

2025, Vol. 1

IN FOCUS

A PUBLICATION OF  NCSBN



Making a Nurse Compact Nation a Reality

The Nurse Licensure Compact Celebrates 25th Anniversary

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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.

NCSBN's membership is comprised of the NRBs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are nine exam user members and 21 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.

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Above: The British Columbia College of Nurses & Midwives receive the Regulatory Achievement Award.
All photos from the 2025 Annual Meeting Awards Dinner by Tori Soper Photography. To view more photos from the event visit our [Flickr page](#).

To Be Honored is Inspirational

The British Columbia College of Nurses & Midwives
Won the NCSBN 2024 Regulatory Achievement Award

The British Columbia College of Nurses & Midwives (BCCNM) has a long and distinguished record of leveraging regulatory tools to protect the public and strengthen the Canadian health care system. Always open to change, BCCNM consistently adopts new approaches, tools and systems reflecting best practices in regulation. As the largest health profession regulator in western Canada, BCCNM protects patients in the province through the regulation of almost 70,000 practitioners, including licensed practical nurses, nurse practitioners, registered midwives, registered nurses and registered psychiatric nurses.

Known as an active collaborator, BCCNM and its predecessor colleges have always sought to work with a wide range of partners and have been an involved and valued member of NCSBN since 2008, supporting NCSBN through attendance and participation at NCSBN meetings and events, being NCSBN's first associate member, and becoming one of its first exam user members. In 2024, BCCNM was honored with NCSBN's Regulatory Achievement Award, which recognizes the member board or associate member that has made an identifiable, significant contribution to the mission and vision of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.



Johansen

"We're truly honored to receive this award," says BCCNM Registrar and Chief Executive Officer Cynthia Johansen, MA, MsC. "One of the most important

things about NCSBN's Awards Program is that it is a peer recognition approach. It means a lot when it's our peer group reinforcing the message that we're doing a good job. To be honored by other regulatory professionals who we admire and who inspire us every day is even more inspirational when you really sit and reflect on it."



Johansen

"I don't think there's an equivalent to this award in Canada, so it's really nice to have this recognition," says BCCNM Board Chair Tanya Momtazian, RM, BSc, BMW, MPH. Momtazian is co-founder of a midwife/

family physician collaborative practice and is an adjunct professor of the Midwifery Program at the University of British Columbia. She also served as president of the board for the legacy College of Midwives of British Columbia.

"We value the relationship we have with NCSBN, and it's not just one-way," says Johansen. "We're not only accepting what NCSBN provides in terms of services and products; we also want to contribute. In that contribution, we learn and we take back that learning, and we change the way we do things. Our commitment to the organization is very high. I don't think it has altered at all during all the changes we've been through. We have remained very engaged in any capacity that NCSBN creates for us. Whatever we can contribute to be helpful, we get that back in spades."

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“ I don’t think there’s an equivalent to this award in Canada, so it’s really nice to have this recognition. ”

— Tanya Momtazian



The change Johansen speaks of has been profound. Founded on Sept. 1, 2020, BCCNM is the first college in Canada to regulate nurses and midwives. Johansen joined the legacy College of Registered Nurses of British Columbia (CRNBC) as director of registration, inquiry and discipline in 2006 and was appointed Registrar/CEO in 2012. She has been a catalyst for increased collaboration among health regulators within British Columbia and across Canada and was instrumental in bringing the province’s three legacy nursing colleges together to form the BC College of Nursing Professionals (BCCNP) in 2018, becoming the single regulator for all nursing designations. BCCNP then amalgamated with the legacy College of Midwives of BC to form BCCNM in 2020.

The amalgamation transitions were years in the making and are significant accomplishments in and of themselves. “When I look at those buckets of big, innovative changes that we’ve made, I think, wow, we accomplished so many things with so many moving parts,” recalls Johansen. “And it was on a wing and a prayer, because we were almost hoping government would introduce legislation, and we were hoping our boards would stay somewhat the same so that we wouldn’t have to reorient new board members. We did a lot, and sometimes it’s hard to quantify that kind of work because it’s a lot of *thinking* work. You reflect on it and say, ‘holy mackerel, we’ve made a lot of changes.’”

“I’m a registered midwife by practice and was part of the second amalgamation,” says Momtazian. “The government had mandated amalgamations, so we knew that was coming to fruition and we wanted to get a little bit ahead of the game. I was also the chair of the board of the College of Midwives of British Columbia. We decided to proactively amalgamate [with BCCNP] and because of the great reputation and work that CRNBC did under Cynthia’s leadership, we decided to amalgamate with the nurses, which has been great. We were a very small organization, regulating 400 practicing midwives. BCCNM has contributed a significant amount of resources.”

The list of successes and innovative work BCCNM has undertaken is long:

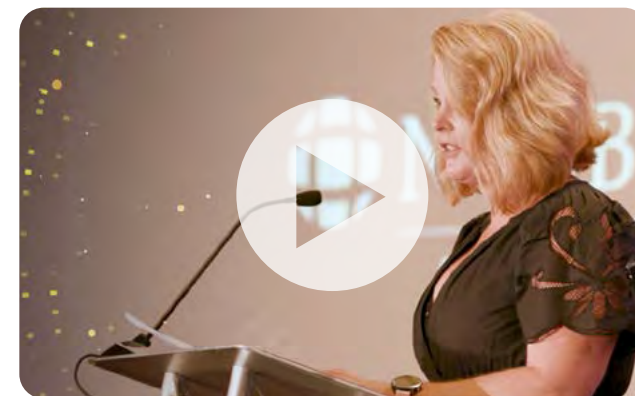
NCLEX-RN® and REx-PN® Examinations

In partnership with the College of Nurses of Ontario (CNO), the legacy college CRNBC supported the introduction and championed adoption of the NCLEX in 2015 as the entry-to-practice exam in Canada, ensuring consistency across educational and provincial programs, and between Canada and the U.S. Today, nearly every Canadian RN regulator uses the NCLEX-RN. BCCNM continues to be involved in reviewing and updating the NCLEX-RN to ensure it remains relevant for the current nursing environment.

“The strength of the collaboration was really foundational when we worked together in lockstep with CNO to move towards NCLEX-RN,” says Johansen. “NCLEX-RN introduction in Canada was incredibly challenging. It was fraught with resistance from the profession. Being not just collaborative but in partnership with CNO — in a really strong, respectful relationship — I think from that day forward it has carried on, and it’s incredibly important for us. We have a peer with whom there is mutual respect. There is commitment; equal commitment to public protection.” BCCNM also worked with NCSBN and CNO to develop and implement REx-PN as the entry-to-practice exam for practical nurses in Ontario and BC, which was adopted in 2021.

Nursys in Canada

In another collaboration with CNO and NCSBN, BCCNM recognized that NCSBN’s Nursys® system could also be an effective regulatory tool in Canada, streamlining the process for nurses seeking registration or licensure in a different jurisdiction and supporting nurse mobility while ensuring regulators had a complete picture of nurses’



Watch Cynthia Johansen speak about receiving the Regulatory Achievement Award.

registration and complaints history. Work continues to bring other Canadian jurisdictions into Nursys Canada, and to connect Nursys Canada with Nursys in the U.S.

