

A photograph of three nurses in a clinical setting. An older nurse with glasses and a stethoscope is leaning over a desk, looking at a tablet held by a younger nurse. Another nurse is partially visible on the left, also looking at the tablet. They are all smiling and appear to be in a collaborative learning or teaching environment.

2025, Vol. 4

IN FOCUS

A PUBLICATION OF  NCSBN

Distinctive Insights into Nursing Programs No One Else Provides

NCSBN Launches National Nursing Education Database

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

NCSBN's membership is comprised of the nursing regulatory bodies (NRBs) in the 50 states, the District of Columbia and four U.S. territories. There are nine exam user members and 21 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

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In This Issue

Embracing Change 4

[The College of Registered Nurses of Alberta Wins NCSBN's 2025 Regulatory Achievement Award](#)

NCLEX® Online Update 12

Distinctive Insights into Nursing Programs

No One Else Provides

NCSBN Launches National Nursing Education Database 16

Pathways to Leadership

Leading with Purpose 24

[By Shannon McKinney, DNP, APRN, Assistant Director for Advanced Practice, Arkansas State Board of Nursing](#)

Reflections on the NLC 25th Anniversary in 2025 32

News & Notes 28

Speed Round 30



All photos by Tori Soper Photography. To view more photos from the event visit our [Flickr page](#).

Embracing Change

The College of Registered Nurses of Alberta Wins NCSBN’s 2025 Regulatory Achievement Award

Nursing regulators work within complex systems that require collaboration, flexibility and adaptability. The [College of Registered Nurses of Alberta \(CRNA\)](#) has demonstrated a dedication to serving the public interest by improving and innovating policies and processes. The college has a long and distinguished record of leveraging regulatory tools to protect the public and strengthen the Canadian health care system. Their leadership not only guides effective public policy for nursing in Alberta, it also influences public policy for all health professions. Their active involvement in NCSBN activities has been both impactful and inspiring.

CRNA was honored with NCSBN’s [2025 Regulatory Achievement Award](#), which recognizes a 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.



Peacock

“In the regulatory world, we work so much behind the scenes,” says CRNA CEO and Registrar Joy Peacock, MSc, RN. “Receiving the Regulatory Achievement Award was humbling. It’s an incredible honor, especially for us because it’s international, cross-border recognition. It’s validation of the work we’re doing.”



Burkett

“I was incredibly proud of the work Joy and her team are putting into our mandate of public protection, and of her execution on our vision of excellence in nursing regulation for the health of Albertans,” says CRNA Council Board Chair Justin Burkett, MN, RN. “From the board’s perspective, it’s always nice to hear that the work of the organization—and the time and effort people are putting into those efforts—are being recognized. NCSBN is such a large organization and really helps regulators in a number of countries now; to have that international recognition was an especially proud moment for us.”

CRNA became an NCSBN Associate

Member in 2009, and in 2022, upon transitioning to a single-mandate organization, became an [NCSBN Exam User Member](#). An active participant in various NCSBN activities, the college contributes significantly to several NCSBN committees and attends Midyear and Annual Meetings, Knowledge Network calls, and NCLEX® Conferences. Burkett serves as a delegate at the Annual Meeting, and Peacock participates in the Executive Officer Leadership Council and the annual Executive Officer Summit. In 2018, a staff member was part of the prestigious Class of Fellows for the Institute of Regulatory Excellence (IRE), focusing on the engagement of nurses in continuing competence. Staff members have also completed [International Center for Regulatory Scholarship \(ICRS\)](#) courses; one being invited to attend the upcoming 2026 ICRS [Advanced Leadership Institute](#).

CRNA has consistently sought out ways to improve licensing policies and processes to simplify permit acquisitions for qualified registered nurses. Leveraging technology and embracing fair and equitable processes has resulted in record numbers of registrants renewing their permits. In 2024, CRNA earned a [Globee® Award for Customer Excellence: Team Adaptability and Resilience](#), for demonstrating a dedication to customer satisfaction, innovation in customer service

practices and excellence in delivering superior customer experiences.

The college was among the first Canadian jurisdictions to implement RN prescribing in 2019. Through legislative changes, competencies, standards of practice and requirements, it shared its learnings and



Watch CRNA’s award nomination video.

[continued on page 6](#)

“Receiving the Regulatory Achievement Award was humbling. It’s an incredible honor, especially for us because it’s international, cross-border recognition. It’s validation of the work we’re doing.”

— Joy Peacock



experiences regarding RN prescribing with other regulators.

Nursing regulators across Canada are introducing a new national nurse practitioner (NP) regulatory framework to ensure NPs are educated based on standardized entry-level competencies, take a unified entry-level exam, and are prepared to provide care across the lifespan of patients in various practice settings. CRNA has collaborated with the Canadian Council of Registered Nurse Regulators to provide solutions to regulate existing streams of practice, curriculum guidance for post-secondary institutions and exam development.

Through its involvement with the Alberta Federation of Regulated Health Professions and membership across a range of interest groups within the federation, CRNA not only influences effective public policy for nursing, but for all health professions in Alberta.

Expanding Virtual Care

CRNA has published numerous articles in NCSBN’s *Journal of Nursing Regulation* (JNR). One of them, “[Virtual Care Permit Program in Canada](#)” chronicles their establishment of an interjurisdictional pilot program to support virtual care across borders during the COVID-19 pandemic.

“It was a perfect time for innovation and a changing of thinking, because we had to,” recalls Peacock. “In the early part of the pandemic, the way we deliver care in Alberta changed. Because we have very specialized care, a lot of provinces sent their patients here. But when the pandemic hit, people weren’t driving or getting on planes to come to appointments. We’d been so siloed as provinces and territories in the past, so we started talking about it—*could we find a way to have Alberta RNs recognized in these other places without all the red tape?* And we were able to come up with a memorandum of agreement (MOA) with other provinces so that everybody was going to gain from this.”

