

2024, Vol. 2

IN FOCUS

A PUBLICATION OF  NCSBN



THE
MOMENT
AND THE
VISION



Managing Editor and Writer

Michael Grossenbacher |
mgrossenbacher@ncsbn.org

Contributing Editor and Writer

Dawn Kappel | dkappel@ncsbn.org

Graphic Designer

Kalona Owens | kowens@ncsbn.org

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 seven exam user members and 23 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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The Future of Regulation is Bright

By Jason Schwartz, MS, Director of Outreach, Marketing & Advocacy, NCSBN

NCSBN recently honored graduates of the [International Center for Regulatory Scholarship \(ICRS\) Certificate Program](#) with our second biannual [Advanced Leadership Institute \(ALI\)](#). More than three dozen regulators from around the world gathered April 2-4, 2024, in Washington, D.C., to discuss leadership, growth, and change. NCSBN Chief Officer, Nursing Regulation, Maryann Alexander, PhD, RN, FAAN, summarized the purpose of the ALI this way: “We want to see our graduates go on to become the future leaders of state, national and international regulatory bodies.”

“It was an amazing experience to say the least,” offered Barbara Ju, MPH, RN, NE-BC, policy analyst at the Oregon State Board of Nursing. “The topics and speakers inspired us to continue on our professional journey, to make a difference and to leave a legacy.”

One such speaker was Ana Maria Chávez, JD, former CEO of the Girl Scouts of the United States of America. The first woman of color to lead the organization, Chávez drew upon a history of defying expectations, dreaming big, and staying true to the values and convictions of her humble upbringing in tiny Eloy, Arizona.

Jylene A. Simmons, MEd, BAPC, LPN, practice consultant at the Nova Scotia College of Nursing, was one of many graduates who identified the Chávez keynote as a highlight. “I was struck by her ability to connect with the room. She took the time to read bios of the attendees in advance so she could incorporate our stories into her address.”

[continued on page 6](#)



Congratulations to the Class of 2024 NCSBN ICRS Certificate Program graduates.

An important takeaway from the Chávez keynote was that professional impact requires intentionality as leaders navigate their career progressions—something the program’s next presenter, Suzanne Feetham, PhD, RN, FAAN, calls “career cartography.” During Feetham’s hands-on workshop, graduates arrived at and shared “destination statements,” declarations of the professional legacies they hoped to create.

All ICRS courses are provided online, so the ALI is the first opportunity for many graduates and faculty to meet face-to-face. I was one of several ICRS faculty on hand, and I had so much fun meeting the amazing grads of my Presentations and Public Speaking course in real life! I already knew they were incredibly impressive people, but activities like the career cartography workshop really helped me understand just how much of a difference they are hoping to make in the world. I left D.C. feeling like the future of regulation was in excellent hands.

The unofficial “longest trip” award among graduates went to Paul Banks, registrar at the Yukon Registered Nurses Association, who traveled nearly 24 hours to attend the week’s events. Banks noted the distinctiveness of our ICRS offerings. “To my knowledge, there is no other organization providing targeted courses in regulation, so these courses were invaluable to my development,” he said. “These specialized courses helped—and continue to help—me expand my professional competencies and better perform my job as a regulator.”

Randall S. Mangrum, DNP, RN, nursing education program manager, Virginia Board of Nursing, echoed Banks’ endorsement of the value of ICRS. “The landscape of health care is constantly changing and life-long learning is central for a regulator to keep their knowledge and skills up

to date,” he explained. “Life-long learning not only has individual benefits, but it also helps to keep organizations relevant and mission focused.”

While learning is the obvious draw of ICRS, regulators often find the networking aspects of participation just as valuable. ICRS very much provides the opportunity to learn from others facing similar challenges, whether around workforce issues, health care equity, legislative hurdles or any of the other pressing topics confronting regulation. This commonality was on full display in two sessions featuring the chief nurses from three different countries: Leigh Chapman, PhD, RN, Health Canada; RADM Jennifer Moon, DNP, MPH, MSN, FNP-BC, United States Public Health Service; and Rachel Kenna, RCN/ RGN, Department of Health, Ireland. Each of these leaders not only shared the challenges they face in the world of nursing but also reflected on the personal experiences and lessons learned that helped them grow as leaders.

