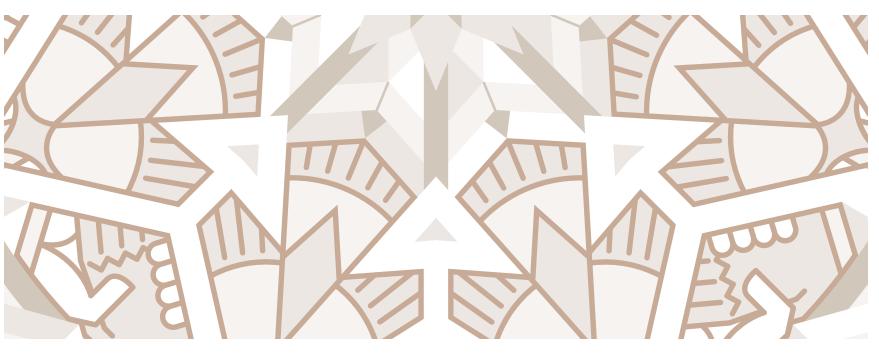


National Council of State Boards of Nursing 2015 Annual Report





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### About NCSBN

The National Council of State Boards of Nursing (NCSBN®) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 24 associate members. E

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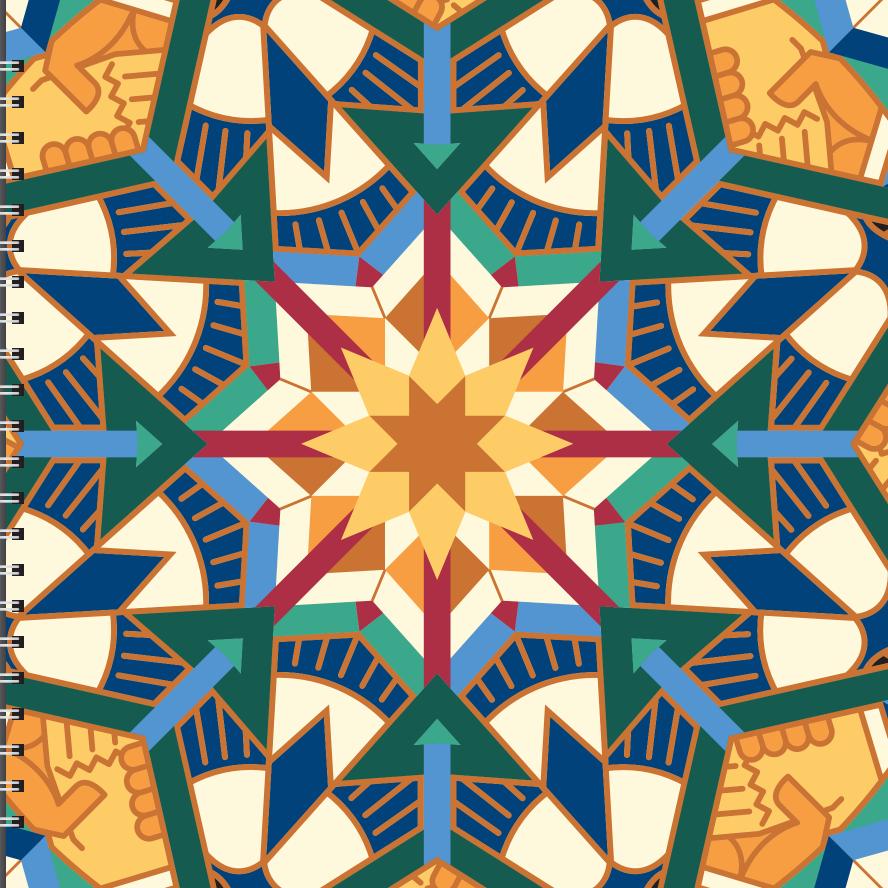
The member boards that comprise NCSBN protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. NCSBN is the vehicle through which boards of nursing act and counsel together on matters of common interest.

#### OUR MISSION

The National Council of State Boards of Nursing (NCSBN) provides education, service and research through collaborative leadership to promote evidencebased regulatory excellence for patient safety and public protection.

#### **OUR VISION**

Advance regulatory excellence worldwide.



## Leadership, Vision and Progress FY15: The Year in Review

OCT. 1, 2014 - SEPT. 30, 2015

The FY15 theme "A United Mission for Regulatory Excellence," served as a touchpoint for many of the initiatives advanced throughout the fiscal year.

#### UNITY EQUALS EXCELLENCE

The Association of Registered Nurses of Prince Edward Island, Ordre des Infirmiéres et Infirmiers du Québec and Registered Nurses Association of the Northwest Territories and Nunavut became associate members, bringing the total number of members in this category to 24. Created by a Delegate Assembly resolution in 2007, the associate membership category is designed to provide a forum by which nursing regulatory bodies from around the globe can join NCSBN in a dialogue regarding issues of common concern, as well as share information and knowledge in a multicultural exchange of thoughts and ideas.

#### UNITY ALLOWS NURSING REGULATION TO INFLUENCE AND SHAPE THE HEALTH CARE ENVIRONMENT

A special Delegate Assembly approved the revised Nurse Licensure Compact (NLC) and the Advanced Practice Registered Nurse Compact (APRN Compact). Influenced by the growing need for nurse mobility and clarification of the authority to practice for many nurses currently engaged



in telenursing or interstate practice, boards of nursing (BONs) have worked over the past several years to revise the compacts to ensure they best practice and provide for continued high standards of public protection. The enhanced NLC and APRN Compact are the result of their diligent work. The NLC allows for registered nurses (RNs) and licensed practical/vocational nurses (LPNs/VNs) to have one multistate license, with the ability to practice in both their home state and other NLC states. The APRN Compact allows an APRN to hold one multistate license with a privilege to practice in other APRN Compact states.

BONs were the first health care provider regulatory bodies to develop a model for interstate practice with the original adoption of the NLC in 1997 and its implementation in 2000. While other health care provider regulatory bodies are beginning this process, the NLC has been operational and successful for more than 15 years.







#### **CONVERGENCE OF ELEMENTS**

Registration for NCLEX-RN® Examination for Canadian students and graduates, international applicants, and others looking to take the NCLEX for licensure/ registration in Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories and Nunavut, Nova Scotia, Ontario, Prince Edward Island and Saskatchewan opened Nov. 3, 2014.

Canadian RN regulators initially selected the NCLEX-RN Examination in 2012 after identifying the need for an exam that employs the latest advances in testing technology to enhance test security, increases accessibility to the exam by offering year-round testing, provides timely results and allows for precise assessment of an individual candidate's performance. The NCLEX-RN Examination is currently offered in 10 countries around the world for the purpose of domestic licensure in the U.S. This marks the first time that the test



is utilized for the purpose of licensure in another country.

#### A completely redesigned www.ncsbn.org was launched. It features engaging graphics and enhanced navigation designed to improve the visitor experience. The redesign was undertaken after extensive research

and analysis into what www.ncsbn.org visitors need and want from the website. Focused attention was given to

keeping the best components of the previous version of the website that were invaluable to users, and determining which elements could be added to provide a more enriched platform. The relaunched site features improved accessibility for individuals with visual or hearing impairment, additional targeted services and resources on every page, and responsive design so that the website is effectively viewable on any device. Each diverse audience group (nurses, nursing students, nursing educators, researchers, consumers and NCSBN members) have their own unique section of the website that offers materials and resources tailored especially for them. 

The New Nurses: Your License to Practice video was released to help new nursing students and newly licensed nurses better understand nursing licensure and regulation. To assist new nurses in safeguarding their professionalism and integrity, this video covers how the profession is regulated and introduces key issues of professional responsibility, including the prevention of violations of a state Nurse Practice Act. The video also reminds new nurses of the importance of maintaining professional boundaries and upholding nursing ethics.

NCSBN has distributed more than 2 million outreach brochures free of charge to both the nursing community and the public at large. Brochure topics range from consumer-oriented materials like "A Health Care Consumer's





Guide to Advanced Practice Registered Nursing" and "Your State Board of Nursing Works for You: A Health Care Consumer's Guide," to resources specifically aimed at nurses and nursing students such as "A Nurse's Guide to Professional Boundaries"; "A Nurse's Guide to the Use

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of Social Media" and "State and Territorial Boards of Nursing: What Every Nurse Needs to Know." Distributed to more than 4,000 hospitals, long-term care facilities, nursing schools, associations, organizations and consumer groups in the U.S., Canada and overseas, the brochures are part of NCSBN's extensive offerings for nurses and consumers that include posters, videos, books, research briefs, white papers and position statements. The 2014 Nurse Licensee Volume and NCLEX® Examination Statistics, 2014 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice – U.S. and Canada and Report of Findings from the 2014 RN Nursing Knowledge Survey research briefs were published.

