

**NATIONAL COUNCIL
OF STATE BOARDS
OF NURSING, INC.**

**third
annual
delegate
assembly**

**JUNE 9-12, 1981
SHERATON PLAZA HOTEL
CHICAGO, ILLINOIS**

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

PRESENTS

THE THIRD ANNUAL DELEGATE ASSEMBLY

JUNE 9, 1981 - JUNE 12, 1981

SHERATON PLAZA HOTEL - CHICAGO, ILLINOIS

HOSTED BY:

Eileen A. McQuaid, Executive Director
Ray E. Showalter, Associate Executive Director
Deborah J. Kalnis, Administrative Assistant
Arleen Putlak, Secretary to NCSBN

FOR QUESTIONS OR PROBLEMS CONTACT:

Deborah J. Kalnis

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.
ANNUAL CONVENTION AND DELEGATE ASSEMBLY
JUNE 9, 1981 - JUNE 12, 1981

Sheraton Plaza Hotel
160 East Huron
Chicago, Illinois 60611

CONVENTION PROGRAM

TUESDAY, JUNE 9, 1981

12:00 p.m. - 6:00 p.m.	-	REGISTRATION
2:00 p.m. - 3:15 p.m.	-	Concurrent Seminars
		1. "Nurse Practitioners - To License or Not to License" (Debate)
		4. "The Mission is - Budget Through Bureaucracy"
3:30 p.m. - 4:45 p.m.	-	Concurrent Seminars
		2. "Who, What, How and Why of the Council and the Licensure Examination" (New Staff)
		3. "Boards of Nursing - Role and Functions"
6:00 p.m. - 7:00 p.m.	-	Reception

WEDNESDAY, JUNE 10, 1981

7:30 a.m. - 8:30 a.m.	-	REGISTRATION
9:00 a.m. - 10:00 a.m.	-	Business Meeting (See Business Agenda)
10:00 a.m. - 12:00 a.m.	-	Forum: Test Service Proposals
2:00 p.m. - 3:45 p.m.	-	Forum: Nursing Practice & Standards Committee

- 4:00 p.m. - 5:30 p.m. -- Forum: System Design for
Test Fee and Data Bank
Management
(Finance Committee)
- 6:00 p.m. - 7:15 p.m. -- Concurrent Seminars
(Repeats 2 and 3)

THURSDAY, JUNE 11, 1981

- 8:00 a.m. - 9:00 a.m. -- Elections
- 8:00 a.m. - 9:00 a.m. -- REGISTRATION
- 9:00 a.m. - 10:30 a.m. -- Area Meetings
- 10:30 a.m. - 4:00 p.m. -- Continuation of Business Meeting
(See Business Agenda)
- 4:00 p.m. - 5:00 p.m. -- Forum: Information Sharing
on Implementing Status for
"Advanced Nurse Licensure"
- 6:30 p.m. - -- Banquet

FRIDAY, JUNE 12, 1981

- 8:00 a.m. - 9:00 a.m. -- REGISTRATION
- 9:00 a.m. - 10:15 a.m. -- Concurrent Seminars
(Repeats 1 and 4)
- 10:30 a.m. - 1:00 p.m. -- Continuation of Business Meeting
(See Business Agenda)

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.
ANNUAL CONVENTION AND DELEGATE ASSEMBLY
JUNE 9, 1981 - JUNE 12, 1981

Sheraton Plaza Hotel
160 East Huron
Chicago, Illinois 60611

BUSINESS AGENDA

- I. Call to Order
- II. Report of Registration Committee
- III. Report of Rules Committee
- IV. Adoption of Agenda
- V. Announcement of Appointments
 - Election Committee
 - Resolutions Committee
 - Committee to Approve Minutes
 - Time Keepers
 - Pages
- VI. Report of Committee to Approve Minutes -
1980 Annual Convention and Delegate Assembly
- VII. Nominations
 - Report of Nominating Committee
 - Nominations from Floor for Officers
 - Nominations for 1981-1982 Committee on Nominations
- VIII. Reports of Officers
 - President
 - Vice President
 - Secretary
 - Treasurer - with audit
 - Area Directors
 - Director at Large
- IX. Report of Board of Directors
 - Recommendation re: Test Service
 - ANA-NCSBN Liaison Committee
- X. Report of Executive Director

- XI. Reports of Standing Committees
- Finance Committee - with proposed budget
 - Bylaws Committee
 - Examination Committee
 - Administration of Examination Committee
 - Nursing Practice and Standards Committee
- XII. Reports of Special Committees
- Committee on Test Service Specifications
 - Committee to Research Limited Licensure
- XIII. Reports of Other Agencies
- XIV. Reports of Area Meetings
- XV. Election of Officers and Members of Nominating Committee
(Thursday, June 11, 1981 - 8:00 a.m. - 9:00 a.m.)
- XVI. Report of Election Committee
- XVII. New Business
- *Illinois - Nurse Shortage
 - Kentucky - Continuing Education
 - Area IV - Use of SBTPE Scores
- XVIII. Report of Resolution Committee
- XIX. Adjournment

*NOT AVAILABLE AT TIME OF MAILING

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

DELEGATE LIST - JUNE, 1981

JURISDICTION	DELEGATE - I	ALTERNATE - I	DELEGATE - II	ALTERNATE - II
Alabama	Shirley Dykes	Betty Tomlin	Sonja Moffett	Patricia Ellis
Alaska	Gail McGuill	Sammye Rink		
Arizona	Sally Lewis	Virginia Knoki-June	Elaine Laeger	
Arkansas	Mildred Armour	Addie Morris		
California, R.N.	Patricia Norris	Barbara Brusstar		
Colorado	Marie Milliken		Willie Enstrom	
Connecticut	Bette Jane Murphy		Emilia Mascaro	
Delaware	Cheryl Moore	Lois O'Shea	Lois O'Shea	Cheryl Moore
R.N. District of Columbia	Ivy Nelson	Barbara Hatcher		

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

DELEGATE LIST - JUNE, 1981

JURISDICTION	DELEGATE - I	ALTERNATE - I	DELEGATE - II	ALTERNATE - II
P.N. District of Columbia	Beverly Owen	Geraldine Muldrow		
Florida	Helene Denny	Ruth Stiehl	Helen Keefe	Debra Fitzgerald
Georgia, R.N.	Nancy Dean	Ann Shaver		
Georgia, P.N.	Martha Chesser	Claudia Welch		
Guam	Julie Ann S. Blaz	Isabel Pangelinan		
Hawaii	Yoshiko Shimamoto			
Idaho	Phyllis Sheridan		Lila King	
Illinois	Jo Franklin	Lee Christie	Kate Fenner	Lee Christie
Indiana	Louise Alcott	Maryanne Roehm		

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

DELEGATE LIST - JUNE, 1981

JURISDICTION	DELEGATE - I	ALTERNATE - I	DELEGATE - II	ALTERNATE - II
Iowa	Lynn Illes	Barbara Steen		
Kansas	Lois Rich Scibetta			
Kentucky	Marion McKenna	Madonna Combs	Sharon Weisenbeck	
Louisiana, R.N.	Merlyn Maillian	Nancy Lowery		
Louisiana, P.N.	Helen Sheehan	Terry De Marcay		
Maine	Frances Casey		Jean Caron	
Maryland	Loretta Richardson	Gertrude Hodges		
Massachusetts	Anne Hargreaves			
Michigan	Isabelle Payne		Mary Ellen Buckley	

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

DELEGATE LIST - JUNE, 1981

JURISDICTION	DELEGATE - I	ALTERNATE - I	DELEGATE - II	ALTERNATE - II
Minnesota	Joyce Schowalter	Morris Miller	Morris Miller	Joyce Schowalter
Mississippi	Eileen Callahan	Patricia Simmons	Wanda Pate	Ann Roye
Missouri	Mary Sue Hamilton	Margaret Driver		
Montana	Phyllis McDonald	Janie Cromwell	Therese Sullivan	Janie Cromwell
Nebraska	Leota Rolls	Mildred Meier	Margaret Pavelka	
Nevada	Jean Peavy	Ruth Taber	Georganne Greene	
New Hampshire	Martha Ginty			
New Jersey	Dorothy DeMaio	Marianna Bacigalupo	Louise Payton	Anne Kellett
New Mexico	Jerry Coca	Judith Walden	Maureen Boshier	

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

DELEGATE LIST - JUNE, 1981

JURISDICTION	DELEGATE - I	ALTERNATE - I	DELEGATE - II	ALTERNATE - II
New York	Mildred Schmidt		Margaret Sovie	
North Carolina	Anna Kuba		Judith Seamon	
North Dakota	Agnes Will	Irene Sage	Joyce Reiland	Dorothy Rydell
Ohio	Stella Piotrowski	Leona Neff	Ann Stroth	Rebecca Eden
Oklahoma	Jenell Hubbard	Lorraine Singer	Jan Harris	
Oregon	Dorothy Davy	Elizabeth Washington		
Pennsylvania	Geraldine Wenger	Margaret Fuhs		
Rhode Island	Kathleen Dwyer		Bertha Mugurdichian	
South Carolina	Ruth Seigler		Mary Shilling	

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

DELEGATE LIST - JUNE, 1981

JURISDICTION	DELEGATE - I	ALTERNATE - I	DELEGATE - II	ALTERNATE - II
South Dakota	Laura Westby	Jane Hewett	James Sorensen	Harold Gunderson
Tennessee	Ruth Elliott	Margaret Heins		
Texas, R.N.	Margaret Rowland	Louise Sanders		
Texas, P.N.	Waldeen Wilson	Mildred Thormann		
Utah	Ann Petersen	Arlene Stern		
Vermont	Barbara Boisse	Carol Elmendorf		
Virginia	Rose Marie Chioni		Eleanor Smith	Dorothy Marshall
Virgin Islands	Josephine Singleton	Patricia Illich		
Washington, R.N.	Margaret Sullivan	Thelma Cleveland		

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

RULES FOR CONDUCT OF DELEGATE ASSEMBLY SESSION
JUNE 10, 1981 - JUNE 12, 1981

General Procedure

1. All meetings will be called to order on time. Delegates are requested to be in their seats five minutes before the opening of each meeting.
2. Badges will be provided for delegates and alternates upon registering and must be worn at all meetings.
3. No delegate, alternate or other person in attendance shall be entitled to the floor unless he/she rises, addresses the chair and gives name and jurisdiction.
4. A time keeper will signal allotted time has expired.
5. The order of business may be changed by a majority vote.
6. Smoking shall not be permitted in meeting rooms.

Elections

1. Election for the officers and members of the Nominating Committee shall be held Thursday, June 11, 1981 at 8:00 a.m.
2. If nominations are made from the floor, there shall be no seconding speeches.

Motions

All main motions and amendments shall be written, signed by the maker and presented to the Chair immediately after proposal.

Debate

1. No delegate shall speak more than three minutes to a motion without consent of the Delegate Assembly, granted by a majority vote.
2. No delegate shall speak more than once to the same question until all who wish to speak have done so.

Debate (continued)

3. A non-delegate may speak once to an issue for three minutes after all interested delegates have spoken. Such non-delegate may speak again, only at the Chair's invitation.

Committee

Jo Franklin, Illinois
Kathleen Dwyer, Rhode Island

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

REPORT OF
NOMINATING COMMITTEE
July 1, 1980 - June 30, 1981

Changes in Committee Membership

During the course of the year since the election of the Nominating Committee at the June 1980 Delegate Assembly, Helen P. Keefe (Florida, Area III) and Geraldine Wallhauser Payton (New Jersey, Area IV) found it necessary to tender their resignations. The President, Mildred S. Schmidt, appointed Peggy Keheley (Mississippi, Area III) and Helen Barrett (Massachusetts, Area IV) to fill these vacancies.

Committee Meeting

The Nominating Committee met at the office of the National Council of State Boards of Nursing, Chicago, Illinois, on January 15, 1981.

The Bylaws and Standing Rules of the Council regarding the Nominating Committee and the nominating process were reviewed.

On July 7, 1980, all Member Boards were requested to submit names of qualified persons to the NCSBN office by December 1, 1980. Nominations were received from nineteen Member Boards. The twenty-three nominees represented each of the areas of the Council as follows: Area I, 4; Area II, 3; Area III, 11; and Area IV, 5.

The nominations received in the NCSBN office after the December 1st deadline were reviewed; however, it was the consensus of the Committee that further consideration should not be given to these individuals.

The Committee reviewed the curriculum vitae and consent to serve form for each individual submitted for consideration by the December 1st deadline. The following slate was compiled and unanimously adopted.

President:

Helen P. Keefe, Florida, Area III
Executive Director, Florida State Board of Nursing (1974)
NCSBN Secretary 1978-80
B.S.N. and M.Ed.
Has had experience in Staff Nursing, Nursing Service Administrator, Associate Degree Nursing Education, Nursing Organization Administration, and Project Coordination.
Holds memberships in State and National Nursing Organizations.

Vice-President:

Joyce M. Schowalter, Minnesota, Area II
Executive Secretary, Minnesota Board of Nursing (1973)
NCSBN Vice-President 1980-81,
Area II Director 1978-80,
Bylaws Committee 1978-79,
Committee to Monitor Investigation into Alleged
Security Breaks 1979-80, and
Limited License Committee 1979
Diploma in Nursing, B.S.N., M.N., and M.Ed.
Has had experience in Clinical Nursing, Nursing
Education, In-Service Education and Research.

James C. Sorensen, South Dakota, Area II
Director of Nursing, Mount Marty College, Yankton, and
President, South Dakota Board of Nursing
NCSBN Delegate 1980
Diploma in Nursing, B.S.N., M.P.N., and Ed.D.
Has had experience in Staff Nursing, Nursing
Education, Nursing Education Administration,
Consultation and Administration.
Holds memberships in State and National Nursing
Organizations.

Secretary:

Marianna Bacigalupo, New Jersey, Area IV
Assistant Executive Director, New Jersey Board
of Nursing
NCSBN Secretary 1980-81
Area IV Director 1978-80, and
Administration of Examination Committee 1978-79
Diploma in Nursing, B.S.N.E., and M.S.N.
Has had experience in Staff Nursing, Supervision,
Nursing Education and Administration.
Holds membership in State and National Nursing
Organizations.

Loretta M. Richardson, Maryland, Area IV
Executive Director, Maryland Board of Nursing (1979)
NCSBN Examination Committee 1979-82, and
Nominating Committee 1979-80
Diploma in Nursing, B.S.N., M.S.N., and Ph.D.
Has had experience in Staff Nursing, Supervision,
Head Nursing, Practical, Diploma and Baccalaureate
Nursing Education, and Nursing Administration.
Holds memberships in State and National Nursing
Organizations.

Treasurer:

Nancy R. Dean, Georgia, Area III
Executive Director, Georgia Board of Nursing (1977)
NCSBN Finance Committee, 1978-82
Diploma in Nursing, B.S.N., M.S.H., M.Ed., and Ed.D.
Has had experience in Staff Nursing, Continuing
Education, and Nursing Education.
Holds memberships in State and National Nursing
Organizations.

Lois N. O'Shea, Delaware, Area IV
Executive Director, Delaware Board of Nursing (1978)
NCSBN Administration of Examination Committee 1979-81
Diploma in Nursing, B.S., and M.A.
Has had experience in Staff Nursing, Nursing
Education, and Nursing Education Administration.
Holds memberships in State and National Nursing
Organizations.

Area I Director:

Ann Petersen, Utah, Area I
Executive Secretary, Utah Board of Nursing (1978)
NCSBN Area I Director 1979-81
Diploma in Nursing, B.S.N., Certificate in Midwifery,
and M.N.
Has had experience in Staff Nursing, Nursing
Education, Nursing Administration, Consultation,
and Clinical Specialization.
Holds memberships in State and National Nursing
Organizations.

Phyllis T. Sheridan, Idaho, Area I
Executive Director, Idaho Board of Nursing (1977)
NCSBN Examination Committee 1978-81
B.S.N., AND M.S.
Has had experience in Staff Nursing, Military
Nursing, Diploma Nursing Education, Research,
Consultation, and Administration.
Holds memberships in State and National Nursing
Organizations.

Area III Director:

Merlyn M. Maillian, Louisiana, Area III
Executive Director, Louisiana Board of Nursing (1968)
NCSBN Treasurer 1979-81
Diploma in Nursing, B.S.N.E., and M.Ed.
Has had experience in Staff Nursing, Head Nursing,
and Supervision.
Holds memberships in State and National Nursing
Organizations.

Mary Shilling, South Carolina, Area III
Associate Administrator, Greenville Memorial Hospital
(1968) and Board Member, South Carolina Board of
Nursing (1977)
NCSBN Nursing Practice and Standards Committee 1978-82
Diploma in Nursing, B.S.N., and M.S.N.
Has had experience in Staff Nursing, Supervision,
and Nursing Service Administration.
Holds memberships in State and National Nursing
Organizations.

The NCSBN experience listed for the nominees only
represents activities since the inception of the present
organization in 1978.

During the June 1981 Delegate Assembly, the Chairperson of the Nominating Committee will make available the nominees' complete curriculum vitae upon request.

The consent to serve form was reviewed and suggestions were made for possible revision.

The Committee approved notification memos and established February 1, 1981 as the deadline for positive responses from the nominees.

The Committee was composed of the following:

- Area I - Dorothy G. Randell, Chairperson
- Area II - Frieda Engle
- Area III - Peggy Keheley
- Area IV - Helen Barrett

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

REPORT OF THE PRESIDENT TO THE
DELEGATE ASSEMBLY

JUNE 1981

CHICAGO, ILLINOIS

AGENDA ITEM VIII

The National Council of State Boards of Nursing will have been in operation three years on June 6. It is a privilege for this President, for the second time, to present a report to the members of the Delegate Assembly. When the President reviewed the activities that have occurred during these three years she could not help but be impressed with how rapidly the Council has had to mature in order to deal with problems that needed immediate attention while at the same time it was developing plans for the future.

The nine member Board of Directors, as the administrative body of the Council, has conducted the business of the Council as it is charged to do under provision of the bylaws. The actions taken by the Board of Directors have been in the best interests of the Council and its member boards. It is the President's belief that the Council is moving rapidly to implement its objectives and is beginning to fulfill its purpose of providing an organization through which boards of nursing act and counsel together on matters of common interest and concern which affect the public health, safety, and welfare including the development of licensing examinations in nursing. This movement has been possible because of the commitment of the members of the Board of Directors to the purpose and objectives of the Council and also the productive work of its many committees. No organization can function productively without a dedicated and knowledgeable staff. The President welcomes this opportunity to recognize the outstanding work of the staff which has not only enabled the Board of Directors to fulfill its responsibilities but also the committees of the Council to accomplish their assignments. The staff has also been active in supporting member boards as those boards work to fulfill their responsibilities in administering the nurse practice acts.

One of the most urgent matters the Board of Directors and the Delegate Assembly have been involved with during this year has been the provision of State Board Test Pool Examinations for use by member boards at a price which the boards are able to justify. The budgets of boards of nursing are being scrutinized with the same care as are all government departments and, in addition, boards of nursing are being urged to reduce their budgets. In May of 1980 boards of nursing were notified by the National League for Nursing's Division of Measurement that the price of the RN and PN examinations would be increased effective July 1982. The Council itself was not notified about this proposed action. It was not possible to add this item to the agenda of the Delegate Assembly's June, 1980 business meeting because the agenda had already been mailed to member boards as required by the Council's Standing Rules.

The Board of Directors included the subject of the NLN's proposed increase in the cost of the examinations on its agenda for the post convention board meeting. During that meeting the Executive Director was requested to contact staff of the NLN for the purpose of obtaining financial data so that the Board could understand the need for the increase in the cost of the examinations. The information was to be available for review by the Board of

Directors at its September meeting. During its September meeting the Board learned that the NLN was unable to provide more detailed financial information to justify the proposed increase in cost for the July 1982 RN examination. The Board, therefore, determined it must exercise the option in the written agreement between the Council and the NLN which provides that in the event the Council opposes any adjustment in fees made by the NLN the Council has thirty days after notice of such adjustment to give the NLN written notice of termination of the agreement, effective in 24 months. Member boards were notified of the action taken by the Board of Directors in a memorandum dated September 25, 1980. The Board's action means that the five year agreement between the Council and the NLN terminates in four years rather than in five. It is the usual practice of state governments, as well as the Federal government, to provide for contractual services through competitive bidding. The Board of Directors decided to utilize this procedure and invited qualified test services to submit bids for the development of the State Board Test Pool Examinations. The test service specifications developed by the Test Specification Committee and approved by mail vote of the Delegate Assembly were distributed to the test services as a guide to developing their proposals.

