



NCSBN

National Council of State Boards of Nursing

2005 Annual Report

Make no little plans; they have no magic to stir men's blood and probably themselves will not be realized. Make big plans; aim high in hope and work, remembering that a noble, logical diagram once recorded will not die.

Daniel Hudson Burnham

Take a risk: A ship in harbor is safe, but that is not what ships are built for.

John A. Shedd

The best way to predict the future is to invent it.

Alan Kay

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NCSBN 2005 Annual Report

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NCSBN Mission

The National Council of State Boards of Nursing (NCSBN), composed of member boards, provides leadership to advance regulatory excellence for public protection.

NCSBN Vision

Building regulatory expertise worldwide.





NCSBN Purpose

The purpose of the National Council of State Boards of Nursing (NCSBN) is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.







NCSBN Membership

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 five U.S. territories.





NCSBN Values

Integrity · Doing the right thing for the right reason through informed, open and ethical debate.

Accountability · Taking ownership and responsibility for organizational processes and outcomes.

Quality · Pursuing excellence in all endeavors.

Vision · Using the power of imagination and creative thought to foresee the potential and create the future.

Collaboration · Forging solutions through the collective strength of internal and external stakeholders.



NCSBN Timeline

1978–2005

1978 | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991

1978

First NCSBN Delegate Assembly called to order
NCSBN office opened in Madison, Wisconsin

1979

Delegates adopted plan to revise *NCLEX-PN® Test Plan*
First Licensed Practical Nurse (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

NCLEX computer adaptive testing (CAT) implemented

1996

NCSBN Web site launched

1997

NCLEX®, NCLEX-RN® and NCLEX-PN® registered
Nurse Licensure Compact (NLC) adopted

1999

Uniform licensure requirements adopted

2000

Utah became first state to adopt the NLC

2002

Public access to Nursys® implemented

2003

NCSBN celebrated 25th Anniversary

2004

First Institute of Regulatory Excellence (IRE) held
First international testing sites selected
Utah adopted the Advanced Practice Registered Nurse (APRN) Compact

2005

NCLEX testing begins in London, England; Seoul, South Korea; and Hong Kong

1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005





Who we are... What we do...

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 five U.S. territories.

Founded in 1978 as an independent, 501(c)(3) not-for-profit organization, NCSBN can trace its roots to the American Nurses Association (ANA) Council on State Boards of Nursing. The impetus for its creation arose out of recognition that in order to guard the safety of the public, the regulation of nurses needed to be a separate entity from the organization representing professional nurses. The member boards that comprise NCSBN protect the public by ensuring 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. 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 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® and NCLEX-PN® examinations developed and administered by NCSBN are constantly and rigorously evaluated to keep pace with the rapidly evolving health care environment.

As the collective voice of nursing regulation in the United States and its territories, NCSBN serves its member boards by conducting research on nursing practice issues, monitoring trends in public policy, nursing practice and education while providing opportunities for collaboration among its members and other nursing and health care organizations. NCSBN also maintains the Nursys® database that coordinates national publicly available nurse licensure information.

The NCLEX® examinations remain the instrument by which most people know NCSBN. As part of a continual effort to remain on the cutting edge of examination technology, NCSBN became the first organization to implement computerized adaptive testing (CAT) for nationwide licensure examinations in 1994. NCSBN also developed and co-owns the largest competency evaluation

Products and Services

Publications

NCSBN produces a wide variety of publications on the NCLEX-RN and NCLEX-PN examinations, health care issues and activities, and its own research studies. 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 nominal fees through the NCSBN Web site at www.ncsbn.org.

Online Courses

NCSBN Learning Extension is a pioneer in e-learning for the nursing community, launching the first online preparation course for the NCLEX-RN exam in 1998. Currently, more than 25 online courses are offered 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.

Multimedia Programs

The multimedia programs in NCSBN's "Professional Challenges of Nurses" series are used by educators and managers in a variety of academic and clinical settings. These customizable training aids provide information on highly sensitive subjects and reduce the preparation time of the facilitator.

Nursys®

Nursys® is the only national database for verification of nurse licensure, discipline and practice privileges for RNs and LPN/VNs licensed in participating jurisdictions, including all states in the NLC. The Nursys® Licensure QuickConfirm product allows employers and recruiters to retrieve the necessary licensure and discipline documentation in one convenient location.

for nurse aides known as the National Nurse Aide Assessment Program (NNAAP™). The ongoing assessment of these examinations includes research that gathers job analysis data from entry-level nurses and aides that ultimately contributes 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 made up of practicing nurses or nurse educators who work directly with entry-level nurses. The item writers who create the questions or items and the reviewers who examine the items are responsible for the content in the NCLEX examination. 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 evaluation are an accurate reflection of current nursing practice.

In 2006, NCSBN will begin to offer the NCLEX-RN and NCLEX-PN examinations abroad in Australia, India, Japan, Mexico, Canada, Germany and Taiwan, in addition to the sites currently in operation in Hong Kong; London, England; and Seoul, South Korea for the purposes of domestic nurse licensure in U.S. states and territories.



Environmental Context

Protecting the Public Welfare

Still in the formative years of the new millennium, the accelerating pace of life across the world creates new challenges for nursing regulation in the United States. Changes in nursing workforce and patient demographics, evolving scopes of practice, technological advances, the escalating shortage of nurses and nursing faculty, the question of continued professional competence and globalization, all combine to make a dynamic matrix of both threats and opportunities for nursing regulators.

Much like a complex and intricate puzzle where the whole picture is only revealed after its completion, these challenges, while appearing only tangential to each other, are actually deeply interconnected and interrelated.