#### STRENGTH OF INDIVIDUALS WHO COMPRISE THE WHOLE MAKE EXCELLENCE ACHIEVABLE

NCSBN 001-2015 Criminal Background Checks for Licensure as a Nurse (new standard) was accepted by the American National Standards Institute (ANSI) Board of Standards Review. NCSBN received the designation of ANSI Accredited Standards Developer Organization in 2013. NCSBN created this standard, which requires biometricsbased state and federal criminal background checks for all applicants (persons who apply for licensure by examination, reactivation, reinstatement, endorsement or renewal) consistent with Public Law 92-544, because the practice of nursing involves working with vulnerable populations and, as such, there may be a criminal history within the background of the applicant that could have a significant impact on the ability to safely care for and interact with patients/clients.





**NCSBN Grant Program** 

The NCSBN Center for Regulatory Excellence Grant Program awarded grants totaling more than \$700,000 to four U.S. organizations. Since the grant program began in 2007, it has awarded almost \$12 million in grant funding to 57 national and international organizations. The Center for Regulatory Excellence (CRE) Grant Program funds innovative projects that can have measurable impact on nursing regulation and can create meaningful change. The CRE's research priorities include national and international regulatory issues, patient safety, practice (LPN/VNs,RNs and APRNs), nursing education, continued competence, nurse mobility and substance use disorder.

In partnership with The National Forum of State Nursing Workforce Centers, NCSBN conducted its second national-level survey focused specifically on the U.S. nursing workforce. Unlike a previous study conducted by this partnership in 2013 concentrating solely on RNs, this study will also include LPN/VNs.

The study is aimed at generating accurate and up-to-date information on the supply of nurses in the U.S. These data are critical to planning for sufficient numbers of adequately trained nurses and ensuring a safe and effective health care system. Aggregate responses will comprise the national nursing workforce dataset, which will be analyzed by NCSBN and The National Forum of State Nursing Workforce Centers researchers.

Current data on the nursing workforce are vital to predicting potential shortages and assisting in the allocation of resources, program development and recruitment efforts in both the education and health care sectors. The results of the 2015 survey, which will be available in spring 2016, will be especially valuable in light of expanding demand for nursing services, including primary care for the millions of newly insured under the Affordable Care Act, the growing population of aging Americans in long-term care facilities, and the advancement of technologies that provide virtual access of health care providers to patients.

The ninth group of Fellows of the NCSBN Institute of Regulatory Excellence (IRE) was inducted. The IRE began in 2004 with the purpose of providing BONs with high quality regulatory education, expanding the body of knowledge



related to regulation through research and scholarly work, developing the capacity of regulators to become expert leaders, and developing a network of regulators who collaborate to improve regulatory practices and outcomes. The IRE Fellowship Program is a four-year comprehensive educational and professional development program designed for current or former regulators who want to enhance their knowledge of and leadership in nursing regulation. The program includes experiences in analyzing issues involving public policy and regulation, strategic planning, patient safety, and communication. It also requires the application of evidencebased concepts in decision making and leadership.



## FY15 Operating Statements

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TOTAL	\$ 81,309,908	100
Other program services	10,812,419	13
Membership fees	31,525	< 1
Investment earnings	4,472,985	6
Examination fees	65,992,979	81
SOURCES OF REVENUE	\$	%

PROGRAM SERVICES	\$	%
Nurse competency	54,906,399	71
Nurse practice and regulatory outcome	9,766,037	13
Information	8,196,852	11
Management and general	4,031,526	5
TOTAL	\$ 76,900,814	100

NET SURPLUS

\$ 4,409,094



## Messages from the CEO and President

Strategic plans need to be living documents and as such they need to be embraced by the members at all stages in their development. To deliver against our strategic intentions we need to be sighted on the future so as to address and solve the problems of the present but with an eye to the challenges of the future. This gives us an advantage in selecting the optimal path. To get this right requires us to know what success looks like and find ways of measuring how we can attain it. It also requires us to challenge ourselves if we are not making the expected progress and be open to new ideas.

NCSBN has achieved a great deal in the past and this provides the foundations for the future. However, the future is not yet determined nor fixed, it is something that we collectively design and attain if we work together. Grounded in the realities of protecting the public, informed by our rich and diverse experience we can be architects of a fit-forpurpose contemporary regulatory system.

#### David Benton, RGN, PhD, FFNF, FRCN, FAAN

Chief Executive Officer

NCSBN is a membership organization, made up of member boards committed to their mission of public protection. An organization is as strong as its membership, and we are fortunate the individuals who comprise these boards generously share their knowledge and experience. Our collective wisdom provides regulatory solutions that are evidence-based to promote patient safety for the health and welfare of the citizens we serve. As an organization, we are committed to collaboration, innovation and strategic action to produce excellence in nursing regulation. And as we look to the future, we recognize the fast pace of change occurring in health systems will require us to envision regulatory models that are relevant, responsive and accountable. The active engagement and leadership of our members will best position us to address these challenges. Shirley A. Brekken, MS, RN President





## The Leading Edge of Regulation

The National Council of State Boards of Nursing (NCSBN®) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 24 associate members.

Founded in 1978 as an independent, 501(c)(3) not-for-profit organization, NCSBN was created to lessen the burdens of governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest.

The member boards that comprise NCSBN protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These member boards are charged with the responsibility of providing regulatory excellence for public health, safety and welfare. They recognize that the best way to guard the safety of the public is to ensure that nurses entering the workforce have the necessary knowledge, education and skills to practice. To meet that goal, NCSBN's focus is devoted to developing a psychometrically sound and legally defensible nurse licensure examination consistent with current nursing practice. The NCLEX-RN<sup>®</sup> and NCLEX-PN<sup>®</sup> Examinations developed and administered by NCSBN are constantly and rigorously evaluated to keep pace with the rapidly evolving health care environment.

NCSBN also maintains the Nursys<sup>®</sup> database that coordinates national publicly available nurse licensure information. NCLEX examinations remain the instruments by which most people know NCSBN. As evidence of its long history of continual efforts to remain a vanguard of examination technology, NCSBN became the first organization to implement computerized adaptive testing (CAT) for nationwide licensure examinations in 1994. NCSBN also develops and administers the largest competency evaluation for nurse aides/nursing assistants (NAs) known as the National Nurse Aide Assessment Program (NNAAP®). Additionally, NCSBN develops the Medication Aide Certification Examination (MACE®), designed for NAs who choose to receive additional training to become certified medication aides/assistants. The purpose of MACE is to ensure that individuals who administer medication to residents in assisted living facilities and comprehensive personal care homes have the basic knowledge and skills needed to perform their duties. Ξ

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The ongoing assessment of these examinations includes research that gathers job analysis data from entry-level nurses and aides that ultimately contribute to refinement and adaptation of the tests. In addition, the continual refinement of the NCLEX examinations also incorporates the work of item writers, item reviewers and panels of judges comprised of practicing nurses or nurse educators who work directly with entry-level nurses and aides. The item writers who create the examination questions, also known as items, and the reviewers who assess the items are responsible for the content in the NCLEX examinations. The panel of judges recommends potential NCLEX passing standards to the NCSBN Board of Directors. All of these measures, coupled with a determination to remain on the cutting edge of testing technology, ensure that the NCLEX examinations and NNAAP evaluations are an accurate reflection of current nursing practice.



### **Our Values**

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

#### COLLABORATION

Forging solutions through respect, diversity and the collective strength of all stakeholders.

#### EXCELLENCE

Striving to be and do the best.

#### INNOVATION

Embracing change as an opportunity to better all organizational endeavors and turning new ideas into action.

#### INTEGRITY

Doing the right thing for the right reason through honest, informed, open and ethical dialogue.

#### TRANSPARENCY

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

## **Products and Services**

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

#### PUBLICATIONS AND WEB RESOURCES

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

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

#### **ONLINE COURSES**

NCSBN Learning Extension is a pioneer in e-learning for the nursing community, currently offering more than 50 online courses promoting safe nursing practices to nurses, student nurses and nursing faculty. Rich in content and features, the online courses offer interactive and fun learning experiences, which facilitate better understanding of the topics presented. Ξ

NCSBN supports online engagement of its membership with survey tools, collaboration sites, discussion forums, video conferencing and live webinars/webcasts. Educational resources are available for both membership and external audiences in video and online course formats. There are 23 educational and promotional videos in the NCSBN catalog, which had 20,000 combined views during FY15. NCSBN records presentations at its conferences and the catalog now includes 370 presentations from 63 past events.