“The panel including nurse leaders from Canada, Ireland and the U.S. provided helpful insight to motivate and encourage us to grow in our journeys as leaders and regulators,” recalled Shannon McKinney, DNP, APRN, WHNP-BC, RNC-OB, assistant director for advanced practice nursing, Arkansas State Board of Nursing. “I particularly liked the message that if you’re too comfortable, you’re not growing! This has really made me think about pushing myself to take opportunities as they present themselves.”

Just as regulatory challenges have parallels across geographical boundaries, they too have parallels across eras. A lesson then for regulators is to know and learn from the past. Driving this message home were distinguished former regulators Sandy Evans, MAEd, RN, former executive director, Idaho Board of Nursing; Elizabeth “Libby” Lund, MSN, RN, former executive director, Tennessee Board



Clockwise from the top: “Nursing Regulation: Reflections on the Past and Present,” with NCSBN’s Maryann Alexander, chief officer, Nursing Regulation, and former board of nursing leaders Sandra Evans, Elizabeth Lund, Gloria Damgaard and Anne Coghlan; “Global Leaders in Nursing” presentations by Leigh Chapman, chief nursing officer, Health Canada; RADM Jennifer Moon, chief nurse officer, United States Public Health Service Commissioned Corps; and Rachel Kenna, chief nursing officer, Department of Health, Ireland.

of Nursing; Gloria Damgaard, MSN, RN, FRE, former executive secretary, South Dakota Board of Nursing; and Anne Coghlan, MScN, RN, former executive director & CEO, College of Nurses of Ontario. Lund, for example, shared the story of how our organization’s “Founding Mothers” navigated the bold decision to form NCSBN.

Of course, it is not enough for regulators to confront the present informed by the past. In a rapidly changing landscape rich in technological innovation, regulators must also look to the future. Bringing out their crystal balls for the Institute’s final education session, NCSBN CEO Phil Dickison, PhD, RN, was joined by Hank Chaudry, DO, MACP, FRCP, president and CEO, Federation of State Medical Boards, and Josh Bolin, associate executive director, Federal Affairs and Strategy, National Association of Boards of Pharmacy. While the topics focused on the biggest areas of

change—artificial intelligence and workforce issues among them—it also focused on what would stay the same: the role of the regulator in promoting patient safety and public protection.

To the 28 graduates in the second cohort of ICRS, NCSBN extends our most sincere congratulations on your accomplishments. As for what the future holds, we will close with the words of ICRS graduate Elizabeth Taylor, RPN, GHSA, director of regulatory services, College of Registered Psychiatric Nurses of Alberta:

“May our leadership journey be marked by integrity, compassion and a pursuit of excellence, and may our collective journeys in leadership transform the world positively.”

Yes, the future of nursing regulation is as uncertain as it is complex. At the same time, the future has never been brighter. 🌈

Your Voice Matters

The 2024 National Nursing Workforce Survey is Underway!

Nurses across the country will be selected at random to participate in the survey. Those nurses who complete the survey will help us keep vital workforce issues at the forefront.

On the heels of its groundbreaking 2022 research, NCSBN launched the [2024 National Nursing Workforce Survey](#) in April. The survey will run through September 2024. Participation is critical! If you are randomly selected to participate, it is vitally important for you to respond since you are representing your colleagues.

“It is imperative that we continue this essential research,” says NCSBN Research Director Brendan Martin, PhD. “Ascertaining if nurses perceive that the health care ecosystem has improved, stayed the same or worsened in the last two years, is critical to inform ongoing retention strategies and support sustainable workforce planning.”

About the 2024 Survey:

- **When:** April 15 - Sept. 2, 2024.
- **Who:** A nationally representative sample of licensed registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) from across the U.S.
- **How:** Surveys will be sent via email and U.S. mail, and responses returned via mail or survey website.
- **Results:** Aggregated responses will comprise the national nursing workforce dataset. Responses will be analyzed by NCSBN and the National Forum of State Nursing Workforce Centers and will be published in the *Journal of Nursing Regulation*.

Every two years, NCSBN partners with the National Forum to conduct this only national-level survey specifically focused on the U.S. nursing workforce. The National Nursing Workforce Survey provides data to researchers, policymakers, regulators, educators and hospital administrators to evaluate workforce needs, forecast future challenges and plan for the safe delivery of care.

[continued on page 10](#)



Nurses' input in the [2022 National Nursing Workforce Survey](#) raised a new level of awareness of issues essential to nursing, and nurses' concerns reached more than 200 million people via prominent media outlets. In the largest, most comprehensive and rigorous evaluation of the entire nursing workforce, the 2022 survey found that almost 1 million nurses indicated an intent to leave the profession by 2027.