Removing Barriers for Internationally Educated Nurses

Barriers to entry for internationally educated

nurses (IENs) seeking to practice in Canada was a longstanding issue made more urgent by the COVID-19 pandemic. As regulators faced pressure to improve access for IENs, BCCNM worked to make the application process as efficient as possible while maintaining focus on public safety.

“Nursing education and practice varies throughout the world. An applicant may be a registered nurse in their home jurisdiction, but their current competency is equivalent to a licensed practical nurse in Canada,” explains Johansen. “Previously, this meant a long road to registration, including additional education, applications and fees. We needed to shorten the registration timeline while maintaining the requirements we use to ensure an applicant can practice safely.”

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“ When I look at those buckets of big, innovative changes that we’ve made, I think, wow, we accomplished so many things with so many moving parts. ”

— Cynthia Johansen



Elder Sulksun (pictured far right) of the Musqueam Nation has been a key advisor to BCCNM in developing their approach to redressing harm caused by the health-care system.

In 2022, BCCNM launched a new application process for IENs that enabled the college to assess applicants for RN and

LPN registration simultaneously through one application. In partnership with BCCNM, Inspire Global Assessments (formerly the Nursing Communication Assessment Service, or NCAS), developed a new “triple track” competency assessment to evaluate an applicant’s knowledge against the competencies required of a Canadian registered nurse, licensed practical nurse and health care aide. These changes — in addition to updated language requirements, a fast-track process for applicants from countries with comparable nursing practice, and the development of an evidence-based decision matrix — have made a significant impact.

“It’s been instrumental for facilitating nurses coming from other countries to get into the right role as soon as possible,” says Johansen. “Previously, if they wanted to be a registered nurse but didn’t quite meet the qualifications, they’d languish in the system. Now, they have the option of becoming registered as a licensed practical nurse and entering the workforce much more quickly. They can contribute to our health system much sooner, and have the option of practicing as a nursing professional while they pursue registration as an RN.”

The new IEN pathway led to dramatic improvements. Registration decisions and the number of IENs approved for registration have increased significantly. Application processing times dropped, from months or years to weeks and sometimes even days.

Redressing Harm to Indigenous People

In 2020, following an investigation into Indigenous-specific racism in B.C.’s health care system, the British Columbia Office of the Human Rights Commissioner endorsed the [In Plain Sight report](#) and its recommendations for various partners in health care – including regulators – to make changes to improve health outcomes for Indigenous people. BCCNM took this as a call to action and [responded quickly](#), introducing a new standard that outlines expectations for registrants around culturally safe care (with supporting learning resources), recruiting Indigenous board and committee members, and reviewing its complaints process to make it safer and accessible for Indigenous peoples. Other health regulators have adopted the practice standard and supporting materials. A [case study published last fall](#) in the *Journal of Nursing Regulation* outlines the steps that BCCNM is undertaking to eliminate Indigenous-specific racism within the college itself, among its registrants, and in the British Columbia health care system.

“The work we’re doing around Indigenous-

specific anti-racism and anti-discrimination writ large is quite interesting, says Johansen. “We’re trying to reflect on how we are culturally, as a regulatory agency, how we’ve been structured in this very colonial framework, and we’re trying to think differently about what can be changed to reconsider how we operate, in a more thoughtful, anti-racist way. It’s an ongoing journey of reflection and correction. We have published a [Redressing Harm](#) action plan, which deals specifically with BCCNM’s intentionality as a regulator to address the Indigenous-specific racism. We publish the action plan, and every year we report on what we’ve accomplished.”

Momtazian adds, “I’ve been with the college now for five years. I’ve seen the progression. I’ve seen the whole organization move and grow on the journey, which has been amazing with the anti-racist work, the ownership, and so on. It’s not just superficial – that’s been really nice to see.”

Taking Action Against Unauthorized Practitioners

An increase in unauthorized birthing services has led to tragic health outcomes in the province, and BCCNM, working with provincial partners, has taken legal action against unlicensed practitioners.

“There have been significant cases of harm, including neonatal deaths,” says Momtazian. “One individual is now facing manslaughter charges.

And we just would never have been able to do [this work] within our small legacy college, even though this is a huge and important issue that we need to address. BCCNM has raised awareness through media outreach and by providing expectant parents with the information to make safe and informed choices. As a result, the number of reports of unauthorized activity to investigate and address have increased.”

Johansen and Momtazian feel that receiving the Regulatory Achievement Award has been beneficial for staff and impactful for the board. “Staff are really engaged with NCSBN,” says Johansen. “The board are very aware of NCSBN and know the wonderful products and services that we gain through the membership. In terms of peer recognition, it has a huge impact at the operational level. It’s also important for the board, and for the history of the organization on a governance level, to be recognized by peers. We have new board members starting almost every year, so the fact that they’re starting at an organization that has been recognized in this way is really impactful. It helps them think about their responsibility and their level of oversight and where the organization sits amongst its peer industry leaders.”

Momtazian adds, “It took me a while to understand NCSBN, going to the Midyear Meeting and so

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“To be honored by other regulatory professionals who we admire and who inspire us every day is even more inspirational when you really sit and reflect on it.”

— Cynthia Johansen

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on, until I really saw the value and the impact that it could have in our jurisdiction. The professionalism is beneficial to people joining in the governance and staff role. They really do want to work in great environments, so it's important for recruitment and retention of staff, and for people who are really committed to govern in the public interest."

Johansen decided in 2024 to submit BCCNM's nomination for the NCSBN Award and encourages other leaders to nominate their peers or themselves. "I talked with our communications team last year about the morale boost that might come from some recognition," she explains. "We've also been awarded one of the top employers in our province. I would encourage other leaders to reflect on the impact peer affirmation can have on the psyche of people working in the regulatory industry. I don't think we get enough positive feedback. Our work is so intrinsically foundational to the health care system working effectively, it's almost like people don't even notice it, or it only gets noticed when it's not working. I think staff sometimes feel overlooked because the work is hard, and we do it in isolation. This helps reinforce for the staff that the work that they do is important, that the place they work is a good place. That warm feeling when they come in the door is one they might share. And it's important for any organization to get some external feedback, positive and negative, about the value they provide. I think it's even more important now, when things in the world are feeling a little bit unbalanced. As a leader of the organization, there is nothing I want more to see than staff being rewarded and appreciated for the good work that they do."

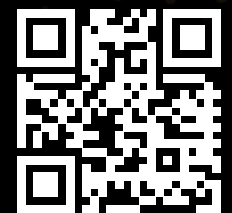
"It's innovative work that is happening with BCCNM too," adds Momtazian. "Part of our plan is to communicate our strategic priorities more effectively and broadly. These awards can help us do that. We want to spread it as far as we can." 🌍



This year, help champion those who go beyond, push boundaries and elevate the essential work you do! Someone you know is setting an example for others. This is your opportunity to celebrate their outstanding achievements!