In 2021, CRNA collaborated with the College of Registered Nurses of Saskatchewan (CRNS) to develop the groundbreaking MOA. This enabled both regulators to adopt a common regulatory framework while ensuring that quality of care, accountability and protection of the public were not compromised. It facilitated and expedited the registration of RNs and NPs for virtual care across jurisdictions. It addressed key regulatory requirements such as licensing, continuing competence, professional liability insurance, complaints and discipline and information sharing. “Patients would have

access; nurses would have more seamless access to their license and be recognized,” explains Peacock.

CRNA and CRNS also engaged the Registered Nurses Association of the Northwest Territories and Nunavut to join in 2022. This enabled a streamlined approach to virtual care between Alberta, Saskatchewan, the Northwest Territories, and Nunavut. The MOA continues to support hundreds of nurses in providing virtual care without barriers.

Another example of active collaboration occurred during the wildfire disaster in the summer of 2024. CRNA collaborated with the British Columbia College of Nurses and Midwives to prioritize ethical, safe and competent care for patients who were temporarily residing in British Columbia due to wildfire evacuations.

Under Peacock’s guidance, CRNA has taken a lead role in identifying ways to make it as simple as possible for qualified registered nurses to obtain permits, to address Alberta’s health care workforce needs. The college built a new standardized process that reduces assessment timelines by helping applicants understand the requirements before applying. Key updates include the removal of a credential review requirement for many applicants, acceptance of NCLEX-RN® results as proof of education and the introduction of new pathways for applicants from nine international jurisdictions. Previously, it took six to 18 months, and sometimes up to 24 months for an internationally educated nurse (IEN) to obtain a license; now, the average processing time for most applicants is 36-48 hours. In recognition of these accomplishments, in 2025 Peacock received a King Charles III Coronation Medal for her leadership and for providing fast, affordable and predictable pathways for IENs seeking licensure in Alberta.



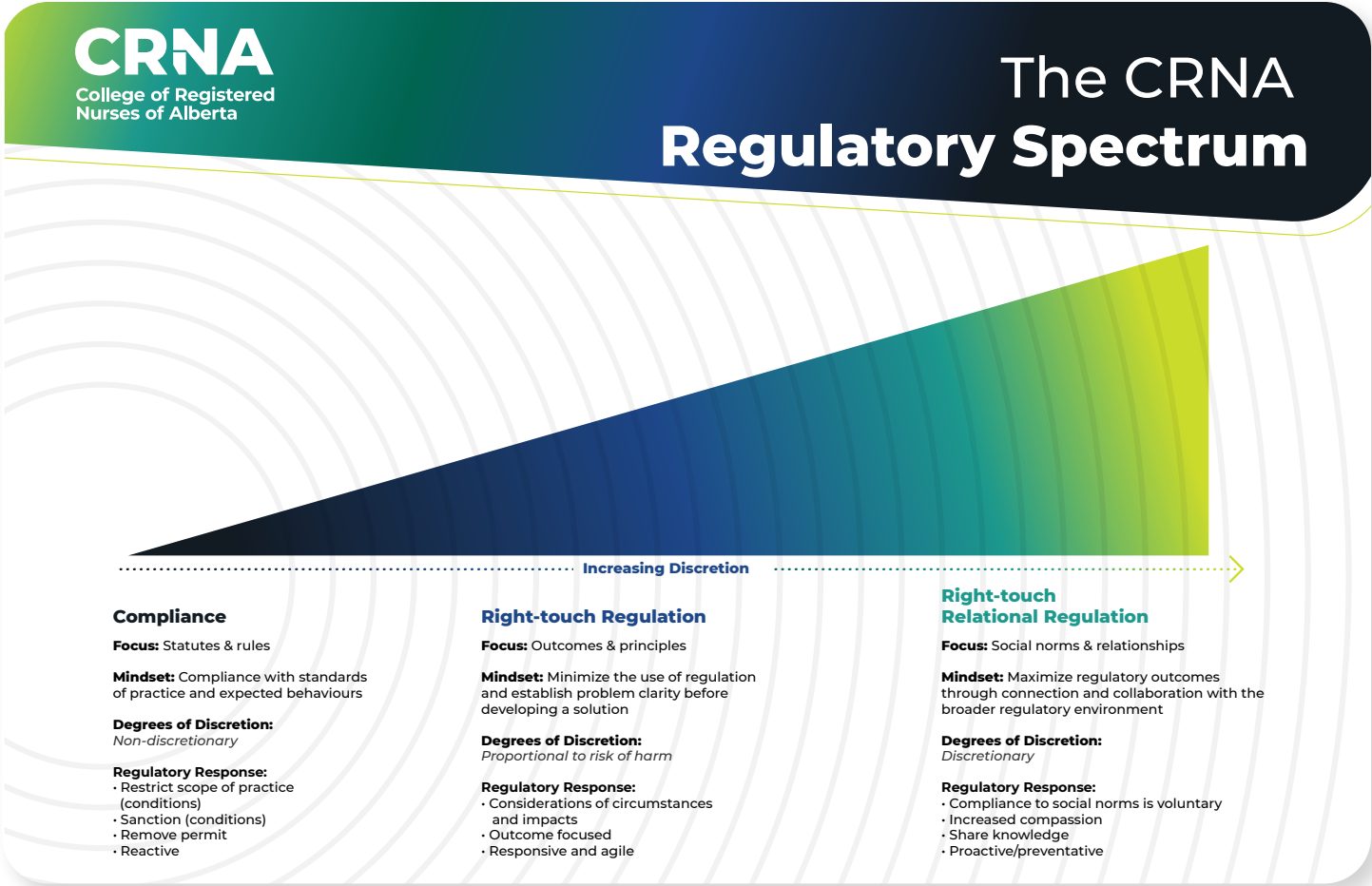
Peacock receives the King Charles III Coronation Medal.

“I was very proud of Joy and the CRNA staff for receiving the King Charles Medal,” says Burkett. “It’s not easy to be recognized by government for doing a good thing in this industry — to be recognized by the premier of the province speaks volumes about the work being done. During the pandemic, we had to forge new relationships, new understandings, new ways of doing things, new ways of interacting with each other. We went through a transformation. It seemed we were putting down an old policy and rebuilding a new one every time we met. It was crazy. And what we did during that time had never been done before. Joy and her team, with the support of our council, blew the doors open on IEN pathways and reduced the time by an order of magnitude, bringing in thousands of nurses.”

