

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

DELEGATE ASSEMBLY  
BOOK OF REPORTS

Fifth Anniversary Convention  
August 23-26, 1983

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## 1983 Convention Program

TUESDAY, AUGUST 23, 1983

MEETING ROOM

1:30 - 3:00 pm	Orientation to NCSBN	Windsor
3:30 - 5:00 pm	Protecting the Public: The Role of The Board in Disciplinary Procedures	Buckingham
6:00 - 8:00 pm	Reception	Governor's Suite

WEDNESDAY, AUGUST 24, 1983

7:30 - 8:45 am	Preview of the Council Review Committee Report	Governor's Suite
9:00 - 12:00 noon	General Session of the Delegate Assembly	Cotillion
1:00 - 3:00 pm	Area Meetings I II III IV	Buckingham Governor's Suite Mayfair Windsor
3:30 - 5:00 pm	FORUM: Model Rules and Regulations	Cotillion

THURSDAY, AUGUST 25, 1983

8:30 - 9:30 am	FORUM: PN Role Delineation Study and Validation Study for NCLEX-PN	Cotillion
9:45 - 10:45 am	INTEREST GROUP: Application and Adminis- tration Procedures for NCLEX	Buckingham
9:45 - 10:45 am	INTEREST GROUP: Clinical Comptency	Governor's Suite
9:45 - 10:45 am	INTEREST GROUP: Accredi- tation and Approval of Nursing Education Programs	Cotillion
11:00 - 12:00 noon	INTEREST GROUP: NCLEX Content and Scoring	Cotillion
11:00 - 12:00 noon	INTEREST GROUP: Nursing Practice by Unlicensed Personnel	Governor's Suite

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		Meeting Room
11:00 - 12:00 noon	INTEREST GROUP: Implementation of Prescriptive Practice by Boards of Nursing	Buckingham
1:00 - 5:00 pm	General Session of the Delegate Assembly	Cotillion
6:00 - 7:00 pm	Cash Bar	Governor's Suite
7:00 - 8:30 pm	Banquet	Governor's Suite
FRIDAY, AUGUST 26, 1983		
9:00 - 1:00 pm	General Session of the Delegate Assembly	Cotillion

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.  
BUSINESS AGENDA  
OF THE  
1983 DELEGATE ASSEMBLY

- I. Call to Order
- II. Report of Registration Committee
- III. Report of Rules Committee (page 9)
- IV. Adoption of Agenda
- V. Announcement of Appointments
  - Election Committee
  - Registration Committee
  - Committee to Approve Minutes
  - Time Keepers
  - Pages
- VI. Report of Committee to Approve Minutes -  
1982 Annual Convention of the Delegate Assembly
- VII. Nominations
  - Report of Committee on Nominations (page 11)
  - Nominations from Floor for Officers
  - Nominations for 1983-1984 Committee on  
Nominations
- VIII. Reports of Officers
  - President (page 19)
  - Vice President (page 21)
  - Secretary (page 23)
  - Treasurer - with audit (page 25)
  - Area Directors (pages 35-41)
  - Director at Large (page 43)
- IX. Report of Board of Directors (page 45)
  - Report of the Awards Committee (page 51)
  - Report on Test Service Performance (page 53)
  - Position Paper of Council Review Committee (page 61)
  - Fiscal Year 1984 Budget (page 85)
  - Report of NCSBN-ANA Liaison Committee (page 89)
  - Report of NAPNES/NCSBN/NFLPN Committee (page 91)

Report of the Committee on Disciplinary Case  
Reporting by Federal Agencies (page 93)  
Continuing Professional Education Development  
Project (page 95)  
Annual Report of the Test Service (page 99)

X. Report of Executive Director (page 101)

XI. Reports of Standing Committees

Bylaws Committee (page 107)  
Finance Committee (page 153)  
Examination Committee (page 155)  
Administration of Examination Committee (page 163)  
Nursing Practice and Standards Committee (page 175)

XII. Election of Officers and Committee on Nominations  
(Thursday, August 25, 1983 - 7:30 a.m. -8:30 a.m.)

XIII. Report of Election Committee

XIV. New Business (page 223)

XV. Report of Resolutions Committee (page 229)

XVI. Adjournment

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

## DELEGATE LIST, AUGUST, 1983

<u>Jurisdiction</u>	<u>Delegate</u>	<u>Alternate</u>
ALABAMA	Shirley Dykes Jean B. Mann	Betty Tomlin Dutchie Lee Grantham
ALASKA	Gail M. McGuill Sammye Rink	Linda Todd Keith Wise
ARIZONA	Bess W. Morris Shirley M. Renniecke	
ARKANSAS	June Garner Johnnie Rosell	
CALIFORNIA-RN	Virginia Cassidy-Brinn	Barbara Brusstar
COLORADO	Lois Johnson Alma E. Smith	Willie Enstrom
CONNECTICUT	Bette Jane Murphy Jean Bieszad	Elaine Waudby
DELAWARE	Lois N. O'Shea Barbara J. Peterson	Barbara J. Peterson Lois N. O'Shea
D.C.-LPN	Beverly Freeman Owen	Geraldine W. Muldrow
D.C.-RN	Ivy M. Nelson	Barbara J. Hatcher
FLORIDA	Mary F. Henry Delbert L. Gabbert	Lila K. Choulat Helene Denny
GEORGIA-LPN	Lorraine Penn	Shirley Dyer
GEORGIA-RN	Phillip Lynn Coppage	Lucille B. Wilson
GUAM	Julie Ann S. Blaz	Laurent Duenas
IDAHO	Phyllis T. Sheridan Patsy Sorenson	
ILLINOIS	Judy Otto Lois Frels	
INDIANA	Joan Sottong Dolores Brown	Rebecca Brady
IOWA	Ann E. Mowery Elizabeth Kinney	
KANSAS	Lois Rich Scibetta	

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KENTUCKY	Sharon Weisenbeck Patricia Calico	Lucille Wright Peggy Fishburn
LOUISIANA-LPN	Terry L. De Marcey	
LOUISIANA-RN	Merlyn Maillian	Louise Mercy
MAINE	Florence D. Pyles Jean C. Caron	
MARYLAND	Donna M. Dorsey Gertrude Hodges	
MASSACHUSETTS	Phyllis Migliozi Eleanor Burke	Marion Metcalf Genevieve Monaghan
MICHIGAN	Mary Ellen Buckley Rosemary E. Bell	
MINNESOTA	Carol Backstrom E. Charlotte Pflug	Joyce M. Schowalter
MISSISSIPPI		
MISSOURI	Mary Sue Hamilton Carolyn E. Edison	Bonnie H. Greer Guinevere B. Gevecker
MONTANA	Phyllis M. McDonald Donna Small	Therese Sullivan
NEBRASKA	Sheila M. Ciciulla Leota Rolls	Mary Lou Holmberg Mildred Rowley
NEVADA	Jean T. Peavy Carmen Brito	Bernice Martin Ruth Taber
NEW HAMPSHIRE	Martha A. Ginty	
NEW JERSEY	Kathleen Dirschel Marianna Bacigalupo	Sylvia Edge Sylvia Edge
NEW MEXICO	Maureen L. Boshier Nancy Lou Cross	
NEW YORK	Barbara J. Weiss-Bianco Margaret Collins	
NORTH CAROLINA	Anna Kuba Susan M. Kennerly	Susan M. Kennerly Anna Kuba
NORTH DAKOTA	Agnes M. Will Glenice Hansen	Karen Macdonald LeAnn Kihle

OHIO	Rosa Lee Weinert	Suzanne Morrissey Leona M. Neff
OKLAHOMA	Jenell Hubbard Geraldine Dennis	Bernice C. Slater
OREGON	Dorothy J. Davy	
PENNSYLVANIA	Janette Packer Geraldine M. Wenger	
RHODE ISLAND	Janet Hirsch Bertha Mugurdichian	
SOUTH CAROLINA	Renatta S. Loquist Mary Shilling	
SOUTH DAKOTA	Laura H. Westby Gloria Damgaard	JoEllen Koerner
TENNESSEE	Ruth Elliott Margaret Heins	Margaret Heins Ruth Elliott
TEXAS-LVN	Waldeen D. Wilson	Dorothy Harris
TEXAS-RN	Margaret L. Rowland	Louise Sanders
UTAH	Ann G. Petersen Carol Bush	Elizabeth Willey Jean Smith
VERMONT	Francesca C. Fay	
VIRGINIA	Dorothy Marshall Corinne F. Dorsey	Elnora D. Daniel
VIRGIN ISLANDS	Mae Newton Davis	Ada Acay
WASHINGTON-LPN	Ruth A. Jacobson	
WASHINGTON-RN	Constance E. Roth	Edwina Dorsey
WEST VIRGINIA-LPN	Nancy R. Wilson	Jennie S. Waugh
WEST VIRGINIA-RN	Garnette Thorne	Giovanna B. Morton
WISCONSIN	Vivien DeBack Katie Kyndely	
WYOMING	Joan C. Bouchard Carol Manteuffel	

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NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.  
RULES FOR CONDUCT OF DELEGATE ASSEMBLY

AUGUST 24, 1983 - AUGUST 26, 1983

General Procedures

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 when 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 officers and members of the Nominating Committee shall be held Thursday, August 25, 1983 at 7:30 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.

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

Phyllis T. Sheridan, Chair, Idaho, Area I  
H. Jean Bruhn, Pennsylvania, Area IV

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

REPORT OF  
THE  
NOMINATING COMMITTEE

COMMITTEE MEMBERSHIP

The Nominating Committee membership remained as elected at the June 1982 Delegate Assembly meeting in Boston, Massachusetts. The committee consisted of the following members: Joan Bouchard (Area I), Laura Westby (Area II), Ruth Elliott (Chairperson, Area III) and Jean Caron (Area IV).

COMMITTEE MEETING

The Nominating Committee met at the office of the National Council of State Boards of Nursing, Inc., 303 East Ohio Street, Chicago, Illinois on April 5, 1983. The Bylaws and Standing Rules of the Council concerning the Nominating Committee and the nomination process were reviewed.

The Committee Chairperson requested all Member Boards to submit names of qualified individuals to serve as officers of the National Council of State Boards of Nursing, Inc. by March 7, 1983. The Committee received thirty (30) nominations from twenty (20) jurisdictions. The thirty nominees represented each area of the National Council of State Boards of Nursing in the following manner: Area I - 7, Area II - 9, Area III - 8, and Area IV - 6.

Nominations or endorsements postmarked on or before the March 7, 1983 deadline were reviewed by the entire committee. One (1) individual found it necessary to withdraw his nomination to office after the deadline. The Committee therefore considered the consent to serve form for each of the remaining twenty-nine (29) individual nominees in accordance with the Standing Rules and Bylaws of the Council. In addition, the Committee contacted individuals for nominations to provide additional nominees for some offices and to further meet the area requirements defined by the Standing Rules and Bylaws. The following ballot was developed and unanimously adopted:

Vice President:

Marjorie P. Doyle, New York, Area IV  
 Board Member, Community Health Plan of Suffolk (1979) and  
 New York Board of Nursing, Member (1969)  
 NCSBN Bylaws Committee, 1978 - Present; Chairperson  
 1979-Present  
 Diploma in Nursing, B.S., M.A.

## Statement of Interest:

This year marks the fifth anniversary of the creation of the National Council of State Boards of Nursing, Inc. as an independent organization. The courage and vision of the Council's leadership in 1978 enabled them to take the first steps toward renewed autonomy for the State Boards of Nursing as a group. That same courage inspired the Council members to adopt bold and innovative measures in addressing the issues of regulatory functions in the nursing profession.

The programs of the Council have enhanced the ability of the membership to communicate, congregate and cooperate. These functions are basic to sharing ideas, analyzing problems and helping one another in the common commitment to ensure that the people of this country receive safe and effective nursing care.

I am pleased to have been a part of the Council and look forward, if elected, to contribute my talents to achievement of its objectives.

Ann G. Peterson, Utah, Area I  
 Executive Secretary, Utah Board of Nursing, (1978)  
 Vice President 1982-Present  
 Consultant-Item Writing 1981-1982  
 Area I Director 1979-1981  
 Diploma in Nursing, B.S.N., M.S., C.N.M.

## Statement of Interest:

The first Council meeting I attended was the historical 1978 meeting in Los Angeles. It is exciting to look back and realize I have been a small part of the rapid development and progress that has occurred in the past five years. I am certain the next five years will be even more exciting and demanding as we continue to identify innovative and creative ways to work cooperatively in solving the complex problems facing Boards of Nursing and the NCSBN in the future.

My short tenure as Vice President has been an exciting new challenge and I am eager to continue to serve as Vice President of the NCSBN. As with most opportunities I feel I usually gain more than I contribute however, I hope my previous experiences in nursing education, nursing service, my activities as

an Army Reserve officer and my current position with the Utah Board of Nursing will all enable me to serve as an effective officer and member of the Board of Directors of the NCSBN.

Secretary:

Shirley M. Rennie, Arizona, Area I  
Executive Secretary, Arizona Board of Nursing (1981)  
NCSBN Bylaws Committee 1982 - Present  
Diploma in Nursing, B.S.N. and M.S.N.

Statement of Interest:

I believe that as a member of the Board of Directors of National Council of State Boards of Nursing I can become more knowledgeable of the Council's functions and goals, while at the same time make a contribution to the organization. I have served as an officer in numerous organizations and am aware of the responsibilities involved. I believe the NCSBN serves as a valuable resource to the Boards of Nursing and I would work to maintain that position.

Sharon M. Weisenbeck, Kentucky, Area III  
Executive Director, Kentucky Board of Nursing (1980)  
Secretary 1982 - Present  
NCSBN Examination Committee 1978-1982; Vice-Chairperson  
1981-1982  
B.S., M.S.

Statement of Interest:

The National Council of State Boards of Nursing has the potential to be one of the strongest national organizations to not only promote nursing standards, but also to provide assistance to Member Boards for implementation of standards in the interest of consumers of nursing services. If reelected to the Board of Directors, I will continue to serve the Council in a manner to achieve and enhance its goals and to support the Member Boards in their efforts to fulfill the statutory charges given them by their respective citizenry. Long range planning for the Council is a critical need. In conjunction with the actions of the Delegate Assembly, I would work to accomplish such planning as well as being responsive to current needs of Member Boards.

Treasurer:

Leota Rolls, Nebraska, Area II  
 Assistant Administrator, Mary Lanning Memorial Hospital  
 (1980) and  
 Nebraska State Board of Nursing, Member (1980)  
 Diploma in Nursing, B.A., M.S.N.

## Statement of Interest:

As an active member of a Board of Nursing who is interested in advancing the purposes of the NCSBN and enhancing the communication between the NCSBN and member boards, I believe I can represent that board and bring a broad background and experience based on knowledge of daily first line activities to the issues before the Council. I believe my work on the various committees of my State Board, my selection as their delegate to the deliberations of the last two delegate assemblies, my experience in nursing service, nursing education and management qualify me to serve and effectively contribute to the Council's activities.

Nancy R. Wilson, West Virginia, Area II  
 Executive Secretary, West Virginia State Board of  
 Examiners for Licensed Practical Nurses (1975)  
 NCSBN Finance Committee 1983-Present  
 NCSBN Score Report Committee, Chairperson 1982-1983  
 NCSBN Examination Committee 1978-1982  
 NCSBN Nominating Committee 1978-1979  
 B.S.N.

## Statement of Interest:

The National Council of State Boards of Nursing, Inc. is certainly the single most important organization to individual State Boards of Nursing. Provision of services for and dissemination of information to member boards in the areas of nursing education, examination, licensure, continuing competence and discipline are essential services that we can not afford to be without. The goals and objectives of the Council, which member boards help to formulate, can not become a reality without adequate financial support. It is my hope that, if nominated and elected to the office of Treasurer, I can contribute by being involved in helping to assure that in these times of fiscal uncertainty a sound financial base will be maintained.



Area I Director:

Ruth A. Jacobson, Washington, Area I  
 Executive Secretary, Washington State Board for Licensed  
 Practical Nurse Examiners (1980)  
 NCSBN Examination Committee 1980-Present  
 Diploma in Nursing, B.A.

## Statement of Interest:

After the past three years' involvement on the examination committee, I feel ready and qualified to handle the responsibilities of Area I Director and of a Board of Directors member.

I admire the leadership and achievements of the NCSBN and would welcome the opportunity to serve in this expanded capacity.

Phyllis T. Sheridan, Idaho, Area I  
 Executive Director, Idaho Board of Nursing (1977)  
 Area I Director 1981-Present  
 Examination Committee, Chairperson 1979-1981  
 Examination Committee, Vice-Chairperson 1978-1979  
 M.S.

## Statement of Interest:

Nine years experience as a staff member for Boards of Nursing in Arizona and Idaho have enabled me to become knowledgeable about issues of concern to member Boards in Area I. Membership on the Examination Committee for six years (Vice-Chairperson for two years and Chairperson for two years) provided me with comprehensive knowledge of the examination development process that I believe is valuable to the Board of Directors. My two years experience as a member of the Board of Directors has provided the opportunity to participate in decisions the NCSBN must make as a national organization of increasing prominence. I have enjoyed representing Area I Member Boards on the Board of Directors and look forward to continuing to do so if re-elected.

Area III Director:

Jenell Hubbard, Oklahoma, Area III  
Executive Director, Oklahoma State Board of Nursing (1977)  
NCSBN Test Service Specifications Committee-1978  
Diploma in Nursing, B.S.N., M.H.A. Health Administration

## Statement of Interest:

The Governor of Oklahoma and my Board would like to have representation and participation in NCSBN activities. We are pleased with the Council's progress since its inception and want to contribute to its continued success. My own personal (family) life is now stable enough that I feel free to serve.

Anna Kuba, North Carolina, Area III  
Executive Director, North Carolina Board of Nursing (1979)  
Ad Hoc Committee on Test Service Evaluation, Chairperson, 1982-1983  
Resolutions Committee, Chairperson, 1981  
NCSBN Tellers Committee-1980  
Diploma in Nursing, B.S., M.S.

## Statement of Interest:

I subscribe wholeheartedly to the purpose of the National Council of State Boards of Nursing and it would, therefore, be a privilege and an honor to represent Area III on the Board of Directors. In addition to the on-going activities of the Council such as those relating to development of examinations for licensure and promotion of desirable and reasonable uniformity among the practices of boards of nursing, it is necessary to plan for future needs of the Council with regard to protection of health and welfare of the public.

Director-at-Large:

H. Jean Bruhn, Pennsylvania, Area IV  
 Staff Licensed Practical Nurse, Lancaster General Hospital  
 (1969) and  
 Pennsylvania State Board of Nurse Examiners (1980)  
 Director at Large 1982-Present  
 Awards Committee 1982-Present  
 Committee on Disciplinary Case Reporting by Federal  
 Agencies 1982-Present  
 Publications Advisory Panel 1982-Present  
 Diploma in Practical Nursing

## Statement of Interest:

As a candidate for enrollment in a Practical Nursing Program the Coordinator told me I'd learn to respond to the one word, "WHY?". In some manner, that word/question was ultimately defined as "to protect the health, safety and welfare of the consumer." As a staff Licensed Practical Nurse employed by Lancaster General Hospital, I practice daily under that definition.

Working on many committees; with Professional Associations; several Boards; as a member of Pennsylvania State Board of Nurse Examiners; as an appointed Director at Large of the National Council of State Boards of Nursing, I find myself faced with the same question - why?

The scope has enlarged...diverse backgrounds enhance....decisions have more impact...Underlying it all, the basic principal remains unchanged - "To promote the health, safety, and welfare of the consumer".

Donna M. Dorsey, Maryland, Area IV  
 Executive Director, Maryland State Board of Examiners of  
 Nurses (1981)  
 B.S.N., M.S.

## Statement of Interest:

I believe that as the Council continues to develop, the role, responsibilities and needs of the membership will increase. Such development and growth will require strong and creative leadership to assure that the goals of the Council are achieved. Communication will continue to be vital to the organization and membership. It is the challenges presented by these changes that I find exciting and what interest me in serving. I would consider it an honor to serve the membership as Director at Large

and would invest my energies and skills in assisting the Council in meeting its objectives.

Mary E. Shilling, South Carolina, Area III  
Associate Administrator, Greenville Hospital Center (1980)  
and  
South Carolina Board of Nursing, Member (1977)  
NCSBN Nursing Practice and Standards Committee 1978-1982  
Diploma in Nursing, B.S.N., M.S.N.

Statement of Interest:

My interest in serving on the National Council of State Boards of Directors was generated by my participation on the Nursing Practice and Standards Committee for four years. Membership on this committee allowed me to observe the dynamic growth of the Council and to develop a commitment to the goals of the organization. I believe that a national organization of Boards of Nursing is essential because it provides a means for boards to work together to accomplish common goals and promote excellence in nursing.

The experiences in the National Council of State Boards of Nursing, Inc. listed for nominees reflect activities since the inception of the present organization in 1978.

Upon request, the Chairperson of the Nominating Committee will provide the Consent to Serve form for a nominee at the August 1983 Delegate Assembly meeting.

The committee suggested possible revisions in the Consent to Serve form for future use. In addition, letters of notification and appreciation were approved. The Committee identified the deadline of April 29, 1983 for an affirmative reply from nominees.

The following committee members express appreciation to the Delegate Assembly for the opportunity to serve on the Nominating Committee of the National Council of State Boards of Nursing:

Area I - Joan Bouchard

Area II - Laura Westby

Area III - Ruth Elliott, Chairperson

Area IV - Jean Caron

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

## Report of the President

It is with pleasure and gratitude that I report that the state of the National Council of State Boards of Nursing is strong and healthy. The organization has weathered the developmental phase and is settling into a more-or-less routine operational pattern.

Like each of the four preceding years, the fifth year of the National Council should be remembered for the important activities which were initiated or completed. Several innovations pertain to the licensing examination. For example, the new test service (CTB/McGraw Hill) began producing our examinations, the NCSBN direct application system was started, a criterion-referenced examination scoring method was implemented, a diagnostic profile for each examination candidate who fails a test was developed, and a validation study of the practical nurse licensing examination was completed. In addition an evaluation of the new test service was conducted and the findings were used in negotiations with CTB/McGraw Hill for extension of the contract.

Throughout the past year, the standing committees performed their many and varied functions with skill and dedication. In addition an ad hoc committee of four members of Member Boards, the Council Review Committee, conducted a survey and reviewed the National Council's objectives for consistency with members' expectations. Their report will be discussed at the convention and will be useful for years to come. We are fortunate to have so many knowledgeable persons give of their time and talents to support the goals of the National Council.

Another ad hoc committee, the Long Range Planning Committee, was appointed during the past year. This representative group of five can be expected to guide the process of keeping the National Council responsive to Member Boards, responsible, contemporary and dynamic.

An exciting "first" during the past year was the selection of the first recipient of the Dr. R. Louise McManus Award. In presenting this award, the National Council is recognizing a person of superior ability who has contributed significantly to the goals of the organization. Because of this recipient's extensive participation in the development and building of this organization, we have all been enriched.

A special thanks to the Board of Directors, staff, legal counsel and parliamentarian. Each person has been active in furthering the work of the National Council and helpful to me as president.

I look forward to a busy convention and anticipate the active participation of all delegates.

Joyce M. Schowalter, President

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

## REPORT OF THE VICE-PRESIDENT

I assumed the office of Vice-President in September 1982. I have participated in all Board meetings and conference calls with the exception of one.

Other activities as a member of the Board of Directors have included:

Representing the Council as Chair of the NCSBN-ANA Liaison Committee which met in Kansas City in December and Chicago in April.

Representing the Council as Chair of the Committee on Disciplinary Case Reporting by Federal Agencies which met in March in Washington, D.C.

Serving as chair of the Convention Program Committee.

I feel we (the Council) have had a busy, productive year. It has been a pleasure to serve as Vice-President during this year with other members of the Board of Directors and our very supportive, hard working staff.

Respectfully submitted,

Ann G. Petersen, Utah, Area I  
Vice-President

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

## Report of the Secretary

During the past year, all scheduled meetings and four telephone conference calls of the Board of Directors were attended. A summary of major actions for each meeting was reviewed prior to distribution to Member Boards. The minutes of the scheduled meetings were reviewed prior to distribution to Board of Directors members and minutes of telephone conference calls were written.

Mail votes of the members of the Board of Directors were conducted in regard to procedures for defective test booklets (NCLEX-PN, Form 082, October 1982) and for appointment of the Long Range Planning Committee.

The Area III meeting held on March 9, 10, 1983 in Atlanta, Georgia, was attended and a report was given.

Other activities during the year included membership on the Board Personnel Policies Committee, Approval of Diagnostic Profile Committee, and the Board Liaison Committee on Interorganizational Proposals.

Appreciation is expressed to the members of the Board of Directors and to the staff of the Council for assistance given. It has been both a privilege and a pleasure to be Secretary, and I thank the members of the Delegate Assembly for this opportunity to serve the National Council of State Boards of Nursing.

Submitted by,

Sharon M. Weisenbeck,  
Secretary

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.  
TREASURER'S REPORT TO 1983 DELEGATE ASSEMBLY

Following the Board of Directors meeting in January 1983 I was notified that the Board had appointed me to fill the vacancy for the office of treasurer following the resignation of Nancy Dean.

Since that time this treasurer has participated in all conference calls and the Board of Directors meeting from May 23-25, 1983.

Quarterly reports have been forwarded to the Board of Directors and an annual budget and financial report was presented to the Board of Directors in May.

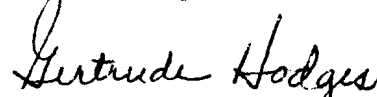
The expenditures remain within the approved FY '83 budget. However unanticipated reduction in interest rates reduced the yield from investments.

Attached is a copy of the Audited report for fiscal year 1982.

Approval is recommended for the Auditors report for fiscal year 1982.

I have appreciated the opportunity to serve as treasurer during this year.

Submitted by:



Gertrude T. Hodges, Maryland Area IV



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

June 30, 1982

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**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, 1982, 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, 1982, 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.

*Alexander Grant & Company*

Chicago, Illinois  
July 26, 1982

## National Council of State Boards of Nursing, Inc.

## BALANCE SHEET

June 30, 1982

## ASSETS

Cash and short-term investments			
Continental Bank	\$ 16,250		
Crocker National Bank	28,491		
Money market investment	<u>319,862</u>	\$364,603	
Accounts receivable			
Royalties	23,603		
Other	<u>272</u>		23,875
Inventories (note A4)			2,461
Equipment and leasehold improvements - at cost (note A2)	29,033		
Less accumulated depreciation	<u>8,106</u>		20,927
Deferred computer design costs (note C)			<u>61,915</u>
			\$473,781
			=====

## LIABILITIES AND FUND EQUITY

Accounts payable			\$ 42,809
Accrued expenses and withheld taxes			<u>11,184</u>
			53,993
Deferred revenue - contract and test fees collected in advance			65,391
Commitments (notes C and D)			-
Fund equity			
Unrestricted	\$350,173		
Board designated - test security fund	<u>4,224</u>		<u>354,397</u>
			\$473,781
			=====

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, 1982

	<u>Actual</u>	<u>Annual Budget</u>
Revenue		
Contract fees (dues)	\$ 59,500	\$ 59,000
Test royalties	300,020	294,268
Publication royalties	45,069	16,000
Interest	46,397	18,000
Convention fees	25,322	20,000
Honorariums and other	<u>4,800</u>	<u>2,000</u>
	481,108	409,268
Program expenses		
Test development		
Examination committee travel and meeting expenses	20,809	25,000
Test security and administration		
Security and administrative com- mittee - travel and expenses	7,867	7,500
Maintenance of security	5,776	5,000
Test standards and practice		
Standards committee - travel and expenses	12,582	22,500
Convention costs (inclusive of Board travel and legal)	33,137	20,000
Research	-	10,000
Publications	5,559	6,034
Test application and computer services	871	13,492
Ad hoc committee - travel and expenses	-	5,000
Total program expenses	<u>86,601</u>	<u>114,526</u>
Organizational		
Salaries and benefits - staff	166,062	152,350
Travel and expenses		
Staff - general	5,047	7,000
Board of Directors	17,743	21,500
Organizational committees	3,617	6,000
Insurance	2,503	2,500
Printing and supplies	7,942	10,000
Professional services		
Accounting	6,657	8,000
Legal	26,961	16,000
Other professional	8,975	5,000
Library subscriptions, memberships	1,165	1,500
Sundry	<u>55</u>	<u>-</u>
Total organization expenses	246,727	229,850

## National Council of State Boards of Nursing, Inc.

## STATEMENT OF REVENUES AND EXPENSES - CONTINUED

Year ended June 30, 1982

	<u>Actual</u>	<u>Annual Budget</u>
Occupancy		
Rent and utilities	\$ 38,219	\$ 40,000
Telephone	8,407	8,500
Postage	7,530	4,700
Equipment costs		
Lease and maintenance	7,636	6,500
Depreciation	<u>3,050</u>	<u>3,500</u>
Total occupancy expenses	<u>64,842</u>	<u>63,200</u>
 Total expenses	 <u>398,170</u>	 <u>407,576</u>
 EXCESS OF REVENUE OVER EXPENSES	 \$ 82,938 =====	 \$ 1,692 =====

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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, 1982

	<u>Unrestricted</u>	<u>Board designated - test security fund</u>	<u>Total</u>
Fund equity at July 1, 1981	\$266,459	\$ 5,000	\$271,459
Additional designation for security maintenance	(5,000)	5,000	-
Excess of revenue (expenses) for the year ended	<u>88,714</u>	<u>(5,776)</u>	<u>82,938</u>
Fund equity at June 30, 1982	\$350,173 =====	\$ 4,224 =====	\$354,397 =====

The accompanying notes are an integral part of this statement.