Visit the Awards Program webpage (NCSBN member login required) for informative tools and guidance on preparing a compelling awards nomination, and the chance to watch videos of previous awardees.

Nominate Today



**Award Submission Deadline:
March 21**



Back row, left to right: Kate Sheppard (New Brunswick), Audrea Racine (Indiana), Megan Wood (Northwest Territories and Nunavut), Carolyn Donohoe (Ireland)

Front row, left to right: Camesha “Cam” Thompson (District of Columbia), Alessandra “Alley” Peck (Australia), Jeanne Lester (New Hampshire), Claire Morris (Virginia)

NCSBN Welcomes New Executive Officers

The two-day New Executive Officer Orientation NCSBN hosts each January has two goals. The first is to provide new executive officers the opportunity to engage with NCSBN and learn about our many services and offerings. Just a sampling of the topics covered included the NCLEX®, Nursys®, NCSBN research, and our International Center for Regulatory Scholarship (ICRS). While the number of NCSBN resources can at times feel overwhelming, the overabundance of resources is more a feature than a bug.



Wood

“The volume of resources that NCSBN has available for all types of members was by far my biggest takeaway,” offered Megan Wood, MN, RN,

CPMHN(C), chief executive officer & registrar, College and Association of Nurses of the Northwest Territories and Nunavut. “Having a repository of support and guidance means we don’t have to reinvent the wheel and instead can rely on a well-established and proven organization for support and guidance.”

In contrast, the second goal for the orientation, one that doesn’t live on any document or handout but nonetheless comes across throughout the entirety of the two days, can be summed up in just these four words: *You are not alone.*

“New executive officers are not alone in their journey,” echoes Phyllis Polk Johnson, DNP, RN, FNP-BC, executive director, Mississippi Board of Nursing, and president of the NCSBN Board of



New executive officers engage with NCSBN at the New Executive Officer Orientation.

Directors. “There are valuable resources available to provide assistance with whatever they need in their roles.” Johnson cites her own decision to get involved with NCSBN early on in her tenure as one of the keys to her success.

Lynda D’Allesio, MSN, RN, director, Nursing Registration and Education, Rhode Island Department of Health, who also serves as the chair of the NCSBN Executive Officer Leadership Council, emphasizes that NCSBN offers executive officers more than simply products and services. Recalling her own first year in leadership, she attributes much of her growth to the people and connections she made as part of the NCSBN community.

D’Allesio’s advice to new executive officers is to “attend the meetings NCSBN offers, such as the meetings with CEO Phil Dickison, the education meetings and the EO meetings, just to name a few. The information and dialogue provide valuable insight into things you may not be aware of.”



Morris

Claire Morris, RN, LNHA, executive director, Virginia Board of Nursing, who attended the orientation as a new executive officer, picked up on the value of the NCSBN community.

“My most valuable takeaway from orientation was achieving a clearer vision of how each nursing regulatory body is truly interconnected with one another and NCSBN to create a ‘family’ in which the public protection mission is the glue holding us all together.”

The challenge of packaging the best of NCSBN — everything from NCLEX to Nursys to Government Affairs and beyond — into the confines of a two-day meeting format falls to Alicia Byrd, director, Member Engagement, who is able to draw on 24 years of experience as the orientation’s planner and host. Byrd says the comment she’s heard the most from participants is that the orientation made a real difference in their understanding of

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“ Our very mission is to empower and support regulators, and that’s something I hope all members to take to heart. ”

— Phil Dickison



the executive officer’s role and their ability to do the job, thanks to the many people and resources available that can help.



Racine

Not lost on attendees was one final resource that may prove as valuable as the rest: each other. As Audrea Racine, JD, director, Indiana State Board of Nursing, expressed, “It was a pleasure to meet other executive officers from around the

globe and hear other perspectives on topics that impact all of us,” adding that her biggest takeaway was the “tremendous amount of support and resources available to help us fulfill our mission of public safety.”



Peck

Alessandra “Alley” Peck, executive officer, Australian Health Practitioner Regulation Agency, spoke to this as well. “For me the orientation was a wonderful opportunity to connect with my international colleagues,

learn from their experiences and understand how NCSBN can help and support us in our roles. I have returned to Australia and started to share the fantastic resources NCSBN has to offer with my colleagues.”

Peck’s comments almost perfectly mirrored those of Jim Cleghorn, deputy chief officer, policy, research & education, who facilitated a discussion

on the role of the executive officer. “It was a privilege to meet and engage with the dynamic new cohort of executive officers. I hope they realize the value of their engagement with NCSBN and truly see the Council as their connection point and regulatory lifeline.”

When asked what he hoped the orientation would accomplish, NCSBN CEO Phil Dickison, PhD, RN, brought it back to the NCSBN mission. “Mainly, I want to be sure our new executive officers know that NCSBN is here for them every step of the way. Our very mission is to empower and support regulators, and that’s something I hope all members to take to heart.”

Judging from the wealth of information shared, the quality of the discussions that followed and the many new relationships forged, that message came through loud and clear. In other words, mission accomplished. 🌐