Eight proposals were submitted, reviewed by both Board members and staff and subsequently discussed and ranked by members of the Board of Directors during its March meeting. The results of the ranking were sent to member boards in a March 11 memorandum. Proposed contracts are being developed between the Council and each of these three test services and will be mailed to the Delegates in the April 24 mailing of materials of the convention. The Assembly will have the responsibility of selecting one of these contracts during its business meeting. This is an important responsibility for the Delegates that is provided for in the bylaws as follows, "establish the criteria for and select the test service to be utilized by the Council unless the Council provides such services itself." A March 23 memorandum from the Executive Director, Eileen McQuaid, informed member boards that a written comparison of the eight proposals would be prepared by staff and shared with boards prior to the June meeting of the Delegate Assembly.

These activities relating to the provision of a contract for the development of the State Board Test Pool Examinations have been time consuming on everyone's part, Board of Directors, member boards and staff. The decisions that have had to be made have been hard ones because the National League for Nursing Education and its successor, the National League for Nursing, have been involved in the development of the State Board Test Pool Examinations since 1944. However, because member boards are state regulatory agencies, they are obliged to award the contract for developing the examinations to the bidder who can produce a quality product for a reasonable cost.

Before concluding this report the President welcomes this opportunity to express appreciation to the W. K. Kellogg Foundation for its continuing support

under the three year grant to the Council. Delegates have received a copy of the annual project report to the Foundation in the pre-board mailing.

The President looks forward to chairing the Delegate Assembly and urges the delegates to participate fully in the business before the Assembly. Only through active participation of the Delegates and a free and open discussion of the business before the Assembly can this Council of State Boards of Nursing claim it is an organization through which boards of nursing act and counsel together in the interest of the health, safety and welfare of the public.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Report of
the Vice President
July 1, 1980 - June 30, 1981

The Board of Directors met four times in person and once through telephone conference call and I participated in all sessions. During the past year I served in the following ways:

Represented the Council at the resource groups' meeting of the Task Force on Credentialing held November 1, 1980 in Minneapolis, Minnesota.

Provided consultation to the Test Service Specifications Ad Hoc Committee.

Represented the Council at the June 9, 1981 meeting in Chicago, Illinois of the Liaison Committee with the National Federation of Licensed Practical Nurses.

Participated in preliminary negotiations with the three test services whose proposals will be presented to the Delegate Assembly.

A special word of thanks is given to the Council staff for their excellent work and assistance in facilitating the operation of the Board of Directors and the Council. It has been a privilege to serve as Vice-President during the past year.

Submitted by:

Joyce M. Schowalter
Vice President

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Report of
the Secretary
July 1, 1980 - June 30, 1981

I attended all meetings of the Board of Directors during the past year and transcribed the minutes of regular meetings and a conference call. I also attended the Area IV meeting which was held in Wilmington, Delaware, on September 9-10, 1981.

One mail vote of the Member Boards was conducted in regard to the specifications for a test service.

A Transition Agreement was signed with the National League for Nursing for Series 782.

It has been a pleasure to serve as Secretary to the Council this past year. I am most thankful to the members and staff of the Council and to the Board of Directors for allowing me this privilege.

Submitted by:

Marianna Bacigalupo,
Secretary

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

TREASURER'S REPORT

JULY 1, 1980 - JUNE 30, 1981

As treasurer, I have attended all meetings of the Board of Directors, and participated in the conference calls held since my election in June, 1980. A report has been presented at each meeting.

I am pleased to report that expenditures are appropriate to the FY 1981 budget. However, due to increases in costs, such as air travel, hotels, etc., the Executive Director has been very diligent in managing the budget. All committees, including the Board of Directors, now stay at a hotel where rates are \$12.00 a day less and includes a continental breakfast.

Attached is a copy of the Audited Report for Fiscal Year 1980.

I have enjoyed serving as treasurer and I wish to thank you for having given me the opportunity to serve.

I recommend approval of the auditor's report.

Submitted by,

**Merlyn M. Maillian
Treasurer**

FINANCIAL STATEMENTS AND AUDITORS' REPORT
NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

June 30, 1980

Alexander Grant

& COMPANY

CERTIFIED PUBLIC ACCOUNTANTS

MEMBER FIRM

GRANT THORNTON INTERNATIONAL

Board of Directors
National Council of State Boards of Nursing, Inc.

We have examined the balance sheet of the National Council of State Boards of Nursing, Inc. (a not for profit, Wisconsin corporation) as of June 30, 1980, and the related statements of revenues and expenses and changes in fund equity for the year then ended. Our examination was made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the financial statements referred to above present fairly the financial position of the National Council of State Boards of Nursing, Inc. at June 30, 1980, and the results of its operations and changes in fund equity for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year after giving retro-active effect to the change, with which we concur, in changing from the cash basis to accrual basis of accounting as described in note A to the financial statements.

Alexander Grant & Company

August 1, 1980
Chicago, Illinois

National Council of State Boards of Nursing, Inc.

BALANCE SHEET

June 30, 1980

ASSETS

Cash and short-term investments		
Continental Bank - checking	\$ 14,134	
Money market investment	<u>149,935</u>	\$164,069
Accounts receivable		
Contract fees (dues)	1,000	
Other	<u>2,626</u>	<u>3,626</u>
Equipment and leasehold improvements - at cost (note A2)	24,630	
Less accumulated depreciation	<u>2,250</u>	<u>22,380</u>
		\$190,075
		=====

LIABILITIES AND FUND EQUITY

Accounts payable		\$ 20,512
Accrued expenses and withheld taxes		<u>10,067</u>
		30,579
Deferred revenue		
Contract fees	\$ 16,000	
Unexpended grant funds (note C)	<u>67,819</u>	83,819
Fund equity - unrestricted (note A1)		<u>75,677</u>
		\$190,075
		=====

The accompanying notes are an integral part of this statement.

National Council of State Boards of Nursing, Inc.

STATEMENT OF REVENUES AND EXPENSES

Year ended June 30, 1980

	<u>Actual</u>	<u>Annual Budget</u>
Revenue		
Grant from Kellogg Foundation	\$221,260	\$188,600
Contract fees (dues)	60,000	60,000
Test royalties	24,245	24,000
Contributions	-	15,000
Interest	18,169	12,500
Convention fees	15,740	-
Honorariums and other	2,330	-
	<u>341,744</u>	<u>300,100</u>
Expenses		
Test development		
Examination committee travel and meeting expenses	32,740	35,000
Test security and administration		
Security and administrative committee - travel and expenses	5,108	7,100
Investigation committee	2,029	-
Investigation, SBTPE-Dressel and Altman	20,000	-
Legal fees - Boardman, Suhr, Curry and Field	7,040	-
Test standards and practice		
Standards committee - travel and expenses	<u>14,813</u>	<u>16,000</u>
Total program expenses	81,730	58,100
Administrative		
Salaries and benefits - staff	79,232	110,400
Travel and expenses		
Staff - general	5,916	7,000
Board of Directors	17,614	20,000
Organizational committees	3,601	9,800
Insurance	2,347	2,300
Printing	2,344	1,000
Professional services		
Accounting	10,725	8,000
Legal	20,695	16,000
Employment fees and other consulting	5,723	10,800
Convention costs (exclusive of Board travel and legal)	12,876	1,000
Loss on disposal of equipment	4,903	-
Bad debt expense	5,000	-
Library subscriptions, memberships	549	1,000
Research and other	<u>2,211</u>	<u>3,500</u>
	\$173,736	\$190,800

National Council of State Boards of Nursing, Inc.

STATEMENT OF REVENUES AND EXPENSES - CONTINUED

Year ended June 30, 1980

	<u>Actual</u>	<u>Annual Budget</u>
Expenses (continued)		
Occupancy		
Rent	\$ 25,849	\$ 20,000
Telephone	8,774	5,000
Postage and supplies	6,871	8,000
Equipment costs		
Lease payments	5,221	4,500
Depreciation	3,092	2,000
Maintenance	405	500
Moving cost	52	1,500
	<u>50,264</u>	<u>41,500</u>
 Total expenses	 <u>305,730</u>	 <u>290,400</u>
 EXCESS OF REVENUE OVER EXPENSES	 \$ 36,014 =====	 \$ 9,700 =====

The accompanying notes are an integral part of this statement.

National Council of State Boards of Nursing, Inc.

STATEMENT OF CHANGES IN FUND EQUITY

Year ended June 30, 1980

	<u>Unrestricted</u>	<u>Unexpended grant funds</u>	<u>Total</u>
Fund equity at July 1, 1979, as previously reported	\$ 61,440	\$ 137,344	\$ 198,784
Adjustment for change to accrual basis accounting (note A)	<u>(21,777)</u>	<u>(137,344)</u>	<u>(159,121)</u>
Fund equity at July 1, 1979, as restated	39,663	-	39,663
Excess of revenue (expenses) for the year ended	<u>36,014</u>	<u>-</u>	<u>36,014</u>
Fund equity at June 30, 1980	\$ 75,677 =====	\$ - =====	\$ 75,677 =====

The accompanying notes are an integral part of this statement.

National Council of State Boards of Nursing, Inc.

NOTES TO FINANCIAL STATEMENTS

June 30, 1980

NOTE A - SUMMARY OF ACCOUNTING POLICIES

A summary of the Council's significant accounting policies applied in the preparation of the accompanying financial statements follows.

1. Change in Accounting Method

Previously the Council has prepared its financial statements on the basis of cash receipts and disbursements where assets and revenues were recognized when received and expenses recorded when paid. In 1980 the Council changed its accounting method to the accrual basis so as to record revenues when earned and expenses as the obligation is incurred.

This change in accounting method has been applied retroactively by adjustment to fund equity at July 1, 1979, the beginning of the period presented.

2. Depreciation

Depreciation is provided for in amounts sufficient to relate the cost of depreciable equipment and leasehold improvements to operations over their estimated service lives on the straight-line method.

3. Services of Volunteers

Officers, committee members, the Board of Directors, and various other non-staff associates assist the Council in various program and administrative functions without remuneration. No value has been ascribed for such volunteer services because of the impracticality of their measurement.

NOTE B - PURPOSE AND TAX STATUS

The Council is a nonprofit corporation organized under Chapter 180 of the Wisconsin Statutes. Its purpose is to serve as a charitable and educational organization through which Boards of Nursing act on matters of common interest and concern affecting the public health, safety and welfare including the development of licensing examinations and standards in nursing. It is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code as indicated in a letter dated July 24, 1980. Therefore, the accompanying financial statements reflect no provision for income taxes.

National Council of State Boards of Nursing, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 1980

NOTE C - W. K. KELLOGG FOUNDATION GRANT

The Council has been granted a \$444,035 appropriation from the W. K. Kellogg Foundation to support program development during the fiscal period from March 1, 1979 through February 28, 1982. Some of the terms to which this grant is subject are as follows:

1. Funds provided by the Foundation are to be accounted for separately and are to be used only for purposes specified in the budget for this project.
2. The Council is to provide the Foundation an annual report at the end of each project year. This report is to include a narrative progress report of the program and a statement of disbursements for that year, reflecting any unexpended cash funds, and certified correct by the chief financial officer of the Council.
3. Any unexpended cash funds at the end of the commitment are to be returned to the Foundation.
4. The Foundation's approval is required in advance for disbursements deviating from the approved budget for this project.

On April 1, 1980 grant funds of \$151,735 were received from the W. K. Kellogg Foundation to be used as specified for the period from March 1, 1980 to February 28, 1981.

NOTE D - LEASE COMMITMENT

The Council has entered into a lease agreement for office facilities in Chicago, Illinois. The lease expires on August 30, 1984 and calls for monthly payments of \$2,689, adjusted annually based on the change in the Consumer Price Index. In addition to the basic rental, the Council is required to pay for electricity. This amount may also be adjusted annually to account for changes in usage and/or increased rates.

The Council's future minimum rental payments (including the electricity charge) required under this long-term lease are as follows:

Period ending June 30,	
1981	\$ 33,708
1982	33,708
1983	33,708
1984	33,708
July and August 1984	<u>5,618</u>
Total minimum payments required	\$140,450
	=====

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Report of
Area I Director
July 1, 1980 - June 30, 1981

As a member of the Board of Directors I have attended all Board meetings and all but the December conference call. I have participated in several subcommittees and have been a member of the NCSBN-ANA Liaison Committee. I attended the Liaison Committee meeting in Kansas City in December 1980 and will be attending the second meeting in Las Vegas in May 1981.

One Area meeting was held in Denver on October 10, 1980. There were eleven member boards represented and 19 persons present. Major agenda items discussed were the contract with the present test service, the test service specifications, the ANA Credentialing Study and a standardized verification form.

The second Area meeting will be held in conjunction with the annual Delegate Assembly meeting in June 1981.

Submitted by:

Ann G. Petersen
Area I Director

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Report of
Area II Director
July 1, 1980 - June 30, 1981

One meeting of Area II was held subsequent to the June 1980 convention meeting. Seventeen people representing ten member boards met on October 28-29, 1980 in Milwaukee, Wisconsin. Eileen McQuaid, Executive Director of the NCSBN was also present at the meeting.

Reports relative to the actions of the Board of Directors and various standing committees of the Council were heard. In addition, both the process of negotiating a test service contract and the test service specifications were discussed at length. Another major item of discussion was the Council's response to the Credentialing Study.

Additional items of interest to member boards that were discussed were: handling of impaired nurse cases, standards of practice, temporary permits for new graduates, membership fees for the Council, and convention programming for board members.

The final version of a standardized certification form was approved. This document has been shared with the other Area Directors with the hope that additional states will adopt its use.

As the Area II Director I attended all meetings of the Board of Directors and participated in all scheduled conference phone calls. I also attended a meeting of the Drug Enforcement Administration/Regulatory Boards Working Committee in Chicago, and a meeting of NAPNES in St. Louis as a representative of the National Council.

Submitted by:

Jo Franklin
Area II Director

AGENDA ITEM VIII

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Report of
Area III Director
July 1, 1980 - June 30, 1981

A meeting was held in Nashville, Tennessee on October 6-7, 1980. There were 33 people in attendance representing all jurisdictions except Georgia - PN Board and Mississippi. Ray Showalter, Associate Executive Director, National Council of State Boards of Nursing, was also in attendance.

There was a discussion of the increase in the contract fee. A motion passed to send a memo to the Bylaws Committee regarding a change to allow for uniform contract fees and equal representation in the NCSBN.

The new test plan was discussed regarding the changes that may be necessary in states rules and regulations, the passing score, candidates failing the February 1982 examination, and how to inform candidates. Many concerns of the new State Board Test Pool Examination score were discussed.

A motion was made to add "legal standards of practice" to the definition of nursing as contained in the credentialing study.

The proposed test specifications were reviewed. Numerous recommendations were sent to the office of the NCSBN.

Representatives of the following Committees gave a brief report:

Examination
Finance
Administration of Examination
Nursing Practice and Standards

Other items discussed were examination sites, candidates refusing to write the 6th test, endorsement forms, disciplinary hearings and the disciplinary bank, and Canadian endorsement.

Submitted by:

Margaret L. Rowland
Area III Director

AGENDA ITEM VIII

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Report of
Area IV Director
July 1, 1980 - June 30, 1981

As Area IV Director, I attended the post Delegate Assembly Board meeting in Minneapolis, a three-day Board of Directors in Chicago in September and a four-day meeting in March. In December I participated in conference call with the Executive Director, Legal Counsel and board members.

The Area IV annual meeting was held in Wilmington, Delaware on October 9 and 10, 1980. There were nineteen (19) delegates from eleven (11) states and the District of Columbia present; the only jurisdiction not represented was the Virgin Islands. Eileen McQuaid, Executive Director of the NCSBN and nineteen (19) visitors were also in attendance. The action taken during the meeting included the following:

- Voted to go on record in support of the Board of Directors action of terminating the final year of the Test Service contract.
- Accepted the recommended revision of the Articles of Agreement of Area IV.
- Adopted a policy statement on use of SBTPE scores for any purpose other than licensure.
- Voted to refer to the NCSBN, as it is a national not a regional problem, the certification of nurses aides by State Boards of Nursing.

Dr. Eileen McQuaid gave a presentation on the new test plan prior to the meeting for interested nurses from Delaware as well as Area IV delegates and visitors. During the meeting Dr. McQuaid gave an update on the new test plan and was a resource person for many of the discussions.

Among the topics discussed at the meeting were the Credentialing Study, COGFNS, scope of and entry into practice, disciplinary actions and unlicensed personnel administering medications. It is requested that the NCSBN consider the following:

- Support of State Boards efforts to secure additional funding to deal with unprofessional conduct.
- Have a data bank (clearinghouse) on nurse imposters.

- Hold a national conference on unprofessional conduct and disciplinary action against licensed nurses.
- The issue of unlicensed personnel administering medications. (Could the NCSBN develop a policy statement that would help State Boards in dealing with this problem?)

The 1981 annual meeting of Area IV will be in Baltimore, Maryland, on September 24 and 25.

It has been a rewarding educational experience serving as Area IV Director and I am looking forward to the second year of my term.

Respectfully submitted,

Kathleen F. Dwyer

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Report of
Director-at-Large
July 1, 1980 - June 30, 1981

As the Director-at-Large, I attended the Post Convention meeting in June 1980 and the two Board meetings held in September 1980 and March 1981.

I participated in the conference call in December 1980 and attended the Area I meeting in Denver on October 10, 1980. Also participated as a Committee member to review applications for item writers for the LPN and RN State Board Examinations.

Submitted by:

Margaret M. Sullivan
Director-at-Large

AGENDA ITEM VIII

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Report of
Board of Directors
July 1, 1980 - June 30, 1981

The Board of Directors of NCSBN, Inc. met four times in regular session and held one telephone conference call during the past year.

The major activity of the year concerned the development of the State Board Test Pool Examination: The contract with the National League for Nursing was terminated; a transition agreement was developed to process series 782; specifications for a test service were approved; test service proposals were received, reviewed and ranked for final action by the Delegate Assembly.

Other actions of the Board of Directors included the approval of the following:

- An interim policy for review of requests from handicapped candidates
- Boston as the site of the 1982 Delegate Assembly
- Development of a cassette on the revised test plan
- Publishing a final report of a "Comparison of Critical Incidents about Baccalaureate, Associate Degree and Diploma Nursing.

In addition to customary board activities, Board members served on the following committees:

- | | |
|----------------------------------|---------------------------------------|
| ANA - NCSBN Liaison Committee | Merlyn Maillian
Ann Petersen |
| Committee to Select Item Writers | Margaret Rowland
Margaret Sullivan |

1981 Delegate Assembly

Ann Petersen
Jo Franklin

Joyce Schowalter joined the President, the Executive Director and legal counsel in meeting with the three highest ranking test services.

Submitted by:

Marianna Bacigalupo
Secretary

Report of
Test Service
July 1, 1980 - June 30, 1981

Since our last meeting in 1980, our impression has been that procedural matters have gone quite smoothly. The implementation of new methods for processing booklet orders, from their receipt to their packaging and shipping, was a large undertaking done with little lead time, and seemed to go very well. For the most part kudos were delivered, despite the occasional comments about damaged containers or defective packets. Proportionately, however, these occurrences were rare. Also infinitesimal were the number of defective test booklets, although mention of them in our regular reports did call attention to the fact that such errors will occur even though a detailed hand-inspection process is utilized.

In keeping with these new procedures, instructions for processing review draft requests were also modified, and these seemed to cause no concern. Further modifications are being finalized with the Examination Committee for the actual review of future test items to allow more options to boards of nursing and thereby present opportunity for expanded participation.

With the adoption of the new test plan for the RN examination, to be implemented in final form in July 1982, concerted efforts were devoted to the modifications of items in the reservoir as well as development of new items to meet revised specifications. As usual, staff continued to meet with your committees and Board of Directors as requested. Opportunity for discussion of mutual concerns was found to be helpful.

You see that these comments address the positive aspects of the past year. Obviously, however, there must have been problems and underlying concerns of which we were not aware. We thought we were meeting the needs of the National Council as we have done since the inception of the State Board Test Pool Examination program.

In the fall of 1980, our contract with the National Council was terminated effective in 1982, following our announcement of proposed fee changes to be effective in 1982 which we deemed needed to meet anticipated inflationary cost factors. Because of our concern that the new comprehensive RN examination go smoothly, and in the interest of effecting a smooth transition to the new examination, we negotiated successfully to extend the contract to the completion of the July 1982 examination. Through the correspondence leading to the extension, we continued to express our willingness to negotiate regarding all aspects of the service. When we submitted a proposal in

...

February for continuance of our role as the test service, we hoped to discuss it in detail. The opportunity to do so, however, was not provided before the decision about the "finalists" was made. At the time of this writing, we look forward to receiving more definitive information about the underlying reasons for our exclusion from consideration when we meet with your representatives.

As you are aware, we will continue to provide an effective service through the July 1982 examination and continue to feel we are in the best position to recognize and carry out your wishes.