## National Council of State Boards of Nursing, Inc.

## NOTES TO FINANCIAL STATEMENTS

June 30, 1982

## NOTE A - SUMMARY OF ACCOUNTING POLICIES

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

1. Accounting Method

The Council prepares its financial statements on the accrual basis of accounting.

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.

4. Inventories

Inventories, primarily publications, are stated at the lower of actual cost or market. Cost is determined principally by specific identification.

## 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, 1982

## NOTE C - COMPUTER DESIGN COSTS

On January 7, 1982 the Council entered into an agreement for the design of a computerized system for processing test applications. Costs of \$61,915 have been incurred and will be amortized over five years from the date the system is placed in service. In connection with this system, the agreement provides for the test service company to process the test applications with a minimum annual fee of \$250,000 through July 1985.

## 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,	
1983	\$33,708
1984	33,708
July and August 1984	<u>5,618</u>
Total minimum payments required	\$73,034
	=====



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

Report of  
Area I Director

As Area I Director, I have attended all scheduled Board of Directors meetings, and have served on the following Board of Directors Committees: Diagnostic Profiles, Item Writer Selection, and Committee on Committees. I also served on the Test Service Evaluation Committee and attended two meetings of that Committee.

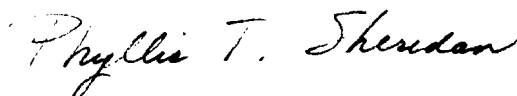
One meeting of Area I was held on November 5, 1982, in Boise, Idaho. Twenty-three Board and staff members attended from eleven states, including Hawaii for the first time. Ray Showalter and Marian Rippy also attended, representing the National Council of State Boards of Nursing office. The following issues of concern to Area I Boards were discussed:

- Impaired nurse programs in the western states
- Entry into Practice motions adopted by the Oregon Board of Nursing
- Challenges to Boards of Nursing's authority to accredit/approve nursing education programs
- Regulation of advanced registered nurse practice
- Use of probation in disciplinary proceedings

Marian Rippy responded to questions concerning the Direct Application System and presented the new disciplinary reporting form for comments.

Representing the Area I Boards of Nursing on the Board of Directors has been a most interesting and rewarding experience.

Submitted by:



PHYLLIS T. SHERIDAN, Idaho  
Area I Director

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

Report of Area II Director

One Area II meeting was held November 4-5, 1982 in Topeka, Kansas, subsequent to the post-convention meeting. Ten member boards were represented, and Dr. E. M. Dvorak and D. Heidorn of the National Council of State Boards of Nursing attended. The agenda covered many topics, including discussion of examination topics (security, "walk-ins", test service and examination procedures), school accreditation, licensing of handicapped persons, and dual licensure issues.

As area director, I attended all National Council of State Boards of Nursing board meeting and designated committee requirements. I also corresponded with various Area II members on topics of interest expressed by them.

Respectfully submitted,



Joan Nuttall  
Area II Director

June 6, 1983

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Report of  
Area III Director

Area III held its regular meeting on March 10-11, 1983 in Atlanta, Ga.

Forty-one (41) persons representing fifteen of the sixteen member boards in Area III were in attendance. The Louisiana State Board of Practical Nurse Examiners was not represented. Of the representatives, twenty (20) were Board members and twenty-one (21) were staff of the member boards.

We were pleased to have Joyce Schowalter, President and Eileen Dvorak, Executive Director NCSBN, present. Their attendance added to our understanding of the programs and services offered by the Council.

Specific action taken by Area III during this meeting were:

1. To request the Committee on Disciplinary Case Reporting by Federal Agencies to investigate the issue raised by the Federal Regulation, which states that nurses employed by the Federal Government do not need to be licensed by any state Board of Nursing.
2. In keeping with the above, Area III submitted a resolution for presentation to the Delegate Assembly.
3. Pat Keefe, Chairman of the Resolution Committee was requested and agreed to prepare resolutions recognizing four states which will celebrate their 80th anniversary, and honorary resolutions for the Executive Directors who have resigned or retired from their positions with Area III Member Boards. The individuals to be recognized are Nancy Dean, Ga., Eleanor Smith, Va., Mildred Armour, Ark., and Ruth Seigler, S.C.

The states are North Carolina, New York, New Jersey and Virginia.

These resolutions are to be presented to the Delegate Assembly.

4. The disciplinary data bank form as presented was accepted.
5. The Verification of Licensure form was reviewed and the following additions were proposed namely:
  - a. that under address add a line for the registrant to enter "name in which originally licensed";
  - b. add Social Security number on line where Board supplies license number.

Other items on the agenda were: Scope of Practice for Unlicensed Personnel; by-law changes; report on NCLEX - application and score report;

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## Report of Area III Director

reports from Secretary, Area III Director, Chairman of the Ad Hoc Committee on Test Service Evaluation; and marketing issues.

Area III set its meeting places for the next two years. Austin, Texas in Spring 1984 and Oklahoma City, Spring 1985.

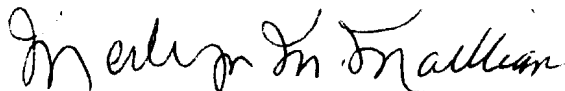
As the Area III Director, I attended all meetings of the Board of Directors held since my report to the 1982 Delegate Assembly.

My committee activities include:

1. NCSBN/ANA Liaison Committee - I attended the Fall 1982 meeting. Due to the April 7, 1983 flooding in New Orleans, I was not able to attend the April 8, 1983 meeting.
2. Awards Committee - I chaired this committee which met twice. One regular meeting was held and one telephone conference was held.
3. Personnel Committee - This committee met once to review and offer revisions, as appropriate, in Personnel Policies.

May I take this opportunity to say that it has been a privilege and pleasure to serve as Area III Director for these last two years.

Submitted by:



Merlyn M. Maillian  
Area III Director

National Council of State Boards of Nursing, Inc.  
Report Of  
Area IV Director

As Area IV Director I have attended three of the four meetings of the Board of Directors, participated in two of the three telephone conference calls and presided at two meetings of Area IV. I have served on the following committees: Item Writer Selection and NAPNES/NCSBN/NFLPN Liaison Committee.

Area IV held its regular meeting on September 30-October 1, 1982 in Portland, Maine. Thirty-three (33) board representatives were present from eleven (11) jurisdictions. Dr. Eileen McQuaid Dvorak and David Heidorn, NCSBN staff, were also present.

Items presented for general information, discussion and action taken included:

1. NCSBN report given by Dr. Eileen Dvorak
2. Verification of Licensure Form:  
Action: Moved that Area IV Boards of Nursing study the proposed Verification of Licensure Form and make suggestions for changes and/or identify problems by December 1, 1982 for referral to the Board of Directors in January.
3. Implementing the NCLEX Direct Application System
4. Results of July 1982 Examination
5. Test Service Reporting of Board Scores
6. New Administration of Examination Manual
7. Criteria for Panel of Judges
8. Voluntary Relinquishment of Licensure and Consent Agreements
9. Scope of Practice of Unlicensed Personnel  
Action: Moved that Area IV Boards form an ad hoc committee to study the problem of the illegal practice of unlicensed personnel and make a recommendation to the 1983 Delegate Assembly.
10. Approval of R.N. and B.S.N. Programs
11. Nursing Externship Programs
12. Standards of Nursing Practice
13. Overseas Administration of NCLEX  
Action: Moved that Area IV support the 1982 Delegate Assembly's decision not to administer NCLEX overseas.
14. Contract Between NCSBN and Boards of Nursing
15. Medically Trained Armed Services Personnel
16. Impaired Nurses
17. Graduates of Foreign Nursing Schools Who Fail CGFNS Examination

To accommodate adjustment to the revised NCSBN's Annual Delegate Assembly meeting time from June to August in 1983, Area IV held its 1983 Annual Meeting on April 28-29, 1983 in Cranford, New Jersey. Thirty-two (32) board representatives were present from 10 jurisdictions. NCSBN President Joyce Schowalter and Ray Showalter, NCSBN staff, were also present.

Items presented for general information, discussion and action taken included:

1. Verification of Licensure Form
2. Practical Nurse Verification Form
3. Impaired Nurses
4. Area IV States That Publish Newsletters
5. Refresher Courses or Alternatives to Refresher Courses
6. State-by-State Update Report
7. NCSBN Long-Range Goals
8. Examination Applications for NCLEX
9. Diagnostic Assessment Test  
Recommendation: The NCSBN prepare a "fact sheet" on questions or problems associated with NCSBN's program activities.
10. Indirect vs. Direct Application of Examination Applications for NCLEX  
Action: It was moved that the NCSBN review the issue of candidates who fail the licensing examination and provide guidelines as to how many times the candidate may rewrite the examination within a specified period of time following graduation.
11. Ad Hoc Committee on Scope of Practice of Unlicensed Nursing Staff Report  
During the year a questionnaire was distributed to all jurisdictions with 47 jurisdictions responding. The data is to be collated, edited and distributed at the August 24-26, 1983 Annual Delegate Assembly.

Submitted by:

Lois N. O'Shea, Delaware  
Area IV Director

Annual Report

Director at Large

As Director at Large I have attended two scheduled meetings of the Board of Directors and participated in telephone conferences.

I served as a committee member on the Awards Committee where we prepared the criteria for candidates, suggested the type of award, and presented the candidates to the Board of Directors for selection of the Dr. R. Louise McManus Award.

I served on the Committee on Disciplinary Case Reporting by Federal Agencies.

In addition, I was appointed by the Board of Directors at the May, 1983 meeting, to the Long Range Planning Committee.

I appreciate the opportunity to serve in this rewarding and enriching experience.

H. Jean Bruhn

Director at Large

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NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Report of Board of Directors

The Board of Directors of the National Council of State Boards of Nursing met on the following dates:

June 25, 1982	September 1, 1982 (Conference Call)
September 20-21, 1982	October 15, 1982 (Conference Call)
January 24-26, 1983	November 3, 1982 (Conference Call)
May 23-25, 1983	February 17, 1983 (Conference Call)
	May 4, 1983 (Conference Call)

A summary of the major actions of the Board of Directors was distributed to Member Boards after each regular meeting and approved minutes of the meetings were distributed to Member Boards.

At the onset of Fiscal Year 1983, the following objectives were identified:

Exploration of ways to serve Member Boards in additional functional areas such as continuing competency, approval of educational programs, orientation for new members of Boards.

Development of extensive policies and procedures for security of examinations and investigations of alleged breaks.

Development of services for Member Boards that facilitate intercommunication between boards on all candidates for licensure and on disciplinary actions.

Development of a system to share comparative data on Member Boards' operations and on statutory and administrative changes.

Preparation of evaluation mechanism for review of test service agreement modification and revision.

The Board of Directors established the following committees and panel to assist the work of the Council:

- Committee on Disciplinary Case Reporting by Federal Agencies
- Approval of Diagnostic Profiles Committee
- Score Report Committee
- Advisory Committee for the Diagnostic Assessment Tests
- Committee on Contractual Arrangements
- Ad Hoc Council Review Committee
- Ad Hoc Test Service Evaluation Committee
- Liaison Committee on Interorganizational Proposals
- Publications Advisory Panel
- Verification of License Form Committee
- Board Standing Rules Review Committee
- Long Range Planning Committee

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Appointments to continue NCSBN representation, to fill vacancies, and to write the history of the Council were made as follows:

Vice President - Ann G. Petersen, Staff, Utah, Area I, to replace Kathleen F. Dwyer, Board Member, Rhode Island, Area IV, who was not reappointed to the Rhode Island Board of Nursing;

Director-at-Large - H. Jean Bruhn, Board Member, Pennsylvania, Area IV, to replace Ann G. Petersen;

Treasurer - Gertrude T. Hodges, Board Member, Maryland, Area IV, to replace Nancy R. Dean, who resigned;

Trustee-at-Large to the Board of Trustees, Commission on Graduates of Foreign Nursing Schools (CGFNS) - Helen P. Keefe, Staff, Florida, Area III, to replace Ruth Q. Seigler, Staff, South Carolina, Area III, whose term expired;

Nursing Profession Team Member of the Joint W.K. Kellogg - Pennsylvania State University Continuing Professional Education Development Project - Mary A. Romelfanger, Staff, Kentucky, Area III;

Historian - Gertrude Malone, Consultant.

Other activities of the Board of Directors included the following:

Authorized staff to develop a proposal for funding of a project in relation to continuing competency determination;

Directed that the Nursing Practice and Standards Committee develop position papers on continuing competency and on advanced nursing practice for presentation to the 1984 Delegate Assembly;

Received the Report of the Ad Hoc Council Review Committee on the Survey on National Council Objectives and Structures;

Adopted Guidelines for Research Requests;

Authorized the Executive Director to enter into contract negotiations to produce video presentations on the NCLEX-PN and the NCLEX-RN;

Expanded the circulation of the Monthly Disciplinary Reports to include appropriate federal agencies;

Clarified the information that needs to be collected when examination security is threatened, suspected or broken, and authorized the appointment of an ad hoc committee to study all aspects of examination security and to identify future needs for examination security;

Received recommendations submitted by the Administration of Examination Committee on investigation of security violations and took action as appropriate.

Monitored the status of contracts with Member Boards and the payment of membership/contract fees.

Authorized the staff to enter into a contract for the development of a computer program to generate school program codes for use with the licensure examinations and for implementation of a program code system;

Directed that the Nursing Practice and Standards Committee review the issue of candidates who fail the licensure examination and provide recommendations for rewriting the examination;

Directed that the Item Writer Selection Committee explore the use of licensed practical nurses as item writers for NCLEX-PN and to use such resources as previous research studies and advice of test service consultants in studying the matter;

Made provisions for candidates, who repeated portions of the NCLEX-PN, Form 082, October 1982, to be allowed to rewrite the examination in the jurisdiction of original licensure during a subsequent administration if the candidates make such a request;

Approved the policy and fees for hand scoring of examinations for licensure;

Received the PRACTICAL NURSE ROLE DELINEATION AND VALIDATION STUDY FOR THE NATIONAL COUNCIL LICENSURE EXAMINATION FOR PRACTICAL NURSES - Final Report, May 19, 1983, as conducted by CTB/McGraw-Hill, and directed the report be disseminated for review and study;

Authorized staff to work with the Test Service to design a system for correcting data in regard to examination score reports and summary information;

Developed and implemented a method for the Board to monitor the passing scores for licensure examinations based on the criterion-referenced scoring system;

Approved the preparation of a proposal for funding to study systems of electronic testing as a prototype for the administration of the licensure examinations;

Approved the development of a validity study proposal regarding the registered nurse licensure examinations;

Received the report of the Committee on Disciplinary Case Reporting by Federal Agencies;

Received progress reports of the Joint W. K. Kellogg-Pennsylvania State University Continuing Professional Education Development Project;

Received the Report on Test Service Performance from the Ad Hoc Test Service Evaluation Committee and authorized negotiations for extending the contracts with CTB/McGraw-Hill as the Test Service and for the NCSBN Data Center;

Authorized the Finance Committee to obtain the services of a professional investment counselor to assist in the development of

guidelines for investment practices for NCSBN funds, and approved an investment plan;

Approved the budget for Fiscal Year 1984;

Established the criterion, procedures and frequency for presenting the Dr. R. Louise McManus Award, and selected the first award recipient;

Selected Portland, Oregon as the site for the NCSBN Delegate Assembly Annual Convention on August 26-29, 1984;

Approved the business meeting agenda and the program content for the 1983 Delegate Assembly Annual Convention.

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

American Nurses' Association/National Council of State Boards of Nursing Liaison

Vice President - Ann G. Petersen  
Area III Director - Merlyn M. Maillian

The National Association of Practical Nurse Education and Service/NCSBN/National Federation of Licensed Practical Nurses Liaison.

Area IV Director - Lois N. O'Shea

Committee on Interorganizational Proposals

Secretary - Sharon M. Weisenbeck  
Area II Director - Joan K. Nuttall

Committee on Committees

President - Joyce M. Schowalter  
Area I Director - Phyllis T. Sheridan  
Area II Director - Joan K. Nuttall

Item Writer Selection Committee

Area I Director - Phyllis T. Sheridan  
Area IV Director - Lois N. O'Shea

Personnel Policies Committee

Area III Director - Merlyn M. Maillian  
Secretary - Sharon M. Weisenbeck

Convention Committee

Vice President - Ann G. Petersen  
Area II Director - Joan K. Nuttall

Committee on Contractual Arrangements

President - Joyce M. Schowalter  
Area I Director - Phyllis T. Sheridan

Awards Committee

Area II Director - Merlyn M. Maillian  
Director-at-Large - H. Jean Bruhn

Board Standing Rules Review Committee

President - Joyce M. Schowalter

Committee on Disciplinary Case Reporting by Federal Agencies

Vice President - Ann G. Petersen  
Director-at-Large - H. Jean Bruhn

Publications Advisory Panel

Area I Director - Phyllis T. Sheridan  
Area II Director - Joan K. Nuttall  
Area III Director - Merlyn M. Maillian  
Area IV Director - Lois N. O'Shea  
Director-at-Large - H. Jean Bruhn

Ad Hoc Test Service Evaluation Committee

Area I Director - Phyllis T. Sheridan

Approval of Diagnostic Profiles Committee

President - Joyce M. Schowalter  
Secretary - Sharon M. Weisenbeck  
Area I Director - Phyllis T. Sheridan

Verification of License Form Committee

Area I Director - Phyllis T. Sheridan  
Area II Director - Joan K. Nuttall  
Area III Director - Merlyn M. Maillian  
Area IV Director - Lois N. O'Shea

Long Range Planning Committee

Director-at-Large - H. Jean Bruhn (Appointed May, 1983)

Submitted by,

Sharon M. Weisenbeck, Secretary

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

## REPORT OF

## AWARDS COMMITTEE

## TO

## 1983 NCSBN DELEGATE ASSEMBLY

This Committee was formed by the Board of Directors to establish an award to honor, periodically, an individual or organization who has made contributions to the purposes of the NCSBN. The award was named the Doctor R. Louise McManus Award.

The charges to the Committee were:

1. Propose criteria and procedures for the selection of candidates.
2. Recommend a recipient of the 1983 Doctor R. Louise McManus Award to the Board of Directors.

The Committee met on January 23, 1983 to address its first charge. The Board of Directors at the January 24-26, 1983 meeting, with a few minor revisions, accepted the proposed criteria and procedure as developed by the Awards Committee.

On February 10, 1983, all NCSBN Member Boards were advised that the Awards Committee was seeking nominations for this award and were given the procedure and provided with a nomination form.

Four individuals and three organizations were nominated.

The Awards Committee in keeping with procedure prioritized the top three nominations and presented its recommendation to the Board of Directors for selection.

Members:

H. Jean Bruhn, Pa.  
Marianne Bacigalupo, N.J.  
Merlyn M. Maillian, La., Chairman

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NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

REPORT

on

TEST SERVICE PERFORMANCE

from

AD HOC TEST SERVICE EVALUATION COMMITTEE

Anna Kuba, North Carolina, Chairperson  
Phyllis Sheridan, Idaho  
Barbara Showers, Wisconsin  
Mattye Jones, Missouri  
David Bower, New York

April 21, 1983

## I. Charge from Board of Directors

**MOTION:** That the Board appoint an Ad Hoc Committee to review and evaluate performance of the test service considering both process and product and prepare a report in time for consideration at the May 1983 meeting of the Board of Directors.

The Board directs that the Ad Hoc Committee conduct activities which include but are not limited to the:

1. Articulation of evaluation criteria minimally derived from test service selection documents, current NCSBN and CTB agreement, and available literature.
2. Solicitation of evaluations from NCSBN staff, counsel, chairpersons of Administration of Examination Committee, the Examination Committee, and others as needed.
3. Solicitation of a report from test service addressing its performance and making recommendations with respect to steps it and the Council should take to maintain and/or improve NCLEX quality.
4. Recommendations for any substantive contractual changes.

The Board authorize expenditure of such funds as are reasonable and necessary for the committee to carry out its charge.

## II. Meetings of Ad Hoc Committee

The Committee held two meetings: December 2-3, 1982 and March 28-30, 1983. At the December meeting, the instrument for evaluation of performance was developed from the Agreement with the Test Service, using the Specifications for Test Service as a cross reference (See Attachment I.) Information was requested from the Test Service, Examination Committee, Administration of Examination Committee, NCSBN staff, NCSBN representatives to Item Writer Workshops conducted by the Test Service, and the Examination Committee Task Force.

During the March meeting, the committee reviewed, discussed, and organized the responses according to the criteria (See Attachment II.) On the basis of the responses, conclusions and recommendations were formulated. These are found in the next section. Also during this meeting a conference was held with NCSBN counsel to discuss the Agreement from the legal viewpoint. The responses received from the groups requested are available at NCSBN headquarters.

### III. Conclusions and Recommendations

The Committee concluded that there were strengths in the services provided by CTB/McGraw-Hill as the test service.

The Committee recommends the following:

1. The agreement between NCSBN and its test service, CTB/McGraw-Hill, should be renegotiated taking into account the specific recommendations.



TEST SERVICE EVALUATION INSTRUMENT

Group(s) to Whom Specific Attention is Requested

Criterion

Questions Related to Criterion

CTB/McGraw-Hill  
NCSBN Staff  
Others as appropriate

I. Test Service shall deal directly with Member Boards only to the extent authorized under this agreement or directed from time to time by Council.  
(Agreement, page 2, #4)

Enumerate, list and describe situations in which there have been direct communications between Test Service and Member Boards other than specified in the Agreement:  
a. What types of situations?  
b. What volume of contacts?  
c. How were situations handled by Test Service?  
d. Are there suggestions for improving communications?

CTB/McGraw-Hill  
Adm. of Exam.Com.  
Exam. Com.  
Task Force  
NCSBN Staff

II. Test Service has assigned to the project experienced professional staff sufficient for the development, management, production, and distribution of Nurse Licensure Exams.  
(Agreement, page 3, #5)

Explain how organization and assignment of staff responsibilities includes staff reviews, supervision and appropriate checks and balances to prevent errors.

CTB/McGraw-Hill  
Adm. of Exam.Com.  
Exam. Com.  
Task Force  
NCSBN Staff

III. Test Service adheres to reasonable security measures approved by Council for development, storage, printing, shipping, scoring, destruction of examinations.  
(Agreement, page 3, #6)

1. Are NCSBN Committees aware of the portions of Test Service security measures that pertain to their functions?  
2. Are security measures being implemented as approved?  
3. Describe any incidents that have occurred involving loss of or damage to test booklets.

CTB/McGraw-Hill  
Exam. Com.  
Task Force  
NCSBN Staff

IV. Test Service shall perform specific services for the ongoing development and updating of Nurse Licensure Exams.  
(Agreement, page 3, #7)

Group(s) to  
Whom Specific  
Attention is  
Requested

	Criterion	Questions Related to Criterion
CTB/McGraw-Hill  Exam. Com.  Item Writer Consultants  NCSBN Staff	<p>A. Test Service has assisted Council to make certain preliminary determinations essential to ongoing development of Nurse Licensure Exams. (Agreement, page 4, a.)</p> <p>B. Test Service has assisted Council to prepare each RN and PN examination form. (Agreement, page 5, b.)</p>	<p>1. Please respond to sub-items i-vii of Agreement in evaluating this Test Service function.</p> <p>2. Test Service needs to address effectiveness of their performance in relation to sub-item vii.</p> <p>1. Please respond to sub-items under b. in Agreement in evaluating this Test Service function.</p> <p>2. What ongoing procedures for test development are used to assure validity and freedom from bias of test items?</p> <p>3. What problems, if any, have occurred in developing test forms that meet the requirements of the Test Plan and defined test specifications (e.g. length, item restrictions, etc.)</p> <p>4. How has Test Service fulfilled its responsibility in assuring that the equating method used is psychometrically sound?</p> <p>5. Is the procedure for classification of (Rasch model) items clearly understood by individuals and groups who need to explain it? If not, what can be done to increase their understanding?</p> <p>6. Are the test plan categories specific enough for the individuals and groups who use them to carry out their examination functions? (i.e. Test Service, staff, item writers, Examinations Committee, etc.)</p> <p>7. Has the Test Service solicited specific item-writing assignments from experienced item writers whose past efforts have been successful but who have not been sched-</p>

Group(s) to  
Whom Specific  
Attention is  
Requested

Criterion

Questions Related to Criterion

CTB/McGraw-Hill Adm. of Exam.Com. NCSBN Staff	<p>V. Test Service has performed (shall perform) certain services in relation to production, administration, and scoring of the Licensure Examination (Agreement, page 6, #8)</p> <p>A. Please respond to sub-items a-f, h, and i of the Agreement.</p>	<p>uled to attend item-writing workshops? (Agreement, page 6, c.) Has this been productive?</p> <p>Include answers to the following questions in your response:</p> <ol style="list-style-type: none"> <li>1. Has CTB been responsive to recommendations for changes in the manual and examination brochure for candidates?</li> <li>2. What problems have arisen regarding printing, packing, distribution, and return of test materials? What solutions have been implemented?</li> <li>3. How many defective booklets were distributed for 082?</li> <li>4. Are sufficient test booklets printed to enable replacement of booklets lost or damaged in transit?</li> </ol>
CTB/McGraw-Hill Adm. of Exam.Com. NCSBN Staff	<p>Provide adapted materials...for handicapped candidates...provided Member Boards request such materials...at least 120 days prior to a scheduled test administration. (Agreement, page 8, g.)</p>	<p>Are 120 days necessary for adapting materials for handicapped candidates?</p>

Group(s) to  
Whom Specific  
Attention is  
Requested

Criterion

Questions Related to Criterion

<p>CTB/McGraw-Hill Adm. of Exam.Com. Exam. Com. NCSBN Staff</p>	<p>C. Machine score tests, including Key validation according to method approved by Council. (Agreement, page 8, j.)</p>	<p>1. How is accuracy of machine-scoring checked and verified? 2. What method(s) is used to validate the Key? 3. How is NCSBN involved in decisions regarding necessary Key changes following administration of an exam?</p>
<p>CTB/McGraw-Hill Adm. of Exam. Com. NCSBN Staff</p>	<p>D. Provide hand-scoring for individual candidates as requested and at additional cost (Agreement, page 8, k.)</p>	<p>Has actual experience with hand-scoring shown that the estimated cost of the procedure could be reduced?</p>
<p>CTB/McGraw-Hill Adm. of Exam.Com. Exam. Com. NCSBN Staff</p>	<p>E. Prepare (score) reports and summary reports specified by Council. (Agreement pages 8, 9, l. and m.)</p>	<p>Are there plans for a survey of Member Boards to evaluate satisfaction with score reports after all reports have been distributed?</p>
<p>CTB/McGraw-Hill Adm. of Exam. NCSBN Staff</p>	<p>F. Supervise actual destruction or provide for security controls in the destruction of test booklets as approved by Council. (Agreement, page 9, o.)</p>	<p>1. Is there provision for inventory of test booklets immediately prior to destruction? 2. Who verifies that all booklets are destroyed according to the established procedures?</p>
<p>CTB/McGraw-Hill Exam. Com. NCSBN Staff</p>	<p>VI. Test Service performs certain statistical procedures and provides statistical analyses. (Agreement, page 9, #9)</p>	<p>1. When and how is the level of reading difficulty ascertained? 2. For the future, does Test Service recommend any new or different statistical procedures that would have a positive effect on the validity of examinations or more accurately reflect the characteristics and results of the examinations?</p>

Group(s) to  
Whom Specific  
Attention is  
Requested

Criterion

Questions Related to Criterion

CTB/McGraw-Hill  
Adm. of Exam.Com.  
NCSBN Staff

VII. Test Service shall perform services according to a projected timetable (attached to Agreement.) (Agreement, page 10, #10)

Has the Test Service met the projected timetable for examination activities satisfactorily?