Online course offerings for external audiences are available through the NCSBN Learning Extension campus located at www.learningext.com. NCSBN Learning Extension delivered 72,000 online courses during FY15. The online campus catalog of 58 courses covers a range of subjects, including continuing education courses for nurses, preparatory courses for licensure exam candidates, and item writing and test development courses for nursing faculty.



### Nursys®

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Nursys<sup>®</sup> is the only national database for verification of nurse licensure, discipline and practice privileges for registered nurses (RNs) and licensed practical/ vocational nurses (LPN/VNs) licensed in participating jurisdictions, including all states in the NLC.

The Nursys<sup>®</sup> Licensure QuickConfirm product allows employers and recruiters to retrieve necessary licensure and discipline documentation in one convenient location. Nursys e-Notify,<sup>®</sup> is an innovative nurse licensure notification system that automatically provides employers licensure and publicly available discipline data as they are entered into Nursys by boards of nursing.

Nurses can self-enroll into Nursys e-Notify free of charge and take advantage of a quick, convenient way to keep up-to-date with their professional licenses. They will receive license expiration reminders, licensure status updates and be able to track license verifications for endorsement.

## The NCLEX Examination

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From April 1, 1994 through Sept. 30, 2015, more than 4.8 million candidates for nurse licensure have taken NCLEX<sup>®</sup> examinations via CAT. For the fiscal year ending Sept. 30, 2015, 300,287 candidates took the NCLEX-RN<sup>®</sup> and NCLEX-PN<sup>®</sup> Examinations. More than 118,700 nurse licensure candidates have taken the NCLEX<sup>®</sup> in international test centers.

	OCT.	- DEC. 2	2014	JAN.	- MAR.	2015	APR.	– JUN.	2015	JUL.	- SEPT.	2015	то	TAL (FY	15)
First-time, U.S. Educated	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING
RN - Diploma	287	215	74.9%	481	426	88.6%	406	357	87.9%	1,461	1,256	86.0%	2,635	2,254	85.5%
RN - BSN	5,847	4,605	78.8%	17,519	15,474	88.3%	23,289	21,163	90.9%	23,879	20,308	85.0%	70,534	61,550	87.3%
RN - ADN	8,201	5,365	65.4%	21,680	17,933	82.7%	27,812	23,760	85.4%	26,943	21,974	81.6%	84,636	69,032	81.6%
Special Program Codes	4	3	75.0%	8	6	75.0%	13	12	92.3%	4	3	75.0%	29	24	82.8%
Total - First-time, U.S. Educated	14,339	10,188	71.1%	39,688	33,839	85.3%	51,520	45,292	87.9%	52,287	43,541	83.3%	157,834	132,860	84.2%
Repeat, U.S. Educated	13,838	6,233	45.0%	10,107	4,383	43.4%	11,847	5,086	42.9%	13,466	6,567	48.8%	49,258	22,269	45.2%
First-time, Internationally Educated	2,050	578	28.2%	1,723	499	29.0%	2,162	703	32.5%	2,182	695	31.9%	8,117	2,475	30.5%
Repeat, Internationally Educated	3,616	637	17.6%	3,157	478	15.1%	3,636	659	18.1%	3,740	757	20.2%	14,149	2,531	17.9%
ALL CANDIDATES	33,843	17,636	<b>52.1%</b>	54,675	39,199	71.7%	69,165	51,740	74.8%	71,675	51,560	71.9%	229,358	160,135	69.8%

#### NCLEX<sup>®</sup> PASS RATES - RN

#### **NCLEX® PASS RATES - PN**

	OCT.	- DEC. 2	2014	JAN MAR. 2015			APR JUN. 2015			JUL.	- SEPT.	2015	TOTAL (FY15)			
	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	
Total - First-time, U.S. Educated	10,973	8,521	77.7%	11,881	9,669	81.4%	10,944	8,720	79.7%	18,030	15,165	84.1%	51,828	42,075	<b>81.2</b> %	
Repeat, U.S. Educated	4,271	1,449	33.9%	3,580	1,198	33.5%	4,370	1,405	32.2%	3,965	1,287	32.5%	16,186	5,339	33.0%	
First-time, Internationally Educated	501	230	45.9%	461	219	47.5%	413	187	45.3%	430	202	47.0%	1,805	838	46.4%	
Repeat, Internationally Educated	276	52	18.8%	217	48	22.1%	287	67	23.3%	330	71	21.5%	1,110	238	21.4%	
ALL CANDIDATES	16,021	10,252	64.0%	16,139	11,134	<b>69.0</b> %	16,014	10,379	<b>64.8</b> %	22,755	16,725	73.5%	70,929	48,490	68.4%	





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#### TOP FIVE COUNTRIES (WITH RESPECT TO VOLUME)

	OCT DEC. 2014	JAN MAR. 2015	APR JUN. 2015	JUL SEPT. 2015	TOTAL (FY15)
1	Philippines	Philippines	Philippines	Philippines	Philippines
1	1,327	1,183	1,323	1,304	5,137
2	India	India	India	India	India
2	239	180	215	313	947
3	Canada	Canada	Canada	Puerto Rico	Canada
3	175	145	160	146	608
4	Puerto Rico	Puerto Rico	Puerto Rico	Canada	Puerto Rico
4	158	107	129	128	540
5	South Korea	South Korea	South Korea	South Korea	South Korea
5	94	95	100	97	386

**Pass Rates** – Fiscal Year 2015 – First-time, Internationally Educated Candidates

In this table, the number of first-time, internationally educated candidates includes both RNs and PNs.