The escalating nursing shortage is driven by a number of factors that include: an aging population with extended longevity but requiring more specialized care; a nursing workforce which primarily consists of baby boomers who are quickly approaching retirement age; and an insufficient supply of nursing students to make up the disparity. All statistics point to the same daunting conclusion, very soon the demand for new nurses will far exceed the number entering practice.

Changing domestic nursing workforce demographics directly influence the increasing shortage. According to the National Center for Health Workforce Analysis in 1980, more than 25 percent of all registered nurses (RNs) were under the age of 30; by 2000, the figure had dropped to just over 9 percent. More than one million new and replacement nurses will be needed by 2012 but due to the fact that fewer and fewer young adults choose nursing as a profession there simply will not be enough nurses to replace the retiring workforce. And while those entering the nursing forces as a second career are welcomed with open arms, their generally older age at entry to practice can mean their years of service will be limited.

The long-term impact of the nursing shortage may require legal changes in the scope of practice and the increased use of assistive personnel. It is incumbent on nursing regulators to remain steadfast in their defense of the public welfare by ensuring that the same high licensure standards are maintained, never sacrificing the safety of patients in a short-term attempt to ease the nursing shortage.

Population shifts have dramatically changed the types of patients seen in health care settings. Inpatient care commonly involves, on average, older and more seriously ill patients than were cared for even a decade ago. As longevity improves and the percentage of the population in the United States over age 65 grows, the need for more skilled nursing care intensifies. People are living longer but as they age the number of chronic conditions they may have and the greater acuity of those illnesses require more careful monitoring and management.

NCSBN is uniquely positioned to aid its member boards by studying the implications of such evolving trends through its practice analyses and practice and professional issues survey research. This invaluable research assists boards of nursing make informed choices about necessary regulatory modifications.

The increasing globalization of the world often makes borders appear transparent. The rapid flow of both information and goods has both positive and negative outcomes. Improved technology and communications allow nursing regulators across the world to collaborate and share information and knowledge, benefiting both sides in this multicultural exchange of thoughts and ideas. NCSBN remains an active participant in many of these groundbreaking interfaces between leading nursing regulators from around the globe.

Conversely, travel between far-flung nations, once a rarity, is now commonplace making the spread of communicable diseases and the transmission of a potential pandemic “avian flu” outbreak a far more real possibility. Here, too, nursing regulators need to be prepared to proactively plan and react swiftly if such a public health emergency should occur.

The influx of international nurses into U.S. nursing practice is also steadily increasing. NCSBN’s decision to expand the number of international NCLEX test centers helps to reduce barriers for qualified candidates who intend to apply for licensure in the United States and lessen the financial burdens and time constraints on applicants. Providing the examinations abroad has allowed for greater customer service to nurses from other countries in support of the role of state boards of nursing without compromising the paramount goal of safeguarding the public health, safety and welfare of patients in the United States.

One of the most important challenges to health care professionals is the development of a system by which an individual nurse can be periodically measured throughout his/her career to ensure that they continue to meet the minimum levels of competence. Throughout its 27-year history NCSBN has advanced the position that nurses must remain competent throughout their professional careers and spearheaded an initiative to develop an assessment instrument to measure continued competence of RNs and licensed practical and vocational nurses (LPN/VNs). Recently initiated practice analysis studies: one for post entry-level RNs and one for post entry-level LPN/VNs are designed to describe post entry-level nursing practice and delineate the interface between entry-level practice and continued competence in practice.

By remaining cognizant of these changes and trends and by actively participating in the processes to address the problems and issues these challenges present, NCSBN serves its member boards by providing them with the most cutting edge information and solutions the boards of nursing can use to fulfill their charge of protecting the public.

A Message

from the President and the Executive Director



DONNA DORSEY – NCSBN PRESIDENT



KATHY APPLE – NCSBN EXECUTIVE DIRECTOR

Mission Possible

Building a safer nursing workforce...

The duty of each board of nursing is to protect the public by ensuring that only safe and competent nurses are allowed to practice. This firm foundation allows NCSBN to support boards of nursing to seek new mechanisms by which to effectively and efficiently safeguard the health and welfare of the populace.

NCSBN is the means through which boards of nursing act and counsel together on matters of common interest and concern. NCSBN works to uncover best practices for its member boards through the Commitment to Ongoing Regulatory Excellence (CORE) program and develops measures to prevent or eliminate risk factors in the workplace as a result of the groundbreaking analysis of the Taxonomy of Error, Root Cause Analysis and Practice Responsibility (TERCAP) instrument. NCSBN's external focus carefully scans the health care landscape to uncover the pertinent issues and concerns that affect the regulation of nurses.

From networking with fellow nursing and health care organizations in the United States to the development of exciting new ventures that open dialogues with international nursing regulatory bodies, NCSBN strategically aims to proactively respond to the mounting demands of a continuously evolving health care system within a global environment.

Even in the midst of an escalating nursing shortage, nursing regulators have held steadfast to their duty to safeguard the public welfare by upholding high licensure standards. While the number of internationally-educated nurses entering the United States increases each year, boards of nursing have continued to require that these nurses must meet the same rigorous standards as their U.S.-educated counterparts.

...through Regulatory Excellence

NCSBN is visionary and continuously explores innovative and creative means to strengthen and enhance nursing regulation for the common good.

The Institute for Regulatory Excellence (IRE), now in its third year of existence, is designed to expand the body of knowledge related to regulation through research and scholarly work, and increase the capacity of regulators to become expert leaders based on establishment of core competencies. Candidates for Fellowship are hard at work on various projects designed to provide unique contributions to nursing regulation. The first group of individuals to be granted the title of "Fellow of the Institute for Regulatory Excellence" will be inducted in 2007.