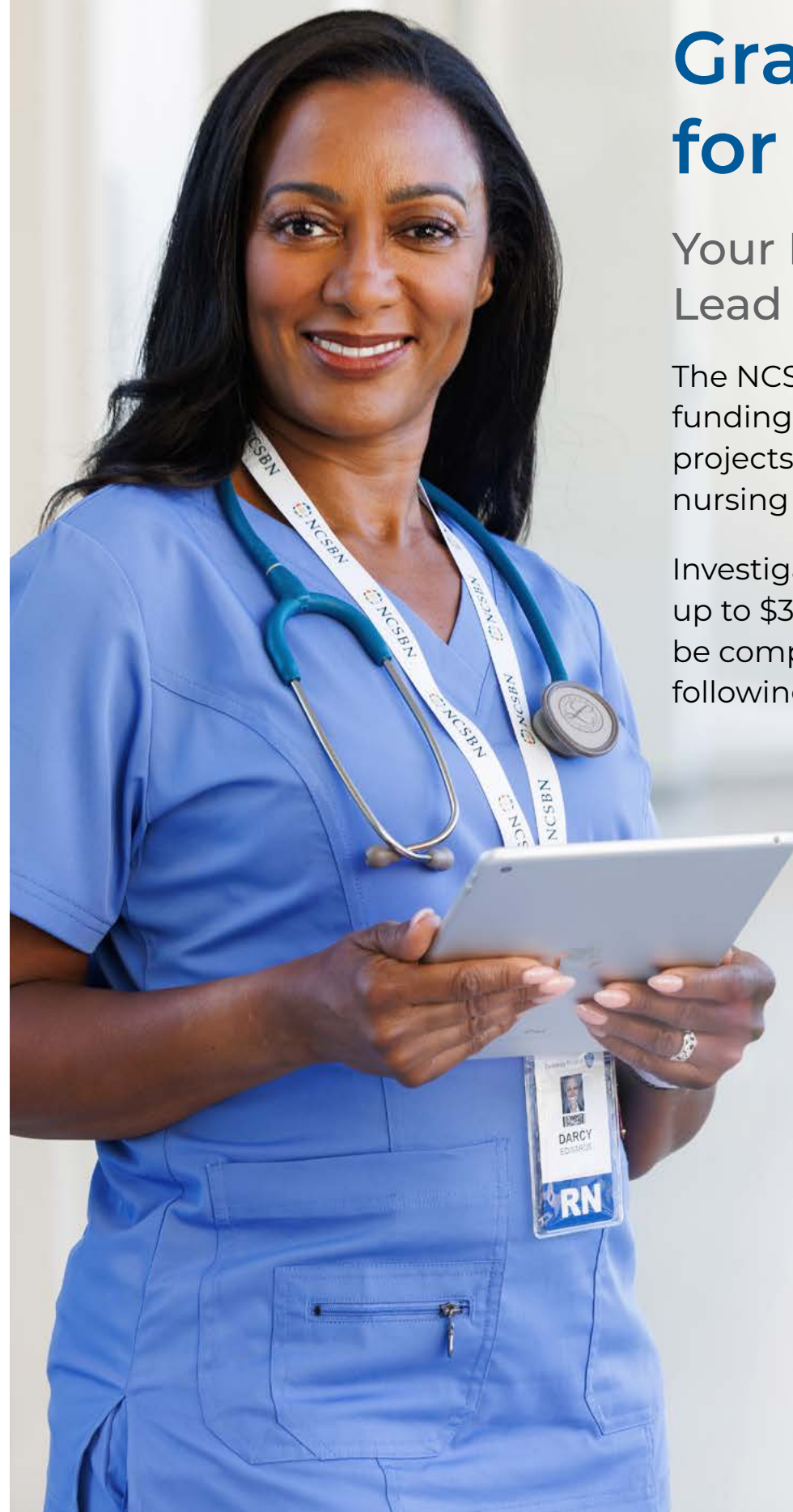
NCSBN’s Member Engagement Team is Here for You



Our members make us who we are. Members gain access to invaluable NCSBN resources and tools to protect and promote the welfare of the public and the interests of the nursing profession.

NCSBN’s Member Engagement team endeavors to connect with our members to provide resources, information, education and networking opportunities that allow them to successfully carry out their mission of public protection.

Members can now access our redesigned website’s members-only content by signing in from the [Member Sign In](#) link in the site header or footer.



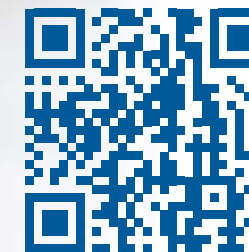
Grant Funding for Your Work

Your Research can Lead to Better Nursing

The NCSBN grant program provides funding for scientific research projects that advance the science of nursing policy and regulation.

Investigators may apply for grants up to \$300,000. All projects must be completed within 24 months following the project start date.

APPLY TODAY



NCSBN.ORG/GRANT

Submission Deadlines:

April 4, 2025 & Oct. 3, 2025

Charlotte's Trip to the North Carolina Board of Nursing

LaDonna Thomas Hopes to Inspire a New Generation with Her Children's Book



Thomas

When LaDonna Thomas, DNP, ANP-C, VHA-CM, FFMRCIS, FCN, was a small child graduating from preschool, she and her classmates were asked to stand up and say what they wanted to be when they grew up. "I was wearing a white coat, a white hat, and a 'testa-scope' -- I could not pronounce stethoscope," she recalls. "I stood up and said I wanted to be a nurse. I'm not sure if, at 5 years old, I really wanted to be a nurse or if my parents said, 'LaDonna, just pick a career so you can graduate.' Nonetheless, here I am. Even though it may or may not have been my plan, it was always God's plan for me to become a nurse."

In 2024, Thomas published a children's book about a young girl named Charlotte, a "very curious 5-year-old," who accompanies her mother, a recently elected board member, to her workplace, the North Carolina Board of Nursing (NCBON). *Charlotte's Trip to the North Carolina Board of Nursing* not only captures the wonder of a child experiencing a visit to their parent's workplace, but is also educational for children and adults.

Thomas says she wrote the book to inspire a new generation of future nurses and nurse leaders. "The national nursing shortage has been an ongoing challenge for decades and it's time we inspire the younger generation to consider nursing as a rewarding career," she says.

Thomas' career has been rewarding and distinguished. She is a nurse practitioner (NP) at the Durham VA Health Care System (DVAHCS). She is the inaugural facility chief nurse practitioner to be appointed at the

DVAHCS and was the inaugural lead NP for the Veteran's Integrated Service Network (VISN) 6. She is also an NP coordinator for VA Community Care. She holds a Bachelor of Science in Biology from North Carolina Agricultural and Technical State University, a Bachelor of Science in Nursing from North Carolina Central University, a master's degree with an adult-gerontology nurse practitioner focus from the University of North Carolina Greensboro and a Doctorate in Nursing Practice from Chatham University. She has received numerous awards throughout her career. She is currently a board member of the NCBON and served as chair in 2024.

Thomas' parents – Charlotte and Wilbert – closely share their names with the principal characters in *Charlotte's Web*, E.B. White's beloved tale of friendship, sacrifice, mortality and the cycle of life. "My parents inspired me, they were my biggest encouragers, planting the seeds of my nursing dreams at an early age. That's what prompted me to name the title character in my book after my mom. She passed away in 2020. It was a pivotal



Above: *Charlotte's Trip to the North Carolina Board of Nursing* cover image; published in 2024 and available [online](#).

Left: Thomas' parents, Charlotte and Wilbert, are the inspiration for the children's book.

time because I had just been elected to the NCBON for the first time. She was able to see that. I won my election Aug. 15th, and she passed away on Aug. 31st.”

Readers learn that the NCBON was the first board of nursing founded in the U.S., on March 3, 1903. Young readers will benefit from Charlotte’s observation that the date, “3-3-03,” is easy to remember. The book also explains that the NCBON is the only board that elects most of its members. “I felt like those were important to highlight,” Thomas explains. “Even though we have a lot of nurses in North Carolina, some may not be aware of the history, and that we’re the only board that elects its members. Although this is written for 5-year-old boys and girls, I feel it also helps educate everyone.”

The book also touches on how the NCBON protects the people in North Carolina through the regulation of nursing. This too can resonate with children, who are drawn to careers that represent society’s helpers – nurses, firefighters, teachers, pastors, veterinarians. “Children see people who help people,” says Thomas. “That’s something they want to become when they get older. I think that’s a good thing.”

Adult readers and parents will smile knowingly when Charlotte pronounces “stethoscope” as “testascope,” the same way Thomas herself did as a child. They may also chuckle when they notice that Charlotte’s mother’s name plate in the NCBON boardroom reads “Mom.” But readers of all ages will see images of board members who reflect the diversity of the NCBON. “I wanted to show diversity because representation matters. I want children of all ages and ethnic backgrounds to see themselves in those board members and think, ‘hey, I can do that. I too can one day become that person who sits on the board of nursing.’”