A Cultural Shift

Under Peacock’s leadership, CRNA has undergone an ambitious culture change, and it is core is the CRNA [Regulatory Spectrum](#), introduced in 2024. Depicted visually as a triangle or “wedge,” the spectrum represents the balance between meeting CRNA’s legislated public safety mandate and doing so with compassion and proportionality. It

[continued on page 8](#)



The CRNA Regulatory Spectrum represents CRNA's philosophy in meeting its legislated mandate with compassion and proportionality.

“The spectrum names the unnamable tension in regulation—the public protection mandate that demands strict oversight, and the system enablement that requires flexibility and trust so that the spectrum becomes the strategy for the college. It opens up the college. It doesn't pretend that these tensions don't exist, but it allows us to manage them consciously.”

— Justin Burkett

represents the balance CRNA must strike between compliance, right touch principles and relational regulation. The spectrum guides how CRNA thinks, makes decisions and influences how the college operates.

“We ensure that regulation is more proportionate, more contextual, more humane, more understanding; the more compassionate and transparent we can be, the more I think the public and registrants have faith in us, the more approachable we are,” says Peacock. “Colleges can sometimes be that dreaded call. You don't want to deal with them other than at renewal time. But we want to engage. We want to share.”

Burkett adds, “Our legislation in Alberta says that regulatory colleges must regulate these professionals. There's specific language that

says, ‘You must regulate the practice of and provide direction to ...’ But it doesn't say *how*. The regulatory spectrum provides a little bit of that direction, because if you just give a license to somebody and send them off into the universe, but you don't hold them to any higher sense of purpose other than the rule book, then I think you're going to very quickly lose them. The spectrum names the unnamable tension in regulation—the public protection mandate that demands strict oversight, and the system enablement that requires flexibility and trust so that the spectrum becomes the strategy for the college. It opens up the college. It doesn't pretend that these tensions don't exist, but it allows us to manage them consciously. And it gives the council vocabulary to discuss where we want to be on specific issues—not just whether to regulate. And this is powerful.”

Peacock explains, “We had presentations around this at the International Council of Nurses (ICN) Congress in Montreal, and then again in Helsinki. This represents a cultural shift, but it's a journey. It's constant, because what I find with culture change like this is, when we were one way for 110 years, it takes usually five years to cement cultural change. And so, it's a daily thing.”

The spectrum is used as the north star for all other organizational work. “How does



“We have the award in the office, and everybody's proud of it. We talked about it because it's up the line, down the line, across the line. Everybody together has achieved these outcomes. We can talk strategy all we want, but it's the people who make it come alive.”

— Joy Peacock

the regulatory spectrum fit into our financial models?” adds Burkett. “How does it fit into our nominations, our leadership reviews, our communication structure, our human resources? Now we have this bedrock principle from which we can build and move everything. I'm now hearing throughout the system that by softening this space a little bit and creating these higher-level principles, people actually want to engage with the college more. They want to understand what their standards are *more*. They want to understand what their scope is *more*. They want to know how they can work with the college to provide the best care they can in their various places. It's now *their* regulatory college, *their* framework to practice, *their* guiding light. And that is profound. If we start tracking these data and measure this profound shift, are we going to see changes in complaints, or in how nurses practice? Will we see better public protection because of it?”

“A Team Effort”

Peacock encourages NCSBN members to nominate a colleague or themselves for an NCSBN Award. “I would really encourage people, because in this world, that's how we learn—sharing this way. Whether it's at a conference, or reading an article, or hearing someone won an award and what they did;

then going back and taking the time to understand how that innovation impacted the regulatory world. It's hard not to be humble sometimes. As a woman, as a nurse, I feel like it's a little uncomfortable. But I think it's important to share. If we find a different way of doing things, and improving things, we should talk about it, because it will help everybody."

Winning the award was a team effort according to Peacock, and CRNA staff were proud to be recognized. "We have the award in the office, and everybody's proud of it. We talked about it because it's up the line, down the line, across the line. Everybody together has achieved these outcomes. We can talk strategy all we want, but it's the people who make it come alive. Everyone should be proud of the work. A lot of the work was not just physically doing and changing; it's also embracing the culture change. We are right-touch relational when we write an email or answer the phone."

Burkett says the board is always thrilled when the organization receives an award. "It means we're doing good work. The difference, I think, between our governance structures is that a lot of the boards in Canada typically perform an oversight function of some capacity and aren't necessarily operational boards. So, the board is aware of NCSBN. We use the NCLEX examination and all of those things, but this connects the *experience* of NCSBN to the board. I brought a couple board members down with me to Chicago and once they had that experience and became more familiar with the organization, they were even happier about winning the award because they had something to connect it to. They know who NCSBN is now. In the board's eyes, this means not only that we're doing what we're supposed to be doing, but we're recognized by those who are doing that work too."



Nominations Now Open

Every day, nursing regulators work behind the scenes to protect the public and elevate the profession. The NCSBN Awards Program gives you the opportunity to celebrate those individuals and organizations making an impact. Every nomination tells a story of distinction, resilience and inspiration.

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 26



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Disclaimer: Nursys is a primary source equivalent. The Nursys licensure and disciplinary database is the repository of the data provided directly from state boards of nursing.

NCLEX® Online Update

Our Commitment to Public Protection is Non-negotiable



Learning from Crisis

After COVID-19 temporarily closed NCLEX testing centers, NCSBN began developing technology so candidates can choose to take the NCLEX online, making it less dependent on physical locations that could be disrupted by natural disasters, pandemics or other crises.

Candidates Will Still be Able to Take the NCLEX at Test Centers

Offering two ways to take the exam builds resilience against future disruptions and addresses the culture shift to a remote world, allowing candidates more choice. Candidates will still be able to use test centers if they choose, and the NCLEX will be the same rigorous exam no matter where they take it.

No Launch Date Has Been Set

NCSBN will share more information as it becomes available. When a launch date is set, NCSBN will provide substantial advance notice and detailed information, including a demonstration of the testing experience, so stakeholders can see firsthand how different it is from conventional remote exams.