CTB/McGraw-Hill  
Adm. of Exam.Com.  
Exam. Com.  
NCSBN Staff

VIII. Test Service shall carry out certain responsibilities related to research, evaluation, and education. (Agreement, page 10, #11.)

Please respond as appropriate to functions under this section that have been carried out.

CTB/McGraw-Hill  
Adm. of Exam.Com.  
Exam. Com.  
NCSBN Staff

IX. General questions pertaining to overall Test Service responsibilities.

1. What recommendations can be made for changes in the examination process and product in view of the new development in testing and technology?
2. Assess the level of cooperation exhibited by all parties involved in carrying out the activities included in the Agreement.
3. The Test Service Evaluation Committee recognizes the limited time that has transpired under the current Agreement. As of this date, do you think that the agreement between NCSBN and CTB should be extended from July 1985?

POSITION PAPER OF COUNCIL REVIEW COMMITTEE  
on National Council of State Boards of Nursing's  
OBJECTIVES and STRUCTURE

Report Prepared for National Council Board of Directors  
by Committee Members:

Kate Fenner, Illinois Chairperson  
Helen Barrett, Massachusetts  
Martha Chesser, Georgia - PN  
Lois Johnson, Colorado

April 21, 1983

POSITION PAPER OF COUNCIL REVIEW COMMITTEE

- I. Restatement of Charge
- II. Methodology
- III. Synopsis of Results
- IV. Recommendations
- V. Acknowledgements
- VI. Appendices

Survey Instrument  
Results/Analysis

## POSITION PAPER OF COUNCIL REVIEW COMMITTEE

I. Restatement of Charge.

During the June 1982 convention, the Delegate Assembly of the National Council of State Boards of Nursing, Inc. (NCSBN) passed a motion to review NCSBN's objectives for consistency with members' expectations. The Board of Directors appointed a Council Review Committee to study the issue and report to the Board by its May meeting.

## Purpose:

1. To review the objectives of NCSBN in order to determine whether they are consistent with current expectations of Member Boards.
2. To review the required composition of the Board of Directors to determine whether Member Boards (including all categories of Board members, nurse staff and non-nurse staff) are ensured adequate representation.
3. To review the structure of NCSBN to determine whether Board members, nurse staff and non-nurse staff are ensured sufficient methods of involvement in deliberations in decision making.

II. Methodology.

To ascertain the expectations of members, the Council Review Committee prepared a survey and distributed it to Member Boards. Return was requested by February 1; however, responses received by March 11 were included in the tabulation.

Member Boards were asked to submit responses from all Board members and staff. Member Boards chose to respond in several ways:

- As a group with names listed;
- As a group with no names listed;
- Individually;
- As a group and individually.

III. Synopsis of Results.

- A. Responses were received from either Member Boards as a group or individuals from Member Boards from 46 Boards.
-



District of Columbia Practical Nurse Examining Board, Iowa Board of Nursing, Michigan Board of Nursing, Nevada Board of Nursing, Oregon State Board of Nursing, Vermont State Board of Nursing, and Virgin Islands Board of Nurse Examiners did not respond. Greatest response came from Area III Member Boards; the least response came from Area IV Member Boards.

Respondents

<u>Area</u>	<u>Board as Group</u>	<u>Individuals</u>	
		<u>Members</u>	<u>Staff</u>
I	8	4	3
II	7	6	5
III	8	23	13
IV	<u>5</u>	<u>16</u>	<u>1</u>
TOTALS	28	<u>49</u>	<u>22</u>

71 TOTAL

B. Review of Objectives:

Consensus indicated that the current objectives of the NCSBN remain appropriate. Comments about objectives from respondents were generally grammatical or editorial in nature. Specific modifications suggested in objectives are listed in results of survey. Survey results on the issue of deletion of objectives revealed no statistically significant response, indicating retention of all current objectives. Objectives were ranked by respondents.

The objectives as stated in the Bylaws and the rank order follows:

<u>Objective</u>	<u>Rank Order</u>
Develop, establish policy and procedure, and regulate the use of the licensing examinations for nursing, to be available for use by states and territories;	1
Identify and promote desirable and reasonable uniformity in standards and expected outcomes in nursing education and practice;	2
Identify, explore, take positions on trends and issues affecting nursing education and nursing practice;	4
Identify and assist in efforts to promote the continued competence of practitioners of nursing;	5

<u>Objective</u>	<u>Rank Order</u>
Collect, analyze and disseminate data and statistics relating to nurse licensure;	2
Conduct studies and research pertinent to the purposes of the Council;	7
Provide consultative services for Council members, Boards of Nursing, governmental and voluntary agencies and individuals concerned with the health and welfare of the public;	6
Plan and promote educational programs for its members, professional employees, and members of Boards of Nursing;	9
Provide means and promote effective communications with related organizations, groups, and individuals.	8

The Committee suggests stating objectives as ranked and prefacing the ranking with a statement that objectives reflect prioritization.

#### C. Board of Directors:

There was no statistically significant response to support modification of currently stated Board qualifications. Suggested additional recommendations are listed in the results of survey. It is suggested that survey information on Board qualifications and composition be shared with the Nominating Committee with the objective of reminding the Committee of the need for balanced Board composition.

The Committee considered specific objectives. The suggestion of one year of experience in Board work prior to holding office was seen as having particular merit. The issue of LPN involvement was highlighted in a few respondent returns. The Committee suggests that the current structure which includes mechanisms for LPN involvement be further communicated to members to allay concerns of exclusivity. The question of an amendment to enable a person to complete the term of office when they have been a Board member or staff employee at the time of election received a greater positive response from individual respondents and a greater negative than positive response from Boards

responding as a group, though the percentages were close. The Committee engaged in extensive deliberations concerning this issue. The Committee recommends amendment to permit the completion of term of office to prevent extensive disruption of Board composition without Council election.

The Committee reviewed responses to the question of creation of an associate membership category. Though survey responses were not positive the Committee believes that this issue merits further exploration and suggests either appointment of a Study Committee or referral to an appropriate committee by the Board.

#### D. Involvement in Council:

Respondents indicated general satisfaction with the degree of involvement in NCSBN deliberation and decision making. Though there was some evidence of perception by respondents that Board staff members have less involvement than Board members or Executives in Council deliberations and decision-making, the Committee viewed this perception as more directly related to financial constraints and as not being a statistically significant response. (The greatest number (12) of respondents offered that the reason for inadequate participation is that involvement is hampered by time and money and is under the control of the States.) Specific suggestions for involvement included:

- Increase communication
- Involve more persons in convention and committees
- Make structure more democratic
- Rotate convention sites
- Distribute committee appointments
- Have regional area groups make committee appointments
- Include proceedings in minutes
- Have meetings for Board members at convention
- Decrease dominance by Board of Directors

The Committee believes that some of the suggestions have already been implemented and that the remaining do not hold great promise nor practicability and thus suggests no changes at this time,

#### E. Subjects for Further Study:

The Committee suggested three areas for further study/discussion: disciplinary action, educational program approval, and legal rights and responsibilities

of Board members. Respondents were overwhelmingly in favor of pursuing these subjects; therefore, the Committee recommends further Board attention to these areas. Additional suggestions obtained from respondents were as follows:

- Impaired Nurse - rehabilitation, disciplinary action and appropriateness of involvement
- Standards of practice for continued competency for advanced practitioner
- Status of certification of Advanced Registered Nurse Practitioners
- Status of mandatory continuing education and endorsement
- Disciplinary action specifics - definition of unprofessional conduct, legal parameters of investigative process, effectiveness of probation, reporting of colleagues, requirements for reinstatement of license, data bank on disciplinary action
- Examination - tests and measurements, alternate ways of testing, statistics, comparison with CNATS, scoring explanation, evaluation of examination, evaluation of examination process, entry level practice analysis
- Education program approval - curriculum guide, consultants for approval, lists of approved schools, and school classifications
- Board of Nursing needs - conflict of interest for Board members, orientation of new members
- Regulation and licensure issues - reentry, unlicensed personnel replacing licensed personnel, use of licensed practical nurses rather than registered nurses, current fees for licensure service, requirements for foreign-educated nurses, endorsement
- Sunset legislation phenomenon
- Changes in nursing and impact of changes on nursing

#### F. Areas for Research:

The Committee queried respondents for suggestions for areas for further research. Responses were as follows:

##### Continuing Competency

##### Practice Area

- Entry level
- Roles/functions of RN's and LPN's
- Advanced Practice
- Additional education and practice for entry
- Foreign educated nurse
- How measure professional standards of practice
- LPN in patient care

#### Examination Area

- Alternate testing methods
- Licensure examination
- Separate examination AD, BS
- Practical examination
- Analysis of performance on licensure examination RN and LPN

#### Disciplinary Action

- Guidelines for disciplinary action
- Impaired Nurse
- Board sanctions
- Repeat offenders

#### National Council

- Credentialing Center pilot
- Historical archives
- Comparative data on Member Boards
- Vote by Mail
- Conflict with marketing DX, Study Review
- Effectiveness of State Boards and their structure

#### Education Areas

- Standards to judge nursing courses
- "1985" Resolution
- Preparation of nurses for the future

#### Statistics

- Number of nurses in U.S.A. -unduplicated
- Number of AD-Diploma-BS nationally

The Committee views research as a valid, important objective of the Council and suggests particular Board attention to the following areas:

- Continuing competency
- Practice areas - roles, functions, entry levels, advanced practice, standards, foreign educated nurses
- Examination questions
- Disciplinary actions
- National Council - credentialing center pilot, historical archives

#### G. Expectations of NCSBN:

76% of respondents responded that expectations were being met or did not respond. 24% listed further expectations; these were as follows:

- Mechanism for input by Member Boards
- Equitable numbers of LPN's as officers and on committees

- Long range plan -5 years
- Central data source
- Leadership in reducing interorganizational conflict
- Publications - Annual one on fees charged by boards, pamphlet on NCSBN
- One day RN examination
- Structure revised for voting
- Educational regional programs
- A general complaint by one Board that Board of Directors is capricious, insensitive, opinionated; inflexible deadlines mentioned by one Board.

The Committee had no recommendations in this area.

- H. Additionally the Committee noted Member Board interest in the establishment of informal network organizations according to size, organizational format, and role complexity.

#### IV. Recommendations.

The Committee, upon review of the survey and in reflection upon deliberations, strongly recommends:

- A. No action in regard to objectives or Board composition.
- B. Stating objectives as ranked and prefacing the ranking with a statement that objectives reflect prioritization.
- C. Sharing of Review Committee Survey on Board qualifications and composition results with members of the Nominating Committee.
- D. Examination of a requirement that Board members have a minimum of one year of experience prior to election.
- E. Communciation of current NCSBN structure to allay concerns and increase involvement of LPN members and others.
- F. Amendment of By-Laws to enable a Board members's completion of term of office when they have been a Board member or staff employee at time of election. (Article V, Section 2.)
- G. Exploration of establishment of associate membership through appointment of a Study Committee or referral to an appropriate committee of the NCSBN.
- H. Attention to areas for further study including: disciplinary action, educational program approval, and legal rights and responsibilities of Board members.
- I. Attention to research on issues related to continuing competency, practice areas, examination, disciplinary actions and National Council (See III F of this Position Paper.)

- J. Consideration of alternative organizational mechanisms to facilitate Member Board networking by size, organizational format, and role complexity. (Bylaws, Article IV.)
- K. Ongoing study of survey data by appropriate body for reference on issues of relevance not mandated in the Committee's charge.

V. Acknowledgements.

The Review Committee expresses its gratitude to Eileen M. Dvorak and the staff of the National Council of State Boards of Nursing, Inc. for their excellent support and assistance in completion of this charge. The Committee members also wish to thank the Board for extending the privilege of working on this important task to us.

VI. Appendices.

Survey Instrument  
Results/Analysis

## Council Review Committee Report

## Survey on National Council Objectives and Structures

- I. Introduction
  - A. Purpose
  - B. No. of Respondents
    - Boards
    - Individuals
- II. Review of Objectives
  - A. Rank Order
  - B. Modification/Deletion
  - C. Suggested Changes
  - D. Additions
- III. Review of Board of Directors
  - A. Qualifications as in Bylaws
  - B. Additional qualifications
  - C. Other
- IV. Associate Member Classification
- V. Involvement in Council
  - A. Current Perception
  - B. Suggestions for Increased Involvement
- VI. Subjects for future study/discussion
- VII. Areas for research
- VIII. Expectations of Member Boards

1 April 1983



## Council Review Committee Report

### Survey on National Council Objectives and Structure

#### I. Introduction

- A. During the June 1982 convention, the Delegate Assembly of the National Council of State Boards of Nursing, Inc. (NCSBN) passed a motion to review NCSBN's objectives for consistency with members' expectations. The Board of Directors appointed a Council Review Committee to study the issue and report to the Board by its May meeting.

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Member Boards were asked to submit responses from all Board members and staff. Member Boards chose to respond in several ways:

- As a group with names listed;
- As a group with no names listed;
- Individually;
- As a group and individually.

- B. Responses were received from either Member Boards as a group or individuals from Member Boards from 46 Boards. District of Columbia Practical Nurse Examining Board, Iowa Board of Nursing, Michigan Board of Nursing, Nevada Board of Nursing, Oregon State Board of Nursing, Vermont State Board of Nursing, and Virgin Islands Board of Nurse Examiners did not respond. Greatest response came from Area III Member Boards; the least response came from Area IV Member Boards.

#### Respondents

Area	Boards As Group	Individuals	
		Members	Staff
I	8	4	3
II	7	6	5
III	8	23	13
IV	5	16	1
Totals	28	49	22

## II. Review of Objectives

The objectives of the NCSBN as taken from the Bylaws were listed in the survey. Respondents were asked to rank the objectives, to indicate their opinion about the objective and if they wanted it modified to indicate how, and to suggest additional objectives.

A. The objectives as stated in the Bylaws and the rank order follow:

Objective	Rank Order
Develop, establish policy and procedure, and regulate the use of the licensing examinations for nursing, to be available for use by states and territories;	1
Identify and promote desirable and reasonable uniformity in standards and expected outcomes in nursing education and practice;	2
Identify, explore, take positions on trends and issues affecting nursing education and nursing practice;	4
Identify and assist in efforts to promote the continued competence of practitioners of nursing;	5
Collect, analyze and disseminate data and statistics relating to nurse licensure;	2
Conduct studies and research pertinent to the purposes of the Council;	7
Provide consultative services for Council members, Boards of Nursing, governmental and voluntary agencies and individuals concerned with the health and welfare of the public;	6
Plan and promote educational programs for its members, professional employees, and members of Boards of Nursing;	9
Provide means and promote effective communications with related organizations, groups, and individuals;	8

## B. The modifications suggested for each objective were varied:

Objective	Suggested Modifications
Develop, establish policy and procedure, and regulate the use of the licensing examinations for nursing, to be available for use by states and territories;	<ul style="list-style-type: none"> <li>- Delete word "regulate" and substitute "provide for"</li> <li>- Delete "to be available for use"</li> <li>- Delete "policy" and substitute "and implement policies"</li> </ul>
Identify and promote desirable and reasonable uniformity in standards and expected outcomes in nursing education and practice;	<ul style="list-style-type: none"> <li>- Delete "and expected outcomes in nursing education and" and substitute "of entry level practice"</li> <li>- Delete "Identify and"</li> <li>- Delete "and expected outcomes in"</li> <li>- Delete "Identify and promote desirable and reasonable uniformity in" and substitute "Develop guidelines and models for"</li> <li>- Delete "desirable and reasonable"</li> <li>- Should relate to essential level</li> </ul>
Identify, explore, take positions on trends and issues affecting nursing education and nursing practice;	<ul style="list-style-type: none"> <li>- Delete "take positions on" and "nursing education and nursing practice"</li> <li>- Limit positions to essential level or licensure only</li> <li>- Delete "Identify, explore"</li> <li>- Delete "take positions" and substitute "disseminate information"</li> <li>- Delete "education"</li> <li>- Confine position and rhetoric to nursing education and nursing practice</li> </ul>
Identify and assist in efforts to promote the continued competence of practitioners of nursing;	<ul style="list-style-type: none"> <li>- As it relates to licensure/ renewal only and not advanced practice</li> <li>- Delete "identify and"</li> </ul>

Objective	Suggested Modifications
Conduct studies and research pertinent to the purposes of the Council;	<ul style="list-style-type: none"> <li>- Delete "Identify and assist" and substitute "Develop guidelines and models"</li> <li>- Delete "Identify and assist in" and substitute "Support"</li> <li>- Restrict to licensure issues</li> <li>- Insert "established" before "purposes"</li> </ul>
Provide consultative services for Council members, Boards of Nursing, governmental and voluntary agencies and individuals concerned with the health and welfare;	<ul style="list-style-type: none"> <li>- Limit to Council members, Board of Nursing, federal government</li> <li>- Not involved in voluntary agency consultation unless related to licensing examination</li> <li>- Delete "Council" and "Boards of Nursing"</li> <li>- Delete "the health and welfare of the public" and substitute "examination issues"</li> <li>- Delete section after "Boards of Nursing"</li> <li>- Focus on nursing</li> <li>- Insert "nursing issues related to" after "concerned with"</li> </ul>
Plan and promote educational programs for its members, professional employees and members of Boards of Nursing;	<ul style="list-style-type: none"> <li>- Be more specific to the subject of educational programs</li> <li>- Delete "Plan" and substitute "provide" and delete "and members of"</li> <li>- Add at end "consistent with the purposes of the Council"</li> <li>- Delete "plan and"</li> <li>- Establish direct contact with nursing education programs</li> </ul>

Objective	Suggested Modifications
Provide means and promote effective communications with related organizations, groups, and individuals;	<ul style="list-style-type: none"> <li>- Insert "among Member Boards," after "communications"</li> <li>- Add "national" after "related"</li> <li>- Change to read "Maintain communications with related organizations, groups and individuals through official publication(s) and liaison forums"</li> </ul>

C. The number of opinions that some objectives should be deleted did not achieve statistical significance.

Objective	Deletion	
	% Board Respondent	% Individual Respondent
Develop, establish policy and procedure, and regulate the use of the licensing examination for nursing, to be available for use by states and territories;	0	0
Identify and promote desirable and reasonable uniformity in standards and expected outcomes in nursing education and practice;	14.8	2.8
Identify, explore, take positions on trends and issues affecting nursing education and nursing practice;	11.1	0
Identify and assist in efforts to promote the continued competence of practitioners of nursing;	11.1	4.2
Collect, analyze and disseminate data and statistics relating to nurse licensure;	3.7	1.4
Conduct studies and research pertinent to the purposes of the Council;	0	0

Objective	Deletion	
	% Board Respondent	% Individual Respondent
Provide consultative services for Council members, Boards of Nursing, governmental and voluntary agencies and individuals concerned with the health and welfare of the public;	3.7	4.2
Plan and promote educational programs for its members, professional employees, and members of Boards of Nursing;	3.7	5.6
Provide means and promote effective communications with related organizations, groups, and individuals;	7.4	1.4

The general reason offered for deleting the objective on uniformity in standards and the one on taking positions on issues and trends was that these two objectives are being provided for by organizations such as American Nurses' Association and the National League for Nursing. The general reason for suggesting deletion of the objective on continued competency was that the statement was stated too broadly. The number suggesting retention or modification outweighed the number suggesting deletions.

D. Additional objectives recommended were as follows:

- Promote communication network between Member Boards
- Serve as a means to orient new Board members
- Develop a general introductory guide for members
- Establish a national disciplinary data bank
- Promote a national credentialing program
- Promote the preservation of state boards of nursing
- Be sensitive to fiscal impact of services provided to member boards and examination candidates.

One respondent recommended changing the word "objectives" to "functions" for clarity.

### III. Board of Directors' Qualifications

A. The qualifications for serving on the NCSBN Board were generally supported. Respondents were asked to indicate retention, modification, or deletion of each qualification.

1. Only members of Member Boards and nurses employed by or for Member Boards shall be eligible to serve as officers.

81% of the respondents wanted it retained. 18.7% of the respondents wanted it modified. Some suggested modifications were: to restrict it to nurses, to include any employee of a Board, to include public/consumer members, to eliminate staff of Board, to include immediate past members, and to require two years experience in Board work.

2. No more than three officers shall be from the same area.

85% of the respondents wanted this qualification retained; 2.5% wanted it deleted. 11.5% of the respondents wanted it modified. Some suggested modifications were: to define "area", to reduce the number from three to two, and to set up a system based upon fees paid by the Board.

3. No person may hold more than one elected office at the same time.

98.8% of the respondents wanted this qualification retained; 1.2% wanted it modified. No suggestion for modification was offered.

4. The president shall have been on the Board of Directors at least one year before being elected to office.

88.6% of the respondents wanted this qualification retained; 1.3% wanted it deleted.

10% of the respondents wanted this qualification modified. The most common suggestion was to increase the time to two years. Another suggestion was to have the same restriction for the vice president.

5. No officer shall hold elected or appointed office in a state, regional or national association or body if such an office might result in potential, actual or appearance of conflict of interest to the Council as determined by the Board of Directors of the Council in accordance with standing rules.

93.7% of the respondents wanted this qualification retained; 1.2% wanted it deleted. 5% of the respondents wanted this qualification modified. The suggested change was to limit the qualification to nursing, or to other national groups.

- B. An open-ended question on additional qualifications elicited the following suggestions:

Increase LPN involvement by making this a qualification for the Director-at-Large position

Have geographical representation

Reduce LPN involvement; restrict qualifications to RN's with Master's degrees

Have a mix of Board members and staff; for example, 4 Board members, 4 staff, 1 consumer

Include representation of umbrella agencies

Require 1 year experience in Board work before eligible to hold office

Include mix of nursing expertise

- C. There were two other questions posed in the survey on qualifications for serving as officers.

The question on allowing non-nurse professional staff to hold office received more negative than positive responses.

	% Responding Yes	% Responding No
Individuals	17.6	82.3
Boards	11.5	88.4

The question on an amendment to enable a person to complete the term of office when they have been a Board member or staff employee at the time of election received a greater negative than positive response from Boards responding as a group, but a greater positive response from individual respondents.

	% Responding Yes	% Responding No
Individuals	63.4	36.5
Boards	41.6	58.3



## Associate Member Classification

One question on increasing membership to include an associate category was posed because former Board members and staff of Boards had suggested such a modification. The respondents did not favor such a change in membership, although individual respondents were almost equally divided.

	% Responding Yes	% Responding No
Individuals	46.3	53.6
Boards	22.2	77.7

## V. Involvement in Council

A. The respondents indicated that generally they felt adequately involved in all aspects of NCSBN deliberation and decision making.

	% Responding Adequate		% Responding Inadequate	
	Individual	Board	Individual	Board
<b>Nominations</b>				
Board Member	89.8	84.6	10.1	15.3
Board Executive	98.0	95.8	2.0	4.1
Board Staff	88.3	73.9	11.6	26.1
<b>Election</b>				
Board Member	89.2	80.0	10.7	20.0
Board Executive	93.7	88.0	6.2	12.0
Board Staff	88.3	63.6	11.6	36.3
<b>Convention</b>				
Board Member	82.4	72.0	17.5	28.0
Board Executive	98.0	87.5	2.0	12.5
Board Staff	91.4	56.5	8.5	43.3
<b>Area Meeting</b>				
Board Member	82.1	80.7	17.8	19.2
Board Executive	97.9	92.0	2.0	8.0
Board Staff	91.1	75.0	8.8	25.0
<b>Committees</b>				
Board Member	80.0	72.0	20.0	28.0
Board Executive	95.9	83.3	4.0	16.6
Board Staff	85.1	72.7	14.8	27.2

According to the responses, the staff of the Boards are perceived as being less involved in nominations and elections than either board members or board executives. Boards responding as a group perceived that staff were less involved also in convention, area meetings and committees.

The greatest involvement in each of the categories questioned is viewed as being by the board executive. However, board members are viewed as having high involvement in nominations, elections, and area meetings and moderately high involvement in convention and committees.

B. Some of the suggestions (the numbers indicate frequency mentioned if more than 1) offered for greater involvement included the following:

- Involve more persons in convention and committees (4)
- Make structure more democratic
- Rotate convention sites
- Distribute committee appointments
- Have regional area groups make committee appointments
- Allow voting by mail
- Include proceedings in minutes
- Have meetings for Board members at convention
- Decrease dominance by Board of Directors

However, the greatest number (12) offered that the reason for inadequate participation is that involvement is hampered by time and money and is under the control of the States and is not under the control of NCSBN.

## VI. Subjects for Further Study/Discussion

The survey instrument listed three suggestions for further study/discussion by NCSBN. These were disciplinary action, educational program approval criteria, and legal rights and responsibilities of Board members. 93% of Boards responding as a group and 97% of individual respondents stated these subjects are important to their Boards.

Additional subjects indicated by respondents as being useful to their Boards (the number of responses indicating that subject if more than 1) included the following:

- Impaired Nurse - rehabilitation, disciplinary action and appropriateness of involvement (10)
  - Standards of practice (3)
    - for continued competency (6)
    - for advanced practitioner
-

- Status of certification of Advanced Registered Nurse Practitioners (6)
- Status of mandatory continuing education and endorsement (4)
- Disciplinary action specifics - definition of unprofessional conduct, legal parameters of investigative process, effectiveness of probation, reporting of colleagues, requirements for reinstatement of license, data bank on disciplinary action (10)
- Examination - tests and measurements, alternate ways of testing, statistics, comparison with CNATS, scoring explanation, evaluation of examination, evaluation of examination process, entry level practice analysis (11)
- Education program approval - curriculum guide, consultants for approval, lists of approved schools, and school classifications (6)
- Board of Nursing needs - conflict of interest for Board members, orientation of new members (3)
- Regulation and licensure issues - reentry, unlicensed personnel replacing licensed personnel, use of licensed practical nurses rather than registered nurses, current fees for licensure service, requirements for foreign-educated nurses, endorsement (8)
- Sunset legislation phenomenon (2)
- Changes in nursing and impact of changes on nursing

## VII. Areas for Research

The Member Boards were asked to identify specific areas of research which merit Council effort.