The study found that a quarter to half of nurses reported feeling emotionally drained (50.8%), used up (56.4%), fatigued (49.7%), burned out (45.1%) or at the end of the rope (29.4%) "a few times a week" or "every day." These issues are most prevalent amongst nurses with 10 or fewer years of experience. The exodus of this population of nurses would have a devastating impact on patient care and safety in the years ahead.

"The loss of any nurse who chooses to leave the profession has an impact, but when a nurse who is essentially just beginning their career does so, the health care system loses decades of practice," says NCSBN Chief Officer of Nursing Regulation Maryann Alexander, PhD, RN, FAAN. "We lose not only their service but their potential leadership and mentorship of those who follow them."

Recognizing that the data from these studies indicate that the future of nursing is at risk, [NCSBN convened an esteemed panel of experts](#) to review the results of this startling new research. The group gathered in Washington, D.C. in April 2023 to not only discuss these studies but also explore solutions that will transform nursing, retain nurses in the workforce and attract a more diverse group of individuals into the profession.

One of the key points that emerged from the 2022 survey was although nurses indicated an intention to leave, the situation remains dynamic, and the decisions made by health care leaders now have the potential to change the trajectory of the projected outcome.

Alexander says, "Health care systems, policymakers, regulators and academic leaders are uniquely positioned to work together to enact solutions that will spur positive systemic change to take on these challenges and maximize patient protection in care into the future. That's why it is critical to continually provide them with the data they need to inform this crucial work."

For more information about the [2024 National Nursing Workforce Survey](#) visit ncsbn.org/workforce.

Nursing at the Crossroads:

NCSBN Study Projects Significant Workforce Shortages and Potential Crisis



Watch the presentation which details how the pandemic impacted nurses, how many left the workforce in this period and forecasts how many more plan to leave nursing. The presentation also includes a panel discussion with nursing leaders on possible solutions.



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The Moment & the Vision

NCSBN CEO Phil Dickison on Keeping Regulation at the Forefront of Forward-Thinking



Dickison

Six months into his tenure as NCSBN CEO, Philip (Phil) Dickison, PhD, RN, has settled into his role – or is as “settled” as someone with his energy, drive and determination can be. Brimming with ideas and focused on both new initiatives and supporting the ongoing work of the organization, Dickison is measured and thoughtful in his approach to change relying on evidence, data and research coupled with calculated risk. He wants to move nursing regulation forward by building on the inherent talents and expertise of people both at NCSBN and its member nursing regulatory bodies (NRBs). In our [last interview](#) we had the chance to get to know him better and now we have an opportunity to further discuss his vision for NCSBN and how its leadership and the guidance of its members can significantly impact the nursing profession.

Asked what he wants NCSBN’s various audiences to know about the organization and nursing regulation, Dickison says, “The message is the same for everyone regardless of whether they are a nursing educator, a nurse, a legislator or a member of the general public: NCSBN and its members work every day to ensure that every interaction between a nurse and a patient are moments of caring, trust, respect and compassion. These moments are built by continually evolving the world’s premier licensure exam, NCLEX®, to keep it consistent with current nursing practice and reflect real-world situations. These moments are supported by cutting-edge, award-winning research that informs crucial decisions for patient safety and public protection. They are upheld by NRBs in their careful assessment of applicants before they are licensed by evaluating their nursing program and performing criminal background checks.

[continued on page 14](#)

And, in the rare instance that a nurse may need to be investigated, NRBs may provide remediation, discipline or in extreme circumstances, remove a nurse from practice in the best interest of the public. Regulation is the engine that drives these moments.”

When discussing the greatest challenges facing nursing and nursing regulation today, Dickison

notes, “Without a doubt we have a workforce problem. There is pressure on state governors to get more nurses into the workforce and in some cases, that pressure is redirected at NRBs to find ways of expediting the process. We need to remain aware that if the moment of nursing we talked about previously is so crucial and nonnegotiable, how can we do this without compromising patient safety? How do we meet that need without damaging the essential moments of nursing? If we cannot solve this workforce issue, we are going to face more and more demands to lower the standards of nursing that are the pillars of public safety. That is simply something we cannot do.”