NCSBN recognizes that the long-term impact of the nursing shortage may require legal changes in the scope of practice and the increased use of assistive personnel. Mindful of ever-growing pressures on nurses who work with assistive personnel, NCSBN responded with modified and updated delegation models for nursing to reflect ongoing changes in practice. The delegation position paper *Working with Others: Delegation and Other Health Care Interfaces* and a new article and chapter on delegation and nursing assistants for the *NCSBN Model Nursing Practice Act and Nursing Administrative Rules* were adopted for use by boards of nursing.

In support the use of the data obtained through criminal background checks in nursing licensure decision making *The Model Process for Criminal Background Checks* and the supporting concept paper *Using Criminal Background Checks to Inform Licensure Decision Making* were also adopted for use by boards of nursing.

The number of states contributing to Nursys,[®] NCSBN's national database of nurse licensure and discipline data, continues to increase with 34 states now actively participating. Enhancements made and features added to the system have improved usability and functionality for member boards.

NCSBN succeeds in pursuit of its mission to provide leadership to advance regulatory excellence for public protection by combining the collective wisdom of its member boards of nursing, the results of innovative NCSBN research projects and the information gained from its collaborations with other nursing and health care associations and organizations both domestically and internationally to ultimately provide the wealth of this knowledge back to the boards of nursing for their use.



DONNA DORSEY – NCSBN PRESIDENT



KATHY APPLE – NCSBN EXECUTIVE DIRECTOR



The Year In Review

Mission Possible: Building a Safer Nursing Workplace through Regulation

In 2005, NCSBN addressed some of the most critical issues facing nursing regulation. Work done during the fiscal year ranged from new delegation and criminal background check models, to position papers on continued competency and clinical experiences in prelicensure programs. NCSBN recognized that the challenges that arise from the implementation of important new programs and models are numerous and continually evolving but also understood that the skills and knowledge gained through collective effort forms the foundation of continued diligence to ensure public protection through regulatory vigilance.

The NCSBN Board of Directors focus for the 2005 fiscal year has been the implementation of the new 2005–2007 strategic initiatives and objectives. The new strategic plan was implemented for the first full year within the framework of the Balanced Scorecard model of strategic management, which is designed to help organizations translate strategy into operational terms, align the organization to the strategy and make strategy an ongoing process.

Collaboration with external organizations remained an important component of NCSBN's strategic plan. In 2005, the NCSBN Board of Directors (BOD) welcomed South Korean Deputy Consul General Young Suk Do who thanked the BOD for establishing a testing site in Korea. The Board also met with Dr. Mi Ja Kim from the Academy of International Leadership Development at the University of Illinois – Chicago to explore issues surrounding global nursing including technology, knowledge, disappearance of national boundaries, global markets and cultural sensitivity. The clinical nurse leader role and the doctorate of nursing practice were discussed with the American Association of Colleges of Nursing.

Acknowledgment of the growing globalization of nursing practice coupled with the foresight to reduce barriers for qualified internationally educated nurses in obtaining U.S. domestic licensure led NCSBN to make the decision in the 2004 fiscal year to offer the NCLEX abroad for the first time. Consequently, in January 2005 the three initial international locations in Seoul, South Korea; London, England; and Hong Kong began operation for the administration of NCLEX examinations. This far-reaching initiative allowed for greater customer service to nurses from other countries in support of the role of U.S. state boards of nursing without compromising the paramount goal of safeguarding the public health, safety and welfare of patients in the United States. The successful

launch exceeded the projected yearly goal of scheduled examinations within six months and spurred the NCSBN Board of Directors to increase the number of sites where the examinations will be offered internationally in 2006.

In the continual effort of NCSBN to guard the safety and welfare of the general public, the passing standard for the NCLEX-PN® examination was raised in response to changes in U.S. health care delivery and nursing practice that have resulted in the increased acuity of clients seen by entry-level PNs. After considering all available information, the NCSBN Board of Directors determined that safe and effective entry-level PN practice requires a greater level of knowledge, skills and abilities than was required in 2002, when NCSBN established the previous standard. The NCSBN BOD used multiple sources of information to guide its evaluation and discussion regarding the change in the passing standard. As part of this process, NCSBN convened an expert panel of nine nurses to perform a criterion-referenced standard-setting procedure. The panel's findings supported the creation of a higher passing standard. NCSBN also considered the results of a national survey of nursing professionals including nursing educators, directors of nursing in acute care settings and administrators of long-term care facilities in the determination of this decision.

NCSBN published the position paper *Nursing Education Clinical Instruction in Prelicensure Nursing Programs* to provide guidance to boards of nursing for evaluating the clinical experience component of prelicensure nursing programs. The *Practical Nurse Scope of Practice White Paper* reviewed the rich discussion that took place at the PN focus group, presented the internal and external research findings of the PN scope of practice and reviewed surveys that were sent to boards of nursing and external PN groups.

Leader to Leader the biannual newsletter for nursing educators remained a popular mechanism by which to disseminate information and stimulate dialogue between the educational community and NCSBN.

The Institute of Regulatory Excellence (IRE) is intended to assist regulators in their professional development by providing opportunities for both education and networking. Offering graduate level regulatory education, it is designed to expand the body of knowledge related to regulation through research and scholarly work, increase the capacity of regulators to become expert leaders based on establishment of core competencies, develop a network of regulators to collaborate on research questions and improve regulatory practices and outcomes. Another IRE component is the Fellowship Program. To achieve recognition as a Fellow of the IRE, an individual must currently complete a scholarly project/research study for each of the four years of attendance at the Institute's conferences. The second annual IRE forum on the topic of "Practice Violations and Discipline" was held in San Francisco, California, in January 2005.