The single area of continuing competency was named by the greatest number (10). The other areas for research named included the following categories:

### Practice Area (12)

- Entry level
- Roles/functions of RN's and LPN's
- Advanced Practice
- Additional education and practice for entry
- Foreign educated nurse
- How measure professional standards of practice
- LPN in patient care

## Examination Area (8)

- Alternate testing methods
- Licensure examination
- Separate examination AD, BS
- Practical examination
- Analysis of performance on licensure examinations  
RN and LPN

## Disciplinary Action (8)

- Guidelines for disciplinary action
- Impaired nurse
- Board sanctions
- Repeat offenders

## National Council (6)

- Credentialing Center pilot
- Historical archives
- Comparative data on Member Boards
- Vote by Mail
- Conflict with marketing DX, Study Review
- Effectiveness of State Boards and their structure

## Education Areas (3)

- Standards to judge nursing courses
- "1985" Resolution
- Preparation of nurses for the future

## Statistics (3)

- Number of nurses in U.S.A. - unduplicated
- Number of AD-Diploma-BS nationally

VIII. The last question on the survey asked if the Boards had any expectation of NCSBN not being met. 76% of the respondents responded that expectations were being met or left it blank. The expectations listed as not being met by 24% of respondents included:

- Mechanism for input by Member Boards
- Equitable numbers of LPN's as officers and on committees
- Long Range Plan - 5 years
- Central data source
- Leadership in reducing interorganizational conflict
- Publications - Annual one on "fees charged by boards," pamphlet on NCSBN
- One day RN examinations
- Structure revised for voting
- Educational regional programs
- A general complaint by one Board that Board of Directors is capricious, insensitive, opinionated; inflexible deadlines mentioned by one Board.

FISCAL YEAR 1984 BUDGET FOR  
NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

R E V E N U E

Exam Income	\$ 2,982,091
Publications	58,000
Contracts	177,000
Interest (investment account)	85,000
Consultation/Honorariums	2,000
Convention/Workshop	<u>32,500</u>
TOTAL REVENUE	\$ 3,336,591

FISCAL YEAR 1984 BUDGET FOR  
NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

E X P E N S E S

PROGRAM:

Test Development (including Test Service)	\$ 1,811,400
Test Application System Computer Services capitalized	444,308
-Software	11,502
-Hardware	6,000
Test Security & Administration	20,650
Board designated Security Fund	5,000
Standards & Practice	13,245
Research	98,072
Publications	14,000
Disciplinary Data Bank Computer Services capitalized	4,000
-Software	3,500
-Hardware	6,000
Ad Hoc Committees	5,000
Convention/Workshop	32,500
Area Meetings	<u>2,500</u>
TOTAL PROGRAM EXPENSES	\$ 2,477,677

FISCAL YEAR 1984 BUDGET FOR  
NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

E X P E N S E S

ORGANIZATIONAL:

Administration:	
Salary & Benefits	\$ 296,000
Travel	10,000
Board of Directors (Incl. Board Committees)	30,000
Committees (Finance, Bylaws, Nominating)	10,000
Professional Services:	
Legal	35,000
Accounting	10,000
Computer	5,000
Other (Parliamentarian, Editor, Psychometricians, etc.)	20,000
Insurance (Incl. Unemployment)	3,950
Printing	5,000
Supplies	
General	7,000
Computer	2,600
Library/Memberships	1,500
Rent/Utilities	61,140
Telephone	15,000
Postage	10,000
Equipment:	
Lease and Maintenance	7,000
Computer	9,000
Depreciation	32,000
Miscellaneous	<u>100</u>
TOTAL ORGANIZATIONAL EXPENSES	\$ 570,290

FISCAL YEAR 1984 BUDGET FOR  
NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

S U M M A R Y

Total Program Expenses	\$ 2,477,677
Total Organizational Expenses	570,290
Total Operating Expenses	3,047,967
Excess of Revenue over Expenses	288,624
Budget for Purchase of Equipment	< 7,000 >



REPORT OF THE  
ANA/NCSBN LIAISON COMMITTEE

The Committee met twice during the year. The December 21, 1982 meeting was held in Kansas City, Missouri and was hosted by ANA. Major areas of discussion included:

- (1) A review of Draft #3 of NCSBN Model Administrative Rules and Regulations and formulation of a list of recommendations in response to the request of the Nursing Practice and Standards Committee for input on the Draft.
- (2) A review of the Federation model and focus by ANA now on who its constituents are. This has resulted in an emphasis by the ANA Board on the ANA/NCSBN Liaison Committee because of comparable member groups.
- (3) A review of the implementation of ANA's Social Policy Statement on the state level which could be the framework for exploration between state nurses' associations and state boards of nursing to provide for needed communication.
- (4) A review of the status of the California Board of Registered Nursing's rescoring efforts in response to an agenda item added by ANA members after the ordering of the agenda. The basis for this agenda item was a letter of December 16, 1982 from the California Nurses' Association requesting help in influencing the NCSBN to allow California to continue to rescore the examination.
- (5) Agreement that Disciplinary Data in aggregate form only could continue to be shared with ANA to assist the organization in its work regarding impaired nurses.
- (6) A review of the statement of purpose and reevaluation of the entire statement but especially the item on written agreements.

The ANA/NCSBN Liaison Committee met again April 8, 1983 in Chicago. NCSBN was the host organization.

Committee members deliberated on the purposes of the Liaison Committee and prepared a draft statement of purposes. (see attached) A statement of philosophy was discussed and tentative operating guidelines were suggested.

Members also discussed the number of meetings needed to accomplish the purposes of the Committee. The members agreed to recommend another meeting in the Fall of 1983 to review the statement of philosophy, purposes and operating guidelines, and to discuss other reports expected from task forces and committees of each organization. Thereafter, the Committee members agreed that one meeting annually would be adequate to discuss the platform and issues of each organization's respective conventions.

Respectfully submitted,

Ann G. Petersen, Utah, Area I  
Chairperson

DRAFT  
STATEMENT OF PURPOSES OF  
ANA/NCSBN LIAISON COMMITTEE

The purposes of the Committee are the following:

1. To share information regarding positions and platforms of the two organizations.
2. To gather background information on national questions from the perspective of the two different organizations.
3. To provide a forum in which to gather data concerning conflicting positions or issues if or when these are identified.
4. To identify areas of mutual concern.
5. To identify areas where potential duplication of efforts may occur or are occurring.
6. To recommend areas to respective Boards of Directors for consideration of taking possible joint position statements on issues.
7. To devise written statements of interorganizational operating services to be provided for the committee by each organization.

National Council of State Boards of Nursing, Inc.

Report of  
NAPNES/NCSBN/NFLPN Liaison Committee

Members of the Liaison Committee

NCSBN

Lois N. O'Shea, Area IV, Delaware  
Leona M. Neff, Area II, Ohio  
Patricia Williams, Area IV, Connecticut

NAPNES

G. Constance Butherus  
Helen Larsen

NFLPN

Mary Acker  
Myrtle Antley

No meeting of the NAPNES/NCSBN/NFLPN Liaison Committee has been held since June 22, 1982 in Boston, Massachusetts. At that meeting it was decided that the preparation for the meeting be shared by the three organizations and that these duties be rotated. The next meeting was proposed for the week of May 16, 1983 with the NFLPN organizing the meeting and soliciting agenda items. A call was received by the NCSBN in May from the NFLPN for a meeting, but it was determined that there were insufficient agenda items submitted to call a meeting.

It was decided that a proposed Statement of Purpose of the NAPNES/NCSBN/NFLPN Liaison Committee would be drafted and submitted to the organizations by mid-summer, and that a meeting would be suggested for the Fall.

Submitted by

Lois N. O'Shea

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

REPORT OF THE  
COMMITTEE ON DISCIPLINARY CASE REPORTING  
BY FEDERAL AGENCIES

The Committee on Disciplinary Case Reporting by Federal Agencies met in Washington, D.C., on March 7, 1983. The Committee included representatives from the Veterans Administration, U.S. Public Health Service, and the Army Nurse Corps.

The problems Boards of Nursing experience because of a lack of reporting by Federal Agencies and the function of the Disciplinary Data Bank were explored in detail.

Each of the Federal representatives reported the mechanism utilized by his/her organization to handle disciplinary matters.

The representative from the USPHS reported that they are a decentralized service with no control of licensure; however, they are supportive of the concept of reporting to Boards of Nursing from local units. A memo of support will be sent by the Chief Nurse Officer to chief nurses of the various installations.

The VA representative reported that most of the staff nurses are local individuals whose licenses are under the jurisdiction of the State's Board of Nursing. Only administrative nurses and teachers are moved from one facility to another. There is no central monitoring of licensure. She suggested that Boards of Nursing request the necessary information directly from VA Hospitals.

The person from the Army Nurse Corps, who was reporting for the military services, reported that the various branches of the military services have their own substance abuse, prevention and treatment programs. The representative also reported that there is a regulation that allows the reporting of physicians with disciplinary problems to the Federation of Medical Boards Disciplinary Data Bank. Although the regulation does not apply to nurses at this time, there is a willingness to consider a change. The Chairperson was provided with the name and address of the person to contact in the Department of Defense to request a change in the regulation.

A followup letter has been sent to the Department of Defense urging them to add a regulation specific to nurses and also indicating our willingness to share disciplinary data provided they will reciprocate.

The Committee did not feel any further meetings were indicated. This report will be updated as appropriate during the delegate assembly meeting.

Respectfully submitted.



Ann G. Petersen, Utah, Area I, Chairperson  
H. Jean Bruhn, Pennsylvania, Area IV  
Lois Rich Scibetta, Kansas, Area II

## CONTINUING PROFESSIONAL EDUCATION

## DEVELOPMENT PROJECT

In 1980, the Pennsylvania State University, with support from the W. K. Kellogg Foundation, began a five-year project to develop practice-oriented continuing education programming through collaborative professional relationships. Nursing was one of six professions selected for participation in the project.

The Nursing Profession Team is composed of representatives from the National Council of State Boards of Nursing, the American Nurses' Association, the Pennsylvania Nurses' Association, and the nursing faculty from Pennsylvania State University.

The primary vehicle through which the goals of this research and development project are to be achieved is the Practice Audit Model (see attachment). This model is a seven-phase needs assessment/program development process which originated from earlier collaborative work between Penn State and the pharmacy profession. As of May, 1983, the Nursing Profession Team has completed the first three phases of the model and is currently finalizing plans for conducting the Practice Audit Session at Penn State University on October 25 and 26, 1983.

At the outset of the project, the team selected gerontological nursing practice as the clinical area for assessment. Initial team meetings were devoted to the development of a project-specific description of gerontological nursing practice, including the identification of standards and responsibilities. These project-specific responsibilities were subjected to validation by a survey of practitioners (generic "practitioner") currently responsible for the provision of nursing care to an older adult population. Based on the results of this survey and team prioritization, five areas of responsibility were identified: assessment of health status, development of nursing diagnoses, development of nursing care plan, implementation of nursing care plan, and evaluation of effectiveness of care.

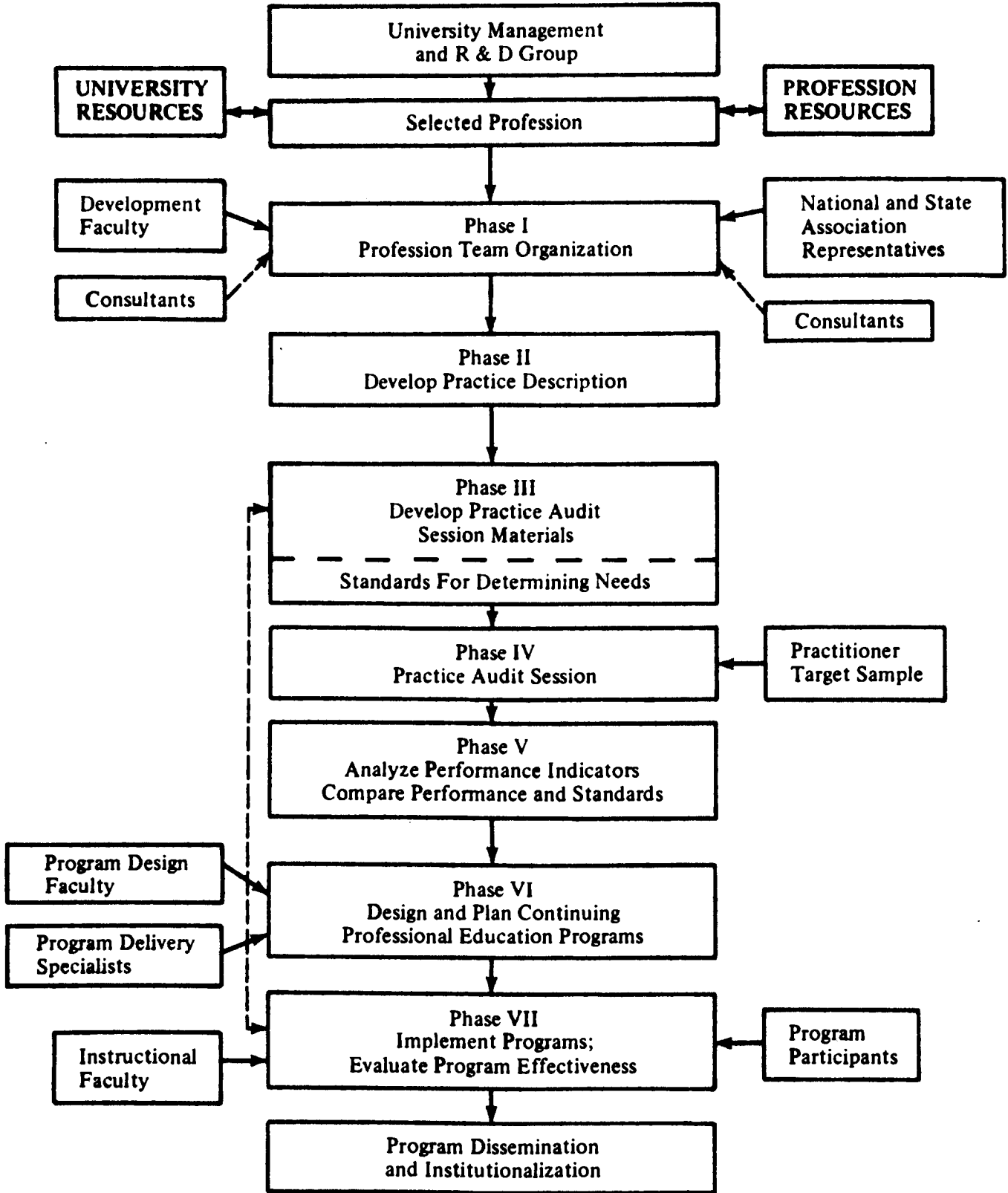
Given these parameters, the next step was the initial planning for the assessment of nursing behaviors relevant to these responsibilities. The development of assessment approaches was based on four specifications: description of the behavior to be assessed, identification of the relevant aspects of performance, identification of appropriate assessment method(s) and description of the desired characteristics of assessment responses. With these specifications clarified, team members working in conjunction with project staff, developed a variety of tools and formats designed to assess learning needs of a sample of 48 nurses engaged in gerontological nursing practice during the Practice Audit Sessions in October of this year.

Analysis of the outcomes of the Practice Audit Session will serve as the data base for implementation of the next phase of the model, the development of continuing professional education programming designed for nurses providing care to an older adult population.

Additional information on either the project progress to date or future planning, may be obtained from:

Mary Romelfanger  
Associate Executive Director  
Kentucky Board of Nursing  
4010 Dupont Circle, Suite 430  
Louisville, Kentucky 40207

# Practice Audit Model



Annual Report of the Test Service  
National Council Licensure Examinations

INTRODUCTION

This annual report provides an overview of CTB/McGraw-Hill's activities to date on the National Council Licensure Examination (NCLEX), including item and examination development and administration of the NCLEX-PN 082, NCLEX-RN 283, and NCLEX-PN 483. The NCLEX-RN 783 testing cycle is in progress at this writing.

DEVELOPMENT OF THE ITEM POOLS

CTB/McGraw-Hill staff has assisted the Council in selecting NCLEX item writers by identifying specific content needs of the item pools. Confidential directions have been presented to the Examination Committee for review and approval prior to each item-writing workshop. These directions serve as the focus for specific item-writing assignments.

NCLEX-RN item-writing panels were convened during July 1982 and January 1983, and a PN panel met during October 1982. Approximately 1250 items were written during the year.

Drafts of these items were presented to state boards for review during September, February, and May, and resulting critiques were summarized for Examination Committee action.

EXAMINATIONS

Two PN and two RN examinations were prepared and administered during the year. NCLEX-PN 082 was administered to 34,429 candidates, NCLEX-RN 283 was administered to 30,664, and NCLEX-PN 483 was administered to approximately 23,007. A final count is not available for NCLEX-PN 483 at this writing due to submission of incomplete late applications by one jurisdiction.

Score reports were returned to all but a few jurisdictions within three weeks of receipt by the scoring center. Delays were encountered only in those instances where information on late applicants required clarification or initial passing points were being verified.

DIAGNOSTIC PROFILES

A diagnostic profile report for failing candidates was developed for both the RN and PN examination programs. The content and format of the reports were developed by the Examination Committee with CTB staff support. The profile indicates content areas of apparent weakness to the candidate for use as a guide for review. Diagnostic profiles were available to candidates beginning in February.



### SCHOOL SUMMARY INFORMATION

Research was conducted into the needs of school administrators for NCLEX content summary information. A reporting service designed to highlight program strengths and weaknesses affecting graduates' performance on NCLEX has been designed and presented to the NCSBN Board of Directors for consideration.

### PASSING SCORES

Passing score studies were conducted for both the RN and PN examinations during the year. Each involved a panel of nursing practice experts in the determination of a criterion-referenced standard for minimum competency for entry-level practice. Panels were convened in Chicago during March and September and employed a modified Angoff process under the direction of CTB psychometricians. Technical reports of these procedures have been submitted to NCSBN.

### NCLEX-PN VALIDATION

CTB was contracted to conduct a validity study for NCLEX-PN during the year. A final report of the results of this investigation, entitled Practical Nurse Role Delineation and Validation Study for the NCLEX-PN, May 1983, has been submitted to NCSBN.

### RESEARCH AND TECHNICAL SUPPORT

CTB has provided NCSBN with research support and educational services as required throughout the year. Among these have been reports and presentations to staff and the Examination Committee about the nature of item response theory and the Rasch model, the psychometric impact of decreasing the number of items used in the examinations, strategies for addressing issues related to the content validity of the RN examination, discussion of sample effect on item calibration, and studies of the implications of various criteria for the RN and PN diagnostic profiles.

### APPLICATION OF NEW TECHNOLOGY TO NCLEX

An initial investigation was made into the research issues that surround the computer administration of NCLEX examinations. While the use of machine-scorable test books has enhanced both security and ease of administration, distribution, and collection of over seven-million pages of secure copy each year, technologies exist that can considerably improve the process without significantly increasing cost. Through adaptation of existing psychometric and computer technology, it would be possible to administer NCLEX at local sites on continuous, year-round basis. Research must be conducted to find optimum methods of implementing this technology, but it is conceivable that within five years most or all NCLEX examinations would be scheduled by individual appointment, administered on a highly simplified computer terminal, and yield pass/fail information and diagnostic profile information at the end of the administration.

CTB is currently working with NCSBN staff to obtain funding for the necessary research into this highly desirable approach to licensure testing.

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

## REPORT OF EXECUTIVE DIRECTOR

1983 marks the fifth anniversary of independent operation and service of the National Council of State Boards of Nursing, Inc. The major programs and events between 1978 and 1983 have been reported annually to the delegates and Member Boards. Services to Member Boards have, as reported, significantly increased due, in large measure, to Member Boards' involvement and participation and to the guidance and direction of the Board of Directors. Executing the policy and programs of the Delegate Assembly and the Board of Directors could not be possible with a staff of seven people without the commitment and efforts of the Council's committee members. On this anniversary, we acknowledge all current and former committee chairpersons and members. From the perspective of the National Council's history, staff also wish to acknowledge all who have been involved in this development period.

Recognizing that progress and effective services are only possible when a plan is devised that anticipates the future, the Board of Directors recently appointed a long range planning committee. Staff join Member Boards in welcoming the opportunity to plan creatively to meet the challenge of a rapidly changing future.

The program developments included in this report summarize the activities of staff in delivering both necessary and supplemental services to Member Boards during fiscal year 1983.

## TESTING

During this past year, staff members have coordinated activities with CTB/McGraw-Hill (CTB) in developing the examinations for administration in October, February, April, and July. Frequent communications and meetings with CTB staff provided coordination and clarification of on-going testing issues.

In addition to providing general staff assistance at regular committee meetings, telephone conferences were held with chairpersons and members of the Administration of Examination Committee and the Examination Committee to develop explanatory materials on testing for dissemination to Member Boards.

With the October 1982 examination administration, the new direct application system for candidates for licensure was initiated. The NCSBN Data Center is based in California, but daily communication has been maintained with staff in Chicago to resolve problems and to facilitate operations. The initiation, maintenance, and evaluation of the system have represented a major time commitment and effort of staff. To assist Member Boards in the use of the direct application system, staff wrote and published a Manual on Use of Examination Application Materials.

Three systems associated with the scoring and correction of data entry were designed by staff in cooperation with CTB. These systems included the handscoring procedure, the scaled mean score correction procedure, and the program code correction procedure.

Security of the licensure examinations has always been a major concern in order to assure Member Boards that the examination can be safely used to differentiate between those who are competent and those who are not competent to practice nursing. During the past year, staff assisted the Administration of Examination Committee in its consideration of security issues and in the preparation of policies and procedures and a guide for investigations of alleged security breaks.

In cooperation with CTB staff and the chairpersons of the Administration of Examination Committee and the Examination Committee, staff participated in a two-day workshop on disaster planning. Continued development of the full plan has been assigned to workshop participants with a draft plan expected for Committees' review in early Fall 1983.

The contract with CTB as the National Council's test service requires notification of intent to continue by January 1984. To comply with that contract provision, the Test Service Evaluation Committee was appointed by the Board of Directors. A major activity of staff was to provide assistance to the Committee in its evaluation of the test service and to participate in test service contract negotiations with CTB staff. At the direction of the Board of Directors, extension of the contract with CTB for operation of the NCSBN Data Center was simultaneously negotiated.

In 1982, the Delegate Assembly directed that the clinical simulation examination developed as part of the RN Validity Study be used as a diagnostic assessment tool. Following that directive, staff assisted a special committee and the contractor selected by the Board, Assessment Systems Inc. (ASI), to review, revise and publish the Diagnostic Assessment Program (Dx).

#### INFORMATION AND CONSULTATION

In January 1983, the computer system was installed at National Council headquarters. The introduction of this system has enabled movement towards faster data access and easier comparative analyses of data for use by Member Boards.

The Annual Report from Member Boards was initiated this past year by the National Council to provide base line data for use in comparative analysis and trend analysis. A wide range of facts and responses pertaining to licensure and other issues of concern to Member Boards were collected. A statistical analysis of the data submitted has

been shared with Member Boards. However, an expected greater use of the data is the organization on the computer of all facts, statutes, and rules and regulations which will provide a readily accessible legal data bank.

The collection, summarization, and dissemination of information on Member Boards' disciplinary actions has continued. The computerization of the disciplinary data has been completed and the effect of this change will provide greater flexibility in providing information to Member Boards.

Staff members have worked with Area Directors and the Board of Directors in revising the proposed common verification form. The potential for providing verification for Member Boards who wish that service is being investigated by staff.

Program implementation requires ongoing clarification and response to questions. Consultation and information sharing services have been provided by staff on site at National Council headquarters, during area meetings, and at Member Boards' sites where necessary. Telephone consultations by staff continue to be a major investment of time. The availability of professional staff persons to Member Boards demonstrates a direct, easy access service.

Workshops have been conducted by staff for Member Boards and for other agencies on behalf of Member Boards on the examination and its current status because implementing criterion-referenced score setting engendered national interest. Staff participated in planning and conducting a workshop on the application system and the administration of examination procedure which was held in September and which was well received by the participants. Preparation for programs at the time of convention continues to be a staff assignment to assist the Convention Program Committee.

#### RESEARCH AND SURVEYS

The major research project undertaken during the past year was the "Practical Nurse Role Delineation and Validation Study for the National Council Licensure Examination for Practical Nurses." This study was performed for the National Council by CTB under separate contract. Staff cooperated with the principal investigator in providing resources as appropriate. Staff also reviewed the study findings and prepared recommendations for the Board of Directors' consideration.

Another research project in cooperation with CTB was approved toward the end of this fiscal year by the Board of Directors. This project entails an updated study of the performance of registered nurses at entry level. Staff cooperated with the Examination Committee and CTB in the design of the study.

There were several surveys conducted during the past year. Staff assisted the Council Review Committee in the design of the survey and analysis of data obtained to determine the opinions of Member Boards about structure and function of the National Council.

Staff conducted several small surveys of Member Boards to ascertain information on proctoring, the States' views of data being private or public, and evaluation of the NCSBN Data Center and application system.

An effort to study continuing competency of nurses was initiated when staff prepared a basic concepts paper and submitted it for preliminary review for possible funding. Research on continuing competency is consistent with one area for suggested study mentioned frequently by respondents to the Council Review Committee survey.

#### PUBLIC RELATIONS

One of the major activities of staff is to assist National Council officers in maintaining relationships with other organizations and with institutions or agencies. In keeping with the philosophy of the Board of Directors about the openness of the National Council and its activities, staff have described the current status and operations of the National Council in formal presentations. Among the organizations requesting such presentations during the past year were American Hospital Association Assembly of Hospital Schools of Nursing, Southern Council on Collegiate Education for Nursing, Council of State Governments' Clearinghouse on Licensure Enforcement and Regulation, Federation of Associations of Health Related Boards, National Specialty Nursing Certifying Organizations, Sigma Theta Tau, and the University of Hawaii.

Liaison through staff attendance at meetings has continued with the American Hospital Association Council on Nursing and with the Interagency Conference on Nursing Statistics.

Staff has provided assistance to the Board of Directors' liaison committee with the American Nurses' Association and with the joint liaison committee of National Association of Practical Nurses and the National Federation of Licensed Practical Nurses.

Ongoing contact was maintained with individuals who represented the American Nurses' Association, the National League for Nursing, the National Commission on Nursing, and the Pennsylvania State University Continuing Professional Education Development Project. A representative of the General Nursing Council of the United Kingdom met with staff to compare function and test development.

Staff has provided assistance to the Board of Directors' committee responsible for the Dr. R. Louise McManus award; this assistance has included the design and production of the award itself.

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## PUBLICATIONS

Issues, the National Council's quarterly publication, was expanded in size as of the Spring 1983 publication. This quarterly now has a circulation of 7,200 and continues to evoke positive response from the recipients. The purpose of Issues is to communicate on general areas of concern to Member Boards and on developments in the National Council and among Member Boards to deal with those concerns. Readership includes Member Boards, schools of nursing, health care agencies, people in other organizations, and interested individuals.

In addition to Issues, staff implemented a biweekly Newsletter to Member Boards. This publication provides a flexible method for the National Council to communicate with its Member Boards.

Staff has provided assistance to the historian responsible for developing a publication to commemorate the fifth anniversary of the National Council.

The Board of Directors approved cooperating with Chicago Review Press to develop two video projects for use by candidates preparing to take the registered nurses' or the practical nurses' licensure examination. Staff prepared scripts for the two projects and acted in the production of the tapes.

During Area III's meeting in 1983, the participants recommended the production of a "Fact Sheet" to clarify program activities or share information that Member Boards would find useful in responding to inquiries within their jurisdictions. Staff prepared the first "Fact Sheet" on conflict of interest and publications that was distributed in April. Other topics for future "Fact Sheets" have been identified by the Board of Directors.

Additional publications have been prepared during the past year. The Model Nursing Practice Act and the Practical Nurse Role Delineation and Validation Study for the National Council Licensure Examination for Practical Nurses are available for purchase.

## CONCLUSION

This report has focused upon program activities and staff members' roles in executing Board of Directors and Delegate Assembly directives in accomplishing program objectives. Although a major activity of staff is organizational operations, details on the maintenance of the organization's operations have been purposefully omitted from this report to give greater emphasis to the achievement of program objectives.

Eileen McQuaid Dvorak  
Executive Director  
July 1983

REPORT OF  
BYLAWS COMMITTEE

At the Committee's request, Council staff notified Member Boards, Committee Chairpersons and the Board of Directors of the opportunity to submit proposed changes to the Council's Bylaws and Standing Rules.

The Bylaws Committee received 35 proposed changes to the two documents. In accordance with the Bylaws, the Committee considered all of the proposals and is submitting all of them to the Delegate Assembly. The Committee made recommendations for action on each item. A statement of rationale follows each recommendation. When the Committee was in agreement with the rationale of the proposal's author, it was deemed unnecessary to identify further rationale.

