorder Resources Committee at its September 2025 meeting, assigning the following charges:

1. Review contemporary research literature on alcohol and drug abuse.
2. Assess existing NCSBN resources for accuracy, clarity and applicability.
3. Gather member and stakeholder feedback to identify content gaps between existing resources and what is needed to support members in their role of public protection.
4. Revise and publish updated guidance and resources.

Fiscal Year 2026 (FY26) Highlights and Accomplishments

The key achievements and highlights from the Substance Use Disorder Committee for FY26 are listed below:

- Conducted an evaluation of NCSBN's *Substance Use Disorder in Nursing: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs*.
- Prepared a comprehensive summary detailing necessary modifications for revising and reformatting existing resources.
- Gathered current research and evidence-based practices related to substance misuse within the nursing profession.

Future Activities

- The committee will compile current research and up-to-date information on substance use disorder.
- The committee will solicit feedback from members regarding the compiled resources to inform the final published material.
- The committee will develop an updated resource in collaboration with NCSBN's Marketing & Communications Department for distribution to the membership.

Members

Sara Hansen-Baiamonte, JD
Montana, Area I, Chair *(Resigned May 22, 2026)*

Lynda D'Alessio, MSN, RN
Rhode Island, Area IV

Cathy Dinauer, MSN, RN
Nevada, Area I

Angela Fountain, DNP, CRNA
Arizona, Area I

Brandi Griswold
North Carolina, Area III

Patricia Howard-Chittams, DNP, AGNP-BC
District of Columbia, Area IV

Corrie Lund, MSN, CI
North Dakota, Area II

Melissa Monroe, DNP, RN
Oklahoma, Area III

Lisa Shiltz, RN
West Virginia, Area II

Staff

Tim Arehart, JD
Senior Policy Advisor, Policy

Jen Kohl
Manager, Administration, Policy, Research & Education

Emily Paulucci, MS, MJ, RN, APRN, CPNP-PC
Senior APRN Policy Advisor, Policy

Meeting Dates

Jan. 26–27, 2026 (In-person)

March 23, 2026 (Virtual)

June 18–19, 2026 (In-person)

Relationship to Strategic Initiative Statement

N/A

Section III: **NCSBN Resources**

Orientation Manual for Delegate Assembly (DA) 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 DA 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 (BONs) also worked with the National League for Nursing Education (NLNE), which, in 1932, became the ANA's Department of Education. In 1933, by agreement with ANA, NLNE accepted responsibility for advisory services to the State Boards of Nurse Examiners (SBNE) in all education and examination-related matters. Through its Committee on Education, NLNE set up a subcommittee that would address, over the following decade, state board examination issues and problems. In 1937, NLNE published *A Curriculum Guide for Schools of Nursing*. Two years later, NLNE initiated the first testing service through its Committee on Nursing Tests.

Soon after the beginning of World War II, nurse examiners began to face mounting pressures to hasten licensing and to schedule examinations more frequently. In response, participants at a 1942 NLNE conference suggested a "pooling of tests" whereby each state would prepare and contribute examinations in one or more subjects that could provide a reservoir of test items. They recommended that the Committee on Nursing Tests, in consultation with representative nurse examiners, compile the tests in machine-scorable form. In 1943, the NLNE board endorsed the action and authorized its Committee on Nursing Tests to operate a pooling of licensing tests for interested states (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 BONs, the committee recommended that a council replace it. Although council status was achieved, many people continued to be concerned about potential conflicts of interest and recognized the often heard criticism that professional boards serve primarily the interests of the profession they purport to regulate.

In 1970, following a period of financial crisis for the ANA, a council member recommended that a freestanding 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 DA 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 (NCSBN).

Organizational Mission, Strategic Initiatives and Outcomes

NCSBN empowers and supports nursing regulators in their mandate to protect the public.

NCSBN's Strategic Initiative statement for FY2026–2030 is:

We protect the public and the trust in nursing by providing innovative regulatory solutions, insights and expertise.