“

With any innovation there is always skepticism, and that’s good. But people shouldn’t make assumptions based on what they know about remote exams today. Those exams don’t meet our standard for security and integrity, and that’s why we are building something new, something unlike anything available today.”

— **Phil Dickison** PhD, RN
NCSBN CEO

”

[Read Our Update](#)

NCLEX®

Call for Abstracts

For the first time ever, educators, researchers and assessment professionals are invited to submit abstracts for presentations at the **2026 NCLEX® Virtual Conference on Sept. 10.**

[Learn More](#)

ncsbn.org/abstracts





SAVE THE DATE
2026 NCSBN EVENTS



Mark your calendar for these 2026 events, and [visit our Events page](#) to view upcoming and past events and view recent event presentations.

NLC Midyear Meeting

March 16, 2026, Phoenix

NCSBN Midyear Meeting

March 17–19, 2026, Phoenix

ICRS Advanced Leadership Institute

April 7–9, 2026, New Orleans

By invitation only

APRN Roundtable

April 29, 2026, Virtual

IT/Operations Virtual Conference

May 20, 2026, Virtual

**Discipline Case
Management Conference**

May 27–28, 2026, Rosemont, Illinois

Executive Officer Summit

June 9–10, 2026, Nashville

By invitation only

Scientific Symposium

July 15, 2026, Virtual

NLC Annual Meeting

Aug. 18, 2026, Chicago

NCSBN Annual Meeting

Aug. 19–21, 2026, Chicago

NCLEX® Virtual Conference

Sept. 10, 2026, Virtual

**Leadership & Public Policy
Conference**

Oct. 7–9, 2026, Philadelphia

[Visit NCSBN Events](#)



REGULATORY SCHOLARS:

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NCSBN's Scholar in Residence Program

advances the field of nursing regulation by building regulatory experts and researchers, providing high-level evidence for nursing regulatory and policy decision making, and encouraging scholarly dialogue and publications.

Who: Doctoral student or faculty member

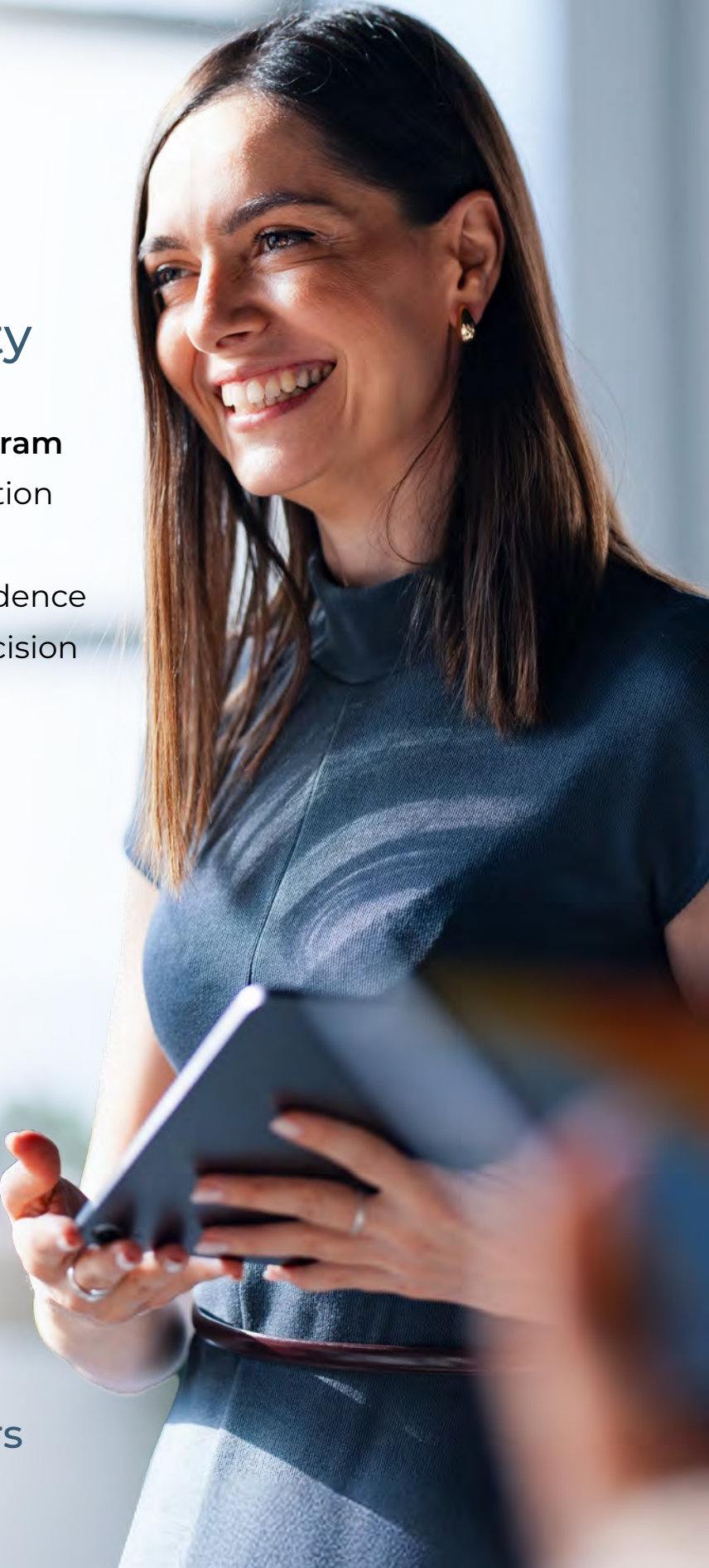
When: Summer of 2026

Financial Support: Stipend and housing allowance (if relocation is required).

How to Apply: Interested candidates will submit application materials to NCSBN for consideration by **March 1, 2026**.

Now Accepting Applications

ncsbn.org/regulatoryscholars





Distinctive Insights into Nursing Programs No One Else Provides

NCSBN Launches National Nursing Education Database

High-quality nursing programs play a critical role in protecting the public by helping to build a safe and competent nursing workforce. Schools that employ evidence-based, outcomes-focused curricula that align with national standards and quality indicators are better prepared to evolve with advances in science, technology and practice.