Based on its study of the proposals, the Committee developed three proposals which are also being submitted for consideration.

The procedure of the Committee's working i.e., early notice to solicit amendments, careful preparation by staff of the various proposals and timely distribution of materials to Committee members enabled the Bylaws Committee to complete its work with one telephone conference call which included legal counsel.

The Committee expects that the budget requirements for the next fiscal year should include an appropriate fund for similar postage, phone and consultation.

The Committee extends thanks to the Board of Directors, the Committee Chairpersons and the Member Boards for the thoughtful consideration given to the Bylaws and the Standing Rules amendments submitted for review by the Bylaws Committee. We extend a special thanks to staff for the careful preparation of the materials to facilitate the work of the Committee.

Submitted by the Committee

Marjorie P. Doyle, NY, Area IV,  
Chairperson  
Corinne F. Dorsey, VA, Area III  
Shirley M. Rennie, AZ, Area I  
Dorothy Rydell, ND, Area II

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## ARTICLE II - OBJECT

The Council's objectives shall include, but not to be limited to the following:

1. Develop, establish policy and procedure, and regulate the use of the licensing examinations for nursing, to be available for use by states and territories;
2. ~~Identify and p~~Promote desirable and reasonable uniformity in standards and expected outcomes in nursing education and practice;
3. ~~Identify, explore, t~~Take positions on trends and issues affecting nursing education and nursing practice;
4. Identify and assist in efforts to promote the continued competence of practitioners of nursing;
5. Collect, analyze and disseminate data and statistics relating to nurse licensure;
6. Conduct studies and research pertinent to the purposes of the Council;
7. Provide consultative services for Council members, Boards of Nursing, governmental and voluntary agencies and individuals concerned with the health and welfare of the public;
8. Plan and promote educational programs for its members, professional employees, and members of Boards of Nursing;
9. Provide means and promote effective communications with related organizations, groups and individuals.

Proposed by: Arkansas Board of Nursing

Rationale: Identification of standards and expected outcomes in nursing education and nursing practice is the domain of the professional organization.

Recommendation: The Bylaws Committee does not recommend for adoption. Because the Boards of Nursing have the statutory responsibility to identify standards and trends, and because the membership of the NCSBN is composed of the Boards of Nursing, the NCSBN should maintain flexible bylaws that support the needs of the membership.



ARTICLE II - OBJECT

The Council's objectives shall include, but not to be limited to the following:

1. Develop, establish policy and procedure, and regulate the use of the licensing examinations for nursing, to be available for use by states and territories;
2. Identify and promote desirable and reasonable uniformity in standards and expected outcomes in nursing education and practice;
3. Identify, explore, take positions on trends and issues affecting nursing education and nursing practice;
- ~~4. Identify and assist in efforts to promote the continued competence of practitioners of nursing;~~
- (4) 5. Collect, analyze and disseminate data and statistics relating to nurse licensure;
- (5) 6. Conduct studies and research pertinent to the purposes of the Council;
- (6) 7. Provide consultative services for Council members, Boards of Nursing, governmental and voluntary agencies and individuals concerned with the health and welfare of the public;
- (7) 8. Plan and promote educational programs for its members, professional employees, and members of Boards of Nursing;
- (8) 9. Provide means and promote effective communications with related organizations, groups, and individuals.

Proposed by:

Arkansas Board of Nursing

Rationale:

Not in NCSBN's domain. It is the role of professional organizations and individual states.

Recommendation:

The Bylaws Committee does not recommend for adoption. Continued competency is within the jurisdiction of the Member Boards. Issues that effect Member Boards are properly issues of the NCSBN.

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Bylaws Proposal - Number 3

## ARTICLE II - OBJECT

The Council's objectives shall include, but not to be limited to the following:

1. Develop, establish policy and procedure, and regulate the use of the licensing examinations for nursing, to be available for use by states and territories;
2. Identify and promote desirable and reasonable uniformity in standards and expected outcomes in nursing education and practice;
3. Identify, explore, take positions on trends and issues affecting nursing education and nursing practice;
4. Identify continuing competence for practitioners of nursing and assist in efforts to promote the ~~continued-competence-of practitioners-of-nursing~~ same;
5. Collect, analyze and disseminate data and statistics relating to nurse licensure;
6. Conduct studies and research pertinent to the purposes of the Council;
7. Provide consultative services for Council members, Boards of Nursing, governmental and voluntary agencies and individuals concerned with the health and welfare of the public;
8. Plan and promote educational programs for its members, professional employees, and members of Boards of Nursing;
9. Provide means and promote effective communications with related organizations, groups, and individuals.

Proposed by:

Ohio Board of Nursing

Rationale:

To clarify the purpose of the objective.

Recommendation:

The Bylaws Committee recommends adoption.

ARTICLE II - OBJECT

The Council's objectives shall include, but not to be limited to the following:

1. Develop, establish policy and procedure, and regulate the use of the licensing examinations for nursing, to be available for use by states and territories;
2. Identify and promote desirable and reasonable uniformity in standards and expected outcomes in nursing education and practice;
3. Identify, explore, take positions on trends and issues affecting nursing education and nursing practice;
4. Identify and assist in efforts to promote the continued competence of practitioners of nursing;
5. Collect, analyze and disseminate data and statistics relating to nurse licensure;
6. Conduct studies and research pertinent to the examination purposes of the Council;
7. Provide consultative services for Council members, Boards of Nursing, governmental and voluntary agencies and individuals concerned with the health and welfare of the public;
8. Plan and promote educational programs for its members, professional employees, and members of Boards of Nursing;
9. Provide means and promote effective communications with related organizations, groups, and individuals.

Proposed by: Arkansas Board of Nursing

Rationale: The examination is the major purpose of the Council and only studies and research pertinent to the examination are appropriate for the Council.

Recommendation: The Bylaws Committee does not recommend for adoption. This proposal would limit the scope of NCSBN. Research into such things as disciplinary matters is also within the scope of the NCSBN.

## ARTICLE II - OBJECT

The Council's objectives shall include, but not to be limited to the following:

1. Develop, establish policy and procedure, and regulate the use of the licensing examinations for nursing, to be available for use by states and territories;
2. Identify and promote desirable and reasonable uniformity in standards and expected outcomes in nursing education and practice;
3. Identify, explore, take positions on trends and issues affecting nursing education and nursing practice;
4. Identify and assist in efforts to promote the continued competence of practitioners of nursing;
5. Collect, analyze and disseminate data and statistics relating to nurse licensure;
6. Conduct studies and research pertinent to the purposes of the Council;
7. Provide consultative services for Council members, Boards of Nursing, and governmental ~~and-voluntary~~ agencies ~~and-individuals~~ concerned with the health and welfare of the public;
8. Plan and promote educational programs for its members, professional employees, and members of Boards of Nursing;
9. Provide means and promote effective communications with related organizations, groups, and individuals.

Proposed by:

Arkansas Board of Nursing

Rationale:

Consultative services too broad if voluntary agencies and individuals left in Object 7.

Recommendation:

The Bylaws Committee does not recommend for adoption. This proposal limits the services of the NCSBN. Many voluntary agencies and individuals request information regarding the test plans and activities of the NCSBN.

ARTICLE II - OBJECT

The Council's objectives shall include, but not to be limited to the following:

1. Develop, establish policy and procedure, and regulate the use of the licensing examinations for nursing, to be available for use by states and territories;
2. Identify and promote desirable and reasonable uniformity in standards and expected outcomes in nursing education and practice;
3. Identify, explore, take positions on trends and issues affecting nursing education and nursing practice;
4. Identify and assist in efforts to promote the continued competence of practitioners of nursing;
5. Collect, analyze and disseminate data and statistics relating to nurse licensure;
6. Conduct studies and research pertinent to the purposes of the Council;
7. Provide consultative services for Council members, Boards of Nursing, governmental and voluntary agencies and individuals concerned with the health and welfare of the public;
8. Plan and promote educational programs for its members, professional employees, and members of Boards of Nursing;
9. ~~Provide means and promote effective communications with related organizations, groups, and individuals.~~

Proposed by: Arkansas Board of Nursing

Rationale: Scope of Object too broad and general.

Recommendation: The Bylaws Committee does not recommend for adoption. This proposal is too restrictive. Currently the NCSBN maintains liaisons with such organizations as the ANA, CGFNS, NAPNES, and NFLPN.

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Bylaws Proposal - Number 7

## ARTICLE II - OBJECT

The Council's objectives shall include, but not to be limited to the following:

1. Develop, establish policy and procedure, and regulate the use of the licensing examinations for nursing, to be available for use by states and territories;
2. Identify and promote desirable and reasonable uniformity in standards and expected outcomes in nursing education and practice;
3. Identify, explore, take positions on trends and issues affecting nursing education and nursing practice;
4. Identify and assist in efforts to promote the continued competence of practitioners of nursing;
5. Collect, analyze and disseminate data and statistics relating to nurse licensure;
6. Conduct studies and research pertinent to the purposes of the Council;
7. Provide consultative services for Council members, Boards of Nursing, governmental and voluntary agencies and individuals concerned with the health and welfare of the public;
8. Plan and promote educational programs for its members, professional employees, and members of Boards of Nursing;
9. ~~Provide means and promote~~ Promote and facilitate effective communications with related organizations, groups, and individuals.

Proposed by: Ohio Board of Nursing  
Rationale: To clarify the purpose of the objective.  
Recommendation: The Bylaws Committee recommends adoption.

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Bylaws Proposal - Number 8

## ARTICLE IV - AREAS

The Board of Directors shall divide the membership of the Council into a number of geographical areas. The purpose of this division is to facilitate communication, encourage regional dialogue on Council issues, and provide diversity of representation on the Board of Directors and on committees. At no time, shall the number of areas be less than three nor more than six.

Area Directors shall be elected by majority vote of the Delegates from their respective areas subject to Article V, Section 3.

Proposed by:

Ohio Board of Nursing

Rationale:

To provide a cross reference.

Recommendation:

The Bylaws Committee recommends adoption.

## ARTICLE V - OFFICERS

## Section 2. Qualifications

Only nurse members of a Member Board and nurses employed by or for Member Boards shall be eligible to serve as officers.

No more than three officers shall be from the same area.

No person may hold more than one elected office at the same time.

The president shall have been on the Board of Directors at least one year before being elected to office.

No officer shall hold elected or appointed office in a state, regional or national association or body if such an office might result in potential, actual or appearance of conflict of interest to the Council as determined by the Board of Directors of the Council in accordance with standing rules.

Proposed by:

Ohio Board of Nursing

Rationale:

Only nurses should be in the leadership positions of officers of the NCSBN.

Recommendation:

The Bylaws Committee does not recommend for adoption. The NCSBN cannot prohibit a non-nurse member of a Member Board from serving as an officer of NCSBN because NCSBN membership is composed of Member Boards. All members of a Member Board should be treated equally.

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ARTICLE V - OFFICERS

Section 2. Qualifications

Only members of a Member Board and nurses employed by or for Member Boards shall be eligible to serve as officers and shall have had at least one year of experience in their respective capacities.

No more than three officers shall be from the same area.

No person may hold more than one elected office at the same time.

The president shall have been on the Board of Directors at least one year before being elected to office.

No officer shall hold elected or appointed office in a state, regional or national association or body if such an office might result in potential, actual or appearance of conflict of interest to the Council as determined by the Board of Directors of the Council in accordance with standing rules.

Proposed by:

Board of Directors

Rationale:

A newly appointed Board Member or employee may not have the necessary knowledge to serve as an officer.

Recommendation:

The Bylaws Committee recommends adoption.

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## ARTICLE V - OFFICERS

## Section 3. Term of Office

The president, vice-president, secretary, and treasurer shall be elected for a term of two years or until their successors are elected. The president and vice-president shall be elected in even-numbered years and the secretary and treasurer shall be elected in odd-numbered years.

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 on the Board of Directors.~~

Proposed by:	Arkansas Board of Nursing
Rationale:	Some states appoint board members for four-year terms only.
Recommendation:	The Bylaws Committee does not recommend for adoption. Deletion would permit unlimited terms which would not be within the best interest of the NCSBN.

ARTICLE V - OFFICERS

Section 3. Term of Office

The president, vice-president, secretary, and treasurer shall be elected for a term of two years or until their successors are elected. The president and vice-president shall be elected in even-numbered years and the secretary and treasurer shall be elected in odd-numbered years.

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 on the Board of Directors.

If a current officer agrees to be presented on the ballot for another office, the term of the current office shall terminate at the close of the session at which the election is held.

Proposed by:

Board of Directors

Rationale:

Provides a mechanism that avoids the appointment of individuals to fill unexpired terms vacated by an officer who has been elected to another office.

Recommendation:

The Bylaws Committee recommends adoption.

## ARTICLE V - OFFICERS

## Section 3. Term of Office

The president, vice-president, secretary, and treasurer shall be elected for a term of two years or until their successors are elected. The president and vice-president shall be elected in even-numbered years and the secretary and treasurer shall be elected in odd-numbered years.

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 on the Board of Directors.

In the event that an elected officer who is a Board member is not reappointed to a Board of Nursing, that person shall be allowed to complete the elected term of office.

Proposed by:

Board of Directors and  
Rhode Island Board of Nursing

Rationale:

When individuals cease to be Members of the Board of Nursing, their expertise in matters pertaining to the Council and interest in the Council do not necessarily diminish.

Recommendation:

The Bylaws Committee recommends adoption.

ARTICLE V - OFFICERS

Section 4. Vacancy in Office

~~Absence-from-two-consecutive-meetings-of-t~~The Board of Directors may determine that a member who has missed two consecutive meetings of the Board of Directors has resigned from the Board ~~shall constitute-a-resignation~~ and the vacancy may be filled as provided in these bylaws.

A vacancy in the office of president shall be filled by the vice-president. The Board of Directors shall fill all other vacancies. The person filling the vacancy shall serve until the next annual meeting of the Delegate Assembly at which time the unexpired term of any office shall be filled at the same time and in the same manner as the election of other officers.

Proposed by:

Bylaws Committee

Rationale:

This provides the Board of Directors the discretion to consider all aspects of the absence before determining that the individual has resigned.

Recommendation:

The Bylaws Committee recommends adoption.

Bylaws Proposal - Number 15

## ARTICLE V - OFFICERS

## Section 4. Vacancy in Office

Absence from two consecutive meetings of the Board of Directors shall constitute a resignation and the vacancy may be filled as provided in these bylaws.

A vacancy in the office of president shall be filled by the vice-president. The Board of Directors shall fill all other vacancies by appointment. The person filling the vacancy shall serve until the next annual meeting of the Delegate Assembly at which time the unexpired term of any office shall be filled at the same time and in the same manner as the election of other officers.

Proposed by:

Ohio Board of Nursing

Rationale:

To clarify method of filling vacancies.

Recommendation:

The Bylaws Committee recommends adoption.

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 on 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. A Member who Consents to be Nominated

A member of the committee who consents to be nominated to a position on the Board of Directors, shall be required to resign from the committee or withdraw his or her consent to nomination.

d. 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.

e. Duties

The committee on nominations shall consider qualifications of all candidates proposed by Member Boards or by members of the committee on nominations. Candidates for director representing an area may be proposed only from the area involved. Names submitted for the consideration of the committee shall be accompanied by a statement of qualifications.

ARTICLE VI - (Cont'd)

f. Report

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

Proposed by:

Arkansas Board of Nursing

Rationale:

Some states appoint board members for four-year terms only.

Recommendation:

The Bylaws Committee does not recommend for adoption. This restriction is desirable in that it prohibits a person from serving on the Nominating Committee over a prolonged period of time.



ARTICLE VI - NOMINATIONS AND ELECTIONS

Section 2. Election of Officers

Election of officers shall be by ballot on the second day of the annual session of the Delegate Assembly. In the event there is but one nominee for an office, election may be by voice vote.

A majority vote shall elect. If a candidate does not receive a majority vote on the first ballot, re-balloting shall be limited to the two nominees receiving the highest number of votes. In case of a tie the choice shall be determined by ~~lot~~ re-balloting that continues until the tie is broken.

Officers shall assume duties at the close of the session at which they are elected.

Proposed by:

Arkansas Board of Nursing

Rationale:

Determination by lot is too vague. Important decisions need to be more specifically accomplished.

Recommendation:

The Bylaws Committee recommends adoption.

Bylaws Proposal - Number 18

## ARTICLE VI - NOMINATIONS AND ELECTIONS

## Section 2. Election of Officers

Election of officers shall be by ballot on the second day of the annual ~~session~~ meeting of the Delegate Assembly. In the event there is but one nominee for an office, election may be by voice vote.

A majority vote shall elect. If a candidate does not receive a majority vote on the first ballot, re-balloting shall be limited to the two nominees receiving the highest number of votes. In case of a tie the choice shall be determined by lot.

Officers shall assume duties at the close of the ~~session~~ annual meeting at which they are elected.

Proposed by:

Ohio Board of Nursing

Rationale:

To conform with proposed amendment to Article VII, Section 3.

Recommendation:

The Bylaws Committee does not recommend for adoption. The term annual session implies extension over a number of days whereas the term meeting implies one day.

ARTICLE VI - NOMINATIONS AND ELECTIONS

Section 2. Election of Officers

Election of officers shall be by ballot ~~on-the-second-day-of~~ during the annual session of the Delegate Assembly. In the event there is but one nominee for an office, election may be by voice vote.

A majority vote shall elect. If a candidate does not receive a majority vote on the first ballot, re-balloting shall be limited to the two nominees receiving the highest number of votes. In case of a tie the choice shall be determined by lot.

Officers shall assume duties at the close of the session at which they are elected.

Proposed by: Board of Directors

Rationale: The election of officers should occur after delegates have had an opportunity to become acquainted with the nominees.

Recommendation: The Bylaws Committee recommends adoption.

Bylaws Proposal - Number 20

## ARTICLE VII - MEETINGS

## Section 1. Open Meetings

All meetings called under the auspices of the Council shall be open to the public with the following exceptions:

- a. meetings of the examination committee whenever activities pertaining to test items are undertaken, and
- b. executive meetings of the Delegate Assembly, Board of Directors and committees whenever the body has voted to hold such a meeting provided that the minutes of such meeting reflect the purpose of the executive session and the action taken.

Proposed by:

Virginia Board of Nursing

Rationale:

Because the Council is composed of representatives of State Government, the reason for executive sessions should be specified.

Recommendation:

The Bylaws Committee recommends adoption.

Bylaws Proposal - Number 21

## ARTICLE VII - MEETINGS

Section 3. ~~Convention~~ Annual Meeting, Time, Call and Cancellation

An annual session of the Council, hereinafter referred to as a ~~convention~~, the annual meeting of the Delegate Assembly, shall be held at a time and a place as determined by the Board of Directors.

The official call to the ~~convention~~, annual meeting, giving the time and place of the session, shall be sent to each Member Board at least 90 days prior to the ~~convention~~. meeting.

In the event of a national emergency, the Board of Directors by a two-thirds vote may cancel the annual ~~convention~~. meeting. All Member Boards shall be notified of the cancellation, and the Board of Directors shall provide for the election of officers by mail.

Proposed by:

Ohio Board of Nursing

Rationale:

To clarify that this article speaks to the meeting of the Delegate Assembly, not some other convention.

Recommendation:

The Bylaws Committee does not recommend for adoption. The Bylaws are clear as written. Because they are the Bylaws of the NCSBN, they are referring to the convention of the NCSBN.

## 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~~. 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/or practical 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 Licensed Practical Nurses

Rationale: Results of a study which was conducted and then reported to the Delegate Assembly by the Finance Committee in June, 1982 indicated that all Member Boards were receiving the same basic services. Based on this study the Delegate Assembly determined that since the same services are being received, the same fee for membership should be assessed. If in fact the services are the same, and the fee for membership is the same then equal representation in the voting assembly should be the same. Under current Bylaws, each legally constituted "Board of Nursing" from any state, territory or political subdivision of the United States is eligible to become a Member Board in the National Council of State Boards of Nursing, Inc. If the right to vote is to remain as currently defined and fees are to remain as currently specified, then revision in the definition, qualifications and membership privileges of a Member Board needs to be considered.

Recommendation: The Bylaws Committee recommends adoption.

Bylaws Proposal - Number 23

## ARTICLE IX - BOARD OF DIRECTORS

## Section 2. Duties of the Board of Directors

The Board of Directors shall be the administrative body of the Council and shall:

- a. conduct the business of the Council between sessions of the Delegate Assembly;
- b. authorize the signing of contracts between the Council and Member Boards and the Council and the test service and other major contracts;
- c. review and act on the membership status of Member Boards who are not in compliance with a contract, the bylaws or the standing rules;
- d. set the time and place for each ~~convention~~ annual meeting and session of the Delegate Assembly;
- e. engage the services of legal counsel;
- f. present an evaluation of the test service to Member Boards annually;
- g. authorize dissemination of written information about the licensing examinations;
- h. set the amount of registration fees for all meetings;
- i. adopt an annual budget;
- j. provide for all accounts of the Council to be audited annually by a certified public accountant;
- k. cause to be bonded any officer or employee of the Council who is entrusted with Council funds or property;
- l. appoint the Council's representatives to serve on Council committees or task forces of other organizations;
- m. appoint persons to write test items for the licensing examinations;
- n. appoint committee members and chairpersons unless otherwise specified in these bylaws;
- o. monitor the progress of committee activities;

ARTICLE IX - (Cont'd)

- p. appoint, evaluate and define the responsibilities of an executive director and delegate the authority necessary for the administration of the Council's policies and activities;
- q. Provide for the establishment, supervision and maintenance of the administrative office.

Proposed by: Ohio Board of Nursing

Rationale: Clarification

Recommendation: The Bylaws Committee does not recommend for adoption. Rationale for non-recommendation of the change in d is provided in Bylaws Proposal, Number 21.

Rationale for non-recommendation of the change in h is provided in Bylaws Proposal, Number 24.

Rationale for non-recommendation of the change in p is as follows: This proposal is redundant because the power to appoint also includes the power to remove. Standing Rule VII provides for a performance appraisal of the executive director.



ARTICLE IX - BOARD OF DIRECTORS

Section 2. Duties of the Board of Directors

The Board of Directors shall be the administrative body of the Council and shall:

- a. conduct the business of the Council between sessions of the Delegate Assembly;
  - b. authorize the signing of contracts between the Council and Member Boards and the Council and the test service and other major contracts;
  - c. review and act on the membership status of Member Boards who are not in compliance with a contract, the bylaws or the standing rules;
  - d. set the time and place for each convention and session of the Delegate Assembly;
  - e. engage the services of legal counsel;
  - f. present an evaluation of the test service to Member Boards annually;
  - g. authorize dissemination of written information about the licensing examinations;
  - h. set the amount of ~~registration~~ fees;
  - i. adopt an annual budget;
  - j. provide for all accounts of the Council to be audited annually by a certified public accountant;
  - k. cause to be bonded any officer or employee of the Council who is entrusted with Council funds or property;
  - l. appoint the Council's representatives to serve on Council committees or task forces of other organizations;
  - m. appoint persons to write test items for the licensing examinations;
  - n. appoint committee members and chairpersons unless otherwise specified in these bylaws;
  - o. monitor the progress of committee activities;
-

- p. appoint and define the responsibilities of an executive director and delegate the authority necessary for the administration of the Council's policies and activities;
- q. provide for the establishment, supervision and maintenance of the administrative office.

Proposed by: Board of Directors

Rationale: This change reflects current practice. The Board of Directors sets all fees, either directly or through delegation to the Executive Director.

Recommendation: The Bylaws Committee recommends adoption.

ARTICLE IX - BOARD OF DIRECTORS

Section 2. Duties of the Board of Directors

The Board of Directors shall be the administrative body of the Council and shall:

- a. conduct the business of the Council between sessions of the Delegate Assembly;
- b. authorize the signing of contracts between the Council and Member Boards and the Council and the test service and other major contracts;
- c. review and act on the membership status of Member Boards who are not in compliance with a contract, the bylaws or the standing rules;
- d. set the time and place for each convention and session of the Delegate Assembly;
- e. engage the services of legal counsel;
- f. present an evaluation of the test service to Member Boards annually;
- g. authorize dissemination of written information about the licensing examinations;
- h. set the amount of registration fees;
- i. approve and adopt an annual budget;
- j. provide for all accounts of the Council to be audited annually by a certified public accountant;
- k. cause to be bonded any officer or employee of the Council who is entrusted with Council funds or property;
- l. appoint the Council's representatives to serve on Council committees or task forces of other organizations;
- m. appoint persons to write test items for the licensing examinations;
- n. appoint committee members and chairpersons unless otherwise specified in these bylaws;
- o. monitor the progress of committee activities;

ARTICLE IX - (Cont'd)

- p. appoint and define the responsibilities of an executive director and delegate the authority necessary for the administration of the Council's policies and activities;
- q. provide for the establishment, supervision and maintenance of the administrative office.

Proposed by:

Arkansas Board of Nursing

Rationale:

The approval of the budget should be spelled out.

Recommendation:

The Bylaws Committee recommends adoption.

Bylaws Proposal - Number 26

## ARTICLE IX - BOARD OF DIRECTORS

## Section 3. Sessions of the Board of Directors

The Board of Directors shall meet ~~in-the-convention-city~~ prior to and immediately following the annual ~~convention-of-the-Council~~ meeting of the Delegate Assembly and at other times as necessary to accomplish the work of the Board.

Special sessions of the Board of Directors may be called by the president and shall be called upon written request of three members of the Board of Directors.

Ten days notice shall be given to each member of the Board of Directors for the calling of a special session and said notice shall include the business to be transacted.

Proposed by:

Ohio Board of Nursing

Rationale:

To conform with proposed amendment to Article VII, Section 3.

Recommendation:

The Bylaws Committee does not recommend for adoption. The present wording clearly indicates that the reference is to the NCSBN. See Bylaws Proposal, Number 21.

ARTICLE X - COMMITTEES

Section 5. Finance Committee

a. Composition

The finance committee shall be composed of at least three members, including the treasurer as chairperson.

b. Duties

The committee shall:

- (1) provide general supervision of the finances of the Council, subject to the approval of the Board of Directors;
- (2) present a proposed annual budget for the Council to the Board of Directors at least 60 days prior to the annual session of the Delegate Assembly.

Section 6. Bylaws Committee

a.. Composition

The bylaws committee shall be composed of at least three members.

b. Duties

- (1) receive, consider, edit, and/or correlate proposed amendments to the articles of incorporation, bylaws and standing rules submitted by Member Boards, the Board of Directors, and committees. The committee may originate amendments;
- (2) submit all proposed amendments to the articles of incorporation, bylaws, or standing rules to the Delegate Assembly together with the committee's recommendations for action.

Proposed by:	Bylaws Committee
Rationale:	Provides for greater flexibility.
Recommendation:	The Bylaws Committee recommends adoption.

Bylaws Proposal - Number 28

## ARTICLE X - COMMITTEES

## Section 7. Examination Committee

## a. Composition

The examination committee shall consist of at least 6 nurse members. One of the members shall represent Member Boards licensing only practical nurses. The remaining 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.

Proposed by:

Ohio Board of Nursing

Rationale:

Nurses have the most appropriate educational and experiential background to review and evaluate nursing examinations.

Recommendation:

The Bylaws Committee does not recommend for adoption. There are non-nurses who would provide an area of expertise to the Committee.



Bylaws Proposal - Number 29

## ARTICLE X - COMMITTEES

## Section 8. Administration of Examination Committee

## a. Composition

The administration of examination committee shall be composed of at least six members who shall be selected to represent the areas as evenly as possible.

## b. Duties

- (1) recommend to the Delegate Assembly criteria and procedures to be used by Member Boards for maintaining the security of the licensing examinations;
- (2) evaluate Member Boards' proposed and actual compliance with established criteria and procedures for maintaining the security of licensing examinations;
- (3) conduct an investigation of each alleged failure to maintain the security of the licensing examinations and/or loss of a test booklet or answer sheet and submit a written report to the president and executive director within 10 days following notification of the incident;
- (4) report to the Board of Directors possible violations of the contract between a Member Board ~~and-the-test service-or-between-the-Member-Board~~ and the Council;
- (5) conduct education conferences as authorized by the Board of Directors or Delegate Assembly.
- (6) recommend to the Delegate Assembly dates for the administration of the examinations.