#### NCLEX<sup>®</sup> PASS RATES - RN

First-time, U.S. Educated Candidates

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JURISDICTION		- DEC. 3			- MAR.			– JUN.			- SEPT.			TAL (FY	
	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSIN
Alabama	201	132	65.7%	872	756	86.7%	1,431	1,269	88.7%	1,078	874	81.1%	3,582	3,031	84.6
Alaska	22	16	72.7%	76	70	92.1%	98	87	88.8%	48	38	79.2%	244	211	86.5
American Somoa	6	2	33.3%	1	0	0.0%	-	-	-	-	-	-	7	2	28.6%
Arizona	264	231	87.5%	1,207	1,072	88.8%	983	863	87.8%	820	705	86.0%	3,274	2,871	87.7%
Arkansas	196	154	78.6%	583	492	84.4%	412	369	89.6%	631	537	85.1%	1,822	1,552	85.2
California	1,671	1,312	78.5%	2,899	2,521	87.0%	2,432	2,099	86.3%	3,988	3,519	88.2%	10,990	9,451	86.0%
Colorado	257	187	72.8%	547	483	88.3%	632	565	89.4%	593	526	88.7%	2,029	1,761	86.8
Connecticut	207	179	86.5%	333	303	91.0%	520	489	94.0%	739	655	88.6%	1,799	1,626	90.4%
Delaware	21	12	57.1%	139	125	89.9%	172	162	94.2%	246	208	84.6%	578	507	87.7%
District of Columbia	34	15	44.1%	101	70	69.3%	82	65	79.3%	128	88	68.8%	345	238	69.0
Florida	2,243	1,335	59.5%	3,303	2,406	72.8%	4,054	3,167	78.1%	3,452	2,505	72.6%	13,052	9,413	72.1
Georgia	206	161	78.2%	977	844	86.4%	1,752	1,575	89.9%	915	747	81.6%	3,850	3,327	86.4
Guam	15	12	80.0%	-	-	-	-	-	-	21	17	81.0%	36	29	80.6%
Hawaii	68	47	69.1%	146	120	82.2%	66	44	66.7%	256	208	81.3%	536	419	78.2%
Idaho	22	17	77.3%	283	250	88.3%	314	285	90.8%	156	129	82.7%	775	681	87.9%
Illinois	460	357	77.6%	1,580	1,381	87.4%	1,885	1,695	89.9%	2,416	2,061	85.3%	6,341	5,494	86.6%
Indiana	351	223	63.5%	1,049	894	85.2%	1,992	1,763	88.5%	1,131	943	83.4%	4,523	3,823	84.5%
lowa	186	112	60.2%	484	399	82.4%	761	644	84.6%	739	584	79.0%	2,170	1,739	80.1%
Kansas	192	139	72.4%	419	326	77.8%	1,115	960	86.1%	312	232	74.4%	2,038	1,657	81.3%
Kentucky	189	124	65.6%	809	731	90.4%	1,134	1,045	92.2%	618	533	86.2%	2,750	2,433	88.5%
Louisiana	49	28	57.1%	950	861	90.6%	530	487	91.9%	542	458	84.5%	2,071	1,834	88.6%
Maine	39	33	84.6%	79	66	83.5%	396	359	90.7%	186	149	80.1%	700	607	86.7%
Maryland	204	122	59.8%	964	812	84.2%	782	679	86.8%	892	702	78.7%	2,842	2,315	81.5%
Massachusetts	216	136	63.0%	851	735	86.4%	959	820	85.5%	1,798	1,485	82.6%	3,824	3,176	83.1%
Michigan	415	326	78.6%	1,340	1,159	86.5%	1,558	1,376	88.3%	1,770	1,503	84.9%	5,083	4,364	85.9%
Minnesota	115	83	72.2%	832	713	85.7%	1,544	1,340	86.8%	807	622	77.1%	3,298	2,758	83.6%
Mississippi	64	37	57.8%	441	359	81.4%	1,070	955	89.3%	256	184	71.9%	1,831	1,535	83.8%
Missouri	358	281	78.5%	1,068	924	86.5%	1,153	1,035	89.8%	1,396	1,212	86.8%	3,975	3,452	86.8%
Montana	16	14	87.5%	139	123	88.5%	1,133	146	83.9%	161	130	80.7%	490	413	84.3%
Nebraska	135	121	89.6%	203	123	87.7%	377	350	92.8%	550	470	85.5%	1,265	1,119	88.5%
Nevada				363	331		376	343	91.2%	232		87.5%			90.0%
	72	62	86.1%			91.2%					203		1,043	939	
New Hamphire	29	19	65.5%	48	37	77.1%	437	406	92.9%	206	164	79.6%	720	626	86.9%
New Jersey	424	297	70.0%	629	515	81.9%	398	314	78.9%	1,681	1,410	83.9%	3,132	2,536	81.0%
New Mexico	129	89	69.0%	263	212	80.6%	207	179	86.5%	289	247	85.5%	888	727	81.9%
New York	812	544	67.0%	2,210	1,811	81.9%	1,951	1,603	82.2%	4,812	3,888	80.8%	9,785	7,846	80.2%
North Carolina	109	85	78.0%	700	653	93.3%	2,668	2,492	93.4%	586	493	84.1%	4,063	3,723	91.6%
North Dakota	5	4	80.0%	92	90	97.8%	303	288	95.0%	98	85	86.7%	498	467	93.8%
Northern Mariana Islands	9	4	44.4%	1	0	0.0%	-	-	-	1	0	0.0%	11	4	36.4%
Ohio	1,310	926	70.7%	1,986	1,605	80.8%	2,256	1,895	84.0%	3,351	2,780	83.0%	8,903	7,206	80.9%
Oklahoma	131	83	63.4%	453	396	87.4%	904	801	88.6%	589	495	84.0%	2,077	1,775	85.5%
Oregon	108	88	81.5%	141	117	83.0%	246	208	84.6%	865	780	90.2%	1,360	1,193	87.7%
Pennsylvania	530	416	78.5%	1,258	1,097	87.2%	2,097	1,911	91.1%	3,639	3,135	86.2%	7,524	6,559	87.2%
Rhode Island	31	22	71.0%	208	182	87.5%	168	148	88.1%	335	285	85.1%	742	637	85.8%
South Carolina	178	135	75.8%	698	621	89.0%	1,017	945	92.9%	421	348	82.7%	2,314	2,049	88.5
South Dakota	44	21	47.7%	169	154	91.1%	324	285	88.0%	161	133	82.6%	698	593	85.0%
Tennessee	118	82	69.5%	961	872	90.7%	1,091	988	90.6%	1,332	1,156	86.8%	3,502	3,098	88.5
Texas	895	645	72.1%	3,542	3,077	86.9%	4,299	3,836	89.2%	2,393	1,926	80.5%	11,129	9,484	85.2
Utah	137	114	83.2%	479	417	87.1%	672	593	88.2%	292	239	81.8%	1,580	1,363	86.3%
Vermont	6	5	83.3%	-	-	-	195	173	88.7%	135	107	79.3%	336	285	84.8%
Virgin Islands	6	3	50.0%	4	1	25.0%	4	1	25.0%	8	7	87.5%	22	12	54.5%
Virginia	364	249	68.4%	990	877	88.6%	1,274	1,151	90.3%	1,299	1,098	84.5%	3,927	3,375	85.9%
Washington	172	120	69.8%	484	423	87.4%	531	476	89.6%	1,382	1,250	90.4%	2,569	2,269	88.3
West Virginia	47	38	80.9%	167	153	91.6%	377	343	91.0%	423	354	83.7%	1,014	888	87.6
Wisconsin	231	175	75.8%	1,107	973	87.9%	1,221	1,105	90.5%	985	822	83.5%	3,544	3,075	86.8
	20	14	70.0%	60	52	86.7%	126	115	91.3%	127	112	88.2%	333	293	88.0
Wyoming															

#### NCLEX<sup>®</sup> PASS RATES - PN

First-time, U.S. Educated Candidates

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JURISDICTION	OCT	- DEC. 2		JAN.	- MAR.		APR. – JUN. 2015				- SEPT. 3		TOTAL (FY15)				
	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASSING	# TESTING	# PASSING	% PASS		
Alabama	91	80	87.9%	238	214	89.9%	133	117	88.0%	224	209	93.3%	686	620	90		
Alaska	-	-	-	4	2	50.0%	3	2	66.7%	5	5	100.0%	12	9	75		
Arizona	91	72	79.1%	115	97	84.3%	96	84	87.5%	145	137	94.5%	447	390	87		
Arkansas	147	124	84.4%	219	193	88.1%	122	112	91.8%	409	377	92.2%	897	806	89		
California	1,835	1,247	68.0%	1,833	1,271	69.3%	1,800	1,187	65.9%	1,734	1,205	69.5%	7,202	4,910	68		
Colorado	56	49	87.5%	54	50	92.6%	84	77	91.7%	157	145	92.4%	351	321	91		
Connecticut	113	99	87.6%	97	88	90.7%	144	129	89.6%	203	176	86.7%	557	492	88		
Delaware	44	31	70.5%	39	34	87.2%	13	9	69.2%	54	50	92.6%	150	124	8		
District of Columbia	16	7	43.8%	13	8	61.5%	12	6	50.0%	10	8	80.0%	51	29	5		
Florida	897	602	67.1%	1,052	756	71.9%	980	641	65.4%	1,062	799	75.2%	3,991	2,798	7		
Georgia	145	127	87.6%	318	278	87.4%	118	96	81.4%	369	336	91.1%	950	837	8		
Guam	5	1	20.0%	6	5	83.3%	8	3	37.5%	2	2	100.0%	21	11	5		
Hawaii	28	23	82.1%	27	25	92.6%	13	7	53.8%	22	18	81.8%	90	73	8		
daho	27	25	92.6%	62	55	88.7%	24	22	91.7%	61	56	91.8%	174	158	9		
Illinois	232	184	79.3%	341	295	86.5%	266	227	85.3%	709	647	91.3%	1,548	1,353	8		
ndiana	160	136	85.0%	243	213	87.7%	128	90	70.3%	225	201	89.3%	756	640	8		
owa	108	94	87.0%	241	224	92.9%	248	234	94.4%	392	357	91.1%	989	909	9		
Kansas	83	67	80.7%	225	194	86.2%	418	382	91.4%	177	143	80.8%	903	786	8		
Kentucky	98	89	90.8%	151	132	87.4%	199	171	85.9%	147	124	84.4%	595	516	8		
ouisiana	71	58	81.7%	350	295	84.3%	312	273	87.5%	228	183	80.3%	961	809	8		
Maine	34	11	32.4%	22	8	36.4%	22	8	36.4%	30	12	40.0%	108	39	3		
Maryland	48	46	95.8%	25	22	88.0%	26	24	92.3%	91	87	95.6%	190	179	9		
, Massachusetts	122	101	82.8%	100	83	83.0%	42	32	76.2%	665	583	87.7%	929	799	8		
Michigan	293	241	82.3%	275	238	86.5%	239	201	84.1%	329	280	85.1%	1,136	960	8		
Vinnesota	125	98	78.4%	388	345	88.9%	491	424	86.4%	386	289	74.9%	1,390	1,156	8		
Nississippi	50	39	78.0%	162	144	88.9%	25	23	92.0%	409	349	85.3%	646	555	8		
Vissouri	230	199	86.5%	178	163	91.6%	121	104	86.0%	695	646	92.9%	1,224	1,112	9		
Vontana	9	7	77.8%	24	24	100.0%	58	57	98.3%	37	33	89.2%	128	121	9		
Vebraska	77	68	88.3%	42	35	83.3%	66	63	95.5%	89	77	86.5%	274	243	8		
Vevada	35	26	74.3%	47	37	78.7%	36	26	72.2%	31	22	71.0%	149	111	7		
New Hamphire	32	28	87.5%	29	27	93.1%	40	38	95.0%	51	44	86.3%	152	137	9		
New Jersey	558	385	69.0%	472	319	67.6%	400	265	66.3%	509	358	70.3%	1,939	1,327	6		
Vew Mexico	39	38	97.4%	37	33	89.2%	37	35	94.6%	61	57	93.4%	174	163	9		
Vew York	798	590	73.9%	280	205	73.2%	361	266	73.7%	1,446	1,162	80.4%	2,885	2,223	7		
North Carolina	195	167	85.6%	129	111	86.0%	141	124	87.9%	500	461	92.2%	965	863	8		
Vorth Dakota	12	9	75.0%	18	15	83.3%	34	34	100.0%	66	60	90.9%	130	118	9		
Dhio	835	666	79.8%	570	459	80.5%	579	441	76.2%	841	670	79.7%	2,825	2,236	7		
Dklahoma	167	144	86.2%	203	180	88.7%	245	227	92.7%	428	389	90.9%	1,043	940	, 9		
Dregon	133	144	82.7%	203	72	80.0%	101	83	92.7 % 82.2%	420	369	96.6%	413	340 351	8		
Pennsylvania	634	521	82.7%	653	539	80.0%	395	305	82.2% 77.2%	774	651	96.6% 84.1%	2,456	2,016	o 8		
Rhode Island	17	16	94.1%	13	13	100.0%	27	25	92.6%	26	24	92.3%	2,450	2,010	g		
South Carolina	109	99	90.8%	106	94	88.7%	96	85	92.0 % 88.5%	190	181	92.3%	501	459	9		
South Dakota	31	28	90.8%	32	34	96.9%	24	17	70.8%	190	85	95.3 % 85.0%	187	459	5		
-	31	28	90.3%	278	237	96.9% 85.3%	363	320	88.2%	425	380	89.4%			o 8		
Tennessee Texas													1,384	1,198			
lexas Itab	1,141	943	82.6%	1,252	1,063	84.9%	818	683	83.5%	1,829	1,595	87.2%	5,040	4,284	8		
Jtah (	43	43	100.0%	81	81	100.0%	198	191	96.5%	108	104	96.3%	430	419	9		
/ermont	3	2	66.7%	2	2	100.0%	-	-	-	132	125	94.7%	137	129	9		
/irgin Islands	-	-	-	1	0	0.0%	2	2	100.0%	-	-	-	3	2	6		
/irginia	314	232	73.9%	281	228	81.1%	371	304	81.9%	435	332	76.3%	1,401	1,096	7		
Nashington	162	147	90.7%	90	85	94.4%	116	110	94.8%	251	239	95.2%	619	581	9		
Nest Virginia	75	63	84.0%	64	53	82.8%	27	25	92.6%	293	241	82.3%	459	382	8		
Nisconsin	86	77	89.5%	280	266	95.0%	299	288	96.3%	313	303	96.8%	978	934	9		
Nyoming	1	1	100.0%	29	28	96.6%	23	21	91.3%	66	62	93.9%	119	112	9		