A delegation position paper *Working with Others: Delegation and Other Health Care Interfaces* was adopted for use by member boards. The Delegate Assembly also adopted a new article and chapter on delegation and nursing assistants for the *NCSBN Model Nursing Practice Act and Nursing Administrative Rules*. These documents propose a regulatory model for the oversight of nursing assistive personnel in agencies and facilities with structured nursing organizations. The paper also addressed delegation issues and concerns of nurses who work in settings that do not have an organized nursing structure and is designated to assist nurses in understanding the nature of nursing roles and accountabilities in these settings.



A Model Process for Criminal Background Checks and the supporting concept paper *Using Criminal Background Checks to Inform Licensure Decision Making* were also adopted for use by the member boards. These documents provide guidelines for conducting criminal background checks and information to support the use of the data obtained through criminal background checks in nursing licensure decision-making.

In order to further define nursing regulation and the interpretation of nursing scopes of practice, NCSBN issued a statement which affirmed that the practice of nursing is regulated for the purpose of public protection and the legal basis for regulation resides in the nurse practice acts of the various states. Additionally, the delegation of nursing regulation to boards of nursing allows the legislatures to use the expertise of boards of nursing and that the interpretation of legal scopes of nursing practice is the responsibility of boards of nursing.

An aggressive new research agenda was set that included future studies on post entry competence; the role of simulation in basic nursing education; analysis of the Nurse Licensure Compact (NLC); an exploration of elements related to the content, quantity, timing and quality of clinical and didactic components of nursing education; a practice analysis of nurse practitioners and clinical nurse specialists; and the profiles of member boards data and the annual NCLEX licensure and examination statistics.

NCSBN Learning Extension achieved significant growth in the 2005 fiscal year and experienced a 27 percent increase in sales from the previous year. Gross sales of online courses for nurses, nurse candidates and nursing faculty surpassed \$1 million for the first time in the eight-year history of the product line. The catalog of courses expanded to 28 offerings ranging from continuing education courses for nurses to reinforce safe nursing practices, preparatory courses for licensure exam candidates, and item writing and test development courses for nursing faculty. New courses for nurses that focused on patient advocacy and improving client outcomes were introduced in the 2005 fiscal year including: "Diversity: Building Cultural Competence," "End of Life Care and Pain Management" and "Patient Privacy."



2005 Annual Meeting

The 2005 Annual Meeting and Delegate Assembly was held August 2–5 in Washington, D.C., to consider pertinent association business. Donna Dorsey, NCSBN president and executive director of the Maryland Board of Nursing, presided at the meeting. Highlights of some of the significant actions approved by the member boards of nursing included:

- Election of new area directors and directors-at-large to the Board of Directors.
- Adoption of the delegation position paper *Working with Others: Delegation and Other Health Care Interfaces* for use by member boards.
- Adoption of the *Model Act and Rules for Delegation and Nursing Assistant Regulatory Model* for use by member boards.
- Adoption of the position paper *Nursing Education Clinical Instruction in Prelicensure Nursing Programs* for use by member boards.
- Adoption of the *Model Process for Criminal Background Checks* and the supporting *Concept Paper Using Criminal Background Checks to Inform Licensure Decision Making* for use by member boards.
- Resolution that NCSBN conduct a job analysis, develop a model medication administration curriculum and conduct a feasibility study for administering a competency examination for medication assistive personnel. The results of the job analysis, course and feasibility study shall be reported at the 2006 Delegate Assembly.
- Resolution that NCSBN generate and publish an unambiguous public position statement indicating that nursing regulation and the interpretation of nursing scopes of practice shall be officially interpreted and explained by state nursing regulators.

Facts and Figures

Obstacles are those frightful things you see when you take your eyes off your goal.

Henry Ford

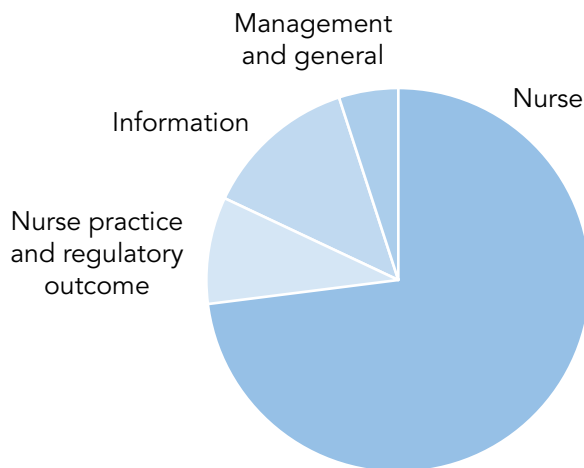
Persistence is the twin sister of excellence. One is a matter of quality; the other, a matter of time.