Proposed by:

Board of Directors

Rationale:

To reflect current practice, and recent changes in contracts.

Recommendation:

The Bylaws Committee recommends adoption.

Bylaws Proposal - Number 30

## ARTICLE X - COMMITTEES

## Section 8. Administration of Examination Committee

## a. Composition

The administration of examination committee shall be composed of at least six members who shall be selected to represent the areas as evenly as possible.

## b. Duties

- (1) recommend to the Delegate Assembly criteria and procedures to be used by Member Boards for maintaining the security of the licensing examinations;
- (2) evaluate Member Boards' proposed and actual compliance with established criteria and procedures for maintaining the security of licensing examinations;
- (3) conduct an investigation of each alleged failure to maintain the security of the licensing examinations and/or loss of a test booklet or answer sheet and submit a written report to the president and executive director within 10 days following notification of the incident;
- (4) report to the Board of Directors possible violations of the contract between a Member Board and the test service or between the Member Board and the Council;
- (5) review, approve and monitor security procedures of the test service.
- (6) ~~(5)~~ conduct education conferences as authorized by the Board of Directors or Delegate Assembly.
- (7) ~~(6)~~ recommend to the Delegate Assembly dates for the administration of the examinations.

Proposed by:	Administration of Examination Committee
Rationale:	To bring bylaws into conformance with practice.
Recommendation:	The Bylaws Committee does not recommend for adoption. This proposal could imply delegation of a policy decision to a Committee.

Bylaws Proposal - Number 31

## ARTICLE X - COMMITTEES

## Section 8. Administration of Examination Committee

## a. Composition

The administration of examination committee shall be composed of at least six members who shall be selected to represent the areas as evenly as possible.

## b. Duties

- (1) recommend to the Delegate Assembly criteria and procedures to be used by Member Boards for maintaining the security of the licensing examinations;
- (2) evaluate ~~Member-Boards~~<sup>1</sup> proposed and actual compliance of Member Boards, Test Service, and others with established criteria and procedures for maintaining the security of licensing examinations;
- (3) conduct an investigation of each alleged failure to maintain the security of the licensing examinations and/or loss of a test booklet or answer sheet and submit a written report to the president and executive director within 10 days following notification of the incident;
- (4) report to the Board of Directors possible violations of the contract between a Member Board and the test service or between the Member Board and the Council;
- (5) conduct education conferences as authorized by the Board of Directors or Delegate Assembly.
- (6) recommend to the Delegate Assembly dates for the administration of the examinations.

Proposed by:

Bylaws Committee

Rationale:

The Committee's responsibilities should include all aspects of compliance.

Recommendation:

The Bylaws Committee recommends adoption.

Bylaws Proposal - Number 32

## ARTICLE X - COMMITTEES

## Section 9. Nursing Practice and Standards Committee

## a. Composition

The nursing practice and standards committee shall be composed of at least six nurse members who shall be selected to represent the areas as evenly as possible.

## b. Duties

The committee shall:

- (1) propose and periodically review model statutory definitions of professional and practical nursing practice;
- (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;
- (3) prepare written information about standards of nursing practice and nursing education to the extent that these matters relate to the legal definition of nursing practice for dissemination to Member Boards and other interested parties;
- (4) conduct educational conferences as authorized by the Board of Directors or Delegate Assembly.

Proposed by:

Ohio Board of Nursing

Rationale:

Nurses should be defining and interpreting the practice of nursing.

Recommendation:

The Bylaws Committee does not recommend for adoption. All members do not need to be nurses. It is possible for non-nurse members to make a contribution to the work of the committee.

Bylaws Proposal - Number 33ARTICLE XII - OFFICERS/DIRECTORS: LIABILITY AND INDEMNITY:  
TRANSACTIONS WITH THE CORPORATION

## Section 1. Liability of Officers/Directors

No person shall be liable to the corporation for any loss or damage suffered by it on account of action taken or omitted to be taken by a person as an officer/director of the corporation, or of any other corporation which the person serves as an officer/director at the request of the corporation in good faith, if such a person:

- a. exercised and used the same degree of care and skill as a prudent ~~man~~ person would have exercised or used under the circumstances in the conduct of his/her own affairs, or
- b. took or omitted to take such action in reliance upon advise of counsel for the corporation or upon statements made or information furnished by officers or employees of the corporation which he/she had reasonable ground to believe to be true. The foregoing shall not be exclusive of other rights and defenses to which he/she may be entitled to as a matter of law.

Proposed by:	Ohio Board of Nursing
Rationale:	Eliminate sexist language.
Recommendation:	The Bylaws Committee recommends adoption.

Bylaws Proposal - Number 34

## ARTICLE XIV - AMENDMENT AND REVISION

## Section 1. Amendment

These bylaws may be amended at any annual or special session of the Delegate Assembly as follows:

- a. by a two-thirds vote of the delegates present and voting provided copies of the proposed amendments shall have been presented in writing to the Member Boards at least 45 days prior to the session, or
- b. without previous notice, by a **unanimous 95%** vote of the delegates present and voting.

Proposed by:

Ohio Board of Nursing

Rationale:

Requiring a unanimous vote allows one person to block acceptance.

Recommendation:

The Bylaws Committee recommends adoption.

V. Meetings

A. Telephone Conference Calls

1. The secretary of the body ~~meeting-by~~ holding a telephone conference call shall:
  - a. maintain a written record which documents that each member of the body was notified of the call;
  - b. list the members taking part in the call, take each vote by roll call and ~~write-minutes~~ keep notes of the proceedings;
  - ~~c. ---send-the-minutes-of-the-telephone-conference-call to-all-members-of-the-body-which-met-~~
  - c. report the proceedings at the next meeting of the body.
2. A majority ~~of~~ vote of the members participating in the conference call shall be necessary to consider action valid.
3. The secretary's report of the proceedings shall be ratified by the body at its next meeting.

Proposed by:

Board of Directors

Rationale:

Clarifies telephone conference calls and the recording of the proceedings. It is possible for a member of the Board of Directors to miss two telephone conference calls and thus be considered absent from "two consecutive meetings" (Article V, Section 4).

Recommendation:

The Bylaws Committee does not recommend for adoption. The Committee believes that Bylaws Proposal, Number 14, adequately addresses this problem. A telephone conference call is a meeting and it is important to have the minutes recorded.

Standing Rules Proposal - Number 2

## 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.
7. permit such variations from the provisions of the standard contract between the Council and Member Boards as it shall in its discretion determine may be desirable in the case where such changes are required to conform to laws generally applicable to agencies of the state of such Member Boards and such changes do not affect examination security or integrity.

Proposed by:

Board of Directors

Rationale:

The requirements of state law are usually raised during contract negotiations which occur at various times during the year, and are not always synchronized with the annual meeting of the Delegate Assembly.

Recommendation:

The Bylaws Committee recommends adoption.



VIII. Committees

D. Registration Committee

The committee shall:

1. accept registration, including fees, immediately preceding and during any session of the Council, or assist the staff in so doing;
2. give each delegate and voting alternate some form of identification which includes the number of votes to which the individual is entitled;
3. provide a list of delegates and voting alternates to the secretary with a copy to the election committee;
4. present an oral and written report at the opening of a session of the Delegate Assembly which includes the number of:
  - a. officers in attendance,
  - b. ~~a. Member Boards in attendance,~~
  - ~~b. --delegates-and-voting-alternates-in-attendance,~~
  - ~~c. --two-vote-delegates-and-voting-alternates-in-attendance,~~
  - ~~d. --one-vote-delegates-and-voting-alternates-in-attendance,~~
  - ~~e. --non-voting-individuals-in-attendance,~~
  - c. votes represented by the delegates in attendance;
5. present an oral and written report to the Delegate Assembly immediately preceding the election which includes the number of: votes represented by the delegates in attendance;
  - a. ~~two-vote-delegates-and-voting-alternates-in-attendance,~~
  - b. ~~one-vote-delegates-and-voting-alternates-in-attendance,~~
6. submit a list of delegates and voting alternates to the election committee immediately preceding the election of officers and the election of the committee on nominations;

7. present additional reports upon request of the president;
8. present an oral and written report on the last meeting day of the Delegate Assembly which includes the final count of individuals registered and in attendance, including guests.

Proposed by:

Board of Directors

Rationale:

The present rule requires more information than is necessary for conducting the business of the Delegate Assembly.

Recommendation:

The Bylaws Committee recommends adoption.

Standing Rules Proposal - Number 4

IX. Fees and Finance

B. Expense Reimbursement Schedule

Members of the Board of Directors and Council committees, staff, and authorized representatives of the Council shall be reimbursed according to the following schedule:

1. travel: cost of least expensive commercial air travel or personal automobile at the mileage rate designated by the Internal Revenue Service, receipt for air, train, bus and rented car required.
2. lodging: cost of a moderately priced single room ~~or one-half the rate of twin bedded room~~, receipt required.
3. meals: no designated allowance, receipt required for each meal, including gratuity, which is over \$15.00;
4. other expenses: cost of expense, receipt required for emergency secretarial services or other unusual items or amounts.

Proposed by:

Finance Committee

Rationale:

An additional person sharing a hotel room does not double the cost of the room.

Recommendation:

The Bylaws Committee recommends adoption.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.  
 REPORT OF FINANCE COMMITTEE TO 1983 DELEGATE ASSEMBLY

The Finance Committee met on March 24-25, 1983.

The Finance Committee developed the budget for FY '84. A copy of the budget as approved by the Board of Directors printed on page 85 of this Book of Reports. A revision in the rules is recommended to the Bylaws Committee in order to address expense reporting more accurately.

The Finance Committee explored the need for investment advice. Rather than a committee as stated in FY '83 goals, it was felt this organization could benefit greater through the use of a counsellor. Therefore the committee recommended to and received approval from the Board of Directors that:

1. We employ the services of Hotchkiss and Peckenpaugh as investment counsellor for 1 year.
2. Approximately 40% of the reserve will be placed in liquid assets with as high a yield as possible in order to have monies available for the operation of the organization. The remaining approximate 60% would be invested in instruments with a higher yield but with maturity stretching over one to three years. All of these investments are subject to quality review at least quarterly and prior to reinvesting.

The Finance Committee has begun to examine the development of long range financial planning. The Finance Committee has recommended the use of the terms, sustaining reserves and capital development reserves to categorize reserve funds. With the growth of the organization, it is important to determine the amount of reserves which can be used for capital improvement while maintaining sufficient funds to sustain the current operating level of the organization. However further development of these categories is deferred until the Finance Committee receives a clearer identification of the long-range goals of the organization.

After reviewing its purposes, the committee set the following goals for FY '84.

1. Monitor the implementation of the investment policy.
2. Define and develop the policies regarding reserves.
3. Prepare fiscal year 1985 budget.
4. Consider financial impact of personnel policies.
5. Consider financial impact of Long Range Planning Committee Proposals.

Submitted:

*Gertrude Hodges*

Gertrude Hodges, Treasurer and Chairperson

Members: Nancy Wilson, West Virginia, Area IV  
 Barbara Peterson, Delaware, Area IV

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

Recommendations to Delegate Assembly

1. The Examination Committee recommends that NCSBN develop a new PN Test Plan according to activities and weightings of the PN Validity Study to be presented for final approval at the 1984 Delegate Assembly.
2. The Examination Committee recommends that NSCBN proceed on work involved in implementing a new PN Test Plan concurrently with the preparation of the Plan so that an examination according to the Plan can be offered without undue delay.
3. The Examination Committee recommends that the Committee be authorized to delete categories of the current PN Test Plan which the study has shown do not correspond with actual performance activity and to adjust the weightings of other categories in a manner consistent with the study findings.

Meeting Dates

During 1982-83, the Examination Committee has met at CTB/McGraw-Hill Headquarters in Monterey, California, a total of five times - July 26-30, 1982, October 4-8, 1982, November 30-December 3, 1982, January 10-14, 1983, and May 16-20, 1983. In addition, the Chairperson served on the Criterion Referenced Standard Setting Panel for the NCLEX-RN and NCLEX-PN Examinations; and Ruth Jacobson, who represents separate PN Boards, served on the PN Panel.

Committee Members

<u>Area</u>	<u>Committee Members</u>	<u>Alternates</u>
At Large	Louise Sanders, TX, Chairperson	
III	Renatta Loquist, SC, Vice-Chairperson	Anna Kuba, NC
I	Ginny Cassidy-Brinn, CA	Marcia Dale, WY
II	O. Patricia Diamond, KS	Deborah DeKlein, MI
IV	Harriet Johnson, NJ	Sister Rita Jean DuBrey, NY
LPN Board	Ruth Jacobson, WA	Frances McGarvie, WA

Test Development Activities

The following test development activities were completed:

1. Adopted NCLEX-RN, Series 283 and approved 450 items to be administered as try-outs with Series 283.
2. Adopted NCLEX-PN, Form 483 and approved 240 items to be administered as try-outs with Form 483.

3. Adopted NCLEX-RN, Series 783 and approved 358 items to be administered as try-outs with Series 783.
4. Adopted NCLEX-PN, Form 083 and approved 180 items to be administered as try-outs with Form 083.
5. Adopted NCLEX-RN, Series 284 and approved 360 items to be administered as try-outs with Series 284.
6. Evaluated and took action on Review Draft items as follows:
  - a. RN review draft items - 872 items reviewed. 754 items were approved for try-out; 90 were omitted and 28 were referred for rewrite.
  - b. PN review draft items - 640 items reviewed. 532 items were approved for try-out; 90 were omitted and 18 were referred for rewrite.
7. Adopted Confidential Directions for:
  - PN item writing session - October, 1982
  - RN item writing session - January, 1983
  - NCLEX-RN, Series 783 (7/83): 284 (2/84)
  - NCLEX-PN, Forms 483 (4/83); 083 (10/83); 484 (4/84)

### Other Activities

#### 1. Diagnostic Profiles

The RN Diagnostic Profile for failing candidates was completed as planned. The test service staff conducted a study of 1000 candidates who took the July, 1982 NCLEX-RN. This study was designed to assist in establishing the most appropriate reporting level for the diagnostic profile. It was determined that candidates should be alerted when they miss more than 40% of the items in any category. A total of 30,664 candidates, including U.S. first time writers, foreign educated and repeat candidates, took the February 1983 NCLEX-RN. 11,854 of these candidates failed the exam and received a diagnostic profile. A follow-up report conducted by the test service staff was shared with the Examination Committee during the May, 1983 meeting. Examination of the report reveals that the profile is providing significant information to candidates to assist them in preparing for future examinations. Failing candidates received an average of 8.1 messages in Matrix 1 of the profile, which contains 15 cells relating to the five nursing behaviors and the three loci. Candidates received an average of four messages for Matrix 2, which contains the eight categories of human functioning. When Matrix 1 and 2 were combined, candidates received an average of 12.2 messages. Only one candidate failed to receive a message in Matrix 1 and only 300 (2.5%) candidates received no messages in Matrix 2. However, all failing candidates received at least one message. Only 479 (4.1%) candidates received messages in all cells of the matrices.

The PN Diagnostic Profile for failure candidates was also completed and implemented with the April 1983 NCLEX-PN examination. Based on a study

by the test service staff on Form 082 of NCLEX-PN, the committee determined that candidates should be alerted when they miss more than 40% of the items in any category. This is consistent with the reporting level established for the RN Diagnostic Profile.

Member Boards received the final copy of the diagnostic profile in March, 1983.

## 2. Minimum Length of NCLEX

Reliability statistics are being monitored for the purpose of establishing the minimum acceptable length of the examinations.

## 3. Detailed Test Plan

The Committee has established a linkage between the critical incident study and the test plan for Registered Nurse Licensure. The document has been referred to NCSBN staff for final editing and publication.

## 4. Comparison of CNATS with NCLEX-RN

In 1981, the Examination Committee made a comparison of the CNATS with the State Board Test Pool Examination and reported the following major areas in which the two examinations were not comparable:

- 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.

At the request of the Board of Directors, the Committee obtained information from the Canadian Nurses Association Testing Service and made a comparison of the two exams at the January, 1983 meeting. The information which was made available to the Committee with respect to CNATS is rather limited; however, the following areas were compared: test plans, job relatedness, item development and review process, statistics, bias, security, testing dates, scoring and content validity.

The differences and similarities identified by the Committee during the January, 1983 meeting follow:

	<u>Differences</u>		<u>Similarities</u>
	<u>NCLEX</u>	<u>CNATS</u>	
<u>Test Plan</u>	Based on job analysis	No job analysis was done	
<u>Item Development</u>			Selection of item writers  Item writing workshops conducted
	Items written for pool	Items written for a specific test and then put in pool	Review of items by Boards  Tryout items embedded  Item statistics
	In process of obtaining additional statistics--called "fit" statistics		Content validity
<u>Bias</u>	Specific measures used by Test Service and Examination Committee	No specific measures used	
<u>Security</u>	New examination each time	Same examination used three times  Test Booklets individually sealed	National testing dates  Books destroyed after each testing  Shipping, storing, etc.



	<u>Differences</u>		<u>Similarities</u>
	<u>NCLEX</u>	<u>CNATS</u>	
<u>Scoring</u>	Criterion-referenced	Norm referenced-- norm group includes only diploma 2 and 3 year graduates. BSN excluded because there are no graduates writing at the time the exam is normed.	
<u>Reliability</u>	KR20, KR21, Odd/Even, Spearman-Brown employed. $r = .89$ approximately	KR20 employed $r = .90$ approximately	
<u>Language</u>	English	English and French. The French version is <u>not</u> a translation of the English version. It is developed from the same test specifi- cations.	

The Examination Committee hopes that the above information will be helpful. To the knowledge of the Examination Committee there is no conclusive way to determine the comparability of the two examinations without a research study.

#### 5. Evaluation of Test Service

The Examination Committee participated in the evaluation of the test service. Using the established criteria, an evaluation report was prepared and submitted to the Test Service Evaluation Committee.

#### 6. Review of Test Plans

##### a. RN Test Plan

At the request of the Board of Directors, the Examination Committee, during its November 30-December 3, 1982, meeting, reconsidered the weightings of the nursing behaviors in the Registered Nurse Test Plan.

Presently, each of the nursing behaviors of assessing, analyzing, planning, implementing, and evaluating is assigned 15-25% of the total test items. When the committee originally recommended this weighting scheme, it was on the basis that each step of the nursing process was interrelated and therefore of equal importance.

In response to the Board of Director's request, the Examination Committee reviewed the validity study and several references relating to the nursing process (Carlson, et al, 1982; Griffith and Christensen, 1982; Marriner, 1975; and Mayers, 1972). The Committee found no evidence cited in these references to justify a change in the weightings. In fact, the references lend support to the fact that the steps of the nursing process are interdependent and interrelated.

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In reviewing the expanded test plan it can be seen that more of the nursing behaviors are grouped under the broad category of Implementing; however, we are cautioned not to attach too much significance to the behavior frequencies. Frequency is not necessarily correlated with importance (Jacobs, et. al, 1978, p. 13).

There was difficulty in meeting the test plan for Series 283; however, the category weightings were met with no difficulty for Series 783. The committee anticipates that during the transition period, there will continue to be some difficulty in meeting the test plan. In this regard, confidential directions to item writers are being written which will direct them to write the items needed to build up the pool in areas that have been identified as deficient. The Committee believes that this imbalance in items will eventually be eliminated, and recommends that the category weightings remain unchanged at this time.

At the May, 1983 meeting, the Examination Committee reviewed a proposal for a Registered Nurse Performance Update Study prepared by the test service staff. The Committee submitted recommendations to the Board of Directors with respect to the proposal.

The Examination Committee has no recommendations for changes in the RN test plan until more data are obtained.

#### b. PN Test Plan

The PN Validity Study was reviewed by the Examination Committee at the May, 1983 meeting. Recommendations were formulated for consideration by the Delegate Assembly.

Action was deferred on review of the PN test plan until the PN Validation Study has been given consideration.

#### 7. Development and Scoring of NCLEX

A preliminary statement explaining the development and scoring of the examinations was developed and sent to Member Boards in April, 1983. The purpose of the statement is to assist Member Boards in answering questions about the examination process.

#### 8. Policies and Procedures:

The Committee has continued to clarify and add policies and procedures to its written document to facilitate the committee's work and the work of the test service. As soon as the final editing of the policies and procedures is completed, a copy will be sent to each Member Board.

#### Goals and Objectives

The following Goals and Objectives for Fiscal Year 1984 have been formulated by the Examination Committee:

1. Review RN Test Plan and evaluate weightings of nursing behaviors.

2. Review and evaluate PN Test Plan utilizing data obtained from the PN validity study (job analysis).
3. Complete the editing process and submit for publication the Detailed Test Plan for Registered Nurse Licensure.
4. Assist with evaluation of Criterion Referenced cut scores for RN and PN examinations.
5. Evaluate the effectiveness of the diagnostic profiles.
6. Continue to study the reliability statistics in relation to the possibility of decreasing the number of items in the PN and RN examinations.
7. Continue to study morbidity and mortality statistics of common recurring health problems as the basis for content for the licensing examinations.
8. Continue to monitor the inventory of items in the pools and promote the writing of quality items to meet the test plan categories.
9. Continue monitoring the examinations according to established policies and procedures; this includes working closely with the test service to
  - a. establish and adopt confidential directions for item writing sessions and for series and forms of the examinations,
  - b. evaluate and determine disposition of Review Draft items following review by member boards,
  - c. adopt series and forms of the examination,
  - d. approve items for try-out purposes,
  - e. evaluate licensing examinations after administration.
10. Hold four or five meetings during the year.

#### Budget Requests

No budget request is being made because the Examination Committee expenses are paid by the test service.

#### Motions

1. That the Examination Committee be authorized to develop a new test plan for Practical Nurse licensure based on the findings of the PN Validity Study; the revised test plan is to be presented to the 1984 Delegate Assembly for approval.
2. That the Examination Committee be authorized to develop confidential

directions for PN item writers that will facilitate the implementation of a new PN test plan at the earliest possible date.

3. That the Examination Committee be authorized to delete categories of the current PN test plan, which the PN Validity Study has shown do not correspond with actual practice; and to adjust the weightings of other categories in a manner consistent with the findings.

The Practical Nurse Role Delineation And Validation Study For the National Council Licensure Examination For Practical Nurses May 1983 is presented as an addendum to the Book of Reports.

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NATIONAL COUNCIL OF STATE BOARDS  
OF NURSING, INC.

ADMINISTRATION OF EXAMINATION COMMITTEE

ANNUAL REPORT

Recommendations:

1. The Committee recommends that the changes and additions to the security measures be approved.
2. The Committee recommends that no examination dates for 1994 be established at this time.
3. The Committee recommends that the proposal regarding candidates reviewing their examination be approved.

The Committee met three times July 20-21, 1982, November 15-17, 1982 and March 21-23, 1983. The major activity of the July meeting was a review of the Manual for Administration with the test service and the formulation of a manual that would address the new procedures initiated to deal with machine-scorable booklets and the ancillary materials including the materials used at the examination which are generated by the direct application process.

At the two subsequent meetings, the Committee met with Dr. Alexandria Francis and reviewed the administrations of the examination. Based on information provided by the jurisdictions, the Committee recommended the following:

1. the re-organization of the test booklet so that questions do not appear on the back page.
  2. the use of vio paper so that glare is reduced and carboning does not occur.
  3. the use of four colors of ink that do not appear to present problems to the candidates.
  4. the return to the marking of the containers "\_\_\_\_ of \_\_\_\_" because these markings are generally used for shipments making the containers more like other shipments, the current code can be easily broken, there is no identifiable way to cover the code and yet make it accessible to those receiving the shipment, and someone determined to break into a container probably will do so regardless of what code is used.
  5. the imprinting of a black box over the pin hole number so that the number is easier to read.
  6. that larger plastic bags be provided for repackaging the test booklets for the return shipment so that the repackaging is easier. The
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availability of self-sealing plastic bags is being investigated.

7. that no additional information on scoring be placed in the Manual since it does not appear that a simple, brief explanation can be given that is adequate. A detailed explanation will be provided to the jurisdictions by National Council of State Boards of Nursing, Inc., and can be used to provide further information to candidates who inquire.

All but four jurisdictions have approved security measures following the format adopted by the Delegate Assembly in 1982. In reviewing the security measures the Committee noted that several changes and additions would make the document more workable. The changes and additions are attached to this report. On page 4 the Committee is suggesting that the inventory of packets be conducted at least one week prior to the administration of the examination instead of at least one day prior to the administration of the examination. This change is being recommended based on discussions about plans to deal with emergencies that occur before, during or after the administration of an examination which involve testing materials. Pages 5 and 6 address the examination center. The Committee is suggesting that rather than a jurisdiction submitting information about each examination center the jurisdiction indicate in the selection of a center that all requirements in the standard are met. On page 9 the statement "Securing signatures for verification of security from every team member" was deleted because the Compliance Report form no longer requires that information. On page 11 and 11A the Committee is recommending that there be a standard which addresses dealing with candidates with mild disabilities. On 11A for clarification the Committee is proposing D.1 and D.2.

The Committee has continued to work on policies and procedures. These will be shared with the jurisdictions. The information contained in the procedures will expedite the jurisdictions' interactions with the Committee.

Six breaks in security measures were identified based on reports by the jurisdictions and test service. The jurisdictions involved were asked to take corrective action and to amend the procedures used to implement the security measure standards. Recommendations were made to the Board of Directors to issue reprimands. The Committee approved 52 requests for amendments in security measures from various jurisdictions.

Jurisdictions have requested modifications in administration of the examination for a total of 31 handicapped candidates. Many of these approved requests related to providing a reader for the candidate.

The Committee discussed drafting a proposal of examination dates for 1994. Since computer adaptive testing is being investigated, the Committee recommends that dates not be established at present for 1994.

In 1982, Delegate Assembly authorized the Committee to draft a proposal for consideration at the 1983 convention that addressed failure candidates reviewing their examination. The Committee met with Thomas O'Brien, legal counsel and discussed a proposal. The proposal is attached to this report.

The Committee established the following goals and objectives for 1983 - 1984:

1. to recommend changes or modifications in the criteria and procedures for security measures if a need for revisions or additions is identified.

2. to further develop the policies and procedures of the Administration of Examination Committee to promote consistency and efficiency.
3. to review and evaluate problems that are identified which relate to examination administration and make appropriate recommendations to correct the problems.
4. to propose policies and procedures to expedite the investigation of possible violations of the contract and/or security measures.
5. to evaluate the Manual for Administration of the Examination and to make recommendations for revisions as necessary.

The budget proposed by the Committee is \$10,650.00. This amount would cover three meetings and one conference call.

The Committee moves that:

1. the changes and additions to the security measures be approved.
2. no examination dates for 1994 be established at this time.
3. the proposal regarding candidates reviewing their examination be approved.

Submitted by the Committee

Elizabeth Cooper, Texas, Area III  
Leola Daniels, Idaho, Area I  
Jan Harris, Oklahoma, Area III  
Sandra MacKenzie, Chairperson, Minnesota, Area II  
Bertha Mugurdichian, Rhode Island, Area IV  
Agnes Will, North Dakota, Area II

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## Standards

## Board of Nursing Information

J. There shall be at least two persons conducting the inventory of the packets at least one week prior to the administration of the examination.

K. A written record of the inventory shall be made and maintained for 6 months.

L. Any discrepancy in the inventory of packets shall be reported immediately by telephone to the test service and to the Council, and followed by the written report to both agencies.

M. There shall be secure transportation of test booklets to and from the examination center(s) by bonded carrier or vehicle staffed with a member of the examination team.

## II J.

There are at least two persons conducting the inventory of the packets at least one week prior to the examination.

## II K.

A written record of the inventory is made and maintained for 6 months.

## II L.

Any discrepancy in the inventory of packets is reported immediately by telephone to the test service and to the Council, and is followed by the written report to both agencies.