#### NCSBN BOARD OF DIRECTORS Fiscal Year 2015

#### Front row, left to right:

Julia L. George, Shirley A. Brekken, Katherine Thomas

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#### Back row, left to right:

Ann L. O'Sullivan, Joe Baker, Jr., Gloria Damgaard, Lanette Anderson, Jim Cleghorn, Betsy Houchen, Nathan Goldman, Susan K. Odom



### **NCSBN Board of Directors**

#### Fiscal Year 2015

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The work of the NCSBN Board of Directors remains focused on the implementation and execution of the organization's strategic initiatives and objectives.

Shirley A. Brekken, MS, RN President

Katherine Thomas, MN, RN, FAAN President-Elect

Julia L. George, MSN, RN, FRE Treasurer

Susan K. Odom, PhD, RN, CCRN, FRE Area I Director

Lanette Anderson, JD, MSN, RN Area II Director

Jim Cleghorn, MA Area III Director

Ann L. O'Sullivan, PhD, FAAN, CRNP Area IV Director

**Joe Baker, Jr.** Director-at-Large

**Gloria Damgaard, MS, RN, FRE** Director-at-Large

Nathan Goldman, JD Director-at-Large

Betsy Houchen, JD, MS, RN Director-at-Large

### NCSBN's Member Boards

NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These boards of nursing (BONs) regulate more than 4.5 million licensed nurses. E

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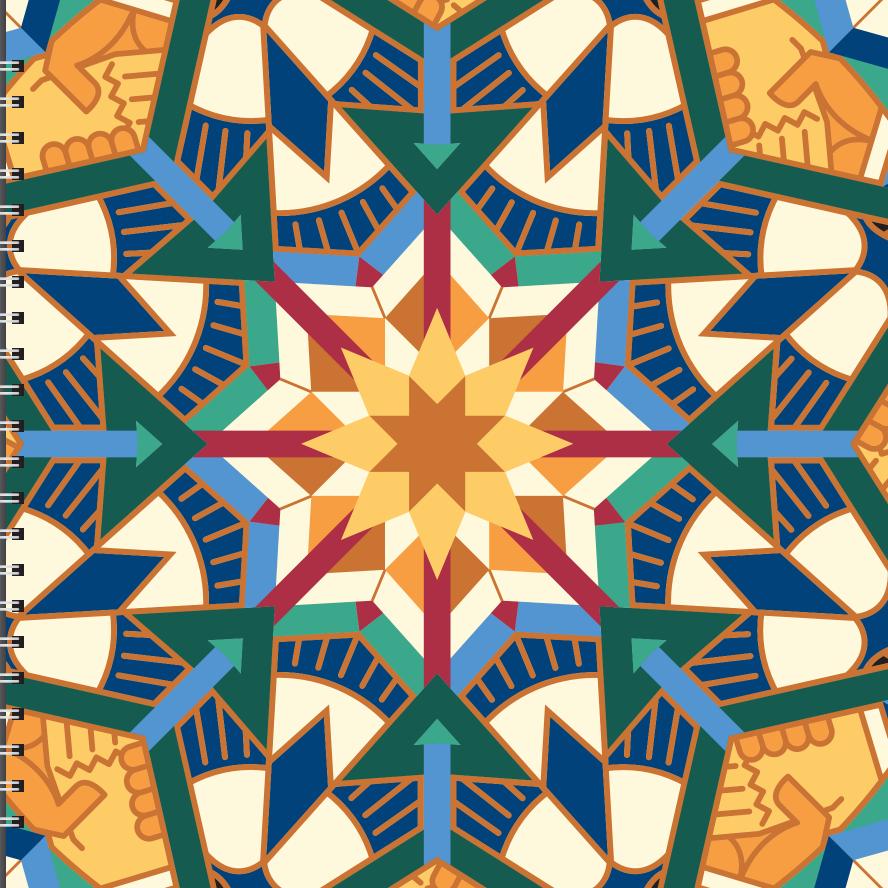
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NCSBN's membership is comprised of BONs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. These BONs are charged with the responsibility of providing regulatory excellence for public health, safety and welfare, and protecting the public by ensuring that safe and competent nursing care is provided by licensed nurses. NCSBN is the vehicle through which these BONs act and counsel together on matters of common interest. There are also 24 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.