The strategic objectives are:

A. Model Act and Rules Advancement
B. Championing the APRN Compact
C. Governance and Bylaws Alignment
D. Member Engagement Evolution
E. Member Learning Transformation
F. Regulatory Metrics Modernization
G. Professional Growth Program
H. Remote Proctoring Innovation

To achieve its strategic initiative statement, NCSBN identifies objectives , under which performance measures for achieving these objectives 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 initiative statement and objectives, and the directives of the DA.

Organizational Structure and Function

MEMBERSHIP

There are currently three categories of NCSBN Membership: U.S. member, exam user member (EUM) and associate member. NCSBN U.S. Member status is extended to those nursing regulatory bodies (NRBs*) 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 58 U.S. members, including those from the District of Columbia, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands. NRBs may become an NCSBN Member upon approval of the DA 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 NCSBN Members.

U.S. members 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. U.S. members also receive information services, public policy analyses and research services. U.S. members 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 DA.

Revisions to the NCSBN Bylaws in 2017 created a new category of NCSBN Membership, the Exam User Members (EUM). EUMs are authorized nursing regulatory bodies from other countries that have an organizational mandate exclusively related to the regulation of the profession and protection of the public. Additionally, EUMs must execute a contract for using the prelicensure exam developed by NCSBN, must pay an annual membership fee and be approved for membership by the DA. EUMs 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, as well as voting privileges at the annual DA. EUMs also receive information services, public policy analyses and research services. EUMs that fail to adhere to the

*Nursing regulatory bodies is a new umbrella term for boards of nursing and regulatory bodies in the U.S. and internationally.

conditions of membership may have their membership terminated by the BOD. They may then choose to appeal the BOD's decision to the DA.

NCSBN has nine exam user members:

- British Columbia College of Nurses and Midwives
- College of Nurses of Ontario
- College of Registered Nurses of Alberta
- College of Registered Nurses of Manitoba
- Newfoundland and Labrador College of Nurses
- Prince Edward Island College of Nursing and Midwifery (PEICNM)
- College of Registered Nurses of Saskatchewan
- Nova Scotia College of Nursing
- Yukon Registered Nurses Association

Associate members are authorized nursing regulatory bodies from other countries that must pay an annual membership fee and be approved for membership by the DA.

NCSBN has 19 associate members:

- College of Nursing of New Brunswick
- Bermuda Nursing and Midwifery Council
- College of Licensed Practical Nurses and Health Care Aides of Alberta
- College of Licensed Practical Nurses of Manitoba
- College of Registered Psychiatric Nurses of Alberta
- College of Registered Psychiatric Nurses of Manitoba
- General Council of Official Associations of Nursing of Spain
- Kazakhstan - National Center for Independent Examination (NCIE)
- 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
- Puerto Rico Board of Nurse Examiners
- College and Association of Nurses of the Northwest Territories and Nunavut (CANNN)
- Registered Psychiatric Nurses Association of Saskatchewan
- College of Licensed Practical Nurses of Saskatchewan
- Singapore Nursing Board

AREAS

NCSBN's U.S. Members are divided into four geographic areas. The purpose of this division is to enable members of each area to share common concerns regarding regulatory issues. U.S. member delegates elect area directors from their respective Areas through a majority vote of the DA.

DELEGATE ASSEMBLY

The DA is the membership body of NCSBN and is comprised of delegates who are designated by the U.S. members and EUMs. Each U.S. member has two votes and may name two delegates and one alternate. Each EUM has one vote and may name one delegate and one alternate. The DA meets at NCSBN's Annual Meeting, traditionally held in August. Special sessions can be called under certain circumstances.

At the Annual Meeting, delegates elect officers and directors of the BOD, as well as 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 DA adopts the mission statement, strategic initiatives of NCSBN, approves all new NCSBN Memberships, the substance of all Terms and Conditions of NCSBN Membership between NCSBN and the membership, adopts test plans to be used for the development of the NCLEX®, and establishes the fee for the NCLEX.

OFFICERS AND DIRECTORS

NCSBN officers include the president, president-elect and treasurer. Directors consist of four area directors and four directors-at-large. Members or staff of U.S. members may hold office, subject to exclusion from holding office if other professional obligations result in an actual or perceived conflict of interest. Members or staff of EUMs are only eligible for the office of director-at-large, 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. 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 due to a vacancy. The president and president-elect shall serve no more than one term in the same position, except when a vacancy occurs.