These programs embrace the recruitment and retention of full-time faculty, and directors and deans who provide expertise in leadership positions and foster a culture of research and dedication to being on the forefront of nursing science. This helps to ensure students not only gain foundational knowledge but also develop critical thinking, clinical judgment and decision-making skills. A quality nursing education prepares their graduates to adapt to rapidly changing and increasingly complex health care environments, support positive health outcomes and uphold patient safety.

Determining what makes a quality nursing program falls under the purview of nursing regulatory bodies (NRB) in most states. Nursing programs must be approved by the NRB in the state where the program is officially located. Program approval ensures that nursing programs thoroughly prepare students with the knowledge and skills required for licensure and safe entry-level practice, ultimately supporting a safe and competent nursing workforce for society.

[continued on page 18](#)

The impetus for a comprehensive study that NCSBN conducted from 2017–2020 arose out of questions raised by NRBS. Because they use different models of approval, NRBS were concerned with how to best measure the quality of a nursing program and whether different metrics should change or replace the current regulatory standards, which are set by each state.

This research brought together a diverse group of educators, regulators, clinical educators and representatives from the American Association of Colleges of Nursing (AACN), the National League for Nursing (NLN) and the Organization for Associate Degree Nursing (OADN). They identified quality indicators of approved nursing education programs and the warning signs that a program may be falling below required approval standards. The results of that research were published in the *Journal of Nursing Regulation (JNR)* in July 2020.

One of the most crucial measures of a program's success was found to be consistent leadership. When a program director was doctorally prepared, the programs had higher NCLEX® pass rates. Having consistent, full-time faculty (at least 35% full-time faculty, as opposed to adjunct or part-time faculty) in a nursing program predicts full approval by the NRB and higher NCLEX pass rates. Conversely, nursing programs are most at risk when the nursing director must take on the duties of other allied health and/or vocational programs, without the assistance of an associate/assistant director dividing their ability to address issues that may arise within the nursing curricula. Program issues also arose when a nurse was not in charge of the program.

During this research project, NCSBN identified significant variability in the data NRBS collected, including differences in metrics, definitions and reporting timelines. This

inconsistency made it difficult to conduct accurate, comparative research.

The Annual Report Program was created to address this challenge by providing a standardized, validated data collection process for participating NRBS. This initiative not only strengthens data accuracy and comparability but also reduces NRBS' annual reporting workload by up to 80%. NCSBN cleans (performing tasks like deduping functions) and verifies the data and provides the NRB with a final report.



Spector

“We had created this marvelous Annual Report program, but I was concerned that we were going to give the report to the NRBS and it would just sit on a shelf after they reviewed it. I knew that

the data had the potential to be very valuable if it could be presented in an accessible way to policymakers, legislators, educators and the public,” remarks Nancy Spector, PhD, RN, FAAN, NCSBN director of education policy.

NCSBN identified nine key measures that impact the quality of nursing programs, including:

1. Whether the program is accredited;
2. If the program is approved;
3. Direct care to clinical experience ratio;
4. Director turnover;
5. Percentage of full-time faculty;
6. Faculty and director credentials;
7. Graduation rate;
8. Number of major organizational changes; and
9. How long the program has existed.

The first [National Nursing Education Database](#) was launched in 2025. This database provides an in-depth look at how different



The NCSBN nursing education department team shares valuable information about the Annual Report program with NCSBN members at the 2025 NCSBN Annual Meeting.

characteristics impact the performance of U.S. nursing education programs. Additionally, it offers meaningful data visualization tools, enabling deeper insights and more informed decision-making.

Drawn from data from 34 states and more than half of the country's nursing programs representing 284,000 nursing students, the database shows how key quality indicators impact programs and how programs compare with each other.

The database allows filtering by degree, geography, ownership and enrollment. The most valuable components of the database is the ability to examine how different types of programs compare to each other by whether the program is private, public or for-profit, and how the credentials and stability of the program's deans and faculty can potentially impact factors like NCLEX pass rates.

“The dashboard is interactive, user-friendly, and provides easily accessible national nursing education data. This has been particularly beneficial in allowing us to compare our

“We had created this marvelous Annual Report program, but I was concerned that we were going to give the report to the NRBS and it would just sit on a shelf after they reviewed it. I knew that the data had the potential to be very valuable if it could be presented in an accessible way to policymakers, legislators, educators and the public.”

— Nancy Spector



Van Hook

state-level data with national trends,” comments Stevan Van Hook, MSN, RN, nursing education consultant, Georgia Board of Nursing. “In collaboration with our state's nursing workforce center,

we recently published our inaugural annual ‘State of Prelicensure Nursing Education’ report, which offers meaningful insights into the annual reporting data of our state's prelicensure nursing programs. Together, the report and the national data available through the education database provide robust, actionable information that supports informed decision-making at both the programmatic and state levels.”

“What's also incredibly unique about NCSBN's database is that it contains information drawn from nursing programs at all levels from practical/vocational to associate to baccalaureate and even master's entry to practice. There isn't any other source that contains all of them,” Spector asserts.



“ **The dashboard is interactive, user-friendly, and provides easily accessible national nursing education data. This has been particularly beneficial in allowing us to compare our state-level data with national trends.** ”

— Stevan Van Hook

Spector also points out that one of the most beneficial attributes of the database is that it can be used as a benchmark. “For example, nursing programs can look the national data and see how they measure against the aggregate information,” she notes. “I know that in some cases, schools of nursing have appealed to the administration for more faculty but don’t have the data to back up their claim that more faculty can lead to better student outcomes. This database can help provide the data they need to make their case.”



Martin

Janelle B. Martin, MHSA, RN, nursing education compliance officer, Kansas State Board of Nursing, says that she often refers to the dashboard when working with program directors on site visits and

directing them to the dashboard to look at comparisons to other states/programs, especially when they are getting questions from their boards and presidents on how their program is doing. She notes, “I love showing them the interactive screens on the first page that will allow them to toggle between Kansas and the national data or even look at other nearby states.”