“ **Our people, our technology and our data have put us in a position to be leaders and to lead by example.** ”

— Phil Dickison

The [NCSBN 2022 National Nursing Workforce Survey](#) found that more than 100,000 registered nurses (RNs) left the workforce during the COVID-19 pandemic. Also, this survey uncovered the alarming intention of an additional more than 600,000 RNs to leave the workforce by 2027. This tracks closely with the results of the recently published [National Sample Survey of Registered Nurses](#) conducted by the Health Resources and Services Administration and U.S. Census Bureau, which found similar figures. The reasons cited by nurses exiting the profession

for motives other than retirement include burnout and unwillingness to work in high-risk environments.

Currently, there is debate as to whether the current workforce situation is an actual shortage or merely a maldistribution of the nursing population, but Dickison believes that both circumstances can be true. He points out that “we don’t have enough

nurses where they’re most needed and that’s a public protection problem.” He further asserts that the ongoing debate may be hindering the nursing community from finding the necessary solutions.

“One of the biggest problems in finding a solution to the nursing workforce crisis is we can’t tell if there’s a nursing shortage or distribution problem because we don’t have the right workforce models. Our models don’t tell us how many people have retired or how many people have a nursing license but aren’t working. They also don’t give us the data to determine whether a nurse is working in acute care or in oncology,” comments Dickison.

He does believe that if workforce modeling is done correctly, we would have a much better sense of how many nurses are needed, in what geographic areas, in acute or long-term care and at what practice level, saying “We have to look at what the population. To be fit for the future, what does the population look like, what is happening to fertility rates, what’s happening to the mortality rates? We are living longer as a society, but that doesn’t mean we’re healthier. We’re living longer, which means we need more care. Workforce modeling done right will tell us how many RNs, how many licensed



“ **In the next five years I want nursing regulation to remain at the forefront of forward-thinking. Everything we do distills down to the moments of interaction between a nurse and their patient.** ”

— Phil Dickison

practical/vocational nurses (LPN/VNs) and how many certified nurse assistants (CNAs) we need to staff our health care facilities at the right level.”

When asked what can be done now to increase the nursing workforce for the future, Dickison speaks to creating what he terms “stackable credentials” that allows someone to start out as a CNA and, with the appropriate assistance and guidance, become an LPN/VN or an RN. Not only would this eventually bolster the profession’s numbers it would also increase greater diversity among its ranks.

“There are some really innovative programs out there to open new pathways into nursing. In many instances, employers are willing to pay for nursing school for CNAs and patient care technicians in return for their future service as a licensed professional. It’s a win-win for both parties,” states Dickison.

Asked how NCSBN is best positioned for the future, Dickison quickly responds, “Our people, our technology and our data have put us in a position to be leaders and to lead by example.”

Speaking of the way that NCSBN can contribute by advancing new and innovative technology, Dickison explains that “we have a Nursys® database and an exam database, but they are separate. They weren’t built in a relational way. Collecting data from one and combining it with data from another is problematic. They need to be indexed. If you take structured data and unstructured data and put them together in a more efficient way, you can ask deeper and richer questions. Restructuring of our data architecture will allow us to look at secondary and tertiary effects. While that is not impossible to do now, it is not easy. Just in the arena of workforce data this will be of tremendous power in the future.”

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Also, in the realm of technological innovation, NCSBN's NCLEX® Online initiative is an exploration of administering NCLEX exams beyond the traditional brick and mortar testing centers.

With a keen eye toward the future, Dickison embraces what many in health care have trepidation about – artificial intelligence (AI), commenting, “I say this every time I get a chance, ‘I don’t think AI replaces people at all, but I will tell you people who don’t use AI will be replaced.’” Dickison sees AI as a powerful tool that when used correctly can “free people from the mundane to allow them to become more creative, imaginative and innovative.”

Dickison cites the following example, “AI can have impact in ordinary hospital-based tasks such as scheduling of nurses for shifts. It has the ability to be predictive. Think of the familiar scenario of hospitals knowing that on New Year’s Eve there’s a higher trauma population and subsequently there is a need for more staff. AI can collect data looking at trends over the last decade faster than any human can, and then ultimately a human can decide what actions to take. It’s not that the human can’t do it, but not having to take the time to do it allows them the opportunity to do other things.”

Dickison also sees using AI to assist NCSBN in doing the mundane task of monitoring incoming emails to release staff from the tedium of analyzing these communications. “AI could potentially look at emails and determine whether there are trends we need to be cognizant of, whether we need to clarify FAQs, provide further explanations as well as upcoming issues we may need to address,” he remarks.