Submitted by:

Lorraine P. Sachs
Director
Division of Measurement
National League for Nursing

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Report of
NCSBN - ANA Liaison Committee
July 1, 1980 - June 30, 1981

MEMBERS OF THE NCSBN-ANA LIAISON COMMITTEE:

NCSBN

Elaine Laeger
Merlyn Maillian
Ann Petersen
Eileen McQuaid, Staff

ANA

Lucie Kelly
Karen MacDonald
Delight Tillotson
Francis Waddle, Staff

The Liaison Committee met December 1, 1980 at ANA headquarters in Kansas City. All members were present. The following major agenda items were discussed:

1. The activities of the NCSBN Nursing Practice and Standards Committee in the development of the Model Nursing Practice Act and the proposed Guidelines for Implementation of Statutory Changes.
2. The NCSBN's Guidelines for the future use of the Critical Incidents and Related Data were reviewed.
3. Discussion of the activities of the Task Force on Credentialing.
4. A prepublication copy of the ANA Social Policy Statement developed by the Congress for Nursing Practice was discussed briefly.
5. The NCSBN Ad Hoc Committee on the Study of Limited Licensure was reviewed.

The committee will be meeting again on May 4, 1981 prior to the National League for Nursing meeting in Las Vegas with the NCSBN hosting the meeting. Agenda items will include the NCSBN's Model Nursing Practice Act and the ANA Social Policy Statement.

An update of the activities of the Liaison Committee will be provided verbally at the annual meeting of the Delegate Assembly June 1981.

Submitted by:

Ann G. Petersen
Member, Liaison Committee

AGENDA ITEM IX

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Report of
Executive Director
July 1, 1980 - June 30, 1981

With the continued support and guidance of the Board of Directors, the staff has completed its second year of functioning as a unit to serve the needs of the National Council.

This second annual report includes the priorities and the activities of the staff related to achieving each one of these. Priorities identified for the year and related activities were:

- Priority 1: To institute discussion with the National League for Nursing regarding renegotiation of the fifth year of the current contract and negotiation of a new contract.
- Activities:
1. Initiated communication with National League for Nursing staff concerning contract provisions and projected increase in price for 1982.
 2. Staffed Board of Directors during its meetings on deliberations on the contract with the test service.
 3. Staffed Test Service Specifications Committee in writing and revising test service specifications.
 4. Distributed test service specifications to delegates for mail vote.
 5. Provided staff assistance for Board of Directors in negotiating transition agreement for July 1982 examination.
 6. Distributed request for proposals to eleven major test services; coordinated information received.
 7. Provided staff assistance for Board of Directors in conduct of blind review of test service proposals.
 8. At direction of the Board, met with and prepared proposed contract with each of the three selected test services for distribution with delegate materials.
- Priority 2: To prepare a candidate information book on the R.N. examination.

- Activities:
1. Communicated with Director, Division of Measurement, National League for Nursing concerning percentage of royalties requested (50%) by Michael Kane, Director, Department of Test Development, NLN, for co-authorship of book.
 2. Negotiated agreement with NLN with percentage of royalties finalized at 20% for NLN.
 3. Selected Chicago Review Press as publishing house for book.
 4. Wrote and supervised editing of book for publication.
 5. As of this writing, publication is promised for early June 1981.

Priority 3: To conduct regional/national conferences on the revised test plan and purposes of the National Council.

- Activities:
1. Conducted educational conferences on the purposes of the National Council and the revised test plan as follows:

a. Sponsored by member boards in:

Arkansas	September 16, 1980
Delaware	October 8, 1980
New Jersey	October 31, 1980
South Dakota	November 10, 1980
Kansas	December 9, 1980
Virginia	March 16, 1981
North Dakota	March 27, 1981
New Hampshire	April 10, 1981
Nevada	April 24, 1981
Oregon	May 20, 1981

b. Regional meetings sponsored by other organizations:

Saddleback College, CA	June 13, 1980
Northwestern University, IL	June 24, 1980
	and October 12, 1980
Northern Illinois University	October 21, 1980
Red Cross Regional Program, KS	October 22, 1980
Illinois League for Nursing	October 24, 1980
Georgia Schools of Nursing	November 7, 1980
University of Illinois	January 27, 1980
	and February 18, 1981
Rush University, IL	February 3, 1981
Colleges of Mississippi	April 2, 1981
Bucks County Community Clg., PA	April 8, 1981
New Jersey Council Bacc. Program	April 9, 1981

Lewis University, IL
Rhode Island University
Council of AD, CA

April 23, 1981
May 15, 1981
May 16, 1981

Priority 4: To establish a data bank on disciplinary actions.

- Activities:
1. Developed form for reporting and established system for reporting member boards' actions on disciplinary matters.
 2. Invited member boards' participation; as of April 1981, 58 of 59 member boards participate. (Georgia LPN Board does not participate.)
 3. Initiated reporting of disciplinary actions by participating member boards as of September 1980.
 4. Compiled and distributed reports of disciplinary actions on monthly basis since September.

Priority 5: To identify approaches to sunset legislation for use by member boards.

- Activities:
1. Responded to individual member boards' request for information and assistance when board was involved in sunset review.
 2. Prepared 1980 educational conference materials on sunset legislation for publication.

The other objectives and related activities were:

Objective 1: To maintain the organization's operations.

- Activities:
1. By direction of the Board, selected a legal firm based in Chicago. (Vedder, Price, Kaufman and Kammholz.)
 2. Secured services of an accountant to serve as bookkeeper.
 3. Monitored professional services provided by legal firm, accounting firm, and other consultants.
 4. Staffed organizational committee meetings:

Finance Committee meetings -
October 23-24, 1980
February 12-13, 1981

Bylaws Committee telephone conference call -
March 4, 1981

Nominating Committee meeting -
January 15, 1981

5. Under direction of Board, assisted Finance Committee in securing consultant to:
 - a. develop proposed system for candidate application to National Council's examinations.
 - b. provide computer services for applicants for licensure and in the near future for disciplinary data bank.
6. Arranged for June 1981 convention of delegates in Chicago; prepared and distributed all materials.
7. Presented sites for June 1982 convention in Boston to Board of Directors.
8. Developed a personnel policy manual which was accepted by Board of Directors.
9. Began investigation of merit system for evaluation of staff.

Objective 2: To communicate with and provide educational and informational services for member boards.

Activities: 1. Attended meetings of the four Areas of the Council:

Area I	-	Denver	-	October 10, 1980
Area II	-	Milwaukee	-	October 28-29, 1980
Area III	-	Nashville	-	October 6-7, 1980
Area IV	-	Wilmington	-	October 9-10, 1980

2. Provided consultation services to member boards' new staff.

Missouri	-	October 9, 1980
California	-	February 19, 1981

3. Participated in educational conferences conducted by 10 member boards.
4. Published Test Plan for Registered Nurse licensure examination.

5. Published 4 Issues - Council's quarterly periodical.
6. Published Report of Angeline M. Jacobs on research performed on comparison of critical incidents as reported by graduates from different types of nursing programs.
7. Responded to verbal and written requests for services.

Objective 3: To communicate with national professional organizations concerning role and purpose of the National Council.

Activities: 1. Presented papers at meetings of the:

- a. American Hospital Association
 - Assembly Board - September 5, 1980
 - Society of Nursing Service Administrators - November 4, 1980
- b. Federation of Associations of Health Regulatory Boards Annual Meeting - February 8-11, 1981

2. Attended meetings of the:

- a. Federation of Associations of Health Regulatory Boards - September 15-16, 1980
- b. Interagency Conference on Nursing Statistics - December 4-5, 1980
- c. Joint Commission on Accreditation of Hospitals - January 15, 1981
- d. Task Force on Implementing Credentialing Study Recommendations (with NCSBN Vice President) - November 1, 1980
- e. Council of State Governments Staff - November 6, 1980
- f. National Commission on Nursing - February 20, 1981
- g. Division of Nursing- Department of Human Resources, (with NCSBN President) Staff - March 17, 1981

- h. National League for Nursing
Convention - May 3-5, 1981
- i. Drug Enforcement Agency (with NCSBN
Area II Director) -
September 19, 1980
May 27, 1981

3. Held individual conferences with staff of:

- a. National Pharmacy Board
- b. American Dental Association
- c. American Medical Association

Objective 4: To maintain ongoing functions of the Council, including development and regulation of the use of the licensure examination.

Activities: 1. Provided professional staff assistance to the Board of Directors meetings:

June 6, 1980
September 22-24, 1980
December 23, 1980 (Conference call)
March 8-11, 1981
June 7-9, 1981

2. Provided professional staff assistance to the ANA-NCSBN Liaison Committee meetings:

December 1, 1980
May 4, 1981

3. Provided professional staff assistance to the NCSBN-NFLPNS Liaison Committee meeting -
June 9, 1981

4. Provided professional staff assistance to the program committees of the Council:

a. Examination Committee meetings:

September 8-12, 1980
October 27-31, 1980
December 1-5, 1980
January 22-23, 1981
February 23-27, 1981
May 11-15, 1981

b. Administration of Examination Committee meetings:

September 29-30, 1980
January 19-21, 1981
April 6, 1981 (Telephone conference)

c. Nursing Practice and Standards Committee meetings:

September 3-5, 1980
December 8-10, 1980
January 26-28, 1981
March 30 - April 1, 1981

d. Item Writers Committee of the Board telephone conference calls:

November 25, 1980
April 12, 1981

e. Convention Committee of the Board telephone conference call -

November 17, 1980

f. Test Service Specifications Committee meetings:

September 12, 1980
December 12, 1980

g. Limited License Committee meeting -
November 13-14, 1980

Objective 5: To plan and implement educational programs and workshops for Board Members and other persons who can aid member boards in matters concerning public health, safety and welfare.

Activities: 1. Planned and prepared for educational conferences at 1981 Delegate Assembly meeting:

a. Licensure of "Advanced Nurse Practitioners" question.

b. Budgeting in state government.

c. Role of and disciplinary actions by boards of nursing.

d. Orientation for new staff of member boards.

2. Provided for special meetings of Delegate Assembly meeting June 1981:

a. on Model Nursing Practice Act.

b. for states with special concerns on licensing "advanced practitioners".

3. Planned participation in Conference for legislative staff sponsored by Council of State Governments.

Objective 6: To interpret program of the Council to interested parties.

Activities under this objective are reported in Priority 5.

Objective 7: To provide information about the National Council's activities in support of objectives of Kellogg-funded project.

Activities: 1. Communicated frequently with Barbara Lee, Program Director to discuss progress, priorities of National Council.

2. Prepared and submitted annual progress report to W. K. Kellogg Foundation April 13, 1981.

Objective 8: To establish a reference bank or resource of information about the work of member boards in statistical and descriptive format for research purposes and for the use of member boards and their respective state agencies.

Activities: 1. Contacted Council of State Governments and secured computer printouts of all statutes pertaining to nursing.

The staff found that time committed to the priorities stated in the beginning of this report and to the necessary ongoing activities of operating Council's program precluded the analysis of the materials supplied by the Council of State Governments. This objective is therefore restated for fiscal year 1982. The Executive Director and staff with the continued support and guidance of the Board of Directors, member boards, and committee members, propose the following additional objectives:

1. To insure continuous, quality service to member boards for licensure examinations by implementing directives of the Delegate Assembly to its selected test service.
2. To write and publish a candidate book for candidates for the LPN/LVN licensure examination.
3. At the direction of the Delegate Assembly, to prepare for implementation of the system designed for candidates applying for admission to examination.

Submitted by:

Eileen A. McQuaid
Executive Director

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.
REPORT OF FINANCE COMMITTEE TO 1981 DELEGATE ASSEMBLY

The Finance Committee met on October 23-24, 1980 and on February 12-13, 1981.

The committee wishes to express appreciation to each member that responded so quickly to our request for data on the number of foreign nurse graduates writing the licensing examination. We were looking for a trend. Although, these data did not reveal any distinct trendlines, they were helpful to us.

A copy of the proposed budget for Fiscal Year 1982 is attached. The Board of Directors has approved this budget. In addressing the budget, the committee has recommended to the By-laws Committee a revision of Standing Rule IX C., Budget Control so that the rule will read:

The Executive Director, under direction of the Board of Directors, shall manage the budget, shifting between the categories as necessary; however, the total expenditure level authorized by the Delegate Assembly shall not be exceeded except for emergency situations for which designated expenditures are authorized by the Board of Directors.

The committee is recommending acceptance of the proposal on a Data Processing and Administrative System as a proposal to initiate the flow of test monies through the Council to the Test Service Agency.

A written document on this matter is attached and a forum on this proposal is scheduled during the annual convention.

The committee has recommended and the Board of Directors has approved the following fee increases:

1. Reprints of the test plan - \$2.00.
2. Consultation/Honorarium fees:
 - a. Member Boards \$300.00/day plus expenses
 - b. Other statewide/regional agencies \$600.00/day plus expenses.
 - c. National and International Agencies \$1,000.00/day plus expenses.
The original fee was \$200.00/day plus expenses.

Members of the Finance Committee have written articles about fees and services, income sources and funding mechanism, for the Spring Issue of Issues. Further, they will serve as reactors to the Seminar Panel on budgeting scheduled for the 1981 convention. The Finance Committee wishes to call to your attention that through efforts of the Board of Directors, the proposed fee increase of the test service agency to \$32.50 per R.N. candidate has been reduced to \$27.75 per candidate effective July 1, 1982.

MEMBERS:

Merlyn M. Maillian, Chairman
Nancy Dean
Gertrude Hodges

BUDGET - FISCAL YEAR 1982

R E V E N U E

Exam Royalties	\$ 294,268
Publications	16,000
Contracts	59,000
Interest (investment account)	18,000
Consultations/Honorariums	2,000
Convention	<u>20,000</u>
 TOTAL REVENUE	 \$ 409,268

BUDGET - FISCAL YEAR 1982

E X P E N S E S

Program

Test Development (including staff)	\$ 25,000	
Test Security & Administration	7,500	
Board Designated Security Fund	5,000	
Standards & Practice	22,500	
Research	10,000	
Publications	6,034	
Ad Hoc Committees	5,000	
Convention	<u>20,000</u>	
TOTAL PROGRAM EXPENSES		\$ 101,034

Organizational

Administration:

Salary & Benefits	\$ 152,350
Travel	7,000

Board of Directors (includes Board Committees)	21,500
---------------------------------------------------	--------

Committees (Finance, By-Laws, Nominating)	6,000
----------------------------------------------	-------

Professional Services:

Legal	16,000
Accounting	8,000
Other (Parliamentarian, Editor, etc.)	5,000

Organizational Expenses (continued)

Insurance (Unemployment, Workmen's Comp., Fire, Liability)	\$	2,500	
Printing		5,000	
Supplies		5,000	
Library/Memberships		1,500	
Rent & Utilities		40,000	
Telephone		8,500	
Postage		4,700	
Computer Services (Capitalized)		13,492	
Equipment:			
Lease & Maintenance		6,500	
Depreciation		<u>3,500</u>	
TOTAL ORGANIZATIONAL EXPENSES	\$		306,542
TOTAL OPERATING EXPENSES	\$		407,576
EXCESS OF REVENUE OVER EXPENSES	\$		1,692
(Budget for Purchase of Equipment)	\$		1,692
CASH RESERVE	\$		- 0 -

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Systems Design - Application for Examination

The NCSBN Board of Directors approved the design for and organizational procedure for processing individual applications for examination. This administrative system has been designed to achieve the following:

- Maintenance of State Board control with lower administrative costs.
- Improve the overall administration of the examination.
- Lower overall expense of scoring the examination.
- Develop a data bank of information on all licensed nurses.

The system has the following capabilities:

- Control of applicants at State Board level.
- Central processing of all applications.
- Total Fiduciary control at National level.

The NCSBN through the use of the system can provide each State Board with the following information and forms:

- Application forms in bulk.
- Admission cards in any sequence.
- Capacity planning by site.
- Computer readable media for state level computer systems if desired.
- Custom worded reject letters. Wording can be variable by jurisdiction and up to fifty custom letters can be stored.
- Central scoring data for examination service to enable ease of processing to achieve lower overall administrative costs.

This system will help the individual State Board handle its workload. It will allow Board personnel involved with clerical detail more time to perform administrative tasks.

Prior to each examination the State Board will receive:

- A list of all applicants in any sequence requested. For example, alpha by school, social security by school.
- Admission cards (see Exhibit #1) in the same sequence as the lists. For example, if files are kept alpha by schools, the admission cards and lists would be in that sequence. The jurisdiction has the flexibility to specify any sequence in which they wish to receive the above mentioned data.
- Automatic seat assignment, if requested.

Each State Board will then Control the critical factors of preparing for implementation of the examination:

- Review each admission card to determine eligibility to write the examination.
- Return to NCSBN admission cards that fail eligibility tests. NCSBN will advise applicants by letter (approved by each State Board) that they may not take the examination.
- Mail admission cards to those eligible to take examination.
- Mail Test Scores when received.
- NCSBN will provide each State Board with:
 - . Reject lists by site in any sequence requested.
 - . Authorized list by site in any sequence requested.

As an outcome of this service during the administration phase of the examination, it is important to note that an identification label will be removed from the admission card and placed on each answer sheet. This will decrease time for explaining to candidates how to fill in numbers/bubbles and yet insure accurate identification.

The Test Service will receive:

Computer tape of all applicants to cut costs related to data processing as 60% of these costs are data entry oriented. Since the Application is being processed once, costs incurred in relation to examination processing should be reduced substantially.

As you can see all of the administrative detail will be done for the State Board. The State Board is receiving a package of data ready for administrative processing. This system is easy to administer and will allow total flexibility to correspond with the majority of individual State Board needs. At the Delegate Assembly Convention in June, a complete presentation of the system will be made for your further understanding and approval.

PROPOSED ADMISSION CARD

(Preliminary Design - ID System in Discussion State)

Pressure Sensitive
Label →

057364228
M. Applicant
1234 1st Street
Anytown, USA
057364228

Duplicate label
→



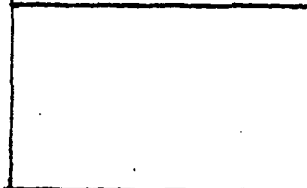
Site - Anytown Convention Center
00/15/82
Option → (Seat - 36B)

Applicant

1234 1st Street

Anytown, USA

Photo →



Label will be removed by Applicant from card and placed on Answer Sheet
This will eliminate costly data entry and control problems in
administration and scoring

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

REPORT OF
BYLAWS COMMITTEE
July 1, 1980 - June 30, 1981

The Bylaws Committee held one Telephone Conference meeting on March 4, 1981. The Committee reviewed and edited all of the suggested admendments to the bylaws and standing rules which were received, and took action to recommend, or not recommend, each proposal for adoption. The proposals are attached.

The Committee expects that the 1981-1982 activities and program of the Council may call for further changes in the bylaws and standing rules to meet the Council's changing requirements.

One (1) Telephone Conference Meeting is planned for the Spring of 1982.

Submitted by the Committee:

Marjorie P. Doyle, Chairperson
Ivy M. Nelson
Darlene Meservy

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

BYLAWS
PROPOSED AMENDMENTS

ARTICLE V. - OFFICERS

Section 3. Term of Office

The president, vice-president, secretary, and treasurer shall be elected for a term of ~~one-year~~ two years or until their successors are elected.

The directors shall be elected for a term of two years or until their successors are elected. Directors from odd-numbered areas shall be elected in the odd-numbered calendar years. Directors from even-numbered areas and the director-at-large shall be elected in even-numbered calendar years.

No officer shall serve more than two consecutive terms in the same office nor more than six consecutive years of the Board of Directors.

Proposed By:	Idaho Board of Nursing
Recommendation:	The Bylaws Committee recommends adoption.
Proviso:	Provided that should this amendment pass, in 1982 the Delegate Assembly will elect the President and Vice President for terms of two (2) years and the Secretary and Treasurer for a one (1) year term.

ARTICLE VI. - NOMINATIONS AND ELECTIONS

Section 1. Committee on Nominations

a. Composition and Term

The committee on nominations shall be comprised of one person from each area. Committee members shall be either members of Member Boards or nurses employed by or for Member Boards.

The term of office shall be one year. No member shall serve more than two consecutive terms on the committee.

b. Election of Committee Nominations

The committee shall be elected by ballot at the annual session of the Delegate Assembly. Nominations shall be made from the floor, and election shall be held at the same time as election of officers. A plurality vote shall elect. The member receiving the highest number of votes shall serve as chairperson. If more than one person from an area receives sufficient votes to be elected, the one receiving the most votes shall serve. In the event there is but one nominee from each area, election may be by voice vote.

c. Vacancy

Vacancies occurring in the committee shall be filled by the Board of Directors. If possible, the Board of Directors shall fill said vacancies from the remaining nominees in the order of the number of votes received.

d. Duties

The committee on nominations shall consider qualifications of all candidates proposed by Member Boards or by members of the committee on nominations. Names submitted for the consideration of the committee shall be accompanied by a statement of qualifications.

e. Report

The committee on nominations shall submit at least one name for each office to be filled. The report shall be ~~included with the call to convention and shall be~~ read on the first day of the meeting of the Delegate Assembly, when additional nominations may be made from the floor. No names shall be placed in nomination without the written consent of the nominee.