## **NCSBN Staff Members**

AS OF MARCH 1, 2016

#### EXECUTIVE OFFICE

David Benton, RGN, PhD, FFNF, FRCN, FAAN Chief Executive Officer

Cherish Barksdale Coordinator, Executive Office

Alicia Byrd, RN Director, Member Relations

**Catherine Cantieri, SHRM-CP** Project Specialist, Human Resources

Joseph Dudzik, MSC, SPHR, SHRM-SCP Director, Human Resources

**Michael Grossenbacher** Associate, Communications, Marketing & Communications

Andrew Hicks Associate, Member Relations

Lauren Izzo Coordinator, Member Relations

**Dawn M. Kappel, MA** Director, Marketing & Communications

Christine McNeela, PHR, SHRM-CP Senior Manager, Human Resources

**Colleen Neubauer, CMP** Senior Meetings Manager, Marketing & Communications

Kalona Owens Graphic Design Associate, Marketing & Communications James Puente, MS, CAE Director, Nurse Licensure Compact (NLC), Executive Office

**Greg Pulaski, MS, PMP** Director, Performance Measurement and Standard Setting, Executive Office

Ashby Rosenberger Senior Manager, Executive Office

Haley Streibich Senior Coordinator, Nurse Licensure Compact (NLC), Executive Office

**Elliot Vice** Director, Government Affairs, Executive Office

Ann Watkins Assistant to Chief Executive Officer

#### **EXAMINATIONS**

Philip Dickison, PhD, RN Chief Officer, Examinations

Melissa Cunningham Senior Operations Coordinator, Examinations

Jacklyn Currier Operations Coordinator, Examinations

Melissa Franke Product Development Manager, Examinations

Jennifer Gallagher Associate Director, Examinations

Daniel Hydzik Test Development Associate, Examinations Samantha Kauffman Operations Coordinator, Examinations

**Chelsea Kelley** Manager, Examinations

**Doyoung Kim, PhD** Senior Psychometrician, Examinations

**Michelle Lee** Operations Coordinator, Examinations

**Xiao Luo, PhD** Psychometrician, Research & Development, Examinations

Samantha Noworul Operations Coordinator, Examinations

Hong Qian, PhD Psychometrician, Operations & Maintenance, Examinations

Rachel Reichman, MA Test Development Associate, Examinations

Nicole Williams, MSN, RN-BC Nursing Content Manager, Examinations

Ada Woo, PhD, MA Director, Measurement and Testing, Examinations

Terrence Wright, MA Test Development Manager, Examinations

#### FINANCE

Robert Clayborne, MBA, CPA, CGMA Chief Financial Officer

Johana Arnold Senior Accounting Coordinator, Finance

**Gloria Evans-Melton, CPA, CGMA** Associate Director, Finance Mary Trucksa Accounting Associate, Finance

Mattie Williams Accounting Associate, Finance

#### INFORMATION RESOURCES

Nur Rajwany, MS Chief Information Officer

**Ryan Anderson, MA** Product Manager, Interactive Services

Jeyalakshmi Balachandran, MS Senior Quality Assurance Analyst, ORBS, Information Technology

Rajeshwari Bommannavar, MS Senior Developer, ORBS, Information Technology

Caitlin Brecht Product Support Coordinator, Information Technology

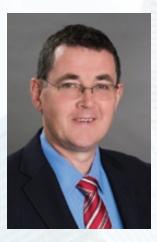
Matthew Bunzol Nursys® Product Support Associate, Information Technology



### NCSBN Welcomes...

David Benton, RGN, PhD, FFNF, FRCN, FAAN, assumed duties as CEO on Oct. 1, 2015.

Benton was previously CEO of the International Council of Nurses (ICN), a post he held for seven years. Immediately prior to that appointment he served as an ICN consultant in nursing and health policy specializing



in regulation, licensing and education. He has also served on the Editorial Advisory Board for the *NCSBN Journal of Nursing Regulation* since its launch in 2010.

Benton has held senior leadership roles for more than 25 years across a range of organizations including working as executive director of nursing at a health authority in London; as a senior civil servant in Northern and Yorkshire Region in England; as chief executive of a nurse regulatory body in Scotland; and as nurse director of a University Trust Health System.

Benton has a PhD Summa Cum Laude from the University of Complutense in Madrid, Spain. His area of research was an international comparative analysis of the regulation of nursing practice. He qualified as a general and mental health nurse at the then Highland College of Nursing and Midwifery in Inverness, Scotland.

He counts among his various awards and honors the inaugural Nursing Standard Leadership award in 1993 and the Fellowship of the Florence Nightingale Foundation in 2001 and was awarded Fellowship of the Royal College of Nursing in 2003 for his contribution to health and nursing policy.

Additionally, Benton has held several visiting appointments and is currently a visiting professor of nursing policy at the University of Dundee in Scotland.



Shilpa Challam Quality Assurance Analyst, Information Technology

**Desiree Díaz** Coordinator, Customer Experience

**P. J. Donahue** IT Help Desk Administrator, Information Technology

Megan Dunham Digital Media & Design Manager, Interactive Services

**Colleen Everett** Business Analyst, ORBS, Information Technology

**Ben Gonzalez** Manager, Infrastructure, Information Technology

**Fay Green** Senior Product Associate, Customer Experience

**Jessica Hansen** Associate Director, Customer Experience

**Debbie Hart, MBA** Project Specialist, Information Technology

Albert Hincapie Senior Developer, Information Technology

James Dean Hope Nursys<sup>®</sup> Senior Product Support Associate, Information Technology

Shelly Howell Associate, Interactive Services

Mark Huffman Project Manager, Information Technology Angela Johnston Business Analyst, Information Technology

Christophel Kuizon Developer, Information Technology

Ameena Lalani Senior Database Administrator, ORBS, Information Technology

Joshua Lingwai Senior Lead Developer, Information Technology

Heather Moyer Associate, Interactive Services

Lavanya Pathak Quality Assurance Analyst, Information Technology

Dave Raheel Business Analyst, Information Technology

Sandra Rhodes Manager, Nursys® Operations and Business Analysts, Information Technology

Susan Richmond, MSN, RN Content Manager, Interactive Services

Hillie Rodriguez Technical Support Specialist, ORBS, Information Technology

Robert Russell Network Administrator, Information Technology

**Chandra Sadhangiri** Senior Developer, ORBS, Information Technology

Narender Saraswati, MBA Program Manager, ORBS, Information Technology Suzanne Schnite, PMP Associate Director, Information Technology

Zach Sears Network Administrator, Information Technology

Damon Short, MA Senior Database Administrator, Information Technology

Tammy Spangler Director, Interactive Services and Customer Experience

Matthew Sterzinger Manager, Application Development, Information Technology

Brian Stoudemire, MBA Business Analyst, ORBS, Information Technology

Mark Tarkowski, MBA Business Analyst, Information Technology

Marise Thadani Coordinator, Customer Experience

Saule Trainys Senior User Experience Developer, Interactive Services

Diana Valenzuela Allen, MBA Manager, Business Analyst & Operations, ORBS, Information Technology

Sanjeev Yarlagadda Senior Quality Assurance Analyst, Information Technology

#### NURSING REGULATION

Maryann Alexander, PhD, RN, FAAN Chief Officer, Nursing Regulation Jill Budden, PhD, MA Associate, Research

Maureen Cahill, MSN, APN, CNS, RN Associate, Nursing Regulation

Lindsey Erickson, MS Manager, Special Projects, Research Rebecca Fotsch, JD State Advocacy Associate, Nursing Regulation

Lindsey Gross Coordinator, Research

**Qiana Hampton, MBA, MHRM** Coordinator, Regulatory Innovations

Laura Jarosz Project Specialist, Regulatory Innovations

Nicole Livanos, JD, MPP State Advocacy Associate, Nursing Regulation

Carey McCarthy, PhD, MPH, RN Director, Research

Linda Olson, PhD, RN, NEA-BC, FAAN Associate, Nursing Regulation

Kathleen Russell, JD, MN, RN Associate, Nursing Regulation

Josephine Silvestre, MSN, RN Associate, Regulatory Innovations

**Richard Smiley, MS, MA** Statistician, Research

Nancy Spector, PhD, RN, FAAN Director, Regulatory Innovations

Esther White, MS Coordinator, Nursing Regulation

**Elizabeth Hua Zhong, PhD, MEd** Associate, Research



## **NCSBN Committees**

**DURING FISCAL YEAR 2015** 

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#### APRN DISTANCE LEARNING EDUCATION COMMITTEE

Cynthia Gustafson, Montana, Chair Valerie Fuller, Maine Pamela C. Hagan, Kentucky Jill Hasley, Arkansas Jean M. Mau, Illinois Stacey Pfenning, North Dakota Mindy Schaffner, Washington Sarah Wickenhagen, Oregon Ann L. O'Sullivan, Pennsylvania, Board Liaison

#### AWARDS COMMITTEE

Margaret E. Kelly, Washington Ann Mann, Nova Scotia-PN Paula S. Schenk, Kentucky Karen V. Scipio-Skinner, District of Columbia

#### COMMITMENT TO ONGOING REGULATORY EXCELLENCE (CORE) COMMITTEE

Joey Ridenour, Arizona, Chair Tamara J. Cowen, Texas Barbara Damchik-Dykes, Minnesota Kim Glazier, Oklahoma Paula R. Meyer, Washington Margaret A. Sheaffer, Pennsylvania Sue A. Tedford, Arkansas Brett B. Thompson, Mississippi A'lise Williams, Maryland Gloria Damgaard, South Dakota, Board Liaison