Over the last several years, an increased number of executive officers (EOs) have retired or moved on to other positions. Those replacing them are often not only new to the role but also new to leading in

a regulatory environment. Looking at how NCSBN can better serve its members remains one of Dickison’s priorities moving forward. He notes that getting to the heart of the challenges that NRBS face will require NCSBN to dig deeper to discover what keeps NRB EOs and presidents up at night and what their “pinch points” are.

Recognizing that one of the founding purposes of NCSBN is to provide a space where NRBS can “act and counsel together,” reframing member engagement is an important goal in the coming year. “We need to ask more questions to really get at how we can help them further their mission, but also how we can all collectively work together to strengthen public protection,” Dickison asserts. “I know more open and honest discussions with our members will allow all of us to work toward solutions to the issues facing the nursing profession. Our members are incredibly bright and resourceful people and the more opportunities we can provide for them to network together, the more likely they are come with creative answers that face problems head on.”

Pondering where he wants the organization to be in the future, Dickison says, “In the next five years I want nursing regulation to remain at the forefront of forward-thinking. Everything we do distills down to the moments of interaction between a nurse and their patient. Regulation sets the wheels in motion and underpins the care that is provided. NCSBN is there, in that moment, to ensure that the nurses caring for you and your family are safe and competent to do so.”

Dickison concludes, “All of us – and by that, I mean the NCSBN staff, the Board of Directors, the NRB EOs and their staffs and NRB board presidents – are absolutely integral assets to public protection. Using ‘moments in nursing’ as our mission, as our North Star, will always push us forward to even greater heights.”



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Paula Meyer receives the Meritorious Service Award from NCSBN President Jay Douglas.

You Bring Home More than You Give

Paula Meyer's Dedicated and Supportive Leadership Guided the Washington State Board of Nursing for 25 Years

In 2023, NCSBN celebrated its 45th anniversary and Paula Meyer, MSN, RN, FRE, celebrated the culmination of a rewarding career in nursing. Known as a visionary leader with a commitment to regulatory excellence and public protection, Meyer served as executive director of the [Washington State Board of Nursing \(WBON\)](#) for 25 years. She retired in June of 2023 and [was honored with the Meritorious Service Award](#) two months later at NCSBN's 2023 Annual Meeting. She also received a 25-Year Executive Officer Recognition Award.

"To stand up there to receive that award, to see all the people that I've worked with over the years, it's humbling," says Meyer. "And it's exciting to be acknowledged for the contributions you've made... and all those air miles! It's worth all the air miles going back and forth to Chicago! NCSBN always treats us so well and it's such a pleasure to be recognized for the work you do. The award means that all the challenges, the late nights, the middle-of-the-night worries, were worth it."

When Meyer was 16 years old, she was inspired to pursue a career in nursing by a nurse whose name she still remembers, Terry, who took the time to visit and talk with her while she was recovering from a surgical procedure. She started out as a nursing assistant at a small rural hospital in Montana. She received her Bachelor of Science in Nursing in 1980 from Montana State University. She moved to the Washington, D.C. area in 1984 and worked at Arlington Hospital, now VCH Health.

She received her master's in nursing from George Mason University. After returning to Montana for two years, she moved to Olympia, Washington. She worked in home health for five years and then became executive director of the Washington Nursing Care Quality Assurance Commission — now the WBON — in 1998.

Meyer was the driving force behind addressing the workforce crisis by establishing critical gaps workforce groups. She created a research unit to align with NCSBN in using data as evidence to effect change. She was an active leader in establishing an LPN apprentice program and addressed the readiness of new graduates by establishing a state-funded RN preceptor program. In 2015, [WABON won the NCSBN Regulatory Achievement Award](#) for contributing significantly 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. Meyer was also instrumental in Washington state joining the [Nurse Licensure Compact](#) in 2023.

Reflecting on her career, Meyer is quick to credit others for their support and guidance along the way. "I give credit to two people; the first is Joey Ridenour (executive director of the Arizona State Board of Nursing). The first meeting I attended as an executive officer (EO) was in Albuquerque. She came up, introduced herself to me, and said, 'Paula, I'm your mentor.' And that started not only

“
One of my best lessons in leadership was to be a team member and to recognize the people who are working for you.
”

— Paula Meyer



a wonderful collegial working relationship, but a friendship with Joey. The second person is Pat Brown, who hired me. She had been the executive director prior to me. She said, ‘Paula, NCSBN is very important. Those are your peers. You are one of less than 60 executive directors in the country. It’s a small number of people who do your job. These are the people who are going to support you.’ Joey and Pat were instrumental in my success as an executive director. They got me involved in NCSBN very quickly.”