Proposed By: The staff of the National Council of State Boards of Nursing

Recommendation: The Bylaws Committee recommends adoption.

ARTICLE VIII. - DELEGATE ASSEMBLY

Section 1. Composition, Term and Voting

a. Composition

The Delegate Assembly, the voting body of the Council, shall be composed of delegates designated by Member

Boards. Each Member Board may designate ~~two-delegates if-the-Member-Board-is-entitled-to-two-votes-or-one delegate-if-entitled-to-one-vote.~~ One delegate who is entitled to one vote. An alternate duly appointed by a Member Board may replace a delegate and assume all privileges of a delegate.

b. Term

Delegates and alternates serve from the first day of the Delegate Assembly to which they have been designated until the Member Board makes a replacement.

c. Voting

Each Member Board using one or more Council examinations for licensing either registered nurses and or practical nurses shall be entitled to ~~two-votes.~~ one vote. ~~The-votes-may-be-cast-by-either-one-or-two delegates.~~

~~Each-Member-Board-using-one-Council-examination-for licensing-either-registered-nurses-or-practical-nurses shall-be-entitled-to-one-vote.~~

There shall be no proxy voting or absentee voting.

Proposed By: California Board of Registered Nursing

Recommendation: The Bylaws Committee does not recommend for adoption.

ARTICLE VIII. - DELEGATE ASSEMBLY

Section 1. Composition, Term and Voting

a. Composition

The Delegate Assembly, the voting body of the Council, shall be composed of delegates designated by Member Boards. Each Member Board ~~may designate two-delegates-if-the-Member-Board-is-entitled-to-two-votes or-one-delegate-if-entitled-to-one-vote.~~ is entitled to two votes and may designate two delegates if desired. An alternate duly appointed by a Member Board may replace a delegate and assume all privileges of a delegate.

b. Term

Delegates and alternates serve from the first day of the Delegate Assembly to which they have been designated until the Member Board makes a replacement.

c. Voting

Each Member Board using Council examinations for licensing ~~registered-nurses-and-practical-nurses-of~~ nurses shall be entitled to two votes. The votes may be cast by either one or two delegates.

~~Each-Member-Board-using-one-Council-examination-for licensing-either-registered-nurses-or-practical-nurses shall-be-entitled-to-one-vote.~~

There shall be no proxy or absentee voting.

Proposed By: West Virginia Board of Examiners
for Practical Nursing

Recommendation: The Bylaws Committee does not
recommend for adoption.

ARTICLE X. - COMMITTEES

Section 7. Examination Committee

a. Composition

The examination committee shall consist of ~~12~~ at least six members. ~~Two~~ One of the members shall represent Member Boards licensing only practical nurses. The remaining ~~ten~~ members shall be selected to represent the areas as evenly as possible.

The chairperson shall have served as a member of the committee prior to being appointed as chairperson.

b. Duties

The committee shall:

- (1) review and evaluate procedures for producing licensing examinations in nursing;
- (2) review and adopt licensing examinations in nursing;
- (3) evaluate licensing examinations which have been administered;
- (4) assist with evaluation of the test service in accordance with responsibilities of the Board of Directors;

- (5) make recommendations to the Board of Directors and provide direction for investigation, study and research concerning development of the licensing examinations in nursing;
- (6) recommend to the Delegate Assembly test plans to be used for the development of licensing examinations in nursing;
- (7) prepare written information about the licensing examinations for dissemination to Member Boards and other interested parties;
- (8) conduct educational conferences as authorized by the Board of Directors or Delegate Assembly.

Prepared By: The staff of the National Council of State Boards of Nursing

Recommendation: The Bylaws Committee recommends adoption.

ARTICLE XI. - FEES AND FINANCE

Section 1. Fees

Each Member Board shall pay a fee each fiscal year. Each Member Board using only one Council examination for licensing, either registered nurses or licensed practical nurses, shall pay one-half, plus 25% of the fee which has been established for Member Boards using both the licensing examinations for registered nurses and practical nurses.

If the fee has not been received within ninety (90) days of the beginning of the Council's fiscal year, the Member Boards shall be subject to termination in accordance with the provisions of these bylaws.

Proposed By: West Virginia Board of Examiners for Practical Nurses

Recommendation: The Bylaws Committee does not recommend for adoption.

ARTICLE XI. - FEES AND FINANCE

Section 1. Fees

Each Member Board shall pay a fee each fiscal year. Each Member Board using only one Council examination for licensing either registered nurses or licensed practical nurses, shall pay one-half of the fee which has been established for Member Boards using both the licensing examinations for registered nurses and practical nurses.

If the fee has not been received within ninety (90) days of the beginning of the Council's fiscal year, the Member Boards shall be subject to termination in accordance with the provisions of these bylaws.

Proposed By:

Georgia Board of Nursing

Recommendation:

The Bylaws Committee does not recommend for adoption.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

STANDING RULES
PROPOSED AMENDMENTS

IV. Nominations and Election

A. Nominations

1. Duties of the committee on nominations

a. The committee shall:

- (1) invite suggestions from Member Boards, setting a date for the submission of written consent forms indicating willingness to serve if selected for the ballot by the committee;
- (2) review copies of all correspondence received by the committee;
- (3) check the qualifications of individuals who have provided written consent to serve if selected for the ballot;

(a) Identify any candidate who holds or expects to hold an elected or appointed office in a state, regional or national association or body while serving as an officer in the Council. Such organizations may include but not be limited to the following:

(i) An organization or body whose members are licensed by or registered with a State Board of Nursing;

(ii) an organization that represents agencies whose major interest is employment of nurses; or

(iii) an organization or body that contracts for services with either a State Board of Nursing or the Council.

(b) In the event that a candidate for elected office in the Council holds such an office, or expects to hold such an office, the nominating

committee shall seek a determination by the Board of Directors in regard to a conflict of interest when a candidate for office in the Council holds office in another association or body.

- ~~(3)~~ (4) select by a majority decision the qualified individuals who shall be invited to accept a place on the ballot;
 - ~~(4)~~ (5) send a letter of invitation to each individual who is the choice of the committee for each office, setting a deadline date for receipt of response;
 - ~~(5)~~ (6) submit a report of the committee including a list of nominees and their qualifications to the executive director at least 60 days before the annual convention.
- b. If an individual declines the nomination before the committee report is prepared, all committee members shall be notified and the committee shall select another prospective nominee. The same procedure of invitation and obtaining a written consent shall be followed.
 - c. If a nominee withdraws after the committee report has been sent to Member Boards but before the election, the committee shall select another nominee using the same procedure of invitation and obtaining a written consent.
 - d. The chairperson shall read the report of the committee including any additions to the written report at the meeting of the Delegate Assembly, excluding the qualifications of nominees which were mailed to Member Boards.

Proposed By: The 1980 Delegate Assembly

Recommendation: The Bylaws Committee recommends adoption.

VII. Board of Directors

A. Duties

The Board of Directors shall:

1. determine the number and categories of staff employed by the Council;
2. adopt a position description, salary range and benefits program for the executive director position;
3. conduct an annual written performance appraisal of the executive director and grant periodic salary increases or additional benefits on the basis of performance;
4. adopt personnel policies for all staff, reviewing them periodically to keep the policies and practices fair and competitive;
5. assume the duties of the executive director whenever there is a vacancy in the position or appoint an acting executive director.
6. Render opinions on conflict of interest.
 - a. Review candidates for office in the Council when such candidates hold office in a state, regional or national association or body.
 - b. Review an officer's qualifications for continuation of service if the officer in the Council accepts an elected or appointed office as described in Rule IV, 1, a, 3 of these rules.

Proposed By: The 1980 Delegate Assembly

Recommendation: The Bylaws Committee recommends adoption.

IX. Fees and Finance

C. Budget Control

The Executive Director, under direction of the Board of Directors, shall manage the budget, shifting between categories as necessary, ~~but without exceeding~~

the-total-expenditure-level-authorized-by-the-Delegate
Assembly- ; however, the total expenditure level author-
ized by the Delegate Assembly shall not be exceeded
except for emergency situations for which designated
expenditures are authorized by the Board of Directors.

Proposed By:

Finance Committee

Recommendation:

The Bylaws Committee recommends
adoption.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Report of
Examination Committee
July 1, 1980 - June 30, 1981

Team I of the Examination Committee met at National League for Nursing Headquarters, New York City, the weeks of October 27-31, 1980, February 23-27, 1981, and May 11-15, 1981. Team II of the Examination Committee met at National League for Nursing Headquarters, New York City, the weeks of September 8-12, 1980, and December 1-5, 1980. The total Committee met at the National Council of State Boards of Nursing office in Chicago, Illinois, on January 22 and 23, 1981.

TEST ACTIVITIES

The following newly-assembled examinations and tests (approximately items) were reviewed item by item and the following actions were taken:

1. Adopted Series 281, State Board Test Pool Examination for Registered Nurse Licensure.
2. Adopted twelve item analysis tests for administration as the sixth test with Series 281.
3. Adopted Form 481, State Board Test Pool Examination for Practical Nurse Licensure.
4. Adopted ten item analysis tests for administration as the third part with Form 481.
5. Adopted Series 781, State Board Test Pool Examination for Registered Nurse Licensure.
6. Adopted fifteen item analysis tests for administration as the sixth test with Series 781.
7. Adopted Form 081, State Board Test Pool Examination for Practical Nurse Licensure.
8. Adopted item analysis tests for administration as the third part with Form 081.

Confidential directions were developed and adopted for:

1. Series 781 and 282.
2. Forms 081 and 482.
3. Use by registered nurse item writers in Fall, 1980.
4. Use by practical nurse item writers in Spring, 1981.

During the October, 1980 meeting, 848 new items for use in future Registered Nurse State Board Test Pool Examinations, which had been reviewed by fifty-one boards of nursing in Spring, 1980, were individually evaluated on the basis of board data and comments. Sixty-eight items were omitted, and 780 items were approved, with or without revisions, for use in item analysis tests. During the February and May, 1981 meetings, 520 new items for use in future Practical Nurse State Board Test Pool Examinations, which had been reviewed by 46 boards of nursing in Fall, 1980, were individually evaluated on the basis of board data and comments. items were omitted, and were approved, with or without revision, for use in item analysis tests.

TEST PLANS

At the joint meeting of the Committee in January, 1981, the current Test Plans for the Registered Nurse and Practical Nurse State Board Test Pool Examination were reviewed. The Registered Nurse Test Plan was approved without revision for calendar 1981 and for the 282 Registered Nurse State Board Test Pool Examination. The Committee approved the Practical Nurse Test Plan for calendar 1980 with a recommended revision which appears at the conclusion of this report.

Seventy-five item Item Analysis tests comprised of questions developed according to the new Registered Nurse Test Plan were administered with Series 281 in February 1981, and will be given with Series 781 and 282, to assure that there are sufficient items in the pool for the July, 1982 examination.

OPTIONS FOR FAILURE CANDIDATES

In accordance with a motion passed by the Delegate Assembly in 1980, the Examination Committee explored options for assisting candidates who fail the State Board Test Pool Examination to diagnose their area of difficulty. The options considered by the Committee were as follows:

1. Providing a profile of the candidates' achievement on the comprehensive test, by Nursing Process areas, and/or by Nursing Systems. The cost of providing such a profile to individual candidates or to all candidates is not known; the Committee believes the diagnostic value would be negligible.
2. Offer the Clinical Simulation Test developed as part of the Validity Study of the Registered Nurse State Board Test Pool Examination as a diagnostic test. The Committee believes this option should be further explored (see recommendation at conclusion of Report).

COMPARABILITY OF CANADIAN NURSES ASSOCIATION TESTING SERVICE EXAMINATION
AND STATE BOARD TEST POOL EXAMINATION

The Examination Committee has obtained detailed information about the development, administration, and scoring of the Canadian Nurses Association Testing Service Comprehensive Examination. After careful review of the information and comparison with the State Board Test Pool Examination, the Examination Committee drew the following conclusions:

1. The CNATS Examination is probably more comparable to the State Board Test Pool Examination than is any other examination.
2. The CNATS Examination is not comparable to the State Board Test Pool Examination in the following aspects:
 - a. The standardization population is different, i.e., the Canadian test service uses only diploma graduates for standardization and the size of the standardization group is considerably smaller than the standardization group for the State Board Test Pool Examination.
 - b. The passing score for the comprehensive CNATS examination has been set at 350 standard score; this score is not comparable to the 350 standard score for each test of the current State Board Test Pool Examination, nor is it comparable to the recommended 1600 score for the comprehensive State Board Test Pool Examination. Individual states could adjust for this by setting their passing score for Canadian graduates at 400.
 - c. A new CNATS examination is developed once a year (occasionally sooner); thus each examination is customarily administered three times before a new examination is developed. This is the most significant difference between the CNATS examination and the State Board Test Pool Examination, in that it allows for much greater exposure of test items.

(See Recommendation at conclusion of Report)

COMPOSITION OF EXAMINATION COMMITTEE

Streamlining of test development procedures has enabled the Examination Committee to decrease the number of meetings needed during 1981-1982 from six five-day meetings and one two-day joint meeting to four five-six day meetings. The reduced meeting schedule will enable the work of the Committee to be carried out by one Committee with alternates rather than the present two-team structure.

SCORING SYSTEM FOR STATE BOARD TEST POOL EXAMINATION

With the assistance of Michael Kane, the Committee has been considering alternative ways of scoring the State Board Test Pool Examination, particularly procedures for criterion - referenced scoring. The Committee recommends that norm-referencing continue to be used as the scoring system for the State Board Test Pool Examination, with continued exploration by the Committee of alternative scoring methods.

RECOMMENDATIONS TO THE DELEGATE ASSEMBLY:

1. That Category X, C, Limitation, of the Test Plan for the Practical Nurse State Board Test Pool Examination be revised by deleting "calculated dosage problems". (See attached copy.)
2. That State Boards of Nursing re-evaluate their rules and policies for the licensure of Canadian graduates, in view of recent information about the CNATS Examination.
3. That the Clinical Simulation Test which was developed as part of the study "Examining the Validity of the State Board Test Pool Examination for Registered Nurse Licensure" be offered as a diagnostic examination for candidates who fail the State Board Test Pool Examination, since the clinical simulation test is already developed, it correlates closely with the State Board Test Pool Examination, and it is based on the same Critical Incident Study as the new Test Plan.

COMMITTEE MEMBERS

TEAM I

Area I - Phyllis T. Sheridan, Idaho
Area II - Joyce Waldrop, Wisconsin
Area III - Renatta Loquist, So. Carolina
Area IV - Loretta Richardson, Maryland
At-Large - Louise Sanders, Texas
PN Board Representative - Ruth Jacobson, WN

TEAM II

Phyllis McDonald, Montana
Lee Christie, Illinois
Sharon Weisenbeck, Kentucky
Jean Caron, Maine
Ruth Stiehl, Florida
Nancy Wilson, West Virginia

Phyllis Sheridan, Idaho served as Chairperson and Sharon Weisenbeck of Kentucky served as Vice-Chairperson of the Committee. Each team has been responsible for one Series, one Form, and one review draft of new items for use in future State Board Test Pool Examinations.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

TEST PLAN FOR STATE BOARD TEST POOL
EXAMINATION FOR PRACTICAL NURSE LICENSURE
ADOPTED BY THE EXAMINATION COMMITTEE OF THE
NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

JANUARY, 1980

The measurable abilities are not mutually exclusive. A single test item may test subabilities under two or more of the major abilities. The range of percentage of items in each major ability in an Examination is included in parentheses.

<u>Measurable Abilities</u>	<u>Limitations</u>
I. (5-8%) Understands what the licensed practical nurse's responsibilities are as a member of a vocation, an individual, and as a member of a health team.	
A. Scope of functions of licensed practical nurses.	
1. Range and limitations of functions	Will not be tested on leadership role.
2. Administrative lines.	Will not be tested on administrative lines other than those which a licensed practical nurse used directly.
3. Problems that should be referred to the physician or the registered nurse.	Will not be tested on details of differentiation of functions of professional workers in the health field.
B. Ethical responsibilities.	
C. Legal responsibilities.	
D. Basic principles of communication and cooperative action.	Will not be tested on principles of group leadership.

Measurable Abilities

Limitations

E.	Vocational growth	
	1. Trends in nursing	Will not be tested on history other than general trends.
	2. Authoritative sources of information.	Will not be tested relative to fine distinctions among sources.
	3. Roles and characteristics of nursing organizations.	Will not be tested on details or structure or function or organizations other than aspects affecting practical nursing or licensed practical nurses.
II.	Understands basic facts and principles of the natural and biological sciences and related terminology.	
(8-10%)		
III.	Knows the signs of physical health and normal physical growth and development throughout the life cycle.	
(6-8%)		
	A. Gross signs of physical health and development.	
	B. Optimum and normal health as differentiated from abnormal states.	Will not be tested relative to subtle variations.
	C. General physical needs.	
	D. General nutritional needs.	Will not be tested on evaluation of diets in terms of measurements other than average servings.
	E. General environmental needs.	

Measurable Abilities

Limitations

IV. (1-3%)	Knows psycho-social facts and principles that are basic to individual adjustment and to safe nursing practice.	
V. (4-7%)	Knows the gross signs of emotional and mental health and development in all age groups, recognizes states of faulty adjustment, and understands general emotional needs and their possible effects on behavior.	Will not be tested on subtle variations in mental or emotional health, or on theories of psychological development.
VI. (9-10%)	Understands basic principles of human relations and knows what measures are likely to be helpful to persons under stress.	Will not be tested on psychotherapeutic concepts, formal nondirective techniques, or on subtle judgments relative to patients' readiness to learn.
VII. (5-7%)	Knows the general causes, modes of transfer, and relative incidence of common diseases and abnormal conditions and understands methods for their prevention and control.	Will not be tested on uncommon diseases or conditions, on the theory of immunity, or on details of preventive programs.
	A. Important causes of, and factors predisposing to, diseases and abnormal conditions.	
	B. Transmission of disease.	
	C. Conditions which constitute major health problems.	
	D. Prevention and control of communicable diseases.	
	E. Prevention and control of noncommunicable diseases and conditions.	

Measurable Abilities

Limitations

F.	Roles of major organizations and agencies concerned with prevention and control of disease and maintenance and improvement of physical and mental health.	Will not be tested on details of structure or functions of the organizations.
VIII. (6-10%)	Knows gross manifestations of common diseases and abnormal conditions.	Will not be tested on uncommon conditions or on any but the most important manifestations.
A.	Symptoms and course.	
B.	Gross effects on the tissues.	
C.	Prognosis and complications.	
IX. (18-20%)	Knows purposes, effects and dangers of common measures used: preventive, diagnostic, therapeutic, supportive and rehabilitative.	Will not be tested on other than gross physiological effects of treatments and medications.
X. (22-32%)	Understands common nursing measures and knows how to carry out or assist with commonly used procedures (exclusive of VI).	
A.	Selection of specific nursing measures in accordance with patient needs.	Will not be tested on selection of complex nursing measures.
B.	Differentiation between safe and unsafe modifications of nursing measures.	Will not be tested on evaluation of procedures in terms of scientific principles.
C.	Preparation for, implementation of, or assistance with measures used in care of patients.	Will not be tested on calculated dosage problems and conversion between metric and apothecary systems. Will not be tested on evaluation of equipment in terms of scientific principles.

Measurable Abilities

Limitations

D. Reporting and recording.

E. Evaluation of priority of patients' needs based upon possible choices of nursing care.

Will not be tested on ability to establish priorities of nursing care of patients with complex needs.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

REPORT OF
ADMINISTRATION OF EXAMINATION COMMITTEE
July 1, 1980 - June 30, 1981

The past year has been a very busy one for the Administration of Examination Committee. Two meetings were held: September 29-30, 1980 and January 19-21, 1981. Because of budgetary restrictions, the third meeting was cancelled and the business was transacted by means of a telephone conference call on April 6, 1981.

Prior to the first meeting of the year, Jeannette Gray resigned from the Committee as a Member. Her vacancy was filled with the appointment of Mrs. Mildred Armour of Arkansas.

Twenty-four jurisdictions submitted their full security measures for review. All were approved and permission was granted for those jurisdictions to negotiate a contract for the use of the State Board Test Pool Examination for the next contract term.

To accomodate the changes made in shipping and inventory of test booklets, which was initiated with the July 1980 examination, 35 jurisdictions consented to an amendment of their security measures to adjust to the use of sealed containers.