Marabel Morgan, *The Electric Woman*



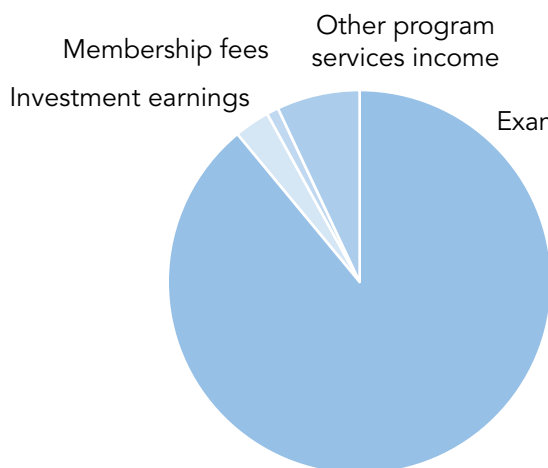
Operating Statements

(October 1, 2004 to September 30, 2005)



Program Services

	\$ Amount	%
Nurse competency	29,295,600	73
Nurse practice and regulatory outcome	3,688,826	9
Information	5,161,465	13
Management and general	1,846,688	5
Total expenses	39,992,579	



Sources of Revenue

	\$ Amount	%
Examination fees	46,710,135	89
Investment earnings	1,681,276	3
Membership fees	180,000	1
Other program services income	3,854,701	7
Total revenue	52,426,112	

	\$ Amount
Revenue	52,426,112
Expenses	39,992,579
Increase in net assets	12,433,533



NCLEX® Pass Rates

National Pass Rates – RN

	OCTOBER '04 – DECEMBER '04			JANUARY '05 – MARCH '05		
	#TESTING	#PASSING	%PASSING	#TESTING	#PASSING	%PASSING
First-Time, U.S. Educated						
RN – Diploma	434	374	86.2	888	792	89.2
RN – ADN	4,012	3,056	76.2	12,189	10,564	86.7
RN – BSN	2,508	2,000	79.7	7,335	6,422	87.6
Special Program Codes	11	7	63.6	26	20	76.9
Total – First-Time, U.S. Educated	6,965	5,437	78.1	20,438	17,798	87.1
Repeat, U.S. Educated	6,901	3,509	50.9	4,534	2,192	48.4
First-Time, Internationally Educated	4,526	2,610	57.8	3,838	2,229	58.1
Repeat, Internationally Educated	4,154	1,068	25.7	3,434	928	27.0
ALL CANDIDATES	22,546	12,624	56.0	32,244	23,147	71.8

National Pass Rates – PN

	OCTOBER '04 – DECEMBER '04			JANUARY '05 – MARCH '05		
	#TESTING	#PASSING	%PASSING	#TESTING	#PASSING	%PASSING
First-Time, U.S. Educated	11,403	10,103	88.6	12,090	10,952	90.6
Repeat, U.S. Educated	2,317	1,091	47.1	2,169	1,018	47.0
First-Time, Internationally Educated	518	284	54.8	410	226	55.1
Repeat, Internationally Educated	473	133	28.1	372	94	25.3
ALL CANDIDATES	14,711	11,611	78.9	15,041	12,290	81.7

APRIL '05 – JUNE '05			JULY '05 – SEPTEMBER '05			TOTAL (OCT '04 – SEPT '05)		
#TESTING	#PASSING	%PASSING	#TESTING	#PASSING	%PASSING	#TESTING	#PASSING	%PASSING
679	626	92.2	1,507	1,372	91.0	3,508	3,164	90.2
17,477	15,862	90.8	25,854	22,484	87.0	59,532	51,966	87.3
9,393	8,514	90.6	15,689	13,354	85.1	34,925	30,290	86.7
15	11	73.3	29	22	75.9	81	60	74.1
27,564	25,013	90.7	43,079	37,232	86.4	98,046	85,480	87.2
4,903	2,640	53.8	6,019	3,470	57.7	22,357	11,811	52.8
4,491	2,570	57.2	4,379	2,462	56.2	17,234	9,871	57.3
4,106	1,104	26.9	3,930	1,059	27.0	15,624	4,159	26.6
41,064	31,327	76.3	57,407	44,223	77.0	153,261	111,321	72.6

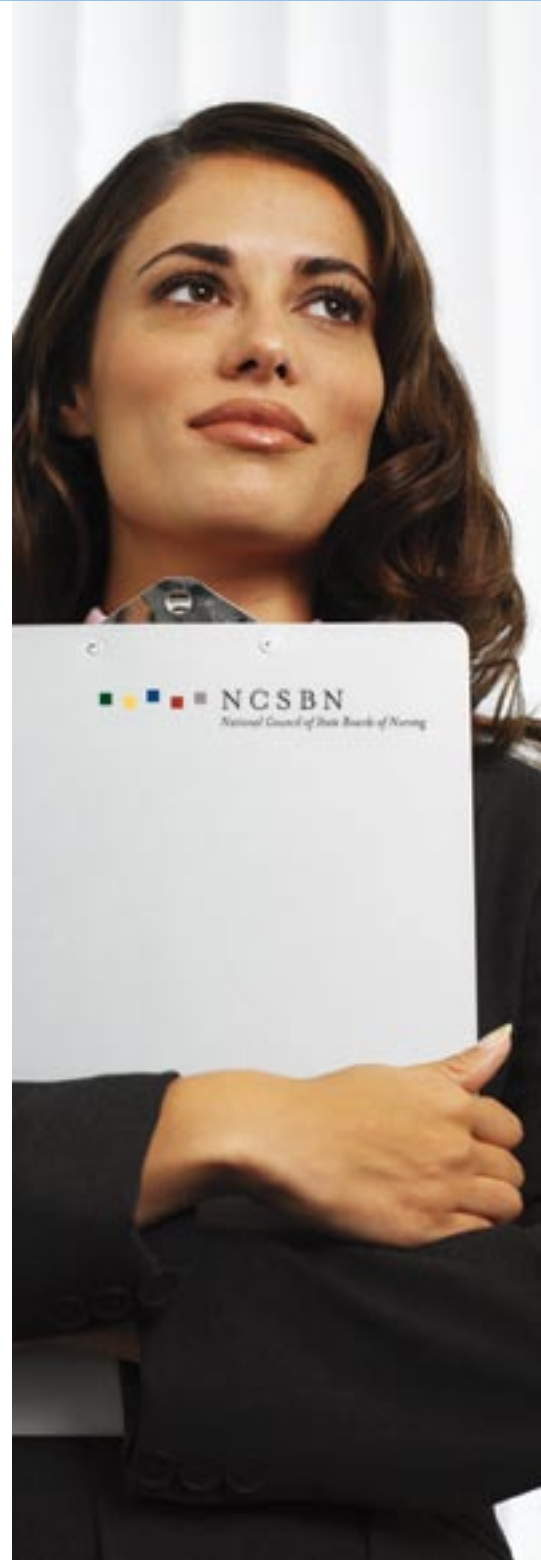
APRIL '05 – JUNE '05			JULY '05 – SEPTEMBER '05			TOTAL (OCT '04 – SEPT '05)		
#TESTING	#PASSING	%PASSING	#TESTING	#PASSING	%PASSING	#TESTING	#PASSING	%PASSING
9,211	8,133	88.3	19,930	17,970	90.2	52,634	47,158	89.6
2,079	805	38.7	2,020	856	42.4	8,585	3,770	43.9
480	237	49.4	431	204	47.3	1,839	951	51.7
451	83	18.4	458	101	22.1	1,754	411	23.4
12,221	9,258	75.8	22,839	19,131	83.8	64,812	52,290	80.7