#### FINANCE COMMITTEE

Julia L. George, North Carolina, Treasurer Deborah Bell, Texas Dean Estes, Nevada Lois E. Hoell, Washington Cynthia York, Louisiana Laura Skidmore Rhodes, West Virginia-RN

#### FRAUD DETECTION COMMITTEE

Lori Scheidt, Missouri, Chair Kathryn Busby, Arizona Jennifer Childears, Delaware Adrian Guerrero, Kansas Karen McCumpsey, Arkansas Melissa McDonald, North Carolina Veronica Robertson, Texas Joe Baker, Jr., Florida, Board Liaison

#### INSTITUTE OF REGULATORY EXCELLENCE (IRE) COMMITTEE

Linda D. Burhans, North Carolina, Chair Bonita E. Jenkins, District of Columbia Sue Petula, Pennsylvania Wendy Winslow, British Columbia-PN Linda J. Young, South Dakota

#### LEADERSHIP SUCCESSION COMMITTEE (LSC)

Tony Graham, North Carolina, Chair Ann Coughlin, Pennsylvania Patricia Dufrene, Louisiana-RN Deb Haagenson, Minnesota Mark Majek, Texas Pamela Randolph, Arizona Pamela Zickafoose, Delaware



#### **NCLEX® EXAMINATION COMMITTEE**

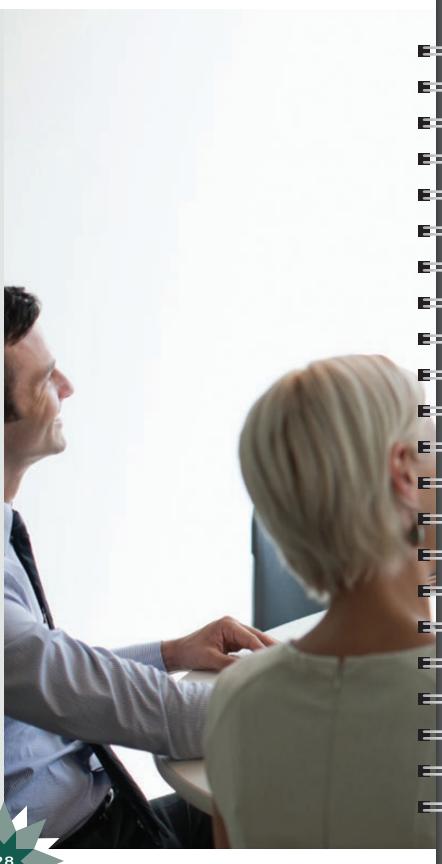
Janice I. Hooper, Texas, Chair Brenda Bolen Rowe, Georgia Tammy Claussen, Arkansas Roseann Colosimo, Nevada Catherine Dearman, Alabama Julie L. Ellis, Wisconsin Loraine Fleming, Hawaii Constance McIntosh, Indiana Deborah Swartz, Vermont Rhonda Taylor, Washington Crystal Tillman, North Carolina Lanette Anderson, West Virginia-PN, Board Liaison

#### **NCLEX® ITEM REVIEW SUBCOMMITTEE**

Janzie Allmacher, Virgin Islands Nina Almasy, Texas Bonnie Cone, Texas Sheila Davis, Vermont Mariclaire E. England, Minnesota Sara A. Griffith, North Carolina Georgina R. Howard, New York Joy Ingwerson, Oregon Keva S. Jackson-McCoy, Maryland Jennifer Lewis, North Carolina Nancy McCarthy, Louisiana-PN Deborah Meyer, Minnesota Gene I. Pingle, Washington Julie Prange, Louisiana-PN Rhigel (Jay) Alforque Tan, Nevada Sonia Rudolph, Kentucky Elizabeth Sherfy, Tennessee Felicia Stokes, District of Columbia

#### NCSBN STANDARDS DEVELOPMENT COMMITTEE

Nathan Goldman, Kentucky, Chair Ruby Jason, Oregon Karla Bitz, North Dakota Amy Fitzhugh, North Carolina Barbara H. McGill, Louisiana-RN Peter Dennehy, Ireland







# A United Mission For Regulatory Excellence

### 2015 Annual Theme

The NCSBN 2015 theme, "A United Mission For Regulatory Excellence," is at its surface deceptively simple — unity equals excellence. The unity evoked by the illustration of this year's theme, however, reveals a far more complex concept.

Unity as an ideal is not so homogeneous that individuality is sacrificed; rather, it is the strength of the individuals who comprise the whole that make excellence achievable. NCSBN Member Boards embody this virtue in action.

Viewed at a distance, a mosaic tile or a stained glass window may appear as a singular work of art. Examined close-up, the intricacies of every piece that makes up the whole become apparent — it is the convergence of each element that makes the finished design a thing of beauty.

Drawing inspiration from ancient Roman mosaic panels, medieval stained glass and modern kaleidoscopes, the illustration features interwoven lines and angles combining both classical and modern rhythmic motifs. This concentric, interlocking design graphically depicts the theme, with all points merging into a central point of union. While not immediately apparent, the design contains several facets that exemplify the theme. Clasped hands ringing the outside of the circle represent collaboration. Abstract bird figures symbolize hope and the ability to soar to new heights. Arrows direct toward the center point; the zenith being a star. Movement is also suggested through the elements that travel inward, outward and in a circular direction, as ideas, dialogue and innovation are given wing to flow freely.

All the intertwined pieces reflect the relationship that member boards have with each other and NCSBN; their unity allows nursing regulatory leaders the foundation from which to influence and shape the health care environment. Their individuality ensures the public's safety and welfare remain protected.



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### 2015 Annual Meeting

NCSBN met in Chicago Aug. 19–21, 2015, to consider pertinent association business with its member boards of nursing. There were 54 member boards represented by delegates. Eŝ

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"Our inspiring keynote speaker, Polly Letofsky, the first woman to walk around the world, reminded us that big things are sometimes accomplished one step at a time," commented NCSBN Board of Directors President Shirley A. Brekken, MS, RN, executive director, Minnesota Board of Nursing. "This very successful meeting brought together boards of nursing from the U.S. and across the globe to network and discuss important issues affecting nursing regulation. We also had the opportunity to honor retiring CEO Kathy Apple and to welcome David Benton, who will take over as NCSBN CEO Oct. 1."

Highlights of some of the significant actions approved by the member boards of nursing include:

- Approved the Association of Registered Nurses of Prince Edward Island, Ordre des Infirmiéres et Infirmiers du Québec and Registered Nurses Association of the Northwest Territories and Nunavut as Associate Members of NCSBN.
- · Adopted the 2016 NCLEX-RN® Test Plan.
- Elected new members of the NCSBN Board of Directors and Leadership Succession Committee.
- Decided to explore development of a procedure and criteria for eligibility for full membership by a non-state or U.S. territory nursing regulatory body that uses a licensing examination developed by NCSBN.

NCSBN will meet Aug. 17–19, 2016, in Chicago for the 2016 Annual Meeting and Delegate Assembly.





## Member Achievements: Individual Awards

NCSBN recognized its 2015 award recipients during the Annual Meeting and Delegate Assembly held in Chicago on Aug. 20, 2015.



#### Rula Harb, MS, RN

Former Executive Director, Massachusetts Board of Registration in Nursing

The R. Louise McManus Award is the most prestigious award. Individuals nominated for this award shall have made sustained and significant contributions through the highest commitment and dedication to the mission and vision of NCSBN. MERITORIOUS SERVICE AWARD



Elizabeth Lund, MSN, RN Executive Director, Tennessee State Board of Nursing

The Meritorious Service Award is granted to a member for significant contributions to the mission and vision of NCSBN.

All photos from the 2015 Annual Meeting were taken by Tricia Koning Photography.





#### **ELAINE ELLIBEE AWARD**

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### Deborah Haagenson, RN

President, Minnesota Board of Nursing

The Elaine Ellibee Award is granted to a member who has served as a board president within the past two years and who has made significant contributions to NCSBN.





Janice Hooper, PhD, RN, FRE, CNE Board Staff, Texas Board of Nursing

The Exceptional Contribution Award is granted for significant contribution by a member who is not a president or executive officer.



#### **REGULATORY ACHIEVEMENT AWARD**



#### Washington State Nursing Care Quality Assurance Commission

The Regulatory Achievement Award recognizes the member board or associate member that has made an identifiable and 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.