## II M.

There is secure transportation of test booklets to and from the examination center(s) by bonded carrier or vehicle staffed with a member of the examination team.



## Standards

## Board of Nursing Information

## III. EXAMINATION CENTER

A. In selecting an examination center, the following requirements shall be met:

1. Sufficient floor space that permits one or a combination of seating arrangements as described:
  - a. 10' x 30" or 10' x 18" tables - 4 candidates on one side.
  - b. 10' x 30" tables - 5 candidates on multiple sides.
  - c. 8' x 30" or 8' x 18" tables - 3 candidates on one side.
  - d. 8' x 30" tables - 4 candidates on multiple sides.
  - e. 6' x 30" or 6' x 18" tables - 2 candidates on one side.
  - f. 6' x 30" tables - 3 candidates on multiple sides.
  - g. 4' x 30" or 4' x 18" tables - 1 candidate on one side.
  - h. 4' x 30" tables - 2 candidates on multiple sides.
  - i. Tables less than 4' - 1 candidate.
  - j. Round tables, 60" - 5 candidates.
  - k. Round tables, 72" - 6 candidates.
  - l. Round tables, 84" - 7 candidates.

## III A.

In selecting an examination center, all listed requirements are met.

## Standards

## Board of Nursing Information

m. Stationary theater seats with tablet arms - every other seat (limited to every other row).

n. Moveable classroom chairs with tablet arms - 18" apart.

2. Sufficient floor space that allows a minimum of 2½ feet for aisles so that examination team can move freely for observation of candidates.

3. Restroom facilities within the examination center.

4. Access to and exit from the examination rooms shall be controlled.

B. There shall be provisions for a hard smooth writing surface for each candidate.

C. Each proctor shall have an individual table which is separate from the candidates for the use of each proctor.

D. If test booklets are kept at the examination center at times other than during the examination, there shall be secure storage with access limited to three persons.

E. Undistributed test booklets shall be maintained in a secure area during the examination with access limited to members of the examination team.

## III B.

A hard smooth writing surface is provided.

## III C.

Each proctor has an individual table which is separate from the candidates.

## III D.

There is secure storage with access limited to three persons.

Test booklets are not kept at the examination center at times other than during the examination.

## III E.

Undistributed test booklets are maintained in a secure area during the examination with access limited to members of the examination team.

## Standards

## Board of Nursing Information

## IV G.

2. Reading the directions for the administration of the examination to the candidates.
3. Admitting candidates.
4. Identifying candidates.
5. Performing inventory of test booklets before and after the examination.
6. Distributing test materials other than booklets.
7. Observing candidates.
8. Supervising the unused test booklets.
9. Escorting candidates to the restroom.
10. Monitoring the exit of candidates.
11. Guarding the entrances and exits of the examination room.
12. Dealing with suspected cheating.
13. Packing test booklets.
14. Escorting authorized personnel other than examination team members, such as janitors.

## Standards

## Board of Nursing Information

3. There shall be a procedure for identifying candidates who arrive without admission credentials. The identification shall be by verifying the scheduling of the individual against Board records and at least one of the following: random selection of another candidate from the same program, signature, or drivers license.
4. If candidates are admitted late, there shall be no additional examination time allowed. No candidate shall be admitted after a candidate has been released from an examination room.
5. Identification of late candidates shall be the same as for all other candidates.
- C. The candidate shall retain the same seat assignment for all parts of the examination except as detailed below:
1. The examiner shall approve the reassignment of seats if it becomes necessary because of health or for security reasons.
  2. The examiner shall approve seating adjustments for candidates with mild disabilities that require special consideration regarding lighting, acoustics, mobility and proximity to the restroom facilities.

## V B 3.

- The identification of candidates without admission credentials is by verifying the scheduling of the individual against Board records and at least one of the following:

- random selection of another candidate from the same program, signature, or drivers license.

## V B 4.

- No late candidates are admitted.
- When late candidates are admitted, no additional time is allowed and no candidates are admitted after a candidate has been released.

## V B 5.

- Identification of late candidates is the same as for all other candidates.

## V C.

- Candidates retain the same seat assignment throughout the examination except for the reasons specified in the standard.

## Standards

## Board of Nursing Information

3. The examiner shall inspect and may approve any aids to be utilized such as magnifying lens, ruler or other reading aid, cushions, mattresses, slings, braces, special chairs, crutches, or canes.

D. Distribution of Testing  
Materials at the Examination  
Center:

1. At the time the shrink wrap is broken on the packet of test booklets, two people shall conduct an inventory of all the test booklets in the packet.
2. Prior to distribution to candidates, the proctor shall conduct an inventory of the test booklets if the proctor was not involved in the original booklet inventory at the time the shrink wrap was broken.

## V D 1.

- At the time the shrink wrap is broken on the packet of test booklets, two people conduct an inventory of all the test booklets in the packet.

## V D 2.

- Prior to distribution to candidates, the proctor conducts an inventory of the test booklets if the proctor was not involved in the original booklet inventory at the time the shrink wrap was broken.

## REVIEW OF A LICENSURE EXAMINATION

- A. The Council of States Boards of Nursing, Inc. will cooperate with a Member Board's request for a review of the licensure examination made on behalf of a candidate or a group of candidates only if the jurisdiction is required by law to provide the examination review; the persons permitted to review the examination are limited to the candidate(s), legal counsel and experts with credentials satisfactory to the Council; and the review is conducted under conditions which in the judgement of the National Council of State Boards of Nursing will not adversely affect the security of the examination.
- B. The Member Board shall:
1. Submit an official request to NCSBN which includes:
    - a. An Attorney General's opinion verifying that the Board is required by law to provide the examination review.
    - b. The date the Board took action to initiate the request.
    - c. A copy of a contract or court protective order signed by the candidate(s), legal counsel, and experts (nursing knowledge experts and/or psychometricians) verifying that:
      - 1) the review of the examination will be "in camera" in a court case or in a separate room in which an authorized person from the Board is present, and
      - 2) there will be no note taking, photography, or copying or record made of examination content, and
      - 3) the contents of the examination will not be divulged.
    - d. Detailed written procedures providing for:
      - 1) receipt, inventory and storage, transport and return shipment of test booklets in accordance with security measures.
      - 2) submission of a Compliance Report to NCSBN following the review.
  2. Submit such other Agreements, Orders, etc. as are deemed necessary by NCSBN.
- C. The Administration of Examination Committee shall:
1. Review, evaluate, and as necessary, recommend revision of the procedures for licensure examination review.
  2. Approve the review procedure when it is in compliance with security requirements.
    - a. In order to expedite requests that are received between scheduled Committee meetings, the materials may be sent to each Committee member for review and approval, or
    - b. Materials may be reviewed and approved by the Chairperson, NCSBN staff and one other Committee member.
  3. Inform the Board of Directors of approval of procedures.
  4. Investigate any problems relative to the procedures.
  5. Make recommendations to the Board of Directors for remedial action if warranted. (Refuse release of examinations or file suit for breach of contract.)
- D. The Board of Directors, NCSBN shall:
1. Approve or deny the review of the licensure examination.
  2. Authorize the Test Service to make the test booklet and answer key available to the Board of Nursing.

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

## NURSING PRACTICE AND STANDARDS COMMITTEE

## ANNUAL REPORT 1982-1983

The Nursing Practice and Standards Committee met three times during the past year. Two new members joined the Committee: Kathleen Sabatier of Maryland and Ted Jones, a public member of the Wisconsin Board of Nursing. In January, 1983, the Chairperson, Thelma Cleveland of Washington, and Ted Jones both resigned. Therese Sullivan of Montana was appointed Chairperson.

At the Council's 1982 Convention, the Delegate Assembly adopted the Committee's draft of the Model Nursing Practice Act, which was then published by the National Council. The Delegate Assembly also accepted for study the Committee's Working Draft Number 3 of the Model Nursing Rules and Regulations and asked that written suggestions for revisions of the document be submitted to the Committee by October 1, 1982.

The Committee received comments from about 35 state boards, individuals, associations and other organizations and responded to the suggestions with revisions that are reflected in Draft Number 4 of the Model Nursing Rules and Regulations. This draft was presented to Toni Massaro, an attorney who worked closely with the Committee in developing the Model Nursing Practice Act, which resulted in additional minor revisions.

All three of the Committee's meetings were devoted to revising and preparing the Model Nursing Rules and Regulations for presentation to the Delegate Assembly at the 1983 Convention.

At the 1982 Convention, the Delegate Assembly also voted to authorize the Board of Directors to direct a committee to study the issues surrounding implementation of advanced nursing practice statutes. After consultation with the Chairperson, Therese Sullivan, the Board of Directors adopted the following motions, which the committee has accepted as its objectives for 1983-1984:

1. Develop a position paper addressing the regulation of advanced nursing practice by boards of nursing, including documentation of current regulatory practices. The proposal is to include recommendations regarding positions to be taken by the 1984 Delegate Assembly.
2. Develop a position paper addressing continued competency of nurses including documentation of current regulatory practices. The proposal is to include recommendations regarding positions to be taken by the 1984 Delegate Assembly.

Should the Delegate Assembly adopt the Model Nursing Rules and Regulations, the Committee will undertake the following objectives also:

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3. Edit and publish the Model Nursing Rules and Regulations.
4. Promote understanding and implementation of the Model Nursing Rules and Regulations.

Three meetings of three days each are planned to accomplish the above objectives. A budget of \$20,680 has been requested to support the work of the Committee, a figure that includes consultation with experts in the two areas of study planned.

The following recommendation will be submitted to the 1983 Delegate Assembly for its consideration:

The Nursing Practice and Standards Committee recommends adoption of the Model Nursing Rules and Regulations.

Respectfully submitted,

Therese Sullivan, Chairperson  
Montana, Area I  
Ruth L. Elliott  
Tennessee, Area III  
John H. Word  
Washington, D.C., Area IV  
Kathleen H. Sabatier  
Maryland, Area IV



National Council  
of  
State Boards of Nursing, Inc.  
MODEL NURSING RULES AND REGULATIONS  
Draft Number 4

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## Chapter II Definitions

1. Accreditation - official authorization or status granted by an agency other than a state board of nursing.
2. Approval - the process by which the Board evaluates and grants official recognition to nursing education programs which meet established uniform and reasonable standards.
3. Board - the (state) Board of Nursing.
4. Competence - performing skillfully and proficiently the functions that are within the role of the licensee; and demonstrating the interrelationship of essential knowledge, judgement and skills.
5. Cooperating agency - an agency, other than the controlling education institution, that is utilized to provide essential learning experiences for students.
6. Credentials - a diploma, certificate or degree in nursing.
7. Formal study - study within an approved school of nursing.
8. Handicapped - an individual who has a disability that interferes with the ability to practice the full scope of nursing safely and effectively.
9. Health team - a group of health care providers which may, in addition to health care practitioners, include the client, family and significant others.
10. Lapsed license - the termination of an individual's privilege to practice nursing due to the individual's failure to renew the nursing license within a specified period of time.
11. License - a current document permitting the practice of nursing as a Registered Nurse or Licensed Practical Nurse.
12. Limited license - a license to practice nursing in a restricted capacity.
13. Nursing diagnosis - the judgement or conclusions that occur as a result of nursing assessment. Christine Gebbie and Mary Lavin, CLASSIFICATION OF NURSING DIAGNOSIS (St. Louis: C.V. Mosby Company, 1975.) p. 70. Nursing assessment is the systematic collection of a data base, or information, about a client, that serves as the basis for the strategy of care.
14. Nursing process - the traditional systematic method nurses use when they provide nursing care.
15. Peer review - the process of evaluating the practice of nursing, conducted by other nurses with similar qualifications.
16. Prescribing - specifying nursing intervention(s) intended to implement the defined strategy of care. This includes the nursing behaviors that nurses should perform when delivering nursing care, though not

necessarily sequentially or all in each given situation: assessment, diagnosis, planning, intervention and evaluation.

17. Reinstatement - the procedure of restoring or reestablishing a nursing license, which the licensee has failed to renew or which has been suspended or revoked.
18. Reissuance - the process of restoring a nursing license.
19. Revocation - the process of recalling a nursing license.
20. Standard - an authoritative statement by which the Board can judge the quality of nursing education or practice.
21. Strategy of care - the goal-oriented plan developed to assist individuals or groups to achieve optimum health potential. This includes initiating and maintaining comfort measures, promoting and supporting human functions and responses, establishing an environment conducive to well-being, providing health counseling and teaching, and collaborating on certain aspects of the medical regimen including but not limited to the administration of medications.

REGULATION I. STANDARDS OF NURSING PRACTICE FOR THE REGISTERED NURSE  
 MNPA, Article III, Sec. 2(c)(i)

A. Purpose of Standards

1. To establish minimal acceptable levels of safe practice for the Registered Nurse.
2. To serve as a guide for the Board to evaluate safe and effective nursing care.

B. Standards Related to the Registered Nurse's  
 Responsibility to Apply the Nursing Process

COMMENTS

The Registered Nurse shall:

1. Conduct and document nursing assessments of the health status of individuals and groups by:
  - a. Collecting objective and subjective data from observations, examinations, interviews, written records in an accurate and timely manner. The data includes but is not limited to:
    - 1) Biophysical and emotional status;
    - 2) Growth and development;
    - 3) Cultural, religious and socio-economic background;
    - 4) Family health history;
    - 5) Information collected by other health team members;
    - 6) Client knowledge and perception about health status and potential, or maintaining health status;
    - 7) Ability to perform activities of daily living;
    - 8) Patterns of coping and interacting;
    - 9) Consideration of client's health goals;
    - 10) Environmental factors (e.g. physical, social, emotional and ecological); and
    - 11) Available and accessible human and material resources.
  - b. Sorting, selecting, reporting and recording the data.
  - c. Validating, refining and modifying the data by utilizing available resources including interactions with the client, family, significant others, and health team members.
2. Establish and document nursing diagnoses which serve as the basis for the strategy of care.

3. Develop the strategy of care based on assessment and nursing diagnosis. This includes:
  - a. Identifying priorities in the strategy of care.
  - b. Setting realistic and measurable goals to implement the strategy of care.
  - c. Prescribing nursing intervention(s) based on the nursing diagnosis.
  - d. Identifying measures to maintain comfort, to support human functions and responses, to maintain an environment conducive to well being, and to provide health teaching and counseling.
4. Implement the strategy of care by:
  - a. Initiating nursing interventions through:
    - (1) Giving direct care.
    - (2) Assisting with care.
    - (3) Delegating care. Delegating care is intended to include delegation to family members as well as other nursing personnel.
  - b. Providing an environment conducive to safety and health.
  - c. Documenting nursing interventions and responses to care.
  - d. Communicating nursing interventions and responses to care to other members of the health team.
5. Evaluate the responses of individuals or groups to nursing interventions. Evaluation shall involve the client, family, significant others and health

team members.

- a. Evaluation data shall be documented and communicated to appropriate members of the health care team.
- b. Evaluation data shall be used as a basis for reassessing client health status, modifying nursing diagnoses, revising strategies of care, and prescribing changes in nursing interventions.

C. Standards Related to the Registered Nurse's Responsibilities as a Member of the Nursing Profession

The Registered Nurse shall:

1. Have knowledge of the statutes and regulations governing nursing and function within the legal boundaries of nursing practice.
2. Accept responsibility for individual nursing actions and competency.
3. Obtain instruction and supervision as necessary when implementing nursing techniques or practices.
4. Function as a member of the health team.
5. Collaborate with other members of the health team to provide optimum patient care.
6. Consult with nurses and other health team members and make referrals as necessary.
7. Contribute to the formulation, interpretation, implementation and evaluation of the objectives and policies related to nursing practice within the employment setting.
8. Participate in the evaluation of nursing through peer review.

The nurse is expected to maintain competency in her particular area of practice.

(possible comment)

9. Report unsafe nursing practice to the Board and unsafe practice conditions to recognized legal authorities.
10. Delegate to another only those nursing measures which that person is prepared or qualified to perform.
11. Supervise others to whom nursing interventions are delegated.
12. Retain professional accountability for nursing care when delegating nursing interventions.
13. Conduct practice without discrimination on the basis of age, race, religion, sex, sexual preference, national origin or handicap.
14. Respect the dignity and rights of clients regardless of social or economic status, personal attributes or nature of health problems.
15. Respect the client's right to privacy by protecting confidential information unless obligated by law to disclose the information.
16. Respect the property of clients, family, significant others and the employer.

The appropriate authorities for the regulation of practice will vary from one jurisdiction to another.



REGULATION II. STANDARDS OF NURSING PRACTICE FOR THE LICENSED  
PRACTICAL NURSE

MNPA, Article III, Sec. 2(c)(i)

COMMENTS

A. Purpose of Standards

1. To establish minimal acceptable levels of safe practice for the Licensed Practical Nurse.
2. To serve as a guide for the Board to evaluate safe and effective nursing care.

B. Standards Related to the Licensed Practical Nurse's Contribution to the Nursing Process

The Licensed Practical Nurse shall:

1. Contribute to the nursing assessment by:
  - a. Collecting, reporting and recording objective and subjective data in an accurate and timely manner. Data collection includes:
    - (1) Observation about the condition or change in condition of the client.
    - (2) Signs and symptoms of deviation from normal health status.
2. Participate in the development of the strategy of care by:
  - a. Providing data.
  - b. Contributing to the identification of priorities.
  - c. Contributing to setting realistic and measurable goals.
  - d. Assisting in the identification of measures to maintain comfort, support

human functions and responses, maintain an environment conducive to well being, and provide health teaching and counseling.

3. Participate in the implementation of the strategy of care by:
  - a. Providing care for clients whose conditions are stabilized or predictable.
  - b. Providing care for clients whose conditions are critical and/or fluctuating under the direction and supervision of the Registered Nurse, licensed physician or dentist.
  - c. Providing an environment conducive to safety and health.
  - d. Documenting nursing interventions and responses to care.
  - e. Communicating nursing interventions and responses to care to appropriate members of the health team.
4. Contribute to the evaluation of the responses of individuals or groups to nursing interventions.
  - a. Evaluation data shall be documented and communicated to appropriate members of the health care team.
  - b. The Licensed Practical Nurse shall contribute to the modification of the strategy of care on the basis of the evaluation.

C. Standards Relating to the Licensed Practical Nurse's Responsibilities as a Member of the Health Team

The Licensed Practical Nurse shall:

1. Have knowledge of the statutes and regulations governing nursing and function within the legal boundaries of practical

nursing practice.

2. Accept responsibility for individual nursing actions and competency. The nurse is expected to maintain competency in her particular area of practice.
3. Function at the direction of a Registered Nurse, physician or dentist.
4. Consult with Registered Nurses and/or other health team members and seek guidance as necessary.
5. Obtain instruction and supervision as necessary when implementing nursing techniques or practices.
6. Function as a member of the health team.
7. Contribute to the formulation, interpretation, implementation and evaluation of the objectives and policies related to practical nursing practice within the employment setting.
8. Participate in the evaluation of nursing through peer review. (possible comment)
9. Report unsafe nursing practice to the Board and unsafe practice conditions to recognized legal authorities. The appropriate authorities for the regulation of practice will vary from one jurisdiction to another.
10. Conduct practice without discrimination on the basis of age, race, religion, sex, sexual preference national origin or handicap.
11. Respect the dignity and rights of clients regardless of social or economic status, personal attributes or nature of health problems.
12. Respect the client's right to privacy by protecting confidential information, unless obligated to disclose such information in a court of law or before duly authorized regulatory agencies.

13. Respect the property of clients, family, significant others, and the employer.

### Regulation III. Standards of Nursing Education

#### A. Purpose of Standards

#### COMMENTS

- |  |   |
|--|---|
| <p>1. To ensure the safe and effective practice of nursing by graduates of nursing education programs.</p> | <p>These standards are intended to serve as guidelines for nursing education. They are subject to ongoing evaluation and revisions to meet the needs of security and the development of the profession.</p> |
| <p>2. To serve as a guide for the development of new nursing education programs.</p>                       |   |
| <p>3. To foster the continued improvement of established nursing education programs.</p>                   |   |
| <p>4. To provide criteria for the evaluation of new and established nursing education programs.</p>        |   |

#### B. Approval of Nursing Education Programs

##### 1. Provisional Approval

Some states refer to this type of approval as initial approval.

- a. An institution wishing to establish a program in nursing shall:

(1) Submit to the Board at least ( ) months in advance of expected opening date a statement of intent to establish a nursing education program.

A year is suggested as the minimum amount of time necessary to complete this process.

(2) Submit to the Board, along with the statement of intent, a feasibility study to include at least the following information:

- (a) Nursing studies documenting the need for the program in this

The studies should document the need for the program in relation to plans for total state resources and the

State.

need for entry-level nurses in the state.

- (b) Purposes and classification of program.
- (c) Availability of qualified faculty.
- (d) Budgeted faculty positions.
- (e) Availability of adequate clinical facilities for the program.
- (f) Availability of adequate academic facilities for the program.
- (g) Evidence of financial resources adequate for the planning, implementation and continuation of the program.
- (h) Anticipated student population.
- (i) Tentative time schedule for planning and initiating the program.

- (3) Respond to the Board's request(s) for additional information.

Some boards may wish to conduct a survey to evaluate the information submitted.

b. Provisional approval may be applied for when the feasibility study has been approved and the following conditions have been met:

- (1) A qualified nurse administrator has been appointed and there are sufficient qualified faculty to initiate the program; and
- (2) A tentative written proposed program plan developed in accor-

dance with the Standards for Nursing Education has been submitted.

- c. Following Board review of the proposed program, the Board may grant provisional approval.
- d. Progress reports shall be made to the Board as requested.
- e. Following graduation of the first class, a self-evaluation report of compliance with the Standards for Nursing Education shall be submitted and a survey visit shall be made for consideration of approval of the program.

## 2. Approval

- a. The Board will review an application, materials, and survey reports for approval or continued approval of nursing education programs only at times when the Board is in formal session.
- b. Materials and survey reports shall be in the Board office at least ( ) days prior to the Board meeting.

## 3. Periodic Evaluation of Nursing Education Programs

- a. To ensure continuing compliance with the plan and the Standards of Nursing Education all nursing education programs will be surveyed and re-evaluated for continued approval every ( ) years.
- b. Prior to the survey visit a program shall submit a narrative self-evaluation report which provides evidence of compliance with the Standards of Nursing Education.

- c. The survey visit will be made by representatives of the Board on dates mutually acceptable to the Board and the program.
- d. Announcement of a survey visit will be sent to schools at least three months in advance of the visit.
- e. Programs will be asked to participate in scheduling survey visit activities.
- f. A draft of the survey visit report will be made available to the school for review and corrections in statistical data.
- g. The school's self evaluation report of compliance with the Standards of Nursing Education and the report of the survey visit will be submitted to the Board ( ) days prior to the Board meeting dates on which the review is scheduled.
- h. Following the Board's review and decision, written notification regarding approval of the program and, if necessary, the Board recommendations will be sent to the administrator of the institution and the administrator of the nursing education program.

#### 4. Denial or Withdrawal of Approval

- a. The Board may deny approval when it determines that a nursing education program fails substantially to meet the Standards for Nursing Education. All such Board actions shall

States should consult their Administrative Procedures Act and/or the Administrative Rules and Regulations.



be effected in accordance with due process rights and this State's Administrative Procedure Act and/or the Administrative Rules and Regulations of the Board.

- b. The Board may withdraw approval when it determines that a nursing education program has not provided sufficient evidence that the Standards for Nursing Education are being met. All such actions shall be effected in accordance with the State's Administrative Procedures Act and/or the Administrative Rules and Regulations of the Board.

#### 5. Reinstatement of Approval

The Board may consider reinstatement of approval of a nursing education program upon submission of satisfactory evidence that the program meets the Standards of Nursing Education.

The procedure of reinstatement of approval will vary from state to state. States may wish to consider survey visits or written reports as the method of providing satisfactory evidence.

#### 6. Closing of an Approved School

##### a. Voluntary Closing

When the governing institution considers the closing of a program it shall notify the Board in writing, stating the reason, plan and date of intended closing. The governing institution may choose one of the following closing procedures:

- 1. The program shall continue until the last class enrolled is graduated.
  - (a) The program shall continue to meet the standards for approval until all of the enrolled students have graduated.
  - (b) The date of closure is the

date on the degree, diploma or certificate of the last graduate.

- (c) The Board shall be notified by the governing institution of the closing date.

2. The program shall close after assisting in the transfer of students to other approved programs.

- (a) The program shall continue to meet the standard required for approval until all students are transferred.

- (b) A list of the names of students who have been transferred to approved programs and the date on which the last student was transferred shall be submitted to the Board by the governing institution.

- (c) The date on which the last student was transferred shall be the closing date of the program.

3. Custody of records.

- (a) If the program closes but the governing institution continues to function, it shall assume responsibility for the records of the students and the graduates. The Board shall be advised of the arrangements made to safeguard the records.
- (b) If the governing institution ceases to exist, the academic transcript of each student and graduate shall be transferred to the Board for safe keeping.
- (c) The Board shall be consulted about the disposition of all

other records.

b. Closing as a Result of Denial or  
Withdrawal of Approval

When the Board denies or withdraws approval of a program, the governing institution shall comply with the following procedures:

1. The program shall close after assisting in the transfer of students to other approved programs. A time frame for the transfer process will be established by the Board.
2. A list of the names of students who have transferred to approved programs and the date on which the last student was transferred shall be submitted to the Board by the governing institution.
3. The date on which the last student was transferred shall be the closing date of the program.
4. Custody of Records
  - (a) If the governing institution continues to function, it shall assume responsibility for the records of the students and the graduates. The Board shall be advised of the arrangements made to safeguard the records.
  - (b) If the governing institution ceases to exist, the academic transcript of each student and graduate shall be transferred to the Board for safe keeping.
  - (c) The Board shall be consulted about the disposition of all other records.

## C. Organization and Administration

1. The nursing education program shall be an integral part of the accredited institution authorized by the State to confer credentials in nursing.
2. The relationship of the nursing education program to other units within the sponsoring institution shall be clearly delineated.
3. The nursing education program shall have statements of purpose, philosophy and objectives which are consistent with those of the sponsoring institution and with the law governing the practice of nursing.
4. The nursing education program shall be organized with clearly defined authority, responsibility, and channels of communication.
5. Organization of the nursing education program shall assure faculty involvement in determining academic policies and procedures and faculty responsibility for planning, implementing, and evaluating curriculum.
6. Organization of the nursing education program shall assure student participation in the determination of academic policies and procedures, curriculum planning and evaluation, and the evaluation of teaching effectiveness.
7. Nursing education program policies and procedures shall be in written form, congruent with those of the sponsoring institution, and shall be reviewed periodically. States may vary in how often the review of nursing education program policies and procedures are required.
8. The nursing education program shall be administered by a Registered Nurse currently Graduate preparation with a major in nursing provides the essential knowlege

licensed in this State with the following qualifications:

necessary to administer a nursing education program. The recency of clinical experience should also be considered.

- a. In a program offering the practical nurse certificate, a minimum of a masters degree with a major in nursing, preparation in education and administration, and ( ) years of experience in clinical nursing and ( ) years of experience in nursing education.
  - b. In a program offering the associate degree or the diploma in nursing, a minimum of a masters degree in nursing education and administration, and ( ) years of experience in clinical nursing and ( ) years of experience in nursing education.
  - c. In a program offering the baccalaureate degree in nursing, a doctoral degree in nursing or a related field, preparation in education and administration, and ( ) years of experience in clinical nursing and ( ) years of nursing education.
9. The administrator of the nursing education program shall be responsible for:
- a. The administration of the nursing program.
  - b. The development and implementation of the curriculum.
  - c. Creation and maintenance of an environment conducive to teaching and learning.
  - d. Liaison with the central administration and other units of the sponsoring institution.
  - e. Preparation and administration of the budget.

- f. Facilitation of faculty development and performance review.
  - g. Recommendation of faculty for appointment, promotion, tenure and retention.
  - h. Notifying the Board of any major changes in the program or its administration.
- States may differ in their definition of major changes in the program or its administration.