NCLEX® Pass Rates

Pass Rates by Jurisdiction – RN

JURISDICTION	OCTOBER '04 – DECEMBER '04			JANUARY '05 – MARCH '05			APRIL '05 – JUNE '05		
	#TESTING	#PASSING	%PASSING	#TESTING	#PASSING	%PASSING	#TESTING	#PASSING	%PASSING
Alabama	160	129	80.6	366	320	87.4	767	701	91.4
Alaska	34	26	76.5	31	26	83.9	26	24	92.3
American Samoa	0			2	1	50.0	0		
Arizona	59	50	84.8	478	423	88.5	443	398	89.8
Arkansas	29	21	72.4	359	316	88.0	324	299	92.3
California – RN	582	428	73.5	1,852	1,625	87.7	1,237	1,078	87.2
Colorado	130	100	76.9	305	278	91.2	351	326	92.9
Connecticut	47	38	80.9	101	89	88.1	202	195	96.5
Delaware	14	7	50.0	78	72	92.3	84	72	85.7
District of Columbia	16	8	50.0	36	32	88.9	34	32	94.1
Florida	775	578	74.6	1,202	1,036	86.2	1,272	1,135	89.2
Georgia – RN	68	43	63.2	429	383	89.3	536	486	90.7
Guam	9	8	88.9	3	1	33.3	2	1	50.0
Hawaii	31	17	54.8	101	89	88.1	41	30	73.2
Idaho	10	9	90.0	135	118	87.4	141	130	92.2
Illinois	128	92	71.9	654	580	88.7	578	533	92.2
Indiana	108	84	77.8	490	422	86.1	867	780	90.0
Iowa	138	93	67.4	283	238	84.1	569	519	91.2
Kansas	10	5	50.0	263	225	85.6	449	399	88.9
Kentucky	130	110	84.6	440	378	85.9	1,047	984	94.0
Louisiana – RN	43	37	86.1	660	574	87.0	361	335	92.8
Maine	37	29	78.4	109	92	84.4	304	270	88.8
Maryland	81	67	82.7	475	404	85.1	529	485	91.7
Massachusetts	72	53	73.6	407	357	87.7	544	492	90.4
Michigan	220	169	76.8	658	571	86.8	705	632	89.7
Minnesota	65	45	69.2	377	307	81.4	1,115	1,001	89.8
Mississippi	20	16	80.0	347	288	83.0	806	742	92.1
Missouri	132	114	86.4	591	520	88.0	369	340	92.1
Montana	5	2	40.0	78	65	83.3	84	80	95.2
Nebraska	76	62	81.6	233	205	88.0	345	320	92.8
Nevada	39	27	69.2	116	97	83.6	116	98	84.5
New Hampshire	22	18	81.8	36	30	83.3	178	163	91.6
New Jersey	123	90	73.2	412	365	88.6	474	438	92.4
New Mexico	41	30	73.2	153	137	89.5	107	99	92.5
New York	981	778	79.3	1,198	988	82.5	1,193	1,003	84.1
North Carolina	71	57	80.3	423	374	88.4	1,655	1,527	92.3
North Dakota	11	11	100.0	57	47	82.5	182	162	89.0
Northern Mariana Islands	1	1	100.0	1	0	0.0	1	0	0.0
Ohio	336	279	83.0	784	719	91.7	1,209	1,107	91.6
Oklahoma	31	20	64.5	253	212	83.8	561	508	90.6
Oregon	45	41	91.1	58	56	96.6	472	445	94.3
Pennsylvania	860	715	83.1	585	494	84.4	707	612	86.6
Puerto Rico	25	7	28.0	19	3	15.8	31	3	9.7
Rhode Island	16	14	87.5	68	56	82.4	55	43	78.2
South Carolina	130	106	81.5	408	365	89.5	675	618	91.6
South Dakota	41	35	85.4	92	73	79.4	227	206	90.8
Tennessee	38	32	84.2	596	553	92.8	1,178	1,101	93.5
Texas	356	290	81.5	1,800	1,592	88.4	2,358	2,212	93.8
Utah	95	80	84.2	253	230	90.9	131	111	84.7
Vermont	3	1	33.3	2	1	50.0	85	82	96.5
Virgin Islands	10	8	80.0	1	0	0.0	1	0	0.0
Virginia	246	189	76.8	374	320	85.6	690	623	90.3
Washington	102	88	86.3	337	303	89.9	276	253	91.7
West Virginia – RN	29	23	79.3	43	36	83.7	333	310	93.1
Wisconsin	79	53	67.1	824	710	86.2	450	394	87.6
Wyoming	5	4	80.0	2	2	100.0	87	76	87.4
Total – First-Time, U.S. Educated	6,965	5,437	78.1	20,438	17,798	87.1	27,564	25,013	90.7