Approval was granted for 26 requests for changes in security measures relating to new examination sites, relocation of board of nursing offices and storage of booklets.

Following the administration of Form 080, 3 jurisdictions reported concerns regarding the packaging of the test booklets. Thirteen jurisdictions reported concerns regarding the packaging and printing of Series 281. Fortunately, less than .3% of the packages or booklets contained errors and none of the errors caused any security break or grave error in the administration of the examination; however, the Committee was advised that NLN was taking steps to correct this matter and reduce the likelihood of a reoccurrence of such errors in the future.

There were several incidents reported in which test booklets were lost or nearly lost. They were the following:

1. The Georgia R.N. Board reported that a candidate cleared all but one security check point with a test booklet of Series 780 in her possession. She returned the booklet when she realized at the snack bar that she still had the booklet with her.

It was recommended to the Board of Directors that a letter of reprimand be issued to the Georgia R.N. Board and it be suggested that the Board be discouraged in using the proctor again.

2. One carton containing Series 780 Surgical Nursing test booklets was lost by the shipping agency in transit from Minnesota. It has not been found.

No action was taken.

3. The Wyoming Board had reported that a trunk of Series 280 test booklets had been shipped to NLN, but was returned to them because the trunk was damaged. When the Board received the damaged trunk, 10 Medical Nursing test booklets were missing and the remaining booklets in the trunk were soiled. After receiving a new trunk from NLN, the remaining test booklets were shipped back to NLN. The trunk, however, was not received by NLN until September 1980. The 10 Medical Nursing test booklets originally missing have never been found.

No action was taken.

4. During the October 1980 examination in New York, a candidate carried her test booklet of Part I out of the test center when she left the morning session. It was retrieved from her car with the seal placed on the booklet intact.

This incident is still under investigation.

The Louisiana R.N. Board reported that it received word that a nursing student had an opportunity to review, as well as purchase, documents relating to the SBTPE. Investigation indicated that the material reviewed by the student did not relate to the SBTPE.

No action was necessary.

The Committee recommended to the Board of Directors that approval be granted to the Texas R.N. Board to dispose test booklets by shredding following the administration of an examination. Also, a request was received for NLN to administer the July 1981 examination for the Texas R.N. Board. This request is being incorporated into the security measures and will receive further consideration by the Committee.

The Definition of Nursing as developed by the Nursing Practice and Standards Committee was reviewed and several suggestions relating to wording were made to the Committee. It was also recommended to the Board of Directors that a Licensed Practical/Vocational Nurse be appointed to the Nursing Practice and Standards Committee.

A survey was done of the Member Boards by means of a questionnaire regarding the recognition of the Canadian (CNATS) licensing examination. The summary of the survey was shared with all jurisdictions.

The format for Security Measures was revised in which standards for security serve as the basis for a jurisdiction's security measures. A trial run will be made of the standards during the coming year. Hopefully then, the final draft of the standards and revised format of the security measures can be presented to the Delegate Assembly for review and approval at the 1982 Annual Council Meeting.

Much effort and time is being given to the development of a Policies and Procedures Manual of the Administration of Examination Committee by the Committee. These policies and procedures will be distributed to the Member Boards when completed.

When developing the procedure for handling handicapped candidates, the Committee realized that the current wording of the Contract for the State Board Test Pool Examination for Registered Nurse Licensure and Practical Nurse Licensure did not provide for the various levels of impairments. Following legal consultation, the Committee recommended to the Board of Directors the following change in language of item 3 in the Contract:

The BOARD shall administer the Tests at such times as specified by the Council in accordance with the directions and following precisely the sequence and schedule set forth in the then current manual for the administration of the Tests. It is, however, the intent of the Council and the parties hereto that no handicapped candidate as defined in federal or state statutes, otherwise qualified, shall be deprived of the opportunity to take the Tests, solely by reason of the handicap. Accordingly, Test Service, with the approval of the Council, is prepared to make reasonable modifications of the examination and procedures prescribed herein in order to meet such candidate's special needs. Such request shall be submitted by the BOARD to ~~Test-Service~~ Council in writing at least ~~one-hundred-twenty-(120)~~ thirty (30) days prior to the scheduled examination date ~~to facilitate~~ if the necessary modifications requested relate solely to the procedures prescribed herein and at least one hundred twenty (120) days prior to the scheduled examination date if any other type of modification is requested.

Also, the appropriate use of the SBTPE and the actual use of the SBTPE by the jurisdictions were reconsidered. In consultation with Legal Counsel, the following change in the language of the last paragraph of item 1. in the current contract was recommended to the Board of Directors.

The BOARD shall administer the Tests to, and only to, candidates for initial licensure who have not ~~previously~~ successfully taken completed an examination authorized by the BOARD for the particular type of licensure, or to candidates whose results on the State Board Test Pool Examination taken in another jurisdiction are not viewed acceptable by to the BOARD, ~~as sufficient for licensure under the standards of~~ or to candidates whose licenses have been revoked through legal action by the BOARD.

Since there are Member Boards who are currently using an outside agency to administer the SBTPE for the Board, and there are possibly others who will wish to do the same in the future, suggested language changes in the Contract were made to the Board of Directors to provide for the name of the agency, channels of authority and responsibility, and the assurance of accountability and security of the examination.

Two incidents were reported regarding possible misuse of the examinations. Michigan required an individual whose license was revoked to rewrite the examination in February 1980. Since the Committee recommended a change in the language of the current Contract which would permit the action of the Michigan Board, the Committee reviewed the information submitted and took no action. However, the Board of Directors, after reviewing the information, issued a reprimand to the Michigan Board for violating the current Contract. The second incident concerned the Virgin Islands which permitted an individual, who had successfully written Series 775 and was licensed, to write Series 279 for the purpose of securing licensure in New York. It was recommended to the Board of Directors that a reprimand be issued to the Virgin Islands for misuse of the SBTPE.

To assist the Committee in developing in the future a contingency plan for the administration of an examination which had to be cancelled because of a security break or an act of God, a survey is being conducted of the Member Boards by means of a questionnaire regarding the rescheduling of an examination.

The Committee moves that the testing dates for 1992 be:

RN - February 5-6, 1992 and July 8-9, 1992
(Wednesday and Thursday)

PN - April 15, 1992 (Wednesday) and
October 15, 1992 (Thursday)

The following goals and objectives for 1981-1982 have been identified by the Committee:

1. Monitor and investigate any actual or alleged security breaks.

2. Review and approve security measures of the Member Boards assigned in the 1982 review cycle, and of any other Member Board who has a major change relative to the administration of the examination or has a security problem.

3. Conduct observational visits to those jurisdictions having administrative, security or unusual problems relating to the examination.

4. Continue to complete the Policies and Procedures Manual.

5. Conduct a trial run of the newly developed standards for security measures.

It is believed by the Committee that in order for it to carry out its responsibilities in the coming year, the Committee will need to hold three two-day meetings. In light of anticipated increase in costs for travel, lodging and meals, it is felt that a budget of \$10,000 will be needed.

Submitted by the Committee:

Mildred Armour, AK
Jerry Coca, NM
Sandra MacKenzie, MN
Lois O'Shea, DE
Eleanor Twiggs, OH
Geraldine Wenger, PA, Chairperson

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Report of
Nursing Practice and Standards Committee
July 1, 1980 - June 30, 1981

The Nursing Practice and Standards Committee met five times, including a brief meeting just prior to the June 1980 Convention of the Council. Two new members were added to the Committee - Arleen Sergeant, Oregon and Ruth Elliott, Tennessee - making a total of 6 members.

A Forum was held at the 1980 Council Convention for discussion of three documents:

1. Guidelines for Implementation of Statutory Changes,
2. Differences Between Statutory and Professional Definitions of Nursing Practice, and
3. Statutory Definitions of Nursing Practice, Nurse, and Affiliate Nurse.

A recommendation regarding the ANA Credentialing Study recommendations as to who should define nursing practice was referred to the Delegate Assembly for their consideration.

The principal work of the Committee during the past year was the development of a Model Nursing Practice Act. Four drafts were developed through small group and individual work sessions, total Committee involvement, and between meeting assignments. The Committee especially appreciated the excellent consultation and contributions provided by Toni Massaro, Attorney. The Committee also utilized feedback from the 1980 Forum and received input from the Board of Directors, the Examination Committee and the Administration of Examination Committee.

The Model Nursing Practice Act developed by the Committee is included in this report with the following recommendation:

"The Nursing Practice and Standards Committee recommends adoption of the Model Nursing Practice Act at the 1981 Delegate Assembly."

This Model Practice Act, as do all practice acts, delegates to Boards of Nursing the authority to adopt rules and regulations to more specifically administer and enforce the Act. The Nursing Practice and Standards Committee has been charged with the development of model nursing practice, education and conduct standards. Such standards are commonly incorporated into rules

and regulations. Therefore, to further assist the states in using the Model Practice Act, the Nursing Practice and Standards Committee plans to develop Model Rules and Regulations as part of the continuing responsibilities of the Committee.

One State Board of Nursing has been given permission to pilot test the proposed Model Act. The Committee plans to develop a descriptive research proposal to study the effects of the Model Nursing Practice Act and resulting changes in nursing statutes in other states that choose to pilot test the document.

The Committee has recommended to the Board of Directors that the Guidelines for Implementation of Statutory Changes be printed in brochure form, advertised, and sold for a fee. Work has begun on the development of nursing practice standards.

The work of the Committee for 1981 - 1982 includes:

1. editing the Model Nursing Practice Act and submitting it for publication;
2. developing Model Rules and Regulations that incorporate nursing practice, education and conduct standards;
3. developing a descriptive research proposal to study the effects of the Model Practice Act on changes in State Nursing Statutes; and
4. develop continuing competency requirements.

Five meetings of three days each have been proposed to accomplish the objectives for 1981 - 1982, Consultants will be needed as well as other resources. A budget of \$27,300 has been requested to support the work of the Committee.

Submitted by:

Thelma Cleveland, Chairperson, -
Washington
Ruth Elliott - Tennessee
Anne Kellett - New Jersey
Margaret Pavelka - Nebraska
Arleen Sergeant - Oregon
Mary Shilling - South Carolina

WORKING DRAFT #4

April 1, 1981

M O D E L N U R S I N G P R A C T I C E A C T

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INTRODUCTION

As stated in the Preamble to its Bylaws, the National Council of State Boards of Nursing was established to provide an organization through which Boards of Nursing could counsel and act together on matters of common interest and concern affecting the public health, safety, and welfare. The Council established the Nursing Practice and Standards Committee as one means of implementing its purposes and objectives. Included in the duties of the Nursing Practice and Standards Committee are responsibilities to (1) propose and periodically review model statutory definitions of professional and practical nursing, and (2) propose and periodically review model laws pertaining to nursing practice and standards, to licensure, license renewal, disciplinary action, approval of nursing education programs, and any other matter which comes under the legal purview of Member Boards. The Council obtained funding from the W. K. Kellogg Foundation to support its program development for a three-year period and stipulated in its proposal that the monies would be used for such matters as developing a model nursing law, including a statutory definition of nursing practice. The model nursing practice act outlined in the following pages is presented by the Nursing Practice and Standards Committee to the membership of the National Council of State Boards as an initial effort to meet the responsibilities and obligations outlined above.

The legislation presented here is a model act. The Council of State Governments has defined a model act as:

A piece of legislation which seeks to address, in comprehensive fashion, a

determined need. Model bills are often reform legislation intended to provide order in an area where existing legislation is out of date, internally inconsistent, too broad or too narrow, or for some reason inadequate to implement current state policy.⁽¹⁾

This definition expresses the intent of the Nursing Practice and Standards Committee. As the various states and territories have attempted to respond to the many changes in nursing practice that have evolved over the years, significant differences have resulted in the manner in which the same subject matter has come to be statutorily regulated in the different states. Some nursing practice acts are more comprehensive than others, some are out of date, some omit essential provisions, and some are internally inconsistent. While there is a need to preserve a degree of flexibility necessary to meet local law considerations, there is also a need to have enough uniformity among the nursing practice statutes of the several states so that the regulation of the practice of nursing can be viewed in a similar manner throughout the nation in terms of its basic purpose which is to safeguard the public health, safety, and welfare. Such uniformity also would further the concept of nurses and nursing as a valuable national resource by facilitating the geographic mobility of nurses to meet needs and interests.

It is intended that this model act could serve as a standard by which the comprehensiveness and effectiveness of respective state nursing laws could be assessed. It also is intended

¹Council of State Governments. STATE REGULATORY POLICIES: DENTISTRY AND THE HEALTH PROFESSIONS. Lexington, Ky.: The Council of State Governments, 1979.

to serve as a guide to assist states in formulating improvements for their nursing statutes. Some caution, however, should be exercised in the use of this Model Act. Some of its provisions are novel and perhaps, futuristic in that they cover matters not previously touched upon by most state nursing acts. Consequently, one or more of these novel provisions may conflict with existing state statutory or constitutional law. In addition, some of its provisions are broad in nature to allow for flexibility in implementation through the promulgation of Board rules and regulations. It is conceivable that in certain states more specificity may be required in the statutory provisions in order to avoid unconstitutional delegation of authority. The Nursing Practice and Standards Committee urges all potential users of this Model Act to study it thoroughly in light of the law in their respective states, and to seek appropriate legal analysis and opinion in relation to specific questions concerning potential problems.

New titles for the practitioners of nursing are included in this Model Act in order to remedy past and present confusion about the legal status of nurses and to curtail the perpetuation of problems that result from this confusion. Similarly, the process by which Boards of Nursing regulate the preparation of nurses is addressed so as to clarify the Board's legal role and eliminate inappropriate distinctions between governmental and voluntary processes in this area of concern.

In developing this initial Model Act, the Nursing Practice and Standards Committee first distinguished between statutory and professional definitions of nursing practice since it is from the definition of

practice that all other parts of a practice act evolve. The paper outlining this difference, as well as the proposed definitions of the practice of nursing, Licensed Nurse, Licensed Affiliate Nurse, were discussed at a forum held during the 1980 Convention of the National Council of State Boards of Nursing. Using feedback from this forum, input from the Council's Board of Directors and other committees, legal consultation, information gleaned from the nursing literature and the literature of other professions, and current state nursing practice acts, and the extensive experiences of the Committee's members, the present draft of the Model Nursing Practice Act was developed. This Model Act is presented to the 1981 Delegate Assembly of The National Council of State Boards for its consideration and decisions.

ARTICLE I. TITLE, DESCRIPTION, AND PURPOSE

Comments

Section 1. Title of Act. This Act shall be known and may be cited as "The (state) Nursing Practice Act."

Section 2. Description of Act. An Act to provide for the regulation of the practice of nursing, a practice affecting the public health, safety and welfare; to provide for a state board of nursing; and to define the powers and duties of that board, including licensure of practitioners of nursing, establishment of standards for nursing practice educational programs, and prescription of penalties for violation of the provisions of this Act.

Section 3. Purpose. The Legislature finds that the practice of nursing by unskilled and incompetent persons presents a danger to the public health, safety and welfare. Therefore, it is the legislative purpose of this Act to promote, preserve and protect the public health, safety and welfare by and through the effective control and regulation of the Practice of Nursing and of educational preparation for these practices, and to ensure that any person practicing or offering to practice nursing, as defined in this Act, or using the title of Licensed Nurse or Licensed Affiliate Nurse after the effective date of this Act within this state shall, before entering upon such practice, be licensed as hereinafter provided.

This section describes the general scope of the Nursing Practice Act. It summarizes and clarifies the main elements of the Act and serves as a useful reference.

This section answers questions about what the legislature intended to accomplish through passage of the statute. Such a section assists the Board of Nursing in implementing the Act and responding to questions about provisions of the Act. This section also assists the courts, the attorney general, or other legal counsel in interpretation of the Act.

In this section, nursing is established as a profession, thereby affording Licensed Nurses the rights and responsibilities that attend professional status. In addition, this section acknowledges a paraprofessional nursing practice, that of Licensed Affiliate Nurse, which also affects directly the public health, safety and welfare and also should be regulated and controlled.

Comments

The legislature further finds that professional and paraprofessional levels exist within the practice of nursing. The professional practice of nursing is reserved to duly qualified Licensed Nurses. Licensed Affiliate Nurses perform at the paraprofessional level of the practice of nursing. Because both levels of the practice of nursing affect the public health, safety, and welfare, the legislature finds that they should be regulated and controlled in the public interest.

Other persons to whom certain tasks may be delegated by Nurses should not be licensed or controlled by statute because these tasks are limited and their performance under supervision can be controlled and regulated by other means.

The method of control and regulation stipulated in the Practice Act should be licensure rather than some other mechanism, such as registration. Licensure is the process by which an agency of state government grants permission to an individual to engage in a given occupation upon finding that the applicant has attained the essential degree of competency necessary to ensure that the public health, safety and welfare will be reasonably well protected.⁽¹⁾ The state maintains records of past and present licensees. In granting an individual permission to practice through licensure, the state also holds the individual responsible and accountable for that practice.

In the history of American nursing, the process of registration preceded that of licensure. Nongovernmental registries listed nurses who met certain qualifications and thus served to protect the public against incompetent practitioners. When licensure was instituted in the various states, the term "registered nurse" and the abbreviation "R.N." were protected for use by only qualified nurses. Registration, however, differs from licensure in that it is a process by which qualified individuals are listed on an official roster.

¹Public Health Service, CREDENTIALING HEALTH MANPOWER, Department of Health, Education and Welfare, Washington, D.C., 1977, DHEW Publication No. (OS) 77-50057, page 4.

Comments

It enables such persons to use a particular title and attests to employers and the public that certain qualifications have been met and maintained. Such rosters may be maintained by either governmental or nongovernmental agencies. In some states both registration and licensure are stipulated in the Nursing Practice Act.

Since licensure affords greater protection for the public, the Nursing Practice Act should refer only to this process. Current references to registration that are embodied in the legally recognized title for nurses serves only to confuse the public and the practitioners and should be deleted in revisions of the Act. Alternate titles should be found to designate the licensed practitioners of nursing.

ARTICLE II. DEFINITIONS

Section 1. Practice of Nursing. The "Practice of Nursing" means assisting individuals or groups to maintain or attain optimal health throughout the life process by assessing their health status, establishing a diagnosis, planning and implementing a strategy of care to accomplish defined goals, and evaluating responses to care and treatment. The strategy of care includes maintaining comfort, supporting human functions and responses, maintaining an environment conducive to well being, and providing health teaching and counseling.

Comments

The most important part of a practice act is the definition of the practice that it seeks to regulate. The definition should distinguish nursing practice from the practice of other health professions, yet should be stated in terms sufficiently broad to include all levels of practice. A broad definition will enable the Board of Nursing to adopt implementing rules and regulations to meet changing practice. This definition is based on information found in the report "Critical Requirements for Safe/Effective Nursing Practice", 1978, a research project conducted for the National Council of State Boards of Nursing by Angeline M. Jacobs and others. It does not include references to educational preparation or responsibilities that are common to all health professions, such as knowledge of biological, physical, behavioral, psychological and sociological sciences; supervision, administration, delegation and teaching; and performing interdependently with other health professionals. It is believed that execution of the medical regimen does not describe the essence or unique elements of nursing that distinguish it from other health professions and for which regulation is required in order to safeguard the public health, safety and welfare. Others also execute aspects of the medical regimen, such as pharmacists, medical social workers, and physical therapists, but this Act does not describe their particular practices. However, the process of implementing a strategy of care may encompass collaborating with the profession of medicine in carrying out certain aspects of the medical regimen. In many in-

Comments

stances, the welfare of the recipients of health care necessitates medical and nursing care synergism. Assisting other health professionals in the provision of care should be a legally recognized component of practice, not only for nurses, but for all health professionals.

Section 2. Licensed Nurse. "Licensed Nurse" means a person who practices professional nursing and to whom is reserved the following responsibilities: (a) establishing a nursing diagnosis;

- (b) planning strategies of nursing care;
- (c) prescribing nursing interventions;
- (d) evaluating responses to interventions;
- (e) authorizing nursing measures that may be performed by others and that do not conflict with this Act;
- (f) maintaining the quality of nursing care rendered directly or indirectly;
- (g) teaching and managing nursing; and
- (h) conducting research in nursing.

Section 3. Licensed Affiliate Nurse. "Licensed Affiliate Nurse" means a person who, under the supervision of a Licensed Nurse, assists with implementing a strategy of nursing care which is limited to maintaining comfort, supporting human functions and responses, maintaining an environment conducive to well-being, and providing health teaching and counseling.