#### D. Resources, Facilities and Services

1. The resources, facilities and services of the sponsoring institution shall be available to and used by the nursing education program.
2. Periodic evaluations of resources, facilities and services shall be conducted by the administration, faculty and students.
3. The nursing education program shall receive adequate financial support for faculty, other necessary personnel, equipment, supplies and services.
4. Sufficient secretarial and other support services shall be provided to ensure appropriate use of faculty time and talents.
5. Classrooms, conference rooms, laboratories and offices shall be available to meet the purpose(s) of the nursing program and the needs of the students, faculty, administration and staff.
6. Library space and holdings shall be adequate in number and kinds for the nursing education program and shall be accessible to students and faculty.
7. The agencies and services utilized for learning experiences shall be adequate in number and kind to meet curriculum objectives.

8. Written agreements with cooperating agencies shall be mutually developed and maintained and periodically reviewed.
9. Cooperating agencies shall be approved by the appropriate accreditation, evaluation or licensing bodies, if such exist.

#### E. Students

1. Admission, re-admission, progression, retention, dismissal and graduation requirements shall be available to the students in written form and shall be consistent with those of the sponsoring institution. Where necessary, policies specific to nursing students may be adopted if justified by the nature and purposes of the nursing program.
2. Students shall be admitted without discrimination as to age, race, religion, sex, sexual preference, national origin or marital status.
3. Available facilities and services of the nursing education program and its sponsoring institution shall be made known to the students.
4. Student rights and responsibilities shall be available in written form.
5. In the interest of client welfare, students shall be required to maintain an acceptable level of personal health.

States may differ in their definition of an acceptable level of personal health. Examples of sufficient evidence may include a report of a physical examination, immunizations, or ongoing medical supervision of chronic conditions.

#### F. Faculty

1. There shall be a sufficient number of qualified faculty to meet the purposes and

objectives of the nursing program.

2. The maximum ratio of faculty to students in clinical areas involving direct care of patients or clients shall be one faculty member to ( ) students.
3. Faculty shall be recruited, appointed and promoted without discrimination as to age, race, religion, sex, sexual preference, national origin or marital status.
4. Qualifications, rights and responsibilities of faculty members shall be available in writing.
5. Faculty personnel policies shall be available in writing and shall include those used in evaluating performance and those for promotion and tenure.
6. Nursing faculty who teach in a program offering the practical nurse certificate shall:
  - a. Be currently licensed as a Registered Nurse in this State;
  - b. Have a minimum of a baccalaureate degree in nursing; and
  - c. Have ( ) years of clinical experience relevant to area(s) of responsibility and ( ) years of experience in nursing education.
7. Nursing faculty who teach in a program offering the associate degree or the diploma in nursing shall:
  - a. Be currently licensed as a Registered Nurse in this State;
  - b. Have a minimum of a masters degree in nursing; and

Graduate preparation with a major in nursing provides the essential knowledge base



necessary to teach in nursing education programs. The recency of clinical experience in the area of instruction must be given careful consideration.

- c. Have ( ) years of clinical experience relevant to area(s) of responsibility and ( ) years of experience in nursing education.
8. Nursing faculty who teach in programs offering the baccalaureate degree in nursing shall:
- a. Be currently licensed as a Registered Nurse in this State;
  - b. Have a minimum of a masters degree in nursing;
 

Graduation preparation with a major in nursing provides the essential knowledge base necessary to teach in nursing education programs. The recency of clinical experience in the area of instruction must be given careful consideration.
  - c. Have ( ) years of clinical experience relevant to area(s) of responsibility and ( ) years of experience in nursing education.
9. Faculty shall be responsible for:
- a. Developing, implementing and evaluating the purpose, philosophy and objectives of the nursing program.
  - b. Designing, implementing and evaluating the curriculum.
  - c. Developing and evaluating student admission, progression, retention and graduation policies within the framework of the policies of the sponsoring institution.
  - d. Participating in academic advising and guidance of students.

- e. Evaluating student achievement in terms of curricular objectives as related to both nursing knowledge and practice.
- f. Providing for student and peer evaluation of teaching effectiveness.
- g. Participating in activities to improve their own nursing competency in area(s) of responsibility.

## G. Curriculum

1. Curriculum shall reflect the philosophy, conceptual framework, purpose and objectives of the nursing education program, and shall be consistent with the law governing the practice of nursing.
2. The ratio between nursing and non-nursing credit shall be based on a rationale to ensure sufficient preparation for the safe and effective practice of nursing.
3. Learning experiences and methods of instruction shall be selected to fulfill curriculum objectives.
4. Curriculum shall be evaluated by the faculty with provisions for student participation.
5. Curriculum for programs offering the practical nurse certificate shall include:
  - a. Theory and practice in nursing encompassing the attainment and maintenance of physical and mental health and the prevention of illness for individuals and groups throughout the life process.
  - b. Concepts of anatomy, physiology, chemistry, physics and microbiology.

Although it is recognized that all programs have not developed conceptual frameworks it is recommended that such frameworks be implemented.

- c. Concepts of communication, growth and development, interpersonal relations and cultural diversity.
  - d. Ethics, nursing history and trends, vocational and legal aspects of nursing.
  - e. Concepts of pharmacology, nutrition and diet therapy.
  - f. Concepts of the nursing process.
6. Curriculum for programs offering the diploma, the associate degree or baccalaureate degree in nursing shall include:
- a. Theory and practice in nursing, encompassing the attainment and maintenance of physical and mental health and the prevention of illness for individuals and groups throughout the life process.
  - b. Concepts of anatomy, physiology, chemistry, microbiology and physics.
  - c. Sociology, psychology, communications, growth and development, interpersonal relations, group dynamics, cultural diversity and humanities.
  - d. Concepts of pharmacology, nutrition and diet therapy, and pathophysiology.
  - e. Concepts of ethics, nursing history and trends, and the professional and legal aspects of nursing.
  - f. Concepts of leadership, management and patient education.
  - g. Concepts of the nursing process.

## REGULATION IV. LICENSURE BY EXAMINATION

MNPA, Article III, Sec. 2(c)(iii)

## COMMENTS

- A. An applicant for licensure by examination shall submit to the Board:
1. A completed application ( ) days prior to the date of the examination.
  2. An official transcript directly from an approved nursing program for the level of licensure being sought. This transcript shall verify the date of graduation, credential conferred and evidence of meeting the standards for nursing education in this State.
  3. The required fee for licensure by examination.
- B. An applicant for licensure by examination shall comply with application procedures established for the National Council Licensure Examination.
- C. A foreign applicant for licensure by examination shall meet the requirements in Sections A and B and:
1. Submit a copy of the certificate issued by the Commission on Graduates of Foreign Schools (CGFNS).
  2. If the nursing education was in any language other than English, prove competency in English to a degree sufficient to discharge nursing duties
- Some states may find it necessary to limit the number of out-of-state graduates to the licensing examination due to availability of facilities. If this policy is enforced it should be based on a first-come, first-serve basis, or according to state residence.
- Jurisdictions may wish to outline specific procedures to be followed for handicapped candidates applying for the licensure examination.
- Most states use the direct application system to the NCSBN Data Center. However, some states may wish to use the batch processing, Board processing, or tape processing system, depending on resources in the jurisdiction.
- Some states may find it necessary to require transcripts from foreign nurse applicants.
- The Board's purpose in requiring English language proficiency is to promote and ensure the safe and effective delivery of

safely. Achieving an acceptable score on a standardized test of English as a foreign language approved by the Board would be considered proof of competency.

nursing services to the public.

If a jurisdiction wishes to adopt this section, it must also adopt language in its Nursing Practice Act that expressly provides the Board with the authority to administer an English competency test.

3. Evidence of current licensure from the original country of nursing education. This documentation shall be in the English language or a certified translation.

D. Examination Requirement and Passing Score

1. In order to be licensed in this State all Registered Nurse applicants shall write and pass the National Council Licensure Examination for Registered Nurses with a score of 1600 or above.
2. In order to be licensed in this State all Practical Nurse applicants shall write and pass the National Council Licensure Examination with a score of 350 or above.

This requirement recognizes the National Council Licensure Examination as the acceptable examination for nursing licensure. Administration of this national examination enhances interstate mobility of nurses.

E. Formal Study Requirement for Repeating the Licensure Examination.

1. An applicant who has been unsuccessful in passing the nurse licensure examination during ( ) years shall complete formal study as defined by the Board before repeating the examination.
2. Formal study shall include instruction and evaluation in an approved school of nursing.

Although it is recognized that a variety of review courses and programs are available to candidates, these programs are not under the jurisdiction of the Board. Review programs vary in length, type of instruction and evaluation methods. Formal study in an

approved school of nursing  
provides the recommended  
mechanism for review.

## REGULATION V. LICENSURE BY ENDORSEMENT

MNPA, Article III, Sec. 2(c)(iii)

## COMMENTS

- A. An applicant for licensure by endorsement in this State shall submit to the Board:
1. A completed application.
  2. An official nursing transcript from a board-approved program which prepares for the level of licensure being sought. This transcript shall identify the date of graduation and the credential conferred.
  3. Evidence of meeting the Standards for Nursing Education in this State at the time of graduation.
 

Some states may wish to consider granting licensure by endorsement to Canadian graduates. This decision should be based on careful evaluation of the nursing education program, test plan for the nursing licensure examination, and communication of the English language.
  4. Verification of initial licensure by examination and current licensure in at least one state.
 

This provision requires a nurse to hold active licensure in at least one (1) state. This mechanism provides the best protection for the public.
  5. Verification and documentation of licensure status from all states in which licensure has ever been granted.
 

Documentation of licensure status from all states is the preferred mechanism for protection of the public.
  6. Registered Nurse applicants shall present evidence of having passed a licensure examination as follows:
    - a. State-constructed licensure examination prior to the use of the State Board Test Pool Examination in the original state of licensure;
 

These examination passing scores recognize the evolutionary process of the licensing examination. Before the State Board Test Pool was created each state developed a state constructed test.

- b. 350 on each part of the State Board Test Pool Examination; or

The State Board Test Pool Examination for Registered consisted of five parts: Medical Nursing, Surgical Nursing, Psychiatric Nursing, Obstetric Nursing, and Nursing of Children. The passing score required for each part was 350.

- c. Minimum scaled score of 1600 on the National Council Licensure Examination.

In July, 1982, a comprehensive, criterion-referenced examination was implemented. The recommended passing score for this examination was 1600.

Some states may wish to identify a specific date for accepting a state constituted test.

7. Practical Nurse applicants shall present evidence of having passed a licensure examination as follows:

Prior to the development of the State Board Test Pool, states administered their own state-constructed tests. These requirements identify the passing scores for the State Board Test Pool Examination and the National Council Licensure Examination. In addition, a date for accepting applicants passing a state-constructed test prior to development of the State Board Test Pool is announced.

- a. State-constructed licensure examination prior to the use of the State Board Test Pool Examination in the original state of licensure;

- b. 350 on the State Board Test Pool Examination; or

Some states may wish to identify a specific date for accepting a state constructed test.

- c. 350 on the National Council Licensure Examination.

8. The required fee for licensure by endorsement.



## REGULATION VI. TEMPORARY LICENSURE

## MNPA, Article V. Sec. 5

## COMMENTS

A. A temporary license shall be issued to a Registered Nurse or Licensed Practical Nurse who is an applicant for licensure by endorsement.

This section identifies the requirements for an applicant applying for a temporary license by endorsement. Some states may wish to use the terminology "temporary permit." This provision recognizes the mobility of nurses and provides a mechanism for the legal practice of nursing while processing the licensure application.

1. The applicant shall submit to the Board a completed application and evidence of current licensure in another jurisdiction.
2. The temporary license is non-renewable and shall remain valid for ( ) days or until the applicant is granted or denied a license, whichever is shorter.

B. A temporary license shall be issued to a graduate of an approved nursing education program in the United States.

This section identifies the requirements for a new graduate of an approved school of nursing to apply for a temporary license. This provision recognizes the current passing rate of first time writers on the National Council Licensure Examination.

1. The applicant shall apply to sit for the first licensing examination following graduation.
2. The temporary license is non-renewable and shall remain valid until the applicant is notified of the results of the licensing examination.

Graduates of nursing education programs outside the United States shall not be eligible for temporary licensure.

Some states may wish to consider granting a temporary license to foreign nurse applicants passing the examination of the Commission on graduates of Foreign Nursing Schools (CGFNS). A careful study of the scores on the licensure examination

and the CGFNS examination should be completed before such a mechanism is implemented.

## Regulation VII. Limited Licensure

MNPA, Article III, Sec. 2(c)(xiii)

## COMMENTS

## A. Limited License to a Handicapped Individual

1. The Board may issue a limited license to a handicapped individual who meets one(1) of the following qualifications:

- a. The individual is not capable of safely practicing within the full scope of nursing practice due to the handicap.

Handicapped persons should meet the essential standards of an approved nursing program and other requirements specified by the Board. Questions regarding an applicant's need for a limited license should be included in the renewal and licensure application as well as the verification.

- b. The applicant holds a current limited license in another state or jurisdiction and has applied for licensure by endorsement and meets the criteria in this State for licensure by endorsement except for the identified limitation(s).

2. The Board shall define the specific conditions of a limited license for a handicapped individual according to the following criteria:

- a. The parameters of practice shall be defined in writing.

- b. The specific limitation(s) shall be noted on the license.

3. The Board shall withdraw the limited license and grant full privileges of licensure based upon evidence that the nurse is capable of safely practicing within the full scope of nursing practice.

4. The Board shall take appro-

Each nurse should have the

priate action in the event a handicapped nurse fails to comply with the terms and conditions of a limited license.

opportunity for due process in the event the Board alleges a violation of a limited license.

B. Limited License to a Nurse for Disciplinary Action

1. The Board may issue a limited license to a nurse found guilty of any of the grounds for discipline set forth in MNPA, Article IX, Section 1, and in compliance with these Rules and Regulations.
2. The Board shall define the specific conditions for issuance of a limited license to a nurse for disciplinary action according to the following criteria:
  - a. The parameters of practice shall be defined in writing.
  - b. The specific limitation shall be noted on the license.
3. The Board shall withdraw the limited license and grant the full privileges of licensure to a nurse based upon evidence of compliance with the terms and conditions set forth by the Board.
4. The Board shall take appropriate action in the event an individual violates or fails to comply with the terms and conditions of a limited license.
5. All such Board action shall be effected in accordance with due process rights and this State's Administrative Procedure Act and/or the Administrative Rules and Regulations of the Board.

## REGULATION VIII. RENEWAL OF LICENSES

## MNPA, Article III, Sec. 2(c)(iii)

## COMMENTS

## A. Annual Renewal

The annual renewal of licensure must be accomplished by the licensee's birthdate or date determined by the Board. Failure to renew the license on or before the date of expiration appearing on the license shall result in the forfeiture of the right to practice nursing in this State.

Annual renewal provides the preferred mechanism for the Board to monitor the practice of nursing.

## B. Mailing of Application

At least ( ) days before the expiration date of the individual's license, the Board shall mail an application for renewal to every person holding a current license. Failure of any licensee to receive such notice shall not relieve or exempt such licensee from the requirements of this section.

This provision recognizes the individual licensee's responsibility to inform the Board of any change in address during the renewal cycle.

## C. Continued Competency Requirement

No license will be renewed unless the Registered Nurse or Licensed Practical Nurse shows evidence of continued competency as defined in Regulation VIII.

## D. Issuance of License

Registered Nurses and Licensed Practical Nurses who complete the renewal application accurately, meet the continued competency requirements, practice nursing in compliance with the law, and pay the renewal fee shall be issued a license to practice.

## E. Illegal Practice

Any person practicing nursing during the time a license has lapsed shall be considered an illegal practitioner and shall be subjected to the penalties

provided for violators under the provisions of Article VIII, Section 2.

F. Due Process

All such Board action shall be affected in accordance with due process rights and with this State's Administrative Procedure Act and/or the Administrative Rules and Regulations of the Board.

## REGULATION IX. REINSTATEMENT OF A LICENSE

## COMMENTS

A. Reinstatement of a Lapsed License  
(MNPA, Article V, Sec. 4)

1. A licensee who fails to renew a nursing license shall apply to the Board for reinstatement under the following conditions:

- a. All requirements for renewal of licensure have been met.
- b. A reinstatement fee has been paid.
- c. Good cause for reinstatement has been shown.

Each state should develop criteria to evaluate good cause. Some states may wish to require a letter from the applicant.

B. Reinstatement of a License after  
Disciplinary Action  
(MNPA, Article IX, Sec. 3)

1. An individual whose nursing license has been suspended or revoked shall apply to the Board for reinstatement under the following conditions:

- a. All requirements for renewal of the nursing license have been met.

The terminology regarding reinstatement, revocation or suspension may differ from state to state.

Some states may require specific written documentation prior to consideration of license reinstatement, such as reports from a nursing employer, therapist or counselor.

- b. The current renewal and reinstatement fee has been paid.
- c. Good cause for reinstatement has been demonstrated and appearance before the Board has been made.

- C. All such Board action shall be effected in accordance with due process rights and with this State's Administrative Procedure Act and/or the Administrative Rules and Regulations of the Board.



## REGULATION X. STANDARDS FOR CONTINUED COMPETENCY

## MNPA, Article III, Sec. 2(c)(iv)

## COMMENTS

- A. Continued competence requirements shall apply to:
1. A licensee seeking to renew a nursing license.
  2. A licensee seeking to reinstate a license.
  3. An applicant for licensure by endorsement.
- B. The applicant or licensee shall submit evidence of competence in nursing practice and evidence of continued study in nursing.
1. Competence in nursing practice shall be demonstrated in one or more of the following ways:

The mechanism outlined for continued competence is a futuristic strategy based on nursing practice and education. States are encouraged to evaluate the suggested alternatives in light of available resources, accessibility and reliability. It is emphasized that current research does not support any single method for ensuring continued competency. Additional potential mechanisms for considerations may include in-service education, certification, performance appraisal, and self-assessment.

This recognizes the individual nurse's responsibility to maintain competence in nursing practice as well as to continue study in nursing. Several alternatives are identified for each specific area under nursing practice and continued study.

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Including the following section here reflects the present experimental status of demonstrating competency in nursing practice and is intended to encourage the further evaluation of the various methods that could be used to demonstrate continuing competency. The following are only general schemes, not intended to become legislation as written. Those who seek to implement these or any other methods of demonstrating continuing competency should note that the more subjective a scheme is in evaluating competency, the more an individual's due process rights are affected and the more involved and costly the procedures needed to protect those rights must be.

- a. Satisfactory peer review rating.

The peer review rating should identify a minimum number of days or weeks of nursing

practice within the calendar year or renewal cycle. The rating should be performed by a Registered Nurse who has practiced with the individual in a supervisory or collaborative role for a specific period of time defined by the Board. The rating form should be based on the standards of nursing practice identified in Regulations I and II and furthermore include the qualifications of the rater. The individual applicant or licensee should be required to submit this rating with the renewal, reinstatement, or endorsement application.

- b. Satisfactory client review ratings.

This alternative recognizes the client's ability to evaluate safe and effective nursing care. The Board should specify the number of clients a nurse must care for and days of nursing practice within the calendar year to fulfill this requirement. The nurse should be responsible to submit the client review ratings with the renewal, reinstatement or endorsement application.

- c. Completion of a refresher program in nursing.

The Board should define the length of the program as well as minimum theory and clinical instruction.

- d. Successful completion of a national competency examination approved by the Board.

The examination should be completed within a specific period of time as defined by the Board. The examination should evaluate the individual's competence within the primary area of nursing practice.)

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- 2. Continued study in nursing shall be demonstrated in one of the following ways:

The Board should define a minimum number of credit hours in nursing to be completed within the calendar year. Furthermore, the nurse should submit an official transcript verifying completion of the courses with the renewal,

- a. Enrollment in a formal state-approved nursing program toward advanced educational preparation

in nursing.

- b. Completion of ( ) hours of continuing education within the renewal period.

reinstatement, or endorsement application.

Each jurisdiction should define the minimum number of continuing education units to meet this requirement. Courses should be related to the individual's primary area of nursing practice. Certificates verifying completion of courses should be submitted with the renewal, reinstatement, or endorsement application. Certificates shall identify the name of the course, course date(s); number of contact hours, name of provider, provider number, and authorized signature of the provider or designated representative.

The Board should establish guidelines to approve providers of continuing education. These guidelines should address the following areas: period of provider approval, requests from individuals or providers for single courses, application forms for approval, approval requirement prior to course offering, Board periodic review mechanism.

Course requirements should include: measurable objectives, course content, evaluation methods, faculty qualifications, course length and ratio for contact hours, documentation and record maintenance. Orientation programs and on the job training should not be permitted in order to meet this requirement.

## REGULATION XI. ANNOUNCEMENT OF ADVANCE PRACTICE

MNPA, Article III, Sec. 2(c)(xii)

## COMMENTS

A. A licensee may announce advanced practice upon meeting the following requirements:

1. Current licensure as a Registered Nurse in this State.
2. Current national certification in the advanced practice area approved by the Board.

Boards may wish to specify the qualifications of a certifying body "approved by the Board". These qualifications may include: authority for approval of the course of study, continued competency mechanism, examination, member qualification, scope of organization, development of standards and scope of practice statement.

B. The title to be used shall be the title which is granted by the national certifying body.

## REGULATION XII. ASSESSMENT OF FEES

## MNPA, Article III, Sec. 2(c)(xxi)

## COMMENTS

## A. Collection of Fees

The Board shall collect the following fees:

1. \$( ) for application for licensure by examination as a Registered Nurse or as a Licensed Practical Nurse. This fee shall include the temporary license.
2. \$( ) for licensure by endorsement as a Registered Nurse or a Licensed Practical Nurse. This fee shall include the temporary license.
3. \$( ) for annual renewal of licensure as a Registered Nurse or as a Licensed Practical Nurse.
4. \$( ) for reinstatement of licensure as a Registered Nurse or as a Licensed Practical Nurse.

Some states may find it necessary to set a fee for proctoring the licensure examination, verification of licensure to other states, or for transcripts.

States using the direct application system for the licensure examination should include a provision for fees to be submitted to the NCSBN Data Center.

B. Refund of fees. All fees collected by the Board are non-refundable.

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The following resolutions are presented as new business agenda items.

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WHEREAS, State Boards of Nursing are held responsible for administration of licensing examinations; and

WHEREAS, Candidates and the public have a right to expect current and accurate information concerning licensing examinations; and

WHEREAS, State Boards of Nursing have contracted with the National Council of State Boards of Nursing, Inc. to provide services and resources for licensing examinations;

Therefore, be it

RESOLVED, That the National Council of State Boards of Nursing, Inc. publicize, at least six months prior to any examination, information that details a major change that affects State Boards of Nursing and the public they serve.

Submitted by

Arkansas State Board of Nursing

WHEREAS, Boards of Nursing are members of the National Council of State Boards of Nursing, Inc., the agency which owns, develops and regulates the use of National Council Licensing Examination RN and PN, and

WHEREAS, Boards of Nursing exist to protect the public, and

WHEREAS, Approval of schools of nursing is a major function of the vast majority of Boards of Nursing, and

WHEREAS, Examination data are used by Boards of Nursing in the evaluation of nursing programs, and

WHEREAS, Records of Boards of Nursing are considered to be public records, and

WHEREAS, Statistical data on the licensing examination results, as generated by the National Council of State Boards of Nursing, Inc. and distributed to all Member Boards, provide for ranking of each Member Board, and

WHEREAS, The above statistical data have always been coded, a practice which appears to be in conflict with the stated purpose of Boards of Nursing;

THEREFORE BE IT RESOLVED,

That effective with the February 1984 NCLEX examination and all subsequent NCLEX examinations, the confidential code assigned to each Member Board be discontinued.

Submitted by

Louisiana State Board of Nursing

RESOLUTIONVALID AND CURRENT LICENSURE BE REQUIRED FOR  
ALL NURSES EMPLOYED BY FEDERAL GOVERNMENT AGENCIES

WHEREAS,

All citizens of the United States of America are afforded equal rights for the pursuit of life, liberty and happiness according to the Constitution of the United States; and

WHEREAS,

All state jurisdictions of the United States including the Federal Government and any subdivision of said government must adhere to the Constitutional rights of the citizens of the United States of America; and

WHEREAS,

All state jurisdictions through regulatory agencies or boards for the protection of the public, provide for licensure of those persons who are in engaged in the practice of nursing; and

WHEREAS,

The meeting of requirements for initial and continuing licensure provides for qualified nurse licensees to deliver competent and effective nursing care; and

WHEREAS,

The United States Federal Government and subdivisions thereof employ nurses for the care of citizens; and

WHEREAS,

Licensure is required by state jurisdictions for those nurses who practice in the areas of nursing education, administration, consultation and research as well as for those nurses who are engaged in direct patient care; and

WHEREAS,

Individual state regulatory jurisdictions exempt nurses employed by the Federal Government from said state licensure so long as said nurses hold valid and current licenses issued by at least one (1) recognized state jurisdiction empowered to license nurses; and

WHEREAS,

The United States Office of Personnel Management of the United States Department for Health and Human Services has adopted the policy that current licensure is not required for nurses employed by said agency, if those nurses are not engaged in direct patient care.

THEREFORE, BE IT

RESOLVED,

That the United States Federal Government, and any subdivision of said government, institute a requirement that all nurses employed by said government and its subdivisions must hold valid and current licenses issued by legally recognized state jurisdictions empowered to regulate nurses and nursing practice, and be it further

RESOLVED,

That state jurisdictions continue to exempt nurses from said state licensure so long as nurses employed by the United States Federal Government and by any subdivision of said government hold current and valid licenses issued by the appropriate agency of a given state jurisdiction, and be it further

RESOLVED,

That copies of this resolution be sent to the U.S. Department of Health and Human Services Office of Personnel Management, to all United States Federal Government agencies which employ nurses and to all agencies of said government involved in the setting of employment criteria for nurses.

Submitted by,

Area III  
National Council of State Boards of Nursing, Inc,

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

## REPORT OF THE RESOLUTIONS COMMITTEE

1983

The Resolutions Committee received four resolutions for review prior to the 1983 annual meeting of the Delegate Assembly. These resolutions are presented to the Delegate Assembly and their adoption is recommended.

Members of the Resolutions Committee will be available during the convention to consult with anyone wishing our assistance.

Helen P. Keefe, Chairperson  
Area III, Florida  
Elizabeth A. English, Area IV,  
New Jersey  
Nancy R. Wilson, Area II, West  
Virginia

- WHEREAS, At the turn of the twentieth century, a visionary group of nurses acting with the encouragement of the American Society of Superintendents of Training Schools for Nurses and the Nurses' Associated Alumnae of the United States and Canada provided the impetus for enactment of state nurse practice acts for the protection of the public health, safety and welfare<sup>1</sup>; and
- WHEREAS, "This occupation was so intimately bound up with the safety and the health of the public that it required regulation and control in the education of those who desired to engage in it"<sup>2</sup>; and
- WHEREAS, Eighty years ago, in the State of North Carolina on March 3, 1903, in the State of New Jersey on April 7, 1903, in the State of New York on April 27, 1903, and in the Commonwealth of Virginia on May 1, 1903, nurses and legislators in their respective states worked cooperatively and energetically to enact the first laws regulating the practice of nursing; and
- WHEREAS, Nurse practice acts brought about the establishment of standards for nursing education and practice;

Therefore be it,

- RESOLVED, That the National Council of State Boards of Nursing, Inc. at its Fifth Annual Meeting, commemorate the 80th Anniversary of the enactment of the first nurse practice acts, and recognize the states of North Carolina, New Jersey, New York and the Commonwealth of Virginia for their significant and historic achievement in 1903, and be it further
- RESOLVED, That the National Council of State Boards of Nursing, Inc. announce this commemoration in its official publication Issues, and that copies of the announcement be sent to the governors of the respective states and to the nursing media.

Submitted by

Virginia Board of Nursing

<sup>1</sup>Lesnik, Milton J., and Bernice E. Anderson. Nursing Practice and the Law, 2nd Edition. Philadelphia: J.B. Lippincott Company, 1955, p.76.

<sup>2</sup>Ibid., p.77