What Potential Nursing Students Need to Consider Before Choosing a Program

One of the most important decisions that high school students will make is what they will do after graduation. For students aspiring to go into the nursing profession, the journey they can take to that career can follow several different pathways. Nursing school can be an expensive and academically rigorous endeavor, so it is imperative that potential students and their families research programs to see which one is best suited to the needs of the individual and how it measures up to the standards of the quality indicators.

Spector, a former tenured assistant nursing professor at Loyola University Chicago, states, “Students can see the listed quality indicators on the National Nursing Education Database dashboard under definitions. When they are deciding where to go to school, they need to find out things like, what is the percentage of full-time faculty? What is the program’s graduation rate? The answer to

those questions points to the caliber of the curriculum.”

While the database does not provide information on individual schools, it does reveal interesting statistics about the types of nursing programs by using the interactive features of the database. The graduation rate varies widely among not-for-profit private, public and private for-profit programs. For associate degree and baccalaureate nursing programs, the graduation rate is 56.3% for for-profit programs, 73.6% for private not-for-profit schools and 73.7% for public programs. NCLEX pass rate for for-profit programs is 74.1%, 88% for private not-for-profit schools and 88.8% for public programs.

Students need to keep these statistics in mind when choosing a nursing program and do their due diligence in ferreting out the information they need to make educated decisions.

Another key quality indicator is the number of major changes that a nursing program may experience. Major organizational changes

[continued on page 22](#)

“ **While looking at the program’s NCLEX pass rate is important, it is not the only thing that needs to be considered...** ”

— Nancy Spector





“**Having all states participate will make the dashboard even more valuable as it will provide a national snapshot of all U.S. nursing programs that no one else can provide.**”

— Nancy Spector

are statistically linked to poorer program outcomes. These changes may include new directors, new associate/assistant directors, staff layoffs, faculty layoffs, changes in the parent organization’s leadership or programs being collapsed, etc.

“While looking at the program’s NCLEX pass rate is important, it is not the only thing that needs to be considered,” notes Spector. “A program’s pass rate may be high for the immediate point in time but the fact that the dean retired, faculty left, and the curricula changed may not make an impact on the NCLEX pass rate until several years later. That’s why these quality indicators are so important.”

Students need to keep all of these factors

in mind when choosing a nursing program and do their due diligence in gathering the information they need to make educated decisions. “There is a fair amount of information that can be gleaned from a school’s website, but they may need to do more digging to find out things like the percentage of full-time faculty. They may need to ask those questions of the dean or the director of the program. Asking the right questions may make or break your academic experience,” comments Spector.

The Future of the National Nursing Database

The dashboard has been extremely well received as NRBs, educators and others see the value of its ability to streamline nursing program information and present it in an easy to access and visually appealing format.

While not every state is currently participating in the Annual Report Program, Spector notes that many of the remaining states are in conversation to begin the process in the near future. “Obviously, the goal is to have all 50 states participate. It is to their advantage for NCSBN to work with them, as we can lighten their workload and provide them with the data that will make it easier to do their own in-depth analysis.” she says. “Having all states participate will make the dashboard even more valuable as it will provide a national snapshot of all U.S. nursing programs that no one else can provide.”

NCSBN’s Canadian associate members have expressed interest in participating. Both nations rely on rigorous academic preparation, strong clinical education and dedication to patient safety. “Since most provinces also use the NCLEX as their registration/licensure exam, their inclusion in the Annual Reports program and subsequently the dashboard would be enlightening,” Spector says.

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Leading with Purpose

By Shannon McKinney, DNP, APRN, Assistant Director for Advanced Practice, Arkansas State Board of Nursing, LSC Area III Member

During a recent conversation with my teenager, she told me that she is a follower, not a leader. I reminded her that in many ways she is a leader, especially as she serves as an editor for her school yearbook. She quickly disagreed with me as teenagers do. I then told her good leaders know when to follow. I’ve reflected on this advice as I’ve thought about the various areas where I serve as a leader.



The author with her daughter

Leadership within nursing regulation is both a privilege and a profound responsibility. It demands a balance of vision and vigilance, of steadfast adherence to public protection and a willingness to evolve with a changing health care landscape. I’ve learned that effective leadership is not about authority. It’s about accountability, authenticity and connection, and will sometimes require the leader to be the follower.

At the heart of my leadership philosophy are **five guiding principles**:

- Transparency,
- Communication,
- Innovation,
- Collaboration and
- Integrity.

These are not abstract ideals; they are daily practices that shape how I serve, make decisions and engage with colleagues and stakeholders.

In nursing regulation, trust is our currency. The public must trust that we act in their best interest; nurses must trust that we apply the rules with fairness and consistency. I have found that transparency — being clear about our processes, rationale and decisions — strengthens that trust.

Transparency also fosters internal confidence among staff and colleagues. By being open about goals, challenges and limitations, we invite others to contribute meaningfully. For me, transparency is not just about sharing information; it’s about creating an environment where people feel informed, valued and empowered to act.

Strong communication is the thread that holds teams and missions together. In regulation, where interpretation and application of complex laws and rules can vary, communication must be intentional and precise.

As a leader, I strive to listen more than I speak. Listening allows for understanding the needs, concerns and perspectives of others before formulating solutions. Whether it’s a conversation with a new graduate navigating licensure requirements, or a discussion with legislators about policy change, communication must bridge understanding, not build barriers.

Clear, compassionate communication also humanizes regulation. Behind every email, phone call or board action, there are people — nurses striving to do their best and regulators committed to ensuring safe practice. When communication reflects respect and empathy, even difficult decisions can become opportunities for growth and trust.

The regulatory environment can be perceived as rigid or resistant to change, but I believe innovation and regulation are not opposites. They are partners. Innovation is essential if we

[continued on page 26](#)

McKinney’s involvement with NCSBN throughout her leadership journey.



are to remain relevant and responsive to the needs of today’s health care system.