This definition describes the responsibilities and scope of practice of professional Licensed Nurses and entrusts them with overall responsibility for nursing care. It outlines certain essential responsibilities which no paraprofessional or auxiliary has the educational preparation or training to undertake. However, it enables the Licensed Nurse to authorize nursing measures that may be performed by others under appropriate supervision. Such a definition clearly distinguishes the differences between a Licensed Nurse's practice and the practice of others within the field of nursing; e.g., Licensed Affiliate Nurses and auxiliaries. The Licensed Nurse may perform all aspects of nursing, including those specifically reserved to them. Licensed Affiliate Nurses and others are limited in their scope of nursing practice to certain responsibilities.

This definition clearly distinguishes the responsibilities and practice of Licensed Affiliate Nurses from that of Licensed Nurses by describing the specific aspects of nursing practice that they practice. The responsibility for supervising nursing care belongs to the professional within the field of nursing, the Licensed Nurse. No other health professional is qualified to assume this responsibility.

Comments

Section 4. Board. "Board" means the (State) Board of Nursing.

Section 5. License. "License" means a current document permitting the practice of nursing as a Licensed Nurse or Licensed Affiliate Nurse.

A license is a current document issued to a qualified individual for the purpose of permitting that individual to practice as a Licensed Nurse or Licensed Affiliate Nurse for a specific length of time. A license is renewable provided existing qualifications have been met. Since the only purpose of a license is to grant legal permission to a qualified person to do something no inactive license should be provided.

Section 6. Strategy of Care. "Strategy of Care" means the goal-oriented plan developed to assist individuals or groups to achieve optimal health potential.

Section 7. Nursing Intervention. "Nursing Intervention" means a therapeutic action deliberately selected and performed to implement the strategy of care.

Section 8. Supervision. "Supervision" means the general overseeing and the authorizing to direct in any given situation. This includes initial direction, procedural guidance, and periodic inspection and evaluation.

Section 9. Managing. "Managing" means planning, organizing, integrating, implementing and evaluating to achieve an objective or set of objectives.

Section 10. Nursing Diagnosis. "Nursing Diagnosis" means "the judgement or conclusion that accrues as a result of nursing assessment."⁽¹⁾

¹Christine Gebbie and Mary Lavin, CLASSIFICATION OF NURSING DIAGNOSIS, The C. V. Mosby Co., 1975, page 70.

Comments

Section 11. Limited License. "Limited License" means a license to practice nursing in a restricted capacity. The restrictions may be applied to: (a) a person with a handicap who can safely practice nursing within the parameters defined by the Board; or

(b) A licensee who has been subjected to disciplinary action by the Board.

Section 12. Specialists. "Specialists" mean practitioners who choose to focus their practice in a particular area of nursing in which they have specialized knowledge.

Section 13. Accreditation. "Accreditation" is the process by which the Board evaluates and grants official recognition to nursing educational programs which meet established uniform and reasonable standards.

The term accreditation more accurately describes the process by which the Board evaluates and recognizes nursing education programs that meet certain predetermined standards than does the term approval. While the terms can be defined differently to distinguish evaluative and recognition processes, they may also be used as synonyms for one another. Since Boards of Nursing commonly establish standards for nursing education programs, the term that more precisely describes the process of determining whether or not the standards have been met is accreditation rather than approval.

Section 14. Prescribing. "Prescribing" means specifying nursing intervention(s) intended to implement the defined strategy of care.

Section 15. Competence. "Competence" in nursing means performing skillfully and proficiently the functions within the role of the licensee, and demonstrating the inter-relationship of essential knowledge, judgment, attitudes, values and skills.

ARTICLE III. BOARD OF NURSING

Section 1. Membership; Appointment; Nominations; Term of Office; Removal; Vacancies; Qualifications; Immunity. (a) The Board of Nursing shall consist of () members to be appointed by the Governor () days prior to the expiration of the term of office of a current member. Nominations for appointment may be made to the Governor by any interested individual, association, or any other entity, provided that such nomination be supported by a petition executed by no less than () persons qualified to vote in this state. These nominations shall not be binding upon the Governor.

(b) A majority of the Board, () members, shall be Licensed Nurses; () members shall be Licensed Affiliate Nurses; and () members shall be representatives of the public.

Comments

The size of the Board should take into consideration the population of the state, the numbers of Licensed Nurses and Licensed Affiliate Nurses being regulated, the number of educational programs and agencies, and the number needed to effectively enforce the Act. In most states, the number of Board members is an odd number so that determinations by a clear majority may be made.

The Senate may have confirming privilege. A ratio (number of fraction) of the members of the Senate then present and voting shall be required for confirmation in accordance with the State Constitution.

Some mechanism should be developed to enable the Board to conduct its business with a full complement of members so that there is no fear of subsequent challenge regarding delayed appointments, senate confirmation, apathy, changes in the law and staggered terms.

The provision regarding nominations avoids challenges of conflicts of interest or discrimination, ensures genuine interest of a number of nominating persons, yet preserves gubernatorial discretion.

Some states may desire the membership to consist of geographic representation or representation of the various areas of nursing practice such as education, administration and clinical practice. Such special

Comments

The Licensed Nurse members shall be residents of this State, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing as a Licensed Nurse, and shall have had no less than five (5) years of experience as a Licensed Nurse, three (3) of which immediately preceded appointment.

The Licensed Affiliate Nurse members shall be residents of this State, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing, and shall have had no less than five (5) years of experience as a Licensed Affiliate Nurse, three (3) of which immediately preceded appointment.

The representatives of the public shall be residents of this State who have attained the age of majority, are knowledgeable in consumer health concerns and shall not be nor ever have been a health care provider or be enrolled in any health related educational program.

Membership shall be restricted to no more than one (1) person who is associated with a particular agency, corporation or other enterprise or subsidiary at one time.

group representation and input also may be achieved through formation of advisory committees.

A majority of Licensed Nurse members on the Board is required to determine if persons performing professional nursing functions are qualified. Professional opinion constitutes the best possible criterion of the legality of a nursing action. The need for expertise is a sufficient state interest to justify a Board composed primarily of Licensed Nurses.

Licensed Nurse and Licensed Affiliate Nurse members should have sufficient nursing background and expertise to handle the complex and technical matters within the Board's jurisdiction. These members also should have a commitment to the protection and concerns of the public.

A possibility of conflict of interest is raised when Board members hold elected positions in professional associations.

To avoid any challenge of discrimination the Licensed Nurse and the Licensed Affiliate Nurse members should not be required to be members of their respective associations.

Consideration should be given to having more than one (1) member representing the public. The number chosen should increase as the size of the Board increases.

In order to assure that public members are truly independent in their judgment, any person who has a possible substantial relationship with a health provider is rendered ineligible by this section.

(c) Members of the Board shall be appointed for a term of () years.

The present members of the Board holding office under the provisions of (Act being amended or repealed) shall serve as members of their respective terms.

No member shall serve more than two (2) consecutive full terms. The completion of the unexpired portion of a full term shall not constitute a full term for purposes of this section. Any Board member initially appointed for less than a full term shall be eligible to serve for two (2) additional consecutive full terms.

An appointee to a full term on the Board shall be appointed by the Governor before the expiration of the term of the member being succeeded and shall become a member of the Board on the first day following the appointment expiration date. Appointees to unexpired portions of full terms shall become members of the Board on the day following such appointment.

Each term of office shall expire at midnight on the last day of the term of the appointment or at midnight on the date on which any vacancy occurs.

(d) Any vacancy that occurs for any reason in the membership of the Board shall be filled by the Governor in the manner prescribed in the provisions of this article regarding appointments. Vacancies created by reason other than the expiration of a term shall be filled within () days after such vacancy occurs.

Comments

In the event of passage of a new act which changes the size of the Board, provision should be made for carry-over of Board members.

In order to facilitate timely Board appointments no provision for delayed appointments has been made.

Comments

A person appointed to fill a vacancy shall serve for the unexpired portion of the term.

(e) The Governor may remove any member from the Board for neglect of any duty required by law or for incompetency or unprofessional or dishonorable conduct. Any interested person may file a complaint against a Board member with the appropriate state agency or official.

The general laws of the state controlling the removal of public officials from office shall be followed in dismissing Board members.

(f) All members of the Board shall enjoy immunity from individual civil liability while acting within the scope of their duties as Board members.

(g) Board meetings and hearings shall be open to the public. In accordance with the law the Board may in its discretion conduct part of the meeting in executive session closed to the public.

Section 2. Powers and Duties. (a) The responsibility for enforcement of the provisions of this Act is hereby vested in the Board of Nursing. The Board shall have all of the duties, powers and authority specifically granted by and necessary to the enforcement of this Act, as well as such

Because of the quasi-judicial functions of regulatory boards it may be wise to cite within the law a clause granting immunity.

Each state's laws should be researched to determine the power of the legislature to grant immunity as expressed in this section.

Most states have adopted public meeting laws which provide for open meetings. The Board should investigate the content of the public meeting law in relation to executive sessions.

The provision of executive session for review of future test items by Board members and staff is necessary.

Comments

other duties, powers and authority as it may be granted from time to time by appropriate statute.

(b) The Board of Nursing is authorized to make, adopt, amend, repeal and enforce such Rules and Regulations not inconsistent with law as it deems necessary for the proper administration and enforcement of this Act and to protect the public health, safety, and welfare.

(c) Without limiting the foregoing, the Board of Nursing is further authorized to do the following: (i) Develop reasonable and uniform standards for nursing practice;

An effort should be made to allow for some freedom within the statute to accommodate for changes in the nature of practice and to service priority health needs which vary and differ from time to time.

State Administrative Procedure Acts specify appropriate constitutionally required procedures for rulemaking, conduct of hearing and other Board functions that affect the right of the public and affected individuals to be afforded due process of law in such matters. Some states enact procedural provisions directly as a part of each Nursing Act.

Rulemaking authority can only be delegated by specific statute. Rules (except for interpretive rules i.e. those not subject to formal rulemaking process) have the force and effect of law once they have been properly adopted.

Rulemaking authority should be used sparingly and only as is necessary to carry out the provisions of this Act, or to comply with a legislative mandate.

The Board of Nursing has the responsibility for determining standards against which safe nursing practice will be judged. The development of criteria to evaluate specific nursing activities by other groups might be useful to regulating Boards in establishing the standard.

Comments

(ii) Publish advisory opinions regarding whether the nursing practice procedures or policies authorized, condoned, or acquiesced to by any agency, facility, institution, or other organization that employes individuals licensed under this Act comply with acceptable standards of nursing practice as defined in this Act or Board Rules and Regulations; and submit comments, register complaints, or file charges with the appropriate advisory, certifying or regulatory body governing such agency, facility, institution or organization when appropriate;

(iii) Examine, license, and renew the license of duly qualified individuals;

(iv) Mandate continued competency of licensees continuing or returning to practice;

(v) Conduct surveys of educational enrollments and licensure and report to the public;

(vi) Conduct investigation, hearings and proceedings concerning alleged violations of this Act or of the rules and regulations of the Board;

This section restates the Board's inherent authority to express its views regarding the practice of nursing within the state to protect the public health, safety and welfare. It does not confer investigatory powers beyond those already reserved to the Board. It is intended to encourage the Board to actively investigate, research and examine the standards of nursing practice endorsed or otherwise allowed by employers of licensees under this Act. In the interest of maintaining high standards of nursing practice and of assuring that licensees are not subjected to conflicting rules or regulations, this section allows the Board to exert its influence and pursue appropriate legal, administrative or other channels to eliminate unacceptable nursing practices or procedures.

The licensing examination and the frequency and timing should depend on a nationally established examination and calendar.

This includes consideration of continued competency and interstate endorsement. Each State Board of Nursing should determine when and under what conditions re-examination may be required.

This allows for responsible monitoring and control of current licensure and assures the public of the availability of nursing resources within the state.

To avoid operating under a law of negligence, the Board should identify, in the State Administrative Procedures Act, sufficient regulatory authority to hold licensees accountable for all acts.

Comments

(vii) Compel attendance of witnesses, issue subpoenas and administer oaths to those testifying at hearings;

Refer to comment for Section 2.(b), paragraph 2.

(viii) Determine and administer appropriate disciplinary action against all individuals found guilty of violating this Act or of the rules and regulations of the Board;

Boards have the judicial authority to act, under law, when necessary against individuals, agencies or programs.

(ix) Develop and enforce reasonable and uniform standards for nursing education programs;

What constitutes sufficient training, education and skill for licensure is a professional decision. The Board with its professional majority makes these decisions for nurses.

(x) Accredit nursing education programs that meet the prescribed standards;

Essential educational standards are best applied in the accreditation process by Boards of Nursing because professional judgment is needed to monitor compliance with the standards and to assure the preparation of safe practitioners of nursing. The Board should not delegate its accreditation function, because this might be unauthorized, improper and invalid delegation of its legislative authority.

(xi) Deny or withdraw accreditation of nursing education programs that fail to meet the prescribed standards;

(xii) Regulate the manner in which specialists announce their practice to the public;

The major concern with the announcement of specialty practice is its potential for confusing the public. The attempt here is to control the proliferation of nursing titles without limiting the evolving practice of specialists in any anti-competitive manner. It is recommended that nurses choosing specialty practice announce themselves as Licensed Nurses (specific specialty mentioned). Since the unsafe practice of any licensee is subject to disciplinary action, the public protection remains.

(xiii) Issue a limited license to practice nursing subject to such terms and conditions as the Board may impose;

To qualify for an initial limited license, a handicapped person should meet the essential standards of an educational program and other requirements specified in the statute and administrative regulations.

A previously licensed nurse who becomes handicapped may also be issued a limited license.

A nurse whose license is under discipline by the Board may be issued a limited license if, for some reason, it is determined that the licensee is incapable at that time of practicing the full scope of nursing safely, as a Licensed Nurse or Licensed Affiliate Nurse.

Questions should be included on the initial application for licensure, renewal application, and verification form to establish information regarding the need for a limited license.

Limited licensure provisions, imposed by the Board of Nursing, should be noted on the license issued to the individual.

(xiv) Maintain records of proceedings as required by state law;

(xv) Conduct conferences, forums, studies and research on nursing practice and education;

This ensures consideration of public policy and representation of public concerns. It may also initiate educational schemes to improve professional and occupational performance.

(xvi) Appoint and employ legal counsel, accountants, and such other employees, assistants and agents as may be necessary in the opinion of the Board to administer and enforce the provisions of this Act;

The principles that apply in determining the lawfulness of expenditures by state administrative agencies would apply here. Individual states may prohibit this provision by statute or regulation.

Comments

(xvii) Appoint and employ a qualified Licensed Nurse to serve as Executive Director and approve such additional staff positions as may be necessary in the opinion of the Board to administer and enforce the provisions of this Act;

(xviii) Join such organizations and associations which exclusively promote the improvement of the standards of the practice of nursing for the protection of the public health, safety and welfare and whose activities promote the work of the Board;

(xix) Submit an annual report to the Governor summarizing the Board's proceedings and activities;

(xx) Require such surety bonds as are deemed necessary;

(xxi) Determine and collect reasonable fees;

(xxii) Receive and expend funds in addition to appropriations from the state, provided: such funds are received and expended for the pursuit of the authorized objectives of the Board of Nursing; such funds are maintained in a separate account; and periodic reports of the receipt and expenditure of such funds are submitted to the Governor; and

(xxiii) Adopt a seal which shall be in the care of the Executive Director and which shall be affixed only in such a manner as prescribed by the Board.

The Board can only operate within the limits of available resources and should be staffed to carry out functions in a meaningful manner.

This may be supported on the basis that such professional associations and organizations are highly reflective of current trends in education, practice and the health field in general. It also ensures consideration of broad public health policy issues such as costs, services, fragmented care etc.

The report is basic to accountability and offers a means of monitoring Board activity.

Comments

(d) Notwithstanding any other provision of this Act, the Board shall not, by rule or otherwise, limit the right of Licensed Nurses to practice with other health professionals or in an association, partnership, corporation or other lawful entity; or limit the right of Licensed Nurses to practice under the name "nursing clinic," "nursing center," or other descriptive terms, provided the term is not misleading regarding the nature of services provided.

(e) This Act shall not be construed to require the Board of Nursing to report violations of the provisions of the Act whenever, in the Board's opinion, the public interest will be served adequately by a suitable written notice of warning.

Section 3. Executive Director. (a) An Executive Director shall be appointed by the Board and shall be responsible for the performance of administrative responsibilities of the Board and such other duties as the Board may direct.

(b) The Executive Director shall have the following qualifications: (i) Master's degree in nursing from an accredited college or university;

(ii) License to practice as a Licensed Nurse in the State;

(iii) At least () years experience in nursing practice, including administration, teaching or supervision in schools of nursing or health agencies;

These limitations attempt to remove containment of innovative efforts in the delivery system.

The title for the Board's Executive Officer may vary in the Act.

Each Board should appoint a permanent administrative officer of Director, to perform and supervise the administrative duties and responsibilities of the Board on a daily basis. The challenge of conflict of interest must be considered when the Executive Director serves in an elected office of a professional organization

Comments

(c) The Executive Director of the Board of Nursing shall receive an annual salary which shall be determined by the Board and which shall be competitive with salaries for positions requiring similar education and experience, and reimbursement for all expenses incurred in connection with performance of official duties.

Section 4. Officers. (a) The Board of Nursing shall elect from its Licensed Nurse members, a President and Vice President. The President shall preside at Board meetings and shall be responsible for the performance of all duties and functions of the Board required or permitted by this Act. In the absence of the President, the Vice President shall assume these duties.

(b) Additional officers shall be established and filled by the Board in its discretion.

(c) Officers elected by the Board shall serve a term of () years commencing with the day of their election and ending upon election of their successors, and shall serve no more than () consecutive full terms in each office to which they are elected.

Section 5. Meetings; Notice; Quorum; Manner of the Acting. (a) The Board of Nursing shall meet at least once every () months to transact its business. One meeting shall be designated as the annual meeting for the purpose of electing officers and Board reorganization and planning. The Board shall meet at such additional times as it may determine. Such additional meetings may be called by the President of the Board or by two-thirds of the members of the Board.

Licensed Nurses should serve as President and Vice President since they are the only persons fully qualified to represent the Board in interpreting the nature of nursing practice as defined in and regulated by the law.

Comments

(b) The Board shall give official and public notice for the place and time of the meeting. The place for each meeting shall be determined prior to giving notice of such meeting and shall not be changed after such notice is given without adequate subsequent notice.

(c) Notice of all Board meetings shall be given in the manner and pursuant to requirements prescribed by the state's applicable statutes and rules and regulations.

(d) A majority of the Board members including the President or Vice President shall constitute a quorum for the conduct of a Board meeting. The act of the majority of the members present at a meeting at which a quorum is present shall be the act of the Board of Nursing.

Section 6. Compensation. Each member of the Board shall receive, as compensation, a reasonable sum for each day on which the member is engaged in performance of the official duties of the Board, and reimbursement for all expenses incurred in connection with the discharge of such official duties.

Board members should be reimbursed commensurate with the duties and responsibilities of the appointment. It is recommended that an amount not be specified in the statute in order to allow for adjustments in keeping with economic conditions, unless such specification is required within the jurisdiction.

ARTICLE IV. ADMINISTRATIVE PROCEDURE ACT -
APPLICATION

Comments

The (state) Administrative Procedure Act is hereby expressly adopted and incorporated herein as if all the provisions of such Act were included in this Act.

ARTICLE V. LICENSURE

Comments

Section 1. Qualifications. (a) Licensure by Examination: An applicant for licensure by examination to practice as a Licensed Nurse or Licensed Affiliate Nurse shall: (i) Have submitted a written application as prescribed by the Board;

(ii) Be a graduate of a high school accredited by the state agency charged by law with accrediting high schools, or shall have a high school education equivalent thereto as determined by the Board;

(iii) Be a graduate of an accredited nursing education program recognized by the Board;

(iv) Pass an examination given by the Board;

(v) Have committed no acts which are grounds for disciplinary action as set forth in Article IX, Section 1, of this Act; and

(vi) Remit such fees as specified by the Board.

Each applicant who successfully meets the requirements of this section shall be entitled to licensure as a Licensed Nurse or Licensed Affiliate Nurse, whichever is applicable.

Reference to grounds for disciplinary action is used instead of good moral character frequently seen in such acts. Defining good moral character has caused difficulty in the past and its requirements for licensure may not be sustained by the courts in the future. Reference to specific grounds included in the Act should be more easily defended.

Comments

(b) Licensure by Endorsement: An applicant for licensure by endorsement to practice as a Licensed Nurse or Licensed Affiliate Nurse shall: (i) Have submitted a written application as prescribed by the Board;

(ii) Have committed no acts which are grounds for disciplinary action as set forth in Article IX, Section 1, of this Act;

(iii) Submit such fees as specified by the Board;

(iv) Have submitted proof of initial licensure by an examination acceptable to the Board, provided that when the applicant secured his or her initial license, the requirements for licensure included such requirements necessary for licensure at that time in this state; and have submitted proof that such license has not been suspended, revoked, or otherwise restricted for any reason other than failure to renew or to obtain required continuing education credits; or

(v) If applicant has not passed an examination acceptable to the Board, be required to pass such examination or meet other requirements as specified by the Board.