The president, president-elect and treasurer are elected for terms of two years or until their successors are elected or appointed. The president-elect and the directors-at-large are elected in even-numbered years. The treasurer and area directors are elected in odd-numbered years.

The four area directors are elected for terms of two years or until their successors are elected or appointed. Four directors-at-large will be elected for terms of two years or until their successors are elected or appointed.

Officers and directors are elected by ballot during the annual session of the DA. U.S. member 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 standing rules dictate the reballoting process.

Officers and directors assume their duties at the close of the session at which they were elected. The president-elect fills a vacancy in the office of president. Board appointees fill other officer vacancies until the next Annual Meeting and a successor is elected.

BOD

The BOD, the administrative body of NCSBN, consists of 11 elected officers. The BOD is responsible for the general supervision of the affairs of NCSBN between sessions of the DA. The BOD authorizes the signing of contracts, including those between NCSBN and its U.S. members and EUMs. It also engages the services of legal counsel, approves and adopts an annual budget, reviews membership status of noncompliant U.S. members, EUMs and associate members and renders opinions, when needed, about actual or perceived conflicts of interest.

Additional duties include approval of the NCLEX 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 and/or digitally distributed to BOD officers and directors before the meeting. The agenda is prepared by staff, in consultation with the president, and provided to the membership via the NCSBN website (www.ncsbn.org).

A memo or report that describes the item's background and indicates the BOD action needed accompanies items for BOD discussion and action. Motion forms are available during the meeting and are used so that an accurate record will result. Staff takes minutes of the meeting.

COMMUNICATIONS WITH THE BOD

Communication between BOD meetings takes place in several different ways. The CEO communicates weekly or as needed with the president regarding major activities and confers as needed with the treasurer about financial matters.

LSC

The LSC consists of seven members. Any board member or employee of a U.S. member or EUM is eligible to serve as a member of the LSC. Four individuals from U.S. members are elected, one from each area, and are elected for two-year terms. Even-numbered area members are elected in even-numbered years and odd-numbered area members are elected in odd-numbered years. Members are elected by ballot with a plurality vote. The BOD appoints three at-large members, one of whom shall have previously served on the BOD. The terms of the appointed members shall be staggered so that at least one is appointed each year. At-large members can be appointed from U.S. members or EUMs. A committee member shall serve no more than two consecutive terms in the same position on the committee, excluding time served by appointment and/or election due to a vacancy. A member elected or appointed to the LSC may not be nominated or apply for an officer or director position on the BOD during the term for which that member was elected or appointed.

The LSC's function is to 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 DA, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee.

COMMITTEES

Many of NCSBN's objectives are accomplished through the committee process. Every year, the committees report on their activities and make recommendations to the BOD. At the present time, NCSBN has two standing committees: NCLEX Examinations and Finance. Subcommittees, such as the NCLEX® Item Review Subcommittee, 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. While committee membership is extended to all current members and staff of U.S. members, associate members, and EUMs, associate members may not serve on the Bylaws, Finance or NCLEX Examination Committees. The BOD

may appoint persons external to the membership to special committees but at no time shall the number of external participants exceed the number of participants from the membership.

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 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® EXAMINATIONS COMMITTEE (NEC)

The NEC is comprised of at least nine members. One of the committee members shall be a licensed practical/vocational nurse (LPN/VN) or a board or staff member of an LPN/VN NRB. Additionally, two Canadian regulators from EUMs serve as ex-officio members to the NEC. 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 DA 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 process, including psychometrics, item development, test security, 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 information about the examinations for U.S. members, EUMs and other interested parties. The NEC also regularly evaluates the licensure examinations by means of item analysis and candidate statistics as well as develops NCLEX prototypes that use technology enhanced item types focused on measuring clinical decision making/judgment.

One of NCSBN's major objectives is to provide psychometrically sound and legally defensible nursing licensure examinations to U.S. members and EUMs. 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. The periodic performance of practice analysis (i.e., job analysis) studies assists NCSBN in evaluating the validity of the test plan that guides content distribution of the licensure examinations.