Thomas says that it took about four years for her to develop the book, because she worked on it off-and-on between work and her other duties. “When I was elected to the board, soon after my mom passed, I spoke to NCBON CEO Crystal Tillman, DNP, RN, PMHNP-BC, FRE. I remember going into her office asking her if it would be okay to write what eventually became this story. She said she liked the idea. In fact, the character of Charlotte was initially 12 years old, and Dr. Tillman suggested lowering her age to 5 years old. Of course that was a very good idea. I also worked with NCBON’s legal team to make sure that I dotted every “i” and crossed every “t”, and I sent it to Dr. Tillman for her to read prior to it being published.”

The forward of the book was written by Ernest Grant, PhD, RN, FADLN, FAAN, who was president of the American Nurses Association from 2018-2022. “That was really the cherry on top; not only was I able to honor my parents, but also had Dr. Grant’s support,” says Thomas. “When I gave him a signed copy of the published book, he said, ‘thank you for allowing me to go on this journey with you.’ I was very excited about that.”

Thomas hopes her book lights a spark. “That young female who one day will be a nurse leader,” she explains, “or that young male who will say, ‘oh my gosh, I too can become a nurse.’ I learned a lot through the process of writing this book. I think it is very beneficial, not only for the children, but for the young adults deciding on a career and for the seasoned nurses as well. Ultimately, I hope this story will resonate with everyone, not just the young at heart.”

The original owners of Thomas’ preschool have passed away, but their daughter now operates the school. Thomas reached out to her and is planning to visit. She will read her book to the children there, where years ago she stood up in front of her class and told them she wanted to be a nurse. 🌈



UPCOMING WEBINAR

Helpful NLC Tips for New Nursing Graduates

April 22, 2025 | 2:00–3:00 pm CST

What is an interstate compact, and how does the NLC work? What are the common myths and misunderstandings? What resources are available? Find out by attending our free educational webinar for new nursing graduates.

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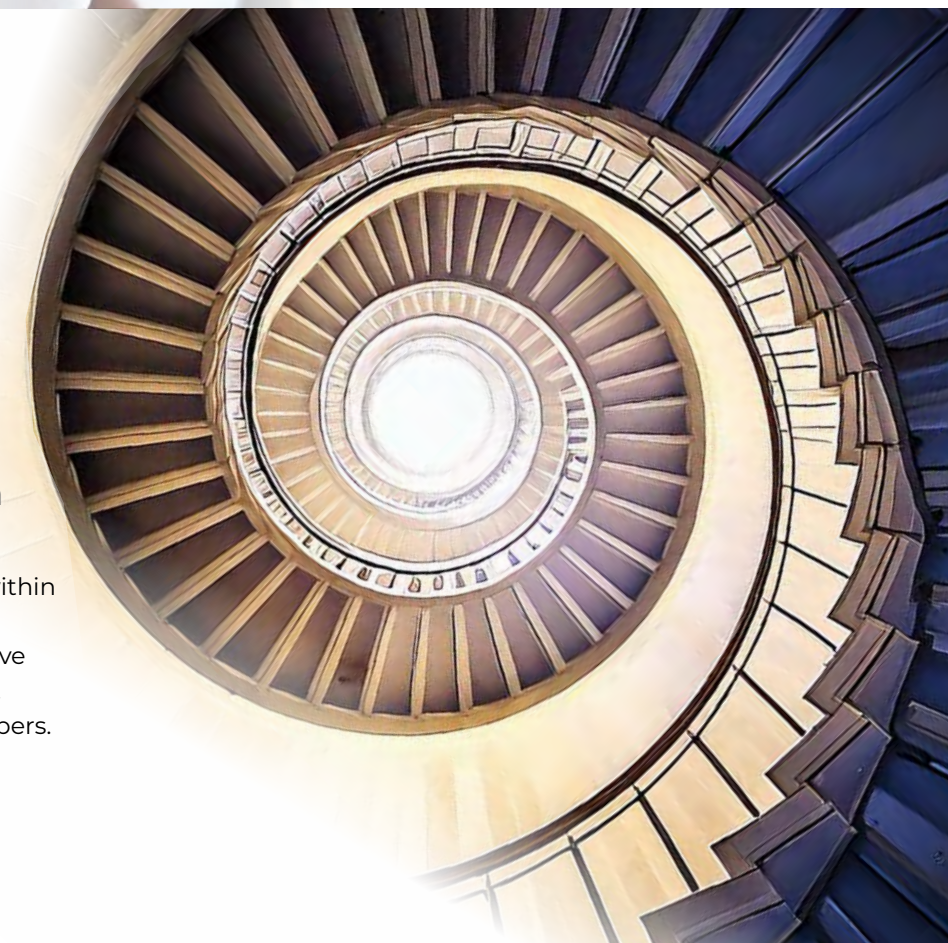
DISCIPLINE CASE MANAGEMENT CONFERENCE

Going Beyond:
Elevating the Standard of Efficacy and Improving Outcomes in Nursing Discipline Case Management

April 29–30, 2025 | Sonoma, California

The 2025 NCSBN Discipline Case Management Conference illuminates strategies and procedures within regulatory proceedings and provides an interactive forum to learn disciplinary best practices and effective investigative tools. This conference is for NCSBN U.S. members, exam user members and associate members.

[REGISTER TODAY](#)





Making a Nurse Compact Nation a Reality

The Nurse Licensure Compact Celebrates 25th Anniversary

The Commonwealth of Massachusetts became the 43rd jurisdiction to enact the [Nurse Licensure Compact \(NLC\)](#) in November 2024. More than a decade of hard work and dedication by NCSBN staff, the [Interstate Commission of Nurse Licensure Compact Administrators \(ICNLCA\)](#), supportive peer organizations, interested stakeholders and grassroots efforts by nurses and health care consumers across the Commonwealth brought this to fruition.

Commenting on the commonwealth's enactment, Massachusetts Senate Chair of the Joint Committee on Health Care Financing, Sen. Cindy F. Friedman, said, "I am excited to see Massachusetts enter into the NLC, which will make a tangible impact for hospitals who are struggling to hire and retain trained nurses. I fundamentally believe that all residents deserve access to health care and public health protections, and strengthening our workforce helps address these challenges at the local and regional levels. I am grateful to my colleagues in the legislature and Gov. Healey for supporting this critical health care initiative."

This is just one story of the many milestones the NLC has achieved during its 25 years of implementation. As it celebrates its 25th anniversary in 2025, this article will reflect on its illustrious past, its flourishing present and its future plans to transform nursing licensure nationwide.

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Zickafoose

ICNLCA Chair Pamela C. Zickafoose, EdD, MSN, RN, NE-BC, CNE, FRE, executive director, Delaware Board of Nursing, said, “This is a momentous and historic occasion as we celebrate the first 25 years of the NLC!”