#### DISTINGUISHED ACHIEVEMENT AWARD

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#### Patricia "Tish" Smyer, DNSc, RN, CNE

Past President, Nevada State Board of Nursing (posthumously)

Smyer posthumously received the Distinguished Achievement Award, which is given to an individual whose contributions or accomplishment has impacted NCSBN's mission and vision. Debra Scott, MSN, RN, FRE, former executive director, Nevada State Board of Nursing is pictured (center) with Smyer's family (left to right): Zack Olson (son-in-law), Sarah Smyer (daughter), Deborah Smyer (daughter) and Deborah King (sister).



#### FOUNDERS' AWARD

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#### Kathy Apple, MS, RN, FAAN Retired NCSBN CEO

After 14 years of distinguished service as the CEO of the National Council of State Boards of Nursing (NCSBN), Kathy Apple, MS, RN, FAAN, retired at the end of September 2015. Throughout her tenure, Kathy worked diligently to support the important work of U.S. boards of nursing (BONs), steadfastly promoting the mandate to protect the public through the regulation of nursing practice at the state, national and international levels. Apple has lived the NCSBN purpose, mission, vision and values throughout her executive tenure providing BONs with programs, products, and services needed for effective and efficient public protection. Apple has ensured that the NCLEX Examinations have met the highest levels of psychometric soundness and legal defensibility when assessing the competence of entry-level nursing practice. She oversaw the expansion of Nursys, NCSBN's national licensure and discipline database, to a fully functional data exchange system utilized by BONs in their daily public protection activities.

She brought forth the viability of a professional, peerreviewed journal for the purpose of publishing nursing regulation research with the launch of the *Journal of Nursing Regulation* in 2010.

Under Apple's collaborative direction, NCSBN's national presence was increased through the building of effective working relationships with major national nursing and other health care organizations. Apple established the Tri-Regulator Leadership Collaborative composed of the Federation of State Medical Boards and the National Association of Boards of Pharmacy to address issues of mutual concern and to model interprofessional leadership.

Apple established NCSBN's leadership presence internationally with the International Council of Nurses, expanded the associate membership of NCSBN to 24 nurse regulatory bodies from other countries and launched the International Nurse Regulator Collaborative, a sevencountry diplomatic collaborative for respective nurse regulatory bodies to work on issues of common interest.

Apple was honored at the NCSBN 2015 Annual Meeting with the Founders' Award. This prestigious award is given only upon occasion that an individual with ethics, integrity and sincerity has demonstrated the highest regard for the ideals and beliefs upon which NCSBN was founded.



# Institute of Regulatory Excellence (IRE) Fellows

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

NCSBN inducted its ninth group of Fellows of the NCSBN Institute of Regulatory Excellence (IRE) during its Annual Meeting and Delegate Assembly in Chicago Aug. 19–21, 2015.

The IRE Fellowship Program which begins a four-year comprehensive educational and professional development program designed for current regulators who want to

enhance their knowledge of and leadership in nursing regulation. The program includes experiences in analyzing issues involving public policy and regulation, strategic planning, patient safety, and communication. It also requires the application of evidence-based concepts in decision making and leadership. 



#### 2015 INSTITUTE OF REGULATORY EXCELLENCE FELLOWS



#### Left to right:

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Linda L. Olson, Associate Nursing Regulation, NCSBN and IRE Committee Chairperson, David MacDonald, Jackye Ward, Farah Ismail, Joyce Winstead, Joan Libner and Mary Fanning

Mary Fanning, DNP, RN, NEA-BC, FRE Board Member, West Virginia Board of Examiners for Registered Professional Nurses

Farah Ismail, MScN, RN, LLB, FRE Board Staff, College of Nurses of Ontario

Joan Libner, EdD, RN-BC, CNE, FRE Board Member, Illinois Board of Nursing David MacDonald, MN, RN, FRE Board Staff, College of Registered Nurses of British Columbia

Jackye Ward, MS, RN, NEA-BC, FRE Board Staff, Oklahoma Board of Nursing

Joyce Winstead, MSN, RN, FRE Board Staff, North Carolina Board of Nursing



# **Executive Officer Service Recognition Awards**

Service awards are given to the executive officers of boards of nursing to honor their commitment to nursing regulation and public protection.





FIVE YEARS Left to right:

Joe Baker, Jr. Executive Director, Florida Board of Nursing

**Jim Cleghorn, MA** Executive Director, Georgia Board of Nursing

Cynthia Gustafson,

Montana Board of Nursing Aurelia G. Long, RNC,

Past Board Chairperson,

Northern Mariana Islands

Executive Director,

WHNP, FNP

Board of Nursing

Left to right:

PhD, RN



Awards presented by NCSBN President, Shirley A. Brekken.



Linda Davidson, APRN Executive Director, Vermont State Board of Nursing

#### **Linda Stanger**

Executive Director/Registrar, College of Licensed Practical Nurses of Alberta



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FIVE YEARS (CONTINUED) Left to right:

Sue Tedford, MNSc, APN, RN

Executive Director, Arkansas State Board of Nursing

**Lee Ann Teshima** Executive Officer, Hawaii Board of Nursing

Left to right:

Diane Wilson-Máté, MEd, RN

Executive Director, College of Registered Nurses of Manitoba

Pamela Zickafoose, EdD, RN, NE-BC, CNE

Executive Director, Delaware Board of Nursing







**TEN YEARS** Left to right:

Rula Harb, MS, RN Former Executive Director, Massachusetts Board of Registration in Nursing

#### Betsy Houchen, JD, MS, RN

Executive Director, Ohio Board of Nursing







### TWENTY YEARS

Left to right:

#### Laura Rhodes, MSN, RN

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Executive Director, West Virginia Board of Examiners for Registered Professional Nurses

Joey Ridenour, MN, RN, FAAN

Executive Director, Arizona State Board of Nursing

### Katherine Thomas, MN, RN, FAAN

Executive Director, Texas Board of Nursing







#### THIRTY YEARS

Elizabeth Lund, MSN, RN

Executive Director, Tennessee State Board of Nursing



## **Centennial Celebrations**

NCSBN is proud to acknowledge the following member boards that celebrated their 100th anniversary in 2015. We honor the many contributions they have made to nursing regulation in service to public welfare and safety.

#### **100 YEARS OF NURSING REGULATION IN 2015**



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**Alabama Board of Nursing** 



**Maine State Board of Nursing** 



North Dakota Board of Nursing



**Ohio Board of Nursing** 











# Timeline

#### 1978

First NCSBN Delegate Assembly called to order.

NCSBN office opened in Madison, Wisconsin.

#### 1979

Delegates adopted plan to revise NCLEX-RN<sup>®</sup> Test Plan.

First LPN voting member recognized.

#### 1981

Criterion-referenced scoring for NCLEX® examination implemented.

#### 1982

First NCLEX-RN® administered under new test plan.

First LPN appointed to the Board of Directors.

#### 1983

Nursing Practice Act and Model Administrative Rules developed.

#### 1984

NCLEX-PN® Test Plan adopted.

#### 1994

Computerized adaptive testing (CAT) implemented.

#### 1996

NCSBN website launched.

#### 1997

NCLEX<sup>®</sup>, NCLEX-RN<sup>®</sup> and NCLEX-PN<sup>®</sup> registered.

Nurse Licensure Compact (NLC) adopted.

#### 1998

First online NCLEX-RN<sup>®</sup> preparation course launched on NCSBN Learning Extension.

#### 1999

Uniform licensure requirements adopted.

#### 2000

Utah became first state to adopt the NLC.

#### 2002

Public access to Nursys<sup>®</sup> implemented.

#### 2004

First Institute of Regulatory Excellence held.

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

#### 2005

International NCLEX® examination testing launched.

#### 2008

Published *The First 25 Years: 1978–2003*, which explores the organization's formative years.

NCSBN acquired exclusive ownership of NNAAP<sup>®</sup> and MACE<sup>®</sup>.

NCSBN celebrated its 30th anniversary.

#### 2009

Published Nursing Pathways for Patient Safety.

#### 2010

Published first issue of Journal of Nursing Regulation.

#### 2011

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

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Proposed consensus model for APRN regulation.

#### 2012

NCLEX-RN<sup>®</sup> selected by Canadian regulators for license requirement in Canada.

#### 2013

NCSBN celebrated its 35th anniversary.

#### 2014

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

#### 2015

Enhanced Nurse Licensure Compact and APRN Compact adopted.

NCLEX-RN<sup>®</sup> Examinations begin in Canada for Canadian licensure.



Dawn M. Kappel Senior Writer and Editor

Kalona Owens Contributing Editor

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Michael Grossenbacher Contributing Editor

Malcolm Wolf Graphic Design

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National Council of State Boards of Nursing

111 East Wacker Drive Suite 2900 Chicago, Illinois 60601-4277 312.525.3600 www.ncsbn.org