OCTOBER '04 – DECEMBER '04			TOTAL (OCT '04 – SEPT '05)		
#TESTING	#PASSING	%PASSING	#TESTING	#PASSING	%PASSING
1060	894	84.3	2,353	2,044	86.9
31	24	77.4	122	100	82.0
0			2	1	50.0
491	427	87.0	1,471	1,298	88.2
447	384	85.9	1,159	1,020	88.0
3,084	2,659	86.2	6,755	5,790	85.7
566	480	84.8	1,352	1,184	87.6
557	505	90.7	907	827	91.2
194	165	85.1	370	316	85.4
127	91	71.7	213	163	76.5
2,125	1,816	85.5	5,374	4,565	84.9
1,097	967	88.2	2,130	1,879	88.2
3	3	100.0	17	13	76.5
178	159	89.3	351	295	84.0
170	153	90.0	456	410	89.9
2,167	1,923	88.7	3,527	3,128	88.7
943	775	82.2	2,408	2,061	85.6
670	547	81.6	1,660	1,397	84.2
588	487	82.8	1,310	1,116	85.2
387	333	86.1	2,004	1,805	90.1
600	544	90.7	1,664	1,490	89.5
179	148	82.7	629	539	85.7
901	777	86.2	1,986	1,733	87.3
1,363	1,142	83.8	2,386	2,044	85.7
1,709	1,499	87.7	3,292	2,871	87.2
872	701	80.4	2,429	2,054	84.6
278	227	81.7	1,451	1,273	87.7
1,157	1,005	86.9	2,249	1,979	88.0
151	134	88.7	318	281	88.4
206	180	87.4	860	767	89.2
165	126	76.4	436	348	79.8
310	263	84.8	546	474	86.8
1,075	964	89.7	2,084	1,857	89.1
339	301	88.8	640	567	88.6
3,640	3,187	87.6	7,012	5,956	84.9
1,038	880	84.8	3,187	2,838	89.0
92	73	79.4	342	293	85.7
2	1	50.0	5	2	40.0
2,383	2,160	90.6	4,712	4,265	90.5
596	506	84.9	1,441	1,246	86.5
432	386	89.4	1,007	928	92.2
3,274	2,846	86.9	5,426	4,667	86.0
35	11	31.4	110	24	21.8
180	154	85.6	319	267	83.7
330	277	83.9	1,543	1,366	88.5
181	156	86.2	541	470	86.9
489	434	88.8	2,301	2,120	92.1
1,597	1,374	86.0	6,111	5,468	89.5
470	420	89.4	949	841	88.6
124	99	79.8	214	183	85.5
9	6	66.7	21	14	66.7
1,221	1,056	86.5	2,531	2,188	86.4
1,084	950	87.6	1,799	1,594	88.6
510	429	84.1	915	798	87.2
1,082	916	84.7	2,435	2,073	85.1
120	108	90.0	214	190	88.8
43,079	37,232	86.4	98,046	85,480	87.2