Throughout her career, and her tenure at WBON, Meyer always gave back and led by example. During her two and a half decades as an EO, she served on the NCSBN Board of Directors and on numerous NCSBN committees. She has also mentored new EOs and encouraged her staff to become involved. “One of the things that we’ve always said is, *give*,” she says. “Be on a committee. Be on a work group. Be on a task force. Whatever it is, get involved because you bring home more than you give.”

Regarding her perspective on leadership, Meyer says, “It’s very important to remain humble. One of my best lessons in leadership was to be a team member and to recognize the people who are working for you. They are doing their absolute best. Recognize them for that because they will go miles for you.”



Watch Paula speak about the Meritorious Service Award and what it means to her.

One of the ways WABON recognized staff was by inviting them to the Annual Meeting and awards ceremony in Chicago. “We actually made that our staff award,” Meyer explains. “We have an application process and select one person to go each year. It means a lot to people. To be able to send them to the awards ceremony

and dinner, to be able to send them just to Chicago so they can see the sights and go on the river tour — they have a fabulous time. And they really feel like, oh my gosh, it’s well worth some of the hard work they’ve put in. I remember in particular one of our managers for the nursing assistant program, and how sincere she was about her job. One day she came to me with an issue and said, ‘Paula, I think this is an imminent harm situation.’ I looked at the complaint,

and I said, yes, we have imminent harm here. She knew what she needed to do, but she needed verification from me that she was on the right path. I think about how sincere she was about what she did. It’s important that you recognize that in people. They know when they’re opening complaints that they’re protecting the public. They know when they’re helping the commission determine what’s in and what’s not within the scope of practice that they’re protecting the public. To be able to recognize them for that means so much because they don’t expect it.”

Although the 2024 NCSBN Awards nomination period has wrapped up, Meyer, who served on the NCSBN Awards Committee early in her tenure, encourages people considering nominating a colleague to plan ahead. “Take time with the application process. Know when it starts, when the deadlines are, and how to apply. If you take that time, it pays off. In Washington we had a number of award winners — commission members and staff have received awards -- and it was worth it. They just glow once they get that award.”

Since retiring, Meyer and her husband have relocated to Arizona. “This morning, I got up and walked, did weights and then swam,” she says. “It really is an active lifestyle down here! People have asked me if I miss the work. I tell them I’m so darn busy that I haven’t had much of a chance to really miss it. I haven’t had that much time to really think, *what would I do without my job?* I’m speaking to a hospital in California next month. I encourage people to fully enjoy their job as much as they can, and then when ready to retire, *retire*. Enjoy that as well because it’s wonderful. It’s a wonderful return on all the work that you did.” 🌟

NCSBN AWARDS

In the world of nursing regulation, *Every Moment Matters*. Your countless moments of dedication, innovation and excellence protect the public, ensure the highest standards of care and advance our profession. Someone you know is setting an example for others. This is your opportunity to celebrate their outstanding achievements! Your nominations do more than celebrate and inspire regulatory excellence, they help us realize lasting impact.

Visit the Awards Program webpage (NCSBN member login required) for information about the Awards Program, and watch videos of previous awardees.

2024 Awardees announced!

[Read More](#)



NLC Update: Amended Residency Rule Now in Effect

As of Jan. 2, 2024, an amended NLC rule went into effect. Nurses relocating to another compact state have 60 days from the time they move to apply for a new license by endorsement in a new primary state of residence (PSOR).

The new rule (effective as of Jan. 2, 2024) reads:


Rule 402(2): A multistate licensee who changes primary state of residence to another party state shall apply for a multistate license in the new party state within 60 days.

It has always been a requirement that a nurse who holds a multistate license and changes PSOR from one NLC state to another NLC state must apply for a multistate license in the new PSOR upon relocation. The original rule which pertains to this move did not specify a time frame in which the nurse was required to apply for the new license.

This amended rule clarifies that the nurse has 60 days from the time of the move to submit the application for license by endorsement in the new PSOR. During the time that the nurse is waiting for the new license to be issued, the nurse may practice in the new PSOR under the active multistate license issued in the former PSOR. Once the new multistate license is issued, it replaces the former multistate license.