In my role, I’ve seen how technology and data can streamline processes and improve efficiency, from online licensing systems to electronic communication platforms that enhance accessibility. But innovation goes beyond technology; it also involves rethinking processes, empowering creative problem-solving, and embracing new ideas with curiosity rather than caution. I encourage teams to ask, “How could this be done better?” rather than “How have we always done it?” That mindset keeps regulation agile and aligned with the pace of change in health care practice.

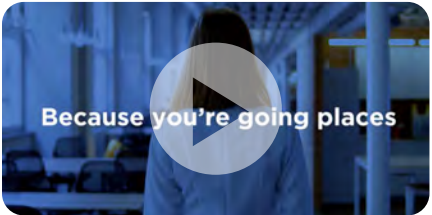
No leader succeeds in isolation. Collaboration is the catalyst that transforms individual effort into collective impact. Nursing regulation intersects with education, practice and policy, making collaboration across disciplines not just valuable but essential. I’ve had the privilege of working alongside educators, practicing nurses, other health care regulators, and leaders who share a commitment to advancing safe and competent nursing practice. Through these collaborations, I’ve learned that effective partnerships begin with mutual respect and a shared goal, but they thrive through consistent communication and follow-through.

Integrity is the core of leadership. This principle must never be compromised. In nursing regulation, where decisions can deeply affect careers, integrity guides every judgment and action. Integrity means doing what is right, even when it is difficult or unpopular. It requires consistency and ensuring that the same standards apply without bias. It also demands humility: the willingness to acknowledge when we can improve or when new information requires us to reconsider

a position. For me, integrity is not only about ethics, but about alignment. I strive to ensure that my actions reflect the same values I expect from others. It’s what sustains credibility and ensures that leadership is worthy of the trust placed in it.

Ultimately, I view leadership not as a title, but as a form of service. Service to the public, to the profession and to the teams I work with each day. Leadership in nursing regulation is a calling to safeguard, support, and strengthen the systems that protect both patients and practitioners. The challenges of regulatory leadership are many: evolving practice models, workforce shortages, and the constant need to balance flexibility with accountability. Yet these challenges also present opportunities to lead with clarity, to modernize processes, and to cultivate the next generation of nurse leaders who value both innovation and integrity.

As I reflect on my own journey, I am reminded that leadership is less about the destination and more about the direction. If we lead with purpose and transparency, communicate effectively, innovate with courage, collaborate with intention and act with unwavering integrity, we not only advance our agencies — we advance the profession itself. 



The members of NCSBN’s [Leadership Succession Committee](#) endeavor to provide future, emerging and current leaders with an insider’s look into the value of serving in a NCSBN leadership role. NCSBN members can pursue a variety of leadership paths to support their professional development. Getting involved with NCSBN benefits you both personally and professionally. Find out [how to apply](#) for a leadership position (member login required).



Your Research Can Lead to Better Nursing

The **NCSBN Grant Program** provides funding for scientific research projects that advance the science of nursing regulation.

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

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News & Notes



McCormies Receives Doctorate and Delivers Commencement Speech

Carolyn Jo McCormies, DNP, APRN, FNP-BC, board president, [Arizona State Board of Nursing](#), completed her Doctor of Nursing Practice

through Grand Canyon University in July of this year. She works as a family nurse practitioner in a rural area of Arizona, serving the Native American population. Her DNP project was titled, “Use of a Hypertension Guideline in Primary Care to Impact Blood Pressure.” Her findings showed both a statistical and clinical statistical improvement in blood pressure after the implementation of the World Health Organization (WHO) HEARTS technical package for cardiovascular disease management in primary health care. She was honored to be the student speaker at the commencement event. Her speech centered around remaining resilient through trials. McCormies was recently elected to the NCSBN Board of Directors as an Area I member.

West Virginia Board of Registered Nurses Grows Virtual Support Program

COMMUNITY SPACE

45 Custom Articles

14 Podcasts

Monthly Roundtables, Meetings, Video shorts, and one course

CARE FOR NURSES

The [West Virginia Board of Registered Nurses](#) (WVRN) partnered with Birchwood Solutions to launch [Care for Nurses](#) in late 2022. This virtual initiative empowers nurses, including nursing students in West Virginia, by offering confidential peer support groups. It provides a safe space to discuss the challenges of nursing in a post-pandemic world, such as burnout, work-life balance and career obstacles.

Divided into two cohorts, the program supports both early-career professionals and more established professionals. Within three months of its launch, nearly 100 nurses enrolled. In response to a request from a multisite prelicensure nursing education program, a new cohort was added specifically for nursing students. Nurses’ enthusiasm to engage in these vital discussions is inspiring.

Diverse topics — including burnout, stress reduction, coping skills, life skills and addressing bullying — resonate deeply. With access to live meetings, engaging blogs, insightful articles, videos and online discussions, participants find valuable resources for growth. Meetings occur every Monday at 6 pm and 8 pm, and monthly roundtable meetings have been widely embraced.

In September 2025, WVRN proudly launched its first online course, “Suicide Assessment and Management,” on the platform. Nurses who complete this course can earn three Continuing Education Units (CEUs), enhancing their skills and knowledge. Together, WVRN and Birchwood Solutions are cultivating a supportive community that inspires growth and resilience in the nursing profession.

College of Licensed Practical Nurses of Alberta (CLPNA) Updates

CLPNA Takes Fresh Approach to Handling Complaints

The [College of Licensed Practical Nurses of Alberta](#) (CLPNA) has shifted the way in which it handles complaints, believing public protection is better achieved by working with registrants to increase their knowledge, improve their skills and allow opportunities for insight into their conduct.

Moving to a person-centered remedial complaint resolution prioritizes harm prevention by focusing on registrant learning and behavioral change. While public safety is paramount, the CLPNA is creating more supportive and engaging remedial options for registrants who have displayed a lack of knowledge,



CLPNA has partnered with Olson Center to provide simulation training as part of their complaints process.

skill or judgement, including offering individual coaching sessions and simulation training. In the coaching sessions, registrants receive individualized one-on-one coaching from practice advisors during which they self-reflect on gaps in knowledge, take accountability for their conduct and receive practice guidance. In collaboration with an education institution, simulation training provides registrants the opportunity to refine their skills and practices in real-world clinical scenarios using advanced technology. These remediation options transition applicable complaints from being discipline-focused to opportunities for insight, learning and skill development, with an emphasis on self-reflection.