Each applicant who successfully meets the requirements of this section shall be entitled to licensure as a Licensed Nurse or Licensed Affiliate Nurse, whichever is applicable.

These requirements apply the same standards to applicants for licensure by endorsement as those for applicants applying for licensure by examination. Nurses educated in foreign countries are considered under the same conditions as are nurses educated in the United States. This section does not permit licensure by waiver since requirements as listed are considered to be the minimal qualifications for safe and effective practice as a Licensed Nurse or Licensed Affiliate Nurse.

Comments

Section 2. Examinations. (a) The Board shall administer an examination at such time and place as may be fixed by the Board, to applicants for licensure as a Licensed Nurse or Licensed Affiliate Nurse. The Board shall give due publicity in advance as to each examination.

(b) The Board may employ, contract and cooperate with any organization in the preparation and grading of an appropriate nationally uniform examination, but shall retain sole discretion and responsibility for determining the standard of successful completion of such an examination. When such a national examination is employed, access to questions and answers may be restricted by the Board.

(c) An applicant who fails the licensure examination may retake the examination up to ____ times. An applicant who has failed the examination ____ times shall thereafter be ineligible to take any further examination until such time as such person shall submit satisfactory evidence to the Board of further formal study. Further formal study shall include evidence of study in a nursing program approved by the Board.

Section 3. Renewal of Licenses. (a) Licenses issued under this Act shall be renewed annually according to a schedule established by Board rule.

The law should specify the maximum number of times an applicant may retake the examination. Since the nursing body of knowledge changes every three to five years, additional study becomes necessary for safe and effective practice, assuring the public health, safety and welfare.

Annual renewal provides a better regulation of the practice of Licensed Nurses and Licensed Affiliate Nurses than less frequent renewal and is, therefore, in the best interest of protecting the public health, safety and welfare. Annual renewal also provides good statistical data to be used in projecting manpower needs, mobility, and other trend data for analysis.

Comments

(b) A renewal license shall be issued to a Licensed Nurse or Licensed Affiliate Nurse who demonstrates satisfactory completion of such requirements established by the Board to ensure continued competence and who remits the required fee.

(c) Failure to renew the license shall result in forfeiture of the right to practice nursing in this state.

Section 4. Reinstatement of Lapsed License. A licensee who has allowed his or her license to lapse by failure to renew as herein provided may apply for reinstatement according to rules established by the Board of Nursing. Upon satisfaction of the requirements for reinstatement, the Board shall issue a renewal of license to practice of nursing.

Section 5. Temporary Licenses. (a) The Board may issue a temporary license to practice nursing for a period not to exceed _____ days to a Licensed Nurse or Licensed Affiliate Nurse currently licensed in another jurisdiction of the United States, and who is an applicant for licensure by endorsement, provided the applicant submits a written application for a temporary license in form and substance satisfactory to the Board.

It is recognized that continued competency requirements for relicensure are complicated by frequent renewals. Each state should determine priorities and establish renewal frequency accordingly. Because of the continuous changing of concepts of practices in the health care delivery system in general, and in the delivery of nursing services in particular, it is essential that nurses maintain a degree of nursing competency which assures the public of safe and effective care. States may choose continuing education requirements, reexamination, peer review, self-assessment techniques, supervisory assessments, or other such methods of determining competency.

After extended absences from practice, completion of an educational program or other means of determining continued competency may be indicated. If Boards have established continued competency requirements for renewal, such requirements may also be appropriate for reinstatement.

The issuing of temporary licenses lessens the mandatory effect of the Act, but recognizes the mobility of the nursing work force, the need for nursing manpower, and the economic needs of beginning practitioners and those moving from state to state. States may wish to consider issuing temporary licenses to graduates of foreign schools of nursing who have successfully passed the examination administered by Commission on Graduates of

(b) The Board may issue a temporary license to practice nursing to a graduate of an accredited nursing education program, pending the results of the first licensing examination after graduation.

(c) Temporary licenses shall be non-renewable.

Section 6. Duties of Licensees. (a) Each licensee, in response to Board inquiries, shall provide any information requested by the Board to perform its duties in regulating, controlling, and furthering the continual development and improvement of the practice of nursing in this state. Failure to provide the requested information shall result in nonrenewal of the license to practice nursing.

(b) Each licensee shall report to the Board a lost or stolen license within _____ days after becoming aware of the loss or theft.

(c) Each licensee shall report to the Board all changes of address within () days after such changes occur.

Comments

Foreign Nursing Schools (CGFNS) and whose education and training are substantially similar to or higher than the educational standards for the individual state. Data on correlation between scores on the licensure examination and the CGFNS examination should be carefully studied before such provisions are added.

License holders have a responsibility to cooperate with Boards in data collection for statistical purposes as well as a responsibility to provide information concerning the individuals own status which may affect his ability to practice nursing safely and effectively.

ARTICLE VI. TITLES AND ABBREVIATIONS

Section 1. Licensed Nurse. Any person who holds a license to practice as a Licensed Nurse in this state shall have the right to use the title "Licensed Nurse" and the abbreviation "L.N.". No other person shall assume such title or use such abbreviation or any words, letters, signs, or devices to indicate that the person using the same is a Licensed Nurse. No person shall use the titles and abbreviations "Graduate Nurse", "G.N.", "Professional Nurse", "P.N.", "Trained Nurse", "T.N.", "Registered Nurse", "R.N.", or other such titles or abbreviations that would represent to the public that the person is authorized to practice nursing in this state.

Section 2. Licensed Affiliate Nurse. Any person who holds a license to practice as a Licensed Affiliate Nurse shall have the right to use the title "Licensed Affiliate Nurse" and the abbreviation "L.A.N.". No other person shall assume such title or use such abbreviation or any words, letters, signs, or devices to indicate that the person using the same is a Licensed Affiliate Nurse. No person shall use the titles and abbreviations "Graduate Affiliate Nurse", "G.A.N.", "Affiliate Nurse", "A.N.", "Licensed Practical Nurse", "L.P.N.", "Licensed Vocational Nurse", "L.V.N." or other such titles or abbreviations that would represent to the public that the person is authorized to practice nursing in this state.

Comments

The titles, Licensed Nurse and Licensed Affiliate Nurse, which incorporate the concept of licensure, more accurately represent state governmental authorization to practice nursing than do titles which incorporate other credentialing concepts, such as registration. Licensure, by definition, is the process by which an agency of state government grants permission to an individual to engage in a given occupation upon finding that the applicant has attained the essential degree of competency necessary to ensure that the public health, safety and welfare will be reasonably well protected.⁽¹⁾ Licenses, and the names of licensees, are recorded by state regulatory bodies. Registration, on the other hand, is a more limited term. It is a process by which qualified individuals are listed on an official roster.

¹Public Health Service, CREDENTIALING HEALTH MANPOWER, Department of Health, Education and Welfare, Washington, D.C., 1977, DHEW Publication No. (OS) 77-50057, page 4.

Comments

Section 3. Temporary Licensed Nurse. Any person who holds a temporary license to practice as a licensed nurse in this state shall use the title "Temporary Licensed Nurse" and the abbreviation "T.L.N.". No person holding a temporary license shall use the titles and abbreviations "Licensed Nurse", "L.N.", "Graduate Nurse", "G.N.", "Professional Nurse", "P.N.", "Trained Nurse", "T.N.", or other such titles or abbreviations that would represent to the public that the person is otherwise authorized to practice nursing in this state.

Section 4. Temporary Licensed Affiliate Nurse. Any person who holds a temporary license to practice as a Licensed Affiliate Nurse shall use the title "Temporary Licensed Affiliate Nurse" and the abbreviation "T.L.A.N." No person holding a temporary license shall use the titles and abbreviations "Licensed Affiliate Nurse", "L.A.N.", "Graduate Affiliate Nurse", "G.A.N.", "Affiliate Nurse", "A.N.", "Licensed Practical Nurse", "L.P.N.", "Licensed Vocational Nurse", "L.V.N." or other such titles or abbreviations that would represent to the public that the person is otherwise authorized to practice nursing in this state.

ARTICLE VII. ACCREDITATION OF NURSING
EDUCATION PROGRAMS

Section 1. The Board shall, by Rule and Regulation, establish standards for nursing education programs, including all clinical facilities used for learning experiences, and shall survey and accredit such programs as meet the requirements of this Act and the Board Rules and Regulations.

Section 2. An institution within the state desiring to conduct a nursing education program shall apply to the Board and submit evidence that its nursing program meets the standards established by the Board. If, upon investigation, the Board finds that the program meets the established standards for nursing education programs, it shall accredit the applicant program.

Comments

The Board of Nursing, in order to safeguard the public health, safety and welfare, should establish standards for and accredit educational programs preparing persons for the practice of nursing at all levels; i.e., Licensed Affiliate Nurses and Licensed Nurses prepared at the undergraduate and graduate levels. The question of what constitutes sufficient preparation for the practice of nursing should be decided by a Board of Nursing composed of a majority of professional members.

The Board should have the authority to accredit nursing education programs rather than approve them. Although both words are generally held to be synonymous, accreditation more strongly conveys the idea that an educational program meets and maintains certain predetermined standards and that the graduates of the program are qualified to practice nursing. Accreditation by a Board of Nursing would differ from voluntary, nongovernmental accreditation processes in that an education program would not be able to operate without the official recognition of the Board.

Comments

Section 3. The Board shall periodically resurvey and reevaluate accredited nursing education programs and shall publish a list of accredited programs.

Section 4. The Board may deny or withdraw accreditation or take such action as deemed necessary, regarding nursing education programs that fail to meet the standards established by the Board, provided that all such actions shall be effected in accordance with the state's Administrative Procedures Act and/or the Board's Rules and Regulations.

Section 5. The Board shall reinstate accreditation of a nursing education program upon submission of satisfactory evidence that its program meets the standards established by the Board.

Section 6. Provisional accreditation of new programs may be granted pending the licensure results of the first graduating class.

Boards of Nursing may wish to utilize an intermediate accreditation status, such as conditional accreditation, for educational programs that do not fully meet accreditation standards. This status denotes that certain conditions must be met within a designated time period in order for the program to be fully accredited. Failure to do so could result in withdrawal of accreditation. Conditional accreditation generally allows educational programs to continue to operate while they work towards meeting the conditions for full accreditation. The graduates of conditionally accredited programs are usually eligible to take the licensing examination and, upon successfully passing the examination, become licensed.

ARTICLE VIII. VIOLATIONS AND PENALTIES

Section 1. Violations. No person shall:

(a) Engage in the practice of nursing as defined in this Act without a valid, current license, except as otherwise permitted under this Act;

(b) Practice nursing under cover of any diploma, license, or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation;

(c) Use any words, abbreviations, figures, letters, title, sign, card or device tending to imply that he or she is a Licensed Nurse or Licensed Affiliate Nurse unless such person is duly licensed so to practice under the provisions of this Act;

(d) Knowingly employ unlicensed persons in the practice of nursing;

Comments

The regulation of the practice of nursing including the control of unlicensed practice in the profession has a reasonable and rational relationship to public health, safety and welfare.

In addition to potential danger to the public health and safety, these acts would also be identified as criminal acts, i.e., such as fraud, false representation, and others, and the provision of this section should be consistent with the general criminal statutes of the state.

The writ of injunction without bond should be available to the Board for enforcement of this section. The practice of nursing by any person who has not been issued a license under the provisions of this Act, or whose license has been suspended or revoked or has expired would be a danger to the public health and welfare.

In addition to any other civil, criminal, or disciplinary remedy, the Attorney General, the Board of Nursing, the Prosecuting Attorney of any county where a person is practicing or proposing to practice nursing without a valid license, or any citizen may, in accordance with the laws of the state governing injunctions, maintain an action to enjoin that person from practicing nursing until a valid license is secured.

The Board may adopt by rule a schedule for establishing the amount of civil penalty that may be imposed for any violation of the Statute or any Rule of the Board.

Comments

(e) Knowingly conceal information relating to violations of this article;

When the nurse is aware of inappropriate or questionable conduct, i.e., violations of the state's Nursing Practice Act, by another person, the practice should be reported to the appropriate authority. The nurse's primary commitment is to the patient's care and safety. Hence, the nurse must be alert to and take appropriate action regarding any instances of incompetent, unethical, or illegal practices that are not in the patient's best interests.⁽¹⁾

(f) Conduct a nursing education program for the preparation of Licensed Nurses or Licensed Affiliate Nurses unless the program has been accredited by the Board; or

(g) Otherwise violate or aid or abet another person to violate any provision of this Act.

Violations of any provisions of this Statute or Rules adopted thereunder is cause for disciplinary action, and when indicated civil penalty may be imposed.

Section 2. Penalties. Violation of the provisions of this article shall constitute a misdemeanor.

This section is intended to serve as a significant deterrent to violations of this Act, while recognizing that the sanction imposed must be commensurate with the wrongful act. In most states, the misdemeanor sanction is appropriate to achieve both ends. In states that classify as a felony acts that would be considered misdemeanors in most states, however, a felony sanction may be appropriate. The suggested sanction is the strongest sanction imposed by that state for violations of its professional licensing statutes. Implementation to be consistent with the Administrative Procedures Act and Administrative Rules.

¹American Nurses' Association, CODE FOR NURSES WITH INTERPRETIVE STATEMENTS, Kansas City, Mo., 1978, page 8.

Comments

Section 3. Criminal Prosecution. Nothing in this Act shall be construed to bar criminal prosecution for violation of the provisions of this Act.

Implementation to be consistent with the Administrative Procedures Act and Administrative Rules.

Section 4. Civil Penalties. The Board may, in addition to any other sanctions herein provided, impose on any person violating a provision of this Act or Board Rules and Regulations, a civil penalty not to exceed (\$ _____) for each count or separate offense.

Implementation to be consistent with the Administrative Procedures Act and Administrative Rules.

ARTICLE IX. DISCIPLINE AND PROCEEDINGS

Section 1. Grounds. The Board of Nursing shall have the power to refuse to issue or renew, to suspend, revoke, or restrict the license of any person or to otherwise discipline a licensee upon proof that such person: (a) Has displayed unprofessional conduct as defined by Board Rules and Regulations;

(b) Has been found guilty by a court or another Board of Nursing or has entered a plea of nolo contendere to a crime in any jurisdiction that relates adversely to the practice of nursing or to the ability to practice nursing.

Comments

This section is intended to establish a means of disciplining or barring from practice persons who properly should not be permitted to practice nursing.

The need for specificity in defining the grounds upon which a license may be revoked or suspended should be emphasized. The term "unprofessional conduct" is particularly susceptible to challenge as being unconstitutionally vague. Thus, the Rules and Regulations, adopted to implement this provision, or the Act itself, must define this and all terms in a manner that will permit reasonable interpretation by persons authorized to enforce this Act.

These potential problems make it essential that Boards issue appropriate Rules and Regulations defining the grounds for disciplinary action in specific, understandable, and reasonable terms. In addition, the Boards must ensure that such Rules and Regulations are published for the benefit of all licensees within their jurisdiction. Only by doing so, can Boards be assured of authority to take successful and meaningful disciplinary actions that will not later be overturned by the courts.

Section 1. (a) and 1. (b) may be mutually exclusive in that unprofessional conduct for a nurse may not be a situation taken to court.

Some examples of crimes which would be the basis for consideration of disciplinary action are: (1) A felony, as defined by the laws of this state; (2) Has been found guilty of

Comments

any act of moral turpitude or gross immorality; that relates to the individual's nursing practice; (3) A crime that directly relates to the practitioner's ability to practice nursing competently and safely; or (4) A violation of the nursing laws, or rules and regulations pertaining thereto, of any state or of the federal government.

This section may need to be more definitive or restrictive in some states than others. Its content must be developed in light of other state legislation since some states, for example, restrict the circumstances under which a license may be denied to an individual because of the commission of a crime. In addition, an individual who has been convicted of a crime or an act involving gross immorality and who has paid his debt to society has restored constitutional protection that may prevent a strict application of Section 1. (b).

(c) Has practiced fraud or deceit in procuring or attempting to procure a license to practice nursing, in filing any reports or completing patient records, signing any report or record in the nurse's capacity as a Licensed Nurse or as a Licensed Affiliate Nurse, in representing his or her authority to practice nursing; or in submitting any information or record to the Board;

(d) Is unfit or incompetent to practice nursing by reason of negligence, habits, or other causes including but not limited to: (i) Being unable to practice nursing

Comments

with reasonable skill and safety to patients by reason of physical or mental disability, drunkenness, or use of drugs, narcotics, chemicals or any other type of material;

(ii) Performance of unsafe or unacceptable patient care or failure to conform to the essential standards of acceptable and prevailing nursing practice, in which case actual injury need not be established;

(iii) Failure to supervise adequately the performance of acts by any person working under the nurse's supervision; or

(iv) Leaving a nursing assignment without properly notifying appropriate personnel.

(e) Has diverted or attempted to divert drugs or controlled substances for unauthorized use;

(f) Has had a license to practice nursing or to practice in another health care discipline in another state denied, revoked, suspended or otherwise restricted, other than by reason of failure to renew or to meet continuing education requirements;

(g) Has practiced nursing within this state without a valid current license or as otherwise permitted under this Act;

(h) Has failed to report to the Board any violation of this Act or of Board Rules and Regulations;

Some examples of unsafe practice are improper medication administration technique, failure to chart complete information and failure to safeguard patient's dignity and right to privacy.

Since federal employees are often not licensed by the state in which they practice, they would be subject to disciplinary action in the state in which they hold a license.

Comments

(i) Has been found by the Board to have violated any of the provisions of this Act or of Board Rules and Regulations; or

(j) Has knowingly engaged in any act which before it was committed had been determined to be beyond the scope of the individual's nursing practice.

Section 2. Procedure. A proceeding for discipline of a licensee or a temporary license holder or action against an applicant for a license may be commenced when the Board has reasonable grounds to believe that a person under the Board's jurisdiction has committed acts in violation of Article IX, Section 1. No license to practice nursing may be revoked or denied by the Board without affording the licensee or applicant due process of law, however the Board shall have the power to summarily suspend a license with the institution of proceedings if the Board finds that the licensee represents a clear and immediate danger to the public health and safety if allowed to continue to practice.

The procedure that must be followed before disciplinary action can be taken in most states is determined by an Administrative Procedures Act. Each Board shall determine to what extent the disciplinary procedure needs to be included in the laws governing nursing. The requirements of the state must be investigated carefully when amending the disciplinary section of the Act in order to ensure the Board has complied with due process and statutory requirements. In some states, Rules and Regulations governing practice and procedure approved by the Board, are the appropriate mechanisms to define these procedures.

A suggested procedure is as follows: (1) When a complaint is received against a licensee, the file of the individual licensee is immediately flagged to alert other staff of an investigation. (2) The complaint is reviewed by the Nurse Practice Consultant and/or an Investigator and documentation will be obtained either by on site visits or by letter or telephone. (3) After documentation of the complaint is completed, a full review is made by the approval staff and/or Board representatives. (4) If sufficient documentation exists to file charges through administrative process against the applicant or licensee, an

Comments

administrative complaint is drafted. The Board's legal counsel should complete the final draft.

In states which the Board of Nursing does not have authority to discipline, a provision may be made for a Review Panel of Board members to review the evidence in disciplinary cases and to make a recommendation as to the disposition of the charge prior to the final disciplinary proceeding. The Board (or its agent) shall issue an order on its findings and its decision and the order shall be delivered to all concerned parties.

In addition to any available administrative remedies, decisions of the Board (or the disciplinary authority) may be appealed within 30 days to any court of competent jurisdiction as determined by the rules of civil procedure. The court action may be de novo, but the record of the Board hearing should be admissible evidence and the action should be on the issues presented before the Board of Nursing. The court may allow amendments, however, as permitted by usual rules of the court.

The method of service of notice, the conducting of all disciplinary proceedings, the hearing and the opportunity for review shall be governed by the State Administrative Procedure Act and/or Rules and Regulations of the Board.

Section 3. Reinstatement. Any person whose license to practice nursing in this state has been denied, suspended, revoked or restricted pursuant to this Act, shall have the

Comments

right to apply to the Board for reinstatement of such license or issuance of a license after fulfilling those requirements determined by the Board. Such application shall be made in writing and in the form prescribed by the Board. The Board may grant or deny such application or it may modify its original finding to reflect any circumstances that have changed sufficiently to warrant such modifications.

Section 4. Immunity. Any member of the Board, staff and any person reporting information to the Board of Nursing under oath and in good faith relating to alleged incidents of negligence or malpractice or the qualifications, fitness or character of a person licensed or applying for a license to practice nursing shall not be subject to a civil action for damages as a result of reporting such information.