Read [helpful FAQs](#) about the amended rule.

Nurses can enroll at no cost in Nursys e-Notify® to receive notifications related to license renewals and licenses status changes at nursys.com.

For more information, visit nlc.gov or email nursecompact@ncsbn.org 

Through Jan. 1, 2024

402(2) A nurse who changes primary state of residence to another party **state shall apply for a license in the new party state** when the nurse declares to be a resident of the state and obtains privileges not ordinarily extended to nonresidents of the state...

As of Jan. 2, 2024

402(2) A multistate licensee who changes primary state of resident to another party state **shall apply for a multistate license in the new party state** within 60 days.



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Join state board of nursing legal experts to examine timely legal issues relating to the Nurse Licensure Compact. This **free** six-part series is available via Microsoft Teams.

June 6 | 2:00 - 3:00 pm CT

2024 Rules Revisions: What Board Attorneys and Staff Need to Know

June 13 | 2:00 - 3:00 pm CT

What They Didn't Teach you in Law School: Interstate Compacts 101

June 27 | 2:00 - 3:00 pm CT

Top NLC Questions Answered

July 11 | 2:00 - 3:00 pm CT

Unraveling Dobbs' Impact on the NLC

July 18 | 2:00 - 3:00 pm CT

Two sessions

A Deep Dive into the Uniform Licensure Requirements (ULRs) to Obtain or Retain a Multistate License

NLC Requirements and Best Practices Related to Alternative to Discipline (ATD) Program Participation