As the first professional license compact, the NLC has repeatedly demonstrated its value. The multistate license has improved access to care, afforded nurses more freedom and mobility as well as decreased the cost of licensure, and improved the licensing process for employers. The compact works well because of the collaboration between the member states, the support of NCSBN and the leadership of the commission.”

NLC Origins and Current Incarnation

In January 2000, four states, Maryland, Texas, Utah and Wisconsin, became the first jurisdictions to operate under the NLC and issue multistate licenses to its qualified nurses and applicants, but the story of the NLC starts much further back in time. The NLC had its humble beginning in December 1994 when the NCSBN Board of Directors had the foresight to appoint the Nursing Regulation Task Force. The work of that group planted the seed that eventually resulted in the vote of the NCSBN Delegate Assembly to unanimously approve the mutual recognition model of nursing regulation in August 1997. In the years between that vote and the implementation of the NLC, work was done to create model compact language and ratify Articles of Organization and Rules & Regulations.

One of the most significant changes to the compact began Jan. 19, 2018, when an enhanced version of the NLC was implemented that updated the compact that was launched in 2000.

Key changes in this updated compact included:

- The addition of uniform licensure requirements for eligibility to obtain a multistate license.
- A new provision indicating that each state in the NLC requires that a nurse applicant for a multistate license submit to state and federal fingerprint-based criminal background checks.
- The establishment of a governing body over the NLC which is known as a commission. The ICNLCA is comprised of the executive officers of the compact state’s boards of nursing who function as the commissioner of their respective state.



Watch Pam Zickafoose talk about the NLC anniversary at the 2025 NLC Midyear Meeting.

In its current form in 2025, the NLC allows registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license, with the authority to practice in person or electronically in both their home state and other NLC states.

Licensure requirements are aligned in NLC states for those nurses applying for a multistate license. Requirements include submitting to a federal and state fingerprint-based criminal background check, passing the NCLEX® Examination, and having no encumbrances.

Since its inception, the NLC has championed moving nurse licensure from a single state to a multistate model. The multistate model better serves access to care, nurse mobility and is more reflective of the various mechanisms by which nurses deliver health care.

Modern health care delivery requires nursing care today and, in the future, to be dynamic and fluid across state boundaries. The NLC is flexible, adaptable and nimble enough to meet this need – all without compromising patient safety and public protection. The delivery of health care no longer just

takes place in a physical location but may also occur via telehealth.



Cleghorn

“Over the last 25 years we’ve seen the need for nursing workforce mobility – not just mobility in geographic location, but also telephonically across multiple jurisdictions – grow exponentially,” comments Jim

Cleghorn, MA, deputy chief officer, Policy, Research & Education, NCSBN.

The NLC enables nurses to practice in person or provide telenursing services to patients across the country without obtaining additional licenses.



Livanos

Nicole Livanos, JD, MPP, director, Government Affairs, NCSBN, notes, “Telehealth is absolutely essential for patients living in ‘access deserts’. We can’t forget about these patients who live so far away from a medical facility

they might have to take a day off work, arrange childcare, and travel long distances in order to be seen by a health care provider. Nurses who provide telehealth services can help ease that burden and the NLC facilitates that.”

When the COVID-19 pandemic hit, states in the NLC were prepared on day one with already vetted nurses available to go to areas of greatest need within the compact state. In a natural or human-

caused disaster, the NLC allows nurses to quickly cross state borders and provide vital services.

Unique Benefits for Nurses

The NLC benefits nurses by making the ability to practice across state borders affordable and convenient. Additionally, military spouses are able to weather the transition between transfers more easily.



Puente

“Recent statistics show that one third of military spouses are in a licensed health care profession, so they are impacted tremendously each time they need to move. When they are sent to a noncompact state, they need

to apply for a license and wait for that license to be issued, and oftentimes they are unemployed during that period of time while they’re waiting for the license to be issued,” remarks Jim Puente, MS, MJ, CAE, director, Nurse Licensure Compact.

Cleghorn adds, “Take for example a military spouse transitioning into a new jurisdiction. The NLC makes the move from one compact state to another faster and more efficient and it allows them to start working sooner. Their income stream experiences less impact and the process is less time consuming. This is just another benefit of the NLC, one that is especially important to those families who serve our nation.”

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“ Telehealth is absolutely essential for patients living in ‘access deserts’. We can’t forget about these patients who live so far away from a medical facility they might have to take a day off work, arrange childcare, and travel long distances in order to be seen by a health care provider.

— Nicole Livanos





“The NLC removes the impediments to practicing in another state. It moves the process forward more quickly. It reduces expenses and mitigates the inefficiency that currently exists with having to apply for a license in another state...”

— Jim Puente

Shellie Neuman, RN, relates an experience she had as a military spouse moving between compact and noncompact states, “I had a Nebraska license when I first started my career, then we moved to Texas, which was part of the compact,” she says. “I was able to work in six states with a Texas multistate license, until I got to Louisiana, which was not in the NLC at the time. Without the NLC, I would have had to apply and pay for every new license, plus the fingerprinting, plus the time out of work.”

Almost every nurse, including primary care nurses, case managers, transport nurses, school and hospice nurses, among many others, needs to routinely cross state boundaries to provide the public with access to nursing services, and a multistate license facilitates this process. The NLC is indispensable to nurses.

“The NLC removes the impediments to practicing in another state. It moves the process forward more quickly. It reduces expenses and mitigates the inefficiency that currently exists with having to apply for a license in another state, having to

get another background check, having to pay for another license verification fee,” Puente asserts, “All of that is unnecessary because a nurse is already vetted and can freely practice in another state where needed with zero delay. That’s especially important in terms of patient access to care.”

The NLC Advantage for Employers

The NLC is not only a benefit to nurses, but also a boon for employers. “The NLC is of great assistance to employers because if they hire someone who has a compact license, that nurse can start immediately. They don’t have to wait for licensing and credentialing documents to be transferred between boards of nursing. It expedites the process of being able to onboard their staff and get them working,” remarks Zickafoose.

During the pandemic, Henry “Hank” Drummond, PhD, MDiv, RN, enterprise chief nurse executive/senior vice president, Cross Country Healthcare, one of the largest health care staffing firms in the U.S., was often placed in the quandary of wanting

to help hospitals desperate for nurses and being unable to do it quickly.

Speaking about a call he received from a client during the first wave of the COVID-19 pandemic, he says, “One leader told me on the phone, ‘This is my situation: if I don’t have staff here that are qualified to care for the amount of acutely ill patients we have, then patients will die.’ It was a heartbreaking reality. She was in tears, begging me to send staff, and yet I had to be in compliance from a federal, state and local regulatory standpoint.”

He did note that states in the compact were easier to work with because they did not have to wrestle with the confusing nature of governors’ executive orders, with differing requirements and expiration dates and they could deploy nurses much more quickly.

When Connecticut enacted the compact, Gov. Ned Lamont said, “Nursing shortages have put tremendous pressure on the nursing workforce throughout our country, and if we want to improve access to care we must do more to encourage workers to enter this profession and help hospitals and health facilities fill their staffing needs. By entering into this compact with our fellow states, we can eliminate burdensome red tape faced by nurses and aspiring nurses and expand the pool from which hospitals and health facilities can hire.”