NCSBN's practice analysis uses several methods to describe the practice of newly licensed nurses: (1) document reviews; (2) daily logs of newly licensed nurses; (3) subject matter experts' knowledge; and (4) a large-scale survey. A number of steps are necessary to perform an analysis of newly licensed nurse practice. A panel of subject matter experts is assembled, a list of nurse activities is created and incorporated into a survey that is sent to a randomly drawn sample of newly licensed nurses, and data is collected and analyzed. The outcome of the practice analysis is a description of those tasks that are most important for safe and effective practice. The practice analysis conducted by NCSBN is used to validate that the activities listed in the survey are representative of the work newly licensed nurses perform in their practice settings.

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 of content areas for each administration of the exam, and specifies the percentages of questions that will be allotted to each content area. The instructions for item writers may take the form of activity statements or a detailed subset of knowledge, skills and abilities (KSA) 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 practice 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 receive a passing score and which receive a failing score. 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 estimated success rates on exam items. Their pooled judgments result in identification of a series of recommended passing standards. Taking these recommendations along with other data relevant to identification of the level of competence, the BOD sets a passing standard that distinguishes between candidates who do and do not possess the essential competencies, thus fulfilling the second validation criterion.

Having validation evidence based on job analysis and criterion-referenced standard setting processes and utilizing item construction and test delivery processes based on sound psychometric principles constitute the best legal defense available for licensing examinations. For most of the possible challenges that a candidate might bring against an examination, if the test demonstrably measures the possession of important job-related skills, its use in the licensure process is likely to be upheld in a court of law.

FINANCE COMMITTEE

The Finance Committee is comprised of at least four members and the BOD 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 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 DA's and BOD's policy directives and provide assistance to committees.

General Delegate Assembly Information

The business agenda of the DA is prepared and approved by the BOD. At least 45 days prior to the Annual Meeting, U.S. members and EUMs are sent the recommendations to be considered by the DA. A Business Book is provided to the membership which contains the agenda, reports requiring DA action, reports of the BOD, reports of special and standing committees, and strategic initiatives and objectives.

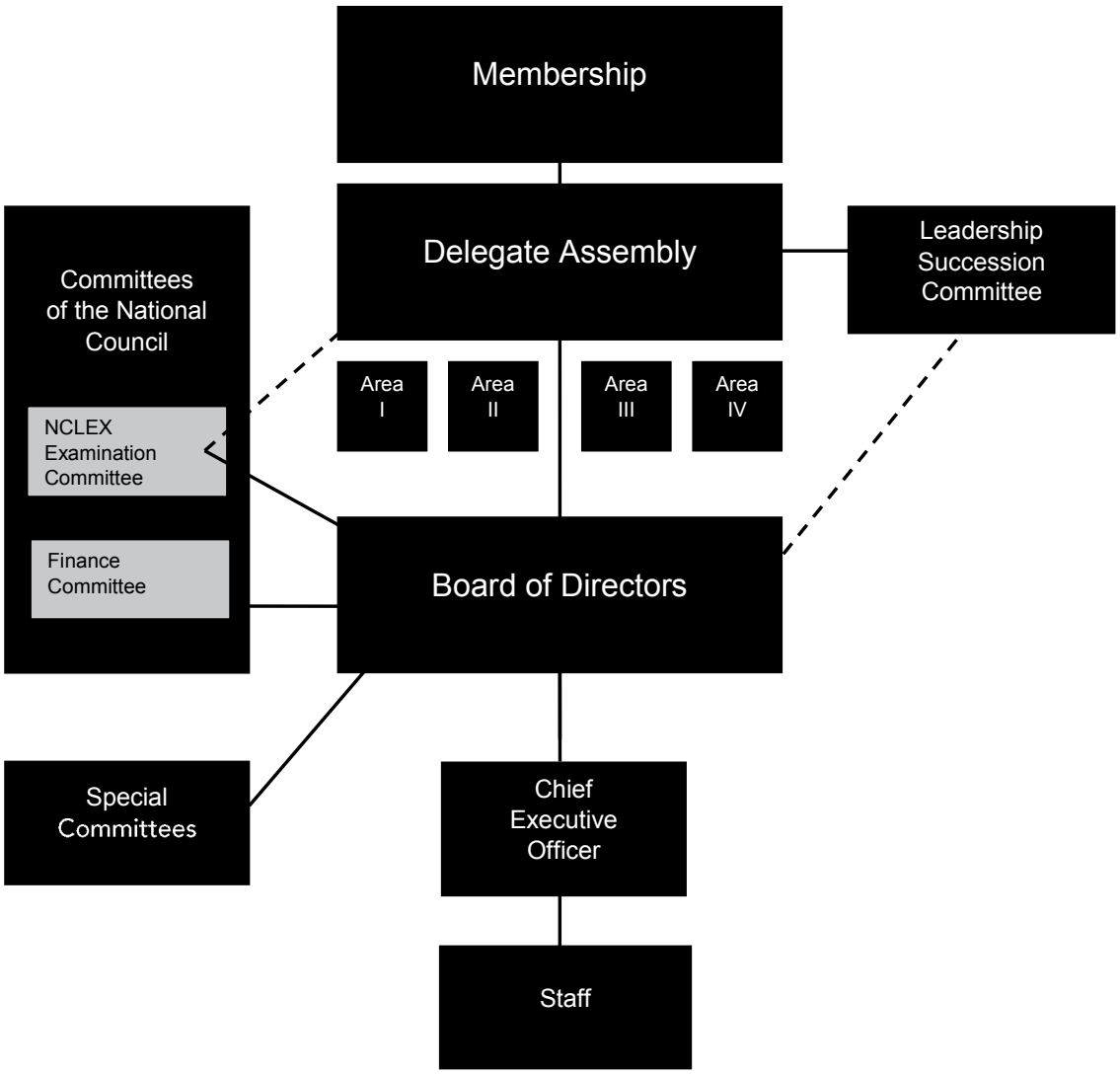
Prior to the annual session of the DA, the president appoints the Credentials, Resolutions, and Elections Committees, as well as the Committee to Approve Minutes.