The immunity provided by this section shall extend to the members of any professional review committee and witnesses appearing before such committee which is authorized by the Board to act pursuant to this section.

States vary widely in the handling of reinstatement of a license. It is recommended however that some provision be made for reinstatement of an individual's license or reconsideration of an applicant's eligibility for a license upon proof that the person is now safe and competent to practice nursing.

In some states, immunity is already provided for under the state's Administrative Procedures Act and this possibility should be considered.

ARTICLE X. INJUNCTIVE RELIEF

Section 1. Grounds. The Board is empowered to petition in its own name for an injunction to a proper court of competent jurisdiction to enjoin: (a) any person from practicing who is practicing nursing within the meaning of this Act without a valid license, unless so exempted under Article XII;

(b) any licensee from practicing who appears to the Board to be in violation or threatened violation of this Act; or

(c) any person, firm, corporation, institution or association from employing any person to practice nursing who is not licensed under this Act or exempted under Article XII;

Section 2. Procedure. Upon the filing of a verified petition in such court, the court, or any judge thereof, if satisfied that a violation as described in Section 1. has occurred, may issue an injunction, without notice or bond, enjoining the defendant from further violating this provision. A copy of the complaint shall be served on the defendant and the proceedings thereafter shall be conducted as in other civil cases. In case of violation of an injunction issued under this article, the court or any judge thereof may summarily try and punish the offender for contempt of court.

Section 3. Preservation of Other Remedies. The injunction proceedings herein described shall be in addition to, not in lieu of, all penalties and other remedies provided in this Act.

Comments

The Board lawfully may impose a civil penalty on persons violating this Act, provided that the amount of the penalty imposed is not so great as to be "penal" in nature. In reviewing similar provisions, courts rarely have found the monetary penalty imposed to exceed the permissible level. Civil penalties of over \$25,000 have been approved by the courts as not so severe as to require all the procedural safeguards that attend imposition of criminal sanctions. Again, however, the penalty must comport with the nature of the wrongful act. Board rules and regulations should be adopted to implement this section.

ARTICLE XI. REPORTING REQUIRED

Comments

Section 1. Hospitals, nursing homes and other employers of Licensed Nurses and Licensed Affiliate Nurses shall report to the Board the names of those licensees whose employment has been terminated voluntarily or involuntarily for any of the reasons stipulated in Article IX, Section 1.

Section 2. Nursing associations shall report to the Board the names of Licensed Nurses and Licensed Affiliate Nurses who have been investigated and found to be a threat to the public health, safety and welfare for any of the reasons stipulated in Article IX, Section 1.

Section 3. Insurance companies shall report to the Board any malpractice settlements or verdicts, court awards or payment of claims based on accusations of incompetence, negligence, misconduct or other causes as stipulated in Article IX, Section 1.

Section 4. The Board may seek an order from a proper court of competent jurisdiction for a report from any of the parties stipulated in Sections 1, 2 and 3 of this Article if one is not forthcoming voluntarily.

Section 5. The Board may seek a citation for civil contempt if a court order for a report is not obeyed by any of the parties stipulated in Sections 1, 2 and 3 of this Article.

Section 6. Any organization or person reporting, in good faith, information to the Board under this Article shall be immune from civil action as provided in Article IX, Section 4.

ARTICLE XII. EXEMPTIONS

No provision in this Act shall be construed to prohibit: (a) The practice of nursing that is an integral part of a program by students enrolled in accredited nursing educational programs leading to initial licensure;

(b) The rendering of assistance by anyone in the case of an emergency;

(c) The incidental care of the sick by members of the family, friends, domestic servants or persons primarily employed as housekeepers, provided that such care does not constitute the practice of nursing within the meaning of this Act;

(d) Serving the sick by prayer or spiritual means in accordance with the practices and principles of any recognized church or denomination that subscribes to the art of healing by prayer;

(e) The rendering of nursing services on a fee-for-service basis, or the reimbursement for nursing services directly to a Licensed Nurse or Licensed Affiliate Nurse rendering such services by any government program, commercial insurance company, hospital or medical services plan, or any other third-party payor;

(f) The establishment of an independent practice by one or more nurses for the purpose of rendering to patients nursing

Comments

Only students in programs leading to initial licensure are exempted. All other students, i.e., in graduate or certification programs, should be expected to seek licensure in the jurisdiction where enrolled in the program. They are expected to be practicing according to safe minimal standards as a basis for further study and thus, should be licensed.

It should be noted that no exemption is made for care without compensation. Standards for safe and effective care are expected to apply to all care provided regardless of whether or not it is provided free of charge.

These exemptions are included for clarification, to eliminate any doubt about the propriety of such services.

Comments

services within the scope of the license to practice nursing;

(g) The practice of any currently Licensed Nurse or Licensed Affiliate Nurse of another state who is employed by the United States Government, or any bureau, division, or agency thereof while in the discharge of official duties.

States may wish to require that persons permitted by this exemption to practice without a license be required to inform the Board of their names, practice locations, and jurisdictions of current licensure before commencing practice and when they leave the state.

(h) The practice of any currently Licensed Nurse or Licensed Affiliate Nurse of another state who is employed by an individual, agency or corporation located in another state and whose employment responsibilities include transporting patients into, out of, or through this state. Such exemptions shall be limited to a period not to exceed ____ hours for each transport.

This exemption allows for short-term nursing care by nurses in the state on a transient basis. Time limitations should be reasonable, but restrictive enough to uphold the mandatory nature of the Act.

(i) The practice of any currently Licensed Nurse or Licensed Affiliate Nurse of another state who is presenting educational programs or consultative services within this state for a period not to exceed ____ days.

(j) Auxiliary patient care services performed by nurse aides, attendants, orderlies and other auxiliary workers in medical care facilities, adult care homes or elsewhere by persons under the direction of a person licensed to practice medicine, surgery or dentistry, or under the supervision of a Licensed Nurse, provided that such care does not constitute the practice of nursing within the meaning of this Act;

(k) The practice of any other occupation or profession licensed under the laws of this state.

ARTICLE XIII. REVENUE, FEES

Section 1. Revenue. The Board is authorized to establish appropriate fees for licensure by examination, re-examination, endorsement, renewal, and reinstatement, and such other fees as the Board determines necessary.

Section 2. Disposition of Fees. All fees collected by the Board shall be deposited to the credit of the state general fund. There shall be appropriated from the state general fund to the Board of Nursing such sums as may be necessary to carry out the provisions of this Act. Such appropriations shall be based upon submission by the Board of a budgetary request.

Comments

Some states require that maximum or minimum fee limitations be stipulated in the statute. However, it is more desirable not to do so in order to enable the Board to more readily respond to changing economic and financial conditions through its rules and regulations. Since the Board is subject to the state's Administrative Procedures Act when adopting and/or revising its rules and regulations, those subject to the fees would be adequately protected from the establishment of inappropriate fees.

A Board of Nursing may be authorized to establish appropriate fees or, if it functions within a state agency concerned with licensure, this state agency may establish appropriate fees for all licensing boards. In either case, there should be some reference to establishment of fees within this Act.

Funds generated by Boards of Nursing generally fall into one of three categories: (1) The Board of Nursing maintains its own account in a bank or banks of its own choosing and provides periodic reports to certain state officials. (2) The Board of Nursing has its own dedicated fund within the state treasury. The funds are credited to the Board of Nursing and must be dispersed in accordance with state law, but the funds are in fact a type of revolving fund and usually do not terminate at the conclusion of a specific period, such as the end of a fiscal year. (3) The

Comments

Board of Nursing deposits all funds received into the general treasury and receives from the state legislature in accordance with the overall legislative process for state agencies. In these instances, the appropriations usually lapse at the end of a certain period and new appropriations are required.

The general view is that if regulatory activities in fact serve a public protective function, they should be financed by appropriations from general revenues, as are other consumer protection activities, rather than from fees. In addition, budgetary and appropriation processes provide a legislative and executive check on government agencies and, thus, increase their accountability. Although budgetary decisions involve politics, the appropriations process gives elected and appointed officials the power to compel performance and results. In most states, every agency of state government is subject to the appropriations process.

ARTICLE XIV. IMPLEMENTATION

Comments

Section 1. Effective Date. This Act shall take effect (date).

Section 2. Persons Licensed Under a Previous Law. (a) Any person holding a license to practice nursing as a Registered Nurse in this state that is valid on (effective date) shall be deemed to be licensed as a Licensed Nurse under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.

(b) Any person holding a license to practice nursing as a Licensed Practical (Vocational) Nurse in this state that is valid on (effective date) shall be deemed to be licensed as a Licensed Affiliate Nurse under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.

(c) Any person eligible for reinstatement of a license to practice nursing as a Registered Nurse or a Licensed Practical (Vocational) Nurse in this state on (effective date) shall be deemed to be eligible to be licensed as a Licensed Nurse or a Licensed Affiliate Nurse, respectively, under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.

When a nursing practice statute is repealed, substantially amended, or a change in practitioner title and/or qualifications is enacted, provisions should be considered for enabling persons licensed under the previous law to be licensed under the new statute. This is often referred to as a waiver, or "grandfather", provision.

Comments

(d) Any person holding a lapsed license to practice nursing as a Registered Nurse or Licensed Practical (Vocational) Nurse in this state on (effective date) because of failure to renew may become licensed as a Licensed Nurse or a Licensed Affiliate Nurse, respectively, under the provisions of this Act by applying for reinstatement according to rules and regulations established by the Board of Nursing. Application for such reinstatement must be made within _____ months of the effective date of this Act.

(e) Those so licensed shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.

Section 3. Severability. The provisions of this Act are severable. If any provision of this Act is declared unconstitutional, illegal, or invalid, the constitutionality, legality and validity of the remaining portions of this Act shall be unaffected and shall remain in full force and effect.

Section 4. Repeal. The laws specified below are repealed except with respect to rights and duties that have matured, penalties that were incurred, and proceedings that were begun before the effective date of this Act. (List statute(s) to be repealed; e.g., the current nursing practice act or appropriate section(s)).

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NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

REPORT OF
TEST SERVICE SPECIFICATIONS COMMITTEE
JULY 1, 1980 - JUNE 30, 1981

During the organizational year 1980-1981, the full Committee met at the National Council of State Boards of Nursing headquarters office on September 12, 1980 and December 12, 1980. In addition to National Council staff, the following persons graciously met with the Committee at various times to share information and offer their counsel:

Joyce Schowalter - Vice President
Phyllis Sheridan - Chairperson, Examination
Committee
Geraldine Wenger - Chairperson, Administration
of Examination Committee

Following the December meeting, the final document "Specifications for a Test Service", as prepared by the Committee, was forwarded to the Board of Directors for review and subsequent action.

Submitted by:

Marilyn Boyd, Chairperson

National Council of State Boards of Nursing, Inc.
Report of
Ad Hoc Committee To Research Limited License Provisions
July 1, 1980 - June 30, 1981

The Delegate Assembly, National Council of State Boards of Nursing, Inc. passed the following motion in June of 1979:

THE BOARD APPOINT AN AD HOC COMMITTEE TO STUDY THE CURRENT STATUTORY AND REGULATORY PROVISIONS FOR A LIMITED LICENSE: THE NEED FOR AND CONDITIONS IN WHICH A LIMITED LICENSE SHOULD BE UTILIZED INCLUDING SITUATIONS INVOLVING HANDICAPS AND DISCIPLINES AND TO SUGGEST PROCEDURES FOR INITIATING, VERIFYING, AND ENDORSING SUCH A LICENSE AND TO MAKE RECOMMENDATIONS TO THE 1980 CONVENTION.

The Committee To Research Limited License Provisions was comprised of the following members:

Lynne M. Illes, R.N., Chairperson
Executive Director
Iowa Board of Nursing
1223 E. Court Avenue
Des Moines, Iowa 50319

Dorothy J. Davy
Executive Director
Oregon Board of Nursing
999 A. State Office Building
1400 S.W. 5th Avenue
Portland, Oregon 97201

Helen Denny, Board Member
Florida Board of Nursing
111 E. Coastline Drive
Jacksonville, Florida 32202

The Committee To Research Limited License Provisions met on November 13-14, 1980 and is recommending the following to the Delegate Assembly, National Council of State Boards of Nursing, Inc.:

1. Adoption of the following definition of Limited License:

Limited License shall mean a license issued by the Board to an individual to practice nursing in a restricted capacity, with the restrictions relating to the manner or the setting in which the new graduate or licensee may practice.

2. Adoption of the following guidelines to be utilized by each Member Board, National Council of State Boards of Nursing, Inc. when considering the issuance of a limited license.

Basic essential standards must be met in each educational program; however, special adaptations may be made to accommodate specific behavioral objectives, provided that these adaptations correlate with reasonable modifications in the licensure examination procedure that can be instituted by the Board of Directors, NCSBN.

The legal procedure within each jurisdiction for initiating limitations should be followed by the Board of Nursing, and should provide the applicant or licensee with due process.

All Boards of Nursing participate in reporting action taken to the Disciplinary Data Bank of the NCSBN.

Questions which will establish information regarding limited license should be included on the initial application for licensure, renewal application, and verification form.

Limited licensure provisions should be noted in some manner selected by the Board of Nursing on the license issued to the individual.

When limited licensure has been imposed on a licensee by one jurisdiction, the legal procedure within other jurisdictions for initiating the same or similar limitations should be followed by other jurisdictions in which the licensee is either licensed or seeking licensure by endorsement.

The final results of the Questionnaire Regarding Statutory and Regulatory Provisions for a Limited License is attached to this report.

National Council of State Boards of Nursing, Inc.

Report of
Ad Hoc Committee to Research Limited License Provisions

Final Results Of Questionnaire Regarding Statutory
And Regulatory Provisions For A
Limited License

January, 1981

1. Do the statutes in your jurisdiction provide for limited license?

12 Member Boards responded yes
42 Member Boards responded no

Of the 12 Member Boards which responded yes:

1 Member Board related the questionnaire to temporary licenses issued to new graduates/licensees by endorsement.

1 Member Board indicated they issued both a limited and temporary license.

Of the 42 Member Boards which responded no:

1 Member Board indicated that there will be a recommendation to the next legislative session.

1 Member Board indicated that a limited license provision was "deleted" from statutes in 1967.

1 Member Board indicated that they are experimenting with use in the discipline of licensees.

2. Do the administrative regulations in your jurisdiction provide for limited license?

5 Member Boards responded yes
47 Member Boards responded no
2 Member Boards did not respond

Of the 5 Member Boards which responded yes:

1 Member Board related the questionnaire to temporary licenses issued to new graduates/licensees by endorsement.

1 Member Board indicated that rules for limited license were being developed.

1 Member Board indicated that a temporary license is issued to individual requesting reinstatement of a revoked license.

3. Has there been any case law in your jurisdiction in regard to limited license?

1 Member Board responded yes
50 Member Boards responded no
3 Member Boards did not respond

4. Has there been any Attorney General opinion issued in your jurisdiction in regard to limited license?

1 Member Board responded yes
53 Member Boards responded no

5. Please check the area(s) in which your jurisdiction uses a limited license.

- a. Handicapped licensees:
_____ Initial License
_____ Continued License
b. _____ Discipline of Licenses
c. _____ Specialty Practice
d. _____ Other

13 Member Boards completed this section
41 Member Boards did not complete this section

Of the 13 Member Boards which completed this section:

8 Member Boards indicated use of a limited license for discipline of licenses only.

1 Member Board indicated use of a limited license for continued licensure, discipline of licenses, and specialty practice.

1 Member Board indicated use of a limited license for initial license, continued licensure, and discipline of licenses.

1 Member Board indicated use of limited educational license which allows an individual to enroll in an approved refresher course to obtain a current license.

1 Member Board indicated use of a limited license for discipline of licenses, specialty practice and inactive.

1 Member Board indicated use of a limited license for continued licensure and discipline of licenses.

6. Is the area of limitation noted on the license issued by your jurisdiction?

14 Member Boards responded to this question
40 Member Boards did not respond to this question

Of the 14 Member Boards which responded to this question:

7 Member Boards responded yes
7 Member Boards responded no

Of the 6 Member Boards which responded yes:

1 Member Board related the questionnaire to temporary licenses issued to new graduates/licensees by endorsement.

1 Member Board indicated that specific provisions were typed on back of temporary license.

1 Member Board indicated that in Medicine only is a limited license issued.

7. Is your jurisdiction able to monitor limited license?

14 Member Boards responded to this question
40 Member Boards did not respond to this question

Of the 14 Member Boards which completed this question:

9 Member Boards responded yes
4 Member Boards responded no
1 Member Board responded yes and no

Of the 9 Member Boards which responded yes:

Monitoring included but was not limited to the following:

Reports from employers
Reports from counselors
Reports from licensees
Personal investigation by board staff for compliance assurance
Meetings with licensee required
Medical examinations
Transcript from college/nursing program denoting completion of refresher course

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

303 EAST OHIO STREET
SUITE 2010
CHICAGO, ILLINOIS 60611
(312) 329-1282

EILEEN A. McQUAID, PH.D., R.N.
EXECUTIVE DIRECTOR

TO: Delegate Assembly

FROM: Board of Directors

RE: Request from Kentucky on Appointing Committee
on Continuing Education

Attached please find a request from Kentucky to form
a Committee to study interstate problems in approval of
continuing education programs.



KENTUCKY BOARD OF NURSING

4010 DUPONT CR.-Suite 430
Louisville, Kentucky 40207
(502) 897-5143

December 22, 1980

Eileen A. McQuaid, Ph.D., R.N.
Executive Director
National Council of State Boards of Nursing, Inc.
303 East Ohio Street, Suite 2010
Chicago, Illinois 60611

Dear Dr. McQuaid:

At the regular meeting held on December 9, 10, 1980, the Kentucky Board of Nursing discussed the recognition of contact hours for continuing education as awarded by various groups and by the jurisdictions which have statutory provisions for mandatory continuing education requirements for relicensure of nurses. As you are aware, Kentucky is in the process of implementing a program of mandatory continuing education.

The Kentucky Board of Nursing requests the National Council of State Boards of Nursing consider appointing a continuing education committee to study interstate problems in approval of continuing education programs/offerings to facilitate contact hour credit transfer among states which have statutory provisions for mandatory continuing education requirements for relicensure. Your advice is needed on this matter as to the resources possibly available through the National Council of State Boards of Nursing office and/or procedures to follow for consideration of a group/committee to be formed within the Council structure. The Board of Nursing in Kentucky would appreciate consideration being given to facilitate licensure of nurses from state to state as it pertains to continuing education requirements.

Thank you in advance for your consideration of this matter.

Sincerely,

MARION E. MCKENNA, Ed.D., R.N.
PRESIDENT

A handwritten signature in cursive script that reads "Sharon M. Weisenbeck".

By: Sharon M. Weisenbeck, M.S., R.N.
Executive Director

SMW/rr

RECEIVED
DEC 26 1980
NCSBN

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

303 EAST OHIO STREET
SUITE 2010
CHICAGO, ILLINOIS 60611
(312) 329-1282

EILEEN A. McQUAID, PH.D., R.N.
EXECUTIVE DIRECTOR

TO: Delegate Assembly

FROM: Board of Directors

RE: Policy Statement Regarding SBTPE Scores

Attached please find a policy statement that was adopted at the Area IV 1980 Fall Meeting in regard to use of SBTPE scores for review and possible adoption by the National Council of State Boards of Nursing as a standard policy.



STATE OF DELAWARE
DEPARTMENT OF ADMINISTRATIVE SERVICES
DELAWARE BOARD OF NURSING
MARGARET O'NEILL BUILDING
P.O. BOX 1401
DOVER, DELAWARE 19901

TELEPHONE: (302) 736-4752
571-3416

TO: Executive Secretary
State Board of Nursing

FROM: Lois N. O'Shea, R.N., M.A.
Executive Director
Delaware Board of Nursing

DATE: February 19, 1981

RE: Policy Statement Adopted at Area IV 1980 Fall Meeting

The following policy statement was adopted by the National Council of State Boards of Nursing, Inc., Area IV (Northeast Council) during the October 9, 1980 meeting:

Boards of Nursing will advise candidates, at the time of initial release of their scores to them, that the use of scores for any purpose other than licensure is not appropriate and, therefore, boards of nursing will not provide a copy of licensee's examination scores to a prospective employer or to a graduate nursing program.

The policy statement was forwarded to the National Council of State Boards of Nursing, Inc. for inclusion on the agenda of the June 1981 Delegate Assembly with the request that the policy statement be reviewed by legal counsel prior to presentation to the Delegate Assembly.

It was recommended that the policy statement be sent to other areas and to all state boards of nursing prior to the Delegate Assembly.

LNO/lm