Dickison

The NLC is a Trailblazer

NCSBN CEO Phil Dickison, PhD, RN, recently commented, “The NLC is the multistate model of licensure that has informed and inspired the health care compacts

that have followed. It has been of great assistance to regulators, nurses, patients, and to military families, earning the formal support of the U.S. Department of Defense.”

The NLC has led the way in the groundbreaking work of providing licensure solutions and addressing issues or challenges related to interstate health care professional practice. It has assisted, advised, provided consultation and shared resources with the many health compacts that have followed in its footsteps, including:

- Audiology and Speech-Language Pathology Interstate Compact
- Counseling Interstate Licensure Compact
- Dentist and Dental Hygienist Compact
- Dietitian Licensure Compact
- Physical Therapy Compact
- Psychology Interjurisdictional Compact
- Occupational Therapy Compact
- Respiratory Care Interstate Compact

A Few Jurisdictions are Not Yet Members

Alaska, American Samoa, California, the District of Columbia, Hawaii, Illinois, Michigan, Minnesota, Nevada, New York, Northern Mariana Islands and Oregon have yet to join the NLC. As of the writing of this article, the District of Columbia, Hawaii, Illinois, Nevada, New York and Oregon have introduced legislation to join the compact.

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Celebrating 25 Years of the NLC

1996

The NCSBN Multistate Regulation Task Force (MSRTF) was established and developed a vision for multistate nursing regulation: “A state nursing license recognized nationally and enforced locally.”

1997

The NCSBN Delegate Assembly unanimously approved the mutual recognition model of nursing regulation.

1998

NCSBN released final NLC language.

1999

The Nurse Licensure Compact Administrators (NLCA) adopted the Articles of Organization and Rules & Regulations.

2000

The NLC was implemented and the compact was operational. Arkansas, Delaware, Iowa, Maryland, North Carolina, Texas, Utah and Wisconsin were the first states to implement the NLC.

2009

The NLC Commission, in conjunction with NCSBN, appointed the first full-time staff dedicated to providing support to the commission and managing the day-to-day operations of the NLC.

2013-14

Due to a slowdown of NLC adoption by states caused by concerns related to the lack of a criminal background check requirement in statute, the NLC was comprehensively redrafted to include uniform licensure requirements.

2014

The NLC obtained additional support staff.

2015

The enhanced Nurse Licensure Compact (eNLC) was adopted by the NCSBN Delegate Assembly.

2017

The eNLC became effective on July 20, 2017, when North Carolina became the 26th state to enact the eNLC into law. As of the effective date, the ICNLCA was formed and began to propose rules to implement the compact.





“The NLC is the multistate model of licensure that has informed and inspired the health care compacts that have followed.”

— Phil Dickison

“A shared characteristic among the states that have yet to enact the NLC is that many of them have also not yet enacted other health care professional licensure compacts. Unfamiliarity with compacts causes confusion and uncertainty. We work to ease confusion and uncertainty with education and advocacy,” comments Livanos.

Zickafoose echoes her thoughts, “I think the reason they have not joined comes down to a lack of education regarding the compact and a lack of understanding of how it really works. I think that there are some misconceptions out there that color their thinking.”

When asked, most nurses show overwhelming support for their state joining the NLC. In a survey

(Zhong et al., 2024) of 66,054 nurses licensed across five states – Alaska, Kansas, Nevada, Minnesota and Vermont (note: Kansas and Vermont have since enacted the NLC)—more than 4 in 5 nurses (83%) supported NLC adoption by their licensure state. In the Alaska and Nevada surveys, nurses were asked if they were members of a labor union: 94% of union members expressed support.

“I think it would be really interesting to have the opportunity to have a very frank discussion with those who are opposed to the compact in the remaining jurisdictions,” says Cleghorn. “I want them to give us their points of contention. Then we could connect them with stakeholders, legislators and health care leaders in compact states so they could learn firsthand how incredibly valuable the NLC is.”

Likewise, Puente notes, “The compact is a model of success. That fact alone negates many of the arguments that they have, so there isn’t any substantial reason for the remainder of the states not to join.”

While some nursing unions have actively opposed the compact, dozens of other organizations have supported and endorsed the NLC, with the American Red Cross, the U.S. Department of Commerce and the U.S. Department of Defense being some of the most recognizable names.

Looking to the Future

The NCSBN and ICNLCA are unequivocal in their belief that the NLC increases access to health

care, protects patient safety and offers multiple benefits to nurses and their employers while supporting state-of-the-art health care delivery in this country. Cleghorn states, “The NLC is still growing and we have our eyes on the goal of having every state and territory in the compact. The progress over the last 25 years is a testament to the ingenuity, dedication and work of nursing regulators. The NLC should be extremely proud of this incredible milestone.”

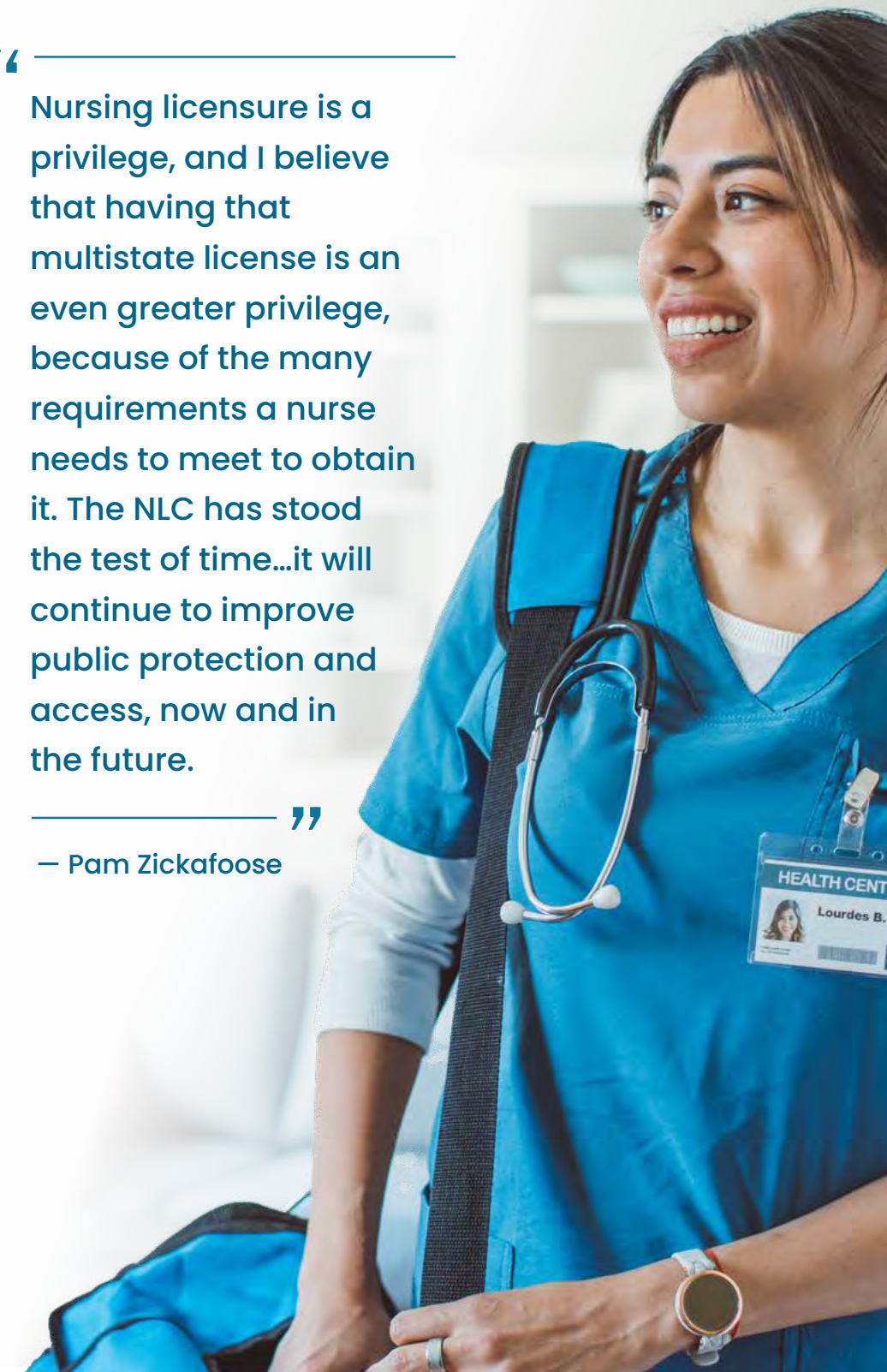
“Nursing licensure is a privilege, and I believe that having that multistate license is an even greater privilege, because of the many requirements a nurse needs to meet to obtain it,” Zickafoose declares. “The NLC has stood the test of time. I know that it will continue to improve public protection and access, now and in the future.”