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 DA

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, reviews and evaluates all resolutions in terms of their relationship to NCSBN's mission and fiscal impact to the organization and reports to the DA.

The parliamentarian keeps minutes of the DA. 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.

NCSBN Organizational Chart



The dotted line of authority from the NCLEX® Examination Committee (NEC) to the Delegate Assembly represents the charge of the NEC to recommend test plans to the Delegate Assembly.

The dotted line of authority from the Board of Directors (BOD) to the Leadership Succession Committee (LSC) represents the BOD's authority to make appointments to the LSC per the NCSBN Bylaws.

NCSBN Bylaws

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
Revisions adopted – 08/19/16
Amended – 8/18/17

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 jurisdictional 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) Jurisdictional Board of Nursing. A jurisdictional board of nursing is the agency empowered to license and regulate nursing practice in any country, state, province, territory or political subdivision of the country.
b) Member Board. A member board is a jurisdictional board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.
c) Exam User Member. An Exam User Member is a jurisdictional board of nursing that has an organizational mandate exclusively related to the regulation of the profession and protection of the public and uses the pre-licensure exam developed by NCSBN, which is approved by the Delegate Assembly as an Exam User Member of NCSBN.

d) Associate Member. An Associate Member is a nursing regulatory body or empowered regulatory authority that is in whole or in part empowered by government to license and regulate nursing practice in the jurisdiction, which is approved by the Delegate Assembly.

***Proviso**: The amended member definitions in Article III, Section 1 shall become effective on the day and upon the adjournment of the 2017 Annual Meeting at which these amendments to the Bylaws were adopted by the Delegate Assembly. The Board of Directors may receive applications for the new and redefined categories of membership or application for movement from one category to another as soon as the new Bylaws become effective.*

Section 2. ***Qualifications.*** To qualify for approval, and to maintain membership as a Member Board or Exam User Member, a jurisdictional 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). Member Boards must additionally agree to comply with:

a) all applicable terms and conditions for the use of Nursys®; and
b) participation in Nursys® which includes discipline and licensure.