Health Care Aides to Be Regulated in Alberta

On Feb. 2, 2026, Health Care Aide (HCA) regulation will come into force in Alberta. The College of Licensed Practical Nurses of Alberta will become the College of Licensed Practical Nurses and Health Care Aides of Alberta (CLHA), regulating two distinct professions. With more than 65,000 registrants, the CLHA will be the largest health profession regulator in the province.

Regulating HCAs will strengthen workforce understanding, planning and public safety. Having accurate information about where HCAs are working, their qualifications and employment trends will help employers, educators and policymakers respond effectively to Alberta’s health system needs. By ensuring that every HCA meets

consistent standards of education, competence and accountability, regulation reinforces the integrity and trustworthiness of the profession. HCAs play a vital role within the health care team, providing compassionate care to vulnerable populations such as older adults, people with disabilities and individuals who are acutely or chronically ill. Regulation enhances public safety by ensuring all HCAs are qualified, competent, and practice under defined professional and ethical standards. Albertans can have confidence that those providing personal and health care support are appropriately trained and accountable, fostering trust in the health care system as a whole. 🌈

Coming February 2, 2026

CLPNA becomes

CLHA

College of LPNs and HCAs of Alberta

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

Have news to share?
Send your News & Notes submissions via [email](#).





Speed Round

Get to know NCSBN staff:

Audrey Volk

Assistant Editor, Research

What do you do at NCSBN?

I am an Assistant Editor who works within two teams. I am part of the research team at NCSBN, where I work to edit manuscripts and materials produced by the team. I am also a member of the *Journal of Nursing Regulation (JNR)* editorial team, where I proofread manuscripts before publication and assist with the administrative aspects of the *JNR* to ensure its smooth operation. This includes managing communications and deadlines with the publisher, working with NCSBN marketing to prepare ads and marketing campaigns, and coordinating meetings with the Editorial Advisory Board.

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

Part of what makes my job challenging, but also exciting, is its cross-functional nature that requires me to manage multiple, overlapping timelines. I try my best to delegate my time between proofreading manuscripts for the *JNR*, keeping track of production deadlines for the publisher, editing manuscripts for the

research team, and writing and editing for NCSBN's *Leader to Leader*, which covers issues affecting nursing education and regulation. Though the overlapping timelines can feel overwhelming at times, I have developed a method to my madness (my trusty Moleskine planner) that allows me the privilege to be a working part in all these important projects. I value that the work I do enables me to work with different team members throughout NCSBN; this helps me be more connected with my coworkers while also gaining a better understanding of how we all work together to contribute to the organization.

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

If I weren't working at NCSBN, I would love to work with my hands, beyond a computer keyboard. I would be living my dream if I were working in wild landscapes, climbing trees, and exploring flora and fauna. I am at my happiest poking around muddy waters looking for a cool rock or little critters. Ideally, I would be able to create books about landscapes that included my own watercolor illustrations. 🌈

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Reflections on the NLC 25th Anniversary in 2025

By James Puente, MS, MJ, CAE, Director, Nurse Licensure Compact

As we close out 2025, we are also coming to the end of the 25th anniversary of the implementation of the Nurse Licensure Compact (NLC). It has been a year of celebration and reflection.

It's difficult to talk about the current status of the NLC without paying homage to its humble beginnings. We recognized the NLC's 25th anniversary in many different ways throughout the year and the highlight of this significant milestone was a celebratory event which took place in March 2025. At this event, current NLC commissioners, past NLC Commission chairs, special guests and, most importantly, the founders of the NLC were present. It was a wonderful evening featuring delightful music with dinner and insightful presentations that blended history, anecdotal stories and humor.

These early founders of the NLC had a vision to build a model of licensure portability and nurse mobility which would stand the test of time. Selecting the mutual recognition model of licensure, the work of these early leaders envisioned a single multistate license for RNs and LPNs/VNs which would authorize both

in-person and telehealth practice throughout the nation. Indeed, the founders imagined a future compact nation!

In 2025, the nursing community proudly embraces an NLC which has made significant progress toward becoming a compact nation, with 43 member jurisdictions. Today this successful model for streamlined licensure is a benefit experienced by more than 2.5 million multistate license holders. Most significantly, in 2025, nearly every jurisdiction which has not enacted the compact saw NLC legislation introduced. This speaks to the desire of the remaining jurisdictions to also join the NLC.

The results of surveys conducted in those states demonstrate that nurses and nurse employers in noncompact jurisdictions overwhelmingly support their state joining the NLC. The NLC launched in 2000, by the year 2018, 26 jurisdictions had enacted the NLC. From 2018 until 2025 an additional 17 jurisdictions (this includes two territories) enacted the NLC. There was a significant increase in states joining the NLC following the COVID-19 pandemic which allowed the



Highlights from the NLC 25th anniversary celebration.

multistate license to shine as nurses were in extremely high demand throughout the nation. NLC states benefited when nurses from other NLC states assisted without any regulatory delays.

According to Sherry Richardson, MSN, RN, chair, NLC Commission, "The NLC has a 25-year history as a successful model of nurse licensure focused on public protection and patient safety. It streamlines and modernizes licensure for nurses who we know who are increasingly mobile. The NLC enables nurses to care for patients within today's health care delivery models while having mechanisms in place to ensure that unsafe nurses do not hold a multistate license. We know that nurses and employers enthusiastically support the NLC. The NLC enjoys the recognition, respect and gratitude of the many stakeholder organizations that it impacts. The NLC will continue to grow and will become that compact nation that our founders envisioned when the original NLC was drafted in the 1990s."

For more information about the NLC, visit nlc.gov.



Free Regulatory Spotlight Issue

Available until Dec. 31, 2025

To commemorate the *Journal of Nursing Regulation*'s 15th anniversary, we've published "Regulatory Spotlight," a special collection of recent articles covering a wide range of topics related to nursing practice, education and regulation, including:

- Artificial intelligence
- Telehealth
- Ethical decision-making
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- And more

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