Reference

Zhong, E. H., Martin, B., O’Hara, C., Reid, M., Kaminski-Ozturk, N., Buck, M., Livanos, N., & Alexander, M. (2024). Highlights of the nurse licensure compact survey findings: Nurses’ needs, experiences, and views. *Journal of Nursing Regulation*, 15(2), 38–44. [https://doi.org/10.1016/s2155-8256\(24\)00054-1](https://doi.org/10.1016/s2155-8256(24)00054-1).

“Nursing licensure is a privilege, and I believe that having that multistate license is an even greater privilege, because of the many requirements a nurse needs to meet to obtain it. The NLC has stood the test of time...it will continue to improve public protection and access, now and in the future.”

— Pam Zickafoose



Celebrating 25 Years of the NLC

2018

The eNLC was implemented on Jan. 19, 2018. On this date, it became operational.



2019

Enactment of NLC legislation was achieved by the 34th state.



2020

NLC Commissioners celebrated NLC’s 20th anniversary at the Midyear Meeting in March.



COVID-19 became a global public health crisis.



Due to COVID-19 travel restrictions, the NLC Commission held its first virtual annual meeting with record attendance of more than 300 individuals.



2021

39 jurisdictions are members of the NLC.



2022

The first NLC Virtual Legal Conference series held in June.



2023

Adopts new residency rule that includes requiring nurses moving from one compact state to another compact state to apply for licensure in their new primary state of residence (PSOR) within 60 days.

2024

After a decade of hard work, Massachusetts enacts the NLC in November, making it the 43rd jurisdiction.



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This special issue of the *Journal of Nursing Regulation* (Volume 16, Issue 3) will examine how telehealth, virtual nursing, AI, robotics and other innovative technologies currently impact nursing regulation and the nursing profession, as well as what awaits us in the near future.

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News & Notes



ALABAMA BOARD OF
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Alabama Board of Nursing Launches New Nursing Support Technician Credential

In January the Alabama Board of Nursing (ABON) launched a new nursing support technician credential (NST-C), a first of its kind regulatory structure for certified nursing support technicians (NSTs).

Regulated and licensed by ABON, the NST-C will ensure patient protection by standardizing the titles and training of NSTs while increasing access to the profession. The credential will establish consistent educational training and certification requirements with a standardized curriculum plan. It will also create an industry recognized title along with a scope of practice and standards of practice for those licensed by NST-C and allow NSTs to perform duties without delegation from a nurse.



Benson

“This is an important pilot model towards strengthening the health care industry in Alabama, with potential for replication nationally,” said ABON Executive Officer Peggy Benson, MSN, RN, MSHA, NE-BC.

“Not only does the NST-C ensure that supportive personnel receive similar core training and competency validation, it serves as a stepping stone from the NST-C position to a fully licensed LPN or RN and removes barriers for an entry point into nursing professions.”

This initiative will be instrumental in addressing nursing workforce burnout, as it alleviates stress for nurses at the bedside by allowing them to direct patient care through supervision rather than

delegation. The NST-C has the potential to fill over 2,000 current vacancies in Alabama by providing entry-level training at the high school level or in an approved postsecondary program. By unifying support staff under one credential, the NST-C enhances the performance of the entire care team by ensuring that services provided to patients are performed by competent, certified caregivers at all levels.

“For the past 10 years, the Alabama State Board of Nursing has been committed to leading the way for a nation facing an ongoing nursing shortage,” said Benson. “The NST-C gives us an opportunity to lead and create a dynamic shift in the nursing industry, and we are proud to explore creative, innovative, and sound approaches to address the industry’s toughest challenges.”

As the first state to implement the NST-C, ABON is committed to sharing its experiences and expertise, as well as the products of its efforts, with any states who are interested in implementing the NST-C. The NST-C is a trustworthy, easily implemented credential that states across the country can replicate to ensure entry-level health care professionals are certified to provide the highest quality care to patients at their experience level. 🌍



News & Notes highlights NCSBN member achievements and updates as well as individual leadership and staff accomplishments.

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Speed Round

Get to know NCSBN staff:



Simone Boyd

Meetings Specialist I, Consolidated Services

What do you do at NCSBN?

I am a Meetings Specialist I in NCSBN’s Consolidated Services department, and I provide support to internal meetings hosted at NCSBN. I help manage and monitor the meeting request form, securing hotels and travel for guests and providing catering services during meetings.

What are the best and most challenging aspects of your job?

The best thing about my job is that I get to work with various departments within NCSBN and I get to meet a lot of new people daily. The challenging thing about my job is that anything can change at any time. Whether it be guest cancellations, hotel reservation updates or flight changes, last minute adjustments happen all the time.

If you weren’t working at NCSBN, what would your dream job be?

If I weren’t working at NCSBN, I would be a full-time author. It has always been my goal to make writing my day job instead of just a hobby. Just this past year, I started that journey and published my first children’s book titled *I Like Being Outside*. I plan to continue to write and publish children’s books. Hopefully, I will publish my first novel one day. 🌍

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