***Proviso**: Regarding amendments to member qualifications in Article III, Section 2 adopted by the Delegate Assembly at the 2017 Annual Meeting: all current Member Boards shall continue as a Member Board for five (5) years from the adoption of this amendment by which time all Member Boards must fully meet these requirements to remain a Member Board, otherwise they will be re-categorized as an Exam User Member.*

Section 3. ***Admission.*** A jurisdictional board of nursing shall become a member of the NCSBN and be known as a Member Board, Exam User Member, or Associate Member 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 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, Exam User Member, and Associate Member shall be set by the Delegate Assembly and shall be payable each October 1.

Section 6. ***Privileges.*** Member Board and Exam User Member 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 or Exam User Member 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 and no more than one (1) delegate designated by each Exam User Member as provided in the Standing Rules of the Delegate Assembly ("Standing Rules"). An alternate duly appointed by a Member Board or Exam User Member may replace a delegate and assume all delegate privileges.

b) *Qualification of Delegates.* Members and employees of Member Boards and Exam User Members shall be eligible to serve as delegates until their term or their employment with a Member Board or Exam User Member ends. A NCSBN officer or director may not represent a Member Board or Exam User Member 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. Each Exam User Member shall be entitled to one vote to be cast by the designated delegate. There shall be no proxy or absentee voting at the Annual Meeting.

b) *Special Meetings.* A Member Board and Exam User Member 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 and Exam User Members a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board and Exam User Member may authorize the corporate secretary of the NCSBN or a delegate of another Member Board or Exam User Member 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 and Exam User Members; 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 all members 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 and Exam User Member 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 Exam User Members 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) Board Members or employees of Exam User Members shall be eligible to be elected or appointed as a director-at-large, and they may continue to serve in such capacity until their term or their employment with an Exam User Member ends. Members of an Exam User Member who become permanent employees of an Exam User Member will continue their eligibility to serve.
c) 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) *Area Directors.* Each Area shall elect its Area director by majority vote of the delegates from each such Area.
d) *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.
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.) 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.

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 ~~a~~rea 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, territorial, provincial, 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 1st in any given year, the Board of Directors shall take the following action:
    i. The Board of Directors shall notify all Member Boards and Exam User Members 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 1st 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 committee members. One member shall be elected from each of the areas by the Delegate Assembly and the remaining members shall be appointed by the Board of Directors, one of whom shall have served on the Board of Directors.

b) *Term*. The term of office shall be two years. Odd numbered area members shall be elected in each odd numbered year and even numbered area members shall be elected in each even numbered year. The terms of the appointed members shall be staggered so that at least one is appointed each year. A committee member shall serve no more than two consecutive terms in the same position on the committee 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 or appointed.

c) *Selection*. The area members 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 area representatives on 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. A vacancy occurring in the board-appointed members shall be filled by the Board of Directors. The person filling a vacancy shall serve the remainder of the term.

f) *Duties*. The Leadership Succession Committee shall 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 or employee of a Member Board or Exam User Member is eligible to serve as a member of the Leadership Succession Committee.

Proviso: Leadership Succession Committee (LSC) Members shall be elected and appointed in the years 2018-2020 in accordance with the following schedule:

Positions	2017 Election	2018 Election	2019 Election	2020 Election
Area 1 Member	-	X (one-year term)	X (two-year term)	-
Area 2 Member	-	X (two-year term)	-	X (two-year term)
Area 3 Member	-	X (one-year term)	X (two-year term)	-
Area 4 Member	-	X (two-year term)	-	X (two-year term)
Member-at-Large	X (two-year term)	-	Appointed by BOD (one-year term)	Appointed by BOD (two-year term)
Member-at-Large	X (two-year term)	-	Appointed by BOD (two-year term)	-
Member-at-Large	X (two-year term)	-	Appointed by BOD (two-year term)	-

LSC member Election and Appointment Schedule:
X – Indicates the year in which a position will be elected.
Appointed by BOD – Indicates the year in which a position will be appointed

Article VIII

■ Meetings

Section 1. ***Participation.***

a) *Delegate Assembly Session.*
   (i) *NCSBN Members.* All categories of NCSBN members 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 all categories of NCSBN members.

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 committee 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' and Exam User Members' 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 committee 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. All categories of NCSBN 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 and Exam User Members 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 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.

For more information about upcoming events, visit ncsbn.org/events

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