July 25 | 2:00 - 3:00 pm CT

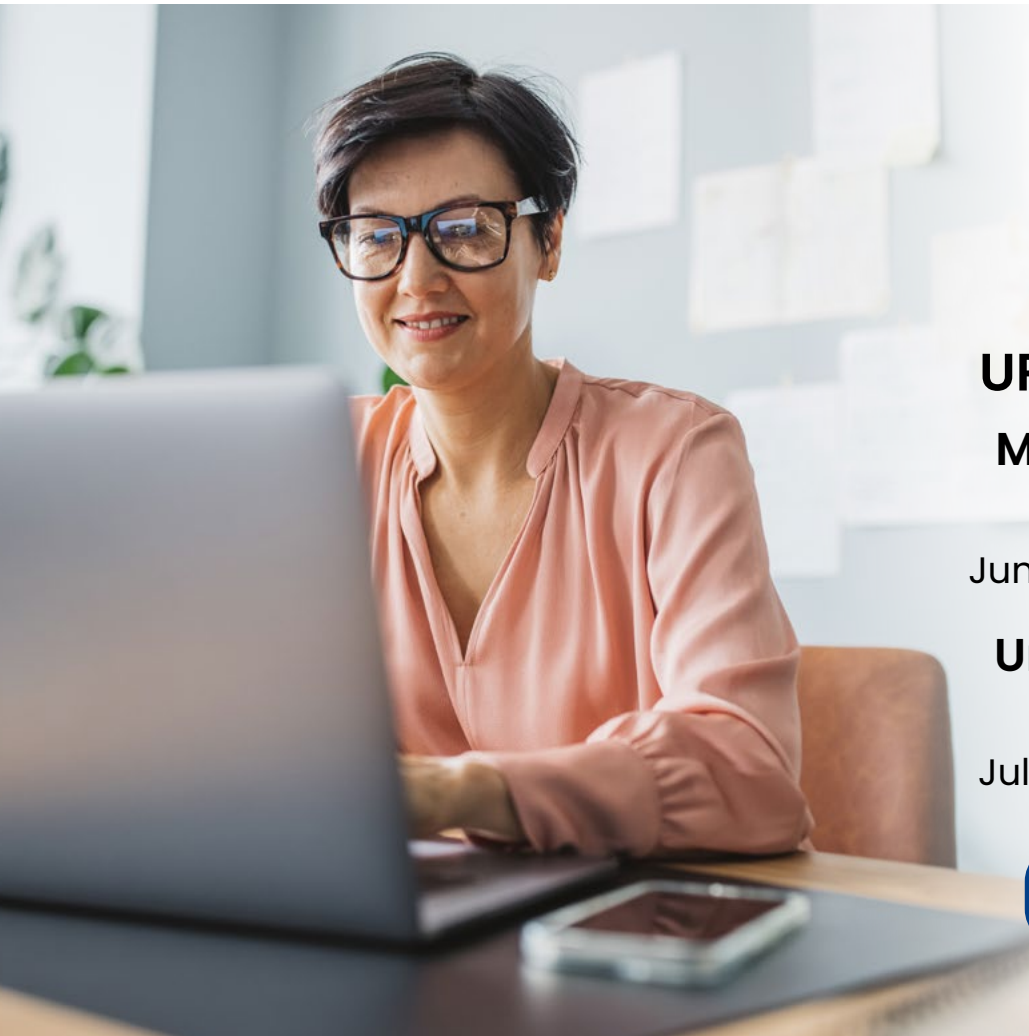
Two sessions

Granting/Denial of Applications for a Multistate License

Order Language Utilized When Disciplining a Nurse with Multistate Privilege



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Multistate Licensure for Telehealth Practice

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Speed Round

Get to know NCSBN staff:



Kenesha Green, MA

Project Coordinator, Project Management Office

What do you do at NCSBN?


I am a project coordinator, and my role is to support the Project Management Office (PMO) in line with the ONE NCSBN goals. My primary responsibility is to assist in the implementation of strategic initiatives and lead small-scale projects while following NCSBN's best practices. I also contribute to the development of the PMO and help improve the cultural framework.

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

The best part of my role is having the opportunity to apply newly learned concepts in real time. Every interaction with my team or a member of a different team provides me with

an opportunity to learn something new. Working with diverse groups and cross-functional teams has given me a better understanding of how to excel in my role. When faced with difficult tasks, I thrive as it allows me to test my creativity and achieve positive results.

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

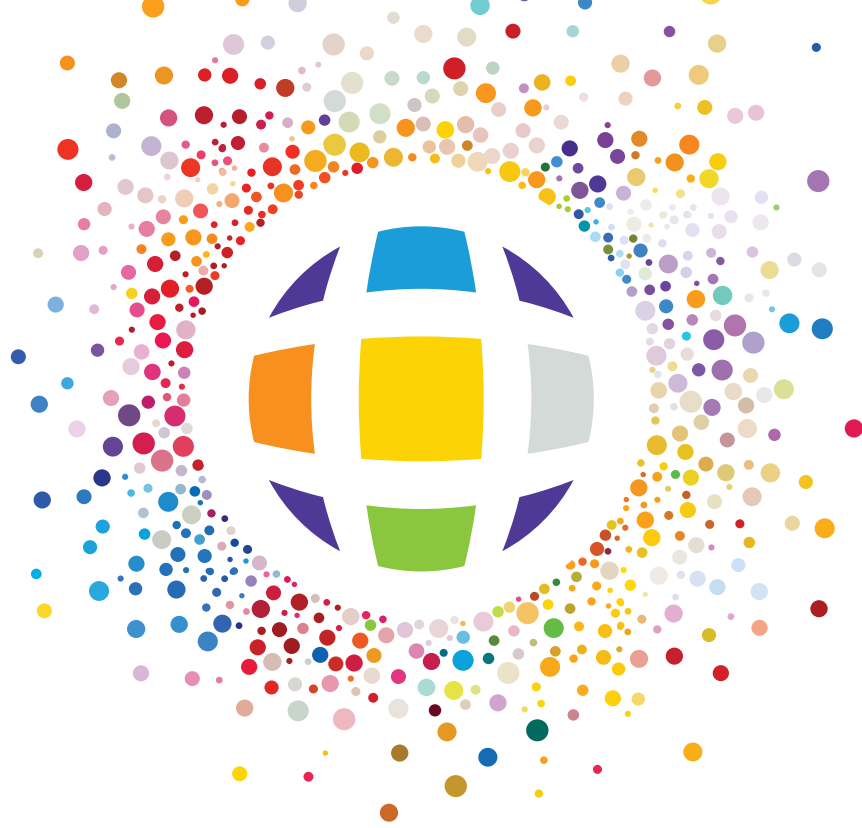
If I didn't work at NCSBN, my dream job would be to work as a therapist or counselor. I thrive in social environments where I can leverage my knowledge and perspective to help individuals discover their true potential. Assisting and empowering others brings me an unparalleled sense of fulfillment, and it's a feeling that I cannot put into words. 

Fraud Detection Guidance for Employers and Educators

This paper provides nurse educators and employers with recommendations for identifying fraud when they review nurse applications and transcripts for advanced study, employment, certification or other uses.

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