NCLEX® Pass Rates

Pass Rates by Jurisdiction – PN

JURISDICTION	OCTOBER '04 – DECEMBER '04			JANUARY '05 – MARCH '05			APRIL '05 – JUNE '05		
	#TESTING	#PASSING	%PASSING	#TESTING	#PASSING	%PASSING	#TESTING	#PASSING	%PASSING
Alabama	328	283	86.3	398	358	90.0	114	92	80.7
Alaska	3	2	66.7	10	10	100.0	8	7	87.5
American Samoa	1	0	0.0	2	1	50.0	2	1	50.0
Arizona	92	92	100.0	153	147	96.1	157	151	96.2
Arkansas	141	130	92.2	315	286	90.8	114	105	92.1
California – VN	1,265	1,005	79.5	1,426	1,212	85.0	1,070	774	72.3
Colorado	95	82	86.3	169	160	94.7	217	206	94.9
Connecticut	12	12	100.0	94	94	100.0	7	6	85.7
Delaware	5	2	40.0	38	37	97.4	40	37	92.5
District of Columbia	164	114	69.5	159	115	72.3	157	117	74.5
Florida	882	751	85.2	919	792	86.2	627	528	84.2
Georgia – PN	346	327	94.5	396	370	93.4	333	296	88.9
Guam	0			0			0		
Hawaii	40	36	90.0	12	10	83.3	9	8	88.9
Idaho	17	16	94.1	72	70	97.2	36	36	100.0
Illinois	304	269	88.5	219	205	93.6	129	115	89.2
Indiana	304	289	95.1	401	380	94.8	134	128	95.5
Iowa	140	136	97.1	242	233	96.3	224	211	94.2
Kansas	60	54	90.0	153	145	94.8	124	115	92.7
Kentucky	80	74	92.5	292	276	94.5	267	251	94.0
Louisiana – PN	187	130	69.5	470	427	90.9	327	282	86.2
Maine	1	1	100.0	0			0		
Maryland	78	74	94.9	12	11	91.7	26	25	96.2
Massachusetts	40	37	92.5	44	43	97.7	11	10	90.9
Michigan	208	199	95.7	269	267	99.3	154	151	98.1
Minnesota	168	149	88.7	370	338	91.4	412	380	92.2
Mississippi	100	91	91.0	106	96	90.6	10	6	60.0
Missouri	289	262	90.7	232	215	92.7	127	109	85.8
Montana	19	17	89.5	44	41	93.2	21	19	90.5
Nebraska	78	73	93.6	76	67	88.2	110	99	90.0
Nevada	3	3	100.0	1	1	100.0	5	5	100.0
New Hampshire	29	29	100.0	48	46	95.8	118	110	93.2
New Jersey	246	207	84.2	175	145	82.9	147	126	85.7
New Mexico	18	17	94.4	34	33	97.1	43	42	97.7
New York	1,166	1,015	87.1	666	574	86.2	536	451	84.1
North Carolina	166	151	91.0	127	124	97.6	70	62	88.6
North Dakota	5	4	80.0	43	40	93.0	32	32	100.0
Northern Mariana Islands	0			0			0		
Ohio	780	739	94.7	591	548	92.7	551	512	92.9
Oklahoma	201	189	94.0	277	263	95.0	162	146	90.1
Oregon	27	27	100.0	9	9	100.0	84	83	98.8
Pennsylvania	630	570	90.5	662	606	91.5	375	342	91.2
Puerto Rico	6	0	0.0	6	2	33.3	5	0	0.0
Rhode Island	13	10	76.9	7	6	85.7	3	3	100.0
South Carolina	134	128	95.5	164	153	93.3	70	66	94.3
South Dakota	13	12	92.3	3	3	100.0	18	17	94.4
Tennessee	501	475	94.8	149	145	97.3	329	298	90.6
Texas	1,071	977	91.2	1,254	1,136	90.6	745	705	94.6
Utah	54	54	100.0	56	55	98.2	122	122	100.0
Vermont	6	6	100.0	1	1	100.0	0		
Virgin Islands	0			0			0		
Virginia	375	296	78.9	318	271	85.2	393	332	84.5
Washington	290	279	96.2	104	97	93.3	244	235	96.3
West Virginia – PN	137	131	95.6	108	102	94.4	21	17	81.0
Wisconsin	83	75	90.4	166	158	95.2	146	137	93.8
Wyoming	2	2	100.0	28	28	100.0	25	25	100.0
Total – First-Time, U.S. Educated	11,403	10,103	88.6	12,090	10,952	90.6	9,211	8,133	88.3

OCTOBER '04 – DECEMBER '04 **TOTAL (OCT '04 – SEPT '05)**
 #TESTING #PASSING %PASSING #TESTING #PASSING %PASSING

303	272	89.8	1,143	1,005	87.9
6	6	100.0	27	25	92.6
1	0	0.0	6	2	33.3
199	187	94.0	601	577	96.0
426	391	91.8	996	912	91.6
1,341	1,021	76.1	5,102	4,012	78.6
456	435	95.4	937	883	94.2
390	378	96.9	503	490	97.4
71	64	90.1	154	140	90.9
182	138	75.8	662	484	73.1
824	701	85.1	3,252	2,772	85.2
294	250	85.0	1,369	1,243	90.8
11	11	100.0	11	11	100.0
58	56	96.6	119	110	92.4
76	73	96.1	201	195	97.0
709	650	91.7	1,361	1,239	91.0
517	492	95.2	1,356	1,289	95.1
626	593	94.7	1,232	1,173	95.2
381	367	96.3	718	681	94.9
140	130	92.9	779	731	93.8
217	178	82.0	1,201	1,017	84.7
14	13	92.9	15	14	93.3
92	89	96.7	208	199	95.7
737	673	91.3	832	763	91.7
500	489	97.8	1,131	1,106	97.8
754	671	89.0	1,704	1,538	90.3
403	363	90.1	619	556	89.8
559	517	92.5	1,207	1,103	91.4
49	42	85.7	133	119	89.5
223	193	86.6	487	432	88.7
20	17	85.0	29	26	89.7
121	109	90.1	316	294	93.0
355	322	90.7	923	800	86.7
102	98	96.1	197	190	96.5
1,391	1,212	87.1	3,759	3,252	86.5
447	419	93.7	810	756	93.3
112	100	89.3	192	176	91.7
0			0		
1,496	1,393	93.1	3,418	3,192	93.4
590	535	90.7	1,230	1,133	92.1
142	142	100.0	262	261	99.6
427	378	88.5	2,094	1,896	90.5
6	1	16.7	23	3	13.0
24	22	91.7	47	41	87.2
275	262	95.3	643	609	94.7
72	69	95.8	106	101	95.3
250	233	93.2	1,229	1,151	93.7
1,382	1,256	90.9	4,452	4,074	91.5
270	263	97.4	502	494	98.4
108	106	98.2	115	113	98.3
2	2	100.0	2	2	100.0
658	536	81.5	1,744	1,435	82.3
390	368	94.4	1,028	979	95.2
229	220	96.1	495	470	95.0
413	377	91.3	808	747	92.5
89	87	97.8	144	142	98.6
19,930	17,970	90.2	52,634	47,158	89.6





From left to right: Constance Kalanek, Rolf Olson, Martha Bursinger, Polly Johnson, Myra Broadway, Donna Dorsey, Mary Blubaugh, Faith Fields, Sandra Evans

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Don't be afraid to take a big step if one is indicated.
You can't cross a chasm in two small jumps.

David Lloyd George – Former British Prime Minister

Management is doing things right; leadership is doing the right things.

Peter Drucker



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